



SBIRT
Service Design
Site Visit Report

**Medical Residency:
Children's Hospital, Boston**

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Prepared by JBS International, Inc. and Alliances for Quality Education, Inc.
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Service Design Site Visit Report Medical Residency: Children's Hospital, Boston

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Grantee Project Team Members Visited

Children's Hospital Boston SBIRT Medical Residency Project Team:

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 Shari Van Hook, M.P.H., PA-C, Project Manager
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 Patricia Schram, M.D., Developmental Medicine Faculty
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Overview and Summary of Findings

Purpose of the Visit

The purpose of the visit was to conduct an on-site assessment of program strengths and to engage the grantee in a continuing improvement process supported by technical assistance as approved by SAMHSA. Assessment of the Children's Hospital Boston's (CHB) SBIRT medical residency training program model, curriculum, training methods, implementation, and program evaluation was completed by:

- Meeting on site with the project directors, project manager, program champions, clinical staff, residents, evaluator/evaluation team, data management staff
- Observing training session(s)
- Reviewing curriculum components and materials

The Site team met with the CHB SBIRT Residency Project Directors and project team on January 31–February 1, 2011, to gain a better understanding of the CHB SBIRT medical residency training program model, curriculum, training methods, implementation, and program evaluation.

Day 1: On January 31, the site visit team conducted a series of meetings with the Project Director, Program Manager, Program Evaluator, and project faculty. Topics that were covered included the following: program background and context, program model, curriculum components, faculty training, residency implementation, dissemination model, and sustainability planning. The site visit team toured the Adolescent Medicine department at Boston Medical Center. The team observed an SBIRT Motivational Interviewing training of Pediatric residents. The training took place onsite at BMC from 11 a.m.–12 p.m. The training was delivered in a lecture format using a slide show presentation and case studies. The site visit team conducted an observation of SBIRT in the CHB Emergency Department.

Day 2: On February 1, the site visit team conducted a series of meetings with program staff and faculty. Meeting topics included the following: the scientific basis for SBIRT, program evaluation, the psychiatric residency curriculum and adolescent medical residency curriculum.

Overview of Project

The Children's Hospital Boston (CHB) SBIRT Medical Residency Training Program is currently in year 3 of its 5-year SAMHSA SBIRT grant. The project's goal is to deliver SBIRT training to residents across four residency programs including: (1) Adolescent Medicine, (2) Developmental Medicine, (3) Children's Emergency Medicine, and (4) Child Psychiatry. Also targeted as part of the project are social work faculty and a handful of rotating medical students.

The curriculum components include the following six (6), 45-minute lecture modules: (1) SBIRT Overview, (2) Motivational Interviewing, (3) Drug Testing, (4) ADHD and Substance Abuse, (5) Pain Management, and (6) Opioid Therapy. All lectures are currently in person. In addition, online modules are currently under development.

As of September 30, 2010, 161 residents had received training. Over the 5-year grant period, CHB's SBIRT program expects to train 230 medical residents (205 pediatric first year residents and 25 child psychiatry residents) as well as 110 social workers.

The CHB SBIRT program evaluator will use a series of tools to measure outcomes, including knowledge assessment and behavioral change analysis. Knowledge assessments are post-tests of 4–8 forced choice or short response questions, administered immediately after each module as well as 12 knowledge or confidence items at an end-of-year assessment. Resident behavior change is assessed by a tracking form completed by residents after each patient visit as well as by preceptor observations of SBIRT encounters.

Project Accomplishments to Date

The CHB SBIRT medical residency program has completed several activities within their first 3 years of funding. A summary of major accomplishments to date includes the following:

- Development of a core training curriculum focused on pediatrics
- Commencement of training for the Adolescent Medicine, Developmental Medicine, Children's Emergency Medicine and Child Psychiatry residency program areas
- Development and use of SBIRT algorithms for each training area
- Development of web-based assessment tool for emergency department

- Creation and distribution of adolescent targeted substance abuse education material
- Development of evaluation instruments

Program Strengths

Pediatric Focus

The CHB medical residency curriculum is designed to train residents to conduct SBIRT for pediatric patients. As a result, CHB's medical school curriculum has the potential to educate the medical field as the premier SBIRT curriculum for pediatric residents.

