
Smoking Cessation
Leadership Center



University of California
San Francisco

Improving Tobacco Cessation with Adult Inpatient Psychiatric Clients

National Association of State Mental Health Program Directors Research Institute
(NRI):

Glorimar Ortiz, PhD

Missy Rand, LPC, CSAC

Lucille Schacht, PhD, CPHQ

May 19, 2021

Moderator

Catherine Saucedo

Deputy Director

Smoking Cessation Leadership Center
University of California, San Francisco

A National Center of Excellence for Tobacco-
Free Recovery

Catherine.Saucedo@ucsf.edu



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.

The following faculty speakers, moderators, and planning committee members have disclosed they have no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation(s) or commercial support for this continuing medical education activity:

Anita Browning, Christine Cheng, Brian Clark, Jennifer Matekuare, Glorimar Ortiz, PhD, Ma Krisanta Pamatmat, MPH, Missy Rand, LPC, CSAC, Jessica Safier, MA, Catherine Saucedo, Lucille Schacht, PhD, CPHQ, Steven A. Schroeder, MD, and Aria Yow, MA.

Thank you to our funders



Housekeeping

- We are using the webinar platform, **GlobalMeet**
- All participants will be in **listen only mode** and **the audio will be streaming via your computers.**
- 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.

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 # 185418000.

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.



- **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.
- Visit CABHWI.ucsf.edu for more information



- CDC Tips Campaign 2021 – celebrating 10 years!
- SCLC will partner with the CDC to promote **1 800 QUIT NOW** through new ads as well as some former favorites

I COVID QUIT!

- Launched March 31



- SCLC's own campaign funded by Robert Wood Johnson Foundation
- Real people sharing their UNSCRIPTED experiences of improved mental health after quitting smoking—and they did it during the COVID-19 pandemic!
- FREE videos, digital images and toolkit for your use at ICOVIDQUIT.org

Today's Presenter

Lucille Schacht, PhD, CPHQ

Senior Director
Performance and Quality Improvement

National Association of State Mental
Health Program Directors Research
Institute (NRI)



Today's Presenter

Glorimar Ortiz, PhD

Principal Biostatistician

National Association of State Mental
Health Program Directors Research
Institute (NRI)



Today's Presenter

Missy Rand, LPC, CSAC

Clinical Quality Educator

National Association of State Mental
Health Program Directors Research
Institute (NRI)



IMPROVING TOBACCO CESSATION WITH ADULT INPATIENT PSYCHIATRIC CLIENTS

Glorimar Ortiz, PhD, NRI Principal Biostatistician

Missy Rand, LPC, CSAC, NRI Clinical Quality Educator

Lucille Schacht, PhD, CPHQ, NRI Senior Director Performance and Quality Improvement

May 2021

TOBACCO CESSATION PROJECT

- A NRI series focused on improving access to tobacco cessation recovery for persons in psychiatric hospitals.
 - Clinical Actions
 - Change Management
 - Comparisons/Benchmarking

<http://www.nri-inc.org/focus-areas/performance-measurement/clinical-oversight/tobacco-cessation/>



Funding support for this project was provided
by the Smoking Cessation Leadership Center

