Thank you for inviting me to participate in this panel today -- I am a professor at NYU Silver School of Social Work – a School with a rich history in training clinical social workers and now thanks to our Dean, Lynn Videka, we are taking a leadership role in preparing our students for the new health care environment.

But I want to start by saying that social workers “get it.”

That many of the concepts and values that are shaping integrated and collaborative care have been fundamental to social work training and education for decades.

These include:

1) Our **Person-in-Environment perspective** – all social workers learn this ecological approach in their foundation year – they learn we cannot understand a person’s well-being and health care decisions without understanding the larger context of their lives, which include the social determinants of health, and that to promote good health outcomes one must look beyond the individual person to work with their families and communities. Atul Gawande’s ground breaking *New Yorker* article “The Hot Spotters” made clear how sometimes simple interventions enhancing one’s living circumstances, social support or community resources can make a dramatic impact on a person’s ability to maintain their health. Social workers are the ideal professionals to collaborate and create partnerships with individuals, families and communities to carry out these cost-effective interventions that focus on prevention and wellness management.

2) **Self-Determination is a core social work value** – ensuring that people can make health care choices that are meaningful to them – is not only the right thing to do but also has been show to promote greater engagement in services. In integrated care this is captured in the principle of person-centered care which has marked an important shift from the traditional medical model -- now people are understood to be experts in their own care and that treatment plans must be the result of shared decision making. Person-centered care is second nature to social workers who have deep skills in enhancing people’s ability to make choices through education and empowerment.
3) For social work -- it has always been about the Relationship – that is our starting point in how we deliver care. Over the long history of our profession we have refined our practice training from basic skills in how to engage and build trusting relationships to evidence based practices such as Motivational Interviewing. Integrated care informed by the Chronic Care Model is now fully recognizing the importance of interpersonal processes. Whereas structural integration created by delivery systems such as Patient Centered Medical Homes give the opportunity for providers to collaborate – actual clinical integration is reliant on a myriad of social interactions that start with the individual and their family – building a relationship to ensure that the person is “activated” – making decisions and taking the lead in managing their wellness – to relationships among providers – within teams, within networks and across systems of care. Social workers are trained to be connectors and translators communicating across cultures and systems.

4) Social Work is unique among health care professions in that we have an explicit Social Justice commitment – it is our mission to address inequities based on race, class, sexual orientation and disability. Therefore we focus on disparities, including health disparities, throughout our curriculum, and we have core courses devoted to understanding individual and structural racism, its impact and how it can be addressed in the service delivery system. Particularly this focuses on how to create a culturally responsive health care system – at NYU we must prepare our students to practice in one of the most diverse environments in the country - they need the knowledge and skills to be culturally competent, a key part of which is being able to outreach and partner with communities to meet their unique needs.

5) Over the past three decades social work has become the largest profession working within Community Mental Health and Substance Abuse Services – and consequently we have developed a deep expertise in this area related to practice, research and policy. Our education includes foundational courses on Human Behavior in the Social Environment which equip our students to understand human development, neuroscience, mental health diagnosis, and how these are shaped by social environments and inequities – our practice classes teach students key culturally relevant and evidence based practices.

Already we know that many people who present in primary health care settings have behavioral health needs and with the further integration of behavioral health into primary care settings there is going to be an even greater need for professionals who are trained in behavioral health. The sad truth is that people with behavioral health needs face stigma in primary care settings – I myself experienced this as a case manager working with people with severe mental illnesses – when my clients not being listened to or believed when describing their physical health problems. The Council on Social Work Education has taken the lead in addressing mental health stigma by developing a Mental Health Recovery curriculum to
educate our students in the most current thinking about mental illnesses and recovery – an approach that must be embraced if people with severe mental illnesses are going to feel supported and empowered in primary care settings.

6) Social Workers with their contextual understanding of the complexity of people’s lives, their understanding of the macro environment, and their training in case management are uniquely qualified to lead a key shift in integrated care from case management to care management. The task of care management is to intervene at a systems level – to ensure that all those involved in care are following a unified treatment plan, communicating with each other and sharing data which will ensure that the treatment plan is constantly responsive to changes in a person’s health and environment – in this way social workers can play a lead role in care coordination.

So we bring much to the table thanks to our rich professional history but there is more that our students must learn to fully realize their potential as leaders in integrated health care settings:

At a policy level they need:

- To understand how the Affordable Care Act is changing care – particularly structures such as Patient Centered Medical Homes, Health Homes and Accountable Care Organizations
- To understand payment reform – how to take advantage of the new financial incentives for prevention, wellness management and community based care

At a practice level, they need to learn how:

- To provide health and behavioral health screenings, assessments and brief interventions
- To conduct groups focusing on wellness self-management
- To become experts in decision support
- To be prepared for more fluid open access service environments
- To utilize health information technology
- And to be integral and active members of interprofessional health care teams

So Social Work Schools throughout the country are now developing new curricula and field training that will further prepare students for health care reform – with the support of HRSA and the Council for Social Work Education.

NYU was one of 13 Schools of Social Work to receive a HRSA Mental and Behavioral Health Education Training Grant in 2013. Partnering with NYU Nursing and Dentistry Schools, and two
agencies, ICL and Community Access, who outreach to medically underserved people in NYC, we have developed a specialized curriculum – which includes courses, field placements and seminars focusing on how to deliver integrated health care.

We are now half way through this grant and these are some of the highlights so far:

• Being able to provide 20 MSW students with stipends – a rarity in Social Work Schools, and truly a wise investment in reducing educational loan debt in the future health care workforce
• Creating a deeper learning collaborative with the agencies – an example of this was teaching one of the courses on Mental Health Recovery and Collaboration with Peers at a partner agency and having staff participate in the course
• Offering social work students tailored courses in Oral Health, Community Health and Prevention, and Peer Helping Services
• Having students practice in an explicitly interprofessional, integrated health context in their Field Placements. Students were able
  o Conduct dental health needs assessments and liaise with the NYU dental mobile clinic to visit their agency
  o Work in interprofessional teams with medical and behavioral health providers
  o Conduct an evaluation of person-centered treatment planning
  o Conduct nutrition and other health education classes
• And most exciting of all we graduated our first cohort of 10 students in May!

At NYU Silver School of Social Work we have also been able to combine the HRSA funded activities with another important training initiative – the Council on Social Work Education’s Integrated Behavioral Healthcare Project, — I joined a group of social work faculty from around the country with expertise in mental health, substance abuse and physical healthcare to develop a policy and practice curriculum on integrated healthcare. These curricula have now been made available to all Schools of Social Work.

At NYU Silver we taught these two courses in a combined format to students in the HRSA program – I myself taught this class and can say watching the students really understand what health care reform and integrated health means through the synergy of curriculum content and specialized placements was very exciting. We also were fortunate enough to receive funding from CSWE and the New York Community Trust to provide one student a specialized field placement at the Institute for Family Health – and you will be hearing from Virna Little, what a rich learning environment this organization provides.

NYU Silver is now in the process of converting these amazing funded opportunities into a sustainable permanent learning track for our students. We have raised funds to continue the
financial support that HRSA and CSWE has pioneered. We have committed to including integrated health as an explicit curriculum option for our second year students and we are extending our agency partnerships to both primary and behavioral settings including Health Homes and ACOs – so students will have rich and varied learning opportunities in the field of integrated health.

So we are getting ready – we are actively preparing social work students for innovation in health care – we are collaborating with other health care professions but we are also making a distinct contribution that will ensure that all people are included and benefit from integrated health care.