Integrated Healthcare and Social Work

Behavioral Health Workforce Education and Training Program

Edith M. Baker Integrated Healthcare Fellowship Orientation

This fellowship is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number, M01HP31376, Behavioral Health Workforce Education and Training (BHWET) Program. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
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INTEGRATED HEALTHCARE PRESENTER

James Mercuri, LCSW

Jim Mercuri has 14 years of experience as a clinical social worker in a variety of settings, including an inpatient hospital setting, community mental health clinic, and specialty clinics. He is currently Director of Behavioral Science at UPMC St. Margaret Family Medicine Residency Program. He previously served as Program Manager of the Integrated Behavioral Health Program at St. Margaret’s. His expertise is in the efficient and effective treatment of chronically ill individuals in the community by assembling a multidisciplinary team. Jim has served on the Employee Retention Committee, UPMC Corporate Care Management Social Work Forum, the Ethics Committee, the Collaborative Practice Counsel, as a Facilitator of the Alzheimer’s Caregiver Support Group, and with the Community Hospital Needs Assessment. Jim received his MSW from the University of Pittsburgh School of Social Work and his BS from Lancaster Bible College.

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Valire Carr Copeland, PhD, MPH
Professor
BHWET, Edith M. Baker Integrated Healthcare Fellowship Program, Director and P.I.

Valire Carr Copeland is the director of the Behavioral Health Workforce Education and Training Program (BHWET), the associate director of the Public Health Social Work Training Program, and faculty affiliate in the Center for Minority Health at the University of Pittsburgh’s Graduate School of Public Health.

Her research has evolved from Maternal and Child Health issues, policies, programs, and services to health and wellness in populations of color to individuals across the life span to end-of-life care. Dr Copeland’s contributions are intended to increase research interest in closing the racial disparity gaps that exist in the utilization of health and mental health services. Her teaching, training, and research identify, and build on developing, evidenced-based engagement and intervention strategies for increasing access to, and utilization of, treatment and intervention services. Her work in the academy is purposeful, with the deliberate intent of building on the existing knowledge foundation of social work practice in health care settings. Dr. Copeland received her BSW (1977) from Livingstone College, her MSW (1978), MPH (1988), and PhD (1989) from the University of Pittsburgh.

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Emma Hosack, MSW/MPHc
Graduate Student Assistant

Emma Hosack is the Graduate Student Assistant for the Edith M. Baker Integrated Healthcare Fellowship Program. She is a current student in the joint MSW/MPH program and will graduate in December 2020. Emma was a Baker Fellow during the 2019-20 academic year, and she completed her integrated healthcare placement at AGH Internal Medicine. Her role on the interdisciplinary team was to help patients connect to resources to address psychosocial needs, such as food insecurity or housing instability, that impact their health. This affirmed her goal of working directly with patients in the primary care setting in the future. Her first-year field placement was working with the Immigrant Services and Connections (ISAC) program at the Latino Family Center. There she helped to connect Spanish-speaking immigrant and refugee clients to resources in Pittsburgh and address barriers to access. She also has experience working for Highmark Health on the project management side of their care management program for high utilizers of healthcare and working for Mano en Mano, a nonprofit that serves farmworkers in rural Maine. Emma graduated from Grove City College in 2018 with a Bachelor of Science in Psychology and a Bachelor of Arts in Spanish.

Email: emh146@pitt.edu
PURPOSE OF THE BHWET, EDITH M. BAKER INTEGRATED HEALTHCARE FELLOWSHIP

University of Pittsburgh School of Social Work was awarded a grant from the Health Resources and Services Administration (HRSA) through the Behavioral Health Workforce Education and Training (BHWET) Program to fund the Edith Baker Integrated Healthcare Fellowship. The Baker Fellowship is designed to prepare social workers to meet the needs of individuals in integrated health care settings in rural and metropolitan medically underserved areas. A special emphasis is placed on expanding field placement programs in behavioral health that include interdisciplinary training for students, faculty, and field supervisors to provide quality behavioral health services to communities in need. The fellowship connects the School of Social Work, the University of Pittsburgh School of Medicine, Division of Family Medicine, and major health care providers of primary care in the region to provide training for social work students in sites that offer behavioral/mental health services.

The grant builds on Dr. Copeland’s previously funded Juanita C. Evans and Ida Maud Cannon Fellowship programs and will provide funding to 113 advanced standing and second-year Master of Social Work students over four years.

This fellowship will provide students with specialized coursework that addresses models, policies and practices for integrated health care, and ensure that coursework is integrated with experiential learning in the field placements. In addition, the students will participate in career development workshops, a regional summit, bimonthly seminars, an annual conference sponsored by the Working Group on Interprofessional Education, and an interprofessional lecture with the University’s LEND (Leadership Education in Neurodevelopmental and Related Disabilities) Center.

Field placement opportunities have been newly created and expanded. The sites are in rural and medically underserved areas which surround Allegheny County, including urban locations in the Pittsburgh metropolitan area, as well as rural sites in surrounding counties. Most of the settings are Federally Qualified Health Centers where integrated behavioral health training in psychiatry, behavioral pediatrics, psychiatric nursing, substance use disorder prevention and treatment, marriage and family therapy, and occupational therapy is occurring.
PART I:
Integrated Behavioral Health

Jim Mercuri, LCSW
FORCES THAT ARE CHANGING HEALTHCARE

1. Economic
2. Special Populations
3. Providers

COST OF HEALTHCARE IN U.S.

$10,345 per person: U.S. health care spending reaches new peak (national health expenditure of 3.35 trillion)

BY RICARDO ALONSO-ZALDIVAR, ASSOCIATED PRESS  July 13, 2016 at 6:20 PM EDT

Even with slow growth in national health care spending in recent years, the U.S. continues to spend a greater percentage of its wealth on health care, more than any other industrialized nation. According to the most recent data available from the Centers for Medicare and Medicaid Services (CMS), "the average American spent $9,596 on healthcare" in 2012, which was "up significantly from $7,700 in 2007."
# DISPROPORTIONATE UTILIZATION

<table>
<thead>
<tr>
<th>Population</th>
<th>Spend</th>
<th>Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>3.1%</td>
<td>Healthy population getting preventative care</td>
</tr>
<tr>
<td>10%</td>
<td>63.3%</td>
<td>Chronic Illness ongoing care</td>
</tr>
<tr>
<td>5%</td>
<td>47.5%</td>
<td>Serious persistent illness or terminal diseases</td>
</tr>
<tr>
<td>1%</td>
<td>20.2%</td>
<td>Catastrophic conditions</td>
</tr>
</tbody>
</table>

Source: National Institute for Health Care Management Foundation
THE GOAL: INTEGRATED CARE

Comprehensive, coordinated, and accessible patient care within a multidisciplinary team.

- Patient Centered Medical Home (PCMH, changing how primary care is delivered)
- Upstream Interventions (Economic Incentives)
- Evidence-based Practice (EBP) and other efforts that address the social determinants of healthcare
SIX LEVELS OF COLLABORATION/INTEGRATION CORE DESCRIPTIONS
COORDINATED
KEY ELEMENT: COMMUNICATION

Level 1: Minimal Collaboration
Healthcare providers work in separate facilities, where they:
  • Have separate systems
  • Communicate about cases only rarely and under compelling circumstances
  • Communicate, driven by provider need
  • May never meet in person
  • Have limited understanding of each other’s roles

Key Differentiator: Practice/Organization
  • No coordination or management of collaborative efforts
  • Little provider buy-in to integration or even collaboration, up to individual providers to initiate as time and practice limits allow

Key Differentiator: Business Model
  • Separate funding
  • No sharing of resources
  • Separate billing practices

Advantages
  • Each practice can make timely and autonomous decisions about care
  • Readily understood as a practice model by patients and providers

Disadvantages
  • Services may overlap, be duplicated or even work against each other
  • Important aspects of care may not be addressed or take a long time to be diagnosed

Level 2: Basic Collaboration at a Distance
Healthcare providers work in separate facilities, where they:
  • Have separate systems
  • Communicate periodically about shared patients
  • Communicate, driven by specific patient issues
  • May meet as part of larger community
  • Appreciate each other’s roles

Key Differentiator: Practice/Organization
  • Some practice leadership in more systematic information sharing
  • Some provider buy-in to collaboration and value placed on having needed information

Key Differentiator: Business Model
  • Separate funding
  • May share resources for single projects
  • Separate billing practices

Advantages
  • Maintains each practice’s basic operating structure so change is not a disruptive factor
  • Provides some coordination and information-sharing that is helpful to both patients and providers

Disadvantages
  • Sharing information may not be systematic enough to effect overall patient care
  • No guarantee that information will change plan stagey of each provider
  • Referrals may fall due to barriers, leading to patient and provider frustration
SIX LEVELS OF COLLABORATION/INTEGRATION CORE DESCRIPTIONS
CO-LOCATED
KEY ELEMENT: PHYSICAL PROXIMITY

Level 3: Basic Collaboration Onsite
Healthcare providers work in same facility not necessarily same offices, where they:
- Have separate systems
- Communicate regularly about share patients, by phone or email
- Collaborate, driven by need for each other’s services and more reliable referral
- Meet occasionally to discuss cases due to close proximity
- Feel part of a larger yet ill-defined team

Key Differentiator: Practice/Organization
- Organization leaders supportive, but often co-location is viewed as a project or program
- Provider buy-in to making referrals work and appreciation of onsite availability

Key Differentiator: Business Model
- Separate funding
- May share facility resources
- Separate billing practices

Advantages
- Co-location allows for more direct interaction and communication among professionals to impact patient care
- Referrals more successful due to proximity
- Opportunity to develop closer professional relationships

Disadvantages
- Proximity may not lead to greater collaboration, limiting value
- Effort is required to develop relationship
- Limited flexibility, if traditional roles are maintained

Level 4: Basic Collaboration at a Distance
Healthcare providers work in the same space within the same facility, where they:
- Share some systems, like scheduling and medical records
- Communicate in person, as needed
- Collaborate, driven by a need for consultation and coordination plans for difficult patients
- Have face to face interactions for some patients
- Have basic understanding of roles and culture

Key Differentiator: Practice/Organization
- Some practice leadership in more systematic information sharing
- Some provider buy-in to collaboration and value placed on having needed information

Key Differentiator: Business Model
- Separate funding, but may share grants
- May share office expenses, staffing costs or infrastructure
- Separate billing due to system barriers

Advantages
- Removal of some system barriers, like separate records. Allows closer collaboration to occur
- Both behavioral health and medical providers can become more well informed about what each other can provided
- Patients are viewed as shared, which facilitates more complete treatment plans

Disadvantages
- System issues may limit collaboration
- Potential for tension and conflicting agendas among providers as practice boundaries loosen
SIX LEVELS OF COLLABORATION/INTEGRATION CORE DESCRIPTIONS
INTEGRATED

KEY ELEMENT: PRACTICE CHANGE

Level 5: Close Collaboration Approaching an Integrated Practice
Healthcare providers work in the same space within the same facility (some shared space), where they:

- Actively seek system solutions together or develop work-a-rounds
- Communicate frequently in person
- Collaborate, driven by desire to be a member of a care team
- Have regular team meetings to discuss overall patient care and specific patient issues
- Have in-depth understanding of roles and culture

Key Differentiator: Practice/Organization

- Organization leaders support integration, if funding allows and efforts place in solving as many system issues as possible, without changing fundamentally how disciplines are practiced.
- Nearly all providers engage in integrated model. Buy-in may not include change in practice strategy for individual providers

Key Differentiator: Business Model

- Blended funding based on contracts, grants, or agreements
- Variety of ways to structure the sharing of expenses
- Billing function combined or agreed upon process

Advantages

- High level of collaboration leads to more responsive patient care, increasing engagement and adherence to treatment plans
- Provider flexibility increases as system issues and barriers are resolved
- Both provider and patient satisfaction may increase

Weaknesses

- Practice changes may create lack of fit for some established providers
- Time is needed to collaborate at this high level and may affect practice productivity or cadence of care

Level 6: Full Collaboration in a Transformed/ Merged Integrated Practice
Healthcare providers work in the same space within the same facility (sharing all space), where they:

- Have resolved most or all system issues, functioning as one integrated system
- Communicate consistently at the system, team, and individual levels
- Collaborate, driven by shared concept of team care
- Have formal and informal meetings to support integrated model of care
- Have roles and cultures that blur and bend

Key Differentiator: Practice/Organization

- Organization leaders strongly support integration as practice model with expected change in service delivery and resources provided for development
- Integrated care and all components embraced by all providers and active involvement in practice change

Key Differentiator: Business Model

- Integrated funding based on multiple sources of revenue
- Resources shared and allocated across whole practice
- Billing maximized for integrated model and single billing structure

Advantages

- Opportunity to truly treat whole person
- All or almost all system barriers resolved, allowing providers to practice as high functioning team
- All patients needs addressed as they occur
- Shared knowledge base of providers increases and allows each professional to respond more broadly and adequately to any issue
Weaknesses

- Sustainability issues may stress the practice
- Few models at this level with enough experience
- Outcome expectations not yet established

COLLABORATION/INTEGRATION IS A PROGRESSION

Do you know where your new field site is on the spectrum of integration?

- Evaluate grid and identify your field site’s level of collaboration/integration.