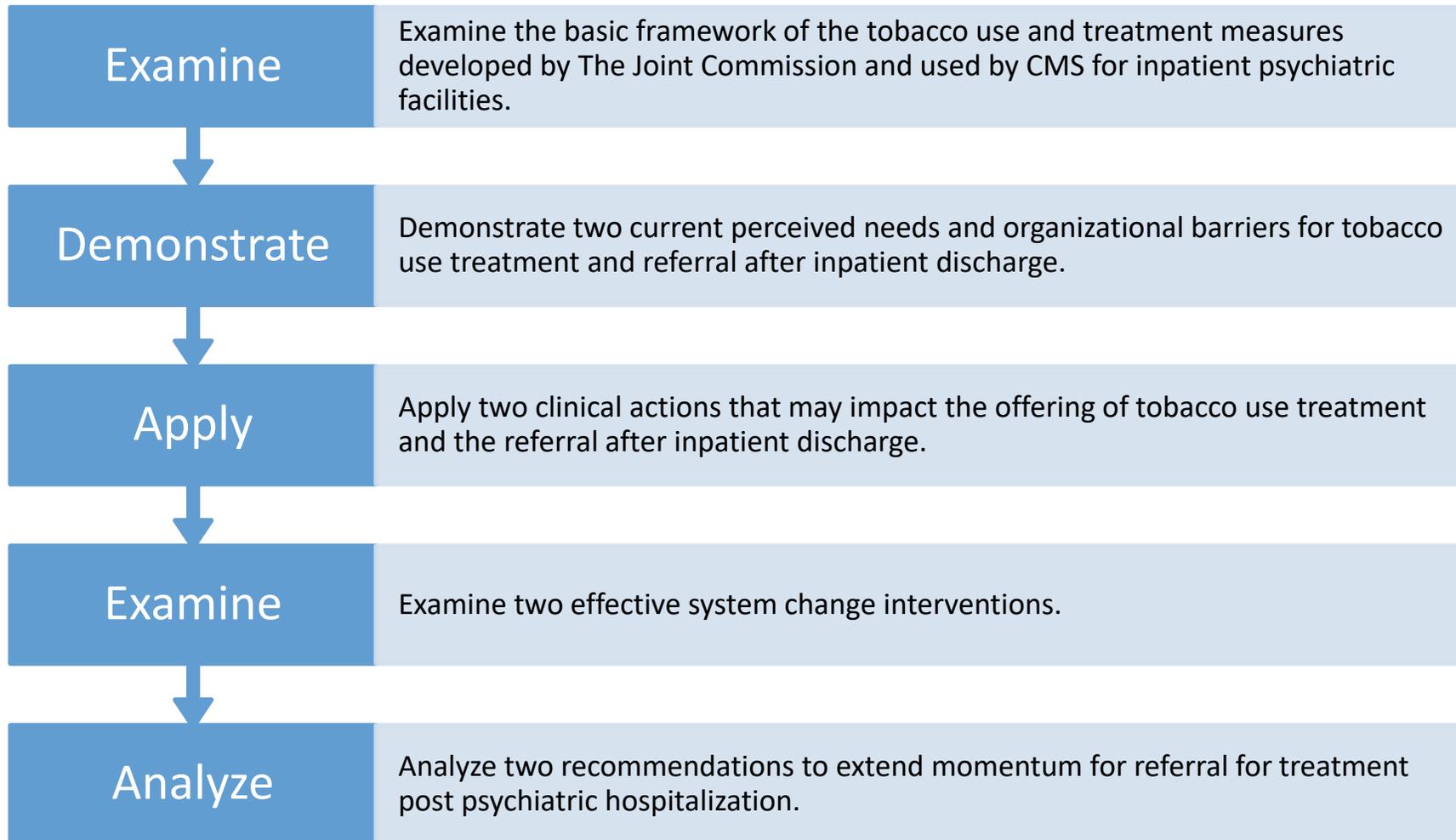
DISCLOSURES

The following speakers, moderators and planning committee members have disclosed they have no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation(s) or commercial support for this continuing medical education activity:

- Anita Browning, Christine Cheng, Brian Clark, Jennifer Matekuare, Glorimar Ortiz, PhD, Ma Krisanta Pamatmat, MPH, Missy Rand, LPC, CSAC, Jessica Safier, MA, Catherine Saucedo, Lucille Schacht, PhD, CPHQ, Steven A. Schroeder, MD, and Aria Yow, MA.



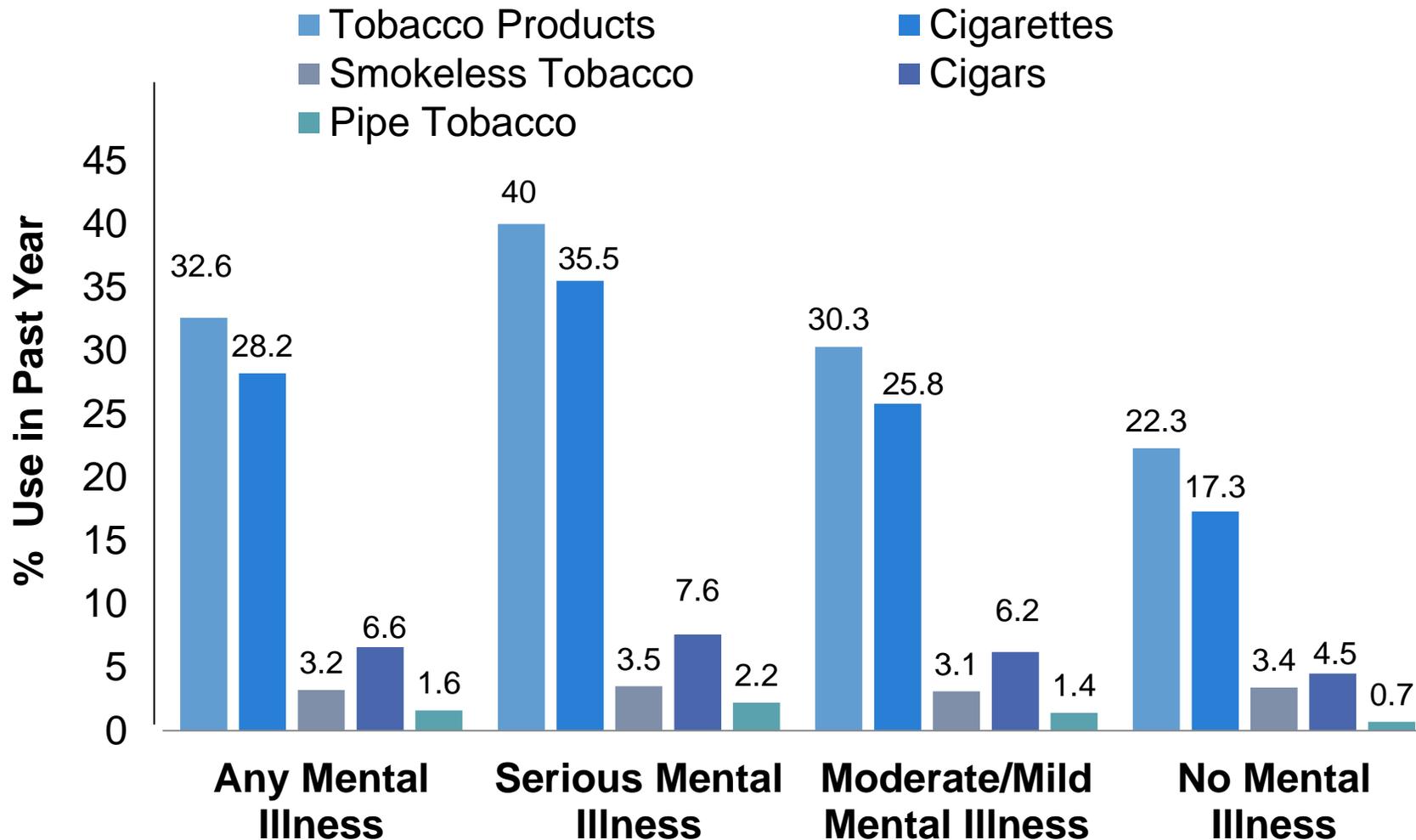
WEBINAR OBJECTIVES:



WHY FOCUS ON TOBACCO USE?

- Adults with behavioral health conditions represent 25% of the U.S. population but account for 40% of all cigarettes smoked in the U.S.
- Tobacco contributes to more deaths than the primary behavioral health disorder McGinty 2012
- The most effective treatment for TUD is a combination of behavioral counseling and use of medication(s) DSM-5
- About 70% of individuals with mental health disorders are interested in quitting – the same as the general population CDC: MMRW Jan 2017
- Without treatment, only 3-6% of all smokers are able to quit on their own. CDC: MMRW Jan 2017

