» Behavioral Health & Tobacco Cessation: Work Group Meeting

May 25, 2021

A SOCIAL IMPACT COMPANY
»redegroup

» Agenda

Welcome & Introductions	9:00 - 9:15
Review Project Goals, Timeline, and Context	9:15 - 9:20
Follow-up on Panel Requests from March 2021 meeting	9:20 - 9:45
Assessment Framework(s): Focus on the System	9:45 - 10:00
Break	10:00 - 10:10
Focusing the assessment	10:10 - 10:45
Next steps/wrap up	10:45 - 11:00

» Virtual meeting expectations

- Try (super hard) to be on camera
- Speak up or Raise your hand
- Only chat if you are asked to or if you have tech issues
- Use mute

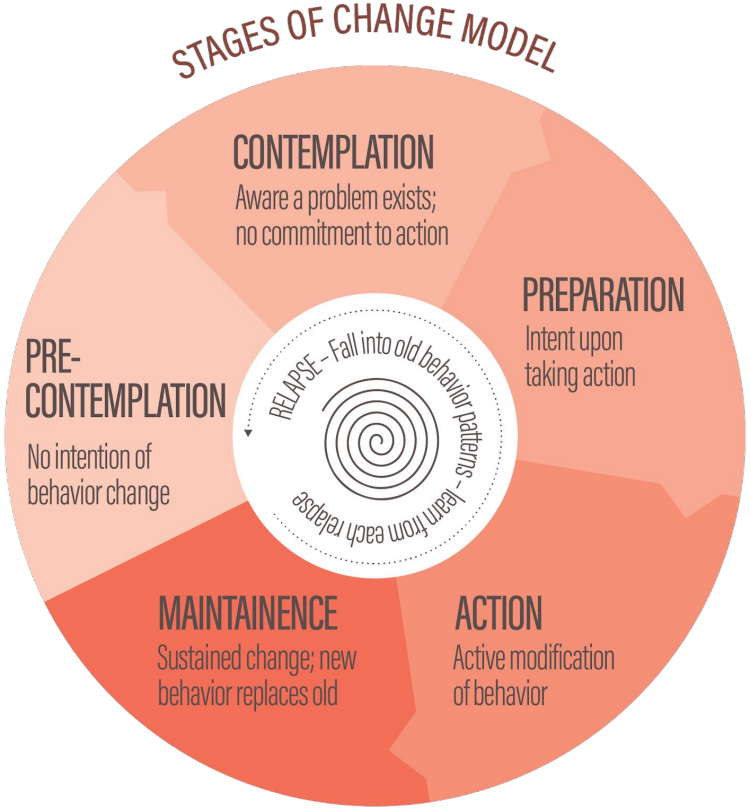
» Introductions

- Name
- Pronouns
  (if you choose to share)
- Organization

» Project Goal

Improve nicotine dependence treatment among people experiencing mental health conditions and substance use disorders.

- systems assessment
- systems changes
- evaluation



» Workgroup role

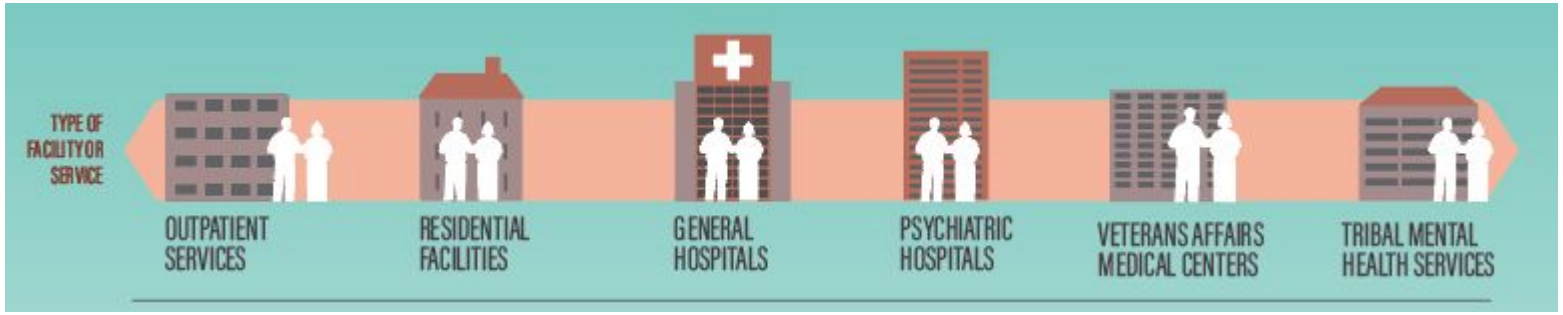
- Support assessment activities to identify opportunities and gaps in nicotine dependence treatment for populations who use tobacco/nicotine and have behavioral health diagnoses/conditions
- Provide connections to other stakeholders, including people with lived experiences
- Collaborate to develop a plan for improving comprehensive nicotine dependence treatment

