



Integrating Tobacco Dependence Treatment into Work with the Mentally Ill

**LA Behavioral Health Summit
Living Well: Strategies for Tobacco Free Recovery**

Breakout Session: Tobacco-Free Policies in a Clinical Setting

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Plan for Breakout Session

- Overview of programs implemented in...
 - New York City, New York (Marie)
 - Austin Travis County, Texas (Sandeep)
- Tell us about your work...
 - What is happening in your area?
 - What's working? What challenges are you facing?
- Group Discussion
 - Lessons learned
 - Next steps

New York City

- CPPW funding to:
 - Integrate Tobacco Dependence Treatment into programs serving the mentally ill
 - Worked with various program types:
 - Supportive Housing Providers (n=160)
 - Assertive Community Treatment (ACT) Teams (n=44)
 - Psychosocial/Clubhouses (n=35)
 - Outpatient Substance Abuse Treatment (n=32)

Activities

- Needs assessment of program staff
- Survey of clients to assess baseline level of smoking behaviors
- Implemented training programs
- Provided forums for Program Directors to:
 - Plan for changes needed to fully integrate Tobacco Dependence Treatment (TDT) into service plans

Select Act Team Results

- 37 ACT Teams were surveyed
- Among the findings:
 - Smoking rates are high:
 - 29 programs (80%) report that more than 40% of their clients smoke
 - 12 of those programs (20%) report that more than 60% of their clients smoke
 - All (100%) programs report that tobacco dependence treatment needs to be addressed in the treatment plan

Selected Survey Responses

To the best of your knowledge, what percent of your clients smoke or use tobacco?

Answer Options	Response Percent	Response Count
0-20%	2.7%	1
21-40%	18.9%	7
41-60%	40.5%	15
61-80%	32.4%	12
>80%	5.4%	2

On a scale of 1 - 5 where 1 = not important at all, and 5 = extremely important, how you believe STAFF think it is to address tobacco use with clients?

Answer Options	Response Percent	Response Count
1 = Not important at all	0.0%	0
2 = Somewhat important	14.3%	5
3 = Important	31.4%	11
4 = Very important	31.4%	11
5 = Extremely important	22.9%	8

On a scale of 1 - 5 where 1 = not familiar and 5 = extremely familiar, how familiar do you believe STAFF are with counseling interventions to help clients decrease or quit tobacco use?

Answer Options	Response Percent	Response Count
1 = Not familiar	2.9%	1
2 = Somewhat familiar	37.1%	13
3 = Familiar	31.4%	11
4 = Very familiar	28.6%	10
5 = Extremely familiar	0.0%	0

Select Supportive Housing Results

- 160 programs were surveyed
- Among the findings:
 - More than 60% of staff report more than 41% of tenants smoke
 - Almost 90% report that their tenants are not motivated to quit
 - Most staff surveyed feel that it is important to address this issue
 - Almost 40% feel unprepared to address this issue

Additional Results

- 88% of sites plan to provide client & staff education; 78% individual counseling
- Biggest barrier to smoking cessation treatment is uninterested/resistance clients
- 73% of programs surveyed knew about Medicaid smoking cessation benefit only 43% of programs utilize it
- Consumer education materials & staff training were listed as the most needed resources

Training Programs

- Three day trainings
 - Designed for front line staff (counselors, case managers, etc.) and program directors
- Train the trainer model utilized
 - Modules included:
 - Influence of Tobacco Industry
 - Stages of Change/Motivational Interviewing techniques
 - Use of NRT and other medications
 - Review of resources: Quitline, Medicaid benefit
- Webinars for prescribers provided

Training Evaluation Results

- “I learned a lot of new information, in addition, reflecting on my own attempts to quit smoking.”
- “All the information provided was very informative and helpful to assist me to work with my smoking clients.”
- “I honestly found all material excellent resources. This is information I can use in current agency and going forward.”

