

# Journey to a Tobacco-free Certified Community Behavioral Health Clinic: A Conversation

September 20<sup>th</sup>, 2022  
12:30 – 1:30 pm ET

**CCBHC-E National Training and Technical Assistance Center**

*Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing*

# Disclosures

*This UCSF CME activity was planned and developed to uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.*

*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.*

**Mary Pat Angelini, MPA, Catherine Bonniot Saucedo, Anita Browning, Christine Cheng, Brian Clark, Pamela Ling, MPH, MD, Jennifer Matekuare, Clement Nsiah, Ph.D., M.S, Ma Krisanta Pamatmat, MPH, Hope Rothenberg, Jessica Safier, MA, Jack Todd Wahrenberger MD MPH, and Aria Yow, MA.**

# 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 *1.0 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 1.0 hour 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 1.0 contact hour Continuing Respiratory Care Education (CRCE) credit by the American Association for Respiratory Care, 9425 N. MacArthur Blvd. Suite 100 Irving TX 75063, Course #188285000.

**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 1.0 CCAPP credit. Addiction counselors should claim only the credit commensurate with the extent of their participation in the activity. Provider number: 7-20-322-0722.

# 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
  - Washington
  - **Idaho**

**UCSF** Smoking Cessation  
Leadership Center



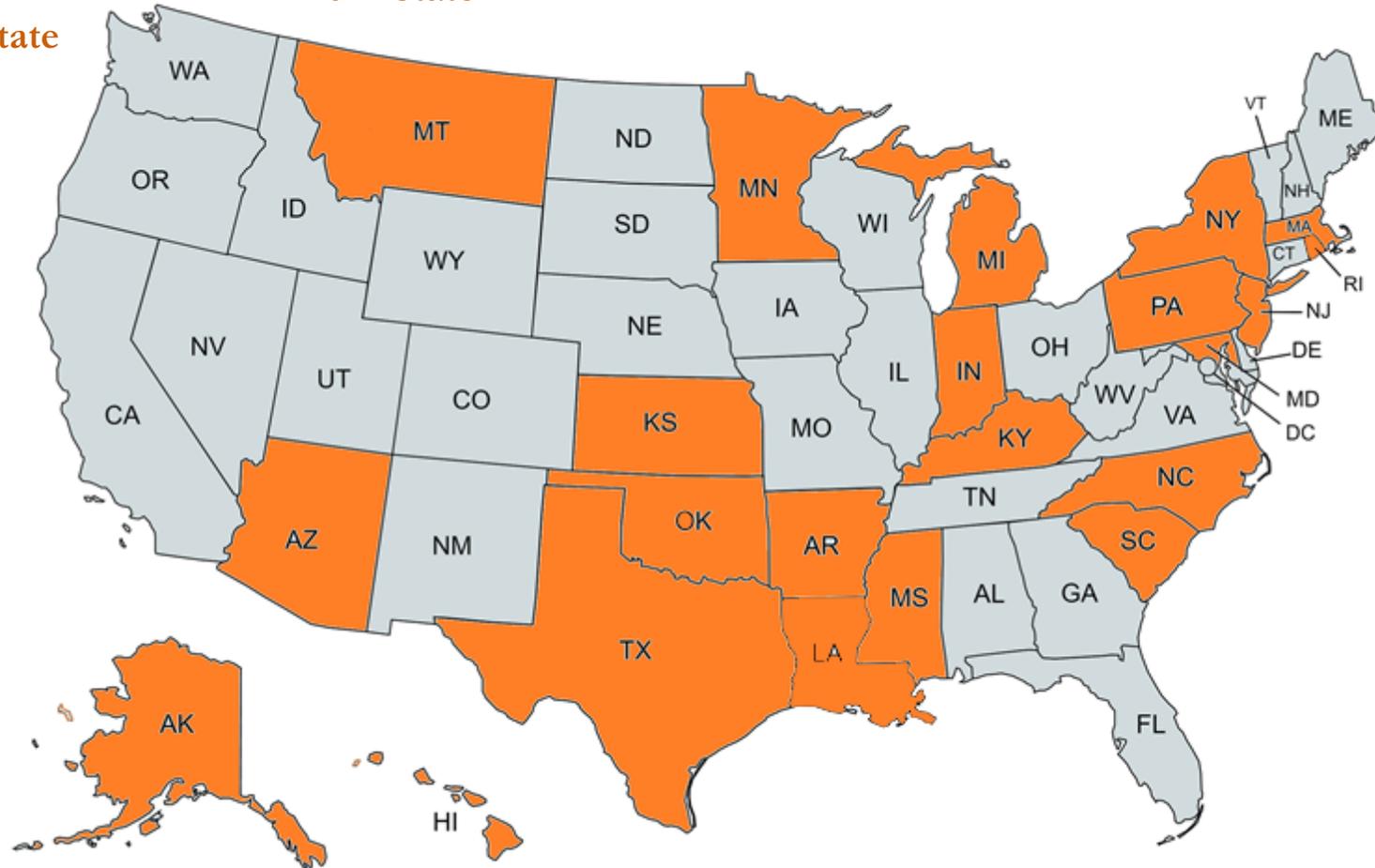
National Center of Excellence for  
Tobacco-Free Recovery



