

Service Design Site Visit Report

University of Wisconsin–Milwaukee
Milwaukee, Wisconsin



Dates of Site Visit: April 21–22, 2014

◆ SBIRT ◆

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University of Wisconsin–Milwaukee

Grantee Name	University of Wisconsin–Milwaukee
Grantee Address	2400 East Hartford Avenue, Enderis Hall Milwaukee, WI 53211
Site Visit Dates	April 21–22, 2014
Program Name	SBIRT Training for Substance Misuse Program at the University of Wisconsin–Milwaukee
Grant TI Number	TI O25412-01
SAIS Number	TA 3848
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Grantee Project Sites Visited

Helen Bader School of Social Welfare	2400 East Hartford Avenue, Enderis Hall Milwaukee, WI 53211
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Executive Summary

The University of Wisconsin–Milwaukee (UWM) 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 services. 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 SBIRT Training for Substance Misuse Program at the University of Wisconsin–Milwaukee.

On April 21–22, 2014, the SBIRT JBS International team conducted a technical assistance site visit to discuss the grantee’s progress with program implementation—accomplishments, strengths, and challenges—and suggestions and recommendations for improvement and technical assistance. The site visit team met with the training program staff, faculty, evaluator, and students.

UWM has modified the SAMHSA SBIRT curriculum to provide training to master of social work (M.S.W.) students and added a component for trauma screening and brief intervention. The curriculum is part of UWM’s substance abuse counseling and trauma certification programs.

UWM has made significant progress in implementing SBIRT training. As of April 22, 2014, UWM had conducted 8 trainings and trained 150 individuals, including M.S.W. students, medical residents, Licensed Clinical Social Workers (LCSWs), Nurse Practitioners, and other professionals. UWM has also provided several trainings for LCSW health care field supervisors and staff of its partner agencies and anticipates attaining its projected training goals for year 1.

UWM partners with a core group of seven health centers, which serve individuals with low incomes living in the inner city, and with the Zablocki Veterans Affairs Medical Center. UWM also has four supporting partners that provide free meeting space, serve as referral sources, provide continuing medical education units, and provide SBIRT training to professionals.

The SBIRT evaluation uses the Government Performance and Results Act data, which assess satisfaction with and relevance of the SBIRT training and pre- and posttraining data to identify trainees’ attitudes, knowledge, and skills related to using the SBIRT model.

UWM’s council of directors is active. The council hires staff, reviews applications from M.S.W. students interested in the SBIRT training for State certification, monitors M.S.W. students in implementing the SBIRT field component, and discusses and resolves program challenges.

The UWM team identified challenges as the need for more time for trainees to practice SBIRT and the limited time available to medical residents for training. The main challenge related to the evaluation appears to be participant burden related to the number of assessments.

Grantee Overview and Environmental Context

The Helen Bader School of Social Welfare at the University of Wisconsin–Milwaukee (UWM) is the largest school of its kind in the State of Wisconsin. The UWM screening, brief intervention, and referral to treatment (SBIRT) program builds on a history of SBIRT-related work. Since 2005, the School of Social Work within the Helen Bader School of Social Welfare has had a substance abuse training program, which provides master of social work (M.S.W.) students the requisite education to become certified Substance Abuse Counselors (SACs) in Wisconsin. This is the only school of social work in the State to offer certificates in substance abuse counseling and trauma-informed care. The SBIRT program being implemented is called SBIRT Training for Substance Misuse Program at the University of Wisconsin–Milwaukee (referred to here as UWM SBIRT). The curriculum complements and expands the school’s training program by adding SBIRT and trauma screening and brief intervention.

The Helen Bader School of Social Welfare in Milwaukee, the largest city in Wisconsin, lies in the heart of an attractive residential area that borders Lake Michigan.

The Center for Addiction and Behavioral Research at UWM Helen Bader School of Social Welfare was a clinical research site for Project Match, a multisite clinical trial of alcohol treatment. The Center for Addiction Research and Education at the University of Wisconsin Medical School created the curriculum for a study of the practicality and effectiveness of a low-cost intervention to address risky drinking by patients attending managed care clinics. The curriculum was called Cutting Back®: Managed Care Screening and Brief Intervention for Risky Drinking. Similar to SBIRT, the curriculum included screening instruments, scoring procedures, implementation procedures, and practice in administering screening instruments and delivering the brief intervention.