Resources made available

- Distribution of DOHMH Resources
 - At training program
 - Bulk materials sent to each program
 - Health Bulletin: Still Smoking?
 - Health Bulletin: Smoke Free Home
 - Medicaid Fact Card
 - New “Quit to Save” brochure developed
 - Developed based on suggestions from ACT Team leaders

Make Quitting Count

Tips for saving money and spending it more wisely

Start a money jar. Each day you don't smoke, put your cigarette money in the jar.

As the money in your jar accumulates, put it in the bank. Your savings will add up.

With the money you save....

- Celebrate! Reward yourself for being smoke-free for a week, month, or year.
- Stock up on healthy snacks. Try munching on nuts, carrots, or grapes instead of smoking a cigarette.
- Join a gym or take an exercise class. Being physically active is great for your health and may help curb the urge to smoke.
- Go hear some music or catch the movie that everyone is talking about.



For Help in Quitting Smoking

- Call 311 or visit nysmokefree.com
- **NYS Medicaid Benefit**
If you are enrolled in Medicaid, Medicaid Managed Care, or Family Health Plus, you can get quit-smoking medications for 50¢ to \$6.00. Talk to your health care provider for more information. Call 311 if you do not have a health care provider.
- **Quit-smoking programs**
For a list of quit-smoking programs by borough, including low- or no-cost options, visit <http://www.nyc.gov/html/doh/html/smoke/smoke-quit-programs.shtml>

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NYC
Health

Michael R. Bloomberg
Mayor
Thomas Farley, M.D., M.P.H.
Commissioner



HPD 37540 - 11.10

Quit to Save

Quitting smoking can save your life.
It can also save you money.



NYC
Health



The cost of smoking

A pack of cigarettes in New York City costs more than \$11. Smoking a pack a day costs more than \$4,000 per year.

Instead of watching your money go up in smoke, spend it on things you need and want.

This chart shows how much money is saved by quitting smoking.



Here is how much you can save...

	Amount saved			
	1 day	1 week	1 month	1 year
If you smoke this much	\$5.50 Laundry—wash & dry 	\$38 Monthly electric bill 	\$165 New pair of glasses 	\$2,000 New computer 
	\$11 Coffee for one week 	\$77 15 round trip rides on the subway or bus 	\$330 32" flat-screen TV 	\$4,000 Weekly dinner out for 4 years 
	\$22 2 tickets to the movies 	\$154 Groceries for a month 	\$660 Yearly cell phone bill 	\$8,000 One year of college expenses at CUNY 

Post Training Follow Up

- For training participants...
 - Implementing the train the trainer
 - Review of challenges, solutions, etc.
- For Program Directors...
 - Assessing progress of service integration
 - What policies and procedures needed to be changed?
 - Has this been integrated into clinical supervision?
- Other technical assistance needs assessed
 - Developed informational packets on getting reimbursed for services

Dept. of Health Program Specialists

- Provide oversight on contracts to MH agencies
- Key role for:
 - Assessing progress of service integration
 - Problem-solving
 - Coaching and supporting program staff
- Provided tailored training and technical assistance
 - Fit into their health integration model
 - Built bridges between bureaus and agencies

Tobacco Free Policies

In Mental Health Clinical Settings

S.R. Singh, MD, MHA

Austin Travis County Integral Care (ATCIC)

Austin, Texas, 78704



ABOUT

AUSTIN TRAVIS COUNTY INTEGRAL CARE

ATCIC is a quasi-governmental, local authority in mental health and intellectual disability disorders in Austin and Travis County.

Programs & Types

Has 46 facilities spread over 16 campuses. Programs range from psychiatric crisis services, ACT, residential treatment program for mental health and substance abuse, outpatient counseling services, services for homeless individuals, group homes, housing programs etc.

Consumers Impact

Total number of consumers utilizing services by Austin Travis County Integral Care is approx 25,000. Excluding family support.

