UNIVERSITY OF SAN FRANCISCO | School of Nursing and Health Professions

University of San Francisco

Master of Science
Behavioral Health Program

Self-Study Report

April 19-20, 2018

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1. Summary

This self-study report provides a review of the Master of Science in Behavioral Health (MSBH) program in the School of Nursing and Health Professions (SONHP) at the University of San Francisco (USF). This is the first comprehensive program review undertaken for the MSBH program, which admitted its first cohort of students in Fall 2013.

The self-study report was written in accordance with the USF program review process. The report was written by MSBH Program Director Kathleen Raffel, with the input of SONHP faculty member Kelly L'Engle and MSBH administrative staff, Mona Woo and Luwei Xie. The self-study document will be viewed by the members of an external review team during a site visit in April 2018 and will thereafter be made available to the USF community and the university assessment website.

The USF Academic Program Review Guidelines were followed in preparation of this report; all relevant questions were addressed. This report begins with a brief overview of the program; a review and discussion of the curriculum and how and why it has changed over the past five years; information on faculty, staff and students; and a presentation of program assessment data. Challenges and opportunities for the MSBH will be presented at the end of the report.

2. Overview of the program

2.1 Mission of the program, school and university

University of San Francisco is a private, Jesuit university that emphasizes academic excellence, respect for diversity, and service to others.

> **Vision**: The University of San Francisco will be internationally recognized as a premier Jesuit Catholic, urban university with a global perspective that educates leaders who will fashion a more humane and just world.
>
> The core **mission** of the university is to promote learning in the Jesuit Catholic tradition. The university offers undergraduate, graduate, and professional students the knowledge and skills needed to succeed as persons and professionals, and the values and sensitivity necessary to be men and women for others.
>
> The university will distinguish itself as a diverse, socially responsible learning community of high quality scholarship and academic rigor sustained by a faith that does justice. The university will draw from the cultural, intellectual, and economic resources of the San Francisco Bay Area and its location on the Pacific Rim to enrich and strengthen its educational programs. (https://www.usfca.edu/about-usf/who-we-are/vision-mission)

The MSBH is housed in the School of Nursing and Health Professions. The vision and mission of SONHP state:

> **Vision**: The School of Nursing & Health Professions at the University of San Francisco advances the mission of the university by preparing health professionals to address the determinants of health, promote policy and advocacy and provide a moral compass to transform health care in order to further equity and positively influence quality, delivery, and access to care.
>
> The **mission** of the School of Nursing & Health Professions (SONHP) is to advance nursing and health professions education within the context of the Jesuit tradition. The school uses dynamic and innovative approaches in undergraduate and graduate education to prepare professionals for current and future practice domains. The goal is to effectively link classroom, clinical and field experiences with expectations for competence, compassion, and justice in health care, protection and promotion within the context of the highest academic standards.

In 2013, the goal of the MSBH stated:

> The Master of Science in Behavioral Health at the University of San Francisco prepares graduates to integrate physical and psychological factors to advance the health of individuals and populations and address health disparities in healthcare delivery systems.
>
> Graduates are equipped to work collaboratively with other health professionals to analyze and address complex interdisciplinary health-related challenges in diverse communities. Graduates will have the tools to propose strategies for improving access, delivery, and evaluation of health care policy and practices.

In 2016, the MSBH program developed a program vision and revised the goal statement:

> The **vision** of the MS in Behavioral Health is to turn the passion for social justice into positive social change.
>
> The **goal** of the MS in Behavioral Health is to deliver a rigorous yet pragmatic academic program that will prepare future leaders with the skills to promote social justice, address disparities, and improve the efficiency and effectiveness of social service and health care systems.

Changes were made in the goal statement to emphasize the applied nature of the MSBH coursework and a broadened focus that includes social services. The additional focus on social services was incorporated to reflect the interests of students and career path options for graduates.

2.2 Basic structure of the program

The basic, full-time MSBH is a 34 credit, cohort-based program that can be completed in one calendar year (August to August). The MSBH program is a non-clinical degree. In other words, graduates are not eligible to take an exam for a clinical license. Students are only admitted for a Fall semester start. Students have the option to attend the program on a part-time basis extending their education by one, two or three semesters. Students pay by the unit at the rate established by the university and there is no tuition differential between the full and part-time tracks.

All classes for the MSBH are offered in a hybrid format (alternating in-person and online weeks) with in-person class sessions at the Presidio campus. By using the

hybrid model, students can take up to five classes or 13 credits in a semester. The program was designed for working professionals with students attending class two evenings a week. Faculty strive to use a "flipped classroom" approach whenever possible to make optimum use of in-person class meetings. To apply textbook learning to real world applications, students complete 300 hours of fieldwork in a community-based organization over Spring and Summer semesters and write a capstone thesis. We do not offer any online-only classes nor do we currently teach classes on the Hilltop or any of the other satellite campuses; the MSBH program is scheduled to move to the Hilltop campus in the Fall 2018.

In addition to the core MSBH program, we offer three dual degree options that will be described in more detail below.

2.3 Brief history of the program

The history of the MSBH between 2010 and summer 2014 is based on interviews with Judy Karshmer and Michelle Montagno and the very limited documents on file. A description of the program between Fall 2014 and Spring 2018 is drawn from the current director's records.

2010-2014

In 2010, under the leadership of Dean Judy Karshmer, USF began exploring the possibility of re-opening a Doctor of Psychology (PsyD) program and housing it in the School of Nursing and Health Professions. (A previous PsyD program, which was part of the School of Education, had lost its APA accreditation some years prior.) Dr. Karshmer convened interested faculty from across the campus and consulted with community professionals who recommended focusing the new PsyD program on underserved communities, in line with the USF mission. As the group began plans for the PsyD program, Dr. Karshmer also suggested that the university offer a Master of Science in Behavioral Health, which would be a non-clinical degree. Dr. Karshmer envisioned that MSBH graduates would be skilled in outreach, program planning, project management and evaluation. MSBH graduates, it was proposed, would be professionals who could communicate well with all members of the interprofessional healthcare team as well as patients and clients. With the passage of the Affordable Care Act and the anticipated emphasis on integrated behavioral health in primary care, it was anticipated that MSBH graduates could help lead these changes in the healthcare system.

Individuals who were involved in planning the initial PsyD and MSBH program proposals but not directly involved in later curriculum development included:

- Gerardo Marin, PhD psychology – Professor Emeritus, Department of Psychology and Vice-Provost

- Judy Karshmer, PhD social psychology – Dean School of Nursing and Health Professions
- Terry Patterson, EdD. - Doctorate in Counseling Psychology; Professor, School of Education; director of the original PsyD program

The Provost Council approved the PsyD and the MSBH programs in 2011, and a curriculum work group was convened. The members of the committee who developed the original program learning outcomes and curriculum pattern are listed below. Of note, there was no one on the curriculum planning workgroup from the School of Nursing and Health Professions, and no one from this group ever taught for the MSBH or remained involved in any way after summer 2013 when the first students were admitted.

- June Madsen Clausen – Clinical psychologist; Chair Department of Psychology
    - Research interests: Evaluating mental health interventions for foster youth
    - Courses: PsyD supervision; Abnormal psychology
- Steve Zlutnick, PhD – Clinical psychologist; Professor in Counseling Psychology program
    - Behavioral Therapy and Medicine
- Bryan Whaley, PhD - Interpersonal communication; Professor, Department of Communication;
    - Research interests: Linguistic and social cognitive factors related to illness explanation and compliance messages in health contexts, linguistic and visual strategies for explaining health-related, scientific or complex information, and communication strategies when interacting with persons with disabilities
    - Courses: health communication; communication, disability and social justice
- John Perez, PhD – Clinical psychologist; Professor, Psychology Department
    - Research interests: Health promotion interventions among low-income, underserved Latinos, especially depression prevention and cancer prevention via faith-based organizations
    - Courses: Clinical psychology; abnormal psychology
- Ja'Nina Walker, PhD – Assistant professor, Department of Psychology
    - Courses: Research design; African-American Psychology

In August 2012, the curriculum work group submitted their proposed courses to the SONHP Curriculum Committee for approval. At that time, the work of the ad hoc group ended and responsibility for further curriculum development was handed over to the leadership of each of the two new programs who were to work with core faculty to manage ongoing curricular modifications as needed.

In the fall of 2012, marketing for the MSBH was initiated. Dr. Bryan Whaley was appointed the director of the MSBH and served in that role until the summer of

2013 when he was succeeded by Michelle Montagno (a member of the initial planning group) who was charged with launching both the MSBH and the PsyD programs concurrently. While Dr. Montagno was not a member of the curriculum work group, she was instrumental in creating syllabi for some of the proposed MSBH courses after she took over as director in 2013.

Dr. Montagno led both the MSBH and the PsyD until February 2014 at which point she requested to focus her attention exclusively on the PsyD program. Associate Dean Wanda Borges was then appointed as interim director of the MSBH and advisor for all of the MSBH students. She remained in this temporary position until June of 2014 when the current director, Dr. Kathleen Raffel, was appointed to the position in a halftime, one-year, term position. At the time that Dr. Raffel became the director, there were seven enrolled MSBH students, five from the original cohort and two admitted in the Spring 2014.

2014-2018

Core program. The overall structure of the basic MSBH program described above has remained essentially the same since the program was launched in August 2013, although the Spring admission cycle was eliminated after one trial because of inadequate enrollment. In the fall of 2015, Dr. Kelly L'Engle was hired to teach in both the MPH and MSBH programs. When she joined SONHP faculty, she became the other consistent faculty member for the MSBH program and has been directly involved in admissions and curriculum review since she started.

In 2017, Dr. Raffel began working full time; her current three-year term contract ends in May 2018 and she has chosen not to apply for a renewal. A new term faculty is being recruited to teach in the MSBH program. The job will be offered as a one-year term position. Dr. L'Engle is currently the acting co-director of the MPH program while a search is undertaken for a successor for the Master of Public Health program director whose faculty position ends in May 2018. More data on the MSBH faculty over the past 4.5 years will be presented in Section 3.3.

Despite keeping the framework of the program consistent, there have been substantive changes in the curriculum that will be discussed in significant detail in a Section 7. Data on student demographics and outcome measures is presented in Section 5.

Since 2014, **a program goal** of the MSBH has been to leverage the assets of the SONHP **to develop opportunities for inter-professional education** (see remaining program goals in *2.4 Program goals, core MSBH program, 2014-2018*). This program goal is one that aligns with program learning outcomes over the past five years. One of the principle ways that the program has done this has been through the development of dual degree programs: the BSN-MSBH 4+1, the MSBH-DNP/FNP and the MPH-MSBH. A brief description and history of each of these options is given below.

BSN-MSBH 4+1. For many years, the SONHP has offered a BSN-MSN 4+1 (Bachelor of Science in Nursing – Master of Science in Nursing) option to undergraduates. This program has been popular because it enables students to save substantial money on an advanced degree by completing graduate coursework during their junior and senior years without extra tuition expense if courses are taking during the regular school year. After completing the BSN, students are able to finish a master's degree with the addition of several more part-time semesters while also working as nurses. The 4+1 option requires that students complete all requirements of both degrees; the financial and time benefit is derived from doing both programs concurrently.

In 2015, the MSBH began offering a 4+1 option to BSN students. At the time of this report, two students have completed their BSNs and are now finishing their MSBH coursework and fieldwork/capstone, and two students are working concurrently on their BSN and MSBH core courses. We recruit new students each fall and spring semester through information sessions held by the BSN program and anticipate adding one or two students to the MSBH through this option each year. These students are not counted in the MSBH admission numbers but do count toward program "seat time" and are given the same advising support as all other MSBH students. A sample of the BSN-MSBH 4+1 curriculum pattern is included in Appendix A.

MSBH-DNP/FNP or MSBH-DNP/PMHNP. In the Fall of 2015, SONHP also began offering dual degree options to Doctor of Nursing Practice (DNP) students who wished to earn either a Master of Public Health (MPH) or an MSBH in lieu of a Master of Science in Nursing (MSN). The MSBH-DNP curriculum pattern takes advantage of the overlap in content in the two degrees, and the hours spent on the MSBH fieldwork and capstone placements count toward required "clinicals" for the DNP. MSBH-DNP students who attend full-time complete the MSBH portion of their dual degree at the end of year two. A sample of the most recent MSBH-DNP curriculum patterns is included in Appendix A.

To date, two students have completed their MSBHs through this combined degree program; four more students are in process with two to graduate in Summer 2018. As with the BSN-MSBH 4+1 these students are not counted in the MSBH admission numbers but do count toward program "seat time" and are given the same advising support as all other MSBH students.

MPH-MSBH dual degree. Shortly after becoming director of the MSBH in 2014, Dr. Raffel began working on approval of an MPH-MSBH dual degree track. This effort coincided with a reorganization within the SONHP: the PsyD program was moved to a newly formed department, "Integrated Health," with the DNP Family Nurse Practitioner program, and the MSBH was folded into a new Population Health Sciences Department with the MPH and the MS in Health Informatics (MSHI).

The proposal was brought to MPH faculty at the end of 2014 and, after their endorsement, a New/Changed Academic Program (NCAP) form was prepared and submitted to the provost's office in summer of 2015. The NCAP application stated:

> Program rationale: This is a proposal to offer a joint Master of Public Health (MPH) and Master of Science in Behavioral Health (MSBH) degree within the School of Nursing and Health Professions. These two degrees are complementary, with the MPH having a more macro practice perspective and the MSBH having a more micro practice focus. This combined degree would enable students to broaden and deepen their skills in both integrated care and population health sciences. The combined MPH/MSBH degree will be either 58 or 59 credits (approximately the same number of units required for an MSW, MBA, or MFT degree). MSBH and MPH courses are all offered in a hybrid format at the same campus making it easy for students to work on both degrees concurrently. Student will be able to complete the dual degree in six to nine semesters.
>
> The goal of this dual degree is to train population health professionals who can lead efforts to improve the delivery of healthcare on both the local and national levels. The program is intended to give students a broad range of skills in statistics, epidemiology, policy, health education, project management and program planning and evaluation. This will be the only dual degree program of its kind in the United States and should prove of particular interest to students who wish to specialize in improving behavioral health services. Because the dual degree will offer students a saving of 20 units and approximately one year of study over doing the degrees separately, it should appeal to applicants on a financial level as well.
>
> This dual degree proposal is based on student interest as well as a desire to increase program applications particularly for the MSBH program, a unique program without an accrediting body or wide recognition. The marketing department provided these statistics in March 2015:
>
> MPH prospects in database: 1809
> MSBH prospects in database: 363
> Prospects in database who selected both programs: 59
>
> Recruitment for this new option can be done without significant increases in time, effort or resources from the admissions team because both programs are usually promoted at the same time. New materials will include this option as they are edited and reprinted.
>
> Students may apply directly for admission to the joint program or students may apply to the joint program after being admitted to either the MSBH or MPH. Students who have graduated with one or the other of the degrees may enroll in the second degree and complete only the remaining dual degree requirements.

The provost's office approved the MPH-MSBH in late summer 2016, and the first students were enrolled in August 2016. The first cohort of students included four MSBH students who had just completed their MSBH degrees and chose to stay in school and complete the required MPH coursework, and all four completed the MPH portion of the dual degree within three semesters. Ten new students also started the MPH-MSBH in August 2016. The four MSBH students completed the MPH portion of the dual degree within three additional semesters. In Fall 2017, one MSBH grad and one MPH student added the dual degree option, and 15 new dual degree students began the program. Dr. Kelly L'Engle has served as the advisor for the MPH-MSBH students and also takes the lead on recruitment for this dual degree. Dr. Raffel and Dr. L'Engle both review applications for the program and discuss curriculum pattern changes as needed.

At this time, the program learning outcomes (PLO) for the dual degree are the PLOs for both programs; in other words, there is not a unique set of PLOs for the MPH-MSBH. Details on the PLOs will be presented in Section 6 of this program review. Currently, there are no courses offered specifically for the MPH-MSBH students. In other words, these students are taking courses with regular MSBH and MPH students. A copy of a dual degree curriculum pattern can be found in Appendix A. The curriculum maps for the MSBH and MPH programs can be found in Appendix B.

It is important to note, that in March 2018, Drs. Raffel and L'Engle learned that the MPH-MSBH program had not yet been reviewed and approved by the Council on Education for Public Health (CEPH) that provides accreditation for the MPH program. Dr. L'Engle and Associate Deans Ziehm and Borges and Dean Baker are working with CEPH to complete the approval process.

At the time of this report (March 2018), the SONHP is in the process of reorganization. At some point in 2018, a new department (still to be named) will include the MSBH, MPH, MPH-MSBH, MSHI and PsyD. All of the nursing programs will be reunited under a separate department.

2.4 MSBH Program goals, 2014-2018

The primary program goals of the MSBH team since 2014 have been to:

1. Establish the MSBH as a distinct, appealing and viable graduate program
2. Support student success through exceptional advising
3. Refine and integrate the curriculum to support the program's goals
4. Continuously strengthen the fieldwork and capstone experience
5. Continuously improve courses and teaching methods to improve student writing and presentation skills
6. Develop opportunities for inter-professional education
7. Create meaningful measures of student learning

Progress on goal #6 was described above and work on each of the remaining goals will be addressed below, either as part of a larger section (e.g., curriculum) or separately.

3. Program staff and faculty

3.1 Program staff

A program supervisor and assistant support the three programs in the Population Health Sciences Department. Since 2013, eight different staff (including temporary workers) have served in these roles. The turnover in these positions has been quite high; several of those who moved on to other roles reported they did not like being isolated at the Presidio campus. When the MSBH, MPH and PsyD programs move to the Hilltop campus later this year, the staff anticipate feeling more engaged in SONHP activities and administrative duties.

Administrative staff support the MSBH and MPH-MSBH in a variety of ways: conducting degree audits; answering complex questions and handling various issues from students (e.g. account holds, registration issues); processing student forms (e.g., add-drop, fieldwork MOUs, transfer of credits); organizing events (e.g., orientation, Health Professions Day); publishing information about community events and jobs on the student portals; assisting the admissions team on recruitment (e.g. graduate school fairs, open houses); scheduling faculty meetings and taking minutes; assisting with copying and classroom issues; requisitioning supplies; communicating with incoming students; providing support for document preparation (e.g., for this program review, student handbook, fieldwork handbook); handling other ad-hoc projects as requested by faculty and the deans, and managing daily operations at the Presidio campus. The staff have annual performance reviews and a mid-year check-in to provide staff with evaluation and feedback. We have many learning tools to offer staff such as Lynda.com, USF sponsored professional development classes, online tutorials, and technology training by ETS (Education Technology Services).

3.2 Program governance

There is no formal governance structure for the MSBH program. Under current SONHP policy, the MSBH director is appointed by the Dean (not elected by faculty) In 2014, Dr. Raffel has served as the MSBH program director and has made most day-to-day decisions with input from Associate Dean Borges and Dr. L'Engle as needed. When appropriate, issues are brought to faculty meetings where decisions are reached through consensus. This approach has been pragmatic considering the changing composition of the faculty team each semester and the need to make decisions year round. A copy of the current organizational chart for the SONHP is included in Appendix C. In 2016 Dr. Margaret Baker succeed Dr. Judy Karshmer as the Dean of the School of Nursing and Health Professions.

In the current SONHP structure, the MSBH is part of the Population Health Sciences Department. Dr. L'Engle is the current Chair of the Department and Dr. Raffel is Vice Chair. The Chair and Vice Chair are elected by faculty in the MSBH, MPH and MSHI programs. However, the department structure of SONHP is changing in 2018, and the roles of department chairs and program directors are being reviewed. Therefore, after fall 2018, the governance of the MSBH program may look different.

Advisory committee. While other programs in the SONHP have advisory committees, the MSBH does not. It may be appropriate to fold the MSBH programs under the advisement of a committee such as the one for the MPH program. However, an MSBH advisory committee made up of community-based experts could be very beneficial to insuring that the program remains in touch with trends in social service and healthcare and concomitant changes in workforce needs.

Day to day administration. Dr. Raffel remained the only dedicated full time MSBH faculty member (working half-time hours) in academic years 2014-2017. As

director, Dr. Raffel advised all MSBH, BSN-MSBH 4+1 and MSBH-DNP students; developed all the recruiting materials and website content in partnership with marketing; chaired the admissions committee; coordinated fieldwork; hired and mentored adjunct faculty; developed and taught new courses to strengthen alignment across the curriculum and meet job market needs; tracked program metrics; and oversaw various other administrative tasks.

Student participation in program operations. At this time, there is no official student representation at MSBH faculty meetings in part because a significant portion of each meeting is dedicated to the discussion of student academic challenges. For example, as a team we develop improvement plans for students who may be consistently late in turning in work or struggling with graduate level writing assignments. On occasion, we may also discuss students who are struggling because of medical concerns. If we were to have students involved in our program meetings, it would require a significant change in the current format of the faculty meetings with a separate meeting to discuss student performance issues. We do actively involve continuing students in running the new student orientation and helping with recruitment as "student ambassadors." In addition, we frequently link current students with alum who can provide advice on careers or assist in networking.

3.3 Demographics of program faculty 2013-2018

Over the course of the past five years, 23 different faculty members have taught in the MSBH program. Of the 23, 11 were adjunct faculty and two were doctoral students who were teaching for tuition remission. Nine of the full time faculty were drawn from other programs in the SONHP or the university. Of those faculty, two were from the PsyD program, three were from the DNP program, two were from the MPH, one was unaffiliated with a specific SONHP program, and one was from the Master of Public Affairs. After being hired in 2015, Dr. L'Engle has divided her teaching units about equally among the MSBH, MPH-MSBH, and the MPH programs. Between 2014-2018, Dr. Raffel's teaching units have been dedicated exclusively to the MSBH and, since fall of 2016, MPH-MSBH classes. Dr. Raffel has had sole responsibility for coordinating faculty assignments and hiring adjuncts since 2014.

Historic adjunct and full time faculty workload distribution

Status	2013-2014 % (credits)	2014-2015 % (credits)	2015-2016 %(credits)	2016-2017 %(credits)	2017-2018 %(credits)
Adjunct and/or doctoral student	45 (15 cr)	9 (3 cr)	18 (6 cr)	21 (7 cr)	29 (10 cr)
Full time faculty from other programs	48 (16 cr)	58 (19 cr)	18 (6 cr)	15 (5 cr)	24 (8 cr)
Full time faculty MSBH or shared with MPH	7 (2 cr)	33 (11 cr)	64 (22 cr)	64 (22 cr)	47 (16 cr)

List of Faculty and MSBH Courses (AY 2017-18)

Core Course Faculty	Course Title	Credits	Total Credit Hours	# Enrolled
Brian Budds (Term)	Behavioral Health Informatics	3	3	17
Dorothy Escobar (Term)	Behavioral Health Fieldwork I	2	6	6
	Behavioral Health Fieldwork II & Capstone	3	6	6
	Program Planning, Management and Evaluation (for MPH-MSBH)	4	4	18
William Hua (Adjunct)	Chronic Conditions: Biopsychosocial Aspects & Interventions	3	3	29
	Integrated Behavioral Health in Primary Care	3	3	18
Kelly L'Engle (Tenure)	Applied Research Methods	3	3	19
	Behavioral Health Fieldwork I	2	4	8
	Behavioral Health Fieldwork II & Capstone	3	4	8
	Communicating for Healthy Behavior & Social Change (MPH-MSBH Fall and MSBH Spring)	4	8	22/21
Allyson Mayo (Adjunct)	Team Leadership & Inter-professional Collaboration	2	2	13
	Project Management & Quality Improvement	2	1	24
Kelly McDermott (Adjunct)	Behavioral Health Fieldwork I	2	4	8
	Behavioral Health Fieldwork II & Capstone	3	4	7
	Biostatistics (for MPH-MSBH)	4	4	26
Kathleen Raffel (Term)	Behavioral Health Fieldwork I	2	4	8
	Behavioral Health Fieldwork II & Capstone	3	4	7
	Foundational Skills for Behavioral Health Practice	1	1	28
	Legal, Ethical and Professional Issues in Behavioral Health	2	2	20
	Program Planning, Management & Evaluation	4	4	27
	Project Management & Quality Improvement	2	1	24
Erin Watson (Adjunct)	Integrated Behavioral Health in Primary Care	3	3	16
	Introduction to Community Health Concepts	2	2	26

Faculty for AY 2017-2018 – Short biographies (full CVs are included in the review packets prepared for the external reviewers)

Brian Budds, MS, JD

Assistant Professor Brian Budds is a nurse practitioner and a licensed attorney. His clinical background includes extensive work in HIV care, including primary care and clinical research in drug development. He has consulted regularly with state and county governments and healthcare institutions on disaster preparedness, especially the use of licensed healthcare volunteers in disasters. His legal work has included healthcare compliance and physician peer review. He also teaches in the USF Doctor of Nursing Practice program and has championed collaborative, inter-professional education. He is an adjunct professor in the School of Law, teaching Health Law and Bioethics. Prof. Budds teaches Behavioral Health Informatics.

Dory Magasis Escobar, PhD

Dory Magasis Escobar, PhD has worked in community organizing, coalition building, and grassroots leadership development for decades in Northern California and Central America. She was Director of Healthy Communities and Community Building at a regional health system for 13 years; where she also oversaw the organization's Community Benefit planning and reporting. Prior to that time, Dory worked for 11 years in Central America in community mental health, community-based rehabilitation, community organizing, and coalition building. Dory taught in undergraduate and graduate level courses in two private universities, focusing on community mental health, humanistic psychology and group therapy. Dory provides technical assistance to community-based organizations, hospitals, public health agencies, other community stakeholders seeking to increase and enhance their capacities in collaboration, strategic planning and program evaluation, and authentic community engagement. Recent clients have included United Way of the Wine Country, Public Health Institute, the County of Sonoma, Petaluma Bounty, Glasswing International, and others. Dory recently founded the community capacity building initiative, Coaction Institute. Her innovative integration of community organizing and collaboration into hospital Community Benefit work led to her participation in national work groups convened by the CDC, Dept. of Health & Human Services, and the White House Office on Neighborhood and Faith-Based Partnerships.

William Hua, PhD

Dr. William Hua is a clinical health psychologist and works with veterans who are HIV-positive or have liver diseases such as hepatitis C. He has a strong emphasis on work with diverse and stigmatized populations and is dedicated to providing culturally humble care and treatment. Dr. Hua received his Ph.D. in Clinical Health Psychology & Behavioral Medicine at the University of North Texas as well as specialized training in behavioral medicine through the Palo Alto VA Healthcare System's internship and fellowship programs. He is the co-founder of a nonprofit organization called Here to Hope, which focuses on improving health, education, and well-being for both HIV-positive and HIV-negative children living in Guyana, South America. Dr. Hua teaches courses through the School of Nursing and Health Professions (MSBH, MSBH/MPH, and PsyD programs), including Chronic Conditions: Biopsychosocial Aspects and Interventions and Integrated Behavioral Health in Primary Care.

