

Service Design Site Visit Report

University of Alaska Anchorage
Anchorage, Alaska



Dates of Site Visit: April 15–16, 2014

◆ SBIRT ◆

Prepared by JBS International, Inc., under Contract No. HHSS283200700003I/HHSS28300002T

Prepared for the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment



Table of Contents

| | |
|---|-----|
| University of Alaska Anchorage | iii |
| Executive Summary..... | v |
| Grantee Overview and Environmental Context..... | 1 |
| 1. Site Visit Overview | 2 |
| 2. Program Vision and Design | 3 |
| 3. Grantee Leadership..... | 4 |
| 4. Implementation Plan | 5 |
| 5. Community Linkages, Partners, and Participation..... | 6 |
| 6. Learner Recruitment | 6 |
| 7. Affordable Care Act Readiness | 8 |
| 8. Sustainability Planning | 8 |
| 9. Grantee Evaluation | 8 |
| Strengths and Considerations for Action..... | 11 |
| Abbreviations and Acronyms | 15 |

Exhibits

| | |
|--|----|
| Exhibit 1. Arctic SBIRT Discipline Descriptions and Implementation Plans | 7 |
| Exhibit 2. Survey Instruments | 10 |

University of Alaska Anchorage

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| Grantee Phone Number | 907-786-1638 |
| Grantee Address | 3211 Providence Drive Anchorage, AK 99508-4614 |
| Site Visit Dates | April 15–16, 2014 |
| Program Name | Arctic SBIRT Training |
| Grant TI Number | TI 25385 |
| SAIS Number | TA 3848 |
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Grantee Project Sites Visited

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|---|--|
| University of Alaska Anchorage Health Sciences Building | 3795 Piper Street Anchorage, AK 99508 |
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Executive Summary

The University of Alaska Anchorage (UAA) is one of 14 sites recently awarded a screening, brief intervention, and referral to treatment (SBIRT) training grant by the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of the grant is to develop and implement a training program in both didactic and practice settings to teach health professionals—including medical residents and students of nursing, social work, and counseling—the skills necessary to provide SBIRT to individuals at risk for substance use disorders (SUDs). The intended outcome of the grant is to increase the adoption and practice of SBIRT throughout the health care delivery system.

The overarching goal of the UAA SBIRT project, Arctic SBIRT, is to adapt and integrate the SBIRT curriculum into existing courses within the schools of nursing, social work, and psychology and within the Alaska Family Medicine Residency program. The project strives to assure SBIRT education is relevant to students' respective disciplines, rurally tailored, and culturally and linguistically appropriate. Project staff are working toward establishing SBIRT practice opportunities within the university, institutional policies to sustain the inclusion of the SBIRT curriculum as a component of graduation requirements, and resources and interdisciplinary training opportunities to expand the reach of the SBIRT curriculum outside of the university.

Since the SBIRT training grant was awarded September 1, 2013, the project has pilot tested the curriculum in four nursing courses, two psychology courses, and two social work courses. Additionally, family medicine residents have been trained during their psychiatric rotations through didactics and skills-based learning using the university's simulation center. Lessons learned from these pilots will be applied during subsequent semesters, to continuously adapt and refine the implementation of the SBIRT curriculum across disciplines throughout the project period. The grantee plans to train approximately 320 students and residents per year over the 3 years of grant funding.

The site visit team conducted an implementation site visit at UAA on April 15–16, 2014, to assess the strengths of the SBIRT program and engage the grantee in a continuing improvement process supported by technical assistance, as approved by SAMHSA. The team met with core project staff, professors, and trainers from each academic discipline participating in SBIRT implementation, key community partners, and the project evaluator. An overview of the geography and culture of Alaska was provided along with the project's goals, implementation plan, training approach, evaluation processes, and plans for sustainability. The team also observed a meeting of the council of directors and met with faculty and students who participated in the project's pilot phase.

