
Smoking Cessation
Leadership Center



University of California
San Francisco

What Works: Developing Effective Partnerships to Treat Tobacco Addiction in Behavioral Health Settings

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September 23, 2021

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A National Center of Excellence for Tobacco-
Free Recovery

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Disclosures

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Thank you to our funders



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- Please **make sure your computer speakers are on** and adjust the volume accordingly.
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- **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:

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Course meets the qualifications for 1.50 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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- **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!
- Download resources, promote Tips, refer to 1 800 QUIT NOW
- <https://www.cdc.gov/tobacco/campaign/tips/index.html>

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 ICOIDQUIT.org
- We continue to seek and share more stories, particularly from those who represent underserved communities! Please email anita.browning@ucsf.edu if you would like to share a story

Today's Presenter

Heath Holt Hayes, MA

Chief Communications Officer

Oklahoma Department of Mental Health
and Substance Abuse Services



Today's Presenter

Christian Barnes-Young, MS, LPC

Assistant Deputy Director

Division of Community Mental Health
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Today's Presenter

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Presenter

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A National Center of Excellence for Tobacco-
Free Recovery

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- 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 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



State Partnerships

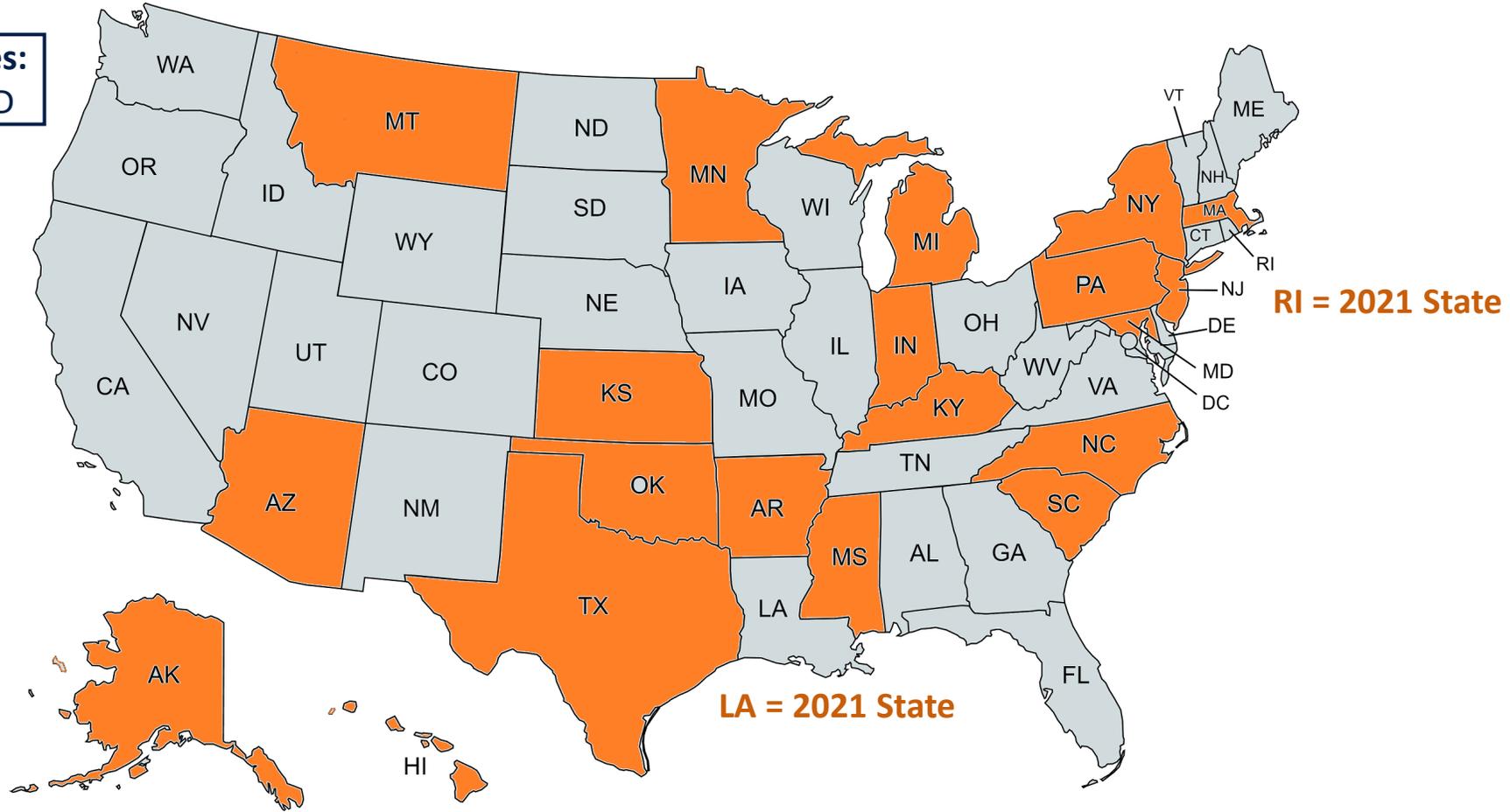
Characteristics

- 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

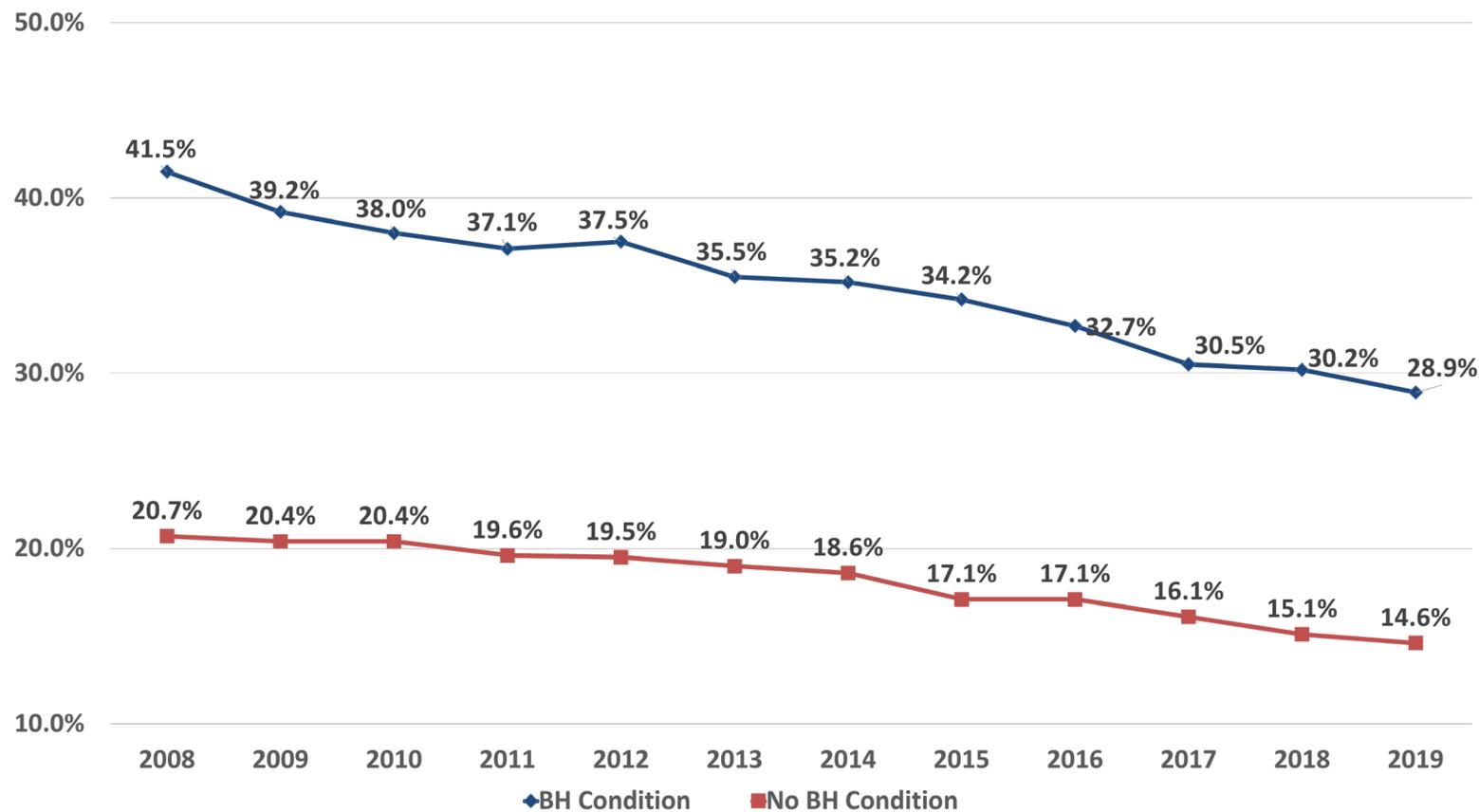


Leadership Academy States to Date

2022 states:
WA and ID

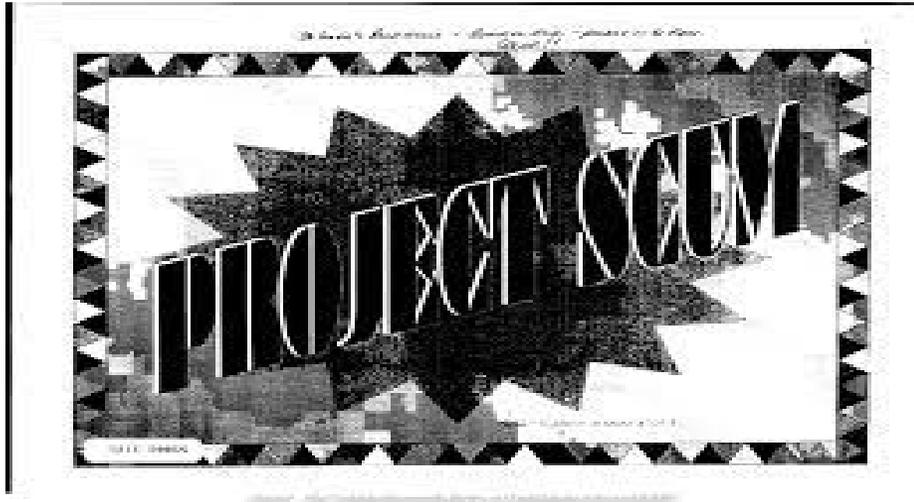


Current Smoking Among Adults (age > 18) With Past Year Behavioral Health (BH) Condition: NSDUH, 2008-2019



Adults with mental health or substance use disorders represent **25%** of the population, but account for **40%** of all cigarettes smoked by U.S. adults

WHY?



- Nicotine is a highly addictive drug
- Industry funded research perpetuating myths
- Target marketing
- Exposure to various trauma (child/adult)
- Delays in accessing care as well as less access to quality care
- Stigma and provider bias –
 - *What's wrong with you? vs What's happened to you?*

IT'S A PSYCHOLOGICAL FACT: **PLEASURE HELPS YOUR DISPOSITION**

How's your disposition today?

EVER FEEL MEAN AS A HOLE? It's only human, when others' misbehavior bothers you. But, remember this psychological fact: pleasure helps your disposition. Everyday pleasures, like smoking for instance, are important. So if you're a smoker, smoke for the most pleasure. That means: smoke Camels!

For more pure pleasure... have a Camel

No other cigarette is so rich-tasting, yet so mild!

They're more people smoke Camels than any other cigarette because Camels give them more pure pleasure! So... choose your cigarette for pleasure. Pleasure helps your disposition. And you need only to try Camels to agree: no other cigarette is so rich-tasting, yet so mild as Camels!

Schizophrenic.



