

Service Design Site Visit Report

Mercer University
Macon, Georgia



Dates of Site Visit: April 8–9, 2014

◆ SBIRT ◆

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

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



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Mercer University

Grantee Name	The Corporation of Mercer University
Grantee Phone Number	478-633-5547
Address	1400 Coleman Avenue, Macon, GA 31207
Site Visit Dates	April 8–9, 2014
Program Name	Southeast Consortium for Substance Abuse Training: Advanced Practice Registered Nurses
Grant TI Number	TI 025372
SAIS Number	3848
Grantee Contact Person	Annie R. Biers, LPC
Government Project Officer	CDR Erich Kleinschmidt, LCSW
Site Visit Team Members	Guileine Kraft, Ph.D.; Matt French, M.P.H.; Michael Pantalon, Ph.D.

Grantee Project Team Members

Paul Seale, M.D.	Program Director
Sylvia Shellenberger, Ph.D.	Director of Training
J. Aaron Johnson, Ph.D.	Director of Evaluation
Annie R. Biers, LPC	Program Coordinator

Grantee Project Sites Visited

Family Health Center	3780 Eisenhower Parkway, Macon, GA 31206
Medical Center of Central Georgia	777 Hemlock Street, Macon, GA 31201
Georgia College and State University	231 West Hancock Street, Milledgeville, GA 31061
Daybreak Center	174 Walnut Street, Macon, GA 31201

Executive Summary

Mercer University 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 Mercer SBIRT program—Southeast Consortium for Substance Abuse Training: Advanced Practice Registered Nurses (SECSAT-APRN)—aims to equip master’s-level Advanced Practice Registered Nurse (APRN) students, faculty, and preceptors with the skills needed to—

1. Provide evidence-based, culturally competent screening, brief intervention, brief treatment, and referral to specialty treatment for patients with unhealthy substance use.
2. Promote the use of SBIRT in clinical practice through competency certification of trainees, instruction in billing and coding, regional dissemination workshops, and advocacy for advances in training and reimbursement.

SECSAT-APRN had originally planned to teach SBIRT knowledge, attitudes, and skills to 1,650 APRN students, although the actual number of nurses trained will likely be closer to 1,500. The reason for the reduced number is that some implementation sites—particularly Johns Hopkins University (JHU)—realized their training targets might be too ambitious. Training will be done at eight sites—six in Georgia, one in Alabama, and one in Maryland:

- ▶ Mercer University
- ▶ Emory University
- ▶ Armstrong Atlantic State University
- ▶ Georgia College and State University (GCSU)
- ▶ University of North Georgia
- ▶ South University
- ▶ University of Alabama at Birmingham (UAB)
- ▶ Johns Hopkins University (JHU)

Each site has a coordinator responsible for integrating SBIRT into the school’s curriculum, coordinating faculty and preceptors, developing a plan to measure student performance, and

serving on the council of directors. Most coordinators are the heads of the APRN training programs at their respective institutions or their designees. The “central management unit” (CMU) consists of the core SBIRT team housed at the Family Health Center in Macon, Georgia. The CMU provides training, SBIRT educational materials, and technical assistance to the various sites.

The curriculum is a mix of modified SAMHSA content and content specifically developed for the SECSAT-APRN program (including previously developed modules by Dr. Christine Savage (along with Dr. Deborah Finnell, Dr. Paul Seale, and Dr. Sylvia Shellenberger) at JHU). SECSAT-APRN has not decided how the curriculum will specifically be implemented at each site, but the plan is to mandate use of a core group of three modules (screening, brief intervention, and motivational interviewing) and allow sites to choose from 1 or 2 of the other 16 modules, depending on interest and fit within nursing programs.

The core curriculum will likely require 5 hours to complete, with the option to choose additional elective content for another 2 hours. In the sites with face-to-face classrooms, faculty will conduct a short review of the content after the modules are completed online, and then use the remainder of the time for role-plays and experiential activities (approximately 3.5 hours). For sites that offer only online learning, each individual site will determine how students will practice the SBIRT skills. A potential method could be using an online avatar program or an algorithmic simulation program.

