

Lessons Learned from Implementing Integrated Care through VT SBIRT and the Women’s Health Initiative:

In August 2013, The Vermont Department of Health received a 5-year grant award from SAMHSA’s Center for Substance Abuse Treatment to implement an evidence- and community-based practice designed to identify and reduce substance misuse in Vermont adults aged 18 years of age and older. The practice, commonly referred to as SBIRT, is a systematic clinical approach comprised of several core components - Screening, Brief Intervention, and Referral to Treatment (SBIRT). Many Vermont communities implemented SBIRT under this grant-funded opportunity and several have continued the practice, despite the grant funding ending in 2018, including St. Albans, Central Vermont, Rutland and Bennington. As lessons were learned from implementation and new evidence-based recommendations were incorporated, a new model has emerged. This new model, known as SBINS (Screening, Brief Intervention, and Navigation to Services), continues and expands upon the work of SBIRT.

In addition, the Women’s Health Initiative - a program of the Blueprint for Health, designed with key partners like the Vermont Department of Health, the University of Vermont Medical Center, and Northern New England Planned Parenthood – launched in January of 2017 and has supported participating women’s health specialty providers, primary care practices, and community partners to implement enhanced psychosocial screenings, comprehensive family planning counseling, brief in-office interventions, and referrals to services and supports for mental health and substance use disorders, interpersonal violence, housing instability, food insecurity and trauma. The Women’s Health Initiative expanded the component of screening beyond the domains of substance use and depression that were part of the VT SBIRT work. Moreover, the Women’s Health Initiative (WHI) introduced licensed mental health clinicians into Obstetrics, Gynecology, and Family Planning provider practices in order to ensure that women who were identified with mental health or substance use disorder or health-related social needs were connected immediately with a clinician for treatment or services as needed.

Based on the experience garnered from these early integrated care initiatives, key contributors that will support success during an SBINS implementation include:

- **Leadership and organizational commitment** to, and support of, the SBINS model that is ongoing;
- A **medical leader champion** who is committed to supporting SBINS implementation;
- A **dedicated staff member identified as responsible for implementation**;
- The **ability and willingness to modify existing programs** (e.g., shifting the model, updating/expanding role of clinicians) to meet the 5 core components of SBINS;
- **Formalized relationships with community partners** to expand SBINS beyond just the Emergency Department and Primary Care Practices;
- **Dedicated space** for SBINS clinicians/staff for interventions (brief intervention and brief treatment) and/or allowance for SBINS services in exam rooms;
- **Integrated, ongoing health information technology** (e.g., electronic screening, electronic health record);
- **Clear organizational decisions on privacy/patient confidentiality** (e.g., HIPAA and 42CFR), including SBINS documentation standards.



Other Considerations:

- Clinical supervision was often cited as one of the critical factors that contributed to success, when present, or challenges, when absent, of program implementation. Some newly hired clinicians found the work of SBIRT/WHI to be a considerable transition from their previous (often independent, and not integrated) roles and responsibilities in other positions. Success in working as an integrated member of a care team in an emergency or primary care setting was supported through effective clinical supervision. New clinicians that received coaching for integration strategies, had discussions about skill development needs and goals, had the opportunity to review and get input on complex cases, and were represented and advocated for in various forums were more likely to be satisfied and retained in their roles.
- For clinicians new to providing screening, brief interventions, brief treatment and navigation to services, training in a higher volume setting – like an ED – offers an opportunity to really hone the skills necessary for effective practice. It can be hard to develop those skills in lower volume settings. Thus, having new SBINS staff train in an ED can enhance skill development and support an integrated team approach, particularly if experienced staff train and develop relationships with the staff who will work in lower volume settings.
- SBINS interventionists need knowledge, skills and ability in treating both mental health and substance use - consider hiring dually licensed individuals.
- The type (Emergency Department vs. Primary Care) and size¹ of the setting are the most influential factors in the determination of workflow as it pertains to delivery of the screening and intervention. Typically, smaller practices utilize existing medical providers to deliver the affirmations or low-risk interventions (as they are usually already involved in this work with patients) and refer the moderate and more severe risks identified to licensed mental health clinicians. Medium to larger practices will often rely on integrated mental health staff to deliver real time interventions at all levels of risk.

¹ Based on panel size: large = 20,000+ patients, moderate = 10,000+ patients, and small = 3,000-5,000 patients

Additional Resources:

SBIRT Snapshot of Success: Dr. Mark Depman, Central Vermont Medical Center Emergency Medicine Physician

<https://youtu.be/yXS3DIL6hTo>

SBIRT Snapshot of Success: Dr. Heather Stein, Family Medicine Physician Community Health Centers of Burlington

<https://www.youtube.com/watch?v=yRfwU3O517I>

INTERESTED IN LEARNING MORE ABOUT THE SBINS MODEL?

General Inquiries – [Contact our Central Office Staff](#) based at the Waterbury State Office

Inquiries from EDs or Practices interested in participating in SBINS – [Contact your local Blueprint for Health Program Manager](#)

