

# Journey to a Tobacco-free Certified Community Behavioral Health Clinic: A Conversation

September 20<sup>th</sup>, 2022  
12:30 – 1:30 pm ET

**CCBHC-E National Training and Technical Assistance Center**

*Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing*

# Welcome from the National Council!



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Project Coordinator,  
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# 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 individuals experiencing mental health and substance use challenged
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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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.

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:

**Clement Nsiah, Ph.D., M.S., Hope Rothenberg, Jack Todd Wahrenberger, MD, MPH, and Mary Pat Angelini, MPA.**

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# CME/CEU Statement

**1 hours of FREE credit can be earned**, for participants who join the **LIVE** session, on **Tuesday, September 20<sup>th</sup>, 2022**. You will receive instructions on how to claim credit via the post webinar email.

## ACCME Accreditation

The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for **a maximum of 1.0 AMA PRA Category 1 Credit<sup>TM</sup>**. 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<sup>TM</sup> issued by organizations accredited by the ACCME.

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## CME/CEU Statement (Cont.)

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.

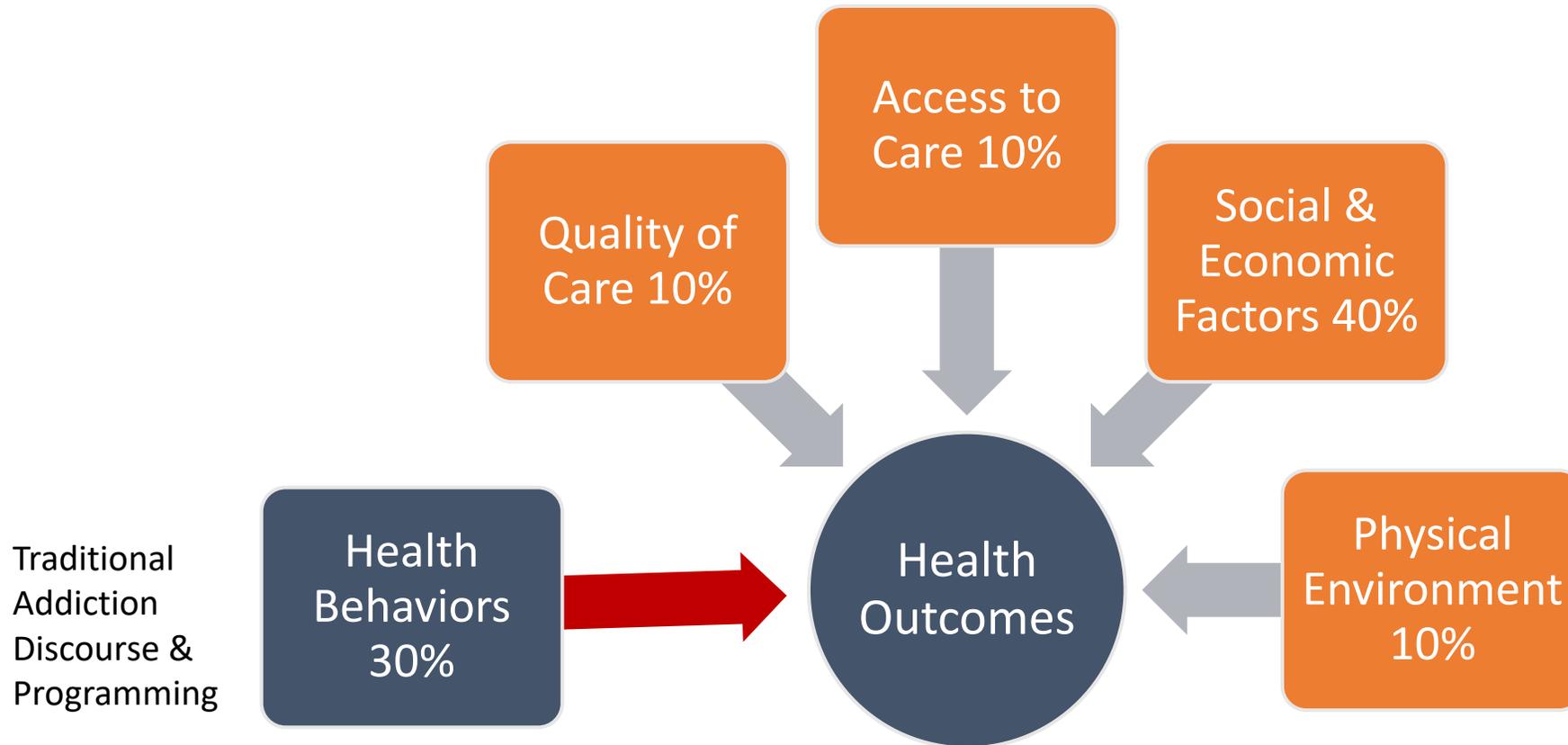
**Course meets the qualifications for 1 hour of continuing education credit for LMFTs, LCSWs, LPCCs, and/or LEPs as required by the California Board of Behavioral Sciences. Provider # 64239.**

