University of Wisconsin – Madison School of Social Work
SW 836: Mental Health Policies and Services
Fall 2018 - Syllabus

Instructor: Kacie Norlien, MSW, LICSW
Contact: norlien@wisc.edu (email preferred) or 612-708-1561 (text and voice)
Office Hours: By appointment
Class Location: HSS 179   **Class Time:** Saturday, 9:00 am to 11:00 am
Credits: 2   **Instructional Mode:** Face-to-Face

Canvas Course URL: https://canvas.wisc.edu/courses/117079

I. Course Description:

This course prepares students for leadership roles in mental health programs, agencies and organizations. It examines mental health policies and services that both influence care and treatment of persons with mental illness and shape mental health care systems, programs and services.

Attributes and Designations: This course counts toward the 50% graduate coursework requirement.
Course Requisites: MSW Student.
How credit hour is met: This class meets for one two-hour class periods each week over the spring semester and carries the expectation that students will work on course learning activities (reading, writing, studying) for approximately four hours out of classroom each week. The syllabus includes additional information about meeting times and expectations for student work.

II. Course Overview

Social Work 836 is the required policies and services course for social work students in the mental health focus area. The purpose of the course is to prepare students for leadership roles in community mental health programs, agencies, and organizations, particularly those that serve adults with severe and persistent mental illnesses. Students will be introduced to publicly funded systems of care and policy making that have evolved over time to address the needs of people with severe and persistent mental illness.

Central to our inquiry is the question: How well are mental health services meeting the needs of oppressed and marginalized groups in our society who, in disproportionate numbers, struggle with mental health and/or substance use disorder problems? What can you, as a social worker, do to effectively advocate and improve services for those who have traditionally been under served, or poorly served, by existing systems of care?

The emphasis of this class is on how this country has responded historically and currently in a systemic manner to those with a severe and persistent mental illness. In particular, we will examine the history of the organization and funding of health and mental health services, review current policy making practices along with disparate practices influencing access and outcomes, consider how organizations, coalitions, interest groups and lobbyists influence legislation, and the current organization, delivery and financing of mental health services. We will explore a number of ethical questions of central importance to the social work profession and to social workers entering the field of mental health practice and policy. This policy course equips students to critically engage in mental health

policy debate, analysis, development, and implementation, all of which are crucial to competent, ethical, and socially-just social work practice. The course objectives include: (1) understanding how mental health policy impacts your work on multiple levels of practice (micro, mezzo, and macro) in the lives of those you serve; (2) exposing you to a variety of employment options and different social worker roles you can consider within the mental health policy world; (3) providing you with information on policy making, including different language used, modalities of communication and conversation, and how you take your idea and make it a law; and, (4) comprehending the context and situational factors from a policy perspective that guide your practice as a clinical social worker (e.g. how you get paid, how your agency survives).

This course is required for all students in the Advanced Generalist Specialization.

The class is designed as a lecture class supplemented with small group discussions, large group debate and guest speakers. The readings, lectures, discussions and papers are designed to help you grapple with these questions as you clarify your own interests in becoming a part of, and possibly a leader in, innovations in mental health policies and services in America. Guest speakers who have expertise in programs, policies, and services related to the mental health policy process will provide a "real world" perspective on many of the issues covered in the readings.

III. Learning Outcomes: Course Competency, Description, and Dimensions
Social Work Education is framed by a competency based approach to curriculum design. At the conclusion of their education, social work students are expected to be competent in 9 core areas. Competency is achieved through mastery of course content as measured through course activities, readings and assignment and behaviors learned in field experiences, and which are derived from social work knowledge, values skills, and cognitive and affective processes. The objective of this course is to help students to demonstrate understanding and mastery of the knowledge, values, skills and cognitive and affective processes relevant to the competencies described in Appendix A.

IV. Course Content

Week 1: September 8, 2018
Introduction to the Course; Review of the Syllabus; Guided Discussion on Hot Topic

Topics: Mental health and mental illness as social issues (e.g. lower socioeconomic status, increased homelessness, increased incarceration)
Challenges in policy for how constructs, such as mental illness, get defined
Hot Topic Discussion

Required:
Mechanic, Mcalpine, & Rochefort (2014). *Mental Health & Social Policy: Beyond Managed Care, 6th Ed.* Read Chapter 1: pages 1-44 (Skim)

Miller & Hanson (2016). *Committed: The Battle Over Involuntary Psychiatric Care.* Pgs. 1-33.

Hot Topic Discussion Reading/Viewing:

Week 2: September 15, 2018
History & Development of U.S. Federal Mental Health Policy and Delivery Systems (1920-present)

Topics: Overview of history and development of U.S. health and mental health policy and delivery systems (1920 forward)

Recognize how racism (or other "isms") operate within the mental health care system and what is policy's role in this?

Overview of history of treatment of African-Americans and oppression within the mental health system

Discussion on reading "The Protest Psychosis" and role of racism in mental health policy formulation

Solutions to today's current gaps in federal mental health policy

Required:

Mechanic, Mcalpine, & Rochefort (2014). *Mental Health & Social Policy: Beyond Managed Care, 6th Ed.* Read Chapter 3: pages 45-66.

Metzel, J. (2009). *The Protest Psychosis: How Schizophrenia Became a Black Disease.* Beacon Press, Boston: MA. Read Preface, pp. ix-xxi.

Miller & Hanson (2016). *Committed: The Battle Over Involuntary Psychiatric Care.* pgs. 34-74.

Penney, D., & Stastny, P. (2008). *The Lives They Left Behind: Suitcases from a State Hospital Attic.* Bellevue Literary Press. New York: NY. Pgs. 13 to 21 (Prologue) and pgs. 34-45 (Chapter 2).

Viewing:

A History of Overhauling Health Care (Multimedia timeline from the *New York Times*). Retrieved on January 16, 2018
  from http://www.nytimes.com/interactive/2009/07/19/us/politics/20090717_HEALTH_TIMELINE.html

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Week 3: September 22, 2018
Policy Practice: The Roadmap: From Idea to Policy

Topics: Explore how to address mental health care disparities from a state level

Understand and engage in policy development (step-by-step how to take an idea to completed policy/law)

How to evaluate public policy need from social justice perspective

Monitoring policy once in place

What is an Request for Proposal (RFP)?

Required:

Example of a State RFP (1): State of Minnesota: Proposal to provide culturally specific behavioral health supports and services and/or workforce development within cultural and ethnic minority populations. From: https://mn.gov/dhs/partners-and-providers/grants-rfps/open-rfps/#/detail/appId/1/id/323949

Finnerty, M., Rapp, C., Bond, G., Lynde, D., Ganju, V., & Goldman, H. (2009). The State Health Authority Yardstick (SHAY). *Community Mental Health Journal. 45,* 228-236.

How to Write an RFP? Retrieved from https://www.thebalance.com/how-to-write-an-rfp-2276025

Miller & Hanson (2016). *Committed: The Battle Over Involuntary Psychiatric Care.* Pgs. 75-112.

Poussaint, A. F., & Alexander, A. (2001). *Lay My Burden Down: Suicide and the Mental Health Crisis Among African-Americans.* Beacon Press. Boston, Massachusetts. Read pg. 1-20 & 45-64.

