

Low Budget Project for Behavioral Health Integration

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Wisconsin Nicotine Treatment Integration Project (WiNTiP)

Funding, 2008-2015:

Year 1: \$75,000

Year 2: \$75,000

Year 3: \$100,000

Year 4: \$65,000

Year 5: \$47,680

Year 6: \$139,018

Year 7: \$76,393

Year 8: \$71,652

96% of funding came from the Tobacco Prevention and Control Program, 4% from the Division of Mental Health and Substance Abuse Services, both within the state Department of Health Services.

Mission: Saving Wisconsin lives by integrating evidence-based nicotine dependence treatment into Mental Health and Alcohol and other Drug Abuse (AODA) services.

Integration Formula: Buy-in + Training + Resources = Implementation

Core Rationale: Sincere belief in the right of this population to receive at least the same level of health care assessment and treatment regarding the use of nicotine that is the norm for the general population.

WiNTiP Phases

Phase 1: Gather Information about Integration Barriers

Phase 2: Build Awareness and Inform

Phase 3: Train

Phase 4: Support Integration Steps

Phase 5: From Carrots to Sticks

Year 1: Getting Started

- Organized a Steering Committee made up of stakeholders from state government, mental health provider professional groups, substance abuse provider organizations, consumers and allied health non-profits. Built awareness and engaged them in strategic planning.
- Conducted a survey of single state agencies to learn what other states are doing.
- Hosted “Bringing Everyone Along” by Tobacco Cessation Leadership Center to build awareness of and generate energy for this issue.
- Established a method to provide regular updates to state provider groups
- Held focus groups with consumers
- Established a web site to house developed awareness materials
- Conducted Best Practice interviews with key staff from New York, Connecticut, New Jersey and Massachusetts

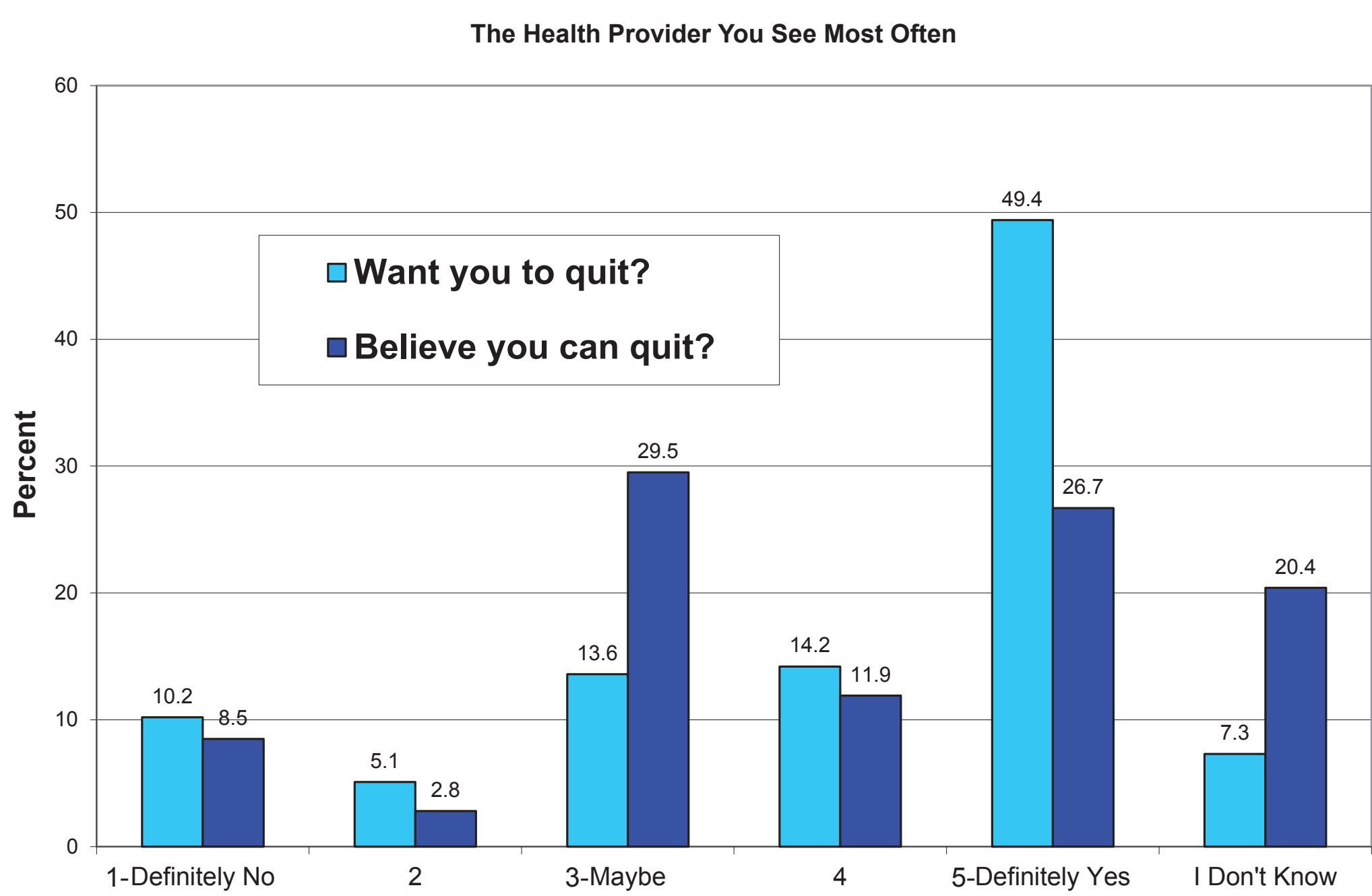
Year 2: Collect Info about Integration Barriers

