

Welcome

Please stand by. We will begin shortly.

Craving Change: Implementing Tobacco Free Policies in Behavioral Health

Wednesday, August 21, 2013
2:30pm Eastern Time (90 minutes)



Craving Change: Implementing Tobacco Free Policies in Behavioral Health

Webinar objectives

- Provide an overview of tobacco use among behavioral health populations and the case for tobacco cessation
- Compare and contrast two examples of policy implementation strategies from King County, Washington and Trilogy Behavioral Healthcare, Illinois
- Identify available resources to help behavioral health consumers quit tobacco

Moderator



Catherine Saucedo

- Deputy Director, Smoking Cessation Leadership Center, University of California, San Francisco
- csaucedo@medicine.ucsf.edu

Craving Change: Implementing Tobacco Free Policies in Behavioral Health

Presenters

- **Alicia D. Smith, MPH**, Project Manager, Tobacco Prevention Programs, CADCA
- **Mohini Venkatesh, MPH**, Senior Director, Public Policy, National Council for Behavioral Health
- **Sherry McCabe**, Project Manager, King County Mental Health, Chemical Abuse and Dependency Services Division
- **Paul Zemann**, Health Educator, Public Health – Seattle & King County, Chronic Disease and Injury Prevention Division
- **Sara Gotheridge, MD**, Chief Medical Officer, Trilogy Behavioral Healthcare, Inc.
- **Mary Colleran, MSW**, Chief Operations Officer, Trilogy Behavioral Healthcare, Inc.

Agenda

- **Welcome**
 - Catherine Saucedo, Deputy Director, SCLC, moderator
- **Brief presentation on CADCA and its CTG grant**
 - Alicia D. Smith, MPH, Project Manager, Tobacco Prevention Programs, CADCA
- **Brief presentation on National Council's tobacco initiatives**
 - Mohini Venkatesh, MPH, Senior Director, Public Policy, National Council for Behavioral Health
- **Special Introduction and Background on Behavioral Health and Smoking**
 - Steve Schroeder, MD, Director, Smoking Cessation Leadership Center

Disclosure: Faculty speaker, moderator, and planning committee members have disclosed no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation or commercial support for this continuing medical education activity.

Agenda (cont.)

- **Presentation by King County Mental Health, Chemical Abuse and Dependency Services**
 - Sherry McCabe, Project Manager, King County Mental Health, Chemical Abuse and Dependency Services Division
 - Paul Zemann, Health Educator, Public Health – Seattle & King County, Chronic Disease and Injury Prevention Division
- **Presentation by Trilogy, Inc.**
 - Sara Gotheridge, MD, Chief Medical Officer, Trilogy Behavioral Healthcare, Inc.
 - Mary Colleran, MSW, Chief Operations Officer, Trilogy Behavioral Healthcare, Inc.
- **Q&A**
- **Closing Remarks**

Disclosure: Faculty speaker, moderator, and planning committee members have disclosed no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation or commercial support for this continuing medical education activity.

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 the SCLC website, along with the slides.
- **Send questions to the chat box** at any time for the presenters.

