

Tobacco-Free Policy Optimization and Enforcement: Tobacco and Behavioral Health Masterclass



National Behavioral Health Network
For Tobacco & Cancer Control

Monday, April 12, 2021

12:30pm – 3:00 pm ET

Closed captioning:

<https://www.streamtext.net/player?event=PolicyOptimizationandEnforcement>

Welcome!



Tamanna Patel, MPH
Director,
Practice Improvement



Samara Tahmid
Project Manager,
Practice Improvement

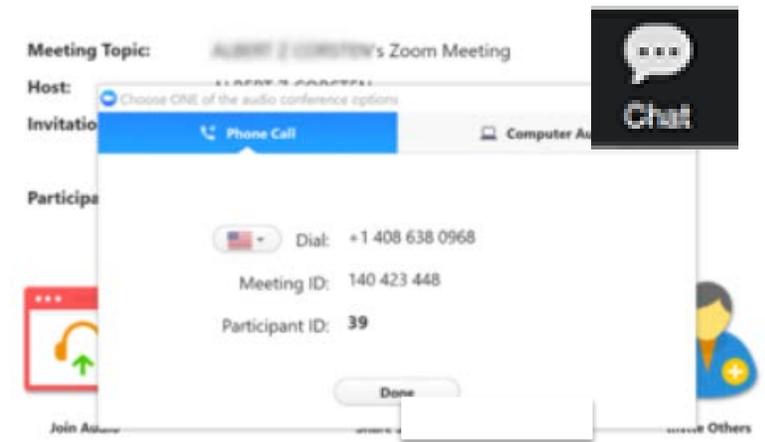


Lauren Wills
Project Coordinator,
Practice Improvement



Housekeeping

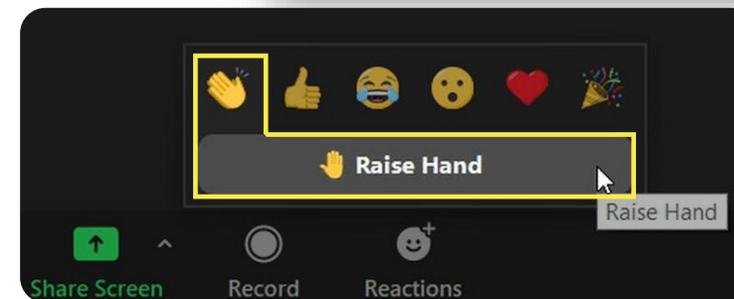
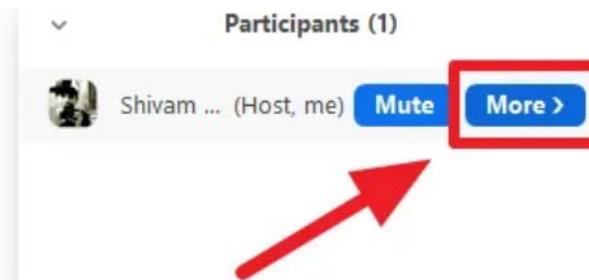
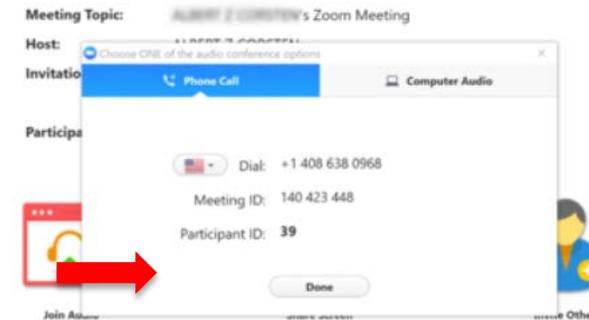
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- For audio access, participants can either dial into the conference line or listen through your computer speakers.
- Submit questions by typing them into the chat box or by using the “raising your hand” feature to unmute when prompted.
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 - <https://www.streamtext.net/player?event=PolicyOptimizationandEnforcement>
- Slide handouts and recording will be posted here:
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4. If you have questions during the meeting, please send them via the **chat box** on your Zoom dashboard, which will be monitored by the meeting facilitators.





