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| **PROVIDER SBIRT CHECKLIST** | | |
|  | Patient scored 2 or higher on CRAFFT received BI from Primary Care Provider |
|  | Patient referred to SBHC behavioral health provider services |
|  | Patient referred to SBHC and received behavioral health provider services |
|  | Patient referred to SBHC behavioral health provider and received at least 2 teen intervene sessions |
|  | Patients referred to SBHC behavioral health provider and refuse services |
|  | Patient referred for treatment outside of the SBHC |
| **PROVIDER PHQ9 CHECKLIST** | |
|  | Patient screened positive on PHQ9 |
|  | Patient screened positive on PHQ9 and have a documented follow-up plan |
|  | Patient referred to SBHC behavioral health provider for positive PHQ9 and received services |
|  | Patient referred to SBHC behavioral health provider for positive PHQ9 and refused services |
|  | Referral is determined to be unnecessary |