NATIONAL SURVEY ON DRUG USE AND HEALTH, 2018



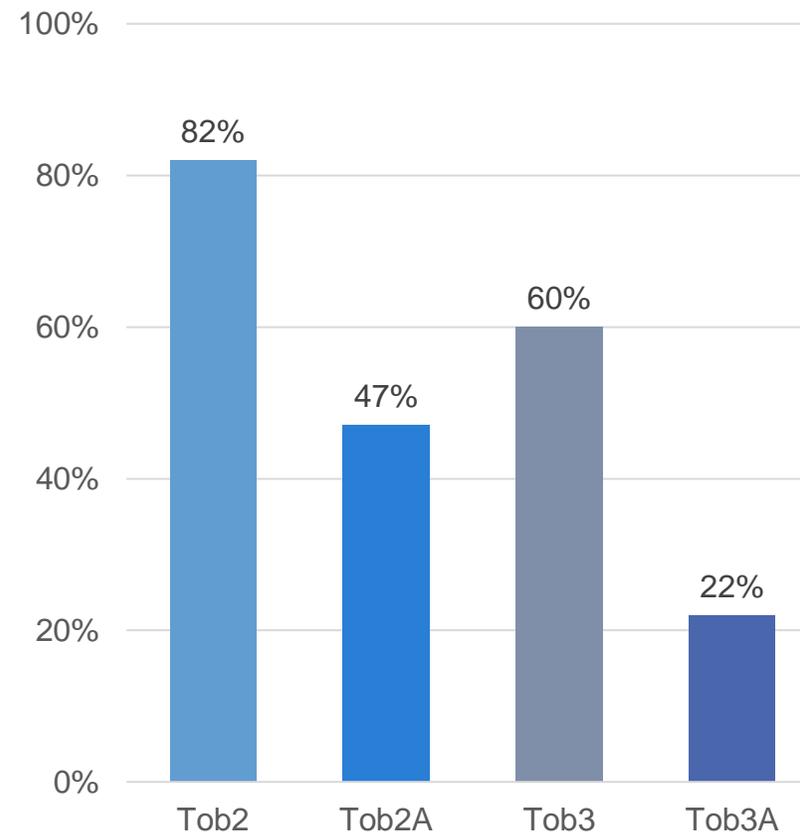
TOBACCO USE AND TREATMENT MEASURES

- Developed by The Joint Commission
- Used by Inpatient Psychiatric Facilities in their reporting of required quality measures to the Centers for Medicare & Medicaid Services
- Measures look at the continuum of care from inpatient screening, to inpatient treatment, to referral for outpatient treatment

TOBACCO MEASURES – CURRENT DATA

- **TOB1**- Screen for Tobacco Use – required reporting Jan 2015 thru Dec 2017. Screen for current tobacco use within one day after admission, identify type and volume of use.
 - Measure discontinued because performance was at least 95% for many providers
- **TOB2/2A** – Tobacco use treatment offered or provided – required reporting Jan 2015 to present. Treatment includes “Practical Counseling” and FDA-approved medications when appropriate.
- **TOB3/3A** – Tobacco use treatment offered or provided at discharge – required reporting Jan 2016 to present. Treatment includes evidence-based outpatient counseling and FDA-approved medication when appropriate.

Calendar 2019 Discharges



SURVEY OF PSYCHIATRIC FACILITIES



Glorimar Ortiz, PhD
Principal Biostatistician
Gortiz@nri-inc.org

- Epidemiological Background
- Compared to people in the general population, people with mental illness:
 - Are more likely to use tobacco (CDC, 2013; Jamal et al., 2014)
 - Are more likely to smoke more heavily (Szarkowski et al., 2015)
 - Are 2-4 times more likely to be tobacco dependent (Chou et al, 2016; Ruther et al. 2014)
 - Experience morbidity and mortality at 2-2.5 times greater rate (Blackwell et al., 2014; WHO, 2017)
 - Have lower tobacco use cessation rates (Gildody et al., 2019)
- NRI study found that tobacco use among individuals with mental illness served in a SMHA was a significant predictor of early mortality accounting for nearly 4 years lost (Ortiz, 2020).

$$YPLL = 8.49 + 6.78(\text{Never married}) + 5.44(\text{Black}) + \mathbf{3.85(\text{Tobacco user})} + 2.25(\text{Female})$$

NRI FACILITY TOBACCO SURVEY 2020

✓ 3 imperative aspects related to tobacco use cessation in hospitalized patients:

1. Screening for tobacco use (Tob-1)

- ✓ Initial practice for appropriate substance use/abuse diagnosis
- ✓ Has been successfully achieved by psychiatric hospitals

2. Offering active treatment (Tob-2/2a)

3. Referral at discharge (Tob-3/3a)

NRI FACILITY TOBACCO SURVEY 2020

- ✓ Designed using
 - 1- NRI's Smoking Cessation Policies and Practices survey
 - 2- Guidelines for Treatment of Smoking in Hospitalized Patients (Jimenez Ruiz et al., 2017)
 - 3- Feedback from NRI's Clinical Educator (Missy)

- ✓ Contains 52 questions that collect information about the:
 - ✓ facility demographics
 - ✓ current tobacco use policy
 - ✓ tobacco use assessment protocol
 - ✓ tobacco use treatment in hospitalized smokers that included diagnostics and therapeutic interventions, and
 - ✓ referral at discharge



NRI FACILITY TOBACCO SURVEY 2020

- **Tobacco use** was defined as using a legalized form of tobacco in any form (e.g. cigarette, cigar, chewing, or pipe) regardless of the age of the client.
- **Light tobacco use:** The person smokes ≤ 4 cigarettes or $< 1/4$ pack a day and/or uses smokeless tobacco and/or smokes cigarettes/pipes but not daily.
- **Heavy tobacco use:** The person smokes 5 or more cigarettes or $\geq 1/4$ pack per day and/or cigars/pipes daily.
- **Active treatment:** includes counseling and pharmacological intervention.
- **Practical counseling:** Face-to-face interaction with the patients to address all of the following: recognizing danger situations, developing coping skills, and providing basic information about quitting.