Today's speaker



Alicia D. Smith, MPH

- Project Manager, Tobacco Prevention Programs, CADCA
- www.cadca.org



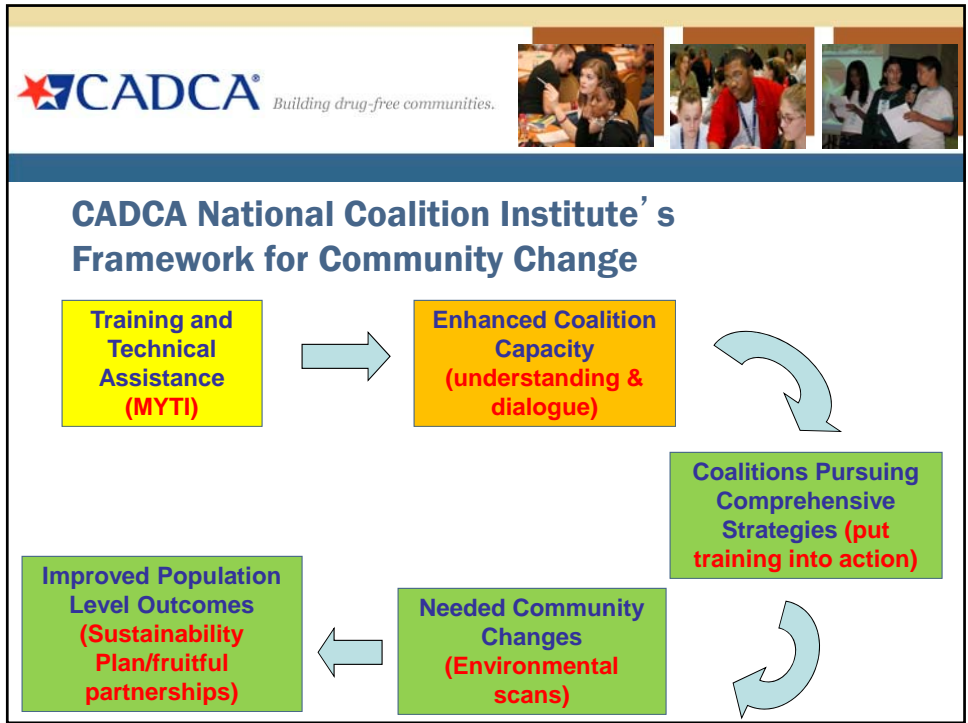
Community Anti-Drug Coalitions of America

“Craving Change: Implementing Tobacco Free Policies in Behavioral Health,” August 21, 2013



CADCA Tobacco Webinar Series

Brought to you by our National Network Dissemination Community Transformation Grant awarded to amplify the policy, environmental, programmatic and infrastructure strategies around tobacco-free living strategies to our coalition affiliates and national partner network.





7 Seven Strategies for Community Change

- 1. Providing Information
 - 2. Enhancing Skills
 - 3. Providing Support
 - 4. Enhancing Access/Reducing Barriers
 - 5. Changing Consequences
 - 6. Physical Design
 - 7. Modifying/Changing Policies
- } Education/Awareness
(Individuals Strategies)
- } Environmental
Strategies
(Entire
Community)



Stay Connected to CADCA

- Phone: 1-800-54-CADCA, ext. 273
- Web: www.cadca.org
- Email: asmith@cadca.org



www.facebook.com/CADCA



www.twitter.com/CADCA



www.youtube.com/CADCA09

Join Connected Communities

CADCA's Peer-to-Peer Network



<http://connectedcommunities.ning.com>

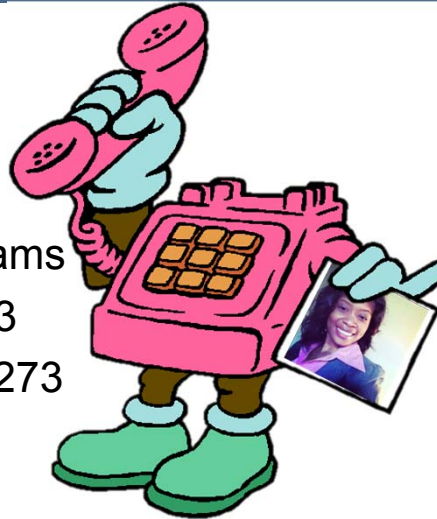
- Interact with others throughout the world.
- Groups in English, en Español and em Português.



Contact Info:

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Today's speaker



**NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH**
MENTAL HEALTH FIRST AID

Healthy Minds. Strong Communities.

