

Service Design Site Visit Report

The Catholic University of
America National Catholic
School of Social Service
and School of Nursing
Washington, DC



Dates of Site Visit: April 24–25, 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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The Catholic University of America

National Catholic School of Social Service and School of Nursing

Grantee Name	The Catholic University of America, National Catholic School of Social Service and School of Nursing
Grantee Phone Number	202-319-5583
Grantee Address	620 Michigan Avenue NE, Washington, DC 20064
Site Visit Dates	April 24–25, 2014
Program Name	Launching Screening, Brief Intervention, and Referral to Treatment (SBIRT) Into the Community: A Multidisciplinary Approach
Grant TI Number	TI 025411
SAIS Number	TA 3848
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Executive Summary

The Catholic University of America's National Catholic School of Social Service (NCSSS) and School of Nursing (SON) represent 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 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 SBIRT adoption and practice throughout the health care delivery system. The name of this program is Launching Screening, Brief Intervention, and Referral to Treatment Into the Community: A Multidisciplinary Approach.

The purpose of the collaboration of NCSSS and SON is to provide training in SBIRT for SUDs to students in the master's of social work (M.S.W.) degree program and master's of nursing (M.S.N.) degree program using a multidisciplinary approach. Current university training programs for these health care professionals cover assessment and treatment of SUDs only minimally and do not provide opportunities for students to practice the skills learned. The training will take place across both years of the master's-level programs and in field education and clinical experiences. NCSSS and SON anticipate training 450 students over the 3-year grant period. Students will work with clients of diverse racial and ethnic backgrounds; vulnerable and at-risk clients; and active-duty military, veterans, and their families. The grant program will seek to implement and promote SBIRT as a strategy to reach many Washington, DC, area residents at risk for SUDs.

Education and training on SBIRT will be provided through faculty, preceptor, and field instructor orientation trainings. NCSSS and SON will also offer continuing education events on SBIRT training and multidisciplinary teamwork focused on SUDs. Training will emphasize working with administrations and organizations to implement changes that include SBIRT in the standard of care. The first of these events was SBIRT training for NCSSS and SON students on February 7, 2014. This was followed by the Instilling Hope Conference to train community participants and students. There are plans to convene similar trainings throughout the summer for agencies that approach the SBIRT team with an interest in specific training.

As part of implementing SBIRT training in existing university curricula, discussions are being held to determine the best fit for the intervention. Selecting the most appropriate avenue for implementing SBIRT considers the time needed to complete SBIRT training, clinical application, assessments, and each discipline's needs. Initial rollout of the SBIRT training program within the curriculum will occur for NCSSS and SON in October 2014.

The site visit team conducted an implementation site visit to NCSSS and SON on April 24–25, 2014, to assess 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

program staff, received an overview of the implementation plan and training approach for each discipline, and discussed evaluation processes and plans for sustainability. The team also met with the council of directors.

Core staff appear committed to implementing SBIRT in their academic programs. The decision to involve leadership from NCSSS and SON in determining where SBIRT best fits will help ensure ongoing commitment and sustainability of the program after grant funding ends.

While the grantee has provided a solid foundation for training students on the SBIRT model, adding a more substantial training plan for faculty and community partners may be helpful. Ensuring that educators, preceptors, and field supervisors who mentor and train students are fully trained and committed to implementation of the SBIRT approach will assist in successfully translating training into practice.

In addition to the feedback received from the site visit team, the grantee team suggested the following based on experience to date:

- ▶ Add more program staff or share more responsibility among existing staff.
- ▶ Coteach one or two classes with the faculty to ensure fidelity to the SBIRT model.
- ▶ Shorten the pre- and posttest to measure knowledge acquisition of key facts throughout the training and help students stay engaged.