Other low tars are pretty one-dimensional. Dull. But the New Merit is a whole other story: big new taste with lower tar. And that's exciting. In fact, the New Merit has as much taste as cigarettes with up to 37% more tar. Big taste, lower tar, all in one. For New Merit, having two sides is just normal behavior.

204259819

The New Merit. We've got flavor down to a science.

SURGEON GENERAL'S WARNING: Quitting Smoking Now Greatly Reduces Serious Risks to Your Health.

Source: <http://industrydocuments.library.ucsf.edu/tobacco/docs/txgl0019>

P R O G R E S S



OKLAHOMA: All state-operated behavioral health services facilities were impacted by a February 2012 Tobacco Free Workplace executive order.



NEW YORK: 22 out of 24 behavioral health campuses are tobacco free; this policy is expected to become systemwide soon for all state-operated campuses.



TEXAS: 18 local mental health authorities have adopted a 100% tobacco-free campus policy.



NORTH CAROLINA: As of July 1, 2014, the use of tobacco products, including e-cigarettes, was prohibited anywhere on the grounds of state-operated healthcare facilities.

Maryland Tobacco Quitline Posters



States Are Reaching—and Surpassing!—Their Targets

MARYLAND:

Smoking prevalence for people with M/SUDs



—even lower than the original target of 57.44%!

Between FYs 2013 and 2014, the number of callers to the quitline increased

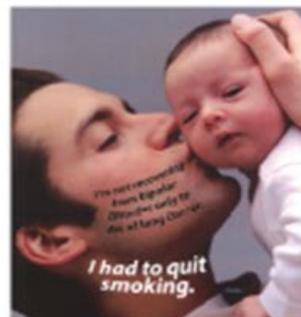


for callers with behavioral health issues (including people with SUDs)



for behavioral health callers (excluding callers with SUDs).

Source: Maryland Leadership Academy information obtained by the SCLC.



OKLAHOMA:

Self-reported smoking prevalence for consumers with SUDs



—even lower than the original target of 60%!

The state's national ranking in adult smoking prevalence dropped



Provider referrals to the Oklahoma Tobacco Helpline increased



Source: Oklahoma Leadership Academy information obtained by the SCLC.



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**)

Indiana

- 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**

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A Culture of Wellness



Oklahoma's Tobacco Cessation Journey

SCLC LIVE WEBINAR 2021

PRESENTED BY HEATH HOLT HAYES



OKLAHOMA
Mental Health &
Substance Abuse

RECOVERY

re·cov·er·y
noun

Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential.

Recovery Support Cornerstones



Health - overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.



Home - having a stable and safe place to live.



Purpose - conducting meaningful daily activities and having the independence, income, and resources to participate in society.



Community - having relationships and social networks that provide support, friendship, love, and hope.

8 Dimensions of Wellness Framework

EMOTIONAL

Coping effectively with life and creating satisfying relationships.

FINANCIAL

Satisfaction with current and future financial situations.

SOCIAL

Developing a sense of connections, belonging, and a well-developed support system.

SPIRITUAL

Expanding our sense of purpose and meaning in life.

OCCUPATIONAL

Personal satisfaction and enrichment derived from one's work.

PHYSICAL

Recognizing the need for physical activity, diet, sleep and nutrition.

INTELLECTUAL

Recognizing creative abilities and finding ways to expand knowledge and skills.

ENVIRONMENTAL

Good health by occupying pleasant, stimulating environments that support well being.



Adapted from Swarbrick, M. (2006).
A Wellness Approach. Psychiatric
Rehabilitation Journal, 29(4), 311-314

Priming the Organizational Culture



Culture of Wellness Assessment

- Self-Management Language and Messaging
- Organizational Wellness Programing
- Person-Centered Wellness Programing



Workforce Development

- PRSS Continuing Education
- Wellness Coach Credential



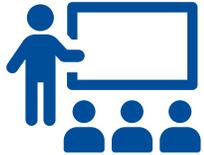
Wellness Champion Network

- Community Connections and Resources
- Organizational Policies & Enforcement

A Systems Change Approach



Interagency State Plan developed, adopted & disseminated (**FY12**).



Statewide trainings about wellness integration and tobacco cessation plan.

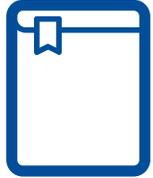


Tobacco-Free policy requirements for state-funded agencies.



Required state-funded behavioral health agencies implement the “5 A’s” and refer consumers who use tobacco to the State Quitline.

A Systems Change Approach *cont.*



Required state-funded behavioral health agencies to include Tobacco Use Disorder (TUD) in treatment plan when appropriate and encourages Peer Support as an intervention **(FY21)**.



Required state-funded behavioral health agencies to track number of consumers referred to the Quitline and increase proportion each year.



Tobacco-Free workplace policy requirement expansion.



Gap Nicotine Replacement Therapy (NRT) Project launch for residential, crisis and inpatient programs **(FY18)**.



GAP NRT Project

Nicotine Replacement Therapy

Gap Nicotine Replacement Therapy (NRT) Project



Started in 2017, the Gap NRT program was introduced to residential treatment facilities, inpatient, and crisis centers to assist in helping consumers quit tobacco use.



Clients who screen positive for tobacco use are referred to the Oklahoma Tobacco Helpline to receive quit counseling and Nicotine Replacement Therapy.



Once referred to the Helpline, NRT can take up to two weeks to be dispersed to the client.



Funded by TSET, this program allows for treatment facilities to purchase and disperse NRT to the client immediately (thereby eliminating wait time and “bridging the gap”) and be reimbursed for their purchase.

Gap Nicotine Replacement Therapy (NRT) Project

Goals of this project



Improving the ability of Crisis/Inpatient and RTPs to integrate tobacco cessation supports into programming.



Increasing the rate of referrals to the Oklahoma Tobacco Helpline.



Continuing cessation successes from one level of care to the next.



Increasing the long-term rate of abstinence at follow-up.



Eliminating lag time of receiving NRT following discharge.

Program Success!

