

Service Design Site Visit Report

Boston Children's Hospital
Boston, Massachusetts



Date of Site Visit: April 8–9, 2014

◆ SBIRT ◆

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Boston Children's Hospital

Grantee Name	Boston Children's Hospital
Address	300 Longwood Avenue Boston, MA 02115
Site Visit Dates	April 8–9, 2014
Program Name	Training in Adolescent SBIRT for Medical Professionals
Grant TI Number	TI 25389
SAIS Number	TA 3848
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Grantee Project Team Members

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Grantee Project Sites Visited

Boston Children's Hospital, Adolescent Substance Abuse Program Clinic	300 Longwood Avenue, Fegan Building, 10th Floor Boston, MA 02115
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Executive Summary

Boston Children's Hospital (BCH) 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 SBIRT program at BCH—Training in Adolescent SBIRT for Medical Professionals—is to provide SBIRT training for nurses, social workers, and subspecialty physicians who care for adolescent patients. The program seeks to achieve the greatest possible use of adolescent SBIRT, extending medical professional knowledge of the approach and workforce capacity for undertaking SBIRT effectively. The program also seeks sustainability within diverse practice settings. Trainees include students in the Pediatric Nurse Practitioner program at Bouvé College of Health Sciences School of Nursing at Northeastern University, master of social work students at Simmons College of Social Work, and fellows from the Leadership in Adolescent Health (LeAH) and Division of Developmental Medicine at BCH. The project anticipates training more than 400 students and fellows over the 3 years of the grant.

As part of its previous SAMHSA SBIRT Medical Residency grant, the grantee created an extensive set of didactic, case-based materials in adolescent SBIRT for pediatric medical residents. These materials have been reviewed and adapted using core competencies for each discipline (as identified by national organizations) to ensure appropriateness for the allied health professionals and students being trained under the current grant. Materials provided by SAMSHA have augmented the curriculum.

The grantee seeks to disseminate SBIRT throughout the Boston community by establishing partnerships with the Massachusetts Department of Public Health's Office of School Health, which supports the State's school nurse program. Training on adolescent SBIRT will be provided to a large community of school nurses to increase service capacity. The grantee is exploring other dissemination avenues, including the Pediatric Physicians' Organization at Children's, the Massachusetts Department of Mental Health, and the State's juvenile justice system. Grantee staff are also developing a public-facing Web site to house all SBIRT modules and related materials.

The site visit team conducted an implementation site visit at BCH on April 8–9, 2014, to assess SBIRT program 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 from each discipline participating in SBIRT implementation and the project's evaluator. The site visit team received an overview of the implementation plan

and training approach for each discipline, discussed evaluation processes and plans for sustainability, and visited the Adolescent Substance Abuse Program clinic where SBIRT is being implemented. The team also observed an SBIRT training led by the project director at a LeAH fellowship meeting.

The SBIRT core program staff are experienced in and committed to providing high-quality training to medical and allied health professionals at BCH and throughout the community. The staff have attempted to gain commitments from various departments within BCH and from several external educational institutions throughout Boston. Leadership from the various entities 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 and after grant funding ends.

The grantee staff shared a noteworthy success with the team during the site visit. Under the auspices of a separate grant to BCH, an electronic health record-ready screening tool has been developed and validated and will be taught and used in SBIRT trainings and practice at BCH. The tool, which can be self-administered or administered by a professional, triages adolescents into four actionable risk levels: no use, use without problems, problem use/abuse, and dependence.

The grantee has made progress in implementing training at the various institutions. However, there are challenges in ensuring field preceptors assigned to mentor and supervise nursing and social work students are fully trained and committed to implementing SBIRT in their practices. The grantee is offering SBIRT training to these preceptors. BCH may benefit from developing a more substantial training plan for faculty and preceptors to successfully translate training into practice. The grantee has expressed interest in training and technical assistance on a brief treatment model for adolescents and best practices for referral to treatment.