Mohini Venkatesh, MPH

- Senior Director, Public Policy, National Council for Behavioral Health
- <http://www.thenationalcouncil.org/>



- CDC Capacity Building Assistance Initiative
- Partnership with SCLC and the Behavioral Health and Wellness Program, Univ of Colorado
- SAMHSA-HRSA Center for Integrated Health Solutions
- CADCA Project CATCH

Special Introduction and Background on Behavioral Health and Smoking



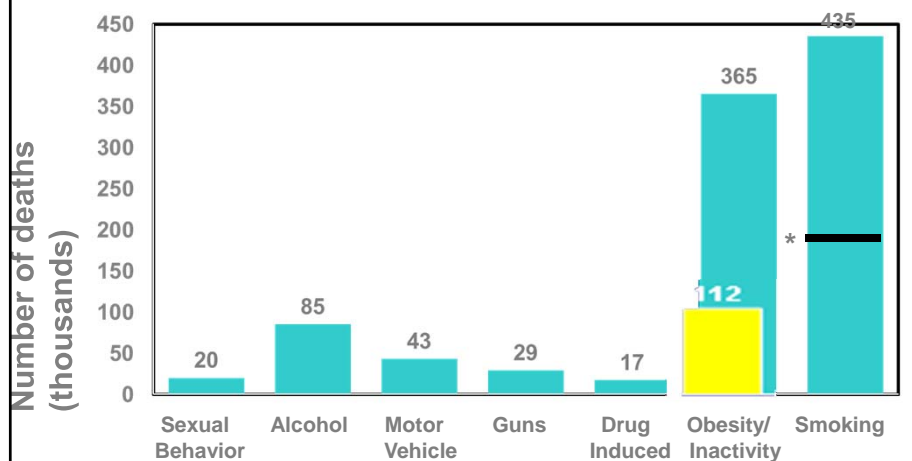
Steven A. Schroeder, MD

- Director, Smoking Cessation Leadership Center
- Distinguished Professor of Health and Health Care, Department of Medicine, UCSF
- schroeder@medicine.ucsf.edu

Tobacco's Deadly Toll

- 443,000 deaths in the U.S. each year
- 4.8 million deaths world wide each year
- 10 million deaths estimated by year 2030
- 50,000 deaths in the U.S. due to second-hand smoke exposure
- 8.6 million disabled from tobacco in the U.S. alone
- 45.3 million smokers in U.S. (78% daily smokers, averaging 15 cigarettes/day, 2010)

Behavioral Causes of Annual Deaths in the United States, 2000



Source: Mokdad et al, JAMA 2004; 291:1238-1245
Mokdad et al; JAMA. 2005; 293:293

* Also suffer from mental illness and/or substance abuse

Smoking and Mental Illness: The Heavy Burden

- 200,000 annual deaths from smoking occur among patients with CMI and/or substance abuse
- 36.1% of persons with AMI (any mental illness) are current smokers*
- This population consumes 40% of all cigarettes sold in the United States
 - higher prevalence
 - smoke more
 - more likely to smoke down to the butt
- People with CMI die earlier than others, and smoking is a large contributor to that early mortality
- Social isolation from smoking compounds the social stigma

Source: CDC. Vital Signs: Current Cigarette Smoking Among Adults Aged ≥18 Years with Mental Illness – United States, 2009-2011.

Myths About Smoking and Mental Illness*

- Tobacco is necessary self-medication (industry has supported this myth)
- They are not interested in quitting (same % wish to quit as general population)
- They can't quit (quit rates same or slightly lower than general population)
- Quitting worsens recovery from the mental illness (not so; and quitting increases sobriety for alcoholics)
- It is a low priority problem (smoking is the biggest killer for those with mental illness or substance abuse issues)

* Prochaska, NEJM, July 21, 2011

Why Help Mental Health Consumers Quit?