Arctic SBIRT staff have made a concerted effort to obtain buy-in from the various disciplines participating in SBIRT implementation. Faculty members from each discipline serve on the project's council of directors and are afforded ample opportunity to provide feedback and contribute to the design of the project. This interdisciplinary commitment will help to ensure

project sustainability once grant funding ends. Additionally, the project team used a rapid cycle “Plan Do Study Act” (PDSA) model, to implement the training curriculum in at least two courses within each discipline during the Spring semester, in order to pilot test the fit of the curriculum within course syllabi; understand how instructors adapted the material to different delivery modalities (i.e., distance learning, in-person, and combination courses); observe the use of in-class role play and the simulation center; and test process evaluation tools. The pilot allowed for content modifications and process improvements to be made prior to full implementation. This PDSA quality control methodology, designed to temporarily implement a change and assess its impact, will be used throughout the grant cycle.

While grantee staff and some faculty received an introductory training on SBIRT and an overview of the curriculum, a more comprehensive training is needed in order for the staff and faculty to feel more confident in their ability to deliver and teach the SBIRT intervention. The site visit team suggested the grantee consider opportunities for providing SBIRT training to a broader range of clinical preceptors charged with field supervision of the students. The site visit team also recommended that the grantee regularly convene an interdisciplinary council of trainers composed of faculty who will be working directly with students on building their SBIRT skills. This council will provide a venue for trainers to share successes, challenges, and suggestions for improvement throughout project implementation.

An innovative practice used by the grantee is the use of UAA’s Interprofessional Health Science Simulation Center. The center provides students and residents with immersive, high-fidelity, culturally appropriate simulation experiences. Currently, medical residents are using the simulation center to practice SBIRT skills with standardized patients. The grantee hopes to expand the use of the center to other disciplines participating in SBIRT implementation.

Grantee Overview and Environmental Context

Substance abuse is a major concern in Alaska. A recent epidemiologic study conducted by the State implicated substance abuse, including alcohol, tobacco, illegal drugs, and prescription drugs for nonmedical reasons, as a factor in 9 of the top 10 causes of death of Alaskans (Hull-Jilly & Casto, 2011). In 2010, the costs of substance abuse to Alaska's economy totaled \$1.2 billion, with \$673.2 million in lost productivity, \$217.7 million in criminal justice and protective services, and \$50.5 million in injury and property damage related to traffic accidents (McDowell Group, 2012).

Many of Alaska's future medical and allied health care professionals are trained at the University of Alaska Anchorage.

Alaska is more than 656,000 square miles and is the largest State in the country. Much of the State is isolated and many rural communities in the western and northern regions of the state lack basic infrastructure such as water and sewage. There is a limited road system, and most rural/frontier areas can only be reached by air or water. Many of the rural/frontier communities are left out of prevention and other health care service efforts available to the contiguous United States.

Alaskans access care through a variety of private, for-profit, and nonprofit hospitals and clinics, as well as a system of public health nursing and community health aides. Many individuals are still routinely seen by nonphysician providers including nurses, social workers, and community health aides. Therefore, implementing routine screening and brief intervention in Alaskan health care facilities must be a multidisciplinary effort to assure that patients receive preventive services and treatment regardless of where they live or how they access care.

Many of Alaska's future medical and allied health care professionals are trained at the University of Alaska Anchorage (UAA). UAA's Center for Behavioral Health Research and Services (CBHRS), the administrator of the Arctic SBIRT grant, has a long history of conducting community-based research, trainings, and services to address the most pressing health concerns facing Alaska communities. Through its diverse grants and projects, CBHRS faculty and staff have ongoing collaborations with faculty and students at the Schools of Nursing and Social Work as well as the department of Psychology and the Family Medicine Residency Program. In addition to the SBIRT grant, CBHRS is currently leading two other major training initiatives: the Centers for Disease Control and Prevention-funded Arctic Fetal Alcohol Spectrum Disorders Regional Training Center and the SAMHSA-funded Integrated Suicide Prevention Initiative.

1. Site Visit Overview

UAA is one of 14 sites recently awarded an SBIRT training grant from SAMHSA. The purpose of the grant is to develop and implement a training program in both didactic and practice settings to teach health professionals—including medical residents and students of nursing, social work, and counseling—the skills necessary to provide SBIRT to individuals at risk for substance use disorders (SUDs). The intended outcome of the grant is to increase the adoption and practice of SBIRT throughout the health care delivery system.

