

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

September 20th, 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

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.

All speakers, planning committee members and reviewers have disclosed they have no relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Mary Pat Angelini, MPA, Catherine Bonniot Saucedo, Anita Browning, Christine Cheng, Brian Clark, Pamela Ling, MPH, MD, Jennifer Matekuare, Clement Nsiah, Ph.D., M.S, Ma Krisanta Pamatmat, MPH, Hope Rothenberg, Jessica Safier, MA, Jack Todd Wahrenberger MD MPH, and Aria Yow, MA.

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 *1.0 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.

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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 1.0 hour 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 1.0 contact hour Continuing Respiratory Care Education (CRCE) credit by the American Association for Respiratory Care, 9425 N. MacArthur Blvd. Suite 100 Irving TX 75063, Course #188285000.

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 1.0 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.

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



Leadership Academies for Wellness and Tobacco Free Recovery

- Purpose: Launch statewide partnerships among behavioral health providers, consumers, public health groups, and other stakeholders to create and implement action plan reducing smoking prevalence among behavioral health consumers and staff
- 24 states selected over 12 years
 - Washington
 - **Idaho**

UCSF Smoking Cessation
Leadership Center



National Center of Excellence for
Tobacco-Free Recovery



Welcome from the National Council!



Clement Nsiah, Ph.D., M.S.,
Director,
Practice Improvement



Hope Rothenberg
Project Manager,
Practice Improvement



Farren Keyser
Project Coordinator,
Practice Improvement



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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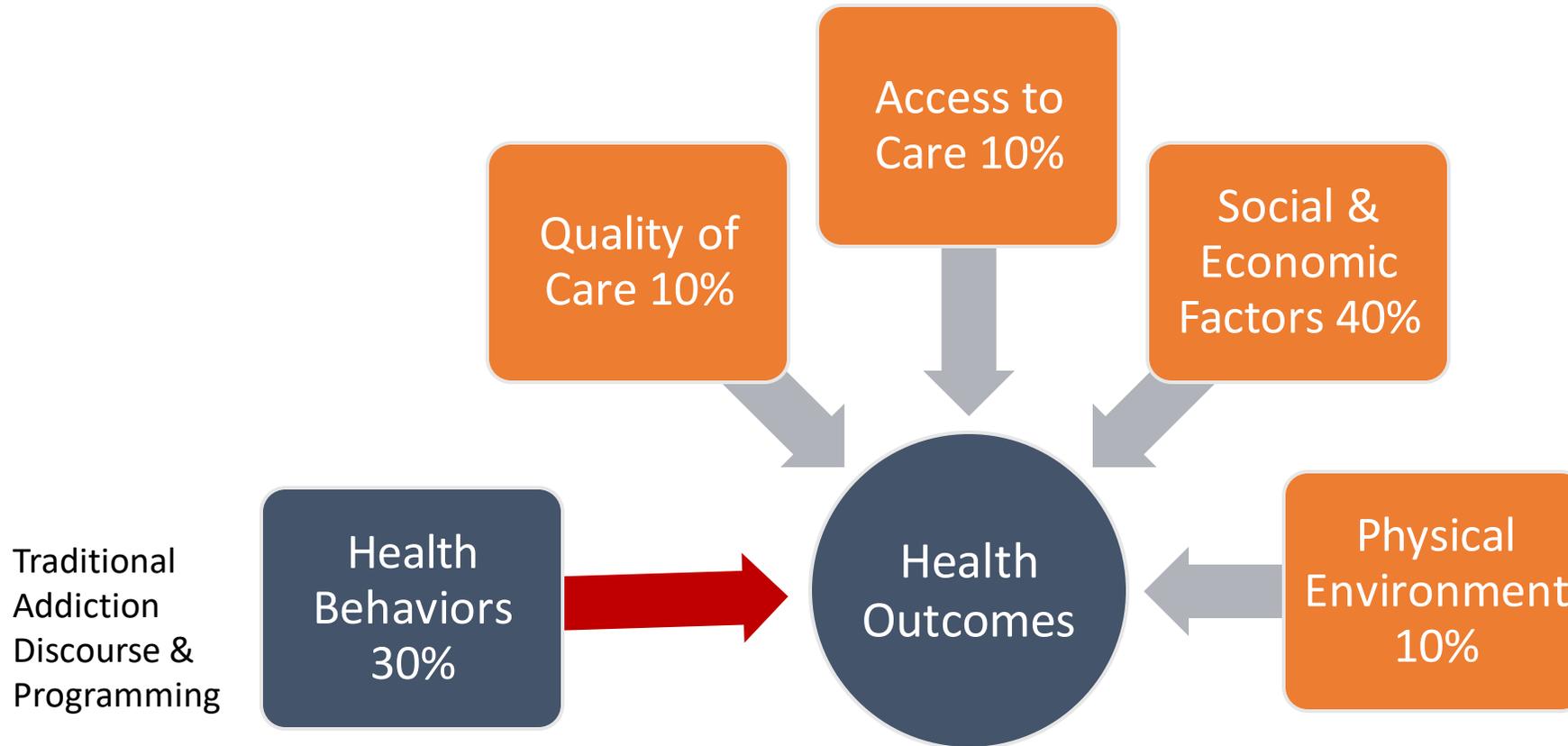
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Tobacco, Mental Health & Substance Use

