

<b>Course Title/Number</b>	SWK 622 Integrated Health Policy and Services
<b>Semester/Year</b>	Fall 2016
<b>Days/Time</b>	
<b>Location</b>	
<b>Instructor</b>	
<b>Office</b>	
<b>Phone</b>	
<b>E-Mail</b>	
<b>Office Hours</b>	
<b>University Policies</b>	By enrolling in this course, you agree to the University Policies listed below. Please read the full text of each policy by going to <a href="http://www.marshall.edu/academic-affairs">www.marshall.edu/academic-affairs</a> and clicking on "Marshall University Policies." Or, you can access the policies directly by going to <a href="http://www.marshall.edu/academic-affairs/policies/">www.marshall.edu/academic-affairs/policies/</a> . Academic Dishonesty/Excused Absence Policy for Undergraduates/Computing Services Acceptable Use/Inclement Weather/Dead Week/Students with Disabilities/Academic Forgiveness/Academic Probation and Suspension/Academic Rights and Responsibilities of Students/Affirmative Action/Sexual Harassment

**Course Description: From Catalog**

The purpose of this course is to provide intensive study of the evolution of the integration of Primary Care and Behavioral Health services and to provide an opportunity for synthesis and application of learning and practice of policy in this service arena. The course builds on policy content offered in the professional foundation year and links policy to practice and research skills. Diversity, inequality, social and economic justice are continuing themes of study in the advanced concentration year. The content of the course reflects the values of the profession and focuses on the role of the "social policy practitioner" in assisting individuals in the maintenance or attainment of optimal health and mental health, social and economic justice, and recovery and wellness. Theories related to organizational structure and change within an Integrated Behavioral Health environment and strategies for practitioners to influence policies and promote change in the interest of service consumer, agency, and society will be presented. Opportunities for students will be encouraged for direct involvement in the political and organizational processes used to influence policy and delivery systems.

**Overview**

In 2009, national healthcare expenditures grew 4.0 percent, reaching a level of \$2.5 trillion (\$8,086 per person), and absorbing 17.6 percent of Gross Domestic Product (GDP). Mental health expenditures have increased over time as well (from \$32 billion in 1986 to \$132 billion in 2005), however, they have fallen as a share of all health expenditures (from 7.2 percent to 6.1 percent in the same period) (SAMHSA, 2012). Roughly 50 million Americans (and another 700,000 older adult Americans) lack access to health insurance, which limits their access to quality health and behavioral healthcare. And meeting the long-term care needs of the current older adult population and the large baby boom generation remain a paramount concern. These problems have led to constant strains on the public insurance programs,

Medicare and Medicaid, which are designed to provide access to acute and long-term care for older adults, people with disabilities, and low-income individuals.

The connection between behavioral health and overall health of an individual is clear, yet services have largely remained siloed both within behavioral health (that is, separation of substance abuse and mental health services) and between behavioral health and primary healthcare. In 2009, it was estimated that 11 million U.S. adults (4.8 percent) had serious mental illness; of those, more than a quarter (25.7 percent) had co-occurring substance dependence or abuse, related to either illicit drugs or alcohol. And one out of eight U.S. children (13.1 percent of those aged 8 to 15) had a mental health disorder. Further, it was found that on average, public mental health clients (people served through state mental healthcare systems) die 25 years younger than other Americans (SAMHSA, 2012). Of all individuals, aged 12 years or older 23.1 million (9.1 percent) needed treatment for an illicit drug or alcohol use problem in 2010, but 20.5 million of those did not receive treatment at a specialty facility (e.g., hospital inpatient, drug or alcohol rehabilitation, or mental health centers) in the past year (SAMHSA, 2011).

Perceived problems with our healthcare system pushed national healthcare reform to the top of the policy agenda in the United States in 1993-1994, but the sweeping reforms proposed by President Clinton were ultimately rejected. Since that time a number of incremental reforms have been proposed to alter our healthcare and behavioral health systems and, in March 2010 the Patient Protection and Affordable Care Act (PPACA) was signed into law. Implementation of this new legislation will take place over a number of years, eventually resulting in changes to both the Medicare and Medicaid systems, as well as employer-sponsored and individually-purchased health insurance. Even prior to the PPACA, the payments from all government sources accounted for nearly half of all healthcare spending in the U.S. each year (Kaiser Family Foundation, 2009). The legislation also has the potential to change healthcare and behavioral healthcare systems through integration of services.

Kaiser Family Foundation. (March 2009). *Trends in health care costs and spending*. Retrieved September 25, 2012 from [http://www.kff.org/insurance/upload/7692\\_02.pdf](http://www.kff.org/insurance/upload/7692_02.pdf)

Substance Abuse and Mental Health Services Administration. (2012). *Mental Health, United States, 2010*. HHS Publication No. (SMA) 12-4681. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings*. NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD: Substance Abuse and Mental Health Services Administration.

