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, 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 the Public Policy in the US 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 client's needs across behavioral health settings.

Objective #	Objectives
3	Facilitate utilization of conceptual and analytic reasoning skills to serve vulnerable populations and advance social and economic justice.
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.

VI. STUDENT LEARNING OUTCOMES

The following table lists the nine Social Work core competencies as defined by the Council on Social Work Education's 2015 Educational Policy and Accreditation Standards:

Social Work Core Competencies	
1	**Demonstrate Ethical and Professional Behavior**
2	**Engage in Diversity and Difference in Practice**
3	**Advance Human Rights and Social, Economic, and Environmental Justice***
4	**Engage in Practice-informed Research and Research-informed Practice**
5	**Engage in Policy Practice***
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 shows the competencies highlighted in this course, the related course objectives, student learning outcomes, and dimensions of each competency measured. The final column provides the location of course content related to the competency.

Competency	Objectives	Behaviors	Dimensions	Content
Competency 3: **Advance Human Rights and Social, Economic, and Environmental Justice:** 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 practicing in health, behavioral health and integrated care settings understand the potentially challenging effects of economic, social, and cultural factors in the lives of clients and client systems. They also understand the stigma and shame associated with disorders, diagnoses, and help-seeking behaviors across diverse populations and strive to ameliorate the stigma and shame on an individual, community and society-wide basis. Social workers use knowledge of the effects of oppression, discrimination, and historical trauma on client and client systems to guide treatment planning and intervention; and advocate at multiple levels for mental and physical healthcare parity and reduction of health disparities for diverse populations.	**1.** Teach students about the evolution of the Public Policy in the US 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.

3. Facilitate utilization of conceptual and analytic reasoning skills to serve vulnerable populations and advance social and economic justice. | **3a.** Understand how to integrate theory, research, and economic, social and cultural factors when engaging in advocacy strategies to promote social justice, economic justice, and human rights.

3b. Use advocacy and policy analysis skills to inform advocacy efforts at multiple levels for mental and physical healthcare parity and reduction of disparities for diverse populations. | Knowledge, Skills | **Unit 1:** Introduction to the Structure and Organization of Policy Makers

Unit 2: Need for Integrated Behavioral Healthcare in the United States

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

Unit 4: Funding Mechanism for Affordable Care Act

Unit 5: Mental Health Policy

Unit 6: Advocacy to Change Public Programs that Serve Vulnerable Populations

Unit 7: Advocacy

Unit 8: Policies Affecting Older Americans and Americans with Disabilities

Unit 9: Process of Policy Making in Health Care

Unit 10: Substance Use Policy

Unit 11: Integrated Behavioral Health Models

Unit 12: Implementing Integrated Behavioral Health

Unit 13: Affordable Care Act: Coverage to Care

Unit 14: Policy Advocacy & Health Policy Progression

Assignment 1: Policy Issue Brief

Assignment 2: Public Service Announcement

Assignment 3: Policy Proposal, Development, and Presentation |

Competency	Objectives	Behaviors	Dimensions	Content
Competency 5: **Engage in Policy Practice:** Social workers practicing in health, behavioral health and integrated care settings recognize the connection between clients, practice, and both public and organizational policy. They 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 have knowledge of advocacy methods that contribute to effective policies that promote health and well-being and they actively contribute to the development and improvement of social policies that support persons throughout the life span. Social workers recognize and understand the historical, social, cultural, economic, organizational, environmental, and global influences that affect social policy as well as have knowledge about factors that influence the development of legislation, policies, program services, and funding at all system levels.	**3.** Facilitate utilization of conceptual and analytic reasoning skills to serve vulnerable populations and advance social and economic justice. **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.	**5a.** Use understanding of how policy informs practice and how practice informs policy at organizational, community, and legislative levels to engage in advocacy when developing, implementing, and improving social policies that support people throughout the lifespan. **5b**. Master policy advocacy strategies and actions to engage in policy analysis and policy proposal writing in health, behavioral health, and integrated care contexts.	Knowledge, Skills	**Unit 1:** Introduction to the Structure and Organization of Policy Makers **Unit 2**: Need for Integrated Behavioral Healthcare in the United States **Unit 3:** Overview of the Affordable Care and its Impact on Integrated Care **Unit 4:** Funding Mechanism for Affordable Care Act **Unit 5:** Mental Health Policy **Unit 6:** Advocacy to Change Public Programs that Serve Vulnerable Populations **Unit 7:** Advocacy **Unit 8:** Policies Affecting Older Americans and Americans with Disabilities **Unit 9:** Process of Policy Making in Health Care **Unit 10:** Substance Use Policy **Unit 11:** Integrated Behavioral Health Models **Unit 12:** Implementing Integrated Behavioral Health **Unit 13:** Affordable Care Act: Coverage to Care **Unit 14:** Policy Advocacy & Health Policy Progression **Assignment 1:** Policy Issue Brief **Assignment 2:** Public Service Announcement **Assignment 3:** Policy Proposal, Development, and Presentation