PRINCIPLES OF INTEGRATED CARE

1. Medical needs are primary
2. Emotional and behavioral problems affect physical health
3. Coordinated access for patient care
4. Collaborative efforts and regular communication between providers

PRACTICAL COMPONENTS OF INTEGRATED MODEL

1. Holistic or Comprehensive Assessments
2. Warm hand off between medical providers and behavioral health providers
3. Collaborative documentation
4. Multidisciplinary Team Meetings as a regular part of work flow
5. Defined and specific interventions (Care or treatment plans)
6. Defined diagnoses/problems that are able to be addressed and which that need to be referral elsewhere.
OPIOID EPIDEMIC

“Rates of Heroin use in US have increased 62% between 2002 and 2013”

FATAL OVERDOSES IN ALLEGHENY COUNTY

Overdose fatalities increased 45% in 2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Overdoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>'08</td>
<td>234</td>
</tr>
<tr>
<td>'09</td>
<td>225</td>
</tr>
<tr>
<td>'10</td>
<td>227</td>
</tr>
<tr>
<td>'11</td>
<td>262</td>
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<td>'12</td>
<td>290</td>
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<td>'13</td>
<td>276</td>
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<tr>
<td>'14</td>
<td>306</td>
</tr>
<tr>
<td>'15</td>
<td>424</td>
</tr>
<tr>
<td>'16</td>
<td>613</td>
</tr>
</tbody>
</table>

There were 737 overdoses in 2017

Source: OverdoseFreePA

James Hilston/Post-Gazette

Opioid pain reliever-related overdose deaths increasing at a faster rate than deaths from any major cause
ADVERSE CHILDHOOD EXPERIENCES
SHIFTS FROM TRADITIONAL MENTAL HEALTH SERVICES

Brief, Time-limited Interventions

Flexibility

Working in the same space as medical providers

Providers are able to be interrupted at various points of patient care

Confidentiality – informing patients of the importance of collaborative documentation to integrate physical and mental health care

BALANCE OF SOCIAL WORK

SDoH

Psychotherapy

Case Management

Pathology
TREATMENT IN INTEGRATED PRIMARY CARE

85%
Behavioral Health Treatment in Primary Care
# FOUR QUADRANT MODEL

## Table I: Four Quadrants of Clinical Integration Based on Patient Needs

<table>
<thead>
<tr>
<th>Quadrant II</th>
<th>Quadrant IV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patients with high behavioral health and low physical health needs</strong>&lt;br&gt;Served in primary care and specialty mental health settings&lt;br&gt;(Example: patients with bipolar disorder and chronic pain)&lt;br&gt;Note: when mental health needs are stable, often mental health care can be transitioned back to primary care.</td>
<td><strong>Patients with high behavioral health and high physical health needs</strong>&lt;br&gt;Served in primary care and specialty mental health settings&lt;br&gt;(Example: patients with schizophrenia and metabolic syndrome or hepatitis C)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quadrant I</th>
<th>Quadrant III</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patients with low behavioral health and low physical health needs</strong>&lt;br&gt;Served in primary care setting&lt;br&gt;(Example: patients with moderate alcohol abuse and fibromyalgia)</td>
<td><strong>Patients with low behavioral health and high physical health needs</strong>&lt;br&gt;Served in primary care setting&lt;br&gt;(Example: patients with moderate depression and uncontrolled diabetes)</td>
</tr>
</tbody>
</table>

Source: Adapted from Mauer 2006.
STRUCTURE OF THE FIELD PLACEMENT

Initial Orientation Phase
  Gaining Knowledge

Shadowing the site social worker
  Learning the Structure

Phone Calls and Warm Handoffs
  Beginning to Engage

Case management Tasks
  Problem Solving

Treatment & Interventions
  Clinical Skills Building

Project
  Leadership / Legacy
CORE COMPETENCIES

It is now your turn, fellows.

I will give you the core competency.

You define it (or at least tell me something about it).
Your peers will agree/disagree.

I will then give the “official” answer. Which you will then absorb and integrate into your social work practice.

Ready, go.
Interpersonal Communication

The ability to establish rapport quickly and to communicate effectively with consumers of healthcare, their family members and other providers.

- Examples: active listening; conveying information in a jargon-free, non-judgmental manner; using terminology common to the setting in which care is delivered; and adapting to the preferred mode of communication of the consumers and families served.

Collaboration and Teamwork

The ability to function effectively as a member of an interprofessional team that includes behavioral health and primary care providers, consumers and family members.

- Examples include: understanding and valuing the roles and responsibilities of other team members, expressing professional opinions and resolving differences of opinion quickly, providing and seeking consultation, and fostering shared decision-making.

Screening and Assessment

The ability to conduct brief, evidence-based and developmentally appropriate screening and to conduct or arrange for more detailed assessments when indicated.

- Examples include screening and assessment for: risky, harmful or dependent use of substances; cognitive impairment; mental health problems; behaviors that compromise health; harm to self or others; and abuse, neglect, and domestic violence.

Care Planning and Care Coordination

The ability to create and implement integrated care plans, ensuring access to an array of linked services, and the exchange of information among consumers, family members, and providers.

- Examples include: assisting in the development of care plans, whole health, and wellness recovery plans; matching the type and intensity of services to consumers’ needs; providing patient navigation services; and implementing disease management programs.
**Intervention**

The ability to provide a range of brief, focused prevention, treatment and recovery services, as well as longer-term treatment and support for consumers with persistent illnesses.

- Examples include: motivational interventions, health promotion and wellness services, health education, crisis intervention, brief treatments for mental health and substance use problems, and medication assisted treatments.

**Cultural Competence and Adaptation**

The ability to provide services that are relevant to the culture of the consumer and their family.

- Examples include: identifying and addressing disparities in healthcare access and quality, adapting services to language preferences and cultural norms, and promoting diversity among the providers working in interprofessional teams.

**System Oriented Practice**

The ability to function effectively within the organizational and financial structures of the local system of healthcare.

- Examples include: understanding and educating consumers about healthcare benefits, navigating utilization management processes, and adjusting the delivery of care to emerging healthcare reforms.

**Practice-Based Learning and Quality Improvement**

The ability to assess and continually improve the services delivered as an individual provider and as an interprofessional team.

- Examples include: identifying and implementing evidence-based practices, assessing treatment fidelity, measuring consumer satisfaction and healthcare outcomes, recognizing and rapidly addressing errors in care, and collaborating with other team members on service improvement.

**Informatics**

The ability to use information technology to support and improve integrated healthcare.

- Examples include: using electronic health records efficiently and effectively; employing computer and web-based screening, assessment, and intervention tools; utilizing telehealth applications; and safeguarding privacy and confidentiality.

<table>
<thead>
<tr>
<th>Core Competency</th>
<th>Definition</th>
<th>Self-Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERPERSONAL COMMUNICATION</td>
<td>The ability to establish rapport quickly and to communicate effectively with consumers of healthcare, their family members and other providers.</td>
<td></td>
</tr>
<tr>
<td>COLLABORATION &amp; TEAMWORK</td>
<td>The ability to function effectively as a member of an interprofessional team that includes behavioral health and primary care providers, consumers and family members.</td>
<td></td>
</tr>
<tr>
<td>SCREENING &amp; ASSESSMENT</td>
<td>The ability to conduct brief, evidence-based and developmentally appropriate screening and to conduct or arrange for more detailed assessments when indicated.</td>
<td></td>
</tr>
<tr>
<td>CARE PLANNING &amp; CARE COORDINATION</td>
<td>The ability to create and implement integrated care plans, ensuring access to an array of linked services, and the exchange of information among consumers, family members, and providers.</td>
<td></td>
</tr>
<tr>
<td>INTERVENTION</td>
<td>The ability to provide a range of brief, focused prevention, treatment and recovery services, as well as longer-term treatment and support for consumers with persistent illnesses.</td>
<td></td>
</tr>
<tr>
<td>CULTURAL COMPETENCE &amp; ADAPTATION</td>
<td>The ability to provide services that are relevant to the culture of the consumer and their family.</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>SYSTEMS ORIENTED PRACTICE</td>
<td>The ability to function effectively within the organizational and financial structures of the local system of healthcare.</td>
<td></td>
</tr>
<tr>
<td>PRACTICE-BASED LEARNING &amp; QUALITY IMPROVEMENT</td>
<td>The ability to assess and continually improve the services delivered as an individual provider and as an interprofessional team.</td>
<td></td>
</tr>
<tr>
<td>INFORMATICS</td>
<td>The ability to use information technology to support and improve integrated healthcare.</td>
<td></td>
</tr>
</tbody>
</table>
PART II: Edith M. Baker Integrated Healthcare Fellowship Materials

https://www.socialwork.pitt.edu/academics/master-social-work-msw/edith-m-baker-integrated-behavioral-healthcare-fellowship
Requirements

As a Baker Fellow, you will be required to:

• View a career development webinar from the Office of Academic Career Development Health Sciences library and submit a synopsis by April 21, 2021.

• Submit an e-portfolio. E-portfolios are due March 31, 2021.

• Participate in a regional summit on March 24, 2021.

• Attend the Interprofessional LEND Training Seminar on February 17, 2021 (12:30-4:30 pm).

• Maintaining high levels of achievement, complete the IHC certification coursework.

• Complete your field internship within an approved integrated healthcare setting, with respect to the Baker Fellowship requirements, including health and well-being of local subpopulations.

• Complete a Field Learning Plan with your field instructor by October 26, 2020.

• Meet with your assigned field instructor a minimum of one hour per week for supervision.

• Attend mandatory, twice a month Baker Fellowship Workshop and Seminar Series on Wednesdays from 3:15-5:00pm. Two hours per seminar will count towards field training hours. As a part of you seminars, you will be required to develop and present a case study. Fellows are expected to arrive at 3:15 pm to all sessions and send “Thank you” emails to all guest speakers

• Complete a poster project, HRSA questionnaires, seminar assignments, evaluations, and program evaluations.

• Participate in a reflection session, April 21, 2021.

• Report employment attained after graduation to the Baker Fellowship program manager.
Behavioral Health Workforce Education and Training Regional Summit

March 24, 2021
California University of Pennsylvania

Regional Summit Purpose: Needs of rural communities

Date: March 24, 2021

Location: Virtual

Time: TBD
The final project is to address a need at your site. Please discuss your project with your field supervisor.

Abstract Due November 20, 2020

Author(s):
Title:
Site:
Issue/Research Question:

Competencies/ How they apply:

Methodology: Please consult with your research professor to develop your research design and methods section.

In the methodology section, indicate if IRB approval is needed and if has been granted for this project.

Remember to include: How many participants will you survey; when will you begin collecting your data, and completion date of your data collection.

Relevancy /Implications for Social Work Practice:

Additional History/Background (optional):
Components of the Final Poster

- Title of Project & Author(s) (May have a group from a single site)
- School of Social Work & Placement Site (logo)
- Issue/Research Question(s)
- Research Design/Methodology
- Findings
- Implications for Social Work Practice
- How 3-5 IHC Competencies Apply (pages 12-13 of manual)
- References (minimal role in poster)
- Acknowledgements (HRSA statement) & Pitt Logo

Acknowledgement Statement and School of Social Work Logo

- Acknowledgement:
  This fellowship is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number, M01HP31376, Behavioral Health Workforce Education and Training (BHWET) Program. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

- Official School of Social Work Logo:
**Guidelines for the Presentation**

- Invite guests (Task Supervisor and Field Instructor) to view your project
- The poster should tell what, when, where, why, and how. You should prepare a couple of sentences which answer each of these questions
- Connect your explanations to the elements of the poster
- Offer more detail when requested
- Provide a handout
- Practice prior to the poster session

**Electric Poster draft is due by February 24, 2021 for feedback / comments. Final poster is due by March 17, 2021.**

To view posters from 2019-2020 cohort:
Case Study Exercise

Baker Fellowship Integrated Behavioral Healthcare Workshop & Seminar Series 2020-2021
November 4, November 11, and December 2

A case study or caselet has great potential for building social work knowledge for methods in: (1) assessment, (2) intervention, and (3) treatment outcome. Caselets are shorter versions of case studies, generally two to three paragraphs to a few pages in length. They are like case studies in that they either describe a sequence of events or put forth an issue or problem that requires decision making.

For our seminar series, the basic objective of using caselets is to have fellows discuss ideas and insights from theory to the application of real-life issues and challenges experienced in their field placement sites. This facilitates a deeper understanding of the relevant factors in a problem-solving situation, as well as gain insights into the finer nuances of a topic. Case studies do not always have "right" and "wrong" answers—they are dilemmas and complex situations. There may be multiple factors to consider.

Case discussions serve two functions. First, they promote fellow participation, encouraging discussion and the opportunity to listen to one another; second, they offer opportunities for fellows to apply and extend what they have learned in the classroom to a specific problem area. In addition, case studies provide an opportunity for team-based learning.

*Confidentiality is an ethical issue we will not want to violate in the seminar. The discussions occurring within the seminar should stay within the bounds of the seminar. Fellows are advised to maintain their social work oath of confidentiality. Therefore, we should not discuss any information pertaining to another fellow’s case with anyone—including family, roommates, significant others, or any other individual(s) who are not in the Baker Fellowship program. The School of Social Work and the Pittsburgh community is very small (See NASW Code of Ethics, 1.07 Privacy and Confidentiality).

ASSIGNMENT: Develop a Case Study/Caselet

In a few paragraphs, describe a challenging situation you have recently faced or are currently facing in your field placement. You will have 9 members in your group and are expected to upload your case to Microsoft Teams prior to the seminar. Your group will meet in a Zoom breakout room.

If you would like to distribute your case in advance of the seminar to allow your group to reflect on your case, please do. This is highly recommended.

Seminar: Please allow ample time for your group to read your case and questions. Each presenter will have approximately 20 minutes to discuss the case with the small group and takeaways from each group will be shared with the entire group at the end of the seminar. After the seminar and group discussion, add your take-away points/findings to your case and submit it via email by April 21, 2021.

The case may focus on a client, supervisor, co-worker, policy, etc. It might involve an individual or a group. There are several reasons why the situation may be challenging:

• The case is unusual.
• You have questions as to how to handle the case--New situation? New population? Ethical questions?
• The demands, conditions, or facts are complicated.
INSTRUCTIONS:

1. Choose an interesting situation
2. Treat delicate matters likewise
3. Do not use names or identifiers
4. Have specific questions for your readers/colleagues to discuss. (Remember these questions are to help you discuss why the case is challenging for you with your colleagues. They are not to be questions to which you already know the answers or “quiz questions”)

A non-clinical case should:

1. Identify the people involved: may use job titles (no names) and describe each person’s age, gender, years in current position, and/or any other relevant characteristics, while maintaining anonymity.
2. Describe the nature of the situation.
3. Identify the dilemma
4. Ask clear and focused questions (How can your colleagues assist you? Not “quiz questions”)

A clinical case should:

1. Identify demographics (Demographics may include the client’s age, gender, relationship status, ethnicity, occupation, length of employment, age, and gender of any children. Please maintain the anonymity of the client. See NASW Code of Ethics, 1.07 Privacy and Confidentiality).
2. Present the psychosocial history
3. List prescribed medications/street substances
4. Detail family history (if available)
5. Clarify presenting problem (The presenting problem is the reason why the person is receiving services. The presenting problem can also be called the client’s chief complaint.)
6. Explain treatment goals and objectives
7. Mention exams, if any.
8. Specify other relevant details. (Is/Was the client in crisis? Are there any issues that are difficult for you to remain objective and focused on the client’s concerns?)
9. Ask clear and focused questions related to the presenting problem.

