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Smoking Cessation  
Leadership Center



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University of California  
San Francisco

# The Great State Update: Effective Partnerships to Treat Tobacco Addiction in Behavioral Health Settings

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May 26, 2022

# Moderator

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University of California, San Francisco

A National Center of Excellence for Tobacco-  
Free Recovery

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# Disclosures

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*All speakers, planning committee members and reviewers have disclosed they have no relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*

**Anita Browning, Christine Cheng, Brian Clark, Carlo C. DiClemente, PhD, ABPP Jennifer Matekuare, Reba Mathern-Jacobson, MSW, Pat McKone, BA, Dana Moncrief, MHS, CHES, Ma Krisanta Pamatmat, MPH, Jessica Safier, MA, Catherine Saucedo, and Aria Yow, MA.**

# Thank you to our funders



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- Please **make sure your computer speakers are on** and adjust the volume accordingly.
- If you do not have speakers, please click on the link, **'Listen by Phone'** listed on the left side of your screen, for the dial-in number.
- **This webinar is being recorded** and will be available on SCLC's website, along with a PDF of the slide presentation.
- Use the **'ASK A QUESTION' box** to send questions at any time to the presenter.

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The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for a maximum of *1.25 AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

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Course meets the qualifications for 1.25 hours of continuing education credit for **LMFTs, LCSWs, LPCCs, and/or LEPs** as required by the California Board of Behavioral Sciences. Provider # 64239.

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California  
Behavioral Health  
& Wellness Initiative

THE FUTURE LOOKS BRIGHT

- **Free CME/CEUs** will be available for all eligible California providers, who joined this live activity thanks to the support of the California Tobacco Control Program (CTCP)
- For our California residents, SCLC offers regional trainings, online education opportunities, and technical assistance for behavioral health agencies, providers, and the clients they serve throughout the state of California.
- For technical assistance please contact (877) 509-3786 or [Jessica.Safier@ucsf.edu](mailto:Jessica.Safier@ucsf.edu).
- Visit [CABHWI.ucsf.edu](http://CABHWI.ucsf.edu) for more information

# National Center of Excellence for Tobacco-Free Recovery

- The Center of Excellence builds on and expands SAMHSA's efforts to increase awareness, disseminate current research, educate behavioral health providers, and create results-oriented collaborations among stakeholder organizations in an effort to reduce tobacco use among individuals with behavioral health disorders
- Goals of the Center of Excellence are to:
  - Promote the adoption of tobacco-free facilities, grounds, and policies
  - Integrate evidence-based tobacco cessation treatment practices into behavioral health and primary care settings and programs
  - Educate behavioral health and primary care providers on effective evidence-based tobacco cessation interventions





# Leadership Academies for Wellness and Tobacco Free Recovery

- Purpose: Launch statewide partnerships among behavioral health providers, consumers, public health groups, and other stakeholders to create and implement action plan reducing smoking prevalence among behavioral health consumers and staff
- 24 states selected over 12 years

**UCSF** Smoking Cessation  
Leadership Center



National Center of Excellence for  
Tobacco-Free Recovery





# Today's Presenter

**Carlo C. DiClemente, Ph.D. ABPP**

Director

Maryland Tobacco Control Resource  
Center



# Today's Presenter

**Reba Mathern-Jacobson, MSW,**  
Specialist, Public Policy and Advocacy  
American Lung Association



# Today's Presenter

**Pat McKone**

Senior Director Public Policy and  
Advocacy

American Lung Association



# Today's Presenter

**Dana Moncrief, MHS, CHES**

Director, Center for Tobacco Prevention  
and Control

Maryland Department of Health



# Addressing Behavioral health Smoking in Maryland 2011 to 2021

The Maryland SAMHSA and SCLC Initiative

May 31 to June 1, 2011

# Maryland Leadership Academy

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- Maryland was one of 7 states selected by SAMHSA and the Smoking Cessation Leadership Center (SCLC) to participate in a Leadership Academy on Wellness and Smoking Cessation. The Maryland Leadership Academy for Wellness and Smoking Cessation was conducted on May 31-June 1, 2011.
- Participants represented public health, somatic care, behavioral health, tobacco control, academic community, chronic disease, public relations, consumer groups and community services. The Leadership Academy's purpose was to (1) design an action plan to reduce smoking and nicotine dependence among behavioral health patients and staff and (2) to create an environment of collaboration and integration among the fields of public health (including tobacco control and prevention), mental health and substance abuse.



# Maryland Wellness and Smoking Cessation: Organization and Goals

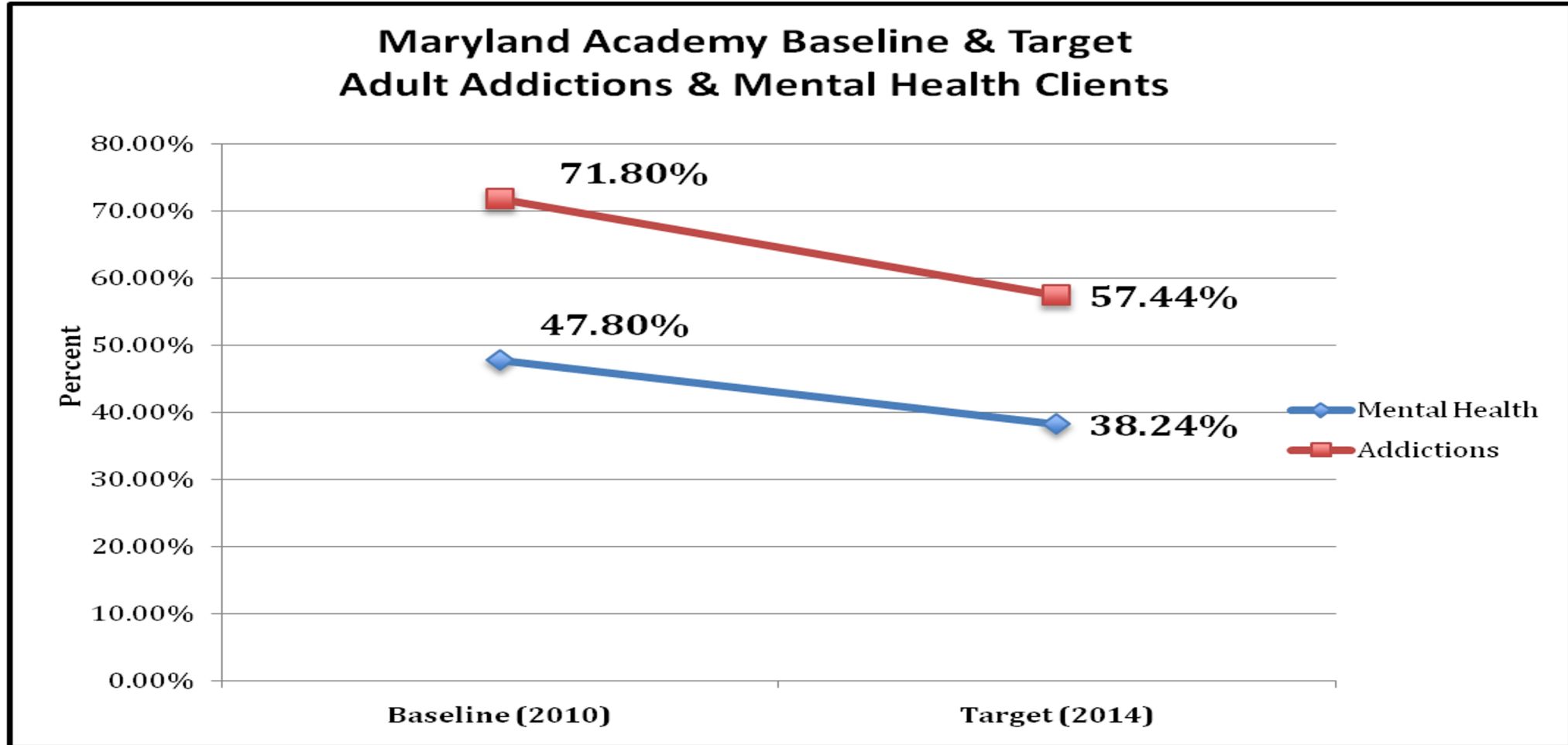
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## **Maryland Wellness and Tobacco Cessation Steering Committee members are:**