VI. COURSE ASSIGNMENTS, DUE DATES & GRADING

Assignment	Due Date	% of Final Grade
Assignment 1: Policy Issue Brief	Unit 6 by midnight pacific standard time	35%
Assignment 2: Public Service Announcement	PSA video & handout due 24 hours before live session for Unit 10; in class presentation on handout during unit 10 synchronous time	20%
Assignment 3: Policy Proposal Development & Presentation	Unit 15 by midnight pacific standard time	35%
Class Participation	Ongoing	10%

Each of the major assignments is described below.

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

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 unit 1, Jansson, 2011), *Becoming an effective policy advocate,* 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, and
8) Identify *appropriate technological resources* that can inform social work strategies/interventions.

This assignment includes both a paper and presentation. The paper will be 7-8 pages in length and include a minimum of 7 references, double spaced. 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 powerpoints, video & internet sources, role playing, and games to engage the class.

1. Provide a 1 page handout to the class on the day of your presentation
    a. Provide a brief summary of each of the 8 required areas from your policy brief
    b. Include references used to prepare your presentation

2. Presentation dates will be determined on the 1st day of class through random assignment of students to presentation dates

Paper Due: Unit 6
Individual Student Presentations: Units 4-9; 11-14

This assignment relates to behaviors 3a, 3b, 5a, 5b, and course objectives 1 and 3-5.

Assignment 2: Public Service Announcement (20% of Course Grade) (20 pts)

Instructions: In a group of 2-3 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.

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.

In your PSA video include:
1) Describe the issue
   a. What is the issue? (be concise and specific)
   b. Who is affected?
      i. Give prevalence and incidence
   c. Describe briefly key costs associated with the issue: social, psychological, societal, financial, political, etc.
2) Provide a rationale, from a social work perspective, as to why urgent action to address the issue is necessary
3) Briefly describe a desirable solution to address the issue
4) Closing statement to stakeholders
   a. Address the audience who should join social workers in addressing this issue

HANDOUT: create a 1 page 2 sided handout outlining in bullets the required content above relevant to your PSA video presentation that could be provided to stakeholders to increase community, organizational, and legislative member's awareness of the issue. include a minimum of 7 references on your handout. List any web resources or relevant organizations involved in the issue.

Include the following information in your PSA handout:
5) Describe the issue
   a. What is the issue? (in 2-3 sentences, be concise and specific)
   b. Who is affected?
      i. Give prevalence and incidence (in 2-3 sentences)
   c. Describe what is known about the magnitude of current expenditures on the issue? (in 1-2 sentences)
      i. Describe whether there are any others costs associated with the issue: social, psychological, societal, political, etc. (in 1-2 sentences)

6) Provide a rationale, from a social work perspective, as to why urgent action to address the issue is necessary (2-3 sentences)
7) Describe a current solution to address the issue (for example: a policy, proposal, or the lack of a program/policy or solution to address the issue) (in 2-3 sentences)
   a. Use 4 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 4 criteria, one must be Social Justice) (1 sentence rationale for each of 4 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.
8) Describe a desirable solution/policy/proposal to address the issue (in 2-3 sentences)
   a. Use 4 of the following evaluative criteria to build a rationale for the solution (1 sentence rationale for each of the 4 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 then 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?

9) Closing statement to stakeholders- (2-3 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.

Instructions for posting PSA and handout:
PSA and handout Due 24 hours prior to live session (1 member can post handout on class wall, 1 member can post PSA on upload link and class wall). All students are required to view all PSAs prior to unit 10 class.