Staff Impact

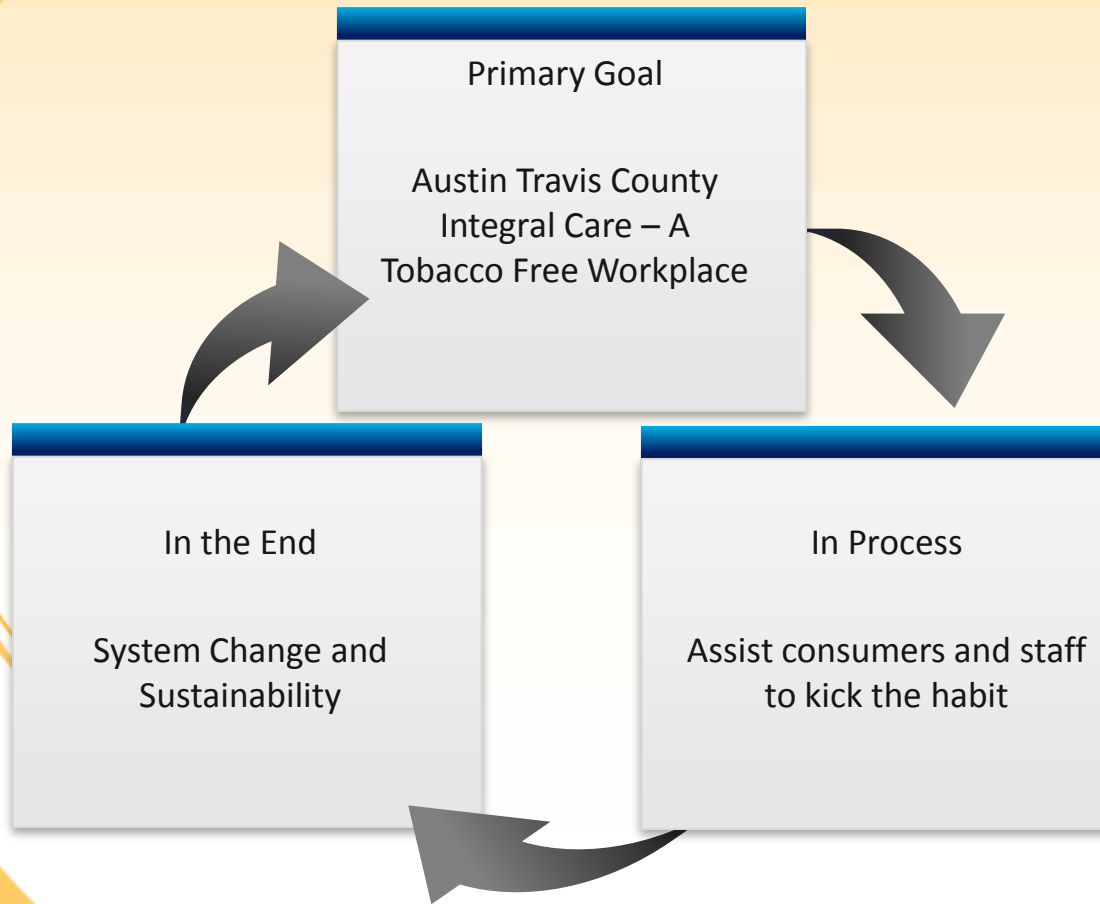
More than 650 employees are providing care to consumers. >3000 contractors are associated with ATCIC

Community Impact

As a local mental health authority, Integral care provides community awareness about mental health to local communities and decision makers.



PURPOSE OF CPPW GRANT GOAL



We Can Quit!

An initiative by Austin Travis County
Integral Care

THINK ABOUT THIS

WHAT IS WRONG WITH THIS PICTURE?

ARE YOU FOR REAL? Smoking is one of the way we bond with our consumers and it helps them to calm down!

COME ON NOW! What are we Tobacco Police? You think we don't have enough work to do?

MY CONSUMERS CANT'T QUIT PERIOD. They are in crisis, for sake of humanity I work in psychiatric emergency center! Give me a break!

ALRIGHT, MAYBE YOU ARE RIGHT! But we have more important addictions to take care off! They need to hold on to their cigarettes.

THESE ARE MYTHS!