Survey of Wisconsin providers

- Only 27% of providers feel they have the skills needed to treat nicotine dependence effectively
- 45% did not know that their clients had an elevated smoking prevalence
- 49% did not know that their clients experience a disproportionate health burden from tobacco addiction
- If given training, 86% are willing to provide tobacco addiction treatment to their clients
- Surprisingly, 72% would support adding tobacco addiction knowledge and treatment to credentialing requirements

Survey of Consumers

- 58.2% are current smokers
- But consumers do quit: 22.9% are ex-smokers and 63.5% have known consumers like themselves who have quit
- 46.7% say now is a good time to quit
- Many want to quit
- Many think their providers want them to quit but they don't think their providers have confidence that they can quit



Year 3: Awareness Building and Training

Five webinars covering topics such as:

- The need for integration
- How to talk with patients about quitting
- Providing treatment in smoke-free environments
- Expanding professional scope of practice to include tobacco dependence treatment
- How to make policy, administrative and system changes

Five newsletters covering topics such as:

- Health burden of smoking
- Desire and ability for consumers to quit
- Treating tobacco dependence enhances recovery
- Provider organizational endorsement for treating tobacco dependence

- Medicaid reimbursement for treatment

Eleven presentations at provider conferences to build the case for integration and to provide rudimentary training

Year 4: Training

- Conducted three day-long “How to Treat Tobacco Dependence” training sessions for 80 mental health professionals
- Conducted two day-long “How to Treat Tobacco Dependence” training sessions for 74 substance abuse professionals
- Conducted one day-long “System Changes at the Clinic Level” training for 20 substance abuse clinic managers
- Follow-up evaluations of these trainings documented an increase in providing evidence-based tobacco dependence treatment
- Produced a video of consumers talking about needed treatment
- Targeted ad campaign

Banner on three substance abuse professional organizations web sites

- Sponsorship of Wisconsin Psychiatric, Wisconsin Psychological Association and Wisconsin Chapter of National Association of Social Workers newsletters
- Ads in Wisconsin Medical Journal and Nursing Matters
- HelpUsQuit.org received boost in hits during ads/links

Years 5 and 6: Direct Support for Integration

Awarded 15 “Integration Innovator Awards” (\$1,000, \$4,000, or \$10,000) through a competitive application process. Examples:

- Established a “Fax-to-Quit” site
- Purchased initial supply of nicotine-replacement medication
- Helped staff quit
- Developed quit kits
- Provided incentives to quit
- Developed education program for inmates
- Purchase CO monitor
- Fully integrated

Developed a manual, “Tobacco-Free Policies and Procedures,” available at www.HelpUsQuit.org

Year 7: Survey

Conducted statewide survey of professionals treating patients with behavioral-health diagnoses to measure the amount of integration of tobacco treatment. Results:

- Typical program meets 40% of integration standards
- 4.3% of programs exceeded 80% integration
- 20% of programs were less than 20% integrated
- Provider barriers to integration persist

Year 8: Online Training Tool

WiNTiP is creating a robust online training on how to integrate tobacco treatment into standard care at behavioral-health treatment programs. This training will include videos that feature experts from programs that have already integrated treatment with success. The training will include manuals, blueprints for treatment, and follow-up support. Visit www.HelpUsQuit.org for more.



Above: David “Mac” Macmaster staffs a booth at a conference for health-care professionals treating mental illness and substance dependence.



Above: Don Pirozolli discusses how he overcame depression, smoking, and drinking to lead a healthy, happy life.

For more information, and to get integration materials in the public domain, visit: www.HelpUsQuit.org



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