The site visit team conducted an implementation site visit at Mercer on April 8–9, 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, professors, and trainers from SECSAT-APRN; key community partners; and the program evaluator. The site visit team received an overview of the implementation plan and training approach, talked with implementers from JHU and Emory University, discussed evaluation processes and plans for sustainability, visited the program at GCSU, and toured a drop-in center for homeless individuals named Daybreak Center.

The SECSAT-APRN team believes nursing can play a significant role in integrating behavioral health into medical settings. With numerous sites and a large number of nurses to be trained, the SECSAT-APRN program has the potential for profound benefits. With its mix of standardized, nurse-specific SBIRT content and the CMU administering to several satellite institutions, the model may offer a scalability option not seen in other SBIRT training programs. In a face-to-face meeting, the site coordinators provided feedback on the modules, networked with one another, and learned SBIRT skills from the SECSAT-APRN management team.

Several staff members at the different sites have risen as champions and are taking on strong leadership roles, particularly Drs. Christine Savage and Deborah Finnell at JHU and Drs. Phyllis Wright, Ursula Kelly, and Carolyn Clevenger at Emory. At the time of the site visit, SECSAT-APRN had trained all site coordinators and developed all 19 training modules. Program staff plan to

train at least two faculty at each site in the spring of 2014, and several sites are interested in having additional staff trained, as well as preceptors.

Another highlight of the SECSAT-APRN program is the evaluation led by Dr. Aaron Johnson. Although the eight diverse sites present an evaluation challenge, Dr. Johnson has developed a set of excellent evaluation tools and plans to recruit a control group of 150 students from the different sites to determine if the SBIRT training actually leads to increased use of SBIRT in the workplace (the measure will be 6-month, postgraduation followup).

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

- ▶ **Preceptors:** Very few sites where nursing students will complete their practicums will implement SBIRT, and it is believed most nurses will not even be familiar with SBIRT. Therefore, it is recommended that sites offer SBIRT training to their preceptors (preferably something that does not take long to complete and reaches a large number of preceptors), and in locations where feasible, students filter through one or two practicum sites that implement SBIRT.
- ▶ **Online Learning:** Several sites, UAB in particular, are providing only online learning experiences. This is challenging as it is unclear how students will practice the more complex SBIRT skills (e.g., brief negotiated interview). Preceptors are widely dispersed across the country and may not have much interaction with site coordinators. It was suggested that an algorithmic simulated patient may offer students some experiential learning and that online training be offered to preceptors in locations that make face-to-face training impossible.
- ▶ **Large, Complicated Curriculum:** The curriculum may seem overwhelming for site coordinators. It is suggested that SECSAT-APRN make it clear to sites that there is a core curriculum of three courses and that they can choose a small amount of additional, more specified content (e.g., pain and addiction). This may make the 19-module curriculum seem more manageable. It was also suggested the core modules be shortened and hours of required SBIRT content reduced.
- ▶ **Small Management Unit:** SECSAT-APRN is working with the same funding as other grantees yet is implementing SBIRT training in eight sites. This means that site coordinators have few full-time equivalent (FTE) staff, and the CMU in Macon is stretched thin. It was suggested that because site coordinators have much responsibility and few FTE staff, it is important the CMU act as technical assistance provider to the sites—providing direct guidance and training and also employing the SAMHSA-funded technical assistance mechanism through JBS International.

Grantee Overview and Environmental Context

Mercer University 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). Mercer's program is called Southeast Consortium for Substance Abuse Training: Advanced Practice Registered Nurses (SECSAT-APRN).

SECSAT-APRN has many sites, with headquarters in the Family Health Center in North Macon, Georgia, in a strip mall where all stores but one are closed. In this depressed region, the Family Health Center is one of the only places to obtain low-cost primary care. It is part of the Medical Center of Central Georgia and the site of its Family Medicine Residency Program.

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 Mercer program is unique in that it encompasses eight different sites in three States, several of which provide distance learning only. As a result, students learning SBIRT skills through this grant are spread across the country. The core SECSAT-APRN team acts as a central management unit (CMU), and the eight sites incorporate SBIRT knowledge and skills into their APRN programs. Most of the core SECSAT-APRN team worked on the Georgia Basics State grant and the SECSAT-medical residency grant, both of which were multisite projects. Staff work out of the Family Health Center in North Macon, Georgia, which is part of the Medical Center of Central Georgia and the site of their Family Medicine Residency Program. The grantee is well positioned to take on this multisite project, especially because many of the evaluation tools, learning materials, and implementation processes are modifications of the medical residency grant. However, this grant deals with a much larger group of providers to be trained because nursing programs generally have far more students than medical residency programs.

