

# Service Design Site Visit Report

University of California, Los Angeles  
Los Angeles, California



Dates of Site Visit: May 1–2, 2014

◆ SBIRT ◆

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

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



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# University of California–Los Angeles

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<b>Grantee Phone Number</b>	310-825-1479
<b>Address</b>	11000 Kinross Avenue, Suite 211 Los Angeles, CA 90095-1406
<b>Site Visit Dates</b>	May 1–2, 2014
<b>Program Name</b>	Los Angeles SBIRT Network
<b>Grant TI Number</b>	TI 025410
<b>SAIS Number</b>	3848
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## Grantee Project Team Members

Timothy Fong, M.D.	Program Director
Tom Freese, Ph.D.	Director of Training
Sheryl Kataoka, Ph.D.	Director of Evaluation
Mary Olson, M.A.	Program Coordinator

## Grantee Project Sites Visited

The Semel Institute for Neuroscience and Human Behavior	740 Westwood Plaza Suite 38-159 Los Angeles, CA 90095
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## Executive Summary

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**T**he University of California–Los Angeles (UCLA) is 1 of 14 sites recently awarded a screening, brief intervention, and referral to treatment (SBIRT) training grant by the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of the grant is to develop and implement a training program in both didactic and practice settings to teach health professionals—including medical residents and students of nursing, social work, and counseling—the skills necessary to provide SBIRT to individuals at risk for substance use disorders. The intended outcome of the grant is to increase the adoption and practice of SBIRT throughout the health care delivery system. The name of the program being implemented at UCLA is Los Angeles SBIRT Network (LA SBIRT).

The site visit team conducted an implementation site visit at UCLA on May 1–2, 2014, to assess the strengths of the SBIRT program and engage the grantee in a continuing quality improvement process supported by technical assistance as approved by SAMHSA. The team met with core program staff, faculty, and trainers from LA SBIRT. The team received an overview of the implementation plan and training approach and attended a bachelor of science in nursing (B.S.N.) SBIRT training. The team also discussed evaluation processes and plans for sustainability.

LA SBIRT will develop, implement, and evaluate SBIRT training for students from medical residencies and nursing, social work, and counseling schools throughout the Los Angeles area. Students from the following schools and departments will be trained:

- ▶ Internal Medicine
- ▶ Emergency Medicine
- ▶ Pain Medicine
- ▶ Adult Psychiatry
- ▶ Child Psychiatry
- ▶ Geriatric Psychiatry
- ▶ UCLA School of Nursing
- ▶ University of Southern California School of Social Work
- ▶ UCLA Extension

LA SBIRT aims to—

- ▶ Develop and deliver an SBIRT training program that will teach the necessary skills to health professional students from a variety of disciplines.
- ▶ Increase the adoption and practice of SBIRT throughout Los Angeles health care systems.

- ▶ Elevate SBIRT training permanently in the education curriculum of identified health care professional programs.
- ▶ Create a working network of stakeholders in the Los Angeles health care systems and substance abuse treatment programs to accelerate the rate of engagement in treatment, thereby strengthening linkages.
- ▶ Expand the existing and future workforce capability to conduct and grow SBIRT practices throughout various health care treatment systems by advancing the professional development of health care students.

LA SBIRT plans to teach SBIRT knowledge, attitudes, and skills to 325 students per year, for a total of 975 over the life of the grant. The project has begun training staff and students, but it was unclear what actually constitutes a training that would count toward the project's GPRA targets. According to LA SBIRT, trainings last 1–2 hours, but nothing has been standardized across departments. More indepth training will likely be provided to nursing and social work students compared to medical students and residents because the medical departments are less amenable to allocating class time to SBIRT content.

The LA SBIRT executive committee (EC) consists of Drs. Timothy Fong, Tom Freese, Sheryl Kataoka, and Ms. Mary Olson. The EC provides training, SBIRT educational materials, evaluation, oversight, and technical assistance to the various departments. Each department (e.g., social work) has a manager responsible for integrating SBIRT into its curriculum, coordinating faculty members, and serving on the council of directors (COD). Most managers are department heads or their designees.

