

Service Design Site Visit Report

University of South Carolina
Columbia, South Carolina



Date of Site Visit: February 5–6, 2014

◆ SBIRT ◆

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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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University of South Carolina

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Site Visit Dates	February 5–6, 2014
Program Name	InterDisciplinary Collaboration and Implementation of SBIRT Curricula in University of South Carolina Health Systems (IDISCUS)
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USC College of Nursing	1601 Greene Street Columbia, SC 29208
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Executive Summary

The University of South Carolina (USC) Screening, Brief Intervention, and Referral to Treatment (SBIRT) program, InterDisciplinary Collaboration and Implementation of SBIRT Curricula in University of South Carolina Health Systems (IDISCUS), aims to customize, implement, and evaluate the SBIRT curriculum developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) in its health professional programs for social work, nursing, rehabilitation counseling, and four medical residency programs (internal medicine, preventive medicine, family medicine, and neuropsychiatry). The program anticipates training more than 600 students over the 3 years of the grant.

IDISCUS seeks to educate students in both didactic and practice settings to implement and promote the use of SBIRT as a strategy for reaching a large number of South Carolina residents at risk for substance use disorders. The training program is composed of three modules that include didactics and video demonstrations on the principles and components of the SBIRT model; the screening process, including use of the Alcohol Use Disorders Identification Test (known as AUDIT) and the Drug Abuse Screening Test (known as DAST) screening tools; a primer on motivational interviewing skills used in the brief negotiated interview (BNI); the brief intervention using the BNI; and an overview of referral to treatment. The hands-on application of skills taught in the first two modules will be demonstrated by students in module 3 through role-plays of BNIs and standardized patient interviews. Starting in the second year of the grant, the program will disseminate the SBIRT training to local and statewide medical communities where most individuals with SUDs are served. Education and training on the SBIRT approach will be provided to 4,000 multidisciplinary health professionals throughout the South Carolina health care system.

The site visit team conducted an implementation site visit at USC on February 5–6, 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 team met with core project staff, professors, and trainers from each academic discipline participating in SBIRT implementation, key community partners, and the project evaluator. The site visit team received an overview of the implementation plan and training approach for each discipline, viewed a sample of the module content, and discussed evaluation processes and plans for sustainability. The team also observed a meeting of the council of directors and toured the settings on the university's campus where SBIRT training and assessment will occur.

The core IDISCUS program staff are committed to implementing SBIRT in their academic programs and throughout the State's health care community. The staff made a concerted effort to garner commitment from various disciplines within the university and a variety of State governmental entities and local health care providers. This will help ensure ongoing commitment and sustainability of the SBIRT program after grant funding ends.

Grantee Overview and Environmental Context

According to the United Health Foundation, South Carolina consistently ranks among the lowest in the nation for almost all health outcomes and determinants, including access to health care. Close to 75 percent of the State is designated as rural, and a portion of all but two counties are medically underserved (South Carolina Office of Rural Health, 2013).¹ Results from the 2010–2011 National Household Survey conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) indicate that more than 285,000 adults statewide experienced recent problems associated with the use of alcohol or other drugs. During the same period, drug and alcohol programs statewide only served approximately 45,000 individuals. This demonstrates the substantial, long-term unmet need for screening, referral, and treatment of these disorders throughout the State. The issue is compounded by the lack of skills-based educational training programs available to prepare the future workforce to deliver comprehensive preventive and cost-effective health care services to the residents of South Carolina at risk for or affected by substance use disorders (SUDs).

The University of South Carolina (USC) educates and trains many of the State's future physicians and health care professionals through its educational and residency programs at the School of Medicine and its bachelor's, master's, and doctoral programs at the Colleges of Nursing and Social Work. Over the past 30 years, the USC School of Medicine has emerged as a national leader in primary care medical education, pioneering research, and humanistic patient care. It aims to improve the health of the people of the State of South Carolina through medical education, research, and the delivery of health care.

Working with Palmetto Health, USC offers 12 residency training programs in a wide variety of disciplines, including internal medicine, family medicine, and neuropsychiatry. The USC College of Nursing has trained more than 9,000 nursing students since becoming the State's first nationally accredited baccalaureate nursing program in 1957. Its mission is to integrate education, research, and service to develop competent and caring nurse leaders who will shape health and health care delivery with new knowledge, evidence-based practice, partnerships, and policy to facilitate optimal health outcomes for individuals, families, and communities. The University's College of Social Work, established in 1969, promotes social well-being and social justice with vulnerable populations through dynamic teaching, research, and service conducted in collaboration with the diverse people of South Carolina, the Nation, and the international community.