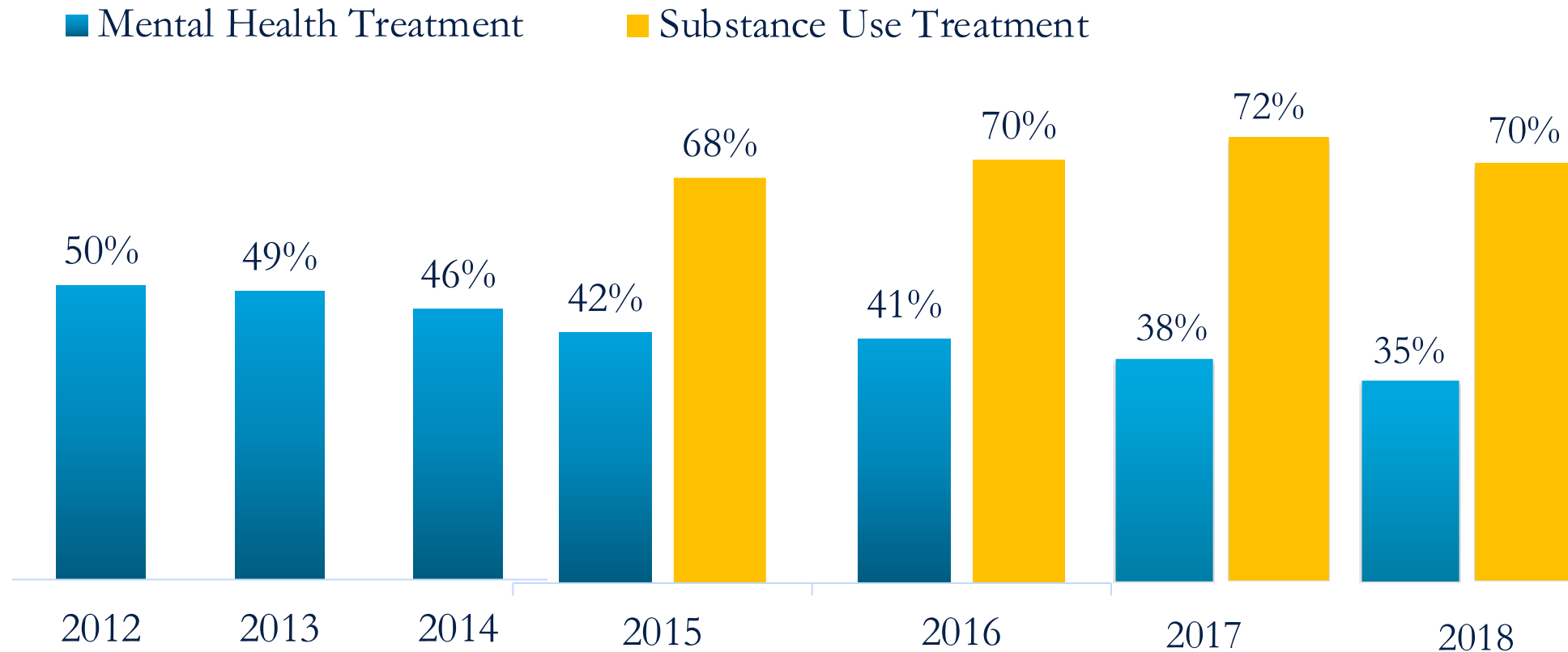
- DHMH Deputy Secretary Behavioral Health – Co-Chairperson
- DHMH Director Cancer and Chronic Disease – Co-Chairperson
- Director, MDQuit
- Deputy Director, MDQuit
- Representative(s), Behavioral Health Administration
- Representative(s), Center for Tobacco Prevention and Control, DHMH
- Representative(s), Consumer Organizations
- Representative(s), Academic Institutions
- Representative(s), Provider Organizations
- Representative(s), Community Based Groups/Organizations

Initial Goal: reduce smoking prevalence among adult mental health and substance use disorder populations by 20% each by the end of 2014.

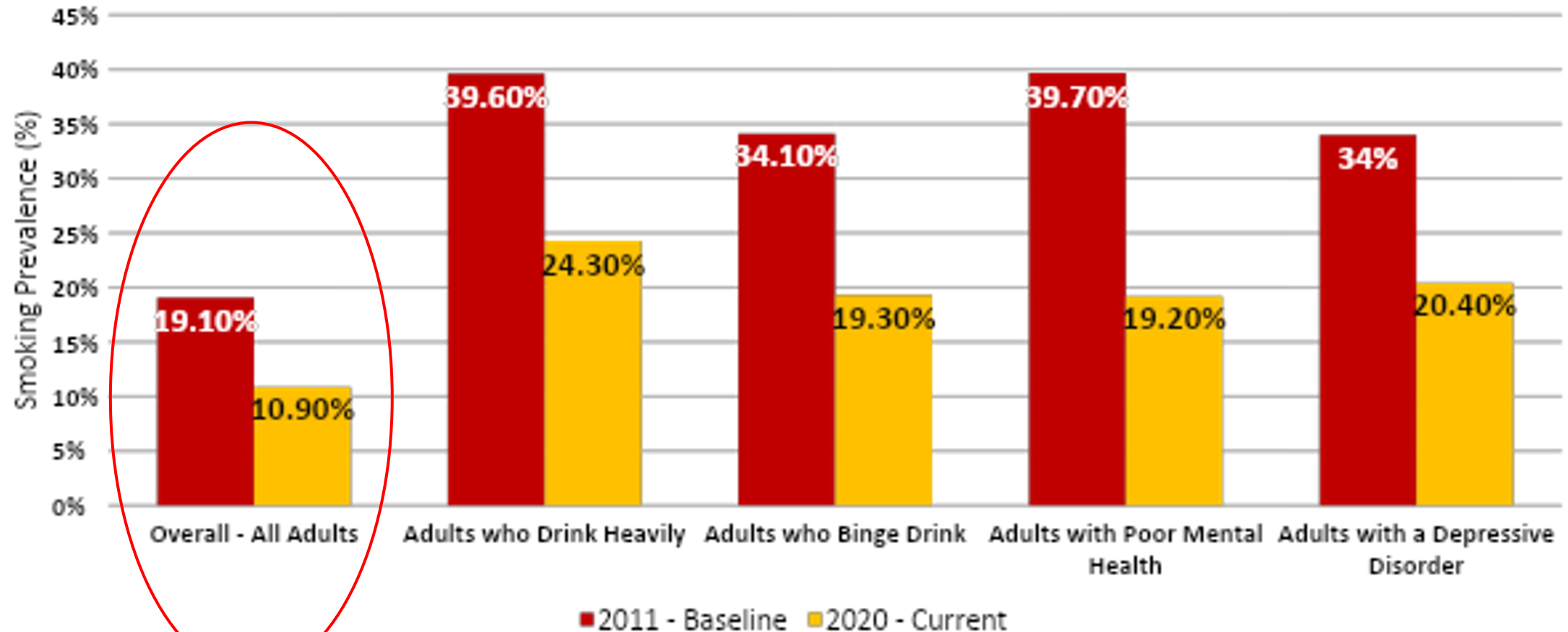
# Where We Started



# MD Smoking Rates Among Behavioral Health Groups By Year: Adults



# Maryland Smoking Prevalence by Subgroup



# Incorporating Smoking Cessation into Behavioral Health Treatment

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- Maryland Tobacco Control Resource Center created flexible and tailored manuals and materials for behavioral health providers
  - Single session group or individually delivered manual and training
  - Screening, Brief Intervention and Referral to Treatment (SBIRT) training
  - Group smoking cessation manual and training
- Providing training and consultation to behavioral health providers to aid them in integrating smoking cessation interventions into their treatment protocol
- Developed the “Breaking the Habit in Behavioral Health (BH2): New Hope for Clients Who Smoke” training program with manuals, videos, handouts, and resources for use by providers

# BH2 Training

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- In person day-long training: Morning for single session and individual and afternoon for training in group cessation manual
- Virtual trainings through WebEx during the Pandemic
- Since development of the training in 2013, 111 trainings have been conducted and 1510 providers have been trained in either or both of these trainings
- Seven BH2 trainings conducted in 2021 → 114 individuals were trained
  - 5 single session trainings
  - 2 multiple session trainings
- Participants have been appreciative of the wealth of materials for providers and the training content and information

# BH2 Training Materials



Training Materials include:

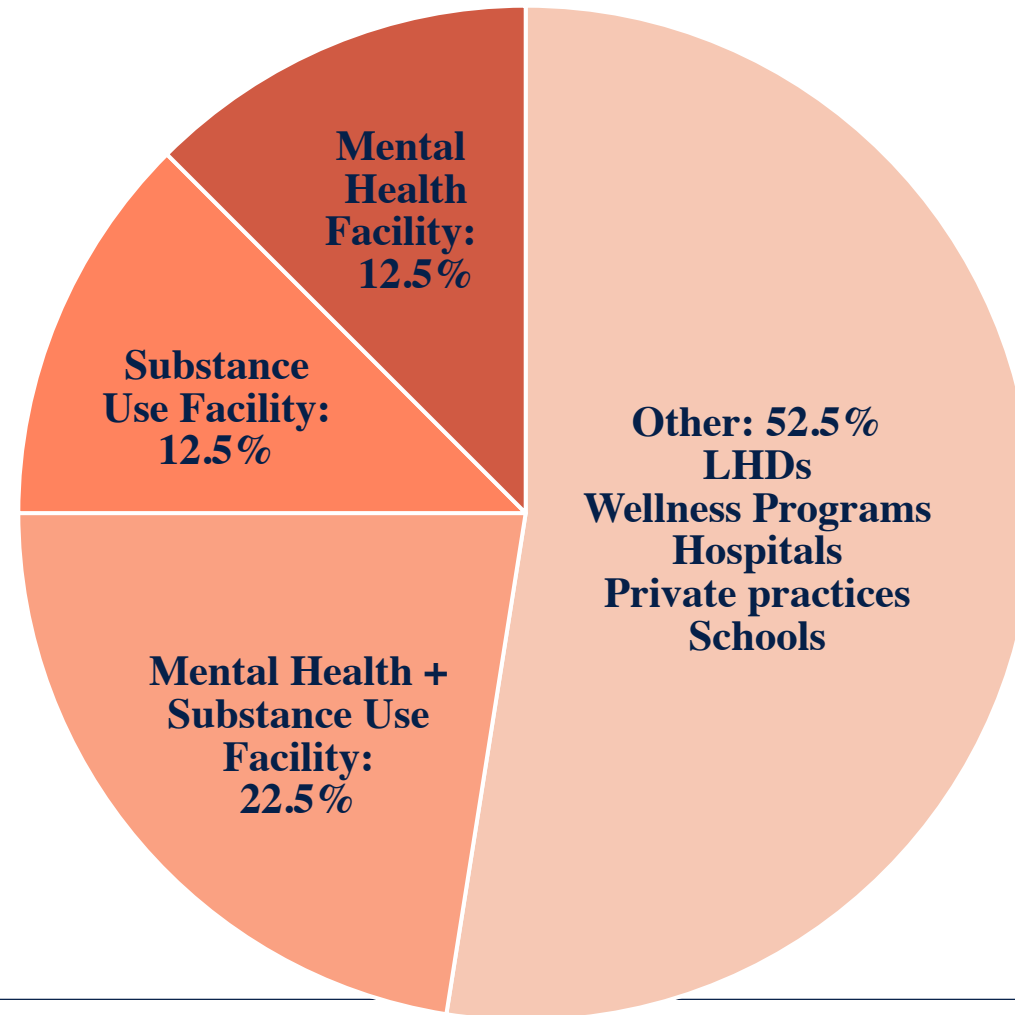
- Training manuals for single-session and multi-session trainings
- Provider handouts and session materials
- Presentation Slides
- Videos

\*Online folder with training materials is continuously updated

# BH2 Training Follow-up Survey

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- Follow-up survey sent out to all participants who attended BH2 trainings in the last year
- Out of 40 follow-up survey respondents:





# Steps taken to implement smoking cessation interventions in the workplace after participating in training

Implementation Step	Percent
Talking with administrators	22.5
Training others to implement smoking cessation activities	17.5
Working with individual clients	50.0
Conducting group sessions	20.0
Using brief interventions	35.0
Working on smoke-free policies	7.50

## Other:

- Employees became F2A certified
- Disseminating training materials

\*Respondents can choose more than one response



# The Great State Update: Effective Partnerships to Treat Tobacco Addiction in Behavioral Health Settings Smoking Cessation Leadership Center at UCSF

**Dana Moncrief, MHS, CHES**

**Director, Center for Tobacco Prevention and Control**

**Maryland Department of Health**

**Prevention and Health Promotion Administration**

**May 26, 2022**

# Mission and Vision

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## **MISSION**

The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

## **VISION**

The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.

# Learning Objective

Describe two of Maryland's partnerships to improve access to tobacco use treatment for the behavioral health community.



*Background*

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# Maryland's Leadership Academy


# Initial Strategies & Facilitators

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- Provide Training- BH2 through funded Maryland Tobacco Control Resource Center
- Develop and increase health communications to providers and Marylanders to dispel myths about recovery and tobacco use.
- Enhance, promote, and evaluate Maryland Tobacco Quitline Services
- Increase partnerships within the Maryland Department of Health such as behavioral health and health systems




# Increased Health Communications



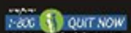
THE QUESTION ISN'T  
HOW WILL I EVER  
QUIT SMOKING;  
IT'S WHO IS GOING  
TO HELP ME.

- 2014 campaign to promote quitting tobacco among those in recovery
- Empower **behavioral health professionals & family members**
- Ran on TV, transit, Internet and display posters
- Toolkit sent to 360+ behavioral health providers
- Maryland Tobacco Quitline saw a 37% increase in calls especially with behavioral health conditions



Tobacco causes more deaths than drugs, alcoholism, and depression combined. And, quitting smoking improves alcohol or other drug recovery. Don't wait to quit smoking. We're here to help.

Call the Maryland Tobacco Quitline at 1-800-784-8669



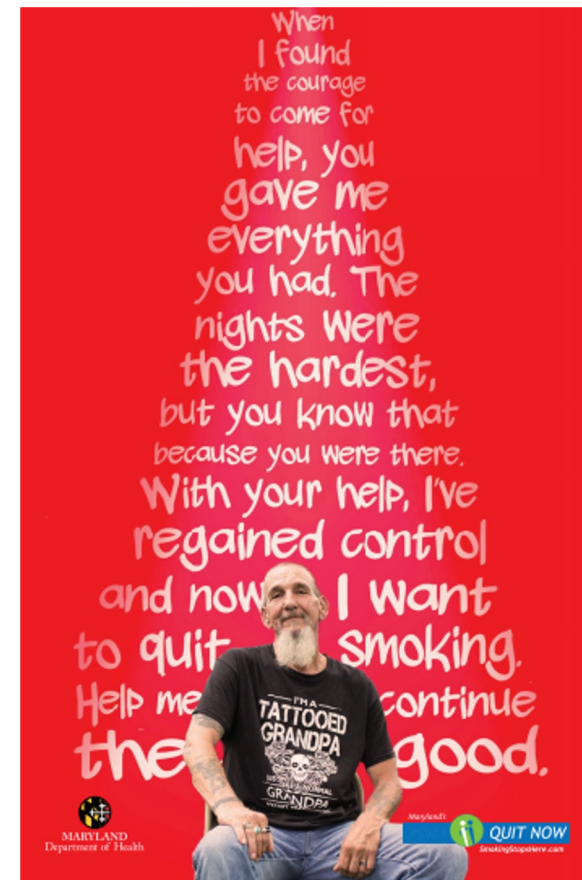
It's FREE. It's confidential. It works.  
SmokingStopsHere.com



# Increased Health Communications Developing the Continue the Good Campaign 2019

## Stakeholders & Subject Matter Experts:

- Healthcare providers
- People with behavioral health conditions & family members
- Sheppard-Pratt (Maryland behavioral health organization)
- Maryland Tobacco Control Resource Center (formerly MDQuit) Advisory Board
- Taslim van Hutton, National Council for Mental Wellbeing (formerly National Council for Behavioral Health)



People with a mental illness or a substance abuse disorder smoke half the cigarettes in America.

Most want to quit. Many have quit. We can help.

Call the Maryland Tobacco Quitline at 1-800-QUIT-NOW  
It's free. It's confidential. It works.







# Continue the Good: Quit Journey Testimonials

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# Enhance, Promote, and Evaluate Quitline Services

2012- Registration questions for mental health conditions/ substance abuse added

2013- Quitline Evaluation added survey modules for mental health conditions, self-efficacy in quit attempts, combination therapy, & NRT adherence

2018- Maryland Tobacco Cessation Behavioral Health Protocol + evaluation



Behavioral Health Program participants receive more calls, enhanced communication and additional nicotine replacement therapy (NRT) for supplemental support.

- **1.5 times (50 percent)** more likely to be quit at 7-month follow-up compared to standard program
- **95 percent** were satisfied with program
- On average each year 11,000 participants report a behavioral health conditions.