Program Successes



The Gap NRT program has seen considerable success in helping individuals reduce or quit tobacco use.



Total Unique NRT Clients: **2,032**



NRT Clients who Reduced or Quit Tobacco Use: **772, 38.0%**



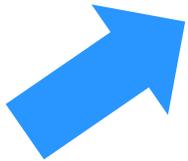
NRT Clients who Quit Tobacco: **642, 31.6%**

Data from 2019

Program Successes *cont.*



In FY19, the Gap NRT Program increased Helpline referrals (+193%) and Helpline enrollments (+202%) between baseline and Follow-Up from pilot sites (n=14).



Additionally, there was an increase in the number of consumers receiving gap NRT through the project from 821 in FY18 to 3,120 in FY19.

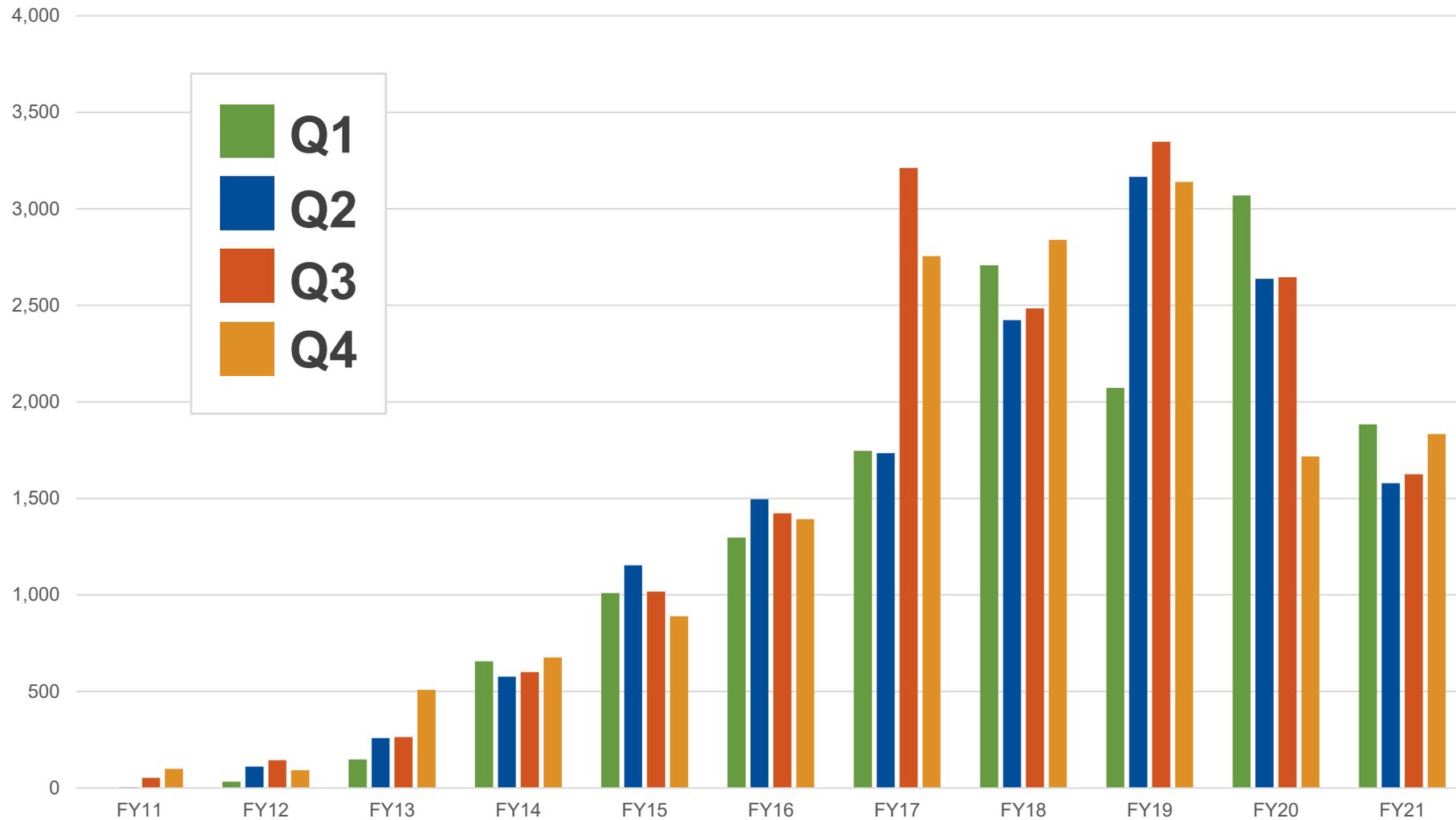


Starting with only a handful of sites, the project has expanded to all appropriate residential, crisis, and inpatient centers across the state.



A more robust evaluation is currently taking place in order to determine updated quit rates of those in the program.

Oklahoma Tobacco Helpline Referrals



Outcome Overview



Oklahoma has the highest proportion of behavioral health treatment agencies in the U.S. that:

- Offer cessation interventions
- Refer to the State Quitline
- Prescribe non-nicotine cessation medications
- Provide tobacco-free campuses

	Substance Use	Mental Health
• 2011:	77%	71%
• 2012:	63%	59%
• 2013:	58%	54%
• 2014:	56%	49%
• 2015:	56%	48%
• 2016:	53%	46%
• 2017:	47%	42%
• 2018:	52%	44%
• 2019:	53%	45%
• 2020:	55%	44%
• 2021:	56%	43%

QUESTIONS?

THANK YOU!