¹ Retrieved from
<https://webmail2.jbsinternational.com/owa/redir.aspx?C=add09c7e73f0422184ef5c336016c56b&URL=http%3a%2f%2fscorh.net%2fabout-scorh%2f>

1. Site Visit Overview

The University of South Carolina is one of 14 sites recently awarded an SBIRT training grant from 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 SUDs. The intended outcome of the grant is to increase the adoption and practice of SBIRT throughout the health care delivery system.

The USC SBIRT training grant, IDISCUS (InterDisciplinary Collaboration and Implementation of SBIRT Curricula in University of South Carolina Health Systems), is currently in its implementation phase. Past experience has shown that most departures from the expectations of the request for application occur in the first year of implementation. To support grantee success and address challenges early, implementation site visits are being completed within 6 to 9 months of project initiation. The site visit teams consist of previously successful SBIRT implementers (peer consultants) and technical assistance contract staff (JBS International, Inc., and Alliances for Quality Education). The teams observe and report on grantee implementation progress and provide technical assistance, when appropriate, to enhance program success through the life of the grant.

On February 5–6, 2014, the site visit team met with the core staff and collaborators involved in the planning and implementation of the IDISCUS project. The purpose of the site visit was to conduct an onsite assessment of program strengths and to engage the grantee in a continuing improvement process supported by technical assistance, as approved by SAMHSA. The site visit process included the following:

- ▶ Meeting on site with core project staff, professors, and trainers from each academic discipline participating in SBIRT implementation, key community partners, and the project evaluator
- ▶ Reviewing grant implementation activities to date, including a sample of the training module content
- ▶ Discussing evaluation processes and plans for sustainability
- ▶ Observation of a council of directors (COD) meeting
- ▶ Visiting SBIRT Implementation sites and interviewing faculty and staff

On February 5, the site visit began with a welcome and introduction of key program staff, including the project director, project manager, and project coordinator. The team then met with staff from the Rehabilitation Counseling and Neuropsychiatry programs who will be implementing the SBIRT training program. This was followed by a discussion with several key community partners. In the afternoon, the team received an overview of project planning and implementation activities to date and the project's approach to training students and residents.

On the morning of February 6, the team met with leadership from the School of Medicine and Palmetto Health to discuss plans for sustainability. This was followed by a tour of the remaining academic disciplines participating in the SBIRT program, including internal medicine, family and preventive medicine, nursing, and social work. The site visit wrapped up with a discussion of evaluation activities and debriefing of the visit with the SAMHSA Government Project Officer.

2. Program Vision and Design

Over the course of the 3-year training grant, the IDISCUS project will customize, implement, and evaluate its SBIRT training curriculum for graduate students and medical residents in its health professional training programs for social work, nursing, rehabilitation counseling, and four medical residency programs. The project anticipates increasing the adoption and practice of SBIRT by an additional 600 newly trained and 4,000 current multidisciplinary health professionals. Projected long-term outcomes include the adoption and practice of SBIRT throughout the State's health care delivery system; decreased disparities in access, service use, and outcomes; and approval of insurance reimbursement for SBIRT services for a broad range of patient populations.

Specific objectives of the IDISCUS project are to—

- ▶ Develop SBIRT training modules that will enhance the knowledge and skills of newly trained professionals to identify persons with SUDs, make use of motivational interviewing techniques to conduct brief interventions, and provide referral to ongoing treatment as needed.
- ▶ Underscore the importance of providing SBIRT as part of an interdisciplinary treatment team approach as one component of promoting behavioral health across a range of medical settings.
- ▶ Disseminate SBIRT training in local and statewide medical settings where most individuals in South Carolina with SUDs are served.

Using the SAMHSA SBIRT Core Curriculum as a guide, IDISCUS staff developed a three-module training curriculum to be implemented across disciplines. The training will include presentation of the information via online learning modules, modeling of the techniques learned in the didactic portions of the training, and demonstration of proficiency in delivering SBIRT with the goal of increasing use of the SBIRT model in practice after graduation.