Grantee Overview and Environmental Context

Founded in 1869 as a 20-bed hospital for children, **Boston Children's Hospital (BCH)** is now a 395-bed comprehensive center for pediatric and adolescent health care, training, and research. With more than 200 specialty programs, it is one of the largest pediatric hospitals in the United States and a major teaching facility of Harvard Medical School.

Located in a large urban area where many families live at or below the poverty level, BCH provides primary health care services to children living in Boston and often functions as a community hospital for families from some of the poorest neighborhoods in the city.

Boston Children's Hospital is a 395-bed comprehensive center for pediatric health care located in the Fenway area of Boston, Massachusetts.

Building upon its previous success as a SAMHSA Medical Residency Training grantee, BCH was awarded a 3-year Screening, Brief Intervention, and Referral to Treatment (SBIRT) Medical Professional Training grant in the fall of 2013. The program BCH is implementing is called Training in Adolescent SBIRT for Medical Professionals. As part of the grant, BCH partnered with the Simmons College School of Social Work and the Bouvé College of Health Science School of Nursing at Northeastern University to expand the residency training program to include graduate-level social work and nursing students.

BCH offers important opportunities to trainees for learning and scholarship. While its efforts to train social work and nursing students facilitate dissemination and adoption of SBIRT within allied health professionals, the field education experience is markedly different for these students as opposed to medical residents. Medical residents who work within the BCH system receive training, support, and guidance in mastering SBIRT skills presented by faculty through practice with patients. Nursing and social work trainees are placed in multiple sites throughout the community and are supervised by various field instructors and preceptors unlikely to have had SBIRT training, skills, or field experience. These field sites are at varying degrees of readiness and proficiency to provide trainees with opportunities to practice and receive supervision for the delivery of SBIRT and associated motivational interviewing skills.

1. Site Visit Overview

The SBIRT site visit team conducted an implementation site visit at BCH 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 components:

- ▶ Meeting with core project staff and faculty from BCH, Simmons College of Social Work, and Bouvé School of Nursing

- ▶ Review of implementation plan and training approach
- ▶ Observation of an SBIRT training event conducted for BCH's leadership in the Adolescent Health Fellowship Program
- ▶ Identification of successes, challenges, and technical assistance needs

On April 8, the site visit team met with the core BCH SBIRT project staff and received a project overview including background, targeted goals, and project implementation. The team then observed an SBIRT training, met with representatives from Simmons College of Social Work and the Bouvé School of Nursing, and concluded the day with a visit to the BCH Adolescent Substance Abuse Program clinic.

On April 9, after a debriefing of the previous day, BCH SBIRT staff presented their training approach and discussed their success and challenges. The site visit team clarified the technical assistance process, and the grantee identified several areas where technical assistance might be requested. The site visit concluded with a discussion of project evaluation and a debriefing call with SAMHSA Government Project Officer Erich Kleinschmidt.

2. Program Vision and Design

The goal of BCH's SBIRT project is to train nurses, social workers, and physicians that care for adolescent patients to use the SBIRT intervention to (1) achieve the best possible adoption and use of adolescent SBIRT, (2) extend medical professional knowledge of the approach and workforce capacity for undertaking SBIRT effectively, and (3) advance SBIRT's sustainable institutionalization within diverse practice settings.

- ▶ Objective 1: Adapt adolescent SBIRT materials.
 - The project staff previously created an extensive set of didactic, case-based, and role-play materials in adolescent SBIRT for pediatric medical residents as part of the SAMHSA-funded SBIRT medical residency training curriculum project. For the current grant, the grantee will review and adapt these materials to ensure they are appropriate for the target trainees, using core competencies for each discipline as identified by national organizations. The curriculum will also be augmented with materials provided by SAMHSA in gap areas.
- ▶ Objective 2: Implement didactic materials and cases for role-play.
 - Newly adapted materials will be implemented in the curricula of the four training programs. For each training module, learners' satisfaction, attitudes, skills, and knowledge will be assessed, and materials will be refined as necessary based on the data in a continuous quality improvement approach.
 - Role-play has been selected as the primary method for skills training.