Heath Holt Hayes, C-PRSS, MHR, MA

Chief Communications Officer

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South Carolina
Department of Mental Health

DMH

“What Works: Developing Effective Partnerships to Treat Tobacco Addiction in Behavioral Health Settings”

Christian Barnes-Young, MS, LPC, Assistant Deputy Director,
Division of Community Mental Health Services,
South Carolina Department of Mental Health

In partnership with



Smoking Cessation
Leadership Center



Challenges & Solutions for Community Mental Health Centers Becoming Tobacco Free Facilities

Gaining buy-in from staff can be more challenging than gaining compliance from patients and stakeholders

- Champions are critical to the success
 - At least one champion should be a senior leader
- Take a strategic approach to the transition that includes:
 - Public Health partnership
 - Timeline—at least six months
 - Gain input from patients, employees, and community partners
 - Professional signage and promotional material
 - Education on the benefits of tobacco free facilities
 - Develop a policy modeled after successful trailblazers
 - Plan for enforcement through reinforcement
- Celebrate success!

Challenges & Solutions for Community Mental Health Centers Becoming Tobacco Free Facilities

Compliance with tobacco free policies is more of a fear than reality

- Tobacco free campuses are the norm and patients have come to expect them from healthcare agencies, social services, schools/universities
- Provide tobacco recovery services and NRTs to encourage compliance
- Address isolated incidents with non-confrontational reminders
- Provide incentives for employees to quit
- Use progressive discipline policies sparingly but consistently with employees with who struggle with tobacco recovery and violate policy
- Celebrate success!

Nicotine Replacement Therapies Improve Participation & Results in Tobacco Recovery

- NRTs are safe!
- They are nicotine *replacements*, not additions
- It is nearly impossible to replace with NRTs the amount of nicotine a pack-a-day smoker consumes by cigarettes
- NRTs are a cost-effective way to incentivize tobacco recovery services
- NRTs may be the incentive a smoker needs to participate a billable tobacco recover services
- Public Health partners may be able to provide NRTs at no cost
- Providing a week's supply encourages participation in the following service

Nicotine Replacement Therapies Improve Participation & Results in Tobacco Recovery

- Use a variety of NRTs—patches are good for a consistent dose of nicotine while gum/lozenges are ideal for cravings
- Giving business card size instructions that can be kept with the NRTs reinforces appropriate use
- Combining NRTs with evidenced-based tobacco recovery services and cognitive behavioral therapy is a best practice
- Carbon monoxide breath analyzers are great additions to tobacco recover services—patients love to see the numbers go down!
- Celebrate success!



Recovery Works!

Be persistent and celebrate success!



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Indiana
Department
of
Health

**“WHAT WORKS: DEVELOPING
EFFECTIVE PARTNERSHIPS TO
TREAT TOBACCO ADDICTION IN
BEHAVIORAL HEALTH SETTINGS**

**–
SCLC LIVE WEBINAR**

INDIANA PRESENTATION:

PARTNER ROUNDUP! – EXPANDING TOBACCO
CONTROL EFFORTS THROUGH ENGAGEMENT
AND COLLABORATION

Presenter: Regina Smith, MS

Director of Health Systems and Cessation,
Tobacco Prevention and Cessation Division