Content included in each module is detailed below:

- ▶ Module 1
 - Section A: Didactics regarding principles and individual components of SBIRT
 - Section B: Didactics and video demonstration of the screening process
 - Section C: Primer on motivational interviewing skills used in the brief negotiated interview
- ▶ Module 2
 - Section A: Didactics and video demonstrations of the brief intervention using the brief negotiated interview
 - Section B: Didactics on referral to treatment
- ▶ Module 3
 - Practice and hands-on application of SBIRT principles and skills
 - Video demonstration of the brief negotiated interview in various settings for students to review
 - Instructional video with proficiency evaluation instructions. Students will complete two interviews on a standardized patient. In the first interview, they will complete the Alcohol Use Disorders Identification Test (AUDIT) and/or the Drug Abuse Screening Test (DAST) and negotiate a reduction plan. They will have the patient return in 1 month. At the second visit, the AUDIT and/or DAST scores will be provided indicating the patient has gotten worse and now needs treatment. This method will enable students to complete the entire SBIRT process. Scenarios will be provided, but faculty educators are free to customize them for their discipline.

3. Grantee Leadership

The core IDISCUS team is composed of a project director, project manager, project coordinator, clinical director of education, and project evaluator. Under the direction of the project director, the team developed content for the SBIRT training modules, recruited disciplines throughout the university to participate in the SBIRT training project, and developed plans and tools for evaluation of the project. As the trainings are continuously rolled out, the core staff will work to ensure successful inclusion of the SBIRT curriculum in established school/training program curricula and make continual improvements to the content and format of the trainings as dictated by feedback and data received through evaluation activities. The core staff members also serve on the project's COD and work in tandem with university faculty and community partners to promote and disseminate the SBIRT training curriculum throughout the State's health care delivery system. Exhibit 1 depicts the project's organizational structure.

Working with IDISCUS core staff, the project's COD will act as a policy steering committee, assisting the team with monitoring progress of implementation, reviewing reports to SAMHSA, and developing plans for sustainability. Faculty members from each discipline participating in the project are represented on the COD, along with representatives from community partner agencies, including the South Carolina's Department of Mental Health (SCDMH), the HIV/AIDS Clinical Training Center, and the Department of Alcohol and Other Drug Abuse Services (DAODAS) that currently holds the State SBIRT grant. This will facilitate continuous feedback to be shared regarding successes and challenges encountered during implementation of the curriculum. The COD will meet monthly during the course of the grant, supplemented with bimonthly telephone conferences and ongoing electronic communication for any project-related needs that may arise between meetings. Monthly publications meetings will be held with members of the COD to discuss potential articles and presentations the project may wish to pursue.

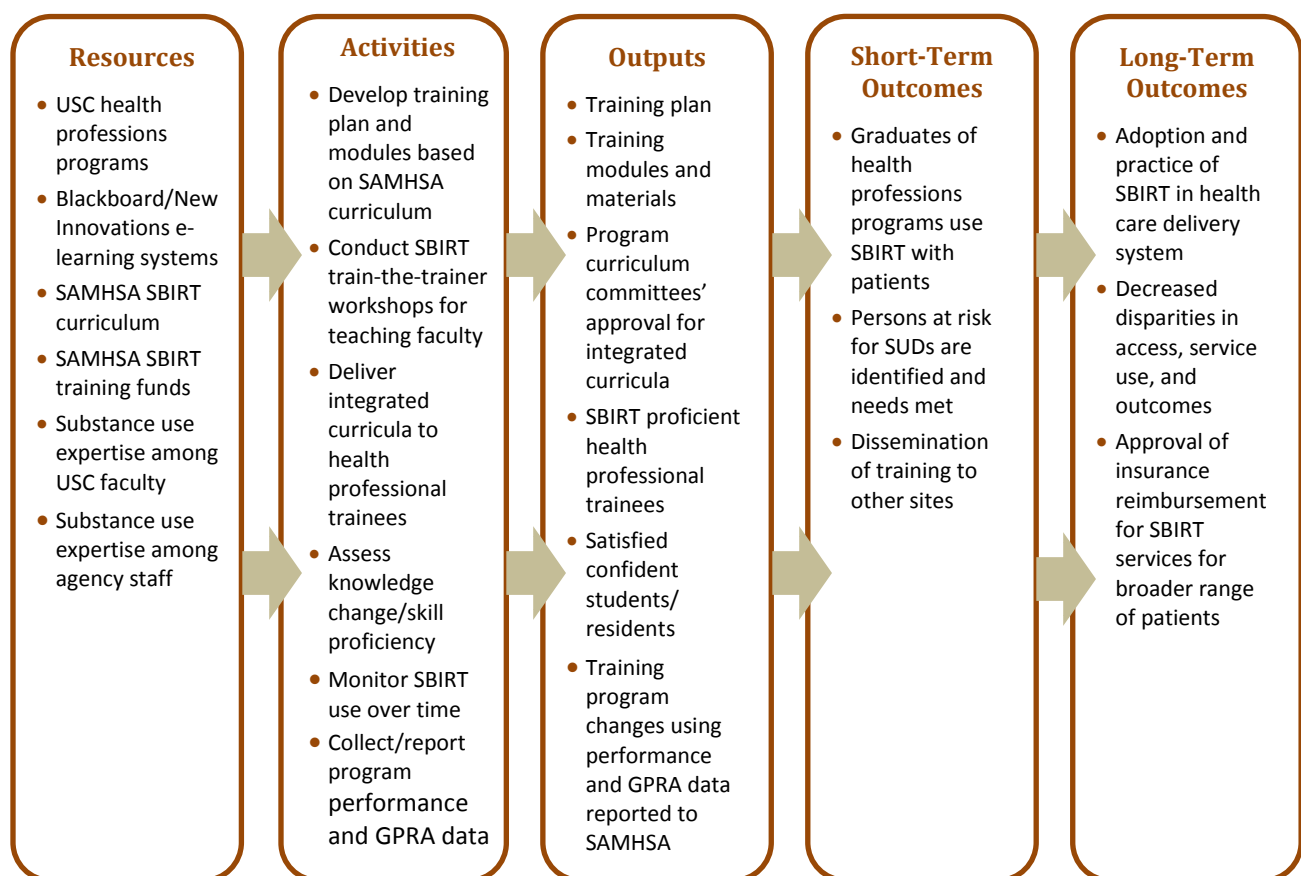
Exhibit 1. IDISCUS Organizational Structure