**The table below shows the following relationships: How each student learning outcome will be practiced and assessed in the course.**

<b>Course student learning outcomes</b>	<b>How students will practice each outcome in this course</b>	<b>How student achievement of each outcome will be assessed in this course</b>
Students will: Demonstrate an understanding the role of social workers and other professional disciplines within an Integrated Behavioral Healthcare (IBH) environment Competency 1–	Group work, discussion, in-class exercises, chapter reviews, low-stakes writing, practice presentations	Annotated Bibliography Opinion Piece Presentation: Interview Team Presentation: Comparing Health Policies Public Service Announcement (PSA) Video Policy Advocacy

<p>Ethical and Professional Behavior</p>		
<p>Students will: Develop an understanding of the history of health policy in the U.S., and the political, economic and social forces that have led to the development of our U.S. healthcare system Competency 3 – Social Justice and Human Rights</p>	<p>Group work, discussion, in-class exercises, chapter reviews, low-stakes writing, practice presentations</p>	<p>Annotated Bibliography Opinion Piece Presentation: Interview Team Presentation: Comparing Health Policies Public Service Announcement (PSA) Video Policy Advocacy</p>
<p>Students will: Develop an understanding of current models, major issues and trends in IBH Competency 4 – Practice-Informed Research and Research-Informed Practice</p>	<p>Group work, discussion, in-class exercises, chapter reviews, low-stakes writing, practice presentations</p>	<p>Annotated Bibliography Opinion Piece Presentation: Interview Team Presentation: Comparing Health Policies Public Service Announcement (PSA) Video Policy Advocacy</p>
<p>Students will: Demonstrate an understanding of the structure, organization, and funding arrangements of IBH service delivery systems Competency 4 – Practice-Informed Research and Research-Informed Practice</p>	<p>Group work, discussion, in-class exercises, chapter reviews, low-stakes writing, practice presentations</p>	<p>Annotated Bibliography Opinion Piece Presentation: Interview Team Presentation: Comparing Health Policies Public Service Announcement (PSA) Video Policy Advocacy</p>
<p>Students will: Understand the importance of addressing health disparities in Health Information Systems (HIS) Competency 2 – Diversity and Difference</p>	<p>Group work, discussion, in-class exercises, chapter reviews, low-stakes writing, practice presentations</p>	<p>Annotated Bibliography Opinion Piece Presentation: Interview Team Presentation: Comparing Health Policies Public Service Announcement (PSA) Video Policy Advocacy</p>
<p>Students will: Acquire an understanding of the social worker's role in the formation and implementation of policies within IBH Competency 6 – Engagement</p>	<p>Group work, discussion, in-class exercises, chapter reviews, low-stakes writing, practice presentations</p>	<p>Annotated Bibliography Opinion Piece Presentation: Interview Team Presentation: Comparing Health Policies Public Service</p>

		Announcement (PSA) Video Policy Advocacy
Students will: Demonstrate advocacy skills with service providers, community organizations, policy makers, and/or stakeholders related to IBH. Competency 6 – Engagement	Group work, discussion, in-class exercises, chapter reviews, low-stakes writing, practice presentations	Annotated Bibliography Opinion Piece Presentation: Interview Team Presentation: Comparing Health Policies Public Service Announcement (PSA) Video Policy Advocacy

**Required Texts, Additional Reading, and Other Materials**

**There is no required text for this course. Required readings are listed under the Course Schedule for each Module**

**Course Requirements/Due Dates**

Week	Module
1	<b><i>Module 1: Need for Integrated Behavioral Healthcare in the United States</i></b>
2	<b><i>Module 1: Need for Integrated Behavioral Healthcare in the United States</i></b>
3	<b><i>Module 2: Integrated Behavioral Health Models</i></b>
4	<b><i>Module 2: Integrated Behavioral Health Models</i></b>
5	<b><i>Module 3: Legislative Background</i></b>
6	<b><i>Module 3: Legislative Background</i></b>
7	<b><i>Module 4: Patient Protection and Affordable Care Act</i></b>
8	<b><i>Module 4: Patient Protection and Affordable Care Act</i></b>
9	<b><i>Module 5: Integrated Behavioral Health &amp; Disparities</i></b>
10	<b><i>Module 5: Integrated Behavioral Health &amp; Disparities</i></b>
11	<b><i>Module 6: Funding for Integrated Behavioral Health Services</i></b>
12	<b><i>Module 6: Funding for Integrated Behavioral Health Services</i></b>

13	<b>Module 7: Implementing Integrated Behavioral Health</b>
14	<b>Module 7: Implementing Integrated Behavioral Health</b>
15	<b>Module 8: Advocacy</b>
16	<b>Module 8: Advocacy</b>

### Grading Policy

<p><b>1. Annotated Bibliography - 100</b></p> <p><b>2. Opinion Piece - 50</b></p> <p><b>3. Presentation: Interview - 150</b></p> <p><b>4. Team Presentation: Comparing Health Policies - 100</b></p> <p><b>5. Public Service Announcement (PSA) Video - 100</b></p> <p><b>6. Policy Advocacy - 100</b></p>	<ul style="list-style-type: none"> <li>• 540 - 600 points = A grade</li> <li>• 480 - 539 points = B grade</li> <li>• 420 - 479 points = C grade</li> <li>• 360 - 419 points = D grade</li> <li>• Less than 360 points = F grade</li> </ul>
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### Attendance Policy

Participation in class discussion is a vital part of the learning process and is graded on both in-class and group assignments. Everyone has something to contribute. It is important that you attend class, not only so that you can learn from others, but that other students can benefit from your input. Your presence and contribution to the educational experience of others is very important. Therefore, attendance and participation is built into the grading system. Attendance and participation are worth 10% of the grade. Each unexcused class hour missed results in point deduction. Excessive unexcused absences may result in an "F" for the course. This is generally considered 6 or more hours of class time. Participation is also calculated into the 10% based on relevant, appropriate comments/participation that reflect preparation, understanding, and critical thinking; and are supportive of other students' learning and respectful of the values and contributions of others.