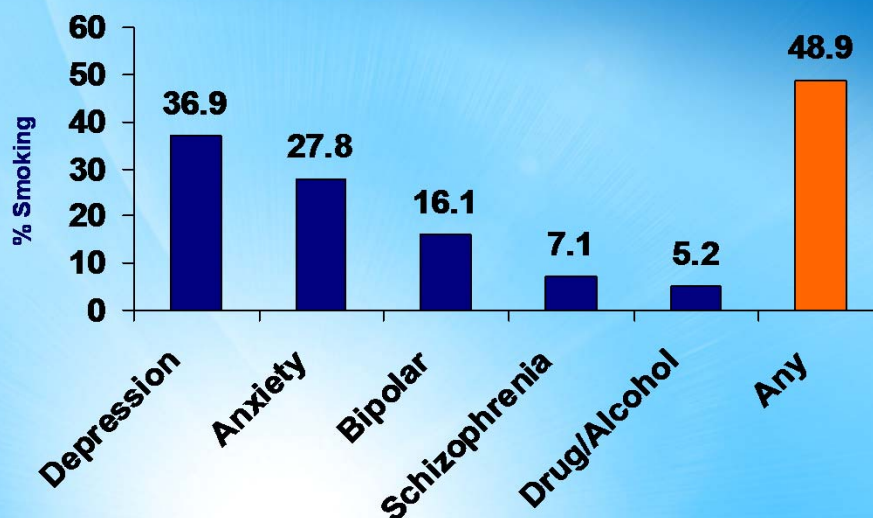
- 1) Improve health and overall quality of life
- 2) Increase healthy years of life
- 3) Improve the effect of medications for mental health problems
- 4) Decrease social isolation
- 5) Help save money by not buying cigarettes
- 6) Quitting smoking helps recover



Self-Reported Mental Health Issues Among Helpline Callers



California Smokers' Helpline
1-800-NO-BUTTS



(Zhu, et al, 2009. Unpublished data)

Today's speaker



Public Health
Seattle & King County 

Sherry McCabe

- Project Manager, King County Mental Health, Chemical Abuse and Dependency Services Division

