



SBIRT
Service Design
Site Visit Report

**Natividad
Medical Center**

Service Design Site Visit Report Medical Residency: Natividad Medical Center



Prepared by JBS International, Inc., and Alliances for Quality Education, Inc.
Prepared for the Department of Health and Human Services, Substance Abuse and
Mental Health Services Administration, Center for Substance Abuse Treatment

Service Design Site Visit Report

Medical Residency: Natividad Medical Center

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Address	1441 Constitution Boulevard Salinas, California 93906
Grant TI Number	TI020274-03
Date of Site Visit	August 24–25, 2011
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Overview and Summary of Findings

Purpose of the Visit

The goal of this service design site visit was to engage the grantee in a discussion of program performance and to continue improvement processes supported by technical assistance (TA) as approved by SAMHSA. This approach encourages the medical residency program to leverage strengths and maximize long-term success and sustainability. Activities included the following:

- The meeting was conducted onsite with the project director, project coordinator, faculty members, clinical staff, residents, and the evaluator/evaluation team.
- The site visit team observed live training sessions.
- The site visit team interviewed medical residents.
- The site visit team toured practice sites.
- The site visit team reviewed curriculum components and materials.
- The meeting participants discussed program strengths and challenges.
- Possible TA needs were identified.

The site visit team met with the Natividad SBIRT residency project director and project team on August 24 and 25, 2011.

Day 1: On August 24, 2011, the site visit team attended a series of meetings with the project director, coordinator, faculty, and evaluator, as well as with project staff. Covered topics included an overview of the project and its curriculum; orientation to the unique context and population served by Natividad; and a discussion of Natividad's philosophy and approach to community medicine and public health, program implementation, sustainability, resident training program, and SBIRT evaluation.

The site visit team visited two sites, the Sunstreet treatment center and Dorothy's Kitchen homeless shelter. At Sunstreet, a Natividad medical resident conducted an educational session for residents in treatment at the center. Dorothy's Kitchen is in an area described as the "skid row" of Salinas because of high levels of drugs, crime, and homelessness. Natividad has a clinic outreach office at Dorothy's Kitchen, where residents and staff provide health services, including screening and brief intervention. Later in the day, staff members attended a resident training session, which included a standardized SBIRT patient. The team attended a resident-led train-the-trainer session where one of the residents trained the hospital staff on the Mothers and Infants Unit

Ward of the hospital on SBIRT. Over lunch, the team met with John Silva, MD, the Family Medicine Residency Liaison with the Public Health Department Clinic.

Day 2: On August 25, 2011, the site visit team attended a series of meetings with the project director, coordinator, and faculty, including Residency Director Steve Harrison, M.D.; program evaluators Tim Allen and Peter Loeb; and Chief Medical Officer Gary Gray, D.O., Natividad Medical Center. The team met with the SBIRT Coordinator at California State University Monterey Bay Student Health Clinic and then met with the SBIRT team at the Geriatrics Care Clinic of the Department of Veteran's Affairs Monterey Outpatient Clinic. The team stopped briefly at a farm labor field to observe where residents sometimes give their presentations and trainings on substance abuse.

The team also observed an SBIRT training presentation focusing on Motivational Interviewing (MI).

The site visit team interviewed a number of residents regarding their experiences with SBIRT training and implementation.

Program Overview

Natividad Medical Center is the Monterey County “safety net” hospital and primarily serves a low-income or indigent population (i.e., 70 percent receive MediCal [Medicaid], 12 percent receive Medicare, 10 percent are medically indigent adults, and a small percentage has private insurance). The facility has been in operation for 120 years and is affiliated with the University of California, San Francisco. Nearly 70 percent of the patients served are of Latino/Hispanic heritage. Monterey County has an extremely diverse population of 420,000 people. Its coastal community is among the wealthiest in California, including Monterey, Pacific Grove, and Carmel by the Sea. Conversely, Salinas, where Natividad is located, is in the heart of the agricultural area described as the nation’s “Salad Bowl.” According to the Natividad staff, as many as 60,000 migrant farmers work in the agricultural fields at any one time. There is also a significant number of individuals who live in marginal housing, have been released from an area correctional system, and/or participate in gang and drug trafficking-related activities. The youth homicide rates are three times the State average, and the adult rates are nearly twice the State average. There is a high rate of substance abuse, particularly with local young adults: 21 percent report illicit substance use in the past month, 38 percent report binge drinking in the past month, and 17 percent meet the criteria for alcohol or drug abuse and dependence. With the targeted higher risk populations served at

Natividad, substance abuse prevalence is reported to be even higher than these household statistics indicate.

