

# Service Design Site Visit Report

University of Miami  
School of Nursing and Health Studies  
Miami, Florida



Date of Site Visit: May 6–7, 2014

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



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# University of Miami

<b>Grantee Name</b>	University of Miami School of Nursing and Health Studies
<b>Grantee Phone Number</b>	305-284-4271
<b>Grantee Address</b>	5030 Brunson Drive, Room 440C Coral Gables, FL
<b>Site Visit Dates</b>	May 6–7, 2014
<b>Program Name</b>	Integrating SBIRT Into Primary Care: A School of Nursing Training Program
<b>Grant TI Number</b>	TI 025409-01
<b>SAIS Number</b>	TA 3848
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## Grantee Project Team Members

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Berta Cabrera, M.S.	Executive Director, St. John Bosco Clinic



***Left to right: Brian McCabe, Ph.D., Maite Mena, Psy.D., Daniel Santisteban, Ph. D.***

## Grantee Project Sites Visited

ConnectFamilies	111 Southwest 8th Street, Suite 207 Miami, FL 33130
University of Miami Hospital	1400 Northwest 12th Avenue Miami, FL 33136
St. John Bosco Free Clinic	730 Northwest 34th Street Miami, FL 33127

## Executive Summary

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**T**he University of Miami School of Nursing and Health Sciences (UMSONHS) is 1 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. The intended outcome of the grant is to increase the adoption and practice of SBIRT throughout the health care delivery system. The program being implemented is called Integrating SBIRT Into Primary Care: A School of Nursing Training Program.

On May 6–7, 2014, the site visit team conducted a service design site visit at University of Miami (UM) 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 site visit team met with the program team (director, coordinator, and evaluator), members of the brief treatment team, faculty, and student trainees. The site visit team also observed a meeting of the council of directors (COD), toured the settings on the university's campus where SBIRT training occurs, and visited three partnering organizations.

The UM SBIRT program established the UMSONHS SBIRT training center to deliver SBIRT training in classroom and local practice settings to nurses, nursing students, medical residents, social workers, and counselors. The program brings together a strong team consisting of two schools within the University of Miami (Education and Nursing), the School of Social Work from Florida International University, and a set of diverse practice settings with deep connections with UMSONHS that reach poor and underserved, largely minority populations.

The program has a strong network of community relationships with a long history of delivering culturally appropriate substance use interventions to Hispanic patients. The COD is active and offers guidance on strategic planning for SBIRT training and monitoring, providing oversight and guidance, and reviewing training and implementation efforts in the classroom and practice sites.

The program estimates it will provide training to close to 450 students per year in the classroom and several teams of supervisory professionals and students in practice settings. The program will provide at least one regional training event per year. Core program staff have been trained, and team members are providing training to students, UM faculty and clinical staff, and staff of partnering organizations.

The approach to evaluation has been one of continuous quality improvement. A comprehensive evaluation plan has been developed, and process and outcome data will be collected.

# Grantee Overview and Environmental Context

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**T**he University of Miami's (UM) SBIRT grant program—Integrating SBIRT Into Primary Care: A School of Nursing Training Program—is based in the School of Nursing and Health Studies (UMSONHS) in south Florida. UMSONHS is committed to academic excellence and service to society. The school's undergraduate and graduate curricula are community based, with a strong emphasis on cultural competency and evidence-based practice. Recognizing that every ethnic community has unique health beliefs and practices, the school prepares health professionals who can adapt care to specific health needs. Through coursework and outreach programs, clinical faculty prepare students to address the health needs of this increasingly diverse and rapidly changing society.

*The University of Miami School of Nursing and Health Studies is located in south Florida—one of the most ethnically diverse areas in the country—with close proximity to Latin America and the Caribbean.*

UM capitalizes on the representation of ethnic minority groups in southern Florida, including Miami-Dade County and Broward County to the north, to benefit the health care system that can serve a diverse population. The south Florida metropolitan area is the most populated region in the southeast United States and the seventh most populated region in the United States (U.S. Census Bureau, 2011). Miami-Dade County, the most ethnically diverse county in South Florida, achieved “majority minority” status in 2010, with a population of 2,500,625 individuals—composed of 62.5 percent Hispanic and 19.5 percent Black (U.S. Census Bureau, 2011).<sup>1</sup>

## 1. Site Visit Overview

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On May 6–7, 2014, the JBS International SBIRT program team conducted a service design site visit to discuss progress with program implementation—accomplishments, strengths, and challenges—and suggestions and recommendations for improvement and technical assistance.

