

Service Design Site Visit Report

University of Missouri–Kansas City
Kansas City, Missouri



Dates of Site Visit: April 16–17, 2014

◆ SBIRT ◆

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University of Missouri–Kansas City

Grantee Name	University of Missouri–Kansas City (UMKC)
Grantee Phone Number	816-235-5058
Grantee Address	UMKC School of Nursing and Health Studies 2464 Charlotte Street Kansas City, MO 64108
Site Visit Dates	April 16–17, 2014
Program Name	Transforming the Academic Preparation of Health Professionals: Competency-Based SBIRT Training (UMKC SBIRT)
Grant TI Number	025355-01
SAIS Number	3848
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Grantee Project Team Members

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Grantee Project Sites Visited

UMKC School of Nursing and Health Studies	2464 Charlotte Street, Kansas City, MO 64108
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Executive Summary

The University of Missouri–Kansas City (UMKC) 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 at UMKC is called Transforming the Academic Preparation of Health Professionals: Competency-Based SBIRT Training (UMKC SBIRT).

The site visit team conducted an implementation site visit at UMKC on April 16–17, 2014, to assess the strengths of the SBIRT program and engage the grantee in a continuing quality improvement process supported by technical assistance as approved by SAMHSA. The team met with core program staff, faculty, and trainers from UMKC SBIRT; key community partners; and the program evaluator. The team received an overview of the implementation plan and training approach and attended a council of directors (COD) and faculty team meeting and a bachelor of science in nursing (B.S.N.) SBIRT training. The team discussed evaluation processes and plans for sustainability and toured the Health Sciences Building.

UMKC SBIRT will be implemented with B.S.N. and Advanced Practice Registered Nurse (APRN) students through the School of Nursing and Health Studies and with master of social work (M.S.W.) students through the School of Social Work at UMKC. Following are UMKC SBIRT goals:

1. Integrate SBIRT into the B.S.N., APRN, and M.S.W. programs:
 - ▶ Modify the SAMHSA training curriculum (didactics, role-plays, standardized patient scenarios) to reflect the needs and experiences of students, and address demographic issues in patient populations served.
 - ▶ Prepare faculty and clinical preceptors/field instructors.
 - ▶ Incorporate the curriculum into courses and clinical rotations.
2. Train students to competency:
 - ▶ Address students' attitudes, dispelling myths related to substance use disorders and recovery, and improving students' perceptions of their adequacy to intervene.
 - ▶ Increase students' knowledge about substance use and SBIRT.
 - ▶ Increase students' skills to deliver SBIRT and maintain fidelity.

3. Ensure the continuation of the program and disseminate SBIRT training:
 - ▶ Create a COD to steer policy and procedures, monitor programs, review reports, and develop sustainability plans.
 - ▶ Conduct SBIRT trainings in Western Missouri and Eastern Kansas, and create an online course.
 - ▶ Disseminate UMKC SBIRT to other residency and partnering sites.
 - ▶ Monitor and report on program progress.

The program plans to teach SBIRT knowledge, attitudes, and skills to the following:

- ▶ Faculty (44 members)
- ▶ Clinical preceptors (180)
- ▶ B.S.N. students (300)
- ▶ APRN students (330)
- ▶ M.S.W. students (130)
- ▶ Trainees in local/regional systems of care (600)
- ▶ Online continuing education unit trainees (475)

Thirty-eight B.S.N. students have been trained, and an APRN course is beginning. The program has made modifications to the curriculum and the student evaluation process based on student comments. The changes have made the curriculum more relevant to nurses, and significant content (slides and videos) from the Oregon SBIRT program has been added.

B.S.N. and social work courses are taught in a traditional, face-to-face learning environment, while most of the graduate-level nursing courses are taught primarily online. SBIRT is woven into several B.S.N. courses, but students get a full week of SBIRT training in the Management of Mental Health course. For graduate-level online students, SBIRT is integrated into several courses, depending on specialty. They also receive an intensive online SBIRT training that includes—

- ▶ A presurvey that measures knowledge and attitudes
- ▶ Viewing several voiceover PowerPoint presentations recorded on Blackboard's Tegrity application
- ▶ Participation in a real-time online discussion and role-plays through Blackboard's Collaborate application
- ▶ A postsurvey that measures training satisfaction, knowledge, and attitudes

The experiential learning component is comprehensive in all aspects of the program. All trainees have the opportunity to practice SBIRT skills through role-plays and interactions with

“standardized patients” (role-play with actors trained for this purpose). Faculty, staff, preceptors, and students interact with standardized patients during the fall, spring, and summer semesters, and online students interact with standardized patients their regularly scheduled visit to the UMKC campus. All interactions with standardized patients are coded and feedback is provided using a fidelity rating scale. To date 14 faculty members and 38 BSN students have been trained with standardized patients.