- Likelihood of programmatic success is **3 times** more likely if consumers quit tobacco with other substance abuse.
- When ask, 70% of individuals with mental illness want to quit but they don't know how!
- _____ of Mental health workers have a preconceived notion that their consumers can't quit!
- Add tobacco screening in treatment plan so it becomes the part of the care/ productivity

FOUR PILLARS
STRATEGY

1

Collect Information

2

Communication

3

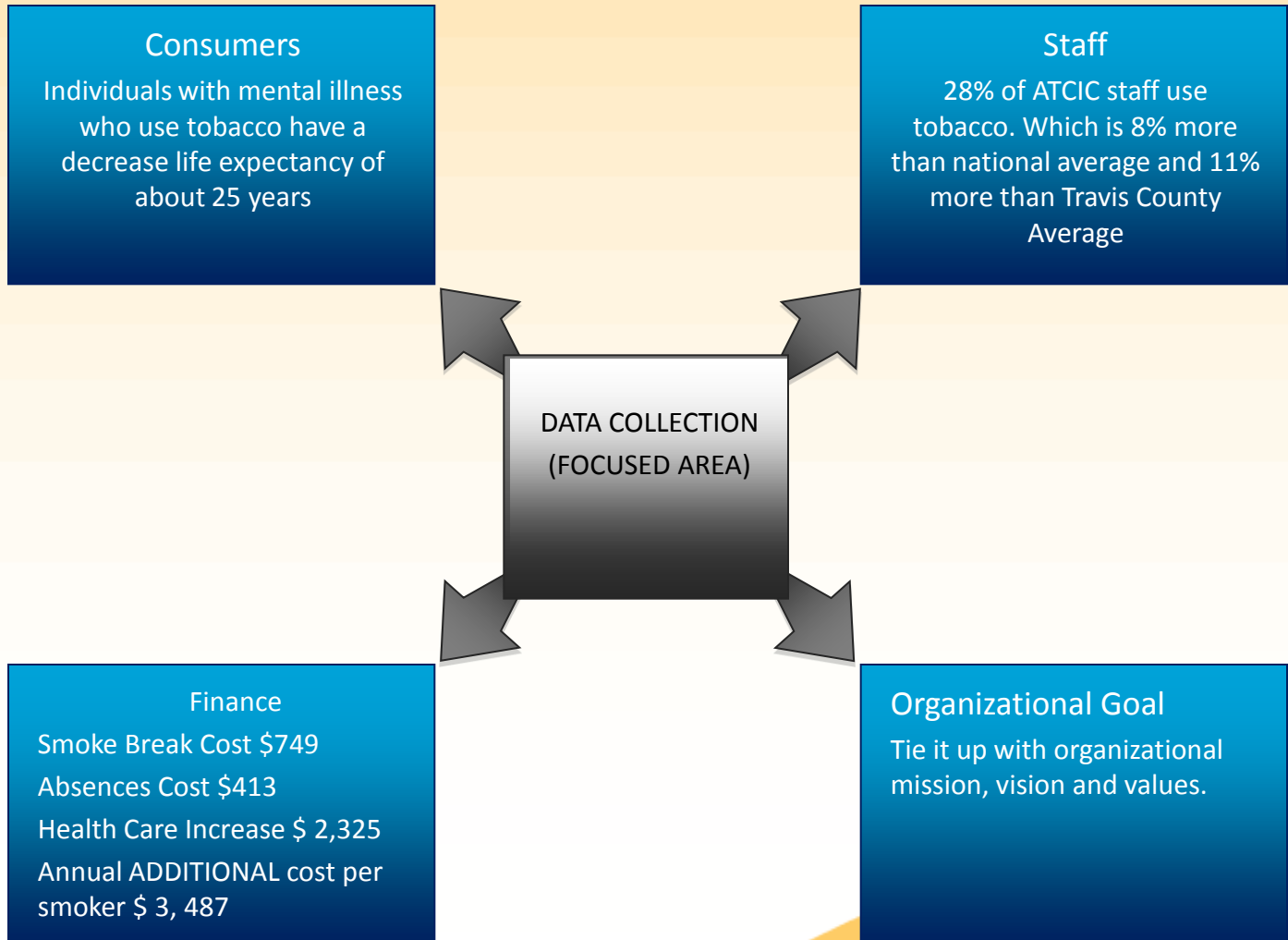
Training & Integration

4

Resources

FOUR PILLARS

STRATEGY – (Talking point which actually works)



FOUR PILLARS STRATEGY

Communication

Internal – We Can Quit, Initiative – Committee, intranet webpage, memorandums, email, success stories, flyers, signage, brochures, scripts, FAQ's, etc.