The UAA SBIRT training grant, Arctic SBIRT, is currently in its implementation phase. Past experience has shown that most departures from the expectations of the request for application occur in the first year of implementation. To support grantee success and address challenges early, implementation site visits are being completed within 6 to 9 months of project initiation. The site visit teams consist of previously successful SBIRT implementers (peer consultants) and technical assistance contract staff (JBS International, Inc., and Alliances for Quality Education). The teams observe and report on grantee implementation progress and provide technical assistance, when appropriate, to enhance program success through the life of the grant.

On April 15–16, 2014, the site visit team met with the core staff and collaborators involved in the planning and implementation of the Arctic SBIRT project. The purpose of the site visit was to conduct an onsite assessment of program strengths and to engage the grantee in a continuing improvement process supported by technical assistance, as approved by SAMHSA. The site visit process included the following:

- ▶ Meeting on site with core project staff, professors, and trainers from each academic discipline participating in SBIRT implementation, key community partners, and the project evaluator
- ▶ Reviewing grant implementation activities to date, including a sample of the training module content
- ▶ Discussing evaluation processes and plans for sustainability
- ▶ Observation of a council of directors (COD) meeting

On April 15, the site visit began with a welcome and introduction of key program staff, including the project director, project manager, project evaluators, and a graduate student assistant. The team then received an overview of the project goals, vision, structure and staffing, community partners, and COD. This was followed by a site tour of CBHRS and the university's Interprofessional Health Sciences Simulation Center. In the afternoon, the team received an overview of the project's training approach and timeline and plans for implementation rollout at the participating sites.

On the morning of April 16, the team observed a COD meeting and met with a faculty member and student who were involved in the initial implementation phase of the project. This was followed by a debriefing of the visit with the SAMHSA Government Project Officer. The site visit wrapped up with a discussion of evaluation activities and potential technical assistance.

2. Program Vision and Design

The overarching goals of Arctic SBIRT are to develop a multidisciplinary health care workforce that is prepared to address the top contributors to morbidity and mortality in Alaska and to improve coordination and linkages among health care providers in primary, tertiary, and specialty care. The project anticipates training approximately 932 students (more than 300 students per year) in the SBIRT intervention.

To accomplish these goals, the project will—

- ▶ Adapt and implement SBIRT curricula into existing courses within the UAA nursing, social work, and psychology programs and the Alaska Family Medicine Residency program
- ▶ Assure SBIRT education is relevant to students' respective disciplines, rurally tailored, and culturally and linguistically appropriate
- ▶ Assure SBIRT practice opportunities through UAA's Interprofessional Health Sciences Simulation Center, internships, and campus screening events
- ▶ Develop resources and interdisciplinary training opportunities to expand the reach of SBIRT curricula to a broader number of disciplines and practice sites
- ▶ Establish institutional policies to sustain the inclusion of SBIRT curricula as a component of graduation requirements

The content and experiential activities listed below will be used in the SBIRT training for all disciplines; however, examples, case studies, and simulation activities are adapted for each discipline and customized for practice considerations specific to Alaska.

- ▶ Screening and assessment: Provides an overview of tools used to identify the full spectrum of risky, problematic substance use, abuse, and dependence. Residents and nursing, social work, and psychology students will become knowledgeable about these basic tools in various practice settings and with different populations and will become more confident incorporating screening into their practice. Screening and assessment for substance use severity will especially be emphasized for psychology students to reflect the role they play in collaborative care models of practice.
- ▶ Brief intervention: Provides an overview of brief intervention procedures and evidence of their effectiveness. Brief provider-patient communication styles and strategies are addressed, including a practice component to develop the skills that would be used in the

brief intervention part of the protocol. This section will emphasize use of effective patient-centered communication and motivational interviewing (MI) techniques. Discipline-specific case studies, simulations, and internships will be used to promote student skill building and awareness of the relevance and feasibility of using SBIRT protocols in various practice settings.