UMKC SBIRT is also dedicated to having students experience SBIRT in real-world clinical settings. The program will train preceptors and advocate for SBIRT integration in clinical sites that offer practicum opportunities to large numbers of students (e.g., the Veterans Administration Hospital).

UMKC SBIRT has ambitious dissemination goals and even at this early stage has begun implementing various strategies. The program has submitted several abstracts and had a poster accepted at the upcoming American Psychiatric Nurses Association conference. SBIRT will also be available to those outside the grant through the HealtheKnowledge.com innovative online learning platform. UMKC also plans to publish several articles. Potential topics include how to train people to code interactions with standardized patients and the effect of providers’ substance use on their likelihood to perform SBIRT in a clinical setting.

The site visit team shared the following feedback based on challenges observed during the site visit:

- ▶ **Project Director Responsibilities:** SBIRT will be woven into 14 courses, and much effort will be required to train instructors in the manner specified by the grantee (i.e., teach, co-teach with faculty, and observe faculty teaching). The grantee might consider modifying the process to include only co-teaching and observation.
- ▶ **Leadership:** Leadership of the management team and the COD has been well established. The COD is diverse, including representatives from nursing, social work, clinical sites, and even students from student associations. Most of the COD members were present and participated in the COD meeting. The team suggested that the already diverse COD could be enhanced by bringing in more leadership from practicum sites (e.g., UMKC medical school). This might facilitate integration of SBIRT in clinical settings and increase buy-in within the university. One COD member suggested developing clear goals and objectives for the group.
- ▶ **Standardized Patients:** The project currently uses standardized patients as part of assessing proficiency of the trainees. One challenge to sustainability of the model, however, might be the cost of using standardized patients. The grantee might consider other options for experiential learning, such as having students role-play with one another or recruiting student volunteers to act as standardized patients.
- ▶ **Postgraduation Followup:** The site visit team suggested the program collect contact data for students before they leave the program (e.g., alternate address, email or phone number) so followup will be easier.

Grantee Overview and Environmental Context

The University of Missouri–Kansas City (UMKC) 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 at UMKC is called Transforming the Academic Preparation of Health Professionals: Competency-Based SBIRT Training (UMKC SBIRT).

The program is housed in the Health Sciences Building on the UMKC campus, a new building set high atop a hill, with large windows and scenic landscaping. The UMKC School of Nursing and Health Studies is one of four medical services schools located on this campus.

With a population of 2.1 million, the Kansas City metro area encompasses 15 counties in Missouri and Kansas. The region is home to 5 teaching hospitals and 24 major hospital centers, including those that serve children or veterans. Kansas City health care providers serve a large safety-net population (either uninsured or on Medicaid) of nearly 450,000 people, almost 25 percent of the entire population, through 17 safety-net organizations running 33 clinics. To date, little training or technical assistance on SBIRT has occurred in Western Missouri (especially in the Kansas City metro area and Northwest Missouri) or Eastern Kansas, yet there is demand. In Missouri, federally qualified health centers and patient-centered medical homes are implementing SBIRT.

The grantee will partner with clinical practice sites at several major medical centers and disseminate SBIRT training and technical assistance to these sites. They will also train many clinical preceptor Nurse Practitioners in the Kansas City metro area, Joplin, and St. Joseph, Missouri. In Kansas, Gotham and Stilen, through Mid-America Addiction Technology Transfer Center (ATTC), recently provided technical assistance to the Kansas Single State Authority's office regarding opening SBIRT billing codes through Medicaid. This included advice regarding screening tools, approved provider types and locations, and training requirements. Billing codes were opened January 1, 2013, and activated July 1, 2013. Mid-America ATTC has received numerous requests to provide SBIRT training. SBIRT trainings will be held throughout eastern Kansas and western Missouri, and all trainings will be open to health professionals in the region, including a large number of providers in Kansas City metro area Kansas counties (Wyandotte, Johnson). The grantee will also benefit the local and regional medical systems by providing online training tailored to nurses and social workers.