Valcore, J., & Dodge, M. (2016). How hate crime legislation shapes gay and lesbian target groups: An analysis of social construction, law, and policy. *Criminal Justice Policy Review,* 1-23.

Video: How a Bill Becomes a Law: Crash Course Government & Politics Retrieved from January 16, 2018 from https://www.youtube.com/watch?v=66f4-NKEYz4

Recommended:
Secretary of the Senate Office. (2010). How a bill becomes a law in Minnesota. (posted on Canvas)

Example of a State RFP (2): State of Minnesota: Develop an innovative project(s) to improve mental health outcomes for youth attending a qualified school unit. Found at: https://mn.gov/dhs/partners-and-providers/grants-rfps/open-rfps/#/detail/appId/1/id/324935

Week 4: September 29, 2018
Policy Practice: Nuts & Bolts of Policy Formulation

Topics: Review step-by-step process of policy formulation.
        Writing laws or rules
        Stages of policy practice
        Analyzing the problem of access to mental health care
        Using evidence and research to inform and create mental health policy
        Hot Topic Discussion

Required:
Fuller, P. (n.d.). The Wisconsin State Legislature. How a bill becomes a law. Retrieved on January 22, 2018 from https://legis.wisconsin.gov/assembly/acc/media/1106/howabillbecomeslaw.pdf

Hyde, J., Mackie, T., Palinkas, L., Niemi, E., & Leslie, L. (2016). Evidence use in mental health policy making for children in foster care. *Administration and Policy in Mental Health, 43,* 52-66.

Miller & Hanson (2016). *Committed: The Battle Over Involuntary Psychiatric Care.* Pgs. 113-150.

Moniz & Gorin (2014). *Health Care Policy and Practice: A Biopsychosocial Perspective, 4th ed.* Routledge; New York, NY: pg. 143-177.

Silva, S. & Lambert, C. (2015). Restorative justice legislation in the American States: A statutory analysis of emerging legal doctrine. *Journal of Policy Practice, 14,* 77-95.

Wong, S., Green, L., Bazemore, A., & Miller, B. (2017). How to write a health policy brief. *Families, Systems, and Health, 35*(1), 21-24.

Hot Topic Discussion Reading/Viewing:
http://www.cnn.com/2017/11/14/health/fda-digital-pill-abilify/index.html
https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm584933.htm
http://time.com/5023712/fda-approves-digital-pill-abilify/
https://www.proteus.com/press-releases/otsuka-and-proteus-announce-the-first-us-fda-approval-of-a-digital-medicine-system-abilify-mycite/
https://www.npr.org/sections/thetwo-way/2017/11/14/564112345/fda-approves-first-digital-pill-that-can-track-if-youve-taken-it

Recommended:
Atdjiain, S., & Vega, W.A., (2005). Disparities in mental health treatment in U.S. racial and ethnic minority groups: Implications for psychiatrists. *Psychiatric Services, 56,* 1600-1602.

How a Bill Becomes a Law in Colorado. YouTube. https://youtu.be/WLOeY1h1TFo [10:30] or pdf (on Canvas).

State of Wisconsin Legislative Reference Bureau (December, 2014). The Legislative Process in Wisconsin. *Research Bulletin, 14-2.*

Week 5: October 6, 2018
Organizing and Financing Mental Health Services
Discussion Board Post Open from 1:30 pm 10/6/18 through 10/13/18 at 9:00 am.

Topics: Overview of Private Insurance, Medicare, and Medicaid
Understand the economics of mental health care and managed mental health care
Wisconsin's Medicaid State Plan
What is fee-for service? Structures of insurance.
Understand the psychosocial rule, and why does it matter?
Brief review of Wisconsin's Chapter 51 rule.

Required:

Henry J. Kaiser Family Foundation (January 6, 2015). Medicaid moving forward. Retrieved from https://www.kff.org/health-reform/issue-brief/medicaid-moving-forward/

Mechanic, Mcalpine, & Rochefort (2014). *Mental Health & Social Policy: Beyond Managed Care, 6th Ed.* Read Chapter 7 & 8: pages 170-213.

Miller & Hanson (2016). *Committed: The Battle Over Involuntary Psychiatric Care.* Pgs. 151-185.

Moniz & Gorin (2014). *Health Care Policy and Practice: A Biopsychosocial Perspective, 4th ed.* Routledge; New York, NY: pg. 85-112. (Discusses employer-based insurance and Medicare).

Ostrow, L, Steinwachs, D., Leaf, P. & Naeger, S. (2017). Medicaid reimbursement of mental health peer-run organizations: Results of a national survey. *Administration and Policy in Mental Health, 44,* 501-511.

State of Wisconsin, "What is the Medicaid State Plan?" Retrieved on January 22, 2018 from https://www.dhs.wisconsin.gov/mandatoryreports/mastateplan/description.htm and "Medicaid State Plan Documents" from https://www.dhs.wisconsin.gov/mandatoryreports/mastateplan/plan.htm

Recommended:
Kaiser Family Foundation (October 2015). Key facts about the uninsured population. Retrieved from: https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/

U.S. Department of Health and Human Services. (2007). Condensed version of a primer on how to use Medicaid to assist persons who are homeless to access medical, behavioral health, and support services. Retrieved from https://www.hhs.gov/programs/social-services/homelessness/research/how-to-use-medicaid-to-assist-homeless-persons/index.html

Ward, M., Lally, C., & Druss, B. (2017). Medicaid expenditures for fee-for-service enrollees with behavioral diagnoses: Findings from a 50 state claims analysis. *Community Mental Health Journal, 53,* 1-7.

Wisconsin Department of Health Services. (2014). *Healthiest Wisconsin 2020 Baseline and Health Disparities Report.* Retrieved on January 17, 2018 from https://www.dhs.wisconsin.gov/hw2020/baseline.htm

Wisconsin State Legislature. Statute. Chapter 51. Retrieved on January 22, 2018 from https://docs.legis.wisconsin.gov/statutes/statutes/51

Week 6: October 13, 2018
Organizing and Financing Mental Health Services
Quiz 1 will open at 1:30pm on 10/13/18 and is due by 11:30 am on 10/20/18.

Topics: Children's Health Insurance Program (CHIP)
Medicaid and the Affordable Care Act (ACA)
Issue of mental health parity & attempts for equity in coverage for persons with mental illnesses
Review of how a bill becomes a law (specific to Wisconsin process)
Hot Topic Discussion

Required:

Ali, M.M., Teich, J., Woodward, A. & Han, B. (2016). The implications of the affordable care act for behavioral health services utilization. *Administration and Policy in Mental Health, 43,* 11-22.

Children's Health Insurance Program (CHIP) Overview. Retrieved on January 22, 2018 from https://www.medicaid.gov/chip/index.html (Read Program History, Benefits, Eligibility, and Financing)

Hodgkin, D., Parks Thomas, C., O'Brien, P., Levit, K., Richardson, J., Mark, T., & Malone K. (2016). Projected spending on psychotropic medications 2013-2020. *Administration and Policy in Mental Health, 43,* 497-505.

