## Screening, Brief Intervention and Referral to Treatment (SBIRT) Online Training Readiness Form

Name:					
Email Address:					
Telephone Number:					
Clinic / Program Name:					
Brief Clinic Program Description (patient popula  Does your clinic provide co-located behavioral h			ypes of healthcare	e team members):	:
To what degree does your clinic / program, cur			ng?		
	Never	A little bit	Sometimes	A lot	Almost always
Screening for unhealthy alcohol or substance use					,
Applying specific decision rules regarding the clinical response to screening results					
Prevention interventions for those without unhealthy use					
Brief intervention for those with risky alcohol or drug use					
Referral to treatment for those with alcohol or substance use disorders					
Delivering medication assisted treatment (MAT) / medication for opioid use disorder (MOUD)					
What types of SBIRT implementation support w	ould you be i	nterested in lea	arning more abou	t (check all that a	pply):
☐ Telephone call from CASAT to explore impler☐ Written materials	mentation and	d training optior	ıs		
Online videos or trainings					
<ul> <li>Informational trainings or webinars delivered (1-4 hours)</li> </ul>	d to my clinic ,	/ program to inc	rease SBIRT know	ledge	
<ul> <li>Skills-based trainings or webinars delivered f (4-16 hours)</li> </ul>	or my clinic oı	r program to im	prove SBIRT pract	ice	
<ul> <li>Participation in an SBIRT Project ECHO Series with expert specialists and other Nevada-base</li> </ul>					
☐ SBIRT observation, coding, and coaching for					
<ul> <li>A training for trainers in which 1 or more rep training to learn to train others and support S</li> </ul>	resentatives o	of your program		sive	