NRI FACILITY TOBACCO SURVEY 2020

- ✓ Investigate **staff needs** and **organizational barriers** to:
 - 1 - offer active treatment for tobacco cessation
 - 2 - refer patients for tobacco use cessation treatment after discharge

- ✓ Survey period: July 21 – August 21, 2020

- ✓ 165 facilities surveyed

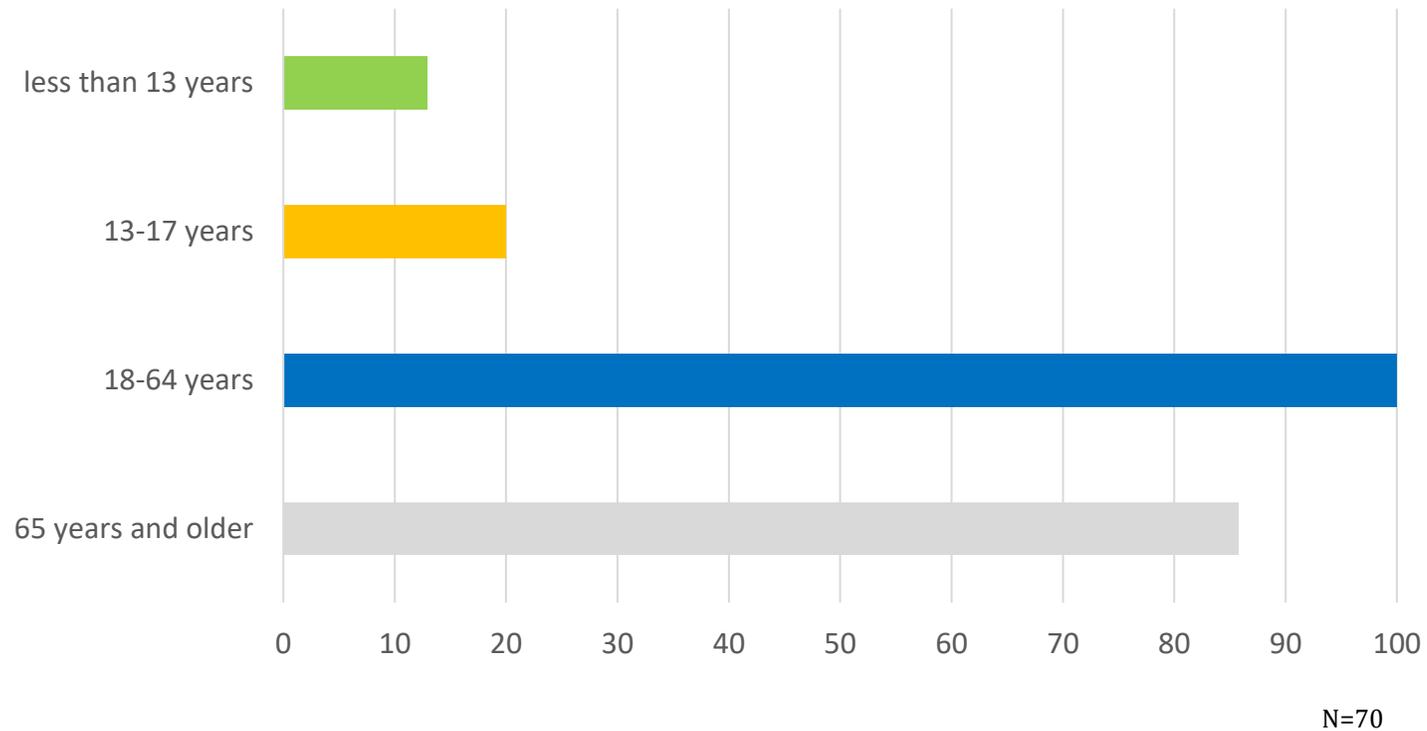
- ✓ 108 surveys received

- ✓ 70 facilities responded

- ✓ 42% response rate

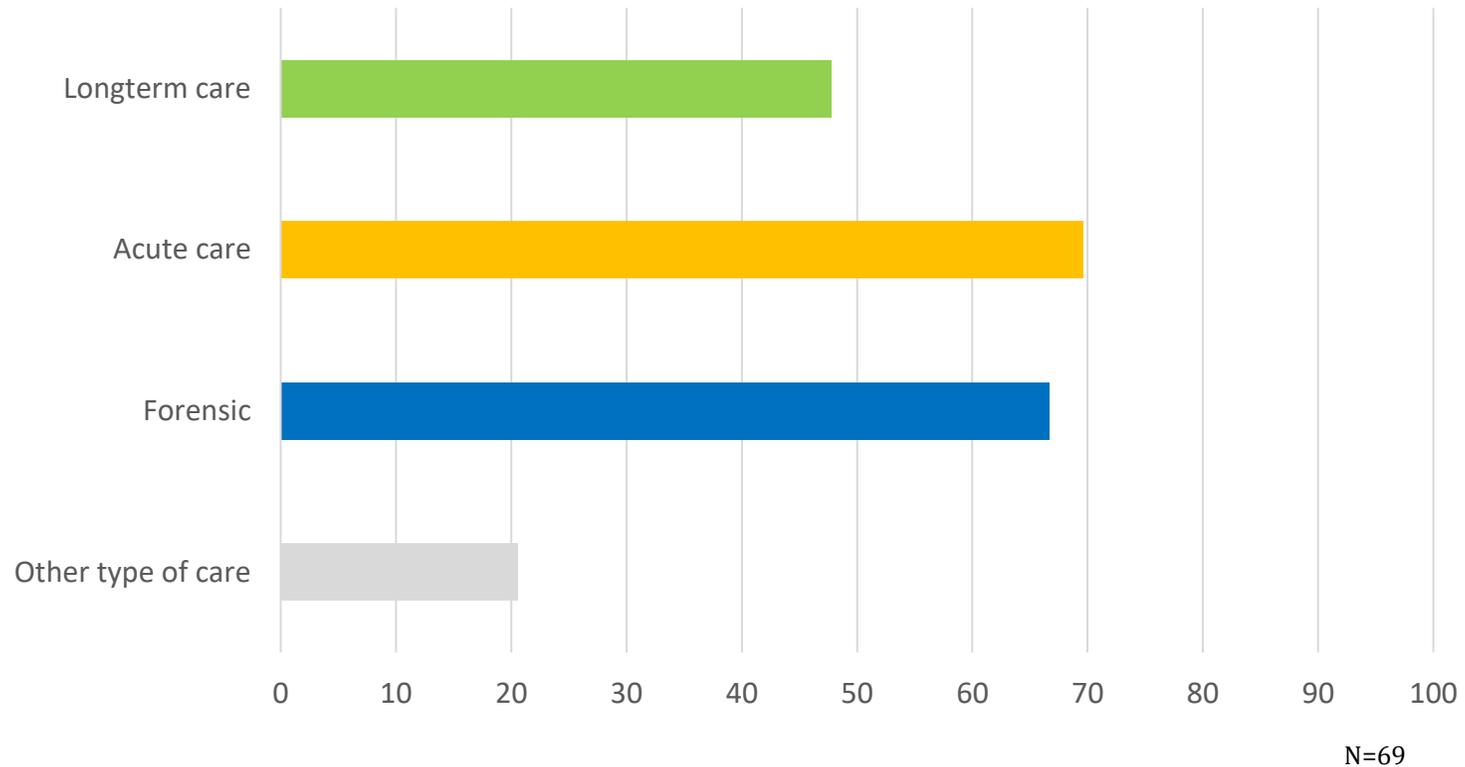
