National Partnership on Behavioral Health & Tobacco Use

Action Plan

November 5-6, 2018
Hilton Atlanta, GA
Atlanta, GA

Smoking Cessation Leadership Center
UCSF
University of California San Francisco

American Cancer Society
CENTER FOR TOBACCO CONTROL

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Introduction and Background

On November 5-6, 2018, the American Cancer Society (ACS) and its Center for Tobacco Control, in collaboration with the Smoking Cessation Leadership Center (SCLC) at the University of California, San Francisco, held a reconvening strategic planning summit of the National Partnership on Behavioral Health and Tobacco Use. Members included leaders from public health agencies, behavioral health provider associations, federal agencies, advocacy groups, foundations, and health insurance and private companies. New representatives to this year's summit were the American Psychiatric Nurses Association, National Association of Social Workers, the Robert Wood Johnson Foundation, Truth Initiative and the Veterans Administration. The goal of the day and a half summit was to refine, strengthen and create strategies that would continue to drive down the national prevalence of smoking in the adult behavioral health population, eliminate disparities, and identify various process measures.

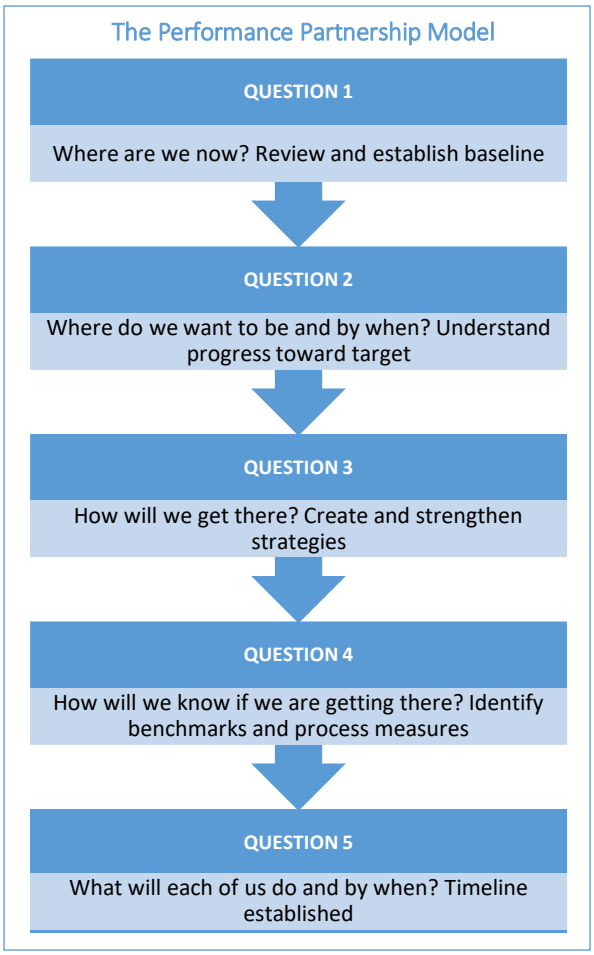
Partners identified accomplishments and revisited original goals outlined in the 2016 National Behavioral Health Summit action plan. Although the group was pleased to see the original target set for 30% by 2020, was nearly reached (30.5%), it was evident that the disparity between the general and behavioral health populations was still a critical issue. This gave way to a deeper discussion and the setting of a new goal to reduce smoking rates among behavioral health consumers and staff nationwide to 20% by 2022, this time with the understanding of eliminating disparities and fostering an environment of cooperation and collaboration among the fields of public health and behavioral health that will serve to improve the physical health and wellness of the behavioral health population.

The first day's discussion focused on e-cigarette use among the adult behavioral health population. It was agreed that more data will be needed to gain a sufficient understanding of whether and how e-cigarettes should be addressed in the context of behavioral health and tobacco use and cessation. (Appendix A).

After a CDC and SAMHSA federal perspective on behavioral health and tobacco use, special guest speaker Rebecca Cox-MacDonald, a former smoker and current CDC Tips spokesperson, inspired the group by telling the story of her journey to becoming smoke-free. By the time she was 18 years old, Rebecca was smoking every day. "Everyone around me smoked," she said. "I was born into a family of smokers." Rebecca used cigarettes to cope with stress and depression but noted, "it only made it worse." Although she had tried to quit on her own without assistance from a provider, it was not until her 50's, when her primary care physician had a compassionate conversation with her about quitting, that she received the help she needed to succeed. Listing her many family members who lost their lives to smoking, Rebecca ended with an important tip for all: "It is never too late to quit."