Huang, S., Fong, S., Duong, T. Quach, T. (2016). The Affordable Care Act and integrated behavioral health programs in community health centers to promote utilization of mental health services among Asian Americans. *Translational Behavioral Medicine, 6*(2), 309-315.

Medicaid Overview. Retrieved on January 22, 2018 from https://www.medicaid.gov/medicaid/index.html (Read Cost Sharing, Eligibility, and Financing and Reimbursement sections)

Miller & Hanson (2016). *Committed: The Battle Over Involuntary Psychiatric Care.* Pgs. 186-227.

Olesiuk, W., Sweeney, H., Seiber, E., Zhu, H., Schweikhart, S., Shoben, A., & Kwan Tam, K. (2016). A comparison of benefit limits in mental health. *Administration and Policy in Mental Health, 43,* 524-534.

Hot Topic Discussion Reading/Viewing
TBD

Recommended:

Baicker, K., Taubman, S.L., Allen, H.L., Bernstein, M., Gruber, J.H., Newhouse, J.P., …& Finkelstein, A.N. (2013). The Oregon experiment—effects of Medicaid on clinical outcomes. *New England Journal of Medicine, 368*(18), 1713-1722.

Burns, M. & Wolfe, B. (2016). The effects of the affordable care act adult dependent coverage expansion on mental health. *Journal of Mental Health Policy and Economics, 19*(1), 3-20.

Factiva (2016). Findings from SAMHSA provide new insights into mental health research (the implications of the Affordable Care Act for behavioral health services utilization). *Mental Health Weekly Digest.*

Health Insurance Explained: The YouToons Have It Covered (2014). [5.25]. Kaiser Family Foundation. Retrieved from https://youtu.be/-58VD3z7ZiQ

Moniz & Gorin (2014). *Health Care Policy and Practice: A Biopsychosocial Perspective, 4ᵗʰ ed.* Routledge; New York, NY: Chapter 7: Medicaid and CHIP (pgs. 113-140).

The Women's and Children's Health Policy Center. Writing Policy Briefs. Retrieved on January 22, 2018 from https://www.jhsph.edu/research/centers-and-institutes/womens-and-childrens-health-policy-center/de/policy_brief/index.html

Week 7: October 20, 2018
Organizing and Financing Mental Health Services
Discussion Board Post Open from 1:30 pm 10/20/18 through 10/27/18 at 9:00 am.

Half of class will be debate prep

Topics: Mental Health Parity and Addictions Equity Act (MHPAEA)
        Mental Health Block Grant (Monitoring, Planning, Evaluating their use)
        Wisconsin Council on Mental Health
        Federal grant monitoring

Required:
Approaches in implementing MH parity. Retrieved from https://store.samhsa.gov/product/SMA16-4983
    and https://store.samhsa.gov/shin/content//SMA16-4983/SMA16-4983.pdf

Golberstein, E. & Busch, S. (2017). Mental health insurance parity and provider wages. *The Journal of Mental Health Policy and Economics, 20,* 75-82.

Miller & Hanson (2016). *Committed: The Battle Over Involuntary Psychiatric Care.* Pgs. 228-266.

Mental Health Parity: Retrieved from https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet.html

SAMHSA "What are mental health block grants". Retrieved from https://www.samhsa.gov/grants/block-grants on January 23, 2018.

Snowden, L., Wallace, N., Cordell, K., & Graaf, G. (2017). Increased mental health treatment financing, community-based organization's treatment programs, and Latino-White children's financing disparities. *The Journal of Mental Health Policy and Economics, 20,* 137-145.

Recommended:
Galewitz, P. (2011, December 12). Berwick: Don't blame Medicare, Medicaid. It's the delivery system. *Kaiser Health News.* Retrieved from https://khn.org/news/berwick-medicare-medicaid/

President's New Freedom Commission on Mental Health (2003). Achieving the promise: Transforming mental health care in America. Retrieved from https://www.cartercenter.org/documents/1701.pdf

Sommers, B. D., Baicker, K., & Epstein, A.M. (2012). Mortality and access to care among adults after state Medicaid expansions. *New England Journal of Medicine, 367,* 1025-1034.

Week 8: October 27, 2018
Advocacy and Mental Health Policy

Half class will be debate prep

Topics: Mental health policy advocacy & advancing social justice
      Political activities of social workers
      Role of change agent (YOU) at mezzo and macro level practice
      Political role of social workers in influencing mental health policy
      (if time) Role of media in influencing mental health policy

Required:

Jacob, V., Qu, S., Chattopadhyay, S., Sipe, T., Knopf, J., Goetzel, R., … Community Prevention Services Task Force (2015). Legislations and policies to expand mental health and substance abuse benefits in health insurance plans: A community guide systematic economic review. *The Journal of Mental Health Policy and Economics, 18,* 39-48.

Leathers, S. Spielfogel, J., Blakey, J, Christian, E. & Atkins, M. (2016). The effect of a change agent on use of evidence-based mental health practices. *Administration and Policy in Mental Health, 43,* 768-782.

Purtle, J., Brownson, R., & Proctor, E. (2017). Infusing science into politics and policy: The importance of legislators as an audience in mental health policy dissemination research. *Administration and Policy in Mental Health, 44,* 160- 163.

Purtle, J. & Lewis, M. (2017). Mapping "trauma-informed" legislative proposals in U.S. Congress. *Administration and Policy in Mental Health, 44,* 867-876.

Rocha, C., Poe, B., & Thomas, V. (2010). Political activities of social workers: Addressing perceived barriers to political participation. *Social Work, 55*(4), 317-325.

Rosenberg, S. & Rosenberg, J. (2018). *Community Mental Health: Challenges for the 21st Century. 3rd Ed.* Routledge Publishers, New York, NY. Read Chapter 5, The Asylum, the Prison, and the Future of Community Mental Health, pg. 86-97.

Recommended:

Lee, S., Matejkowski, J. & Han, W. (2017). Racial-ethnic variation in mental health service utilization among people with a major affective disorder and a criminal history. *Community Mental Health Journal, 53,* 8-14.

Rosenberg, S. & Rosenberg, J. (2018). *Community Mental Health: Challenges for the 21st Century. 3rd Ed.* Routledge Publishers, New York, NY. Read Chapter 9, Mental Illness and the Media, pg. 178-201.

Week 9: November 3, 2018
Class Debate on Involuntary Commitment and Policy Implications
Debate

Topic: Should social workers be for or against involuntary commitment?
      Debate on policy around Chapter 51 involuntary inpatient & outpatient commitments
      Dimensions of diversity and oppression of involuntary commitment orders

Debate over fundamental human right of freedom versus safety

Required:
Oh, H. (2016). The sustainability of recovery-oriented evidence-based practices. *Administration and Policy in Mental Health, 43,* 141-143.

Penney, D., & Stastny, P. (2008). *The Lives They Left Behind: Suitcases from a State Hospital Attic.* Bellevue Literary Press. New York: NY. Pgs. 46-56 (Chapter 3).

Peterson, H.L (2017). Patient abuse and trauma: A policy analysis of the regulation of seclusion and restraint in mental health care. *Journal of Policy Practice, 16*(2), 187-204.