What has caused the disparity?

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

How's your disposition today?

EVER TIP LIKE A TERRIER when the store sends you the wrong package? That's only natural when little annoyances like this occur. But... it's a psychological fact that pleasure helps your disposition! That's why everyday pleasures - like smoking, for instance - mean so much. So if you're a smoker, it's important to smoke the most pleasure-giving cigarette - Camel.



For more pure pleasure... have a Camel

"I've tried 'em all... but it's Camels for me!"
Rock Hudson



YOU CAN SEE BUGGED ROCK HUDSON STARRING IN U'S "NEVER SAY GOODBYE"

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

ROCK HUDSON AGREES with Camel smokers everywhere: there is more pure pleasure in Camels! More flavor, gentler mildness! Good reasons why today more people smoke Camels than any other cigarette. Remember this: pleasure helps your disposition. And for more pure pleasure - have a Camel!

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 Literary Digest for February 16, 1929 47

DO YOU SMOKE AWAY ANXIETY?



... THEN YOU'LL APPRECIATE SPUD'S GREATER COOLNESS!

Do you await an important event, an important decision, lighting one cigarette from another? Then smoke Spud. Even after hours of waiting and smoking, a Spud tongue and throat are still moist and cool... tobacco enjoyment still keen, not killed... no "smoked-out" let-down to mar the good news. Spud's smoke is scientifically proved 16% cooler. This refreshing coolness heightens your enjoyment of Spud's full tobacco flavor. That's why Spud is the new freedom in old-fashioned tobacco enjoyment. At better stands, 20 for 20c. The Axton-Fisher Tobacco Co., Inc., Louisville, Ky.

JUDGE SPUD... Not by first puff... but by first pack. Surprise of first puff soon forgotten... continued coolness heightens enjoyment of the full tobacco flavor.

SMOKE 16% COOLER by TEST

How the coolness of Spud smoke was proved scientifically, and what "Smoke 16% Cooler by Test" means to you, are told in this little book, sent gladly on request.

MENTHOL-COOLED **SPUD** CIGARETTES



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 (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

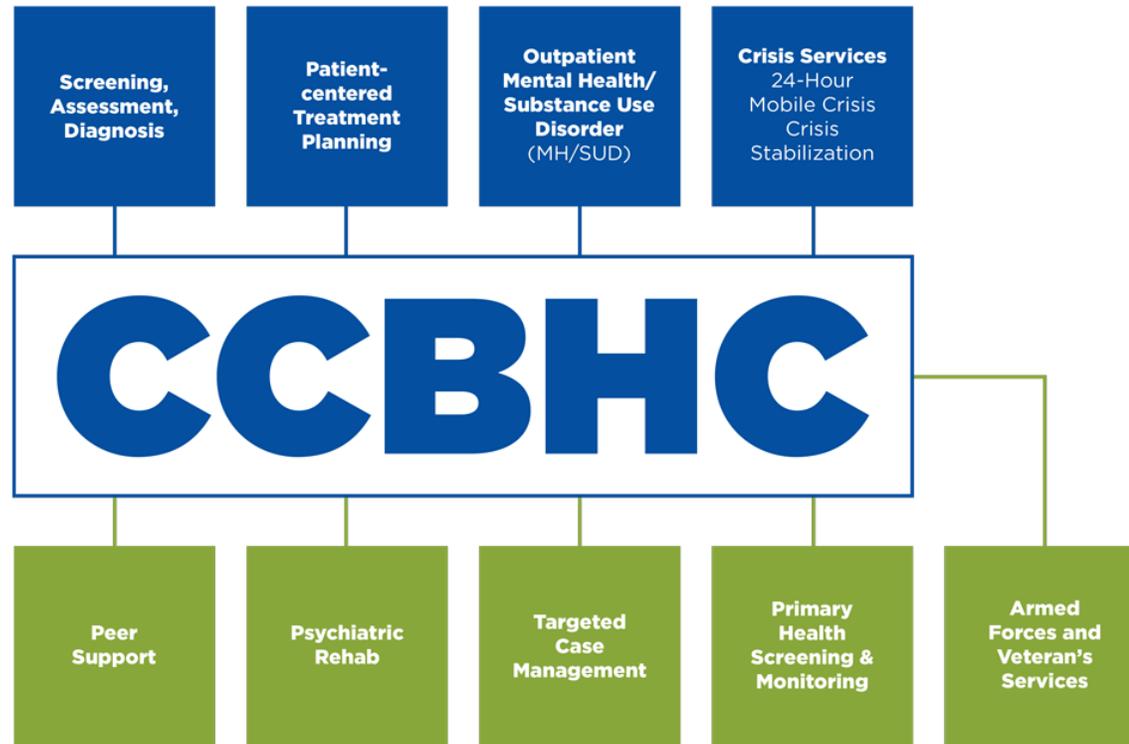
Offer the full array of CCBHC-required mental health, substance use disorder (SUD) and primary care screening services