Rebecca Cox-MacDonald
CDC Tips Spokesperson

Following the guidelines of the Performance Partnership model, Raj Chawla, an expert in results-based facilitation, guided participants through a series of questions that framed the creation of new 2018 action plan. The new plan detailed the baseline, target, strategies and next steps for the partnership and included practical ways to significantly increase tobacco prevention, increase cessation and quit attempts, reduce the tobacco use prevalence among the behavioral health population and ultimately eliminate disparities.



Participating Organizations

- American Academy of Family Physicians (AAFP)
- American Cancer Society (ACS)
- American Cancer Society Cancer Action Network (ACS CAN)
- American Cancer Society National Lung Cancer Roundtable (NLCRT)*
- American Lung Association (ALA)
- American Psychiatric Association (APA)
- American Psychiatric Nurses Association (APNA)*
- American Psychological Association
- Centers for Disease Control and Prevention (CDC)
- National Alliance on Mental Illness (NAMI)
- National Association of Social Workers (NASW)*
- National Association of State Mental Health Program Directors (NASMHPD)
- National Council for Behavioral Health
- North American Quitline Consortium (NAQC)
- Optum
- Pfizer
- Robert Wood Johnson Foundation (RWJF)*
- Smoking Cessation Leadership Center (SCLC)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Tobacco Control Legal Consortium (TCLC)
- Truth Initiative*
- UnitedHealth Group
- University of Wisconsin—Center for Tobacco Research and Intervention
- Veterans Administration

