

Master of Public Policy
Behavioral Health ILP
Academic Year 2018-2019

Student Name _____

Core Requirements

Course Number	Course Name	Credits	Usual Semester	Semester Taken
HS 303a	Historical and Contemporary Developments in Social Policy (Doonan)	4	Fall 1	
HS 404b	Applied Regression Analysis (Fournier)	4	Fall 1	
HS 332a	Research Methods and Evaluation (Erickson Warfield)	4	Fall 1	
HS 532b	Social Policy Analysis (Doonan)	4	Spring 1	
HS 529a	Diversity, Inclusion and Equality in Social Policy (Pineros Shields)	4	Spring 1	
HS 405a	Econometrics (Fournier)	4	Spring 1	
HS 372b	Economic Theory and Social Policy (Bishop)	4	Fall 2	
HS 472b	Policy & Program Implementation (Prottas)	4	Fall 2	
HS 341a	Public Finance (Tannenwald)	4	Fall 2	
HS 336a	MPP Capstone Seminar (Brolin)	4	Spring 2	

Concentration Requirements (minimum of 12 credits - select at least one of the following courses)

Course Number	Course Name	Credits	Usual Semester	Semester Taken
HS 586a	Issues in Substance Abuse Treatment (Horgan)	4	Fall 2019 (offered every other year)	
HS 412b	Substance Use and Societal Consequences (Horgan)	4	Fall 2018 (offered every other year)	

HS 572a	Economics of Behavioral Health (Hodgkin)	4	Spring 2019 (offered every other year)	
Concentration Suggested Courses				
HS 505f	Quality and Performance Measurement: Health Care (Garnick)	2	Spring – Module 1	
HS 507f	State Health Policy (Doonan)	2	Spring – Module 2	
HS 513a	National Health Policy (Altman)	4	Fall	
HS 520a	Payment and Financing of Health Care (Stewart)	4	Spring 2020 (offered every other year)	
HS 518a	Health Care Management (Chilingerian)	4	Fall	
HS 521a	Approaches to Political and Organizational Analysis (Prottas) (Prereq. HS 472b or by permission of the professor)	4	Spring	

Electives

Course Number	Course Name	Credits	Semester

Core Requirements: 40

Core Requirements Taken:

Concentration Requirements: 12

Concentration Requirements Taken:

Electives: 12

Electives Taken:

Total Required Credits: 64

Total Credits Taken:

Signature of Student _____ Date _____

Signature of Advisor _____ Date _____

Signature of MPP Program Director _____ Date _____