The Milwaukee, Wisconsin, area is designated by the Health Resources and Services Administration as a medically underserved area,¹ known in particular for urban poverty and infant mortality. Because of a prominent brewing history and thriving tavern culture, the area also has high rates of substance use, particularly alcohol use and related problems.^{2,3} Wisconsin is among States with the highest rates of past-month alcohol use, past-month binge alcohol use, and least perception of harm associated with weekly heavy drinking.

Many health professionals trained in the greater Milwaukee area stay in the area after graduation. These former students work primarily in urban settings serving those who are medically vulnerable and underserved. Although UWM does not have a medical school, it

¹ Health Resources and Services Administration. (2013). *Find shortage areas: Medically underserved areas and populations by State and county*.

² Alcohol, Culture and Environment Workgroup. (2010). *Changing Wisconsin's alcohol environment to promote safe and healthy lives*. Wisconsin State Council on Alcohol and Other Drug Abuse, Prevention Committee.

³ Berger, L. K., Fendrich, M., & Lippert, A. (2007). Prevalence and characteristics of hazardous drinkers: Results of the Greater Milwaukee Survey. *Wisconsin Medical Journal*, 106, 389–393.

enjoys strong working relationships with medical providers and medical clinics in the greater Milwaukee area.

1. Site Visit Overview

On April 21–22, 2014, the SBIRT JBS International team conducted a site visit to discuss the grantee’s progress with program implementation—accomplishments, strengths, and challenges—and suggestions and recommendations for improvement and technical assistance. The site visit included the following:

- ▶ Meeting with the project director, program manager, program evaluator, SBIRT trainer, field director, and research assistant
- ▶ Meeting with the social work department chair/chair of the council of directors (COD)
- ▶ Reviewing grant implementation activities to date, including training materials
- ▶ Reviewing evaluation instruments and discussing evaluation processes
- ▶ Discussing plans for sustainability

On April 21, members of the UWM SBIRT team welcomed the site visit team to the Helen Bader School of Social Welfare and provided a tour of the school. After team introductions, the chair of the Department of Social Work, who is also chair of the COD, informed the site visit team about the COD’s role and activities. The UWM project director and team provided an overview of the project, including its background, structure, staffing, and community partners. During the afternoon, the site visit agenda included a review of the training materials and approach and project implementation. Later in the evening, the site visit team attended an SBIRT and trauma training for master’s-level students.

On the morning of April 22, the site visit team discussed the strengths and challenges of the training approach and project implementation and discussed technical assistance needs. In the afternoon, the UWM SBIRT evaluator and the team provided details of the project evaluation. The team debriefed with the Government Project Officer and met with student trainees to hear their training experiences and recommendations. The site visit concluded with a site visit debriefing and wrap-up.

2. Program Vision and Design

The UWM SBIRT program will train multidisciplinary teams of master’s-level social workers, student Nurse Practitioners, and medical residents in the SBIRT model. UWM will train M.S.W. students in advanced standing (last year in program), Nurse Practitioners in their final year in the program, and medical residents in the second or third years. To support the aims of the

project, UWM will also train Licensed Clinical Social Workers (LCSWs) and other licensed professionals such as Nurse Practitioners and physicians in SBIRT through continuing education and onsite trainings.

The overall program goal is to provide 320 social work students, 35 Nurse Practitioners, and 75 medical residents with SBIRT training and train and State-certify 275 health professionals, including 150 students and 125 health care professionals to provide reimbursable SBIRT services. The following are the tasks involved:

1. Teach all M.S.W. students in direct practice the SBIRT module in substance misuse, and teach a subset of interested M.S.W. students the SBIRT course material for certification.
2. Train LCSW health care field supervisors and other licensed professionals (e.g., Nurse Practitioners, physicians) in the SBIRT module and the SBIRT Implementation and Process Change Toolkit (SBIRT Plus).
3. Promote SBIRT implementation, ongoing practice, and student training among participating community health centers that provide primary care to populations that are medically underserved and at high risk for substance misuse.

This work will promote the adoption, implementation, and practice of SBIRT in health care settings as an integrated care model. By training students, LCSW supervisors, and other professionals in SBIRT, UWM expects these future and current health care professionals to gain a skill set that will increase the current and future capacity of medical systems and settings to address patient substance misuse.