1. Site Visit Overview

The JBS International, Inc., SBIRT program area site visit team conducted an implementation site visit at Mercer University on April 8–9, 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 activities:

- ▶ Met with core project staff, professors, and trainers from SECSAT-APRN, key community partners, and the project evaluator

- ▶ Reviewed the implementation plan and training approach
- ▶ Toured the Family Health Center, the Georgia College and State University (GCSU) program, and a drop-in center for homeless individuals named Daybreak Center
- ▶ Spoke with implementers from Emory University and John's Hopkins University (JHU)
- ▶ Discussed the monitoring and evaluation system
- ▶ Identified successes, challenges, and technical assistance needs
- ▶ Discussed plans for sustainability after SAMHSA funding ends

On April 8, the site visit began with a tour of the Family Health Center, the site of the Medical Center of Central Georgia's Family Medicine Residency Program. The grantee then provided a project overview that focused on project background, targeted goals, and project implementation. The team also talked with representatives from Emory University and JHU about their implementation successes, challenges, and needs.

On April 9, after a review of the previous day, the SECSAT-APRN staff presented their training approach and discussed their successes and challenges. The site visit team clarified the technical assistance process, and the grantee identified several areas for which they might request technical assistance. The SECSAT-APRN evaluator presented the monitoring and evaluation plan, which included a control group of 150 APRNs. After the evaluation session, a debriefing call was conducted with Erich Kleinschmidt, the Government Project Officer. The team then visited the GCSU SBIRT program and Daybreak Center, a drop-in center for homeless individuals.

2. Program Vision and Design

At most of the SBIRT sites, nurses do not receive substantial training in substance abuse issues. Some content is usually provided in a mental health course, but it mainly concerns treatment of harmful substance users and the health effects of severe substance abuse. Usually nothing is provided on motivating risky users to change to a healthier lifestyle. The SECSAT-APRN program aims to fill this gap by equipping Advanced Practice Registered Nurse (APRN) students, faculty, and preceptors with the skills needed to—

1. Provide evidence-based, culturally competent screening, brief intervention, brief treatment, and referral to specialty treatment for patients with unhealthy substance use.
2. Promote the use of SBIRT in clinical practice through competency certification of trainees, instruction in billing and coding, regional dissemination workshops, and advocacy for advances in training and reimbursement.

The curriculum is a mix of modified SAMHSA content and content specifically developed for the SECSAT-APRN program (including previously developed modules by Dr. Christine Savage at JHU). SECSAT-APRN has not decided how the curriculum will be implemented at each site, but the plan is to mandate use of a core group of three modules (screening, brief intervention, and motivational interviewing) and allow sites to choose from 1 or 2 of the other 16 modules, depending on interest and fit within nursing programs.

The core curriculum will likely require 5 hours to complete, with the option to choose additional elective content for another 2 hours. In the sites with face-to-face classrooms, faculty will conduct a short review of the content after the modules are completed online, and then use the remainder of the time for role-plays and experiential activities (approximately 3.5 hours). Sites that offer only online learning will each determine how students will practice the SBIRT skills. A potential method is using an online avatar program or an algorithmic simulation program.¹

The site visit team thought the curriculum could be overwhelming. It was suggested SECSAT-APRN make it clear there is a core curriculum of three courses and that sites can choose additional, more specified content (e.g., pain and addiction). This may make the 19-module curriculum seem more manageable. It was also suggested the core modules be shortened and hours of required SBIRT content reduced.

3. Grantee Leadership

The grantee has an excellent and experienced core leadership team. Many individuals have worked on SAMHSA grants in the past, including the Georgia Basics State SBIRT grant and the SECSAT Medical Residency grant, both multisite projects. Program director Dr. Paul Seale is a medical doctor with many years of SBIRT experience and is recognized as a leader in the field. Dr. Sylvia Shelenberger, the director of training, is a psychologist with SBIRT expertise who has worked with Dr. Seale for more than 30 years. Dr. Aaron Johnson is a health services professional and professor of biostatistics at Mercer University who will serve as the project evaluator. He has a long history of providing evaluation services for SBIRT grants, including the current SECSAT Medical Residency grant. Annie Biers is a licensed professional counselor and serves as the project coordinator. She holds a full-time position on the project and will be the contact person for all technical assistance activities performed by the CMU and coordinator for all SBIRT activities. Ms. Beirs worked on the Georgia Basics State grant as a health educator, and although she has not held a coordinator position before, she appears well suited to the role. Dr. Savage (JHU), Dr. Finnell (JHU), and Dr. Clevenger (Emory) round out the CMU as implementation site leaders; they are experts in the field, providing invaluable insight and guidance to the project.

