

Leadership Academy for Tobacco-Free Recovery State Progress

Wednesday, July 14 2021

Catherine Saucedo, Deputy Director

Smoking Cessation Leadership Center SAMHSA National Center of Excellence for Tobacco-Free Recovery

7/1/2021

1

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









Smoking Cessation Leadership Center

7/1/2021



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
- 22 states selected over 10 years
 - Rhode Island
 - Louisiana



Smoking Cessation Leadership Center

7/1/2021



3

SAMHSA Summit States to Date МТ ND OR SD WY RI = 2021 State NE СО МО OK NM LA = 2021 **State** UCSF 7/1/2021

State Partnership

Characteristics

- Group organized around specific, measurable results
- Flexible governance structure
- Fast paced, just get started!
- Emphasizes cross-sector collaboration
- Focus is on a better use of existing resources – no cost and low-cost strategies
- Data not just used to measure progress but also as a motivator
- Vision tied to measurable outcomes



5 Smoking Cessation Leadership Center

7/1/2021



5

Real-Time Action Planning

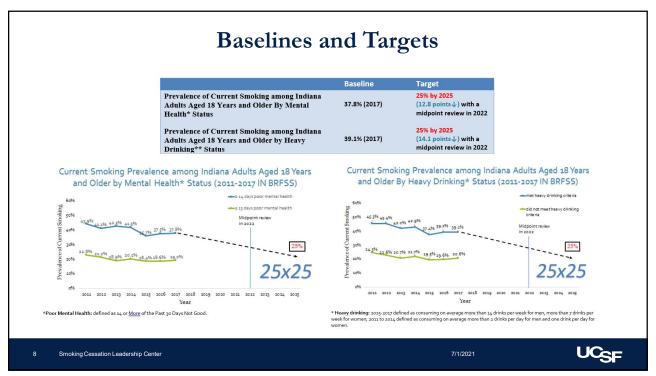
All states answer these 5 questions to form the basis of their action plan

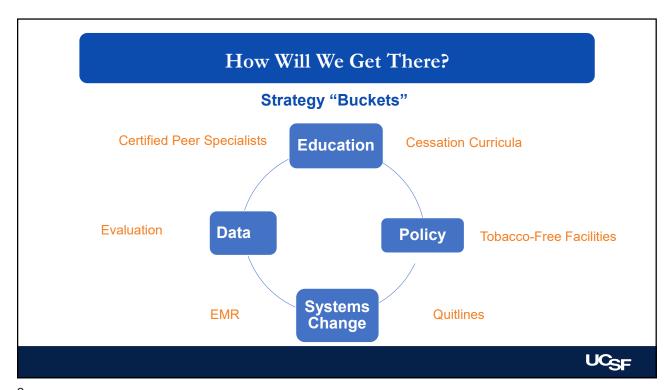
- 1. Where are we now? (Baseline)
- 2. Where do we want to be and by when? (Target)
- 3. How will we get there? (Multiple Strategies)
- 4. How will we know if we are getting there? (Evaluation)
- 5. What will each of us do and by when? (Next Steps)

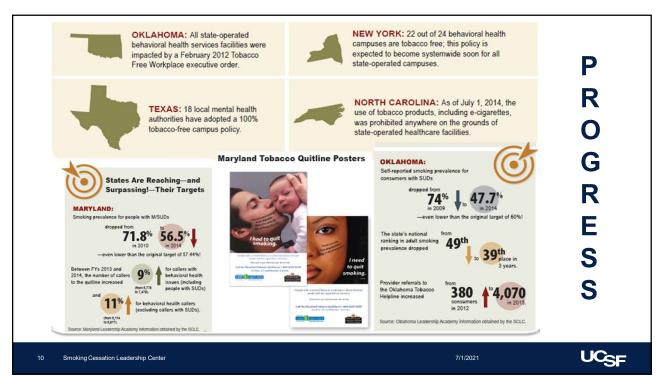
7/1/2021



State	Baseline	Target
NJ	Adults in SUD Treatment, at Discharge: 64% in 2017	• 54.4% by 2022
	Adults Reporting Poor Mental Health: 25.1% in 2015 - BRFSS	• 16.16% by 2022
PA	Adult Heavy Drinkers: 29.5% (2015) – BRFSS	• 22.5% by 2022
	Adults Reporting Poor Mental Health: 37.4% (2015) - BRFSS	• 30.4% by 2022
AK	Adults Reporting Poor Mental Health: (2019) 42% BRFSS	• 35% by 2025
	Adults Binge Drinkers (2019) 32% BRFSS	• 25% by 2025
KS	Adult Heavy Drinkers: 30.1% (2016) – BRFSS	• 20% by 2025
	Adults Reporting Poor Mental Health: 32.7% (2016) - BRFSS	• 20% by 2025
NC	Adult Heavy Drinkers: 34.3% (2016) – BRFSS	• 24 % by 2024
	Adults Reporting Poor Mental Health: 32.5% (2016) - BRFSS	• 24% by 2024







State Success Stories

Kansas

 Worked w/ NAMI to develop implementation toolkit that helps behavioral health organizations adopt a tobacco-free policy, integrate evidence-based treatment, support prevention efforts, and build staff capacity

Kentucky

- Provided KY Medicaid providers with educational material on cessation benefits, billable tobacco treatment codes and 5A's –
 created KY Quitline now provides 12 weeks of NRT upon discharge from treatment facilities
- 1 target met before 2020 deadline (current smoking among binge drinkers) close to next!