Grantee Overview and Environmental Context

The Catholic University of America has offered graduate education in various disciplines since 1887. Master of social work (M.S.W.) graduates obtain positions throughout the United States and globally in many fields, including child welfare, gerontology, family preservation, health and mental health, social policy, social justice, and social work education. A majority of M.S.N. graduates are employed as Nurse Practitioners within 4 months of graduation. They may work in a wide range of primary care settings focused on underserved populations, including community health clinics, school-based clinics, and hospital system networks such as the Department of Veterans Affairs and MedStar Washington Hospital Center. The name of the program being implemented at Catholic University of America National School of Social Service (NCSSS) and School of Nursing (SON) is Launching Screening, Brief Intervention, and Referral to Treatment Into the Community: A Multidisciplinary Approach.

1. Site Visit Overview

The SBIRT site visit team conducted an implementation site visit at Catholic University of America on April 24–25, 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 site visit included the following components:

- ▶ Meeting with core project staff and faculty from NCSSS and SON
- ▶ Review of implementation plan and training approach
- ▶ Identification of successes, challenges, and technical assistance needs

On April 24, the site visit team met with the core SBIRT project staff and received a project overview including background, targeted goals, and the project training approach. The team also observed a meeting with SBIRT experts with representatives from NCSSS and SON and concluded the day with a discussion of project evaluation.

On April 25, after a debriefing of the previous day, the site visit team met with the council of directors (COD). The site visit team clarified the role of the COD and how members can work with the project. The site visit concluded with a debriefing discussion identifying technical assistance needs and recommendations.

2. Program Vision and Design

The goal of the SBIRT project is to provide interprofessional education that is responsive to the need for early identification, intervention, and referral for substance use disorders (SUDs). The specific goals and objectives follow:

- ▶ Objective 1: Develop and integrate SBIRT training into the educational curriculum of all M.S.W. and masters of science in nursing (M.S.N.) students.
 - For both NCSSS and SON, SBIRT will be integrated into one course in October 2014. For further integration, the project will offer trainings that involve both schools to learn and practice skills together.
- ▶ Objective 2: Train faculty at NCSSS and SON in all aspects of the multidisciplinary approach of SBIRT so all can incorporate the model in courses across the curricula.
 - Newly adapted materials will be implemented in the curricula of the four training programs. For each training module, learners' satisfaction, attitudes, skills, and knowledge will be assessed, and materials will be refined as necessary based on the data in a continuous quality improvement approach.
- ▶ Objective 3: Expand and prepare the workforce by training field instructors, clinical preceptors, community providers, and administrators in SBIRT, including support in incorporating SBIRT into the standard of care.
 - For each training site, training and consultation will be offered to faculty regarding incorporation of SBIRT into student supervision in the clinical years. This will ensure that supervising clinical staff are familiar with materials presented to trainees and that trainees have adequate opportunity to practice SBIRT skills in actual patient-care situations.
- ▶ Objective 4: Enable students to integrate knowledge, skills, and attitudes through training in SBIRT from a multidisciplinary approach that will increase their ability to effect positive behavior change in their clients.
 - By the end of this project, the grantee will have a complete set of materials for training primary care providers, specialists, and counselors on providing a full spectrum of SBIRT services for adolescents. All materials will be peer reviewed and made widely available to training programs that wish to incorporate content into their curricula.

- ▶ Objective 5: Sustain the training program and community outreach beyond the period of the grant through permanent curricular changes, commitment to continuously train field instructors and clinical preceptors, and support to community providers and administrators in continuing education SBIRT training.

Each year, the grantee proposes to train—

- ▶ Faculty from NCSSS and SON by offering symposiums and integrating SBIRT in the curriculum
- ▶ Students from the M.S.W. and M.S.N. programs by offering symposiums integrating SBIRT in the curriculum
- ▶ Field instructors, clinical preceptors, and community providers through continuing education events and onsite services

Training includes didactic courses and emphasizes hands-on skills-building through role-play as well as supervised clinical practice and interprofessional training. The grantee aims to improve general clinical mastery of SBIRT among students while also training clinicians poised for leadership roles in health care where they can advocate for SBIRT as a sustainable part of clinical practice.

3. Grantee Leadership

The project director is the leader of NCSSS, and she is assisted by the leader of SON. The two coleaders oversee all staff reporting to SAMHSA, manage the grant budget and various project committees and teams, and serve as the primary contacts with SAMHSA. A limitation is that the project director is only on the project 20 percent of her time.