Kelly L'Engle, PhD, MPH

Kelly L'Engle, PhD, MPH, began her public health career by providing HIV prevention and substance abuse counseling to adolescents and young adults in San Francisco. She returned to school for the MPH (1995, Emory University) and later the PhD (2005, University of North Carolina at Chapel Hill)

to learn how to more effectively address the health of individuals and communities in the U.S. and globally. Prof. L'Engle's direct service experience with young people and disadvantaged populations is complemented by rigorous training in public health education, implementation, and evaluation. She has expertise in developing, testing, and evaluating behavioral health materials and interventions—including creating a pregnancy prevention and wellness program for North Carolina teens, adapting and testing an alcohol reduction intervention with female sex workers in Kenya, and developing a protocol to investigate how to best use mobile phones to support people living with HIV. Prof. L'Engle loves the promise of using new technologies to increase the reach and impact of health programs: her recent projects in Africa provided health information, clinic referrals, "education entertainment," medication adherence support, and counseling protocols for frontline health workers all via text messaging on mobile phones. Teaching and mentoring have always been priorities, and she is thrilled to support USF students in their public health learning and practice. Prof. L'Engle teaches MPH 622 Communicating for Healthy Behavior and Social Change, BH 603 Applied Research Methods, MPH 636 Program Planning, Management and Evaluation, BH 626 and BH 646 Behavioral Health Fieldwork and Capstone, and a public health elective on adolescent health. Dr. L'Engle's research and publications is covered in more detail in section on faculty research which is included in the appendices.

Allyson Mayo, MSBH, DBH (in progress)

Allyson Mayo, MSBH, has more than 20 years of professional work experience in the Fortune 100 business sector, homeless services, addiction treatment, inpatient psychiatric services and integrated healthcare quality and process improvement. Allyson currently works as a Mental Health Counselor and participates in leadership, quality, and strategic planning at John Muir Behavioral Health Center in Concord. She will complete her Doctor of Behavioral Health from Arizona State University in 2018. Courses taught: BH 623 Team Leadership and Interprofessional Collaboration and BH 615 Project Management and Quality Improvement.

Kelly McDermott, PhD

Kelly McDermott completed her MA in Health Policy and Bioethics (2003, George Washington University) and after working for the Agency for Healthcare Research and Quality on the inaugural National Healthcare Quality and Disparities Reports, returned to school to complete a PhD in Health Services Research (2009, University of Washington). Dr. McDermott worked at the VA Puget Sound on quality improvement initiatives for Veterans with acute coronary syndrome and later on a small pilot study that used Mindfulness Based Stress Reduction to alleviate symptoms of post traumatic stress disorder and irritable bowel syndrome. Based on this work and personal interests in yoga and meditation, Dr. McDermott moved to San Francisco to complete postdoctoral training in Integrative Medicine Research at the Osher Center for Integrative Medicine, University of California, San Francisco. Here, she studied the role yoga, mindfulness and body awareness can play in diet and exercise behavior change. Concurrently, Dr. McDermott used commercially available digital health products in her studies to take advantage of the innovation of the marketplace and to rigorously test the tools consumers have available for behavior change. As a Clinical Research Scientist at Omada Health, Inc., Dr. McDermott continued this work to build public/private collaborations in digital health to promote consumer behavior change. Currently, Dr. McDermott teaches MPH 612 Biostatistics, BH 626 Behavioral Health Fieldwork and MPH 642 Public Health Capstone Seminar.

Kathy Raffel, MSW, MBA, PhD, LISW-S

Kathy Raffel began her career as a medical social worker in San Diego. After moving to San Francisco in 1980, she worked as a health educator for the San Francisco Department of Public Health where she developed community-based programs for older adults. At that time, she became very involved with addressing the needs of family caregivers and this remains a strong interest. In 1987, Dr. Raffel

completed her MBA at USF with an emphasis on management. For over 10 years, Dr. Raffel worked as a Patient Education Specialist at the Mayo Clinic in Rochester, Minnesota. In this role, she conducted research on patient education materials and strategies, led process improvement initiatives, and spearheaded efforts to address the problem of low health literacy among clinic patients. In 2008, she returned to school to get a graduate certificate in alternative dispute resolution from Capital Law School and a PhD in social work from Ohio State (2013). Her current research interests include family caregivers, interprofessional education, bioethics, community based participatory research, and community program development. Prof. Raffel teaches MPH 636 Program Planning, Management and Evaluation, BH 614 Foundational Skills for Behavioral Health Practice, BH 621 Legal, Professional and Ethical Issues in Behavioral Health, BH 615 Project Management & Quality Improvement, and BH 626 and BH 646 Behavioral Health Fieldwork and Capstone. In the past, she has also taught MPH 622 Communicating for Healthy Behavior and Social Change, BH 623 Interprofessional Teamwork and Collaboration and BH 612 Introduction to Community Health Concepts.

Erin Watson, PsyD

Erin C. Watson, PsyD, is a Clinical Health Psychologist at the San Francisco VA Health Care System (SFVAHCS) where she provides behavioral medicine and integrated care services. She is an Adjunct Faculty member at the University of San Francisco (USF) and Research Staff at the University of San Francisco, California (UCSF). Dr. Watson earned her PsyD in Clinical Psychology with an emphasis in Primary Care Psychology and Behavioral Medicine from Adler University in 2014. She completed her Doctoral Internship at the Portland VAMC/Oregon Health and Science University (OHSU), and Postdoctoral Fellowship at the SFVAHCS, with a focus on HIV/AIDS and Liver Disease. Dr. Watson has specialized behavioral medicine training in chronic pain, infectious disease, hepatitis C and liver disease, weight management/bariatrics, organ transplant, and primary care psychology. Her clinical and research interests include the integration of behavioral health in medical specialty clinics, education for allied health professionals, social responsibility and health disparities, and program development and evaluation. Dr. Watson was the recipient of a 2016 Federal Employee of the Year award for her team efforts in integrated care diversity-related programming. Dr. Watson serves as a consultant for the National VA Motivational Interviewing and Motivational Enhancement (MI/MET) therapy initiative, and practices evidence-based cognitive behavioral and acceptance and commitment therapies. Dr. Watson has taught BH 612 Introduction to Community Health Concepts and PsyD 728 Integrated Behavioral Health in Primary Care.

3.4 Teaching

As the profiles attest, the MSBH faculty bring a rich mix of education, training, and experience to the classroom. This diversity has been an asset to creating an inter-professional program (**Goal #6 Develop opportunities for inter-professional education**) and many prospective and current students see it as a strength that they are taught by professionals from so many different disciplines. The mix can also be helpful when seeking input on curriculum issues or planning changes in course content. In all MSBH faculty meetings (which include all full time and adjunct faculty), the team discusses teaching and curriculum issues and makes an action plan for making changes, if needed. Therefore, we try to make optimum use of faculty wisdom whenever we can.

However, it has been challenging that the make up of the faculty has been different every single semester since the program launched. While one of the faculty we share with the DNP has taught in the MSBH every year, the others have been pulled back

to their home programs. Even our most regular, shared faculty participates in the program only one semester out of three each year. An additional challenge is that the MSBH program is a twelve-month program. This means that classes meet in the summer. However, all USF full time faculty are on nine month contracts, and those with time for research often want to take the summer for writing, travel and professional development. This variable has added another layer of difficulty in creating a consistent faculty team. This challenge is shared by other programs within the School of Nursing and Health Professions, particularly the MPH, and will require problem solving on a school rather than a program level.

Adjunct faculty often bring "real world" perspective and experience to the classroom. This is particularly valuable in a program that is teaching pragmatic, applied skills. However, a number of the adjunct faculty have proved ineffective (based on student evaluations and other feedback) and were not hired for more than one semester. And, many of the adjunct faculty have been new to teaching or unfamiliar with the hybrid approach and online content management systems and have not had enough time between their hire dates and the start of the semester to master the steep learning curves of designing hybrid class content or constructing courses in an online system. Consequently, the director has dedicated substantial time to finding, hiring and mentoring these colleagues. Mentoring has included teaching the faculty how to connect with university resources; build a Canvas course; design a syllabus that works with the hybrid format; create effective assignments and in-class activities; and trouble shoot student issues. In 2018-2019, for the first time, all adjunct faculty will be teaching courses they have taught in the past which should bring both increased consistency and efficiency to the team.

Technology, pedagogy and student learning: As noted in *Section 2.2 Basic structure of the program*, all the courses in the MSBH are taught in a hybrid format. From the faculty standpoint, the hybrid approach can be extremely challenging because, in order to teach well, faculty must be proficient in both online and in-person teaching, know how to "flip the classroom" to optimize limited seat time to practice skills, and put the syllabus and materials together within the learning management system so that they are logically organized and easy to use. Assignments have to be tailored to the every other week meeting format as well. While there are inherent challenges in using a hybrid approach, most faculty find the learning management system facilitates creative teaching methods once they have mastered the application. Students also report a steep learning curve for both the learning management system and the hybrid format but by the middle of the first semester, they are proficient in this style of teaching and learning.

Evaluation of faculty teaching and course components. A number of methods have been used to evaluate faculty teaching. In the early years of the program, USF used a paper survey, SUMMA, which was given to students on the last day of class. Several years ago, this paper form was replaced with a new, online evaluation, BLUE, that is distributed to students through the learning management system. While the new online evaluation has obvious advantages in terms of efficiency, the

response rate from students has dropped substantially. When SUMMAS were used, there was often 100% student participation; now, response rates often fall below 50% despite constant emails and personal reminders from faculty. Consequently, the feedback on the new teaching evaluations is often missing so much data that it has become much less useful. Nevertheless, the program director has used the BLUE evaluation data to assess adjunct faculty teaching; results of these assessments for full time faculty are not shared with the program director.

The BLUE evaluations are designed to evaluate the faculty member. SONHP realized that it would be helpful to gather more information about the courses themselves (e.g., clarity and relevance of assignments; currency of textbooks; organization of the syllabus, etc.). Therefore, additional surveys have been given to students to complete. For the first few years of the MSBH, the forms were not very relevant for the program as many questions were designed for the nursing programs and had not been updated to reflect the addition of the population health sciences degrees. This additional survey was rewritten several years ago and the new version is administered through Survey Monkey. This approach has proven ineffective for several reasons. First, some faculty have refused to administer the SONHP survey claiming that it does not ask the right questions and that student answers are too constrained; these faculty have chosen to conduct end-of-semester, in class debriefings. Second, MSBH students are taking up to five courses in a semester. Therefore, they are overburdened with surveys (receiving up to 10 when you combine the BLUE and SONHP surveys) and the response rates are very, very low. We have tried to overcome this barrier by allowing class time to complete the surveys but even then our students are overcome by "survey fatigue."

Obviously obtaining student feedback about faculty effectiveness and course quality is critical particularly in a new and evolving program. Because the number of respondents for most of our *course* evaluation surveys is so small and *BLUE* evaluation data for full time faculty is not shared with the program, there are no additional stats presented here. The current director has brought her concerns about the current SONHP approach to data collection to the school's Program Evaluation Committee which hopefully can improve this process in the coming year.

The MSBH program administers an assignment that students complete at the end of their fieldwork and capstone course sequence. In this assignment, students are required to do a self-assessment of their progress in meeting each of the program learning outcomes. They are asked to cite specific classes in which they feel the program learning outcomes were addressed and demonstrated. Then, for each PLO and course they are asked to provide specific feedback on how the program could do a better job of helping them be successful. While these reflection papers do not replace survey data, they have proven incredibly valuable on multiple levels. First, they encourage students to consider their progress over the course of the program and recognize the gains they have made in knowledge and skills. This is a particularly valuable exercise as they prepare to find new employment or seek promotions. Second, the comments from the students have been invaluable in

helping us improve class content, structure and integration. A copy of the Self-Assessment of Achievement of Program Learning Outcomes is provided in Appendix D and specific examples of how this feedback has informed our curriculum will be discussed in further detail in the section on program curriculum.

3.5 Management of other academic responsibilities

The constant change in faculty composition and lack of full time faculty dedicated to the MSBH program until AY 2017-2018 have often made it challenging to carry through on some activities requiring faculty input. For example, the MSBH program has not been able to form standing evaluation, curriculum, or marketing/admission committees that are standard in programs with larger, full time faculty teams. Consequently, the burden of program evaluation, curriculum planning, and modification of learning outcomes and course content has fallen almost exclusively on the shoulders of Dr. Raffel and, since 2015, Dr. L'Engle.

Curriculum committee. At the end of each semester, Drs. Raffel and L'Engle have met to review: course success in meeting learning objectives and program learning outcomes; course patterns to maximize the goal of an integrated curriculum and balanced work load for faculty and students; the need for new courses requiring SONHP curriculum committee approval; and the wording and "fit" of the program goals and learning outcomes. As noted above, changes to courses are based on oral and written feedback from students as well as input from faculty, data on changing needs in the workplace, and modifications in curricula of other SONHP programs. A very detailed discussion of curriculum modifications and their rationale is presented in Section 7 of this self-study.

Student admissions committee. Drs. Raffel and L'Engle have been the sole members of the admissions committee for the MSBH and MPH-MSBH degrees. Their work has included establishing admissions standards (and re-assessing these each year after reviewing admissions and student success data) and working regularly with the directors of graduate admissions. To ensure a robust admissions review process, Drs. Raffel and L'Engle annually verify their inter-rater reliability on scoring of applicants. Since MSBH and MPH-MSBH applicants often have less traditional life journeys and academic paths, the team has found it important to take a holistic approach to application review. Therefore, they meet to discuss any applicants who may have an inconsistent application package. While we are always mindful of our enrollment targets, we place our highest priority on admitting a diverse mix of students who can be successful in our rigorous graduate programs. Detailed information on our admissions criteria and the characteristics of our admitted students and their success in school will be presented in Section 5: Students.

Program marketing and recruitment of new students. From an administrative perspective, there is no responsibility more important, labor-intensive, and time-consuming than recruitment. The success and continuation of the programs

depends on it. Drs. Raffel and L'Engle have been responsible for developing and implementing marketing plans with the graduate admissions coordinators and conducting recruitment in multiple ways including responding to email inquiries, meeting one-on-one with prospects, managing web content, conducting webinars, facilitating open houses, arranging campus visits, developing web content to build "traffic," helping script videos, and assisting in the production of all written promotional materials. Historically, Dr. Raffel has connected personally with virtually every applicant to the MSBH program often both before and after an application is submitted; she estimates that she spent a minimum of a day a week, throughout the year, on recruitment and admissions activities. The work Drs. Raffel and L'Engle have done in this area are all designed to help reach the program **Goal #1: Establish the MSBH as a distinct, appealing and viable graduate program**. This topic will be discussed further in Section 5.2, and challenges in reaching Goal #1 will be analyzed further in the discussion.

3.6 Support student success through exceptional advising (Goal #2)

One of the goals of the MSBH is to **support student success through exceptional advising (Goal #2)**. This strong emphasis on advising has been a priority of the program since Dr. Raffel became director in 2014.

As noted in the history of the MSBH program, the first few years were a time of change in program leadership. One director served for about nine months before the first students were enrolled, the next director served for six months, an associate dean stepped in to be the interim director for five months, and then Dr. Raffel was appointed director in the final month of the 2013-2014 academic year. The program director was the sole student advisor during those months. Consequently, the first cohort of students did not have a consistent advisor. This was particularly challenging in a new program that was still working out its course offerings. In a focus group in the summer of 2014, this first cohort vocally expressed their frustration with this lack of support (as well as with the fieldwork course which will be discussed elsewhere). The students, who were also juggling employment and the stress of a demanding academic workload, made it clear that strong advising was needed – and expected - from the university.

Based on student feedback, Dr. Raffel made it a priority to implement a variety of strategies to address the issues that students had raised. First, although the planning group for the MSBH believed that working adults would be able to complete the degree in twelve months while holding down full-time employment, feedback from the students made it clear that this was unrealistic. In fact, many students/alumnae noted that the only way they could afford to complete the program was to cut back on units to be able to work enough hours to pay tuition. Therefore, one of the first priorities for 2014 was creating options for students to extend the MSBH by one, two or three semesters. (See Appendix A for examples.) In addition, the director met individually within the first week of school with each student to review his or her plans and discuss a part-time track as an option. The

changes in advising and program completion options have had a significant impact: our graduation rates have been exceptionally high because students were given guidance on going part-time and building a path that would facilitate a school-life balance. Semesters to completion and graduation data can be found in the section on student demographics.

A second strategy that was adopted by the MSBH program to reach its goal of exceptional student advising was to create a robust orientation process. Since 2014, the MSBH has required a four-hour orientation that includes background on the curriculum, the hybrid format, the learning management system, and performance expectations. The MSBH uses a cohort model. Students report that the strong bonds created in the cohort facilitate mutual support and opportunities for peer collaboration. Therefore, our program-specific orientation has also provided the opportunity for students to start become socially connected. Each year, the content of the orientation has been evaluated and improved.

For example, in 2014 Cohort 2 was asked in a focus group (led by PsyD students hired by the program) how to improve the orientation process. The consensus was that our new orientation tried to pack in too much information so that "nothing really stuck." They also noted that they wanted clear communication on course scheduling and time commitment even *before* orientation. They recommended that we provide "full, complete, accurate and clearly explained course descriptions" posted online. Students also requested that a detailed presentation on setting up and completing fieldwork (which begins in semester 2) be provided at orientation. This input from students led to several improvements in the orientation process.

The first significant enhancement to onboarding students was the development of an interactive, online class (delivered through Canvas) that new students are required to complete prior to orientation. This was developed in response to student feedback that trying to cover all the content in an in-person session was overwhelming and ineffective and that some material should be accessible online for easy reference throughout the school year. By requiring this "course," we ensure that students can navigate the learning management system, have taken care of critical steps in onboarding (such as picking up their student IDs and registering for the correct classes), can get detailed information about the courses and curriculum pattern, and get a head start on getting to know each other and their faculty and are clear on **program and university expectations**. While we provide students with the USF Graduate Student Handbook, this virtual orientation and "handbook" has proven even more informative and valuable. Students have provided very positive feedback about this "course," stating that it "covers everything you need to know" and "helps you jump right into classes." An outline of the material covered in our online orientation course is included in Appendix E. The MSBH is an intense program that requires students come up to speed very quickly, so a well-designed and implemented orientation has been extremely important.

Another improvement to orientation based on student feedback was the inclusion of a detailed introduction to fieldwork. Students are told about the course, the required capstone thesis and the step-by-step process to follow to set up their fieldwork placements. Following this introduction to fieldwork, students have then met one-on-one with the program director for individualized counseling to help match student career goals with target populations, health and social service organizations, and project possibilities. Finding and setting up fieldwork sites is often an iterative and time-consuming process. However, we have found that by providing the orientation followed by individualized student advising, MSBH and MPH-MSBH students have been able to secure and finalize placements in the fall so they are ready to jump into their fieldwork at the start of spring semester. All of these steps have are related to goal **# 4 Continuously strengthen the fieldwork and capstone experience.** A more detailed description of our fieldwork/capstone course and student projects can be found in Section 7.3.

The SONHP has developed an event, "SONHP NOW," which was designed to be an orientation for all the school's students. However, this program, offered on the Hilltop campus, did not cover the material that MSBH students and faculty had identified as "core content;" feedback collected from surveys (administered by the NOW event organizers) and student interviews (conducted by MSBH faculty) indicated that the SONHP NOW event was "interesting" but not essential. Therefore, the MSBH and MPH-MSBH programs advertises the NOW event as optional (but recommended) and we continue to require the tailored orientation.

In addition to orientation, the MSBH program offers advising throughout the year. Since there are no other faculty who are available to serve in an advisor role, all of advising for the MSBH, BSN-MSBH 4+1, and MSBH-DNP (27 students in AY 2017-2018) has fallen to Dr. Raffel and for the MPH-MSBH (28 students in AY 2017-2018) to Dr. L'Engle. Because Drs. Raffel and L'Engle teach all three semesters, advising is done, regularly, throughout the school year. Students are encouraged to drop in for office hours or set up virtual appointments if work schedules make it too difficult to get to campus. Often we connect less formally with students as they are studying prior to class. In addition, Dr. L'Engle, in her role as a co-advisor for the Population Health Sciences Student Association, is able to provide less formal advising and guidance.

Another key strategy for MSBH advising is implemented through faculty meetings. At each program meeting, the first agenda item is "student concerns." The faculty uses a "it takes a village" approach, and we share our observations about student struggles and suggestions for supporting success. When necessary, we have created team plans for working with particular students to make sure we convey a consistent message. If needed, faculty know they can also request additional support to develop academic improvement plans. Some faculty ask to meet with the director for advice; others request a full team meeting. This approach has worked extremely well as it has provided exceptional support to students and moral support to fellow faculty members. We believe that this multi-pronged approach to

orientation and student advising has contributed to our exceptionally high graduation rates. The MSBH faculty have, however, found the information provided by SONHP on documenting advising inadequate. Materials posted on the Staff and Faculty portal are designed for faculty teaching undergraduate and Master's nursing students. There are no materials written for the non-nursing programs. The need for additional guidance on what to include in advising notes (and where and by whom they should be recorded) has been raised with both the associate dean and with the SONHP faculty association leadership.

Career advising is another critical component of our support for students. Career advising has taken multiple forms. First, the program director regularly scans the job openings in the Bay Area and opportunities are regularly posted on the MSBH student portal. Since 2014, 24 post graduation "internships" or fellowships and 161 different job opportunities have been shared with students this way. Dr. Raffel has also sent dozens of specific job postings to specific students and alum. This process has also provided a secondary benefit: the director has been able to track key skills required by employers and then use this to **refine and integrate the curriculum (Goal #3)** and adjust marketing and recruitment materials. Second, we have worked with Career Services each year to provide either individual counseling to students or presentations to full classes. This advising has covered topics such as resume and cover letter writing and the importance of a robust Linkedin profile. We have noted that career services support for graduate students is less robust than that for undergraduates and there is no one who specializes in health services. Nevertheless, students have commented how useful the advising has been in securing interviews for employment. Third, as part of our fieldwork course, we require students write and present their "elevator pitches;" this is essential for the MSBH which is not a recognized degree and must be "sold" to future employers. This year (2018), students will also be required to create an e-portfolio that will serve two purposes. First, it will allow students to showcase artifacts demonstrating their skills in writing, presenting, project management, and quality improvement. Second, it will also provide a repository of student work that can be assessed for two different PLOs ("Plan and manage projects, quality improvement efforts, and staff development programs;" "Synthesize primary and secondary data in professional quality reports and presentations"). As part of tracking our program outcomes, we have tried to maintain accurate records of alum employment after graduation; these data are presented in the Section 5.7 Post-graduation outcomes. The information we gather also helps us advise current students and applicants about potential career paths. Finally, since so many of our students go on to additional graduate education, career advising also includes working with students as they choose and apply to Master's, doctoral and professional degrees. We have also provided substantial support to students wishing to apply to fellowships and other professional development programs.

3.7 Faculty recruitment and development

The current director will be retiring in May 2018. SONHP has posted a one-year, term position to her fill her vacancy. It is assumed that the new hire will take on some, if not most, of the administrative, teaching and advising work that Dr. Raffel has been doing since 2014. Recruitment may be complicated as the director is responsible year round for program administration, but the term position, like all full-time faculty positions at USF, will be for a nine-month contract. Without a core set of faculty, faculty development has not been a program priority. Ideally, at some point, the MSBH would be able to hire a tenure track faculty member who could conduct behavioral health research, particularly related to addressing health disparities, and provide opportunities for students to assist in research efforts.

3.8 Research (Dr. L'Engle)

More information on Dr. L'Engle's research has been included in Appendix F. As a term faculty member, Dr. Raffel has not been conducting research

3.9 Service to the SONHP, the University, and the community (Drs. Raffel and L'Engle)

In addition to the very extensive "service" that Drs. Raffel and L'Engle provide within the MSBH and MPH-MSBH programs, they also serve in other roles in the SONHP, in the University and the community. This information is included in Appendix F.

3.10 Relationships with other programs and ***opportunities for inter-professional education (Goal #6)***

At the time the MSBH was planned and approved by the Provost's office (see section 2.3 *Brief history of the program* for more details), it was assumed that the MSBH and the PsyD programs would have close ties, sharing some classes and faculty members (and even a director). In the first year, the MSBH curriculum did include several PsyD courses and, to this day, one of the required MSBH courses (PsyD 728) is included in the pattern. However, by the end of AY 2013-2014, it became apparent that the MSBH was actually more closely aligned with the MPH program goals and coursework.

When the SONHP went through a strategic planning process in 2014 and 2015, the PsyD was moved to a new Integrated Health Care Department with the DNP Family Nurse Practitioner program, and the MSBH became one of four programs (with the MPH, MSHI and Bachelor of Health Service) to form the Population Health Sciences Department. While its ties with the MSHI and BHS were never strong, the MSBH program and MPH programs became closely connected and this has been a critical strategy for meeting **Goal #6 Develop opportunities for inter-professional education**.

Between 2014 and 2018, Dr. Raffel attended all the MPH faculty meetings and, when indicated, curriculum planning retreats. Dr. L'Engle (as a faculty serving both the MSBH and the MPH programs) also attended all these meetings after she was hired by USF in 2015. This regular involvement with the MPH program had many benefits including the opportunity to understand both programs well and look for opportunities for inter-professional education. For example, in 2014 two core MPH courses (MPH 622 Communicating for healthy behavior and social change and MPH 636 Program planning, management and evaluation) were incorporated into the MSBH curriculum pattern creating opportunities for behavioral and public health students to share classes and perspectives. Then, in 2016, the dual MPH-MSBH degree was approved and launched, formalizing the connections between the two programs. (See *2.3 Brief history of the program* for more details on the structure and approval of this dual degree option.) The MSBH and the MPH programs share full time and adjunct faculty, ideas for textbooks, guest speakers, special events, orientation activities, a student association, and "Health Professions Day" at which graduating students present their capstone work. All in all, this "sibling" relationship has been very successful and will continue in the newest restructuring of the SONHP which will go into effect summer or fall 2018.

Forming successful working relationships with other professional programs in the SONHP has been more challenging. The MSBH program has forged an efficient process with the BSN to recruit and admit students to the BSN-MSBH 4+1 and, as noted earlier, it is anticipated that one or two BSN students will participate in this track each year. This is a small inter-professional program but a successful one. On the other hand, the MSBH has had less success working with the DNP Family Nurse Practitioner and Psychiatric Mental Health Nurse Practitioner programs. We have been unable to develop a cohesive recruiting and advising process and, since the DNP program has modified its curriculum pattern and program offerings several times over the past few years, we struggle to give students a coherent set of expectations. Nevertheless, the MSBH-DNP offers a unique path for nurses wishing to strengthen the behavioral health and community practice focus of their doctoral education, and the DNP students bring their valuable perspective as practicing nurses to the MSBH classes. Therefore, the opportunities for improving the links between the MSBH and the DNP are worth pursuing.

Efforts to create partnerships with other academic programs and inter-professional learning opportunities has often been hindered in the past five years because the MSBH has been housed at the Presidio campus. Since there is no university or direct public transportation between the Presidio and the Hilltop, the short distance actually proved very difficult to overcome for staff, faculty and, most importantly, students. This barrier to inter-program collaboration will be removed when the MSBH, MPH and PsyD join the other SONHP programs on the Hilltop in Fall 2018. It is anticipated that having all the San Francisco SONHP faculty on one campus will improve lines of communication on practical issues such as student advising, recruitment, and curriculum planning and open up more opportunities for jointly offered classes and events.