The Natividad Medical Residency (MR) program is the only family medicine residency program in the community and serves 24 residents, soon to increase to 30 residents. Staff members report that many of the residents stay and work in the area following graduation. The program has a strong focus on community medicine and public health. Consistent with that approach, residents spend designated time outside the hospital working in community settings, including a soup kitchen/outreach program for the homeless, substance abuse treatment programs, and other related settings. In addition, all residents must complete one community project during their residency in which they apply a data-driven public health planning model to address a local health issue. Staff members report that many of the residents choose a local substance abuse issue as their project.

The SBIRT training program at Natividad stresses community practice with a cross-cultural emphasis. Training includes didactic presentations and is experientially based in a “see one, do one, teach one” approach. Beyond learning the core skills of the SBIRT intervention, the program emphasizes MI as a skill set that has broad applications in the practice of medicine and patient interactions. Several unique aspects of the resident training were noted. Residents have the opportunity for “real time” supervision and feedback from staff when delivering the intervention at a number of the practice sites in and out of the hospital. In addition, the program has adopted a train-the-trainer model, whereby trained residents train others on SBIRT and related topics in and out of the hospital. One group trained by the residents are *promotores*, peer health outreach advocates who conduct grassroots education with the migrant farmers, many of whom speak only Spanish and are reluctant to access services. The overall experiential learning strategy supports residents’ ability to integrate knowledge and skills at a deeper level so they can train others and provides a unique opportunity to better understand the lives of the patients they serve.

Natividad is in the third year of the 4-year SAMHSA SBIRT grant. The first year focused on developing and enhancing infrastructure and protocols, orienting staff, and training residents and faculty. The second and third years have focused on continued training and resident implementation of SBIRT within practice settings. In the coming year, staff members report that there will be program changes, including increasing collaboration with the county health department and plans to adopt a patient-centered medical home model for the Laurel Family Practice Clinic (hereafter the Family Practice Clinic).

The overall program goals for the Natividad SBIRT program are to:

- Successfully train medical residents to understand substance use disorders from a medical and public health perspective
- Support residents in developing transferable medical practice competencies, including SBIRT and MI skills
- Build competencies by working with diverse populations

Resident training is scheduled and delivered in an ongoing manner. Faculty training has been less formal and is now being developed more fully. Program staff members continue to work on faculty members' role in supporting SBIRT and the process of imbedding SBIRT within the routines of new practice settings workflow, for example at the Family Practice Clinic.

The Natividad SBIRT MR program is managed by the family medicine residency programs at Natividad Hospital and is implemented at multiple sites, including the following:

- Several units within the hospital, both inpatient and the emergency department
- The Family Practice Clinic at Natividad Medical Center
- Dorothy's Kitchen
- A geriatric clinic at the Veterans Administration (VA) in Monterey
- The Student Health Services Center at California State University at Monterey
- Clinica de Salud de Valle outpatient medical clinics
- Rancho Cielo High School for At-Risk Youths
- Project Esperanza with Children's Behavioral Health
- Promotores at the Center for Community Advocacy
- Farm laborers via two private agriculture companies

In recent years, Natividad Medical Center has shared some operations with the County Office of Public Health, including the Family Practice Clinic. Staff members describe these facilities as having very different organizational cultures, approaches to working with a substance-involved population, and approaches to operations. The two entities will be collaborating in the development and operation of a "patient-centered medical home" within the Family Practice Clinic, which will include SBIRT.

Family medicine residents participate in a 3-year residency rotation at Natividad, during which time they undergo an intensive SBIRT orientation training within their first month of residency and then take part in continued structured, quarterly training/learning exercises (1- and 2-hour sessions). Lectures are based on Boston University's SBIRT curriculum, and are augmented by National Institute on Alcoholism and Alcohol abuse (NIAAA) materials and other trainings, including MI; pain management and addiction; and talks on impaired physician, physicians in recovery, and physician well-being.

Presentations on cultural issues, substance disorders, and dual diagnosis issues are planned for the coming year.

