Behavioral Health & Wellness Program

Transforming Systems and Programs to Support Cessation in Behavioral Health Settings

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March 22, 2017

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UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

Behavioral Health & Wellness Program

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Quitting: It Can Be Done

Persons with behavioral health conditions:

- Are able to quit using
- 75% want to quit using
- 65% tried to quit in the last 12-months

Behavioral Health & Wellness Program

Wellness Initiatives and Tobacco Control Organizational Self-Assessment

Survey Development and Dissemination

Health Systems Change Initiative

- Funded by the Colorado Department of Public Health and Environment
- 2013-2015- partnered with the Colorado Behavioral Healthcare Council to work with:
  - Community Mental Health Centers
  - Specialty Clinics
  - Managed Service Organizations (Regional Substance Use Treatment Agencies)
  - Behavioral Health Organizations (Regional Medicaid Carve-Out Agencies)

Evidence-Based Domains

- Readiness to Provide:
  - Tobacco Education and Support
  - Screening and Treatment Planning Services
  - Onsite Medication Prescribing
  - Onsite Psychosocial Interventions
  - Community Referrals
  - Peer Recovery Services
- Readiness to Enact Tobacco-Free Policy
- Readiness to Monitor Outcomes
- Sustainability Planning

Survey Items and Scoring

- 39 items
- Each individual item was scored from 1 – 5 based on descriptions of the stages of readiness below

Stage	Description
PRE-CONTEMPLATION	An organization may not be aware of, or may not be considering this programming.
CONTEMPLATION	An organization may be aware of the need for this programming, but may not be preparing to move forward.
PREPARATION	An organization is aware of the need for programming and is taking steps to implement.
ACTION	An organization is ready to implement programming over the next three months.
MAINTENANCE	An organization has implemented programming and is continuing to refine and improve.

Annual Survey Participation

- 2013
  - 23 agencies
- 2014
  - 30 new agencies
  - 20 of 23 agencies from 2013
- 2015
  - 20 new agencies
  - 19 of 30 agencies from 2014
  - 15 of 20 agencies from 2013 and 2014

- Report of aggregate findings
- Customized reports for each participating agency

Readiness for Each Strategy and Recommended Action Steps

Nicotine Replacement Therapy (NRT) prescribed onsite:

CONTEMPLATION

Nicotine replacement therapy by any delivery system has been shown to double tobacco cessation rates as compared to placebo. As an organization, it's important to consider how dispensing NRT onsite could benefit your clients in their efforts to quit using tobacco. As you start the discussion at your organization about this topic, share the resources provided and use cessation rate statistics to emphasize the impact this decision may have for your clients.

Bupropion/Zyban/Wellbutrin prescribed onsite and Varenicline/Chantix prescribed onsite:

CONTEMPLATION

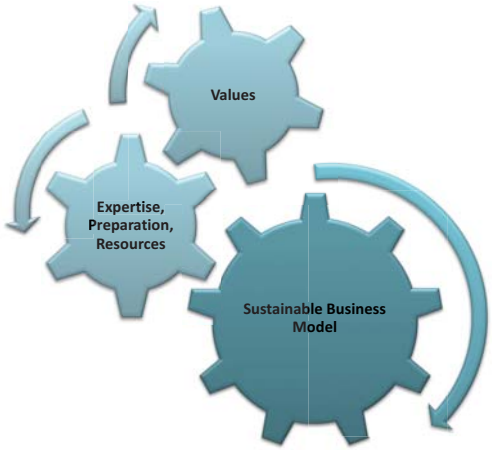
Consider your organization's resources. Do you have prescribers who can prescribe bupropion and varenicline for clients? Are these medications paid for by your funding sources? Is your staff familiar with the specific considerations of prescribing these medications, including black box warnings for both bupropion and varenicline?

