

# Service Design Site Visit Report

University of Vermont  
Burlington, Vermont



Date of Site Visit: June 26–27, 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



# Table of Contents

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University of Vermont.....	iii
Executive Summary.....	iv
Grantee Overview and Environmental Context.....	1
1. Site Visit Overview .....	1
2. Program Vision and Design .....	2
3. Grantee Leadership.....	2
4. Implementation Plan .....	3
5. Community Linkages, Partners, and Participation.....	4
6. Affordable Care Act Readiness .....	5
7. Sustainability Planning.....	5
8. Grantee Evaluation .....	5
Strengths and Considerations for Action.....	7
Abbreviations and Acronyms.....	10

# University of Vermont

<b>Grantee Name</b>	University of Vermont
<b>Grantee Phone Number</b>	802-847-8268
<b>Grantee Address</b>	89 South Beaumont Avenue, Burlington, VT 05405
<b>Site Visit Dates</b>	June 26–27, 2014
<b>Program Name</b>	UVM SBIRT Training Collaborative
<b>Grant TI Number</b>	TI 25395-01
<b>SAIS Number (TA Number)</b>	TA 3848
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## Grantee Project Team Members

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## Grantee Project Sites Visited

University of Vermont, College of Medicine	89 Beaumont Avenue, Burlington, VT 05405
Fletcher Allen Health Care	111 Colchester Avenue, Burlington, VT 05401

## Executive Summary

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University of Vermont (UVM) 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 care professionals—including medical residents and nursing, social work, and counseling students—the skills necessary to provide SBIRT to individuals at risk for substance use disorders. The intended outcome is to increase the adoption and practice of SBIRT throughout the health care delivery system.

The goal of the UVM SBIRT Training Collaborative project is to provide training to graduate students from across three colleges and five departments at UVM. Training will be delivered to medical and family residents, social workers, nurses, and counselors. The project anticipates training 225 students and residents over the 3 years of the grant. The project is also training lead faculty from each department to ensure sustainability.

The site visit team conducted an implementation site visit on June 26–27, 2014, to assess the SBIRT program’s strengths and engage the grantee in a continuing improvement process supported by technical assistance, as approved by SAMHSA. The team met with core project staff, site directors, and trainers participating in SBIRT implementation, the project evaluators, and a resident from internal medicine. The site visit team received an overview of the implementation plan and training approach for each discipline and discussed evaluation processes and plans for sustainability.

The grantee is using an interdisciplinary approach to training students and residents as follows:

- ▶ Didactic skills training: Students from each department, with the exception of internal medicine, participate in online didactic training using the SAMHSA SBIRT curriculum. Trainings are provided as workshops for each of the departments, with the exception of the counseling department, where SBIRT is embedded in the program’s syllabus. Each department except for social work requires students to attend the SBIRT trainings. However, 23 of the 26 first-year social work students agreed to attend the SBIRT training sessions.
- ▶ Team-based training with “standardized patients”: Students and residents from each department are provided with experiential SBIRT training using standardized patients at the same time in the same setting.

Program staff were concerned about not having enough qualified clinical preceptors and field instructors to assess students in clinical settings and field placements. This is a significant concern because students and residents will be placed throughout the State of Vermont in more than 50 practice settings. The project plans to broadly disseminate SBIRT throughout the

health care community by establishing partnerships and SBIRT champions in the community. The project is planning to deliver community SBIRT exposure training at five sites throughout Vermont, beginning in fall 2014.

UVM's core program staff are experienced in and committed to providing high-quality training to medical and allied health professionals throughout the community. The project has gained commitments from various departments within UVM. Leaders from the various departments determine where SBIRT best fits into their respective curricula and training programs. The leaders are represented on the grantee's council of directors. Leadership involvement will help ensure continued commitment to the project after grant funding ends.

The grant appears to have been successfully implemented. The site visit team suggested the grantee request technical assistance to formulate a curriculum module for the multidisciplinary approach being used to train students and residents. Other recommendations follow:

- ▶ Request TA on sustainability following the training of residents and students.
- ▶ Extend an invitation to representatives of the Vermont State SBIRT project to serve on the UVM SBIRT council of directors.

# Grantee Overview and Environmental Context

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**T**he University of Vermont (UVM) screening, brief intervention, and referral to treatment (SBIRT) Training Collaborative (VSTC) brings together graduate students from three different colleges and five different departments at UVM. Family medicine and internal medicine residencies, the Department of Social Work, the College of Nursing, and the counseling program together will train 89 residents and students in each of the 3 years of the grant (20 from the residencies and 69 from the other departments) in a team-based care model of evidence-based SBIRT interventions. The training program will last 29 months and be integrated into the curricula of each discipline at the conclusion of the grant period. The trainee cohorts will start with first-year graduate students or residents, in each of the 3 years.