Week 10: November 10, 2018
In-depth Disparities Focus in Mental Health-Access & Outcomes
Position Paper on Involuntary Commitment Due to Canvas by 11:30 am.

Topics: How racism and sexism enters into the policy and practice arenas
Cultural competency considerations within policy
Use of research to inform policy creation around disparities and access to mental health care
Hot Topic Discussion

Hot Topic Discussion Reading/Viewing
TBD

Required:
Aspen Institute (2013). "Ten lessons for taking leadership on racial equity", Roundtable on Community Change: New York. Retrieved on January 12, 2018 from https://www.aspeninstitute.org/publications/ten-lessons-taking-leadership-racial-equity/

Council of National Psychological Associations for the Advancement of Ethnic Minorities Interests. (2003). *Psychological Treatment of Ethnic Minority Populations.* Retrieved on January 17, 2018 from http://www.apa.org/pubs/info/brochures/treatment-minority.aspx

Gilmer, T. Henwood, B., McGovern, N., Hurst, S., Burgdorf, J., & Innes-Gomberg, D. (2017). Health outcomes and costs associated with the provision of culturally competent services for underrepresented ethnic populations with severe mental illness. *Administration and Policy in Mental Health, 44,* 782-791.

Nagayama Hall, G., & Yee, A. (2012). U.S. mental health policy: Addressing the neglect of Asian Americans. *Asian American Journal of Psychology, (3)*3, 181-193.

Payne, H., Steele, M. Bingham, J. & Sloan, C. (2018). Identifying and reducing disparities in mental health outcomes among American Indians and Alaskan Natives using public health, mental healthcare and legal perspectives. *Administration and Policy in Mental Health, 45,* 5-14.

Weng, S., & Spaulding-Givens, J. (2017). Strategies for working with Asian Americans in mental health: Community members' policy perspectives and recommendations. *Administration and Policy in Mental Health, 44,* 771-781.

Recommended:

Algria, M., Canino, g., Ríos, R., Vera, M., Calderón, J., Rusch, D., 7 Ortega, A. (2002). Mental health care for Latinos: Inequalities in use of specialty mental health services among Latinos, African Americans, and non-Latino whites. *Psychiatric Services, (53)* 12, 1547-1555.

Corrigan, P., Torres, A., Lara, J. Sheehan, L., & Larson, J. (2017). The healthcare needs of Latinos with serious mental illness and the potential of peer navigators. *Administration and Policy in Mental Health, 44,* 547-557.

Guerrero, E. Aarons, G., Grella, C., Garner, B., Cook, B., & Vega, W. (2016). Program capacity to eliminate outcome disparities in addiction health services. *Administration and Policy in Mental Health, 43,* 23-35.

Leroux, T. (2015). U.S. military discharges and pre-existing personality disorders: A health policy review. *Administration and Policy in Mental Health, 42,* 748-755.

Week 11: November 17, 2018
Mental Health Service Advocacy
Discussion Board Post Open from 1:30 pm 11/17/18 through 12/1/18 at 9 am.

Topics: Legislative Bill Tracking
        Testifying to a legislative committee
        Role of social work in policy making
        Grassroots advocacy to advance social and economic justice for persons with mental illnesses

Required:
Bergan, D. E. (2009). Does grassroots lobbying work? A field experiment measuring the effects of an email lobbying campaign on legislative behavior. *American Political Research, 37,* 327-352.

Bernklau Halvor, C.D. (2016). Increasing social work students' political interest and efficacy. *Journal of Policy Practice, 15*(4), 289-313.

McNutt, J. (2011). Is social work advocacy worth the cost? Issues and barriers to an economic analysis of social work political practice. *Research on Social Work Practice, 21*(4), 397-403.

NASW-WI Legislative/Political Action Issues. Retrieved from http://www.naswwi.org/legislative-advocacy-political-actio/legislative-political-action-issues/

NASW-WI Position Statements on Bills in 2017-2018 Session. Retrieved from: http://www.naswwi.org/wp-content/images-docs/NASW-WI-Legislative-Social-Policy-Grid-of-NASW-WI-positions-2017-2018-session.pdf

Oregon Legislature. How to testify to a legislative committee. Retrieved January 13, 2018
from https://www.oregonlegislature.gov/committees/Pages/How-To-Testify.aspx

Vanneman, M. & Snowden, L. (2015). Linking the legislative process to the consequences of realigning
California's public mental health system. *Administration and Policy in Mental Health, 42,* 593-605.

November 24 2018
Thanksgiving Break (No class)

Week 12: December 1, 2018
Services in Response to Policy Needs
Discussion Board Post Open from 1:30 pm 12/1/18 through 12/8/18 at 9:00am.

Topics: Role of evidence-based programs in the service delivery system (as dictated by policy)
Implementation of EBPs in policy (e.g. Assertive Community Treatment and Supported Employment-
Individual Placement and Support (SE-IPS)).
Considering social disadvantage and oppression in services and policy

Required:
Bond, G., Drake, R., & Becker, D. (2008). An updated on randomized controlled trials of evidence-based
supported employment. *Psychiatric Rehabilitation Journal, 31*(4), 280-290.

Karakus, M., Riley, J., & Goldman, H. (2017). Federal policies and programs to expand employment services
among individuals with serious mental illnesses. *Administration and Policy in Mental Health, 44,* 339-344.

Mancini, A., Moser, L., Whitley, R., McHugo, G., Bond, G., Finnerty, M., & Burns, B. (2009). Assertive
community treatment: Facilitators and barriers to implementation in routine mental health settings.
Psychiatric Services, 60(2), 189-195.

Mezuk, B., Rafferty, J., Kershaw, K., Hudson, D., Abdou, C., Lee, H.,…Jackson, J. (2010). Reconsidering the
role of social disadvantage in physical and mental health: Stressful life events, health behaviors, race, and
depression. *American Journal of Epidemiology (172)*11, 1238-1249.

NAMI Helps. "What is Assertive Community Treatment" Fact Sheet. Retrieved on January 22, 2018
from http://www.namihelps.org/assets/PDFs/fact-sheets/General/Assertive-Community-Treatment.pdf

Padela, A., & Heisler, M. (2009). The association of perceived abuse and discrimination after September 11,
2001, with psychological distress, level of happiness, and health status among Arab Americans. *American
Journal of Public Health, (100)*2, 284-291.

Recommended:

Dixon, L., Dickerson, F., Bellack, A., Bennett, M., Dickinson, D., Goldberg,R., … Kreyenbuhl, J. (2010). The 2009 schizophrenia PORT psychosocial treatment recommendations and summary statements. *Schizophrenia Bulletin, 36*(1), 48-70.

Week 13: December 8, 2018
Policy Management on a County Level
Evidence-based Practices Implementation & Policy
Disparities in Mental Health Policy Brief Analysis due by 11:30 am into Canvas.
Quiz 2 will open at 1:00 pm on 12/8/18 and is <u>due</u> by 11:30 am on 12/15/18.

