



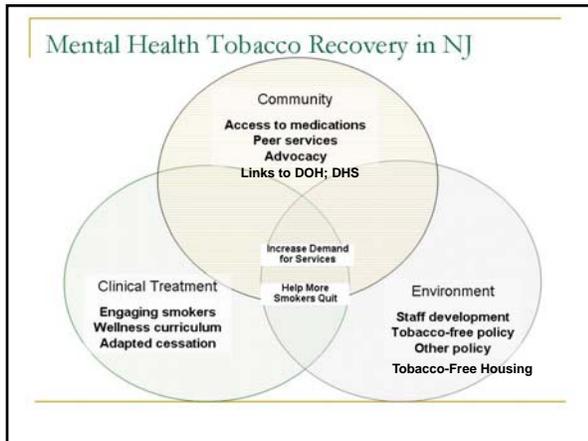
**SAMHSA-HRSA
Center for Integrated
Health Solutions**

**A 13 Step Model for Changing Behavioral Health
Systems to Address Tobacco**

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NATIONAL COUNCIL ON ADDICTION AND SUBSTANCE USE DISORDERS
SAMHSA
www.integration.samhsa.gov



Changing Environment

- ▶ Staff Development
 - Staff Training in Tobacco Dependence Treatment
- ▶ Tobacco-Free Policy
 - Tobacco-free NJ Psychiatric Hospitals
- ▶ Other Policy
 - Restrict Staff Tobacco Use/ Assist Treatment
 - Require Assessment/ Treatment

Tobacco in the Environment



- ▶ 60% of mental health consumers report living with smokers AND smoking indoors
- ▶ Staff who use tobacco
 - provide ↓cessation services
 - rate their ability to help patients as lower
 - Should be assisted in quitting prior to running treatment services *Williams et al., 2010 ; McNeill 2001*

Smoke-Free Hospitals

- ▶ Hospitals with a psychiatric or substance abuse unit have lower compliance with 1992 JCAHO tobacco standards
- ▶ Tobacco-free psych hospitals do not show increase in violence of incidents
- ▶ Policy supports treatment
- ▶ Psychiatric inpatients **not** given NRT were > 2X likely to be discharged from the hospital AMA
- ▶ No Exemptions for behavioral health

Longo et al., 1998; Joseph et al., 1995 ; Prochaska 2004

Sample Policy Language

- ▶ Staff shall not use alcohol, tobacco or illegal drugs during working hours or when representing the facility.
- ▶ Staff may not be identifiable as tobacco users.
- ▶ Tobacco use may not be visible from property

Policy for Assessment and Treatment of Tobacco in NJ State Hospitals

- ▶ Training for staff
- ▶ Assessment (FTND)
- ▶ Psychiatrists primary responsibility for tobacco treatment meds
- ▶ Pre-printed orders and floor stock (NRT)
- ▶ LAHL or other groups
- ▶ Tobacco on discharge plan

Williams et al., 2010

Tobacco-Free State Psychiatric Hospitals

NJSA 26:3D-58.1 2008

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. a. A publicly-operated residential facility may prohibit smoking on its grounds, if it offers a smoking cessation program for both employees, and residents and patients, as applicable.
- b. The smoking cessation program shall be developed in consultation with the Commissioners of Health and Senior Services and Personnel, and shall be initiated one year prior to prohibiting smoking on its grounds and continue to be offered as long as smoking is prohibited.