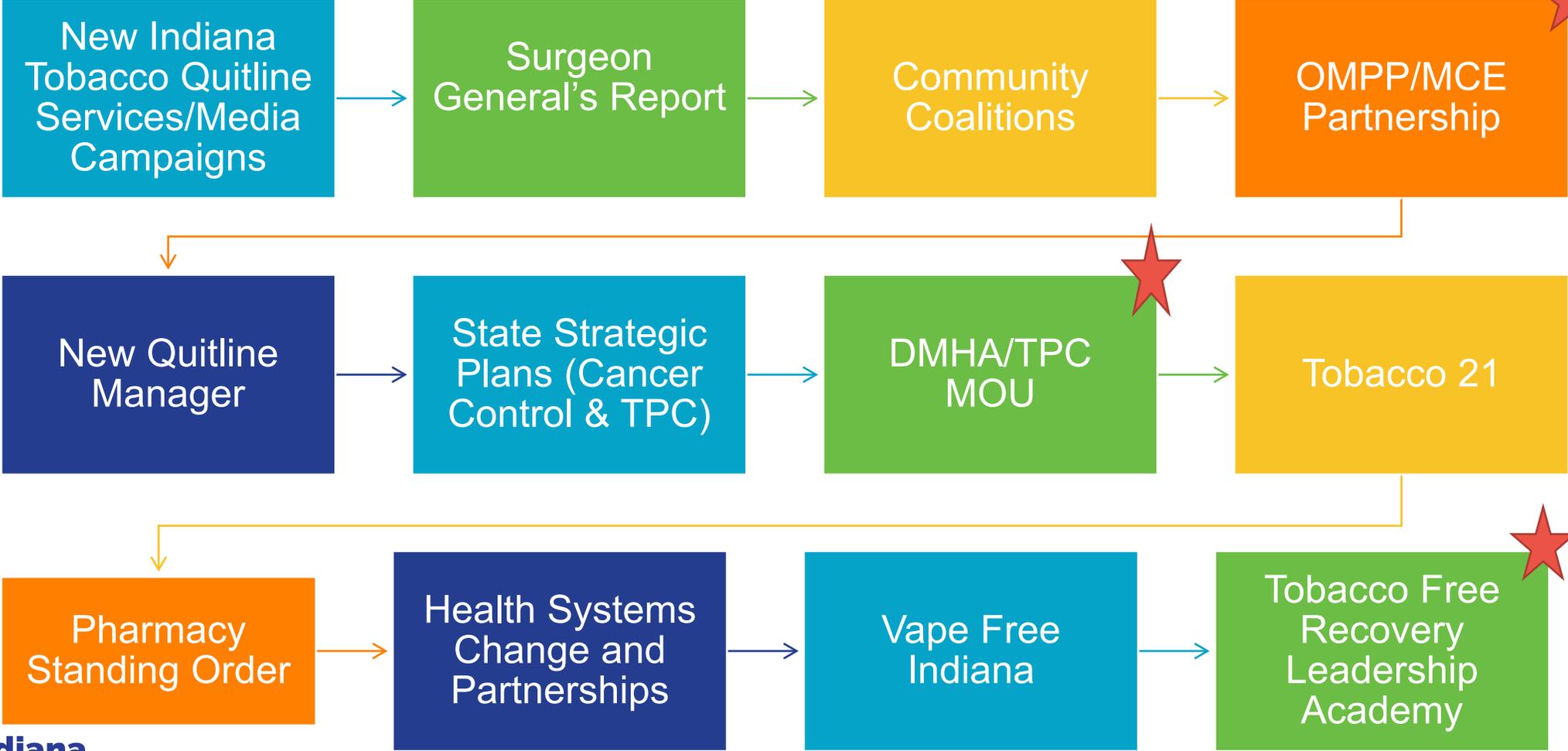


Tobacco Prevention and Cessation Funded Counties 2021-2023

- Funded
- Not Funded
- Additional Funded Partners



Indiana Tobacco Cessation Strategies



Indiana Tobacco Free Recovery Leadership Academy

Provider Education

Policy Advocacy

Data

Expanding to Health Systems and
Primary Care Clinics

Highlights from the Indiana Tobacco Free Recovery Academy

- “Make the Case for Tobacco Treatment” presentation to behavioral health providers
- One-page tobacco-free recovery sharable tool
- Provider case study template
- Inter-department exploration of data usage
- Recruitment guide
- Review of DMHA Provider Contract Language
- DMHA MOU
- Expanding Partnerships
- Initial Summit 2019/Reconvening 2020
- Statewide Tobacco Free Recovery Conference 2022



Communicating the message



Indiana
Department
of
Health

Tobacco Use – The Elephant in the room

Picking your battles



First, the conversation begins with you



Pushbacks and Roadblocks to Engagement

WHY SHOULD WE CARE?

OTHER PRIORITIES, WE DON'T HAVE TIME

Pick your battles. Let them have something...

WE DON'T WANT TO SCARE THEM AWAY!

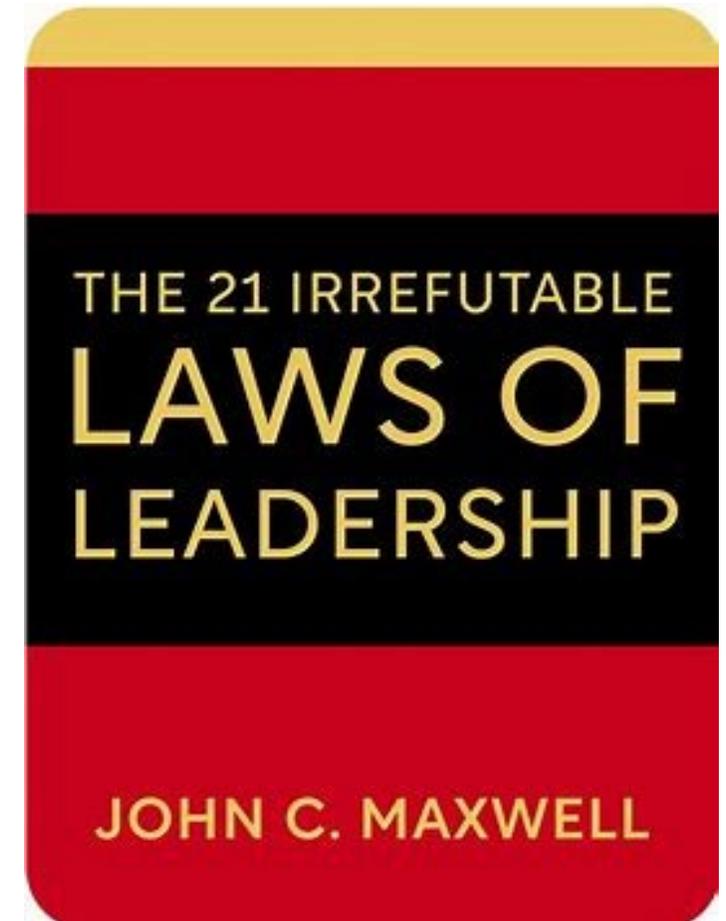
IT'S LEGAL!

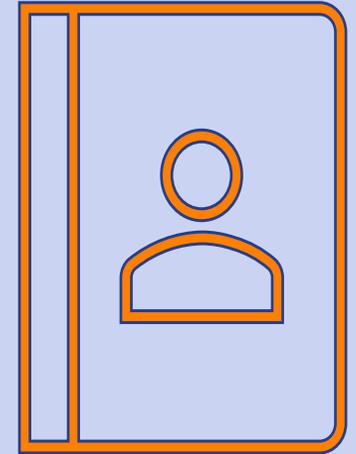
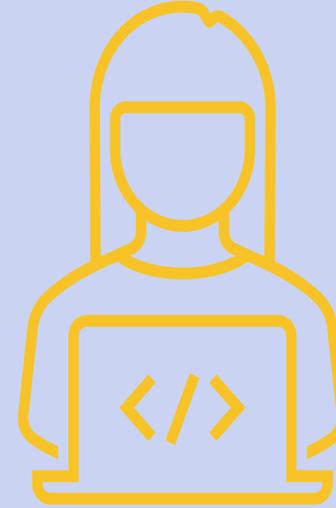
OUR STAFF SMOKE

Personal Approach to engaging others:

To understand the science of communicating effectively, I prescribe to the following concepts when engaging partners, recruiting champions and seeking common ground:

1. Law of Connection
2. Law of Buy-in
3. Law of Influence
4. Law of Navigation
5. Law of Process





Engaging Indiana Medicaid & Managed Care Entities (Indiana Health Plans)



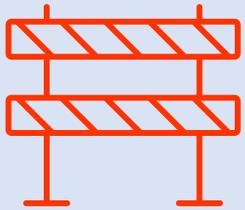
**Indiana
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AIM/GOAL



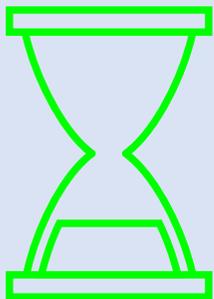
WORKGROUP
FORMED



BARRIERS/
NEEDS
IDENTIFIED



ASK



WAIT
PATIENCE



CELEBRATE
WINS

Process towards change

Medicaid Reimbursement
and Coding changes for
tobacco dependence
treatment

Who can bill for tobacco dependence treatment services?