# SAMHSA Summit States to Date

WA = 2022 State

ID = 2022 State



# Welcome from the National Council!



**Clement Nsiah, Ph.D., M.S.,**  
Director,  
Practice Improvement



**Hope Rothenberg**  
Project Manager,  
Practice Improvement



**Farren Keyser**  
Project Coordinator,  
Practice Improvement



# National Behavioral Health Network for Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health* & *Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among individuals experiencing mental health and substance use challenged
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations



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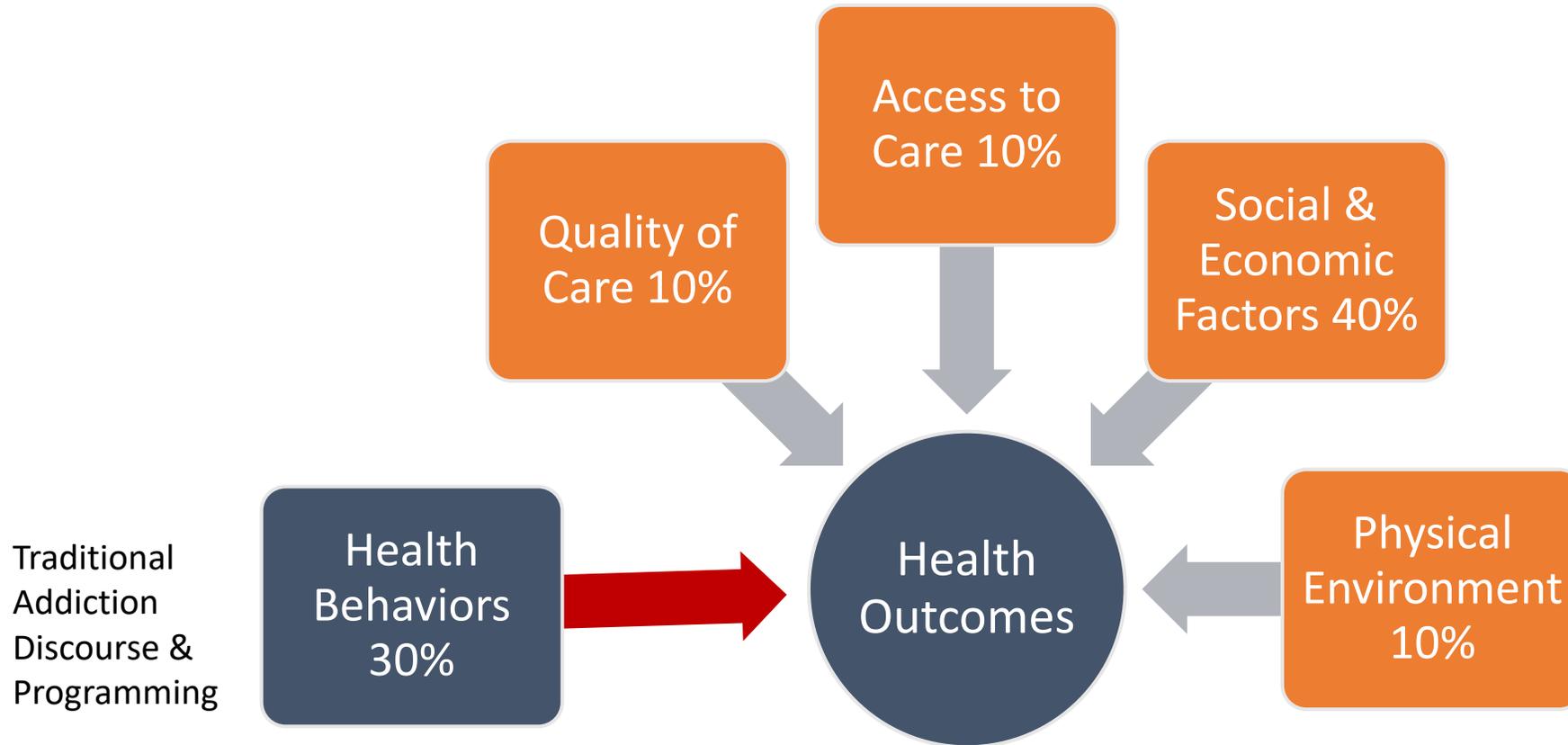
**State Strategy Sessions**