Topics: Making, enforcing, and engaging strategically about policy at a county level
        Relationship and communication between county and state
        Keeping current on what is happening policy-wise at state and federal levels
        Implementation science as a policy issue
        Monitoring the adoption of EBPs from a policy perspective

Required:

Guerrero, E., Harris, L., Padwa, H., Vega, W., & Palinkas, L. (2017). Expected impact of health care reform on the organization and service delivery of publicly funded addiction health services. *Administration and Policy in Mental Health, 44,* 463-469.

Mackie, T., Hyde, J., Palinkas, L., Niemi, E., & Leslie, L. (2017). Fostering psychotropic medication oversight for children in foster care: A national examination of states' monitoring mechanisms. *Administration and Policy in Mental Health, 44,* 243-257.

Sedlar, G., Bruns, E., Walker, S., Kerns, S. & Negrete, A. (2017). Developing a quality assurance system for multiple evidence based practices in a statewide service improvement initiative. *Administration and Policy in Mental Health, 44,* 29-41.

Sturm, R. (2002). Evidence-based health policy versus evidence-based medicine. *Psychiatric Services, 53,* 12, 1499.

Recommended:

Aarons, G., Hurlburt, M., & Horwitz, S. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health, 38,* 4-23.

Week 14: December 15, 2018
Solutions/Moving Ahead

Topics: Social workers as politicians
        Solutions/Next steps in policy
        Class Evaluations

Required:

Lane, S.R., & Humphreys, N.A. (2011). Social workers in politics: A national survey of social work candidates and elected officials. *Journal of Policy Practice, 10,* 225-244.

Ostrander, J., Lane, S., McClendon, J., Hayes, C. & Rhodes Smith, T. (2017). Collective power to create political change: Increasing the political efficacy and engagement of social workers. *Journal of Policy Practice, 16*(3), 261-275.

Rome, S.H., Hoechstetter, S., and Wolf-Branigin, M. (2010). Pushing the envelope: Empowering clients through political action. *Journal of Policy Practice, 9*(3-4).

Ronis, S., Slaunwhite, A., & Malcom, K. (2017). Comparing strategies for providing child and youth mental health care services in Canada, the United States, and the Netherlands. *Administration and Policy in Mental Health, 44,* 955-966.

V. Texts and Reading Materials

There is one required text for this course:

Miller & Hanson (2016). *Committed: The Battle Over Involuntary Psychiatric Care.* John Hopkins University Press; Baltimore, Maryland.

Other materials are available at Canvas. Students are also required to search out and read supplemental material pertinent to their specific assignments.

VI. Evaluation: Assignments, Grading and Methods

Grade Standards:
Students will earn points toward their final grade as noted below:

Points	Grade	What the point totals & subsequent grad generally indicate
94-100	A	Outstanding, excellent work in all areas
88-93	AB	Outstanding, excellent work in many areas
82-87	B	Meets expectations in all areas
76-81	BC	Meets expectations in most areas; below in others
70-75	C	Below expectations in most areas; not acceptable graduate work
64-69	D	Below expectations in all areas
<64	F	Course failure

Due Dates at a Glance:

Assignment*	Due Date	Points
Quiz #1: Weeks 1-6 Concepts	By 10/20/18 @ 11:30 am	10 points
Debate Participation	In Class 11/3/18	20 points
Position Paper on Involuntary Commitment	By 11/10/18 @ 11:30 am	15 points
Disparities in Mental Health Policy Brief Analysis	By 12/8/18 @11:30 am	20 points

Quiz #2: Week 7-13 Concepts	By 12/15/18 @ 11:30 am	10 points
Ongoing Hot Topic Policy Discussions	Ongoing	10 points
Discussion Board Posts (2 at 5 points/piece)	Ongoing	10 points
Attendance & General Participation	Ongoing	5 points
Total Points		**100 points**

    * All assignments due electronically into Canvas unless otherwise announced

I expect written portions of all assignments to be typed, spell-checked, proofed for grammatical errors, and well-organized. Points will be deducted from your grade for sloppy work. If you need assistance with your writing, the Campus Writing Center or the Purdue OWL at https://owl.english.purdue.edu/owl/ is available as a free resource to all students.

ASSIGNMENTS

Assignment #1: Quizzes (total of 2)
Due: 10/20/18 and 12/15/18
Value: 10 points per quiz (20 points total)

Quizzes will be administered online via Canvas beginning in week 6 following class 6. Questions will be worth 0.5 points each. Quizzes may contain a mix of multiple choice and true or false with 20 questions per quiz. The content of the quizzes will focus on core concepts from the lecture, assigned readings, and guest lecturers including the application of concepts to practice and policy situations. Quizzes will demonstrate you have developed understanding that human rights, social justice and social welfare and services in mental health are mediated by policy and its implementation at the federal, state and local levels. Additionally, the quizzes will allow you to demonstrate an understanding of the role of policy in service delivery, the role of practice in policy development and knowledge about mental health policy formulation, analysis, implementation, advocacy and evaluation. Quiz #1 will contain information from Weeks 1-6; Quiz #2 will contain information from Weeks 7-13.

Quizzes completed on Canvas will provide you with the opportunity to refer to your class materials and *take the quiz multiple times as needed to achieve your desired grade*. Quizzes are available for one week and attempts/submissions will not be accepted past 1:00 pm of the next class period (e.g. Quiz #1 will be available after class on 2/27/18 at 3:30 pm and will remain open through 1:00 p.m. on 3/6/18 (start of next class)).

Assignment #2: Debate Participation
Debate Participation Due: 11/3/18
Value: 20 points

In this assignment, students be divided into three groups: (1) individuals for involuntary commitment of persons with mental health issues; (2) individuals against involuntary commitment of persons with mental health issues; and (3) jury of peers and policy makers.

Students will be given two hours of class time (one hour on Week 7 and the second hour on Week 8) to prepare for the class debate. A suggested way for students to prepare for the class debate is to put their thoughts down on paper. I may provide you with a list of questions to prompt your group to think about the issue, although as you read through the required text, you should be writing down your own thoughts and critical analysis of the reading.

This preparation work will form the basis of a position paper that is the second part of this overall assignment (see below Assignment #3).

Students in each group will need to organize how their side of the debate will run (e.g., roles will be assigned- who will go first or present what part of the argument?). You will need to do further research so that you can support some of your assertions with factual information. I assume that more time coordinating over email or skype will also be necessary.

Both the "for" and "against" involuntary commitment groups will prepare for their side of the debate; those students who serve as the jury of peers and policy makers will be tasked with coming up with questions to ask each side as they ultimately will decide what type of policy to make based on their knowledge and the persuasion of the debate.

The format of the debate will be for each side to get 15 minutes to present their side of the argument (30 minutes total), with then 5 minutes each to offer rebuttals (10 minutes total). The jury of peers/policymakers will then have at least 20 minutes to ask their questions and receive answers from all participants. At the end, the jury of peers and policy makers will need to determine which side to go with and in essence, come up with policy recommendations stemming from the arguments (basically picking the "winner").

Assignment #3: Position Paper
Due: 11/10/18 by 11:30 am into Canvas
Value: 15 points

Stemming from either assignment above, a brief position paper will be due.