National Behavioral Health Network

For Tobacco & Cancer Control

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

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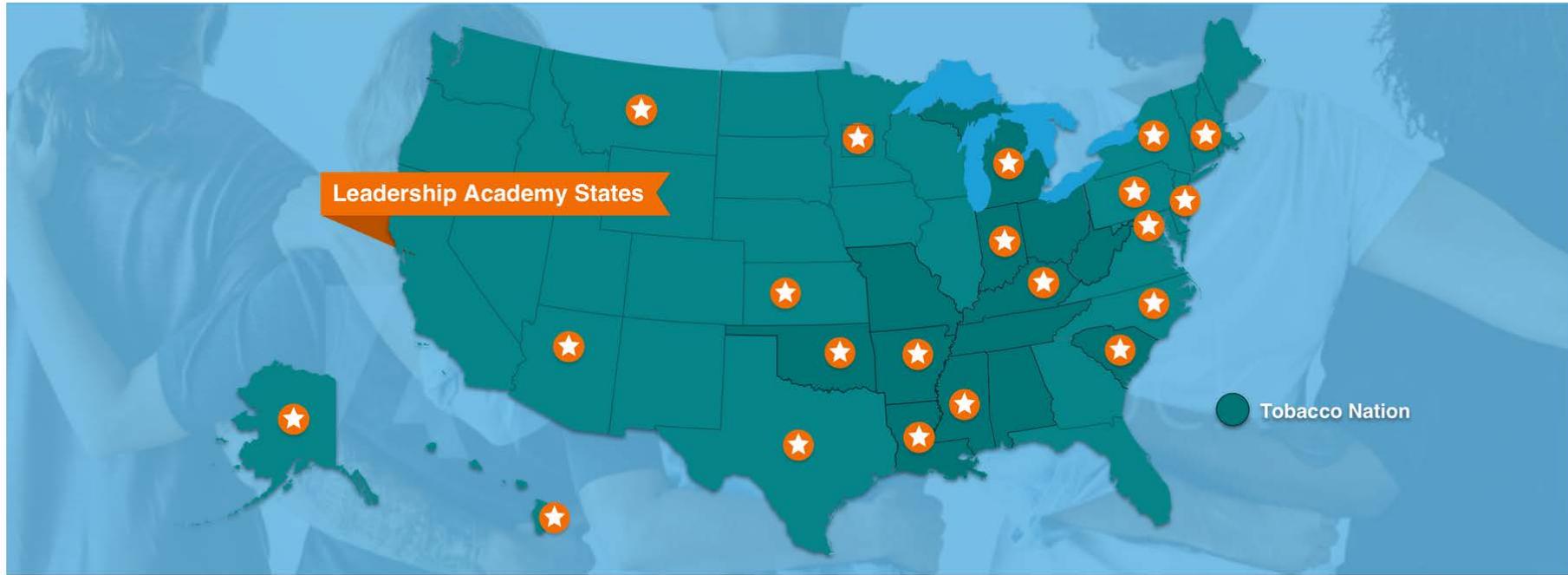


SAMHSA National Center of Excellence for Tobacco-Free Recovery

- The Center of Excellence builds on and expands SAMHSA's efforts to increase awareness, disseminate current research, educate behavioral health providers, and create results-oriented collaborations among stakeholder organizations in an effort to reduce tobacco use among individuals with behavioral health disorders
- Goals of the Center of Excellence are to:
 - **Promote** the adoption of tobacco-free facilities, grounds, and policies
 - **Integrate** evidence-based tobacco cessation treatment practices into behavioral health and primary care settings and programs
 - **Educate** behavioral health and primary care providers on effective evidence-based tobacco cessation interventions



State Leadership Academies



Action Planning Summits to reduce tobacco use and foster tobacco-free living in behavioral health

Visit **TobaccoFreeRecovery.org**
2021 opportunities, trainings and resources

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 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:

Jennifer Matekuare, Chad Morris, PhD, Tamanna Patel, Jim Pavlik, MA, Catherine Saucedo, Steven A. Schroeder, MD, Samara Tahmid, Taslim van Hattum, and Lauren Wills

Learning Objectives

- Distinguish the components, and related activities, of comprehensive tobacco-free policy implementation strategies.
- Assess organizational readiness to go tobacco-free through self-assessment toward creating and sustaining comprehensive policies.
- Practice how to effectively integrate evidence-based treatments (screening, brief intervention, and referral) and workflow models during tobacco-free policy implementation.
- Demonstrate how to effectively enforce a tobacco-free grounds policy.

CME/CEU Statement

2.25 hours of FREE credit can be earned, for participants who join the **LIVE** session, on **Monday, April 12, 2021**. You will receive instructions on how to claim credit via the post webinar email.

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Today's Featured Speakers



Chad Morris, PhD
Director
University of Colorado
Behavioral Health & Wellness Program



Jim Pavlik, MA
Senior Program and Policy Analyst
University of Colorado
Behavioral Health & Wellness Program

CHAT BOX

What thoughts and concerns can you let go of for a few hours to be present with your peers?

This is Your Time!



POLL TIME!

Which of the below best describes the treatment setting in which you would like to implement and/or enforce a tobacco-free policy?



POLL TIME!

What is your primary role at the agency in which you would like to implement and/or enforce a tobacco-free policy?



POLL TIME!

On a scale from 0– 10 how confident are you that you could help your organization design, launch, and sustain a comprehensive tobacco free policy?



Policy Masterclass Objectives

Distinguish

Distinguish components, and related activities, of comprehensive tobacco-free policy implementation strategies.

Assess

Assess readiness to go tobacco-free through self-assessment of ten steps toward creating and sustaining comprehensive policies.

Practice

Practice how to effectively integrate evidence-based treatments and workflow models during tobacco-free policy implementation.

Demonstrate

Demonstrate how to effectively enforce a tobacco-free grounds policy.