Despite the challenges inherent in planning, launching, and coordinating interprofessional degrees, we feel that we have made excellent progress toward our goal of developing opportunities for interprofessional education. At this time, about half of currently enrolled MSBH students are engaged in a dual degree track, and all MSBH students take courses with students from other programs as part of their required coursework. As noted earlier, the MPH-MSBH was designed based on student interest and market research. This dual degree leverages the assets of the SONHP faculty and the strengths of USF and San Francisco and provides a unique and popular option that prepares students with strong skills to be competitive in the market place. We are very excited about the potential for this dual degree. Other degree options are a work in progress, but they too hold promise of providing a very cost-effective way for SONHP to serve students and distinguish itself from other schools in the Bay Area and nationally.

Interprofessional education has also been offered outside of regular course offerings. Dr. Raffel has participated over the past four years in designing and delivering interprofessional training on health coaching to SONHP students. Currently, one of the MSBH students, as part of her capstone project, is creating curriculum modules on health coaching that can be incorporated into courses for nursing, PsyD, and MSBH students. She has been working closely with SONHP faculty to design materials that are sustainable within the various courses and programs and the hope is that simulation sessions can include a variety of disciplines.

Workforce development. An aspect of the MSBH and MPH-MSBH inter-professional education has been workforce development. In the fall of 2014, the MSBH program took the lead in organizing a one-day program, "Improving Care at Home," in partnership with the MPH, MSHI and nursing programs. Community partners (e.g., Family Caregiver Alliance, SF In Home Support Services Public Authority) played an active role in planning and delivering this program. Over 80 individuals (a combination of students and community professionals) attended this event. Continuing education units were provided for community nurses and social workers. In 2017, MSBH co-sponsored a two-hour workshop with the Alzheimer's Association on LGBT Dementia Caregivers. This workshop was provided in two different graduate courses as well as to undergraduate gerontology minors and community members who were able to earn CEUs for attending. In 2017, Dr. Raffel, working with the team of Associate Dean Trevathan, was able to secure accreditation for SONHP to offer social work CEUs (in addition to nursing CEUs) for community programs. MSBH alum, Jen Massie, has delivered two community workshops on screening for perinatal mood disorders in Latinas and is planning several more around the Bay Area in 2018. The health coaching training mentioned above for SONHP students will be offered in partnership with community organizations in summer 2018; CEUs will be offered for these programs.

4. Technology, informational resources, and facilities

4.1 Technology and online learning

The MSBH program has been housed at the Presidio campus. Stable wifi has been a chronic issue in the building. There have been frequent problems with the computers and projection systems provided in the classrooms. There are two computers available for students to use in the lounge/study area. When the MSBH moves to the Hilltop campus in Fall 2018, we anticipate that technical resources will be more robust and stable.

As noted earlier, 100% of the MSBH curriculum is delivered through a hybrid format (49% online and 51% in the classroom). This format provides significant efficiencies in use of classrooms and allows students to take up to five classes in a semester while only coming to campus two nights a week. To make this approach work effectively, all students must be proficient in using computers and the online learning management system, Canvas. Because the hybrid model is new to almost all students, we provide information and training on this approach through both the online orientation course and during the required in-person orientation. By graduation, all the students are experts on Canvas and have also become proficient in producing video recordings and using applications such as Google docs and video conferencing.

As noted in *Section 3.2 Teaching*, it takes significant skill to develop and deliver hybrid courses through Canvas. As noted earlier, for new faculty (full time or adjunct) there is a steep learning curve and, in fact, some faculty never master this delivery system adequately. In addition, faculty must excel at creating engaging online learning content, activities, and assignments; however, most faculty have not received any formal education in designing these materials or how to transition back and forth between the online and classroom settings. Adjunct faculty are often at a significant disadvantage when trying to come up to speed if they have not previously used Canvas or taught in a hybrid model.

The university provides excellent technical support for Canvas and has been developing more resources for optimizing the use of this tool. Dr. Raffel has spent substantial time working with new faculty, particularly the adjuncts, to learn Canvas and create effective courses. Dr. L'Engle has been active with Educational Technology Services sharing her expertise on hybrid and online course development. In addition, in the past two years, we have encouraged faculty to open their courses to each other (by assigning each other as TAs) so that we can share resources and learn by seeing different models of content delivery. As faculty become more experienced teaching in a hybrid model and designing online content, we hear from students that courses are increasingly well organized. There remain areas for improvement as efforts to create an SONHP course shell have not proven very effective as some faculty have found the shell hard to use and others did not find that it fits their content. Nevertheless, consistent formatting and organization

within MSBH courses would be a positive addition if full time and adjunct faculty can be persuaded to adopt this approach.

4.2 Distance learning and advising

Since our students are working adults who commute to campus from around the Bay Area and come to campus less often (for each individual class), we have looked for ways to make advising easier on everyone. In our student-centric model, advising sessions are rarely during the "normal" work day and faculty are often required to connect with students on evenings or weekends. SONHP was an early adopter of Zoom for video advising sessions. All MSBH faculty rely on Zoom to work with students between in-person class meetings and this has proven to be both efficient and effective. Frequently, we also set up cameras in the classroom so that students who are ill or traveling can hear lectures and participate in class activities in real time. Students also use Zoom for group projects; this tool combined with Google docs has enabled students to complete work that would otherwise be impossible given other logistical challenges.

4.3 Library resources

Claire Sharifi, who supports the SONHP and the MSBH and MPH-MSBH programs is an excellent librarian. Each fall she provides two different workshops to students: one on how to use the Gleeson database to search for scholarly materials and one on finding data from USF and other sources. Throughout the school year, she meets with students individually, providing essential support. In addition, she has created excellent online resources that explain how to conduct searches, particularly related to behavioral and public health. When the MSBH program moves to the Hilltop campus in fall 2018, students will have much better access to Gleeson which will be an obvious benefit as the Presidio "library" consists of only several small bookcases of donated, out-of-date resources.

4.4 Facilities

During the first five years of the program, the MSBH was taught at the Presidio campus. Dr. Raffel had her office at the Presidio, and Dr. L'Engle had her office on the Hilltop. There was one open office for adjunct faculty to use for advising. The Presidio campus has three classrooms and a large student lounge and study area. On the downside, the Presidio building was hard to reach (there is no public transportation to this building), poorly heated and cooled, and isolated from Hilltop activities. All administrative meetings were held at the Hilltop making it challenging (often impossible) for staff and faculty to attend in person. On the plus side, the MSBH and MPH programs were the only ones offering night time classes in the building which allowed a degree of intimacy which may prove more difficult to achieve on the main campus. In August 2018, the MSBH, MPH and PsyD programs will move to the Hilltop campus. It is not clear at the time of writing this report

where faculty and staff will have offices, and classrooms will be dispersed in different Hilltop buildings.

4.5 Fiscal Resources

The following information on the fiscal resources of the MSBH programs was provided by Assistant Dean Mary Kate Wood. A copy of the program's budget can be found in Appendix C. The budgeting and resource allocation at USF is centralized. The Deans of the Schools and the College participate equally in the budget negotiations, spending requests, and indirect cost recovery. As a private, non-profit institution, 98% of the budget is tuition dependent. Tuition is collected centrally and dispersed to units based on the approved budget. Operating costs and faculty lines are awarded to departments based on the financial plan submitted. Each school or college works with the Provost and Vice Provost for Budget and Planning and Evaluation to review fiscal needs for an upcoming academic year. All faculty and most support staff are part of negotiated collective bargaining agreements and base-budgeted for each school. Additional salary support can be garnered though new program development and expansion. The university has a yearly budgetary planning process during which fiscal and physical resources are reviewed and decisions made for changes.

The fiscal and physical resources made available to the school are sufficient to enable the school to successfully implement all its offerings including the MSBH program. The budget for the school includes full-time faculty and funds for part-time faculty, operating expenses, deans discretionary and advancement funds, student financial aid, and faculty development. At USF, all salaries and general operating expenses are managed centrally. The school has resources allocated in relationship to a historical spending model that has a growth incentive as well as average cost of living increase. Faculty development funds (travel and scholarship support) are allocated at the school level by the Faculty Development Committee.

Full- and part-time faculty salaries are set forth in separate agreement between USF and the University of San Francisco Faculty Association (USFFA). In addition to the salary, employment at USF assures a generous benefit package that includes health insurance, life and accident insurance, retirement planning, financial planning, a wellness program, and employee assistance. Faculty in the school have access to faculty development funds to advance their professional development as outlined in their ACPs. Funds are awarded to those who submit requests that focus on either advancement in teaching effectiveness, research, or scholarship.

The length of appointment for full-time faculty is nine months. Summer teaching may be part of the annual workload or may be calculated as overload. Faculty and administrative salary levels support recruitment and retention of highly qualified individuals. Excellent part-time faculty are an important part of USF success. The MSBH program seeks out health professionals who are actively employed in a

variety of healthcare settings and they are hired by the Program Director with input from faculty to teach specific courses. They receive pay as adjunct faculty.

The School of Nursing and Health Professions employs a Department Supervisor and a Program Assistant to support the Population Health Sciences Department's programs. The staff act as liaison between students and faculty and work to keep the processes in the department functional, including maintaining databases and assuring accuracy of student information. The MSBH program is supported by a marketing director, a recruiter, and a website coordinator who work across all SONHP departments and the graduate admission process in the school is managed by the Director of Graduate Admissions Operations, the Graduate Admissions Coordinator, and Admissions Program Assistant.

The cost of the program for students in the 2017-2018 academic year is $45,560. MSBH students who are U.S. citizens or permanent residents have Direct Federal Loan eligibility of $20,500 to pay for the total cost of the program, leaving a balance of $25,060, which students must cover with a credit-based Federal PLUS loan, a private loan, or personal savings. University financial aid is allocated by the program to use in recruiting strong students from the applicant pool and in retaining students in their continuing semesters.

5. Students

5.1 Desired characteristics in applicants

The MSBH program seeks students who have a demonstrated commitment to addressing disparities in social services and health programs and the ability to succeed in a rigorous graduate program.

Since many MSBH and MPH-MSBH applicants have less traditional life journeys and academic paths, the team has found it important to take a holistic approach to application review. The MSBH program considers the following elements in an admissions decision:

- Pre-requisites – Prior to starting the program, applicants must demonstrate they have taken a college level course in psychology and another course in either research methods or statistics with a B- minimum grade. Students who have not taken these courses can be admitted conditionally; they are expected to take the courses prior to matriculating.
- GPA – We recommend that a student have an undergraduate GPA of 3.0 or higher. A lower GPA does not disqualify an applicant if other components of their admissions package are strong.
- Two letters of recommendation – We expect two letters from faculty for newly graduating students. For students who have been in the workforce, we accept letters from current supervisors.
- A resume – We look for leadership, volunteer and work experience. Extra credit is given if the work has been done in underserved communities or provides experience in behavioral health or healthcare.
- Life experiences – In one of the required essays applicants are asked to describe the values, work history, life experience and education that have led them to pursue a graduate degree. We look for a commitment to program goals including a focus on social justice and underserved populations.
- A personal statement (described above) and a persuasive essay on the most compelling issue in healthcare. Applicants may write an optional additional essay if they wish to offer perspective on their previous academic performance or provide additional information not presented in their application materials. Applicants to the MPH-MSBH are asked to write an additional essay answering these questions: "What drives your interest in the dual degree program? What particular skills do you hope to learn? How does the dual degree relate to your career goals?" The essays are reviewed for critical thinking and overall writing skills and are weighed heavily in the review process.
- GRE – We do not require the GRE because other SONHP programs have found that this requirement discouraged some prospects from applying. Conversations with prospects has confirmed that this is the case often enough that there are no plans to add this requirement in the foreseeable future.

The scoring rubric has six main sections: Academic achievement, professional achievement, leadership potential, unique attributes (multilingual; unique life experience; experience working with underserved populations; from economically or socially disadvantaged group), essay and statement of goals which receives two scores (one for articulating goals in line with the program and the other for structure and style). A maximum of 22 points are possible.

Drs. Raffel and L'Engle review applications independently and then assign points within each category. Applicants with a score of 10 or below (out of 22) are denied. Applicants with a score of 16/22 are admitted and applications scoring between 11 and 16 are discussed before a decision is submitted. If there are any concerns about the applicant's credentials or the "fit" of the program with long-term career goals, then either Dr. Raffel or Dr. L'Engle will set up a phone interview before a final decision is made. We are particularly attentive to whether an applicant can succeed in a rigorous academic program and will pursue a career related to social justice. Approximately 20% of applicants are screened this way. After the phone call, Drs. Raffel and L'Engle meet to discuss and reach a final decision.

Enrollment targets. Each year, the MSBH enrollment target is established after discussion with the SONHP leadership. Our target for Fall 2018 is 15 MSBH students and 15 MPH-MSBH students. We do not set targets for the BSN-MSBH 4+1 or the MSBH-DNP. In coming years, we anticipate that the MSBH cohort will remain at 15 students, and the MPH-MSBH cohort will increase to 25 students. **Our goal is to hit 80% or better on our enrollment target each year.**

MSBH program applications, admissions and enrollment numbers 2013-2017

	2013 and 2014 Spring	2014	2015	2016	2017
Total Applied	20	22	23	23 (incl 2 MPH-MSBH)	29
Total Admissible	19	20	22	20 (incl 2 MPH-MSBH)	24
Total Offered Admission	14	17	22	20 (incl 2 MPH-MSBH)	22
Total Enrolled	8	11	11	8	14
Declined Enrollment**	5	6	3, + 1 Deferral	6, +1 deferral	5, +2 Deferrals

For the BSN-MSBH 4+1 and the BSN-MSBH-DNP we use a slightly different application review process. For the 4+1, students apply as Sophomore 2s. They must have a 3.0 GPA or higher, write an essay, provide two letters of recommendation from BSN faculty, and have an interview with the MSBH program

director. Since 4+1 students are working on their MSBH concurrently with their BSN, we look for students who are highly motivated, strong academically, and very committed to community-based practice. While students are accepted to the MSBH through this process, the university does not actually consider them graduate students until their BSN is complete, and they are never formally "admitted" to the program.

For the MSBH-DNP, the students are admitted through the DNP program. Currently, the MSBH does not participate in the reviews; this process may change in the coming year as communication between the MSBH and DNP programs is improved. To be successful, the MSBH-DNP option needs to be presented to prospects prior to admission so that interested students can be fully advised – before applying – about the MSBH curriculum and fieldwork requirements. The MSBH program should also be involved in the application review process itself so that all parties can be sure that the MSBH-DNP is a good fit for the student and the program.

Regardless of their track, students best suited for success in the MSBH and dual degree options are those who have the following characteristics:

- A strong academic background (and/or evidence of potential for future success at the graduate level)
- Strong writing skills
- Solid quantitative skills (MPH-MSBH)
- Strong critical thinking skills
- Self-discipline and exceptional time management skills
- Work experience outside of a university context in health, mental health or social service organizations
- A belief that "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO)
- A passion to address disparities, especially those experienced by vulnerable populations and marginalized communities

Except for the BSN-MSBH 4+1 students who can begin in either Fall or Spring, MSBH and MPH-MSBH students are admitted as a cohort and start in the Fall. Full time MSBH students complete the degree twelve months later. In those occasions when students enter the program during or after the completion of another Master's degree or a doctoral degree, up to 8 units may be waived if prior coursework is similar to content in the MSBH.

5.2 Student recruitment

As noted in *Section 3.2 Teaching and other responsibilities,* multiple strategies are used to recruit students for the MSBH and MPH-MSBH programs. The vast majority of our applicants found the programs through Internet searches. Although some apply to the programs directly based on the information they find on the web pages, most contact the admissions office or Drs. Raffel and L'Engle for more information.

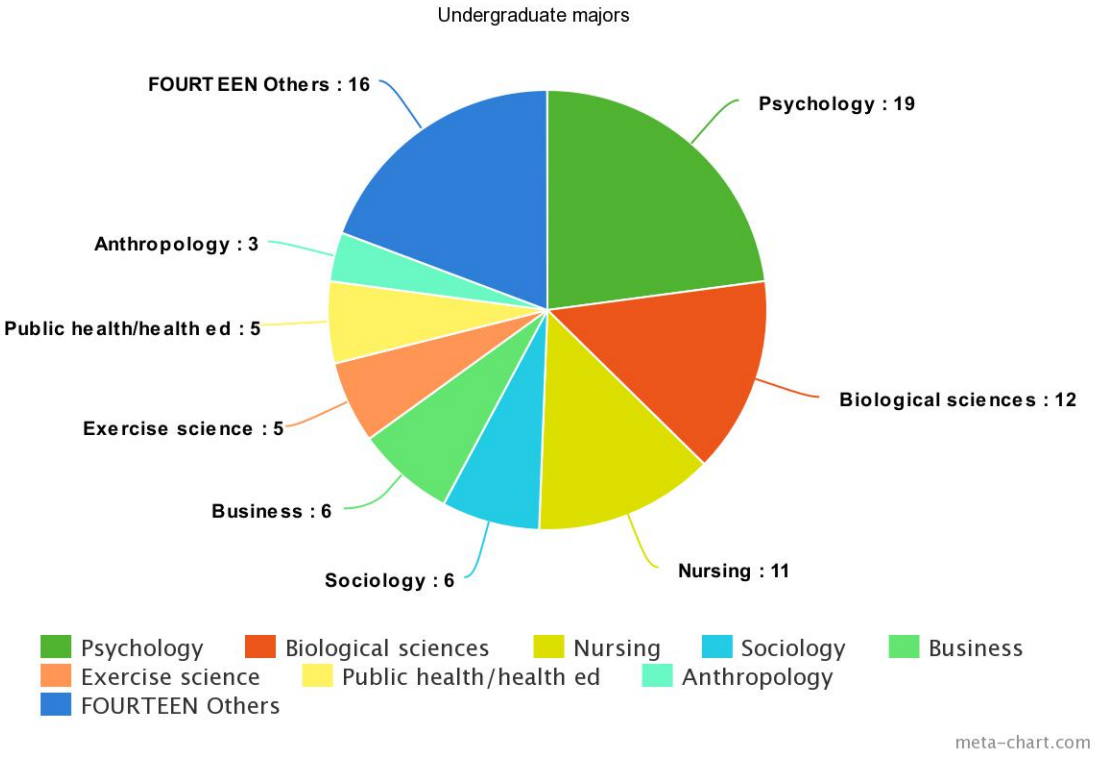
Some of those living close by choose to attend one of the open houses held in the Fall or Spring on campus. Others, living at a distance, connect with the school during a live webinar. The recordings of these webinars are posted on the program home pages and have provided more information to hundreds of other interested individuals. A small number of students apply to the programs after picking up materials at one of the recruitment events on undergraduate campuses staffed by the marketing team. Direct mailings targeted to specific audiences (e.g., pre-health advisors, students who have been denied from the Master's Entry nursing program) were used in 2016-2018 and have been successful in recruiting applicants who later enrolled. Often, we call on our student ambassadors (current students and alum) to reach out to prospects. This student perspective on the MSBH, MPH-MSBH, and BSN-MSBH 4+1 programs is highly valued by prospects. We also call upon current and past students to contribute stories about fieldwork projects, jobs, and awards to enhance our web content. All of these activities take time for coordination.

As noted earlier, the burden of developing marketing materials (including the content on the website) has fallen on Drs. Raffel and L'Engle. Additional support from the university without additional expenses for the SONHP would be very helpful as promotional material content should be kept fresh and relevant and web content, in particular, seems to be particularly important in recruiting a diverse student body. If the admissions team could provide aggregated data about our program applicants (ages, undergraduate majors, GPAs, how they learned about the program), this might also help us target our outreach efforts more effectively. Despite multi-pronged efforts, our applicant numbers have remained relatively low and long-term sustainability of the MSBH will require that we find new avenues for reaching prospects and selling them on the value added of this degree.

5.3 Student demographics

Between 2013 and2017, the average undergraduate GPA for all admitted and enrolled MSBH, MPH-MSBH, BSN-MSBH 4+1, and BSN-MSBH-DNP was 3.06, slightly above our recommended undergraduate GPA of 3.0 or higher. The lowest undergraduate GPA of an admitted student was 2.09 and the highest, 4.0. There is no significant different between the undergraduate GPAs of MSBH and MPH-MSBH students. We have no access to data on the undergraduate GPAs of students who were denied admission or were not admissible.

One dimension of the diversity of our students is represented in the range of their undergraduate majors. The pie chart below depicts the mix of majors for all past and current MSBH and MPH-MSBH students (n=83). The chart includes information on the BSN-MSBH 4+1 but not the MSBH-DNP students. This mix is particularly valuable in a program that stresses the importance of inter-professional dialogue and education. In addition, it highlights the broad appeal of the programs, particularly for those who are looking to develop a toolbox of professional skills that will make them ready for employment.

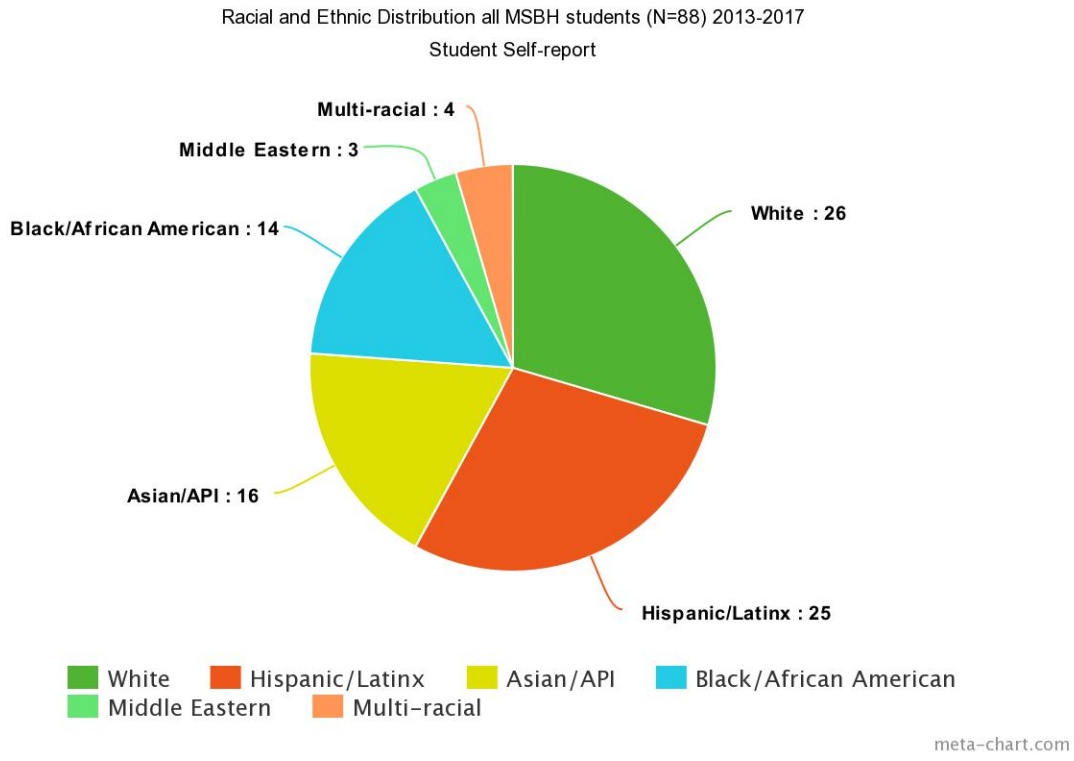


Gender differences are weighed heavily on the side of women. Since 2013, 78 of 88 students (89%) have been women.

International students have not been heavily represented in the programs. Since 2013, only five of the enrolled students (5.6%) have been international students. The five students came from France, Russia, Japan, Thailand and Ghana. The MSBH and MPH-MSBH programs get regular inquiries from interested individuals, but for most the lack of scholarship support is a significant deterrent to matriculating. Of interest, however, is that the MSBH has proven particularly attractive to members of the USF Women's Track and Field Team. For example, our current French student is a scholar-athlete who will return to France to complete medical school. In Fall 2018, we anticipate enrolling two more female athletes, one from Great Britain and another from Belgium who has just completed her medical degree.

The students enrolled in the various MSBH degree options represent a **diverse racial and ethnic mix**. Between 2013 and 2017, twenty-six (including two international students) (30%) self-identified as white; twenty-five (28%) self-identified as Hispanic or Latino; sixteen (18%) self-identified as either Asian Pacific Islander or Asian; fourteen (16%) self-identified as African American or Black; four (5%) stated they were "multi-race" and three (3%) were of middle eastern descent. Of note, 100% of the MPH-MSBH cohort admitted in August 2017 were "students of color."

This pie chart reflects this racial and ethnic mix of students who enrolled in any of the MSBH degree options (MSBH, MPH-MSBH, BSN-MSBH 4+1 and the MSBH-DNP) (n=88) between 2013 and 2017.



Socio-economic diversity is not captured in program statistics. However, we know from student essays and conversations after admission that many of our students grew up in poverty or challenging situations. In one of our cohorts, three of our students reported being homeless at some point in their childhoods. Frequently, students talk about the substance use disorders and mental health issues of family members; some have battled these challenges themselves. Often our students are the first in their families to finish high school and then college; graduate school often seemed an unattainable dream. Many of our students come to school with a passion borne of their own experiences and the grit and will to succeed that is hard to quantify but is worthy of note.

We are very proud of our ability to attract and retain such a diverse body of students who bring rich perspectives to the classroom. We believe that our holistic review of applications which places significant weight on the applicant's life and work experiences has enabled us to admit students who might otherwise not make the cut in a more formulaic process. In addition, applicants often cite our clearly articulated program goal ("to deliver a rigorous yet pragmatic academic program that will prepare future leaders with the skills to promote social justice, address

disparities, and improve the efficiency and effectiveness of social service and health care systems") as describing a program where they will "fit" and learn techniques to tackle the problems they see as priorities in their communities. On our website we also showcase our students with pictures and stories of their fieldwork and careers and we believe applicants can "see" themselves being part of the MSBH community.

5.4 Degrees awarded and time to graduation

Since 2013, we have enrolled 88 students in the various MSBH programs. Because these programs are so new, 44 (50%) are currently still enrolled making our assessment of graduation data limited at this point.

A note about our data: Because of the method USF tracks students, some students who are "enrolled" in the MSBH were not "admitted" to the program. Consequently, it is often challenging to reconcile our data with that from the university or to provide a simple explanation of our students' progress and success. Therefore, the following provides a narrative to explore the numbers in more depth and explain why there may be discrepancies in our reporting with other reports produced.

Time to graduation. In 2014, the SONHP set an MSBH graduation outcome standard that 70% of MSBH students graduate in three semesters. However, this standard (established before any of the dual degree options were approved) does not take into account that 37 of the enrolled MSBH students (42%) are in program tracks requiring more than three semesters because MSBH coursework is taken interlaced with that of other degrees. For example, it is expected the MPH-MSBH students complete their 58 credits in 24-36 months. The original outcome measure also does not take into account that MSBH students are offered a part-time option that can extend their program by one, two or three semesters; this option is advertised on our website and discussed during orientation. All MSBH who students spread their coursework over more semesters are still required to complete the same required courses and other program deliverables.

The MSBH program itself has set the following **targets for graduation** for its *enrolled* students:

- 80% of full time MSBH students graduate in three semesters
- 90% of MSBH students graduate in six semesters or less
- 80% of full time MPH-MSBH students graduate in six semesters
- 90% of MPH-MSBH students graduate in nine semesters or less
- 100% of BSN-MSBH students complete the *MSBH* within three semesters of completing their BSN
- 100% of MSBH-DNP students complete the *MSBH* within six semesters of being enrolled in the *MSBH* program.