Endorsement

Several pediatric medical specialty areas support SBIRT training for their residents, including adolescent medicine, developmental medicine, emergency medicine, and psychiatry. Departmental champions have emerged who have been instrumental in advocating for SBIRT and in finding ways to implement it in their departments. In addition, leadership from the Department of Social Work at CHB is avid in their support of SBIRT and they desire SBIRT training for their staff and students.

Technological Development

The CHB medical residency program has integrated their existing electronic medical records system with new technical development specifically designed for SBIRT. Staff and faculty continue to show commitment to technical development and innovative methods for computerized assessments.

Research Base

Program Directors, Drs. Sharon Levy and John Knight have significant experience in SBIRT research and substance abuse assessment. Due to the faculty having continuing involvement with SBIRT research, CHB's MR program has a strong focus on evidence-based practices in their curriculum.

Ongoing Enhancements

CHB SBIRT faculty continue to edit and update the curriculum based on feedback from residents, training faculty, and evaluation results. In addition to the core modules, supplementary modules have been developed and online training delivery is in progress as requested by residents and medical faculty.

Desire to Disseminate

The CHB SBIRT medical residency program is motivated to disseminate the pediatric curriculum to other SBIRT medical residency grantees and to the larger medical community. Since there are few other SBIRT medical residency training curricula that address substance use in adolescents, the CHB curriculum has a unique contribution to offer to other SBIRT programs.

CRAFFT

The CHB SBIRT medical residency program uses the CRAFFT for all adolescent SBIRT screenings. Because the CRAFFT was developed and validated internally, CHB SBIRT support for the screening tool is strong. The use of a standardized assessment tool across resident rotations strengthens resident comfort and skill using the CRAFFT.

Training Non-medical Clinicians

The CHB SBIRT medical residency is in the process of developing a training program for hospital social workers. Training non-medical clinicians in SBIRT is part of CHB SBIRT medical residency's plan for sustaining SBIRT after the grant funding ends.

Sustainability

The CHB SBIRT overview and MI modules have been incorporated into the Adolescent medicine residency syllabus and the ADHD module is incorporated into the developmental medicine residency syllabus; each of these modules will continue to be taught beyond the life of the grant. CHB SBIRT will offer the other modules in an electronic format in the future.

Program Challenges/Barriers

Dissemination Plan

A major focus of the CHB SBIRT medical residency application is on disseminating curriculum and materials once they are developed. Understanding that other SBIRT grantees have focused on adult patient populations, CHB faculty realize the benefit that their pediatric focused curriculum can provide to other SBIRT grantees and the larger medical community. CHB would like to disseminate their curriculum and materials and request assistance for developing a dissemination plan with specific emphasis on obtaining CME credit and peer review.

Booster Sessions

Development of booster material would be beneficial for long-term retention of SBIRT concepts and skills.

Billing Codes

Challenges with billing were identified across pediatric specialties implementing SBIRT medical residency training (with the exception of child psychiatry). Reimbursement is not available for SBIRT prescreening, BI or MI without an associated diagnosis, BT or SBIRT follow up appointments. Turning on the SBIRT state codes and allowing residents the ability to bill for SBIRT activities was cited as a challenge to implementation in practice.

Marketing Design

The CHB SBIRT medical residency program does not utilize a specific “brand” for marketing materials. CHB has employed a designer to assist with consistent imaging for all curriculum material. CHB faculty would like to employ the same designer to develop a specific CHB SBIRT “brand” for use with all associated marketing material.