- ▶ Objective 3: Integrate hands-on screening, brief intervention, and brief treatment into training.
 - For each training site, training and consultation will be offered to faculty regarding incorporation of SBIRT into student supervision in the clinical years. This will ensure that supervising clinical staff are familiar with materials presented to trainees and that trainees have adequate opportunity to practice SBIRT skills in actual patient-care situations.
- ▶ Objective 4: Disseminate materials.
 - By the end of this project, the grantee will have a complete set of materials for training primary care providers, specialists, and counselors on providing a full spectrum of SBIRT services for adolescents. All materials will be peer reviewed and made widely available to training programs that wish to incorporate content into their curricula.

Each year, the grantee proposes to train—

- ▶ Pediatric Nurse Practitioner students at Northeastern University (36 per year)
- ▶ Graduate social work students at Simmons College (10–15 per year)
- ▶ Fellows of the Leadership Education in Adolescent Health (LeAH) program at BCH (8–10 per year)
- ▶ Fellows in the Division of Developmental Medicine (DDM) at BCH (1–3 per year)
- ▶ School nurses through training sponsored by the Massachusetts Department of Public Health (300 over the 3 years of the grant)

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

Sharon Levy, M.D., M.P.H., and Elissa Weitzman, Sc.D., M.Sc., serve as coproject directors for BCH's program. With support from project manager Julie Lundstead, M.P.H., the project directors oversee all reporting to SAMHSA, manage the grant budget and various committees and teams that make up the project (e.g., curriculum development committee, implementation committee), coordinate grants internally at BCH and with external partners, and serve as the primary contacts to SAMHSA. The grant is administered in cooperation with Pam Burke, Ph.D., RN, of Northeastern University and Jennifer Putney, Ph.D., LICSW, of Simmons College.

Leaders (deans and/or division chiefs) from each participating program have committed to revising the existing curriculum in the identified programs to incorporate didactic and role-play SBIRT trainings. The grantee will work with course leaders through the council of directors (COD) to identify optimal points in each program's curriculum to insert these materials and ensure they are presented to trainees at the relevant points in their training.

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. The COD plans to meet quarterly throughout the grant cycle. Its members include the coproject directors and the directors of nursing, social work, and adolescent medicine.

4. Implementation Plan

During the course of this 3-year training grant, BCH proposes to train 480 medical residents, social workers, nurses, nurse practitioners, and fellows. Throughout the project startup phase, the COD and project staff prepared a crosswalk of current courses and the full library of existing course materials to finalize the implementation plan for training at each site. Curricula were tailored to the specific roles and disciplines of trainees with the goal of a comprehensive and complementary workforce. Directors for adolescent medicine, nursing, and social work reviewed and adapted SBIRT training materials for their respective students and fellows. These adapted materials were reviewed by the project directors and revised as needed.

In addition to curricula adaptations, a capacity-building, train-the-trainers session led by members of BCH's clinical team was held with 17 faculty members from the Simmons School of Social Work. The training consisted of an overview of SBIRT and the neurobiology of adolescent addiction and a session on motivational interviewing, all in the context of social work treatment. The grantee is planning to offer an online training for field supervisors and preceptors who provide clinical supervision to social work students. A curriculum that incorporates SBIRT has been developed and will be taught during an intensive summer social work course in adolescent substance abuse. Twenty-two students are enrolled in the course.

Twenty-five nursing students received the first of a three-part training in SBIRT as part of their clinical course Urban Families at Risk. Two pediatric Nurse Practitioner students have been identified to participate in a more intensive training program focused on adolescent substance use disorders.

In addition to classroom training, the project is planning to invite trainees and faculty from the various disciplines to participate in an annual multidisciplinary summit. The purpose of the summit is to encourage multidisciplinary dialogue around issues of SBIRT integration into medical settings among future clinicians and leaders in the fields of nursing, social work, medicine, and public policy. Participants will discuss implementation barriers in the clinical sites where they work and design solutions that engage the resources of health care teams.