The program will increase future medical system capacity by growing the number of students and licensed professionals outside the specialty alcohol and other drug abuse treatment systems who have been introduced to and can provide State-certified SBIRT services. One objective of the UWM SBIRT program is to license professionals in placement settings to create a pipeline for graduates who work in these settings to bill for SBIRT services.

A subset of trainees will become State-certified to provide SBIRT services in the State of Wisconsin. LCSW and other supervisors in medical systems and settings, once State-certified in SBIRT, will increase the knowledge and skill capacity of these medical systems and settings to address patient substance misuse. Supervisors are also in key positions to develop sustainable SBIRT programs in their work settings.

3. Grantee Leadership

The core UWM SBIRT team and COD members represent grantee leadership. The SBIRT project director, program manager, project evaluator, trainers, field director, and research assistant make up the core UWM SBIRT team.

The COD is composed of core staff members, the chair of the UWM Department of Social Work, the State SBIRT coordinator, and a representative of a participating clinic site. As noted earlier, the chair of the UWM Department of Social Work is the COD chair. The COD serves as a policy steering committee to provide advice on SBIRT training program integration, assist in overcoming institutional barriers to SBIRT implementation, and help develop plans to sustain SBIRT training beyond the grant period. The COD meets bimonthly or monthly.

The COD has met previously to decide on staff hiring, review applications from M.S.W. students interested in the SBIRT training for State certification, assist with community partners, monitor M.S.W. students in implementing the SBIRT field component, and discuss and resolve program challenges. The COD also developed recruitment and marketing materials for the SBIRT program.

4. Implementation Plan

UWM has made significant progress in implementing its SBIRT medical professional training program. The SAMHSA SBIRT curriculum has been adapted for social work students to ensure it meets State certification requirements. A psychological trauma component has been added to the training. Project staff, M.S.W. students, and health care professionals have been trained.

UWM created an SBIRT learning community to train advanced-practice instructors, support them in implementing the SBIRT module, and provide technical assistance to licensed professionals who complete the SBIRT Plus continuing education program and to participating health centers. Teaching faculty for the Syllabus for Social Work 811: Direct Social Work Practice II, faculty for the social work substance abuse training program, and a physician consultant make up the learning community, which is facilitated by the SBIRT project director and the trauma trainer. The SBIRT project director has trained members of the learning community.

Field service agencies have received an orientation to SBIRT. Referrals are made to Impact 211, a referral to treatment association in Milwaukee. Field placement supervisors have been trained.

The SBIRT training program is being implemented in three areas of the social work curriculum: courses at the master's level, continuing education for licensed professionals, and master's-level field placements. UWM uses an inverted classroom model: Students' first introduction to the SBIRT curriculum content is through online modules, which are subsequently reviewed and practiced in a classroom setting. All M.S.W. students in direct practice are introduced to SBIRT during one advanced-practice course module. SBIRT is tailored to the three M.S.W. specialty areas—behavioral health, child and family, and gerontology—through role-play. A subset of students also receive training that includes an audio-recorded role-play assignment that a fellow student plus the instructor code for fidelity as part of an SBIRT two-credit course.

All M.S.W. students in direct practice (inverted classroom model) receive 2 hours and 40 minutes of class time in SBIRT and trauma training in their final year, which enables them to practice the intervention in their field placements immediately. The students receive didactic instruction and hands-on training and can be supervised during patient practice. Field supervisors assess M.S.W. students' field placement performance.

Nurse Practitioners are trained through lecture and practice in 4 hours of training time. Medical residents receive some lecture time, but mostly practice, in 4 hours of training time. Licensed health care field supervisors and other licensed professionals are trained through lecture and practice in 4 hours of training time.

Screening instruments include the AUDIT⁴ and DAST-10.⁵ The brief negotiation interview (BNI) developed by D'Onofrio et al. is used for brief intervention. The brief treatment protocol is based on a protocol used in an SBIRT-related study at UWM, and referrals are made with a direct introduction to a provider. The psychological trauma curriculum includes a brief screening instrument, brief interview, and referral to treatment.

UWM recently rolled out SBIRT training for second-year M.S.W. students. Approximately 40 students had received SBIRT instruction when the site visit began. Two trainings were provided for students specializing in behavioral health and one for the gerontology specialty. The site visit team observed training for approximately 30 additional M.S.W. students on the first day of the site visit. The students were actively engaged and asked many questions. UWM is expected to attain its projected training goal for M.S.W. student training and exceed its training goal for licensed professionals in year 1.