Section I

The Fundamentals of a Comprehensive Tobacco-Free Policy

Four Components of a Comprehensive Policy

- **The tobacco free policy itself**
 - Which products are covered?
 - What activities are restricted?
 - Who is covered?
 - What area is within the jurisdiction of the policy
 - When does it take place and for how long does it last?
- **Client-focused tobacco cessation interventions**
 - Services
 - Referrals
 - Follow-up and care management
- **Staff-focused**
 - Supportive policies (e.g., provision of NRT during shifts)
 - Information regarding benefits
 - Education about the policy and its rationale
 - Training regarding new tobacco-related skills, processes etc.
- **Neighborhood Supports**
 - Provide services
 - Build robust referral linkages to and from other services
 - Institutionalize those relationships in formal and informal ways



Organizational Change is Hard

Inertia

- Status quo bias
- Old habits die hard
- Loss of efficiency
- Loss of efficacy (hurts patients)
- Requires new skills
- Threatens established power dynamics
- Doubts about success

Necessary for Take-Off

- A firm rationale for the change (that resonates)
- Acceptance that the change is necessary
- Desire for the change
- Knowledge that the change is possible
- A strategy for accomplishing the change
- Ability to adapt to the change



Why Policies Fail

Lack of planning

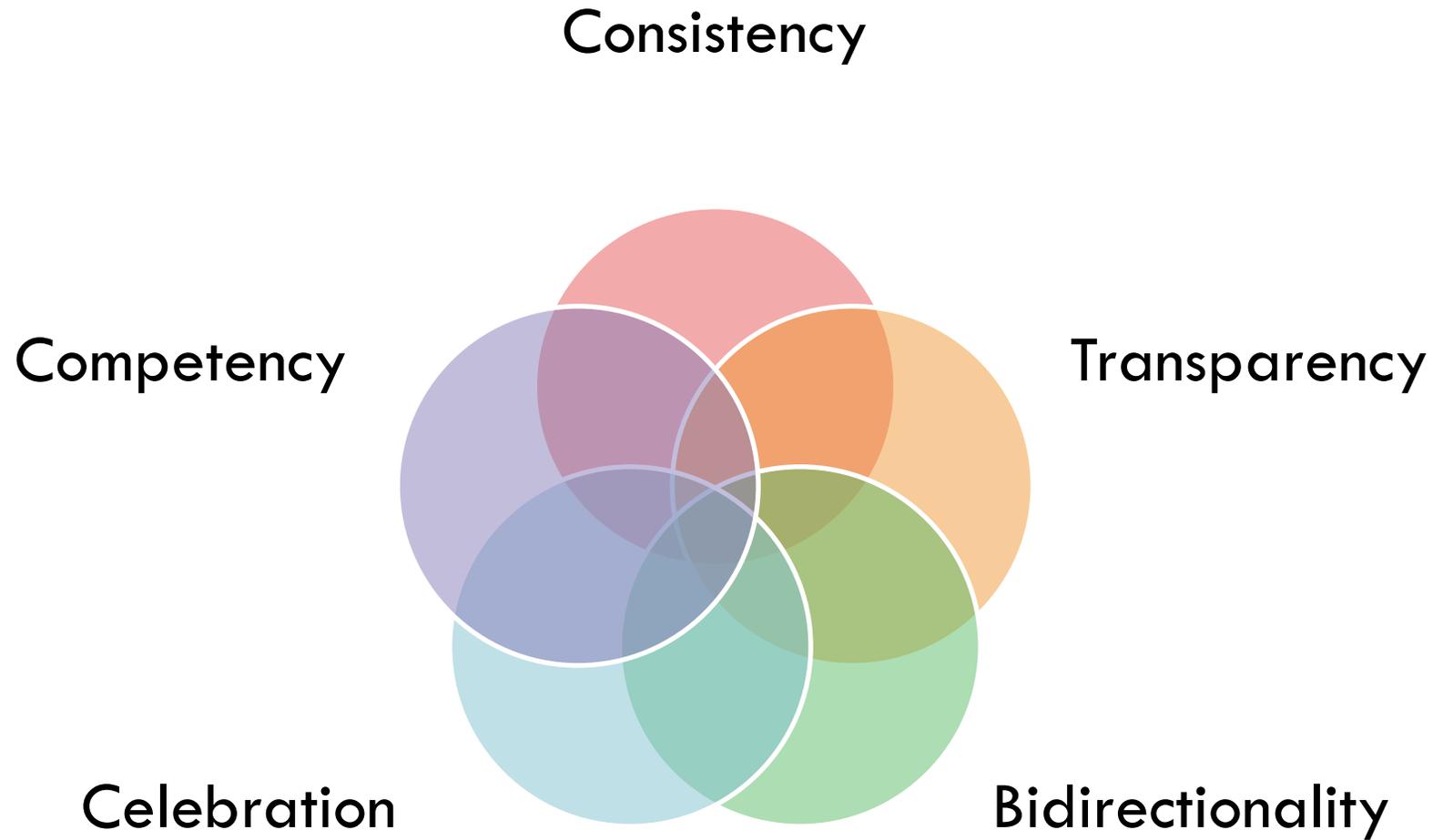
Lack of commitment

Lack of administrative support

Too burdensome



Five Guiding Principles for Sustainable Change





Convene Your Wellness Committee



Provide Education



Create Your Change Plan



Offer Tobacco Cessation Services



Draft Your Policy



Launch Your Policy



Communicate Your Plan



Enforce Your Policy



Build Community Support



Evaluate Your Program





Policy Exercise

What's Missing?