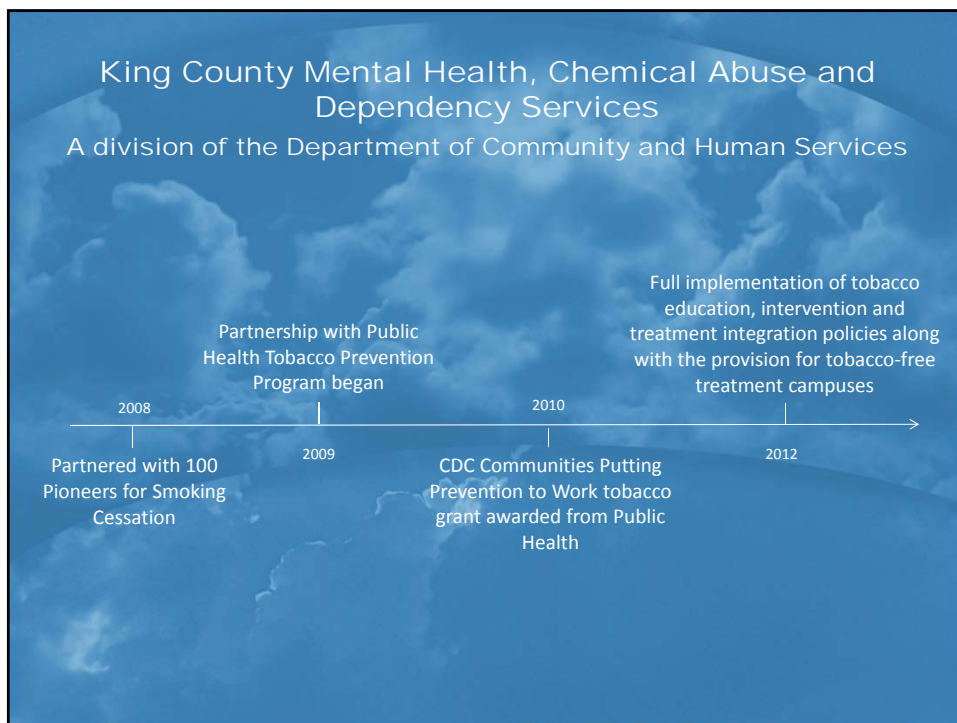
Today's speaker

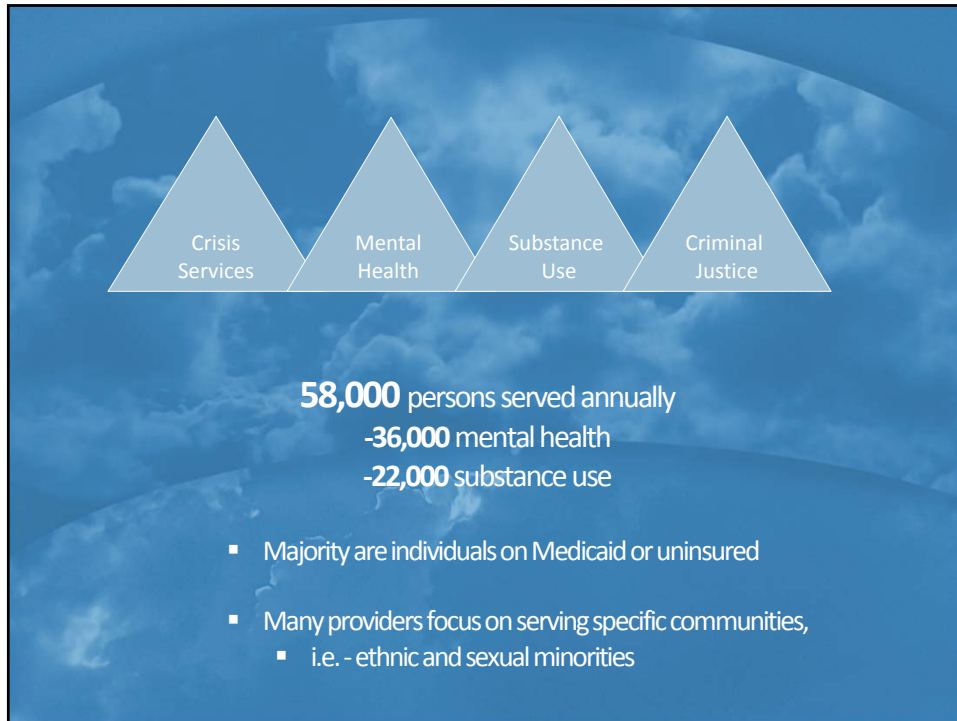


Public Health
Seattle & King County 

Paul Zemann

- Health Educator, Public Health – Seattle & King County, Chronic Disease and Injury Prevention Division





Key Components

Partnership with Public Health

Using a social justice framework

Positive messaging/framing

Conducting a baseline assessment of providers

Providing tailored support & training

Ongoing communication & relationship-building

“The over-emphasis on tobacco use is absurd. I am an ex-smoker, and I don't like smoke around me, but realistically, these clients have a lot worse stuff on their minds than quitting cigarettes.”

“I think smoking is harmful and wish no one would smoke. But I have very strong feelings about trying to force anyone (clients or staff) to quit. I think that is just wrong.”

“This is a good move forward on the County's part as it has helped raised awareness in our agency as well as positive change for clients.”

“Not all organizations are the same. A cookie-cutter approach to rolling this initiative out won't work.”

41.5% agree
“In general, most clients do not want to quit using tobacco products.”

34.5% agree
“Smoking, or other tobacco use, is one of the few pleasures clients have in life.”

87.2% agree
“It is important for my agency to address tobacco use.”

76.4% agree
“The benefits of addressing tobacco use as part of treatment may include improved response and success to interventions for other addictions.”



Agency Profile & Recommendations

Summary: ACRS is made up of 5 departments and an administrative unit: Aging & Adult Services, Behavioral Health (MH), Recovery (CD), Children, Youth & Family, and Citizenship & Employment. ACRS serves all populations. Some consumers are on campus a short time while others remain all day. Currently, there are at least two designated smoking areas for consumers and one for staff. However, consumers have made their own smoking areas and also tend to smoke while walking along the sidewalks. ACRS also has SHA housing units at Beacon and a food bank in the International District. ACRS has created a voluntary Tobacco-Free committee with a staff from each department to assist in implementing policy. Current full implementation date is May 31, 2013.