Team Roles and Responsibilities

- **Project Directors:** Sharon Levy, M.D., M.P.H. is the Project Director for CHB SBIRT. Dr. Levy serves as the primary contact person with SAMHSA and oversees all reporting to SAMHSA, the grant budget, the various committees/ teams that make up the project (e.g., curriculum development committee, implementation committee) and coordinates grants internally at CHB and with external partners. John R. Knight, MD is the co-director CHB SBIRT and assists with developing the screening and brief intervention protocols, developing the SBIRT curriculum, training residents, and developing and implementing evaluation protocol. Dr. Knight also assists Dr. Levy in leading the various committees/teams that make up the project, as well as reporting on the results of the grant.
- **Program Manager:** Shari Van Hook, M.P.H., PA-C, assists the Project Director with grant management activities. Major responsibilities include communication with SAMHSA, assistance with oversight of reporting, budget management, and activities of the various committees/ teams as well as coordinating across residency program areas and with external partners.
- **Program Evaluator:** Sion Kim Harris, Ph.D. collaborates with Dr. Levy in all facets of the grant evaluation. Dr. Kim Harris is responsible for the development and implementation of the evaluation protocol for the entire project and oversees the revision of extant measures and the development of new measures as necessary. She is also in charge of the evaluation of dissemination, follow-up of residents post-training, data analysis and interpretation, and report writing.

Administrative Observations

- Dissemination is a major focus of the CHB SBIRT MR at this stage in their implementation. CHB requests support for development of a consistent SBIRT brand, obtaining CME accreditation and a peer review of the curriculum.
- Challenges with turning on SBIRT billing codes were identified as a barrier to implementing SBIRT in the community. Identifying successful strategies to turn on billing codes need to be discussed with SAMHSA and other SBIRT Medical Residency grantees.
- Utilization of existing medical record infrastructure and integration of new technology is a strong asset for CHB MR. Opportunities to expand use of new technology and share lesson learned when adapting the infrastructure with other SBIRT grantees is a possibility.

Curriculum

Core Component

The CHB SBIRT's curriculum consists of two components: (1) six didactic training modules with discussion and (2) hands on preceptor experience.

The didactic modules form the core of the training program and are designed to be completed by residents throughout their first and second years of rotations. Lectures are currently presented in person; and current plans include making the curriculum available on the Internet for self-paced instruction later this year.

Didactic Training Modules

Six didactic training modules form the core of CHB's SBIRT medical residency training program. The modules, presented by CHB faculty, are evidence based and developmentally appropriate tools and strategies for screening, identifying, and managing substance use in adolescents. They include:

- **SBIRT Overview:** Medical conditions associated with substance use, screening tools appropriate for use with adolescents that identify a full spectrum of risky use, understanding brief advice and brief intervention for substance use in adolescents.
- **Brief Intervention with Motivational Interviewing:** Discuss spirit of motivational interviewing and motivational interviewing techniques and principles.
- **Drug Testing:** Indications for drug testing, proper urine collection procedures and interpretation of drug testing results.
- **Substance Abuse and ADHD:** Define prescription medication misuse, abuse and dependence, epidemiology of prescription medication misuse, substance abuse and ADHD, pharmacological treatment of ADHD, abuse potential, and safe prescribing practices.
- **Pain Management:** Overview of the epidemiology of narcotic abuse by adolescents, criteria for opioid dependence, distinguishing true opioid dependence from pseudo-dependence, use of non-narcotic pain medications and non-medication treatments and best prescribing practices.
- **Buprenorphine Replacement Therapy:** Discussion of diagnosing opioid and alcohol dependence in adolescents, physiology of the mu-opioid receptor, full versus partial receptor agonists, medication treatment of alcohol dependent patients, and practical prescribing practices.

Each module includes case studies with discussion. Each training module concludes with a quiz assessing the resident's mastery of the content. The modules were designed to be completed in approximately 1 hour. Once online modules are available, they will not take as long to complete.

Hands on Preceptor Experience

Residents receive training support for all SBIRT skills presented in modules from faculty. Adolescent medical faculty observes each resident doing a screen and providing feedback to live patients. SBIRT screening results and plan are included in the documentation for each health maintenance visit, and as past medical history for adolescents presenting for an initial psychiatric evaluation or for evaluation in the emergency department. To protect patient confidentiality, screening results are recorded but detailed information is not. Preceptors assist residents with deciding when to break confidentiality to inform parents of diagnoses or treatment plans, and assist residents with informing parents.