### Course Schedule

#### **Module 1: Need for Integrated Behavioral Healthcare in the United States**

#### **Required Reading**

Capoccia, V.A., Grazier, K.L., Toal, C., Ford, J.H., & Gustafson, D.H. (2012). Massachusetts's experience suggests coverage alone is insufficient to increase addiction disorders treatment. *Health Affairs*, 31(5), 1000-1008.

Gawande, A. (2011, January 24). The hot spotters: Can we lower medical costs by giving the neediest patients better care? *The New Yorker*.

Kathol, R.G., Butler, M., McAlpine, D., & Kane, R.L. (2010). Barriers to physical and mental condition integrated service delivery. *Psychosomatic Medicine*, 72, 511-518. 4

Katon, W., Russo, J., Lin, E.H.B., et al. (2012). Cost-effectiveness of a multicondition collaborative care intervention. *Archives of General Psychiatry*, 69(5), 506-514.

Institute of Medicine (2001). *Crossing the quality chasm*. Washington, DC: National Academy Press.

Mechanic, D., & McAlpine, D.D. (2011). Sociology of healthcare reform: Building on research and analysis to improve healthcare. *Journal of Health and Social Behavior*, 51(S), S147-S159.

Nocon, R.S., Sharma, R., Birnberg, J.M., Ngo-Metzger, Q., Lee, S.M., & Chin, M.H. (2012). Association between patient-centered medical home rating and operating cost at federally funded health centers. *JAMA*, 308(1), 60-66.

Reeves, W.C., Strine, T.W., Pratt, L.A., et al. (2011). *Mental Illness Surveillance Among Adults in the United States, Supplements 60(3)*, 1-32. Retrieved from:  
[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6003a1.htm?s\\_cid=su6003a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6003a1.htm?s_cid=su6003a1_w).

Frontline (PBS). (2009). *Sick around America*. (55 minutes). Retrieved from:  
<http://www.pbs.org/wgbh/pages/frontline/sickaroundamerica/>

Williams, J.W. (2012). Integrative care: What the research shows. *North Carolina Medical Journal*, 73(3), 205-206.

## **Module 2: Integrated Behavioral Health Models**

### **Required Reading**

Corrigan, P., & Watson, A. (2003). Factors that explain how policy makers distribute resources to mental health services. *Psychiatric Services*, 54(4), 501-507.

Engle, G. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196, 129-136.

Gagne, C., White, W., & Anthony, W. (2007). Recovery: A common vision for the field of mental health and addictions. *Psychiatric Rehabilitation Journal*, 31(1), 32-37.

Ludwig, A. (1975). The psychiatrist as physician. *JAMA*, 234(6), 603-604.

Koh, H., & Sebelius, K. (2010). Promoting prevention through the affordable care act. *New England Journal of Medicine*, 363(14), 1296-1299. 5

Corrigan, P., & Watson, A. (2003). Factors that explain how policy makers distribute resources to mental health services. *Psychiatric Services*, 54(4), 501-507.

Engle, G. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196, 129-136.

Gagne, C., White, W., & Anthony, W. (2007). Recovery: A common vision for the field of mental health and addictions. *Psychiatric Rehabilitation Journal*, 31(1), 32-37.

Ludwig, A. (1975). The psychiatrist as physician. *JAMA*, 234(6), 603-604.

Koh, H., & Sebelius, K. (2010). Promoting prevention through the affordable care act. *New England Journal of Medicine*, 363(14), 1296-1299. 5

### **Module 3: Legislative Background**

#### **Required Reading**

Code of Federal Regulations, 42 CFR, Part 2. Retrieved from:

[http://ecfr.gpoaccess.gov/cgi/t/text/textidx?c=ecfr&tpl=/ecfrbrowse/Title42/42cfr2\\_main\\_02.tpl](http://ecfr.gpoaccess.gov/cgi/t/text/textidx?c=ecfr&tpl=/ecfrbrowse/Title42/42cfr2_main_02.tpl)

Conover, L.O. (2002). Tarasoff vs. California Board of Regents. *Public health law and ethics: A reader*. Retrieved from: <http://www.publichealthlaw.net/Reader/docs/Tarasoff.pdf>

Department of Health and Human Services. (2012). *HS settles HIPAA case with BCBST for \$1.5 million*. Retrieved from: <http://www.hhs.gov/news/press/2012pres/03/20120313a.html>

Department of Health and Human Services. (2012). *HIPAA regulations*. Retrieved from:

[http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title45/45cfr164\\_main\\_02.tpl](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title45/45cfr164_main_02.tpl)

Department of Health and Human Services. (2009). *The Health Information Technology for Economic and Clinical Health Act*. Retrieved from: <http://www.hipaasurvivalguide.com/hitech-act-text.php>

Tarasoff vs. Regents of the University of California. (1976). In Lawrence O. Gostin, *Public health law and ethics: A reader*. Retrieved from: <http://www.publichealthlaw.net/Reader/docs/Tarasoff.pdf>

National Federation of Independent Business et al. v. Sebelius, Secretary of Health and Human Services, et al. No. 11-393. (2012). Retrieved from:  
<http://www.supremecourt.gov/opinions/11pdf/11-393c3a2.pdf>

Conner, C. (March 15, 2012). Healthcare wasn't broken. *Los Angeles Times*. Retrieved from:  
<http://articles.latimes.com/2012/mar/15/opinion/la-oe-conover-health-myths-20120315>

McDonough, J.E. (2011). *Inside national health reform*. Millbank Memorial Fund, University of California Press.