Challenges: biggest challenge is the cultural concerns. Many ACRS consumers are from countries where there are little if any no smoking policies and they have received little education on the health effects caused by smoking. Another challenge identified is staff smoking.

- Post secure, uniform **smoke-free signage** in all current designated smoking areas, walk-thru areas, and on/around all benches
- Implement **smoke-free staff** before agency-wide implementation
- **Training** for staff on new policies
- **Develop strategies and education** to help recent immigrants
- Policy change **communications** 6 months in advance of implementation date





Challenges

- State vs local control
- Lack of.... funding, nicotine replacement therapy, reimbursement
- Risky mix of consumer populations at some sites
- Harm reduction policies
- Wide range of consumer statuses, i.e. - homelessness, mental health diagnoses, high utilizers, in recovery, etc
- Staff resistance
- Enforcement

Sustainability

- New contract policies mandating the use of the 5 A's and tobacco-free campuses
- Ongoing partnership with Public Health
- CO breathalyzers
- Web-based toolboxes
- King County Tobacco Treatment Coalition

In Recovery
& Tobacco Free!

CIGARETTES ARE MY GREATEST ENEMY
TOBACCO CAUSES MORE DEATHS THAN AIDS, DRUGS, BREAST CANCER AND GAY BASHING COMBINED
FOR MORE INFORMATION OR HELP TO QUIT, TALK TO YOUR COUNSELOR. SAVE YOUR MONEY, SAVE YOUR LIFE!

Contact Us

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email: Paul.Zemann@kingcounty.gov

Today's speaker



Sara Gotheridge, MD

- Chief Medical Officer, Trilogy Behavioral Healthcare, Inc.

Today's speaker



Mary Colleran, MSW

- Chief Operations Officer, Trilogy Behavioral Healthcare, Inc.

Trilogy Behavioral Healthcare Smoking Cessation Journey



Sara Gotheridge, MD
Chief Medical Officer
&

Mary Colleran, MSW
Chief Operations Officer

Presentation created by: Bonnie Wolfe,
Advanced Public Health Nursing Student of Rush University

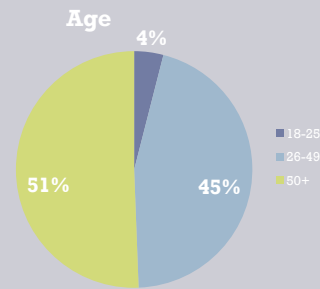
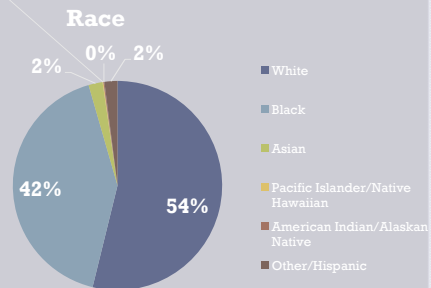
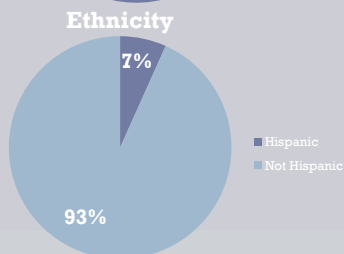
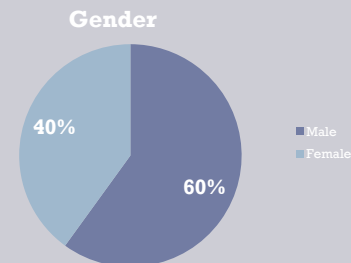
Who We Are



- Co-located Primary and Behavioral Healthcare site in Rogers Park neighborhood of Chicago, IL - an urban multi-cultural and socio-economically diverse setting
 - Funding through SAMHSA, Partnership with Heartland Health Services
- Currently serving approximately 670 clients with over 170 staff members
- Peer participation facilitated by Trilogy Beacon, Trilogy's peer lead drop-in center
- Trilogy offers wide-range of community mental health programming including Supported Employment, Psycho Social Rehabilitation, Residential Services, Family Psychoeducation, Recovery Services and Outreach Services.