# Increased Partnerships

## Maryland's Behavioral Health Systems Initiatives

**Sheppard Pratt** - Providing comprehensive tobacco treatment for adult hospitalized patients who are tobacco users:


- Extending program to families of hospitalized patients
- E-referrals to Quitline
- Enforcement of smoke free grounds
- **9,000 patients have received tobacco treatment since**



**Mosaic Community Services, Inc.** - Providing tobacco treatment at Mosaic's Baltimore City psychiatric rehabilitation program:

- Screening all clients at intake and monthly intervals
- Weekly smoking cessation sessions
- Weekly individual interventions with staff
- NRT
- Referral to Quitline

# Increased Partnerships and Awareness within Behavioral Health Partners and Clients

Impact of real stories from Maryland residents	Funding from Behavioral Health Administration to support training programs	Data revealed programmatic successes
Partnership with Behavioral Health Administration and Behavioral Health Advisory Council		Enhanced collaboration with sister agencies & behavioral health providers
Importance of provider champions	Increased funding for integrating tobacco screening and treatment	Incorporating prevention efforts and ACEs

# Lessons Learned & Barriers

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## Lessons Learned

- Marylanders in recovery want to include tobacco treatment as part of their recovery and are not using tobacco
- Provider champions are key
- There is an interest in and need to enhance tobacco use treatment services to residents with behavioral health conditions
- Desire to integrate tobacco treatment in behavioral health settings
- More collaboration and partners needed

## Barriers

- Data System Changes
- Lack of consistent tobacco-free policies
- Change of leadership – changing priorities
- Reimbursement of tobacco cessation counseling services
- COVID –Lack of time for behavioral health staff to participate in trainings and change workflow



*Looking Ahead & Considerations*

# Maryland's Leadership Academy

# CDC National and State Tobacco Control Programs: Developing “Recovery-Friendly Places”

Requirement to work with behavioral health systems unless the state's data meets or exceeds the following national average:

- National Average Percent screening for tobacco use: Mental Health Facilities 49% and Substance Use Facilities 64%
- National Average Percent of smoke free campuses: Mental Health Facilities 49% and 35% Substance Use

Full integration of tobacco use and dependence treatment interventions



Implementation of tobacco-free campus policies in behavioral health treatment settings



Decrease tobacco use and dependence and tobacco-related disease

Improve health outcomes among individuals with behavioral health conditions



# Identifying and Assessing Tobacco Use Disparities Among

## ~~Behavioral Health Clients in Treatment Settings Survey~~

- 2021: Worked with partners to develop needs assessment survey examining smoke/tobacco-free policies of behavioral health treatment facilities



- November 2021 - February 2022: Web-based survey sent to behavioral health providers, along with cover letter from the Deputy for Public Health Services and Deputy for Behavioral Health Administration. Survey sent to 11,000 subscribers



- 2022: Survey findings will be used to design services, tools and training for behavioral health providers and other stakeholders

# Questions

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## **Dana Moncrief, MHS, CHES**

Director, Center for Tobacco Prevention and Control  
Maryland Department of Health  
Prevention and Health Promotion Administration  
[dana.moncrief@maryland.gov](mailto:dana.moncrief@maryland.gov)

## **Maryland “Continue the Good” Campaign**

[www.smokingstopshere.com/provider-resources](http://www.smokingstopshere.com/provider-resources)



# Lung Mind Alliance

*A commercial tobacco-free future for Minnesotans with  
mental illness or substance use disorders*

## The Great State Update: Effective Partnerships to Treat Commercial Tobacco Addiction in Behavioral Health Settings

May 26, 2022 – SCLC

Pat McKone, Senior Director, American Lung Association in MN

Reba Mathern-Jacobson, MSW, Lung Mind Alliance Project Manager



# Traditional, Sacred, Ceremonial tobacco





# Lung Mind Alliance

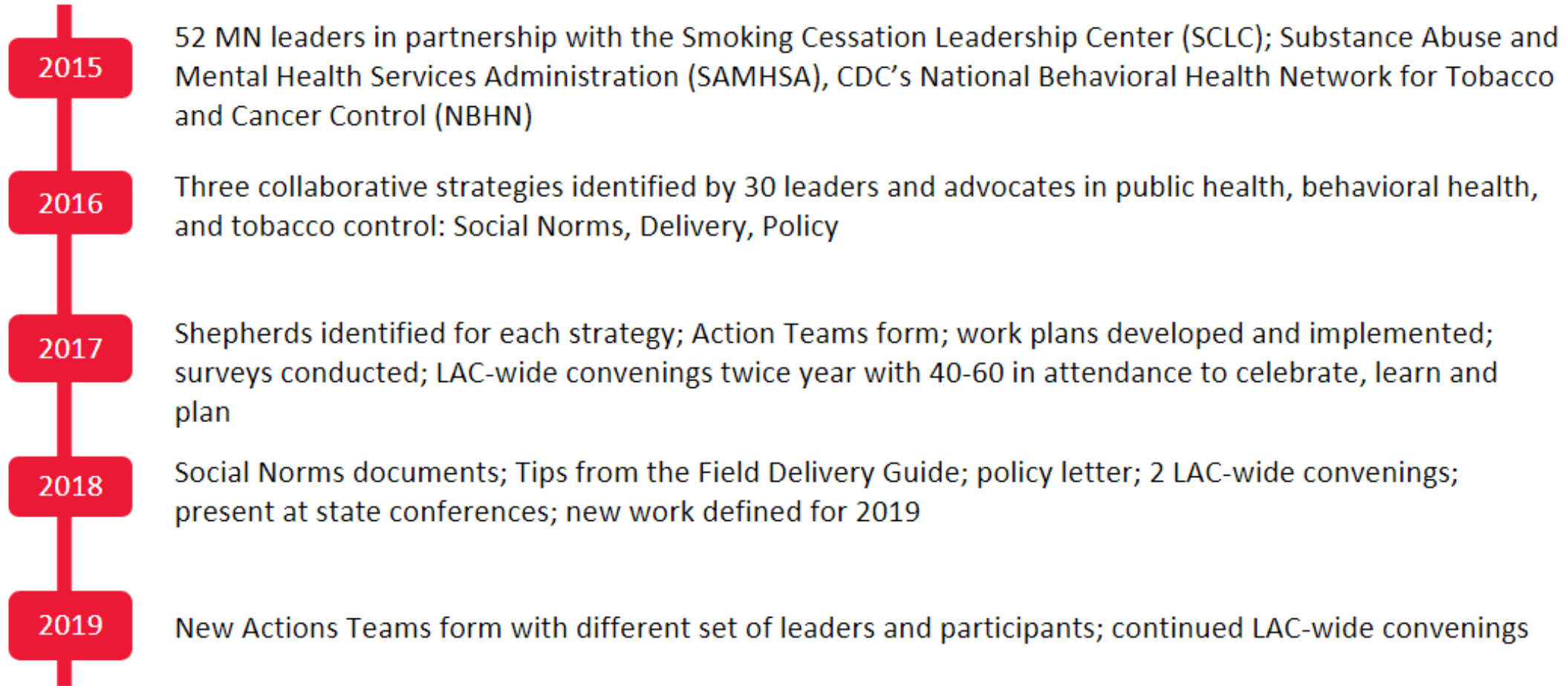
*A commercial tobacco-free future for Minnesotans with  
mental illness or substance use disorders*

## Who We Are

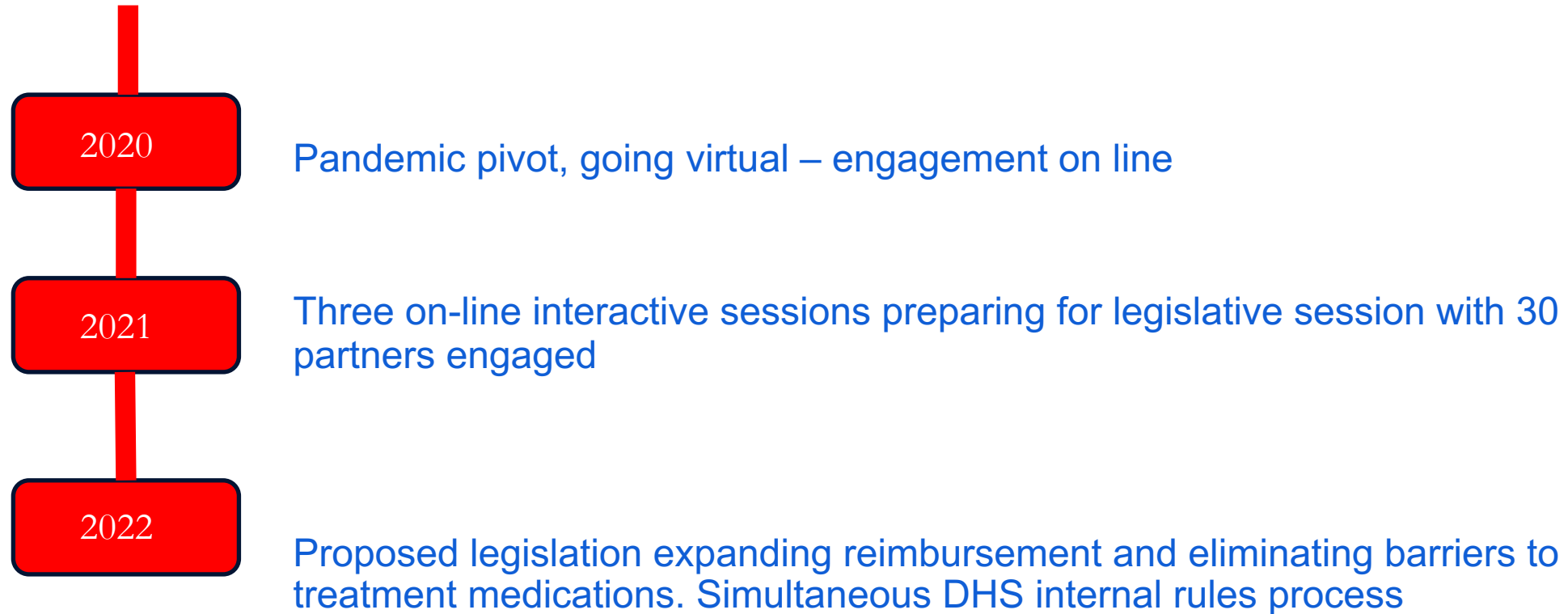
The Lung Mind Alliance is a statewide coalition with the goal of **reducing disparities related to the impact of commercial tobacco\* on people with mental illness and/or substance use disorders.**