Non-Clinical Case Example:

I am interning with families and children in an outpatient setting. Yesterday at the Agency, a 40-year-old Latina woman, Ms. J applied for a job as a social worker. Four years earlier, when I was in the BASW program, I had seen Ms J as a client while interning for an emergency service agency providing mental health treatment to adults.

My contact with Ms J was brief. She was admitted to the in-patient service unit as her condition was deteriorating. Ms J told me she was a social worker with an MSW and had been in and out of mental health treatment for many years. I located her chart, noted that she was previously diagnosed with chronic depression I completed the basic paperwork for admission, consulted with the admitting psychiatrist, and took her to the in-patient ward. The admission process simple and routine; Now, Ms J has come for a job interview at the Agency. I am not involved in personnel nor employment decisions. My supervisor, who is the Director of Social Services the attending psychiatrist, and the Executive Director make employment decisions.
What should I do with the knowledge I have about Ms. J? Obviously, the Code of Ethics should be a guide in such decisions. Yet, I am faced with an uncomfortable dilemma—an ethical dilemma for which I do not see any clear answer.

Questions for Discussion:

1. Is it appropriate to discuss the issues with my co-workers? If yes, under what circumstances should such issues be discussed, formally or informally?

2. Should I discuss this with my supervisor? In this instance, my supervisor is also the person in charge of hiring.

Clinical Case Example 1:

Ms. L and her son came to my field placement site. Ms. L is an 83-year-old, African American woman who now lives alone with her small dog and her two cats. Her husband died two years ago after a painful experience with lung cancer. She had cared for him in the home where they lived for 48 years. She and her husband were very close and had a deep and joyful relationship. Caring for him as he died was very difficult for her, both emotionally and physically. Her grief was severe, and she continues to have episodes of great sadness and tears. Her family has tried to keep her busy and engaged. Her pets are great company for her and have been a motivating factor for getting through some of her most difficult days.

Ms. L has a few health problems that she has been managing well. She suffers from arthritis of the hip and back and has some circulation problems associated with late onset diabetes. She takes several medications to manage these health issues. She cooks and cleans and goes out with neighbors or one of her family members to shop and run errands.

Some of the neighbors have noticed that Ms. L has been out walking without her dog, which is very unusual. They have called Ms. L’s children to let them know, on several occasions, they have seen her wandering around in the neighborhood after dark and have helped her home.

When her son came to see her, Ms. L seemed to take an especially long time to come to door. She was reluctant to let him in the house, not recognizing him. She was tearful and distraught. She seemed overwrought with worry, agitation and distraction. Ms. L was not making sense when she did speak and seemed confused. When she went to get a drink to serve her son, she was uncertain about where she kept her glasses. Her son noticed that his mom, who is normally organized about her medications, had several bottles open on the kitchen table. He realized that she was perspiring and flushed.

Questions for Discussion

1. What signs and symptoms should I be identifying?
2. How should I go about conducting a full assessment of Ms. L? (Identify assessment instruments and provide a rationale for their use.)
3. What racial, ethnic, or gender issues should I consider in my assessment and treatment plan?
Clinical Case Example 2:

(written by previous Baker Fellow for this assignment)

L.A. is a 77-year old African American female who lives alone in Pittsburgh. She has two adult children. Her son appears to have some cognitive issues and reports that he visits his mother once a month. Her daughter lives in Colorado and is patient’s POA. The children’s father lives in a nursing home in Pittsburgh.

The patient had not been seen in primary care for over a year and when she presented her PCP noted worsening dementia and uncontrolled diabetes. Patient reported that she takes insulin, but it had not been refilled for several months. She stated that she got a couple of hours of in-home care each week. At this initial visit her PCP placed a referral for home health care.

Over several months the patient presented to the ED multiple times with elevated blood glucose levels, but often did not follow-up with primary care as recommended. When patient does come to primary care appointments it is usually when her daughter is in town. Patient refuses to go to a SNF or to move to Colorado so that her daughter could take care of her. She states, “I was born in Pittsburgh and I’m going to die in Pittsburgh.” Patient’s daughter is also resistant to a nursing home because she believes that a nursing home was responsible for her father’s worsening health.

Social work attempted to connect patient to community supports, including the Area Agency on Aging and the AHN Mobile Integrated Health program. However, patient does not follow-up with providers, even if she is agreeable to referrals while in the office. Patient gets meals from Mom’s Meals, but her home health nurse noted that these meals are piling up in her freezer. Patient is also inconsistent in allowing people into her home and often refuses home health entry. Following reports from home health of expired medications in the home and continued dangerously elevated blood glucose levels, social work filed an APS report.

APS recommended that patient enroll in LIFE Pittsburgh. Patient is dual-eligible and would receive these services for free because she has MA. When this was discussed with patient, she was hesitant. Patient’s daughter (POA) was also initially unsure, because this requires patient to transfer from her current PCP. However, in a family meeting both patient and patient’s daughter agreed to try LIFE Pittsburgh. A LIFE Pittsburgh intake worker did an initial assessment with patient, but AAA needs to do an eligibility test to ensure she can enroll. AAA has been unable to contact patient and the referral has been closed several times because of this.

Questions for Discussion:

1. What should the next course of action be for the social worker?
2. Are there any techniques that could be used when communicating with the family to alleviate their concerns regarding transition to a higher level of care?
3. How does self-determination play into the patient’s right to refuse care? Is this a situation where her self-determination should be limited?
4. Are there any other resources that the patient or her family should be connected to?
References


4 Treatment Team Case Assignment, California State University, Sacramento, Division of Social Work.

### Baker Fellowship Case Study Groups

**Baker Fellowship Integrated Behavioral Healthcare Workshop & Seminar Series 2020-2021**  
November 4, November 11, and December 2

**GROUP 1:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Case Study Presentation</th>
<th>Field Healthcare Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexandria Hickman</td>
<td>11/4/2020 (A)</td>
<td>Braddock Primary Care</td>
</tr>
<tr>
<td>Julianna Giannantonio</td>
<td>11/4/2020 (A)</td>
<td>UPMC Children’s Hospital of Pittsburgh</td>
</tr>
<tr>
<td>Alexa Harms</td>
<td>11/4/2020 (A)</td>
<td>Allegheny General Hospital</td>
</tr>
<tr>
<td>Maggie Schmitt</td>
<td>11/11/2020 (B)</td>
<td>UPMC Children’s Hospital of Pittsburgh</td>
</tr>
<tr>
<td>Dana Duncombe</td>
<td>11/11/2020 (B)</td>
<td>St. Margaret Family Health Center Bloomfield-Garfield</td>
</tr>
<tr>
<td>Taylor Eppinger</td>
<td>11/11/2020 (B)</td>
<td>McKeesport Hospital Addiction Medicine</td>
</tr>
<tr>
<td>Jonathan Peitzman</td>
<td>12/2/2020 (C)</td>
<td>CHP Adolescent and Young Adult Medicine</td>
</tr>
<tr>
<td>Anna McGovern</td>
<td>12/2/2020 (C)</td>
<td>Magee Women’s Hospital</td>
</tr>
<tr>
<td>Livia Slabodkin</td>
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<td>UPMC Presbyterian Shadyside</td>
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**GROUP 2:**

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Brandon Thomas</td>
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<td>Jefferson Hospital</td>
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<tr>
<td>Teresa Reiter</td>
<td>11/4/2020 (A)</td>
<td>Magee Women’s Hospital</td>
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<tr>
<td>Aubrey Masters</td>
<td>11/4/2020 (A)</td>
<td>Matilda H. Theiss Health Center</td>
</tr>
<tr>
<td>Ryan Martin</td>
<td>11/11/2020 (B)</td>
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<tr>
<td>Alexandra Winter</td>
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<tr>
<td>Emmanuela Abraham</td>
<td>12/2/2020 (C)</td>
<td>St. Margaret Family Health Center</td>
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<tr>
<td>Emily Halicek</td>
<td>12/2/2020 (C)</td>
<td>Lawrenceville</td>
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<tr>
<td>Kelly Polosky</td>
<td>12/2/2020 (C)</td>
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<tr>
<td>Srinidhi Alur</td>
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<tr>
<td>Samantha Yule</td>
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<tr>
<td>Mary Ackourey</td>
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<tr>
<td>Amanda Bricker</td>
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<td>Hope Lowry</td>
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<tr>
<td>Echo Eggebrecht</td>
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<td>UPMC Total Care IBD</td>
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<tr>
<td>Cole Rapso</td>
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</tr>
<tr>
<td>Claire Engels</td>
<td>12/2/2020 (C)</td>
<td>Magee Women’s Hospital</td>
</tr>
<tr>
<td>Brooklyn Bahlow</td>
<td>12/2/2020 (C)</td>
<td>Latterman Family Health Center</td>
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Discussion Groups

Baker Fellowship Integrated Behavioral Healthcare Workshop & Seminar Series

2020-2021

Groups will meet from 3:15-3:30 pm via Zoom breakout rooms prior to each seminar. Groups will begin meeting on September 9, 2020 and continue to meet before every seminar for the remainder of the fellowship. Fellows must be present and ready to participate by 3:15 pm.

Through field placements fellows will have the opportunity to experience the strengths of an interdisciplinary, integrated healthcare approach and the satisfaction of partnering with patients to make positive changes in their lives. However, fellows will also be exposed to challenges, drawbacks, and frustrations that will arise along the way. They may encounter death/loss, trauma, discrimination, systems that fail to serve patients appropriately, and other difficult situations as a result of their placements. While fellows are encouraged to discuss such issues during their weekly supervision period, we recognize that students can also serve as powerful resources for one another.

The purpose of the discussion groups is to provide a brief period of time during which fellows can meet in small groups to provide encouragement, support, and share resources with one another. Students may choose to come prepared to share a case from their field site and receive consultation from their peers or to speak more generally to their field experience. These discussion groups give fellows the opportunity to model team-based collaboration and problem-solving. They will also serve as a transition period to help fellows process through events of their field placement and prepare for participation in the day’s workshop activities.

Objectives:

- Promote consistent peer collaboration and support among fellows
- Expose fellows to a wider range of the integrated healthcare field through discussion with group members from diverse field sites
- Serve as a vehicle for corporate processing when significant events occur in the world, country, and in local communities that impact fellows

Guidelines:

Fellows are expected to uphold a strict standard of confidentiality throughout their participation in discussion groups. This is an ethical requirement for social workers and all fellows are advised to be cognizant of the social work oath of confidentiality (See NASW Code of Ethics, 1.07 Privacy and Confidentiality). Discussion occurring within small groups should not leave the bounds of the group. Therefore, it should not be discussed with anyone else, including family, roommates, significant others, or other students. Please be aware that a fellow may choose to share something within a discussion group that they would not like to share with all Baker fellows. Always obtain consent from the fellow(s) if you would like to share something discussed in your small group with the fellowship cohort as a whole. If a fellow would like to bring a case from their field site, all personally identifying information for the patient and/or staff member should be disguised.
Fellows are also expected to maintain professionalism when participating in discussion groups by ensuring that the discussion adheres to topics which are reflective of the purposes of this activity. This time should not be used to discuss upcoming assignments or plans for the weekend. From 3:15-3:30 pm fellows are expected to exclusively discuss patient cases, field placements, and relevant outside events that have an impact on field.

*Be prepared to be honest, share feedback, and respect confidentiality.*

**The below questions can be used as a starting point for discussion:**

- What ethical issues have arisen at your site?
- What challenges have emerged with working on an interdisciplinary team?
- What is an area where you are looking for more resources?
- Can you share about a challenging case that you are currently working with?
- Do you need help processing through anything that you have experienced at your site?

**Group 1**

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
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### Group 5

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<td>Ryan Martin</td>
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</tr>
<tr>
<td>Brandon Thomas</td>
<td>Jefferson Hospital</td>
</tr>
<tr>
<td>Maggie Schmidt</td>
<td>UPMC Children’s Hospital of Pittsburgh</td>
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### Group 6

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### Group 7

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<tr>
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</table>
The purpose of the Baker Fellowship Workshop & Seminar Series is to familiarize students with essential skills for working in the field of integrated health care. The seminar series integrates direct practice health care skills and knowledge to be applied to the students’ field learning experiences. Two hours per seminar will count toward field training hours. In regard to format, we ask all speakers to utilize application/training methods during their presentations, for example, interactive learning (case studies, small groups, role-playing, think/pair/share recall learning, pre/post questions, or demonstrations), lecture and Q&A. In addition, we ask that all speakers make a concerted effort to incorporate a broad scope of diversity throughout their presentations.

Objectives

The objectives of the Baker Fellowship Workshop & Seminar Series are as follows:

- To bring together faculty/field instructors and students with leaders in behavioral health care in the region to further develop interdisciplinary/inter-professional learning in team-base care
- To integrate the curriculum between class learning and field practice
- To expose students to presentations on regional behavioral health care issues, initiatives, and communities/populations of need
- To reflect on field experiences through case studies

Format

The sessions will meet twice a month for the 2019-2020 academic year. Eleven sessions will include guest speakers--professionals from the field. Speakers will present on an applied behavioral health care area and facilitate a related discussion amongst the students. Three sessions will consist of fellows developing and discussing case studies from field placement experiences. The case studies should be at least two paragraphs and no longer than 6 paragraphs. They will be distributed to the fellows and discussed in small groups during the seminar session. At the end of each semester, a reflection session will allow students to thoughtfully consider the impact of the seminar material on their field education experiences. **Fellows are expected to arrive at 3:15 pm to all seminar sessions. Attendance is absolutely mandatory.**

Assignments

Each session, students will be given information to prepare for the next topic. Fellows will have two weeks to read the speaker’s bio and any materials, complete any assignments, and compose thoughtful questions. **We also ask that fellows send each speaker an email after the presentation thanking her/him.**

Following each session and at the end of each term, the fellows will complete a survey to assess the session. The findings will be used towards continual program enhancement efforts. At the end of each term, the students will complete questionnaires and participate in an assessment and reflection session.