On the morning of May 6, the site visit began with a welcome and introductions of the SBIRT project director, project coordinator, and evaluator who provided an overview of the project—the project background, project structure and staffing, community partners, and the COD. In the afternoon, the team discussed their training approach, including targeted goals, targeted trainees, Spanish trainings, and timeline. The site visit team observed the COD's second meeting, and then the program team discussed the implementation approach, sites and settings, and project rollout and workflow.

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<sup>1</sup> U.S. Census Bureau. (2011). Fact sheet Miami-Dade County, Florida: 2005–2009 American community survey 5-year estimates. *American FactFinder*.

The morning of May 7 began with a meeting with the program team to discuss strengths and challenges of the training approach and program implementation. The project evaluator then discussed data collection, analysis, and use of findings. The site visit team then visited the three partner sites: ConnectFamilias, a community-based social service agency; St. John Bosco Clinic, a free clinic; and UM Hospital (UMH). The team was informed by staff as to how SBIRT will be incorporated into each setting. In the afternoon, the site visit team met with student trainees to hear their experiences with training and recommendations. The site visit concluded with a discussion of the grantee's technical assistance needs and next steps and a debriefing of the site visit with the Government Project Officer.

## 2. Program Vision and Design

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The program seeks to provide SBIRT and motivational interviewing (MI) training to a diverse set of health care students and professionals in practice settings each year. The program establishes a strong team of two schools within UM (Education and Nursing) and the School of Social Work from Florida International University (FIU) and diverse practice settings with connections with UMSONHS that reach poor and underserved, largely minority populations. The program team has extensive experience in tackling complex implementation barriers, partnerships, and training activities, and in building cultural competence into the training and services system.

Training at the practice sites—UMH, a free clinic, and a community-based social service agency—will focus on developing the skills to provide leadership to the SBIRT effort. Student practicums in community-based practice settings will assist a grassroots network that has been designed in a highly culturally sensitive manner to reach the underserved Hispanic community in the Little Havana area of Miami.

The program estimates it will provide training to close to 450 students per year in the classroom and several teams of supervisory professionals and students in the practice settings and hold at least one regional training event each year in parts of Florida. The program is designed to enhance the skills of nurses, nursing students, medical residents, social workers, and counselors in detecting problem substance use, enhancing the motivation of the patient to acknowledge substance use problems, and to provide directly or through referral, the optimum culturally sensitive treatment.

UM SBIRT's specific, targeted goals may be summarized as follows:

- ▶ Increase the number of nurses; residents; counseling, nursing, and social work students; and supervisors trained in SBIRT.
- ▶ Develop competency in MI and advanced intensive brief treatment methodologies.