Presentation:
10-12 minute presentation during synchronous time. Walk through the entire handout. Please be prepared to upload your handout during the presentation. Q & A 3-5 minutes.

Presentation: In class Unit 10 during synchronous time

This assignment relates to behaviors 3a, 3b, 5a, 5b, and course objectives 1 and 3-5.

Assignment 3: Integrated Care Policy Proposal Presentation (35% of Course Grade) (35 pts)

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 2-3 students. You have the option of doing this assignment individually. 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 5-6 pages)
  - Include the following in your proposal:
    o <u>Current Level of Care</u>: A brief description of your field placement (1/2 page maximum)
      ▪ Types of services provided
      ▪ Population(s) served
      ▪ Professionals that 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.)
    o <u>Argument for Integration/Collaboration</u>: Describe why integrated care is important to improve outcomes and service delivery to the population(s) served at your field placement (1 page minimum)
      ▪ Use research evidence to support your argument (i.e., what is known to date about integrated approaches with similar clients)
    o <u>Desired Level of Integration/Collaboration</u>: Describe the appropriate Level of Collaboration/Integration for your field placement (refer to Unit 1 lecture/reading: Heath B, Wise Romero P, and Reynolds K. A Review and Proposed Standard Framework for Levels of Integrated Healthcare. Washington, D.C.SAMHSA-HRSA Center for Integrated Health Solutions. March 2013) (1 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.)
    o <u>Structure for Integrated/Collaborative Care</u>: (1 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 client's to the resources/services in the community and/or online to promote health, wellness, recovery and/or reduce recidivism?
    o <u>Plan for Monitoring Implementation and Assessment of Services</u>: (1/2 page)
      ▪ 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 1 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 1 page)
- Funders: local, county, state, or federal; corporate or not for profit foundations; nongovernmental organizations, etc.

Additional instructions: This assignment should be 7-9 pages, double spaced, use 12 point font in Times New Roman and follow the 6th edition of APA, include a minimum of 6-7 references, a cover sheet AND 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.

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.

Due: Unit 15   Policy Proposal Paper & In-class Presentation

This assignment relates to behaviors 3a, 3b, 5a, 5b, and course objectives 1 and 3-5.

Class Participation (10% of Course Grade) (10 pts)
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 which 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 her or his 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 which 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 which 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 moderate grasp of content and/or expectations.

A grade of C would 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 & RESOURCES

Required Textbook

Schott, E. M. P., & Weiss, E. L. (Eds). (2016). *Transformative social work practice.* Thousand Oaks, CA: Sage Publications, Inc.
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 healthcare-related demographic and statistics websites; it also has a list of a number of policy databases that can help you find, interpret, and analyze healthcare policies. Do not hesitate to contact the social work librarians.

Please click on 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: APA.

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 email experts with questions]

Course Overview

Unit	Topics	Assignments

1 ■ Introduction to Policy in Integrated Care
  - ▽ Introductions
  - ▽ Syllabus
  - ▽ Assignments
  - ▽ NASW Code of Ethics: Guiding Principles for Policy Advocacy & Social Justice in the U.S. Health System
  - ▽ Skills I Jansson- Policy Advocacy
    - ▪ Developing and Using Power
    - ▪ Developing Political Strategy and Putting it into Action
  - ▽ Philosophy of Social Change
  - ▽ Introduction to Integrated Care

2 ■ Need for Integrated Behavioral Healthcare in the United States
■ Disparities for vulnerable populations
  - ⟩ Homeless individuals
  - ⟩ Persons with physical & mental health disabilities
  - ⟩ Limited English Proficiency/minorities
  - ⟩ Immigrants
  - ⟩ LGBTQQI
■ History of Health Policy in the United States

3 ■ Overview of the Affordable Care and its Impact on Integrated Care
■ Integrated Health Care/Behavioral Health
■ Implications for Social Work
  - ⟩ Integration/Implementation
    - ▽ Of Health, Mental Health, Substance Abuse
    - ▽ Integration in Settings
    - ▽ Medical home
    - ▽ Philosophical perspectives of each

4 ■ Funding Mechanisms for Affordable Care Act
■ Funding Integrated Health Care/Behavioral Health
  - ⟩ Accountable care organizations
  - ⟩ HMOs
  - ⟩ PPOs
  - ⟩ Safety Net
  - ⟩ Medicaid & Dual Eligible Enrollees
  - ⟩ Veteran's Health
■ Alternative Models for Financing
■ Coverage & New Plans for Immigrants- CA case study