In academic year 2018-2019, the SONHP Program Evaluation Committee will be examining the challenges of tracking dual degree graduation and retention rates.

Since most of the dual degree options are very new (approved in the past two to three years), the school has not yet developed standard metrics or data collection processes. Establishing a consistent approach across the school will be very helpful.

This table below is complex but it illustrates the challenges of reporting a simple metric for graduation rates. Nursing students who are *enrolled* in the MSBH options count toward our "seat time" and require advising like all students, but they are not counted in total MSBH student numbers and are not credited toward our annual admission/enrollment targets. On the other hand, they do graduate with an MSBH making the simple calculation of percentages challenging. Students who complete the MPH-MSBH are now admitted directly to that program option but are getting both the MSBH and the MPH.

MSBH (2013-2017) Semesters to graduation and percent graduating

Date enrolled in MSBH	# enrolled to MSBH	# grad in 3 terms	% grad in 3 terms	# grad in 4 terms	# grad in 5 or more terms	Total % grad	# BSN-MSBH 4+1 enrolled	# MSBH-DNP enrolled	MPH-MSBH enrolled
2013	5	3	60	2		100			
2014	11	8	73	2		91			
2015	11	10	91		1	100	2 2/2 on track to graduate in Summer 2018	2 2/2 graduated on schedule in 2017	
2016*	8 (MSBH only)	6	75		2 Planned 2018	TBD	1 1/1 on track to graduate in Summer 2019	5 2/3 on track to graduate in Summer 2018; 2/5 on LOA from USF; 1/5 changed DNP tracks	*9 MPH-MSBH admits in 2016 were split between the MSBH and the MPH
2017	14	12 on track for Summer 2018	TBD		2 (TBD)	TBD	TBD	1 1/1 on LOA from USF	15 directly admitted to MPH-MSBH program

Because our dual track programs are so new, few of these students have been in the position to graduate. In 2017, two students in the **MSBH-DNP** program completed their coursework for the MSBH portion in the six semesters required in their curriculum patterns; these students are now completing their DNPs. Two other MSBH-DNP students are on track to complete their MSBH in summer 2018. They will also remain at USF to complete their doctorates.

Students in the MSBH-DNP are currently choosing this track after admission to USF; therefore, they are officially admitted to the DNP program, not to the MSBH program according to university policies. Consequently, students enrolled in this track who finish are graduating without having been counted in our admission numbers. In the same way, students who drop this track, take a leave of absence, or leave the school all together are lost to the *MSBH* program but they were never actually "admitted."

No **BSN-MSBH 4+1** have yet to graduate from the MSBH. Our first two 4+1 students completed their BSNs in 2017 and are scheduled to finish the MSBH program in summer 2018. These students are on schedule based on their curriculum patterns. Students in the BSN-MSBH 4+1 program go through the internal review process described above, however, they are not ever officially admitted to the MSBH program. Therefore, like the MSBH-DNP students these enrolled students graduate from the MSBH without ever having been "admitted."

Of note, four of the MSBH graduates admitted in 2015 continued on in the MPH-MSBH dual degree program and completed the MPH within an additional three semesters (in 2017). These are the only MPH-MSBH graduates to date. In 2016, USF did not have a mechanism for them to apply directly to this option. Therefore, the nine applications were split between the MSBH and MPH programs and then later the administrative staff changed their degree designation in Banner. The first cohort of MPH-MSBH students will graduate in summer 2018 including an additional student who went on to the dual degree after completing her MSBH. In 2017, 15 new students were admitted to the MPH-MSBH.

Retention data. The MSBH has set a **retention target of 90% for its MSBH, MPH-MSBH and BSN-MSBH 4+1 programs**. We do not have a retention target for the MSBH-DNP programs; this target can be established after the MSBH becomes more involved in admitting students to this option.

Since 2013, 88 students have been enrolled in one of the MSBH program tracks; we have had only one student withdraw and transfer to the MPH program (2014). Another student, an international student who transferred into the MSBH from the MSBHI, had difficulties with her visa (2016). Finally, a third student (MSBH-DNP) changed tracks. Three of the MSBH-DNP students have taken LOAs from USF while completing their MSBH degrees; at the time of this report, all three were still on

leave. Therefore**, of the 88 students enrolled in *all* tracks, we have retained 85 students or 97%.**

Discussion. As noted above, our retention rate is excellent. We credit this to a robust approach to advising and an interesting, relevant mix of coursework that is tightly integrated and heavily focused on teaching practical, marketable skills. Students are encouraged to do their fieldwork and capstone projects in "their" communities and many students see this as extremely motivating and valuable. For many students, completing the program through a concentrated 12-month curriculum keeps them committed. Yet, because we allow students to extend the program one, two or three semesters to balance their work and school obligations, we believe we have been able to retain some low income students who otherwise would not be able to afford to stay at USF. Our scholarship support is quite limited (historically about $25,000 per cohort with an average award of $2,500 for selected students) so most students must remain employed while in school. In addition, many of our students have family obligations, and we work with them to manage these competing demands. While the extremely high cost of living in the Bay Area and the steady increase in tuition costs at USF remains a threat to recruiting students, to date, this has not been a significant barrier to retention.

In future years, enrollment in the MPH-MSBH will depend on the job market, the economy and the status of the USF MPH program. As noted elsewhere, the MPH-MSBH is currently seeking approval from CEPH which accredits MPH programs. While it is anticipated that the program will be approved in 2018, this still poses a potential risk to future program recruitment if for some reason the approval is delayed or denied.

5.5 Student achievements

Although the MSBH is a new and relatively small program, our students have earned a number of honors worth noting. For example, one of our students was chosen from a national pool of applicants to be a "Futures Without Violence" Fellow; this student went on to earn the 2016 USF Gender Justice Award for his work on campus to change the dialogue around healthy sexual consent. Over the past three years, five students (four MSBH students and one MPH-MSBH) have been selected to be Minority Training Program in Cancer Control Research Fellows. This extremely prestigious award is given to students who show exceptional promise to go on in doctoral studies and address the problems of health disparities in cancer research. The MTPCCR, funded by NIMH and administered by UCSF, is highly competitive and we are told that there are thousands of applicants each year.

5.6 *Post-graduation outcomes*

As stakeholders have increased scrutiny on the long-term economic value of education, there has been mounting pressure to develop and publicize outcome measures related to post-graduation employment. Because the MSBH is a graduate

degree designed for individuals wanting to start or enhance a professional career, this focus is important. However, since the MSBH is not overseen by a professional accrediting body, there are no standardized metrics against which to measure success.

In December 2017, Scott Ziehm, Associate Dean for Pre-licensure Programs and Accreditation sent a memo to the SONHP leadership concerning the collection of employment data. In part the memo stated: *All programs are charged to thoughtfully design employment data collection points and expected benchmarks. Questions driving the collection of employment data should reflect the values/mission of the program, School, and the University. For instance, if working with underserved populations is an expectation of a program, employment outcomes should be developed to capture this valuable information/evidence….Once proposed criteria and collection points have been developed, this information must be presented to PEC for review and approval…. All SONHP programs will use Qualtrics to collect data that are linked to the Dean's Office. Department supervisor staff is developing a plan to support data collection…It is the faculty's responsibility to design the data collection process, initiate data collection with students/graduates, and then closing the loop about the findings with all stakeholders (e.g., faculty, current students and alumni). Discussions with faculty must be captured in meeting minutes, including action steps in response to data.*

Because virtually all of the MSBH students (except for international students and those in the BSN-MSBH 4+1 track) are employed throughout their graduate studies, we have not found it meaningful to assess whether an alum was merely employed within a year of graduation. Instead, we have tried to gather data that can tell us whether or not the student was able to use their degree to gain new employment more closely related to their long term career goals, had been promoted, or had continued on to another graduate degree. Because we position our degree as one that is appropriate for students interested in continuing on in doctoral and professional education, this last metric is important to us and future applicants.

In the fall of 2017, through a variety of methods (e.g., emails, reviews of Linkedin profiles, conversations at the first-ever MSBH reunion), we were able to collect a snapshot of post-graduation activities of MSBH alum.

- Of the MSBH alum admitted or enrolled from all tracks, we were able to get employment or continued education information from all but two (98%). In several cases, our data were dated but if we were unable to get updated responses, the older data were used.
- **100% of those wishing to be employed were employed.** One student who became pregnant during the MSBH chose not to seek employment in the year following graduation.
- Seven (16%) of our MSBH grads went on to another master's level program after completing the MSBH. Two entered and completed the MSN; one

completed a Masters in Entrepreneurship; and five completed the MPH. Many of these students were working as well during these additional years of study, but we do not have more detailed information on their employment.
- Two of our alums continued with their DNP studies (and two of our current MSBH-DNP students will do the same in 2018).
- One alum entered a doctoral program in Behavioral Health Management.
- In Fall 2018, one alumna will begin a PhD program in psychology and another will be entering an EdD program in Organization and Leadership.
- Two alumnae went on to medical school (and two of the current students will return to medical school in summer of 2018).

When the MSBH program was first conceived, it was not clear where or in what capacity graduates would work. It was anticipated that the Affordable Care Act would have a profound impact, particularly in primary care, and that the grads would find places (unspecified) in newly created integrated behavioral health programs. Since then, a number of things have become clear. First, the development of integrated behavioral health programs in primary care has lagged expectations. Few, if any, MSBH job opportunities have emerged from this sector. Second, while some individuals drawn to the MSBH were considering work in behavioral health programs or more traditional mental services, the majority was not. In fact, we soon learned that a number of our applicants and grads were seeking opportunities in education and social services. Third, early planners did not see the MSBH grads entering roles in management or research; however, we definitely have a significant number of graduates pursuing work or further education in these areas. In addition, the MSBH has been attractive to students in medicine who see the program offering essential content they cannot get in medical school.

In 2013 and 2014, many local job postings seemed to favor the more widely recognized MPH, MSW, and nursing degrees. However, over the past three years we have seen some change and many employers are now seeking those with a "masters in a health-related field." Unless a job specifically requires a clinical license (to fit the scope of practice or billing requirements), we find that our MSBH grads are very competitive in the job market even against these more widely recognized degrees.

A brief sampling of the types of jobs our alumnae have held since graduation:
- Clinical research coordinator – Veterans Administration/UCSF/Stanford (5 different alum)
- Employee wellness program manager – Kaiser Permanente National Office
- Program director – homeless services
- IT Program project manager – University of San Francisco
- Assistant Director of Health Promotion Services – University of San Francisco
- Program analyst/evaluator – Zuckerberg San Francisco General Hospital
- Medical office manager
- Elementary school-based, mental health program director
- Quality improvement trainer – John Muir Hospital

- Nurse – various (4 different alum)
- Youth work experience case manager (2 different alum)
- Employment counselor – CA State department of rehabilitation (2 different alum)
- Harm reduction counselor – AIDS Foundation
- Fitness trainer or youth athletic coach (2 different alum)
- Wellness coach – youth athletic program
- User interface analyst - Facebook
- Patient Navigator
- Behavior support specialist – Seneca Family of Agencies (2 alum)

Discussion. At the time of this self-study, the MSBH has not initiated an ongoing formal data collection process related to employment outcomes and this will not be started before the date of the external review. Therefore, the data that were collected from alumnae last fall and presented here can serve as a foundation for future faculty discussions after new directors are hired and in place for the MSBH and the MPH programs. Likewise, while we have been collecting comprehensive, qualitative feedback from graduating students for several years, additional follow up with our alumnae would be valuable. Future data collection might ask alumnae these or other questions: amount of knowledge or skills gained in the MSBH; anticipated career value of program courses; extent to which program met expectations and career goals; program strengths; and areas for improvement. It will remain important for the MSBH and the MPH-MSBH to continue tracking whether our alumnae matriculate in other graduate programs and in what degrees or professions.

6. Program learning outcomes

6.1 The original (2013) program learning outcomes (PLOs).

- Evaluate historical and contemporary health care systems, regulations, and policies
- Describe how health care systems serve diverse communities
- Analyze and evaluate the psychological and socio-cultural factors that affect an individual's health behaviors
- Exhibit the knowledge and communication skills to work collaboratively with various health care professionals
- Use evidence-based research to analyze, evaluate, and propose improvements to health care systems
- Identify barriers to health care access and delivery, and propose solutions
- Actively contribute to the design, implementation, and evaluation of effective behavioral health care programs and campaigns in diverse settings

6.2 Program learning outcomes (2014-2016)

- Advocate for social justice, equity, and ethical practices in health care

- Assess the physical, psychological and sociocultural factors that affect health behaviors and impact well-being
- Work in partnership with patients and community stakeholders to identify barriers to health care access
- Propose, design, implement and evaluate health care and community services
- Manage projects and quality improvement efforts
- Work collaboratively with patients and other health and mental health professionals in diverse settings and communities to facilitate optimal patient care outcomes
- Design and provide health education and behavioral health services that effectively promote patient empowerment and well-being
- Effectively analyze, synthesize, apply and communicate various evidence-based practices, theories and data to inform program development

6.3 Program learning outcomes (2016-2018)

- Advocate for social justice, equity, and ethical practices in healthcare and social services
- Analyze physical, psychological, sociocultural, health system and political factors that affect health behaviors and wellbeing
- Partner with service consumers, community stakeholders, or other healthcare and social service providers to identify barriers to care access and quality
- Actively contribute to the design, implementation, and evaluation of effective and efficient health care and community programs
- Effectively incorporate evidence-based practices and behavioral change theories to inform health and wellness education and individual empowerment
- Plan and manage projects, quality improvement efforts, and staff development programs
- Synthesize primary and secondary data in professional quality reports and presentations

6.4 Discussion of program learning outcomes

Many of the programs learning outcomes have changed only subtly over the past five years. For example, the original PLO “Analyze and evaluate the psychological and socio-cultural factors that affect an individual's health behaviors” was broadened to “Analyze physical, psychological, sociocultural, health system and political factors that affect health behaviors and wellbeing” reflecting our belief that MSBH graduates must be able to assess all levels of the system from the individual to the political.

The PLO "Exhibit the knowledge and communication skills to work collaboratively with various health care professionals" was broadened to "Partner with service consumers, community stakeholders, and other healthcare and social service providers to identify barriers to care access and quality" reflecting a core MSBH value that effective practitioners must actively seek out the perspectives of consumers and community stakeholders in addition to that of professionals. In addition, while the original MSBH program was focused on training professionals to work in *healthcare* settings, our applicants, students and graduates have been at least as interested in working in *social service* organizations; therefore, social services were added to the later PLOs.

The PLO, "Design and provide health education and behavioral health services that effectively promote patient empowerment and well-being" that was added in 2016 also reflects a core value of the MSBH program: promoting patient empowerment. This PLO was modified slightly in the next round to emphasize the importance of using evidence-based practices. This PLO is closely aligned with "Advocate for social justice, equity, and ethical practices in healthcare and social services" which stresses the active role we expect graduates to take in driving change and eliminating health disparities. (See the program's vision and goal statements).

Several of the original PLOs focused on using evidence-based research to effectively design, implement and evaluate programs. We still emphasize these skills in the MSBH and have also added explicit language about project management, quality improvement, and staff training and development. The additions reflect an analysis of the job market and the skills that alum told us have been the most valuable to them after graduation.

In the most recent set of PLOs, the MSBH program explicitly added another one: "Synthesize primary and secondary data in professional quality reports and presentations" to reflect increasing recognition that excellent writing and speaking skills are essential for achieving almost all the other outcomes. The stronger focus on this particular PLO will be described in more detail in the section on curriculum.

Program learning outcomes are presented in the students' online orientation course. For the past two years, we have included the relevant PLOs in each syllabus. In some courses, specific assignments are also linked to one or more PLOs to help students understand the connection between their work and MSBH program goals.

During the past two academic years, students were required to provide a written reflection on each PLO, their personal assessment of whether they had attained each one, and the contribution of courses and advising to reaching the learning outcomes. Student feedback has been used to drive multiple, explicit changes in the curriculum which will be discussed in more detail in the following sections. Because most of our students are employed during school or have started new jobs by the time they complete this assignment, they often provide feedback on how the program content

has enhanced their performance in the workplace. A copy of this assignment is included in the appendices.

As noted in an earlier section of this self-study, Drs. Raffel and L'Engle have reviewed the PLOs annually reflecting feedback from the students, the ongoing evolution of the MSBH program, and the job market. The most current curriculum matrix showing the relationship between program PLOs and course learning objectives is included in the appendices.

7. Curriculum

7.1 Basic features of the MSBH curriculum

The basic, full-time MSBH is a 34 credit, cohort-based program that can be completed in one calendar year (August to August). The curriculum is fixed, with no electives. The courses are tightly integrated and courses are linked within and between semesters. An essential component of the program is a 300-hour internship in the Bay Area during which students complete an independent project and then write a capstone thesis. All courses are offered in a hybrid format with alternating in person and online weeks. Classes are taught at night and students come to campus twice each week.

7.2 Distinguishing features of the MSBH program

Although the program name, "Behavioral Health," implies to some that we might focus primarily on mental health and substance use disorders, in our courses students learn about the intersection of physical, psychological, and systems factors that impact health broadly. The MSBH curriculum is based on the belief that "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization). A core element of our curriculum is content teaching evidence-based practices for addressing inequalities and inefficiencies in healthcare delivery. There are only a handful of other graduate programs across the country that offers this focus. None of the existing programs have the same fundamental social justice emphasis that has always been an essential component of our MSBH program mission. Of note, unlike the Marriage and Family Therapy Program offered by USF's School of Education, the MSBH program is a non-clinical degree and does not prepare students to take a clinical licensing exam.

7.3 Curriculum evolution

The basic framework of the MSBH curriculum has remained the same throughout the past five years. However, the sequence of classes has been changed and a number of courses have been substantially modified to better integrate the curriculum and incorporate new content based on faculty and student feedback and market research. This portion of the self-study will describe the more significant

changes since program inception and place a particular emphasis on steps made to improve the courses related to professional writing and presenting and the fieldwork sequence. All of the curriculum patterns are included in the materials provided to the external reviewer team. For easy reference, the patterns for the first AY 2013-2014 and the next AY 2018-2019 are included below; the remaining curriculum patterns are in Appendix A. Course descriptions for AY 2018-2019 are included along with the curriculum maps in Appendix B.

Master of Behavioral Health (MSBH) Curriculum – AY 2013-2014 (33 credits total)

FALL				
PsyD	727	Behavioral Health Applications in Diverse Settings	3	units
MPH	612	Biostatistics in Public Health	4	units
BH	613	Program Development and Evaluation in Behavioral Health	2	units
BH	611	Fundamental Community Health Concepts	3	units
BH	610	Foundations of Behavioral Health Practice	2	units
		Semester Total	**14**	**units**
SPRING				
BH	620	Survey of Physical and Psychological Disease and Treatment	4	units
BH	622	Integrated Behavioral Health in Primary Care	3	units
BH	623	Team Leadership and Inter-professional Collaboration	2	units
BH	621	Legal, Ethical and Professional Issues in Health Care	2	units
BH	625	Behavioral Health Fieldwork I: Planning & Development (120 practice hours)	1	unit
		Semester Total	**12**	**units**
SUMMER				
NURS	704	Healthcare Informatics	3	units
NURS	765	Project and Practice Management	3	units
BH	635	Behavioral Health Fieldwork II: Implementation & Evaluation (120 practice hours)	1	unit
		Semester Total	**7**	**units**

Master of Behavioral Health (MSBH) Curriculum – AY 2018-2019 (34 credits total)

FALL		
BH 603	Applied Research Methods	3 units
MPH 636	Program Planning, Management & Evaluation	4 units
BH 623	Team Leadership & Interprofessional Collaboration	2 units
BH 614	Foundational Communication Skills	2 units
BH 612	Introduction to Community Health Concepts	2 units

Semester Total 13 units

SPRING

BH 624	Chronic conditions: Biopsychosocial Aspects & Interventions	3 units
MPH 622	Communicating for Healthy Behavior and Social Change	4 units
BH 621	Legal, Ethical & Professional Issues in Behavioral Health	2 units
BH 615	Project Management & Quality Improvement	2 units
BH 626	Behavioral Health Fieldwork I	2 units

Semester Total 13 units

SUMMER

BH 640	Behavioral Health Informatics	3 units
PsyD 728	Integrated Behavioral Health in Primary Care	3 units
BH 6XX	Behavioral Health Fieldwork II & Capstone thesis	2 units

Semester Total 8 units

A quick comparison of the first and last curriculum patterns show that a number of courses have remained the same or very similar over the past five years. Two of the courses, BH 623 and BH 621, are still using the original course description and objectives. BH 622 Integrated Behavioral Health in Primary Care was developed first for the MSBH and then a very similar one was created for the PsyD program. Therefore, for simplicity, we chose to drop BH 622 and use PsyD 728; this change to a doctoral-level course was particularly appealing to our MSBH-DNP students. NURS 704 Healthcare Informatics in the original pattern emphasizes informatics in clinical practice. To broaden the students' understanding of the application of informatics in a variety of settings, we worked with the MSHI program to create a new class, BH 640, which included core health informatics content with a behavioral health (rather than nursing) slant.

The original MSBH curriculum planning group felt it was critical that students learn core material about physical and psychological diseases and their medical treatment. A nurse was chosen to teach this four-unit course, BH 620 Survey of Physical and Psychological Disease and Treatment. While some students (those going on to nursing school or dental school) liked the clinical focus, other students wanted more background on disease prevention or chronic disease self-management. Therefore, in 2015, a new course, BH 624 Chronic Conditions: Biopsychosocial Aspects and Interventions, was developed which was in better alignment with the holistic, behavioral health focus of the MSBH. This course is now taught by a health psychologist and, in addition to learning about the etiology and impact of chronic conditions, students learn skills in client engagement and motivation that are applicable in both health and social service agencies.

In the first cohort, students took MPH 621 Biostats. Many students struggled with this content and had trouble connecting it to the rest of their coursework. In 2014-2015, students took MOPA 603 in the Master of Public Affairs program which

provided a more applied introduction to data analysis. Students did well in the course and liked learning R. However, when the MPA program dropped this class, the MSBH program decided to develop a course of its own. BH 603 Applied Research Methods was approved and offered for the first time in 2015. In BH 603 the emphasis shifted from statistics to: "applied research, which deals with solving practical problems by employing empirical methodologies." This course is taught in the first semester to MSBH students to help them prepare for fieldwork. In 2017, we learned that mixing MSBH and MPH-MSBH students in the same class was not working because the MPH-MSBH students were more advanced in their research skills because they had already taken biostastistics and epidemiology (which are not required for the MSBH students). Therefore, starting in 2018, both MSBH and MPH-MSBH students will be required to take this course but taught in separate sections.

Keeping within the 34 maximum unit limit imposed by the Dean of the SONHP presented some challenges as we fine-tuned the curriculum. Therefore, some classes from the original course pattern have been eliminated, combined or revised. For example, because we weave content on behavioral health concepts in diverse settings (PsyD 727) into all of our courses, we felt that this course could be dropped. This freed up credits that were then shifted to another course, MPH 622 Communicating for Healthy Behavior and Social Change (4 cr), which provides foundational content for those interested in health promotion and disease prevention. BH 611 (3 cr) from AY 2013-2014 morphed into the current BH 612 (2 cr) in AY 2018-2019 with little loss of content.

One particular course, BH 610 Foundations of Behavioral Health Practice (AY 2013-2014) has been modified several times as part of **Program Goal #5 Continuously improve courses and teaching methods to improve student writing and presentation skills.** In the first iteration (BH 614), the number of credits was reduced; content on "applying graduate level writing and research skills to synthesize literature on evidence-based, behavioral health interventions" was retained and content on health coaching was added based on student recommendations indicating these skills were desirable in the job market. In this second version, the MSBH included MyWriting Lab as a tool for teaching grammar and basic writing skills. This application was used for two years (by all graduate programs in the SONHP), but was poorly received by both students and faculty. It became difficult to integrate the health coaching curriculum in a one unit course and adjunct faculty complained that it was too difficult to teach APA formatting and literature review writing skills with such limited class time (and compensation). As it became clear that MyWriting Lab was not serving the needs of MSBH students, Dr. Raffel became actively involved in the SOHNP Graduate Student Writing Work Group. This committee, working in partnership with the Rhetoric Department faculty, designed a unique screening process for new students. The MSBH program was the first to utilize this assessment which has proven highly predictive of student support needs: students who scored lower on this writing assessment have tended to struggle with not only with writing but also with handling graduate work more broadly. Dr. Raffel also decided to revisit the BH 614 syllabus and rebuild it with

consultation from her Rhetoric colleagues. In 2019, this course will be increased to two units, and enrollment in each section will be capped at 15 so that sufficient attention can be given to student feedback without burning out faculty. In 2018-2019, the MSBH is considering dividing students into sections based on the writing assessment scores so teaching can be adapted to student need. Sadly, in revising the course, we were unable to include the health coaching content. At the time of this report, the program is exploring possibilities for including this content in either PsyD 728 or BH 624.

From the onset, the MSBH program has stressed skills in project management. Since the MSBH has attempted to utilize courses offered in other programs whenever possible, it made sense to try NURS 765 Project and Practice Management when the program launched. This course was offered in both AY 2013-2014 and AY 2014-2015, and the feedback from students both years was similar. Because this was a nursing course, it was tailored for the needs of these students. In other words, the "fit" with the MSBH courses felt forced and the students also wanted more detailed project management content and a background in quality improvement. Therefore in 2015, the MSBH program developed a new course, BH 615 Project Management & Quality Improvement, that was intended to complement and support the program's fieldwork sequence. The first year the course was offered the course did not go well as the adjunct faculty struggled with Canvas and new course development and had to videoconference in to each class. Student evaluations were poor, but the students reiterated how valuable the content could be if taught well. Therefore, in 2017, Dr. Raffel taught the course creating explicit bridges to the fieldwork projects. This round, the students said the course was relevant and packed full of good content but required much too much work for two credits. In 2018, the course is being co-taught by Dr. Raffel and Prof. Ally Mayo, an MSBH alum and an expert on Lean Management applications in healthcare. The course has been pared down substantially with assignments and readings even more focused on relevant project management and quality improvement skills appropriate for both healthcare and community settings. The quality of work has improved considerably overall; end-of-semester and end-of-program feedback will drive further changes in the spirit of continuous quality improvement.

The **fieldwork** course sequence is a critical one for MSBH students. When Dr. Raffel became director of the MSBH program at the end of AY 2013-2014, the students were extremely frustrated about their fieldwork courses and the guidance they were being given on writing their capstone papers. Feedback in an emotional meeting made it clear that the courses needed significant revision. As a first round of change, in 2014-2015 MPH 636 Program Planning, Management and Evaluation was added to the MSBH curriculum pattern in the first semester so that students were given an intense introduction *before* beginning their internships. Student feedback every year since has identified this as one of the most important classes in the MSBH course sequence. Second, the fieldwork class was scheduled to meet more regularly and the capstone paper was pulled out into its own course offered in the final semester. NURS 765 was still being offered to help students learn project

management skills. Feedback from students at the end of this academic year was that the fieldwork course still needed more "teeth to it" and was not well enough structured. Critically, students did not feel they understood their roles as interns, were unsure how to initiate their projects and generally needed much more faculty guidance *prior* to starting fieldwork and throughout. While the students found the capstone faculty very helpful, putting off the capstone paper until the summer semester added to student stress and many felt work on the paper should have begun in Spring semester.