The LA SBIRT team believes their students can play a significant role in integrating behavioral health into medical settings. With numerous disciplines (e.g., nursing) and a large number of students to be trained, the LA SBIRT program has the potential to make this happen. The more LA SBIRT can bring departments together with an understanding that SBIRT is best implemented in multidisciplinary teams, the more effective the program will be.

The Integrated Substance Abuse Programs (ISAP) training team of Drs. Fong, Freese, and Larkin will provide students with the opportunity to learn from leaders in the field of substance abuse treatment and prevention. The ISAP team also plans to train faculty so they can continue teaching SBIRT when the grant ends.

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

- ▶ **Support:** Nursing and social work departments have shown strong support for the program. The UCLA Medical School has not been as receptive as expected. While medical school course instructors are offering class time dedicated to SBIRT content, it is not clear to the EC how much beyond a 1–2 hour training they are willing to commit. The EC should focus on the most interested departments (i.e., nursing and social work) to build momentum and continue active outreach to the medical programs.

- ▶ **Experiential learning:** It is important that students have an opportunity to practice SBIRT skills, whether in a controlled setting (i.e., role-plays or with “standardized patients” [SPs], played by actors) or in a clinical setting with real patients. Except for social work students, it does not appear students will have opportunities to participate in role-plays or interact with SPs. LA SBIRT should consider offering some form of in-class SBIRT skills practice that includes an evaluation of student proficiency (e.g., coded SP sessions). Most practicum sites do not routinely implement SBIRT or even screen for substance use issues. As a result, it is unlikely students will have the opportunity to observe the correct application of SBIRT skills from mentors or even find support to practice those skills. LA SBIRT should at least provide an SBIRT introduction for preceptors and clinical instructors so they are familiar with SBIRT. Another consideration is to find a champion at a hospital or clinic who comes in contact with a large number of students. If possible, this champion would be a decisionmaker in the institution who could advocate for routine SBIRT implementation.
- ▶ **Management:** The project management team does not seem to have any accountability mechanism or standardized processes. The EC establishes needs to develop a clear organizational chart and management system, set SMART<sup>1</sup> goals and objectives, and diversify the COD beyond department heads (e.g., a champion from the VA hospital). The EC also expressed challenges with the commitment level of some COD members—to the point of the Internal Medicine representative withdrawing her support completely. The EC should consider intensifying outreach to find committed COD members to do the work. LA SBIRT should consider increasing the project coordinator position to 50 percent (ideally it would be 80–100 percent), as opposed to its current level of 12 percent.
- ▶ **Curriculum:** There does not appear to be a complete, standardized curriculum for each department. The EC needs to clearly identify courses in which SBIRT will be taught and the content of each. LA SBIRT indicated that at this phase of the project’s implementation, only ISAP staff have provided SBIRT training. Instructors in the various courses will assume teaching responsibilities in subsequent years; however, the EC has not broached this subject with faculty. It was suggested the EC and representatives from the various departments lay out a clear plan with faculty that addresses how SBIRT will be sustained when grant funding ends. This will include embedding SBIRT in specific courses and training faculty to provide SBIRT content to their students.
- ▶ **Dissemination:** LA SBIRT plans to develop a Web portal that would serve as a resource library and workspace/community for all the various learners involved in LA SBIRT. The project needs to create a timeline for this effort and advertise a launch to increase interest. Another dissemination opportunity is the LA SBIRT conference scheduled for August 2014. This will take much planning in addition to the program implementation efforts LA SBIRT will need to put forth in the coming months to get the program on track. It was unclear to the site visit team who will do the work and how they will draw people to the event. The site visit team also suggested that LA SBIRT brand their materials and increase interest in the program by adding students to their working groups as grassroots champions.

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<sup>1</sup> Specific, Measurable, Attainable/Assignable, Realistic/Relevant, Time-Bound

# Grantee Overview and Environmental Context

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**T**he University of California–Los Angeles (UCLA) 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 name of the program being implemented at UCLA is Los Angeles SBIRT Network (LA SBIRT).

