Tobacco Free Policies and Interventions in Behavioral Health Care Settings

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6/18/19
Moderator

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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.

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Christine Cheng, Brian Clark, Jennifer Lucero, MA, MS, Jennifer Matekuare, Chad D. Morris, PhD, Jessica Safier, MA, Catherine Saucedo, Steven A. Schroeder, MD, Timothy Stacey, LPC-S
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Robert Wood Johnson Foundation

truth initiative
INSPIRING TOBACCO-FREE LIVES

National Behavioral Health Network
For Tobacco & Cancer Control

SAMHSA
Substance Abuse and Mental Health Services Administration
Housekeeping

- All participants will be in **listen only mode**.
- Please **make sure your speakers are on** and adjust the volume accordingly.
- If you do not have speakers, please request the dial-in via the chat box.
- **This webinar is being recorded** and will be available on SCLC’s website, along with the slides.
- **Use the chat box to send questions** at any time for the presenters.
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Visit [CABHWI.ucsf.edu](http://CABHWI.ucsf.edu) for more information.
Tips® Campaign Overview

Free 1-800 QUIT NOW cards

✓ Refer your clients to cessation services
• The California Behavioral Health and Wellness Initiative (CABHWI) helps to create equal access to cessation services for all smokers and tobacco-free recovery in California, specifically those with a behavioral health condition.

• UCSF’s Smoking Cessation Leadership Center provides in-person training, customized virtual training and education through webinars, technical assistance, and social marketing targeting behavioral health agencies, providers, and the clients they serve throughout the state of California.

• Free CME/CEUs are available for all eligible California providers who join SCLC’s live webinars and enduring/recorded (14 units). The access code for CA providers is: CADPH23

• [link: http://CABHWI.ucsf.edu]
Funding opportunities for 3 rounds of up to 15 agencies each serving behavioral health population

- The total amount of funding available is up to $540,000 to fund up to 15 projects at $36,000 each for an 18-month grant period

- Applicants must be residential behavioral health treatment, recovery & rehabilitation services, or other health or social service organizations. Minimum 20 bed residential

- 18 months comprehensive training & technical assistance included to help each cohort agency:
  1) adopt and implement tobacco-free campus policies &
  2) systematically implement evidence based tobacco cessation treatment

- The RFA closes **July 31, 2019**.

- The mandatory letter of intent for potential applicant is due **July 9, 2019** by 5 pm.

- Visit [CABHWI.ucsf.edu](http://CABHWI.ucsf.edu) for link to apply

**Mandatory letter of intent due July 9, 2019!**
Presenter

Chad D. Morris, PhD

Professor of Psychiatry,
University of Colorado- School of Medicine

Director of the Behavioral Health &
Wellness Program
Presenter

Timothy Stacey, LPC-S
Integrated Care Systems Program Manager
Integral Care, Austin, TX
Population Health

Reduce Health Inequity

Better Health

Better Quality

Lower Cost
Creating Healthy Habits

1. Identify Cues
2. Change the Reward Pathway
3. Shape the Environment
Leadership Buy-In

Sustainable Business Model

Values & Mission Consistency

Expertise, Preparation, Resources
Tobacco Free Policy is not Prohibition

“We are developing this policy to provide a healthy and safe environment for employees, clients, and visitors and to promote positive health behaviors.”

“We are not saying you must quit smoking. But we are saying you cannot use tobacco while you are at work. If you are ready to quit, we want to support your efforts.”
Return on Investment

- Facilities
- Staff
- Clients/Patients
- Visitors
A Parallel Process

• Client, visitor, and staff policy
• Client and staff resources
  • Facilities
  • Incentives
  • Medications
  • Peer support
Convene a Wellness Committee

- One of four essential characteristics of effective, long-lasting tobacco free policies
- Identify, recruit, train, deploy, & maintain Wellness Champions
- Opinion leaders- pro & con
Wellness Committee & Composition
Peer Support

“A peer provider is a person who uses his or her lived experience, plus skills learned in formal training, to deliver services in health and public health settings to promote mind-body recovery and resiliency.”

http://www.bhwellness.org/resources/toolkits/
Create a Change Plan

• Begins with a needs assessment
• Identify obstacles to successful implementation
• Three primary activities
  1. Construct a logic model
  2. Build a timeline
  3. Create a budget
The Logic Model

- A systematic and visual way to present and share relationships between resources and outcomes
- Quickly identify resource gaps
- Reinforces a strengths-based approach to organizational change
Timeline

• From Planning to Launch is 6-12 months
• Identify and communicate milestones as a means of measuring and celebrating success
• Provides means to appropriately allocate resources
Budget