Trilogy Heartland
 INTEGRATED HEALTHCARE
 A partnership between Trilogy & Heartland Health Centers

Trilogy Client Demographics



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Why go Smoke Free?



- Leadership of Trilogy is committed to improving the overall health of all clients
- As an integrated healthcare system, wellness is a common goal
- Smoking cessation is one of the greatest modifiable risk factor interventions likely to have an impact on decreasing mortality.



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Collaborating Partners

- Chicago Department of Public Health
- Respiratory Health Association
- American Cancer Society
- Heartland Health Centers
- Rush University College of Nursing
- Rogers Park Community



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Smoking Cessation: The Beginning

Rush University College of Nursing Students:

- Completion of Community Needs Assessment
- Clarified prevalence of tobacco use at Trilogy



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Steps of the Journey



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Engagement

- **Began the Conversation**
 - **Open discussion sessions**
 - With Clients
 - With Staff

- **Began asking about tobacco use in 100% of clinic visits & began use of CO monitoring with clients**



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Information & Education

- Partnership with The Chicago Tobacco Prevention Project who provided:
 - Cessation Station
 - Nurse Consultant from the Respiratory Health Association

- Clinic staff received training from SAMHSA on how to use various tobacco cessation resources

- Trained all case management staff on integration of AAR
 - Ask: Staff ask about smoking every visit
 - Advise: Staff advises quitting/reduction
 - Refer: Staff refers clients to smoking reduction services



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Smoking Cessation Resources



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Countdown to Smoke Free Timeline

- **January 2012**
 - Announced Smoke Free Campus Initiative
- **February 2012**
 - Partnered with Chicago Tobacco Prevention Project and began smoking cessation groups for staff
- **March 2012**
 - 100 day countdown to a smoke-free campus banner displayed in building & on website
 - Client and staff continental breakfast was held to celebrate smoking cessation initiative
- **April-May 2012**
 - Continued education and increased awareness of policy changes

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Countdown to Smoke Free Timeline

June 2012

- Letter was crafted for community explaining our decision to become a smoke-free campus. Letter was hand delivered to 1400 block of Greenleaf and mailed to all individuals leasing Trilogy parking spaces

July 2012

- Smoke-free lapel pins and healthy snacks offered to all who entered the building on 1st day of our Smoke Free Campus
- Hosted Smoking Cessation Celebration, with speakers including:
 - CDPH Commissioner, Dr. Bechara Choucair
 - IL Senator Heather Steans
 - ACS Regional Vice President, Jackie Burgess-Bishop



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Implementation

July 1, 2012

- Cessation Station Grand Opening
 - Designed location for cessation activities
 - Quit line resources
- Tobacco Receptacle Removal
 - 3 receptacles located around campus removed

First Month of Smoke Free

- Smoke-Free Policy & Client Q & A materials distributed through the Drop-in Center & through individual Recovery Counselors
- Smoke-Free Policy & Staff Q & A materials distributed through each staff mail box



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Sustaining Efforts

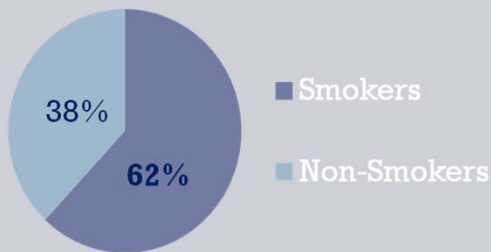
- Participation in the American Cancer Society “Great American Smoke-Out”
- Continue asking about tobacco use at every visit
- Continue staff & client groups
- Continue to train all staff in AAR
- Garner additional resources for NPT