4. Implementation Plan

Implementation of the project is planned to occur in two phases. Activities planned for phase one, project planning and startup, include establishment of a COD and development of a training plan. Phase two will include training of health care professional students in didactic and practice settings and local and statewide dissemination of SBIRT training. The training phase of implementation includes initial plans for modifications to the SBIRT Core Curriculum. The planned modifications include using the inverted classroom model to deliver online modules based on the SBIRT Core Curriculum. Additional modifications include collapsing the Core Curriculum's three Motivational Interviewing (MI) modules into one. The collapsed module will eliminate MI concepts and skills included in other aspects of the grantee's educational curricula. Exhibit 2 depicts the project's proposed implementation plan throughout the 3 years of the grant and projected outcomes.

Exhibit 2. IDISCUS Proposed Implementation Approach



As of February 2014, the IDISCUS project had formed its COD and started monthly meetings. As detailed in the Program Vision and Design section of this report, staff also developed a three-module SBIRT training curriculum to be disseminated across disciplines. This curriculum has since been rolled out to the nursing and rehabilitation counseling students. Modules 1 and 2

are being delivered to students via the le-learning system, which is currently used by these programs for other components of their curricula. Project staff worked closely with a learning management specialist from the College of Nursing to incorporate module content into online learning courses housed on the Blackboard system. The experiential component of the curriculum will be integrated into either classroom or online Adobe Connect sessions according to the individual discipline's preference.

The remaining disciplines will implement the SBIRT training in the upcoming summer semester. Modules 1 and 2 of the training will be delivered online either using the Blackboard e-learning system or the e-learning system currently used by the School of Medicine, New Innovations. To facilitate the transition of the online courses developed in Blackboard to the New Innovations system, the learning management specialist will collaborate with New Innovations staff. Disciplines will determine how proficiency will be demonstrated in module 3 in a classroom setting, a clinical setting, or via Adobe Connect sessions. The Learner Recruitment section of this report details plans for implementation for each of the disciplines participating in the SBIRT training project.

In the second and third years of the grant, the SBIRT training will be disseminated via in-person and online trainings to health professionals in the community through various government and local agencies: SCDMH, reaching about 1,300 physicians, nurses, and clinical social workers; the South Carolina HIV/AIDS Clinical Training Center, reaching about 2,000 physicians, nurses, and clinical social workers; and the South Carolina Chapter of the National Association of Social Workers, reaching about 200 clinical social workers. See the next section for more details.

5. Community Linkages, Partners, and Participation

One of the objectives of the IDISCUS project is to disseminate SBIRT training to local and statewide medical settings where a majority of individuals with SUDs are served. To this end, the project has identified three key community partners with whom to collaborate in reaching professionals throughout the South Carolina health care delivery system. These partners include SCDMH, the South Carolina HIV/AIDS Clinical Training Center (SCHIVTC), and the South Carolina Chapter of the National Association of Social Workers.