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)



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

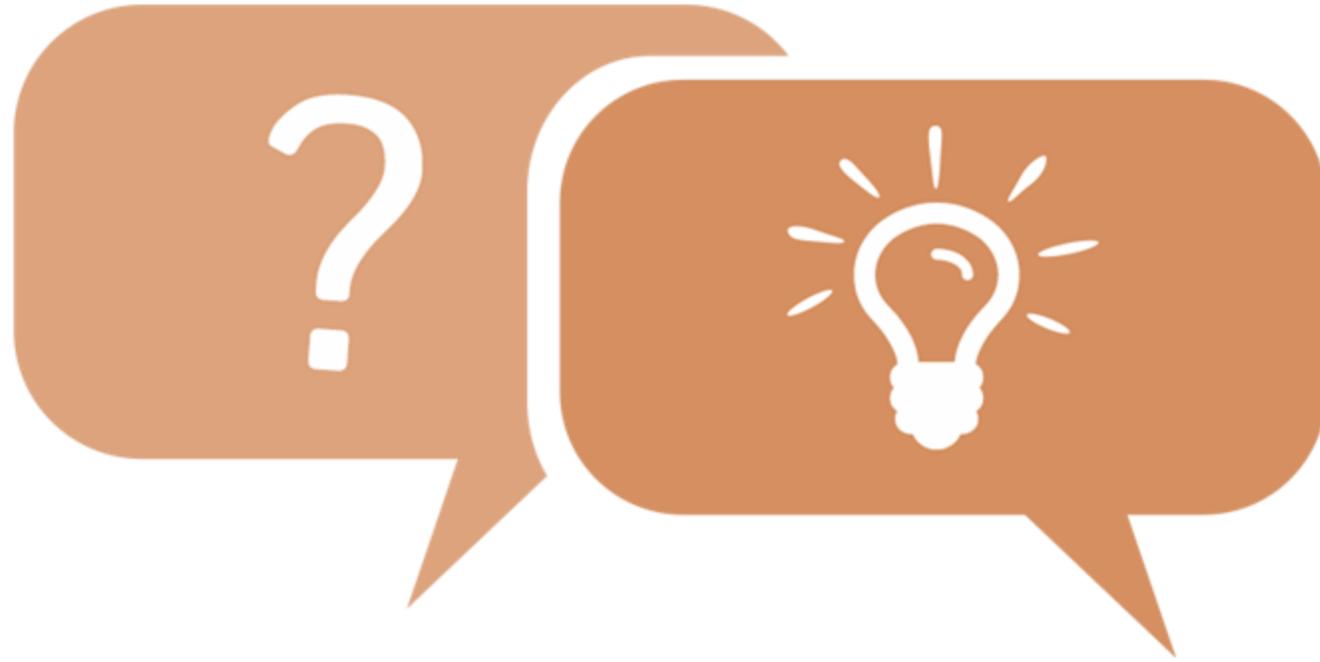


Jack Todd Wahrenberger, MD, MPH
Chief Medical Officer
Pittsburgh Mercy Health System



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





Questions?

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