Students interested in SBIRT certification must complete 30 classroom hours and 30 hours in the field. The two-credit SBIRT course covers alcohol use disorders plus SBIRT and 30 hours of SBIRT field practice at a participating health center site. The 30-hour SBIRT field component includes 10 hours of online training based on the SAMHSA SBIRT core curriculum, 10 hours of field training exercises, and 10 hours of implementation in field. The field training includes process and decision mapping for referral to treatment and referral to treatment exercises. Students in SBIRT certification field practice receive clinical practice within multidisciplinary teams under the supervision of licensed professions (e.g., LCSWs, Nurse Practitioners, counselors) at community health centers. Upon successful completion, students earn State certification to provide SBIRT services. SBIRT services are reimbursable in the State of Wisconsin.

The SBIRT and trauma training complement the SAC certification offered by UWM. The training is also beneficial to students desiring substance misuse training but who are not planning to specialize in the alcohol and other drug abuse treatment system.

⁴ Alcohol Use Disorders Identification Test

⁵ Drug Abuse Screening Test, 10 Questions

UWM also provides continuing education to LCSW health care field supervisors and other licensed professionals (e.g., Nurse Practitioners, physicians) through SBIRT Plus. The SBIRT Plus module expands on the SBIRT student module with instructions on SBIRT implementation and supervision. SBIRT Plus requires 3 additional hours of training in SBIRT implementation, supervision of students and other nonlicensed professionals in providing SBIRT services to patients, and ongoing practice. Completion of SBIRT Plus will earn LCSW participants an SBIRT certificate and SBIRT supervisory status. The trainees are provided with an SBIRT Implementation and Process Change Toolkit. Technical assistance is provided to trainees of SBIRT Plus through the UWM SBIRT learning community.

As of April 22, 2014, UWM had conducted 8 trainings and trained 150 individuals, including M.S.W. students, medical residents, LCSWs, Nurse Practitioners, Physician Assistants, psychologists, and substance abuse counselors, including staff of its partner agencies. Sixty-five M.S.W. students had some SBIRT training, and 9 students are receiving more intensive training as part of the SBIRT training and certification program. Eight field supervisors have been trained. Additional field supervisors will be trained in August 2014.

The UWM team identified challenges for the training approach as primarily the need for additional time to practice SBIRT and the limited time available to medical residents for training.

After reviewing the SBIRT protocol, the site visit team offered the following recommendations:

1. Since UWM has modeled brief intervention after the BNI, consider using all the training resources that come with it that have been developed by Yale and SAMHSA (<http://medicine.yale.edu/sbirt/implementation/tools/index.aspx>)
2. Develop a clear coding scheme for rating role-plays among trainees, and test cases such as the BNI Adherence Scale (<http://medicine.yale.edu/sbirt/implementation/tools/checklist/index.aspx>)
3. Develop multiple ways for trainees to practice their SBIRT skills, including remote practice.
4. Develop a special train-the-trainer training, and use those faculty new to SBIRT in the initial trainings.
5. Reduce the number of screening questions.
6. Clarify the labeling of issues, such as a range from hazardous drinking to alcohol use disorder.

Following the site visit, the UWM project director contacted the JBS site visit lead to request feedback on changes being made to UWM's training materials based on the suggestions they received during the site visit. JBS has followed up with the project director and offered to review their revised protocol.

5. Community Linkages, Partners, and Participation

UWM's Department of Social Work has a strong working relationship with the UWM College of Nursing and with medical clinics and providers in the greater Milwaukee area. The UWM SBIRT program partners with a core group of seven health centers that serve individuals with low incomes living in the inner city and with the Zablocki Veterans Affairs Medical Center. Each site is paid \$3,000 year for a dedicated person to implement SBIRT, supervise students, and assist with the evaluation. UWM also has four supporting partners that provide free meeting space, serve as referral sources, provide continuing medical education units, and provide SBIRT training to professionals. The annual dinner held for the community partners helps to strengthen relationships.

The UWM SBIRT program provides technical assistance to partners through the learning community by conducting implementation site visits to partnering organizations and responding to requests for information.