A paper of no more than 5 single-spaced pages indicating your position as a clinical social worker on the issue of involuntary commitment of individuals with severe and persistent mental illness. Below are two links to help you understand the format of a position paper. You may use either, but I like the one by Xavier. More on this assignment in Week 7 will be discussed in class.

https://www.sfu.ca/cmns/130d1/WritingaPositionPaper.htm
https://www.xavier.edu/library/students/documents/position_paper.pdf

Examples of Position Papers:
On the death penalty~ https://www.aclu.org/other/death-penalty-aclu-position-paper
On issue of abortion ~ http://www.markedbyteachers.com/gcse/religious-studies-philosophy-and-ethics/abortion-position-paper.html
On the issue of race & the war on drugs~ https://www.aclu.org/files/FilesPDFs/ACF4F34.pdf

Assignment #4: Disparities in Mental Health Policy Brief Analysis
Due: 12/8/18 @ 11:30 am into Canvas
Value: 20 points

Working either independently or in pairs, this assignment will ask you to create a policy brief on a topic of mental health disparities that you choose. This project offers the opportunity to think and learn more about policy surrounding a population that experiences mental health care disparities at the local, state, or national level(s).

When considering and examining disparities, consider three common dimensions of the issue: disparities in outcomes; disparities in access (including, but not limited to insurance); and disparities in quality and/or quantity of services and care received. As you do this, you may also consider and explore both physical and mental health disparities (if they intersect). There is a wealth of information about disparities referenced in your text, in your readings, and online.

Clearly, there are interactive effects when examining disparities (e.g. being African American AND female contributes to the disparity). Your work should <u>centrally focus</u> on the population you chose, but you may also need to refer to other demographic and socioeconomic positions in the assignment (e.g., while the intersectionality of being African American and female contribute to the disparity you are reviewing, there are further differences between women of higher versus lower socioeconomic statuses within this population).

For this policy brief, you will present an overview of a critical disparity(ies) in health/mental health/health care experienced by the group you are examining, highlighting the issue(s) that are the focus (i.e. those you are targeting for change) of your policy brief. The policy brief will have the following components:

(1) To whom is the brief addressed? (which legislative committee will be receiving the brief).
(2) Disparity addressed (Define the problem. What is the scope of the problem and why should they care?).
(3) Background information (including factual information w/ references).
(4) Recommendations about how to address the disparity via policy. Identify 1-3 specific policy actions that will address the problem.
(5) Rationale for the recommendations. Make your case here. Display and describe relevant data. You may use tables or figures.
(6) Expected outcomes. Discuss the impacts and implications of both action and inaction.
(7) Funding Considerations/Sources

Policy briefs are concise and cogent documents. It should be used to set the scope of the problem, address one or more issues and advocate for a specific policy change. Your brief will be addressed to a legislative body in the position to help bring this change about. The target audience for the brief is the members of the legislative committee that will be holding hearings on the proposal. You should also prepare an annotated bibliography, including at minimum, 5-6 citations/sources of information about your topic. This will be attached to your policy brief. Your brief should not exceed **three, single spaced pages** with 12-point font, one-inch margins and clear headers.

Here are some examples of policy briefs:
https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2016/rwjf432103

Assignment #5: Hot Policy Topic Discussions
Due: Ongoing (Week 1, Week 4, Week 6, Week 10)
Value: 10 points total

Over the course of the semester there will class time set aside to discuss a current "hot topic" as it relates to mental health policy. I will present the hot topic, including a handout that describes the issue. You will then break into small groups (determined by me) and discuss the merit of the "hot topic" which may include quick searches of the internet to find additional information. After the small group discussion, we will come together as a large

group for a discussion of the hot topic, and ultimately relay the policy implications of the topic.

Grading for your participation will be two-fold. One will be how actively you participate in your small group discussions over the course of the semester and two, how much leadership you take in presenting your/your groups ideas to the larger class. This will afford all students the opportunity to gain comfort and skill in discussing policy ideas in both smaller and larger group contexts. More information on grading will be shared at the introduction of the first "hot topic".

Assignment #6: Discussion Board Posts
Due: Ongoing (Week 5, Week 7, Week 11, Week 12)
Value: 2 @ 5 points each for 10 points total

Over the course of the semester, from Week 3 through 13, there will be four discussion posts focusing on an area of mental health policy. You will need to respond to at least two original discussion posts in the following ways in order to receive full credit. The discussion post will go up after class by 1:30 on the designated weeks, and will close at 11:30 before the following week's class (e.g. for week 5, the discussion post will open at 1:30 on 10/6/18 and remain open until 11:30 on 10/13/18).

First, you must respond initially to a posted discussion. This response should not only answer the question(s) posed, but provide a significant response back, along with another question for the groups discussion (assuming approximately no less than one paragraph). Second, in addition to answering the posed discussion questions, you must reply to one of your fellow classmates' posts (to the original question(s)) in a meaningful way. Remember, the same classroom etiquette that is expected when in person is to be followed for your online presence. I will be monitoring all discussion boards.

In order for a more enriching experience, students are expected to monitor the discussion boards regularly and offer responses even after they have completed their two required posts (note, if I am on the fence for your total general participation points for class, having more than required discussion posts will boost your grade up). Topics for focus will include human rights such as freedom, safety, privacy of persons with mental illnesses, along with strategies designed to eliminate oppressive structural barriers for individuals with serious and persistent mental illnesses. Additionally, topics will broach issues of diversity and intersectionality of factors that lead to outcomes (some oppressive) and apply recognition of this to their practice with the person and in advocating for different policy.

Extra Credit Opportunity
In today's political climate, there are numerous opportunities to find topics that have relevancy to mental health policy and that have implications for the persons we serve. You have the opportunity to earn 2 points of extra credit by following the process: (1): send me a link to one current issue that has mental health policy implications that are worthy of debate and discussion; (2) tell me, in a sentence or two, why you feel this issue is worthy of class time as a "hot topic". Why did you choose it?; and (3) provide me with two questions that you feel would spark discussion among your classmates. I will be accepting these emails from Week 2 through Week 13 (please put in the subject line "SW836 extra credit [your name]". While you are more than welcome to send me multiple links of interesting topics, you may only earn the 2 extra credit points once. I reserve the right to decline any link based on a lack of merit or send you additional questions to answer prior to assigning extra credit points.

VII. Course Policies

Classroom Climate:
Classroom climate, or the way a classroom space feels to everyone in the room based on communication, norms, values and processes, impacts participation, motivation and learning. Meeting course objectives requires that the instructor and students actively work to create a learning environment that is respectful and safe so that ideas can be examined honestly, diverse viewpoints shared, and in-class activities approached with maximum curiosity and enthusiasm. In order to learn, we must be open to the views of people different from ourselves. Diversity in beliefs, ideas and lived experiences are highly valued here. Each student has knowledge and experience that will enhance the learning of their colleagues and each voice is important. In our time together over the semester, please honor the uniqueness of your fellow classmates, and appreciate the opportunity we have to learn from each other. Because the class will represent diverse individual beliefs, backgrounds, and experiences, every member of this class must show respect for every other member of this class. We will share the challenges of upholding our community guidelines and responding to moments when we fail to abide by them. Students will be held accountable for what they are expressing verbally and nonverbally. Students are expected to keep confidential all issues of a personal or professional nature discussed in class.