¹ In this model, the program takes the student to the next scenario based on the answer to the current question.

SECSAT-APRN has convened the council of directors (COD) twice since the start of the grant. The COD, which meets once per month, consists of the CMU and coordinators from each site. The CMU, consisting of the core SBIRT team at Mercer University and champions from Emory University and JHU, meets twice per month. Both Emory University and JHU have recruited other decisionmakers within the organization to the COD. This shows the SBIRT program has the support of leadership within these universities and is a potential avenue for strong advocacy efforts within the schools of nursing and beyond. It was suggested SECSAT-APRN create a more diverse COD by recruiting members from outside the grant and the schools of nursing. It would be helpful to have representatives from clinics and hospitals where nursing students do their practicums such as leaders in the various schools of medicine and champions from behavioral health (e.g., psychology, social work).

4. Implementation Plan

Each site has a coordinator (larger sites may also have assistant coordinators) responsible for integrating SBIRT into the school's curriculum, coordinating faculty and preceptors, developing a plan to measure student performance, and serving on the COD. Most coordinators are the heads of the APRN training programs at their respective institutions or their designees. They have varied experience with substance abuse issues and exposure to SBIRT. The CMU provides training, SBIRT educational materials, and technical assistance to the various sites. The SECSAT-APRN team believes nursing can play a significant role in integrating behavioral health into medical settings. With numerous sites and a large number of nurses to be trained, the SECSAT-APRN program has the potential for profound benefits. With its mix of standardized, nurse-specific SBIRT content and the CMU administering to several satellite institutions, the model may offer a scalability option not seen in other SBIRT training programs.

SECSAT-APRN adapted the core curriculum modules provided by SAMSHA to reflect the core values and learning concepts unique to APRNs. A glossary of terms was created and a module pertinent to prescribing and pharmacology was added. SBIRT coding and billing systems issues were also absorbed into the teaching modules. The finalized modules were presented to the entire team during a 2-day SBIRT training and curriculum workshop January 16–17, 2014. Project staff from the eight sites came together in Atlanta to learn about SBIRT and provide feedback on the curriculum. Workshop participants were allowed to provide edits, concerns, and recommendations for each module. The curriculum development team at SECSAT-APRN and the site coordinators revised the 19-module offering based on participant feedback.

SECSAT-APRN has created content for all 19 modules in PowerPoint form. The next step is to develop online modules from this content. The plan is to either create voiceover PowerPoints or a more interactive presentation that includes video of a person teaching the module. The latter would be more engaging for students but more time consuming and resource intensive. As the person identified to convert this content into online modules has not been communicative, the grantee would like to request technical assistance.

SECSAT-APRN leadership felt it may be beneficial to modify the brief negotiated interview curriculum from a five-step to a four-step process. This would facilitate using Yale's full suite of available training resources, including a manual, training video, psychometrically validated practitioner adherence scale, online training coach, practice cases, etc. (see www.yale.edu/sbirt).

The CMU plans to visit each site to train faculty and preceptors in spring 2014. At this point faculty have been identified but not trained. The curriculum will be rolled out to students from JHU, GCSU, Emory University, and the UAB in the summer 2014 semester. The remaining four institutions will be phased in during fall 2014.

5. Community Linkages, Partners, and Participation

SECSAT-APRN has brought on eight sites as partners. They vary in the location, size, interest, educational environment, and structure of their nursing programs. SECSAT-APRN staff have found some coordinators appear to be dedicated to the program, while others will not even respond to emails. JHU and Emory are traditional educational environments where learning is mostly face-to-face. UAB operates almost exclusively with distance learning. The previous Georgia grants did not include much e-learning, so this is a new challenge for some.

