Meeting Students Where They Are: Implementing Digital SBIRT Across Campus
LEARNING OBJECTIVES

1. Explain the SBIRT model (including ScreenU’s digital adaptation of the model) and the evidence for its efficacy.

2. Identify strategies for gaining buy-in and scaling SBIRT in key partner offices.

3. Plan to implement SBIRT expansion strategies into practice.
ABOUT OUR CAMPUS

• Located in Flagstaff, AZ
• 23,073 students on campus
• 4,949 faculty and staff
• Integrated campus health services; co-located with campus recreation
2013: SBIRT grant → SBIRT in Medical Services

2016: SBIRT fully implemented in scheduled medical appointments

2017: Awarded STR grant to expand SBIRT to urgent care and across campus

2017: Capacity building with MI & SBIRT trainings for campus partners

2018: Purchased ScreenU & iPads

2018: In-person SBIRT implementation in Office of Inclusion

2019: More capacity building training

2019: Launched ScreenU in campus partner offices
SBIRT (Screening, Brief Intervention and Referral to Treatment) is an evidence-based, public health approach to identify, reduce and prevent problematic use, abuse and dependence.
The UMKC SBIRT Project, 2016
COMPONENTS OF A BRIEF INTERVENTION

Ask Permission (Engage)
- “Thank you for taking the time to answer these questions. Could we take a few minutes to discuss your results?”

Provide Feedback (Focus)
- “Your score put you into the ___ category. What do you make of that?”

Enhance Motivation (Evoke)
- “Have you ever considered cutting back or quitting?”
  - If yes: “Why?”
  - If no: “What would have to happen for you to consider making a change?”

Next Steps (Plan)
- “If you were to make a change, what would be your first step?”

Close on Good Terms
- Summarize, emphasize strengths, highlight change talk and decisions made.
### Costs: Combined program and staff costs for adoption/implementation and maintenance

<table>
<thead>
<tr>
<th>IND-3</th>
<th>Normative re-education: Electronic/mailed personalized normative feedback (PNF)—Generic/other</th>
</tr>
</thead>
<tbody>
<tr>
<td>IND-10</td>
<td>Skills training, alcohol focus: Self-monitoring/self-assessment alone [{F, #, **, online/offsite}]</td>
</tr>
<tr>
<td>IND-24</td>
<td>Personalized feedback intervention (PFI): eCHECKUP TO GO (formerly, e-CHECKUP) [{B, **, online}]</td>
</tr>
<tr>
<td>IND-11</td>
<td>Skills training, alcohol focus: Decisional balance exercise alone [{F, #, **, online/offsite}]</td>
</tr>
<tr>
<td>IND-12</td>
<td>Skills training, alcohol focus: Protective behavioral strategies alone [{B, **, online/offsite}]</td>
</tr>
<tr>
<td>IND-4</td>
<td>Normative re-education: In-person norms clarification alone [{F, #, **, **}]</td>
</tr>
<tr>
<td>IND-8</td>
<td>Skills training, alcohol focus: Expectancy challenge interventions (ECI)—Experiential [{F, #, **, **}]</td>
</tr>
<tr>
<td>IND-15</td>
<td>Skills training, alcohol plus general life skills—Parent-based alcohol communication training [{F, **, **}]</td>
</tr>
<tr>
<td>IND-16</td>
<td>Skills training, alcohol plus general life skills or general life skills only: Generic/other [{F, **}]</td>
</tr>
<tr>
<td>IND-17</td>
<td>Brief motivational intervention (GMi): In-person—Group [{#F, **, **}]</td>
</tr>
<tr>
<td>IND-20</td>
<td>Multi-component education-focused program (MCEP): Alcohol-Wise® (contains eCHECKUP TO GO) [{B, **}]</td>
</tr>
</tbody>
</table>

#### Higher Costs

| IND-9 | Skills training, alcohol focus: Goal/Intention-setting alone [{#F, **, **}] |
| IND-14 | Skills training, alcohol plus general life skills: Alcohol Skills Training Program (ASTP) [{F, **, **}] |
| IND-18  | Brief motivational intervention (GMi): In-person—Individual (e.g., BASISC) [{#F, **, **}] |
| IND-26  | Personalized feedback intervention (PFI): Generic/other [{B, **, **}] |
| IND-19 | Multi-component education-focused program (MCEP): AlcoholEd® for College [{B, **, **}] |

### Interventions Delivered by Health Care Professionals

- **Screening and behavioral treatments**
- **Medications for alcohol use disorder**

These approaches can reduce harmful drinking, according to studies conducted mainly in general adult populations (ages 18-65). The differences in research populations, along with wide variations in costs and barriers across campuses, precluded ratings relative to other strategies. See page 18 for more information.