Plans for Future Curriculum Development

Feedback on the original six modules indicated that the residents would like training on additional topics. Additional training modules are currently in development. These modules will be available in an online format only. Additional modules include:

- **Alcohol and Marijuana use:** Impact of alcohol and marijuana use on neurology of the adolescent brain.
- **Inhalants:** Overview of epidemiology of prescription stimulant abuse by adolescents, discussion of appropriate use, misuse, abuse and dependence, best prescribing practices, and parent guidance.
- **Confidentiality and Parental Control:** Confidentiality laws as they pertain to adolescents, strategies for maintaining patient confidentiality with adolescents and discussion of when to break confidentiality.

Curriculum Observations

- Modules continue to be added to the original curriculum and additional modules will be developed based on feedback from faculty and medical residents.
- Curriculum is currently delivered in an in-person lecture format. Web-based self-study modules are currently in development to adapt to resident requests and maximum hour restrictions for medical residents.

Approach/Implementation

Residency Training Implementation: The CHB SBIRT medical residency program's curriculum was designed for use in the pediatric medical specialty rotation.

CHB program Implementation: The following table illustrates an abbreviated timeline listing major, overall, and program implementation activities over the 5-year duration of the grant.

| Year 1 (4/30/08–4/29/09) |
|---|
| <ul style="list-style-type: none">▪ Develop core training curriculum▪ Implement core curriculum at each clinical site▪ Design pre- post knowledge assessment▪ Collect self-report data and pre-posttest knowledge▪ Curriculum content revised as necessary based on review from resident pre-post assessments and satisfaction data |
| Year 2 (4/30/09–4/29/10) |
| <ul style="list-style-type: none">▪ Yearly SBIRT presentation to multi-disciplinary team at each clinical site▪ Continue collecting and reviewing self-report data▪ Develop long term follow-up▪ Present core curriculum at workshops at national meetings |
| Year 3 (4/30/10–4/29/11) |
| <ul style="list-style-type: none">▪ Yearly SBIRT presentation to multi-disciplinary team at each clinical site▪ Continue collecting and reviewing self-report data▪ Mid-project self-report data analysis▪ Implement long term follow-up data▪ Prepare abstract with results of data analysis to national meeting |

Year 4 (4/30/11–4/29/12)

- Yearly SBIRT presentation to multi-disciplinary team at each clinical site
- Complete long term data analysis
- Complete self-report data collection
- Prepare manuscript with program description and data analysis

Year 5 (4/30/12–4/30/13)

- Yearly SBIRT presentation to multi-disciplinary team at each clinical site
- Complete self-report data analysis
- Prepare curriculum modules for Internet dissemination

Approach/Implementation Observations

- CHB focused on deploying a pediatric based curriculum into multidisciplinary adolescent treatment areas across participating hospitals. This implementation approach has proven beneficial for CHB. Support for SBIRT implementation has been strong across participating program sites.
- CHB would benefit from examining potential strategies for sustainability of existing SBIRT activities. The overview and MI modules have been incorporated into the Adolescent medicine syllabus and the ADHD module is incorporated into the developmental medicine syllabus. These modules will continue to be taught beyond the life of the grant. The MR is planning to offer other modules in electronic format in the future.

Data Collection and Evaluation

The CHB SBIRT program is conducting the local SBIRT evaluation. The purpose of the evaluation is to assess the extent to which the CHB SBIRT medical residency training program produces changes in resident attitudes, knowledge, and skills regarding SBIRT with patients in medical settings. The evaluation also seeks to assess residents' skills in applying SBIRT in their clinical practices.

Consent for Participation

IRB approval is not required for CHB resident participation in trainee satisfaction and attitude, behavior and knowledge assessments. CHB residents are committed to participate in SBIRT assessments as part of participation in residency curriculum. Participation in assessments has been an issue (particularly behavioral assessments and follow up knowledge assessment). As a result, residents receive Starbucks gift cards for completing three or more behavioral self-report surveys and email reminders for follow-up assessments.