With the first cycle, we made some improvements but clearly more were needed. After a series of changes based on constant feedback from students and fieldwork preceptors, we now do the following:

- Include information on past fieldwork projects and potential sites in the online orientation class (described elsewhere)
- Provide an in-depth, in person orientation to fieldwork prior to the start of school
- Distribute a detailed manual to students and another one for preceptors on
- Have students complete a comprehensive, online interest survey to direct advising around fieldwork experiences
- Set up multiple advising appointments with students in the Fall semester so that they are ready to start fieldwork at the start of Spring semester
- Assign students to the same fieldwork faculty for both Spring and Summer semesters to provide continuity for both students and preceptors
- Provide a full curriculum during both fieldwork semesters integrating content from "theory classes" with fieldwork project activities. Typical seminar topics include: writing literature reviews; survey research; interviewing; running focus groups; managing data; and doing professional presentations. The fieldwork seminars are taught by the MSBH/MPH-MSBH fieldwork faculty team.
- Connect regularly with fieldwork preceptors to get their feedback and to offer our support (See "Preceptor feedback on USF support" in Appendix D)
- Provide fieldwork advising and teach capstone simultaneously within the fieldwork courses. In other words, the separate capstone course has been eliminated.
- Have students begin work on their capstone papers in the Spring semester. This change has had the added benefit of pushing students to initiate their background research earlier and develop and write better method sections and literature reviews.
- Use assignments in BH 615 Project Management and Quality Improvement that help students focus their work in fieldwork and move their projects forward
- Incorporate career advising as part of the fieldwork sequence
- Gather extensive written feedback from students on their preceptors and on the MSBH through their Self-assessment of achievement of program learning outcomes" which can be found in Appendix D.

- Review the preceptor evaluations of student learning each semester to direct improvements in the fieldwork course structure and content. Copies of the "Preceptor evaluation of student learning" can be found in Appendix D.
- Require students to upload their capstone papers to the Gleeson Library

Through their internships at organizations throughout the Bay Area, students get to apply the skills they are learning in the classroom. In fact, four of the PLOs are demonstrated during fieldwork and assessed by the fieldwork preceptors at the end of each semester:

- Partner with service consumers, community stakeholders, or other healthcare and social service providers to identify barriers to care access and quality
- Actively contribute to the design, implementation, and evaluation of effective and efficient health care and community programs
- Effectively incorporate evidence-based practices and behavioral change theories to inform health and wellness education and individual empowerment
- Plan and manage projects, quality improvement efforts, and staff development programs

The capstone thesis and Health Professions' Day presentations are based on the students' fieldwork projects; these deliverables are evidence of the ability to meet another program learning outcome: "Synthesize primary and secondary data in professional quality reports and presentations."

The MSBH/MPH-MSBH fieldwork sequence is now much stronger and students are producing many exceptional projects reflecting our commitment to program **Goal #4 Continuously strengthen the fieldwork and capstone experience**. More information about the fieldwork sites we have used over the past five years and the topics of student capstone papers can be found in Appendix G.

7.4 Goal #7 Create meaningful measures of student learning

The MSBH program uses several direct measures to assess achievement of program learning outcomes. As noted above, fieldwork preceptors evaluate students at the end of both the first and second semesters. (See Appendix D for the assessment form.) Preceptors provide feedback on work habits and the demonstration of skills directly related to our PLOs (e.g., "Has been using evidence-based program planning, implementation, improvement and/or evaluation strategies;" "Has been using theory-based communication, behavior change and social justice strategies responsive to the diverse cultural values, traditions and circumstances of the communities the agency serves"). Because every fieldwork project is unique, we cannot assume that all internships will result in an opportunity to demonstrate all the learning outcomes. Nevertheless, this feedback from community professionals provides valuable information on the ability of our students to put their theory skills into practice.

In 2017, we developed a detailed rubric to assess the final presentations students made at their culminating event, Health Professions Day (PLO: Synthesize primary and secondary data in professional quality reports and presentations). For each student, a staff member recruited five scorers from the audience. The forms were collected after each presentation. The plan was to analyze the aggregate data after the event. Unfortunately, the folder with all the collected sheets was lost. On the plus side, we have a rubric ready and a process in place to do this assessment in 2018. A copy of the rubric is included in Appendix D.

In May 2018, we will be implementing an e-portfolio assignment in which students can showcase examples of project management, quality improvement and staff training and development artifacts. These items will help demonstrate achievement of the PLO: Plan and manage projects, quality improvement efforts, and staff development programs. A random sample of six portfolios (out of the 24 submitted) will be assessed by faculty who have not seen this work previously. This process will not be done before this self-study and external review are completed.

The MSBH has also been planning a more rigorous assessment of the capstone papers. The original rubric (created in 2016) has proven unwieldy and not as helpful as it could be. In summer of 2018, the fieldwork faculty team will be developing an improved rubric that can be used to score these papers more systematically. The draft of this rubric will not be ready in time for the external program review.

The MSBH program recognizes that the student reflections on achievement of program learning outcomes cannot "count" as direct measures. However, we have found these assessments remarkably insightful and candid, particularly when response rates on survey assessments are so poor. And, if one of the reasons to evaluate PLOs is to drive program improvement, then this feedback has served this purpose in ways that a simple rubric never will.

7.5 Discussion of curriculum

For the past five years, we have been refining our curriculum to reach our **Program Goal #1 Establish the MSBH as a distinct, appealing and viable graduate program**. Because the MSBH is breaking new ground academically and is not guided by an accrediting body, this process has required regular collection of feedback and adaptation. Hopefully, the detailed description of our formative evaluation process sheds light on how the curriculum has been assessed and improved.

Closely aligned with this first goal is **Goal #3 Refine and integrate the curriculum to support the program's mission**. Feedback from some of our first grads indicated we had room to improve. Comments included: "The curriculum is disjointed." "Many classes are focused on other disciplines (i.e., Nursing) not

behavioral health and the MSBH." "Information from the classes does not fully overlap."

More recent feedback from graduating students shows we are making solid progress in providing an integrated curriculum. These are quotes from students about the way our program learning outcomes are addressed in our unique combination of courses.

> The MSBH program does an incredible job giving students a hands-on opportunity to expand and learn about primary and secondary data as well as teach students how to present their information in a professional and sufficient matter through well-written reports and presentations. I believe that this outcome has been achieved throughout every single course in the MSBH program.
>
> Having to do the G4G project (the project for MPH 636) was HARD WORK but I have used the things I learned in that class for almost every other assignment, and been able to understand organizations so much better.
>
> "Analyze the physical, psychological, sociocultural, health system and political factors that affect health behaviors and well being." This objective was touched on in every course
>
> Applied Research Methods, Program Planning, Health Informatics, Project Management, and Fieldwork, are some of many classes that discussed the phases involved in designing, implementing, and evaluating programs. I like how all of these classes worked together to support the design, implementation, and evaluation of our final capstone project.
>
> "Advocate for social justice, equity, and ethical practices in healthcare and social services." I think the MSBH program did an excellent job building on this objective each semester, first with Introduction to Community Health Concepts, then with Ethical Issues, and lastly with Team Leadership and Fieldwork.
>
> I think all of the classes we have taken this year have prepared us to advocate for social justice, equity, and ethical practices in healthcare and social services. The MSBH program did an excellent job with the combination of courses we took at the same time, they either complimented one another well or built on each other.

8. SWOT analysis

Strengths. As the MSBH family of programs completes its fifth year, we feel that the courses and curriculum pattern have been refined and solidified based on a dedication to continuous quality improvement. We have collected feedback from our key stakeholders (students and alum) and drawn on the expertise of colleagues throughout the SONHP to make these unique programs exceptional. We believe that the MSBH and the MPH-MSBH are in excellent alignment with the ideals of social justice that are so central to our Jesuit university. In addition, we feel we offer a humanistic, student-centric, ethically-informed model of education that is less prominent at other institutions. Our cohort model helps promote collegiality, team learning, and community among our students, many of whom are working full or part-time. The diversity of our students is a tremendous asset that enriches our class discussions in ways that are impossible to quantify. Being located in San

Francisco provides us unlimited opportunities for fieldwork experiences that can be tailored to the needs of our students. We believe that our unique MSBH and MPH-MSBH programs are intense, rigorous, and relevant to workplace success. Feedback from our grads like the quote below indicate that we are on the right track preparing our students for the workforce:

> It's amazing how much I have applied what I learned from my time at USF to what I'm doing now! I have a HUGE role in implementing a new program at the school and have been challenged in every way but I feel my wealth of knowledge and real life experience at USF has really prepared me to excel at what I'm doing and to be a game changer in health and education.

Weaknesses. Because the MSBH is new and unique, one of the weaknesses of the program is its lack of name recognition. Closely tied to this is a common misunderstanding that the program provides clinical training and a focus on mental illness and substance abuse. Therefore, creating engaging marketing materials, delivered to the right audiences through the right media is critically important but often difficult. Drs. Raffel and L'Engle have been expected to take a central role in designing web content, working on video storyboards, conducting open houses, generating news ideas, and writing multiple marketing materials. Marketing responsibilities are in addition to administrative, teaching, advising and research obligations. While we are encouraged by the number of applicants from across the country and overseas that are inquiring about the MSBH and the MPH-MSBH, we still consider marketing our most critical weakness. But, limited scholarships for our students is also a weakness, particularly in light of the needs of our particular student population many of whom are first generation college students and the very high cost of the programs. Furthermore, communication with the doctoral nursing programs needs improvement if we wish to develop our interprofessional education opportunities; we hope the restructuring of the SONHP and the move of the MSBH and MPH-MSBH to the Hilltop campus will help address this weakness.

Threats. Internally, an immediate concern to the MPH-MSBH is that the dual degree still needs approval from CEPH. Efforts to remediate this deficiency are underway and the MPH program directors and SONHP deans will be meeting with CEPH staff in May 2018. An ongoing threat is that like all graduate programs at USF, we are under steady pressure to reach admission targets. Rising tuition combined with the exceptionally high cost of living are constant threats to robust enrollment numbers. Nationwide, most MPH programs are significantly less expensive based on cost per unit. And, even in a fairly strong economy, we are seeing some highly motivated and qualified students withdraw their applications because of the cost of living in San Francisco. Our graduates have been successful in finding employment, but in the current political climate there is a threat to funding for health, mental health and social services that may impact job outlooks going forward.

Opportunities. The MSBH and the MPH-MSBH degrees set USF apart from other universities. With its one-year, concentrated curriculum, the MSBH offers students the chance to learn highly-marketable skills in a reasonable period of time. We

believe this aspect of the MSBH will remain very appealing. Conversely, we feel that a certificate in behavioral health, drawn from the courses we offer, would not provide value in the job market as the cost would be too high for a certificate that is not easily recognized; a master's degree will always hold more credibility and we believe students will continue to pay for this extra education if we can demonstrate its value through our marketing materials. The MPH-MSBH has drawn more interest than anticipated. While nationwide other MPH programs offer behavioral health concentrations, these are not as robust as the content provided in the MSBH where courses are integrated and allow the students to deeply engage in the material and apply it in the field. MPH-MSBH applicants are very excited about the dual degree option and are willing to pay to *add* content to their MPH because the extra courses will make them better prepared for the job market particularly in the arena of behavioral health.

Unknowns. Within the next year, the MSBH and the MPH programs will both have new directors and new faculty; the SONHP is undergoing a substantial re-organization which will impact leadership at both the administrative and department levels; and both programs are moving from the San Francisco Presidio campus to the main USF campus on the Hilltop. Hopefully these changes will improve services and academics for students as well as lead to better collaboration among programs, departments, and SONHP faculty, staff and leadership.

9. Recommendations

Recommendations have been presented throughout this document. They are summarized here for easy reference.

1. Maintain the MSBH as a one-year, 34 credit program with options for students to attend part-time.

2. Continue to work with Marketing, Communications and Admissions to refine the MSBH and MPH-MSBH marketing materials to tell a compelling story about the value of these programs. The workload for this product development should not be shouldered by the program director but rather by the experts hired by the university.

3. Continue to build the MPH-MSBH option by insuring the program has sufficient faculty support and is brought into compliance with CEPH standards.

4. Continue offering the BSN-MSBH 4+1 program, admitting two to three new BSN students each academic year.

5. Improve the processes of the MSBH-DNP option (particularly around admissions and advising) or consider suspending this option after the two active students graduate in August 2018.

6. Undertake an evaluation of academic and career advising provided by the MSBH and MPH-MSBH programs. Including students on the task force to plan this evaluation would add extra value and credibility to the results. Representatives from all of the MSBH program options should be included since the advising needs of the students vary by degree.

7. Share academic advising procedures with MSBH and MPH faculty after the guidelines have been developed by the appropriate parties within SONHP. Include information on the steps in the advising process in the onboarding instructions of new adjuncts.

8. Request that the admissions and marketing team regularly provide aggregated data about our program applicants (ages, undergraduate majors, GPAs, how they learned about the program). These data might help us target outreach efforts more effectively and efficiently. It would also be helpful to receive profiles of students who are denied admission or who are accepted but decline to enroll.

9. Obtain additional input from MSBH, MPH-MSBH, MSBH-DNP and BSN-MSBH 4+1 alumnae about their experience during and after the MSBH. While we have been collecting comprehensive, qualitative feedback from graduating students for several years, future data collection might ask alumnae these or other questions: amount of knowledge or skills gained in the MSBH; anticipated career value of program courses; extent to which program met expectations and career goals; program strengths; and areas for improvement. History has shown that response rates to emailed surveys are very low, so more personalized outreach will likely be required. Collecting these data can extremely labor and time intensive, however, and should not be added to the load of the program director.

10. Improve the process for collecting end of semester feedback from students. The current director has brought her concerns about the SONHP surveys to the SONHP's Program Evaluation Committee which hopefully can improve this process in the coming year. In addition, we recommend that the new director and MSBH faculty address this challenge and create an action plan for gathering more course feedback data starting in AY 2018-2019 that truly reflects the needs of the MSBH and MPH-MSBH and is not dependent on overburdening students with surveys. Recruiting student representatives who can inform this process would also be helpful.

11. Consider opportunities for student representatives to participate in MSBH/MPH-MSBH program meetings while still providing time for the faculty team to discuss student performance issues.

12. Improve consistency in the organization/formatting of MSBH and MPH-MSBH Canvas courses. Implement a standard that all course assignments indicate how they are linked to course objectives and program learning outcomes.

13. Convene an MSBH/MPH-MSBH advisory committee made up of community-based experts. This committee could be very beneficial for insuring that the program remains in touch with trends in social service and healthcare and concomitant changes in workforce needs.

14. Increase the amount of financial support and research and teaching assistants available to students.

15. Celebrate our diverse and exceptional students for the careers they have chosen to eliminate health disparities and promote social justice.

Appendix A: Curriculum Patterns

4+1 BSN/MSBH curriculum pattern

Semester 1 – Fall (Junior 1)		
NURS 320	Community & Mental Health Nursing *(fulfills Cultural Diversity requirement)*	4
NURS 321	Health Care Systems I: Nursing Leadership Within Complex Adaptive Systems	2
NURS 325	Clinical Lab III: Community & Mental Health Nursing *(fulfills Service Learning*	4
MPH622	Communicating for Healthy Behavior and Social Change	4
BH 61X	Foundational Communication Skills	2
		16 units
Semester 2 – Spring (Junior 2)		
NURS 370	Medical-Surgical Nursing I: Management of Comprehensive Adult Patient Care	4
NURS 371	Health Care Systems II: Management in Complex Clinical Systems	2
NURS 378	Clinical Lab IV: Medical-Surgical Nursing – Management of Comprehensive Adult	4
NURS 378S	Clinical Lab IV: Simulation Lab	0
CORE	XXXXxxx	4
BH 621	Legal, Ethical and Professional Issues in Behavioral Health	2
		16 units
Semester 3 – Summer (This course can be taken in Semester 6)		
BH 640	Behavioral Health Informatics	3*
		3 units
Semester 4 – Fall (Senior 1)		
NURS 420	Women's Health	3
NURS 421	Medical-Surgical Nursing II: Nursing Care of Children	3
NURS 428	Clinical Lab V: Medical-Surgical Nursing Care of Women & Children	3
NURS 428S	Clinical Lab V: Simulation Lab	0
SOC 150	Introduction to Sociology (if not yet completed)	4
BH 603	Applied Research Methods	3
MPH / PsyD	See Notes – this can also be taken after completion of the BSN	2-3#
		18 units
Semester 5 – Spring (Senior 2)		
NURS 472	Senior Seminar	2
NURS 471	Complex Care	3
NURS 478	Clinical Lab VI: Complex Care	4
PsyD 728	Integrated behavioral health (can also be taken in the summer after completion of BSN)	3
MPH/PsyD	See notes (These credits can also be fulfilled after completion of the BSN)	2
		14 units
BSN Graduation 128 credit minimum		
Semester 6 – Summer		
Semester 7 – Fall		
BH 623	Team Leadership and Interprofessional Collaboration	2
MPH 636	Public Health Program Planning, Management & Evaluation	4
		6 units
Semester 8 – Spring		
BH 626	Behavioral Health Fieldwork I:	2
BH 615	Project Management and quality improvement	2
MPH / PsyD	See Notes	2-3#

		6-7 units
Semester 9 – Summer		
BH 646	Behavioral Health Fieldwork II and Capstone Thesis	**2**
	MSBH Graduation	

NOTES:
#BH 612 Introduction to Community Health Concepts (2) is waived for BSN students. BSN students can choose from one of the following courses to reach the MSBH credits: PsyD 703 Culture and Mental Health (3) **or** MPH 633 Introduction to Community-based Participatory Research (2) **or** MPH 644 Addressing Mental Health Issues from a Public Health Perspective (2) **or** MPH 656 Agriculture, Food and Nutrition (2) or the MPH electives on Aging or Adolescents.
* BH 640 Behavioral Health Informatics (3) plus BH 603 Applied Research Methods (3) substitute for NURS 322: Evidence-Based Inquiry and Informatics (4). Nursing students may take Nurs 704 rather than BH 640 if they wish.

** MPH 645 Sexual Health in Public Health Practice (2) or MPH 628 Aging and Public Health will substitute or MPH 648 Adolescent Health for BH 624 Chronic Conditions: Biopsychosocial Aspects and Interventions (3) for BSN to MSBH students only.

Total MSBH credits 33-34 depending upon the elective taken to replace BH 612.

FOR NURSING 322 substitution
Email from me to CeCe on dropping Nursing 322 copying student.
Then put the substitution on the degree eval with Cole

UNIVERSITY OF SAN FRANCISCO School of Nursing and Health Professions

BSN-DNP Family Nurse Practitioner Program
BEHAVIORAL HEALTH (MSBH) Track
Effective Spring 2017

YEAR ONE

Semester One - FALL TERM		Credits
NURS 705A	Evidence-Based Scholarship I	3
NURS 701	Applied Data Analysis	3
NURS 702	Epidemiology	3
	Semester Credits	9

Semester Two - SPRING TERM		Credits
PsyD 728	Integrated Behavioral Health Practice in Primary Care Settings	3
BH 621	Legal, Ethical, and Professional Issues in Behavioral Health	2
MPH 622	Communicating for Healthy Behavior and Social Change	4
	Semester Credits	9

Semester Three - SUMMER TERM		Credits
NURS 704	Healthcare Informatics	3
NURS 762	Financial Resource Management Basics	1
NURS 756	Nursing Leadership within Current and Future Healthcare Delivery Systems	3
	Semester Credits	7

YEAR TWO

Semester Four - FALL TERM		Credits
NURS 763	Management of Financial Resources	3
MPH 636	Public Health Program Planning, Management and Evaluation	4
NURS 754	Policy and Ethical Implications for Healthcare Outcomes	3
	Semester Credits	10

Semester Five - SPRING TERM		Credits
BH 626	*Behavioral Health Fieldwork I (150 fieldwork hrs)*	2
NURS 706	Advanced Physiology and Pathophysiology	3
PsyD 739	Assessment and Treatment of Substance Use Disorders	2
	Semester Credits	7

Semester Six - SUMMER TERM		Credits
BH 636	*Behavioral Health Fieldwork II (150 fieldwork hrs)*	2
BH 645	Master of Science in Behavioral Health Capstone	1
NURS 707	Applied Drug Therapy	3
	Semester Credits	6

DEGREE CONFERRAL - MSBH

YEAR THREE

Semester Seven - FALL TERM		Credits
NURS 736*	Advanced Assessment and Differential Diagnosis	3
*NURS 735**	*Advanced Assessment and Differential Diagnosis Practicum (90 clinical hrs)*	2
NURS 705B	Evidence-Based Scholarship II	3
	Semester Credits	8

Semester Eight - SPRING TERM		Credits
NURS 746*	Community-based Health Promotion and NP Role Development	3
*NURS 745**	*Community-based Health Promotion and FNP Role Development Practicum (135 clinical hrs)*	3
NURS 765	Project and Practice Management	3
	Semester Credits	9

Semester Nine - SUMMER TERM		Credits
NURS 753*	Management of Common and Acute Health Problems	3
*NURS 752**	*Management of Common and Acute Health Problems Clinical Practicum (135 clinical hrs)*	3
NURS 749B	NP Qualifying Project: Prospectus Development	1
	Semester Credits	7

YEAR FOUR

Semester Ten - FALL TERM		Credits
NURS 776*	Management of Chronic Health Problems	3
*NURS 775**	*Management of Chronic Health Problems Practicum (135 clinical hrs)*	3
NURS 749A	NP Qualifying Project: Manuscript Development	1
	Semester Credits	7

Semester Eleven - SPRING TERM		Credits
NURS 782*	Management of Complex Health Problems and Preparation for Professional Practice	3
*NURS 785**	*Management of Complex Health Problems Clinical Practicum (135 clinical hrs)*	3
NURS 795	*DNP Residency (135 practicum hrs)*	3
	Semester Credits	9

Semester Twelve - SUMMER TERM		Credits
NURS 789	DNP Project	1
	Semester Credits	1
	Total Credits	89

^ *Italicized courses represent Fieldwork and Practicum courses.* ***A total of 1,000 hours of practice are required for the DNP program. 300 fieldwork hours are required for the MSBH program. The 300 MSBH fieldwork hours and FNP clinical hours contribute to the DNP practice requirement.***

Pre-requisites: *MPH 636 must be taken before BH 626; BH 626 must be taken before BH 636 and BH 646; NURS 701 and NURS 706A must be taken before NURS 706B; MPH 636, NURS 701 and NURS 766 must be taken before NURS 749A and NURS 749B.*

**** Co-requisites:*** *NURS 736 and NURS 735; NURS 746 and NURS 745; NURS 763 and NURS 762; NURS 776 and NURS 775; NURS 782 and NURS 785, must be taken together as listed.*

The number of courses taken/semester may be reduced to slow the pace of the program. Reducing course load may impact progression. Contact your Academic Adviser(s) prior to reducing your course load.

This curriculum pattern was designed specifically for students admitted to the Bachelor's of Science in Nursing (BSN) to Doctor of Nursing Practice (DNP), Family Nurse Practitioner (FNP) program - Master of Science in Behavior Health (MSBH) track.

Student's seeking a master's degree while completing the BSN-DNP/FNP program cannot change or cancel their master's degree focus without prior written approval from their Academic Adviser(s), Program Director and Associate Dean.

MSBH and/or DNP degree(s) is/are conferred after all academic and administrative requirements are met as stated by the School of Nursing and Health Professions and University of San Francisco.

REVISED 12/2016 dnp/fnp

University of San Francisco
School of Nursing and Health Professions
MPH-MSBH Dual Degree Curriculum Pattern 2017 Entry

Semester 1 – Fall Academic Year 1

BH 612	Introduction to Community Health Concepts	2 units
BH 614	Foundational Skills for Behavioral Health Practice	1 unit
MPH 612	Biostatistics	4 units
MPH 622	Communicating for Healthy Behavior and Social Change	4 units

Semester 2 – Spring Academic Year 1

MPH 621	Epidemiology	4 units
MPH 636	Public Health Program Planning, Management & Evaluation	4 units
BH 624	Chronic Conditions: Biopsychosocial Aspects & Interventions	3 units
MPH Elective #1		2 units

Semester 3 – Summer Academic Year 1

PsyD 728	Integrated Behavioral Health in Primary Care	3 units
MPH 631	Public Health Leadership and Administration	4 units
*MPH 635	Social Justice, Health Policy, Ethics, and Public Health Law	4 units
MPH Elective #2		2 units

Semester 4 – Fall Academic Year 2

BH 603	Applied Research Methods	3 units
BH 623	Team Leadership & Interprofessional Collaboration	2 units
MPH 632	Environmental and Occupational Health	4 units

Semester 5 – Spring Academic Year 2

BH 615	Project Management & Quality Improvement	2 units
BH 626	Behavioral Health Fieldwork I	2 units
*BH 621	Legal, Ethical & Professional Issues in Behavioral Health	2 units
MPH Elective #3		2 units

Semester 6 – Summer Academic Year 2

BH 640	Behavioral Health Informatics	3 units
BH 646	Behavioral Health Fieldwork II and Capstone	3 units
MPH Elective #4		2 units

TOTAL UNITS TO GRADUATE 58-60 UNITS

*BH 621 [2 credits] may be taken in place of MPH 635 [4 credits]; if this option is selected then a policy elective is required

MSBH 2013-2014 Cohort 1

University of San Francisco
School of Nursing & Health Professions
Master of Behavioral Health (MSBH) Curriculum
2013-2014

FALL				
PsyD	727	Behavioral Health Applications in Diverse Settings	3	units
MPH	612	Biostatistics in Public Health	4	units
BH	613	Program Development and Evaluation in Behavioral Health	2	units
BH	611	Fundamental Community Health Concepts	3	units
BH	610	Foundations of Behavioral Health Practice	2	units
		Semester Total	**14**	**units**
SPRING				
BH	620	Survey of Physical and Psychological Disease and Treatment	4	units
BH	622	Integrated Behavioral Health in Primary Care	3	units
BH	623	Team Leadership and Inter-professional Collaboration	2	units
BH	621	Legal, Ethical and Professional Issues in Health Care	2	units
BH	625	Behavioral Health Fieldwork I: Planning & Development (120 practice hours)	1	unit
		Semester Total	**12**	**units**
SUMMER				
NURS	704	Healthcare Informatics	3	units
NURS	765	Project and Practice Management	3	units
BH	635	Behavioral Health Fieldwork II: Implementation & Evaluation (120 practice hours)	1	unit
		Semester Total	**7**	**units**
		Total units	**33**	**units**

MSBH Curriculum Pattern 2014-2015

University of San Francisco
School of Nursing and Health Profession
MSBH curriculum pattern (Full time students)
2014-2015

FALL – 2014

PsyD 728	Integrated BH in Primary Care	3 units
MOPA 603	Quantitative Methods	3 units
MPH 636	Program Planning, Management & Evaluation	4 units
BH 614	Foundational Skills for BH Practice	1 unit
BH 612	Introduction to Community Health Concepts	2 units
	Semester Total	**13 units**

SPRING – 2015

MPH 622	Communicating for Behav & Community Change	4 units
BH 621	Legal, Ethical and Professional Issues in BH	2 units
NURS 765	Project and Practice Management	3 units
BH 625	BH Fieldwork I	1 unit
	Semester Total	**10 units**

SUMMER – 2015

BH 640	Behavioral Health Informatics	3 units
BH 623	Team Leadership & Interprofessional Collab	2 units
BH 635	BH Fieldwork II	I unit
BH 645	BH capstone	1 unit
BH 624	Chronic conditions: Psychosocial aspects	3 units
	Semester Total	**10 units**

TOTAL UNITS TO GRADUATE	33 UNITS

MSBH Curriculum Pattern 2015-2016

University of San Francisco
School of Nursing and Health Profession
MSBH curriculum pattern (Full time students)
2015-2016

FALL - 2015

BH 612	Introduction to Community Health Concepts	2 units
BH 614	Foundational Skills for Behavioral Health Practice	1 unit
BH 603	Applied Research Methods	3 units
MPH 636	Public Health Program Planning, Management & Evaluation	4 units
BH 624	Chronic Conditions: Biopsychosocial Aspects and Interventions	3 units
	Semester Total	**13 units**

SPRING – 2016

MPH 622	Communicating for Healthy Behavior and Social Change	4 units
BH 615	Project management and quality improvement	2 units
BH 626	Behavioral Health Fieldwork 1	2 units
PsyD 728	Integrated Behavioral Health Practice in Primary Care Settings	3 units
BH 621	Legal, Ethical and Professional Issues in Behavioral Health	2 units
	Semester Total	**13 units**

SUMMER – 2016

BH 623	Team Leadership and Inter-professional Collaboration	2 units
BH 636	Behavioral Health Fieldwork 2	2 units
BH 645	Behavioral Health Capstone	1 unit
BH 640	Behavioral Health Informatics	3 units
	Semester Total	**8 units**

TOTAL units to graduate **34 units**

MSBH Curriculum Pattern 2016-2017

University of San Francisco
School of Nursing and Health Profession
MSBH curriculum pattern (Full time students)
2016-2017

FALL – 2016

BH 603	Applied Research Methods	3 units
MPH 636	Program Planning, Management & Evaluation	4 units
BH 614	Foundational Skills for Behavioral Health Practice	1 unit
BH 612	Introduction to Community Health Concepts	2 units
BH 624	Chronic conditions: Biopsychosocial Aspects & Interventions	3 units
	Semester Total	**13 units**

SPRING – 2017

PsyD 728	Integrated Behavioral Health in Primary Care	3 units
MPH 622	Communicating for Healthy Behavior	4 units
BH 621	Legal, Ethical & Professional Issues in Behavioral Health	2 units
BH 615	Project Management & Quality Improvement	2 units
BH 626	Behavioral Health Fieldwork I	2 units
	Semester Total	**13 units**

SUMMER – 2017

BH 640	Behavioral Health Informatics	3 units
BH 623	Team Leadership & Interprofessional Collaboration	2 units
BH 636	Behavioral Health Fieldwork II	2 units
BH 645	Behavioral Health Capstone	1 unit
	Semester Total	**8 units**

TOTAL UNITS TO GRADUATE 34 UNITS

This pattern is for full time MSBH students. Part-time students and students enrolled in dual degree options will have different curriculum patterns depending upon their program's requirements.