- ▶ Brief treatment: Students will apply critical thinking and clinical decision-making skills to recognize when patients may benefit from a limited course of focused cognitive behavioral clinical sessions and how this may vary depending on practice settings. Opportunities to practice MI skills will be presented through case studies and the Interprofessional Health Science Simulation Center, emphasizing scenarios relevant to specific disciplines.
- ▶ Referral: An overview of various treatments for SUDs, including psychosocial treatments, medications, and the integration of pharmacotherapy with psychosocial treatments. Students will apply critical thinking and clinical decision-making with regard to when, how, and where patients require more intensive treatment and referral. Rurally relevant and culturally competent case scenarios will be used in the classroom and developed for the Interprofessional Health Science Simulation Center, and students will be educated on local Alaska resources so they can link patients to specialty treatment service providers and facilities.

3. Grantee Leadership

The core Arctic SBIRT team is composed of a project director, project manager, project evaluators, a simulation center manager, and two graduate student assistants. Under the direction of the project director, the team develops content for the SBIRT training modules, recruits disciplines throughout the university to participate in the SBIRT training project, and develops plans and tools for evaluation of the project. As the trainings are continuously rolled out, the core staff will work to ensure successful inclusion of the SBIRT curriculum in established university curricula and make continual improvements to the content and format of the trainings as dictated by feedback and data received through evaluation activities. The core staff members also serve on the project's COD and work in tandem with university faculty and community partners to develop strategies for the promotion and dissemination of the SBIRT training curriculum throughout the State's health care delivery system.

The project's COD is comprised of representatives from the Alaska Department of Health and Social Services Division of Behavioral Health, the primary State agency for substance abuse services; administrative personnel and faculty from each targeted academic program; a project director from a successful SAMHSA SBIRT medical residency grantee; and representatives from community and health care partners including Providence Health and Services and the Yukon-Kuskokwim Health Corporation. The COD will be charged with contributing to the following tasks:

- ▶ Development of rurally and culturally competent regional and practice site training
- ▶ Development of resource materials, especially as related to appropriateness and sensitivity to culture, linguistic, ethnic, and other diversity issues
- ▶ Development of interprofessional simulation scenarios that reflect real-world patients and contexts and diverse patient characteristics and settings in Alaska
- ▶ Coordination with departmental curriculum committees to assure course catalogs reflect SBIRT content and courses are marketed and cross-listed as appropriate
- ▶ Development of communication strategies to maximize awareness, market special events, and disseminate SBIRT-related stories
- ▶ Development of policy statements to assure SBIRT training remains as a core component of graduation requirements for participating health professions beyond the grant
- ▶ Recruitment and orientation of new COD partners as needed
- ▶ Consultation on events or issues related to SBIRT education and practice

4. Implementation Plan

The Arctic SBIRT project will be implemented in three phases including project planning and startup (approximately 4 months), operations (approximately 29 months), and phase-out (approximately 3 months). During phase 1, the COD was formed and convened, members of the curricula workgroup were recruited and began the process of tailoring the curriculum to the individual disciplines, evaluation tools and databases were developed, and teaching faculty were identified and trained. In addition, the SBIRT team worked closely with administrators in each discipline to assess needs and opportunities for integrating the didactic and experiential components of the SBIRT curriculum into their respective curricula. As part of this effort, the team used a plan-do-study-act framework, a methodology for testing a change by planning it, trying it, observing the results, and acting on what is learned. In the spring 2014 semester, the grantee pilot tested the SBIRT curriculum in four nursing courses, two psychology courses, and two social work courses. Feedback from the pilot test will be incorporated into the next implementation phase in the summer and fall semesters.

During the remainder of phase two of grant implementation, the grantee is planning to make sustained changes to the curriculum based on the continuous improvement process, engage potential academic and community partners, and explore the possibility of expanding the SBIRT training to other academic programs (e.g., physician assistants). This phase will also include the use of modified and discipline-specific (i.e., nursing, social work, psychology, and medicine) case scenarios that trainees will use to learn and practice SBIRT. These scenarios will also be used in the high-fidelity simulation center on campus. The center includes electronic and standardized patients and clients designed to allow learners to role-play and practice SBIRT in

controlled environments and thus be prepared for using SBIRT in the field. In addition, the grantee is aiming to develop an SBIRT trainer network and conduct regional trainings to disseminate the SBIRT intervention to a broader audience. Phase three will focus on sustainability efforts and continued dissemination throughout the community.