The Lung Mind Alliance is led by the American Lung Association in Minnesota and includes partners from mental health, substance use treatment, and public health organizations, as well as the Minnesota Department of Health and the Department of Human Services.

# TIMELINE / EVOLUTION



## TIMELINE CONTINUED





## ACTION TEAMS

PROFESSIONAL EDUCATION

STATEWIDE INCENTIVIZING

REIMBURSEMENT & COVERAGE

COACHES & MEMBERS

ADVISORY TEAM

 American  
Lung  
Association.

## GOALS

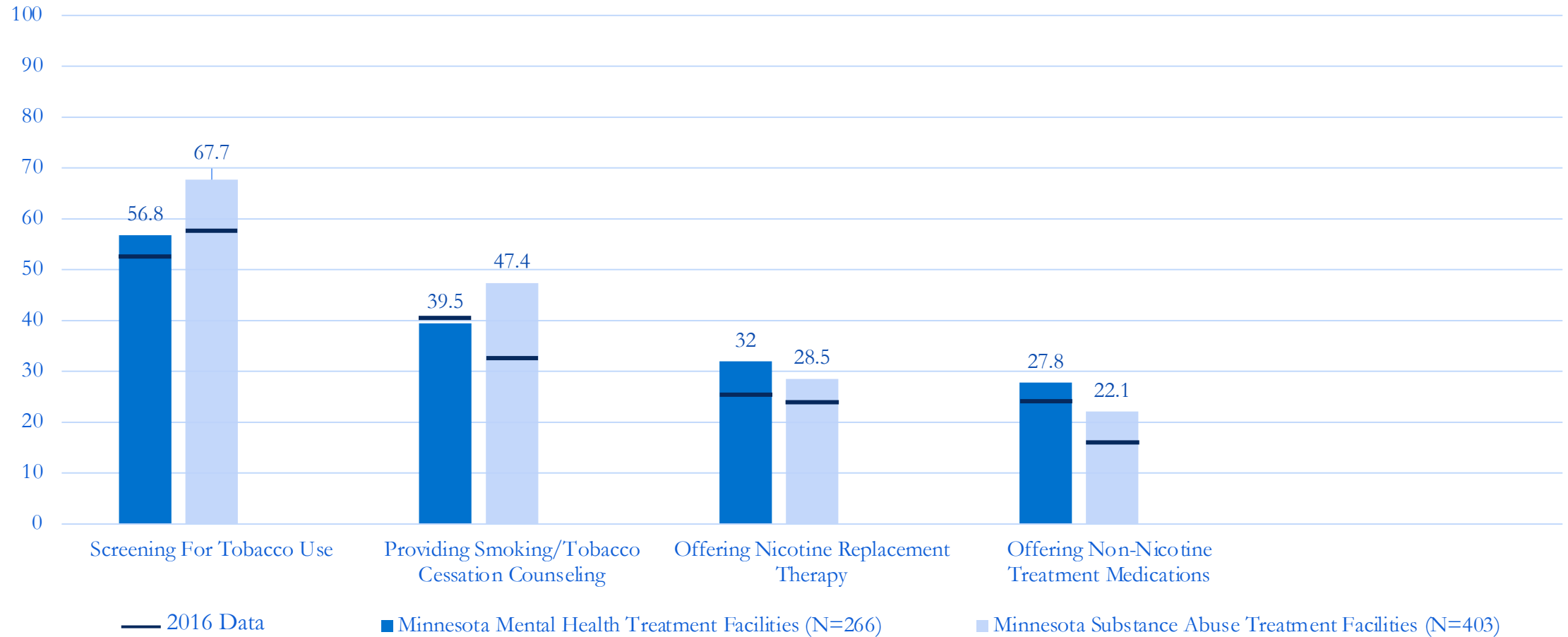
- Increase the number of commercial tobacco-free organizations as reported in CDC/SAMSHA annual survey of Behavioral Health organizations and the MDH/DHS survey
- Increase the number of programs offering tobacco treatment

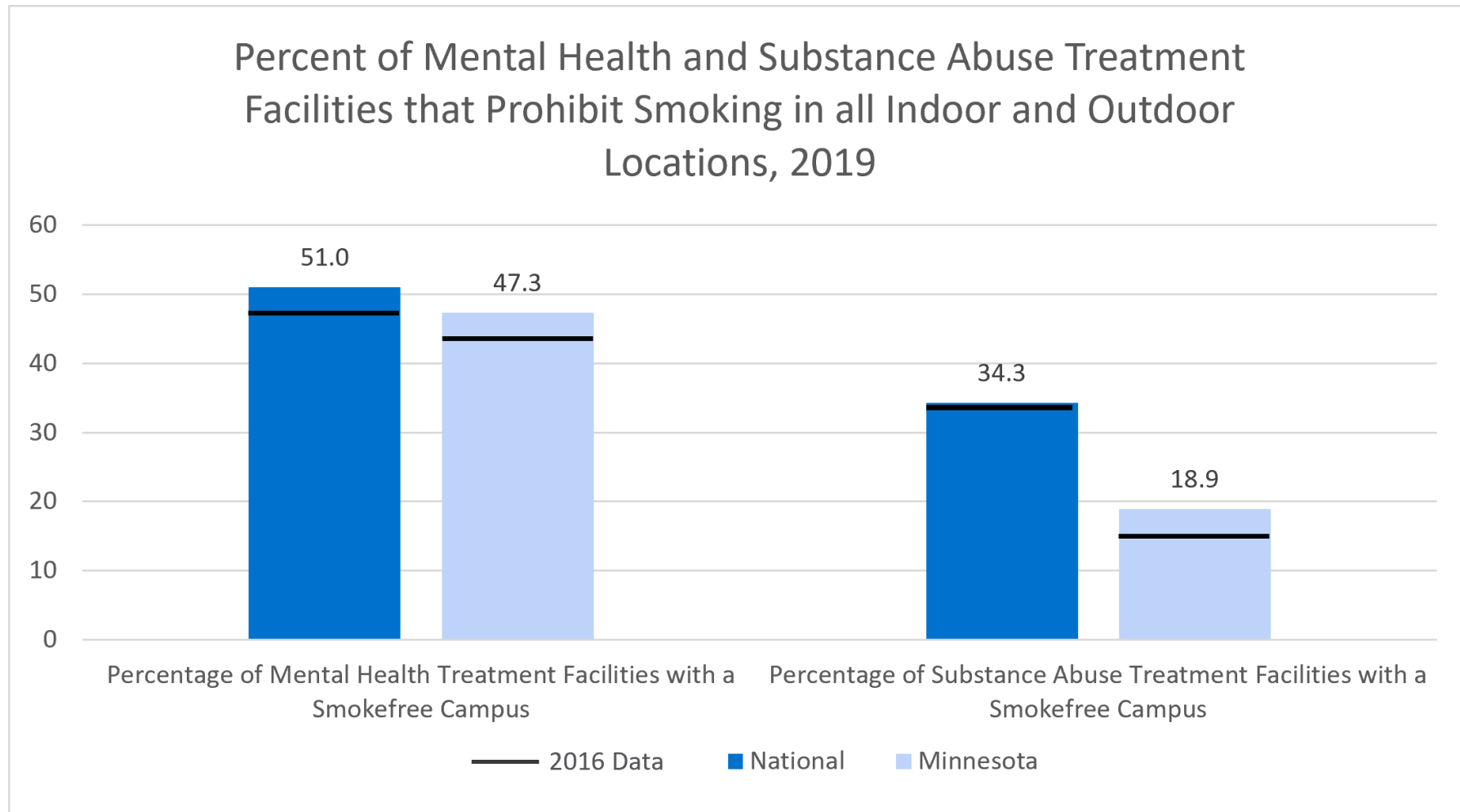
## IMPACT

**REDUCE DISPARITIES OF  
THE IMPACT OF  
COMMERCIAL TOBACCO\*  
ON PEOPLE WITH MENTAL  
ILLNESS AND/OR  
SUBSTANCE USE  
DISORDERS**