The deans and faculty from NCSSS and SON have committed to revising the existing curriculum in the identified programs to incorporate didactic and role-play SBIRT trainings. The grantee will work with course leaders through the COD to identify optimal points in each program's curriculum to insert these materials and ensure they are presented to trainees at the relevant points in their training.

The COD will operationalize the training plan, monitor progress, discuss and resolve any unanticipated implementation barriers, review reports, analyze data, and develop plans for sustainability. The COD plans to initially meet monthly, then quarterly, throughout the grant cycle. Members include the coleaders from NCSSS and SON, the associate dean of social work, and faculty from both NCSSS and SON.

4. Implementation Plan

During the course of this 3-year training grant, the project proposes to train 450 nursing and social work students. The project also plans to provide training to faculty in both schools to fully integrate SBIRT in the curricula. Throughout the project startup phase, the project plans to modify SBIRT materials, develop organizational structure, create training plan for students and regional training, and expand the COD.

The project has convened two trainings since the inception of the grant. In January 2014, the faculty training was convened for NCSSS and SON. This enabled faculty to identify where they can modify the curriculum to integrate it within their respective schools. Currently the project is still working to modify the curriculum. The initial training for the students, field instructors, clinical preceptors, and community partners was convened March 7, 2014. There were 584 registered attendees, which included social work and nursing students, faculty, field instructors, clinical preceptors, and community providers. Continuing education units (CEUs) were offered for social work and nursing.

The project is in the process of modifying the SAMHSA SBIRT curriculum. This is a collaborative effort between NCSSS and SON faculty and the COD. Over the course of the summer 2014 semester, the SBIRT team will meet with faculty to facilitate incorporation of content into courses to reflect SBIRT content. The project anticipates completing and integrating the curriculum in fall 2014.

To facilitate the implementation of the project, a Blackboard site has been developed to house the SBIRT curriculum for easy access by students and faculty. M.S.W. and M.S.N. students and all project staff have been connected with Ideas Exchange, and COD members have been identified and invited to join.

In working with community partners, the project staff will host two CEU events annually. This will disseminate the training to medical communities, including mental health settings, through preceptor and field instructor orientations and subsequent trainings. The COD will be tasked with developing plans for adoption and incorporation of SBIRT in community agencies.

The greatest challenge identified by the grantee was the startup phase. The curriculum was not available for NCSSS and SON when the semester began in September. Now that the two trainings have been convened and the curriculum is available, the project is gaining momentum and working toward the initial objectives.

5. Community Linkages, Partners, and Participation

Community agencies used for field placements and clinical practica for M.S.W. and M.S.N. students include community health centers, hospitals, community service providers, charitable organizations, wellness centers, county health departments, and military/veteran facilities. Through their field placements and clinical practica, M.S.W. and M.S.N. students work with members of the identified populations and learn to identify and assist clients with SUDs.

NCSSS and SON have established relationships with clinical agencies in the community. More than 50 percent of the clinical settings where M.S.N. students are placed are in health, mental health, and federally qualified health centers. The majority (98 percent) of NCSSS placements are in underserved communities, addressing the need for SBIRT to persons in these communities. SON has partnered with a local county to develop and staff a network of school-based health clinics in communities with many immigrants and sponsored a clinic for individuals who are homeless. SON was the only school of nursing to serve as a founder of the Washington, DC, Area Health Education Center and is an original member of the coalition that blossomed into the DC Primary Care Association.

The project leaders have indicated a significant demand for training in brief interventions and brief treatment and for identifying skilled professionals who can be placed in primary care practices to provide these services. All training materials developed through this project will be made available to the State to train practicing counselors and expand the core of professionals skilled in providing this service.

6. Client Outreach, Recruitment, and Referral

All SBIRT patient activities are delivered through the practice sites of the participating training programs. The project will make Web-based modules, training materials, and teaching materials available outside the program to expand SBIRT reach.