## 1. Site Visit Overview

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The SBIRT site visit team conducted an implementation site visit at UVM on June 26–27, 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 the Substance Abuse and Mental Health Services Administration (SAMHSA). The site visit included the following components:

- ▶ Met with core project staff and faculty from UVM
- ▶ Reviewed implementation plan and training approach
- ▶ Met with an internal medicine resident
- ▶ Identified successes, challenges, and technical assistance needs

On June 26, 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 met with representatives from the council of directors (COD) and concluded the day with a discussion of project evaluation.

On June 27, after a debriefing of the previous day, the site visit team took a tour of Fletcher Allen Health Care and met with a medical resident. The site visit concluded with a debriefing discussion identifying technical assistance needs and recommendations.

## 2. Program Vision and Design

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The objectives and goals of VSTC follow:

- ▶ Objective 1: Develop a governing council to oversee the project from implementation through evaluation and oversee accomplishment of the objectives.
- ▶ Objective 2: Specify curriculum components and faculty to teach the didactic portions, provide clinical oversight, and plan the logistics of the education.
- ▶ Objective 3: Pilot and evaluate the curriculum with an initial cohort of students; modify the curriculum based on a 360-degree evaluation.
- ▶ Objective 4: Deliver the curriculum to the identified multidiscipline cohort of students.
- ▶ Objective 5: At the end of each year's cohort, evaluate the process with participant feedback and modify the curriculum of next year's cohort.
- ▶ Objective 6: Disseminate the project and curriculum to professional organizations throughout the State, including professional groups and preceptors/clinical mentors.
- ▶ Objective 7: Conduct the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) evaluation beginning in month 6 of the project.

Training of students will include didactic courses and emphasize hands-on skills-building through role-play and supervised clinical practice and interprofessional training. UVM 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

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The project director serves as the leader of VSTC. With support from the project manager and project coordinator, the project director oversees all reporting to SAMHSA, manages the grant budget and various project committees and teams, and serves as the primary contact with SAMHSA.

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. Members of the COD include the core SBIRT team from UVM, internal medicine faculty, family medicine faculty, school of nursing faculty, counseling department faculty, and school of social work faculty. Members have the background and knowledge to help SBIRT become a core aspect of both curriculums and to continue beyond the grant period.



## 4. Implementation Plan

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During the course of this 3-year training grant, the project proposes to train 225 medical residents, social work, nursing, and counseling students. Project implementation is expected to occur in three phases. During phase 1 (project startup), the project plans to modify SBIRT materials, develop organizational structure, create training plans for students and regional training, and expand the COD. Activities planned for phase 2 (implementation) include training of students, curriculum modification, and evaluation initiation. Phase 3 (sustainability) will involve curriculum monitoring and dissemination of strategies.

The COD has been established and will address sustainability and any other identified issues. The council has a lead faculty member from each discipline involved with the project. Biweekly meetings of members have already begun and will be held monthly beginning in fall 2014. To further encourage collaboration, the site visit team suggested including a member from the Vermont State SBIRT project.

SBIRT training resources from the Oregon Health Science University will be used. UVM respects the way Oregon has integrated SBIRT and plans to use the same approach. Motivational interviewing will serve as the main foundation skill set of all SBIRT health provider interactions. For the 3 years of the grant, all first-year family medicine and internal medicine residents and students in the Nurse Practitioner, social work, and counseling programs will receive the core curriculum. Lead faculty from each discipline will attend SBIRT training to become champions and thus help sustain SBIRT.

Training is delivered through didactic and experiential sessions. The didactic portion is provided to all disciplines online, with the exception of internal medicine. Those students receive the didactic portion in person. Students and faculty are granted access to the SAMSHA SBIRT curriculum and take the course. The experiential learning is an integrated training with all disciplines represented. This gives students the opportunity to work with the students from other disciplines, which is a new concept for them.

UVM plans to use a cross-disciplinary team-based model using four elements:

- ▶ Train/coach UVM faculty.
- ▶ Trained students will observe faculty practice and model each skill and then practice the skill with standardized patients employed by the medical school using the UVM simulation laboratory.
- ▶ Residents/students from the various disciplines will role-play with one another using specific scenarios and structured feedback processes that focus attention on the key components of SBIRT and fundamental motivational interviewing skills.

- ▶ Coaching of specific clinical cases that students and residents will be treating in their clinical settings will be ongoing. Each cross-discipline training cohort (years 1–3) will receive regularly scheduled ongoing practice and coaching sessions to build and sustain competence in SBIRT clinical skills.

