# Application for the Comprehensive DBT training

**Directions:** Please complete the application thoroughly. Be mindful that a maximum of 16 programs (with up to four participants per team) will be invited to attend this training. Priority will be given to programs who are able to fully implement the components of DBT within their organization. It is critically important that any selected programs and participants follow through with the training and implementation program to completion. Completed applications must be submitted by 4:00pm on Friday, June 18th, 2021, to the Behavioral Health Training Partnership at bhtp@uwgb.edu.

Agency Name:

Agency Address:

Person Completing Application:

Contact Email:

Phone:

Contact Person for Questions (if different than above):

Contact Email:

Phone:

1. Please describe your plans for implementation of DBT in your organization. Are you intending to provide components of the treatment or the entire comprehensive treatment (Including individual DBT, Skills Group, Telephone Consultation and Weekly Consultation team) to fidelity? Are you already utilizing DBT service components?

1. Please identify a Supervisor who will attend the August 12, 2021 (1-5pm) *Orientation for Administrators* training and provide support for practitioners and ensure fidelity to the model.

Name and email:

Qualifications:

Experience:

1. Please identify the (up to) 4 practitioners who will be responsible for delivering Comprehensive DBT at your agency. Be sure to indicate how long the practitioner has worked for the clinic and **attach a statement of support** that the practitioner will follow-through with the training and technical assistance to completion.

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| ***Name*** | ***Length of time employed with clinic*** | ***Email*** | ***Attended DBT Skills Training through MHTTC or UWGB/BHTP*** |
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1. Can you describe the primary populations that you serve, including: Ages, Socio-economic status, Payor Mix (Commercial 3rd party payors, vs Medicare/Medicaid/uninsured), Racial and Gender Diversity, etc.

1. Please briefly describe your agency’s readiness for implementing the Comprehensive DBT model within your organization (Are clinicians able to see clients on a weekly basis? Is the agency able to support a weekly 90-120 minute DBT consultation team? Have two clinicians facilitating a 120-150 minute weekly group? How will after-hours skills coaching be supported? Do you have a mechanism to gather outcome data? Are clinicians allowed/willing to provide after-hours phone coaching/skills to DBT clients?).

1. Please **attach a brief statement** from your executive director or CEO acknowledging the agency expectations and commitment to participate in the learning collaborative.

Individual Clinical Application

*To be completed by each team member of your agency participating in the DBT comprehensive training.*

 Name:

*We are committed to addressing gaps in mental health accessibility that exist in our State and encourage applicants to encompassing diverse backgrounds and service populations. The following questions are intended to assist in the selection of applicants in a way that aligns with this commitment. Applicants do not need to answer these questions to be considered for this training. Providing demographic information is optional.*

Demographic Information (please select as many of these groups you identify with as apply):

Racial Identity (Please check all that apply):

[ ]  American Indian or Alaska Native

[ ]  Hispanic or Latinx

[ ]  Asian or Asian American

[ ]  White

[ ]  Black or African American

[ ]  Native Hawaiian or Pacific Islander

[ ]  Other

[ ]  Prefer not to answer

Do you identify as LGBTQ or other gender/sexual orientation?

[ ]  No

[ ]  Yes, Please clarify:

[ ]  Prefer not to answer

Do you identify as having any disability?

[ ]  No

[ ]  Yes – Please share any accommodations you require:

[ ]  Prefer not to answer

Degree and Credentials:

How long have you been employed with your current agency?

What is your primary role at your agency (example: Psychotherapist, Case Manager, Prescriber)?

Have you participated in any previous training in DBT? If yes, what was the training and who provided it?

Please describe your experience with complex multi-diagnostic cases.