July 8, 2009

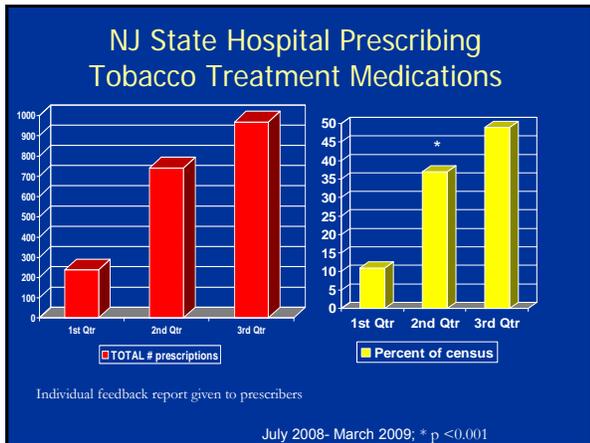
Ancora and GPPH

October 6, 2009

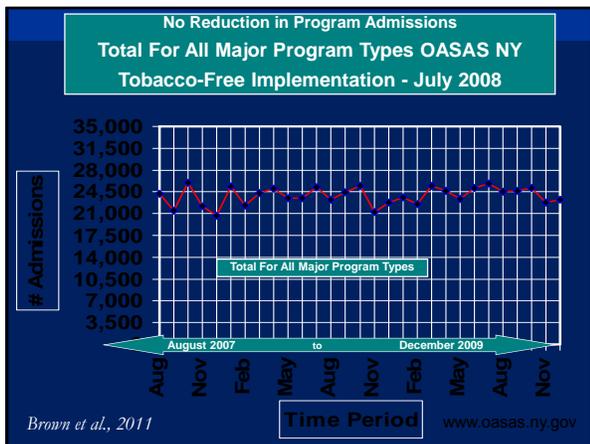
TPH, AKFC and Hagedorn

Leadership from NJ Division of Mental Health

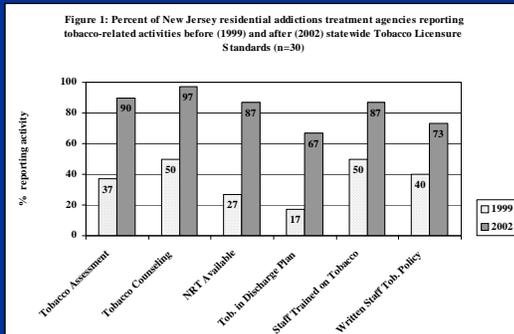
- ▶ Purchased CO meters
- ▶ Access to all medications on formulary
- ▶ Training for staff on assessment and treatment
- ▶ Information for employees on state funded resources/ onsite or free cessation for employees
- ▶ Partnership with state for onsite cessation services for staff



- ### Tobacco Treatment During Substance Abuse Treatment
- ▶ Does not disrupt SUD treatment
 - ▶ Patients able to quit
 - ▶ Does not jeopardize recovery from other substances
 - ▶ Patients may be more motivated, believing this is the best time to quit
 - ▶ Quitting smoking may help with long-term abstinence from alcohol and other drugs



NJ Policy Resulted in Increased Tobacco Treatment



Foulds et al., 2006

Access to Clinical Treatment

- ▶ Engaging Smokers
 - Motivational Techniques
- ▶ Wellness Curriculum
 - Learning about Healthy Living
- ▶ Adapted Cessation
 - High Levels of Dependence
 - Aggressive Medications and Counseling

Reduced Access to Tobacco Treatment in Behavioral Health Settings

- ▶ Nicotine dependence documented in 2% of mental health records
- ▶ Only 1.5% of patients seeing an outpt psychiatrist received treatment for smoking



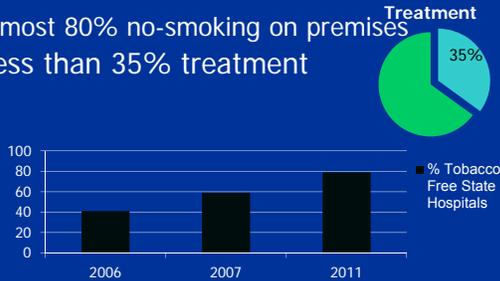
Less than half (44%) of clinicians in community mental health sites ask their patients about smoking

Peterson 2003; Montoya 2005; Himmelhoch 2014

State Hospital Smoking Survey

2011; 206 Hospitals Surveyed; 80% response rate

Almost 80% no-smoking on premises
Less than 35% treatment



Schacht et al., NASMHPD Research Institute, Inc. 2012

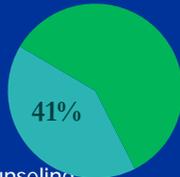
Less than Half of US Substance Abuse Facilities Treat this Substance

National survey of 550 OSAT units (2004–2005)

88% response rate

41% offer smoking cessation counseling or pharmacotherapy

38% offer individual/group counseling
17% provide quit-smoking medication



Friedmann et al., JSAT 2008

Behavioral Health Professionals are Experts in Psychosocial Treatments

- ▶ Counseling = First-line treatment
- ▶ Effective treatments: Individual or group; CBT, relapse prevention, social skills
- ▶ Intensive Treatments
 - Sessions > 10 minutes
 - More than 4 sessions
 - Tobacco treatment specialists
 - Behavioral health and/or addictions specialists



Need for Pharmacotherapy in Tobacco Users w/MI and SUD

No reason not to use

NRT is not a "new drug"

First line treatment/ Recommended all
Comfortable detox for temporary
abstinence

Higher levels of nicotine dependence

Psychiatric inpatients **not** given NRT
were > 2X likely to be discharged from
the hospital AMA

Fiore 2008; Prochaska 2004

Links to Community

- ▶ Access to Medications
 - Medicaid Formulary
- ▶ Peer Services
 - CHOICES
- ▶ Advocacy
 - MHA and Others
 - Families