Partners/collaborators include—

- ▶ UWM Helen Bader School of Social Welfare, Department of Social Work
- ▶ UWM College of Nursing
- ▶ Milwaukee Community Health Centers
 - Bread of Healing Clinic
 - Columbia St. Mary's Family Health Center
 - Columbia St. Mary's St. Ben's Clinic
 - Outreach Community Health Centers
 - Progressive Community Health Centers
 - Wheaton Franciscan—St. Joseph's Women's Outpatient Health Center
- ▶ The Medical College of Wisconsin (will provide medical education credits)
- ▶ Department of Veterans Affairs, Milwaukee
- ▶ State of Wisconsin, Department of Health Services, Division of Mental Health and Substance Abuse Services
- ▶ 2-1-1@ IMPACT (a referral service)

6. Learner Recruitment

The UWM SBIRT program recruits learners from the UWM School of Social Work and School of Nursing. The recruitment materials (flyers, pamphlets, school Web site postings, etc.) were distributed through preexisting channels. Certification for SBIRT and trauma training are attractive to learners.

The COD developed recruitment materials for the M.S.W. SBIRT training and certification program. The materials were developed for classes and email communication. Faculty, field, and advising staff were notified and provided with the materials.

Licensed professionals, including health care field supervisors, Nurse Practitioners, residents, and physicians are also recruited for SBIRT continuing education training. These trainees are recruited from collaborating and partnering organizations, and more broadly through preexisting mechanisms and networks. Continuing medical education units also attract interest in the program.

The COD developed informational materials and advertised the SBIRT continuing education program to them through preexisting mechanisms.

Other nontargeted health care training programs have begun to express interest in training for their students in SBIRT. For example, a sample of undergraduate occupational therapy students and an instructor were introduced to SBIRT.

7. Affordable Care Act Readiness

SBIRT services delivered by licensed professionals, including ancillary staff, are billable under Medicaid and private insurers if supervised by an SBIRT-trained licensed physician or other similarly trained, licensed health care provider. One objective of the UWM SBIRT program is to license professionals in placement settings to create a pipeline for graduates who work in these settings to bill for SBIRT services.

8. Sustainability Planning

The UWM SBIRT program staff, COD, and learning community are involved with program sustainability planning. The framework for sustaining the SBIRT training program involves several approaches:

- ▶ SBIRT train-the-trainer instruction will be provided to LCSW supervisors at participating federally qualified health centers. These trainers will be able to officially train other professionals in the SBIRT model on site.
- ▶ SBIRT will become part of the required content in the master's Syllabus for Social Work 811: Direct Social Work Practice II.
- ▶ The project will collaborate with the UWM College of Nursing to incorporate SBIRT training for students within their program.
- ▶ The UWM SBIRT program will collaborate with the State to (1) certify the project's 30-hour classroom component (SBIRT course) and 30-hour field component for M.S.W. students; (2) certify the project's SBIRT Plus continuing education training for licensed professionals; and (3) assist the project in developing the skills of LCSW supervisors at the participating community health clinics to become official onsite SBIRT trainers.
- ▶ The UWM SBIRT program will build SBIRT capacity at health care and social service agencies by training staff of partnering and supporting organizations and by providing them with technical assistance. Graduates of the UWM Department of Social Work largely remain in Milwaukee and in the State of Wisconsin, which will help increase local SBIRT capacity.
- ▶ The SBIRT intensive training and SBIRT Plus training will increase the number of certified SBIRT professionals who can bill Medicaid and private payers for services.
- ▶ UWM SBIRT will also present at professional meetings and publish articles in peer-reviewed journals.

9. Grantee Evaluation

A comprehensive, multifaceted evaluation plan has been developed. The evaluation includes process and outcome measures as well as Government Performance and Results Act (GPRA) data collection and reporting. The findings will be used to make quality improvements in the training program.

GPRA data will be collected for all M.S.W. students at baseline (immediately following the training), 30 days following the training, and 6 months following the training. GPRA data will be collected from continuing education trainees at baseline, 30 days, and 90 days following the training. At the time of the site visit, all process, outcome, and GPRA data had been collected and entered for all trainings through April 21, 2014. Baseline data collection exceeded 90 percent, and data collection for followup was up to 65 percent.

Quantitative process measures will be collected to assess each of the three program goals below:

Goal 1: Teach all M.S.W. students in direct practice the SBIRT module in substance misuse, and teach a subset of interested M.S.W. students the SBIRT course material for certification.