**Communities of Practice**

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# Determinants of Health



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# Tobacco, Mental Health & Substance Use

## What has caused the disparity?



The overall rate of cigarette smoking among adults has been decreasing, but individuals with mental health challenges have been neglected in prevention efforts, environmental and clinical interventions.

This **disparity** can be attributed in part to predatorial practices by tobacco companies which included:

Targeted advertisements

Providing free or cheap cigarettes to psychiatric clinics

Blocking of smoke-free policies in behavioral health facilities

Funding research that perpetuates the myth that cessation would be too stressful and negatively impact overall behavioral health outcomes

High rate of ACEs/Trauma

Limited access to high quality care (delays in care, lower quality of care, and more)



Source: Apollonio and Malone, 2005

# The Foundations of Tobacco Disparities for Individuals with Mental Health and Substance Use Challenges



**1 in 4 adults** have some form of mental health or substance use challenge.



In 2019 **28.9%** of adults with any mental health challenge reported current use of tobacco compared to **14.6%** of adults with no mental health challenge.

Aggressive targeted marketing, barriers to care, the spread of misinformation and higher than average rates of ACEs/Trauma in individuals with mental health or substance use challenges contribute to **almost 40% of all cigarettes smoked by adults.**



# Let's Finish the Sentence...

People with mental illness die on average 5 to 25 years earlier\*  
than those without mental illness...

- \*Depending on data source
- Source: Parks, J., et al. Morbidity and Mortality in People with Serious Mental Illness. Alexandria, VA: National Association of State Mental Health Program Directors Council. 2006 (25 years)  
[https://www.who.int/mental\\_health/management/info\\_sheet.pdf](https://www.who.int/mental_health/management/info_sheet.pdf) (10-15 yrs)

# Let's Finish the Sentence

People with mental illness die on average 5 to 25 years earlier than those without mental illness...