Government Publications Say this Should be Paid For

- ▶ Public Health Service clinical practice guidelines on Treating Tobacco: comprehensive coverage of effective tobacco-dependence medications and counseling by health insurers
- ▶ Healthy People 2010: objective for Medicaid programs to cover all FDA approved medications and counseling for tobacco cessation yet even as recently as 2007, only six states do



Fiore 2008; MMWR 2009

Obama Administration Tells Health Insurers They Must Cover Evidence-Based Treatments to Help Smokers Quit

(May 2014 ACA Updates)

Affordable Care Act (ACA) included language mandates coverage for all US Clinical Preventive Services Task Force (USPSTF) "A" and "B" level recommendations. (Tobacco cessation "A" level)

- ▶ 2 quit attempts must be covered each year
- ▶ at least four 10 minute counseling sessions per quit attempt (telephone, group or individual counseling)
- ▶ all FDA-approved cessation medications for 90 days per quit attempt, including OTC medications, when prescribed by a health care provider must be covered
- ▶ a prohibition against requiring pre-authorization for counseling or medication.

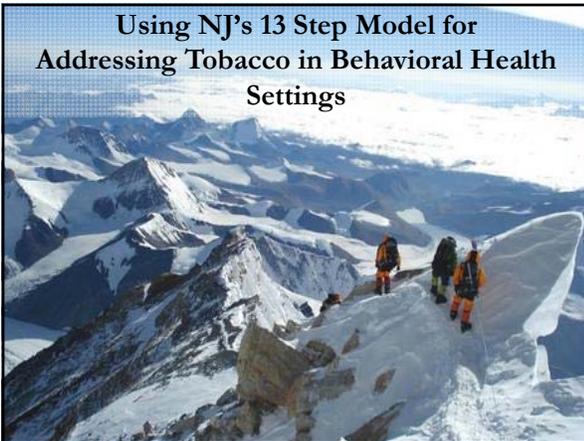
HHS document cites the 2008 United States Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence* as its evidence source.

CHOICES Peer to Peer Outreach

- Employs non-smoking mental health peer counselors to deliver the message to smokers with mental illnesses
- Not about making people quit
- Provide support and information
- Motivate individual smokers to seek treatment



Using NJ's 13 Step Model for Addressing Tobacco in Behavioral Health Settings



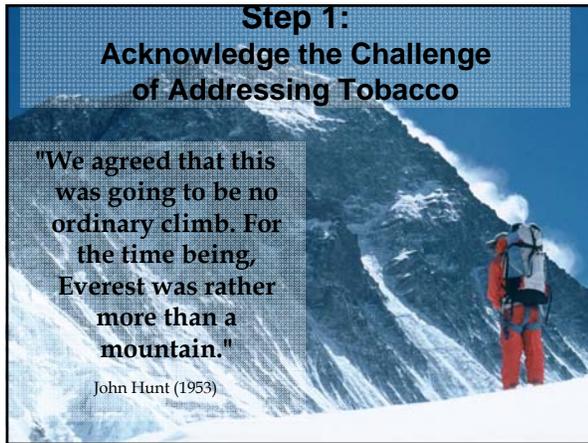
**Systems Change is a
PROCESS**

More than
58,000 steps
to climb
Mount Everest
29035 ft



**Step 1:
Acknowledge the Challenge
of Addressing Tobacco**

"We agreed that this
was going to be no
ordinary climb. For
the time being,
Everest was rather
more than a
mountain."
John Hunt (1953)



**Step 1:
Acknowledge the Challenge
of Addressing Tobacco**

- ▶ Acknowledge impact of tobacco as a substance
- ▶ Identify the barriers and resistance to success
 - *Take some time: Discuss some factors that hinder or facilitate addressing tobacco in your facility*
- ▶ Initiate buy-in from staff
- ▶ Develop a mission statement

Step 2: Establish a Leadership Group & Secure Commitment

- ▶ Identify small group of champions representative of all personnel
- ▶ Include individuals with decision making capabilities
- ▶ Obtain written commitment from Administration to address tobacco

Step 3: Develop a Tobacco-Free Policy

- ▶ Develop comprehensive policy consistent with program mission statement
- ▶ Incorporate tobacco in all policies & procedures
- ▶ Inform and publish policy to all stakeholders

Step 4: Create an Implementation Timeline



**Step 5:
Start with Easier Systems Changes**



▶
▶
It does not matter how slow you go,
as long as you don't stop. *Confucius*

**Step 6:
Conduct Staff Training**



**Step 7:
Provide Treatment Assistance for
Interested Tobacco Dependent Staff**

- ▶ Acknowledge challenge for staff that smoke or use tobacco
- ▶ Provide treatment resources for staff on an ongoing basis
- ▶ Support positive role modeling for patients
- ▶ Utilize EAP model for non-compliance