SCDMH provides mental health services to adults, children, and families in the State of South Carolina. The agency employs more than 2,500 clinicians at 4 hospitals, 17 community mental health centers, and 50 clinics across the State. The Evaluation, Training, and Research division within SCDMH provides training to its statewide mental health centers, nursing homes, and hospitals. In the second year of the IDISCUS project, the Evaluation, Training, and Research division will implement SBIRT online and with in-person trainings using modules consisting of didactics and vignettes as part of an hour-long presentation conducted quarterly with health

care professionals. The trainings will continue in the third year of the grant, facilitating inclusion of new clinical hires.

SCHIVTC is part of a federally funded, nationwide network with a mission to improve the quality of care and access to care for patients living with HIV/AIDS through the provision of high-quality professional education and training to a diverse group of health care providers. They provide capacity-building support to minority and minority-serving clinicians to treat HIV/AIDS and associated co-occurring SUDs in areas of increased need and limited care capacity. SCHIVTC will disseminate SBIRT training to physicians, physician assistants, nurse practitioners, nurses, social workers, pharmacists, and oral health professionals at the Ryan White Clinic and affiliated HIV/AIDS treatment clinics, community health centers, AIDS service organizations, community-based organizations, and a county detention center and State prison.

The South Carolina Chapter of the National Association of Social Workers (NASW-SC) is a membership organization of professional social workers that works to enhance the professional growth and development of its members. NASW-SC provides its members opportunities to network with professionals in the social work field, enjoy educational/training experiences to further professional development, and have resources relevant to the profession and practice of social work in South Carolina. In collaboration with faculty from USC's College of Social Work, SBIRT training will be provided to social workers via a plenary session and workshop at their annual meetings.

6. Learner Recruitment

In an effort to increase the number of health care professionals trained to address the needs of persons at risk for SUDs, IDISCUS staff identified various disciplines throughout the university's graduate and resident programs in which SBIRT could naturally be integrated in existing classroom curricula and clinical rotations. Since 2011, USC faculty members from medicine, social work, nursing, pharmacy, and public health have worked together on an Interprofessional Education for Health Sciences Steering Committee. The committee's goal is to provide educational and experiential activities that enhance the skills of health sciences students to work together in providing high-quality care for their patient populations.

Prior to submission of the grant application, IDISCUS staff reached out to department leadership, many of whom serve on the steering committee, to gauge interest in their participation. After discussions of anticipated time required for training, clinical application, and assessments in the SBIRT intervention, and recognizing the disciplines' varied needs and limitations, each discipline selected the course or time within its individual curriculum where the intervention best fits. Faculty members in each department have been designated to introduce the content to students, provide guidance on completing the online modules, assist with coordination of the experiential components, and assess proficiency of SBIRT-related

knowledge and skills. Exhibit 3 provides an overview of each of the seven participating disciplines and their plan for implementation of the SBIRT curriculum.

Exhibit 3. IDISCUS Individual Discipline Area Descriptions and Implementation Plans

Discipline	Description	Implementation Plan
Rehabilitation Counseling	<ul style="list-style-type: none"> Trains graduate-level (master's) students with an average of 16 graduates per year Students are exposed to education on SUDs in four required courses Graduates provide counseling and rehabilitation services to individuals with physical, psychiatric, and emotional disabilities, including addictions 	<ul style="list-style-type: none"> Implemented in February 2014 Modules will be integrated into Rehabilitation Assessment course (required for all students) Didactics will be delivered via Blackboard e-learning management system Experiential component will take place at distance -earning weekend/classroom setting
Nursing	<ul style="list-style-type: none"> Trains graduate-level (master's and doctoral) students with an average of 70 students annually Students receive no SUD-focused training, and there is a lack of comprehensive content on assessment, intervention, and referral Graduates practice in acute and primary care in urban and rural settings 	<ul style="list-style-type: none"> Implemented in February 2014 Modules will be integrated into Advanced Health Assessment (required for all students) Didactics will be delivered via Blackboard e-learning management system Experiential component will take place via Adobe Connect or in classroom setting
Neuropsychiatry	<ul style="list-style-type: none"> Four-year training program with an average of six residents annually Residents encounter substance use on a majority of rotations, with two addictions-specific rotations; education on SUDs is incorporated throughout the 4-year curriculum Graduates enter into private practice, public mental health clinics, inpatient or emergency services, and other health care settings including Veterans Affairs medical centers 	<ul style="list-style-type: none"> Planned implementation in July 2014 Modules will be integrated into orientation to the adult psychiatry clinic rotation for second-year residents. Didactics will be delivered via New Innovations Learning Management System Experiential component will take place in clinical setting
Internal Medicine	<ul style="list-style-type: none"> Three-year training program with an average of 11 residents annually Residents enter training program with variable amounts of exposure to substance abuse Graduates enter into hospital-based medicine careers, primary care internal medicine, and subspecialties of internal medicine 	<ul style="list-style-type: none"> Planned implementation in July 2014 Modules will be integrated in continuity clinic rotation for second-year residents Didactics will be delivered via New Innovations Learning Management System Experiential component will take place in classroom and clinical settings