NRI FACILITY TOBACCO SURVEY 2020

What age group does the facility serve?



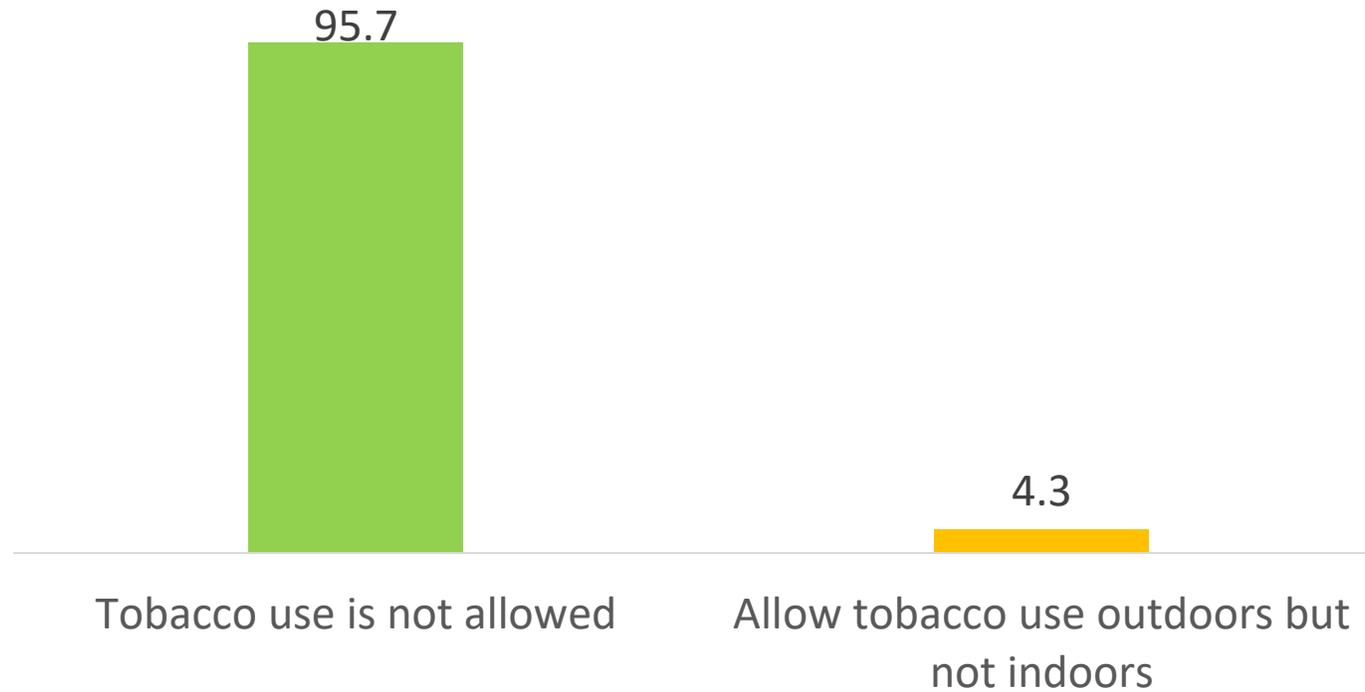
NRI FACILITY TOBACCO SURVEY 2020

What level of care service is provided at the facility level?



NRI FACILITY TOBACCO SURVEY 2020

What is the facility's CURRENT tobacco use policy?



N=70

What did staff say they need to offer active treatment for tobacco cessation?



Resources

Educational & training materials:

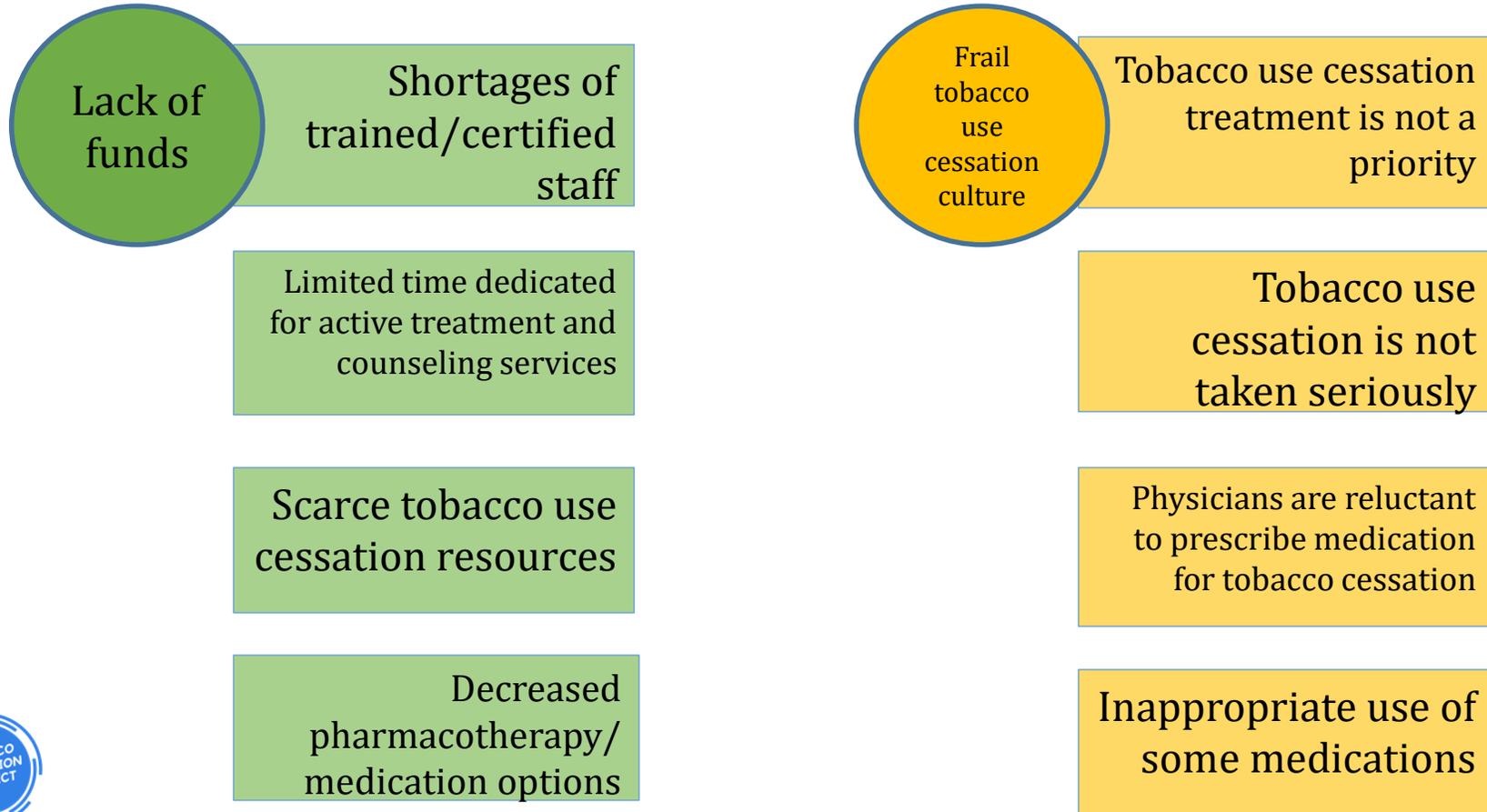
success stories, coping skills, how addictive nicotine is, pharmacotherapy and interaction with psychiatric disorders and their treatment, evidenced-based tobacco use cessation programs, treatment intervention templates, training about change in staff behavior and attitude towards tobacco use

Time

People:

certified staff, tobacco cessation counselors, substance use disorder specialists

What did staff say are organizational barriers to offering active treatment for tobacco cessation?



What did staff say they need to refer patients for tobacco cessation treatment after discharge?

Information

Consistent patient contact information

List of outpatient programs available with contact information

List of community resources for patients to use at discharge

Training

On evidence-based pharmacological interventions

About requirements for treatment at discharge

Related to specialized treatment programs

Partnership

Active relationship with personnel at the tobacco cessation treatment centers

Improve direction from physicians



What did staff say are organizational barriers to referring patients for tobacco cessation treatment after discharge?

Patient Level

- * (Perceived) Resistance to quit
- * (Perceived) Lack of interest/motivation
- *No reliable contact information at discharge
- *Confidentiality issues: unable to refer

In-patient Level

- *Staff: Not trained/enough staff
- *Time: Not enough time to make referrals
- *Costs: Not enough funds to cover required training costs

Out-patient Level

- *No or limited community resources
- *Scarce specialized treatments for tobacco cessation
- *Lack of appropriate programs
- *Quitlines are not interactive



NRI FACILITY TOBACCO SURVEY 2020

- **References**

- Blackwell DL, Lucas JW, Clark TC (2014). Summary health statistics for US adults: National health interview survey, 2012. *Vital Health Statistics. Series 10, Data from the National Health Survey*, 260, 1-161.
- CDC (2013). Vital signs: Current cigarette smoking among adults age ≥ 18 years with mental illness – United States, 2009-2011. *Morbidity and Mortality Weekly Report*, 62(5), 81.
- Chou SP, Goldstein RB, Smith SM et al. (2016). The epidemiology of DSM-5 nicotine use disorder: Results from the National Epidemiologic Survey on alcohol and related conditions-III. *The Journal of Clinical Psychiatry*, 77(10), 1404-1412.
- Gilbody S, Peckham E, Bailey E et al. (2019). Smoking cessation for people with severe mental illness (SCIMITAR+): A pragmatic randomized controlled trial. *Lancet*, 6(5), 379-390.
- Jamal A, Agaku IT, O'Connor E et al. (2014). Current cigarette smoking among adults – United States, 2005-2013. *Morbidity and Mortality Weekly Report*, 63(47), 1108-1112.
- Ortiz G (2020). Predictors of premature mortality among individuals with mental illness served in the public mental health system. In press.
- Ruther T, Bobes J, De Heart, M et al. (2014). EPA guidance on tobacco dependence and strategies for smoking cessation in people with mental illness. *European Psychiatry*, 29(2), 65-82.
- Szatkowski L, McNeill A (2015). Diverging trends in smoking behaviors according to mental health status. *Nicotine & Tobacco Research*, 17, 356-360.
- WHO (2017). WHO report on the global tobacco epidemic. Retrieved from https://www.who.int/tobacco/global_report/previous/en/

CLINICAL ACTIONS



Missy Rand, LPC, CSAC
Clinical Quality Educator
mrاند@nri-inc.org

WHAT IS THE GOLDEN THREAD?