- External - Organizational newsletter & reports, memo to contractors & leased properties, internet webpage, media launch event, etc.

Training & Integration

- All staff (including non clinical)- Scripts for engaging consumers & co-workers, FAQ's
- Counselors & Physicians - Tobacco screen tool (EHR), Motivational Interviewing, Nicotine Replacement Therapy (NRT), toolkits

Make Resources Available

- For Consumers
- For Staff.

CONSUMERS

Organization

- Free NRT to consumers, if possible
- Peer support
- Tobacco education

TOBACCO QUITLINE

- 1-800-QUIT- NOW
- Telephone counseling

COMMUNITY

- Make partners
- Nicotine Anonymous
- Lung Associations

RESOURCES



We Can Quit!

An initiative by Austin Travis County
Integral Care

STAFF

Organization

- Free NRT if possible
- Reimbursement
- Employee assistance program (EAP)

TOBACCO QUITLINE

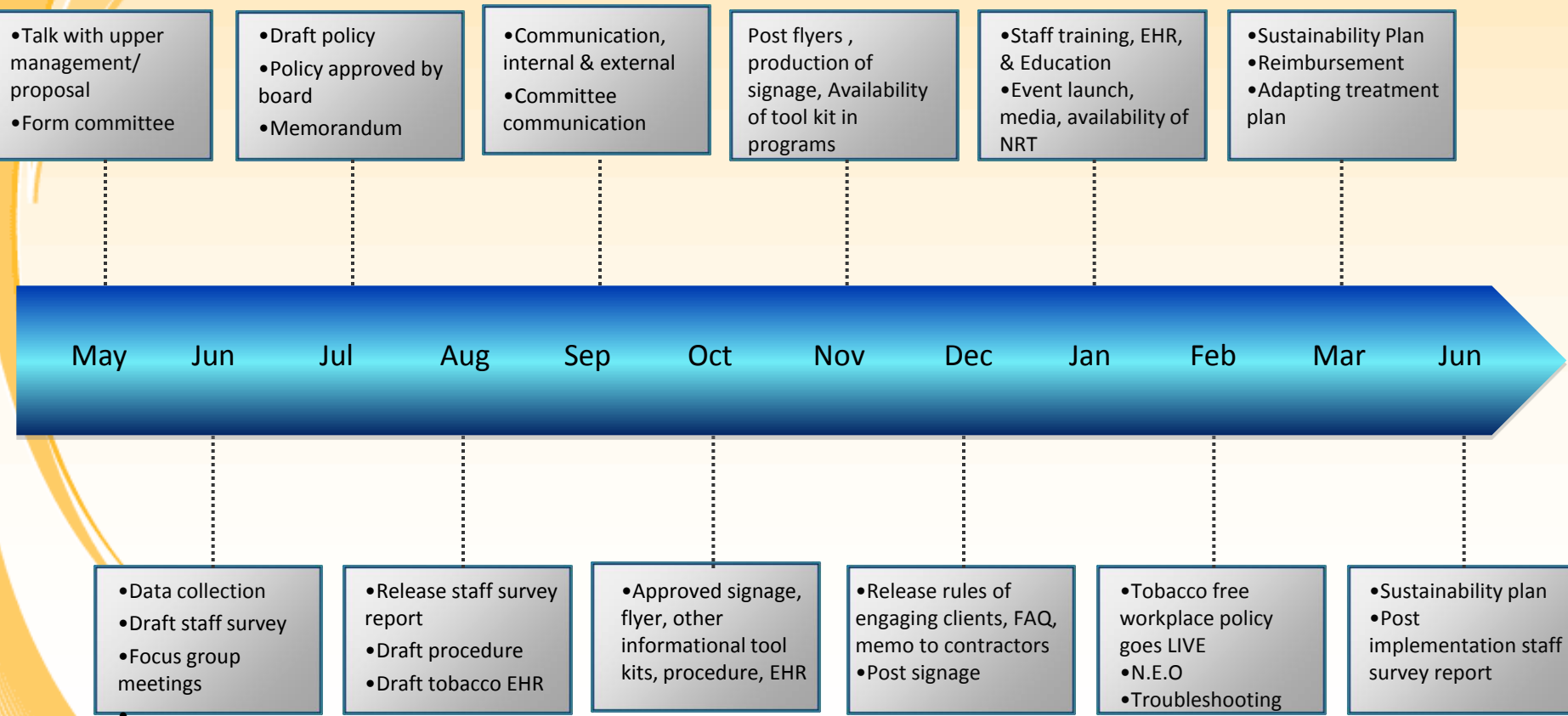
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COMMUNITY