5. Community Linkages, Partners, and Participation

The grantee has established relationships on both the State policy level and with several health care partners with close ties to the university. Staff from the Alaska Family Medicine Residency program at Providence Hospital have been integrally involved in the development of the curriculum and the simulation center experiential component of the medical residents' training. Grantee staff have a good working relationship with leadership on both the prevention and treatment components of the Division of Behavioral Health at the Alaska Department of Health and Social Services, which will assist in their efforts to expand SBIRT knowledge and practice throughout the State. The project is in the initial stages of discussion with the UAA Student Health and Counseling Center regarding the integration of SBIRT into student health services and is exploring other partnerships in the Anchorage community.

6. Learner Recruitment

To increase the number of health care professionals trained to address the needs of persons at risk for SUDs in the State, grantee staff identified various disciplines throughout the university's graduate and resident programs in which SBIRT could naturally be integrated into existing classroom curricula and clinical rotations. After discussions of anticipated time required for training, clinical application, and assessments in the SBIRT intervention, and recognizing the disciplines' varied needs and limitations, each discipline selected the course(s) or time(s) within its individual curriculum where the intervention best fits. Exhibit 1 on the next page provides an overview of the four participating disciplines and their plan for implementation of the SBIRT curriculum.

Exhibit 1. Arctic SBIRT Discipline Descriptions and Implementation Plans

| Discipline | Description | Implementation Plan |
|-----------------|--|---|
| Family Medicine | <ul style="list-style-type: none"> • Three-year training program including a 6-week rotation to a rural site. • Curriculum includes training experiences in general surgery, internal medicine, OBGYN, orthopedics, pediatrics, behavioral medicine, and emergency medicine. • Graduates practice in a wide diversity of settings including community health centers, tribal health systems, small rural medical practices, and many other primary care settings. | <ul style="list-style-type: none"> • Pilot tested didactic and experiential components in spring 2014. • Didactics will be delivered using the SAMHSA SBIRT online modules. • Experiential component will take place in the Interprofessional Health Sciences Simulation Center. |
| Nursing | <ul style="list-style-type: none"> • Trains students at all degree levels (associate's, bachelor's, and master's) both in the classroom and online. • No specific course on substance abuse is offered. Tobacco, alcohol, and drugs are addressed in several required courses. • Graduates are prepared for roles in local, State, national, and global locales and for the unique challenges of practicing in Alaska. | <ul style="list-style-type: none"> • Pilot tested didactic portion of curriculum in four required courses in spring 2014. • Didactics will be delivered in the classroom. • Experiential component to be determined. Students at all levels participate in clinical experiences every semester at sites including public health clinics, schools, and emergency departments. |
| Psychology | <ul style="list-style-type: none"> • Trains master's, and doctoral level students. • The curriculum currently includes three required substance abuse related courses that include many of the didactic components that provide the context for SBIRT implementation but not SBIRT itself. • Graduates are employed in community agencies serving families and children, addictions treatment, behavioral health agencies, specialized programs such as tobacco cessation, and primary care and administrative positions. | <ul style="list-style-type: none"> • Pilot tested didactic portion of curriculum in two required courses in spring 2014. • Didactic and experiential component will take place at UAA's Psychological Services Center, where all students complete a clinical practicum. • Supplemental didactics will be delivered in classroom. |
| Social Work | <ul style="list-style-type: none"> • Trains bachelor's and master's level students. • An elective course is offered on both the bachelor's and master's levels that addresses substance abuse related issues. • Graduates are employed in family services, community health, school districts, social services, behavioral health centers, and Alaska Native health corporations. | <ul style="list-style-type: none"> • Pilot tested didactic portion in two elective courses in spring 2014. • Didactics will be delivered online and in the classroom. • Experiential component to be determined. |

7. Affordable Care Act Readiness

During day 2 of the site visit, the team spoke of its commitment to providing learners with the preparation and competence to provide quality patient care to the populations they serve. The disciplines support the integration of SBIRT into the university's curricula and believe that carrying it over into practice would benefit the health care delivery system and the residents of Alaska. UAA's relationship with the Alaska Department of Health and Social Services positions it well to promote the integration of SBIRT into health care services throughout the State.