### ACCREDITATION FOR CALIFORNIA ADDICTION COUNSELORS

The UCSF office of continuing medical education is accredited by the California Consortium of Addiction Programs and Professionals (CCAPP), to provide continuing education credit for California addiction counselors. UCSF designates this live, virtual activity, for a maximum of 1.5 CCAPP credits. Addiction counselors should claim only the credit commensurate with the extent of their participation in the activity. Provider number: 7-20-322-0722.



# Determinants of Health



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# Tobacco, Mental Health & Substance Use

## What has caused the disparity?



The overall rate of cigarette smoking among adults has been decreasing, but individuals with mental health challenges have been neglected in prevention efforts, environmental and clinical interventions.

This **disparity** can be attributed in part to predatorial practices by tobacco companies which included:

Targeted advertisements

Providing free or cheap cigarettes to psychiatric clinics

Blocking of smoke-free policies in behavioral health facilities

Funding research that perpetuates the myth that cessation would be too stressful and negatively impact overall behavioral health outcomes

High rate of ACEs/Trauma

Limited access to high quality care (delays in care, lower quality of care, and more)



# The Foundations of Tobacco Disparities for Individuals with Mental Health and Substance Use Challenges



**1 in 4 adults** have some form of mental health or substance use challenge.



In 2019 **28.9%** of adults with any mental health challenge reported current use of tobacco compared to **14.6%** of adults with no mental health challenge.

Aggressive targeted marketing, barriers to care, the spread of misinformation and higher than average rates of ACEs/Trauma in individuals with mental health or substance use challenges contribute to **almost 40% of all cigarettes smoked by adults.**

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# Let's Finish the Sentence...

People with mental illness die on average 5 to 25 years earlier\*  
than those without mental illness...

- \*Depending on data source
- Source: Parks, J., et al. Morbidity and Mortality in People with Serious Mental Illness. Alexandria, VA: National Association of State Mental Health Program Directors Council. 2006 (25 years)  
[https://www.who.int/mental\\_health/management/info\\_sheet.pdf](https://www.who.int/mental_health/management/info_sheet.pdf) (10-15 yrs)

# Let's Finish the Sentence

People with mental illness die on average 5 to 25 years earlier than those without mental illness...

**...due to complications from smoking-related illnesses...**



# Tobacco Cessation in Individuals with Mental Health & Substance Use Challenges – The Facts

- **Smoking cessation can enhance long-term recovery for persons with substance use disorders.** For example, if someone quit smoking at the same time, they are quitting drinking, they can have a 25% greater chance of staying sober. (Prochaska et al, 2004)
- Persons with mental illness and substance abuse disorders can successfully quit using tobacco at rates similar to the general population. (Heiligenstein and Smith, 2006)
- The majority of persons with mental health and substance use disorders **want to quit smoking** (CDC, 2013; Prochaska et al, 2008)
- **Smokers are more than 2x likely to quit for good with the help of tobacco cessation medications and counseling services.**

**Tobacco use kills half of all individuals with mental health and substance use challenges!**

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# What is a CCBHC?