TARGETING ALL LAYERS OF STAFF

- Survey suggests that Prescribers (Psychiatrists/PA/NP/MD) are the most common professional level used for screening, practical counseling, and interventions (more than 2/3 of facilities reported using Prescribers)
- Nurses are used in more than half of facilities for practical counseling, and almost 2/3 of facilities for screening and other interventions
- Prescribers and Nurses are then supplemented by licensed mental health provider/social worker/psychologist
- Resource materials need to be developed for use by various professionals
 - <http://www.nri-inc.org/focus-areas/performance-measurement/clinical-oversight/tobacco-cessation/clinical-action/>
- Peer providers and mental health aides appear to be an under-used resource

GOLDEN THREAD DOCUMENTATION

- Screening/Assessment completed by multiple staff, each recorded in a separate place in the medical record
- Practical counseling offered by only 36% of facilities immediately after the screen.
 - Practical counseling includes recognizing danger situations, developing coping skills, and providing basic information about quitting.
- Only 14% of facilities reported adding the Tobacco Status to the Problem Assessment
- Various interventions are used, but there does not seem to be a clear leader

Psychological Treatment Approaches	
Psychoeducation for tobacco use impact/cessation	62.5%
Stress Management Skills Training	48.4%
Relapse prevention skills training	45.3%
Motivational Interviewing	43.8%
Brief therapy	35.9%
Tobacco specific self-help resources (audio/video/peer groups/ apps/ books/ workbooks)	29.7%
CBT/DBT	21.9%
Peer support counseling	12.5%

CLINICAL ACTIONS RESOURCES

Tobacco Cessation Resources for Psychiatric Hospitals

Incorporate these tobacco cessation strategies into wellness approaches to promote recovery self-management and improved discharge referrals with adults receiving in-patient psychiatric services

SCREENING & ASSESSMENT

[The 5 A's: Brief Intervention Role Play](#)
[The 5 A's and 5 R's clinical prompt sheet](#)
[Brief interventions for tobacco use](#)
[Conversations for Change: Demonstration videos](#)
[Tobacco Cessation Best Practices: Motivational Interviewing](#)

PLANNING TO QUIT

[Overcoming Tobacco Addiction](#)
[How to Quit Smoking](#)
[8 Steps to Quitting for Good](#)
[Start Your Quitting Journey Today!](#)
[13 Best Quit Smoking Tips](#)
[Medications for Tobacco Cessation](#)
[Know the real cost of cigarettes](#)
[CDC Quit Guide](#)
[Drug Interactions with Tobacco Smoke](#)
[This Free Life for LGBTQ young adults](#)



RECOVERY SELF-MANAGEMENT

[You Can Quit Smoking: Here's How, Tools & Tips To Quitting](#)
[Quit Smoking and Vaping Tools](#)
[10 ways to resist tobacco cravings](#)
[Quit Smoking Tips from Behavioral Health Patients](#)
[6 Tips for people trying to quit smoking](#)
[How to use NRT medications](#)

DISCHARGE SUPPORT

[CMS Inpatient Psychiatric Outcome Tobacco Measures](#)
[SHARE Approach Workshop Curriculum](#)
[Personalized Quit Sheet](#)
[Build Your Own Quit Plan](#)
[Virtual patient training scenarios](#)
[Every Try Counts app](#)
[1-800-QUIT-NOW](#)

TOOLKITS & CURRICULUM

[Tobacco Free Living in Psychiatric Settings](#)
[Dimensions Toolkit for Healthcare Behavioral Health](#)
[CDC Provider Education & Training](#)
[Healthcare Provider Resources](#)
[Native American Action Plan For Pregnant and Post-partum Women](#)
[NYC Quits](#)
[RxforChange: Clinician Assisted Tobacco Cessation](#)

[A Toolkit for Substance Abuse Treatment Providers](#)
[NIH Report on Tobacco and E-cigarettes](#)
[Toolkits and Clinical Guides for Tobacco Cessation](#)
[SMI Advisor Knowledge Base](#)
[Smoking Cessation Leadership Center](#)
[TIP 35 Enhancing Motivation for Change, Revised](#)

FOR MORE INFORMATION VISIT WWW.NRI-INC.ORG/FOCUS-AREAS/PERFORMANCE-MEASUREMENT/CLINICAL-OVERSIGHT/



Funding support for this project was provided by the Smoking Cessation Leadership Center

<https://www.nri-inc.org/focus-areas/performance-measurement/clinical-oversight/tobacco-cessation/clinical-action/>