- Our organization is committed to providing a safe and healthy environment for its clients, employees, and visitors.
- The use, distribution, or sale of tobacco, any smoking device, vaporizer, or carrying of any lighted or combustible smoking instrument in building or vehicles is prohibited.
- No tobacco-related advertising or sponsorship shall be permitted on the property. The agency shall not solicit or accept a grand or gift from a manufacturer, distributor or retailer whose principal business is tobacco products.
- The agency encourages clients and employees to stop smoking and promotes prevention and education initiatives that support quitting. Our organizations promotes services to end tobacco use.
- Any smoking break is limited to the 10-minute break period in the middle of each 4-hour work period.



10 MINUTE BREAK

BREAK TIME



POLL TIME!

How long do you think it will take from the first day your Wellness Committee meets to the day you execute (launch) your policy?

If you already have a policy implemented how long did it take?





Section II

Initiating, Integrating and Enforcing Your Tobacco-Free Grounds Policy



Convene Your Wellness Committee



Provide Education



Create Your Change Plan



Offer Tobacco Cessation Services



Draft Your Policy



Launch Your Policy



Communicate Your Plan



Enforce Your Policy



Build Community Support



Evaluate Your Program

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



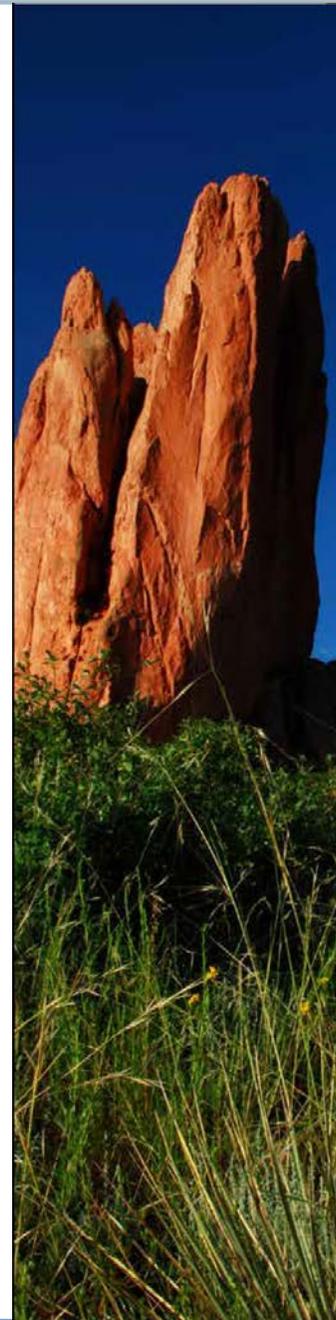
Wellness Committee Composition



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/>



Behavioral Health &
Wellness Program

University of Colorado Anschutz Medical Campus
School of Medicine

DIMENSIONS:
Peer Support
Program Toolkit



Clearly Communicate Your Intentions

- Internet, Intranet
- Paycheck 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



Message Planning

- Recruit Wellness Committee members
- Recruit cessation champions
- Elicit [anonymous] feedback

- Policy draft is available for comment/revision
- Meeting/materials explaining employee cessation benefits through insurance/EAP
- Launch date

- Policy finalized
- Publication of Processes and Protocols Document
- Launch date reminder

- Success stories (staff and clients that have quit)
- Recognition of positive attention
- Reminders of staff and client cessation resources
- Recruit more champions



Create a Change Plan

- Begins with a Needs & Resource 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
- Utilizes and reinforces a strengths-based approach to organizational change



Logic Model



INPUTS/ RESOURCES

What resources do we already have available? What additional items will we need to accomplish our goals?

PLANNED WORK

ACTIVITIES

What activities will we need to perform in order to accomplish our goals?

GOALS

If all activities are performed, what will be accomplished? What evidence will there be that the goals have been met?

OUTCOMES

SHORT

What immediate changes will we perceive? How will we evaluate those changes?

MEDIUM

What changes will we perceive over the following 6 months to a year? How will we evaluate those changes?

LONG

What changes will we perceive over the following 2-3 years? How will we evaluate those changes?

Timeline

- Pick a meaningful start date that is 6-9 months out
 - Great American Smoke Out
 - Valentines Day
 - Independence Day
- Set your initial communication to come out 6-9 months before that date.

Six or Nine Months?

