

***SBIRT Implementation Plan***

Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Implementation Goals**

|  |  |
| --- | --- |
| What goals would you like to reach within the first *6 months* toward the integration of SBIRT into your practice: | **1)****2)****3)** |
| Which staff will help develop the SBIRT implementation plan and protocol? |  |
| How will you measure success? What data will you collect/use? How? |  |
| How will you document and communicate progress/results with staff? |  |
| What barriers do you anticipate? |  |
| What additional resources do you anticipate needing to implement SBIRT? |  |
| Anticipated start date for SBIRT services: |  |

**Current Practices**

|  |  |
| --- | --- |
| * How is behavioral health currently integrated (coordinated, co-located) into your site?
 |  |
| * Do you currently screen for alcohol, tobacco, and illicit drug use/prescription drug misuse?
	+ If yes, how? Which tools?
 |  |

**SBIRT Protocol**

|  |  |
| --- | --- |
| * Who will provide each SBIRT service?
	+ Screening
	+ Assessment
	+ Brief Intervention
	+ Referral to treatment
 |  |
| * Which patients will be screened?
 |  |
| * How will screening results be documented?
 |  |
| * How will you orient (new) staff to their SBIRT responsibilities?
 |  |
| * How will you address patient confidentiality?
 |  |
| * How frequently will you screen? How will you indicate if pts due for their next screening?
 |  |

**Training and Staff Engagement**

|  |  |
| --- | --- |
| * What staff will be trained? By whom?
 |  |
| * Who is responsible for oversight and guidance to maintain SBIRT fidelity?
 |  |
| * How will you ensure sustainability? Will you incorporate ongoing coaching and supervision of SBIRT roles and responsibilities?
 |  |

**Referral to Treatment**

|  |  |
| --- | --- |
| * How will referrals be made? By whom? To where?
 |  |