- ▶ Number of M.S.W. students recruited into the UWM SBIRT Training and Certification Program and their concentration areas
- ▶ Number of M.S.W. students accepted into the UWM SBIRT Training and Certification Program
- ▶ Number and length of training lectures delivered in Social Work 811: Direct Social Work Practice II
- ▶ Number of M.S.W. students trained in the SBIRT for Substance Misuse course and their concentration areas

Goal 2: Train LCSW health care field supervisors and other licensed professionals (e.g., Nurse Practitioners, physicians) in the SBIRT module and SBIRT Plus.

- ▶ Number of LCSW health care field supervisors who enroll in the SBIRT Plus continuing education training
- ▶ Completion of training protocol development
- ▶ Number of SBIRT Plus continuing education events in local and State medical communities
- ▶ Number of licensed professionals trained by discipline/specialty
- ▶ Number of technical assistance contacts
- ▶ Number of individuals trained per session
- ▶ Number of professionals who received technical assistance
- ▶ Total number of hours of technical assistance provided

Goal 3: Promote SBIRT implementation, ongoing practice, and student training among participating community health centers that provide primary care to medically underserved patient populations at high risk for substance misuse.

- ▶ Number of onsite coaching and training sessions conducted with LCSW field supervisors
- ▶ Number of field supervisors who received onsite coaching
- ▶ Number of times 30-hour field component was implemented
- ▶ Number of students who received SBIRT certification
- ▶ Number of technical assistance encounters
- ▶ Number of individuals trained per session
- ▶ Number of occasions of technical assistance provided to LCSW supervisors
- ▶ Number and length of SBIRT trainings provided to LCSW supervisors

- ▶ Number of licensed professionals and number of student Nurse Practitioners and medical residents trained to deliver the SBIRT model
- ▶ Number of hours of support provided
- ▶ Number of 30-hour training blocks provided by the State SBIRT coordinator
- ▶ Number of technical assistance occasions for LCSW supervisors
- ▶ Number of hours of technical assistance given

The following constructs provide the framework for the outcome evaluation:

1. Student ratings of the program
2. Knowledge, attitudes, and skills changes toward using the SBIRT model
3. Satisfaction with the program
4. Intention to use
5. Screening for substance use disorders
6. Interpretation of screening results
7. Managing common substance use disorders in the outpatient setting
8. Reevaluating previous responses to treatment
9. Hands-on screening, identification, brief intervention, and referral to treatment for alcohol, illicit drugs, and prescription drug misuse
10. Ongoing medical management and care coordination of outpatients and other recipients of SBIRT services
11. Linking and communicating with the specialty treatment service system, providers, and facilities

The following instruments will assess outcome measures. Outcome constructs 1 through 4 will be measured using Texas Christian University's (TCU) pre- and posttraining assessment instruments:

- ▶ The TCU Pretraining Workshop Evaluation for Perceived Needs and Organizational Climate will assess the needs and organizational climate of trainees' programs.
- ▶ The Posttraining Workshop Evaluation for Adoption and Implementation Barriers Expected will assess the adoption and implementation potential of training materials by participants and program contextual factors associated with outcomes at 30 days and at 6-month followup.

Outcomes constructs 5 through 8 will be measured using the Knowledge, Attitudes and Behaviors subscale of the physicians' Competence in Substance Abuse Test at pre- and posttraining and at 30-day followup.

Outcomes constructs 9 through 11 will be measured using the Motivational Interviewing Brief Coding Sheet and/or the BNI Adherence Scale to code role plays (goals 1 and 2) and tapes (goal 3) obtained in trainings and classroom sessions to assess the presence of required behavioral skills in SBIRT communications between provider and patient.

The evaluation will use multiple methods of data collection—pen and pencil, Web based, and Teleform—and multiple software applications to manage and analyze the data. Results will be compiled three times a year for COD meetings, and semiannual reports will be submitted to SAMHSA.

The evaluator identified the major challenges for the evaluation as participant burden related to overall training time and the number of assessments. Respondent burden could result in noncompletion of the evaluation instruments and respondent attrition. The grantee is considering reducing the number of assessment instruments and giving continued attention to schedule adherence.