Discipline	Description	Implementation Plan
Family Medicine	<ul style="list-style-type: none"> • Three-year training program with an average of 10 residents annually • Curriculum includes training experiences at a residential substance abuse facility during behavioral medicine rotation and in continuity clinic and hospital settings • Graduates practice in a wide diversity of settings including private practice, academic practice, and community health centers 	<ul style="list-style-type: none"> • Planned implementation for July 2014 • Modules will be integrated into behavioral medicine rotation for second year residents. • Didactics will be delivered via New Innovations Learning Management System • Experiential component will take place in classroom and clinical settings
Preventive Medicine	<ul style="list-style-type: none"> • Two-year training program with an average of two residents annually • Residents complete a block rotation with Addictions Medicine Services at Veterans Affairs where they gain experience working with those with SUDs • Graduates typically work in public health settings, health administration, or occupational health 	<ul style="list-style-type: none"> • Planned implementation for July 2014 • Modules will be integrated into behavioral medicine rotation for second-year residents • Didactics will be delivered via New Innovations Learning Management System • Experiential component will take place in classroom and clinical settings
Social Work	<ul style="list-style-type: none"> • Trains graduate-level (master's) students with an average of 110–120 students annually • Students are exposed to SUDs in required courses on psychopathology or dynamics of substance abuse; there is a graduate certificate in drug and addiction studies • Thirty-four percent of graduates work in health-focused setting, including outpatient and inpatient health, mental health, and substance use settings 	<ul style="list-style-type: none"> • Planned implementation for July 2014 • Modules will be integrated into Dynamic of Substance Abuse (required for students in particular concentrations) • Didactics will be delivered via Blackboard e-learning management system • Experiential component to be determined

7. Affordable Care Act Readiness

During day 2 of the site visit, the team met with the vice dean of Innovative Technologies/ chairman of the Department of Neuropsychiatry and Behavioral Science and the vice president of Medical Education and Research/Graduate Medical Education designated institutional official for Palmetto Health. Palmetto Health, the residency sponsoring institution for the USC School of Medicine, is the region's largest, most comprehensive, not-for-profit health care resource and leads the region in the number and volume of inpatient and outpatient services provided. Both individuals spoke of the collaborative relationship USC has with Palmetto Health and the joint commitment to providing graduate medical education programs that enables physicians in training to develop personal, clinical, and professional competence and to provide quality patient care to the populations they serve. Both expressed that Palmetto Health and the

USC School of Medicine fully support the integration of SBIRT into the university's curricula and believe that carrying it over into practice would be beneficial to the health care delivery system and the residents of South Carolina. USC's relationship with Palmetto Health positions it well to promote the integration of SBIRT into primary care services throughout the State. USC's SBIRT readiness training also serves as a pipeline for service providers for Palmetto Health at the outset of the ACA rollout.

SUDs are included in the ACA as one of the 10 elements of essential health benefits. Through the training of SBIRT-ready practitioners, USC, its seven medical professional training programs, and community partners are poised to meet the needs of the approximately 285,000 South Carolinian adults experiencing challenges with alcohol and other drugs. Through the SBIRT readiness made possible by USC's medical professional training grant, Palmetto Health and associated service delivery entities in South Carolina may benefit from the ability to be reimbursed for substance use services.

8. Sustainability Planning

The IDISCUS project has taken a multidisciplinary, collaborative approach from the initial stages of grant writing through implementation of the SBIRT training. Staff have obtained buy-in and commitment at all levels, from the professors and clinical faculty in the various disciplines to the university's deans and the Graduate Medical Education's designated institutional official. The project has also garnered much support from various State government and community entities. These key stakeholders will continuously be apprised of the project's progress via their program's representation on the COD. Each academic discipline and agency participating in the implementation of the SBIRT training are integrally involved in the initial design and subsequent improvements made to their respective training plans. This will encourage ownership of the process and assist in ensuring that training of the SBIRT intervention and its integration into practice continues after the lifetime of the grant.