*\*Tobacco refers specifically to the use of manufactured, commercial tobacco products, and not to the sacred, medicinal and traditional use of tobacco by American Indians and other groups.*

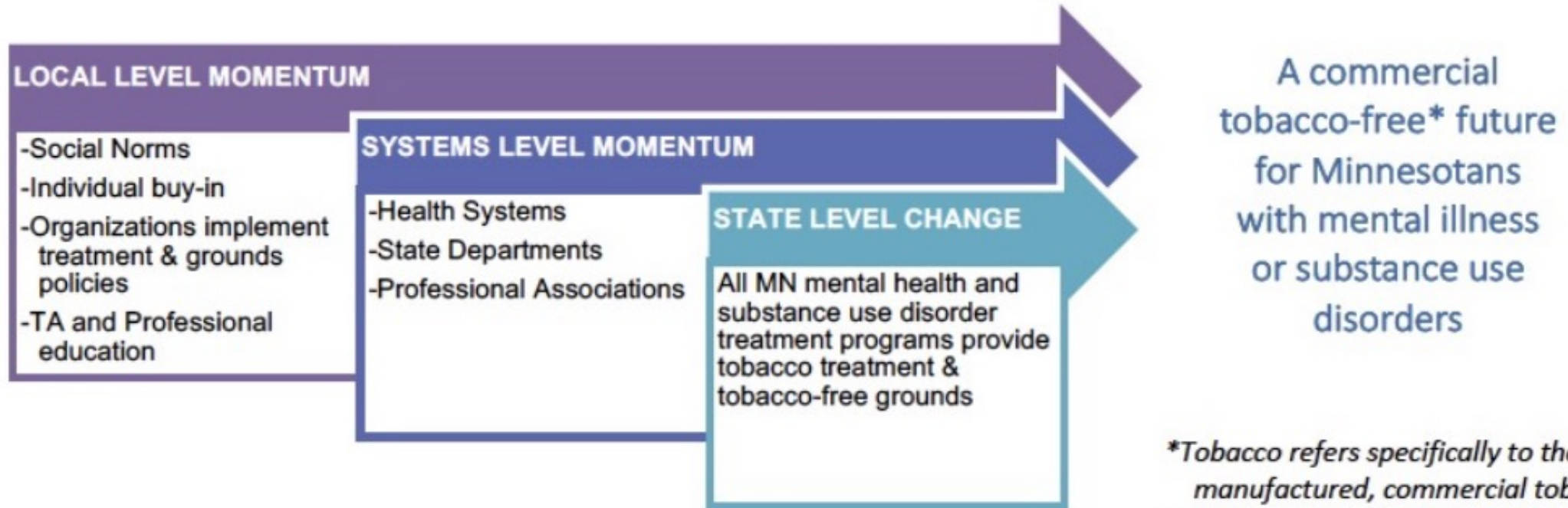
## Percentage of Mental Health and Substance Abuse Facilities That Offer Tobacco Treatment Interventions, 2019





# LUNG MIND ALLIANCE TRAJECTORY OF CHANGE

All of the Lung Mind Alliance's work is grounded in the following path to change, contributing to the overarching goal.



*\*Tobacco refers specifically to the use of manufactured, commercial tobacco products, and not to the sacred, medicinal and traditional use of tobacco by American Indians and other groups.*

# Local Level Momentum/Professional Education

For mental health and substance use disorder professionals



## Tobacco-Free Grounds Provide Healthy Facilities

Myths and facts about commercial tobacco-free grounds for your mental health and substance use disorder program.

Myth	Facts
"Clients will go elsewhere if we go tobacco-free."	<ul style="list-style-type: none"> <li>There is a growing movement within mental health and substance use disorder (SUD) treatment programs to address the whole health of staff and clients by making their facilities tobacco-free.</li> <li>Data and experience show that census numbers do not drop when a site goes tobacco-free. In fact, clients and staff have used the implementation of a tobacco-free policy as a motivation to quit smoking themselves.</li> </ul>
"There is no benefit for our organization to address tobacco right now."	<ul style="list-style-type: none"> <li>Adopting tobacco-free grounds policies for staff and clients increases their chance at quitting tobacco use, increases productivity, and saves your organization money.</li> <li>Tobacco-free grounds promote a cleaner and healthier environment for staff members and people that receive services at your organization.</li> <li>Tobacco-free policies help clients integrate into other community tobacco-free spaces like housing, worksites, and social gathering venues.</li> </ul>
"As a staff person, smoking is the only thing that can help me cope with stressful work situations."	<ul style="list-style-type: none"> <li>It's part of our job to model appropriate coping skills in our work environment and using tobacco is not a healthy coping skill.</li> <li>Positive coping mechanisms can include a walk break, meditation, or talking to a co-worker.</li> <li>Mental health improves after quitting smoking and anxiety, depression, and stress significantly decrease in those who stop using tobacco.</li> </ul>

For mental health and substance use disorder professionals



## Tobacco Treatment Help Your Clients Get Healthy

Myths and facts about offering commercial tobacco treatment as part of your mental health and substance use disorder program.

Myth	Facts
"If someone is struggling with mental health issues and substance use disorders, quitting tobacco is the least of their worries."	<ul style="list-style-type: none"> <li>Addressing tobacco at the same time as other substances actually improves the odds of success. People who receive tobacco treatment while engaged in substance use treatment have a 25% greater likelihood of long-term recovery from alcohol and other drugs.</li> <li>Tobacco-related illnesses claim more than eight times as many lives as alcohol, legal, and illegal drug use combined.</li> <li>Treating tobacco dependence not only helps improve overall health but mental health as well. When people quit tobacco, their mental health improves, including significant decreases in anxiety, depression, and stress.</li> <li>Tobacco dependence is in the DSM-V.</li> </ul>
"Our clients don't want to quit."	<ul style="list-style-type: none"> <li>Most clients do want to quit, and you can provide them the resources they need to be successful in treating their tobacco addiction.</li> <li>89% of people seeking services who smoke said they want staff to ask them about quitting.*</li> <li>92% of people felt that avoiding tobacco was very important for them to be healthy.*</li> </ul> <p><small>* These surveys done in MN are consistent with surveys in other states.</small></p>
"People with mental health or substance use disorders can't quit smoking on top of everything else they are going through."	<ul style="list-style-type: none"> <li>Yes they can! People can and do address smoking in addition to other treatment efforts.</li> <li>They may need more intensive support and a longer period of treatment.</li> <li>Quitting smoking can help participants remain abstinent from other substances and improve mental health.</li> </ul>

For leaders of mental health and substance use disorder programs



## Tobacco-Free Grounds And Tobacco Treatment Services Are Right For Your Program

Fulfill Your Mission | Be A Leader | It's A Win-Win

- Fulfill Your Mission**  
As a provider of mental health or substance use disorder (SUD) treatment services, offering treatment for tobacco dependence is aligned with your mission.
- Tobacco use disorder is an addiction with serious consequences. Your staff are in the perfect position to talk with clients about making the changes needed to live a healthy life.
  - Tobacco treatment strategies work, and people with mental illnesses and substance use disorders can successfully quit using tobacco.
  - Quitting tobacco helps improve mental health and significantly reduce anxiety, depression, and stress.
  - Providing tobacco treatment enhances recovery from other substances.
  - Offering tobacco treatment services as a part of SUD treatment can increase long-term recovery from other substances by 25%.
- Be A Leader**  
The widespread inclusion of tobacco treatment and tobacco-free grounds into mental health and SUD treatment programs will soon be the norm.
- Offering tobacco treatment services firmly positions your agency as a leader in your field.
  - Many organizations in Minnesota have gone tobacco-free and are integrating tobacco treatment into their existing services.
  - The more you stand out as a leader the more successful you will be in not only creating a client base but also finding and recruiting qualified staff.
  - Both the National Association of State Mental Health Program Directors and Substance Abuse and Mental Health Services Administration (SAMHSA) encourage the integration of tobacco treatment into services and the adoption of tobacco-free grounds for all behavioral health settings.



