

**Social Work 638
SPRING 2021 SYLLABUS**

Policy in Integrated Care

“Never forget that justice is what love looks like in public.”
— Cornel West

3 units

Instructor: Prof Bikson	Email: bikson@usc.edu
Office Hours: After class and by appointment	Course Section: See your class schedule
Office Location: Zoom classroom: https://zoom.us/j/2655767887	Classroom Location: Zoom classroom: https://zoom.us/j/2655767887

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.
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
<p>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.</p>	<p>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.</p> <p>3. Facilitate utilization of conceptual and analytic reasoning skills to serve vulnerable populations and advance social and economic justice.</p>	<p>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.</p> <p>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.</p>	<p>Knowledge, Skills</p>	<p>Unit 1: Introduction to the Structure and Organization of Policy Makers</p> <p>Unit 2: Need for Integrated Behavioral Healthcare in the United States</p> <p>Unit 3: Overview of the Affordable Care and its Impact on Integrated Care</p> <p>Unit 4: Funding Mechanism for Affordable Care Act</p> <p>Unit 5: Mental Health Policy</p> <p>Unit 6: Advocacy to Change Public Programs that Serve Vulnerable Populations</p> <p>Unit 7: Advocacy</p> <p>Unit 8: Policies Affecting Older Americans and Americans with Disabilities</p> <p>Unit 9: Process of Policy Making in Health Care</p> <p>Unit 10: Substance Use Policy</p> <p>Unit 11: Integrated Behavioral Health Models</p> <p>Unit 12: Implementing Integrated Behavioral Health</p> <p>Unit 13: Affordable Care Act: Coverage to Care</p> <p>Unit 14: Policy Advocacy & Health Policy Progression</p> <p>Assignment 1: Policy Issue Brief</p> <p>Assignment 2: Public Service Announcement</p> <p>Assignment 3: Policy Proposal, Development, and Presentation</p>

Competency	Objectives	Behaviors	Dimensions	Content
<p>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.</p>	<p>3. Facilitate utilization of conceptual and analytic reasoning skills to serve vulnerable populations and advance social and economic justice.</p> <p>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.</p> <p>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.</p>	<p>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.</p> <p>5b. Master policy advocacy strategies and actions to engage in policy analysis and policy proposal writing in health, behavioral health, and integrated care contexts.</p>	<p>Knowledge, Skills</p>	<p>Unit 1: Introduction to the Structure and Organization of Policy Makers</p> <p>Unit 2: Need for Integrated Behavioral Healthcare in the United States</p> <p>Unit 3: Overview of the Affordable Care and its Impact on Integrated Care</p> <p>Unit 4: Funding Mechanism for Affordable Care Act</p> <p>Unit 5: Mental Health Policy</p> <p>Unit 6: Advocacy to Change Public Programs that Serve Vulnerable Populations</p> <p>Unit 7: Advocacy</p> <p>Unit 8: Policies Affecting Older Americans and Americans with Disabilities</p> <p>Unit 9: Process of Policy Making in Health Care</p> <p>Unit 10: Substance Use Policy</p> <p>Unit 11: Integrated Behavioral Health Models</p> <p>Unit 12: Implementing Integrated Behavioral Health</p> <p>Unit 13: Affordable Care Act: Coverage to Care</p> <p>Unit 14: Policy Advocacy & Health Policy Progression</p> <p>Assignment 1: Policy Issue Brief</p> <p>Assignment 2: Public Service Announcement</p> <p>Assignment 3: Policy Proposal, Development, and Presentation</p>

VII. COURSE ASSIGNMENTS, DUE DATES & GRADING

Assignment	Due Date	% of Final Grade
Assignment 1: Policy Issue Brief	Week 5 in class	35%
Assignment 2: Public Service Announcement	Week 10 in class	20%
Assignment 3: Policy Proposal	Week 15 in class	35%
Class Participation	Ongoing	10%

Assignment 1: Policy Issue Brief: *Specific instructions will be provided by your instructor.*

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

Assignment 2: Public Media: *Specific instructions will be provided by your instructor.*

This assignment relates to Student Learning Outcomes 1a-1c, 2a, 2c, 3a, 3b, and 5a-5c and Course Objectives 1-5.

Assignment 3: Integrated Care Policy Proposal: *Specific instructions will be provided by your instructor.*

This assignment relates to Student Learning Outcomes 1a-1c, 2a, 2c, 3a, 3b, and 5a-5c and Course Objectives 2-5.