Evaluation Components

| Instrument | Frequency |
|--|---|
| Post-test of knowledge | Immediately after each training session |
| End-of year knowledge assessment | Annually |
| Resident self-report behavior surveys | Post patient visits |
| Preceptor evaluation form | Immediately after observed SBIRT encounter (starting in 2011) |
| CSAT GPRA training baseline satisfaction survey | Before each training session |
| CSAT GPRA training follow-up satisfaction survey | Immediately after each training session |
| CSAT faculty baseline satisfaction survey | Prior to first faculty council meeting |
| CSAT faculty follow-up form | After each faculty council meeting |

Knowledge Survey

Short-term knowledge surveys collect data on the trainee's knowledge regarding SBIRT. All participating residents receive a post-test of 4–8 forced choice or short-response questions administered after each module. The instruments are currently administered in person following didactic lectures. Web-based assessments will be available when Internet modules become available.

CSAT GPRA Data Collection

All trainees are required to complete the CSAT Baseline Training Satisfaction Survey by paper and pencil. All residents also complete CSAT GPRA Training Follow-up Satisfaction Surveys after each training session. Likert-scale questions have been added to the surveys.

Program Area Summaries

Program: Primary Care

Participants: Dr. Sara Forman (Adolescent Medicine faculty), Dr. Christina Nordt (Adolescent Medicine faculty), Dr. Patricia Schram (Developmental Medicine Faculty), Dr. Sharon Levy (Project co-director), Shari Van Hook (Project Manager) and Roman Pavlyuk (Project Assistant).

Observations: Major topics of discussion included the following: (1) implementation of SBIRT, (2) adaptations, (3) challenges, and (4) recommendations.

Implementation of SBIRT: The Adolescent Medicine program works with 3-4 residents every 4 weeks. The adolescent medical rotation is one of thirteen intern rotations completed by pediatric residents. Residents complete an “SBIRT Overview” and “Motivation Interviewing” training in their curriculum for this rotation. Additionally, “Pain Management” and “Drug Testing” are given twice during the year during their lunchtime rotation. These trainings serve as a booster since all residents attend. Training takes place at both Children’s Hospital Boston and Boston Medical Center. First year residents also spend 4–5 months on inpatient services including Adolescent Medicine. Developmental Medicine also receives training in ADHD and Substance Abuse.

Residents spend 1–2 minutes conducting brief interventions on patient’s that screen positive on the CRAFFT. Adolescent patient confidentiality of substance abuse screening results is maintained unless danger to the patient is found.

Adaptations: Residents are given an SBIRT lecture the first week of their adolescent rotation and then see standardized patients. Standardized patients are played by peer educators modeling both substance use and sex issues. Substance use screenings are demonstrated within different settings (school based, hospital, etc.).

Challenges: Billing remains an issue for SBIRT follow up visits within the adolescent department. Follow up visits are charged to counseling, which has a low reimbursement rate. Residents will sometimes charge visits to other health issues if a diagnosis is made. SBIRT codes are not turned on in Massachusetts but residents can charge for the CRAFFT if results are documented in medical records.

The adolescent department would also like to train Harvard Medical School students on SBIRT. Dr. Schram has applied for a Harvard Medical School fellowship to produce a lecture on SBIRT and incorporate it into the Medical School curriculum, but has not been approved at the writing of this report. It is questionable if SBIRT training would fit into the medical school coursework due to competing demands.

Program: Pediatric Emergency Medicine

Participants: Kate Ginnis (Emergency Department Faculty), Lon Sherritt (Data Manager), Dr. Sharon Levy (Project Director), Shari Van Hook (Project Manager), and Roman Pavlyuk (Project Assistant).

Observations: Major topics of discussion included the following: (1) Existing clinical screening practices, (2) implementation of SBIRT, and (3) computer on wheels.

Existing clinical screening practices: As part of the Massachusetts state SBIRT program (MASBIRT), the Emergency Department at CHB had historically had a health promotion advocate (HPA) on site 10 hours per day, 7 days per week. The HPA's screened adolescents, conducted brief interventions on positive screens and coordinated with trauma services to assess trauma patients with positive toxicology screens. The CHB SBIRT program was designed to make the existing HPA model MASBIRT program a more integrated part of adolescent care. Residents work with HPA's to incorporate screening results into their visits and reinforce brief intervention messages.