While the CMU creates some economies of scale with its responsibility for Government Performance and Results Act (GPRA) evaluation and training, each site must take on SBIRT advocacy efforts, student performance evaluation, and SBIRT content integration. All sites must also reach out to institutions in their communities to create local partnerships and linkages.

The grantee is part of the leadership of a nursing consortium that will advocate for incorporation of SBIRT content into nursing curriculums across the country. Another consortium goal is to make SBIRT knowledge part of national nursing licensure exams. Other consortium members include the University of Missouri at Kansas City, University of Alaska, Anchorage, The Catholic University of America, University of South Carolina, and the University of Colorado at Denver.

6. Experiential Learning

The various locations and learning styles present a particular challenge for experiential learning. Sites are tasked with providing these experiences to students in the form of role-plays and

simulations and in real clinical settings. Many of the sites do provide “simulated patients” (actors role-playing) or role-plays in class. For online learners who may never visit the campus of their educational institution, this can be challenging. It may be possible to provide an online avatar or have the real-time student interact through a learning management system such as Blackboard Collaborate or even Google Hangout. Another option would be to use an algorithmic simulated patient, which may offer students a form of experiential learning; this option would be time and resource intensive.

The issue of onsite clinical experience is even more challenging. Preceptor recruitment is difficult, even when staff have face-to-face interactions with them. Many programs do not have in-house clinics and therefore little control over the preceptors. Even more challenging are sites such as UAB, where all the learning is virtual. Students and preceptors are spread across the country, and staff have little to no interaction with them. The site visit team suggested SECSAT-APRN create a much abbreviated module for preceptors—the more difficult to reach, the shorter the training. Providing incentives such as continuing education units is always helpful.

Some sites are facing this challenge head on. JHU is conducting its own training with faculty and staff. They plan to train 10 JHU faculty, 10 JHU hospital staff, and 8 preceptors in the first session. They are interested in getting SBIRT into the practicum sites but realize the challenges involved. They commented that probably less than 1 percent of students would have the opportunity to work in a site that is implementing SBIRT.

Emory University is conducting a workshop for preceptors where they are integrating SBIRT content. They will do this annually and continue to add more SBIRT content each year. Emory APRN students work in clinics all over the area, and no one site has a large number of students. The university is developing a Web site for preceptors, which could house an SBIRT module. If the nurses have served as preceptors within last academic year, they will have access to the Web site.

7. Affordable Care Act Readiness

The U.S. health care system is in the midst of a dynamic transition aiming to provide medical services to almost 40 million Americans who until recently had no health insurance. A large percentage of the personnel being mobilized to meet this rapidly expanding population of patients are mid-level providers, marking an increasingly important role for APRNs. With a strong emphasis on wellness and disease prevention as part of their approach, APRNs bring a unique opportunity for addressing unmet needs related to the spectrum of unhealthy substance use. While the medical literature supports the efficacy of SBIRT by health care providers in reducing unhealthy alcohol consumption, evidence continues to grow that nurses

are effective providers of SBIRT services.^{2,3} Nurses can also provide SBIRT services at cost reductions of up to two thirds that of physician interventions.⁴ Nonphysicians have been shown to achieve higher rates of both screening and intervention.⁵ When compared with RNs, APRNs have the additional advantages of increased clinical autonomy, the ability to prescribe medications, and the ability to bill for SBIRT services. The Centers for Medicare & Medicaid Services designated APRNs as one of the five health professions that can provide and bill for SBIRT services, but recent surveys indicate most nursing programs do not provide training in screening and brief intervention.⁶ The grantee has not yet begun to address other issues related to the Affordable Care Act, such as billing codes and electronic health records.

8. Sustainability Planning

The main focus of sustainability is providing a host of modules that education institutions can incorporate into their nursing curricula. The thinking is that if the institutions connect to the modules through Mercer Universities Blackboard platform, they will rely on this platform after SAMHSA funding ends. While this makes sense, the benefits of controlling the content and user experience by keeping the modules on the Mercer site may outweigh the sustainability concern.

The CMU is also providing training in SBIRT and the various modules so site coordinators can become trainers themselves. SECSAT-APRN aims to build enough capacity at the sites (e.g., coordinators, faculty, preceptors) to function without the assistance of the CMU.