**...due to complications from smoking-related illnesses...**



# Tobacco Cessation in Individuals with Mental Health & Substance Use Challenges – The Facts

- **Smoking cessation can enhance long-term recovery for persons with substance use disorders.** For example, if someone quit smoking at the same time, they are quitting drinking, they can have a 25% greater chance of staying sober. (Prochaska et al, 2004)
- Persons with mental illness and substance abuse disorders can successfully quit using tobacco at rates similar to the general population. (Heiligenstein and Smith, 2006)
- The majority of persons with mental health and substance use disorders **want to quit smoking** (CDC, 2013; Prochaska et al, 2008)
- **Smokers are more than 2x likely to quit for good with the help of tobacco cessation medications and counseling services.**

**Tobacco use kills half of all individuals with mental health and substance use challenges!**

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# What is a CCBHC?

CCBHC is an integrated community behavioral health model of care that aims to improve service quality and accessibility. CCBHCs do the following:

Provide integrated, evidence-based, trauma-informed, recovery-oriented and person- and-family-centered care

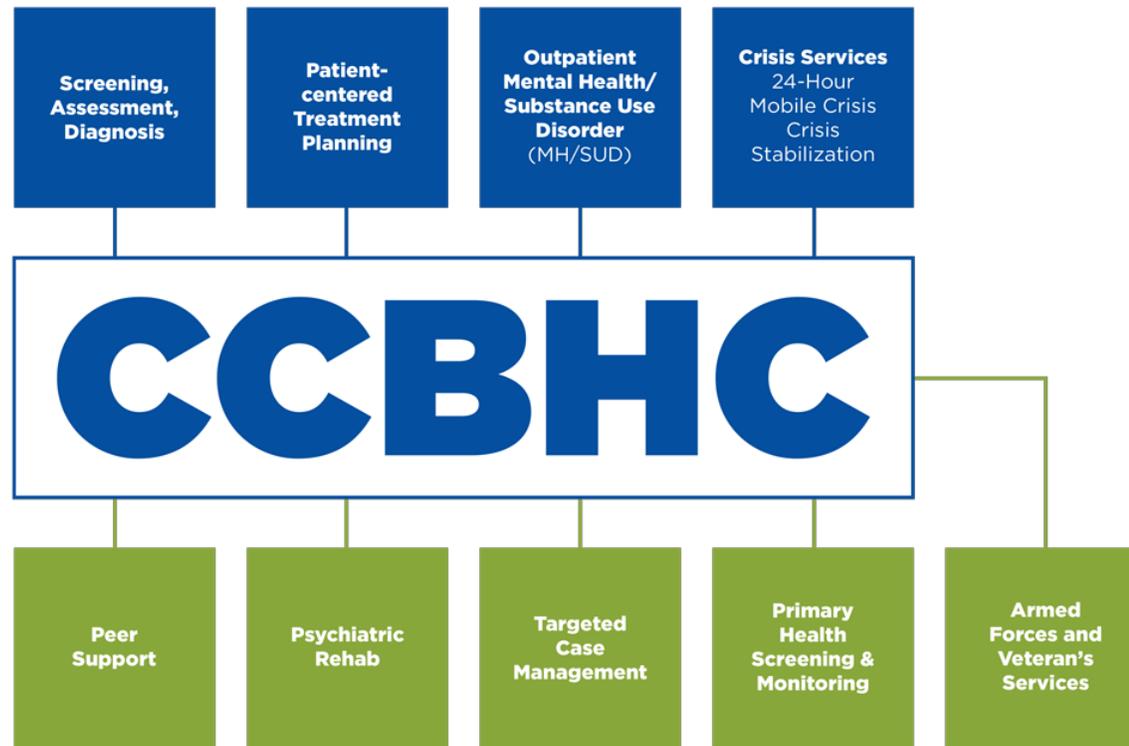
Offer the full array of CCBHC-required mental health, substance use disorder (SUD) and primary care screening services

Have established collaborative relationships with other providers and health care systems to ensure coordination of care