• A return on investment (ROI) implies the necessity of an “investment”
• Identify potential costs
• Identify potential resources to mitigate costs (e.g., billing, grants)
• Include anticipated savings
• Consider sustainability
Draft Your Policy

• Rationale for policy
• Complete vs. partial prohibitions
• Combustible vs. other products
• Who is included
• Where the policy is in effect
• Treatment resources
• Alignment with current policies
• Consequences of non-compliance
Inclusion of Electronic Nicotine Devices

Model Language:

“E-cigarettes, electronic vaping devices, personal vaporizers, electronic nicotine delivery systems, or such devices which deliver nicotine or other substances to a person inhaling from the device.”
Clearly Communicate Your Intentions

- Internet, Intranet
- Pay check messages
- Signage
- Letter from leadership
- Pamphlets for staff & clients
- Notice boards
- HR policies and procedures
- Posters and/or banners inside and outside building
- Appointment card announcements
smoke FREE in FC
ANYWHERE ON PREMISES
Build Community Support

- Inform referrals sources and key partners
- Identify which organizations are part of a tobacco-free continuity-of-care
- Helps create a culture of support and recovery
The Health Neighborhood

- Primary Care
- Community Behavioral Health
- Peer Support & Navigation
- Homeless Shelters
- School Systems
- Criminal Justice System
- Neighboring Businesses
- Healthcare Payers
- State & Local Housing Authority
- Public Health

Behavioral Health & Wellness Program
Provide Education

- Behavioral health and nicotine addiction
- Pharmacotherapy and counseling
- Brief screening & assessment tools
- Treatment & discharge planning
- Priority populations
- Community referrals
  - e.g., quitlines
Evidence-Based Guidance

Supplements
• Behavioral Health
• Youth (Ages 11-18)
• Young Adults (18-25)
• Low-Income
• Pregnant and Post Partum

MI Video Modules

http://www.bhwellness.org/resources/toolkits/
Rocky Mountain Tobacco Treatment Specialist (RMTTS) Training Program

- Interactive, 4-day course
- Graduates will leave with the confidence and skills to effectively treat tobacco dependence in any healthcare setting

SAVE THE DATE:
October 14-17, 2019
An organization of providers dedicated to the promotion of and increased access to evidence-based tobacco treatment for the tobacco user

Listserv provides up-to-date discussion and expert information

http://www.attud.org
# Cessation Rates Across Interventions

<table>
<thead>
<tr>
<th>Treatment Format</th>
<th>Abstinence Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaided</td>
<td>4-7%</td>
</tr>
<tr>
<td>Self-Help</td>
<td>11-14%</td>
</tr>
<tr>
<td>Quitline</td>
<td>11-15%</td>
</tr>
<tr>
<td>Individual counseling</td>
<td>15-19%</td>
</tr>
<tr>
<td>Group counseling</td>
<td>12-16%</td>
</tr>
<tr>
<td>Medication alone</td>
<td>22%</td>
</tr>
<tr>
<td>Medication/Counseling</td>
<td>25-30%</td>
</tr>
</tbody>
</table>
Co-Treatment

- Co-Treatment is the only adequate solution
- Bio-psycho-social underpinning are similar
- And unrelated to the age, sex, race and ethnicity, gender identity, or culture
Medication Assisted Treatment (MAT)

• Combination of behavioral interventions and medications to treat substance use disorders

• Highly effective treatment option for individuals with alcohol, opioid, or tobacco dependence

• Reduces illicit drug use and overdose deaths
Launch Your Policy

- Practice day
- Signage
- Enforcement
- Kick-off Celebration
Enforce Your Policy

• Employee and client violations
  – Progressive
  – Aligned with other, already existing policies
• Ensure all employees & clients are aware of procedures and protocols
• Create and practice enforcement scripts
• Consistency is key
Evaluate Your Program

• Evaluation begins during the planning phase
• Conduct regular post-implementation evaluations
• Utilize Plan-Do-Study-Act cycles
Communities of Practice

- Evidence-based guidance
- Peer-to-peer dialogue
- Case-based learning
- Scalability
Tobacco Cessation Workflow

**Front Desk/ Admin**
- Give patient screening form
- Post/place tobacco cessation promotional materials in waiting area
- Fax quitline referral and/or pre-authorizations as needed
- Billing

**Clinician/ Medical Assistant (5A’s Model)**
- Verify screening form & complete tobacco use assessment
  - Current or recent tobacco use
    - Yes
      - Visual prompt on exam room door
        - CO reading or other biometric screening
    - No
      - Consult with physician
      - Discuss sustaining abstinence and healthy living strategies
      - Utilize motivational interventions to address use

