Low Budget Project for Behavioral Health Integration

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: $51,018
- 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 Abuse (AODA) services, both within the state Department of Health Services.

Program, 4% from the Division of Mental Health and Substance Abuse Services.

Year 8: $71,652
Year 7: $76,393
Year 6: $51,018
Year 5: $47,680
Year 4: $65,000
Year 3: $100,000
Year 2: $75,000
Year 1: $75,000

WiNTiP Phases

Phase 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

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

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

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

Year 5 and 6: Direct Support for Integration
Awards 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


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

Year 7: Survey
Conducted statewide survey of professionals treating patients with behavioral-health diagnoses to measure the amount of integration of tobacco treatment.
- 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.

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