- Anticipated staff readiness
- Establishment of client resources
- Current tobacco-related client "rewards"
- Funding/hiring factors

	Month One	Month Two	Month Three	Month Four	Month Five	Month Six
Convene Wellness Committee	• Identify appropriate members	• Schedule regular meetings	• Attend meetings	• Attend meetings	• Attend meetings	• Attend meetings
Create Your Change Plan	• Complete logic model • Create budget and timeline	• Regularly re-evaluate change plan	• Regularly re-evaluate change plan	• Regularly re-evaluate change plan	• Regularly re-evaluate change plan	• Regularly re-evaluate change plan
Draft Your Policy	• Use <i>Policy Decision Tree</i> Worksheet • Create first draft (or use sample provided)	• Follow <i>Drafting Policy Workflow</i> • Provide policy for review and respond to feedback	• Finalize draft • Distribute policy to employees, clients, neighbors	• Make changes to any organizational documents	• Review all signage, cards or other materials	• Evaluate policy for any changes that need to be made
Communicate Your Plan	• Use <i>Develop Message</i> worksheet • Answer: <i>who, what, where, when, why, & how?</i>	• Determine communication strategies	• Hold townhall meetings	• Continually communicate about process	• Continually communicate about process	• Continually communicate about process
Build Community Support	• Identify neighbors and key partners	• Contact neighbors and key partners	• Invite to townhall meetings	• Provide policy to neighbors & partners	• Participate in national events	• Address any policy issues
Provide Education	• Inform early about changes • Respond quickly to concerns • Garner feedback	• Plan staff meetings/trainings	• Inform staff and clients of final policy	• Train staff on new cessation services and enforcement protocols	• Educate clients on enforcement measures	• Plan for any additional training or education that will be required
Offer Tobacco Cessation Services	• Determine what your agency currently provides for clients/staff	• Determine what your agency WILL provide for clients/staff	• Develop protocols for new/existing services • Develop or obtain handouts of available resources	• Create a workflow • Identify what reimbursement or billing models can be utilized	• Ensure staff is notified and trained	• Implement new services or existing services
Launch the Policy			• Plan a kick-off celebration or information session	• Develop cards/signage	• Hold a practice day	• Post signage and handout cards/brochures
Enforce the Policy			• Develop enforcement protocols	• Integrate enforcement into standard protocols • Develop any needed materials	• Address any new concerns about enforcement after practice day	• Respond and adapt to issues • Assess message and placement of signage and materials
Monitor the Policy	• Develop employee/client surveys (start, midway, launch, & post-policy)	• Conduct pre-policy survey	• Evaluate results	• Conduct midway survey	• Evaluate results	• Conduct launch survey • Evaluate results • Set date for post-launch survey

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



Tobacco-Free Policies

Tobacco-Free Policy is Not Prohibition

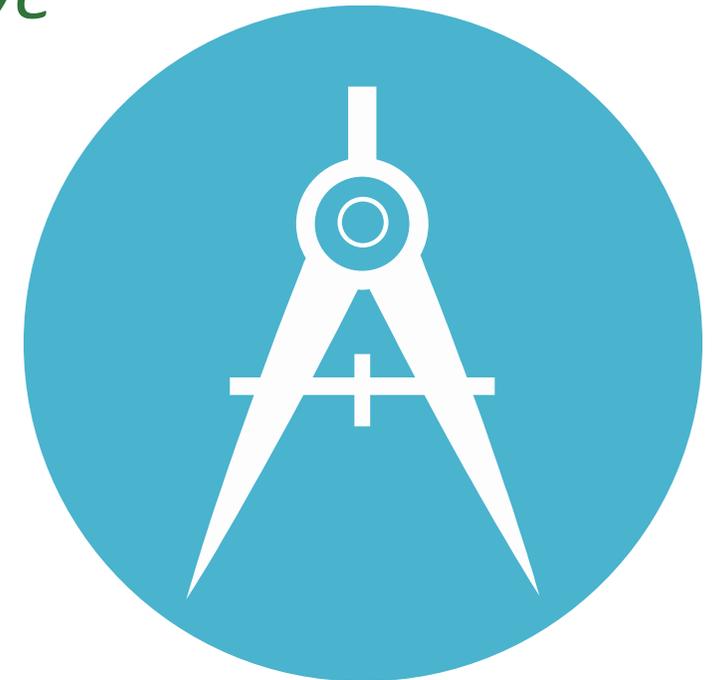
Tobacco users will not be required to quit. However, the policy will ensure that those who wish to continue using tobacco may only do so in a way that does not provide the appearance of diminishing or violating the organization's mission and values.



Sample Language

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

“Tobacco acts as a cue for other drug use and maintains a drug-related coping style.”



Nicotine-Free

Tobacco-Free

Smoke-
Free

Add an explicit
exemption for nicotine
replacement products



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.”