*LA SBIRT is mainly being implemented on the campus of UCLA, located in the heart of the city. The LA SBIRT team is housed in the Semel Institute for Neuroscience and Human Behavior, a building that is currently being renovated.*

The purpose of the grant is to develop and implement a training program in both didactic and practice settings to teach health professionals—including medical residents and students of nursing, social work, and counseling—the skills necessary to provide SBIRT to individuals at risk for substance use disorders. The intended outcome of the grant is to increase the adoption and practice of SBIRT throughout the health care delivery system.

The UCLA health system treats 2 million people each year. The system has more than 2,000 physicians, 6 hospitals, and more than 150 associated outpatient medical facilities. The community has a strong need for medical and behavioral health services, and the UCLA health system provides treatment from the northern border of LA County as far south as San Diego County. Unfortunately, there is little coordination between providers, and the region is sorely lacking in substance abuse treatment options. Medical, nursing, and social work students are placed in various locations throughout the vast UCLA health system, based on need, specialty, and interest.

## 1. Site Visit Overview

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JBS International, Inc., and Alliances for Quality Education, Inc. (AQE), (the SBIRT program area site visit team) conducted an implementation site visit at UCLA on May 1–2, 2014, to assess the strengths of the SBIRT program and engage the grantee in a continuing improvement process supported by technical assistance, as approved by SAMHSA. The site visit included the following activities:

- ▶ Met with core project staff, professors, and trainers from LA SBIRT and the project evaluator
- ▶ Reviewed the implementation plan and training approach
- ▶ Observed a B.S.N. SBIRT training
- ▶ Discussed the monitoring and evaluation system



- ▶ Identified successes, challenges, and technical assistance needs
- ▶ Discussed plans for sustainability after SAMHSA funding ends

On May 1, the site visit began with an overview of the health needs in the region and how the UCLA health system is attempting to meet that challenge. The grantee then provided a project overview that focused on project background, targeted goals, and project implementation.

On May 2, after a review of the previous day, the LA SBIRT staff presented their training approach and discussed their successes and challenges. The LA SBIRT evaluator then presented the monitoring and evaluation plan and discussed possibilities for assessing student SBIRT proficiency. The site visit team clarified the technical assistance process, and the grantee identified several areas for which they might request technical assistance. After the evaluation session, the site visit team observed a B.S.N. SBIRT training. The day finished with a debriefing call with Robert Day, the SAMHSA Government Project Officer.

## 2. Program Vision and Design

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In most departments at UCLA, students do not receive substantial training in substance abuse issues. Some content is usually provided in a mental health course, but it mainly concerns treatment of harmful substance users and the health effects of severe substance abuse. Usually nothing is provided on motivating risky users to change to a healthier lifestyle. The LA SBIRT program aims to fill this gap by equipping students from medical residencies, nursing, social work, and counseling schools throughout the Los Angeles area with SBIRT skills. Students from the following schools/departments will be trained:

- ▶ Internal Medicine
- ▶ Emergency Medicine
- ▶ Pain Medicine
- ▶ Adult Psychiatry
- ▶ Child Psychiatry
- ▶ Geriatric Psychiatry
- ▶ UCLA School of Nursing
- ▶ University of Southern California School of Social Work
- ▶ UCLA Extension

LA SBIRT aims to—

- ▶ Develop and deliver an SBIRT training program that will teach the necessary skills to health professional students from a variety of disciplines.
- ▶ Increase the adoption and practice of SBIRT throughout Los Angeles health care systems.
- ▶ Elevate SBIRT training permanently into the education curriculum of identified health care professional programs.
- ▶ Create a working network of stakeholders in the Los Angeles health care systems and substance abuse treatment programs to accelerate the rate of engagement in treatment, thereby strengthening linkages.
- ▶ Expand the existing and future workforce capability to conduct and grow SBIRT practices throughout various health care treatment systems by advancing the professional development of health care students.

There does not appear to be a complete, standardized curriculum for each department. The EC clearly identifies courses in which SBIRT will be taught and the content of each. At this phase of the project's implementation, only Integrated Substance Abuse Programs (ISAP) staff have conducted SBIRT training. The project plans to have instructors in the various courses assume teaching responsibilities in subsequent years; however, the executive committee (EC) has not broached this subject with faculty. It was suggested the grantee lay out a “playbook” that outlines exactly what will be taught, by whom, and in what course.