### Legend

- **Effectiveness rating**: Based on percentage of studies reporting any positive effect.
  - ***95% or more
  - **50% to 949%
  - *Less than 25%

- **Research amount/quality**: 
  - 11 studies
  - 7 to 10 studies
  - 4 to 6 studies
  - 3 or fewer studies

- **Public health reach**: 
  - B = Broad
  - F = Focused

- **Primary modality**: 
  - Computer
  - In-person individual
  - In-person group
  - Online
  - Offsite

### Notes
- New intervention (2019)
- Intervention changed position in the matrix

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**INDIVIDUAL-LEVEL STRATEGIES: Revised and Updated**

Estimated Relative Effectiveness, Costs, and Barriers; Public Health Reach; Research Amount; and Primary Modality
SBIRT EXPANSION
**WHY EXPAND BEYOND CAMPUS HEALTH?**

- **Evidence**: SBIRT is recommended for use outside of primary care settings on college campuses (Larimer, Cronce, Lee, & Kilmer, 2004).

- **Capacity building**: meets them where they are
  - Not all students access campus medical services
  - Health Promotion cannot reach all students

- **Comprehensive**: SBIRT, as part of a comprehensive alcohol & drug prevention strategy, contributes to students’ wellbeing (Arria, Caldeira, Bugbee, Vincent & O'Grady, 2013).
  - Improved academic outcomes
  - Higher rates of retention and graduation
  - Readiness for employment
ORIGINAl IMPLEMENTATION PLAN

- Urgent Care-Medical Services
- Student Life-Conduct
- Residential Life-Conduct
### Implementation

- Patient checks in for urgent care visit on iPad
- **Patient completes abbreviated AUDIT, CUDIT, PHQ, and IPV screenings on iPad**
- **Behavioral Health Specialist** called to conduct BI for all positive screens

### Reach

- **10,978** total screenings
- **1,783 brief interventions** completed by Behavioral Health Specialist
IMPLEMENTATION IRL

- Urgent Care
- Partner Offices
- Peer Mentors
- Fraternity & Sorority Life
- Student Athletes
- Club Sports Registration
- Curriculum Infusion
BARRIERS TO IMPLEMENTATION: OUTSIDE CHS

- Time
- Talking about substance use can be uncomfortable
- Confidentiality concerns
- Perceived misalignment
- Flow not conducive
- Professional staff
WHAT IS SCREENU?

• Three screening programs: alcohol, marijuana, prescription drugs
• Campus and community resources can be customized
• Can be completed on desktop, laptop, tablet or phone
• Provides personalized normative feedback
• Provides BI using MI-adherent open questions
SCREENU WAS THE SOLUTION

- **Time**
  - ScreenU takes less time than traditional, in-person SBIRT

- **Talking about substance use can be uncomfortable**
  - ScreenU delivers the brief intervention and referral to resources

- **Confidentiality concerns**
  - ScreenU does not collect identifiable information

- **Perceived misalignment**
  - Welcome message can be tailored to explain purpose and connection to the location

- **Flow not conducive**
  - ScreenU can be implemented in a variety of ways

- **Professional staff**
  - Student staff much more receptive: they were our champions!
### Implementation

- iPads in 5 locations on campus for students to use to complete ScreenU at **check-in**:
  - Gateway Student Success Center (Advising)
  - 2 Academic Success Centers
  - 2 First-Generation Program Offices
  - iPads include link to ULifeline
- iPads (**Wellness Kiosks**) set up in 2 additional locations on campus for students to utilize at any point during their time in that space:
  - Office of Inclusion
  - Veteran Success Center
  - iPads include links to ULifeline, healthy relationships assessment
- Training for all staff on MI and AOD

### Reach

- **1,613 screenings completed**

### Takeaways

- An **existing standardized flow** is key
- Staff are excited about MI
- People like iPads
If you have reached the “Thank You!” completion page from a previous student:

1. Exit the current window.
2. Open a new window and click the “Return to Main” link.

GATEWAY ADVISING CENTER
While the goal of SBIRT is *universal screening*, we prioritized the engagement of our campus partners from the Office of Inclusion: Multicultural and LGBTQIA Student Services and from the First-Generation Programs.

- In the general population, people of color face increased barriers to accessing care and report lower utilization of care (Artiga, Foutz, Cornachione, and Garfield, 2016).
- Students of color access our primary care services at disproportionately lower rates (NAU Campus Health Services Patient Data, 2018-2019).
- The LGBTQ community are at a greater risk for substance use issues and mental health concerns (SAMHSA, 2016)

Reaching our students in these marginalized groups with preventive services is a step toward *behavioral health equity* on our campus
SCREENU DEMOGRAPHIC DATA: AGE

n = 4,208
PARTNER OFFICES: SCRENU ALCOHOL

- In Recovery (n = 35)
- No Use (n = 731)
- Low Risk (n = 529)
- Risky Hazardous (n = 80)
- High Risk Harmful (n = 5)
- High Risk Likely Dependent (n = 9)

Total = 1,389
PARTNER OFFICES: SCREEN MARIJUANA

- In Recovery (n = 4)
- No Use (n = 91)
- Low Risk (n = 12)
- Moderate Risk (n = 4)
- High Risk (n = 9)

Total = 120
PARTNER OFFICES: SCREENU RX

- In Recovery (n = 9)
- No Use (n = 92)
- Low Risk (n = 2)
- Moderate Risk (n = 0)
- High Risk (n = 1)