» Rede and OHA Role

Provide the workgroup with a structure and the information you need to make recommendations about:

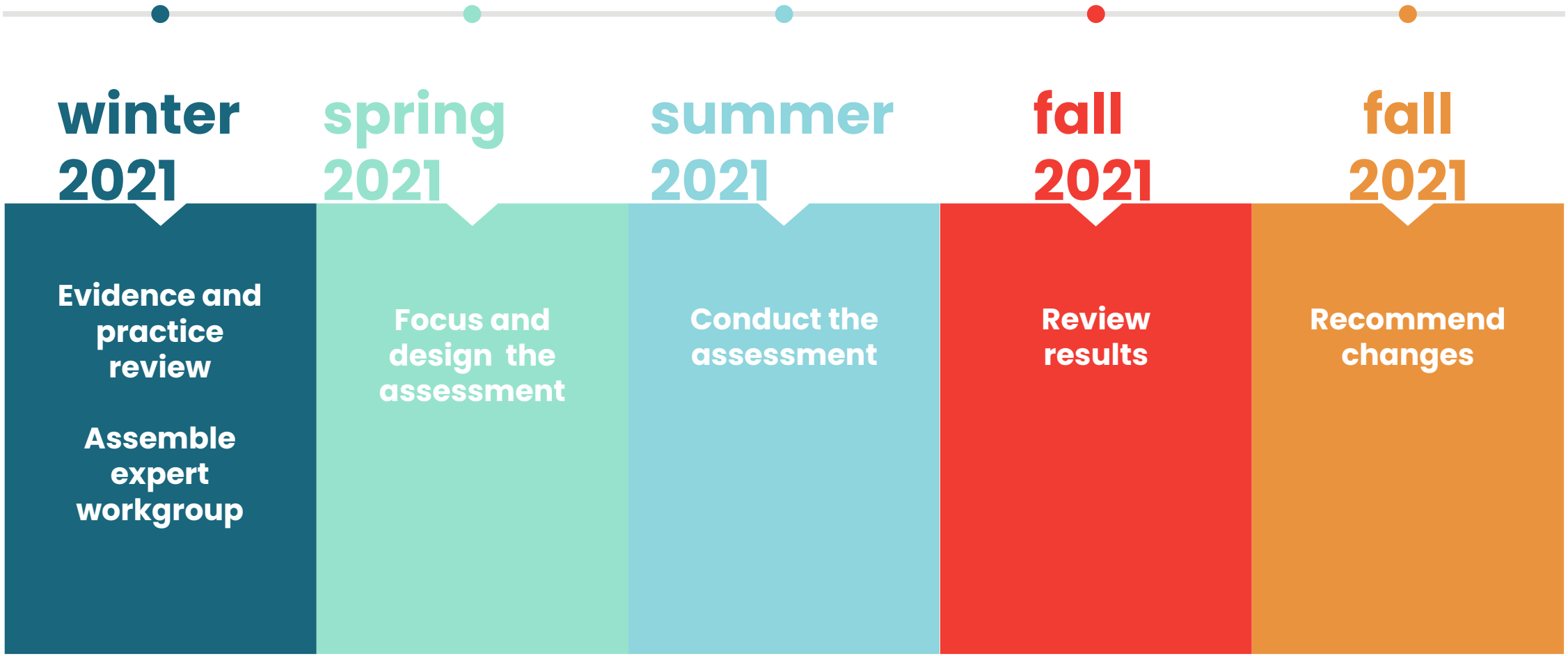
The assessment

Systems changes



TIMELINE

Tobacco Recovery System



» What should change…

- Motivation for clients and providers when so many other complex issues exist
- Cap on tobacco marketing and advertising. Restrict smoking to change social norms. Only allow indigenous tobacco, not commercial tobacco. Restrict flavor, advertisements, POS, etc.
- Find a way to simplify billing and diagnosis. Need parity with mental health billing
- Make cessation support available at all times, especially in congregate settings.
- Establish/maintain peer support system/network who can help support clients in tobacco recovery.
- Create and use tools for motivational interviewing (e.g., focus on what else can be done with $ spent on tobacco).
- Provide incentives to people to not smoke. Provide other activities/ways to connect to others (i.e., social alternatives.)
- Communicate better and more frequently. Provide more tools and resources.
- Limit/prohibit use of smoking as a way to connect/build relationships (peer support)

