

# **SBIRT Action Plan**

## **Screening, Brief Intervention and Referral to Treatment**

**PLANNING:**

- 1. Who is responsible to ensure SBIRT is occurring regularly (i.e. SBIRT Champion/Coordinator)? If a team, please indicate members:**

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- 2. What screening questions do you currently use? (include tools used and frequency + where it is documented)**

**a. Alcohol** \_\_\_\_\_

**b. Illicit drugs** \_\_\_\_\_

**c. Prescription Drug Misuse** \_\_\_\_\_

**d. Tobacco** \_\_\_\_\_

**e. Emotional Health** \_\_\_\_\_

**f. Violence:** \_\_\_\_\_

- 3. What screening tool do you propose to use? (CRAFFT, Special Questions for ages 9-12?)**

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- 4. Which young people will be screened? (i.e, all school nurse visits, targeted, etc.):**

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- 5. If targeted beyond school nurse visits, what are the screening criteria?**

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\_\_\_\_\_

- 6. Which staff will be responsible for indicating actual dates of screening & flag when next screening is due?**

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**IMPLEMENTATION:**

1. How will SBIRT be implemented? What privacy and confidentiality issues need to be addressed?

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2. Which staff position(s) will be responsible for conducting screening?

School Nurses

School Counselors

Other \_\_\_\_\_

3. When & how often will screening(s) occur?

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4. How will screening results be documented?

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5. Which staff position(s) will be responsible for Brief Interventions:

School Nurses

School Counselor

Physician

Other \_\_\_\_\_

6. If Brief Intervention Staff are different from Screening Staff, how will results of positive screens be delivered to Brief Intervention staff?

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a. Who will do referrals and follow up? \_\_\_\_\_

b. What in-school referral resources are currently available? \_\_\_\_\_

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7. How will follow-up, technical assistance and training of additional school staff be instituted?

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8. What else do you need to proceed?