

OMB No. XXXX-XXXX

Expiration Date: XX/XX/XX

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## **SBIRT Performance Site Survey**

Funding for data collection provided by the  
Center for Substance Abuse Treatment,  
Substance Abuse and Mental Health Services Administration (SAMHSA),  
U.S. Department of Health and Human Services

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Please complete this confidential survey to provide SAMHSA with information about the Screening, Brief Intervention, and Referral to Treatment (SBIRT) program and the use of health information technology (IT) at @ORGANIZATION.

The survey takes an average of 13 minutes to complete.

No identifying information is collected in this survey.

If you have any questions or concerns regarding this survey at any time, please contact Jesse Hinde at RTI International ([jhinde@rti.org](mailto:jhinde@rti.org)).

## Section I: Staff Roles and Demographics

**1. Please indicate which title best describes your job:**

- Intake/front office staff
- Administrative/managerial staff
- Medical provider (e.g., physician, nurse, medical assistant, dentist, pharmacist)
- Behavioral health provider (e.g., health educator, psychologist)
- Social worker

**1a. Are you a licensed or certified medical provider?**

- No
- Yes

**1b. Are you a licensed or certified behavioral health provider?**

- No
- Yes

**2. Do you provide SBIRT services (i.e., prescreening, screening, brief intervention, brief treatment, referral to treatment) directly to patients?**

- No
- Yes

IF Q2=Yes, THEN ASK Q3, ELSE GO TO Q4.

**3. What SBIRT services do you provide on a regular basis? Please check all that apply.**

- Prescreen or initial screen (e.g., AUDIT-C for alcohol)
- Full screen or assessment (e.g., AUDIT for alcohol)
- Brief intervention
- Brief treatment
- Referral to treatment

[FILL] @ORGANIZATION: Pre-fill based on performance site

**4. How long have you worked at @ORGANIZATION?**

\_\_\_YEARS      \_\_\_MONTHS

IF Q2=Yes, THEN ASK Q5, ELSE GO TO Q6.

**5. How long have you been involved with the SBIRT program at @ORGANIZATION?**

\_\_\_YEARS      \_\_\_MONTHS

**6. Has @ORGANIZATION ever received technical assistance from SAMHSA for SBIRT?**

- No
- Yes
- Don't Know

IF Q6=Yes, THEN ASK Q7, ELSE GO TO Section II

**7. To what extent was the technical assistance @ORGANIZATION received helpful?**

- Not at all
- A little
- Somewhat
- Very much

## Section II: SBIRT Implementation

This section asks you about the implementation of SBIRT at @ORGANIZATION. The questions focus on the SBIRT program in general and on each component of SBIRT specifically.

Please indicate the extent to which you disagree or agree with the following statements.

<b>The SBIRT Program</b>		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Disagree nor Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1.	I am involved in the implementation of the SBIRT program in this organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	This organization has a clear plan for implementing SBIRT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	The SBIRT program is well integrated into patient care in this organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Staff in this organization are encouraged to recommend ways to improve SBIRT implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	5. I feel confident that leadership here will support SBIRT staff as staff adjust to change in their workplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. The leadership here trusts staff's professional judgment to implement SBIRT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. Staff in this organization are committed to implementing SBIRT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8. It is difficult to change procedures in this organization to meet new conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9. Staff in this organization can manage the processes for implementing SBIRT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10. Staff in this organization can handle the challenges that might arise in implementing SBIRT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11. Staff in this organization coordinate tasks so that SBIRT implementation goes smoothly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 12. Are you familiar with the screening component of SBIRT at @ORGANIZATION?

- No <Ask 21>  
 Yes <Ask 13–20>

IF Q12=Yes, THEN ASK Q13-20, ELSE GO TO Q21

Please indicate the extent to which you disagree or agree with the following statements about the **screening** component of SBIRT at @ORGANIZATION.