I am firmly committed to diversity and equality in all areas of campus life and building an inclusive classroom space where everyone feels safe and welcome. I recognize that we all have biases. Discrimination can be direct or indirect and take place at both institutional and personal levels. I believe that such discrimination is unacceptable and I am committed to providing equality of opportunity for all by eliminating any discrimination, harassment, bullying, or victimization. I invite you to bring any concerns in this regard to my attention.

Discussion & Participation
This class will live and die by the quality of discussion. Student participation is necessary to make it a lively and engaging educational experience. I expect noteworthy discussion and verbal participation from all students within each class meeting. This is a space where you can and should push yourself out of your comfort zone with public speaking.

Student Wellness
As a student, you may experience a range of issues that can cause barriers to learning. These might include strained relationships, anxiety, high levels of stress, alcohol/drug problems, racism, feeling down, and/or loss of motivation. **University Health Services** (UHS) can help with these or other issues you may be experiencing. You can learn about the free, confidential mental health services available on campus by calling (608)265-5600 or visiting www.uhs.wisc.edu. Help is always available.

Other student support services and programs include:
- Multicultural Student Center https://msc.wisc.edu/
- LGBT Campus Center https://lgbt.wisc.edu/
- Dean of Students Office https://www.students.wisc.edu/doso/

Below are resources for reporting and responding to incidences of bias and hate on campus.
- Report: https://students.wisc.edu/doso/services/bias-reporting-process
- Bias Response and Advocacy Coordinator email: reportbias@wisc.edu
- UW-Madison Police Department: uwpd.wisc.edu
- Office of Equity and Diversity: www.oed.wisc.edu/

You may also report incidents in-person to the Dean of Students Office, 70 Bascom Hall, during normal business hours. Reportable incidents include crimes such as vandalism or physical assault, as well as non-academic misconduct, slurs, and intimidation. Anyone who files a report will have the opportunity to meet with the Bias Response and Advocacy Coordinator, so that we can meet their needs and ensure their safety.

Student behavior policy
It is expected that students conduct themselves ethically and professionally in all aspects of this seminar. This includes confidentiality, proper respect for all members of the class and their clients and agencies, and support and contributions to the learning environment.

In order to learn, we must be open to the views of people different from ourselves. Each and every voice in the classroom is important and brings with it a wealth of experiences, values and beliefs. In this time we share together over the semester, please honor the uniqueness of your classmates, and demonstrate appreciation for the opportunity we have to learn from one another. Please respect your fellow students' opinions and viewpoints even if you disagree with them, and refrain from personal attacks or demeaning comments. Finally, remember to keep confidential all issues of a personal or professional nature discussed in class.

Electronics:
To minimize disruptions to class process all devices must be turned off during the class period unless the instructor gives instructions to utilize electronic devices for a class activity. If you have an urgent reason for leaving your phone on, please inform the instructor *prior to the class beginning*. If there is a medical or other serious need for these devices, please speak to the instructor before class. Audio recording of classes will be allowed only after full disclosure to the class that an audio recorder is operating.

Code of Ethics, Professional Conduct & Plagiarism
Incoming MSW students read and signed electronic forms of the NASW Code of Ethics, the School of Social Work Plagiarism Policy and the Student Rights and Responsibilities. In doing so, they agreed that while in the MSW Program they would honor the NASW Code of Ethics and Student's Rights and Responsibilities, as well as adhere to the Plagiarism Policy and that should they not do so, sanctions would be imposed. MSW students are expected to adhere to these policies in the classroom, in the field and in the preparation of course assignments.

Issues of academic misconduct affect all students and are **considered extremely serious**. Academic dishonesty, including cheating, plagiarism, and misrepresentation or fabrication of assignments, can result in course failure as well as disciplinary actions. It is your responsibility to ensure that all documents and material used to inform your assignments are appropriately cited. The Writing Center has a helpful guide to the difference between plagiarism and paraphrasing – see http://writing.wisc.edu/Handbook/QPA_paraphrase.html. The School's plagiarism policy is posted on the web. This is extremely serious.

Accommodation for Students with a Disability
The University of Wisconsin-Madison supports the right of all enrolled students to a full and equal educational opportunity. The Americans with Disabilities Act (ADA), Wisconsin State Statute (36.12), and UW-Madison policy (Faculty Document 1071) require that students with disabilities be reasonably accommodated in instruction and campus life. Reasonable accommodations for students with disabilities is a shared faculty and student responsibility. Students requiring accommodation, as approved by the McBurney Center, are expected to provide the instructor with a copy of their Facility Notification Letter by the second week of the semester, or as soon as

possible after a disability has been incurred or recognized. For more information, please contact the McBurney Center at mcburney@odos.wisc.edu; Phone at 608-263-2741; Text messaging at 608-225-7956; or by FAX at 608-265-2998, 711 (Via relay); Address is 702 W Johnson St #2104, Madison, WI 53706. Accommodations will not be made without a VISA. Faculty will work either directly with the student or in coordination with the McBurney Center to identify and provide reasonable instructional accommodations.

Disability information, including instructional accommodations as part of a student's educational record, is confidential and protected under FERPA.

Attendance Policy:
Students are expected to attend all scheduled classes and to arrive on time.
- Promptness
Prompt arrival to all classes is required. Repeated tardiness will impact your grade. I will consider a late arrival or early departure of more than 20 minutes an absence.
- Absence
If you must miss class you are required to inform me via email in advance. Students are responsible for completing any class requirements for the day missed, and for obtaining from a fellow classmate any assignments, materials, and communications missed due to absence, late arrival, or early departure. Students who must be absent due to inclement weather or other emergencies must contact me prior to the start of class. Students who are absent three or more times in the semester will be required to schedule a meeting with the instructor to discuss their performance and continuation in the course. Three or more absences may lead to a student receiving a failing grade.

Inclement Weather Policy:
- If there is inclement weather across the Program area, students will be expected to check their email prior to leaving for class to confirm whether classes are cancelled.
- If classes are cancelled due to inclement weather, students should check their email for instructions for how to engage in class material for that day
- Students who must be absent due to inclement weather or other emergencies must contact me prior to the start of class. Students who are absent three or more times in the semester will be required to schedule a meeting with the instructor to discuss their performance and continuation in the course. Three or more absences may lead to a student receiving a failing grade.

Reading and Media Assignments:
You are expected to have read, viewed and listened to all assigned material prior to the class date under which the readings are listed above. Reading and critically evaluating what you have read is necessary so that you can learn, actively participate in class discussions, and successfully complete written assignments.

Religious Observances
In accordance with University policy, accommodation will be made for students who are participating in a religious holiday or who have a conflict between religious observances and mandatory class requirements. To request accommodation, notify the instructor within the first two weeks of class of the specific days or dates on which a student requests relief.

Canvas

All students are required to access Canvas for course content and assignments. If you have difficulty with Canvas, you should contact the DoIT helpdesk.

