

Four Years, Countless Journeys: SCLC's Jessica Safier Talks About Managing CABHWI



The [California Behavioral Health and Wellness Initiative](#) (CABHWI, “cabby”) began in 2018 to support residential substance use disorder treatment facilities in going tobacco-free and integrating cessation services into their workflow. The California Tobacco Control Program (CTCP) granted selected applicants financial support and SCLC agreed to provide customized technical assistance to each organization. Managing the initiative from the SCLC side, **Jessica Safier** has met with representatives from each agency, from the initial grantees in Cohort 1 to the last in this period’s final Cohort 4. Each of the four cohorts had specialized trainings and coaching throughout the duration of their 18 month project including quarterly learning sessions where participants had the chance to learn from current and previous cohort members and special wellness education and activities. Jessica will be away on maternity leave from early February 2022, so we wanted to get her perspective on the CABHWI endeavor to share with you while she’s still around!

What have you learned in working on CABHWI during this time?

JS: I’ve learned that there is quite a spectrum for the groups we work with in terms of their readiness to go tobacco-free. So, if you go in with a blueprint, you’re going to lose people. This project is all about being flexible and meeting people where they are. We have to be ready to work with folks who are completely ready to change without leaving others behind.

We also have to be flexible about what success looks like. If you go in aiming for an all-or-nothing idea of what you want to see happen, you run the risk of feeling disappointed including the cohorts. After all, the data tells us that it can take anywhere from 7 to 30 attempts before someone quits smoking for good. So, I like to look at every “win”—because all progress counts. Someone who enters a program smoking 2-3 packs a day and leaves still smoking—but only 2-3 cigarettes a day—has made HUGE progress. We shouldn’t brush that aside.

What kind of successes have inspired you?

JS: Our first three completed cohorts have graduated seven residential houses that have gone entirely tobacco-free. We have several other agencies that have passed specific vape-free policies and a few in the process of going-tobacco-free. All facilities have made major improvements in provision of cessation services, including offering educational classes about the harms of tobacco use, obtaining Tobacco Treatment Specialist Training for specific staff members and improving access to nicotine replacement therapy (NRT).

On a more individual level, it’s been great for me to hear stories about people who quit smoking while they are in the program, and then take an active interest in helping their peers. That makes the work feel real, more so than someone on the outside saying that it’s possible. Also, being pregnant myself, seeing facilities that are having success with helping pregnant and post-partum women quit smoking makes me really happy.

What are some of the challenges that organizations face in going tobacco-free?

JS: There have been many challenges during this project—including those we’ve expected and some we never could have anticipated!

- Normally, we’d recommend a specific timeline, like 6-12 months before going tobacco-free. But recently, we’ve had to pause for groups who’ve lost censusclients & staff due to COVID. We encourage them to keep what pieces they can in motion, like regular cessation groups, for instance. Those can continue just maybe with fewer people, to account for fewer residents and allow for social distancing.
- We’ve also seen success and issues with procuring NRT, one essential item that the grant is not able to cover. Some groups have partnered with the quitline (Kick It CA), carved out funds from elsewhere, or worked with their own pharmacist to get referrals. Very few groups were providing NRT at the beginning, and fortunately that has evolved over time.
- Finally, we’ve worked with staff who have a lot of specialized training in treating substance use disorders (SUD) but don’t always recognize that tobacco or Tobacco Use Disorder (TUD) is really a part of that too. So, it’s been gratifying to see them realize that they **do** have the tools they need to help folks quit smoking!

What do you recommend when someone has a client with no desire to quit smoking? Does anyone ever want to throw in the towel?

JS: Luckily, all the groups have been very invested, so no one has backed away. When people encounter resistance, using motivational interviewing skills to discover things can be very effective. Someone may want to quit smoking because maybe they have a certain health diagnosis or a new grandchild. By the same token, we can use this technique to figure out why some people aren't interested. The key is not to give up but to keep addressing where folks are in their recovery. Maybe there's a way to circle back and revisit the conversation at some point. Basically, just keep checking in.

What's been personally rewarding for you in doing this work?

JS: It feels cool to personally empower people who have been doubted for most of their lives. There are prevalent myths that people with behavioral health conditions a) don't want to quit and b) don't have capacity to quit. Those beliefs are disempowering. It feels good to support people who want to positively change their lives.

What will you miss about working on CABHWI?

JS: I'll miss working with our grantees because I'm continually impressed by their motivation and dedication. They're bombarded by new challenges at every turn, but their willingness to keep going really motivates me.

Questions about the [CABHWI](#) Tobacco-Free for Recovery project? Call 1-877-509-3786 or e-mail Jessica.Safier@ucsf.edu