Squires, D. A. (2011). *The U.S. health system in perspective: A comparison of twelve industrialized nations*. The Commonwealth Fund. Retrieved from:  
[http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2011/Jul/1532\\_Squires\\_US\\_hlt\\_sys\\_comparison\\_12\\_nations\\_intl\\_brief\\_v2.pdf](http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2011/Jul/1532_Squires_US_hlt_sys_comparison_12_nations_intl_brief_v2.pdf)

Frank, Richard G. and Sherry Glied. (2006). Changes in mental health financing since 1971: Implications for policymakers and patients. *Health Affairs*, 25(3), 601-613.

Kaiser Family Foundation. (2011). "History of Health Reform Efforts in the US." Retrieved from:  
<http://healthreform.kff.org/flash/health-reform-new.html>.

Light, Donald W. (2011). Historical and comparative reflections on the US national health insurance reforms. *Social Science & Medicine*, 72, 129-132.

Mechanic, D. (2007). Mental health services then and now. *Health Affairs*, 26(6), 1548–1550.

#### **Module 4: Patient Protection and Affordable Care Act Required Reading**

The National Association of Social Workers. (Fall 2011). Accountable care organizations (ACOs): Opportunities for the social work profession. *Practice Perspectives*. Retrieved September 25, 2012 from  
<http://www.socialworkers.org/assets/secured/documents/practice/health/ACOs%20Opportunities%20for%20SWers.pdf>

Health Policy Brief: Accountable Care Organizations. (2010). *Health Affairs*, July 27, 2010. Retrieved September 25, 2012 from  
[http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief\\_id=23](http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=23)

The National Association of Social Workers. (2011). The medical home model: What is it and how do social workers fit in? *Practice Perspectives*, 10. 7



- Agency for Healthcare Research and Quality. (2010). The roles of patient-centered medical homes and accountable care organizations in coordinating patient care. *AHRQ Publication*, No. 11-M005-EF. Rockville, MD.
- Alakeson V., Frank F.G., & Katz R.E. (2010). Specialty care medical homes for people with severe, persistent mental disorders. *Health Affairs*, 29(5), 867-873.
- Alexander, L. (2011). *Partnering with health homes and accountable care organizations: Considerations for mental health and substance use providers*. Washington, DC: National Council for Community Behavioral Healthcare.
- Buck, J.A. (2011). The looming expansion and transformation of public substance abuse treatment under the Affordable Care Act. *Health Affairs*, 30(8),1402-10.
- Druss, B. & Maurer, B. (2010). Healthcare reform and care at the behavioral health—primary care interface. *Psychiatric Services*, 61, 1087-1092.
- Golden, R.L. (2011). Coordination, integration and collaboration: A clear path for social work in healthcare reform. *Congressional Briefing on the Implications of Healthcare Reform for the Social Work Profession*, Washington, DC.
- Kilo, C., & Wasson, J. (2010). Practice redesign and the patient-centered medical home: History, promises, and challenges. *Health Affairs*, 29(5), 773-777.
- Kirk, M. (2010). *Obama's deal*. Frontline. Arlington, VA: Public Broadcasting Company. Retrieved from: <http://www.pbs.org/wgbh/pages/frontline/obamasdeal/>
- National Council for Community Behavioral Healthcare. (2010). *Substance use disorders and the person-centered healthcare home*. Washington, DC: Author.
- Patient-Centered Primary Care Collaborative (2009). *Proof in Practice: A compilation of medical home pilot and demonstration projects*. Washington, DC: Author
- Reiss-Brennan, B., Briot, P. C., Savitz, L. A., Cannon, W., & Staheli, R. (2010). Cost and quality impact of Intermountain's mental health integration program. *Journal Of Healthcare Management / American College Of Healthcare Executives*, 55(2), 97-113.
- Tataw, D., James, F., Bazargan, S. (2009). The preventive health education and medical home project: A predictive and contextual model for low-income families. *Social Work in Public Health*. 24(6), 491-510.
- The Henry J. Kaiser Family Foundation (2010). *Focus on healthcare reform: A summary of the new health reform law*. Menlo Park, CA: Author. 8

Vest, J. R., Bolin, J. N., Miller, T. R., Gamm, L. D., Siegrist, T. E., & Martinez, L. E. (2010). Review: Medical homes: "Where you stand on definitions depends on where you sit". *Medical Care Research and Review*, 67(4), 393-411.

### **Module 5: Integrated Behavioral Health & Disparities**

#### **Required Reading:**

Adler, N. E., & Rehkopf, D. H. (2008). U.S. disparities in health: Descriptions, causes, and mechanisms. *Annual Review of Public Health*, 29, 235-52.

Andrulis et al. (2010). Patient protection and ACA of 2010: Advancing health equity for racially and ethnically diverse populations, Retrieved from:

<http://www.jointcenter.org/sites/default/files/upload/research/files/Patient%20Protection%20and%20Affordable%20Care%20Act.pdf>

Ruffin, J. (2011). *Fiscal Year 2012 Budget Request*. National Institute of Mental Health and Health

*Disparities*. Retrieved from:

[http://www.nimhd.nih.gov/about\\_ncmhd/Congressional%20Testimony%20%205-11-11.pdf](http://www.nimhd.nih.gov/about_ncmhd/Congressional%20Testimony%20%205-11-11.pdf)

Community Partnerships for Older Americans. (2011). *Health disparities*. Retrieved from:

<http://www.partnershipsforolderadults.org/resources/levelthree.aspx?sectionGUID=f59d8a94-bd5f-464e-80bb-0c27eadc4566>

Frederick-Goldsen, K., et al. (2011). The aging and health report: Disparities and resilience among

LGBT older adults. Retrieved from:

[http://www.lgbtagingcenter.org/resources/pdfs/LGBT%20Aging%20and%20Health%20Report\\_final.pdf](http://www.lgbtagingcenter.org/resources/pdfs/LGBT%20Aging%20and%20Health%20Report_final.pdf)

Healthy People 2020. (2010). *Disparities*. Retrieved from:

<http://healthypeople.gov/2020/about/DisparitiesAbout.aspx>

Kataoka, et al. (2002). Unmet need for mental healthcare among U.S. children: Variation by ethnicity and insurance status. *American Journal of Psychiatry*, 159(9), 1548-1555.