Class Participation

Class participation will include students' **attendance** and **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. **Be called on to summarize readings for the week!**

Class grades will be based on the following:

Class Grades		Final Grade	
3.85 – 4	A	93 – 100	A
3.60 – 3.84	A-	90 – 92	A-
3.25 – 3.59	B+	87 – 89	B+
2.90 – 3.24	B	83 – 86	B
2.60 – 2.89	B-	80 – 82	B-
2.25 – 2.59	C+	77 – 79	C+
1.90 – 2.24	C	73 – 76	C
		70 – 72	C-

Within the USC Suzanne Dworak-Peck School of Social Work, grades are determined in each class based on the following standards which have been established by the faculty of the School: (1) 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. (2) 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 tested in the assignment. (3) 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. (4) 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. (5) A grade of C would reflect a minimal grasp of the assignments, poor organization of ideas and/or several significant areas requiring improvement. (6) 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.

As a professional school, class attendance and participation is an essential part of your professional training and development at the USC Suzanne Dworak-Peck School of Social Work. You are expected to attend all classes and meaningfully participate. For Ground courses, having more than 2 unexcused absences in class may result in the lowering of your grade by a half grade. Additional absences can result in additional deductions. For VAC courses, meaningful participation requires active engagement in class discussions and maintaining an active screen. Having more than two unexcused absences in class may result in the lowering of your grade by a half grade. Additional absences in the live class can result in additional deductions. Furthermore, unless directed by your course instructor, you are expected to complete all asynchronous content and activities prior to the scheduled live class discussion. Failure to complete two asynchronous units before the live class without prior permission may also lower your final grade by a half grade. Not completing additional units can result in additional deductions.

VIII. 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 under Professor Bikson

Recommended readings are *not* available on ARES (library search practice!)

Required Internet Resources [and 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	<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 & Social Justice in the U.S. Health System ▼ Skills I Jansson- Policy Advocacy <ul style="list-style-type: none"> ▪ Developing and Using Power ▪ Developing Political Strategy and Putting it into Action ▼ Philosophy of Social Change ▼ Introduction to Integrated Care 	REQUIRED READINGS
2	<ul style="list-style-type: none"> ■ Need for Integrated Behavioral Healthcare in the United States ■ Disparities for vulnerable populations <ul style="list-style-type: none"> ▶ Homeless individuals ▶ Persons with physical & mental health disabilities ▶ Limited English Proficiency/minorities ▶ Immigrants ▶ LGBTQQI ■ History of Health Policy in the United States 	REQUIRED READINGS
3	<ul style="list-style-type: none"> ■ Overview of the Affordable Care 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"> ▼ Of Health, Mental Health, Substance Abuse ▼ Integration in Settings ▼ Medical home ▼ Philosophical perspectives of each 	REQUIRED READINGS
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 & Dual Eligible Enrollees ▶ Veteran's Health ■ Alternative Models for Financing ■ Coverage & New Plans for Immigrants- CA case study 	REQUIRED READINGS

Unit	Topics	Assignments
5	<ul style="list-style-type: none"> ■ Implementing Integrated Behavioral Health <ul style="list-style-type: none"> ➤ Survey of Models Implemented ➤ Implementation Strategies ➤ 	<p>REQUIRED READINGS</p> <p>ASSIGNMENT 1 DUE</p>
6	<ul style="list-style-type: none"> ■ Integrated Behavioral Health Models ■ Overcoming individual and systemic barriers to health and wellness 	<p>REQUIRED READINGS</p>
7	<ul style="list-style-type: none"> ■ Advocacy & Policy Writing for Prevention, Wellness, and Health Promotion <ul style="list-style-type: none"> ➤ Skills II: Jansson Writing a Policy Proposal <ul style="list-style-type: none"> ▼ Writing an Executive brief ➤ Survey of Policy Proposals in Health ➤ Policy proposals in Organizations <ul style="list-style-type: none"> ▼ Identifying procedural & protocol flaws ▼ Policy writing in organizational settings <ul style="list-style-type: none"> ▪ Urban vs. rural 	<p>REQUIRED READINGS</p>
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 & Exploitation ▼ Long-Term Medicaid & Medicaid Waiver Programs ▼ Americans with Disabilities Act of 1990 ▼ Supreme Court Olmstead Decision 1999 ▼ Medicare 	<p>REQUIRED READINGS</p>
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 <p>Policy reform concerning geriatric and hospice care in prisons</p>	<p>REQUIRED READINGS</p>
10	<ul style="list-style-type: none"> ■ Substance Use Disorder Policy ■ Incarceration and substance use disorder 	<p>REQUIRED READINGS</p> <p>ASSIGNMENT 2 DUE</p>