### 3. Grantee Leadership

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The LA SBIRT EC consists of Drs. Timothy Fong, Tom Freese, Sheryl Kataoka, and Ms. Mary Olson. The EC provides training, SBIRT educational materials, evaluation, oversight, and technical assistance to the various departments. Dr. Fong, the project director, is responsible for overall management of the project and also provides training to students and faculty. Dr. Freese is the head trainer and also manages the Pacific Southwest Addictions Technology Transfer Center (ATTC); this connection with the ATTC will help to support the project dissemination of SBIRT materials and lessons learned. Dr. Kataoka, the project evaluator, is responsible for developing and implementing the evaluation plan, ensuring GPRA data are correctly collected and input into the SAIS system, and measuring student competencies around SBIRT. Ms. Olson, the project coordinator, is responsible for providing logistical support and liaison with the various departments involved in the grant. LA SBIRT should consider increasing the project coordinator position to 50 percent (ideally it would be 80–100 percent), as opposed to its current level of 12 percent.

The project management team does not seem to have any accountability mechanism or standardized processes. The EC needs to develop a clear organizational chart and management

system, set SMART<sup>2</sup> goals and objectives, and diversify the COD beyond department heads (e.g., a champion from the VA hospital). To keep the COD functioning well throughout the project, LA SBIRT should consider establishing workgroups around specific topics and tangible deliverables. This will help keep the interest of COD members and keep the project moving forward.

Each department (e.g., social work) has a manager responsible for integrating SBIRT into its curriculum, coordinating faculty members, and serving on the COD. Most managers are program directors or their designees, and all members are from UCLA/University of Southern California and funded by the grant. LA SBIRT plans to invite a few behavioral health providers from community organizations; however, the project needs to further diversify the COD beyond its current membership to include hospital administration or even students from the various departments.

The EC also expressed challenges with the commitment level of some COD members—to the point of the Internal Medicine representative withdrawing her support completely. It was planned that project directors would represent their departments on the COD, but many have since given that responsibility to more junior staff. While these junior staff do not have the decisionmaking power of project directors, they are generally more dedicated and passionate about the program. The EC should consider intensifying outreach to find committed COD members who are willing and able to do the work necessary to move the project forward. A retreat was put forward as a possible way to build a collaborative environment and break down departmental silos. A leadership team with a chairperson at the helm might also be created outside of the EC. More frequent meetings of the COD and its associated workgroups may also benefit communication among the different departments involved in the grant and the EC.

It was suggested the grantee create buy-in by conducting a stakeholder needs assessment. The EC could distribute a survey among stakeholders that inquires about their motivation to incorporate SBIRT into their institutions or educational programs and base outreach activities on the results.

## 4. Implementation Plan

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The SAMHSA SBIRT curriculum has been modified to suit each of the varied disciplines. For example, the curriculum has been structured according to students' experience and aptitude (i.e., B.S.N. versus NP students). LA SBIRT plans to teach SBIRT knowledge, attitudes, and skills to 325 students per year, for a total of 975 over the life of the grant. The project has begun training staff and students and is on track to meet first-year targets. Currently, trainings are 1–2 hours in length and have not yet been standardized across departments. More indepth training will likely be provided to nursing and social work students compared to medical

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<sup>2</sup> Specific, Measurable, Attainable/Assignable, Realistic/Relevant, Time-Bound

students/residents because the medical departments are less amenable to allocating class time to SBIRT content.

While medical school course instructors are offering class time dedicated to SBIRT content, it is not clear to the EC how much beyond a 1–2 hour training they are willing to commit. It was suggested the EC focus on the most interested departments (i.e., nursing and social work) to build momentum and continue active outreach to the medical programs. In these programs, the plan is for trainers to provide the complete training in the first year, co-teach the content in the second year in tandem with faculty, and observe faculty in the third year. While this is the goal of the EC, instructors have not been informed of the plan. Offering opportunities to contribute to the SBIRT evidence base by publishing data collected during the grant may increase faculty interest.