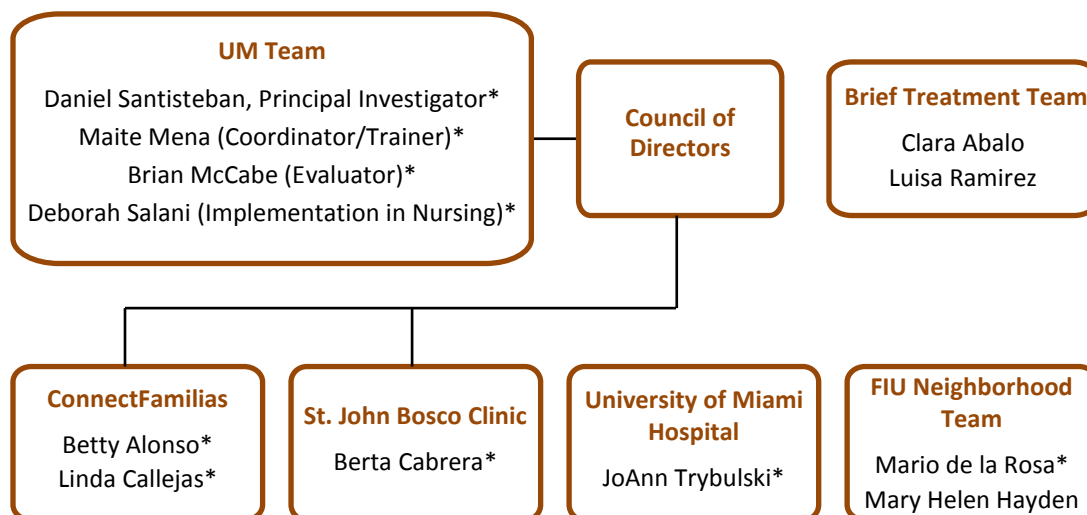


- ▶ Create collaborative multidisciplinary teams at UMH, the St. John Bosco Clinic, and the ConnectFamilies community partnership to support implementation of SBIRT in practice settings and serve as catalysts for systems change.
- ▶ Conduct workforce development activities across the State of Florida with a focus on SBIRT, MI, and the integration of behavioral health and primary care.

## 3. Grantee Leadership

The organizational structure—which includes the program team, COD, brief treatment team, partners, and community linkages—is functionally designed to attain the targeted goals. An organizational chart describing grantee leadership appears in exhibit 1.

**Exhibit 1. UM SBIRT Organizational Chart**



\*indicates membership on COD

The COD is responsible for providing strategic planning for SBIRT training and monitoring, providing oversight and guidance, and reviewing training and implementation efforts in the classroom and practice sites. Strong support for the UM SBIRT program was evident among the UM professional school and hospital administrators and faculty, staff, and executives of partnering organizations.

## 4. Implementation Plan

### Planned Trainings

Undergraduate and graduate students in selected courses from UMSONHS, the UM School of Education counseling program, and the FIU School of Social Work will receive approximately 4

hours of SBIRT/MI training. UM's yearly student training goals include 300 UMSONHS students, 140 FIU University students, and 30 UM School of Education students. Trainees will be taught to screen using an alcohol and drug prescreen: the Alcohol Use Disorders Identification Test (AUDIT) and the Drug Abuse Screening Test (DAST). Trainees will also be taught how to apply MI techniques for brief intervention and brief treatment.

An additional day of intensive MI training by an expert trainer will be provided to approximately 50 UM counseling students, FIU social work students, and nursing students who have strong counseling interest, ability, and experience. These students will be coached to competence in community-based settings and other practice settings. Brief treatment will be provided on site or at the SBIRT project's office by clinical staff.

UMH is creating an SBIRT mobile health team that will follow up with identified emergency rooms and intake patients who require further intervention. The mobile team will be staffed 24 hours a day. Members of the mobile health team (i.e., nursing supervisors, charge nurses, and social workers) will also receive intensive MI training and have opportunities to perform SBIRT and improve their skills.

The FIU's community-based approach to health care through the Neighborhood HELP (NH) practicum provides an excellent opportunity for SBIRT practice. NH practicum students will visit families in need, assess households, and make referrals. They will be primarily responsible for each household's clinical needs, such as assessments and individual, couple, or family counseling. NH practicum students will receive a 2-day advanced MI training, which will incorporate live practice, coaching, and feedback provided by a local MI trainer in conjunction with the UM training team. Upon completion of the training, the students will be able to competently conduct SBIRT screening, brief intervention and brief treatment, and referral.

UM will use a train-the-trainer approach to develop a local set of SBIRT and MI experts, creating local capacity for new trainers to conduct regional and statewide SBIRT trainings. One of the tools expected to be used is the Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency package, developed by the Northwest Frontier Addiction Technology Transfer Center Network under a cooperative agreement from SAMHSA and the National Institute on Drug Abuse.

The program plans to conduct at least two yearly regional trainings—one SBIRT/MI training in collaboration with the Health Council of South Florida and one SBIRT/MI training as a preconference workshop attached to a nursing, social work, or counseling conference held in Florida. UM is currently conversing with the executive director of the Florida Association of Free and Charitable Clinics to plan a regional SBIRT training in the Orlando area later this year.

In the second year of the grant, the program plans to create an online SBIRT course using the Collaborate system or a Webinar that can be provided across the State and will provide continuing education units or continuing medical education credits.