Total = 104
# PEER MENTOR TRAINING

## Implementation

- 1 peer mentoring group trained to conduct “wellness check” (SBIRT) with mentees in their third appointment
  - SBIRT
  - AOD trends
  - Mental health
  - Motivational interviewing
- 3 other peer mentoring groups trained to utilize ScreenU with their mentees during an appointment of their choosing

## Reach

- 286 mentees screened by mentors
- < 10 mentees completed ScreenU during a mentoring appointment

## Takeaways

- Leverage **student support/excitement**
- Looser structure doesn’t work
PEER JACKS WELLNESS CHECK OUTCOMES

- Alcohol: 77% Negative, 19% Positive, 4% High Positive
- Cannabis: 90% Negative, 5% Positive, 3% High Positive
- Other Drugs: 93% Negative, 0% Positive, 6% High Positive
- Mental Health: 38% Negative, 31% Positive, 28% High Positive

n = 286
# Fraternity and Sorority Life

## Implementation

- Introduction highlighting **anonymity, non-judgment**, etc.
- Individual ScreenU Alcohol participation
- Use chapter aggregate data as a starting point for conducting a **group brief intervention**, following MI-adherent script
- Conclude with **goal setting**, summary, resource sharing

## Reach

- **1,290 ScreenU Alcohol completions**
- 16 chapters visited (Spring 2019)
- 13 chapters visited (Fall 2019)
- **29 Total Chapter Visits**

## Takeaways

- **Unconventional approach** was a welcome surprise and seemed to open the door for **honest conversation**
- Group BIs work best in **tighter-knit groups**
FRATERNITY AND SORORITY LIFE OUTCOMES

- In Recovery (n = 36)
- No Use (n = 64)
- Low Risk (n = 505)
- Risky Hazardous (n = 545)
- High Risk Harmful (n = 81)
- High Risk Likely Dependent (n = 59)

TOTAL = 1,290
# STUDENT ATHLETES

## Implementation

- Introduction highlighting **anonymity, non-judgment**, etc.
- Individual ScreenU Alcohol participation
- Use team aggregate data as a starting point for conducting a **group brief intervention**, following MI-adherent script
- Conclude with **goal setting**, summary, resource sharing

## Reach

- **35 ScreenU Alcohol completions**

## Takeaways

- Student athletes more wary about being totally honest
- Need a supportive athletics staff member to make this happen
STUDENT ATHLETE OUTCOMES

- In Recovery (n = 1)
- No Use (n = 3)
- Low Risk (n = 20)
- Risky Hazardous (n = 11)
- High Risk Harmful (n = 0)
- High Risk Likely Dependent (n = 0)

TOTAL = 35
## CLUB SPORTS REGISTRATION

### Implementation
- ScreenU Alcohol link added to **online registration portal**
- Must upload ScreenU certificate of completion to participate
- Swapping out ScreenU Alcohol for ScreenU Marijuana in Fall 2020

### Reach
- **799 ScreenU Alcohol completions**

### Takeaways
- Work with your club sports if you aren’t already!
CLUB SPORT OUTCOMES

- In Recovery (n = 27)
- No Use (n = 384)
- Low Risk (n = 324)
- Risky Hazardous (n = 58)
- High Risk Harmful (n = 3)
- High Risk Likely Dependent (n = 3)

TOTAL = 799
## CURRICULUM INFUSION

### Implementation
- Provided ScreenU link (+ demo link) to **HS200 instructors**
- ScreenU completion added as an **assignment** during alcohol and drug section in 3 sections of the course

### Reach
- 159 ScreenU Alcohol completions
- 80 ScreenU Marijuana completions
- 34 ScreenU Rx completions

### Takeaways
- Faculty were excited about this – it was an easy assignment (requiring no grading) for them to add to their course curriculum
IMPACT SINCE INCEPTION

4,208 total ScreenU screenings completed

- 263 ScreenU Marijuana
- 198 ScreenU Rx
- 3,747 ScreenU Alcohol
GAINING BUY-IN

• Important to focus on shared goals
  – *Academic Opportunity Costs of Substance Use During College* (Arria, Caldeira, Bugbee, Vincent & O’Grady, 2013)
  – Mental health
  – Academic success/retention
• We offered many training opportunities to build capacity and gain buy-in/interest:
  – Alcohol 101 & Marijuana 101
  – Motivational Interviewing
  – SBIRT/ScreenU
  – Trained 220 students, 200 staff
• iPads/online screening (everyone will take a free iPad 😊)
• Find student champions in partner offices
NEXT STEPS

• Include additional screenings
  – IPV, mental health
• Fine tune existing processes
  – More training for peer mentors
• Install iPads in more locations on campus
• Continue to explore opportunities for ScreenU utilization
• How familiar are people with **SBIRT** on your campus currently?
• Who on your campus is proficient in **motivational interviewing**/who on your campus would be interested in becoming proficient in motivational interviewing?
• Who will be your **champions**?
• What **outcomes** would you hope for?
• In a **perfect world how would this look** on your campus?
• What **challenges** do you anticipate?
THANK YOU!

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