Natividad is currently working to incorporate SBIRT into its electronic medical record (EMR) across all settings. Natividad is collaborating with Oregon Health & Science University on this process and has adopted the EPIC Oregon Community Health Information Network EMR, which was first developed in Oregon.

Evaluation activities are conducted through a sub-contract with Allen/Loeb Associates, a San Francisco-based consulting company. Evaluation activities include process, outcome evaluation, and Government Performance and Results Act (GPRA).

Project Accomplishments to Date

A summary of major accomplishments to date includes the following:

- Natividad has developed a comprehensive, interactive 16-hour training for family medicine residents.
- Natividad has integrated SBIRT into the routine workflow of clinic settings, including standardized protocols involving residents and allied staff.
- Natividad has integrated SBIRT into outreach settings that address the needs of marginalized populations, including the homeless population, migrant farm laborers, at-risk adolescents, veterans, and individuals in recovery.
- All residents complete a community medicine project, where they must learn and use a public health-planning approach. Many residents are completing a substance abuse-related project.
- Natividad is integrating processes and documentation for SBIRT into the EMR.
- The medical residency program trains community health outreach workers, called *promotores*, on how to incorporate SBIRT into the work they perform while providing outreach to migrant farm laborers.

Program Strengths

Comprehensive Residency Curriculum

The Natividad SBIRT MR training is comprehensive. Interactive seminars include lectures, skills-based training, video clips, role-plays, case studies, discussions, debriefings, and physicians as trainers and peer-to-peer training opportunities. SBIRT program staff members provide one-on-one resident training, coaching, and feedback supporting SBIRT skills development. To further strengthen residents' understanding of the materials, all residents have opportunities to teach others.

Identification of Resident Champions

SBIRT staff members are highly proactive in grooming and supporting SBIRT staff champions to inspire their peers and supervisory staff regarding the adoption of SBIRT.

Successful Program Implementation across Multiple Sites

Natividad staff members have successfully collaborated with multiple community partners and have implemented SBIRT in various locations, including an outreach site for homeless people, a college health center, and a VA program that serves the elderly population. These practice settings provide a broad range of training and learning experiences for the residents and demonstrate the flexibility and utility of SBIRT in a number of venues. Work with these settings is consistent with and part of the medical center's commitment to community medicine.

Services to Migrant Farmers

Natividad has deep ties to the community and provides a range of services to migrant farmers working in the county. They train *promotores* and medical residents to conduct outreach on a variety of health topics, including SBIRT. With the diverse populations served, the program strives for effectiveness in its cross-cultural practices.

Electronic Health Record Integration

SBIRT has been integrated into the EPIC Oregon Community Health Information Network (OCHIN) EMR in inpatient settings and is scheduled to be implemented into all the electronic records of its outpatient services. The use of the EMR will support more timely and consistent delivery of services, improved collaborative care, and consistent documentation.

Program Challenges/Barriers

SBIRT Dissemination within New Practice Settings

SBIRT is in the process of implementing a new practice setting for SBIRT into the routine workflow of the Family Practice Clinic, which is moving into a new location within the medical center complex.

Adopting SBIRT within the Public Health Office

Working with the County Office of Public Health is a challenge, as the two institutions (Natividad and the county) have different cultures, mandates, and operating processes.

Access to Referral Services

The referral-to-treatment component of SBIRT is a challenge. The current public substance abuse treatment system is difficult to access, particularly because of limited resources for indigent patients and challenges with accessing services for patients with co-occurring substance abuse and mental disorders.

Faculty Training

Faculty training has been less formal and is an area the program continues to work on.

Integrating SBIRT into the Routine Workflow across Practice Sites

The integration of SBIRT activities into the routine workflow was clearly defined in some settings and appeared less clearly defined in others. Clear integration into the workflow is viewed as highly important, as this process supports resident adoption and incorporation of these skills as part of the routine practice of primary care. Highly defined processes at sites such as the homeless shelter may not be possible, given the outreach nature of the setting and the high level of need of the population served.

Movement toward Accountable Care Organizations

Accountable care organizations and patient-centered medical homes are understood and supported as important innovations in healthcare delivery; however, reimbursement systems have lagged behind these initiatives, which creates challenges with implementation and sustainability.

Program Overview Observations

- Natividad is deeply committed to community medicine and to a public health approach for delivering health services. Consistent with this focus, residents have a rich opportunity for practice in multiple settings with diverse populations.
- Residents are trained using a wide variety of strategies, including didactic presentations, experiential opportunities to learn and practice interviewing skills, use of standardized patients, and a train-the-trainers model in which residents have an opportunity to train within the hospital and the community.