Unit	Topics	Assignments
5	■ Implementing Integrated Behavioral Health ➤ Survey of Models Implemented ➤ Implementation Strategies ➤	
6	■ Integrated Behavioral Health Models ■ Overcoming individual and systemic barriers to health and wellness	**Assignment #1 Due by midnight on day of class pacific standard time**
7	■ Advocacy & Policy Writing for Prevention, Wellness, and Health Promotion ➤ Skills II: Jansson Writing a Policy Proposal ▽ Writing an Executive brief ➤ Survey of Policy Proposals in Health ➤ Policy proposals in Organizations ▽ Identifying procedural & protocol flaws ▽ Policy writing in organizational settings ■ Urban vs. rural	
8	■ Policies affecting Older Americans and Americans with Disabilities ▽ Older Americans Act of 1965 ▽ Prevention of Elder Abuse, Neglect & Exploitation ▽ Long-Term Medicaid & Medicaid Waiver Programs ▽ Americans with Disabilities Act of 1990 ▽ Supreme Court Olmstead Decision 1999 ▽ Medicare	
9	■ 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	
10	■ Substance Use Disorder Policy ■ Incarceration and substance use disorder	**ASSIGNMENT 2 IN CLASS; POST HANDOUT TO CLASS WALL BY MIDNIGHT PACIFIC STANDARD TIME THE DAY BEFORE IN CLASS PRESENTATION**

Unit	Topics	Assignments
11	Advocacy to Change Public Programs that Serve Vulnerable populations	

▽ Social Security (SS;OASDI;SSDI)

▽ Supplemental Security Income (SSI)

▽ General Relief (GR)

▽ Food Stamps

▽ State Disability/EDD

▽ Temporary Assistance for Needy Families (TANF)

▽ Children's Health Insurance Program (CHIP)

▽ Women, Infant and Children Program (WIC)

▽ Family and Medical Leave Act of 1993

▽ Inmate Health

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12 ■ Mental Health Policy

❯ Community Mental Health Act of 1965

❯ Deinstitutionalization

❯ Rise in Homelessness

❯ Incarceration

❯ Legalization

■ Commitment and Treatment Laws

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13 ■ Prevention, Wellness and Health Promotion

❯ Prevention Policy

❯ Wellness Initiatives

❯ Health Promotion Policy

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14 ■ Policy Advocacy & Health Policy Progression

❯ Implementation

❯ How to improve

■ Alternative Models

❯ Universal Care

❯ Global Models

▽ Sweden

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15 ■ 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: Structure and Organization of Policy Makers
    - ▽ Introductions
    - ▽ Syllabus
    - ▽ Assignments
    - ▽ NASW Code of Ethics: Guiding Principles for Policy Advocacy & Social Justice in the U.S. Health System
        - ▪ Use of the NASW code of ethics as evaluate criteria
    - ▽ Philosophy of Social Change
    - ▽ Skills I Jansson- Policy Advocacy
        - ▪ 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 Schott, E.M.P & Weiss, E.L. (Eds), *Transformative Social Work Practice* pp. 341-352. Los Angeles: SAGE Publications, Inc.

Jansson, B. S. (2011). Developing and using power. In B.S. Jansson. *Becoming an effective policy advocate: From policy practice to social justice* (6th ed.). Belmont, CA: Brooks-Cole. (pp. 338-381).

Jansson, B. S. (2011). Developing political strategy and putting it into action. In B.S. Jansson. *Becoming an effective policy advocate: From policy practice to social justice* (6th ed.). Belmont, CA: Brooks-Cole. (pp. 385-439).

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

Reynold, K. (2006). Doherty, McDaniel, Baird & Reynolds: Levels of integration.

Available at: http://www.integration.samhsa.gov/integrated-care-models/Doherty-McDaniel-Baird-Reynolds_MH-PC_Integration_Options.pdf

Unit 2: Need for Integrated Behavioral Healthcare in the United States

Topics
- Need for Integrated Behavioral Healthcare in the United States
- Disparities for vulnerable populations
  - Homeless individuals
  - Persons with physical & mental health disabilities
  - Limited English Proficiency/minorities
  - Immigrants
  - LGBTQQI
- History of Health Policy in the United States

This Unit relates to course objectives 1-5

Required Readings

Hays, K. & Lincoln, K.D. (2016). Mental health promotion among African Americans.