Curriculum Modifications

To meet the needs of the adolescents being served, the grantee has expanded the curriculum specified in the request for proposals to include information on managing confidentiality between parent and child, parent guidance, safe stimulant prescribing practices, effects of cannabis and alcohol on the developing adolescent brain, drug testing, and detoxification primarily from opioids because medically threatening withdrawal from alcohol and most other substances is exceedingly rare in this age group. The grantee will request expert peer review of all materials prior to broad dissemination. The site visit team suggested reaching out to the Institute for Health and Recovery, a Boston-based nonprofit nationally recognized for its work that has previously worked with BCH.

Trainees will be taught to screen all patients aged 12–22 using the following screening tools:

- ▶ National Institute on Alcohol Abuse and Alcoholism Youth Alcohol Screen: developed for children aged 9 and older
- ▶ CRAFFT¹: may be administered verbally, via written questionnaire, or electronically
- ▶ Screening to Brief Intervention (S2BI): a newly developed and ready for electronic health record (EHR) use screening tool developed through a project funded by the National Institute on Drug Abuse at BCH. The tool can be self- or interview-administered and triages adolescents into four actionable risk levels: no use, use without problems, problem use/abuse, and dependence, based on scores and generally aligning to the *Diagnostic and Statistical Manual of Mental Disorders* substance use disorder levels. The S2BI also provides a decisional algorithm to inform intervention.

The grantee is working with DDM's site director to determine how to modify the SBIRT model for adolescents with developmental disabilities. Sharon Levy recently conducted an SBIRT overview focused on working with adolescents with developmental disorders, learning disabilities, and attention deficit hyperactivity disorder (ADHD) for 20 faculty and fellows in DDM.

Integrating SBIRT training and skills development into schedules and existing curricula was discussed with the grantee as an integral part of grant activities. The greatest challenge identified by the grantee is working with the social work and nursing field placement sites. Unlike medical residency programs, there are dozens of field placement sites for students at the schools of social work and nursing, spanning large geographic areas, and an extensive cohort of unpaid field instructors. Concerns regarding program readiness and field instructor capacity were discussed and identified as an area of potential technical assistance. The director of the School of Social Work also voiced interest in technical assistance around brief treatment.

¹ CRAFFT is a mnemonic acronym of first letters of key words in the six screening questions of this screening tool.

5. Community Linkages, Partners, and Participation

The core partners of the BCH SBIRT initiative follow:

Bouvé College of Health Sciences at Northeastern University

Bouvé offers six majors in three schools (health professions, nursing, and pharmacy) with an interdisciplinary emphasis reflecting today's team approach to health care. Students receiving the SBIRT training are in the School of Nursing's master of science program with a specialization in Pediatric Nurse Practitioner (PNP). The PNP program prepares nurses with the specialized skills needed to care for children living in urban settings who are at risk across the continuum of care.

Bouvé's students have clinical experiences at the following: BCH, Boston Medical Center, Massachusetts General Hospital, Franciscan Hospital for Children, neighborhood health centers, health maintenance organizations, childcare centers, school-based clinics, homeless shelters, and private practices. There are no graduate-level substance abuse courses at Northeastern University available for nursing students. In the Advanced Health Assessment course, students are taught about screening and assessment and taking health history in general. In their first clinical course, PNP students have a 2-hour class on motivational interviewing with adolescents, but they do not have an opportunity for role-play and supervised clinical application in their practice settings. When discussing SBIRT implementation in the practice sites, site director Dr. Burke expressed caution about placing additional expectations on field instructors and preceptors: There is a workforce shortage for these positions, and she was concerned about overburdening them. The site visit team voiced concerns about trainees having the opportunity to practice SBIRT skills and to receive coaching and feedback.