With each site receiving only \$10,000 per year (JHU receives slightly more), resources are a serious challenge for the grantee. While other grantees are implementing at one site, SECSAT-APRN is administering to eight sites. For this model to work, some staff may have to work without reimbursement. Working with minimal resources will mean finding champions willing to work for little remuneration. It was suggested that because sites have much responsibility and few full-time staff, it is important the CMU act as technical assistance provider to the sites, providing direct guidance and training and also employing the SAMHSA-funded technical assistance mechanism through JBS International. The more intensive the capacity-building efforts, the greater likelihood SBIRT will be sustained at each site.

² Désy, P. M., Howard, P. K., Perhats, C., & Li, S. (2010). Alcohol screening, brief intervention and referral to treatment conducted by emergency nurses: An impact evaluation. *Journal of Emergency Nursing* 36(6), 538–545. doi: 10.1016/j.jen.2009.09.011

³ Sullivan, L. E., Tetrault, J. M., Braithwaite, R. S., Turner, B. J., & Fiellin, D. A. (2011). A meta-analysis of the efficacy of nonphysician brief interventions for unhealthy alcohol use: Implications for the patient-centered medical home. *American Journal on Addictions* 20(4), 343–356. doi: 10.1111/j.1521-0391.2011.00143.x

⁴ Baber, T. F., Higgins-Biddle, J. C., Dauser, D., Burleson, J. A., Zarkin, G. A., & Bray, J. (2006). Brief interventions for at-risk drinking: Patient outcomes and cost-effectiveness in managed care organizations. *Alcohol and Alcoholism* 41(6), 624–631.

⁵ Baber, T. E., Higgins-Biddle, J., Dauser, D., Higgins, P., & Burleson, J. A. (2005). Alcohol screening and brief intervention in primary care settings: Implementation models and predictors. *Journal of Studies on Alcohol* 66(3), 361–368.

⁶ Savage, C. L., Dyehouse, J., & Marcus, M. (2014). Alcohol and health content in nursing baccalaureate degree curricula. *Journal of Addictions Nursing* 25(1), 28–34. doi: 10.1097/JAN.0000000000000018

9. Grantee Evaluation

Although the eight diverse sites present an evaluation challenge, Dr. Johnson has developed a set of excellent evaluation tools and an evaluation process that divides responsibilities among the site coordinators and the CMU. Site coordinators are interested and engaged but have varied experience with evaluation and research. It is likely they will need guidance from the CMU evaluation team. The various components of the evaluation include the following:

- ▶ Student requirements: Students are required to complete the coursework, pass the written and/or skills tests, and complete five brief negotiated interviews with patients in a clinical setting.
- ▶ GPRA: Sites will collect GPRA data and send it directly to the CMU. The data will be collected twice from each student—after the core screening course and after the core brief intervention course.
- ▶ Skills proficiency: Sites are responsible for evaluating student proficiency in their own manner. This will likely consist of coded role-plays/simulations in sites where face-to-face interaction is possible. The aim is to develop a standardized coding system. In exclusively distance learning sites, a written test may be used.
- ▶ Clinical questionnaire: This questionnaire is intended to determine a baseline for students. Questions will include SBIRT experience, attitudes on the importance of substance abuse prevention in clinical settings, and one's own experience with substance use.
- ▶ Graduate questionnaire: This questionnaire will be requested from students at 6 months postgraduation, and a \$20 incentive will be offered. The aim is to determine use of SBIRT skills in the workplace. The questionnaire will be developed and disseminated using Redcap because Dr. Johnson feels this software works better with SPSS than Survey Monkey.
- ▶ Knowledge: The CMU has developed a written prepost SBIRT knowledge test.

SECSAT-APRN will recruit a control group of 150 students (nurses graduating in the spring 2014 semester with little to no exposure to SBIRT). The goal is to determine if the SBIRT training actually leads to increased use of SBIRT in the workplace (the measure will be 6-month, postgraduation followup). The evaluation team will recruit control group participants in proportion to the size of each site (i.e., larger sites will have more participants and smaller sites fewer participants).

Strengths and Considerations for Action

Program Vision and Design

STRENGTHS

- APRN students trained through this grant are positioned to become SBIRT practitioners and advocates.