In Schott, E.M.P & Weiss, E.L. (Eds), *Transformative Social Work Practice* pp. 379-398. Los

Angeles: SAGE Publications, Inc.

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

Transformative Social Work Practice pp. 361-378341-352. Los Angeles: SAGE Publications, Inc

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

Transformative Social Work Practice pp. 25-40. Los Angeles: SAGE Publications, Inc

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
    - ▽ Of Health, Mental Health, Substance Use
    - ▽ 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. Adm Policy Ment 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 & Social Work*, *40*(2), 155-157.

Scharf et al. (2013). Integrating primary care into community behavioral health settings: Programs and early implementation experiences. Psych 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/.)

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

The Henry J. Kaiser Family Foundation Health Reform Source. (n.d.). Retrieved from

http://healthreform.kff.org/the-basics.aspx

Unit 4: Funding Mechanisms for Affordable Care Act

Topics

- Funding Mechanisms for Affordable Care Act
- Funding Integrated Health Care/Behavioral Health
  - Accountable care organizations
  - HMOs
  - PPOs
  - Safety Net
  - Medicaid & Dual Eligible Enrollees
  - Veteran's Health
- Alternative Models for Financing
- Coverage & New Plans for Immigrants- CA case study

This Unit relates to course objectives1-5.

Required Readings

Mark, T. L. et al. (2011). Mental Health: Changes In US 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 Affiars, (33),

178-87; 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*(2

   suppl), 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. Evaluation Brief: Improving the health of adults with

   serious mental illness. http://www.integration.samhsa.gov/about-us/pbhci

Unit 6: Integrated Behavioral Health Models

Topics
- Integrated Behavioral Health Models
  - 4 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 and Internet Resources:

Croze, C. (2015). Healthcare integration in the era of the Affordable Care Act. Association for Behavioral

Fortney, J., et al (2015). Issue brief: fixing behavioral health care in America. The Kennedy Forum.

   Available at http://thekennedyforum-dot-org.s3.amazonaws.com/documents/KennedyForum-
   BehavioralHealth_FINAL_3.pdf

Reynold, K. Doherty, McDaniel, Baird & Reynolds (2006). Levels of integration.

SAMSHA. (2013). Center for Integrated Health Solutions- A standard framework for *Integrated Care*

Model.

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

Topics
- Social Work advocacy for prevention, wellness, and health promotion
  - Skills II: Jansson Writing a Policy Issue Brief
    - Writing an Executive brief
    - Identifying procedural & protocol flaws
    - Policy writing in organizational settings
      - Urban vs. rural
- 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. *Annu. Rev. 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. *Becoming an effective policy advocate: From policy practice to social justice* (6th ed.). Belmont, CA: Brooks-Cole. (pp. 408-412).

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. URL: http://libguides.law.ucla.edu/callegislativeadvocacy

Links to U.S. House and Senate web sites

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 & Exploitation
  - ▽ Long-Term Medicaid & 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 Schott, E.M.P & Weiss, E.L.

(Eds), *Transformative Social Work Practice* pp. 341-51. Los Angeles: SAGE Publications, Inc

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

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), 330-43. doi:

10.1080/00981389.2014.884041

O'Shaughnessy, C. (2012, February 23). The basics: Older Americans Act. Programs and funding.

National Policy Forum, 1-10.

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/

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). 3 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 http://www.ncea.aoa.gov/Resources/Publication/docs/fact_sheet.pdf

National Center on Elder Abuse. (2010, March 3). Why should I care about elder abuse? Retrieved from http://www.ncea.aoa.gov/Resources/Publication/docs/WhatIsAbuse_2010.pdf
(Instructor Note: Definition, Warning Signs, Risk Factors, Types, and Where to Report Abuse)

National Council on Aging (n.d.) Older Americans Act Reauthorization. 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. 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., Boult, C., Fried, L. P., Boult, L., & Wu, A. W. (2005). Clinical practice guidelines and quality of care for older patients with multiple comorbid diseases. *JAMA: Journal of the American Medical Association, 294*(6), 716-724.