SUDs are included in the Affordable Care Act as 1 of the 10 elements of essential health benefits. Through the training of SBIRT-ready practitioners, UAA, its health professional training programs, and community partners are poised to meet the needs of Alaskans experiencing challenges with alcohol and other drugs.

8. Sustainability Planning

Arctic SBIRT staff have taken a multidisciplinary, collaborative approach in implementing the SBIRT training. Staff have made a concerted effort to obtain buy-in and commitment from several key faculty and administrative staff within the university. Each participating discipline is represented on the project's COD and are afforded ample opportunity to provide feedback and contribute to the design of the project. This interdisciplinary commitment will help to ensure project sustainability once grant funding ends.

A key partner in this project is the Alaska Department of Health and Social Services. Two staff members from the Department of Behavioral Health sit on the grantee's COD and appear to be invested in the project's success. This relationship may be beneficial to the grantee in promoting the use of SBIRT throughout the State and sustaining the inclusion of SBIRT curricula as a component of UAA's graduate education.

9. Grantee Evaluation

Evaluation of the Arctic SBIRT program will include the collection of both quantitative and qualitative data to understand the project's process and outcomes. In addition to the required GPRA data collection, various evaluation tools have been developed to assess the project's impact on trainees and inform process improvements. These include a knowledge, attitudes, and beliefs survey administered prior to and following SBIRT training, a survey administered to trainees immediately following graduation, and a survey administered to trainees 1 year following graduation to assess their use of SBIRT in practice. Additionally, evaluation staff will

observe and assess the delivery of the SBIRT trainings using a practice and feedback form and ensure fidelity to the model through a curriculum fidelity form. Exhibit 2 on the next page details the survey instruments.

Exhibit 2. Survey Instruments

| | Trainee Knowledge, Attitudes, and Beliefs Survey | CSAT Training Satisfaction Survey | Curriculum Fidelity Form | Practice and Feedback Form | Graduation Survey | 1-Year Postgraduation Survey |
|--------------------|---|---|--|--|--|--|
| Respondents | All students exposed to SBIRT curriculum and practice opportunities | All students exposed to SBIRT curriculum and practice opportunities | One form completed for each course in which SBIRT is implemented | One form completed for each course in which SBIRT is implemented | Individuals who provide both consent and contact information | Individuals who provide both consent and contact information |
| Content | Student survey of SBIRT knowledge and associated attitudes and beliefs | Student satisfaction with SBIRT instruction and what was learned | Documents core components of SBIRT addressed during curriculum delivery | Documents the number of SBIRT demonstrations, practice opportunities, and feedback given to students | Number and type of opportunities to use SBIRT outside of SBIRT courses (i.e. community practicum settings or internship) and other content TBD | Number and type of opportunities to use SBIRT following graduation and other content TBD |
| Timing | Prior to and after exposure to SBIRT content | At the end of courses or rotations receiving SBIRT and again at 30 days following the end | Once after the SBIRT curriculum is delivered | Once after the SBIRT curriculum is delivered | Just after graduation | 1 year after graduation |
| Mode | Delivered in person for on-campus experiences and online for off-campus | Delivered in person for on-campus experiences courses and online for off-campus; online for 30-day followup | Evaluators will complete the form through class observations or debriefing with instructor | Evaluators will complete the form through class observations or debriefing with instructor | Online only | Online only |

Strengths and Considerations for Action

Program Vision and Design

STRENGTHS

- The project takes a multidisciplinary approach to the implementation of SBIRT and has obtained buy-in from the various participating disciplines.
- With input from faculty and administrative staff from each discipline, the grantee has developed curriculum content, case studies, and simulation activities specific to each discipline and has customized the content to account for practice considerations specific to Alaska.

CHALLENGES

- None noted.

| Potential Enhancements | Grantee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|------------------------|------------------------------|---------------------------|-----------------------|
| None noted. | | | |

Grantee Leadership

STRENGTHS

- The core grantee staff and university faculty and leadership are committed to incorporating SBIRT in their academic programs. The staff are engaged in a continuous improvement process and are open to making changes to their training and implementation approach.
- The grantee's COD is composed of representatives from each participating discipline, a project director from a successful SAMHSA SBIRT medical residency grantee, and key State policy and health care partners who seem invested in the success of the project.