Implementation of SBIRT: The goal of the CHB pediatric emergency medicine residency is to have all patients 12 years or older seen by residents prescreened using the CRAFFT. CRAFFT prescreens are administered using a computer on wheels (CoW). PowerPoint slides that describe what the CoWs are and how to use them are emailed to residents on their first day of rotation. Residents rotate in the CHB emergency department during both their first and second years of residency. Residents hand in printouts of screening results. If the resident turns in three printouts during their rotation, they receive an incentive (Starbucks gift card).

Computer on Wheels (CoW): CoW is a mobile computer station used to administer the CRAFFT, print results and an action plan. There are currently two CoWs in use in the CHB emergency department. CoW began in December 2010 and took 1 year to develop. Electronic results from CoW are not available for clinical data within the medical records. The medical records state only whether the CRAFFT is positive or negative, but does not include specific results. CoW is a browser based program and, as a result, can be transferrable to other Web-enabled settings. The average time for patient screening using CoW is 1 minute. Residents conduct BI and RT based on results from CoW.

Program: Child Psychiatry

Participants: Dr. Enrico Mezzacappa (Child Psychiatry Faculty), Dr. Sharon Levy (Project Director), Roman Pavlyuk (Project Assistant), and two resident fellows

Observations: Major topics of discussion included the following: (1) implementation of SBIRT and (2) adaptations.

Implementation of SBIRT: Child psychiatry residents have a 4-month rotation, with 2 days per week devoted to addictions. This has been part of their training program for a long time. Residents receive training in performing screenings and brief intervention and on motivational interviewing. Residents currently use motivational interviewing for discussing other issues, in addition to substance abuse. The child psychiatry residency program is a fellowship completed after a psychiatric residency program, so residents in the program have already had some training on addictions. The residents also receive an overview on buprenorphine, which is tailored to the individual.

SBIRT has been integrated into the existing child psychiatry training. The residency program plans to continue SBIRT training after the grant period.

Adaptations: Psychiatry expanded the pediatric algorithm developed by the CHB medical residency program and questionnaire. Time restraints are less of a factor for psychiatry residents than they are for the other CHB MR Program areas, allowing residents to conduct more extensive questionnaires and spend longer on brief interventions and motivational interviewing. SBIRT is fully billable to mental health for psychiatry residents, unlike the other medical residency program areas.

Summary of Onsite Observations

Based on the meetings and discussions held during the 2-day site visit, the following key topics were identified:

Summary of Onsite Observations

- 1. Dissemination Plan:** CHB SBIRT is motivated to disseminate their pediatric focused curriculum to other SBIRT grantees and medical providers. CHB SBIRT program faculty views a comprehensive dissemination plan as an essential component of their sustainability plan. Obtaining CME credit for participation in SBIRT training and undergoing a peer review of the curriculum before publishing materials and adding SBIRT to recertification exams is of particular interest to CHB SBIRT.
- 2. Technology Solutions:** CHB SBIRT is committed to development of technological solutions for prescreening, assessment, and brief intervention scripting. Use of computers on wheels in their emergency department has been beneficial to reducing staff time required to perform SBIRT activities. Expanding the use of existing technological solutions to other program areas is a possibility.

The ability to share the underlying algorithm logic and lessons learned from the technological solutions implemented to current and new SBIRT grantees would benefit the larger SBIRT community.
- 3. Marketing Plan:** The CHB SBIRT program has employed a designer to develop consistent imaging across curriculum lectures and materials. Developing a marketing plan, employing the designer already familiar with materials, would further enhance the consistent branding for CHB SBIRT. Currently there is no recognizable brand associated with the medical residency training program and developing a brand increase the chances of recognition of CHB SBIRT resources by residents, other SBIRT grantees and state medical and non-medical providers.
- 4. Specialty Area Suggestion:** Continue use of practice with standardized patients and perhaps expand use to other program areas.