UVM has made significant progress in implementing its SBIRT medical professional training program. Training materials have been developed, and trainers have been trained. One challenge the project has encountered in implementation is not having enough qualified clinical preceptors and field instructors to assess students in clinical settings and field placements. This is a significant concern because students and residents will be placed throughout the State of Vermont in more than 50 practice settings. Another challenge identified is the use of standardized patients during the integrated trainings. This is an issue for social work and counseling students who are not accustomed to the clinical environment.

## 5. Community Linkages, Partners, and Participation

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As noted, one of the objectives of the SBIRT project is to disseminate the project and curriculum to professional organizations throughout the State, including professional groups and clinical preceptors. This has been one of the most challenging issues. Finding and vetting qualified clinical preceptors for Nurse Practitioners is becoming a burden. As a result, the project is not training preceptors but plans to include them in trainings to develop awareness of SBIRT. The site visit team suggested UVM develop agreements with preceptors that delineate roles and responsibilities. This will ensure a better understanding of the expectations regarding monitoring students in their field placements and internships.

The project is planning community trainings beginning in fall 2014. The trainings will be at five sites throughout Vermont. UVM will also convene a regional conference in November 2014 that seeks to further the integration of behavioral health into primary care. The meeting will be cosponsored by the Vermont Department of Health and its SBIRT intervention project.

## 6. Affordable Care Act Readiness

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UVM 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. This includes clinically preventive screening and intervention, interprofessional team-based approaches to service delivery, coordination of care, evidence-based practices, use of electronic health records, and data to inform clinical decisionmaking.

## 7. Sustainability Planning

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The project director is negotiating a demonstration and evaluation of different funding models for behavioral health in primary care. UVM is also training lead faculty from each department to further sustainability. Once students have received their training, the evaluation team members will contact the trainees and collect usage data with a standardized protocol and collection instruments. Graduate surveys are a required component in the training of many disciplines. Where possible, followup on SBIRT usage will be incorporated into that process of graduate education.

## 8. Grantee Evaluation

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One of the project goals is to conduct a RE-AIM evaluation of project implementation, training, and systems redesign. The evaluation plan will be instituted by the COD, and certain responsibilities will be delegated to the evaluation team. The evaluation plan will focus on four areas of performance and outcomes:

- ▶ GPRA results
- ▶ Progress against the timeline
- ▶ RE-AIM metrics
- ▶ Practice-based measures

A key component of the evaluation plan is the electronic data collection system that facilitates real-time data collection and database management to aggregate all GPRA, screening, and services data without data reentry. As has been noted, evaluation team members are particularly well equipped for the task. Data collection and management have been tested in earlier studies of behavioral health integration through the existing electronic health records and warehouse resources. The institutional review board study protocol will propose that all

consent procedures be generated electronically with paper backup as needed, both for initial participation and for the 10 percent followup sample. The followup data elements will be similarly programmed into the collection device and database to track outcomes and analyze UVM data in more depth in subsequent research studies.

# Strengths and Considerations for Action

## Program Vision and Design

### STRENGTHS

- Training includes didactic courses and emphasizes hands-on skills-building through role-play and supervised clinical practice and interprofessional training.

### CHALLENGES

- None noted.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
	N/A			

## Grantee Leadership

### STRENGTHS

- The project has an established a COD, which includes lead faculty from each of the various disciplines.

### CHALLENGES

- None noted.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Try to involve a member from the Vermont State SBIRT grant on the COD	X		

## Implementation Plan

### STRENGTHS

- The project is using an interdisciplinary approach to training, with all specialties being trained at the same time in the same setting.

### CHALLENGES

- Finding enough qualified clinical preceptors and field instructors is a challenge.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The online component is being used for the SBIRT curriculum. The project should consider finding case examples that are less clinically oriented to be more suited for social work and counseling students.	X		

## Community Linkages, Partners, and Participation

### STRENGTHS

- The project is planning five community-based trainings to further disseminate SBIRT throughout the State.
- The project is planning a regional training for fall 2014.

### CHALLENGES

- None noted.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
	N/A			

## Affordable Care Act Readiness

### STRENGTHS

- None noted.

### CHALLENGES

- None noted.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
	N/A			

## Sustainability Planning

### STRENGTHS

- The project is training lead faculty in each specialty area.
- The project is planning community-based and regional-based trainings.

### CHALLENGES

- None noted.

Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
N/A			

## Grantee Evaluation

### STRENGTHS

- There is a strong evaluation model in place.

### CHALLENGES

- None noted.

Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
N/A			

## Abbreviations and Acronyms

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COD	council of directors
RE-AIM	Reach, Effectiveness, Adoption, Implementation, and Maintenance
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, brief intervention, and referral to treatment
UVM	University of Vermont
VSTC	Vermont SBIRT Training Collaborative