National Council of La Raza. (2006). *Critical disparities in Latino mental health: White paper*.

Retrieved from: <http://www.csulb.edu/centers/latinohealth/WP-Latino%20Mental%20Health-FNL.PDF>.

Miranda et al. (2008). Mental health in the context of health disparities. *American Journal of Psychiatry*, 165(9), 1102-1108. 9

Agency for Healthcare Research and Quality. (2011). *National Healthcare Disparities Report 2011*, Rockville, MD: AHRQ Publication. Retrieved from: <http://www.ahrq.gov/qual/nhdr11/nhdr11.pdf>

Ortega, A. (2009). “. . . And healthcare for all: Immigrants in the shadow of the promise of universal healthcare.” *American Journal of Law and Medicine*, 35(1): 185-204.

Reschovsky, J. D., & O’Malley, A. S. (2008). Do primary care physicians treating minority patients report problems delivering high quality care? *Health Affairs*, 26(3), 222-231.

Smedley, B. D, Stith, A. Y., & Nelson, A. R. (Eds.). (2002). *Unequal treatment: Confronting racial and ethnic disparities in healthcare*. Washington, DC: National Academies Press.

**Module 6: Funding for Integrated Behavioral Health Services**  
**Required Reading**

Berwick, D. M., Nolan, T. W., & Whittington, J. (2008). The triple aim: Care, health, and cost.” *Health Affairs*, 27(3), 759-769.

Croft, B., & Parish, S. (2011). Care Integration in the Patient Protection and Affordable Care Act: Implications for Behavioral Health. *Administration and Policy in Mental Health and Mental Health Services Research*, 1-6.

Hamblin, A., Verdier, J., & Au, M. (2011). State options for Integrating Physical and Behavioral Healthcare. *Integrated Care Resource Center. Technical Assistance Brief*, 1-12.

Lieberman, S., & Bertko, J. (2011). Building regulatory and operational flexibility into accountable care organizations and “shared savings.” *Health Affairs*, 30(1), 23-31.

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.

Neuman, T. “Medicare and Health Reform” (19 minutes, July 2010). Retrieved from: <http://kaiseredu.org/tutorials/Medicare-and-health-reform/player.html>.

Sommers, B., Tomasi, M., Swartz, K., & Epstein, A, (2012). Reasons for the wide variation in Medicaid participation rates among states hold lessons for coverage expansion in 2014. *Health Affairs*, 31(5), 909-919. 10

## **Module 7: Implementing Integrated Behavioral Health**

### **Required Reading**

Aarons, M., Sommerfeld, D., & Willging, C. (2011). The soft underbelly of system change: The role of leadership and organization climate in turnover during statewide behavioral health reform. *Psychological Services, 8*(4), 269-281.

Begley, C. E., Hickey, J. S., Ostermeyer, B., Teske, L. A., Vu, T., Wolf, J., & Rowan, P. J. (2008). Best practices: Integrating behavioral health and primary care: The Harris county community behavioral health program. *Psychiatric Services, 59*(4), 356-8.

Bronstein, L.R. (2003). A Model for Interdisciplinary Collaboration. *Social Work, 48*(3). pp. 297-306.

Butler, M., Kane, R. L., McAlpine, D., Kathol, R. G., Fu, S. S., Hagedorn, H. & Wilt, T. J. (2008). Integration of mental health/substance abuse and primary care no. 173. AHRQ Publication No. 09-E003. Rockville, MD: Agency for Healthcare Research and Center for Healthcare Strategies (n.d.) *Lessons for health homes identified through the Chronic Illness Demonstration Project Learning Collaborative*. Retrieved from:

[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/02-24-2012\\_cidp\\_lessons\\_learned\\_CIDP.pdf](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/02-24-2012_cidp_lessons_learned_CIDP.pdf)

Center for Rehabilitation and Recovery. (2012). *What consumers need to know about health homes*. New York, NY: Coalition for Behavioral Health Agencies.

Druss B.G., Zhao, L., von Esenwein, S.A., Bona, J.R., Fricks, L., Jenkins-Tucker, S., Sterling, E.,

Diclemente, R., & Lorig, K. (2010). The Health and Recovery Peer (HARP) Program: A peer-led intervention to improve medical self-management for persons with serious mental illness. *Schizophrenia Research, 118*(1-3), 264-70.

Druss, B. G., Von Esenwein, S. A., Compton, M. T., Rask, K. J., Zhao, L., & Parker, R. M. (2010). A randomized trial of medical care management for community mental health settings: The primary care access, referral, and evaluation (PCARE) study. *American Journal of Psychiatry, 167*(2), 151-159.

Green, L., Ottoson, J., Garcia, C., & Hiatt, R. (2009). Diffusion theory and knowledge dissemination, utilization, and integration in Public Health. *Annual Review of Public Health, 30*, 151-174.