At the end of the spring term, fellows will participate in a poster presentation for students, field instructors, and faculty. The presentation will detail an important issue at the fellow’s field placement site, while highlighting 3 to 5 integrated behavioral health care competencies.
# 2020-2021 Calendar

**Behavioral Health Workforce Education and Training Program**  
**Edith M. Baker Integrated Healthcare Fellowship**  
**2020-21 Calendar**

<table>
<thead>
<tr>
<th>2020-21 Dates:</th>
<th>Materials Due</th>
<th>Workshop &amp; Seminar</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 26, 2020</td>
<td></td>
<td>Orientation</td>
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<tr>
<td>September 9, 2020</td>
<td></td>
<td>Race, Advocacy, &amp; Spirituality</td>
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<tr>
<td>September 23, 2020</td>
<td></td>
<td>Crisis Intervention / Intimate Partner Violence</td>
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<tr>
<td>October 7, 2020</td>
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<td>Geriatric Populations</td>
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<tr>
<td>October 21, 2020</td>
<td></td>
<td>Introduction to Research</td>
</tr>
<tr>
<td>November 4, 2020</td>
<td>Supervisor HRSA Field Site Survey</td>
<td>Case Studies Group A</td>
</tr>
<tr>
<td>November 11, 2020</td>
<td></td>
<td>Case Studies Group B</td>
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<tr>
<td><strong>November 20, 2020</strong></td>
<td><strong>Poster abstract for feedback via email</strong></td>
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<tr>
<td>December 2, 2020</td>
<td>Poster drafts for feedback via email</td>
<td>Case Studies Group C</td>
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<tr>
<td>January 13, 2021</td>
<td></td>
<td>SDOH &amp; Diverse Populations</td>
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<tr>
<td>January 27, 2021</td>
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<td>LSW Exam and Licensing</td>
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<tr>
<td>February 10, 2021</td>
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<td>Grief, Loss, &amp; Trauma</td>
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<tr>
<td>February 17, 2021</td>
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<td>Workshop with LEND Program (12:30-4:30 pm)</td>
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<tr>
<td>February 24, 2021</td>
<td>Poster drafts for feedback via email</td>
<td>Intellectual and Developmental Disabilities</td>
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<tr>
<td>March 17, 2021</td>
<td>Final posters due via email</td>
<td>4 Bird Personality Test</td>
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<tr>
<td>March 24, 2021</td>
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<td>Regional Summit</td>
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<tr>
<td>March 31, 2021</td>
<td>E-portfolios due via email</td>
<td>Opioids in Primary Care / Journey to Recovery</td>
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<tr>
<td>April 14, 2021</td>
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<td>Research Poster Exhibit (3-6 pm)</td>
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<tr>
<td>April 21, 2021</td>
<td>Career Synopsis, Case Study with takeaways Final Evaluations (Self and Supervisor)</td>
<td>Reflection/Get-together</td>
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</table>
Career Development & Individual E-Portfolios

Career Development Activities: Students should select a webinar to view that is archived through the Office of Academic Career Development Health Sciences video library. This webinar should be focused on an aspect of career development that is relevant to the student.

Examples of webinars available include:

- Virtual Networking: How to Find Collaborators, Mentors, and Career Contacts from Afar
- Ten Components of Career Exploration
- CV to Resume: What Employers Look For
- Interviewing: How to Succeed at Job Interviews

If you are unsure if a webinar is appropriate for this assignment, please reach out to the Baker Fellowship Program Manager for confirmation. You should view the webinar in its entirety and then write a synopsis. This synopsis (2 paragraphs) should review the most valuable ideas/concepts that you learned through the workshop. Also include the workshop name, the name of the presenter(s), and the date that you viewed it. **Synopsis is due via email by April 21, 2021.**

Video Library: [https://www.oacd.health.pitt.edu/video-library](https://www.oacd.health.pitt.edu/video-library)

INDIVIDUAL E-PORTFOLIOS

Individual e-portfolios for each student must be completed. You can choose the web platform that you would like to use. However, LinkedIn is recommended as this is a popular networking platform across fields, including among social work professionals. If you choose LinkedIn for your portfolio you may also want to add other Baker fellows as part of your LinkedIn Network - these will be professional colleagues and connections in the future!

Portfolios should include:

- **Photo**
- **Email Contact**
- **Background Information/Statement**
  - Include that you are an “Edith M. Baker Integrated Healthcare Fellow”
  - Your interests and goals
- **Professional Experience**
  - Attach downloadable resume
  - Professional activities, related experiences, conferences, special projects, internships
Must include MSW field placement/internship (including a description of tasks/responsibilities/projects)

- **Professional Information**
  - Letters of recommendation
  - Awards, certificates, publications
  - Formal evaluations

- **Education**
  - Current MSW student at the University of Pittsburgh
  - Integrated Healthcare Certificate
  - Relevant coursework

- **Student Writing Samples (optional)**
  - Capstone/Poster
  - Signature Assignments

If you need assistance with your resume or putting together your e-portfolio please reach out to the Director of Career Services for the VanKirk Career Center within the School of Social Work, Bobby Simmons (bobby@pitt.edu).

A career portfolio is organized evidence of your work background, readiness for the job and specific job skills that make you qualified for the job for which you are applying. **Remember this is supporting evidence of why you are the best candidate for the job.**

A link to your e-portfolio should be submitted via email by **March 31, 2021.**

**GENERAL PORTFOLIO SUGGESTIONS**

**Skills Using Knowledge in your Field:**

- Special projects
- Innovative class projects
- Display of performance materials, formal and technical documents
- Photographs highlighting your skills: teamwork, teaching, on the job, presentations

**General Work Performance:**

- Artifacts of your work
- Job descriptions
- Records of your performance
- Letters of reference
- Commendations, honors and awards for accomplishment
- Scholarships and fellowships

**Communication Skills:**
- Evidence of planning, employee training packets, interview sheets - Evidence of interpersonal and leadership experiences - Writing samples - Extra-curricular activities - Community involvement record - Newsletters you have created - Press releases

**Formal and Informal Education and Training:**

- Diplomas - Certificates - Academic work samples: your best report, lab, research abstracts - Internship documentation - Professional development training such as conferences - Courses - Second language evidence (include sign language) - Brochures describing training events, retreats, workshops clinics or lecture series - Continuing education certificates/courses

**Skills Using Technology, Tools and Equipment:**

- Multi-media presentations, photos in action and actual items that you can handle. - Multi-media samples - Technology demonstration - copy of a WWW Homepage presentation

**Other suggested items for your portfolio:**

- A table of contents - Networking card - Grant writing samples - Military service documentation - Public mention in the media - Transcript - Letters of reference - Licensure papers

**RESOURCES:**


**Power point instructions by UNC for developing hard copy and web portfolios:**


**Oakwood University’s guide to developing a portfolio:** [http://www.oakwood.edu/zPublic/social-work/publications/Senior-Portfolio.pdf](http://www.oakwood.edu/zPublic/social-work/publications/Senior-Portfolio.pdf)

**VanKirk Career Center**

University of Pittsburgh School of Social Work
Bobby Simmons, Director of Career Services
412-624-6354
bobby@pitt.edu
Optional career development events for Baker Fellows:

HRSA Virtual Job Fairs

Our virtual job fairs are free. They connect healthcare sites with job-seeking primary care trainees and practicing clinicians.

We invite medical, nursing, dental, and mental/behavioral health clinicians and trainees to attend and learn about hundreds of opportunities.

When are our future events?

- **October 7, 2020** - Celebrating Corps Community Month
  
  **Who can attend:** NHSC and Nurse Corps-approved clinical facilities with a HPSA score of 14 and above
  
  **Available job openings:** Medical, Nursing, Dental, Mental/Behavioral Health

- **November 18, 2020** - Celebrating National Rural Health Day
  
  **Who can attend:** NHSC and Nurse Corps-approved clinical facilities located in rural areas
  
  **Available job openings:** Medical, Nursing, Dental, Mental/Behavioral Health

What should you do in advance?

Complete a clinician profile on the Health Workforce Connector. That way interested sites can follow-up with you after the event.

What happens during a Virtual Job Fair?

We give site representatives about 15 minutes to present inside a “virtual breakout room.” There, the participating sites discuss

- their site,
- the community they serve, and
- their currently available positions.

Those seeking career opportunities are able to interact with up to 100 organizations during one event.

How can Virtual Job Fair attendees contact each other?

Before and after each event, we provide all attendees with ways to make contact:

- Event agenda – review the presenting sites’ contact information and current vacancies.
- Networking chat room – take part in virtual conversations after the Virtual Job Fair ends.
- Health Workforce Connector – set up a searchable clinician profile and/or search for additional vacancies.
Conference Reimbursement

Up to $280.00 per fellow for conference registration, travel, and per diem for impactful conferences for fellows.

**EDITH BAKER INTEGRATED HEALTHCARE FELLOWSHIP CONFERENCE REIMBURSEMENT FORM**

Please complete sections A and C and submit to the program manager for approval prior to attending the conference. If approved, **please submit original receipts, credit card statements, and this form (Sections A-C) to the project manager following the conference.**

### Personal Information (A)

| Full Name: | ____________________________ |
| Last       | First                      |
| M.I.       |                           |

PeopleSoft Number: ____________________________

Home Address: ____________________________

- **Street**: ____________________________
- **Apartment #**: ____________________________

- **City**: ____________________________
- **State**: ____________________________
- **ZIP Code**: ____________________________

Home Phone: ____________________________

Alternate Phone: ____________________________

E-mail Address: ____________________________

Birth Date: ____________________________

### Reimbursement Information (B)

| Total Lodging Cost: $ ____________________________ | Total Number of Receipts Enclosed: ____________________________ |

| Total Flight Cost: $ ____________________________ | Total Number of Receipts Enclosed: ____________________________ |

| Total Ground Travel Cost: $ ____________________________ | Total Number of Receipts Enclosed: ____________________________ |

**Fellows may be reimbursed by the fellowship for mileage to and from the University and the conference.**
Conference Fee: $_______________________________ Total Number of Receipts Enclosed: __________

Total Number of credit card statements enclosed: ___________________________________________

Conference Information (C)

Conference Name: ________________________________________________________________

Conference Location: ___________________________________________________________________

Street

Building/ Location Name

City State ZIP Code

Phone: ______________________________ _______________________________________________

Website Address:______________________________________________________________________

Dates of Conference: __________________________ __________________________

Please briefly write the learning objectives of the conference and why you wish to attend:

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Field Placement
Mileage
Reimbursement

Baker Fellows may be reimbursed by the fellowship for mileage if driving 20 miles round-trip or further to and from the University and their field placement sites. Beginning Jan. 1, 2019, the standard mileage rate is .58 cents for every mile.

One completed W9 is to be entered into the Concur system per academic year. Students are responsible for submitting their own miles into the Concur system, monthly. You must submit a signed form with each monthly concur report.

Fellows interested in being reimbursed for mileage to and from the University to field site can obtain travel reimbursement materials online.

Please inform the Baker GSA, Emma (emh146@pitt.edu), if you plan to receive mileage reimbursement. You will need to complete a training with our Research Grant Administrator on how to submit documentation.
MSW Field Education

https://www.socialwork.pitt.edu/academics/msw/field-education

- The field experience for MSW students constitutes 1080 hours over four terms (18 credit hours) for full-time MSW students.

- Advanced standing students complete 720 hours (12 credit hours) typically distributed over two terms (full-time students) to four terms (part-time students).

- The structure for the MSW Program depends on a student's status as either Full Time or Part Time as well as First Year or Second Year standing. Note: For Field Office purposes, Advanced Standing students are considered to have Second Year standing.

- First Year students complete a Generalist Field Placement. Standard Second Year students and those granted full Advanced Standing status complete a Specialized Practice Area Field Placement.

Further details about the structure of field placements for each term can be found on the website (PDF Download).

Frequently Asked Questions
Read the FAQs about MSW Field Placement (Word Document Download)

Field Education Schedule
MSW Field Education Schedule 2019-2020 (Word Document Download)

Field Education Handbook
MSW Field Education Handbook (Word Document Download)

Online Field Directory
View Online Field Directory

Internship/Field Placement Descriptions
Sample of Current Internship/Field Placement Descriptions

MSW Field Placement Request and Confirmation Forms
Information about and access to MSW Field Placement Process and Interview Confirmation Forms
Field Learning Plans and Evaluation/Timesheet Documents
The Office of Field Education will be providing each student a unique link to their electronic Learning Plans (beginning of the term) and Evaluation plus the Time Sheet documents (about 7 weeks before the end of the term) for all students. Each student will receive an individualized link for the Field Learning Plan and Field Evaluation respectively to their Pitt Email Account (to see an example of this email click here). The student is responsible for sharing this link with their Field Instructor (please see outline of guidelines at this link here).
As you work on these documents, your progress will be automatically saved, however it is important that you save the link that was sent to you in order to return to your Field Learning Plan or Evaluation plus the Time Sheet.
All documents will be signed electronically within the forms and submitted electronically. The signature of your field liaison will be secured by the Field Office after you submit the document to the Office of Field Education.
Please contact your field coordinator (the person who matched you to a field site) in the Office of Field Education or the Administrative Assistant for the Office of Field Education Ms. Riley A. Riley at riley.riley@pitt.edu with any questions regarding this process and/or these forms.