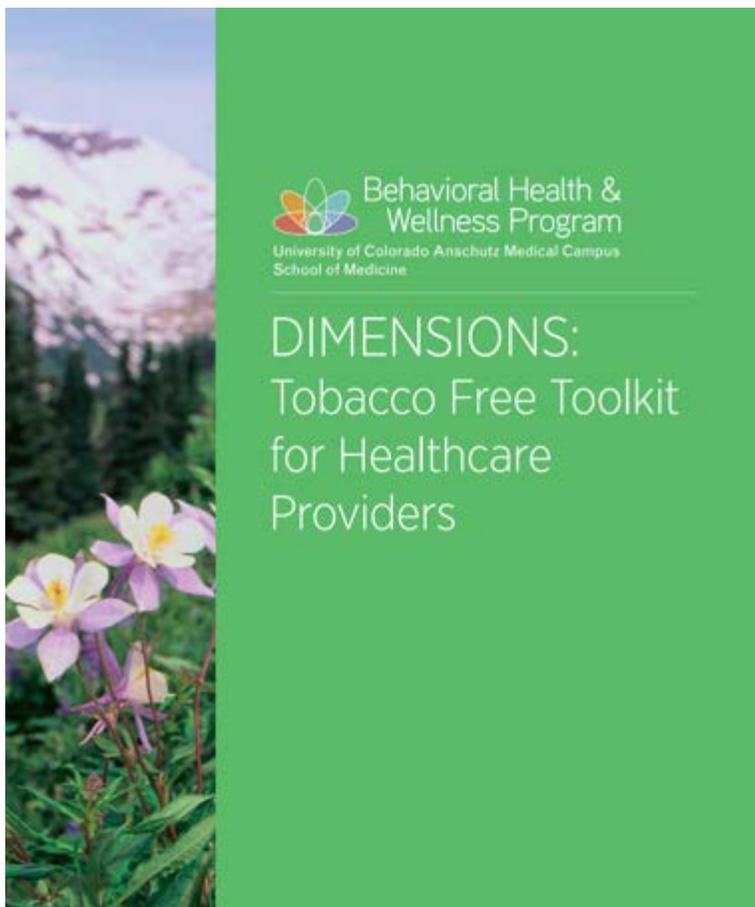


Provide Education

- 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
- Justice Involved
- Pregnant and Post Partum

MI Video Modules

<http://www.bhwellness.org/resources/toolkits/>

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



Evaluate Your Program

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



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



CHAT BOX

What resources does your organization already have to support your comprehensive policy?



CHAT BOX

What do you expect or what has been the most challenging part(s) of enforcing your policy?



A Spotlight on Success



Paul Rude, CEO
Copper River Native Association

<https://www.youtube.com/watch?v=IMilo1UtUPg>



Section III

Making the Case

CHAT BOX

What would be the biggest selling point for a comprehensive policy at your agency?



Make the Case

- “Clients will hate it”
- “Clients will stop coming”
- “Staff will resist”
- “Leadership isn’t convinced”
- “Our neighbors will not tolerate it”
- “Our budget can’t handle it”





Tobacco and Behavioral Health Populations

Persons with behavioral health conditions:

- Are nicotine dependent at rates **2-3 times higher**
- Represent over **44%** of the U.S. tobacco market
- Consume over **40%** of all cigarettes smoked

Tobacco Use Affects Mental Health Care and Treatment

Persons with behavioral health conditions who use tobacco:

- Have more psychiatric symptoms
- Have increased hospitalizations
- Require higher dosages of medications
- Are twice as likely to leave against the advice of their doctors, if withdrawal symptoms are not treated



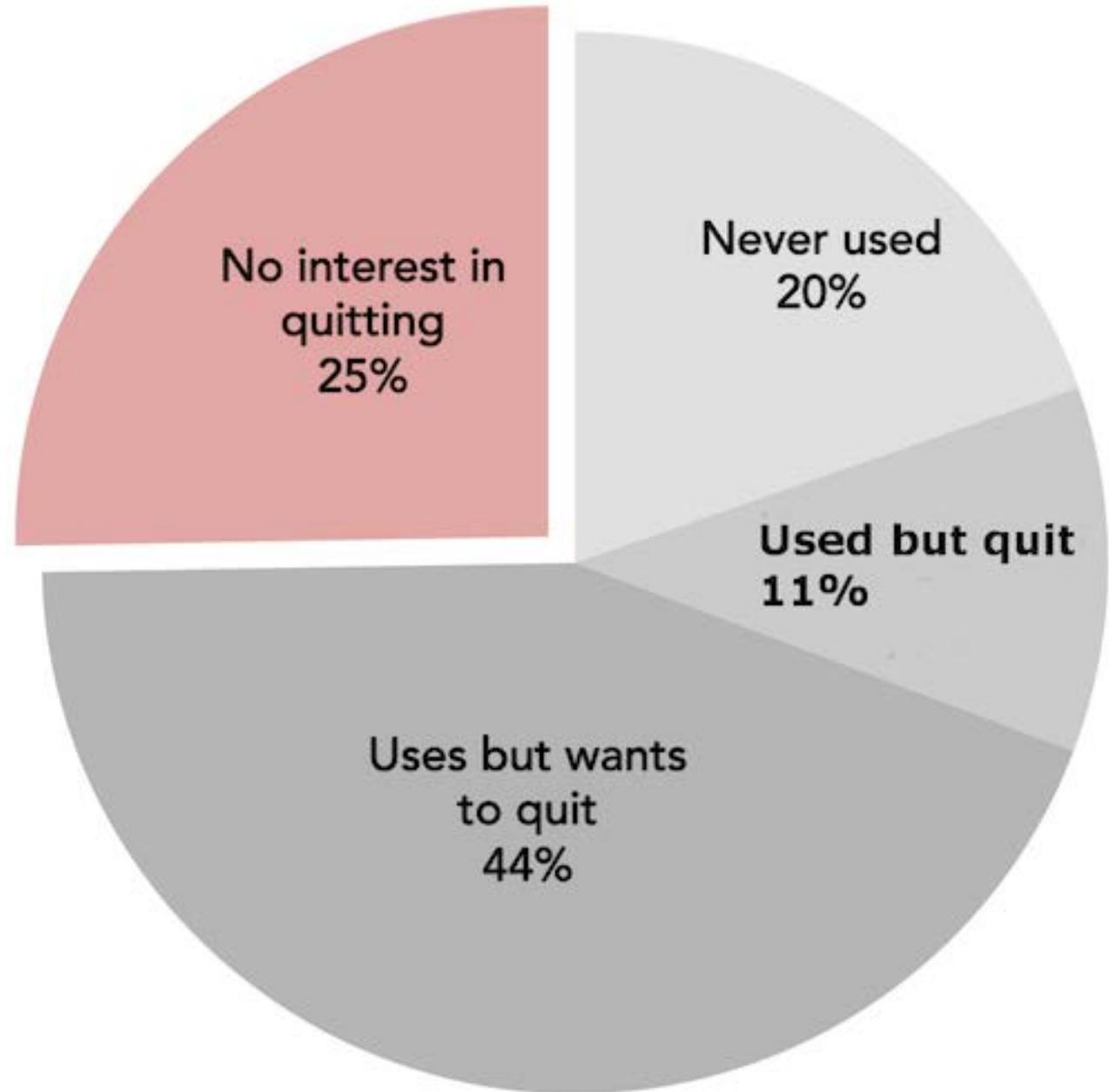
Tobacco Use Affects Treatment & Recovery from Addiction