- Onsite cessation group and/or individual counseling

- Peer services/Patient navigator

**Physician (2A’s & R Model)**
- Review screening & tobacco use assessment
  - Brief counseling*
  - Rx meds**
  - Follow up appointment set within 1 month

- Collaborative treatment planning
- Pre-authorizations & referrals
- Enter interventions into EHR and/or chart

* See 5As algorithm
** See cessation medications protocol

* Enter interventions into EHR and/or chart

**Behavioral Health & Wellness Program**

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Prepared Practices
Turning Up the Heat

August 2015

May 2016

Rating
- Not currently considering/decided against
- Considering but not actively planning
- Actively planning: 3-6 mo.
- Actively planning: next 3 mo.
- Currently offering
Behavioral Health & Wellness Program

303.724.3713

bh.wellness@ucdenver.edu

www.bhwellness.org
Learning Objectives

• Learn how to integrate tobacco cessation interventions into clinical practice.

• Identify and overcome common barriers experienced during tobacco free policy implementation.
Integral Care’s Tobacco Free Policy

- Integral Care is the Local Mental Health Authority in Travis County (Austin, TX)
- Became 100% tobacco free campus in 2010
- Received Chronic Disease Management Grant from 2013-2016
  - Included the development of tobacco cessation services
  - Tobacco cessation services and trainings have evolved since the initial policy was implemented
Tobacco Use Assessments

• Tobacco Use Assessment (TUA)
  • Independent form in electronic health record
  • All clients receive TUA- regardless of tobacco use status
    • Annually for clients that do not use tobacco products
    • Every 3 months for clients that use tobacco products
    • Every month for clients receiving nicotine replacement therapy from Integral Care
  • TUA assesses:
    • Current tobacco use status
    • Type/amount of tobacco used
    • Previous quit attempts
      • How many times/what modalities have you used in the past?
    • Readiness to quit
Access to Cessation Medications

• Nicotine replacement therapy (NRT)
  • At Integral Care – NRT is available at no cost to all clients over the age of 18 who wish to quit tobacco
  • Patches, gum lozenges- available through the pharmacy
  • Electronic nicotine replacement therapy voucher
    • Two weeks of NRT provided at each encounter
    • Staff must have completed tobacco training to complete vouchers
    • Staff must document tobacco education provided at completion of voucher
    • Voucher “final approved” by psychiatrist
Access to Cessation Medications

• NRT access- Integral Care includes purchasing of NRT in annual budget
  • Other ways to access NRT
    • Quitline
    • Community Partners
    • Grants
  • Referrals to psychiatrist for prescription medications
    • Chantix/Wellbutrin
    • Staff may accompany clients to psychiatric appointments
Tobacco Cessation Resources

• Tobacco Cessation resources easily available to staff
  • Online resource library
    • Quit plans
    • Identifying triggers
    • What happens when you quit smoking
    • I am not ready to quit but...
  • Wellness groups
    • Higher attendance with groups that focus on health/wellness, which includes tobacco cessation
  • CO Monitors
Tobacco Cessation Interventions Into Clinical Practice

• Training
  • Integral Care has 4 hour Tobacco Cessation Intervention Training- offered quarterly
  • Diverse training appropriate for all staff
  • Refresher training available online

• Topics Covered in Training
  • Tobacco use and serious Mental Illness
  • Tobacco use/prevention for children and adolescents
  • Tobacco use for individuals with intellectual and developmental disabilities
  • Tobacco use and psychiatric medications
  • Tobacco cessation medications
  • Assisting with quit attempts
  • Documentation of tobacco cessation services
Barriers to Tobacco Free Policy/Services

- Individuals continuing to use tobacco on tobacco free campus
  - Signage
  - Opportunity to provide intervention vs “tobacco police”
  - Everyone’s responsibility to enforce tobacco free policy

- Maintaining staff buy in
  - Staff resistant to tobacco free policies/interventions
  - ADKAR Model
    - Awareness for need to change
    - Desire to support the change
    - Knowledge of how to change
    - Ability to demonstrate skills and behavior
    - Reinforcement to make the change last
  - Targeted trainings
  - Obtaining staff buy in is ongoing process
Q&A

• Submit questions via the chat box
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Save the Date

- SCLC’s next live webinar is co-hosted by ACS
- July 31, 2019 at 1:00 pm EDT
- Smoke-Free Housing Project: Early Lessons Learned
- Registration coming soon!
SCLC Recorded Webinar Promotion

SCLC is offering FREE CME/CEUs for our 2016 and 2017 recorded webinar collections for a total of 19.5 units.

Visit SCLC’s website at: https://smokingcessationleadership.ucsf.edu/webinar-promotion for more information.
Contact us for technical assistance

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