Team Roles and Responsibilities

- Project Director and Assistant Director of Family Medicine Residency Program Marc Tunzi, M.D., serves as the primary SAMHSA contact and oversees the grant budget. Dr. Tunzi also provides services in the homeless shelter in Salinas.
- Co-Director for Community Medicine Eric Sanford, M.D., coordinates the community medicine rotation with multiple community partners.
- Co-Director for Community Medicine and Project Coordinator Sally Tirado, L.C.S.W., oversees daily operations of the project and is a liaison with all partners and collaborators.

- Project evaluators Tim Allen and Peter Loeb lead the SBIRT evaluations, including the curriculum and assessments of participants' skills.
- Faculty substance abuse specialist Nick Sasson, M.D., is responsible for SBIRT curriculum development and educating faculty on how to screen and treat patients who are identified with substance abuse issues.
- Geriatric substance abuse specialist at the VA/Monterey Geriatric Resource Center Michael Henderson, Ph.D., participates in a regional consortium of corporate partners, including Natividad and VA. He also developed geriatric workforce and major demonstration projects addressing health reform.
- Director of Development Jennifer Williams oversees grants management responsibilities, including administrative and budget-related activity.

Curriculum

The Natividad SBIRT resident training experience is organized into a series of modules that are delivered quarterly and total fifteen hours. During orientation, residents are introduced to the SBIRT model and learn fundamental SBIRT skills. SBIRT modules address MI, pain management, and the needs of target populations, including youth and geriatric patients. Allied support staff members are trained in SBIRT at all the practice sites.

Monitoring for knowledge acquisition is achieved through pre-testing and a post-testing. Monitoring for fidelity of SBIRT skills delivered within the practice settings is less clearly defined.

The Natividad core curriculum elements include the following:

- Introduction to SBIRT
- SBIRT background and research
- Understanding substance use disorders continuum
- The SBIRT intervention skills
 - Screening
 - Use of standardized screening tools
 - Brief intervention using MI strategies
- Pharmacology in addiction treatment
- Pain management and prescription opioid misuse, abuse, and dependence
- Working with youth
- Working with the geriatric population

- Issues in impaired physician and physician wellness
- Cultural competence

Residents are trained to use the standardized Alcohol Use Disorder Identification Test (AUDIT) and Drug Abuse Screening Test (DAST) (for adults) and the Car, Relax, Alone, Forget, Friends, Trouble (CRAFT) and the Home, Education/Employment, Activities, Drugs, Sexuality, Suicide/depression, Safety (T-ASI) (for adolescents) screening tools. Further, residents are trained to deliver all elements of the SBIRT process, including use of a standardized screen, brief intervention, and referral to treatment.

In support of improved cultural competence, the Natividad MR program has adopted the “Health Disparities/Cultural Competence Curriculum” developed by the Boston University School of Medicine through resources made available by a grant from NIAAA R25 AA013822. This curriculum targets patient-provider relationships within healthcare settings and emphasizes working effectively with substance using patients from diverse backgrounds and origins. Natividad MR staff members are integrating these practices throughout all their SBIRT trainings.

Training Objectives include the following:

- To assure cross-cultural efficacy when screening for alcohol problems and assessing alcohol problem severity
- To encourage providers to approach patients with an understanding of and respect for the patient’s needs and cultural values
- To improve provider sensitivity to cultural characteristics, including race, ethnicity, cultural identity, and societal factors that may affect the patient-provider interaction
- To increase awareness of current health disparities regarding alcohol use (prevalence, morbidity, treatment)

The principles and strategies for cultural competence presented in this training are organized in the easy to remember mnemonic, “**Respect**”:

- **Respect** is perhaps the most important attribute. Respect recognizes that the power differential is great within the patient-provider encounter. Establishing a non-judgmental environment in the patient-provider encounter supports communication.
- **Explanatory model** is based on the Kleinman modelⁱ (Kleinman A., Eisenberg L., & Good, B. [1978]. “Culture, illness, and care: Clinical lessons from anthropological and cross-cultural research.” *Annals of Internal Medicine*, No. 8, 251–88).