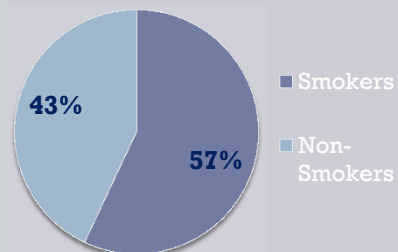
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Evaluation: Consumer Survey

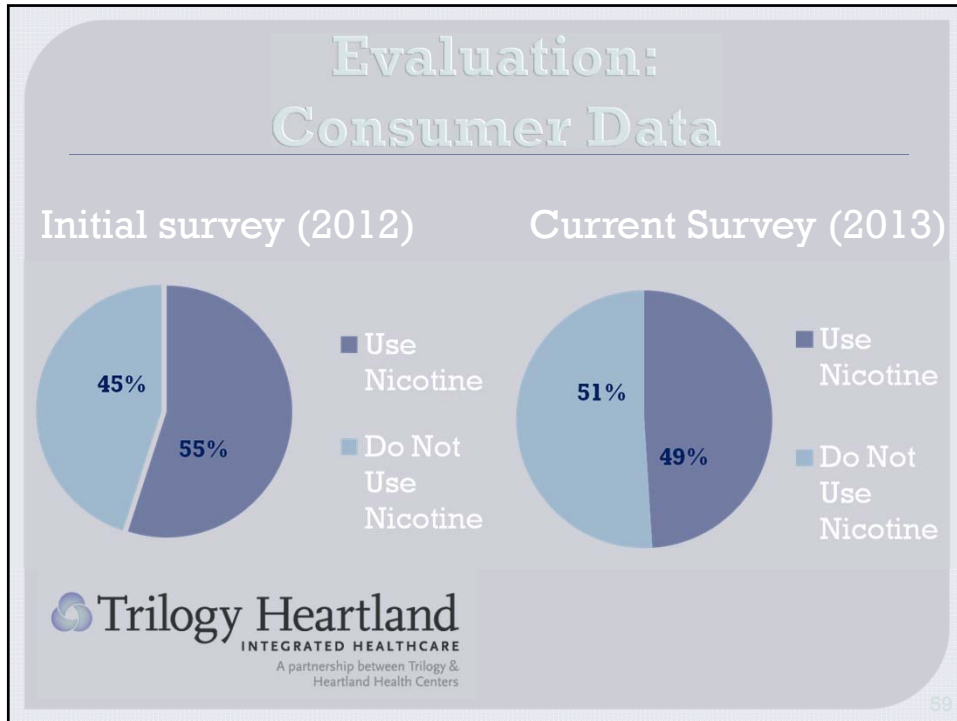
Initial survey (2012)



Current Survey (2013)



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- ## Effective Interventions
- Non-Smoking Environment
 - Educational Sessions for Staff & Clients
 - Rush Hour- Nurse-led Discussions in Drop-in Center
 - Support Groups
 - 1-800-quitline
 - Cessation Station
- Trilogy Heartland**
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Challenges

- Cessation station is underutilized
- Public property is adjacent to campus
- Staff training needs to match rate of growth
- Less expensive tobacco products are readily available
- Neighbors have concerns about smoking areas
- Funding limits for Nicotine Replacement Therapy



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Lessons Learned

- Development of outcomes plan prior to implementation
- Need for strong leadership
- Ongoing communication with staff and clients
- Plan for ongoing staff trainings
- Technological preparation for new data
- 1:1 sessions with those wanting to quit smoking prior to implementation



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Contact Us

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Questions and answers



- Feel free to submit questions via the **chat box**

Contact SCLC for technical assistance



Thanks to the support of SAMHSA, free CME/CEUs of up to 1.5 credits are available to all attendees.

Instructions will be emailed after the webinar.

Visit us online

- <http://smokingcessationleadership.ucsf.edu>

Call us toll-free

- 1-877-509-3786



Closing remarks

- Please help us by completing the post-webinar survey.
- Thank you for your continued efforts to combat tobacco.
- Stayed tuned for SCLC's next webinar.