Strengths and Considerations for Action

Program Vision and Design

STRENGTHS

- The program seeks to increase future SBIRT medical system capacity by growing the number of students and licensed professionals outside the specialty alcohol and other drug abuse treatment system who have been introduced to or trained in SBIRT.
- One objective of the UWM SBIRT program is to license professionals in placement settings to create a pipeline for graduates who work in these settings to bill for SBIRT services.

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 Leadership

STRENGTHS

- The COD meets to decide on staff hiring, review applications from M.S.W. students interested in the SBIRT training for State certification, assist with community partners, monitor M.S.W. students in implementing the SBIRT field component, and discuss and resolve program challenges.
- The COD has developed recruitment and marketing materials for the SBIRT training program.

CHALLENGES

- None noted.

Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1 Begin to shift the role of the COD toward program sustainability.	X		
2 Consider using the COD members as champions.	X		

Implementation Plan

STRENGTHS

- The SBIRT program is within the M.S.W. program for certification (Certified Alcohol and Drug Counselor).
- The trauma component and trauma certificate program represent added strengths of the program.
- Use of the “flipped classroom” model enhances learning.
- SBIRT training is tailored for behavioral health, child and family, and gerontology specialty areas through role-plays.
- The SBIRT Plus program training program is a strong enhancement to the program.

CHALLENGES

- It will be a challenge to have a train-the-trainer approach as a sustainable model within partner agencies.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Develop reliably good trainers. Have trainees shadow the trainer and increase trainees' responsibility for delivering the training incrementally.	X		
3	Provide training for conducting the BNI.	X		
3	Advanced-practice instructors should demonstrate their ability to perform SBIRT, particularly the steps of BNI.	X		
4	Consider rolling out the protocol through the school system, learning community, and online. Have trainees sign to indicate they have read and understand the changes.	X		
5	Use existing videos to train medical residents and professional students.	X		
6	Contact Sharon Levy at Children's Hospital Boston for information on the SBIRT protocol for adolescents.	X		
7	Develop a coding scheme for role-play observation.	X		
8	Give additional time to practice.	X		
9	Give sufficient time to the trauma component.	X		

Community Linkages, Partners, and Participation

STRENGTHS

- The UWM Department of Social Work has a strong working relationship with the UWM College of Nursing and with medical clinics and providers in the greater Milwaukee area.
- Final support provided to each partnering site will be through a dedicated person to implement SBIRT, supervise students, and assist with the evaluation.
- The annual dinner for community partners helps strengthen relationships.

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. 			

Learner Recruitment

STRENGTHS

- Materials have been developed for the M.S.W. SBIRT training and certification program and the continuing education program.
- Recruitment materials have been distributed.

CHALLENGES

- None noted.

Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1 Gather anecdotal information on the program from students as champions to help tell the story for marketing purposes.	X		

Affordable Care Act Readiness

STRENGTHS

- SBIRT services delivered by licensed professionals, including ancillary staff, are billable under Medicaid and private insurers, if supervised by an SBIRT-trained licensed physician or other similarly trained, licensed health care provider.
- The UWM SBIRT program seeks to license professionals in placement settings to create a ready pipeline for graduates who work in these settings to bill for SBIRT services.

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

- A train-the-trainer model will be implemented for LCSW supervisors at participating federally qualified health centers so they can train other professionals in the SBIRT model on site.
- SBIRT will become part of the required content in the master's Syllabus for Social Work 811: Direct Social Work Practice II.
- The SBIRT intensive training and SBIRT Plus training build capacity for certified SBIRT professionals who can bill Medicaid and private payers for services.

CHALLENGES

- None noted.

Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1 Gather anecdotal information about the program from students as champions to help tell the story for marketing purposes.	X		
2 Use the existing train-the-trainer model.	X		

Grantee Evaluation

STRENGTHS

- A comprehensive, multifaceted evaluation plan has been developed.
- All process, outcome, and GPRA data had been collected and entered for all trainings through April 21, 2014. Baseline data collection exceeded 90 percent, and data collection for followup was up to 65 percent.

CHALLENGES

- Participant burden related to overall training time and the number of assessments are concerns.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Build in focus groups.	X		
2	Consider reducing the number of assessments.	X		

Abbreviations and Acronyms

BNI	brief negotiated interview
COD	council of directors
GPRA	Government Performance and Results Act
LCSW	Licensed Clinical Social Worker
SAC	substance abuse counselor
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	screening, brief intervention, and referral to treatment
TCU	Texas Christian University
UWM	University of Wisconsin–Milwaukee