1. Site Visit Overview

The JBS International, Inc., SBIRT program area site visit team conducted an implementation site visit at UMKC on April 16–17, 2014, to assess the strengths of the SBIRT program and engage the grantee in a continuing improvement process supported by technical assistance (TA) as approved by SAMHSA. The site visit included the following components:

- ▶ Met with core project staff, professors, and trainers from the UMKC, key community partners, and the project evaluator
- ▶ Reviewed the implementation plan and training approach
- ▶ Visited the UMKC simulation lab
- ▶ Attended a council of directors (COD) meeting
- ▶ Attended an SBIRT faculty team meeting
- ▶ Observed a B.S.N. class focused on SBIRT
- ▶ Discussed the monitoring and evaluation system
- ▶ Identified successes, challenges, and TA needs
- ▶ Discussed plans for sustainability after SAMHSA funding ends

On April 16, the site visit began with an observation of an hour-long COD meeting. Then a project overview was presented by grantee staff, focusing on project background, targeted goals, and project implementation. The team toured the Health Sciences Building and attended an SBIRT faculty team meeting. The day ended with an observation of a B.S.N. class dedicated to SBIRT.

On April 17, after a debriefing of the previous day, the UMKC-SBIRT staff presented their training approach and project implementation strategies. The program evaluator presented the UMKC-SBIRT monitoring and evaluation plan and the data collected on student satisfaction. After lunch the team focused on identifying program strengths and challenges and identifying TA needs. The visit ended with a debriefing call with Government Project Officer Erich Kleinschmidt.

2. Program Vision and Design

The grantee's vision is to integrate behavioral health into the various health sciences schools at UMKC. UMKC SBIRT is one component of that vision. The program will be implemented with B.S.N. and Advanced Practice Registered Nurse (APRN) students through the School of Nursing

and Health Studies and with master of social work (M.S.W.) students through the School of Social Work at UMKC. Following are UMKC SBIRT goals:

1. Integrate SBIRT into the B.S.N., APRN, and M.S.W. programs:
 - ▶ Modify the SAMHSA training curriculum—didactics, role-plays, “standardized patient” scenarios (role-playing with actors trained for the purpose)—to reflect the needs and experiences of students and address demographic issues in patient populations served.
 - ▶ Prepare faculty and clinical preceptors/field instructors.
 - ▶ Incorporate the curriculum in courses and clinical rotations.
2. Train students to competency:
 - ▶ Address students’ attitudes, dispelling myths related to substance use disorders and recovery, and improving students’ perceptions of their adequacy to intervene.
 - ▶ Increase students’ knowledge about substance use and SBIRT.
 - ▶ Increase students’ skills to deliver SBIRT and maintain fidelity.
3. Ensure the continuation of the program and disseminate SBIRT training:
 - ▶ Create a COD to steer policy and procedures, monitor programs, review reports, and develop sustainability plans.
 - ▶ Conduct SBIRT trainings in Western Missouri and Eastern Kansas, and create an online course.
 - ▶ Disseminate UMKC SBIRT to other residency and partnering sites.
 - ▶ Monitor and report on program progress.

Because the SBIRT core curriculum was developed for medical students, UMKC SBIRT has modified the curriculum to apply more directly to nurses and social workers. Adaptations have included creating scenarios and role-plays and integrating content that fits best with nursing and social work courses. The changes have made the curriculum more relevant to nurses, and significant content has been added (slides and videos) from the Oregon SBIRT program and the Mid-America ATTC.

B.S.N. and social work courses are taught in a traditional, face-to-face learning environment, while most of the graduate-level nursing courses are taught online. SBIRT is woven into several B.S.N. courses, but students get a full week of SBIRT training in the Management of

Mental Health course. For graduate-level online students, SBIRT is integrated into several courses, depending on specialty. Students also receive an intensive online SBIRT training as follows:

- ▶ Presurvey
- ▶ Viewing several voice-over PowerPoint presentations recorded on Blackboard's Tegrity application
- ▶ Participation in a real-time online discussion and role-plays through Blackboard's Collaborate application
- ▶ Postsurvey

