YOUTH SBIRT IMPLEMENTATION CHECKLIST

1. Gain commitment from senior leadership

☐ Secure a commitment from the organization's chief executive officer. Ensure they are willing to allocate the time and resources necessary for effective, sustainable SBIRT implementation. A CEO may respond most favorably to an approach that focuses on the value of SBIRT in achieving organizational goals, increasing efficiency, improving cost- effectiveness of services, and/or improving youth outcomes.

☐ Identify and engage other key leaders (e.g., vice presidents, clinical directors, counseling supervisors, principals) whose support is critical in effecting the changes needed to achieve success. Create the expectation for leadership participation and support for SBIRT efforts.

☐ Engage policymakers to support SBIRT, as needed. For example, the state Medicaid Director may need to activate the SBIRT billing codes and intervene if there is difficulty securing reimbursement for SBIRT services. State or local elected officials may need to approve budget allocations or changes in statutes.

2. Form a multidisciplinary core implementation team

☐ Identify key organizational units that will play a role in or be impacted by SBIRT. These will include direct service providers (physicians, mid-level providers, nursing, behavioral health services), as well as IT, finance, human resources, training/professional development, and record-keeping.

☐ Identify formal or informal leaders from each unit and invite them to serve on the core implementation team. Ensuring that key people have a seat at the table to provide their input to the planning process is essential for success.

☐ Establish a regular meeting schedule to increase the likelihood that the changes will be sustained. Meeting agendas should include roles and responsibilities, developing a roll out plan and reporting system, and gaining consensus on what SBIRT means for the organization and how it will be messaged.

3. Communicate for engagement

☐ Establish a shared vision. The organization will greatly benefit from being on the same page about why SBIRT is important to the mission. Shared vision generally precedes large-scale coordinated action. For that reason, it is important to determine what the organization will look like as a result of these changes, and how that will impact the way business is conducted.

☐ Develop a communications plan. Identify key stakeholder audiences (internally and externally). Determine what they need to know and gather the resources to heighten awareness (short videos, presentation slides, patient/client education tools, etc.) Develop tailored messages; decide where, when, and how often to provide this information. Finally, create metrics to monitor progress and track success.

☐ Provide an overview of SBIRT to all staff using the organization's preferred communication methods (e-mails, unit meetings, all-staff meetings). The increased activity generated by the planning process may create anxiety and a negative response to SBIRT if staff are not well-informed.

4. Document clinical workflow and responsibilities

☐ Conduct a comprehensive walk-through of the workplace to document the process workflow, client flow experience, and staff responsibilities. If multiple locations of the same organization are participating, a separate walk-through should be conducted for each location.

☐ Review draft workflow(s) with the core implementation team. Ensure consideration from both clinical and operational perspective. Flow charts should take into account any unique characteristics of the setting, rather than a generic process described in an operations manual.

☐ Test the workflow with a subset of patients and staff. Ask for feedback from those involved and modify as needed. Have SBIRT team members sign off on the charts to signal their consensus. Set a date to revisit and revise again once the process is underway.

5. **Develop an operational plan**

☐ Conduct an Organizational Self- Assessment. Select a tool for organizational assessment or use the FaCES Organizational Self- Assessment (link?). Familiarize yourselves with the selected tool and decide which programs you wish to assess. Decide who should complete the assessment, how to disseminate the instrument, and how to collect and communicate results.

☐ Create operational plans to fully integrate SBIRT. If working with multiple locations of the same organization, each may have different operational factors to consider dependent upon its unique strengths and resources.

☐ Identify additional resources needed for full implementation, such as referral processes for new partnerships with substance use disorder treatment programs or behavioral health specialists. Where possible, provide referrals on-site to minimize the time lapse between brief intervention and treatment.

☐ Review implementation plans with the core implementation team. Modify as warranted to achieve consensus. Have SBIRT team members sign off on the operational plans to signal their support.

6. **Develop protocols to standardize implementation**

☐ Develop protocols for every phase of the implementation plan, including screenings and interventions, referrals, program monitoring and training. Refer to SBIRT Protocol Development Guide (link?) for assistance.

☐ Integrate SBIRT protocols with existing processes and procedures so that SBIRT becomes an integral part of service delivery, not an add-on service.

☐ Review protocols with the core implementation team. Modify as warranted to achieve consensus. Have SBIRT team members sign off on the operational plans to signal their support.

7. **Develop customized tools and instruments to support implementation**

☐ Create prompts to help providers interpret screening scores, such as a laminated sheet with scoring guidelines.

☐ Develop scripts and other brief intervention tools to help providers offer appropriate responses for the most common scenarios.

☐ Create/purchase materials for youth education. These may include posters, giveaways, or peer-to-peer communication campaigns to engage patients in the screenings.

8. **Provide staff training**

☐ Conduct training for all staff impacted by SBIRT.

☐ Develop training schedules and procedures including shadowing for new employees.

☐ Develop a booster/refresher training plan. This may include screening protocol, practicing brief interventions, reviewing documentation standards, etc.

☐ Have SBIRT team members review and sign off on training protocols to signal their support.

9. **Develop procedures and tools for continually tracking and analyzing data**

☐ Define measurements critical to evaluating success of both clients/patients and the organization.

☐ Define frequency, source, and methodologies for collecting data.

☐ Develop databases, software programs, and other tools for tracking and analyzing data.

☐ Develop protocols for continual monitoring of procedures, outcomes, and costs.

10. **Practice continual process improvement**

☐ Use a process improvement model to provide feedback for the core implementation team on at least a monthly basis. Analyze data such as numbers of encounters, screening scores, interventions, and types of referrals. Engage in a conversation about the meaning of the data, what is working well, and where improvement is needed.

☐ Continue regular feedback for six months to 1 year, until the practices are fully integrated into routine operations.

☐ Monitor effectiveness of protocols and modify as necessary to improve performance.

☐ Continually monitor performance and provide booster/refresher for staff as indicated by the data.

☐ Continue to monitor referral networks and expand/modify resources as warranted.