Simmons College School of Social Work

The Simmons School of Social Work prepares practitioners with the knowledge and skills for clinical social work practice in a multicultural world. Students in the master of social work program are currently exposed to limited information about treatment for substance use disorders in the required foundation year and advanced year clinical practice courses, and the information provided does not specifically address SBIRT. The advanced clinical practice elective on Alcohol, Drugs, and Social Work Practice exposes students to the principles of SBIRT and associated clinical strategies (such as motivational interviewing) targeted at adult populations. The current curriculum does not provide training in substance abuse or SBIRT specifically for adolescents. This content will be added to the course.

Leadership in Adolescent Health at Boston Children's Hospital

LeAH provides interdisciplinary leadership training; adolescent-centered, family-involved care; continuing education; research and scholarship; technical assistance; dissemination of best practices; and collaboration with Title V programs. Since 1992, the 7 national LeAH projects trained 934 trainees (26 percent medicine, 20 percent nursing, 17 percent nutrition, 18 percent psychology, 16 percent social work). These individuals are now located across the country, increasing access to integrated team care, medical homes, and workforce development. Included in the LeAH curriculum is a case-based presentation of an adolescent with a substance use disorder. The case is discussed in four separate 1-hour sessions over the course of a month. Discussions include screening and assessment and multidisciplinary management of the adolescent.

Division of Developmental Medicine at Boston Children's Hospital

The DDM serves infants, children, and adolescents with developmental and behavioral problems and provides support to their families throughout their child's life span. The DDM's goal is to create new models of integrated and collaborative clinical service, training and research, which will lead to better diagnostic acumen, treatment, quality of life, and ultimately cure for developmental and behavioral challenges. DDM provides interdisciplinary diagnosis, integrated treatment plans, and targeted followup across a full spectrum of patients, including specialty programs for children and adolescents with ADHD, learning disabilities, and substance use disorders. The DDM includes a 3-year M.D. fellowship training program that accepts one to three postresidency fellows each year. DDM fellows attend BCH's quarterly collaborative substance abuse rounds. Fellows receive supervision, which includes management of any patient report of substance use, from a faculty member after each patient visit. Screening rates are monitored via an electronic questionnaire, with completion required to bill for the patient visits. Fellows are not currently taught to use effective brief interventions.

Statewide Linkage

The grantee has developed a partnership with the Massachusetts Department of Public Health's Office of School Health, which supports the State's school nurse program. BCH will provide adolescent SBIRT training to a large community of school nurses to increase service capacity. BCH SBIRT staff also described a growing relationship with the Massachusetts Juvenile Justice Systems regarding SBIRT and adolescent substance abuse issues. Several grantee staff also serve on the steering committee of a new State innovation model grant awarded to Massachusetts through the Centers for Medicare & Medicaid Services. One goal of this grant is to expand consultation for primary care practices that request assistance in providing adolescent SBIRT services.

The project directors have indicated a significant demand for training in brief interventions and brief treatment and for identifying skilled professionals who can be placed in primary care practices to provide these services. All training materials developed through this project will be

made available to the State to train practicing counselors and expand the core of professionals skilled in providing this service.

6. Client Outreach, Recruitment, and Referral

All SBIRT patient activities are delivered through the practice sites of the participating training programs.

7. Affordable Care Act Readiness

Although the grantee does not have specific involvement with their institution addressing Affordable Care Act readiness, the program is training the next generation of the health care workforce in necessary skills and practices aligned with the changing health care delivery systems. This includes clinically preventive screening and intervention, team-based approaches to service delivery, coordination of care, evidence-based practices, use of EHRs, and use of data to inform clinical decisionmaking.

8. Sustainability Planning

To support continuation of the project after the funding period ends, faculty at each program will permanently integrate materials into their core classroom materials. The grantee will train faculty members who supervise trainees to ensure they continue to include hands-on SBIRT experience for all future students. The grantee will also maintain access to all training materials beyond the life of the project by posting them on their SBIRT Web site and disseminating the materials to professional societies.