## Trainings Conducted to Date

SBIRT program team members have trained approximately 112 students and 12 staff to date. Two additional SBIRT trainers—a family therapist and a nurse—have been identified for providing SBIRT/MI training. Among 112 students who received SBIRT/MI training, 59 were undergraduates in psychiatric mental health nursing, and 52 were undergraduates in population-focused nursing. Two UM School of Education graduate students received additional, intensive MI training. The 12 staff trained included 7 from partnering organizations, 3 from the UM School of Education faculty, and 2 from UM clinical staff.

The training program expects to train an additional 119 students and 100 staff by the end of summer for a year 1 total of approximately 350 individuals trained. The additional SBIRT/MI student trainees will include 15 Doctor of Nursing Practice (DNP) students who will receive online and in-person training, 80 master's-level Advanced Practice Nurse students, and 24 FIU social work students. Staff to receive SBIRT/MI training will include 40 UMH emergency department nurses and 18 UMH mobile unit team members (i.e., nursing supervisors, charge nurses, and social workers). Twenty-four FIU social workers and 18 UMH mobile unit team members will receive intensive MI training. UMH and FIU supervisors, nurses, clinical staff, and residents will receive onsite SBIRT/MI training to be held a minimum of three times during the first 2 years of the project.

## 5. Community Linkages, Partners, and Participation

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As mentioned earlier, the program partners with UMH and two community-based initiatives—St. John Bosco Clinic and ConnectFamilias—which both use health care and behavioral health students in providing care to underserved individuals in the community.

The UM SBIRT program is built on strong networks of existing community relationships and a long history of delivering culturally appropriate substance use interventions to Hispanic patients. Workers at some partnering sites do not speak English.

UMH is a 560-bed facility that became the region's first university-owned, multispecialty, acute care hospital and the flagship facility of UHealth, UM's health system. There is also excellent support for SBIRT among UMH executives and administrators. As the hospital is undergoing transition with an increased patient load, program staff are defining where and how to achieve the greatest buy-in for SBIRT and the best integration for its sustainability. Of special importance to the SBIRT training efforts is that the chief executive officer for UMH, David Zambrana, DNP, M.B.A., RN, is a DNP graduate of UMSONHS, a current UMSONHS Ph.D. student, and an SBIRT champion. The new chief nursing officer, Dr. JoAnn Trybulski, came to UMH after being associate dean and DNP program director at UMSONHS. She too is a champion and an effective and enthusiastic liaison between the hospital and UMSONHS.

ConnectFamilias has well-trained, salaried, and volunteer helpers and community health workers (Spanish Ayudantes Naturales/Promotores de Salud) on staff. These helpers and community health workers, who collaborate with formal service providers to support neighborhood families in accessing services, will be trained to provide SBIRT services.

The St. John Bosco Clinic is a free clinic that provides primary health care and services to the most vulnerable community members in Miami, Florida. The clinic serves the uninsured poor who often fall between the “cracks” of the private and public health care system.

FIU Social Work NH practicum is a community-based approach to health care. Through the practicum, a Licensed Clinical Social Worker accompanies advanced practice social work students on visits with families in need to assess households, make referrals, and address the clinical needs of the households (including assessments and individual, couple, or family counseling).

A challenge for the partnering organizations is the need for Spanish versions of the screening instruments. The UM SBIRT program has obtained Spanish versions of instruments from SAMHSA and NIDA. However, variations in dialect (e.g., Cuban, Mexican) have made further refinement of the screening tools necessary. COD members assist with the translation of the screening tools, which involves translating the tool to Spanish, reviewing the translation internally, having the partnering sites review the translation, and translating it back to English.

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## 6. Learner Recruitment

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As already described, the program has successfully recruited a diverse set of health care students and professionals for SBIRT and MI training by establishing a strong team of two University of Miami Schools (Education and Nursing), FIU and its School of Social Work, UMH, and community partners.

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## 7. Affordable Care Act Readiness

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The program team has successfully addressed an important issue for Affordable Care Act readiness in that SBIRT has been integrated into the electronic medical records (EMRs) at UM hospital. One challenge, however, is that there are two EMR systems that do not interface.

## 8. Sustainability Planning

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As just mentioned, SBIRT has been added to the EMR systems at UMH, which will support the sustainability of SBIRT in the hospital setting. The SBIRT team has also identified and engaged strong champions at the participating professional schools and at the partnering organizations. An SBIRT train-the-trainer model is being used so that training will be self-perpetuating.