Example Field Learning Plans
These documents are meant to be used by Field Instructors and their students to brainstorm applicable tasks and activities by providing good examples from previous successful Field Learning Plans.
Generalist Example
Direct Practice Mental Health Example
Direct Practice Home and School Visitor Example
Direct Practice Gerontology Example
Direct Practice Integrated Health Care Example
COSA Concentration Example

Example Field Evaluations
These documents are meant to be used by Field Instructors and their students to show constructive evaluations as good examples from past successful students.
Direct Practice Mental Health Example
COSA Concentration Example

MSW Certificate Field Requirements
Mental Health
Integrated Healthcare
Gerontology
Home and School Visitor/School Social Worker
Children Youth and Families
Human Services Management
Field Education Schedule

MSW FIELD EDUCATION SCHEDULE
Fall of 2020 (TERM 2211)

August

10  MSW advanced standing student Orientation 12 Noon to 2:00 PM via Zoom  
    Second Year Continuing MSW student Orientation 2:00 PM-3:00 PM via Zoom

12  MSW advanced standing student Orientation 6:00 PM to 8:00 PM via Zoom  
    Second Year Continuing MSW student Orientation 5:00 PM-6:00 PM via Zoom

14  MSW advanced standing student Orientation 9:00 AM to 11:00 AM via Zoom  
    Second Year Continuing MSW student Orientation 11:00 AM-12:00 Noon via Zoom

19  Fall Term classes begin remotely 8/19/2020 Wednesday All Campuses

24  Fall term classes continue in-person where appropriate 8/24/2020 Monday All  
    Campuses Field placement begins for MSW Second Year and Advanced Standing  
    students and all Continuing Students in Specialized Practice- Deadline for Interview Confirmation  
    Form, Mandated Reporter Training Certificate and HIPPA Training Certificate for students starting field  
    placement this date.  
    Field Seminar for Generalist MSW Students starts this date

September

1   Field Learning Plans sent to Generalist and Specialized Practice student’s PITT e-mail address  
    this date

4   Fall Term add/drop period ends (no extended drop period this semester) 9/4/2020 Friday All  
    Campuses

7   Monday Labor Day (University open, classes in session) 9/7/2020 Monday All  
    Campuses

21  Full time and Part-Time Generalist students begin field placement.  
    Deadline for Interview Confirmation Form, Mandated Reporter Training Certificate and HIPPA Training  
    Certificate for first year Non-Advanced Standing students starting field placement this date.
October

14  Student Self-Care Day (no classes) 10/14/2020 Wednesday All Campuses

15  Spring Term Request for Field Placement Forms Due.

26  Field Learning Plans for students in new field placements that started August 24th (specialized practice and Generalist who started on September 21st) are due.

20  Field Learning Plans sent to student’s PITT e-mail address September 1st
    Evaluations sent to student’s PITT e-mail address this date

November

Evaluation/Time Sheets due for full time First Year Non-Advanced Standing Students in placement since September 21st.

30  Wednesday Thanksgiving Recess for students (no classes), all schools 11/29/2020 Sunday All Campuses

30-12/3  Final examination period for classes, Remote Finals only  Monday-Thursday Pittsburgh Campus

December

4   Evaluations/Time Sheets are due for Advanced Standing, Part-Time, and Second Year Students in placement for the entire fall term. Evaluations sent to student’s PITT e-mail address October 20th

Week of Dec 1st

12  Last day of Fall term field placement for MSW students.
    Saturday Fall Term Ends: All Campuses

12 - Jan 11  Winter Recess for all students.
January

11 First day of spring term field placement for all students. Spring Term classes begin 1/11/2021 Monday All Campuses

Week of 11th Required attendance at one of the following: Orientation to Field Placement Seminars for all Advanced Standing MSW students starting field placement- (individual meetings with Field Advisor)

18 Dr. Martin Luther King’s Birthday Observance (University closed). (NO FIELD)

February

14 - Mar 15 Summer Term Request for Field Placement Forms Due. First Year Part-Time MSW Students register for Generalist Integrative Field Seminar.

22 Field Learning Plans are due for students in new field placements.

Week of 22nd Required Planning Seminar: Students planning to start a new field placement summer term. (individual meetings with Field Advisor)

March

1 Evaluations sent to student’s PITT e-mail address this date

7-14 TENTATIVE: Spring Recess for students (no classes); offices and buildings remain open, except on Friday, Spring Holiday 3/14/2021 Sunday All Campuses

15 – 31 Continuing MSW Students submit request for Fall field placement. Field placement assignments made from April through August.

31 Last day for requesting MSW summer field placement.

April

15 Evaluations are due for all MSW students in spring term field work.

23 Last day of field placement for Spring term for MSW students Spring Term: Last day for classes 4/23/2021 Friday All Campuses.
Professional Performance

PROFESSIONAL BEHAVIOR
Upon entrance into the program and into field education, the student is expected to commit to learning what is required for professional behavior which includes but is not limited to:

1) Honoring duties and responsibilities

2) Respecting clients/community members, research participants, other professionals, faculty, colleagues, and fellow students and being able to work effectively with others regardless of level of authority.

3) Being on-time and dependable, prioritizing responsibilities, attending field seminar sessions, field orientations, and completing assignments on time in school and in the field placement and seminars.

4) Understanding and maintaining confidentiality with regard to clients/community members, s/he is expected to demonstrate professional behavior in all aspects of social work practice.

5) Maintaining high levels of achievement in both: (1) academic performance in courses and in field placement, and (2) professional comportment in relationships with faculty, staff, peers, clients and field practicum personnel.

6) Evaluations of students’ academic performance in courses and in the field are based on criteria stated in course syllabi, the field learning plans and evaluations, and in the Student Field Education Handbook.

7) Adhering to the SSW Academic Integrity Code. Academic dishonesty is regarded as serious ethical misconduct that may affect the student’s continuation in field education and in the program. Students may not present the work of anyone else as their own achievement. Students may not submit a written assignment prepared for one course as original work for another course.

8) Work prepared for one course must be clearly cited if included in an assignment for another course.

9) Social work students are expected to conduct themselves according to the National Association of Social Workers (NASW, 2008 Revised) Code of Ethics (Appendix A)

Violations of this code may also be reason for disciplinary action and possible dismissal from the School under the SSW Academic Integrity Guidelines or other designated process, such as the University’s Student Code of Conduct. Some further examples of violations include but are not limited to:

a) Behavior judged to be in violation of the current NASW Code of Ethics,

b) Commission of a criminal act as determined by a judicial body, the School, or by the University’s Student Judicial System, that is contrary to professional practice, occurring during the course of study or occurring prior to admission to the School of Social Work and becoming known after admission (See student agreement form).

c) Consistent pattern of unprofessional behavior.
d) Failure to meet any of the Standards for Social Work Education: School of Social Work Criteria for Evaluation of Academic Performance (See MSW and BASW Student Handbooks).

e) Conduct that is potentially dangerous to current or future clients...

f) Unprofessional behaviors as covered by the NASW Code of Ethics.

g) Sexual harassment see Student Field Handbook Section 1.12 University of Pittsburgh Policies Relating to Field Education.

h) Sexual interaction with clients see Student Field Handbook Section 1.12 University of Pittsburgh Policies Relating to Field Education.

i) Physical threats and actions directed at clients, students, faculty or staff. Acceptance of gifts or money from clients that are not standard payment for services received.

j) Use of computer hardware, software, network access, information and data provided for personal or non-agency business related purposes.

Social work students are expected to act in accordance with professional social work ethics and values. Students should demonstrate tolerance and respect for human diversity. Social work students are also expected to strive to attain the NASW Standards outlined in Cultural Competence in Social Work Practice.

PROFESSIONAL COMMITMENT

Upon entrance into the program and field education, the student is expected to be committed to learning about the values and ethics of the social work profession. As the student progresses in the program, s/he is expected to demonstrate a strong commitment to the goals of social work and to the ethical standards of the profession. The student must be committed to the essential values and ethics of social work which include respect for the dignity and worth of every individual and his/her right to a just share in society’s resources (see NASW Code of Ethics)

In addition to a commitment to the values and ethics of the profession, the student must also exhibit:

a) The ability to deal with current life stressors through the use of appropriate coping mechanisms. Handles stress effectively by using appropriate self-care and developing supportive relationships with colleagues, peers, and others. Uses sound judgment. Seeks and effectively uses help for medical or emotional problems that interfere with scholastic and professional performance. Engages in counseling or seeks out support and help if personal problems, psychosocial distress, substance abuse, or mental health difficulties do any of the following:

• negatively impact academic and other performance,
• interfere with professional judgment and behavior, or
• jeopardize the best interests of those to whom the social work student has a professional responsibility to serving.

b) The knowledge of how one’s values, attitudes, beliefs, emotions and past experiences affect thinking, behavior and relationships.
c) Exhibits abilities to attend and participate in class and field placement, with or without accommodations.

d) The ability to accurately assess one’s own strengths, limitations, and suitability for professional practice. Shows awareness of self and how one is perceived by others. Reflects on one’s own limitations as they relate to professional capacities. Is willing to examine and change behavior when it interferes in working with clients and other professionals.

OFFICE OF DISABILITY RESOURCES AND SERVICES

The Office of Disability Resources and Services (DRS) provides a broad range of support services and resources base to assist students with disabilities such as visual impairment, auditory impairment, mobility impairment and hidden disabilities (learning disabilities, ADHD, psychological disabilities). Services include, but are not limited to: tape recorded textbooks, sign language interpreters, adaptive computer technology, Braille copy, non-standard exam arrangements and personal counseling. DRS can also assist students with accessible on campus housing and transportation. Students interested in registering for services should contact DRS to schedule an appointment with the Coordinator and be prepared, if requested, to provide appropriate documentation of their disability. The office is located in 216 William Pitt Union. For more information, call (412) 648-7890 or check out their website: www.drs.pitt.edu.

No otherwise qualified student shall, on the basis of disability, be subjected to discrimination or excluded from participation in the School of Social Work. A student with a disability may be protected by the Americans with Disabilities Act (ADA) and be eligible for a reasonable accommodation that will provide an equal opportunity to meet the academic criteria related to professional behavior and scholastic performance.

Any otherwise qualified student with a protected disability who requests a reasonable accommodation must notify the Office of Disability Services and provide documentation as needed. The Office of Disability Services makes recommendations for accommodations. The School of Social Work will review academic performance criteria in light of individual student circumstances to explore issues of appropriateness and accommodation. An initial assessment, subsequent plan, use of outside experts (including the Office of Disability Services), and periodic checks between the School of Social Work and the student are appropriate.

If required, reasonable accommodation will be determined by the office of Disability Services (See section on Office of Disability Resources and Services in the Student Handbook for clarification.)
SOCIAL NETWORKING
As technology advances, the School will continually update internal guidelines and policies with regard to the professional use of technology in practice. While social networking tools obviously present many useful and fun opportunities, the features that enable these benefits also present potentially serious challenges. The guideline presented below attempt to address these challenges. While we are reviewing these policies please remember it is crucial to maintain professional behavior, ethical standards, confidentiality and clinical boundaries with regard to your field placement agency and clients.

A few guidelines to remember:

1. Review and follow any agency guidelines and policies regarding the use of technology in practice. It would be useful to initiate a conversation with your field instructor about the potential impact of social networking on agency clients and the work of the agency.

2. Do not refer to an agency, client or client situation on any Facebook, My Space, Twitter, Blog or other internet site no matter how many security settings you have invoked.

3. If field communication will be required as part of the internship experience, agencies are strongly encouraged to provide a cell phone to the student. Students should not be expected to give a current or former client their personal contact information including email and personal cell phone number.

4. Do not ask or accept a current or former client as a friend on Facebook, Twitter or any other social networking site.

5. Remember that social networking sites are public domains and your information can be accessed by anyone, including clients, and never goes away.

Please address any questions to your field advisor. For further information please consult the University’s Code of Conduct at:

http://catalog.proemags.com/publication/8537e2fd#/8537e2fd/1

. Academic Performance is further addressed in the MSW STUDENT HANDBOOK pages 69-87.

You may also view these on-line as they have been added to the Handbooks-


MSW http://www.socialwork.pitt.edu/downloads/MSW%20FIELD%20HANDBOOK.pdf
INTEGRATED HEALTHCARE CERTIFICATE REQUIRED COURSES

The sequence of courses required in this specialization provides the advanced knowledge and skills needed by social workers to help individuals and families maintain good health, prevent negative health status outcomes, and manage the psychosocial components of health and well-being. Students must complete all concentration requirements as well as those of the IHC Program. Therefore, in addition to taking Models of Intervention (SWINT 2082); a second-level research course; electives and an advanced practice course in:

- Cognitive-behavioral (SWINT 2031)
- Social systems (SWINT 2032), or
- Psychodynamics (SWINT 2033) approaches;

students seeking to declare the Integrated Healthcare Certificate must take the following courses:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
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<tbody>
<tr>
<td>SWBEH 2066</td>
<td>HB: Health/Mental Health (HBSE II)</td>
<td>3 crs.</td>
</tr>
<tr>
<td>SWWEL 2056</td>
<td>Health Care &amp; Public Policy (Policy II)</td>
<td>3 crs.</td>
</tr>
<tr>
<td>SWINT 2025</td>
<td>Advanced Social Work Practice in Integrated Health Care</td>
<td>3 crs.</td>
</tr>
<tr>
<td>SWINT 2073</td>
<td>Integrated Healthcare and Pharmacology OR</td>
<td>3 crs.</td>
</tr>
<tr>
<td>SWINT 2070</td>
<td>Introduction to Psychopharmacology in SW Practice</td>
<td>3 crs.</td>
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</tbody>
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Additional recommendations for general elective credit substitution that augment the IHC:

- SWINT 2004 Grief and Loss
- SWINT 2074 Spirituality & Social Work (concurrent: See Prof. Elizabeth Mulvaney)
- SWINT 2011 Social Work Practice with Families
- SWINT 2018 Clinical Skills and Psychopathology
- SWINT 2030 Direct Practice with the Elderly
- SWINT 2042 SW Practice with Drug & Alcohol Abuse
- SWINT 2046 Short Term Treatment
- SWINT 2049 Direct Practice with Children and Adolescents
- SWINT 2053 Social Work Practice with Groups
- SWINT 2072 Social Work and Traumatic Stress
- SWINT 2031 Advanced Direct Practice: Cognitive-Behavioral- in addition to required ADP course
- SWINT 2032 Advanced Direct Practice: Social Systems- in addition to required ADP course
- SWINT 2033 Advanced Direct Practice: Psychodynamic- in addition to required ADP course

*NOTE: In addition to the required classes, students are required to attend IHC seminars.