Screening	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
13. Staff in this organization are expected to <b>screen</b> patients for substance use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Staff providing SBIRT services have the necessary skill level/proficiency to implement <b>screenings</b> effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Staff providing SBIRT services have received the necessary training to implement <b>screenings</b> effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Staff providing SBIRT services have the necessary knowledge to implement <b>screenings</b> effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Staff providing SBIRT services have the necessary time to implement <b>screenings</b> effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Staff get the leadership support they need to conduct <b>screenings</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Staff providing SBIRT services have all of the resources necessary to implement <b>screenings</b> effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Sufficient staff are available to make the implementation of <b>screening</b> work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Are you familiar with the brief intervention component of SBIRT at @ORGANIZATION?

- No <Ask 30>
- Yes <Ask 22–29>

IF Q21=Yes, THEN ASK Q22-29, ELSE GO TO Q30

Please indicate the extent to which you disagree or agree with the following statements about the **brief intervention** component of SBIRT at @ORGANIZATION.

<b>Brief Intervention</b>		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Disagree nor Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
22.	Staff in this organization are expected to conduct <b>brief intervention</b> sessions with eligible patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Staff providing SBIRT services have the necessary skill level/proficiency to implement <b>brief interventions</b> effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Staff providing SBIRT services have received the necessary training to implement <b>brief interventions</b> effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Staff providing SBIRT services have gained the necessary knowledge to implement <b>brief interventions</b> effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Staff providing SBIRT services have the necessary time to implement <b>brief interventions</b> effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Staff get the leadership support they need to conduct <b>brief interventions</b> with eligible patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Staff providing SBIRT services have all of the resources necessary to implement <b>brief interventions</b> effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	Sufficient staff are available to make the implementation of <b>brief interventions</b> work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Are you familiar with the brief treatment component of SBIRT at @ORGANIZATION?

- No <Ask 39>
- Yes <Ask 31–38>

IF Q30=Yes, THEN ASK Q31-38, ELSE GO TO Q39

Please indicate the extent to which you disagree or agree with the following statements about the **brief treatment** component of SBIRT at @ORGANIZATION.

Brief Treatment		Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
31.	Staff in this organization are expected to conduct <b>brief treatment</b> sessions with eligible patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	Staff providing SBIRT services have the necessary skill level/proficiency to implement <b>brief treatment</b> sessions effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	Staff providing SBIRT services have received the necessary training to implement <b>brief treatment</b> sessions effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	Staff providing SBIRT services have gained the necessary knowledge to implement <b>brief treatment</b> sessions effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.	Staff providing SBIRT services have the necessary time to implement <b>brief treatment</b> sessions effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.	Staff get the leadership support they need to conduct <b>brief treatment</b> sessions for eligible patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.	Staff providing SBIRT services have all of the resources necessary to implement <b>brief treatment</b> sessions effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.	Sufficient staff are available to make the implementation of <b>brief treatment</b> sessions work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Are you familiar with the referral to treatment component of SBIRT at @ORGANIZATION?

- No <Go to Section III>
- Yes <Ask 40–47>

IF Q39=Yes, THEN ASK Q40-47, ELSE GO TO Section III

Please indicate the extent to which you disagree or agree with the following statements about the **referral to treatment** component of SBIRT at @ORGANIZATION.

Referral to Treatment		Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
40.	Staff in this organization are expected to conduct <b>referrals to treatment</b> with eligible patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.	Staff providing SBIRT services have the necessary skill level/proficiency to conduct <b>referrals to treatment</b> effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.	Staff providing SBIRT services have received the necessary training to implement <b>referrals to treatment</b> effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.	Staff providing SBIRT services have gained the necessary knowledge to implement <b>referrals to treatment</b> effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44.	Staff providing SBIRT services have the necessary time to conduct <b>referrals to treatment</b> sessions effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.	Staff get the leadership support they need to conduct <b>referrals to treatment</b> for eligible patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46.	Staff providing SBIRT services have all of the resources necessary to implement <b>referrals to treatment</b> effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47.	Sufficient staff are available to make the implementation of <b>referrals to treatment</b> work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Section III: SBIRT Health Information Technology (HIT) (ASK ONLY FOR THOSE WHO REPLY YES TO QUESTION 2 IN SECTION I)**