3. Grantee Leadership

Heather Gotham, Ph.D., the project director, oversees planning, execution, and quality assurance of implementation of the SBIRT training curriculum. She ensures the teaching faculty are trained in the SBIRT curriculum, manages the COD, and performs other management activities. Sarah Knopf-Amelung, M.A. (Res), the project coordinator, is responsible for the day-to-day work of the project, including assisting the project director by monitoring and fulfilling the administrative requirements of the project and supporting planning, coordination, and logistics for all trainings. Patricia Kelly, Ph.D., the project evaluator, has overall responsibility for attaining all scientific and ethical goals of the evaluation and meeting requirements for cross-site evaluation. She supervises the evaluation staff in data collection, data entry, data management, data storage, data analyses, and report writing; ensures human subject compliance of the evaluation; leads report writing and provides coordination and consultation regarding program evaluation with SAMHSA; and presents and publishes the project's data at the local, State, and Federal levels. Laurie Krom, M.S., the instructional designer, leads the SBIRT curriculum modification efforts and develops the online trainings. Pat Stilen, M.S.W., the continuing education director, assists with SBIRT curriculum modification and is primarily responsible for developing training materials.

Leadership of the management team and the COD appears strong. The COD is diverse, including representatives from nursing, social work, clinical sites, and even students from student associations (e.g., Lambda Phi, the nursing student honors society). At the COD meeting, the site visit team observed excellent attendance and engaging discussion. The team suggested the already diverse COD could be improved by bringing in more leadership from practicum sites (e.g., UMKC medical school). This might facilitate integration of SBIRT in clinical settings and create more buy-in within the university.

One member of the COD expressed concern over the tendency of advisory groups in general to "fizzle out" over time. To combat this, it was suggested the COD develop clear and concise goals

to stay focused as the project progresses. Another solution is to create specialized working groups on topics such as motivational interviewing, SBIRT billing and coding, and advocating for SBIRT implementation in clinical settings.

The site visit team also suggested the COD formulate a leadership team that includes a chairperson. While the project director is experienced and extremely competent, she already has many responsibilities on this project. Turning over management of the COD to someone else will free her to take care of other implementation-related activities and potentially encourage a sense of ownership within the COD.

4. Implementation Plan

The program plans to teach SBIRT knowledge, attitudes, and skills to the following:

- ▶ Faculty (44 members)
- ▶ Clinical preceptors (180)
- ▶ B.S.N. students (300)
- ▶ APRN students (330)
- ▶ M.S.W. students (130)
- ▶ Trainees in local/regional systems of care (600)
- ▶ Trainees achieving online continuing education units (475)

Thirty-eight B.S.N. students have been trained, an APRN course is beginning, and the first cohort of M.S.W. students will be trained this summer. SBIRT will be woven into 14 courses, and much effort will be required to train teachers in the manner specified by the grantee (i.e., teach, co-teach with faculty, and observe faculty teaching). The grantee might consider modifying the process to include only co-teaching and observation.

The program has made modifications to the curriculum and the student evaluation process based on student comments. While not representing a formal evaluation, student comments have been valuable. Students felt they had become less judgmental about people with substance use problems and would be more comfortable asking them about their substance use after the SBIRT training. They were also more comfortable conducting a brief negotiated interview (BNI) and liked learning the motivational interviewing skills. Several students had used their motivational interviewing skills with a friend with positive results.

Students were interested in receiving an actual grade for the SBIRT content. They also felt the evaluation process was too critical. They were given a score of 1 to 4 on their BNI skills and more qualitative, written feedback. According to UMKC SBIRT staff, students had an almost

“visceral” reaction against the scoring system. The reason may be that the nursing students most often receive a yes/no or pass/fail grade, so they were unfamiliar with a numbered grading system. UMKC SBIRT has since replaced the numbered scoring in favor of a pass/fail approach, along with qualitative feedback.

To date 14 faculty members have been trained, and none had any prior exposure to SBIRT. They have been receptive to incorporating SBIRT in their courses. Faculty first completed a 2-hour online training, then a 5-hour face-to-face training, then two standardized patient sessions. The first session incorporated interactions with standardized patients that included real-time coaching, and the second with standardized patients was recorded and coded by experts who conducted a followup training and feedback call. Because the results of the coded sessions were not as good as hoped for, UMKC conducted another faculty training with standardized patients. Analysis of that training is not yet complete. Faculty identified their main challenge in conducting the BNI was their tendency to act as “fixers” as opposed to “coaches.” They felt that to correctly perform brief interventions, they must be more supportive and less directive.