Montana

- Launched media campaign and saw significant increase in number of callers to Montana Tobacco Quitline with behavioral health conditions
- 1 target met before 2021 deadline (smoking among adults w/ poor mental health)

South Carolina

 Mandate for all state-operated mental health and substance use facilities to be tobacco-free by December 31, 2019 (as of January 1, 2020, all community mental health treatment facilities in the state have comprehensive tobacco-free policy)

<u>Indiana</u>

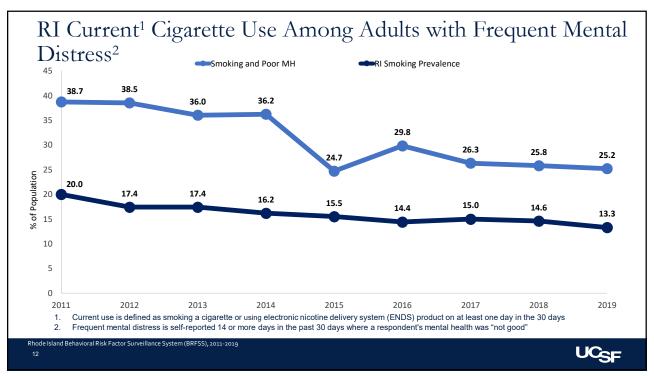
 Department of Health's Tobacco Prevention and Cessation Commission partnered w/ FSSA Division of Mental Health and Addiction to support providers w/ tobacco treatment strategies. Created an RFA that aligns w/ the objectives and strategies outlined in the Leadership Academy and Tobacco Control Strategic Plan _ to take behavioral health facilities tobacco-free, and offer cessation services

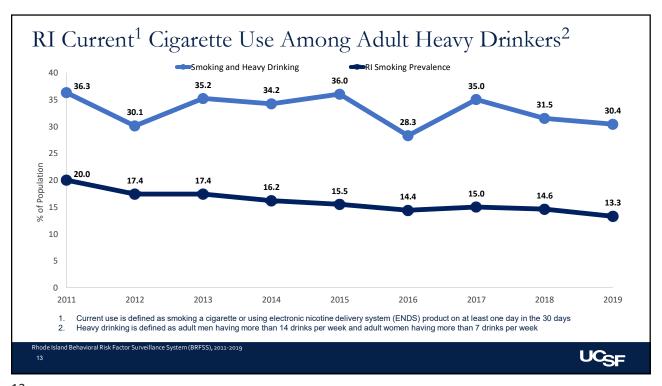
1 Smoking Cessation Leadership Center

7/1/2021



11





13

Q2: Where Do We Want to Be? **Baseline Target Rate of Current Smoking among Adults with Frequent Mental** Distress* 25.2% (2019 BRFSS) Coming soon! (*Frequent mental distress is self-reported 14 or more days in the past 30 days where a respondent's mental health was "not good".) 30.4% (2019 BRFSS) Coming soon! Rate of Current Smoking among Adult Heavy Drinkers** (**Heavy drinking is defined as adult men having more than 14 drinks per week and adult women having more than 7 drinks per week.) Source: Rhode Island Behavioral Risk Factor Surveillance System (BRFSS), 2011-2019 UCSF

Questions? Comments?

Call toll free: 1-877-509-3786

Visit: TobaccoFreeRecovery.org



7/1/2021

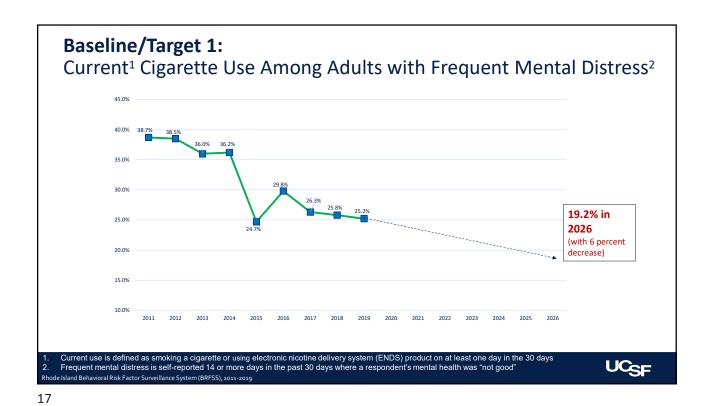
UCSF

15

Q2: Where Do We Want to Be?

Baseline	Target
25.2% (2019 BRFSS)	19.2% in 5 years (6%↓)
30.4% (2019 BRFSS)	24.4% in 5 years (6%↓)

UCSF



Baseline/Target 2:
Current¹ Cigarette Use Among Adult Heavy Drinkers²

40.0%

30.3%

30.3%

30.3%

24.4% by
2026
(with 6 percent point decrease)

1. Current use is defined as smoking a cigarette or using electronic nicotine delivery system (ENDS) product on at least one day in the 30 days
2. Heavy drinking is defined as adult men having more than 14 drinks per week and adult women having more than 7 drinks per week