CCBHC is an integrated community behavioral health model of care that aims to improve service quality and accessibility. CCBHCs do the following:

Provide integrated, evidence-based, trauma-informed, recovery-oriented and person- and-family-centered care

Offer the full array of CCBHC-required mental health, substance use disorder (SUD) and primary care screening services

Have established collaborative relationships with other providers and health care systems to ensure coordination of care



# CCBHC Criteria Program Requirements

1: Staffing

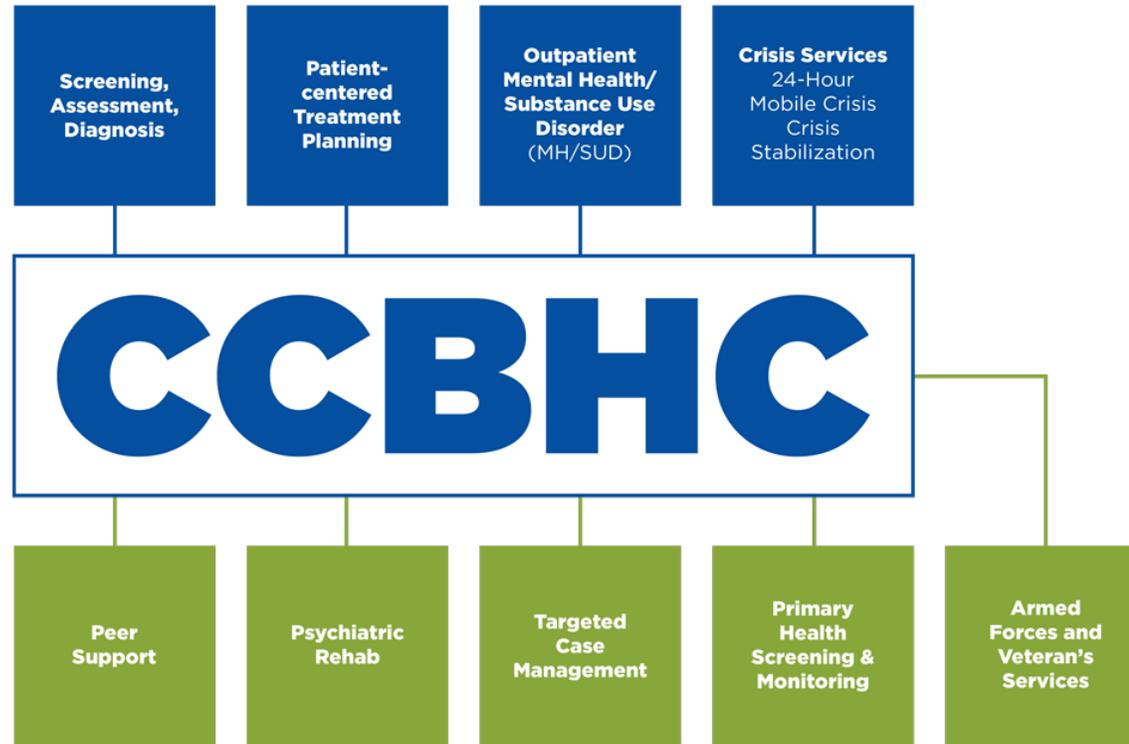
2: Availability and Accessibility of Services

3: Care Coordination

4: Scope of Services

5: Quality and Other Reporting

6: Organizational Authority, Governance and Accreditation



- Must be delivered directly by a CCBHC
- Delivered by a CCBHC or a Designated Collaborating Organization (DCO)

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# CCBHC Criteria Requirements for Tobacco Screening

The road to a tobacco free environment starts with screening for and providing cessation intervention for tobacco use

4.d.5 A comprehensive diagnostic and treatment planning evaluation is required for all CCBHC consumers...including current mental status, mental health (including depression screening) and substance use disorders including **preventive care and screening for tobacco**, alcohol, and other drugs.



# Today's Featured Speakers



**Jack Todd Wahrenberger, MD, MPH**  
Chief Medical Officer  
Pittsburgh Mercy Health System



**Mary Pat Angelini, MPA**  
Chief Executive Officer (CEO),  
Preferred Behavioral Health Group



# Questions?



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Contact Information:

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