Another challenge expressed by faculty relates to how to teach students about referring patients to treatment as faculty are not always aware of the resources available and treatment resources are limited. It was suggested that UMKC develop a resource for referrals that can be used in the UMKC courses that are integrating SBIRT. Because the clinical sites are so varied, especially for online APRN students, it was suggested that a flexible online toolkit be created that lists treatment resources in different locations and procedures for accessing them.

To help implement a high-quality program, UMKC SBIRT would like to either find or develop a video that shows a BNI with a patient with risky or harmful marijuana use. The grantee would also like to see more culturally diverse videos and videos that are more specific to nursing. They would also like to have some of their SBIRT materials translated for Spanish-speaking community members interested in SBIRT.

5. Community Linkages, Partners, and Participation

The School of Nursing and Health Studies benefits from its proximity to three other health sciences schools on campus—the schools of medicine, pharmacy, and dentistry—which facilitates interdisciplinary work and cross-pollination of ideas. It is anticipated SBIRT trainings will be offered to a diverse range of providers and health professionals, and the layout of the campus will facilitate these efforts. One avenue in place for reaching a wide range of students and faculty is an annual meeting convened by the four health sciences schools on campus, which draws approximately 600 people. The UMKC SBIRT team will advocate for some SBIRT content to be incorporated in that meeting. Within the UMKC system, the grantee plans to reach out specifically to the schools of dentistry and pharmacy. UMKC SBIRT is also interested

in adding a component that will target veterans and reach out to the Department of Veterans Affairs (VA) system.

One identified challenge in this interdisciplinary approach relates to facilitating interaction between social work and nursing students. All the student training will be carried out separately because of the unique focus of the programs and the difficulty of getting the two disciplines together (nursing students are usually on campus during the day and social work students in the evening). Another challenge noted is that the nursing students on campus are baccalaureate level, and the social work students on campus are at the master's level (APRN students are almost exclusively online). While students will not have much interaction, faculty from nursing and social work will be trained together and interact during team meetings.

UMKC SBIRT has ambitious dissemination goals and at this early stage has begun implementing various dissemination strategies. The program has submitted several abstracts and had a poster accepted at the upcoming American Psychiatric Nurses Association conference. SBIRT will also be available to those outside the grant through the HealtheKnowledge.com innovative online learning platform. UMKC also plans to publish several articles. Potential topics include how to train people to code interactions with standardized patients and the effect of providers' substance use on their likelihood to perform SBIRT in a clinical setting.

The first external training will be at the Women's Healthcare Symposium. UMKC will conduct a 4-hour presymposium session April 30. Thirty-nine people had registered at the time of the site visit, and UMKC staff felt this was indicative of the strong interest in SBIRT in Missouri.

The session will focus on—

- ▶ Women and substance abuse
- ▶ Defining SBIRT and outlining its importance
- ▶ The role of nurses in SBIRT
- ▶ Teaching the AUDIT¹, DAST², and Brief Negotiated Interview
- ▶ Role-plays

Other opportunities to train on SBIRT already scheduled include—

- ▶ Advance Practice of the Ozarks Conference
- ▶ American Psychiatric Nurses Conference
- ▶ Kansas City VA Hospital

¹ Alcohol Use Disorders Identification Test

² Drug Abuse Screening Test

UMKC SBIRT would like to request TA for an SBIRT expert with high visibility to speak and train at a UMKC event. The grantee feels this will increase buy-in and interest in SBIRT on the UMKC campus and associated clinical sites. Suggested speakers were Carlo Di Clemente, Larry Gentilelo, Kathy Fernelli (nurse), and Lauren Broyles (nurse).

6. Experiential Learning

The experiential learning component of the program is comprehensive. All trainees have an opportunity to practice SBIRT skills through role-plays and interactions with standardized patients. Faculty, staff, and preceptors interact with standardized patients, and online students interact with standardized patients during their regularly scheduled visit to the UMKC campus. All interactions with standardized patients are coded and students receive feedback using a fidelity rating scale.

UMKC SBIRT is also dedicated to having students experience SBIRT in real-world clinical settings. The program will train the preceptors and network with the common practicum sites (e.g., the VA Hospital) to advocate for inclusion of SBIRT in the clinical routine. As many grantees have learned, training preceptors and clinical instructors is challenging. A few suggested solutions include—

- ▶ Choosing dates and times over the summer when preceptors are available
- ▶ Conducting staff trainings at clinical sites that would include preceptors
- ▶ Bringing together large groups of preceptors to train at the same time
- ▶ Offering incentives such as continuing nursing education credits
- ▶ Attach training to a preceptor orientation

In addition to training preceptors and clinical instructors, it is important for all staff at a clinical site to buy in to SBIRT. For this reason, UMKC SBIRT would like to train office managers and other nonclinical staff.

