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|  | 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 PRI-Care/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**

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

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| Applicant Information |
| |  |  |  |  | | --- | --- | --- | --- | | Full Name: |  |  |  | |  | Last | First | M.I. | | Address: |  |  |  | |  | Street Address |  | Apartment/Unit # | |  |  |  |  | |  | City | State | ZIP Code | | Home Phone: | ( ) | University M#: |  |  |  |  | | --- | --- | | Please indicate program: Mental Health Counseling Social Work P-MH Nurse Practitioner  *Please review the SAFE-T Program information site (https://ucsafe-t.weebly.com/) and indicate your site placement preferences below:*  First Choice Intern Site: | | | Second Choice Site: |  | | Third Choice Site: |  |   **Please circle if you currently participate, are enrolled in or have completed any of the following coursework. Please identify the semester:**   |  |  |  | | --- | --- | --- | | CNSL/SW 8005 or ANPS 8009 Interprofessional Collaboration:  Semester\_\_\_\_\_\_\_\_ | Counseling Children and Adolescents (CSNL 8014):  Semester\_\_\_\_\_\_\_\_\_\_\_  Child Mental Health (SW 8002)  Semester\_\_\_\_\_\_\_\_\_\_\_  Clinical Psychiatric Diagnostics and Management of Children (ANPS 8014)  Semester\_\_\_\_\_\_\_\_\_\_\_ | Evidenced Based Integrated Care with MAT (ANPS/CNSL/SW 8045):  Semester\_\_\_\_\_\_\_\_\_\_\_ |   **Current GPA: \_\_\_\_\_\_\_\_** |

**Have you also applied to the PRI-Care Fellowship Program (Counseling & Social Work only)? \_\_\_Yes\_\_\_No (If yes, you may choose to use your PRI-Care reference and CV.)**

**Are you a full-time student? \_\_\_Yes\_\_\_No (Please note that part-time students may apply for a reduced stipend.)**

*We will attempt to match students with a site location based on mutual interests between the student and the internship location. However, we cannot guarantee you will be asked to intern at your first choice 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.*

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| Personal Statement |
| In this section please describe your interest in working with traditionally underserved populations (include your perspectives regarding advocacy and social justice). Discuss how you perceive your own professional potential to work to integrate behavioral health into primary care, particularly in treatment settings that serve youth and adults who have been impacted by opioid use disorder (OUD) and other substance use disorders (SUD). Describe how this experience will assist you in meeting your professional goals and how you perceive your leadership skills (minimum of 500 words). **Include a resume on a separate sheet.** |
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**I am committed to serving diverse at-risk groups, including at-risk youth who have been impacted by OUD and SUD, following graduation.**

(check a choice below)

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| |  |  |  |  | | --- | --- | --- | --- | |  | YES, I AGREE with the statement above |  | NO, I DISAGREE with the statement above | |

**I am committed to learning and using evidence-based practices during my supervised clinical work.**

(check a choice below)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | |  | YES, I AGREE with the statement above |  | NO, I DISAGREE with the statement above | |

**I am committed to completing all aspects of the SAFE-T program.** (check a choice below)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | |  | YES, I AGREE with the statement above |  | NO, I DISAGREE with the statement above | |

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

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| 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](mailto:brubakml@ucmail.uc.edu)) – Counseling, Dr. Shauna Acquavita ([acquavsa@ucmail.uc.edu](mailto:acquavsa@ucmail.uc.edu)) – Social Work, or Dr. Angela Clark ([clark3ak@ucmail.uc.edu](mailto:clark3ak@ucmail.uc.edu)) – Nursing. |

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| Full Name: |  |  |  |
|  | Last | First | M.I. |
| Address: |  |  |  |
|  | Street Address |  | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |
| Home Phone: | ( ) | Student Name: |  |

How long have you known this student? \_\_\_\_\_ Years \_\_\_\_\_ months

In what capacity do you know this student?

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| 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. |

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| **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.