Each training site has at least one representative on its COD responsible for training all faculty and staff at the clinical site in SBIRT and for creating a multidisciplinary team of SBIRT trainers. Training will occur at least annually at regularly scheduled staff meetings where faculty council representatives will present an overview of the SBIRT project, demonstrate curriculum materials to be taught in their area, and lead a discussion of the implementation practices that will be used at their site. Through widespread faculty and staff involvement, the grantee intends to create a paradigm shift in the care of adolescents that can withstand faculty turnover. The program will train a large number of nurses and social workers who will routinely use SBIRT in evaluation of adolescents. Many of these trainees will ultimately go into careers in academic medicine and will continue to teach adolescent SBIRT to future generations of trainees.

9. Grantee Evaluation

Evaluation strategies include both process and outcome evaluation. Process evaluation includes the following:

- ▶ Documenting the timing, sequence, and reach of all SBIRT instructional activities for students at each site during the project
- ▶ Collecting process data prospectively with data reviewed in an ongoing fashion on a real-time basis and semiannually so that findings can inform needs for mid-course feedback and corrections. Process measures include—
 - Number of meetings with faculty council members and attendance rates at faculty council members' presentations to other faculty
 - Number of training sessions held for faculty council and others who will deliver the curriculum units
 - Number of staff trained and their positions in the hospital and on the grant
 - Number of medical professional trainings and the number and type of attendees
 - Number of presentations of the SBIRT curriculum at other State and national meetings
 - Monitor and show benchmark progress of the project; note any deviations, what led to the deviation, and the impact of the deviation on the project

Outcome evaluation measures whether trainees and faculty are satisfied with SBIRT instruction, perceive they are well prepared to use it, acquire relevant knowledge and skills during training, and use SBIRT in professional practice upon postgraduation. Outcome measures include—

- ▶ Knowledge and attitudes toward SBIRT among trainees. The grantee will use the Attitudes, Self-Perception of Skills and Knowledge Survey (AKS-16), which has been validated to monitor changes in attitudes, knowledge, and skills in response to training in SBIRT, specifically with social workers. Data from the AKS-16 will inform changes to the curriculum as necessary via an iterative process to ensure learners master targeted competencies.
- ▶ Satisfaction with the SBIRT trainee curriculum from trainees and all program faculty
- ▶ SBIRT use among all trainees in their professional practice settings 1 year postgraduation

A special breakout session will be held at the annual summit to share and discuss evaluation results and engage participants in informing analyses of structural and policy barriers to SBIRT use and identification of high-leverage points and strategies for institutionalizing SBIRT in practice settings

To measure postgraduation use of adolescent SBIRT among trainees, the grantee will provide program participants from the four training sites with a prepaid postcard, addressed to the project directors for return at a target date. The postcard will include a closed-ended question ascertaining whether graduates are using SBIRT in their practices and a Likert-scaled question asking graduates to rate the efficacy of SBIRT in their practice, with space for comment. Since graduates may move and lose the postcard, the grantee will also obtain an email address likely to be used 1 year following graduation. Approximately 1 year following graduation, the grantee will email all trainees a link to a brief Web survey that includes questions about SBIRT use, efficacy, and comments. Both the postcard and the email will contain an identifier that can be linked to a project database with individual demographic and professional training information to facilitate analysis of long-term SBIRT use rates for trainees of different social, demographic, and professional training characteristics.

Strengths and Considerations for Action

Program Vision and Design

STRENGTHS

- The grantee views SBIRT as an important part of core skills to be taught to health care providers serving adolescents and their families.

CHALLENGES

- The grantee will need to ensure that the SBIRT training fits within the various programs' philosophies, missions and existing curricula.