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WE CAN QUIT!

SAMPLE TIMELINE (Generally 6-12 months)



SUSTAINABILITY PLAN STRATEGY

Intermediate Counseling

1

3-10 minutes of counseling
Procedure code – G0436
Amount reimbursed = \$ 10.33

Extensive Counseling

2

> 10 minutes of counseling
Procedure Code – G0437 Amount
Reimbursed = \$ 20.88

Credentials

3

MD, DO, LPhD, PA, APN,
CNS, LCSW

Medicare Tobacco Reimbursement
Reimbursement of TWO quit attempts
per year

One quit attempt has maximum of
FOUR counseling sessions

Effective from 1/1/2011

---TrailBlazerHealth.Com

Potential earning per year through sustainability plan

~ \$ XX,XXX

**Organization Budget, Trailblazer, Organization Annual Report*

WE CAN QUIT! OUTCOMES

BEFORE

- ~28% tobacco use prevalence among ATCIC staff
- ZERO consumers assessed for tobacco use.
- Zero staff trained in tobacco cessation counseling

AFTER

- ~12% tobacco use prevalence among ATCIC staff
- >8,000 consumers assessed for Tobacco use in 8 months. Followed tobacco education.
- >200 Counselors and physician trained in assisting to quit tobacco addiction
- Sustainable System Change



KEY FOR SUCCESS

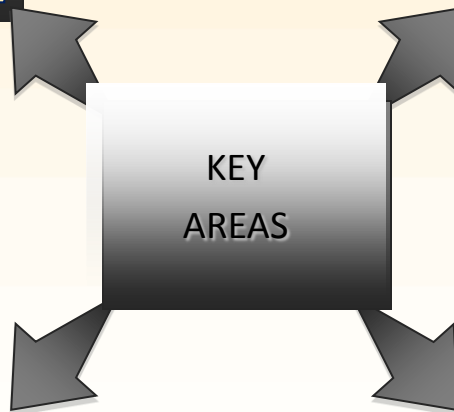
LONG-TERM BENEFITS OUTLAST SHORT-TERM RESISTANCE...

SUCCESS STORIES

- Consumer success stories
- Employee success stories
- Community success stories

FINANCIAL GAIN

- Reimbursement makes the program sustainable.
- State Medicaid reimbursement might differ



ADAPTING CULTURE

- Adding tobacco use in EHR, in consumer diagnosis and in treatment plan
- Training at NEO

Be positive, be relentless
and more importantly
HAVE A THICK SKIN!





What about you?

Tell us about your programs

- What is happening in your area?
- What challenges are you facing?
- What interventions have you implemented to target this population?
 - Your name
 - Where you work
 - Describe interventions (2-4 minutes max.)

Changing Landscapes

- Historically, mental health professionals promoting smoking behaviors
- Many consumers believe that smoking calms their psychiatric symptoms
- Many staff believe that this population can't quit or doesn't want to
 - How strong are these beliefs in your community?
 - What is helping to change these beliefs?

What does the evidence tell us?

- What evidence based practices are you using?
- What works? What doesn't?

Next Steps

- Based on this conference...
 - What will you change when you go back to work?
 - Who can you connect with?
 - What partnerships need to be developed?

THANK YOU FOR YOUR TIME!
ANY QUESTIONS?