CHALLENGES

- The 19-module curriculum could seem overwhelming to site coordinators and faculty.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee might consider clarifying that there is a core curriculum of three courses and that sites can choose to add a small amount of more specified content (e.g., pain and addiction). This may make the 19-module curriculum seem more manageable. It was also suggested the core modules be shortened and hours of required SBIRT content reduced.	X		

Grantee Leadership

STRENGTHS

- SECSAT-APRN has an extremely competent and experienced team that has implemented several multisite SBIRT projects.

CHALLENGES

- The COD is composed mainly of staff directly involved in the project.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	SECSAT-APRN might consider creating a more diverse COD by recruiting members from outside the grant and the schools of nursing. It would be helpful to have representatives from clinics and hospitals where nursing students do their practicums, leaders in the various schools of medicine, and champions from behavioral health (e.g., psychology, social work).	X		

Implementation Plan

STRENGTHS

- With the mix of standardized, nurse-specific SBIRT content and the CMU administering to several satellite institutions, the model may offer a scalability option not seen in other SBIRT training programs.

CHALLENGES

- The 19 modules have been developed, but they are not in a useable format.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	SECSAT-APRN would like technical assistance to convert the modules into functional online learning tools. They could either be narrated PowerPoints or more interactive, facilitated online modules.		X	
2	SECSAT-APRN will modify the brief negotiated interview curriculum from a five-step process to a four-step process. This will enable them to use Yale's full suite of available training resources, including a manual, training video, psychometrically validated practitioner adherence scale, virtual (online) training coach, practice cases, etc. (see www.yale.edu/sbirt).	X		

Community Linkages, Partners, and Participation

STRENGTHS

- The grantee has developed partnerships with a diverse and engaged group of educational institutions.
- The grantee is part of an SBIRT nursing consortium that should provide support and spark innovative ideas.

CHALLENGES

- The variations in sites (e.g., size, educational environment) present evaluation and implementation challenges.
- The eight sites are varied in their engagement with the project and experience around topics such as substance use and e-learning.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee should consider additional outreach.			

Experiential Learning

STRENGTHS

- SECSAT-APRN is dedicated to providing an experiential learning experience for students.

CHALLENGES

- The various locations and learning styles present a particular challenge for experiential learning.
- Many programs do not have in-house clinics and therefore have little control over the preceptors. Even more challenging are sites such as UAB where all the learning is virtual; students and preceptors are spread across the country, and staff have little to no interaction with them.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Preceptor training is critical to the experiential learning process. Preceptors may be trained through an online module; the more difficult the preceptors are to reach, the shorter and more streamlined the training should be.	X		
2	The grantee may consider providing a real-time student interaction through a learning management system such as Blackboard Collaborate or even Google Hangout. An algorithmic simulated patient is another option for experiential learning.		X	

Affordable Care Act Readiness

STRENGTHS

- SECSAT-APRN is filling a gap in nursing education by training nurses to integrate behavioral health prevention activities in to medial settings.

CHALLENGES

- None identified.

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

Sustainability Planning

STRENGTHS

- All the content has been modified to be relevant to nurses, and the variety of modules helps ensure the content is relevant to programs with different focuses.

CHALLENGES

- SECSAT-APRN would like the sites to embed the modules into their own learning management systems.
- Very few resources are being provided to implementation sites.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee might consider that because sites have much responsibility and few full-time staff, it is important the CMU act as technical assistance provider to the sites—providing direct guidance and training and also employing the SAMHSA-funded technical assistance mechanism through JBS International. The more intensive the capacity-building efforts, the greater likelihood SBIRT will be sustained at each site.		X	

Grantee Evaluation

STRENGTHS

- The CMU evaluation team has developed a strong evaluation with vetted tools and a control group.

CHALLENGES

- Site coordinators have varied experience in research and evaluation.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The SECSAT-APRN CMU evaluation team should consider providing technical assistance to site coordinators related to research and evaluation activities.	X	X	

Abbreviations and Acronyms

COD	Council of directors
CMU	Central management unit
CSAT	Center for Substance Abuse Treatment
FTE	Full-time equivalent
GCSU	Georgia College and State University
GPRA	Government Performance and Results Act
JHU	Johns Hopkins University
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, brief intervention, and referral to treatment
SECSAT-APRN	Southeast Consortium for Substance Abuse Training: Advanced Practice Registered Nurses
UAB	University of Alabama at Birmingham