Step 8:
Document Assessment & Treatment Planning for Tobacco Dependence

- ▶ Documentation is the first step of change
- ▶ Review and change all treatment documentation to incorporate tobacco dependence
 - screening, assessment, diagnosis, treatment planning, discharge planning

Step 9:
Incorporate Tobacco Issues into Education Curriculum

- ▶ Provide tobacco education to all clients, families & communities addressing addictions
- ▶ Integrate tobacco into Wellness curriculum
- ▶ Identify educational resources available



Step 10:
Provide Medications for Tobacco Dependence Treatment & Periods of Temporary Abstinence

- ▶ Reduce effects of nicotine withdrawal
- ▶ Support patient's success with cessation attempts
- ▶ Increase access to OTC products

**Step 11:
Implement Comprehensive
Tobacco Dependence Treatment**

- ▶ Keep communication open
- ▶ Evaluate progress on a regular basis
- ▶ Make changes as needed



**Step 12:
Maintain Communication with the
Community about Policy Changes**



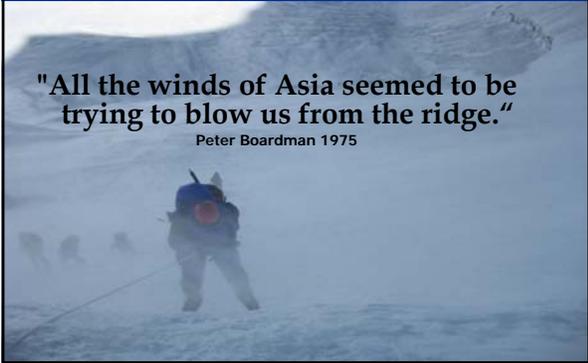
**"We have founded a support group
for Everest climbers called Everest
Anonymous, members can call
each other up for support when
their thinking about returning to
the mountain"**

David Breashears

Step 13: Anticipate Some Resistance

"All the winds of Asia seemed to be trying to blow us from the ridge."

Peter Boardman 1975



How Do You Manage Roadblocks?



Evaluation

- ▶ Fidelity Evaluation
- ▶ Program Evaluation
- ▶ Client vs Staff or Agency outcomes

Comparison of Data Collection Methods

- ▶ Questionnaires, surveys
- ▶ Interviews
- ▶ Document/ Chart review
- ▶ Observational study
- ▶ Focus group
- ▶ Case Study

Source: TAP 31 Implementing Change on Substance Abuse Treatment, 2009.

Sustainability

- ▶ How long before changes become institutionalized?
- ▶ Reinforcement
- ▶ Monitor Fidelity and Outcomes
- ▶ Train new staff
- ▶ Make changes if needed

8 Steps for Change

- ▶ **Increase Urgency**
- ▶ Build the guiding team
- ▶ Get the vision right
- ▶ Communicate for buy-in
- ▶ Empower action
- ▶ Create short term wins
- ▶ Don't let up
- ▶ Make changes stick

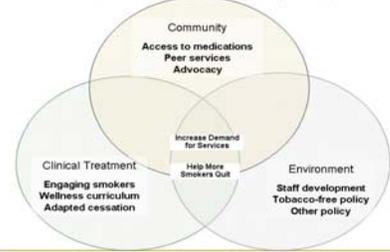
The Heart of Change, John Kotter

Remember
Systems Change is a
PROCESS



A Comprehensive Strategy Will
have the Best Effect

Mental Health Tobacco Recovery in NJ



The diagram consists of three overlapping circles. The top circle is labeled 'Community' and contains 'Access to medications', 'Peer services', and 'Advocacy'. The bottom-left circle is labeled 'Clinical Treatment' and contains 'Engaging smokers', 'Wellness curriculum', and 'Adapted cessation'. The bottom-right circle is labeled 'Environment' and contains 'Staff development', 'Tobacco-free policy', and 'Other policy'. The central intersection of all three circles is labeled 'Increase Demand for Services' and 'Help More Smokers Quit'.

Williams et al, Administration & Policy in Mental Health, Mental Health Services Research, 2010

SAMHSA-HRSA
Center for Integrated Health Solutions

 **Continue the conversation**

Follow up Q&A Session:

Wednesday, May 21, 2014
3:00 PM EDT

Immediately following webinar

NATIONAL COUNCIL
on Mental Health Parity and
Access to Affordable
Essential Health Benefits  www.integration.samhsa.gov