Joosten, D. (2016). Palliative and hospice care settings. In Schott, E.M.P & Weiss, E.L. (Eds), *Transformative Social Work Practice* pp. 13-24. Los Angeles: SAGE Publications, Inc

Recommended Readings:

Dyer, B., Pickens, S., & Burnett, J. (2007). Vulnerable elders: When it is no longer safe to live alone. *JAMA: Journal of the American Medical Association, 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 Broohttp://www.urban.org/UploadedPDF/411908_longterm_care.pdfkings 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 Policy

Topics
- Substance Use Disorder Policy
  - Incarceration and substance use disorder
- Policy Needs in Substance Use Settings

This Unit relates to course objectives 1-5.

Required Readings

Dilonardo, 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 Schott, E.M.P & Weiss, E.L. (Eds), *Transformative Social Work Practice* pp. 83-93. Los Angeles: SAGE Publications, Inc

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
- Advocacy to Change Public Programs that Serve Vulnerable Populations
  - Social Security (SS;OASDI;SSDI)
  - Supplemental Security Income (SSI)
  - General Relief (GR)
  - Food Stamps
  - State Disability/EDD
  - Temporary Assistance for Needy Families (TANF)
  - Children's Health Insurance Program (CHIP)
  - Women, Infant and Children Program (WIC)
  - Family and Medical Leave Act of 1993
  - Inmate Health

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.

    Improving healthcare through advocacy: A guide for health and helping professionals. Hoboken,

    NJ: Wiley. (pp. 280-296).

LA Health Action (2011). The 1115 waiver: An opportunity to reduce the general relief

    caseload and chronic homelessness. Corporation for Supportive Housing and Neigborhood 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.

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

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

Unit 12: Mental Health Policy

Topics

- Emerging Policy Needs Mental Health & Behavioral Health Policy
  - Community Mental Health Act of 1965
  - Deinstitutionalization -
  - Rise in Homelessness
  - Incarceration
  - Legalization
- Commitment and Treatment Laws

This Unit relates to course objectives 1-5.

Required Readings

Collins, P. Y. et al. (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, EMP. (2016). Psychopharmacology and psychoeducation for the treatment of major

depressive disorder. In Schott, E.M.P & Weiss, E.L. (Eds), *Transformative Social Work Practice*

pp. 53-68. Los Angeles: SAGE Publications, Inc

Solway, E. S. (2011). The lived experiences of tobacco use, dependence, and cessation: Insights and

perspectives of people with severe mental illness. *Health & Social Work, 36*(1), 19-32.

Recommended Reading:

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

Topics

🔲 Prevention, Wellness and Health Promotion
   ❯ Prevention Policy
   ❯ Wellness Initiatives
   ❯ Health Promotion Policy

This Unit relates to course objectives 1-5.

Required Readings

Hjort, J. (2016). Mindfulness in mental healthcare settings. In E. M. P. Schott & E. L. Weiss

   (Eds.), *Transformative Social Work Practice.* Thousand Oaks, CA: SagePublications, Inc.

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

Warr, D. J., Mann, R., & Kelaher, 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.

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 & Health Policy Progression

Topics

🔲 Policy Advocacy & Health Policy Progression
   ❯ Implementation
   ❯ How to improve
🔲 Alternative Models
   ❯ Universal Care
   ❯ Global Models

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. *Annu Rev Public Health. 33* 157-173. doi:10.1146/annurev-publhealth-031811-

    124649. PubMed PMID: 22224875.

Jansson, B. S., Nyamathi, A., Duan, L., Kaplan, C., Heidemann, G. and Ananias, D. (2014), Validation of

    the Patient Advocacy Engagement Scale for Health Professionals. *Res. Nurs. Health*.

    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).

Steele, L. S., Glazier, R. H., & Lin, E. (2014). Inequity in mental health care under Canadian universal

    health coverage. *Psychiatric Services*, 57(3), 317-324

Unit 15: Course wrap up and Group Presentations

Topics
- Student Policy Proposal Presentations and Course Wrap Up

This Unit relates to course objectives 1-5.

Unit 16: Summative Experience

- Date/time to be announced by instructor

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/department-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 *The Office of Disability Services and Programs* http://sait.usc.edu/academicsupport/centerprograms/dsp/home_index.htmlprovides 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.