**NOTE: The second level HBSE course, SWBEH 2066HB: Health/Mental Health will not be accepted for fulfilling the second level HBSE course requirement for the MSW/MPH joint degree. The content of SWBEH 2066HB significantly overlaps with the course content of BCHS 2520: Theories in the Graduate School of Public Health.

Required Field Work
The second, concentration placement (12 credits) is completed in a program, unit, or agency that has a primary focus on direct practice related to health care.

- Approved Integrated Healthcare Certificate Field Sites
- Required Integrated Healthcare Certificate Field Competencies
**Surveys and Evaluations**

The Baker Fellow is responsible for returning all surveys and evaluations by their due dates.

Please see dates below.

**Fellow’s Surveys and Evaluations**

<table>
<thead>
<tr>
<th>Survey</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRSA Biographical Survey</td>
<td>Completed</td>
</tr>
<tr>
<td>Integrated Behavioral Health and Primary Care Core Competencies Student Self-Assessment Survey</td>
<td>April 21, 2021</td>
</tr>
<tr>
<td>Evaluation of Field Instructor</td>
<td>April 21, 2021</td>
</tr>
</tbody>
</table>

**Field Instructor’s Surveys and Evaluations**

<table>
<thead>
<tr>
<th>Survey</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRSA Field Site Survey</td>
<td>November 4, 2020</td>
</tr>
<tr>
<td>Integrated Behavioral Health and Primary Care Core Competencies Field Instructor Survey</td>
<td>April 21, 2021</td>
</tr>
</tbody>
</table>
The ever-increasing complexity of our society is reflected in the changing needs of the students who attend college today. Every year, the staff at the University Counseling & Wellness Center sees students seeking help with concerns such as depression, anxiety, relationship problems, family issues, sexual misconduct, and academic difficulties. Please do not hesitate to contact the Counseling & Wellness Center if you are in need of services. All in-person services are currently suspended due to COVID-19, however the UCC is offering virtual groups, workshops, and teletherapy. Other campus and community resources are listed below.

University of Pittsburgh
Wellness Center
Counseling Center
275 Nordenberg Hall
119 University Place
Pittsburgh, PA 15260
412–648–7930

Campus Resources
University of Pittsburgh Police Department 412–624–2121
On–Campus Emergency Number 811
University Counseling Center 412–648–7930
Sexual Harassment and Assault Response and Prevention (SHARE) 412–648–7856....24hours a day, 7 days a week
Student Health Service 412–383–1800
Office of Residence Life 412–648–1200
Disability Resources and Services 412–648–7890
Association of Chaplaincies 412–383–7270
Title IX Coordinator 412–648–7860
Office of Student Conduct 412–648–7910

Community Resources:
RE:SAVE crisis network (a crisis network providing referrals, crisis counseling, and mobile crisis teams for on–site emergency psychiatric evaluations anywhere in Allegheny County) 1–888–796–8226
Off–Campus Emergency Number 911
Western Psychiatric Institute and Clinic Diagnostic and Evaluation Center (WPIC–DEC) 412–624–2000
Center for Victims of Violence and Crime 412–392–8582 (Hotline)
Persad Center : LGBTQ-informed counseling. They accept most insurance including Medicaid. https://persadcenter.org/pages/counseling-mental-health 412–441–9786
Pittsburgh Action Against Rape (PAAR) 412–431–5665
Magee–Women’s Hospital of UPMC (ER) 412–641–4933
UPMC Presbyterian (Emergency Room) 412–647–3333
WHAT IS EXPECTED OF FELLOWS IN FIELD PLACEMENT?

Discussion with Dr Copeland and Fellows

Maximize Your Field Placement Experience

- Complete a Concentration Field Learning Plan with your Field Supervisor.
- Maintain a Field Placement Journal for supervisory meetings.
- Be aware of important “due dates”: Field Office paperwork, Advisor/Liaison field visits, and assessments.
- Maintain a professional and respectful demeanor with field instructors, staff, and clients.
- Meet with your assigned Field Instructor a minimum of one hour per week for supervision.

Making Field Placement As Productive As Possible

Opportunities to Develop Leadership Skills in Field Placement

Turning Your Liabilities into Assets
Srinidhi Alur
Master of Social Work/Master of Public Health, direct practice, second year, IHC (Candidate)
sra34@pitt.edu
Srinidhi graduated from the University of Pittsburgh in 2018 with a Bachelor of Science in Psychology and minors in Social Work and Religious Studies. During her undergraduate years, she assisted in multiple research projects and in her spare time volunteered at the Carnegie Library-East Liberty. At the library she mentored children to increase their literacy skills and provided homework help. Upon graduation she worked as a Research Associate at the Childhood Depression Research Program, where she recruited participants, implemented experimental procedures, and administered WASI intelligence tests. Through both professional and personal experiences, she witnessed the numerous barriers individuals experience when accessing mental health care. She decided to pursue the joint MSW/MPH program as she wanted to dedicate her career to reducing systemic barriers to mental health care. As a first-year MSW student, Srinidhi completed her field-placement at TCV Adult Partial Hospitalization. There she co-facilitated group therapy sessions and conducted hourly, individual therapy sessions with clients. She also worked cross-functionally with a multidisciplinary team of doctors, nurses, and clinicians to develop client care plans. Srinidhi is excited to be a part of the Edith M. Baker Integrated Healthcare Fellowship. **Srinidhi will begin her integrated healthcare field placement in the fall of 2020 with CHP Adolescent and Young Adult Medicine.**

Mary Ackourey
Master of Social Work, direct practice concentration, second year, IHC (Candidate)
mra88@pitt.edu
Mary Ackourey earned her Bachelor of Science in Psychology with minors in Human Services and Women’s Studies from the University of Scranton in winter, 2017. While at the University of Scranton, Mary volunteered with the campus’ Jane Kopas Women’s Center on projects like Take Back the Night and Love Your Body Day. Mary also attended trainings for ally development, healthy relationships, and inclusivity. Mary spent summers teaching piano and interning at her local YMCA. After graduating, Mary began employment as a Direct Service Professional with Friendship House in Scranton, working one-on-one in an Early Intensive Behavioral Intervention program for children diagnosed with Autism Spectrum Disorder. Mary
relocated in 2019 to pursue her Master of Social Work with a focus on integrated healthcare at the University of Pittsburgh. Mary completed her first year internship with A Child’s Place – a child advocacy center, where she worked with a multidisciplinary team to address instances of child abuse in Allegheny, Westmoreland, Beaver, Butler, and Fayette counties. Mary has always had a desire to work with women and children, which has only been solidified by her time at A Child’s Place. Mary is excited and honored to further her education as a 2020-2021 Baker Fellow. Mary will begin her integrated healthcare field placement in the fall of 2020 with AHN West Penn Hospital.

Brooklyn Bahlow
Master of Social Work, direct practice concentration, second year, IHC (Candidate)
bbl130@pitt.edu

Brooklyn graduated from Temple University with a Bachelor of Arts in Gender, Sexuality, and Women’s Studies in 2019. While earning her B.A. she worked in clinical research at Temple University Hospital’s Department of Thoracic Medicine and Surgery for 4 years. During her undergraduate education, Brooklyn studied abroad in Rome, Italy for a semester and was involved in Big Brothers Big Sisters. She was also a Lead Mentor for GEARUP, a program that provided academic success and college exploration to low-income students in the community of North Philadelphia. Brooklyn completed the Mindfulness-Based Stress Reduction program at Jefferson University Hospital’s Myrna Brind Center for Mindfulness in 2018, which is where she developed a passion for mindfulness meditation. During her first year in University of Pittsburgh’s Master of Social Work program, Brooklyn interned at Barber National Institute where she worked with individuals with intellectual disabilities by helping them develop skills, find careers, and provided onsite job training. As a second-year direct practice student, Brooklyn is pursuing a certificate in Integrated Healthcare and looks forward to the professional development she will gain during the Edith M. Baker Fellowship. Brooklyn will begin her integrated healthcare field placement in the fall of 2020 with UPMC Latterman Family Health Center.

Amanda Bricker
Master of Social Work, direct practice concentration, second year, IHC (Candidate)
amb484@pitt.edu

Amanda Bricker earned her Bachelor of Science degree in Psychology from the Pennsylvania State University, the Behrend College in May 2019. While pursuing her degree, she obtained research experience in the Cognitive Neurology Laboratory Group. While in this group, Amanda had the opportunity to present her
research at the Spring 2018 Western Pennsylvania Undergraduate Psychology Conference. In addition to research, Amanda also became a mentor for the Center for Community Outreach, Research, and Evaluation (CORE). While in this mentor program, her role as a mentor was to help children from Erie City Mission as well as Iroquois Elementary School establish leadership skills. She also spent time while pursuing her undergraduate degree volunteering at Springhill Senior Living Community. This sparked her passion for social work and working with vulnerable populations. Her first internship as an MSW candidate was at Fresenius Medical Care as a social work intern for dialysis patients. In this role, she assisted in assessments, screenings, development of care plans, and referrals. In Spring 2020, Amanda assisted in research conducted at the University of Pittsburgh which examined the use of Psychiatric Collaborative Care Model Codes within Federally Qualified Health Centers across the United States. Upon graduation, Amanda plans to seek employment in an acute healthcare setting working with vulnerable populations. She is excited and honored to be part of the Edith M. Baker Integrated Healthcare Fellowship. **Amanda will begin her integrated healthcare field placement in the fall of 2020 with UPMC Passavant Hospital.**

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Dana Duncombe
Master of Social Work, direct practice concentration, second year, IHC (Candidate)
dgd35@pitt.edu

Dana Duncombe earned a B.A. from Haverford College in 2017 with a major in Sociology and a minor in French and Francophone Studies. She studied organizational structures and systemic inequities both in the Philadelphia region and in Aix-en-Provence, France, where she spent a semester abroad. For her senior thesis, Dana conducted independent research on volunteerism, burnout, and organizational management in the nonprofit social service sector. As a staff member of Haverford’s Women*s Center, she served on the sexual assault student hotline and she co-organized events on gender, reproductive health and justice, and sexuality. She worked two summers with children and adolescents during college—in West Virginia for an organization providing mental health and education services to teenagers in rural Appalachia and in Ohio for an environmental program. In the summer of 2016, Dana interned at HIAS Pennsylvania, a refugee resettlement and immigration service organization in Philadelphia, assisting case managers and supporting educational programming. Later she was hired as the full-time community engagement specialist for HIAS PA to oversee volunteer management and community education. To deepen her French language knowledge and to further learn about international care work, Dana spent two school years in Lille, France, from 2017 to 2019. She worked as an English language assistant in primary and secondary schools and volunteered with Utopia 56 Lille, a national collective offering social and legal support to individuals seeking asylum. Now pursuing her MSW at Pitt, Dana’s interests include reproductive healthcare, pediatric care, immigration justice, and advocating for universally accessible, culturally responsive services. Her first-year field placement with the Office of Child Development’s HealthyCHILD program broadened her skills in trauma-informed care, intergenerational support, and behavioral interventions for children from birth to age 5. When not working or studying, Dana can be found beekeeping or biking around Pittsburgh. **Dana will begin her integrated healthcare field placement in the fall of 2020 with UPMC St. Margaret Family Health Center in Bloomfield-Garfield.**
Echo Eggebrecht  
**Master of Social Work, direct practice concentration, second year, IHC (Candidate)**  
ehe3@pitt.edu

Echo Eggebrecht graduated from the School of the Art Institute of Chicago in 2000 with a BFA in visual art. She graduated from Hunter College, CUNY in 2006 with an MFA in visual art. Having developed a growing awareness of the mental health needs of young adults while teaching at Carnegie Mellon University, she chose to pursue an MSW at the University of Pittsburgh in order to positively contribute to addressing the relationship between physical wellbeing and mental health especially in populations disproportionately affected by stigma associated with mental illness. She has been participating in the Hospital Elder Life Program (HELP) at UPMC, a comprehensive, evidence-based patient care program. She also works as a mentor with women making difficult life transitions through a strength-based approach at the Center for Women in Squirrel Hill, while also serving on their Board. Her first year field placement was at the Family Resources Therapeutic Preschool, which supports children who have experienced trauma. There she focused on observation, intervention, lesson planning, and grant writing. She is currently serving as Direct Practice Representative for the Student Executive Council (SEC). She is honored and excited for the Edith M. Baker Fellowship opportunity, and plans to pursue clinical licensure to practice in the healthcare field after graduation. **Echo will begin her integrated healthcare field placement in the fall of 2020 with UPMC Total Care IBD.**

Claire Engels  
**Master of Social Work, direct practice concentration, advanced standing, IHC (Candidate)**  
cee30@pitt.edu

Claire Engels graduated from the University of Pittsburgh in 2020 with a Bachelor of Arts in Social Work. During her time as an undergraduate, she was accepted into the Hartford Partnership Program for Aging Education Fellowship. Through this fellowship, she developed leadership skills in gerontology and expanded her understanding of needs in the aging population. She completed her undergraduate field placement at the Jewish Community Center; AgeWell department. Here, she conducted needs assessments, assisted with health and wellness program planning, and offered referral services to older adults. She also helped run the daily congregate lunch program. In addition, Claire worked at a Medicaid Research Center as a student researcher. She administered two public health surveys intended to identify health trends and improve health programs in Pennsylvania. Claire also volunteered as a peer educator under the Sexual Harassment Response Education Office. She facilitated discussions on bystander interventions, healthy relationships, consent, and interpersonal
violence. Through this prevention work, she developed a passion for sexual violence prevention and hopes to incorporate this passion in her future career. Claire is ecstatic about the opportunity to participate in the Edith Baker Integrated Healthcare Fellowship and looks forward to working on an integrated healthcare team. **Claire will begin her integrated healthcare field placement in the fall of 2020 with UPMC Magee Women’s Hospital.**

![Taylor Eppinger](image)

**Taylor Eppinger**  
Master of Social Work, direct practice concentration, second year, IHC (Candidate)  
elt63@pitt.edu