Madras, B. K., Compton, W. M., Avula, D., Stegbauer, T., Stein, J. B., & Clark, H. W. (2009). Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and 6 months later. *Drug and Alcohol Dependence, 99*(1-3), 280-295. 11

Mauch, D. (2011). *Implementing mental health and substance abuse integration: Drivers and consideration*. Presentation at the 2011 National Association of State Mental Health Program Directors Meeting.

Miller B. F., Kessler R., Peek C. J., & Kallenberg, G. A. (2011). *A national agenda for research in collaborative care: Papers from the collaborative care research network research development conference*. AHRQ Publication No. 11-0067. Rockville, MD: Agency for Healthcare Research and Quality.

Molfenter, T., Capoccia, V., Boyle, M., & Sherbeck, C. (2011). The readiness of addiction treatment agencies for healthcare reform. *Substance Abuse Treatment, Prevention, and Policy*, 7(16).

Nutting, P., Crabtree, B., Miller, W., Strange, K., Stewart, E., & Jaen, C. (2011). Transforming physician practice to patient-centered medical homes: Lessons from the National Demonstration Project. *Health Affairs*, 30(3), 439-445.

Patti, R. (1974). Organizational resistance: The view from below. *Social Service Review*, 48(3), 367-383.

Peikes, D., Zutshi, A., Genevro, J., Smith, K., Parchman, M., & Meyers, D. (2012). *Early evidence on the patient-centered medical home*. AHRQ Publication No. 12-0020-EF. Rockville, MD: Agency for Healthcare Research and Quality.

SAMSHA-HRSA Center for Integrated Health Solutions (2012). *Behavioral Health Homes for People with Mental Health & Substance Use Conditions: The Core Clinical Features*. Washington, DC: Author.

Tondora, J., Pocklington, S., Gorges, A., Osher, D., & Davidson, L. (2005). *Implementation of person-centered care and planning. From policy and practice to evaluation*. Washington, DC: Substance Abuse and Mental Health Services Administration.

Torres T. (2009). *A Model for Self-Management Support in the Patient-Centered Medical Home*. Grand Blanc, MI: Genesys Health Network. Retrieved from: [www.genesys.org/GRMCWeb.nsf/HealthWorks\\_Overview.pdf](http://www.genesys.org/GRMCWeb.nsf/HealthWorks_Overview.pdf).

Unützer J., Katon, W., Callahan, C. M., Williams, J. W., Jr., Hunkeler, E., Harpole, L., et al. (2011). Collaborative-care management of late-life depression in the primary care setting. *JAMA*, 288(22):2836-45.

Alcoholics Anonymous World Services, Inc. (1976). *Questions and Answer on Sponsorship*, New York: The A. A. Grapevine, Inc. Retrieved from [http://www.aa.org/pdf/products/p-15\\_Q&AonSpon.pdf](http://www.aa.org/pdf/products/p-15_Q&AonSpon.pdf) 12

Centers for Disease Control and Prevention. (2011). *Community Health Workers/Promotores de Salud: Critical Connections in Communities*. Retrieved from: <http://www.cdc.gov/diabetes/projects/comm.htm>

Center for Substance Abuse Treatment. (2009). *What are peer recovery supports?* HHS Publication no. (SMA) 09-4454, Rockville MD: Substance Abuse Mental Health Services Administration, US Department of Health and Human Services.

Integrated Care Resource Center. (2012). *Low cost, low administrative burden ways to better integrate care for Medicare-Medicaid enrollees*, Technical Assistance Brief. Retrieved from: [http://www.chcs.org/usr\\_doc/ICRC - Low Cost Approaches to Integration FINAL.pdf](http://www.chcs.org/usr_doc/ICRC - Low Cost Approaches to Integration FINAL.pdf)

Klein, S., McCarthy, D. (2012). *Gundersen Lutheran Health System: Performance Improvement Through Partnership*. The Commonwealth Fund, pub. 1307, Vol. 28. Retrieved September 25, 2012 <http://www.commonwealthfund.org>

Agency for Healthcare Research and Quality (AHRQ). (2010). *Health navigators, support self-management with primary care patients, leading to improved behaviors and lower utilization*. Retrieved from: <http://www.innovations.ahrq.gov/content.aspx?id=2905>

Meyers, D., Peikes, D., Dale, S., Lundquist, E., & Genevro, J. (2011). Improving evaluations of the medical home. *AHRQ Publication* No. 11-0091. Rockville, MD: Agency for Healthcare Research and Quality.

Sullivan, W. P. (2006). Mental health leadership in a turbulent world. In J. Rosenberg & S. Rosenberg (Eds.), *Community mental health: Challenges for the 21st Century* (pp. 247-257). New York: Routledge.

Aston, S. J. et al. (2012). Interprofessional education: A review and analysis of programs from three academic health centers. *Academic Medicine*, 87(7), 949-955.

Canadian Interprofessional Health Collaborative. (2010). *A national interprofessional competency framework*. Vancouver, BC: Canadian Interprofessional Health Collaborative. Retrieved from: <http://www.cihc.ca/resources/publications>.

Institute of Medicine. (2003). *Health professions education: A bridge to quality*. Washington, DC: the National Academies Press.

World Health Organization (WHO). (2010). *Framework for action on interprofessional education and collaborative practice*. Geneva: WHO. From: [http://whqlibdoc.who.int/hq/2010/WHO\\_HRH\\_HP\\_N\\_10.3\\_eng.pdf](http://whqlibdoc.who.int/hq/2010/WHO_HRH_HP_N_10.3_eng.pdf).