Resources

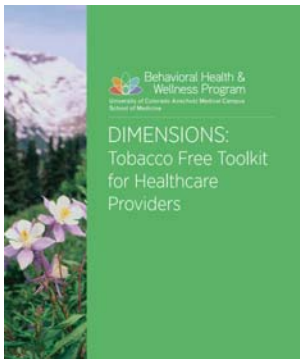
A. DIMENSIONS: Tobacco Free Toolkit for Healthcare Providers – see page 45.
B. DIMENSIONS: Tobacco Free Toolkit for Healthcare Providers – Supplement for Behavioral Health Populations – see pages 9-10 for specific findings regarding tobacco cessation medications and behavioral health conditions.
C. For quick and easy guidelines that can be given to staff or posted in exam rooms, download BHWP's Clinical Use of Pharmacotherapies for Tobacco Cessation Guideline Sheet.
D. For detailed information on nicotine replacement therapy, read American Family Physician's description of all available FDA-approved NRT.
E. For clinical guidelines for prescribing pharmacotherapy, see the Agency for Healthcare Research and Quality's FAQs.
F. Bupropion prescription information from the National Institutes of Health (NIH).
G. Varenicline prescription information from NIH.

Health Systems Change

Training & Consultation



Evidence-Based Guidance



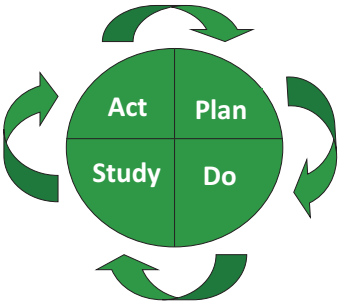
Supplements

- Behavioral Health
- Youth (Ages 11-18)
- Young Adults (18-25)
- Low-Income
- Pregnant and Post Partum

MI Video Modules

http://www.bhwellness.org/resources/toolkits/

Plan-Do-Study-Act Process



Three key questions:

- What are we trying to accomplish?
- How will we know a change is an improvement?
- What change can we make that will result in improvement?


DIMENSIONS Action Plan

Name: _____ Date: _____

Training Location: _____

Organization Name: _____

Best Way to Contact You:

☐ Email: _____

☐ Phone: _____

DIMENSIONS training attended:

☐ Tobacco Free Policy – Fundamentals
☐ Tobacco Free Program – Advanced Techniques
☐ Tobacco Free Program – Fundamentals
☐ Well Body Program – Advanced Techniques
☐ Well Body Program – Fundamentals
☐ Other (specify): _____

Position (check all that apply):

☐ Administrator ☐ Other (specify): _____
☐ Peer Advocate
☐ Provider

Readiness for change (check one):

☐ Pre-contemplation: Not considering change
☐ Contemplation: Considering change
☐ Preparation: Making concrete plans for change
☐ Action: Actively taking steps toward change
☐ Maintenance: Sustaining changes already made

Based on readiness for change, I will work to achieve the following goal(s) over the next 3-6 months.
Consider SMART goal criteria (Specific, Measurable, Achievable, Realistic, Timely).

Goal #1:

Completion of Goal #1 will be evidenced by:

Potential barriers to achieving Goal #1:

Goal #2:

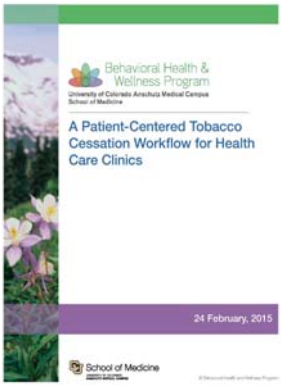
Completion of Goal #2 will be evidenced by:

Potential barriers to achieving Goal #2:

Signature: _____

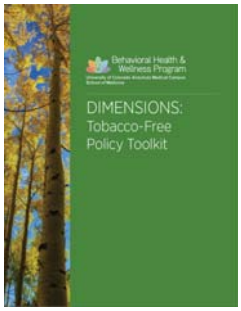
Delivery System Redesign

- Clear, dedicated team member roles
- Clinical workflow (when, where, who, what)
- Follow-up
- Performance feedback for clinicians