- **Sociocultural context** recognizes how drinking and other drug use influences or is influenced by class, race, education, ethnicity, family, and gender roles (among others).
- **Power** is a participatory style of interaction that shares power within the medical encounter. When discussing a particular intervention, ask the patient if this is something he/she would be willing to try.
- **Empathy** is achieved by reflecting back to patients what you heard them say. Attention to a patient's concerns makes a patient feel understood.
- **Concerns and Fears** need to be recognized. A patient who is abusing alcohol often has hidden fears about his/her drinking and is afraid to acknowledge these because he/she may worry that the provider will make negative judgments.
- **Therapeutic Alliance** between providers and patients will enhance adherence and compliance with treatments and promote health if providers negotiate these treatment strategies with a patient who feels valued and understood.

Physician wellness and the impaired physician is a dedicated training module. The training is based on an understanding that practicing medicine is stressful. The goal is to help physicians understand and manage day-to-day stress and work/life balance issues. In addition, the training discusses issues related to physician impairment with alcohol, tobacco, or other drugs (ATOD), including protocols and services in support of physician recovery.

Curriculum Observations

- A number of the curriculum modules are unique and noteworthy, including the module on physician wellness and the impaired physician.
- The program maintains a strong focus throughout training materials on cultural competency.
- Natividad's SBIRT curriculum includes a number of unique, community-minded outreach components, including training for residents and *promotores*, who provide education to at-risk populations.

Approach/Implementation

Overview

The grantee has a three-part approach to SBIRT implementation:

1. Develop and implement a culturally competent residency training program
2. Encourage faculty development to better understand and support the adoption of routine screening and intervention for substance use disorders
3. Develop support systems at multiple practice settings within Natividad Medical Center and in the community to successfully imbed SBIRT within routine primary care practices

SBIRT within EMR is included in these systems development changes. These combined efforts encourage more consistent adoption of SBIRT within practice settings through process normalization that will support sustainability after the grant funding ends.

Residency Training Implementation

The Natividad SBIRT MR curriculum is designed for residents, faculty, and other clinic staff members involved with SBIRT. Training in SBIRT is provided by a member of the SBIRT project team, consultants, or by residents as part of the train-the-trainer approach.

Medical Residents

By the end of their 3-year residency program, all residents receive at least 16 hours of training on SBIRT and the related topics previously described. When residents rotate through the VA's geriatric clinic, they receive an additional 15 hours of training related to older adults.

Faculty Training

Several approaches to building faculty knowledge and skills related to SBIRT have been attempted, but currently there is no formal system in place for ongoing faculty training. Avenues that have been attempted include the following:

- Grand rounds for continuing medical education
- Scholarships for faculty to attend California Society for Addiction Medicine trainings
- Invitations to attend the resident Thursday Group learning activities
- Presentations at Family Practice Clinic executive meetings
- Presentations at service chiefs' (department heads) meetings

Residents as Trainers

As part of their training experience, residents train others on a variety of substance abuse-related topics and in a variety of settings. The site visit team observed a training session delivered by a resident to a group of men in the treatment program at the Sun Street Clinic, and observed an additional training session conducted by a resident for allied health staff onsite at Natividad. Residents conduct presentations at other community settings, including courts, an alternative school, and with *Promotores*. These training opportunities further support resident understanding of SBIRT and broader issues of substance abuse.

Clinic Implementation

SBIRT is implemented in multiple practice sites with implementation strategies tailored to each setting. Across all settings, cultural responsiveness is stressed and language assistance is provided for patients with limited English proficiency.

Dorothy's Kitchen

Dorothy's Kitchen was founded by a social action group affiliated with the Franciscan Ministries and serves the homeless population in Salinas. Services at Dorothy's Kitchen include a meals program, social services, and a health outreach program operated by Natividad. Medical staff members are available onsite 1 day each week to provide a range of health-related services, including SBIRT. There is a high percentage of individuals with substance dependence at this site, and referral to treatment services is an important element of the physicians' efforts. While onsite, residents perform all SBIRT components. Often, screening and identification issues are less prevalent with patients who have long histories of dependence. Brief intervention and referral to treatment is a greater focus of the patient encounter.

Geriatric Services at VA

Residents perform a rotation through VA's geriatric center. SBIRT implementation is imbedded within the workflow of the clinic and allied staff members prescreen patients for substance use. The resident performs the SBIRT intervention and makes referrals when indicated. Behavioral health resources are available onsite as needed.