LA SBIRT should consider conducting monthly check-in calls with the Government Project Officer (GPO). A few implementation issues that might require immediate attention from the GPO are lowering training targets and increasing funding for the project coordinator position.

## 5. Community Linkages, Partners, and Participation

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LA SBIRT plans to develop a Web portal that would serve as a resource library and workspace/community for all the various learners involved in LA SBIRT. The Web site [lasbirt.com](http://lasbirt.com) will feed into World of SBIRT ([worldofsbirt.wordpress.com](http://worldofsbirt.wordpress.com)). This site will house various types of SBIRT information and, it is hoped, online modules accessible by students, faculty, clinical preceptors, and others involved with LA SBIRT students. LA SBIRT should consider creating a timeline for this effort and advertise a launch to increase interest.

Another dissemination strategy is the LA SBIRT conference scheduled for August 22, 2014 that will highlight the program and involve community members. This will require a great deal of planning in addition to the program implementation efforts LA SBIRT will need to put forth in the coming months to get the program on track. It was unclear to the site visit team who will do the work and how they will draw people to the event. It was suggested the meeting have a high-profile speaker to draw people to the event and interactive workshops where participants can practice SBIRT skills.

## 6. Experiential Learning

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The ISAP training team of Drs. Fong, Freese, and Larkin will provide students with the opportunity to learn from leaders in the field of substance abuse treatment and prevention.

The ISAP team also plans to train faculty so they will be able to continue teaching SBIRT when the grant ends.

Didactic learning is important part of SBIRT training, but even more critical is that students have an opportunity to practice SBIRT skills, whether in a controlled setting (i.e., role-plays or with “standardized patients” [SPs], played by actors) or in a clinical setting with real patients. Except for social work students, it does not appear students will have opportunities to participate in role-plays or interact with SPs. LA SBIRT should consider offering some form of in-class SBIRT skills practice that includes an evaluation of student proficiency (e.g., coded SP sessions). They should also consider a flipped classroom model in which students receive the didactic training through online modules (LA SBIRT could develop their own or use ones that have already been developed) prior to class so class time can be used for role-plays or working with SPs.

Most practicum sites do not routinely implement SBIRT or screen for substance use issues. As a result, it is unlikely students will have the opportunity to observe the correct application of SBIRT skills from mentors or even find support to practice those skills. The site visit team suggested LA SBIRT at least provide an SBIRT introduction for preceptors and clinical instructors so they are familiar with SBIRT. Another suggestion was to find a champion at a hospital or clinic that trains a large number of students. If possible, this champion would be a decisionmaker in the institution who could advocate for routine SBIRT implementation. LA SBIRT mentioned that Olive View and Harbor are major hospitals in the region where students do their clinical training; these hospitals might be potential sites to focus SBIRT advocacy efforts. The grantee mentioned, however, that getting a hospital or clinic to implement SBIRT would be challenging.

LA SBIRT had planned for students to perform 5–10 brief interventions on high-risk patients in their clinical rotations. However, this might be problematic given there is currently little support for SBIRT in these clinical settings. Even if students rotate through a clinic or hospital that is familiar with SBIRT, it is unclear how the students would be made accountable for the brief interventions or assessed on their SBIRT skills when interacting with patients.

## 7. Affordable Care Act Readiness

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The LA SBIRT team believes their students can play a significant role in integrating behavioral health into medical settings. With numerous disciplines (e.g., nursing) and a large number of students to be trained, the LA SBIRT program has the potential to make this happen. The more LA SBIRT can bring departments together with an understanding that SBIRT is best implemented in multidisciplinary teams, the more effective the program will be.

Many providers are hesitant to implement SBIRT as they are not confident in their treatment referral capabilities or that treatment options exist. LA SBIRT can help integrate behavioral health into medical settings by creating an updated referral list for providers that will be housed on the LA SBIRT Web site. It was suggested the list be regularly updated and include

data fields, such as clinical reputation and use of evidence-based treatment. The site visit team also suggested that in addition to the list, the Web site also include a referral guide that takes providers through a step-by-step referral process.