### Prey of the Tobacco Industry?

American Lung Association

#### Did You Know?

Tobacco is not an equal opportunity killer...it's a social justice issue.

### Having Trouble Decreasing Tobacco Use?

American Lung Association

#### Did You Know?

You'll have the best chance at success by using a combination of medications + coaching.<sup>2</sup>

## Trying To Improve Your Mental Health?

American Lung Association



#### Did You Know?

Tobacco use contributes to stress, anxiety, and depression.

### Love Your Pet?

American Lung Association



#### Did You Know?

Tobacco smoke and e-cigarette vapor can give your pet asthma, respiratory problems & cancer.<sup>1</sup>

### Worried About Your COVID-19 Risk?

American Lung Association



#### Did You Know?

People who smoke are at increased risk for severe illness from COVID-19. It is an ideal time to address your tobacco use.

### Looking for Housing?

American Lung Association



#### Did You Know?

People may have a harder time finding housing that allows tobacco use.

### Working On Your Recovery?

American Lung Association



#### Did You Know?

Those who address tobacco along with other substance use disorder treatment have a 25% greater chance of long-term recovery.<sup>2</sup>

### Looking For Work?

American Lung Association



#### Did You Know?

People who smoke have a harder time finding employment compared to people who don't smoke.

### Need A Residential Treatment Program?

American Lung Association



#### Did You Know?

Look for one that has tobacco-free grounds and provides tobacco treatment. They are providing more comprehensive services to support your recovery!

# TIPS FROM THE FIELD GUIDE



**How to Address Tobacco Use in Mental Health and Substance Use Disorder Services:**

## Tips From the Field



# Peer Learning Cohorts

## Organizations will benefit from:

Mentorship	Technical Assistance	Resources
Organizations who have successfully addressed tobacco will act as a mentor throughout the process.	The American Lung Association will provide technical assistance grounded in their state and nationwide expertise.	Priority access to resources that have been developed specifically for Minnesota organizations, such as training for your staff.



“This was one of the most positive and impactful collaborations I have ever been a part of – the ability to share ideas, successes, setbacks, etc. with a team of people doing the same work was the key to our success.”

-Jamie Andycha, People Incorporated



**Statement on Tobacco Dependence Treatment and  
Tobacco-Free Policies in Mental Health and Substance Use Treatment Settings**

Commercial tobacco use continues to have a devastating impact on the health of Minnesotans. This impact is felt in every facet of life, including high healthcare costs of tobacco-related disease and disability. Despite recent success in lowering the rate of adult tobacco use and its health consequences among the general population, this benefit has not been realized among persons with mental illness or substance use disorders. The disproportionate impact of tobacco use on these individuals' lives is striking.

Recent studies show that people with mental illness or substance use disorders (SUD) are more than twice as likely to smoke cigarettes as adults without these conditions, are more dependent on tobacco, smoke more heavily, and are more likely to die from tobacco-related illness than from their mental health or substance use conditions.<sup>1</sup>

Opportunities for improvement are cited in a recent article by the Centers for Disease Control and Prevention which highlights the need to implement tobacco-related policies and practices in mental health treatment facilities and substance abuse treatment facilities.<sup>1</sup> The article states that among 240 mental health treatment facilities in Minnesota, only 44.6 percent reported having a smoke-free campus policy. Of the 369 substance abuse treatment facilities in Minnesota, only 15.2 percent reported having a smoke-free campus policy.

Studies show that treating tobacco dependence concurrently with other mental or substance use disorders does not impair outcomes, and actually enhances treatment success and improves quality of life.

The Lung Mind Alliance is a statewide coalition with the goal of reducing disparities related to the impact of commercial tobacco on people with mental illness and/or substance use disorders. The coalition includes partners from mental health, substance use disorder, and public health organizations, as well as the Minnesota Department of Health and the Department of Human Services. The Lung Mind Alliance works collaboratively to: identify and disseminate promising practices for commercial tobacco treatment for individuals with mental illness and/or SUD; increase reimbursement for tobacco treatment in mental health and SUD treatment facilities; build momentum toward tobacco-free grounds policies; and change social norms around tobacco use by individuals with mental illness and/or SUD.

Working with local, state, and governmental organizations, the Lung Mind Alliance has developed [materials](#) to encourage organizational staff and leadership to adopt tobacco-free policies. These materials include a user guide to support changes that promote health and wellness for mental health and substance use treatment setting staff and consumers.

As a partnership committed to reducing tobacco-related disparities among those living with mental illness and substance use disorders, the Lung Mind Alliance and undersigned organizations support efforts to integrate tobacco treatment and to increase tobacco-free environments in all Minnesota mental health and substance use treatment settings.



*As a partnership committed to reducing tobacco-related disparities among those living with mental illness and/or substance use disorders, we support efforts to integrate tobacco treatment and to increase tobacco-free environments in all Minnesota mental health and substance use treatment settings.*

**This statement signed by :**

**Center for Prevention at BCBS of MN  
ClearWay Minnesota  
MN Department of Health  
MN Department of Human Services  
Minnesota Psychiatric Society  
NAMI of MN  
Public Health Law Center  
Twin Cities Medical Society**

**And a growing list of MN mental health and addiction treatment programs including:**

- **Avivo**
- **Mental Health Resources**
- **MN adult and Teen Challenge**
- **NUWAY**
- **People Incorporated**
- **Vail Place**
- **Wilder Community Mental Health and Wellness**

# STATEWIDE POLICY STRATEGY DESIGN TEAM

**Goal:** Develop a plan for advancing legislative and regulatory policies that increase access to tobacco dependence treatment and tobacco-free environments for Minnesotans with mental illness or substance use disorders.

**Tactics:** Convene a short term State Policy Strategy Design Team to:

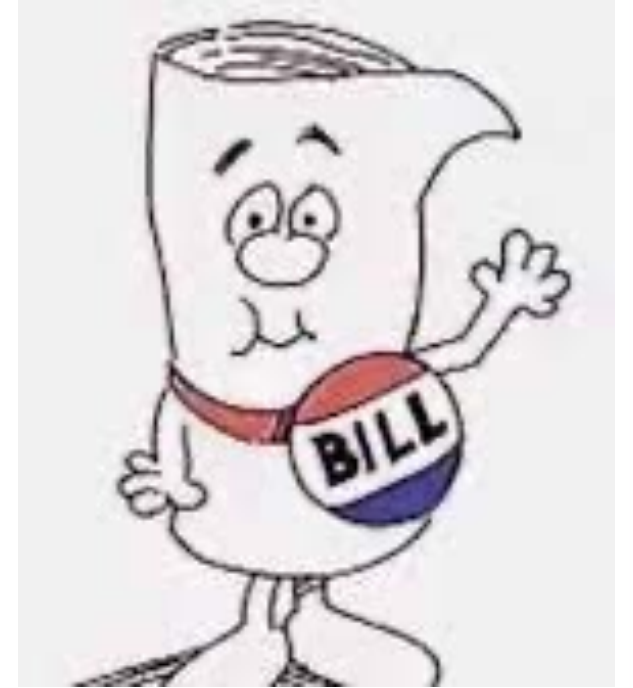
1. Develop common understanding of barriers to accessing treatment and establishing tobacco-free grounds policies; prioritize those which can be addressed via policy change;
2. Identify and prioritize legislative and regulatory policy solutions;
3. Design a plan for developing and advancing those policy solutions with LMA and other partners.

**Leadership:** Amanda Jansen, ClearWay Minnesota & Reba Mathern-Jacobson, LMA staff



## 2020 PROPOSED LEGISLATION

- expand the types of providers that can be reimbursed to provide tobacco treatment (education and counseling) which includes, but is not limited to
  - mental health practitioners
  - mental health professionals
  - mental health certified peer specialists
  - alcohol and drug counselors
  - recovery peers
  - community health workers
- remove barriers (such as prior authorization or quantity limits) to the use of FDA-approved medications used in tobacco treatment, as related to MN Medicaid and MinnesotaCare.