- People who are alcohol dependent are three times more likely to use tobacco
- Tobacco use is a strong predictor in use of illegal substances, such as methamphetamines, cocaine, and opiates
- Addressing tobacco dependence during treatment for other substances is associated with a 25% increase in long-term abstinence rates from alcohol and other substances



Desire to Quit in Residential Substance Abuse

Florida Community of Practice



A TIP FROM A
FORMER
SMOKER

**Quitting isn't about what you give up.
It's about what you get back.**

Rebecca, age 57, Florida

Rebecca struggled with depression. She thought smoking would help, but it just made her more depressed. When she quit smoking it changed her life, mentally and physically. Now she runs 5Ks and hopes to live to be one hundred.

You can quit smoking.

**For free help, call
1-800-QUIT-NOW.**



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention
[CDC.gov/tips](https://www.cdc.gov/tips)

#CDCTips

Quitting: It Can Be Done

Persons with behavioral health conditions:

- Are able to quit using
- 75% want to quit using
- 65% tried to quit in the last 12-months

Smoking Prevalence Among Mental Health Providers

30% - 35% of mental health providers
smoke as compared to:

- Primary Care Physicians 1.7%
- Emergency Physicians 5.7%
- Psychiatrists 3.2%
- Registered Nurses 13.1%
- Dentists 5.8%
- Dental Hygienists 5.4%
- Pharmacists 4.5%



Staff Buy-In is Critical

- Brief provider training is a cost-effective way to improve patient health outcomes and quality of life.
- Staff training increases the belief in and provision of cessation services.



Offer Tobacco Cessation Services

- Staff that currently use tobacco are less likely to provide cessation resources to clients
- Tobacco-free policies are an additional motivation to quit, but insufficient for many
- Offering tobacco cessation services is evidence of organizational commitment



Budget

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



What is the “Return”?