Unit	Topics	Assignments
11	Advocacy to Change Public Programs that Serve Vulnerable populations <ul style="list-style-type: none"> ▼ 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 	REQUIRED READINGS
12	<ul style="list-style-type: none"> ■ Mental Health Policy <ul style="list-style-type: none"> ▶ Community Mental Health Act of 1965 ▶ Deinstitutionalization ▶ Rise in Homelessness ▶ Incarceration ▶ Legalization ■ Commitment and Treatment Laws 	REQUIRED READINGS
13	<ul style="list-style-type: none"> ■ Prevention, Wellness and Health Promotion <ul style="list-style-type: none"> ▶ Prevention Policy ▶ Wellness Initiatives ▶ Health Promotion Policy 	REQUIRED READINGS
14	<ul style="list-style-type: none"> ■ Policy Advocacy & Health Policy Progression <ul style="list-style-type: none"> ▶ Implementation ▶ How to improve ■ Alternative Models <ul style="list-style-type: none"> ▶ Universal Care ▶ Global Models <ul style="list-style-type: none"> ▼ Sweden 	REQUIRED READINGS
15	<ul style="list-style-type: none"> ■ Student Policy Proposal Presentations and Course Wrap Up 	REQUIRED READINGS ASSIGNMENT 3 DUE

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.

Heath B, Wise Romero P, and Reynolds K. A Standard Framework for Levels of Integrated Healthcare. Washington, D.C. SAMHSA-HRSA Center for Integrated Health Solutions. March 2013.

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. 338-384).

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. 385-442).

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

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
 - LGBTQI
- 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. 361-378/341-352. 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 objectives 1-5.

Required Readings

Blumenthal, D., Abrams, M., & Nuzum, R. (2015). The Affordable Care Act at 5 Years. *N Engl J Med*, 372(25), 2451-2458.

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 Affairs*, (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

ASSIGNMENT 1 DUE

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.

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: (Choose Any 2)

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.

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 and at least 1 other):

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_medical_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.eurekaalert.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 Brookings Institution Tax Policy Center. Retrieved from [/](#)

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

ASSIGNMENT 2 DUE

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 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.

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

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. <http://doi.org.libproxy1.usc.edu/10.1186/1472-698X-14-3>

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

Unit 15: Course wrap up and Group Presentations

ASSIGNMENT 3 DUE

Topics

- Student Policy Proposal Presentations and Course Wrap Up

This Unit relates to course objectives 1-5.

University Policies and Guidelines

IX. 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 (xxx@usc.edu) of any anticipated absence or reason for tardiness.

As a student in a professional school, class attendance and participation is an essential part of your professional training and development at the USC Suzanne Dworak-Peck School of Social Work. You are expected to attend all classes and meaningfully participate.

For online courses, meaningful participation requires active engagement in class discussions and maintaining an active screen. Having more than two unexcused absences in class may result in the lowering of your course grade by a half grade. Additional absences in the live class can result in additional deductions.

Furthermore, unless directed by your course instructor, you are expected to complete all asynchronous content and activities prior to the scheduled live class discussion. Failure to complete two asynchronous units before the live class without prior permission may also lower your final course grade by a half grade. Not completing additional units can result in additional deductions.

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.

X. 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 Part B, Section 11, "Behavior Violating University Standards" <https://policy.usc.edu/scampus-part-b/>. 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>.

XI. SUPPORT SYSTEMS

Student Counseling Services (SCS) - (213) 740-7711 – 24/7 on call

Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention. <https://engemannshc.usc.edu/counseling/>

National Suicide Prevention Lifeline - 1-800-273-8255

Provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. <http://www.suicidepreventionlifeline.org>

Relationship & Sexual Violence Prevention Services (RSVP) - (213) 740-4900 - 24/7 on call

Free and confidential therapy services, workshops, and training for situations related to gender-based harm. <https://engemannshc.usc.edu/rsvp/>

Sexual Assault Resource Center

For more information about how to get help or help a survivor, rights, reporting options, and additional resources, visit the website: <http://sarc.usc.edu/>

Office of Equity and Diversity (OED)/Title IX compliance – (213) 740-5086

Works with faculty, staff, visitors, applicants, and students around issues of protected class. <https://equity.usc.edu/>

Bias Assessment Response and Support

Incidents of bias, hate crimes and microaggressions need to be reported allowing for appropriate investigation and response. <https://studentaffairs.usc.edu/bias-assessment-response-support/>

Student Support & Advocacy – (213) 821-4710

Assists students and families in resolving complex issues adversely affecting their success as a student EX: personal, financial, and academic. <https://studentaffairs.usc.edu/ssa/>

Diversity at USC – <https://diversity.usc.edu/>

Tab for Events, Programs and Training, Task Force (including representatives for each school), Chronology, Participate, Resources for Students

XII. 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.”

XIII. 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.

XIV. 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.

XV. CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS (OPTIONAL)

*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.

XVI. COMPLAINTS

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel cannot discuss it with the instructor, contact the chair of the [xxx]. If you do not receive a satisfactory response or solution, contact your advisor and/or Vice Dean Dr. Paul Maiden for further guidance.

XVII. TIPS FOR MAXIMIZING YOUR LEARNING EXPERIENCE IN THIS COURSE (OPTIONAL)

- ✓ 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.