# LESSONS LEARNED

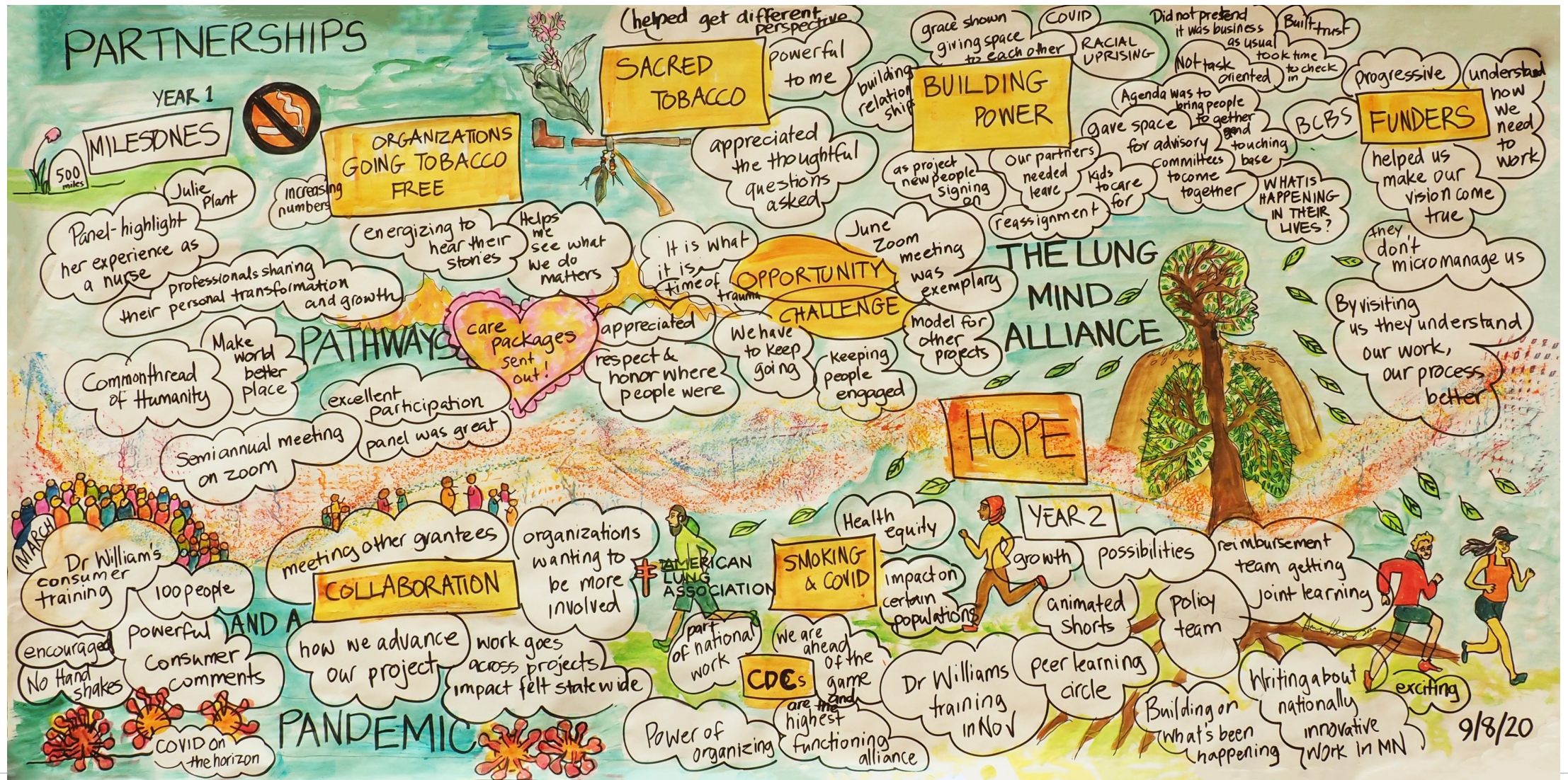


- Facilitation
- Mental Health and Substance Use Partners Lead
- No One-size-fits-all

## Lung Mind Alliance 2020



A word cloud on a dark blue background featuring various terms related to community and resilience. The most prominent word is 'community' in the center. Other large words include 'empowering', 'collaboration', and 'energizing'. Smaller words scattered around include 'welcoming', 'invested', 'consistency', 'compassion', 'motivating', 'empowered', 'dedicated', 'team', 'change', 'future', 'collaborative', 'engaging', 'action', 'resilient', 'strong work', 'advocacy', 'fired-up', 'alliance', 'collaborative', 'engaging', 'action', 'resilience', 'passion', 'exciting', 'evaluation', 'connected', 'data', 'creativity', 'perseverance', 'progress', 'educational', 'learner', 'future-focused', 'teamwork', 'authentic', and 'freedom'.



[www.LungMindAlliance.org](http://www.LungMindAlliance.org)

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[Pat.McKone@Lung.org](mailto:Pat.McKone@Lung.org)

# Q&A

- Submit questions via the **'Ask a Question' box**





# CME/CEU Statements

## **Accreditations:**

The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for a maximum of *1.25 AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

**Advance Practice Registered Nurses and Registered Nurses:** For the purpose of recertification, the American Nurses Credentialing Center accepts *AMA PRA Category 1 Credit™* issued by organizations accredited by the ACCME.

**Physician Assistants:** The National Commission on Certification of Physician Assistants (NCCPA) states that the *AMA PRA Category 1 Credit™* are acceptable for continuing medical education requirements for recertification.

**California Pharmacists:** The California Board of Pharmacy accepts as continuing professional education those courses that meet the standard of relevance to pharmacy practice and have been approved for *AMA PRA category 1 Credit™*. If you are a pharmacist in another state, you should check with your state board for approval of this credit.

**California Psychologists:** The California Board of Psychology recognizes and accepts for continuing education credit courses that are provided by entities approved by the Accreditation Council for Continuing Medical Education (ACCME). *AMA PRA Category 1 Credit™* is acceptable to meeting the CE requirements for the California Board of Psychology. Providers in other states should check with their state boards for acceptance of CME credit.

**California Behavioral Science Professionals:** University of California, San Francisco School of Medicine (UCSF) is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for behavioral health providers. UCSF maintains responsibility for this program/course and its content.

Course meets the qualifications for 1.25 hours of continuing education credit for **LMFTs, LCSWs, LPCCs, and/or LEPs** as required by the California Board of Behavioral Sciences. Provider # 64239.

**Respiratory Therapists:** This program has been approved for a maximum of 1.25 contact hours Continuing Respiratory Care Education (CRCE) credit by the American Association for Respiratory Care, 9425 N. MacArthur Blvd. Suite 100 Irving TX 75063, Course # 187296000 .

**California Addiction Counselors:** The UCSF Office of Continuing Medical Education is accredited by the **California Consortium of Addiction Professional and Programs (CCAPP)** to provide continuing education credit for California Addiction Counselors. UCSF designates this live, virtual activity, for a maximum of 1.25 CCAPP credits. Addiction counselors should claim only the credit commensurate with the extent of their participation in the activity. Provider number: 7-20-322-0722.



California  
Behavioral Health  
& Wellness Initiative

THE FUTURE LOOKS **BRIGHT**

**Free CME/CEUs** will be available for all eligible California providers, who joined this live activity thanks to the support of the California Tobacco Control Program (CTCP)

For our California residents, SCLC offers regional trainings, online education opportunities, and technical assistance for behavioral health agencies, providers, and the clients they serve throughout the state of California.

For technical assistance please contact (877) 509-3786 or [Jessica.Safier@ucsf.edu](mailto:Jessica.Safier@ucsf.edu).

Visit [CABHWI.ucsf.edu](http://CABHWI.ucsf.edu) for more information

# Webinar Collections with Free CME/CEUs



SCLC is offering FREE CME/CEUs for our recorded webinar collections for a total of **34.5 units**.

Visit SCLC's website at: <https://smokingcessationleadership.ucsf.edu/free-cmec-es-webinar-collections>

## Free 1-800 QUIT NOW cards



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**1-800-QUIT-NOW**  
Call. It's free. It works.  
1-800-784-8669  
For details on your state services, go to: <http://map.naquitline.org>



✓ Refer your clients to cessation services

# Post Webinar Information

- You will receive the following in our post webinar email:
  - ✓ Webinar recording
  - ✓ PDF of the presentation slides
  - ✓ Instructions on how to claim FREE CME/CEUs
  - ✓ Information on certificates of attendance
  - ✓ Other resources as needed
- All of this information will be posted to our website at <https://SmokingCessationLeadership.ucsf.edu>





SCLC's next live webinar is on

**LGBTQ+ Tobacco Use: New Trends, Treatment Tips, & Resources** with **Scout, MA, PhD**, Executive Director, National LGBT Cancer Network

- **Tuesday, June 14, 2022, 1:00 – 2:00 pm EDT**
- Registration is open now!

# Contact us for free technical assistance



- **Visit** us online at [smokingcessationleadership.ucsf.edu](https://smokingcessationleadership.ucsf.edu)
- **Call** us toll-free at **877-509-3786**
- **Provide Feedback** - Copy and paste the post webinar survey link: [https://ucsf.co1.qualtrics.com/jfe/form/SV\\_9AzUpd6FRnQUG4C](https://ucsf.co1.qualtrics.com/jfe/form/SV_9AzUpd6FRnQUG4C) into your browser to complete the evaluation!

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