A challenge reported for both the hospital and community-based partners is reimbursement for SBIRT services. The grantee reported this is a key to sustainability, and the COD indicated there are different levels of need related to reimbursement among the project team. For example, UMH is prepared to begin billing, while Connect Familias will be billing for services for the first time and will likely need more guidance. The grantee is requesting technical assistance on this topic to gain a better understanding of the process and improve clinical and hospital buy-in.

## 9. Grantee Evaluation

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The program's approach to evaluation has been one of continuous quality improvement. A comprehensive, multifaceted evaluation plan has been developed. The framework for the evaluation includes six activities:

1. Specify outcomes of each training event
2. Measure those outcomes
3. Compare desired to actual outcomes at regular (at least semiannually) intervals
4. Develop changes to service provision as a team
5. Implement changes to training in an explicit manner
6. Evaluate outcomes of the changed training

Process and outcome data will be collected to measure training and implementation. Training measures will include—

1. SBIRT Government Performance and Results Act (GPRA) satisfaction survey (baseline) will be completed by trainees immediately following the training event.
2. SBIRT GPRA satisfaction survey (followup) will be completed by trainees 30 days after the training event to assess satisfaction with and relevance of the SBIRT training.
3. Followup will be completed by all program graduates at 3 months and 1 year after completing the program. The survey will ask graduates if they are using SBIRT and to comment on their perception of its efficacy.

4. Student characteristics will be completed at entry to the SBIRT training program.
5. SBIRT knowledge, attitudes, and behavior will be measured using an adapted version of the 63-item SBIRT pre-post survey created by the Natividad Family Medicine Residency team. The measure will be given at the beginning and end of each classroom training.
6. The Motivational Interviewing Knowledge and Attitude Test will be administered to all participants at introductory and intensive MI trainings.
7. Computerized assessment of simulated patient interviews will be used to assess MI skills for a small group of students who complete intensive MI trainings and are likely to use MI in the near future in practice settings. The CASPI is an online system that assesses MI skills in the context of substance abuse treatment.
8. A tally of the number of training events held for local and statewide medical communities, the number of technical assistance events held, number of people trained at these sessions, and so on, will be compiled.
9. A process questionnaire will be developed in consultation with the grantees. This instrument will include ratings of the match between dissemination of the curriculum to the original plan, deviation(s) from the plan, precursors of the deviation(s), effects of deviation(s) on the curriculum, barriers and complements to training or implementation, etc. Specific items will measure the number of students trained, length of training lecture, etc.
10. Qualitative interview guides (semistructured) will be used to collect data on participants' subjective perceptions of the SBIRT training. The goal is to elicit feedback regarding many factors (e.g., cost/benefits, time involved, suggestions for improvement) related to SBIRT training activities. Separate focus group guides will be developed for student participants and teaching faculty.
11. Tracking information will be reported by team members following each meeting (e.g., meeting goals, activities, effectiveness, results).

Implementation measures are being developed to include the following:

1. Participant characteristics will be collected early in the SBIRT implementation phase.
2. Implementation of MI will be measured using the Behavior Change Counseling Index.
3. Cultural competence will be assessed using the Cultural Competency Assessment Tool for Hospitals.
4. A buy-in tool will assess the aspects of technology transfer (i.e., relevance, timeliness, clarity, credibility) to identify barriers to implementation so that solutions can be designed in a bidirectional working relationship.

5. Patient data will be collected from each participating organization using information from the local EMR. Information will be keyed to the participant (i.e., student or provider), and no patient identifiers will be recorded. Measures will include total number of patients seen, number screened for alcohol/drugs, number positive on screen, number receiving brief intervention/treatment, number receiving referral for specialty treatment. This information will be reported as an aggregate to understand the implementation of SBIRT in the practice settings and to identify important patterns of symptoms (e.g., males having different patterns of problems compared to women) or predictors of service utilization (e.g., minority individuals not reaching their referrals). Depending on the setting, supervisors may also use this information for performance monitoring of SBIRT adoption by individual participants. The project staff will collaborate with staff at each participant organization to extract these data.

There is no Spanish translation for the GPRA satisfaction survey, which is a challenge for the grantee in reaching community workers in Hispanic neighborhoods who have direct access to hard-to-reach families but have limited English-speaking skills. UM will measure trainees' knowledge, attitudes, and behavior related to SBIRT and their MI skills before undergoing trainings and again at 30 days, 3 months, and 12 months after training. Data on student characteristics will also be collected.