*New Member Organization

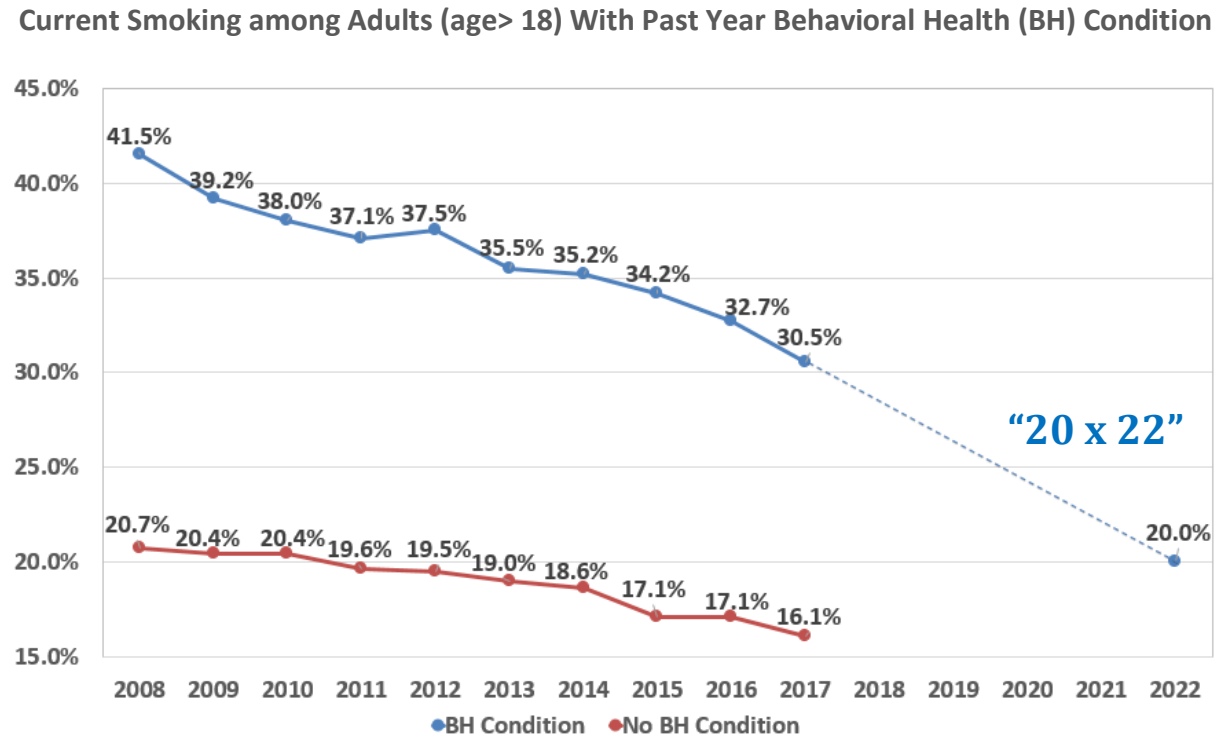
Baseline and Target

Where are we now? Where do we want to be?

	Baseline	Target
Current Smoking Among Adults (age> 18) with Past Year Behavioral Health (BH) Condition	30.5% (2017)	**20% by 2022**

Source: National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Services Administration (SAMHSA), 2008-2017

The National Survey on Drug Use and Health (NSDUH) is an annual nationwide survey based on interviews with individuals aged 12 and older. The survey collects data through face-to-face interviews with a representative sample of the population. NSDUH is a primary source of statistical information on the use of illegal drugs, alcohol, and tobacco by the U.S. civilian, non-institutionalized population. The survey also collects data on mental disorders, co-occurring substance use and mental disorders, and treatment for substance use and mental health problems.



- Due to changes in survey questions regarding substance use disorders in 2015, including new questions on meth and prescription drug misuse, this data is not comparable to prior years
- **Current Smoking** is defined as any cigarette use in the 30 days prior to the interview date
- **Behavioral Health Condition** includes AMI and/or SUD
    - **Any Mental Illness (AMI)** is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, based on the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)
    - **Substance Use Disorder (SUD)** is defined as meeting criteria for illicit drug or alcohol dependence or abuse. Dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of mental Disorders (DSM-IV)

Strategies

How will we get there? How will we know if we are getting there?

The partners continued designing their action plan by brainstorming common strategies that could be pursued in order to reduce smoking prevalence among those with mental illness and/or substance use disorders. All of the strategies established during the 2016 National Partnership summit were included in the action plan. The group re-identified and added strategies to create the following list of strategy themes:

Peer Education

Policy

Service Provider Education and Implementation

Systems Change

Communication

Innovation

Six strategy committees became the focus of the action plan during the summit: **Peer Education, Policy, Service Provider Education and Implementation, Systems Change, Communication, and Innovation**. These primary strategies became the initial focus of the action plan. The **Data and Research** committee was developed at the end of the summit to strategize ways to obtain and develop data on those with behavioral health conditions who smoke and/or use e-cigarettes.

Data and Research

Although **Data and Research** did not become a focal strategy committee during the summit, it was agreed upon by the partnership that this strategy is a key component that needs to be addressed.

- Identify leading health indicators to track (on dashboard)
- Continue funding surveillance
- Fund research into effective interventions
- Consider Internet of Things (IOT) to help harvest data
- Engage NCI/NIDA/NIMH
- Add NSDUH, N-SSATs, BRFSS database links on partnership website
- Make NSDUH/N-SSATs more user friendly
- Share data that helps to inform policy and practice
- Health implications research for best practices (sustainable) & delivery of tobacco use treatment in treatment settings
- Seek additional consultation from Epi's
- Re-identified runs from EMR to show how few BH populations are getting tobacco tratment (NRT, Rx, billing and counseling)
- Point in time survey for high priority Tx system
- Data to understand/measure bias for both providers and users
- Disparity data by: Race, Gender, Subpopulations,
- Monitor: Youth with BH conditions who use traditional or ENDS
- Monitor: ENDS and cessation within BH vs general population (Dual Use)
- Monitor: PATH results (FDA)
- Monitor: Denominator
- Provider behavior (stratified if possible) with toolkit implementation
- Smoking among provider and their level of commitment
- "New" and actionable data to drive practice improvement
- SSI/SSD registry of services lab for rolling out tobacco Tx

Next Steps

What will each of us do and by when?