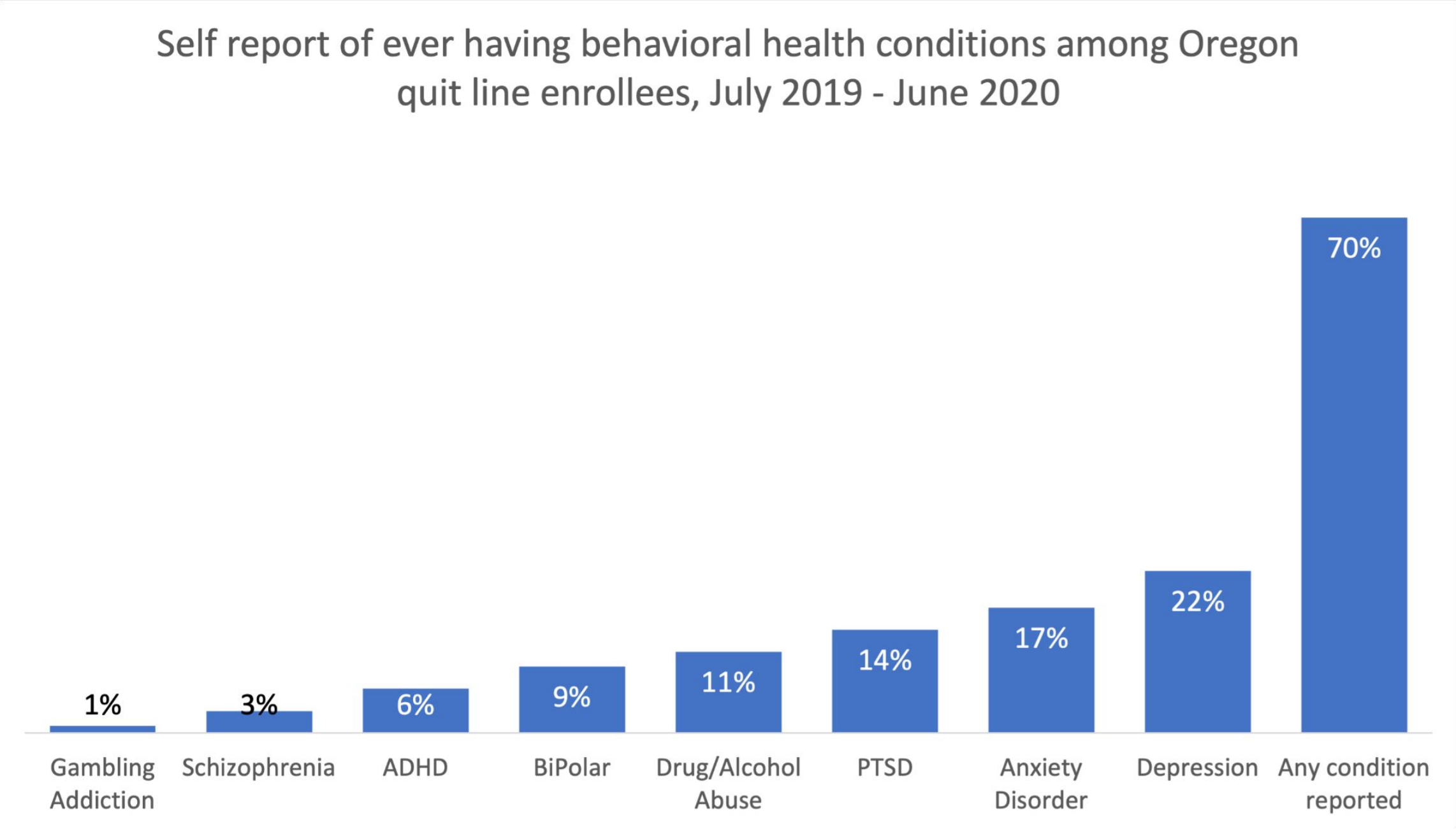
Questions from User Group

March 31, 2021

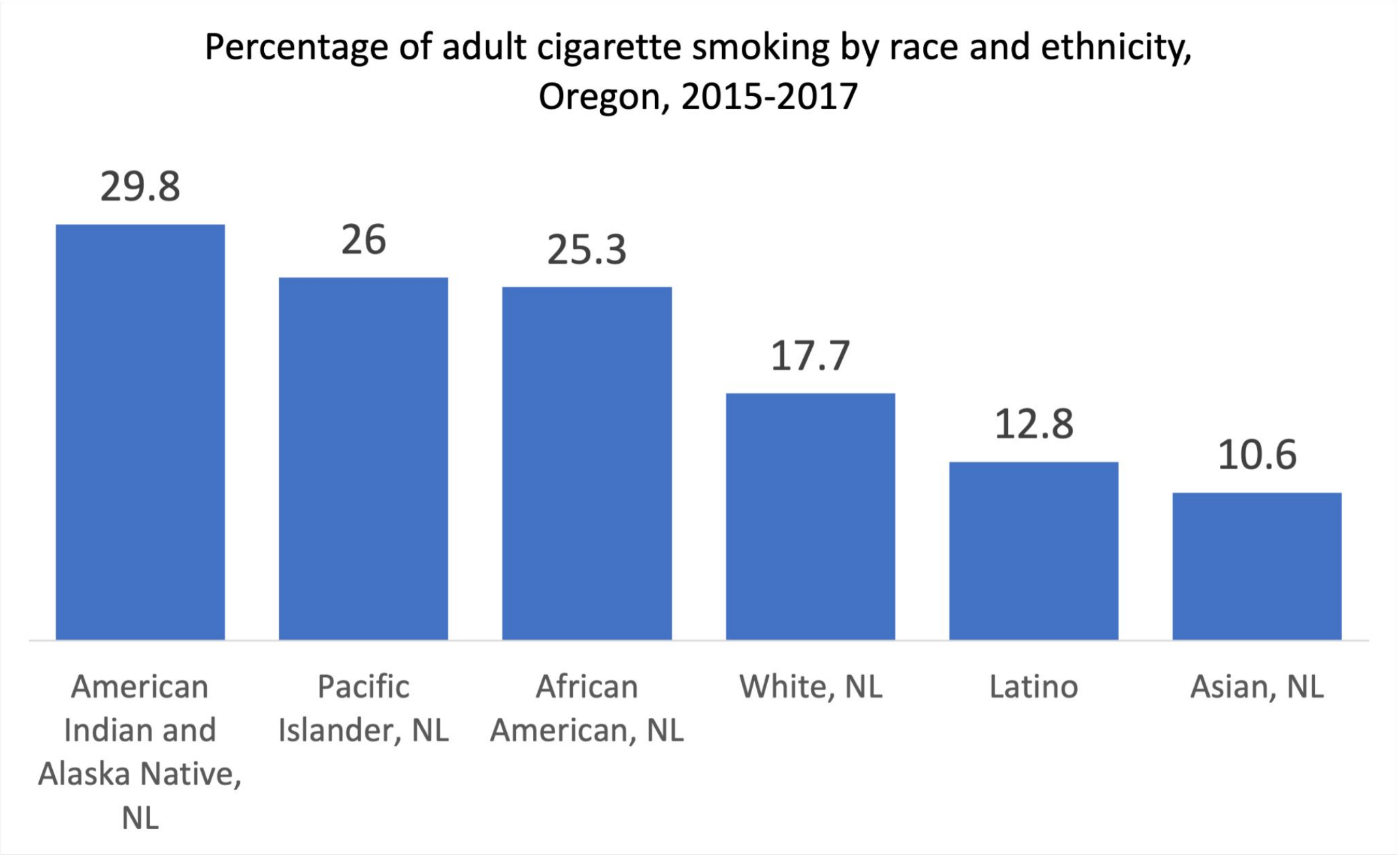
What does the Quit Line do?

The Oregon Tobacco Quit Line provides free counseling and medication to help people quit.

- Available to all Oregonians regardless of income or insurance status
- Staffed by real people, who are friendly and non-judgmental
- Counseling is available over the phone or online
- Coaching is available in 170+ languages including Spanish, Russian, Chinese, Korean, Vietnamese, and American Sign Language.



