

SAFE-T Fellowship

Fellow Application

The Serving At-risk youth Fellowship Experience – specialty Training (SAFE-T) is to provide education and training supported by a Behavioral Health Workforce Education and Training for Professionals grant from the Health Resources and Services Administration (HRSA). This is a one-year fellowship program for second-year or advanced standing MSW, Mental Health Counseling, and Psychiatric Mental Health Nurse Practitioners. SAFE-T Fellows in the Counseling and Social Work Programs will receive a \$10,000 stipend for the fellowship year. SAFE-T Fellows in the Psychiatric-Mental Health Nurse Practitioner doctoral program will receive \$28,352 stipends. (All stipend rates are set by HRSA.)

Students selected into the program will receive education in evidence based models for assessment, prevention, and treatment of mental health and substance abuse disorders in and for collaborative interprofessional practice, with a specialty focus on Medication Assisted Treatment (MAT). The program's goal is to enhance the workforce for practice with these populations in the Greater Cincinnati Area. Students will be required to:

- Complete an internship in a designated SAFE-T Program agency
- Complete courses/experiences in each of the following area: Integrated Behavioral Health,
 Behavioral Health of At-Risk Youth, and Evidence-Based Integrated Care with Medication Assisted
 Treatment. See Table 1 for Courses required.
- Complete an interprofessional SAFE-T Program Capstone Project promoting behavioral wellness through integrated OUD and SUD prevention, treatment and/or maintenance
- Contribute to the development and implementation of the Bear CAT/SAFE-T Annual Forum
- Complete career development activities including resume, cover letter, and LinkedIn account
 development, as well as mentorship from a profession in your discipline currently working in this
 field of service
- Engage in mentorship from a professional in their field
- Apply for a National Provider Identifier (NPI) number

Table 1. : Courses/Experiences Required

Integrated Behavioral Health	Behavioral Health of At-Risk	Integrated Care with Medication		
	Youth	Assisted Treatment		
Interprofessional Integrated Care	Counseling Children and	Evidenced Based Integrated Care		
(ANPS 8009 or CNSL/SW 8005) 1	Adolescents (CSNL 8014) – 3	with MAT (ANPS/CNSL/SW 8045) – 2		
credit	credits – Counseling Fellows	credits		
All Fellows		All Fellows		

-or-

Child Mental Health (SW 8002) – 2 credits – Social Work Fellows

-or-

Clinical Psychiatric Diagnostics and Management of Children (ANPS 8014) 3 credits – Nursing Fellows

		Applicant lr	iformation	
Full Name:				
	Last		First	M.I.
Address:				
	Street Address			Apartment/Unit #
	City		State	ZIP Code
Home Phone:	()		University M	1#:
Please indicate pr	ogram: □Mental	Health Counseling	□Social Work	□P-MH Nurse Practitioner
Please review the placement prefere	ences below:	nformation site (http	os://ucsafe-t.weeb	ly.com/) and indicate your site
riist choice interi				
Second Choice Site	e:			
Third Choice Site:				
Please circle if you coursework. Please CNSL/SW 8005 o Interprofessiona Semester	r ANPS 8009 I Collaboration:	=	en and L 8014):	Evidenced Based Integrated Care with MAT (ANPS/CNSL/SW 8045): Semester
		Child Mental Heal Semester		
		Clinical Psychiatric Diagnostics and Management of Children (ANPS 8014) Semester		
Current GPA:				
		CAT Fellowship Prog Ir Bear CAT referenc		& Social Work only)?YesNo
Are you a full-tim stipend.)	e student?Ye	sNo (Please note	that part-time st	udents may apply for a reduced

We will attempt to match students with a site location based on mutual interests between the	
the internship location. However, we cannot guarantee you will be asked to intern at your first	
location. Please describe below why you are particularly interested in working at the sites you	have chosen. If
there is a transportation/location issue associated with your choice, please note that as well.	

Personal Statement

your poter serve disord	perspectives regarding advocacy and social j tial to work to integrate behavioral health i youth and adults who have been impacted b	iustice). I nto primo by opioid I assist yo	n traditionally underserved populations (include Discuss how you perceive your own professional arry care, particularly in treatment settings that use disorder (OUD) and other substance use ou in meeting your professional goals and how you clude a resume on a separate sheet.
OUD	committed to serving diverse at-risk ground SUD, following graduation.	ups, incl	uding at-risk youth who have been impacted by
	YES, I AGREE with the statement above		NO, I DISAGREE with the statement above
	committed to learning and using evidenc a choice below)	e-based	practices during my supervised clinical work.
	YES, I AGREE with the statement above		NO, I DISAGREE with the statement above
I am	committed to completing all aspects of the	ne SAFE-	T program. (check a choice below)

By participating in the SAFE-T experience you will evaluated on your ability to demonstrate required skills including: *inter-professional case conference presentations, identification and intervention (prevention, clinical, or treatment) of OUD and SUD client issues using clinical conceptualization skills, career development activities, and facilitation of primary care involvement when serving at-risk populations*. You will complete clinical work across two semesters in an approved SAFE-T internship site serving those who are integrating primary care service and/or a federally qualified health center.

You will be required to submit all necessary program internship paperwork by the program deadlines. Please note that receipt of this fellowship may affect your financial aid. We encourage you to discuss financial concerns with a representative in the financial aid office.

Attach your resume to this application as well as one **non-faculty reference** (see reference form). By signing below, you indicate your intention to follow through with the SAFE-T program if selected to participate.

Print or Type Full Name:	
Signature:	Today's Date: MM-DD-YYYY



SAFE-T Fellowship

Student Reference

In this document please provide a reference for the student applicant for the SAFE-T program. This fellowship is designed to provide interdisciplinary clinical training with medically underserved populations. If you have questions about this reference or would like to discuss this student with a fellowship supervisor, feel free to e-mail Dr. Michael Brubaker (brubakml@ucmail.uc.edu) – Counseling, Dr. Shauna Acquavita (acquavsa@ucmail.uc.edu) – Social Work, or Dr. Angela Clark (clark3ak@ucmail.uc.edu) – Nursing.

Full Name:	Last	First	M.I.	
Address:				
	Street Address		Apartment/Unit #	
	City	State	ZIP Code	
Home Phone:	()	Student Na	ame:	
How long have	e you known this student?	Years months		
In what capaci	ty do you know this student?			

Student Rating

Please rate students below by marking an "X" to indicate your level of agreement with each statement. If you do not feel capable of providing a rating in a specific area listed, please mark "N/A". Following the ratings, provide a brief summary of your thoughts regarding the student's leadership ability.

Statement	Strongly Disagree	Disagree	Neutral/Aspects of Both Agreement and Disagreement	Agree	Strongly Agree	N/A or Not Known
The student is able to collaborate						
well with people from diverse backgrounds						
The student accepts constructive feedback well						
The student is able to						
constructively manage stressful interpersonal situations						
The student seeks guidance when attempting to address an issue beyond their competency						
The student is consistently able to complete work within stated deadlines						
The student is trustworthy (e.g. keeps promises, shows up for required meetings, etc.)						

Please provide attach a brief, signed statement that addresses your impression of the student's leadership ability, reliability, and trustworthiness. Give examples when appropriate.