7. Affordable Care Act Readiness

UMKC SBIRT is dedicated to the Affordable Care Act vision of integrating behavioral health in medical settings. The program will decrease negative attitudes that have hindered adoption of SBIRT in clinical practice and focus on systems change needed to fully implement SBIRT in clinical settings. The project will increase future capacity to address substance abuse in medical

systems and settings in the Kansas City metro area, Western Missouri, and Eastern Kansas as they will train—

1. Students who graduate and work in a variety of practice settings
2. Clinical preceptors already working within medical systems who are committed to training future health professionals
3. Other health professions training programs
4. Other health professionals

The program will have a national reach as it trains students in SBIRT across the country via online APRN programs and other health professionals through an online continuing education course. Given their status, APRNs in particular will have the opportunity to advocate at a policy level for inclusion of SBIRT in clinical sites.

The grantee would like to include billing and coding when training clinical faculty. UMKC SBIRT staff expressed the desire for Missouri to open codes for SBIRT. Yet even with activated codes, it was acknowledged that Medicaid reimburses at a low rate, and nurses will likely still bill to the wraparound codes when performing SBIRT services.

8. Sustainability Planning

The training model is based on integrating SBIRT elements into the existing curriculum, which should make it sustainable after the grant ends. The program team has chosen wisely to develop specific course content in collaboration with course instructors to promote buy-in, ownership, and sustainability. It is hoped that over the life of the grant, champions will emerge within the faculty to coordinate SBIRT efforts after grant funding ends, and champions will also emerge in the various clinical settings to promote SBIRT implementation. In this way, UMKC nursing and social work students will have access to experiential learning opportunities.

Upon graduation, UMKC students, especially from the APRN and M.S.W. programs, have the opportunity to shape policy and train the next generation of health care providers. Training students on SBIRT now can have strong downstream effects later for dissemination of SBIRT to medical care systems in Missouri and other areas where UMKC graduates practice.

UMKC will record didactic trainings so that when there is staff turnover, SBIRT content will remain. Another option is to develop a workbook with guidance on how to deliver content. The workbook would include role-play activities and simulations.

It was also suggested that UMKC put SBIRT on “autopilot” to the extent possible within the various training programs and associated clinical sites. While a coordinator will still be needed,

it may be possible for a champion to coordinate all SBIRT efforts with little or no funding. SBIRT could also be worked into the new faculty orientation as a regular part of the nursing and social work programs. As mentioned above, strong partnerships with a diverse group of stakeholders in the community and at clinical sites will also aid sustainability efforts.

The site visit team observed an excellent level of training being provided, especially the opportunities for experiential learning. All students and faculty will have an opportunity to practice SBIRT skills with standardized patients. While the simulation lab and building facilities are provided free of charge, the costs of using standardized patients can be quite high. The grantee might consider other options for experiential learning, such as having students role-play with their peers or recruiting student volunteers to act as standardized patients.

9. Grantee Evaluation

The program evaluator, with the help of an evaluation coordinator and the UMKC SBIRT team, has developed an evaluation protocol that delineates the data collection plans. The project will collect—

- ▶ Required performance measures
 - Government Performance and Results Act training satisfaction surveys (baseline and 30-day followup)
- ▶ Changes in attitudes, knowledge, and skills
 - Baseline, immediate-post, and 30-day followup surveys
 - AAPPQ³; DDPPQ⁴; Attitudes—Counseling Confidence and Importance, Counseling Beliefs and Attitudes; ATN-SBIRT⁵ Screening and Brief Intervention Knowledge Assessment
 - SBIRT competency
 - Audio-recorded standardized patient sessions
- ▶ Long-term followup with training graduates
 - Postcard surveys
 - Focus group

To assess student knowledge and attitudes, the grantee is using a modified assessment form created by the University of Pittsburgh SBIRT project. To measure skills, the evaluation team is

³ Alcohol and alcohol problems perceptions questionnaire

⁴ Drugs and drug problems perceptions questionnaire

⁵ Addiction Training for Nurses Using Screening, Brief Intervention, and Referral to Treatment

using the Oregon OSCE⁶ form for faculty, and for students, a BNI observation sheet they created. These assessment tools are used to code interactions between faculty/students and standardized patients. Most students fill out the forms, but doing so is not a requirement. The grantee has included a link on the Blackboard site that takes students to SurveyMonkey for this purpose.