CHALLENGES

- The COD plans to meet 2–3 times per year, which may pose a challenge in terms of communication and obtaining feedback on process and content improvements.

| Potential Enhancements | Grantee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|--|------------------------------|---------------------------|-----------------------|
| 1 The grantee may wish to form and regularly convene an interdisciplinary council of trainers composed of faculty who will be working directly with students on building their SBIRT skills. This council will provide a venue for trainers to share successes, challenges, and suggestions for improvement throughout project implementation. | X | | |

Implementation Plan

STRENGTHS

- The project's initial implementation strategy to pilot test the training curriculum allowed for content modifications and process improvements to be made prior to full implementation. This "plan, do, study, act" model, a quality control methodology designed to temporarily implement a change and assess its impact, will be used throughout the grant cycle.
- The SBIRT curriculum has been integrated into required courses and/or required training experiences for three of the four disciplines participating in the project.
- The grantee uses UAA's Interprofessional Health Science Simulation Center to provide students and residents with immersive, high-fidelity, culturally appropriate simulation experiences.

CHALLENGES

- While grantee staff and some faculty received an introductory training on SBIRT and an overview of the curriculum, a more comprehensive training is needed to make staff and faculty confident in their ability to deliver and teach the SBIRT intervention.
- The experiential component of the SBIRT training has not been completed for social work students.

| Potential Enhancements | | Grantee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|------------------------|---|------------------------------|---------------------------|-----------------------|
| 1 | The grantee may wish to consider opportunities for providing SBIRT training to a broader range of faculty and clinical preceptors charged with field supervision of the students. | | X | |

Community Linkages, Partners, and Participation

STRENGTHS

- The grantee has established good working relationships with the Single State Authority and the local health care system in Anchorage.

CHALLENGES

- The grantee is beginning to identify community partners for SBIRT dissemination.

| Potential Enhancements | | Grantee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|------------------------|--|------------------------------|---------------------------|-----------------------|
| None noted. | | | | |

Learner Recruitment

STRENGTHS

- Grantee staff have made a concerted effort to obtain buy-in from the participating disciplines. Faculty members from each discipline serve on the project's COD and are afforded ample opportunity to provide feedback and contribute to the design of the project.

CHALLENGES

- None noted.

| Potential Enhancements | Grantee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|------------------------|------------------------------|---------------------------|-----------------------|
| None noted. | | | |

Affordable Care Act Readiness

STRENGTHS

- The grantee's multidisciplinary approach positions it well for expanding the workforce and providing a wraparound approach to health care in accordance with ACA tenets and State needs.

CHALLENGES

- None noted.

| Potential Enhancements | Grantee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|------------------------|------------------------------|---------------------------|-----------------------|
| None noted. | | | |

Sustainability Planning

STRENGTHS

- Grantee staff have made a concerted effort to obtain buy-in from the participating disciplines. Faculty members from each discipline serve on the project's COD and are afforded ample opportunity to provide feedback and contribute to the design of the project. This interdisciplinary commitment will help ensure sustainability.

CHALLENGES

- Currently, only one or two faculty from each discipline have been trained in the SBIRT curriculum, including some adjunct faculty.

| Potential Enhancements | | Grantee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|------------------------|--|------------------------------|---------------------------|-----------------------|
| 1 | The grantee may wish to consider developing a shadowing model in which trained faculty recruit and train fellow faculty and staff in their respective departments. | X | | |

Grantee Evaluation

STRENGTHS

- The grantee has developed evaluation tools to assess the project's impact on trainees and inform process improvements.
- Evaluation staff sit in on live didactic sessions of the SBIRT trainings to assess delivery and provide feedback to instructors.

CHALLENGES

- None noted.

| Potential Enhancements | | Grantee Resources To Be Used | Will Request TA From CSAT | Information Requested |
|------------------------|--|------------------------------|---------------------------|-----------------------|
| None noted. | | | | |

Abbreviations and Acronyms

| | |
|--------|---|
| CBHRS | Center for Behavioral Health Research and Services |
| COD | Council of Directors |
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| SBIRT | screening, brief intervention, and referral to treatment |
| UAA | University of Alaska Anchorage |

References

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