## **Module 8: Advocacy**

### **Required Reading**

Jansson, B. (2010). *Becoming an effective policy advocate*. Chapter 3. Belmont, CA: Brooks/Cole.

Jansson, B. (2011). *Improving healthcare through advocacy*. Chapters 12-14. Hoboken, NJ: Wiley.

### **Useful Websites**

AHRQ: The Academy Integrating Behavioral Health and Primary Care

<http://integrationacademy.ahrq.gov/>

ARHQ: Patient Centered Medical Home Resource Center

[www.pcmh.ahrq.gov/portal/server.pt/community/pcmh\\_home/1483](http://www.pcmh.ahrq.gov/portal/server.pt/community/pcmh_home/1483)

California Integrated Behavioral Health Project

<http://ibhp.org/index.php?section=pages&cid=152>

The Commonwealth Fund

<http://www.commonwealthfund.org/>

CSWE PPACA of 2010: A Guide for Social Workers

<http://www.cswe.org/File.aspx?id=48334>

Henry J. Kaiser Family Foundation: *Health Reform Source*

<http://healthreform.kff.org/>

Integrated Care Resource Center (CMS)

<http://www.integratedcareresourcecenter.com/Default.aspx>

Massachusetts Blue Cross Blue Shield Health Reform

<http://bluecrossmafoundation.org/Health-Reform/Lessons.aspx>

National Standards on Culturally and Linguistically Appropriate Services (CLAS)

<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>

The New York Times: Healthcare Reform

[http://topics.nytimes.com/top/news/health/diseasesconditionsandhealthtopics/health\\_insurance\\_and\\_managed\\_care/health\\_care\\_reform/index.html](http://topics.nytimes.com/top/news/health/diseasesconditionsandhealthtopics/health_insurance_and_managed_care/health_care_reform/index.html)

Patient-Centered Primary Care Collaborative

[www.pcpcc.net/](http://www.pcpcc.net/)

PBS Unnatural Causes

[http://www.pbs.org/unnaturalcauses/explore\\_learn.htm](http://www.pbs.org/unnaturalcauses/explore_learn.htm)

Robert Wood Johnson: Health Policy Connection

<http://www.rwjf.org/healthpolicy/coverage/index.jsp>

SAMHSA-HRSA Center for Integrated Health Solutions

<http://www.integration.samhsa.gov/>

The University of Washington AIMS Center

<http://uwaims.org/index.html>

CDC: The State of Mental Health and Aging in America

<http://apps.nccd.cdc.gov/MAHA/MahaHome.aspx>

UCLA Health Policy Institutes: Health Disparities

<http://www.healthpolicy.ucla.edu/SearchResults.aspx?keywords=Health+disparities+mental+health&page=1>



## VI. Assignments

### 1. Annotated Bibliography

Each student will select a major health/mental health policy issue to serve as his/her focus. Potential topics are listed below. Each student will need to find at least 8 *articles from academic journals*, at least 2 *from popular press sources* (may be from the web if they also appear in print, such as an article from the New York Times), and at least 1 *source of information from a national, state, or local non-profit or governmental organization* that primarily focuses on this topic (may be a webpage or informational literature).

- Your bibliography will consist of a problem statement, an introduction to the issue, and a comprehensive annotated bibliography from a variety of fields.
- In your introduction, construct an overview of your identified health policy issue and its relationship to the health of the American public.
- Describe the incidence and prevalence of the problem.
- Include the following parameters: identification of at-risk populations; identification of risk factors, causes, known prevention measures; any efficacious evidence-based diagnosis and treatment that may or may not be available for the at-risk population and this specific health problem.
- What situations/barriers exist in the community that prevent elimination or decrease in this health problem?
- What situations/supports exist in the community that facilitate prevention, elimination or decrease in this health problem?
- Each annotation will consist of a 1-2 paragraph summary of the article in your own words and a 1-2 paragraph critical discussion of the article which may include how the article fits into the existing literature, or highlight the major contribution of the article to the literature, or discuss some element of the methodology or approach used in the article.

Possible topics include: Prescription drug coverage for older adults; the right to die / assisted suicide; policies related to substance abuse or addiction; mental health parity; policies related to genetic screening; stem cell research; poverty and child healthcare/health disparities; health insurance coverage; denial of care; access to care; health reform (any aspect); CLASS Act (part of the ACA); health disparities; disability policy (health aspects); gun control; obesity; comorbid health/mental health disorders; inequities in AIDS care (or any other medical/mental healthcare); smoking/drug policies in the U.S. (or another country); domestic violence policies; healthcare for the incarcerated / the homeless / for undocumented immigrants; teen pregnancy / reduction policies; reproductive health issues / women's health issues; innovations in long term care for older adults; environmental health (how the environment we live in, including infrastructure, affects health and mental health). 16

## **2. Opinion Piece**

Students are to write an opinion piece on their impressions of the Affordable Care Act. Paper should address their personal opinion of the ACA, what they believe to be true about the Act and their opinion as to whether or not this is a good law.

## **3. Presentation: Interview**

Conduct an interview with a relative who is at least 65 years old. Ask them the following questions and summarize their answers in your short 10 minute presentation to the class. Goal is for the instructor to use the presentations to illustrate how the older population deals with their medical issues, Medicare, insurance coverage and to illustrate a wide variety of opinions about the ACA and the expectations.

How do they pay for their health insurance?

How much money do they have to spend, during an average month, for out of pocket health related costs, including co-pays, prescription drugs, over the counter medications/supplies.