Timeline

STRATEGY	NOV-DEC 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Peer Education	-Press Release on Partnership **(Nov 2018)** -1st committee call **(Early Dec 2018)** -Re-education Strategy for incoming State Mental Program Directors **(Dec 2018)**	-Resources to continue partnership **(Q1)** -Meeting with public housing organizations **(Q1)** -Meeting with communications committee to coordinate efforts **(Q1)**	-Identify leading health indicators for data group to track **(Q2)**		
Policy		-State of Tobacco Control – ALA **(Jan 2019)** -Medicaid Expansion (ongoing) – ALA **(Jan 2019)**	-National Housing Law Project – HUD talking and listening sessions to vulnerable populations – RWJF Funding **(Q2)**	-Amplifying Surgeon General's Report – Truth **(Spring 2019)**	-NCTOH Ancillary Meeting with this partnership **(Aug 2019)**
Service Provider Education and Implementation	-Each quarterly meeting will provide updates and discuss points of collaboration	-Quarterly call #1 – Discuss what information to share with membership (from Surgeon General's Report),	-Quarterly call #2 – Report out on specifics of what from Surgeon General's Report applies to each organization, plans to address them	-Quarterly call #3 – Review list of provider resources and identify gaps (see if our resources can fill the gaps), work with	-Quarterly call #4 – Final list of provider resources **(Q4)**

		Create Statement **(March 2019)**	and collaborate, opportunity for communication to collaborate **(June 2019)**	communication team on dissemination **(Q3)**	
Systems Change		-Raise Cessation's Profile – "CDC's Year of Cessation" (Jan 2019) -TIPS 2018 **(March 2019)**	-Convene Data Group **(April 2019)**	-Develop and disseminate nursing competencies **(July 2019)**	
Communication	-Press release **(Nov 2018)** -Proposal for NCTOH **(Nov 2018)** -New Steering Committee **(Dec 2018)**	-Proposal for APA Conference (Jan 2019) -Hashtag for partnership **(March 2019)**	-Website **(April 2019)** -Toolkit – Fact sheet, infographic, talking points **(April 2019)** -All partners have done two initiatives by **June 2019**		
Innovation	**2019** Optum - Explore linkages and synergies between Optum behavioral health (BH) and Optum tobacco cessation programs to increase engagement - Identify how the BH teams are training around tobacco at Optum - Explore opportunity with Rally as an example of a digital health platform UnitedHealth group - Explore UHG's partnership with Genoa Health National Council				

	- Define and disseminate Ryan Haight Act changes and its potential impacts on access to prescribing smoking cessation medication to newly-eligible clinical entities - Leverage Certified Community BH Clinics (CCBHCs) to provide evidence-based tobacco cessation supports under a new financial payment model Joint efforts - Research clinical innovations happening around social determinant of: **UHG and National Council** - Research the role and viability of technology and apps within the field of behavioral health, telepsychiatry and telepharmacy for behavioral health populations: **Optum, National Council, Truth Initiative, CDC, UHG** - Disseminate results from Optum Health's behavioral health Quitline offerings to more states and viability within payer/employer market: **Optum, NAQC** - Research non-trickle-down evidence-based interventions: National Council SCLC - Engage Recovery Partners in the National Partnership: **National Council, SCLC**

Governance and the Power of the Partnership

The Steering Committee will help keep lines of communication open between partners and monitor progress. During the initial meeting in 2016, we had asked volunteers from our partnership to join the steering committee. Since then, some representatives from specific organizations left their positions. ACS and SCLC will make recommendations on whom to add to the steering committee by the end of 2018.

ACS and SCLC will revisit the protocol document on how to add members to ensure that it is up to date. The partnership will expand and explore organizations that would be of interest and those that can provide expertise. In the first quarter of 2019, SCLC will send a list of potential organizations to the partnership. Members will vote together to determine which organizations would be most helpful in this initiative.

Additionally, partners discussed simple but effect ways to collaborate as a group.