Throughout their third year of residency, residents receive an additional 15 hours of training on geriatric-specific course topics, including substance abuse assessment of older adults, drug use/misuse-poly-pharmacy issues with older adults, alcohol abuse with older adults, and mental health and substance abuse issues with older adults.

California State University Student Health Center – Monterey

The California State University campus attracts a significant population of low-income and underserved individuals, often first generation college students (i.e., 47 percent of the student population comes from low-income, minority households with a large

population of young adults who were formerly in the foster care system). The student body reflects a significant range of substance use issues. Residents use the HEADSSS assessment tool when screening students and all students are routinely screened. The Student Health Center has onsite counseling services staffed by a master's degree-level counselor and a part-time psychiatrist. SBIRT encounters are documented largely through self-reports, as the clinic has an electronic record system but it does not have the capacity to fully document the SBIRT intervention. Substance use can be documented and monitored using a problem list.

Laurel Health Clinic (Family Practice Clinic)

The Laurel Health Clinic serves a high risk, largely indigent population and treats approximately 20,000 patients per year (about 120 patient visits per day). With this population, social and behavioral health issues often are of greater immediate importance to the patient than are their medical concerns. Recently, the Family Practice Clinic has co-located behavioral health services, thereby creating the capacity to make a direct patient referral for services. The integration of these systems is still underway and is an improvement over previous practices. Within clinic operations, nurses conduct the prescreen assessment, and the brief intervention is completed by the physician. Brief interventions typically consist of a 5-minute encounter and an invitation to make a followup appointment for further discussion. SBIRT-related activities are documented into the EMR.

Currently, the Family Practice Clinic is engaged in a strategic planning effort with a goal of adopting patient-centered medical home requirements as well as plans for the clinic to move to different space within the Natividad complex.

When meeting with the site visit team, the director of the Family Practice Clinic initially described SBIRT as “just an extra thing to do,” but went on to say that his attitude changed over time. When Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and other sites started to support and adopt SBIRT, physicians became more interested and willing to use it. At this time, the practice director believes that SBIRT will continue to operate after the grant ends because it has become part of the routine workflow, its value has been demonstrated to staff, and regulations will likely require settings to implement SBIRT.

Emergency Department

The emergency department treats 40,000 patients annually and conducts integrated alcohol and drug screening routinely in all patient contacts. Based on the findings of the screening, brief interventions are carried out by the resident, who makes referrals to treatment when indicated. Allied staff members assist in the referral process.

Further Dissemination of SBIRT in the Community

The program is working to further disseminate SBIRT within community-based adolescent programs and the drug court.

Electronic Medical Record Systems

Although SBIRT has been incorporated into the EMR in a number of sites, it is not fully implemented in all sites at this time.

Billing

SBIRT billing codes have not been activated in California.

Approach/Implementation and Observations

- The grantee has tailored the SBIRT intervention to the unique needs of its practice settings.
- As the grantee is working with multiple institutional partners, it may wish to explore strategies for building communication systems among these partners.
- Currently, an SBIRT intervention may be completed in the clinic, but may not be fully recorded in the EMR.
- Several sites are operated under the administrative supervision of the county, adding an additional level of review and decision making to any change process.
- Billing for SBIRT services will be an essential element for long-term sustainability.

Data Collection and Evaluation

Program evaluation includes both process and outcome elements. Evaluation components are captured across all sites, including measuring changes in resident knowledge and skills, direct observation, supervisory rating, use of an SBIRT proficiency checklist, and assessing use of MI and GPRA measures. The Pre-Post test is given at the start and again at the finish of the 3 year residency.

The outcome evaluation addresses knowledge, skills, confidence, and behaviors using a range of methods. Site supervisors and SBIRT team members play an active role in evaluation. Preliminary results indicate a positive change in resident knowledge and skills for SBIRT delivery. Degrees of attitude change were minimal, although there was some reduction in the degree of discomfort dealing with substance abuse issues. Improved levels of confidence to deliver SBIRT were measured in residents. The

supervisory rating scales indicate that supervisors concur that residents' knowledge and skills improved measurably in addressing substance abuse issues using SBIRT and MI.

Data collection for the outcome evaluation includes the following:

- A pretest/posttest survey includes a 52-item questionnaire assessing knowledge and skills. The survey is administered at the beginning and end of each year to incoming and departing residents.
- An SBIRT site supervisors' rating scale is a five-question rating for ability and willingness to conduct SBIRT.
- An SBIRT proficiency checklist (developed by the University of Pittsburgh) assesses fidelity of SBIRT delivery and documentation.
- The Behavior Change Counseling Index assesses implementation of MI.
- GPRA is conducted annually.