Another key partner in the IDISCUS project is DAODAS, which was recently awarded the SBIRT State Demonstration Cooperative Agreement from SAMHSA. Representatives from DAODAS are on the project's COD and collaborate with IDISCUS staff to disseminate SBIRT-related information and trainings to the community. In conjunction with DAODAS, the State currently maintains the South Carolina Department of Health and Human Services Birth Outcomes Initiative SBIRT project, aimed at improving the health of newborns involved in the Medicaid program. Presently, Medicaid only reimburses billing codes for screening and brief intervention for pregnant women and those up to 12 months postpartum. This policy has encouraged obstetrics and gynecology providers in the State who treat Medicaid beneficiaries to screen this population using the Integrated Screening Tool for domestic violence, emotional health, past and present substance use, and tobacco use. Results from this project may facilitate further discussion with the South Carolina Department of Health and Human Services and third-party insurers to refine service codes for SBIRT services and foster adequate reimbursement support for SBIRT in primary care and other clinical settings

9. Grantee Evaluation

To assess the overall effectiveness and quality of the IDISCUS SBIRT training, the team has developed several evaluation tools to be administered to students and residents at various times throughout the training. The evaluation team used well-tested surveys and assessment tools from previous cohorts of SBIRT medical residency grantees to develop their instruments. Findings from all evaluation activities will be provided to program leadership and key stakeholders and funders on a monthly, bimonthly, or quarterly basis.

Prior to starting the online training, participants are prompted to complete a survey that collects information on demographics, alcohol and other drug-related education in previous medical/professional training, and any clinical experience with patients with alcohol and other drug use. This is followed by the Attitudes, Self-Perception of Skills and Knowledge Survey, designed to assess the change in knowledge and attitudes from baseline through completion of the training. This survey will be repeated after completion of both modules 1 and 2 and at the end of the training. During module 3, proficiency in the delivery of SBIRT will be assessed by project staff during standardized patient role-plays using the project's Brief Negotiated Interview Adherence Scale. A followup survey will be conducted on all those who completed the training to gather information about their continued use of SBIRT and its perceived efficacy. A postgraduation tracking form and system will be developed to follow up with graduates to determine their use of SBIRT in their work.

As required by the grant, GPRA baseline data on all participants of the training curriculum will be collected at the end of the training and 30 days after training using the CSAT Baseline/Followup Training Satisfaction Tool. Because of differences in implementation of the SBIRT training program across disciplines, timelines for administration of GPRA tools will vary accordingly.

The project also plans to capture feedback from faculty who administer the training and core project staff to make continuous improvements to the content and format of the SBIRT training. This feedback will be gathered through semistructured qualitative interviews conducted by individuals external to the project. Questions will be asked about the implementation process, effectiveness of the training, progress on project goals and objectives, and efficiency and cost-effectiveness of the project. In an effort to maintain fidelity to the SBIRT model, academic program directors will complete a curriculum fidelity checklist while observing course delivery during scheduled visits to ensure each program is delivering the curriculum components as designed.

Strengths and Considerations for Action

Program Vision and Design

STRENGTHS

- The core content and customizable third module of the SBIRT training is an effective approach and enables each partner department to integrate training in a way that works best for its program.

CHALLENGES

- Plans for training faculty, field supervisors, and other community partners that will be involved in administering and modeling the SBIRT training with students, residents, and professionals in the community are not well established.
- The SBIRT training vision and design emphasizes SUDs and not at-risk misuse. The SBIRT intervention is intended to target risky users and is most effective with that population.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee may benefit from the development of a more substantial training plan for faculty and community partners. Ensuring that educators, preceptors, and field supervisors who mentor and train students and residents are fully trained and committed to implementation of the SBIRT approach will assist in successfully translating training into practice.		X	
2	The grantee may want to review the training curriculum to ensure it reflects the effectiveness of SBIRT with at-risk users and those with SUDs. Since the prevalence of risky misuse is much higher than those with SUDs, communication about and promotion of SBIRT should include an emphasis on screening at-risk users as well as those with SUDs.	X		

Grantee Leadership

STRENGTHS

- The core grantee staff and university faculty and leadership are committed to incorporating SBIRT in their academic programs and seem to understand and appreciate the critical importance of the experiential component of the training.
- The grantee's COD is composed of representatives from each of the participating academic disciplines and key community partners and stakeholders invested in the success of the project.

CHALLENGES

- None noted.

