

Evidence-based Practice Implementation Summary

Behavioral Health and Recovery Services Standards of Care (SOC) in the Treatment of Substance Abuse Disorders

Please complete this form for each practice your agency currently implements or has plans to implement in the near future.

CORE TREATMENT COMPONENT:

Please select one

Evidence-based Practice or Model:
If other, please specify:

Implementation

1. Is the model currently implemented in your program? Yes No
2. What is the approximate date the program began implementation OR, when do you anticipate implementation of the model?
3. Which programs within your Agency currently use this model/practice?
4. Briefly describe any challenges your program has had in implementing this model/practice.
5. Briefly describe any adaptations made to the model and the reasons for the adaptation.

Staff Training

1. Are program staff trained on the model/practice? Yes No
2. If yes, how many staff are currently trained?
3. Approximate date of most recent training:

Technical Assistance and Training Needs

1. Is technical assistance requested for implementation? Yes No
2. If yes, briefly describe your training and/or technical assistance needs.