Before Changes

- Physician
- Psychologist
- Physician's Assistant
- Pharmacist
- Nurse Practitioner
- Registered Nurse
- Optometrist
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Mental Health Counselor (LMHC)
- Licensed Clinical Addictions Counselor (LCAC)

Effective July 1, 2021, Additional Providers

- Dentists
- Certified Nurse Midwives
- Clinical Nurse Specialist

Indiana Medicaid Billing and Reimbursement Changes For Tobacco Dependence Counseling effective July 1, 2021

**CPT Codes:
99406 &
99407**

Unlimited

Removed unit limits on tobacco dependence counseling for billing codes 99406 and 99407. 99406 covers tobacco dependence counseling from 3 to 10 minutes and 99407 covers tobacco dependence counseling greater than 10 minutes.

More Wins!



Dentist Code D1320

Coverage added for Dental (CDT) D1320 to bill for tobacco dependence counseling.

Omit U6 Modifier

Billing modifier U6 for claims using code 99407 is no longer required.

Impact on other codes

*These updates in tobacco dependence counseling will be reflected in the following code tables: Mental Health and Addiction Codes
Telemedicine Service Codes
& Vision Services Codes*

**Remove
Pre-Authorization**

None required. Changes apply to Fee for Services (FFS).

**Remove restrictions
for diagnosis codes**

Removed restrictions to a limited set of primary ICD-10-CM diagnosis codes for billing codes 99406, 99407, and D1320

MCE Engagement: System-wide identification

How does your system identify tobacco users within the member population?

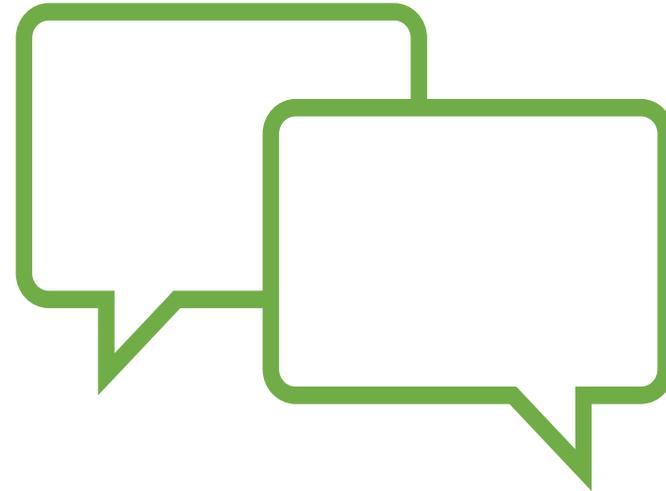
- Does your system ask about all forms of tobacco use? (i.e., cigarettes, cigars, pipe, chew, other tobacco products, Electronic Nicotine Delivery Systems – e-cigarettes, etc.)
- In general, where is tobacco use documented?
- Who (i.e. type of clinic staff) is primarily responsible for asking/documenting patients' tobacco status?



MCE Engagement: Member Cessation Talk

How are staff trained to ask members about tobacco use and engage them in cessation talk?

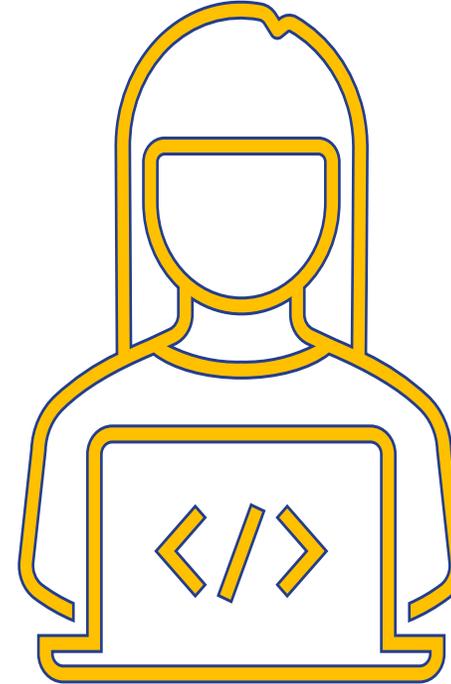
- Assessing Readiness to quit
- Quit materials (i.e.: quit-smoking contract, tobacco use diary, etc.)
- Motivational Interviewing
- Brief Action Planning/Intervention



MCE Engagement: Care Coordination

Describe your referral practices for members who identify as a tobacco user and want to quit? (Do you refer to QL, another resource or both?)

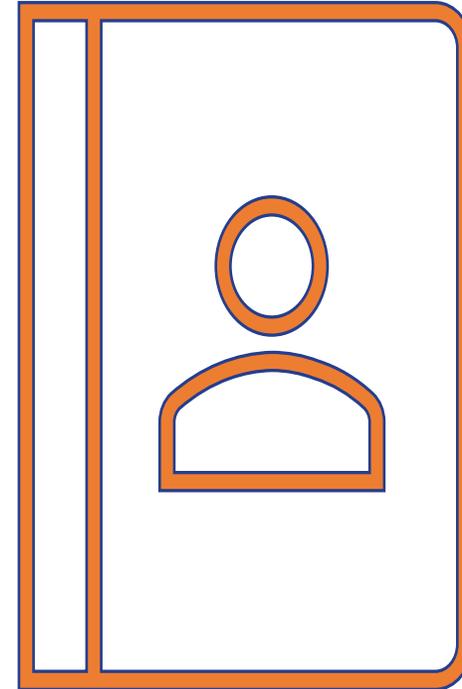
- Is there a QL Referral goal?
- Data Metrics established?



MCE Engagement: Member Follow-up

Share your follow up plan/practice?