Taylor Eppinger is a 2019 Graduate of Clarion University of Pennsylvania, where she earned her Baccalaureate Degree in Rehabilitative Science with a concentration in Addictions. During her time at Clarion, Taylor also earned certificates in both Opioid Dependency, as well as in Peer Education. During her undergraduate career, she was a paid intern through Venango County Human Services where she did work for both Children and Youth Services as well as their substance abuse program. Taylor has a passion for working with individuals who struggle with substance abuse disorders as well as co-occurring mental health diagnoses. She completed her first-year MSW field placement at Gateway Rehabilitation Center’s outpatient program in Squirrel Hill. During her time at Gateway, Taylor organized material to facilitate both an Intensive Outpatient Group, as well as a Relapse Prevention Group. Taylor enjoyed her placement with Gateway, but is looking forward to doing more expansive work through the Integrated Healthcare tract. Taylor would eventually like to have a career working in a medicalized setting with individuals with substance use disorder. Being a Baker Fellow is very exciting for Taylor, and she is thrilled to begin the semester. **Taylor will begin her integrated healthcare field placement in the fall of 2020 with UPMC McKeesport Hospital Addiction Medicine.**

![Julianna Giannantonio](image)

**Julianna Giannantonio**  
Master of Social Work, direct practice concentration, advanced standing, IHC (Candidate)  
jmg282@pitt.edu

Julianna Giannantonio graduated from Elizabethtown College in 2020, where she earned her Bachelor of Social Work degree and a minor in psychology. During the fall semester of her senior year, she had the opportunity to study abroad in Cheltenham, England, where she studied social work at the University of Gloucestershire and interned at a local agency, Caring for Communities and People. Julianna developed and implemented intervention plans for children with behavior problems due to Autism and Oppositional Defiant Disorder. She provided one-on-one counseling for children and parents to strengthen communication within
their families and assist them in connecting with appropriate resources and local programs. Julianna completed her final spring field placement at Wellspan Family Medicine, located in Lebanon, PA. Her role as a case manager within the facility focused on providing counseling and support for patients with substance abuse, prenatal loss, and crisis situations. Julianna conducted domestic violence screenings and psychosocial assessments for patients with mental and medical diagnoses to best determine appropriate necessary services. She was also responsible for handling insurance issues and coordinating after-care and follow-up patient appointments. Lastly, Julianna met weekly with a diverse group of pregnant women to educate them about what to expect during pregnancy and provide them with information on available community resources, in order to better prepare them for childbirth and parental responsibilities. During her time at Elizabethtown College, she completed a service trip to Nicaragua, where she taught English to young students. Julianna is also an active member of Phi Alpha Social Work Honor Society. Julianna is passionate about working with children and families in a healthcare setting and looks forward to the opportunity to assist families in managing the challenges associated with a serious medical diagnosis or chronic illness. After receiving her MSW, Julianna hopes to become a licensed clinical social worker in a children’s hospital. She is both excited and honored about the opportunity to be a part of the Edith M. Baker Integrated Behavioral Healthcare Fellowship. 

**Julianna will begin her integrated healthcare field placement in the fall of 2020 with UPMC Children’s Hospital of Pittsburgh.**

Emily Halicek  
**Master of Social Work, direct practice concentration, advance standing, IHC (Candidate)  
EFH14@pitt.edu**

Emily graduated summa cum laude with a Bachelor of Social Work degree from Carlow University in May 2020. She completed her undergraduate field placement at the Jewish Association on Aging, a nursing and rehab facility. Her work within the facility focused on implementing care plans, conducting a variety of health and needs assessments, administrative duties, and attending meetings and care conferences with other team members and clients. Also during undergrad, she was an important member of Carlow University’s social work club; a student ambassador for the University’s Interfaith Youth Core; and a 2019 member of Alternative Spring Break, a small group of students and faculty who fundraised money to spend their spring break volunteering at a homeless shelter in Sacramento, California. She previously volunteered as a youth mentor as a part of Big Brothers Big Sister of Beaver County. Emily is an Advanced Standing Master of Social Work student at the University of Pittsburgh focusing on direct practice and integrated health. Upon graduation, she hopes to become a licensed clinical social worker in an acute healthcare setting and eventually open a non-profit serving children and families who are part of the CYF system. Emily is honored to be an Edith Baker Integrated Healthcare Fellow. She will begin her integrated healthcare field placement in the fall, 2020. **Emily will begin her integrated healthcare field placement in the fall of 2020 with UPMC St. Margaret Family Health Center in Lawrenceville.**
Alexa Harms
Master of Social Work, direct practice concentration, second year, IHC (Candidate)
amh346@pitt.edu

Alexa Harms earned her Bachelor of Arts (B.A.) in Psychology from the University of Kentucky in 2019. While pursuing her undergraduate career, an internship at KVC Behavioral Health Center solidified her passion to work within the social work field. During her internship, Alexa worked with at-risk children and adolescents who have experienced trauma on the Community Support Staff team. She helped these children utilize skills learned in therapy by implementing them in their everyday life. In her first year at the University of Pittsburgh, Alexa had her generalist internship at Girls Hope of Pittsburgh, which is a college preparatory program helping girls who come from troubling backgrounds. She managed the scholars' schedules, helped them secure part-time jobs, and prepare for college through the formation of independent living skills, test prep, and resume building. Both of these internships reinforced Alexa's desire to work with at-risk children and adolescents who have a background with trauma. Through previous coursework and experience, Alexa is able to recognize the need and benefits for an integrated healthcare approach to address the needs of the population in which she serves. As a Baker Fellow, Alexa hopes to gain more knowledge on the process and importance of an integrated healthcare approach and the healthcare system as a whole. **Alexa will begin her integrated healthcare field placement in the fall of 2020 with AHN Allegheny General Hospital.**

Alexandria Camille Hickman
Master of Social Work, direct practice concentration, advanced standing, IHC (Candidate)
ach81@pitt.edu

Alexandria Camille Hickman received her bachelor’s degree in Social Work from the University of Pittsburgh in the spring of 2020. During her freshmen and sophomore years, she was a Peer Leader supporting incoming freshmen, teaching a freshman seminar class and participating in the National Society of Leadership and Success. In her junior and senior years, Alex took part in the School of Social Work Eboard where she eventually was voted president of Eboard. As part of her matriculation, she completed an internship through the Hartford Program where she served as a social worker in support of the residents at UPMC Heritage Place Nursing and Rehabilitation facility. Alex was one of five students who were awarded this prestigious opportunity. In this role, she planned events to help bring together and support the students in the School of Social Work. It was also during this time that she discovered a passion for behavioral health and supporting the needs of vulnerable populations. Alex accepted a part-time position as a Student Behavioral Associate with UPMC Western Psych during her senior year as a way to learn more about mental health issues. In this
position, she learned that mental health training was not always part of the social work curriculum but was definitely a need of many patients who social workers assist. Recently, Alex accepted a full-time position as a Milieu Therapist with UPMC Western Psych where she hopes to one day develop and implement integrated behavioral healthcare plans for those in need. Alex is ready to immerse herself into the Baker Integrated Healthcare Fellowship program and to learn more about the mental health field along with new integrated healthcare tactics to implement into her work. **Alex will begin her integrated healthcare field placement in the fall of 2020 with Braddock Primary Care.**

Hope Lowry  
**Master of Social Work, direct practice concentration, advanced standing, IHC (Candidate)**  
hml33@pitt.edu

Hope graduated cum laude from Mercyhurst University in 2018, where she earned her Bachelor of Social Work. She completed her undergraduate field placement at Sarah A. Reed Children’s Learning Center, located in Erie, Pennsylvania. This partial hospitalization center provides nonhospital based services to children and adolescents ages 3 to 18 years old. They focus on providing short-term treatment interventions to assist in stabilizing children who have significant psychological, emotional, and behavioral concerns. Her role as a case management intern consisted of conducting admission psychosocial evaluations to gain information on the client and systems involved that could be affecting their social, emotional, and behavioral development. She also attended multi-disciplinary treatment meetings, group therapy sessions, formed treatment goals/plans for 3 to 5-year-old children and supported these individuals in achieving these goals. She is committed to making an impact in the lives of others in Pittsburgh, the place that she calls home. Hope is honored to have the opportunity to be a part of the Edith M. Baker Fellowship for integrated behavioral healthcare. **Hope will begin her integrated healthcare field placement in the fall of 2020 with UPMC Children’s Hospital of Pittsburgh.**

Ryan Martin  
**Master of Social Work, direct practice concentration, advance standing, IHC (Candidate)**  
rnm24@pitt.edu

Ryan graduated in May of 2020 with a Bachelor of Arts in Social Work and a minor in Neuroscience from the University of Portland (UP), in Portland, Oregon. During her time at UP, Ryan was a research assistant looking at the effects of a community-based intervention known as Poetry Power. Ryan worked with youth and older adults in facilitating poetry workshops. Ryan completed her practicum at the Children’s Cancer Association in
Portland, Oregon. She worked with a team in a hospital whose focus was to introduce volunteers with youth who were diagnosed with cancer or chronic illnesses and maintain a friendship throughout the treatment of the child. Ryan was a buddy to a wonderful girl during her treatment. They had a happy graduation and continue to stay in touch. Ryan is an Advanced Standing Master of Social Work candidate at the University of Pittsburgh with a focus in direct practice. Upon graduation, Ryan hopes to work in a medical setting. Ryan is honored and excited to be a part of the Edith M. Baker Fellowship for integrated behavioral healthcare. **Ryan will begin her integrated healthcare field placement in the fall of 2020 with CHP Adolescent and Young Adult Medicine.**

Aubrey Masters
Master of Social Work, direct practice concentration, advance standing, IHC (Candidate)
Aubrey.Masters@pitt.edu

Aubrey Masters graduated summa cum laude from the University of Pittsburgh where she earned her Bachelor of Arts in Social Work (BASW). Aubrey also graduated with two minors: Spanish and Gender, Sexuality, and Women’s Studies. While at Pitt for undergrad, she was involved in the Delta Zeta sorority where she held numerous leadership positions. Aubrey has worked with various populations through internship experience. She was first located at Willow Domestic Violence Center in her hometown of Rochester, New York. At Willow, she worked as a court advocate. A court advocate consoles, assists, provides resources, and most importantly listens to the victims of domestic violence who are filing for Orders of Protection against their abusers. During her senior year at Pitt, she worked in the Employment Institute at Auberle where she assisted youth ages 16 to 24 who have history with the criminal justice system, foster care involvement, dropped out of school, or mental/physical disabilities with workforce development and equipping them for employment or post-secondary education. Aubrey is eager to work with different populations in a different capacity to hone her skills and create a well-rounded social worker. Aubrey is ecstatic to use her knowledge and skills from BASW and apply them to the Baker Fellowship. She is eager to learn more and make a profound impact on the communities around her. It has always been her dream to help others and she is thrilled it is becoming a reality. H2P! **Aubrey will begin her integrated healthcare field placement in the fall of 2020 with UPMC Matilda H. Theiss Health Center.**

Anna McGovern
Master of Social Work, direct practice concentration, advanced standing, IHC (Candidate)
agm72@pitt.edu
Anna McGovern graduated in 2020 with a Bachelor of Social Work and a minor in American Sign Language in Diverse Communities from The Catholic University of America (CUA) in Washington, DC. During Anna’s junior year she served as a full-time Student Minister at CUA. Through this role, she was responsible for weekly community and resident hall events and served as a mentor to a freshmen hall dorm. She served CUA and the Washington DC community through a multitude of service opportunities including, but not limited to, Homeless Food Runs, “So Others Might Eat” (SOME), Missionaries of Charity, and led a weekly service site at the Little Sisters of the Poor Nursing Home for two years. Anna was profoundly touched by spending two of her spring breaks serving the most vulnerable in Kingston, Jamaica. From a young age, Anna has worked with teenagers and adults with prominent disabilities through a nonprofit organization called Friendship Ministry. During the summer she worked as a counselor at Cradle Beach Camp, a summer camp that works with children with prominent disabilities and those from low socioeconomic backgrounds. She also worked as a Patient Care Assistant at Saint Vincent Hospital in Erie, PA. Service has always been a central drive for Anna and has prepared her for her career in social work.

Anna completed her junior field work at Carroll Manor Rehabilitation and Nursing Home. She assessed residents on the Long-Term Care Unit through Geriatric Depression screenings, Mood Disorder screenings and conducting resident intakes. During Anna’s Senior field experience, she worked at Melwood Veteran Services, a nonprofit agency that works with active duty service members and veterans. She assisted her field supervisor through the screening and documentation process for the agency’s weeklong, holistic retreat for those with service-related trauma. Through the agency’s veteran employment development program, she served as a case manager. Through her volunteer and field work, she has been a part of several multidisciplinary teams and has witnessed their effectiveness on client outcome. Anna is passionate about serving people. She has worked with a wide variety of populations but remains passionate about working with the elderly and those with prominent disabilities. She hopes to bring her well-rounded experience, social work education, passion and energy for people to the profession. Anna is honored to be an Edith Baker Fellow and to be a part of this community.

Anna will begin her integrated healthcare field placement in the fall of 2020 with UPMC Magee Women’s Hospital.

Rebecca Miller
Master of Social Work, direct practice concentration, second year, IHC (Candidate)
ram257@pitt.edu

Becky Miller graduated magna cum laude from Endicott College in Beverly, Massachusetts where she earned her Bachelor of Science in Psychology with a minor in Spanish in 2014. Becky is a proud first-generation college student. She has always been committed to helping others. During her undergraduate, she worked as a case manager for at-risk adolescent girls in a group home setting. Upon graduation, Becky moved to Boston, MA and began a career in Higher Education. For five years Rebecca worked in customer service for the Financial Aid, and Admissions departments. Also, during this time Becky volunteered on a crisis hotline serving individuals identifying as LGTBQIA+, and spent a month teaching English in Peru. In 2018, Becky decided to return to school as she missed creating deeper connections with individuals through her work. She is now pursuing her Master of Social Work degree with a concentration in integrated healthcare from the University of Pittsburgh. Becky enjoys working with adolescents and young adults however, she is excited to gain more exposure to new populations and discover new passions through the Edith M. Baker Integrated
Healthcare Fellowship. Rebecca will begin her integrated healthcare field placement in the fall of 2020 with UPMC St. Margaret Geriatric Care Center.