Preliminary evaluation findings indicate measurable positive improvement in knowledge, skills, attitudes, and confidence with the residents surveyed.

Data Collection and Evaluation Observations

- The evaluation is comprehensive and uses multiple data collection strategies to enhance validity.
- Input from site supervisors working with residents increases validity.
- The numbers of residents surveyed to date is relatively small (n=32).

Summary of Onsite Observations

Before assuming his new leadership position in the hospital, Chief of Staff and Medical Residency Director Dr. Gary Gray co-authored the original SBIRT grant application. Dr. Gray described a high level of support for the SBIRT initiative as a mechanism to address substance use disorders and mental illness within primary care. Changes in the healthcare environment are described as posing unique challenges to the program in general; however, Dr. Gray described Natividad as well situated to continue SBIRT.

Medical faculty members describe SBIRT as having made a significant and positive difference in how to approach patients, although there was initial resistance to adding something new to their workload. Residents appear to have more ease and knowledge about how to conduct an interview. There is less judgment of the patient and more emphasis on how to help patients address substance use issues.

The residents described the training in very positive terms. They described the skills-focused experiential learning events and one-on-one training as most useful. Further, they described how these skills, especially MI, will be highly transferable to other aspects of their practice, such as treating diabetes and obesity.

The residents' community experience appears to have enhanced their understanding of factors impacting their patients' lives. Residents described parents working in the fields or outside of the home all day while youth are left to support themselves. They described the high incidence of drugs, prostitution, violence, and gang activity. Residents are still learning about the range of community resources available to their patients. They described working in outreach centers like Dorothy's Kitchen as very useful, as the experience provides a deeper understanding of the environment in which many patients live.

The greatest challenges described by residents include managing time within very busy schedules, becoming more knowledgeable about community resources, and building knowledge and skills for working with patients while addressing pain management and opioid dependence.

The site visit team identified the following key topics during the meetings and discussions held during the 2-day site visit:

Summary of Onsite Observations

- The Natividad SBIRT MR program is managed through the Family and Community Medicine Residency Program at Natividad Medical Center.
- A comprehensive, interactive 16-hour training for the residents stresses community practice with a cross-cultural emphasis.
- Family medicine residents undergo an intensive SBIRT orientation training within their first month of residency and take part in continued structured, quarterly training/learning exercises (1- and 2-hour sessions) throughout the duration of their 3-year residency.
- As part of their training experience, residents have the opportunity to train others on a variety of substance abuse-related topics and in a variety of settings.
- The SBIRT MR program is implemented at seven sites, including the emergency department, inpatient services, primary care clinic, VA, a school health center, a high school for at-risk youth and an outreach office at a homeless shelter.
- Natividad staff members have successfully collaborated with multiple community partners and have implemented SBIRT in various locations, including an outreach site for homeless people, a college health center, a VA program that serves the elderly population, a residential substance abuse treatment facility, and a center for advocacy to train Promotores (community health aides).
- Allied support staff members are trained in SBIRT at all the practice sites.

- Evaluation components are captured across all sites, including measuring changes in resident knowledge and skills, direct observation, supervisory rating, use of an SBIRT proficiency checklist, and assessing use of MI and GPRA measures.
- Natividad is working to incorporate SBIRT into its electronic medical record (EMR) across all settings.
- Some noteworthy accomplishments include building physician capacity for working with underserved and diverse populations, integration of SBIRT into the EMR, a physician-as-trainer model that supports further integration of SBIRT, and delivering SBIRT to diverse populations.
- Evaluation components are captured across all sites, including measuring changes in resident knowledge and skills, direct observation, supervisory rating, use of an SBIRT proficiency checklist, and assessing use of MI and GPRA measures.

ⁱThe Klienman model is a series of eight questions designed to elicit a patient's understanding of his own condition. The questions include:

- What do you call your illness? What name does it have?
- What do you think has caused the illness?
- Why and when did it start?
- What do you think the illness does? How does it work?
- What kind of treatment do you think the patient should receive? What are the most important results you hope she receives from this treatment?
- What are the chief problems the illness has caused?
- What do you fear most about the illness?