The entire UCLA health system moved to electronic health records (EHR) in winter 2013. The platform for these records is EPIC EHR. This platform enables the sharing of medical data between UCLA affiliated institutions, but the system has not integrated any substance use data into the EHRs. Another challenge is that while the UCLA health system has moved to EPIC EHR, other large hospitals in the region and the VA system have EHRs that are not compatible with EPIC and therefore do not allow sharing of patient data.

## 8. Sustainability Planning

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The plan for sustainability rests on embedding SBIRT content into the curricula of the different departments involved in LA SBIRT. Two key components of this integration will be obtaining buy-in and support from faculty and other decisionmakers in the UCLA system; as mentioned above, the medical school has been the most challenging to bring on board. Also important to sustainability is building faculty capacity to deliver the trainings themselves. This will help put the SBIRT curriculum on “autopilot” within the various departments. While a coordinator will still be needed, it may be possible for a champion to coordinate all SBIRT efforts with little or no funding. SBIRT could also be worked into the new faculty orientation as a regular part of the medical, nursing, or social work programs. As mentioned above, strong partnerships with a diverse group of stakeholders in the community and at clinical sites will also aid sustainability efforts.

LA SBIRT should consider branding the SBIRT program. It will facilitate the process of having program staff, students, and faculty feel they are a part of something exciting, new, and interesting. For example, LA SBIRT could create a logo (e.g., host a contest to develop the logo). Posters and brochures are other examples of materials LA SBIRT could develop to highlight the program.

The EC and representatives from the various departments should consider developing a sustainability plan that delineates the steps needed to address how SBIRT will be implemented, evaluated, and sustained. LA SBIRT may want to enlist the help of a consultant in this process, preferably someone who has implemented a successful SBIRT training program. Dr. Jason Satterfield was put forward as a possible consultant. LA SBIRT should consider requesting technical assistance through JBS International.

## 9. Grantee Evaluation

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Prior to any online or live SBIRT training, all selected students to be trained are administered a baseline, self-report questionnaire assessing knowledge and skills, attitudes, and behaviors surrounding substance using patients. Additional information about what kinds of screening tools or interventions the students are currently using are collected along with awareness of local substance abuse treatment programs. Thirty days after the training, the followup GPRA questionnaire is collected.

The grantee will conduct followup to determine whether graduates are using SBIRT skills in clinical settings. LA SBIRT should consider distributing the survey online through a platform such as Survey Monkey and collect as much contact data from students as possible so they will be easier to follow after graduation. One issue that came up during the visit was that many of the students will still be in school at 1 year posttraining. Therefore, this questionnaire may be able to determine if they are using SBIRT in practicum settings, but it will not provide data about what graduates are doing in work situations. LA SBIRT should consider working with the UCLA health system to get SBIRT integrated into the EHR system. In this way, the LA SBIRT evaluation team may be able to monitor provider use of SBIRT.

The grantee plans to integrate SBIRT skills practice into the nursing and social work programs but does not have a standardized way to measure proficiency. It was suggested the program develop a proficiency checklist or use one already developed and tested (e.g., the checklist created by the University of Pittsburgh). This checklist could be used to code and assess proficiency in role-plays or interactions with standardized patients. If preceptors are amenable to the idea, they could also use the checklist to assess students' interactions with real patients in clinical settings.

# Strengths and Considerations for Action

## Program Vision and Design

### STRENGTHS

- LA SBIRT will reach many students in a variety of different disciplines.

### CHALLENGES

- The curriculum is not standardized for any of the departments, and plans for training beyond didactic lectures have not been solidified.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	It was suggested the grantee lay out a “playbook” that outlines exactly what will be taught, by whom, and in what course.	X		

## Grantee Leadership

### STRENGTHS

- Leadership is interested in improving the program and providing quality SBIRT education to students and faculty.