The greatest challenge for the evaluation is the low response rate for the GPRA 30-day followup data. The peer consultant recommended the program time the initial training so that students are still in class for the 30-day followup.

# Strengths and Considerations for Action

## Program Vision and Design

### STRENGTHS

- Sensitivity to cross-cultural and translation issues with community and partner input regarding approaches and materials
- Thoughtful preplanning for potential pitfalls and challenges and to achieve the greatest training efficiency and effectiveness

### CHALLENGES

- None noted.

Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
<ul style="list-style-type: none"> <li>• None noted.</li> </ul>			

## Grantee Leadership

### STRENGTHS

- The program's organizational structure is functionally designed to attain the targeted goals.
- The COD is composed of representatives from each of the participating partners who are invested in the success of the project.

### CHALLENGES

- None noted.

Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
<ul style="list-style-type: none"> <li>• None noted.</li> </ul>			



## Implementation Plan

### STRENGTHS

- Thoughtful preplanning for potential pitfalls and challenges and to achieve the greatest training efficiency and effectiveness
- Integration of SBIRT into the EMR at UM Hospital
- Strong partnerships within UM, UMH, FIU, and community-based organizations
- DNP-trained leadership with applied link to SBIRT implementation

### CHALLENGES

- Limited opportunities for direct observation and feedback for trainees

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Increase opportunities for practice and feedback for trainers receiving intensive MI training.	X		

## Community Linkages, Partners, and Participation

### STRENGTHS

- Strong community partnerships with diverse organizations (i.e., free clinic, university hospital, community outreach)
- Sensitivity to cross-cultural and translation issues with community and partner input regarding approaches and materials
- Strong relationships with behavioral health referral networks
- Statewide network to further SBIRT implementation

### CHALLENGES

- None noted.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
	<ul style="list-style-type: none"> <li>• None noted.</li> </ul>			

## Learner Recruitment

### STRENGTHS

- The team has successfully recruited a diverse set of health care students and professionals for SBIRT and MI training.

### CHALLENGES

- None noted.

Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
<ul style="list-style-type: none"> <li>None noted.</li> </ul>			

## Affordable Care Act Readiness

### STRENGTHS

- SBIRT has been integrated into the EMR at UMH.

### CHALLENGES

- Although SBIRT is being integrated into the EMR, there are currently two different systems that do not interface.

Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
<ul style="list-style-type: none"> <li>None noted.</li> </ul>			

## Sustainability Planning

### STRENGTHS

- The team has also identified and engaged strong champions at the participating professional schools and partnering organizations.
- A train-the-trainer model is being used so that training will be self-perpetuating.

### CHALLENGES

- A challenge reported for both the hospital and community-based partners is reimbursement for SBIRT services. The grantee reported this is a key to sustainability, and the COD indicated there are different levels of need related to reimbursement among the project team.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Identify ways to secure reimbursement for SBIRT services.		X	

## Grantee Evaluation

### STRENGTHS

- The program's approach to evaluation has been one of continuous quality improvement.
- A comprehensive evaluation plan has been developed
- Process and outcome data will be collected.

### CHALLENGES

- There is no Spanish translation for the GPRA satisfaction survey, which is a challenge for the grantee in reaching community workers in Hispanic neighborhoods who have direct access to hard-to-reach families but have poor English-speaking skills.
- The response rate for the GPRA 30-day followup is low.
- Qualitative versus quantitative training: It is important to understand how to ensure indepth understanding of SBIRT skills so SBIRT is integrated in a meaningful way

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Translate the GPRA satisfaction survey into Spanish.			X
2	Time the initial training so that students are still in class for the GPRA 30-day followup.	X		

## Abbreviations and Acronyms

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AUDIT	Alcohol Use Disorders Identification Test
COD	council of directors
DAST	Drug Abuse Screening Test
DNP	Doctor of Nursing Practice
EMR	electronic medical record
FIU	Florida International University
GPRA	Government Performance and Results Act
MI	motivational interviewing
NH	Neighborhood HELP
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	screening, brief intervention, and referral to treatment
UM	University of Miami
UMH	University of Miami Hospital
UMSONHS	University of Miami School of Nursing and Health Sciences