MSBH Curriculum Pattern 2017-2018

University of San Francisco
School of Nursing and Health Profession
MSBH curriculum pattern (Full time students)
2017-2018

FALL – 2017

BH 603	Applied Research Methods	3 units
MPH 636	Program Planning, Management & Evaluation	4 units
BH 623	Team Leadership & Interprofessional Collaboration	2 units
BH 614	Foundational Skills for Behavioral Health Practice	1 unit
BH 612	Introduction to Community Health Concepts	2 units
	Semester Total	**12 units**

SPRING – 2018

BH 624	Chronic conditions: Biopsychosocial Aspects & Interventions	3 units
MPH 622	Communicating for Healthy Behavior	4 units
BH 621	Legal, Ethical & Professional Issues in Behavioral Health	2 units
BH 615	Project Management & Quality Improvement	2 units
BH 626	Behavioral Health Fieldwork I	2 units
	Semester Total	**13 units**

SUMMER – 2018

BH 640	Behavioral Health Informatics	3 units
PsyD 728	Integrated Behavioral Health in Primary Care	3 units
BH 636	Behavioral Health Fieldwork II	2 units
BH 645	Behavioral Health Capstone	1 unit
	Semester Total	**9 units**

TOTAL UNITS TO GRADUATE 34 UNITS

This pattern is for full time MSBH students. Part-time students and students enrolled in dual degree options have different curriculum patterns depending upon their program's requirements.

MSBH Curriculum Pattern 2018-2019

University of San Francisco
School of Nursing and Health Profession
MSBH curriculum pattern (Full time students)
2018-2019

FALL – 2018

BH 603	Applied Research Methods	3 units
MPH 636	Program Planning, Management & Evaluation	4 units
BH 623	Team Leadership & Interprofessional Collaboration	2 units
BH 61X	Foundational Communication Skills	2 units
BH 612	Introduction to Community Health Concepts	2 units
	Semester Total	**13 units**

SPRING – 2019

BH 624	Chronic conditions: Biopsychosocial Aspects & Interventions	3 units
MPH 622	Communicating for Healthy Behavior	4 units
BH 621	Legal, Ethical & Professional Issues in Behavioral Health	2 units
BH 615	Project Management & Quality Improvement	2 units
BH 626	Behavioral Health Fieldwork I	2 units
	Semester Total	**13 units**

SUMMER – 2019

BH 640	Behavioral Health Informatics	3 units
PsyD 728	Integrated Behavioral Health in Primary Care	3 units
BH 6XX	Behavioral Health Fieldwork II & Capstone thesis	2 units
	Semester Total	**8 units**

TOTAL UNITS TO GRADUATE 34 UNITS

This pattern is for full time MSBH students. Part-time students and students enrolled in dual degree options have different curriculum patterns depending upon their program's requirements.

MSBH Curriculum Pattern – 4 semesters students 2017-2018

FALL	
BH 612 Introduction to Community Health Concepts	2
BH 614 Foundational Skills for Behavioral Health Practice	1
MPH 636 Program Planning, Management and Evaluation	4
	7
SPRING	
BH 626 Behavioral Health Fieldwork 1	2
BH 621 Legal, Professional and Ethical Issues in Behavioral Health	2
BH 615 Project Management & Quality Improvement	2
BH 624 Chronic Conditions: Bio-psychosocial Aspects & Interventions	3
BH 603 Applied Research Methods	3
	12
SUMMER	
PsyD 728 Integrated Behavioral Health in Primary Care	3
BH 640 Behavioral Health Informatics	3
BH 646 Behavioral Health Fieldwork 2 & Capstone	3
	9
FALL	
MPH 622 Communicating for Healthy Behavior and Social Change	4
BH 623 Team Leadership and Inter-professional Collaboration	2
	6
Total	34

NOTE: If you wish to spread out your MSBH coursework, we recommend that two year pattern over this one as the sequence of courses will better prepare you for a successful fieldwork experience and a more professional capstone paper. However, if your schedule does not permit the two-year (6 semester) option, then either the four semester or this five semester pattern are acceptable alternatives.

MSBH Curriculum Pattern – 5 semesters students 2017-2018

FALL	
BH 612 Introduction to Community Health Concepts	2
BH 614 Foundational Skills for Behavioral Health Practice	1
MPH 636 Program Planning, Management and Evaluation	4
	7
SPRING	
BH 626 Behavioral Health Fieldwork 1	2
BH 615 Project Management & Quality Improvement	2
BH 603 Applied Research Methods	3
	7
SUMMER	
PsyD 728 Integrated Behavioral Health in Primary Care	3
BH 640 Behavioral Health Informatics	3
BH 646 Behavioral Health Fieldwork 2 & Capstone	3
	9
FALL	
MPH 622 Communicating for Healthy Behavior and Social Change	4
BH 623 Team Leadership and Inter-professional Collaboration	2
	6
SPRING	
BH 624 Chronic Conditions: Bio-psychosocial Aspects & Interventions	3
BH 621 Legal, Professional and Ethical Issues in Behavioral Health	2
	5
Total	34

MSBH Curriculum Pattern – 2 year students 2017-2018

FALL	
BH 612 Introduction to Community Health Concepts	2
BH 614 Foundational Skills for Behavioral Health Practice	1
BH 603 Applied Research Methods	3
	6
SPRING	
BH 624 Chronic Conditions: Bio-psychosocial Aspects & Interventions	3
MPH 622 Communicating for Healthy Behavior and Social Change	4
	7
SUMMER	
PsyD 728 Integrated Behavioral Health in Primary Care	3
BH 640 Behavioral Health Informatics	3
	6
FALL	
MPH 636 Program Planning, Management and Evaluation	4
BH 623 Team Leadership and Inter-professional Collaboration	2
	6
SPRING	
BH 626 Behavioral Health Fieldwork 1	2
BH 615 Project Management & Quality Improvement	2
BH 621 Legal, Professional and Ethical Issues in Behavioral Health	2
	6
SUMMER	
BH 646 Behavioral Health Fieldwork 2 & Capstone	3
Total	34

Appendix B:
Course Descriptions and Curriculum Maps

Program Outcomes 2017-2018 (08.11.16)		Program Outcome 1	Program Outcome 2	Program Outcome 3	Program Outcome 4	Program Outcome 5	Program Outcome 6	Program Outcome 7
Upon completion of the MSBH, students will be able to:		Analyze physical, psychological, sociocultural, health system and political factors that affect health behaviors and wellbeing	Effectively incorporate evidence-based practices and behavioral change theories to inform health and wellness education and individual empowerment	Actively contribute to the design, implementation, and evaluation of effective and efficient health care and community programs	Plan and manage projects, quality improvement efforts, or staff development programs	Partner with service consumers, community stakeholders, or other healthcare and social service providers to identify barriers to care access and quality	Advocate for social justice, equity, and ethical practices in healthcare and social services	Synthesize primary and secondary data in professional quality reports or presentations
Course	Learning Outcome							
BH612 Introduction to Community Health Concepts (2)	Analyze the role of various health care professionals and organizations in promoting individual and community health	X						
	Discuss emerging practices that may impact the provision of health education and healthcare delivery.	X	X	X			X	X
	Explain the impact of economic and policy issues on individual and community health.	X					X	X
	Describe how social determinants of health and cultural differences impact disease and disability.	X					X	X
	Use basic epidemiological skills needed in the investigation, prevention and control of communicable and non-communicable diseases.			X				X

MPH Curricular Map

Program Outcomes:		Program Outcome 1	Program Outcome 2	Program Outcome 3	Program Outcome 4	Program Outcome 5	Program Outcome 6	Program Outcome 7	Program Outcome 8	Program Outcome 9	Program Outcome 10	Program Outcome 11
Upon completion of the MPH, students will be able to:		Assess, monitor, and review the health status of populations and their related determinants of health and illness.	Demonstrate the ability to utilize the proper statistical and epidemiologic tools to assess community needs and program outcomes.	Identify and prioritize the key dimensions of a public health problem by critically assessing public health literature utilizing both quantitative and qualitative sources.	Specify approaches for assessing, preventing, and controlling environmental hazards that pose risks to human health and safety.	Apply theoretical constructs of social change, health behavior and social justice in planning community interventions.	Articulate the relationship between health care delivery and financing, public health systems, and public policy.	Apply evidence-based principles to the process of program planning, development, budgeting, management, and evaluation in public health organizations and initiatives.	Demonstrate leadership abilities as collaborators and coordinators of evidence based public health projects.	Identify and apply ethical, moral, and legal principles in all aspects of public health practice.	Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served.	Effectively communicate public health messages to a variety of audiences from professionals to the general public.
Course	**Learning Outcome**											
611 Introduction to Public Health and Health Promotion	Identify different public health disciplines, professions, and organiations	●		●	●●	●●	●		●	●	●	●●
	Describe key features of the historical development of public health, including the most important achievements of public health				●●	●●		●●		●		●
	Differentiate between personal health and public health	●		●	●●	●	●●			●●		●●
	Describe the basic principles of epidemiology, including rates, risk factors, disease determinants, and causation.		●●		●●			●●				
	List the determinants of health from a global perspective, including environmental, social, cultural, behavioral, and biological factors.					●●					●	●●

# of dots indicates alignment between Course Learning Objectives and Program Outcomes. Zero dots: no coverage of specific PLO, 1 dot: introductory coverage, 2 dots: moderate coverage, 3 dots: extensive coverage of PLO.

Program Outcomes:		Program Outcome 1	Program Outcome 2	Program Outcome 3	Program Outcome 4	Program Outcome 5	Program Outcome 6	Program Outcome 7	Program Outcome 8	Program Outcome 9	Program Outcome 10	Program Outcome 11
Upon completion of the MPH, students will be able to:		Assess, monitor, and review the health status of populations and their related determinants of health and illness.	Demonstrate the ability to utilize the proper statistical and epidemiologic tools to assess community needs and program outcomes.	Identify and prioritize the key dimensions of a public health problem by critically assessing public health literature utilizing both quantitative and qualitative sources.	Specify approaches for assessing, preventing, and controlling environmental hazards that pose risks to human health and safety.	Apply theoretical constructs of social change, health behavior and social justice in planning community interventions.	Articulate the relationship between health care delivery and financing, public health systems, and public policy.	Apply evidence-based principles to the process of program planning, development, budgeting, management, and evaluation in public health organizations and initiatives.	Demonstrate leadership abilities as collaborators and coordinators of evidence based public health projects.	Identify and apply ethical, moral, and legal principles in all aspects of public health practice.	Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served.	Effectively communicate public health messages to a variety of audiences from professionals to the general public.
Course	**Learning Outcome**											
	Outline the concepts of prevention, detection, and control of infectious and chronic disease.	●			●	●●		●●				
	Discuss the organization, financing, and delivery of medical and population-based services in the U.S., and the roles of quality, cost, access, and organizational structure in influencing population health.						●●					
	Explain the most important public health problems and issues facing contemporary society, including health disparities, aging, injuries, obesity, control of emerging diseases, and emergency preparedness.			●●								●●

# of dots indicates alignment between Course Learning Objectives and Program Outcomes. Zero dots: no coverage of specific PLO, 1 dot: introductory coverage, 2 dots: moderate coverage, 3 dots: extensive coverage of PLO.

Program Outcomes:		Program Outcome 1	Program Outcome 2	Program Outcome 3	Program Outcome 4	Program Outcome 5	Program Outcome 6	Program Outcome 7	Program Outcome 8	Program Outcome 9	Program Outcome 10	Program Outcome 11
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Course	**Learning Outcome**											
612 Biostatistics	Select and conduct appropriate statistical analyses of biological and public health data, including description, confidence interval estimation and hypothesis testing.	●●	●●									
	Demonstrate basic competency in analyzing and interpreting biostatistical and epidemiological data.	●●	●●									●●
	Evaluate basic statistical principles in published public health research.		●●									
621 Epidemiology	Describe major epidemiological concepts such as the epidemiological triad, natural history of disease, causality, etc.	●●	●●									
	Apply key components of epidemiology including measures of disease occurrence and associations, study design, measures of control of and response to diseases.	●	●●	●●								

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Course	**Learning Outcome**											
	Analyze the key characteristics of experimental, cohort, case-control, cross-sectional, and ecologic studies, including subject selection, data collection and analysis.	●●	●●									
	Interpret the epidemiological data analysis used in epidemiology, including rates and proportions, relative risk, odds ratio and attributable risks.	●●	●●									
	Utilize epidemiological concepts and methods in identifying and responding to health problems encountered in the community.	●	●●	●								
622 Communicating for Healthy Behavior & Social Change	Evaluate the role of social and behavioral interventions to reduce public health problems and to improve the health of individuals and populations.	●●									●●	

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Course	**Learning Outcome**											
	Critically appraise the empirical support, strengths and weaknesses of different health behavior models and theories.	●●	●	●●								
	Analyze the ethical and cultural considerations that apply to health program planning, implementation, and evaluation.					●●				●●		
	Apply the concept of evidence-based public health to developing, identifying and evaluating social and behavioral interventions.		●●			●				●●		
	Apply health communication concepts to methods used by public and private institutions as they create change in public health behaviors or the environment in which individual behavior responds.	●●	●●	●●	●●							

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Course	**Learning Outcome**											
631 Public Health Systems Leadership & Administration	Identify the main components and issues of organizations, financing and delivery of health services, and public health systems in the US.	●●		●●			●●	●				
	Explain methods of ensuring community health safety and preparedness.	●●		●●		●●●		●●				
	Apply principles of strategic planning and marketing to public health.											●
	Apply quality and performance improvement concepts to address organizational performance issues.	●●						●●				
	Apply systems thinking principles for resolving organizational problems.	●●		●●					●●	●●		
	Demonstrate leadership skills for building collaborative partnerships.								●●	●●	●●	●●

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Course	**Learning Outcome**											
632 Environmental Health	Describe the historical environmental health discoveries that have had extraordinary impacts on public health.			●●	●							
	Explore the concept of risk and the nature of environmental media – air, water, soil, and food – as they relate to human and ecological risks.	●●		●●	●							
	Identify environmental health risks in our everyday lives – in the home, school, workplace and community environments.	●●		●●								
	Consider the multidisciplinary nature of environmental health practice and the role of public health practitioners.	●●	●●	●●	●						●●	
	Evaluate web-based sources of information for environmental health science and practice.	●●		●	●							

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Course	**Learning Outcome**											
	Examine US policies that address the relationship between human health and the environment, from an environmental and occupational health perspective.	●●			●					●●		
	Consider environmental health from an international perspective.	●●			●●							●●
635 Social Justice, Public Health Policy, Law, and Ethics	Justify the importance of values and ideology to the policy process.	●●								●		●●
	Evaluate the role of politics and political decision-making in public health policymaking	●●								●		●●
	Debate the current, pressing issues in public health policy using multiple perspectives.	●●								●		●●
	Interpret public health law, ethics and policy through the lens of a social justice perspective.	●●				●●				●		

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Course	**Learning Outcome**											
636 Program Planning, Implementation, & Evaluation	Analyze the context of health program planning, management and evaluation, including the relevance of diversity and disparities to health programs.	●●				●●		●			●●	
	Synthesize skills in planning, managing and evaluating programs by producing a program grant proposal or equivalent program analysis.			●●				●				
	Explain basic principles of program planning, community health assessment and the analysis of relevant statistical data.		●●			●●		●				
	Compare and contrast examples that support the use of relevant theory and measurable objectives in developing and managing programs.							●●			●	

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Course	**Learning Outcome**											
	Discriminate between principles of program implementation, evaluation and quality management.	●●						●				
	Apply quantitative and qualitative research designs and methods for program planning, management and evaluation.			●●				●				
	Appraise and discuss ethical and legal responsibilities of the program planner, manager and evaluator.									●		
602 Global Health – Emphasis on Latin America	Identify health disparities among the US Latino population and among communities in Latin America in particular in Colombia, Cuba and Mexico by socioeconomic status, ethnicity, gender, age and ability.	●●●									●	●●

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Course	**Learning Outcome**											
	Synthesize the cultural, social, behavioral, biological, environmental, economic, and organizational factors affecting health of Latinos in the US and in Latin America in particular in Colombia, Cuba and Mexico.	●●●	●●●	●●●							●	
	Evaluate community health promotion interventions targeting Latinos in the US and in Latino American (in particular in Colombia, Cuba and Mexico) in terms of cultural sensitivity and appropriateness.		●●●					●			●●	
	Synthesize community health promotion interventions tailored for particular cultural groups including Indigenous and Afro Latin American communities.							●●			●	

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Course	**Learning Outcome**											
	Critically evaluate the effectiveness and the ethical considerations involved with the provisions of aid to Latin American countries and identify the issues related to dependency, self-help and social sustainability.									●●	●●●	
	Develop recommendations for comprehensive preventive public health efforts that strive for peace, social justice and equitable health care for Latinos in the US as well as in Latin America (Cuba, Colombia and Mexico).					●				●●	●●●	●●
	Develop and practice basic linguistic skills to communicate more effectively with populations who speak the language of the specific geographical area.								●●	●●	●	●

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Course	**Learning Outcome**											
633 Community Based Participatory Research	Apply the principles of CBPR in the development and evaluation of CBPR projects and interventions.	●●●				●						
	Critically appraise the theoretical and historical perspectives that shaped and contributed to the development and evolution of CBPR and other participatory traditions.	●●●		●		●●						
	Analyze issues of power, race, gender, and class in the development and implementation of CBPR projects.	●●●		●●●		●●●					●	
	Analyze the similarities and differences between participatory evaluation and participatory research.	●●●				●●						

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mod.1.29.15ar/v3 **Program Outcomes:**		**Program Outcome 1**	**Program Outcome 2**	**Program Outcome 3**	**Program Outcome 4**	**Program Outcome 5**	**Program Outcome 6**	**Program Outcome 7**	**Program Outcome 8**	**Program Outcome 9**	**Program Outcome 10**	**Program Outcome 11**
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Course	**Learning Outcome**											
	Evaluate the advantages and limitations of CBPR as a method for approaching study and action to address public health and social problems and health disparities.					●●●		●		●●●	●●	
	Critically appraise the issues and approaches to rigor, validity, and measurement of CBPR in disparities research.		●			●●●						
646 Advanced Epidemiology with Statistical Software Applications	Expand current knowledge of statistical and epidemiological concepts.	●●	●									
	Build a practical understanding of ordinary least squares (OLS) regressions and their use in quantitative public health research.	●●	●									
	Develop a practical knowledge of a statistical software package (i.e., STATA).	●●	●									
	Understand survey data and survey design features.	●●	●									

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Course	**Learning Outcome**											
	Learn how to "clean" data.	●●	●									
	Apply advanced statistical and epidemiological concepts to an individual research project.	●●	●									
656 Agriculture, Food, and Nutrition in Public Health	Compare and contrast risks and benefits of differing agricultural processes, ranging from large-scale, industrial monoculture processes to family farms.	●●●		●●●	●							
	Evaluate the public health implications of federal farm policies.	●●			●					●●		
	Analyze how maldistribution of nutritious food contributes to chronic health problems.	●●	●●●		●							
	Propose new models for food production, and distribution that will promote public health.	●●		●●	●							

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Course	**Learning Outcome**											
	Describe agricultural and food-related current events in terms of their public health impacts.	●●●		●●	●●●							
657 Health Economics and Public Health	Define health economic concepts.	●●●	●●									
	Describe health production functions and demand for health care.	●●●	●									
	Explain the basics of health insurance and how it works.	●●					●					
	Discuss the role of economics in global health.	●●●		●●●							●	
	Apply and translate health economics in other classrooms and workplace settings.	●●●									●	
	Analyze and appraise problems from a basic economic perspective relative to public health as a system.	●●●					●					
659 Essential Tools for Making Public Health Change	Differentiate several tactics for public health campaigns.	●●●		●							●●●	●●●

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Course	**Learning Outcome**											
	Identify power relations in developing organizing strategies.	●●●		●●●					●		●	
	Select the best strategies to use in different circumstances.			●●●					●	●●●	●●●	●●●
	Evaluate a community's / population's interest and capacity to change.	●●●		●●						●●●	●●●	
	Summarize the enabling/supporting conditions that must exist for real change to occur.	●●●		●						●	●●●	
	Compare and contrast the similarities and differences between leading and organizing in a community.							●●●	●		●●●	●●
	Prepare effective testimony, persuasive communication, and a media strategy for policy initiatives.								●	●●●	●●●	●
	Judge current change-making events and campaigns that are affecting public health.								●●	●●●	●●●	●

# of dots indicates alignment between Course Learning Objectives and Program Outcomes. Zero dots: no coverage of specific PLO, 1 dot: introductory coverage, 2 dots: moderate coverage, 3 dots: extensive coverage of PLO.

Program Outcomes:		Program Outcome 1	Program Outcome 2	Program Outcome 3	Program Outcome 4	Program Outcome 5	Program Outcome 6	Program Outcome 7	Program Outcome 8	Program Outcome 9	Program Outcome 10	Program Outcome 11
Upon completion of the MPH, students will be able to:		Assess, monitor, and review the health status of populations and their related determinants of health and illness.	Demonstrate the ability to utilize the proper statistical and epidemiologic tools to assess community needs and program outcomes.	Identify and prioritize the key dimensions of a public health problem by critically assessing public health literature utilizing both quantitative and qualitative sources.	Specify approaches for assessing, preventing, and controlling environmental hazards that pose risks to human health and safety.	Apply theoretical constructs of social change, health behavior and social justice in planning community interventions.	Articulate the relationship between health care delivery and financing, public health systems, and public policy.	Apply evidence-based principles to the process of program planning, development, budgeting, management, and evaluation in public health organizations and initiatives.	Demonstrate leadership abilities as collaborators and coordinators of evidence based public health projects.	Identify and apply ethical, moral, and legal principles in all aspects of public health practice.	Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served.	Effectively communicate public health messages to a variety of audiences from professionals to the general public.
Course	**Learning Outcome**											
	Design change-making strategies using culturally relevant traditions, the arts, and technology.								●●	●●●	●●	●●
693 Cultural and Linguistic Preparation for Health Care	Define core elements of effective, understandable, and respectful care that is provided in a manner compatible with diverse cultural health beliefs and practices.								●	●●●	●●	●●
	Develop strategies to deliver culturally competent care include striving to overcome cultural, language, and communications barriers in order to provide an environment in which patients/ consumers from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices.								●	●●●	●●	●●

# of dots indicates alignment between Course Learning Objectives and Program Outcomes. Zero dots: no coverage of specific PLO, 1 dot: introductory coverage, 2 dots: moderate coverage, 3 dots: extensive coverage of PLO.

Program Outcomes:		Program Outcome 1	Program Outcome 2	Program Outcome 3	Program Outcome 4	Program Outcome 5	Program Outcome 6	Program Outcome 7	Program Outcome 8	Program Outcome 9	Program Outcome 10	Program Outcome 11
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Course	**Learning Outcome**											
	Identify spiritual beliefs, cultural practices, and traditional healing systems of various populations and investigate ways to integrate these approaches into treatment plans.								●●	●●	●	●●
	Practice elements of effective communication with patients/consumers of a different culture and language, including how to work with interpreters and telephone language services.					●●●			●●●	●●●	●●●	●
	Analyze the impact of poverty and socioeconomic status, race and racism, ethnicity, and sociocultural and political factors on access to care, service utilization, quality of care, and health outcomes.	●●				●●●	●●●			●●●	●	

# of dots indicates alignment between Course Learning Objectives and Program Outcomes. Zero dots: no coverage of specific PLO, 1 dot: introductory coverage, 2 dots: moderate coverage, 3 dots: extensive coverage of PLO.