### CHALLENGES

- The COD is composed mainly of staff directly involved in the project.
- The project coordinator is only at 12 percent full-time equivalent (FTE).
- Management of the program lacks accountability and standardized processes.
- There is little buy-in from some COD members.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	LA-SBIRT might consider creating a more diverse COD by recruiting members from outside the grant. It would be helpful to have representatives from clinics and hospitals where students do their clinical work.	X		
2	It is critical that the grantee increase the project coordinator’s FTE to 80–100 percent.	X		



## Grantee Leadership

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
3	The grantee should develop an organizational structure with clear lines of reporting and defined roles. Also important is creating SMART goals for the project and the COD.	X		
4	The grantee may want to create buy-in by conducting a stakeholder needs assessment. The EC could distribute a survey among stakeholders that inquires about their motivation to incorporate SBIRT into their institutions or educational programs and base outreach activities on the results.	X		

## Implementation Plan

### STRENGTHS

- The ISAP trainers are experienced and competent.

### CHALLENGES

- Faculty are not conducting trainings, although there are plans to have nursing and social work faculty take up training responsibilities in subsequent years.
- The training targets may be unrealistic.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	LA SBIRT would like technical assistance to create their own online modules or adapt modules created by another program.		X	
2	The grantee may want to conduct monthly check-in calls with the GPO. A few implementation issues that might require immediate attention from the GPO are lowering training targets and increasing funding for the project coordinator position.		X	

## Community Linkages, Partners, and Participation

### STRENGTHS

- The grantee plans to host a large SBIRT conference in August 2014 that will highlight the program and involve community members.
- The grantee has proposed an interactive site through which the community can access SBIRT information.

### CHALLENGES

- The SBIRT Web site and conference will take much planning and work.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee may want to create a timeline for the Web site and advertise a launch to increase interest.	X		
2	The grantee may want to consider inviting a high-profile speaker to draw people to the SBIRT conference and providing interactive workshops in which participants can practice SBIRT skills.		X	

## Experiential Learning

### STRENGTHS

- Nursing and social work students will have an opportunity to practice SBIRT skills in the classroom.

### CHALLENGES

- Clinical practicums are taking place in a wide range of institutions, most of which do not implement SBIRT.
- LA SBIRT has little control over the preceptors, and it will be challenging to motivate them to embrace SBIRT.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Preceptor training is critical to the experiential learning process. Preceptors may be trained through an online module; the more difficult the preceptors are to reach, the shorter and more streamlined the training should be.		X	
2	The grantee may want to consider finding a champion at a hospital or clinic that trains a large number of students. If possible, this champion would be a decisionmaker in the institution who could advocate for routine SBIRT implementation.	X		

## Affordable Care Act Readiness

### STRENGTHS

- LA SBIRT is filling a gap in nursing education by training students to integrate behavioral health prevention activities in medical settings.

### CHALLENGES

- None identified.

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

## Sustainability Planning

### STRENGTHS

- The grantee is working toward integrating SBIRT content into the curricula of the various departments.

### CHALLENGES

- LA SBIRT does not have an identity or much visibility within the UCLA system or in the community.
- No plan for long-term sustainability has been put forward.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee should consider branding the SBIRT program. It is important the students and faculty feel they are a part of something exciting, new, and interesting. LA SBIRT could create a logo; it was suggested they might consider holding a logo contest to create interest in the program, especially from students.	X		
2	The EC should consider working with the COD to lay out a clear plan with faculty that addresses how SBIRT will be implemented, evaluated, and sustained when grant funding ends.	X		

## Grantee Evaluation

### STRENGTHS

- The grantee is collecting the required GPRA data.

### CHALLENGES

- Contacting students for followup can be challenging.
- The grantee currently has no way to measure student proficiency.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee may want to distribute the 1-year survey online through a platform such as Survey Monkey, and collect as much contact data from students as possible so they will be easier to follow after graduation.			
2	The grantee may want to develop a proficiency checklist or use one that has already been developed and tested (e.g., the checklist created by the University of Pittsburgh). This checklist could be used to code and assess proficiency in role-plays or interactions with standardized patients. If preceptors are amenable to the idea, they could also use the checklist to assess students' interactions with real patients in clinical settings.	X		

## Abbreviations and Acronyms

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ATTC	Addictions Technology Transfer Center
COD	council of directors
CSAT	Center for Substance Abuse Treatment
EC	executive committee
FTE	full-time equivalent
GPO	Government Project Officer
GPRA	Government Performance and Results Act
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	screening, brief intervention and referral to treatment
UCLA	University of California–Los Angeles