Late assignment policy
Assignments are due on the date specified by 11:59 p.m. If you are not able to be in class the day a written assignment is due, you are still responsible for turning in your assignment on the due date. If a student a) communicates with me at least 48 hours *prior* to the due date, b) provides a reasonable justification for an extension, and c) we come to an agreement about a revised deadline, the assignment handed in by the new date will be considered "on time." Unapproved late assignments will be marked down 1 point *for each day the assignment is late.*

Appealing a Grade:
Your goal for this and other courses should be to make the most of your learning experience, and not to simply "get an A." Grade expectations should NOT be based on what you have received in other courses—this is never a legitimate argument for appealing a grade.

After you have read over all comments on your paper, if you have an issue with a grade that you receive in this course, please document in writing the reasons for your appeal in writing and provide this to me. Your reasons for your appeal should include a discussion of (1) the extent to which you responded to assignment objectives, (2) the quality of your writing (to include grammar and spelling, organization, flow and clarity), (3) your ability to demonstrate depth and critical thinking, and (4) your substantive argument. If there is something about an assignment that is unclear to you, it is your job to bring this to my attention *in advance* of the due date. Students wishing to appeal a grade must me with the information requested no later than one week after the assignment or exam has been returned to students. If you receive a grade and wish to appeal parts of that grade, I require a 24-hour time frame from the time you receive the grade until I will respond to information about the grade.

Grade Appeals/Grievance Policy:
The process for appeal a final grade is set forth in the School of Social Work's Student Rights and Responsibilities Handbook.
http://socwork.wisc.edu/files/StudentRightsResponsibilities.pdf

Policies Regarding Expectations for Students
Students are expected to:
● Attend class each session, actively participating in the in-class exercises and discussions. If you cannot attend class, you are responsible for informing the instructor in advance, knowing what occurred and for getting any materials distributed during class.
● Read critically (and think about) all required assignments before coming to class. Most students find it useful to take notes.
● Complete all assignments by the due dates and times (thus you are expected to plan your life so that you can make the required deadlines in the course).
● Conduct themselves ethically and professionally. This requires careful consideration of and attention to issues of confidentiality with regard to clients and placement agencies. We will be talking about agencies in class and in assignments but care should be taken regarding private information. (If in doubt, please check with instructors.)

- Be respectful of the instructor and other class members--a diversity of views and opinions may be articulated during discussions. Respect includes cell phones being turned off and laptops being used in class only for taking notes.
- Provide respectful feedback to the instructor about parts of the course that are (or are not) facilitating their learning.

Policies Regarding Expectations for the Instructor
The instructor is expected to:
- Co-create a classroom environment that facilitates learning.
- Assure that course objectives are being met.
- Be available for in-person consultations, either through regular office hours or by appointment.
- Be available to address student questions through emailed correspondence.
- Give reasonable guidance on preparing for the assignments.
- Provide prompt feedback on evaluation materials for the course.

Appendix A

NOTE: Descriptions of competencies include some material in parentheses that is covered in other courses and not necessarily covered in this course.

Competencies and Description	Course Content relevant to Dimensions that Comprise the Competency*	Location in Syllabus
2.1.2 Engage Diversity and Difference in Practice Advanced practice social workers demonstrate in a focus area an advanced understanding of how diversity and difference characterize and shape the human experience and are critical to the formation of identity. They demonstrate comprehension that dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. Advanced practice social workers recognize that, as a consequence of difference, a person's life experiences may include oppression, poverty, marginalization, and alienation, as well as privilege, power, and acclaim, and apply this recognition in their practice.	Readings, lectures, and discussions related to dimensions of diversity and the delivery of services in practice and policy (K, V, S, C & A). Readings, lectures, and discussions exploring structural and cultural barriers to mental health services and the skills required to recognize and address them (K, V, S, C & A). Readings and discussion exploring mechanisms of oppression and discrimination within the mental health delivery system (K, V, C & A). Assignments: Debate Participation (K, V, C & A) Position Paper on involuntary commitment (K, V, S) Disparities in Mental Health Policy Brief Analysis (K, S, C & A)	Week 1 Weeks 2, 3, 6, 7 & 12 Weeks 2, 3, 5, 9, & 10 p. 15-16 p. 16 p. 16-17

Competencies and Description	Course Content relevant to Dimensions that Comprise the Competency*	Location in Syllabus
They also demonstrate in practice their understanding of the forms and mechanisms of oppression and discrimination, and a recognition of the extent to which a culture's structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power.	Hot Topic Policy Discussions (K, V, C & A)	p. 17-18
2.1.3 Advance Human Rights and Social, Economic, and Environmental Justice Advanced Generalist social workers demonstrate in a focus area an understanding 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. Advanced generalist social workers incorporate in practice an understanding of the global interconnections of oppression and human rights violations, and knowledgeable about theories of human need and social justice and strategies to promote social and economic justice and human rights. Advanced Generalist social workers employ strategies designed to eliminate oppressive structural barriers to ensure that social goods, rights, and responsibilities are distributed equitably and that civil, political, environmental, economic, social and cultural human rights are protected.	Readings, lectures, and discussions related to social, economic, and environmental justice within the mental health service delivery system (K, V, S, C & A). Readings, lectures, and discussions related to the skills needed to promote social and economic justice and human rights and strategies to eliminate oppressive structural barriers (K, V, S, C & A). <u>Assignments:</u> Debate Participation (K, V, C & A) Disparities in Mental Health Policy Brief Analysis (K, S, C & A) Hot Topic Policy Discussions (K, V, C & A) Discussion Board Posts	Weeks 3, 8, 9, & 11 Weeks 2, 6, 8, 9, 10, 11, & 14 p. 15-16 p. 16-17 p. 17-18 p. 18
2.1.5 Engage in Policy Practice Advanced Generalist social workers demonstrate a developed understanding that human rights, social justice, social welfare and services in a focus area are mediated by policy and its implementation at the federal, state, and local levels. They understand the history and current structures of social policies and services in a focus area, the role of policy in service	Readings, lectures, and discussions related to historical mental health policy, its implementation, and continued implications in present day (K, V, C & A). Readings, lecture, and discussions related to mental health policy development and implementation (K, V, S, C & A).	Weeks 2, 4, 5, 7, & 9 Weeks 2, 3, 4, 5, 7, 9, 10, 11, 12, 13 & 14

Competencies and Description	Course Content relevant to Dimensions that Comprise the Competency*	Location in Syllabus
delivery, and the role of practice in policy development in a focus area. Advanced Generalist social workers understand, demonstrate, and engage policy development and implementation within a focus area practice setting at the micro, mezzo, and macro levels to affect change within those settings. They recognize and understand the historical, social, cultural, economic, organizational, environmental, and global influences that affect social policy in a focus area. They also demonstrate advanced levels of knowledge about policy formulation, analysis, implementation, and evaluation in a focus area.	<u>Assignments:</u> Debate Participation (K, V, C & A) Position Paper on Involuntary Commitment (K, V, S) Quizzes (K) Disparities in Mental Health Policy Brief Analysis (K, S, C & A) Hot Topic Policy Discussions (K, V, C & A)	p. 15-16 p. 16 p. 15 p. 16-17 p. 17=18

*K=Knowledge; V=Values; S=Skills; C & AP=Cognitive and Affective Processes