Program Outcomes:		Program Outcome 1	Program Outcome 2	Program Outcome 3	Program Outcome 4	Program Outcome 5	Program Outcome 6	Program Outcome 7	Program Outcome 8	Program Outcome 9	Program Outcome 10	Program Outcome 11
Upon completion of the MPH, students will be able to:		Assess, monitor, and review the health status of populations and their related determinants of health and illness.	Demonstrate the ability to utilize the proper statistical and epidemiologic tools to assess community needs and program outcomes.	Identify and prioritize the key dimensions of a public health problem by critically assessing public health literature utilizing both quantitative and qualitative sources.	Specify approaches for assessing, preventing, and controlling environmental hazards that pose risks to human health and safety.	Apply theoretical constructs of social change, health behavior and social justice in planning community interventions.	Articulate the relationship between health care delivery and financing, public health systems, and public policy.	Apply evidence-based principles to the process of program planning, development, budgeting, management, and evaluation in public health organizations and initiatives.	Demonstrate leadership abilities as collaborators and coordinators of evidence based public health projects.	Identify and apply ethical, moral, and legal principles in all aspects of public health practice.	Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served.	Effectively communicate public health messages to a variety of audiences from professionals to the general public.
Course	**Learning Outcome**											
	Evaluate effects of cultural differences among patients/ consumers and staff upon health outcomes, patient satisfaction, and clinical management of preventable and chronic diseases and conditions.	●●				●●●	●●●				●	
	Examine existing laws and policies prohibiting disrespectful or discriminatory treatment or marketing/enrollment practices, and establish ways to increase awareness of these laws and policies among healthcare consumers.					●●				●●	●●	
	Create an epidemiological profile of a community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.	●●	●			●●	●●●					

# of dots indicates alignment between Course Learning Objectives and Program Outcomes. Zero dots: no coverage of specific PLO, 1 dot: introductory coverage, 2 dots: moderate coverage, 3 dots: extensive coverage of PLO.

BH614 Foundational Skills for Behavioral Health Practice	Synthesize data and information from multiple sources into a cohesive, persuasive written document						X	X
	Utilize the APA Style Manual to insure correct citations, references and document formatting							X
	Deliver a professional oral presentation supported by appropriate visuals							X
	Design an easy-to-read consumer or patient education handout using plain language best practices		X	X				
BH621 Legal, Ethical and Professional Issues in Behavioral Health	Analyze major ethical and legal issues that have influenced current health care policy and delivery.	X					X	
	Critique critical life issues such as decisions including competency, end of life, assisted reproduction, and allocation of scarce resources.	X					X	
	Appraise ethical and regulatory issues affecting the scope and implementation of practice procedures of health professions.	X				X	X	
	Develop a decision-making method for sorting through controversies and arriving at an informed position on ethical, legal, and professional matters.	X				X	X	

PsyD 728 Integrated Behavioral Health in Primary Care Settings	Compare and contrast the different models of integrated care that address disparities in health care access	X	X	X		X		
	Identify common behavioral health concerns seen in primary care settings and their associated evidence-based protocols	X	X	X				
	Demonstrate evidence-based behavioral health intervention skills (i.e. motivational interviewing, cognitive restructuring, mindfulness)		X					
	Administer and interprest various behavioral health assessment and screening tools used in primary care (i.e., PHQ-9, AUDIT-C, SBIRT)	X	X					
	Articulate key policy issues impacting integrated behavioral health practice	X					X	X
BH 623 Team Leadership and Inter-professional Collaboration	Compare and contrast the roles and scope of practice for members of the healthcare team, particularly among those who are providing health education and health coaching and/or managing program improvement efforts.			X		X		
	Analyze the characteristics of effective work groups, motivation, and the team building process.			X	X	X		

	Use the skills necessary to collaborate, manage conflict successfully and lead inter-professional teams.			X	X	X		
	Create and deliver effective training sessions and programs based on adult learning theories		X	X	X			x
BH624 Chronic Conditions: Biopsychosocial Aspects and Interventions	Describe select medical aspects of priority chronic conditions and their functional implications.	X			X			
	Explain the psychological and social aspects of chronic conditions and analyze their impact on the individual, the family, and society.	X	X					
	Apply their understanding of the biopsychosocial factors of chronic conditions to choose and design appropriate evidence-based health education and interventions.	X	X	X		X		
	Appraise existing health education strategies and other behavior change interventions and suggest modifications to reflect cultural, environmental, community or systems factors	X	X	X		X	X	
	Demonstrated active participation in the ongoing operations of a health or social service organization.		X	X	X	X		

BH626 BH Fieldwork I: Planning and Development	Attended trainings that promote skills in health education or behavioral health	X	X					
	Strategically identified, in partnership with agency personnel, opportunities for improving the delivery of health education and/or behavioral health care.	X		X	X	X	X	
	Utilized organizational and behavior change theories to inform project focus and methods.		X	X	X			
	Created a project work plan for conducting a needs assessment, implementing a program, undertaking a quality improvement effort, or completing evaluation research.	X		X	X	X		X
BH6XX BH Fieldwork II and Capstone Thesis	Demonstrated active, professional level participation in the ongoing operations of a health or social service organization.			X		X	X	
	Utilized appropriate organizational and behavior change theories, evidence-based practices, project management, and data collection tools to inform project focus and methods		X	X	X	X		
	Developed specific, research-based recommendations on how to improve existing health and/or community services		X	X	X			X

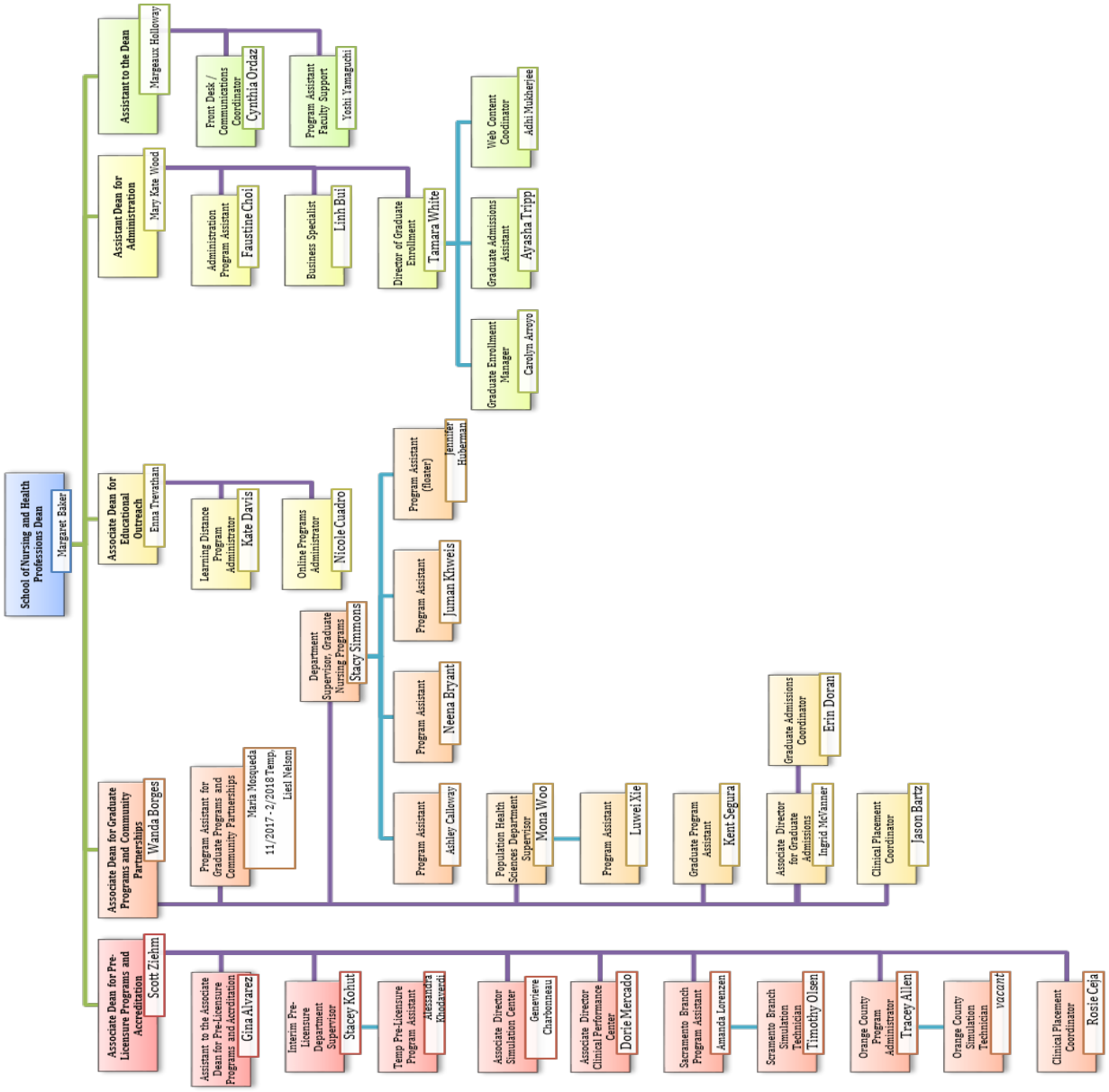
	Synthesized a literature review, project methods, findings, and recommendations into a professional quality report							X
	Demonstrated professional level presentation skills to diverse audiences							X
BH603 Applied Research Methods	Demonstrate understanding of the ethical standards of scientific inquiry, particularly in regard to protecting and promoting the wellbeing of vulnerable and oppressed populations.						X	
	Differentiate among behavioral and social study designs, types of sampling, measurement, and other aspects of research methodologies for designing and evaluating prevention and intervention efforts.		X	X				
	Design and employ appropriate data collection methodologies for generating diverse types of knowledge and evaluating various aspects of practice.	X		X				
	Correctly apply basic statistical tests for data analysis.			X				X
	Apply their understanding of research methods to critically assess published research articles.	X						

BH640 Behavioral Health Informatics	Assess the role of healthcare informatics in improving service delivery, health promotion, and patient-centered care	X	X					
	Articulate how health information systems can be used to address mental health care needs of populations both nationally and globally	X	X				X	
	Successfully analyze risk, privacy, and ethical issues in use of behavioral health informatics	X					X	
	Select appropriate, evidence-based behavioral health informatics technologies and approaches and propose how these might be successfully employed in community healthcare settings		X	X		X		
BH 615 Project Management and Quality Improvement	Identify opportunities for patients and families to participate in quality improvement efforts		X		X	X	X	
	Use critical reasoning and project management tools to perform a gap and opportunity analysis and develop a problem statement	X		X	X			
	Create a formal project plan with goals, objectives, activities, a time line and budget			X	X			X
	Apply quality improvement tools to identify issues and monitor progress			X	X			

MPH622 Communicating for Healthy Behavior and Social Change	Evaluate the role of social and behavioral interventions to reduce public health problems and to improve the health of individuals and populations.	X	X					
	Critically appraise the empirical support, strengths and weaknesses of different health behavior models and theories.		X					
	Analyze the ethical and cultural considerations that apply to health program planning, implementation, and evaluation.	X		X			X	
	Apply the concept of evidence-based public health to developing, identifying and evaluating social and behavioral interventions.		X	X	X			
	Apply health communication concepts to methods used by public and private institutions as they create change in public health behaviors or the environment in which individual behavior responds.	X	X				X	
	Analyze the context of health program planning, management and evaluation, including the relevance of diversity and disparities to health programs.	X						
	Synthesize skills in planning, managing and evaluating programs by producing a program grant proposal or equivalent program analysis.			X	X			X

MPH636 Public Health Program Planning, Management and Evaluation	Explain basic principles of program planning, community health assessment and the analysis of relevant statistical data.	X		X				
	Compare and contrast examples that support the use of relevant theory and measurable objectives in developing and managing programs.			X	X			
	Discriminate between principles of program implementation, evaluation and quality management.			X	X			
	Apply quantitative and qualitative research designs and methods for program planning, management and evaluation.			X				
	Appraise and discuss ethical and legal responsibilities of the program planner, manager and evaluator.			X	X		X	

Appendix C: Organization Chart / Budget


School of Nursing and Health Professions Dean
Margaret Baker
Assistant to the Dean
Margeaux Holloway
Front Desk / Communications Coordinator
Cynthia Ordaz
Program Assistant Faculty Support
Yoshi Yamaguchi
Assistant Dean for Administration
Mary Kate Wood
Administration Program Assistant
Faustine Choi
Business Specialist
Linh Bui
Director of Graduate Enrollment
Tamara White
Web Content Coodinator
Adhi Mukherjee
Graduate Admissions Assistant
Ayasha Tripp
Graduate Enrollment Manager
Carolyn Arroyo
Associate Dean for Educational Outreach
Enna Trevathan
Learning Distance Program Administrator
Kate Davis
Online Programs Administrator
Nicole Cuadro
Department Supervisor, Graduate Nursing Programs
Stacy Simmons
Program Assistant (Hoster)
Jennifer Huberman
Program Assistant
Juman Khweis
Program Assistant
Neena Bryant
Program Assistant
Ashley Calloway
Associate Dean for Graduate Programs and Community Partnerships
Wanda Borges
Program Assistant for Graduate Programs and Community Partnerships
Maria Mosqueda
11/2017 - 2/2018 Temp.
Liesl Nelson
Population Health Sciences Department Supervisor
Mona Woo
Program Assistant
Luwei Xie
Graduate Program Assistant
Kent Segura
Graduate Admissions Coordinator
Erin Doran
Associate Director for Graduate Admissions
Ingrid McFanner
Clinical Placement Coordinator
Jason Bartz
Associate Dean for Pre-Licensure Programs and Accreditation
Scott Ziehm
Assistant to the Associate Dean for Pre-Licensure Programs and Accreditation
Gina Alvarez
Interim Pre-Licensure Department Supervisor
Stacey Kohut
Temp Pre-Licensure Program Assistant
Alessandra Khodaverdi
Associate Director Simulation Center
Genevieve Charbonneau
Associate Director Clinical Performance Center
Dorie Mercado
Sacramento Branch Program Assistant
Amanda Lorenzen
Sacramento Branch Simulation Technician
Timothy Olsen
Orange County Program Administrator
Tracey Allen
Orange County Simulation Technician
vacant
Clinical Placement Coordinator
Rosie Ceja

SONHP Department:	Population Health Sciences	
	16-17 Expenses	17-18 Projection
Part-time Faculty	$236,156	$250,000
Student Workers	$24,599	$24,000
Supplies	$4,900	$4,800
Events	$19,856	$19,000
Accreditation	$41,356	$42,000
Travel	$5,793	$5,500
Scholarships	$104,879	$100,000
Total	$437,539	$445,300
Projected Fee Revenue		$12,000
Enrollment	246	247
Student Credit Hours	1583	1944

Appendix D: Self-Assessment of Achievement of Program Learning Outcomes

Self-assessment of achievement of program learning outcomes

All graduating MSBH students complete this assignment during their final week of school as part of their capstone course.

Mission: The mission of the MS in Behavioral Health is to deliver a rigorous yet pragmatic academic program that will prepare future leaders with the skills to promote social justice, address disparities, and improve the efficiency and effectiveness of social service and health care systems.

MSBH LEARNING OUTCOMES (2016-2017)

Upon completion of the MSBH, students will be able to:

- Advocate for social justice, equity, and ethical practices in healthcare and/or social services
- Analyze physical, psychological, sociocultural, health system and/or political factors that affect health and wellbeing
- Partner with service consumers, community stakeholders, or other care providers to identify barriers to care access and quality
- Contribute proficiently to the design, implementation, and evaluation of effective and efficient health care or community programs
- Effectively incorporate evidence-based practices and behavioral change theories to inform health and wellness education or program development and implementation
- Plan and manage projects, quality improvement efforts, or staff development programs
- Synthesize primary and secondary data in professional quality reports or presentations

To achieve these outcomes, you took 13 courses:

BH 612 Introduction to Community Health Concepts

BH 614 Foundational Skills for Behavioral Health Practice

BH 603 Applied Research Methods

MPH 636 Public Health Program Planning, Management & Evaluation

BH 624 Chronic Conditions: Biopsychosocial Aspects & Interventions

MPH 622 Communicating for Healthy Behavior & Social Change

BH 615 Project Management & Quality Improvement

BH 626 Behavioral Health Fieldwork 1

BH 622 Integrated Behavioral Health Practice in Primary Care Settings

BH 621 Legal, Ethical & Professional Issues in Behavioral Health

BH 623 Team Leadership & Inter-professional Collaboration

BH 646 Behavioral Health Fieldwork 2 and Capstone

BH 640 Behavioral Health Informatics

For this final reflection, it is time to take stock of both your personal progress and the MSBH curriculum. Ideally, you would be able to demonstrate mastery on all 8 outcomes. Hopefully, even if you have not achieved full mastery, you will be justifiably impressed with your achievements. But, each person's learning journey is different.

For each of the outcomes, please write a paragraph providing an assessment of your personal progress. If you were unable to fully achieve a program outcome, please explain why. Feel free to share any achievements that made you feel particularly proud.

AND,

For each of the outcomes, please provide specific feedback on where the MSBH program has particular strengths and how the curriculum, instruction, and advising can be improved to help all students make optimum progress during their MSBH educational experience.

Time spent writing this important end-of-program reflection can be counted toward your fieldwork hours.

Please submit your reflection paper in this assignment. This paper is not a formal one and need not adhere to APA formatting.

U SAN FRANCISCO | School of Nursing and Health Professions

Master of Science in Behavioral Health
Preceptor Evaluation of Student in Fieldwork Experience
SEMESTER 1

The purpose of this form is to provide the preceptor with an opportunity to evaluate the student's performance in the Field Experience during the first semester. The preceptor and student should review and discuss this evaluation together before it is submitted.

Student's Name: _____

Preceptor's Name: _____

Preceptor's Title: _____ Preceptor's Email: _____

Please rate the student's performance during the field experience based on the following criteria:

N/A – Not applicable
1 = Unacceptable at this point in training
2 = Some what below expectations
3 = Met expectations
4 = Consistently exceeded expectations

In any area in which the students performance is rated a "1" or "2," please provide additional comments at the end of the document.

Work Habits	4	3	2	1	N/A
Showed initiative					
Was prepared to complete tasks					
Completed assigned tasks					
Was consistently on time for meetings and appointments and when completing work					
Was able to work independently					
Sought assistance at appropriate times					
Was a dependable member of an inter-professional team					
Worked toward forming consensus on areas of disagreement					
Was open to suggestions from you and other members of the team					
Raised questions and made suggestions in an appropriate and respectful manner					

Skills and Knowledge	4	3	2	1	Don't know	N/A
Has been communicating effectively with you, other team members, clients, and community partners						
Is actively seeking to learn about the functions of various professionals in the planning, implementation and evaluation of agency services						
Is producing clear, well-organized, well-researched, and carefully proofread documents						
Has worked with you to write specific, measurable, realistic objectives to guide personal and professional development and direct the completion of the capstone project						
Has been able to identify ethical, legal and professional issues impacting the effective delivery of quality care						
Is using collaborative methods to achieve personal, organizational and community goals						
Has shown understanding that the agency is part of a larger healthcare system; has shown an understanding of the social determinants of health when thinking about intervention selection, program design and improvement						
Has been identifying obstacles to effective healthcare practice and proposing appropriate solutions						
Has been using theory-based communication, behavior change, and social justice strategies responsive to the diverse cultural values, traditions, and circumstances of the communities that your agency serves						
Has been using evidence-based program planning, implementation, improvement and/or evaluation of strategies						
Is beginning to identify factors which impact outcomes of health services including costs, financing, and political and organizational dynamics						

If you gave the student a "1" or "2" in any of the areas above, please provide additional information

Appendix E: Preceptor Evaluation of Student in Fieldwork Experience

3. Is the student bringing the appropriate knowledge and skills needed to work effectively in your agency and complete the projects(s)? If no, what additional knowledge and skills are needed?

4. What strengths did this student bring to the internship this semester?

5. For the second semester, what changes, if any, would you make in the students learning or project objectives?

Overall, how would you grade this student?

Final Grade Assigned for Field Experience	(Check One)
A= Outstanding	
AB= Very Good	
B= Good	
BC= Satisfactory, but below expectations	
C=Marginal Pass	
F=No Credit	

Please provide your email if you wish to schedule an appointment with the fieldwork faculty to discuss any questions or issues you have about fieldwork _____

Preceptor's Signature:_____Date: _____

Student's Signature:_____Date: _____

After this document has been reviewed and signed, the student should make a copy and submit it through the Fieldwork course website.

v. 11.17.15 KKRaffel

Content of the presentation

	Excellent 5	4	3	2	Poor 1
Introduction was attention-getting, laid out the problem and importance of project, and established a framework for the rest of the presentation.					
Technical terms were well defined in language appropriate for the target audience. Key concepts and theories were clearly explained.					
Presentation was logically organized and flowed smoothly from one section to the next.					
The content was accurate. Presentation appropriately cited sources.					
The material included was relevant to the overall message/purpose and was at the appropriate level of detail.					
Methodology was described and easy to follow.					
Speaker identified both limitations of project and directions for future research or work.					
There was an obvious conclusion summarizing the presentation's key points and take away messages.					

Speaking style/delivery

	Excellent 5	4	3	2	Poor 1
Speaker maintained eye contact with the audience, was poised, and used appropriate body language.					
Speaker spoke clearly and at an appropriate volume.					
Speaker kept within the time limits without rushing.					
Speaker limited use of filler words ("umm," "like," "right," etc.).					
Speaker was well prepared and did not read from slides.					
Speaker was at ease answering questions from the audience.					

Presentation materials

	Excellent 5	4	3	2	Poor 1
Slides and handouts (if used) were professional and enhanced the presentation. Creative elements served the purpose of the presentation.					
Graphs, tables, and diagrams were easy to interpret and supported key messages.					
The font was easy to read and details on slides were minimized.					

Overall impression

	Excellent 5	4	3	2	Poor 1
The talk engaged your interest throughout.					

Appendix E: Online Orientation Course

Canvas: MSBH and MPH-MSBH Orientation Portal

1. **Welcome from your program director**
- MS in Behavioral Health and MPH-MSBH Orientation Course and Handbook
- Welcome from the Program Director

2. **Getting Started with Canvas, our learning management system**
- OVERVIEW: Becoming familiar with Canvas
- System Check and ITS Help Desk Info
- Navigating your learning management system, Canvas
- Canvas Tools
- Other Online Tools You Might Use
- ASSIGNMENT: Your USF E-mail Account
- Getting Started Assignment Checklist

3. **Introduction to USF**
- Introduction to USF Module Overview
- Welcome to the University of San Francisco
- A brief history of the School of Nursing and Health Professions
- Graduate Student Handbook
- Academic Integrity
- Professional Integrity
- USF Honor Code
- USF Honor Code Quiz
- Introduction to USF Module Checklist

4. **The MSBH and the MPH-MSBH - The Academic Programs**
- Program Outcomes
- Curriculum Plan for Full Time Students
- Course Descriptions
- Canvas
- Fieldwork
- Planning your fieldwork experience
- Academic Program: Assignment Checklist

5. **Registration and Tuition**
- Registration, Attendance & Census Dates
- One Stop Enrollment and Financial Services Registration checklist

6. **How to Succeed as an MSBH or MPH-MSBH Student**
- Succeeding as an graduate student - Module Overview
- Tips for Success
- Advising

- Academic Support Resources
- Time Management and Study Tips
- NY Times article: The Value of Monotasking
- USF Library Intro and Research Strategies Tutorials
- APA Style Guide For Writing Paper
- Learning beyond the classroom
- Career Services
- LinkedIn
- Past Job Postings
- Potential Certifications for MSBH graduates

7. The MSBH and MPH-MSBH Community

- Assignment: Who I am and where am I going from here
- Your Professors
- Program Administrator and Program Assistant
- Population Health Sciences Student Association
- Become a Graduate Student Ambassador

8. Housing and Getting Around

- Finding a place to live
- Connecting with classmates for housing, transportation and other important stuff
- Public Transportation and Muni Passes
- Guide to the Hilltop campus
- Manage Guide to the Hilltop campus

9. On to the adventure

- EVENTS: On campus orientation
- EVENTS: Health Professions Day (FRIDAY, AUGUST 10th) and Graduation

Appendix F: Service and Research

Faculty Service

Kelly L'Engle (program specific service is presented in the report)

- **SONHP:**
  - Department Chair, Population Health Sciences (2017-2019)
  - Co-Program Director, Master of Public Health Program (2018)
  - Advisory Committee, Center for Professional Development (2016-present)
  - Faculty Advisor to Population Health Sciences Student Association (2016-present)
  - Admissions Committee for Master in Behavioral Health program, Dual Degree Program (2015-present)
  - Curriculum Committee (2016-present)
  - Program Evaluation Committee (2015-2016)

- **University of San Francisco**
  - Peer Coach for Teaching, Center for Teaching and Learning (2018-present)
  - Task Force on Department Chairs (2017-2018)
  - Faculty Learning Community for Best Practices for Hybrid Learning Experiences (2016-2017)
  - 3-Day Tech Intensives Bootcamp, Center for Instruction and Technology (June 2016)

- **Service to the Profession**
  - Member of Technical Advisory Group: World Health Organization (WHO), Geneva, Switzerland (2016-present)
    Program Committee Member, Panel Moderator, YTH Live youth + technology + health conference, San Francisco (2017-2018)
  - Grant Application Reviewer: Medical Research Council (MRC)/Department for International Development (DFID)/National Institute for Health Research (NIHR) (2017)
  - Grant Application Reviewer: Netherlands Organization for Scientific Research (2016)
  - Reviewer for Gillings Innovation Labs Faculty Awards, The University of North Carolina at Chapel Hill, Gillings School of Public Health (2015-2016)
  - Served on dissertation committees and regular guest lecturer, The University of North Carolina at Chapel Hill, Gillings School of Public Health, Adjunct Faculty, Department of Maternal and Child Health (2010-2015)

- **Professional Memberships**
  - International AIDS Society (2017-present)
  - World Health Organization (WHO), Guidelines Development Group (2016-present)

- World Health Organization (WHO), mTERG on Mobile Technology Evidence Review Group in Reproductive, Maternal, Newborn, and Child Health (2012-2015)
- Founder, Triangle mHealth Consortium (2014-2015)
- Evidence Working Group, mHealth Alliance (2011-2013)
- Advisory Board, mHealth Working Group, Knowledge for Health/USAID (2009-2015)
- American Public Health Association (1997-present)

- **Manuscript reviewer:**
  AIDS and Behavior
  BMC Public Health
  BMC Women's Health
  BMJ Global Health
  Bulletin of the World Health Organization
  Developmental Psychology
  Global Health Science and Practice
  Journal of Adolescent Health
  Journal of Communication
  Journal of Early Adolescence
  Journal of Family Planning and Reproductive Healthcare
  PLoSOne
  Pediatrics
  Social Science and Medicine
  Studies in Family Planning

Kathleen Raffel (program specific service is presented in the report)

- **SONHP**:
  - Director, MSBH program (2014-2018)
  - Vice-chair, Population Health Sciences Department (2015-2018)
  - Leadership Council (2014-2018)
  - Chair, Graduate Student Writing Workgroup (2017-2018)
  - Program Evaluation Committee (2016-2018)
  - Academic community partnership committee (2016-2017)
  - MyWritingLab Advisory Committee (2015-2017)
  - Health coaching training workgroup (2015-2018)
  - Curriculum Committee (2015-2016)
  - Ethics core curriculum planning committee (2015-2016)
  - Faculty search committees (2015-2018)

- **University of San Francisco:**
  - Interdisciplinary Committee on Aging; Gerontology Minor Advisory group (2015-2018)

- Member (by invitation) of the Community Engaged Learning Task Force convened by the McArthy Center to rewrite the service learning requirement for USF students (2016-2017)
- Member (by invitation), Lane Center community partnership with St. Anthony's (2016-2018)
- Member, University Accreditation Committee (2016-2017)
- Member, Western Addition Community Needs Assessment group (2015-2016)
- Conference Coordinator of "Improving Care at Home: Challenges and Opportunities" (Conference held October 24, 2015)

- **The Community:**
  - Senior Core Longitudinal Evaluation for the Corporation for National & Community Service: Technical Working Group, Caregiver Longitudinal Study (2015-2017)
  - Family Caregiver Alliance, Member Board of Directors; Caregiver Assessment 2.0 Advisory Committee (2013-present)

- **Professional Memberships**
  - American Public Health Association
  - Society of Public Health Education
  - National Association of Social Workers
  - Association of Prevention Teaching and Research
  - Association of Practical and Professional Ethics

Faculty Research

Kelly L'Engle

My research agenda is focused on applying evidence-based solutions to behavioral health challenges using new technologies. I have expertise in behavioral health and communication, along with design and implementation experience in field-based technology interventions. Recently I have begun several new research projects in collaboration with USF MSBH students. (Note that student collaborations on publications and presentations are indicated with an asterisk*.)