IMPROVEMENT STRATEGIES FOR INPATIENT PSYCHIATRIC FACILITIES

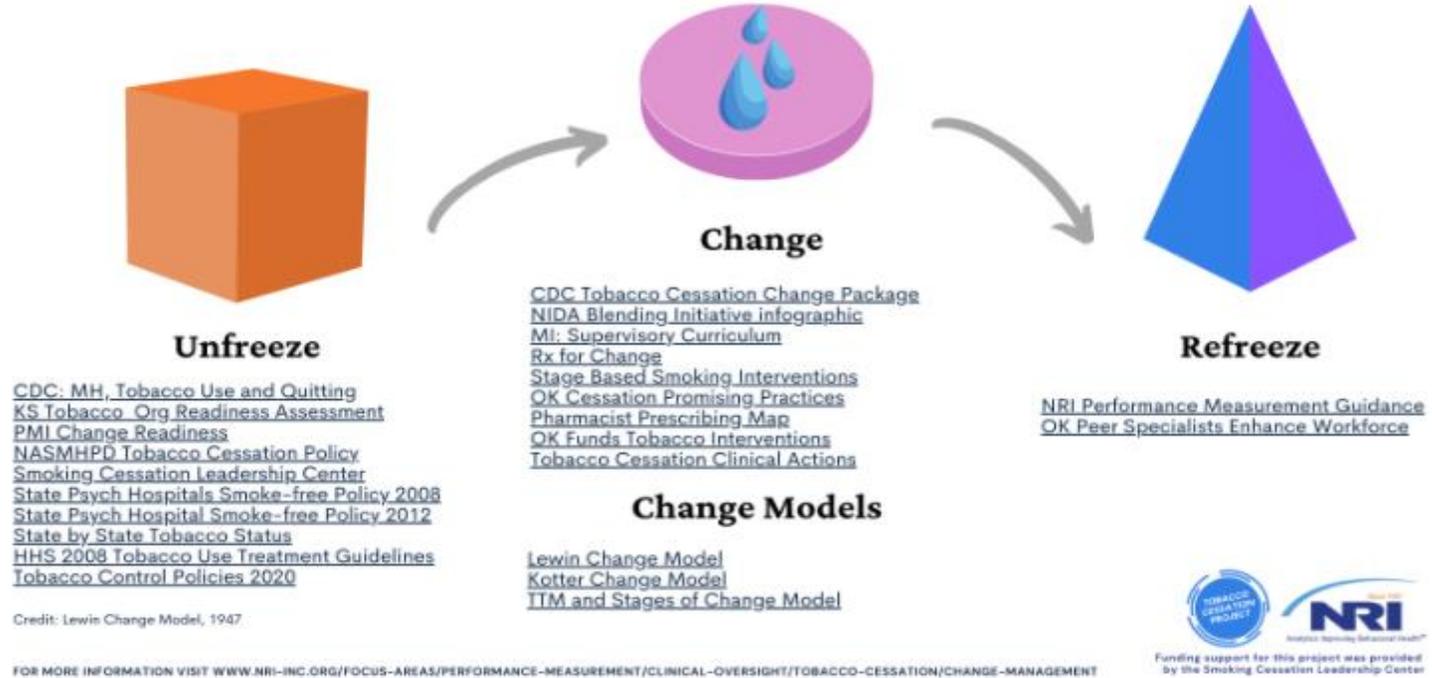


Lucille Schacht, PhD, CPHQ
Senior Director Performance
and Quality Improvement
Lschacht@nri-inc.org

CHANGE MANAGEMENT

Tobacco Cessation Change Process

Clinicians endeavor to extend individual client's tobacco cessation gains during inpatient psychiatric hospitalization to ongoing recovery management. Change management theory, coupled with action steps, enable organizational change that can lead quality efforts to have a greater and more enduring impact on tobacco cessation outcomes beyond the point of discharge.



<http://www.nri-inc.org/focus-areas/performance-measurement/clinical-oversight/tobacco-cessation/change-management/>

- **Establishing vision**
 - Clear vision of the future AND strategies for producing needed changes
 - Providing the “why now” case and defining why “status quo is not good enough”
 - Connecting new behaviors with organizational success
 - Dealing directly with resistance
- **Aligning people**
 - Communicating direction in words and deeds
 - Inclusive of all staff who need to be “on-board” with new vision, especially people with power (title, SME, relationships)
 - Creating teams/coalitions that agree with the validity of the vision – serve as role models for other staff
- **Motivating and inspiring**
 - Encourage outside-the-box thinking and approaches
 - Energizing staff to overcome barriers to change
 - Removing obstacles (outdated policies/procedures)
 - Reinforcing/acknowledging basic human needs (rewards, recognition, respect)

IDENTIFY AREAS FOR IMPROVEMENT

- Transition record provided to patient and next provider – is tobacco use clearly identified as an issue?
 - 86% of facilities indicate it is documented
 - 62% of facilities recommend continued evidence-based counseling for at least one month after discharge
 - 43% of facilities provide prescription for tobacco cessation medication
 - 59% of facilities provide take-home medications (most commonly for only 7 days)
- Most common referral are the Quit Line (55%) and community mental health center (39%)

SYSTEM CHANGE INTERVENTIONS

- Conduct a self-assessment of your readiness for change (see example from Kansas)
- Provide clear evidence of current risk (prevalence of tobacco use) and effective interventions (see example from Georgia)
- Couple efforts that easily align, for example a change in the EHR documentation and adding resources as visible options for the clinical staff (eg Quit Line added to the Discharge Plan) (see example from Illinois)
- Imbed in a whole health or integrated care re-visioning of the department (see example from Oklahoma)

BENCHMARK OR GOAL

- Benchmark, by definition, is the best performer on a measure
 - Perfect performance is not required
 - Assumed that the processes used to achieve the best performer status can be clearly stated and replicated
- Goal is a value statement of the desired target value on a measure
 - Perfect performance is not required
 - Assumed that goal is achievable within a specified time period
- Measuring achievement of benchmark or goal
 - Incremental movement
 - Within X% of benchmark
- Monitor impact of local change and share results so that other providers can benefit from your experience – this is how we build knowledge base on best practices

RECOMMENDATIONS

- ✓ While more disciplines are involved in the “interventions,” there could be more use of peer providers, Art/Rec/OT, and mental health aide/tech
- ✓ Request for evidence-based tobacco cessation programs and treatment intervention templates. Evidence of effectiveness of different programs needs to be accessible to the clinical staff. Treatment templates may also support mental health tech, peer support, and other paraprofessionals to deliver effective services.
- ✓ Peer support may be under-utilized. More needs to be known.
- ✓ Tobacco cessation needs to be a priority item. Leadership commitment needs to support staff behavior change (including supporting staff Quit attempts), training in specific tools and techniques, optimizing mental health aides/techs and peer support to provide cessation interventions, collaboration with community providers and state Quit Lines to understand the specific needs of these patients.

- Look at how resources are packaged for uptake across a range of clinical staff. Do not limit to prescribers as other clinical staff have regular interactions with patients and these are excellent opportunities for engagement.
 - See clinical actions and change management info-graphs developed by NRI that bring together resources from a number of experts
 - <http://www.nri-inc.org/focus-areas/performance-measurement/clinical-oversight/tobacco-cessation/change-management/>
- Teach-back model. Stress management. Relapse triggers and response. Yoga. Meditation. Training patients to use medication differently post discharge than while a patient. Contact calls and appointment setting prior to discharge with Quit Lines.
- Commit to action (change) that is well defined and measured. Share the learning. There is no single best practice. We need research to systematically track interventions/ approaches used and if this impacts willingness to continue Tobacco cessation post discharge and ongoing cessation after IPF stay.

LEARN MORE

<https://www.nri-inc.org/focus-areas/performance-measurement/clinical-oversight/tobacco-cessation/>



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 *1.0 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 # 185418000.

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.

Free 1-800 QUIT NOW cards

Take Control

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



- **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.
- Visit CABHWI.ucsf.edu for more information

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!

Save the Date!

SCLC's next live webinar is co-hosted by ATTUD and will be on, ***e-Cigarettes with Dr. Nancy Rigotti***

- **Monday, June 21, 2021, 1-2 pm EDT**
- Registration will open soon!



Contact us for technical assistance

- Visit us online at smokingcessationleadership.ucsf.edu
- Call us toll-free at **877-509-3786**
- Copy and paste the post webinar survey link:
https://ucsf.co1.qualtrics.com/jfe/form/SV_6RMsYyNPdS1xr2m into your browser to complete the evaluation

UCSF Smoking Cessation
Leadership Center

National Center of Excellence for
Tobacco-Free Recovery

UCSF

University of California
San Francisco