Jonathan Peitzman
Master of Social Work, Master of Public Health, direct practice, advanced standing, IHC (C)
jop81@pitt.edu

Jonathan graduated from the University of Pittsburgh in May, 2011 with Bachelor of Arts in History and in May, 2020 with a Bachelor of Social Work. He completed his generalist field placement at Beechwood Elementary, part of the Pittsburgh Public Schools system. At the school, which specialized in English as a second language education, he worked individually with students who deserved a little more attention. Therapies he engaged the children in were working with anger management, ADHD, anxiety, and past traumas. Jonathan was honored to serve as Vice President for the BASW Club, and as an ambassador for a new Ally training in working with students with substance abuse disorder. He has also worked with student organizations including the Rainbow Alliance, Economics Society, and Panthers for Recovery. Additionally, he has done volunteer work with the Jubilee Kitchen, Produce Marketplace, Allies Pittsburgh, Pittsburgh Equality Center, and both the Pittsburgh Ballet and Pittsburgh Opera. Jonathan aims to continue his interest in working with the LGBTQIA+ community, those who are dealing with substance use disorders, and with children and families. He is incredibly honored to be a part of the Edith M. Baker Fellowship. Also, he looks forward to completing the dual degree program with the School of Public Health and School of Social Work. Jonathan will begin his integrated healthcare field placement in the fall of 2020 with CHP Adolescent and Young Adult Medicine.

Kelly Polosky
Master of Social Work, direct practice concentration, advanced standing, IHC (Candidate)
kmp179@pitt.edu

Kelly Polosky is a 2020 graduate of Seton Hill University, where she earned her Bachelor of Social Work with a specialization in Medical Social Work and minored in Psychology and Food Science. She is an inducted member of the Phi Alpha Honors Society of social work. Her undergraduate field placement took place at St. Clair Hospital in Pittsburgh Pennsylvania. As a social work intern, her responsibilities included conducting initial assessments and coordinating safe discharge plans by working with the patients and sending referrals to skilled nursing facilities and hospice agencies. While at St. Clair Hospital, she worked with mostly older adult
patients on the hematology-oncology, orthopedic, cardiac care, and observation units. It was from her experience at St. Clair Hospital, and the many social workers and other professionals she worked with, she learned about integrated healthcare and the compassion and competence aligned with it. Kelly also conducted a research project studying patients’ perspectives on the quality of care in local skilled nursing facilities. Kelly is passionate about engaging with patients and helping them receive the care they need. While at Seton Hill, Kelly researched and wrote a trauma-informed care policy that was used to enhance Adelphoi Village’s existing policy. She is confident that her undergraduate experience and studies have given her the proper foundation to continue to learn and be a successful integrated healthcare social worker. Kelly is grateful to be a part of the Edith M. Baker Integrated Healthcare Fellowship and is excited about the experience and knowledge she will gain from this opportunity. **Kelly will begin her integrated healthcare field placement in the fall of 2020 with AHN West Penn Hospital.**

![Cole Rapso](image.png)

**Cole Rapso**  
Master of Social Work, direct practice concentration, second year, IHC (Candidate)  
cmr147@pitt.edu

Cole Rapso graduated with honors earning his Bachelor of Music Business from Belmont University. After years of working in both music and film left him unfulfilled, Cole embraced his natural interpersonal skills and sought out social work. Cole worked as a mental health worker and recreational therapy technician at Benchmark Behavioral Health, a residential treatment hospital for teenage boys in Salt Lake City, Utah. Cole worked closely with a large clinical team ranging from physicians to clinical social workers, which granted him a glimpse into the importance of integrated healthcare and thus prompted his pursuit of a Master of Social Work degree at the University of Pittsburgh. In 2014, Cole was diagnosed with Non-Hodgkin’s Lymphoma. His diagnosis illuminated how a person’s life can change in an instant and gave him an intimate insight into chronic illness. Because of this experience, Cole spent his generalist field placement working with Our Clubhouse—a non-profit that provides free support to anyone affected by cancer. During his time there, Cole helped manage and co-facilitate the Living Life Post Cancer Treatment support group. Alongside this, Cole helped gather and input data in other support group research with hopes of future advocacy for its benefits. With both his own personal relationship with cancer and working with others affected by cancer, Cole aims to pursue a career in palliative care and end-of-life work. With the completion of his degree, Cole will actively pursue his goal to become certified as a licensed clinical social worker focusing on direct practice and integrated health. Cole is both excited and honored to participate in the Edith M. Baker Integrated Healthcare Fellowship and looks forward to a future of helping and healing. **Cole will begin his integrated healthcare field placement in the fall of 2020 with Allegheny General Hospital.**
Teresa Ann Dangel Reiter  
Master of Social Work, direct practicing concentration, advanced standing, IHC (Candidate)  
tar101@pitt.edu  

Teresa earned a Bachelor of Science in Social Work from New York University in 2019. During her time at NYU, she facilitated mental and physical health workshops with ninth graders in New York City high schools through Peer Health Exchange. Her involvement at the Silver School of Social Work included her role as the student government class representative. During her junior and senior year, she held social work field placements at International High School, counseling high school students new to the United States, and at Nido de Esperanza, where she co-facilitated mutual-support groups for immigrant families and children under three-years old. This past year, she worked as a Health Educator in the Bronx, facilitating an evidence-based sexuality curriculum with youth 11 - 19 years old at schools and transitional residences. Her interests include sexual and reproductive healthcare, education, spending time outdoors with her family and friends, a solid educational podcast, and baked goods. Teresa hopes to bring her passion for working alongside communities to combat systems of oppression, particularly in healthcare and education, as an Edith Baker Fellow and Advanced Standing student in her hometown of Pittsburgh. Teresa will begin her integrated healthcare field placement in the fall of 2020 with UPMC Magee Women’s Hospital.

Maggie Schmitt  
Master of Social Work, direct practice concentration, second year, IHC (Candidate)  
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Maggie earned a Bachelor of Arts in Sociology from Mount Holyoke College in 2019. During her time at Mount Holyoke College, Maggie interned in the playroom of Temple Street Children’s University Hospital in Dublin, Ireland which opened her eyes to a part of social work that she fell in love with. She continued to explore the many facets of social work during her first year at the University of Pittsburgh pursuing her Master of Social Work degree by interning with the Pennsylvania Innocence Project. While she enjoyed her work with the Project and learned new practice skills, she found herself increasingly drawn towards the integrated healthcare concentration. Maggie is looking forward to utilizing her social work practice skills within the healthcare field. She is thrilled to be a part of the Baker Integrated Healthcare Fellowship program. Maggie plans to pursue clinical licensure to practice in an integrated healthcare setting after graduation. Maggie will begin her integrated healthcare field placement in the fall of 2020 with UPMC Children’s Hospital of Pittsburgh.
Livia Slabodkin
Master of Social Work, direct practice concentration, second year, IHC (Candidate)
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Livia Slabodkin graduated from the State University of New York at Buffalo in 2019 with a Bachelor of Arts in Communication and Sociology. She is currently pursuing her Master of Social Work degree with a concentration in direct practice and a certificate in integrated healthcare from the University of Pittsburgh. Prior to entering the Master of Social Work program, Livia helped serve the needs of a variety of communities both in the United States and Israel. At Alyn Hospital in Jerusalem, she worked in a pediatric and adolescent rehabilitation facility with children who had a wide range of congenital and acquired conditions, including cerebral palsy, neuromuscular diseases, spinal cord injuries, and brain injuries. In Buffalo, N.Y., Livia was involved in the city’s refugee resettlement efforts assisting with case work at the Journey’s End organization for asylum seekers from around the world. Her first internship with the MSW program was at the Child Advocacy Center apart of UPMC Children’s Hospital, where she witnessed forensic interviews and learned about child abuse in a collaborative care environment. **Livia will begin her integrated healthcare field placement in the fall of 2020 with UPMC Presbyterian Shadyside.**

Brandon Thomas
Master of Social Work, direct practice concentration, advanced standing, IHC (Candidate)
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Brandon Thomas graduated with a bachelor’s degree from the University of Pittsburgh School of Social Work in April, 2020. In the fall, 2020 he began the MSW program as an advanced standing student and ultimately plans to become a Licensed Clinical Social Worker (LCSW). While in the University of Pittsburgh’s undergraduate social work program, Brandon developed a workshop titled, *Quick to Judge: Removing the Stigma.* This workshop was first presented at the 2018 National Association of Social Worker-Pa Conference and has since been presented at many hospitals, clinics, emergency medical services and universities in the Pennsylvania area. The University of Pittsburgh Medical Center (UPMC) has incorporated his workshop as a part of a systemwide continual education program for all UPMC employees. In addition, the Pennsylvania Department of Health has also adopted Brandon’s workshop as a course for Emergency Medical Services employees. In summer term 2019, Brandon was awarded the Academic Community (ACT) Research Honor's College Fellowship, which provided funding for his research, “*Addressing Mental Health and Substance Use Stigma and Bias with Emergency Room Healthcare Providers: Partnering with UPMC McKeesport to Address a Community Need.*” Furthermore, in March, 2019, Brandon received the UPMC McKeesport *Above and
Beyond Award for patient care. Additionally, as an undergraduate student, he collaborated with the University of Pittsburgh School of Social Work on a publication studying the effects of acculturation on Latino youth's physical and mental health, creating a summer fellowship program titled, Visual Voices. Recently, Brandon was featured in the University of Pittsburgh online newsletter Pittwire. He looks forward to the knowledge and expertise provided through the Edith Baker Integrated Healthcare Fellowship program and is excited to utilize the skills acquired to blend his passions with his professional objectives. **Brandon will begin his integrated healthcare field placement in the fall of 2020 with Jefferson Hospital.**

Alexandra Winter  
**Master of Social Work, direct practice concentration, second year, IHC (Candidate)**  
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Alexandra Winter graduated magna cum laude from the University of Maryland, College Park in 2014. She received her Bachelor of Arts in Government & Politics with honors, along with two minors in International Development & Conflict Management and German Language & Literature. Alex is also a member of Phi Beta Kappa and Omicron Delta Kappa honor societies. During her undergraduate career, she interned with the Partnership for Public Service and the University of Maryland’s Leadership & Community Service-Learning Office. After graduation, she worked for an international development start-up in Washington, DC to support programs in Yemen, Libya, and Ukraine. Alex missed the local community engagement she took part in during college and transitioned to working at an environmental nonprofit. As a community services manager for a building materials reuse center, she oversaw programs that donated improvement supplies to neighbors in need and other nonprofits. Due to her husband’s Naval career, Alex spent two years in San Diego assisting with community health research and completing a year of AmeriCorps service with Jewish Family Service. At the University of Pittsburgh, her first-year field placement was with Pittsburgh Mercy as part of their Integrated Dual Disorders Treatment Team to support clients in the community with substance use and mental health diagnoses. Upon completion of her master’s degree, she hopes to continue working in integrated healthcare settings and attain her clinical licensure. Alex is honored to be an Edith M. Baker Fellow and looks forward to making a difference for patients in crisis and their families. **Alex will begin her integrated healthcare field placement in the fall of 2020 with AHN Allegheny General Hospital.**

Samantha Yule  
**Master of Social Work, direct practice concentration, second year, IHC (Candidate)**  
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Samantha Yule graduated with honors from Indiana University of Pennsylvania in 2018 with a Bachelor of Arts in Psychology and a minor in Sociology Human Services. She is currently pursuing her Master of Social Work degree with a concentration in direct practice and a certificate in integrated healthcare from the University of Pittsburgh. During her undergraduate career, Samantha completed a 240-hour internship at a domestic violence shelter assisting with various aspects of counseling, advocacy, and the education departments. Following graduation, Samantha spent a year employed as a case manager at a home health care agency working with aging adults from diverse populations. Poverty can be a game changer when it comes to accessing cost-effective treatment and care. Working with consumers who have a lower socioeconomic status has been motivation for her to pursue the integrated healthcare certificate and advocate for those within vulnerable populations. During Samantha’s first year in the MSW program, she completed her field placement at the Adolescent and Young Medicine of UPMC as a research assistant. During this placement, Samantha worked alongside healthcare professionals on a research study to help understand whether smartphone use is related to symptoms of depression. She played an active role in assessing adolescences for depression, anxiety, and suicide ideation to determine whether they were eligible for the research study. Samantha is honored to be selected to be a part of the Edith M. Baker Fellowship for Integrated Healthcare. Samantha will begin her integrated healthcare field placement in the fall of 2020 with UPMC Children’s Hospital of Pittsburgh.

Emmanuela Abraham
Master of Social Work/Master of Public Health, direct practice concentration, Advanced Standing, IHC (Candidate)
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Emmanuela Abraham graduated Magna Cum Laude from Bowie State University with a Bachelor of Science in Social Work in May 2020. In her sophomore year at Bowie, Emmanuela was accepted in the McNair Scholars program and participated in the National Honor Society of Leadership and Success. Through the McNair Scholars program, she had the opportunity to conduct research on the levels of inclusivity in the #MeToo movement among different groups of women. This project is titled: Does #MeToo Include me? An analysis of cross-cultural perceptions of inclusivity in the current feminist movements. Emmanuela had the opportunity to present this research at various conferences across the county throughout her junior and senior year. It was also featured in the APA 2020 conference. In her senior year, she planned and coordinated a research conference for the Bowie State University College of Professional Studies in November 2020. During the Winter term, Emmanuela studied abroad in Buenos Aires, Argentina. Emmanuela completed her undergraduate field placement with the Prince Georges County Department of Social Services. In the Fall 2019 term, she interned at with Community Network Schools at High Point High School in Beltsville, Maryland and Barnaby Manor Elementary School in Oxon Hill, Maryland. At these schools, Emmanuela served as a resource coordinator. In Spring 2020, Emmanuela interned with the Transitional/ Rapid Re-Housing program in Greenbelt, Maryland. At this placement, she did case management. Emmanuela is honored to have the opportunity to be a part of the Edith M. Baker Fellowship and excited to immerse herself into world of integrated health.