My research in this area includes:

1. Planning, implementation, and analysis of monitoring and evaluation for health campaigns, with a focus on digital health interventions and methods. My work is conducted in collaboration with in-country teams, mobile phone partners, and US and international colleagues to develop and field surveys for monitoring and evaluation of integrated health projects. This work has resulted in several innovations in methods for monitoring and evaluating health campaigns in global health. For example, I applied standardized methods for calculating

response rates to random digit dial mobile phone surveys in Ghana, resulting in the first publication below. These methods are now being used in Malawi for similar evaluation of integrated health campaigns. I also work with a World Health Organization Technical Advisory Group to provide guidance to governments on digital health strategies.

- L'Engle, K., Sefa, E., Adimazoya, E. A., Yartey, E., Lenzi, R., Tarpo, C., Heward-Mills, N. L., Lew, K., Ampeh, Y. (2018). Survey research with a random digit dial national mobile phone sample in Ghana: Methods and sample quality. *PLoS ONE*, 13(1): e0190902. https://doi.org/10.1371/journal.pone.0190902
- Willoughby, J. F., L'Engle, K. L., Jackson, K., Brickman, J. (2017). Using text message surveys to evaluate a mobile sexual health question-and-answer service. *Health Promotion Practice*, ():1-7. doi: 10.1177/1524839917691945.
- Agarwal, S., LeFevre, A. E., Lee, J., L'Engle, K., Mehl, G., Sinha, C., Labrique, A., and the WHO mHealth Technical Evidence Review Group (mTERG). (2016). Guidelines for reporting of health interventions using mobile phones: mobile health (mHealth) evidence reporting and assessment (mERA) checklist. *BMJ,* 352;i1174. doi: 10.1136/bmj.i1174

2. Lead intervention development of a mobile phone intervention for pregnancy prevention currently being tested in a cluster-randomized trial with approximately 800 women in Mombasa, Kenya. This trial is funded by Australia's National Health and Medical Research Council. This is the first rigorous study of a reproductive health technology intervention for female sex workers. All of my intervention development work emphasizes the use health behavior change theory and systematic application of user-centered design methods. Publications and presentations highlighting the theory-based and participatory development approach to intervention design include:
   - L'Engle, K., & Ampt, F., & WHISPER and SHOUT Research Collaborative. (Under review). "This thing happens to sex workers and it has happened to me too": Participatory development of a sexual and reproductive health and rights digital intervention for female sex workers in Kenya. *BMC Special Supplement.*
   - Ampt, F., Mudogo, C., Gichangi, P., Lim, M., Chersich, M., Jaoko, W., Temmerman, M., Laini, M., Comrie-Thomson, L., Stoove, M., Agius, P., Hellard, M., L'Engle, K., Luchters, S. (2017). WHISPER or SHOUT study: Protocol of a cluster-randomised controlled trial assessing mHealth sexual reproductive health and nutrition interventions among female sex workers in Mombasa, Kenya. *BMJ Open*, 7: e017388. doi:10.1136/bmjopen-2017-017388
   - L'Engle, K. L. (2017). Engaging, accessible, and persuasive: Using behavioral science, communication, and technology development principles to design a mobile phone intervention for female sex workers in Kenya. American Public Health Association, Annual Conference, Atlanta, GA.
   - L'Engle, K. (2017). "Dear Mrembo [Beautiful]: Development, testing, and finalization of a theory-driven, human-centered mobile phone intervention to

prevent pregnancy and HIV/STI among female sex workers in Mombasa, Kenya" for the International AIDS Society conference, Paris, France.

3. Focus on reproductive health interventions for young people around the world. Much of the focus of my research has been on improving behavioral health among adolescents and young adults. This is a prime period of the life course for developing health attitudes and behaviors that will persist into adulthood, and new communication modalities are among the most effective ways to reach and support young people in their health decision-making. Prior to my work with new technologies, I directed a longitudinal study with adolescents in North Carolina and published extensively on mass media impacts on adolescents' health behaviors (publications are not shown here).
   - Ippolito, N. B., L'Engle, K. L. (2017). Meets us on the phone: mobile phone programs for adolescents sexual and reproductive health in low- to middle-income countries. *Reproductive Health*, 14(1):11. doi: 10.1186/s12978-016-0276-z. Review.
   - L'Engle, K., *Mangone, E., Parcesepe, A., Agarwal, S., Ippoliti, N. (2016). Mobile Phone Interventions for Adolescent Sexual and Reproductive Health: A Systematic Review. *Pediatrics*, 138(3). Aug 2016, e20160884; doi:10.1542/peds.2016-0884
   - Willoughby, J., L'Engle, K. (2015). Influence of perceived interactivity of a sexual health text message service on teen's attitudes, satisfaction, and repeat use. *Health Education Research,* 30(6): 996-1003. doi: 10.1093/her/cyv056
   - Gonsalves, L., L'Engle, K., Tamrat, T., Plourde, K., *Mangone, E., *Agarwal, S., Say, L., Hindin, M. (2015). Adolescent/Youth Reproductive Mobile Access and Delivery Initiative for Love and Life Outcomes (ARMADILLO) Study: formative protocol for mHealth platform development and piloting. *Reproductive Health*, 12(67): doi:10.1186/s12978-015-0059-y

4. Principle Investigator on a randomized controlled trial to test a brief intervention to reduce alcohol use with female sex workers in Kenya. In collaboration with Kenya colleagues and with funding from the US Agency for International Development, we developed a theory-based six-session counseling intervention and compared it to an equal-attention nutrition control group. The intervention was tested with about 800 women and resulted in decreased alcohol use, binge drinking, sexual violence, and disengagement from sex work. This was the first study to test the behavioral and clinical effects of a harm reduction intervention for sex workers in Kenya. A former student fellow (indicated by *) was a close collaborator on the study.
   - Parcesepe, A. M., L'Engle, K. L., Martin, S. L., Green, S., Suchindran, C., Mwarogo, P. (2016). Early sex work initiation and violence against female sex workers in Mombasa, Kenya. *Journal of Urban Health*, 93(6):1010-1026.
   - Parcesepe, A., L'Engle, K., Martin, S., Green, S., Sinkele, W., Suchindran, C., Speizer, I., Mwarogo, P. Kingola, N. (2016). The impact of an alcohol harm

reduction intervention on violence and engagement in sex work among female sex workers in Mombasa, Kenya: Results from a randomized controlled trial. *Drug and Alcohol Dependence*, 161:21-8. doi: 10.1016/j.drugalcdep.2015.12.037

- Velloza, J., L'Engle, K., Mwarogo, P., Chokwe, J., Magaria, L., Sinkele, W., Kingola, N. (2016). Stages and processes of change utilized by female sex workers participating in an alcohol-reduction intervention in Mombasa, Kenya. *Substance Use and Misuse*, 50(13):1728-37. doi: 10.3109/10826084.2015.1037397
- L'Engle KL, Mwarogo P, Kingola N, Sinkele, W, Weiner D. (2014). A randomized controlled trial of a brief intervention to reduce alcohol use among female sex workers in Mombasa, Kenya. *Journal of AIDS*, 67(4):446-53. DOI: 10.1097/QAI.0000000000000335.

5. Conduct formative research to understand chronic disease prevention among young adult Latinos. The focus currently is ongoing local partnership development and focus group discussions to explore digital health solutions and other intervention modalities. USF Faculty Development Funds were awarded to Dr. L'Engle for 2017 and 2018 for this project. Preliminary focus groups results have been submitted for presentation at a meeting with a student as first-author on the abstract.

6. Currently I am conducting a review of the literature on behavioral health interventions. I am using Scoping Review methods to understand how the term behavioral health is used in publications, the training of authors in this area, and the focus of these papers. This is a student-faculty research collaboration, and MSBH-MPH students presented our initial findings at the annual meeting of the American Public Health Association.
   - L'Engle, K. L., *Puran, D., & *Jackson, C. (2017). What is Behavioral Health? A scoping review of definitions and state of the field. American Public Health Association, Annual Conference, Atlanta, GA. (*Puran and Jackson are recent MSBH-MPH USF graduates)

7. Development and evaluation of counseling and referral tools for frontline health workers. Currently, I work with a team based in India and at UC San Francisco on a mobile phone counseling app for frontline health workers, in which I serve as the lead for the user-centered technology evaluation of the app. In Tanzania, I worked with a team to develop and test a mobile phone intervention for community health workers counseling HIV positive clients on family planning.
   - Braun, R., Lasway, C., *Agarwal, S., L'Engle, K., Layer, E., Silas, L., Mwakibete, A., Kudrati, M. (2016). An Evaluation of a Family Planning Mobile Job Aid for Community Health Workers in Tanzania. *Contraception*, 94(1):27-33. doi: 10.1016/j.contraception.2016.03.016
   - *Agarwal, S., Lasway, C., L'Engle, K., Homan, R., Layer, E., Ollis, St., *Braun, R., Silas, L., Mwakibete, A., Kudrati, M. (2016). Family Planning Counseling in

Your Pocket: A Mobile Job-Aid for Community Health Workers in Tanzania. *Global Health Science and Practice*, 4(2):300-10.

- *Peer-Reviewed Publications (*Indicates articles that include students as co-authors)*

1. L'Engle, K., Sefa, E., Adimazoya, E. A., Yartey, E., Lenzi, R., Tarpo, C., Heward-Mills, N. L., Lew, K., Ampeh, Y. (2018). Survey research with a random digit dial national mobile phone sample in Ghana: Methods and sample quality. *PLoS ONE*, 13(1): e0190902. https://doi.org/10.1371/journal.pone.0190902
2. Ampt, F., Mudogo, C., Gichangi, P., Lim, M., Chersich, M., Jaoko, W., Temmerman, M., Laini, M., Comrie-Thomson, L., Stoove, M., Agius, P., Hellard, M., L'Engle, K., Luchters, S. (2017). WHISPER or SHOUT study: Protocol of a cluster-randomised controlled trial assessing mHealth sexual reproductive health and nutrition interventions among female sex workers in Mombasa, Kenya. *BMJ Open*, 7: e017388. doi:10.1136/bmjopen-2017-017388
3. L'Engle, K. L., Plourde, K. F., Zan, T. (2017). Evidence-based adaptation and scale-up of a mobile phone health information service. *mHealth*, 3:11. doi:10.21037/mhealth.2017.02.06
4. *Willoughby, J. F., L'Engle, K. L., Jackson, K., Brickman, J. (2017). Using text message surveys to evaluate a mobile sexual health question-and-answer service. *Health Promotion Practice*, ():1-7. doi: 10.1177/1524839917691945
5. Ippolito, N. B., L'Engle, K. L. (2017). Meets us on the phone: mobile phone programs for adolescents sexual and reproductive health in low- to middle-income countries. *Reproductive Health,* 14(1):11. doi: 10.1186/s12978-016-0276-z. Review.
6. *Parcesepe, A. M., L'Engle, K. L., Martin, S. L., Green, S., Suchindran, C., Mwarogo, P. (2016). Early sex work initiation and violence against female sex workers in Mombasa, Kenya. *Journal of Urban Health*, 93(6):1010-1026.
7. *L'Engle, K., Mangone, E., Parcesepe, A., Agarwal, S., Ippoliti, N. (2016). Mobile Phone Interventions for Adolescent Sexual and Reproductive Health: A Systematic Review. *Pediatrics,* 138(3). Aug 2016, e20160884; doi:10.1542/peds.2016-0884
8. *Parcesepe, A., L'Engle, K., Martin, S., Green, S., Suchindran, C., Mwarogo, P. (2016). Early Sex Work Initiation and Condom Use among Alcohol-using Female Sex Workers in Mombasa, Kenya: A Cros-sectional Analysis. *Sexually Transmitted Infections*. doi: 10.1136/sextrans-2016-052549. [Epub ahead of print]
9. *Agarwal, S., LeFevre, A. E., Lee, J., L'Engle, K., Mehl, G., Sinha, C., Labrique, A., and the WHO mHealth Technical Evidence Review Group (mTERG). (2016). Guidelines for reporting of health interventions using mobile phones: mobile health (mHealth) evidence reporting and assessment (mERA) checklist. *BMJ,* 352;i1174. doi: 10.1136/bmj.i1174
10. *Braun, R., Lasway, C., Agarwal, S., L'Engle, K., Layer, E., Silas, L., Mwakibete, A., Kudrati, M. (2016). An Evaluation of a Family Planning Mobile Job Aid for

Community Health Workers in Tanzania. *Contraception*, 94(1):27-33. doi: 10.1016/j.contraception.2016.03.016

11. *Agarwal, S., Lasway, C., L'Engle, K., Homan, R., Layer, E., Ollis, St., Braun, R., Silas, L., Mwakibete, A., Kudrati, M. (2016). Family Planning Counseling in Your Pocket: A Mobile Job-Aid for Community Health Workers in Tanzania. *Global Health Science and Practice*, 4(2):300-10.
12. *Parcesepe, A., L'Engle, K., Martin, S., Green, S., Sinkele, W., Suchindran, C., Speizer, I., Mwarogo, P. Kingola, N. (2016). The impact of an alcohol harm reduction intervention on violence and engagement in sex work among female sex workers in Mombasa, Kenya: Results from a randomized controlled trial. *Drug and Alcohol Dependence,* 161:21-8. doi: 10.1016/j.drugalcdep.2015.12.037
13. *Mangone E, Agarwal S, L'Engle K, Lasway C, Zan T, van Beijma H, Orkis J, Karan W. (2016). Sustainable cost models for mHealth at scale: Modeling program data from m4RH Tanzania. *PlosOne*, 11(1): e0148011. doi: 10.1371/journal.pone.0148011.
14. *Velloza, J., L'Engle, K., Mwarogo, P., Chokwe, J., Magaria, L., Sinkele, W., Kingola, N. (2016). Stages and processes of change utilized by female sex workers participating in an alcohol-reduction intervention in Mombasa, Kenya. *Substance Use and Misuse*, 50(13):1728-37. doi: 10.3109/10826084.2015.1037397
15. *Willoughby, J., L'Engle, K. (2015). Influence of perceived interactivity of a sexual health text message service on teen's attitudes, satisfaction, and repeat use. *Health Education Research*, 30(6): 996-1003. doi: 10.1093/her/cyv056
16. L'Engle, K., Green, K., Succop, S., Laar, A., & Wambugu, S. (2015). Scaled-up Mobile Phone Intervention for HIV Care and Treatment: Protocol for a Facility Randomized Controlled Trial. JMIR Research Protocols, 4(1): e11. doi:10.2196/resprot.3659
17. *Gonsalves, L., L'Engle, K., Tamrat, T., Plourde, K., Mangone, E., Agarwal, S., Say, L., Hindin, M. (2015). Adolescent/Youth Reproductive Mobile Access and Delivery Initiative for Love and Life Outcomes (ARMADILLO) Study: formative protocol for mHealth platform development and piloting. *Reproductive Health*, 12(67): doi:10.1186/s12978-015-0059-y
18. L'Engle KL, Mwarogo P, Kingola N, Sinkele, W, Weiner D. (2014). A randomized controlled trial of a brief intervention to reduce alcohol use among female sex workers in Mombasa, Kenya. *Journal of AIDS*, 67(4):446-53. DOI: 10.1097/QAI.0000000000000335.
19. *Bengtson, A., L'Engle, K., Mwarogo, P., & Kingola, M. (2014). Levels of alcohol use and history of HIV testing among female sex workers in Mombasa, Kenya. *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV.* DOI: 10.1080/09540121.2014.938013
20. Chin-Quee, D., L'Engle, K., Otterness, C., Mercer, S., & Chen, M. (2014). Repeat use of emergency contraceptive pills in urban Kenya and Nigeria. *International Perspectives on Sexual and Reproductive Health*, 40(3):127-134.

21. Chin-Quee, D., L'Engle, K., & Otterness, C. (2014). Prospects for coitally-dependent hormonal contraception: perspectives from women in urban Kenya and Nigeria. *Journal of Family Planning and Reproductive Health Care*, 40:170-176. doi:10.1136/jfprhc-2013-100687.
22. L'Engle, K., Raney, L., & D'Adamo, P. (2014). mHealth resources to strengthen capacity of health program implementers and managers. *Global Health: Science and Practice*, 2(1):130. doi.org/10.9745/GHSP-D-14-00013.
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24. L'Engle, K., Lanham, M., Loolpapit, M, & Oguma, I. (2013). Understanding partial protection and HIV risk and behavior following voluntary medical male circumcision rollout in Kenya. *Health Education Research*. Nov 29(1):122-30. doi: 10.1093/her/cyt103.
25. Vahdat, H., L'Engle K., Plourde K., Magaria L., & Olawu A. (2013). 'There are some questions you may not ask in a clinic': Providing contraception information to young people in Kenya using SMS. *International Journal of Obstetrics and Gynecology*,123 Suppl 1:e2-6. doi: 10.1016/j.ijgo.2013.07.009
26. L'Engle, K., Vahdat, H., Ndakidemi E., Lasway C., & Zan, T. (2013) Evaluating feasibility, reach and potential impact of a text message family planning information service in Tanzania. *Contraception*, 87:251-256.
27. Lanham M., L'Engle K., Loolpapit M., & Oguma I. (2012). Women's roles in voluntary medical male circumcision in Nyanza Province, Kenya. *PLoS One* Sep 7(9): e44825.
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34. Hust, S. J., Brown, J. D., & L'Engle, K. (2008). Boys will be boys and girls better be prepared: An analysis of the rare sexual health messages in young adolescents' media. *Mass Communication and Society*, 11 (1):3-23.
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36. L'Engle, K., Jackson, C., & Brown, J. D. (2006). Early adolescents' cognitive susceptibility to initiating sexual intercourse. *Perspectives on Sexual and Reproductive Health*, 38(2):97-105.
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38. L'Engle, K., Brown, J. D., & Kenneavy, K. (2006). Mass media are an important context for adolescents' sexual behavior. *Journal of Adolescent Health*, 38(2):186-192.
39. Brown, J. D., Halpern, C. T., & L'Engle, K. (2005). Mass media as a sexual super peer for early maturing girls. *Journal of Adolescent Health*, 36(5):420-427.
40. Pardun, C. J., L'Engle, K., & Brown, J. D. (2005). Linking exposure to outcomes: Early adolescents' consumption of sexual content in six media. *Mass Communication and Society*, 8(2):75-91.
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Appendix G: Fieldwork Sites and Capstone Topics

Fieldwork Organizations and Capstone Focus

Name of Organization	Year(s)	Type of organization	Type of project(s)
BAART	2014	Mental health/substance use disorders	Program evaluation
Bill Wilson Center	2015, 2016, 2017	Child and adolescent mental health services	Program development: employee wellness; transition age youth empowerment; foster parent training on trauma-informed care
Bring Change 2 Mind	2016	Advocacy/education	Health promotion materials
California Pan-Ethnic Health Network	2018	Policy	Research on mental health needs of immigrants
Center for Recovery - John Muir Health	2015	Mental health/substance use disorders.	Community building
CityTeam Ministries Recovery Program	2016	Residential substance abuse treatment	Needs assessment/quality improvement
De Marillac Academy	2016, 2017, 2018	Middle school	Mental health promotion education; program evaluation
Delancey Street	2018	Re-entry services and recovery support	Program development
Episcopal Community Services	2016	Homeless Services	Program development
Equilibrium Dynamics	2018	Professional training	Emotional health skill building training
Family Caregiver Alliance	2018	Advocacy & direct services	Research Community outreach to Hispanic community
HealthiVibe	2018	Research/consulting	Patient engagement in clinical trials
Healthright 360	2018	FQHC	QI to improve service utilization
Homeless Prenatal Program	2018	Social service	QI to improve access to long term housing
Huckleberry Youth Center	2018	Social Service	QI to improve outreach; mental health education
Janus of Santa Cruz	2018	Substance abuse treatment	Staff training
Kaiser Permanente	2015	Health care	QI diabetic care plans
LIFT – Levántate	2015	Social service	Program evaluation
Oakland Food Policy Council	2016	Advocacy	Advocacy
Open Source Wellness	2018	Health promotion	QI
Opportunity Village Marin	2017	Social services	Program development: mental health promotion in transient individuals

Progress Foundation	2018	Residential rehabilitation	QI: medication errors QI: improve access to primary care
Project Open Hand	2018	Nutrition	QI: improve evaluation process
Rubicon Programs	2014	Mental health	Strategic planning
Sacramento Primary Health Center, Refugee Health Services	2018	Health & mental health	Program development
San Francisco Child Abuse Prevention Center	2017	Advocacy/education	Teacher training materials
San Francisco Department of Public Health	2014	Health care	Oral health education
San Francisco IHSS Public Authority	2015, 2016, 2018	Social services	Research, QI, outreach, education
San Francisco Juvenile Probation Department	2016	Justice system	Research on best practices
San Francisco Suicide Prevention	2017	Mental health/QI	QI: Screening and triage protocols
USDA Food and Nutrition Services	2018	Policy	QI: Successful implementation of evidence-based programming
San Lorenzo Unified School District	2016	Education	Program evaluation
Santa Clara Valley Med Center	2018	Health care	QI: Patient advocacy team
Seneca	2017	Mental Health Care	Mental health promotion education
St. Anthony Foundation	2017, 2018	Social services	Research; Program development
Stanford University	2018	Healthcare system	Nursing education
The Epiphany Center	2018	Residential treatment	Health education
UCSF - California Breast Cancer Research - Child Life Department - Psychiatry	 2016 2014 2018	Healthcare system	 Research Program development Research
University of the Pacific, Dugoni School of Dentistry	2015	Dental school	Dental student education
University of San Francisco - Athletics Department - Health Promotion Services - SONHP - Title IX office	2018 2015 2014, 2016, 2018 2016	Higher Education	Student athlete health education; Needs assessment; Social marketing; Program development
WellSpace Health	2014	Community Clinic	Research
Zuckerberg San Francisco General Hospital's (SFGH) Community Wellness Program	2017, 2018	Healthcare	Program evaluation Outreach

Student Name	Project Title	Fieldwork Site
MSBH Health Professions Day Presentations – August 2014		
Gursimran Khahera	An Evaluation of Integrated Care in Mental Health: Anxiety, Depression, and Drug Use	BAART
Kimberly Litts	An Evaluation of Mammography Services for Women 56-79 Years Old, at San Francisco Department of Public Health	San Francisco Department of Public Health
Dilem Polat	Improving Birth Outcomes: Women's Oral Health Project	San Francisco Department of Public Health
Ellen Sereno	Introducing Developmental Coping Strategies to Pediatric Primary Care: A Child Life Perspective	UCSF
Emily Shay	Inter-Professional Education Simulation for MSBH Program	University of San Francisco
Katelynn Williams	Seeking Behavior in Suicidal Youth Ages 15-24: Stories of Hope	WellSpace Health
MSBH Health Professions Day Presentations – August 2015		
Aimee Abellar	On the Path to Better Diabetes Care	Kaiser
Jonathan Cousin	Stress, a potential threat on student life: A needs assessment for Health Promotion Services (HPS)	Health Promotion Services, USF
Anne Cunniffe Marcy	Caring for Those Who Care the Most	Bill Wilson Center
Jordan Jew	Developing Inter-Professional Oral Health Education: An Evaluation of Educational Resources	University of the Pacific, Dugoni School of Dentistry
Natalie Macias	Does a Health Hub Work?	Lift-Levantate- Amend Current Contract
Allyson Mayo Giesecke	The New Face of Heroin Addiction Age 18-26	Center for Recovery - John Muir Health
Aouie Rubio	Barriers to Leaving Poverty	Rubicon Programs
Carl Schuler	Smoking Cessation: Evaluating a Program for USF Students	Health Promotion Services, USF
Renesha Westerfield	Assessing Needs of IHSS Providers	IHSS - San Francisco Authority
MSBH Health Professions Day Presentations – August 2016		
Nicole Bahbout	Promoting Skills Among Urban Youth for Post-Secondary Success	DeMarillac Academy
Jeremy Bambery	Mental Health Workout: Lifting Stigma	Bring Change 2 Mind
Jasmine Deras	Decolonize Your Diet	Oakland Food Policy Council
Jason Gant	Exploring Masculinity for a Healthy Campus Culture	USF Title IX office
Cedric Jackson	Organizational Behavior & Behavioral Health Teaming-up for CityTeam	CityTeam Ministries Recovery Program
Monique Martinez	I Determine Myself: A Self-Advocacy Guidebook for TAY at the BWC	Bill Wilson Center

Jennifer Massie	You Are Not Alone: An Integrated Approach to Addressing Perinatal Mood and anxiety Disorders	Interdisciplinary perinatal clinic in Marin County
Danielle Miller	Navigating Harm Reduction	Episcopal Community Services
Megan Phalon	Inside the Juvenile Justice System	Juvenile Probation Department, City and County of San Francisco
Deloras Puran	IHSS: Repackaging the Consumer Information	IHSS PA
Evelin Trejo	Adapting Stress Management Materials for Latinas with Breast Cancer: A Pilot Study	UCSF - California Breast Cancer Research Program
Amber White	Tuning “The System:” An Evaluation of Restorative Practices in the San Lorenzo Unified School District	San Lorenzo Unified School District
MSBH Health Professions Day Presentations – August 2017		
Jaspreet Bola	"I Need Help" Recommendations for a Trauma Informed Care Training for Resource Parents	Bill Wilson Center
Janelle Defiesta	The IMAGINE Project: Inspiring Vulnerable Adults Through Art and Mindfulness	Opportunity Village Marin
Ivy Epstein	“Do you think I should be worried?” Building a Call Structure for HIV- Nightline Callers	SF Suicide Prevention
Christina Francis	On-the spot Mindfulness-based Practices for Addressing Behavior Challenges Among 3rd Graders	Seneca
Glenda Kith	Developing a Peer Support Group Evaluation	SFGH Wellness Program
Iyo Kubota	Mindful Mornings: Meditation Group with Vulnerable Adults	Opportunity Village Marin
Alyssa Santos	Mindful Classroom: Developing & Testing Strategies for Resilience among Urban 7th Grade Students	De Marillac Academy
Bina Solanky	Safe Injection Facilities in the Tenderloin: Starting with Operational Plans	St. Anthony's
Kimmera Wilson	Child Safety Awareness Training Manual for SFUSD Teachers	SF Child Abuse Prevention Center