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

Implementation Plan

STRENGTHS

- The IDISCUS project has made significant progress on its implementation plan in a short time, including constituting its COD and developing a three-module SBIRT training curriculum to be disseminated across disciplines. The curriculum is currently being rolled out to the nursing and rehabilitation counseling students.

CHALLENGES

- Plans for implementation of the experiential component in some disciplines have not been fully developed. Some disciplines are planning on implementing this component online, which may not enable students to fully appreciate the experience of implementing SBIRT with patients in practice settings.

Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1 The grantee may want to consider migrating from the Blackboard e-learning system to a Web-based platform that will facilitate accessibility to learners outside of USC.	X		

Community Linkages, Partners, and Participation

STRENGTHS

- The grantee has established strong partnerships with State government entities (e.g., DAODAS) and community organizations that train health care professionals throughout the State.

CHALLENGES

- None noted.

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

Learner Recruitment

STRENGTHS

- The grantee made a concerted effort to garner commitment from various disciplines within the School of Medicine and other allied health professional programs. The decision to involve leadership from each discipline in determining where SBIRT best fits into the respective curricula will help ensure ongoing commitment and sustainability of the program after grant funding ends.

CHALLENGES

- None noted.

Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1 The grantee may benefit from coaching throughout the process of implementing a complete learning environment from classroom to clinic within the medical residency training programs. Integration of SBIRT into practice settings will provide learners with real-world role models, mentors, and clinical operations that support routine screening. This approach will also promote the sustainability of SBIRT in those settings after the grant has ended.		X	

Affordable Care Act Readiness

STRENGTHS

- The existing partnership with Palmetto Health along with the rollout of the SBIRT implementation plan will generate SBIRT-ready medical professionals and facilitate health insurance and Medicaid reimbursements for SUDs and related treatment services.

CHALLENGES

- None noted.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee may benefit from receiving technical assistance pertaining to ACA billing and coding and readiness for health information technology for SBIRT. Integration of screening and assessment in electronic health record systems and provider-friendly tools to document interventions for positive screens would help prepare for full implementation of ACA.		X	

Sustainability Planning

STRENGTHS

- The staff made a concerted effort to garner commitment from various disciplines within the School of Medicine and other allied health professional programs. They also achieved buy-in from USC's Medical Education and Research Department, the deans of the residency programs, and other high-level administrators at the university. The program has also established strong partnerships with State government entities and community organizations that train health care professionals throughout the State. Maintaining support from these partners will help ensure ongoing commitment and sustainability of the program after grant funding ends.
- The grantee and the disciplines involved in the SBIRT program have embedded SBIRT in the curriculum of existing courses. The infusions of SBIRT into existing courses will facilitate standardizing SBIRT content within required courses of USC students across disciplines.

CHALLENGES

- None noted.

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

Grantee Evaluation

STRENGTHS

- The grantee has developed carefully considered processes, procedures, and tools for capturing data and feedback regarding the quality and efficacy of the SBIRT training.

CHALLENGES

- Although the program currently implements a pre- and posttest of knowledge and attitudes, a more progressive learning approach to measure knowledge acquisition of key facts throughout the training could be beneficial for retention of information and engagement in trainings.
- There are currently no well-established plans for tracking use of SBIRT by training participants after graduation.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee may want to consider the addition of embedded quizzes to measure and reinforce understanding of concepts throughout the training modules.	X		
2	The grantee may want to consider reducing the length of the Attitudes, Self-Perception of Skills and Knowledge Survey to increase the rate and accuracy of responses.	X		
3	The grantee may wish to request peer-to-peer assistance with developing a plan for tracking the use of SBIRT after graduation.		X	
4	The grantee may want to consider conducting focus groups with SBIRT faculty preceptors to garner enriched feedback regarding their experience with development and implementation of SBIRT curricula and trainee proficiency with assessments.	X		

Abbreviations and Acronyms

AUDIT	Alcohol Use Disorders Identification Test
BNI	Brief negotiated interview
COD	Council of directors
CSAT	Center for Substance Abuse Treatment
DAODAS	Department of Alcohol and Other Drug Abuse Services
DAST	Drug Abuse Screening Test
GPRA	Government Performance and Results Act
IDISCUS	Interdisciplinary Collaboration and Implementation of SBIRT Curricula in University of South Carolina Health Systems
NASW-SC	South Carolina Chapter of National Association of Social Workers
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, brief intervention, and referral to treatment
SCDMH	South Carolina Department of Mental Health
SCHIVTC	South Carolina HIV/AIDS Clinical Training Center
SUD	Substance use disorder
USC	University of South Carolina