For the 6-month, postgraduation postcard survey, an electronic format was suggested as a first step, followed by mail if a student is unresponsive. It was also suggested UMKC SBIRT collect contact information (e.g., alternative email and phone) from students before graduation so followup will be easier.

⁶ Objective Structured Clinical Examination

Strengths and Considerations for Action

Program Vision and Design

STRENGTHS

- UMKC SBIRT staff appear dedicated to the integration of behavioral health in medical settings.
- UMKC SBIRT has clear goals and objectives.
- The grantee has made significant modifications to the SBIRT curriculum to make it more relevant to nurses and social workers.

CHALLENGES

- None noted.

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

Grantee Leadership

STRENGTHS

- Program staff appear experienced, dedicated, and competent.
- The COD is diverse and dedicated to the project.

CHALLENGES

- COD members have concerns about sustainability of the COD in the long term.
- The project director has many responsibilities, so leading the COD could be too taxing.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	To sustain the COD, the grantee may consider setting clear goals and objectives for the group and working groups for specific functions and topics.	X		
2	The grantee may consider formulating a leadership group within the COD and electing a chairperson.	X		

Implementation Plan

STRENGTHS

- The grantee has great flexibility and willingness to modify the program.
- The grantee is ahead of most grantees with regard to training and implementation.
- The faculty and preceptor training is thorough.

CHALLENGES

- The thoroughness of training could place too much burden on the UMKC SBIRT training staff.
- The grantee would like more diverse training videos.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	While the faculty training is excellent, the grantee may consider a less intense training regimen for course instructors.	X		
2	The grantee would like more diversity in actors in training videos and a video of a nurse conducting a BNI with a patient with risky or harmful marijuana use.		X	

Community Linkages, Partners, and Participation

STRENGTHS

- The grantee has a large and diverse partner network that includes members within UMKC and at different clinical sites in the area.
- The grantee's dissemination plan is ambitious and already being implemented.

CHALLENGES

- It is difficult to combine training for nursing and social work students.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	While the grantee has much buy-in, there is a desire to expand the reach and bring in more supporters; therefore, there is a wish to bring in a high-profile speaker/trainer for the next meeting.		X	

Experiential Learning

STRENGTHS

- The grantee has an extensive experiential learning program in which all students and faculty have access to standardized patients.

CHALLENGES

- Training preceptors and encouraging clinical sites to implement SBIRT is extremely challenging.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee plans to train 180 preceptors and is advocating for the sites where students do their clinical placements to implement SBIRT.	X		

Affordable Care Act Readiness

STRENGTHS

- The grantee is addressing billing and coding for SBIRT.
- The grantee is preparing a workforce (both nurses and social workers) that will integrate behavioral health in clinical settings.

CHALLENGES

- None noted.

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

Sustainability Planning

STRENGTHS

- SBIRT has been well integrated into the various UMKC programs.
- UMKC SBIRT has many supporters and strong buy-in from both UMKC faculty and community partners.

CHALLENGES

- A standout component of the program is the extensive use of standardized patients, though they are very expensive.
- Most of the faculty members are being paid through the SBIRT grant, which could prove problematic when the grant ends.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee should offer alternatives to the use of standardized patients, which might be too costly to sustain.	X		
2	The grantee should consider putting in steps and processes so the SBIRT program can run on “autopilot” when funding ends. It will also be necessary to find a champion willing to monitor and update the program periodically with little to no funding.	X		

Grantee Evaluation

STRENGTHS

- The evaluation plan is clear, concise, and realistic.

CHALLENGES

- Students can be difficult to contact once they have graduated.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee may consider following up with students postgraduation through survey services, such as SurveyMonkey, and collecting contact data before students leave the program.	X		

Abbreviations and Acronyms

APRN	Advanced Practice Registered Nurse
BNI	brief negotiated interview
COD	council of directors
CSAT	Center for Substance Abuse Treatment
EHR	electronic health record
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	screening, brief intervention, and referral to treatment
TA	technical assistance
UMKC	University of Missouri–Kansas City