Low-Cost No-Cost Collaboration Work
Press Release • **ACS/SCLC** to write a press release regarding the collaboration work within this partnership • November is a great time for a press release due to Lung Cancer Awareness Month and ACS 43rd Annual Great American SmokeOut • Completion goal = November 2018, before Thanksgiving holiday • Each organization would still need approval from leadership before disseminating
Surgeon General Report • Surgeon General Report (SGR) will be April of 2019 • **CDC** will prepare talking points from the SGR • The CDC can help draft templates to send out (depending on resources and time) by March 2019 • Enormous opportunity to promote SGR – Press release, Strategy Group, Coordinating the dissemination
Listserv • **SCLC** to help coordinate list servs to disseminate information • SCLC currently has 100Pioneers and ATTUD • Group emails to the representatives from each organization in this partnership
Partner's Conferences and Meetings • **SCLC** to help create a list of national and local conferences

- Partners to attend behavioral health and other partner's conference meetings
- Deadline for NCTOH Abstract is November 2018
- Rebecca, from the CDC Tips Campaign, can be a possible traveling exhibit –**CDC** may be able to help coordinate

Cross Partner Guest Blogging

- Partners can offer perspective from their organizations to present to a public audience

Appendices

Appendix A: Performance Partnership Model Characteristics, Reactions to the Gallery Walk, Data Development Agenda, and E-Cigarettes

Performance Partnership Model – Unique Characteristics

1. Partnership organized around a specific, measurable result
2. Importance of working across silos to make a measurable difference
3. Use existing low-cost or no-cost tools and resources in creative new ways
4. Action plan is created in real-time and is a working document and implementation tool to execute and sustain efforts
5. Strategies created and implemented by everyone in the room
6. Guided by neutral facilitator and supported by table hosts and recorders

Reaction to Gallery Walk
Partnership
Excited to see this group working together. Looking forward to seeing what this group comes up with regarding a new target. We can get there and go even further.
Pleased to see all the contributions over these years and looking forward to seeing more.
Excited to see the diversity of partners.
You know that progress has been made when you see the gallery walk. There is optimism on what like-minded partners can do.
Impressive array of work being done. Love to see where there are overlaps and would like to see potential collaboration.
The breadth of the organizations that have come together. The organizers have done a great job getting the right people in the room.
The gallery walk was impressive because it shows so many different points from different organizations that can touch on this issue.
We are with people that do not normally collaborate with one another.
Excited about the work that has been done.
Impressed with what I saw because it reminded me of family issues related to lung cancer. If they had the information on all of these prevention programs, maybe they would be here today. Impressed with the amount of organizations involved.
Felt that it was an impressive display of important work.
Enjoyed the gallery walk and was stuck on the data. We should integrate it into a document, so we can talk about the accomplishments and disseminate that information. Here in public health, we tend to work in silos, so it is important to have the opportunity to work with other sectors in public health.
There is a lot going on in these organizations that I do not know about. About 30-40% of the partner slides had things I did not know. It was great to get that education.
To the extent that we have seen bigger declines in smoking among those with behavioral health issues, I am interested in working together in those strategies and trying to treat equity in those realms.
The gallery walk was digestible for me. Thinking about how our organization can contribute from a product and coaching perspective.
Saw organizations we have worked with through the years, but most importantly, saw some organizations we have not yet worked with. Excited to see the collaboration.
Hope
Edified and hopeful as we move forward. It all started with the baseline and the data points.

Was not here two years ago, so the gallery walk gave a good feel of what everyone is working on. Impressed with seeing how much has happened. I hope that in two years, looking into the future, we would discuss where we were today, where are we at that moment, and where can we be.
Impact
Impressed with the data and how much each organization has accomplished.
Impressed with how much has happened. Two years ago, we thought on how to tackle this. Seeing the variety of ways that did in the baseline graph, it was exciting to see the change.
Optimistic for tomorrow due to the tremendous progress we made.
Impressive to see all that work that you are doing. Your job is very important to all the various types of smokers.
Concern
Excited by how far things have come, but a bit concerned that the easier part is done.
Still more that we need to know and to do.
We need to be looking at the whole person.
Lack of insurance status with those with mental illness.
Need more clarity on data definitions, but excited to discuss the data with partners who we have not worked with before.
One slide showed that there a lot of opportunities for prevention that we missed and that there are ways we can make a difference and convert those missed opportunities.
The intersection of behavioral health in race, class, and poverty.
Worried about what was not collected in the data walk. There is a danger in risk when getting too comfortable.
Causation Question
Still so much more that we need to do.
We have done a lot in the last two years. The number went down, but the cause it not clear. We would like to think that we had something to do with it, it probably did not hurt, but many other things came out as well. We still have some work cut out for us.
Impressed to see the accomplishments, but we all know that there is much more to do.