- Schedule follow-up visit for counseling with clinic staff/provider
- NRT – Medication Discussion
- Community referral





TPC & Division of Mental Health and Addiction MOU



DMHA Funded: Tobacco Free Recovery Grants

What's Next?

- *Sustainability Grants*
- *RFA released 9/1/21 for new applications*
- *Leveraging DMHA Biennial Survey for potential applicants*

TPC/DMHA 1-Year MOU 2020/2021

31 County Collective Service Impact

5 Behavioral Health and Healthcare Agencies:

- *Addiction provider agency*
- *Faith-based Community Mental Health Center*
- *FQHC and Patient Centered Medical Home*
- *Community Mental Health Center*
- *Community Health Care Center*

4-Tiered Cessation Strategies:

Tobacco Free Grounds, Assessment Practices, Tobacco Dependence Treatment Modality and Integration of Quitline into Electronic Health Record

Partner Highlight – Tier 1/Tobacco Free Grounds

Signage



AD Campaign



Reasons to QUIT

Health
According to the Centers for Disease Control & Prevention tobacco products cause many preventable health problems and lowers life expectancy.

Family
Secondhand smoke exposure causes illness and even death in non-smokers.

Cost
Tobacco products are expensive. For example: A pack of cigarettes in Indiana on average costs \$5.75.

A one pack-a-day habit costs

\$172.50	One month
\$2,070	One year
\$10,350	Five years
\$20,700	Ten years

For more information or to make an appointment, call (800) 342-5653. Bowen Center can help.

Bowen Center started as a non-profit Community Mental Health Center in northern Indiana in 1961. The Center now serves Indiana treating patients in-person, by phone or video conference with emotional health care, substance use treatment and with primary health care clinics located in Warsaw and Fort Wayne, IN.

Bowen Center's dedicated staff provides life-changing care to individuals, children and families. Its expanding range of services includes family therapy, marital counseling, adolescent and children's counseling, autism services, alcohol and substance use treatment, individual and group therapy, skills coaching, hypnotherapy, transitional living, inpatient services, primary health care, and more. The Center accepts many insurance plans including Medicare and Medicaid and uses a sliding fee discount scale for patients that pay privately.

Bowen Center's mission is to strengthen our communities and to improve the health and wellbeing of those we are privileged to serve.

BOWEN CENTER
(800) 342-5653 BowenCenter.org
Indiana Tobacco Quitline: 1-800-QUIT-NOW (800-784-8669)

Breathe Easier

START YOUR TOBACCO-FREE JOURNEY

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Tobacco Products	Tobacco and your Emotional Health	When you quit smoking the health benefits begin almost immediately.
Tobacco = Cigarettes	<ul style="list-style-type: none"> Tobacco Affects Your Emotional Health Tobacco can make Emotional Health conditions worse Tobacco can increase anxiety There is a complex relationship between tobacco, depression and other mental health disorders Tobacco affects your physical health Tobacco reduces effectiveness of some medications Quitting decreases depression, anxiety and stress Quitting helps keep symptoms from returning 	<ul style="list-style-type: none"> 20 minutes after quitting: Your heart rate and blood pressure drop. 12 hours after quitting: The carbon monoxide level in your blood drops to normal. 2 weeks to 3 months after quitting: Your circulation improves and lung function increases. 1 to 9 months after quitting: Coughing and shortness of breath decrease. 1 year after quitting: Your increased risk of coronary heart disease is half that of a smoker. 5 to 15 years after quitting: Your stroke risk is reduced to that of a non-smoker. 10 years after quitting: Your lung cancer death rate is about half that of a smoker. Other cancer risks decrease. 15 years after quitting: Your risk of coronary heart disease is the same as that of a non-smoker.
Cigars	<ul style="list-style-type: none"> Quitting may mean the medications you take can be reduced or even eliminated under your physician's care Quitting can improve mental health and substance use recovery outcomes 	
Pipes		
E-Cigarettes		
Smokeless Tobacco	Start your Tobacco-Free Journey today at Bowen Center.	

Partner Highlight - Tier 2/Assessment Practices

- 17 people were trained and certified as TTS!
- Those people included therapists, skills trainers, and recovery coaches.
- They work with adolescents and adults in substance use and SMI settings.
- Now, they bring their expertise to clients and co-workers.



Summary of Successes

- Billing and Reimbursement Policy Changes with Indiana Medicaid
- 2-Year Funded MOU with Division of Mental Health and Addiction for outreach to behavioral health organizations
- Active Leadership Academy committees
- Providing technical assistance to Managed Care Entities
- Outreach to other state agencies and Indiana Dept. of Health divisions



Indiana
Department
of
Health

Tobacco Prevention and Cessation

Regina F. Smith, MS

Director of Health Systems and Tobacco Cessation

Tobacco Prevention and Cessation

Indiana Department of Health

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Questions?

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 *1.50 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 1.50 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 1.50 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 #185913000.

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 1.50 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

Back to School Webinar Series with Free CME/CEUs



SCLC is offering FREE CME/CEUs for our recorded webinar collections for a total of **29.5 units**.

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

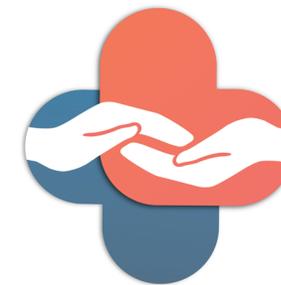
Post Webinar Information

- 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 with the American Society of Addiction Medicine (ASAM) on, *Enhancing Recovery by Addressing Smoking During Addiction Treatment*, with Dr. Brian Hurley, UCLA

- **Tuesday, October 19, 2021, 1-2:00 pm EDT**
- Registration is open!



**National
Addiction
Treatment
Week**

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_aVsl2O4zPZaH0G2 into your browser to complete the evaluation

UCSF Smoking Cessation
Leadership Center

National Center of Excellence for
Tobacco-Free Recovery

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