http://www.bhwellness.org/resources/fact-sheets-reports/

Tobacco Free Policy



www.bhwellness.org/resources/toolkits

Organizational Outcomes

Survey Items	Pre-Contemplation	Contemplation	Preparation	Action	Maintenance
READINESS TO PROVIDE TOBACCO SCREENING AND TREATMENT PLANNING SERVICES					
Ask/Document tobacco use for all clients at intake	20%	10%	0%	5%	65%
Ask/Document tobacco use for all clients at every visit	25%	15%	0%	5%	55%
Advise tobacco users to quit at every visit and document	25%	15%	0%	5%	55%
Treatment plans include tobacco cessation goals	25%	20%	5%	5%	45%
READINESS TO PROVIDE ONSITE MEDICATION PRESCRIBING					
Nicotine Replacement Therapy (NRT) prescribed onsite	40%	5%	0%	0%	55%
Bupropion /Zyban /Wellbutrin prescribed onsite	40%	10%	5%	0%	45%
Varenicline/Chantix prescribed onsite	40%	15%	5%	0%	40%
READINESS TO PROVIDE ONSITE PSYCHOSOCIAL INTERVENTIONS					
Motivational interviewing for tobacco cessation	20%	20%	15%	5%	40%
Individual tobacco cessation counseling	25%	15%	10%	5%	45%
Tobacco cessation groups	35%	35%	10%	0%	20%

Survey Items	2014	2015	Change in "Readiness"
READINESS TO PROVIDE TOBACCO SCREENING AND TREATMENT PLANNING SERVICES			
Ask/Document tobacco use for all clients at intake	4.6	4.6	
Ask/Document tobacco use for all clients at every visit	3.0	3.3	+
Advise tobacco users to quit at every visit and document	2.6	3.1	+
Treatment plans include tobacco cessation goals	3.5	4.0	+
READINESS TO PROVIDE ONSITE MEDICATION PRESCRIBING			
Nicotine Replacement Therapy (NRT) prescribed onsite	3.5	3.6	+
Bupropion/ Zyban/ Wellbutrin prescribed onsite	4.3	4.0	-
Varenicline/ Chantix prescribed onsite	3.4	3.6	+
READINESS TO PROVIDE ONSITE PSYCHOSOCIAL INTERVENTIONS			
Motivational interviewing for tobacco cessation	4.1	4.6	+
Individual tobacco cessation counseling	3.9	4.4	+
Tobacco cessation groups	3.3	3.6	+

Year Three Outcomes

- Agencies demonstrated positive movement along the "stages of "readiness" scale on almost every specific content area assessed
- 26 out of 29 areas

Year Three Outcomes

- Agencies made particularly large gains in the following categories:
  - Education and support
  - Screening and treatment planning services
  - Onsite psychosocial interventions
  - Peer-led services
  - Community referrals

Year Three Outcomes

- Reported negative change for:
  - Bupropion prescribed onsite
  - Determine whether tobacco cessation services will be available to community members

Where To Now?

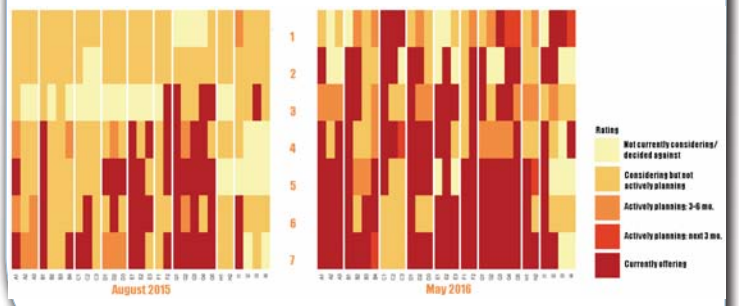
Wellness Recovery Learning Community

National Council for Behavioral Health & University of Colorado Behavioral Health and Wellness Program

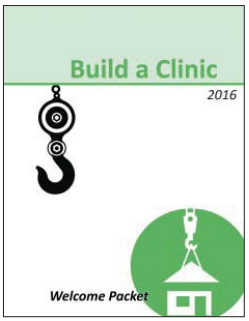
- Support 7 Florida-based addictions provider organizations
- Enhance cross-systems collaborations with the Bureau of Tobacco Free Florida and the Florida Association on Alcohol and Drug Abuse

Henderson Behavioral Health
Gateway Steps to Recovery
Operation PAR
South Florida Wellness Network
LifeStream
WestCare Foundation
disc village

System Redesign
Turning Up the Heat



Increased Reach to Underserved Populations



- Case-based learning
  - ECHO Colorado
- Hub and spoke model
- Scalability

https://www.bhwellness.org/programs/about-the-build-a-clinic-program

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 people with mental illness and addictions
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
Stronger Together.

SMOKING CESSATION LEADERSHIP CENTER

CRI

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NETWORK INSIDER

#BHtheChange

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