# CCBHC Criteria Program Requirements

- 1: Staffing
- 2: Availability and Accessibility of Services
- 3: Care Coordination
- 4: Scope of Services**
- 5: Quality and Other Reporting
- 6: Organizational Authority, Governance and Accreditation



- Must be delivered directly by a CCBHC
- Delivered by a CCBHC or a Designated Collaborating Organization (DCO)



# CCBHC Criteria Requirements for Tobacco Screening

The road to a tobacco free environment starts with screening for and providing cessation intervention for tobacco use

4.d.5 A comprehensive diagnostic and treatment planning evaluation is required for all CCBHC consumers...including current mental status, mental health (including depression screening) and substance use disorders including **preventive care and screening for tobacco**, alcohol, and other drugs.



# Today's Featured Speakers

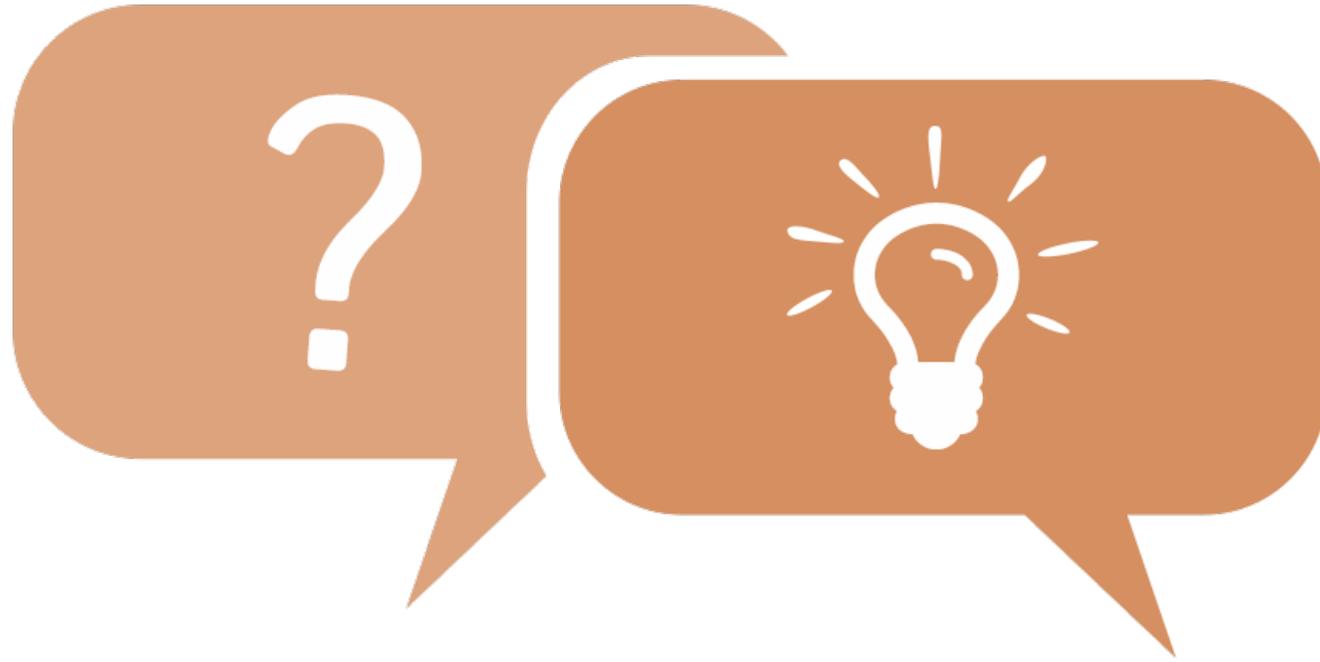


**Jack Todd Wahrenberger, MD, MPH**  
Chief Medical Officer  
Pittsburgh Mercy Health System



**Mary Pat Angelini, MPA**  
Chief Executive Officer (CEO),  
Preferred Behavioral Health Group





# Questions?

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