Has there been a time in their lives when they had health insurance and in their opinion was the coverage better than what they have currently? Have them give a description of the coverage.

Ask them their opinion of the Affordable Healthcare Act and what they hope to gain because of its passage.

If they could fix the healthcare system, what would they do?

Describe a medical emergency that has occurred in their lives, the condition or medical issue, the length of time of the recovery, the estimated cost for the medical treatment, any challenges that happened as a result of the medical emergency and how the medical emergency cost was paid for by the individual or family member.

## **4. Team Presentation: Comparing Health Policies**

Form teams of 2-3 students. Each team is expected to do a comparison between the Affordable Care Act elements as upheld by the US Supreme Court in its July 2012 decision to one of the countries mentioned in the charts found in the David Squires Article, *The US Health System in Perspective: A Comparison of Twelve Industrialized Nations*, published by the Commonwealth fund. The teams should identify the top 5 strengths in the ACA and then compare and contrast these 5 strengths to the country's healthcare policies they have decided to analyze. Student teams will then develop a 15-20 minute presentation for the class outlining the similarities and differences and present their findings to the class for discussion. 17

## 5. Public Service Announcement (PSA) Video

This assignment will be completed in teams of *no more than 3 students*. You can complete it on your own, if desired.

By completing this assignment you will:

- Be able to use a video camera and digital video editing software
- Understand how pen and paper, live visuals, and electronic texts work together to provide public information
- Display your understanding of theory and information from our class and other resources and incorporate these into a practical application

You will be given somewhat limited resources to complete this project, with limited time possibly the greatest constraint. Keep your design as simple as possible. Don't be too ambitious.

There will be three components to this project: a digital video, a presentation to the class, and an evaluation of the process.

Your ultimate goal is to produce a 1 to 2 minute original video dealing with an important health policy topic in a public service announcement type format. Each video will need to either provide information on the topic or create a persuasive argument for change. You must create at least some of your own material by filming. This may be combined with material available on the internet. The end result must contain some film you shot and must be your own creation. Do not use copyrighted material (with an exception for music if needed). Do not film anyone without their permission. Do not film on private property (unless your own or you have permission). No swearing, no violence.

Steps:

It helps if your topic either matches the topic of your policy paper or is something you know quite a lot about, so choose wisely.

Research. Start by thinking about the following questions:

- What did you find in your research that surprised you?
- How does this information conflict with your beliefs?
- How are the facts different that you expected?
- How might this issue/problem be solved?
- Is there a local or national agency/organization that deals with this issue?

If addressing a specific problem, you may try to ask/address questions that are aimed at finding explanations for the problem you are exploring, such as:

- How can you explain . . . ?
- What steps can you take to find explanations?
- What rationale can you give for . . . ?

Or, you may ask imaginative, speculative, and exploratory questions, such as:

What are some ways to promote . . . ?

What would you do if you were in charge?

Can you imagine all the benefits if . . . ?

Plan your project using the PSA Outline. Decide on a “plot.” Think about who your target audience is and what message you want to communicate. What should your video achieve, and how? Use the Persuasion Map to plan your storyboard, filling in your Outline as follows:

- Section 1: What type of words should flash across the screen to put across the message or your *goal*? Think of a catchy phrase or slogan.
- Section 2: How could you discuss the *reasons* in the video? How do you convince people to listen to your message?
- Section 3: What are your *facts*? How will you share these facts dramatically?

Complete filming and/or compiling of images for your video. Edit to the appropriate length.

Include a credits screen with resources (not included in the time cap).

Present your video on the last day of class. The final video and all worksheets should be burned onto a CD. Keep in mind that some video formats store the final version in *multiple* files.

During/after the presentations, each student will fill out the Evaluation Rubric (for videos created by other students) and the Reflecting on the Process sheet (for their own project).

Sources:

Brownstein, David. CAP-Foundations 103 Video Assignment: eWaste Public Service Announcement. Available: [www.brownstein.ca/teaching/103video-assignment.pdf](http://www.brownstein.ca/teaching/103video-assignment.pdf). See example videos at [http://ca.youtube.com/profile\\_videos?user=capubc](http://ca.youtube.com/profile_videos?user=capubc).

Kozdras, Deborah. MyTube: Changing the World with Video Public Service Announcements. Available: <http://www.readwritethink.org/classroom-resources/lesson-plans/mytube-changing-world-with-1069.html> 19

## 6. Policy Advocacy

This learning activity involves taking an advocacy position on a particular policy issue, proposing a task that addresses the issue, and carrying out that activity. This assignment can be done in groups of 4-6 or as a class. You will:

Choose a current health policy area related to integrated behavioral healthcare that interests you. It can be at the federal, state, county, local, and/or agency level. Examples include: addressing health literacy and the ACA, prescription drugs and integrative medicine practices, need for trained health professionals in rural areas. The policy/issue being targeted must be a social justice issue, either in relation to a vulnerable population or a social problem.

Write a brief proposal that includes:

- Statement of the policy, problem, and/or issue
- A historical context of the policy, problem, and/or issue
- The significance of the problem or issue to you both personally and professionally
- The social justice implications of the problem or issue
- The task(s) that you will perform relative to the policy or issue.

Once your proposal is returned and approved by the instructor, carry out the proposed task.

After you perform the task, evaluate its effectiveness in relation to the policy/issue. Write a paper that includes what you learned by carrying out this task. Attach additional items such as news releases, letters, legislative testimony, position papers, etc., that you developed.