Data Development Agenda
Dual use of cigarettes and ENDS in the behavioral health population
ENDS use prevalence in behavioral health – BRFSS
Smoking prevalence of mental health service providers and staff
Percent of mental health providers and staff who still uses smoking as a tool
Smoking prevalence among youth in general population compared to prevalence among youth in behavioral health population (NSDUH)
Tobacco use prevalence among Medicaid population - Gender - Capture before Medicaid expansion stratified by year (in case there are changes to the availability data in the future)
IQOS
Other tobacco product use by BH population
Effective cessation training within relevant clinical provider settings
Tools and strategies for addressing tobacco use among corrections/incarcerated population
Knowledge of tobacco use, health effects for behavioral health providers
A list of strategies and interventions that directly contributed to the BH smoking prevalence reduction
Process measures – evidence-based tobacco medication; delivery model
Effective treatment interventions in MH/SA facilities in 2018
Measurement of partners within integrated care management organizations and their commitment to cessation
Pharmacological and counseling implications
Access to medications for both OTC and prescriptions; confounding regional issues with ACA expansion and coverage
Can the serious mental illness smoking prevalence data be further broken by diagnosis?
Individuals in recovery data – in or out of the data sets?
Clarity on data definitions - Drug use vs addictions - Serious Mental Illness

- Definitions in behavioral health in general
Insurance coverage data

Electronic Cigarettes
Decision: The group agrees that something needs to be done to focus on e-cigarettes. The challenge will be the "what" and the "how". This is a tentative yes as long as the "what" and "how" do not take the group off its primary task Ideas on addressing e-cigarettes within this partnership 1) Data development on safety/health effects 2) Identifying chemicals in aerosol 3) Efficacy in cessation; NRT vs E-cig

Appendix B: After Action Review

What did you do that you want to continue?
Continue the momentum of the National Partnership
Collaborative reporting (CDC, FDA, SAMHSA, NCI)
Capitalize on larger policy initiatives
Medicaid and billing education
Incorporating this work into access to care and advocacy work
Approach that includes all provider types
Stratified Approaches
Coverage and filling the gap – important to address the uninsured
Expand EBI coverage and Tx
Empowering providers to engage around policy and treatment
Reducing prevalence of smoking in providers – currently ~34%
Raising awareness in the industry, about coverage, and about the myths (Eg. Chantix)
Building awareness of people who smoke dying earlier than their peers
Expand Quitline reach, especially with behavioral health populations
State Strategy Sessions - continue working with states on lowering prevalence (18 States completed)
Building on existing data resources (eg. SSI) and adding tobacco education components
Webinars – Smoking Cessation for social workers
55 State Chapters and disseminating resources – created smoking cessation resources
CMS tobacco measure that social workers have integrated into their practice
List servs (eg. 100PIONEERS) – responsive technical assistance
Communication, TTA to the field
Adding data elements (specifically Behavioral Health)

What do you want to change as you move forward?
Modify guidelines/protocol for tobacco treatment
Make awareness and policy more targeted less broadband
Reimbursement for behavioral health providers
Increase level of treatment depending on severity and needs
Representation from PTs and consumers
Focus on wellness and not on smoking as an add on – symptoms and root causes
Social justice advocacy - poverty/other vulnerable populations and SSI
Interconnectedness among organizations
How can we incorporate recovery into the research and discussion?
Identify unique contributions from specific disciplines
Best practices - clearing house
Definition of tobacco treatment (Is Ask, Advise, Refer enough?)
Advocate for Behavioral health CPT codes
Find opportunity for the behavioral health voice
Be sensitive to Behavioral Health population needs in HUD housing
PH response to addiction – including nicotine
Future – SDOH focus with cessation intervention and professional association commitments

Appendix C: 2016-2018 Steering Committee and Supports

Steering Committee and Sponsors for

The National Partnership on Behavioral Health & Tobacco Use

November 5-6, 2018

Steering Committee Organizations

American Cancer Society (ACS)
Smoking Cessation Leadership Center (SCLC)
American Lung Association (ALA)
The National Association of State Mental Health Program Directors (NASMHPD)
National Council for Behavioral Health
Optum