7. Affordable Care Act Readiness

Although the grantee does not have specific involvement addressing Affordable Care Act readiness, the program is training the next generation of the health care workforce in necessary skills and practices aligned with the changing health care delivery systems. This includes clinically preventive screening and intervention, team-based approaches to service delivery,

coordination of care, evidence-based practices, use of electronic health records, and use of data to inform clinical decisionmaking.

8. Sustainability Planning

To support continuation of the project after the funding period ends, faculty at each program will permanently integrate materials into their core classroom materials. The grantee will train faculty members who supervise trainees to ensure they continue to include hands-on SBIRT experience for all future students. The project will also maintain access to all training materials beyond the life of the project by posting them on the Blackboard Web site and disseminating them to professional societies. Yearly CEU events will continue for students, faculty, field instructors, clinical preceptors, and community providers.

9. Grantee Evaluation

The project is implementing SBIRT training to three specific populations: (1) M.S.W. and M.S.N. graduate students, (2) NCSSS and SON faculty, and (3) nursing and social work professionals who provide clinical supervision to students and other professional nurses and social workers practicing in the community. The project uses a logic model to inform the development of its evaluation approaches. The instruments used are long and therefore time-consuming to complete.

The evaluation includes both process and outcome evaluation. Process evaluation measures include the following:

- ▶ Number of SBIRT training sessions conducted
- ▶ Number of individuals who receive SBIRT training
- ▶ Description of practice specialties and background characteristics
- ▶ Postgraduation use and efficacy of the SBIRT program in area of employment

The outcome evaluation measures include the following:

- ▶ Pre- and postassessment of knowledge, attitudes, and behavioral intention
- ▶ Satisfaction with SBIRT training
- ▶ Followup assessment of knowledge, attitudes, and the experiences of implementing SBIRT in student practice after graduation

Strengths and Considerations for Action

Program Vision and Design

STRENGTHS

- The project is using the SAMHSA core curriculum to tailor selected courses.

CHALLENGES

- The number of implementation sites poses a challenge because a large number of preceptors and field instructors throughout the city need to be trained.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider focusing on implementation in a few sites to increase buy-in among preceptors and field instructors.	X		

Grantee Leadership

STRENGTHS

- The project has leadership from both NCSSS and SON.

CHALLENGES

- The project director is only on the project for 20 percent of her time.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider increasing the level of effort for the project director.	X		

Implementation Plan

STRENGTHS

- Training sites are varied throughout the District of Columbia area.
- Project staff have existing, longstanding relationships with community preceptors.

CHALLENGES

- The curriculum is still being developed.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider coteaching the courses with faculty to ensure fidelity to the SBIRT model.	X		
2	Create champions within the faculty to increase buy-in and sustainability.	X		
3	Work with the COD and faculty to identify gaps in the curriculum learning.		X	

Community Linkages, Partners, and Participation

STRENGTHS

- NCSSS and SON have established relationships working with clinical agencies in the community.

CHALLENGES

- None noted.

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

Client Outreach, Recruitment, and Referral

STRENGTHS

- The project will make Web-based modules, training manuals, and teaching materials available outside the program to expand SBIRT outreach.

CHALLENGES

- None noted.

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

Affordable Care Act Readiness

STRENGTHS

- The project is training the next generation of the health care workforce in the skills and practices necessary to successfully adapt to the changing health care delivery system.

CHALLENGES

- None noted.

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

Sustainability Planning

STRENGTHS

- Buy-in and commitment have been obtained from the professors and clinical faculty across all levels in the various disciplines.

CHALLENGES

- None noted.

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

Grantee Evaluation

STRENGTHS

- The project uses a logic model to inform the development of its evaluation approaches.

CHALLENGES

- The instruments used are long and therefore time-consuming to complete.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider a proficiency checklist to share with field instructors and clinical preceptors.	X	X	
2	Consider reducing the size of the instruments used.	X		

Abbreviations and Acronyms

CEU	continuing education units
COD	council of directors
NCSSS	National Catholic School of Social Service
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	screening, brief intervention, and referral to treatment
SON	School of Nursing
SUD	substance use disorder