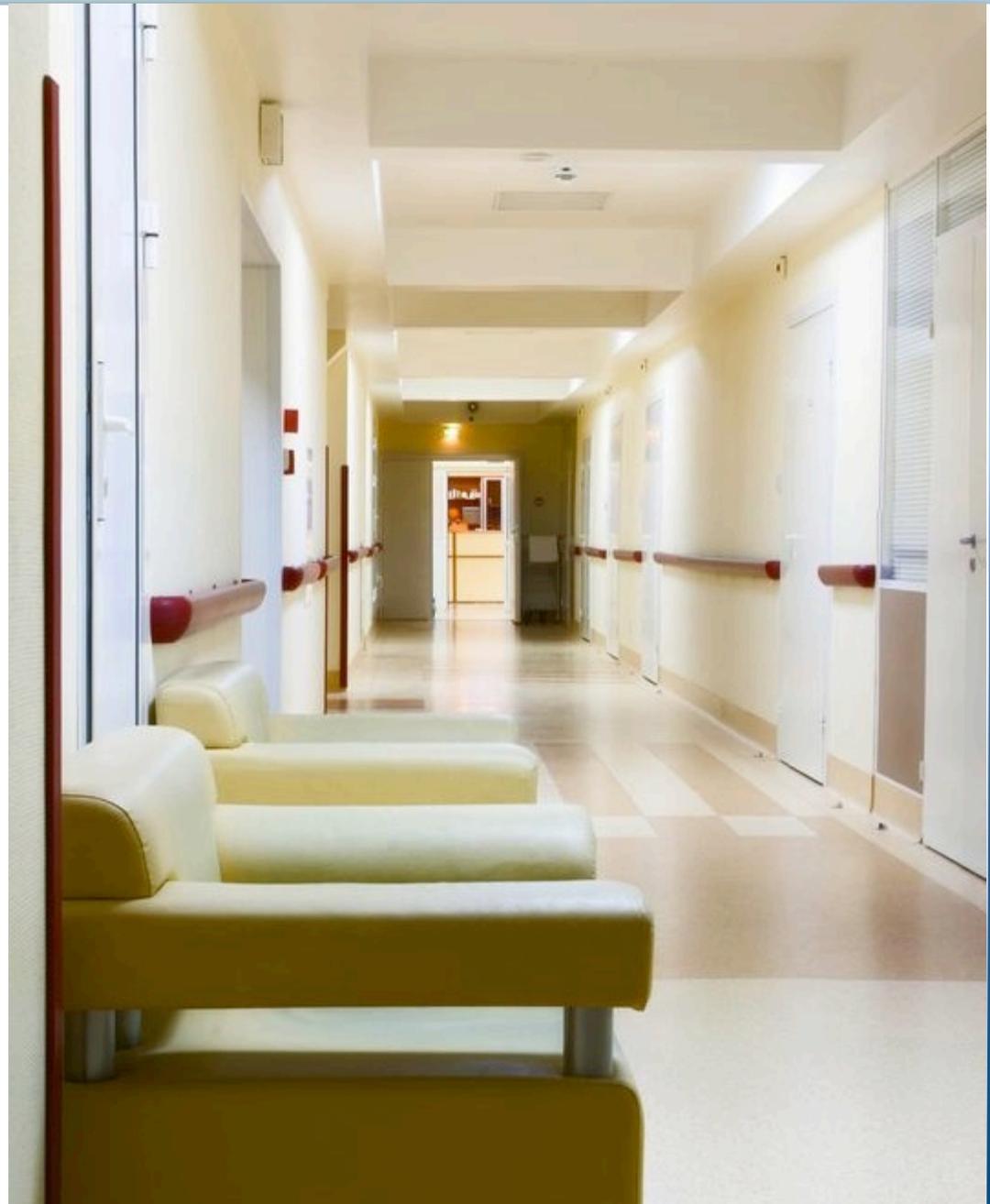
- Tobacco is unique in that leadership frequently look for a financial return to their “investment.” What is the return on investing in treatment for depression?
- Leadership must weigh the “benefit” of a treatment line against the “cost” of providing it.
- Main costs are training and time.
- Main benefits accrue to *clients*, not the organization.



Return on Investment

For Facilities:

- Reduced maintenance and cleaning costs
- Decreased accidents and fires
- Decreased health insurance costs
- Decreased worker's compensation payments





Return on Investment

For Staff:

- Decreased hospital admissions
- Decreased absenteeism
- Increased staff productivity
- Increased staff satisfaction

For Clients:

- Decreased disease and death
- Decreased hospital admissions
- Increased quality of life

Cost Efficiency not Cost-Benefit

- Utilize existing resources
- Use “guerilla” tactics (e.g., client poster contests)
- Strategic alignment
- Realize benefits quickly
- Amortize costs over time
- Try to measure avoided expenditures



Summary of Making the Case

Client

- Clients' health improves in the short term
- Clients less likely to develop and die from chronic disease
- Clients' mood improves
- Clients may reduce medications (decreased side effects and costs)
- Client perception of care/satisfaction increases

Staff

- Staff health improves in short term (e.g., less absenteeism and presenteeism)
- Staff not taking smoke breaks or going through withdrawal during the day (greater productivity)
- Staff morale and satisfaction improve

Organization

- Better treatment outcomes
- No impact on census (possibly census improvements)
- Lower maintenance & insurance cost
- Reduced fire risk
- Reduced violence onsite; Reduced use of seclusion and restraint
- More secure floor environment





Behavioral Health & Wellness Program

303.724.3713

bh.wellness@ucdenver.edu

www.bhwellness.org



Behavioral Health and
Wellness Program



BHWP_UCD

POLL TIME!

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Comments and Questions?



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Upcoming Event: NatCon21

E-cigs, Vaping, Electronic Nicotine Delivery Systems (ENDs) — What Providers Need to Know

- Presented by Mitch Zeller, JD, Director of FDA Center for Tobacco Products
- Monday, May 3rd from 3:00 – 3:45 pm ET

FEATURED SPEAKERS

Tarana J. Burke

Founder of the 'me too.' Movement

Brené Brown

Researcher & Storyteller



Experience
NATCON21
LIVE & ON-DEMAND
ALL MAY!

REGISTER FOR **NATCON21 VIRTUAL** MAY 3-5!

Thank you for joining us!

Please be sure to complete the brief post-webinar evaluation linked in the chat box.



Visit BHtheChange.org and Join Today!