*This section focuses on the use of health IT to support SBIRT implementation.*

ASK IF S2, Q12=2

- 1. Please indicate what type(s) of specific HIT is currently used to support prescreenings. Please check all that apply.**

- Electronic medical record (EMR)/electronic health record (EHR)
- Telehealth/telemedicine
- Population health management tools
- Other electronic data system (e.g., Excel spreadsheet) <Ask 6a.>
- Other tools (e.g., tablets) <Ask 6b.>

ASK IF S2, Q12=2

- 2. Please indicate what type(s) of specific HIT is currently used to screenings. Please check all that apply.**

- Electronic medical record (EMR)/Electronic health record (EHR)
- Telehealth/telemedicine
- Population health management tools
- Other electronic data system (e.g., Excel spreadsheet) <Ask 6a.>
- Other tools (e.g., tablets) <Ask 6b.>

ASK IF S2, Q21=2

- 3. Please indicate what type(s) of specific HIT is currently used to support brief interventions. Please check all that apply.**

- Electronic medical record (EMR)/Electronic health record (EHR)
- Telehealth/telemedicine
- Population health management tools
- Other electronic data system (e.g., Excel spreadsheet) <Ask 6a.>
- Other tools (e.g., tablets) <Ask 6b.>

ASK IF S2, Q30=2

- 4. Please indicate what type(s) of specific HIT is currently used to support brief treatments. Please check all that apply.**

- Electronic medical record (EMR)/Electronic health record (EHR)
- Telehealth/telemedicine
- Population health management tools
- Other electronic data system (e.g., Excel spreadsheet) <Ask 6a.>
- Other tools (e.g., tablets) <Ask 6b.>

ASK IF S2, Q39=2

5. **Please indicate what type(s) of specific HIT is currently used to support referral to treatments. Please check all that apply.**

- Electronic medical record (EMR)/Electronic health record (EHR)
- Telehealth/telemedicine
- Population health management tools
- Other electronic data system (e.g., Excel spreadsheet) <Ask 6a.>
- Other tools (e.g., tablets) <Ask 6b.>

IF S3, Q1=4 OR Q2=4 OR Q3=4 OR Q4=4 OR Q5=4, THEN ASK S3, Q6a.

**6a. What other electronic data system do you use?**

Please specify: \_\_\_\_\_

IF S3, Q1=5 OR Q2=5 OR Q3=5 OR Q4=5 OR Q5=5, THEN ASK S3, Q6b.

**6b. What other HIT tools do you use?**

Please specify: \_\_\_\_\_

IF S3, Q1=1 OR Q2=1 OR Q3=1 OR Q4=1 OR Q5=1, THEN ASK S3, Q7;  
ELSE GO TO S3, Q9

7. **Do you use your EMR/EHR to share any patient clinical data outside of your health care system or organization?**

- No
- Yes

IF S3, Q7=2, THEN ASK S3, Q8

8. **Do you use your EMR/EHR to share any patient SBIRT data or information outside of your health care system or organization?**

- No
- Yes

9. Listed below are 13 factors that describe the use of HIT in medical settings. For each factor, please rate whether the HIT factor significantly hindered, hindered, had no impact, supported, or significantly supported the implementation of SBIRT at @ORGANIZATION.

SBIRT Health IT Factors	Significantly Hindered	Hindered	No Impact	Supported	Significantly Supported	Not Applicable
a. Using an electronic medical record (EMR)/electronic health records (EHR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sharing data with a health information exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Overall look and feel of the HIT tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Using SBIRT HIT tools as a part of direct service delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Integrating HIT tools into the SBIRT patient workflow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Staff availability to use the HIT tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Staff training on the HIT tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Physical location of HIT tools relative to service delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Interacting with HIT support staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Interacting with HIT vendors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Having a champion supporting the use of HIT tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Cost of implementing and using HIT tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Improvements to patient care from using HIT tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>