Potential Enhancements	Grantee Resources To Be Used	May Request TA From CSAT	Information Requested
<ul style="list-style-type: none"> The grantee is encouraged to utilize their Council of Directors to play a vital role in the adoption of SBIRT across disciplines. 	X		

Grantee Leadership

STRENGTHS

- The BCH SBIRT team members are highly experienced scholars, educators, and practitioners serving an adolescent population.
- The participating site directors from the schools of social work and nursing are committed to building capacity within their schools to give students an opportunity to learn about substance use and SBIRT.
- The membership of the COD includes leadership from within CHB as well as participating schools of nursing and social work.

CHALLENGES

- Faculty from the schools of social work and nursing appear to be at varying levels of knowledge, readiness and buy-in regarding SBIRT.

Potential Enhancements	Grantee Resources To Be Used	May Request TA From CSAT	Information Requested
1 The grantee may benefit from continuing to build faculty readiness and buy-in through training and information dissemination. Enhancing access to the SAMHSA SBIRT online series is an additional and no-cost strategy to increase faculty knowledge.	X		

Implementation Plan

STRENGTHS

- The grantee is building on previous success as a SAMHSA Medical Residency grantee and has institutional knowledge and existing relationships that have assisted in a successful startup.
- The grantee has a large body of existing training materials to apply to this initiative.

CHALLENGES

- Social work and nursing field placement sites operate differently than medical residency programs. The field placements are greater in number and operate in a larger geographic area. The following are viewed as challenges:
- Coordination and communication of expectations between schools and multiple field placements
- Building SBIRT-related knowledge and skills of field instructors and supervisors
- Working with field-placement agencies to ensure interns have an adequate opportunity to practice SBIRT skills
- Establishing a uniform protocol to measure and document proficiency with the SBIRT intervention

Potential Enhancements		Grantee Resources To Be Used	May Request TA From CSAT	Information Requested
1	The grantee is encouraged to develop a strategy to build SBIRT proficiency with field instructors, ensure trainees have an opportunity to practice SBIRT skills, and establish a protocol to assess trainee proficiency.	X	X	
2	The site director at the School of Social Work expressed interest in receiving information and potential technical assistance regarding evidence-based brief treatment.		X	X

Community Linkages, Partners, and Participation

STRENGTHS

- BCH and its partners have extensive ties to key institutions and organizations statewide and nationally.

CHALLENGES

- None noted.

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

Client Outreach, Recruitment, and Referral

STRENGTHS

- All SBIRT patient activities are delivered through the practice sites of the participating training programs.

CHALLENGES

- The grantee stated concerns about social work and nursing trainees having the opportunity to practice SBIRT skills in field placements.

Potential Enhancements		Grantee Resources To Be Used	May Request TA From CSAT	Information Requested
1	The grantee is encouraged to work with field placement agencies to ensure trainees have an adequate opportunity to practice SBIRT skills.	X		

Affordable Care Act Readiness

STRENGTHS

- The grantee is supporting the next generation of health care providers to learn the skills and practices to be used in the future health care delivery system.

CHALLENGES

- None noted.

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

Sustainability Planning

STRENGTHS

- The grantee is embedding the SBIRT curriculum within existing curricula.
- The grantee is grooming champions across disciplines.

CHALLENGES

- Building the capacity of field placements to support, reinforce, and align with training experiences is viewed as key to trainees' incorporating these skills and using SBIRT in their future practice.

Potential Enhancements		Grantee Resources To Be Used	May Request TA From CSAT	Information Requested
1	The grantee is encouraged to develop a strategy for building the capacity of social work and nursing field placements.	X	X	

Grantee Evaluation

STRENGTHS

- The grantee has a well-developed plan for process and outcome evaluation.

CHALLENGES

- None noted.

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

Abbreviations and Acronyms

AKS-16	Attitudes, Self-Perception of Skills, and Knowledge Survey
BCH	Boston Children's Hospital
COD	council of directors
CSAT	Center for Substance Abuse Treatment
DDM	Division of Developmental Medicine
EHR	electronic health record
LeAH	Leadership Education in Adolescent Health
PNP	Pediatric Nurse Practitioner
S2BI	Screening to Brief Intervention
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	screening, brief intervention, and referral to treatment