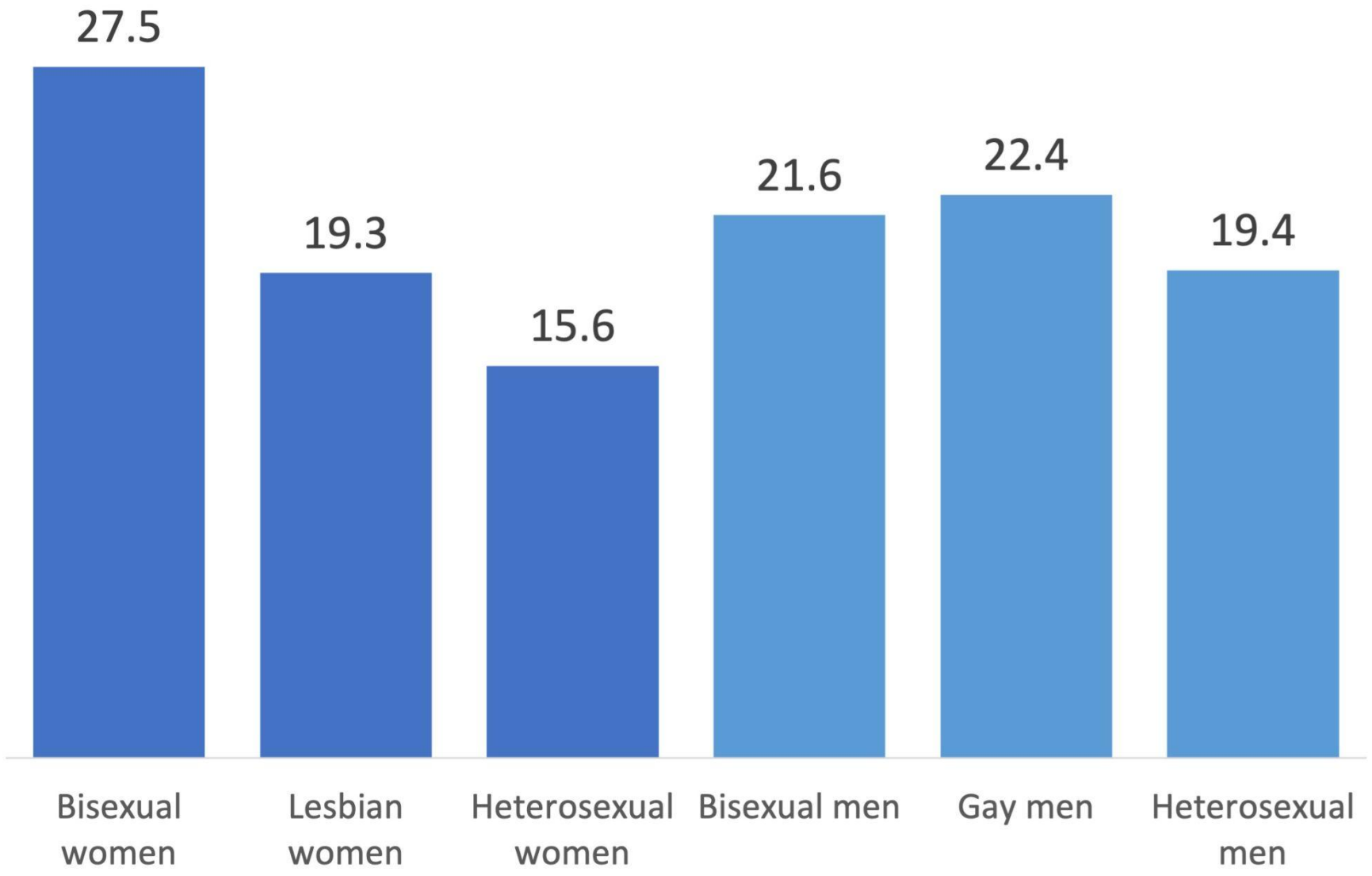
Source: Oregon Tobacco Quit Line Demographic Report
https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/TOBACCOPREVENTION/Documents/ORJuneDemographics2020.pdf



NL = non-Latino

Source: Oregon Behavioral Risk Factor Surveillance System Race Oversample, 2015–2017. Unpublished data

Percentage of adult cigarette smoking by sexual orientation, Oregon, 2014-2017



Source: Oregon Behavioral Risk Factor Surveillance System. Unpublished data.

Percentage of adult cigarette smoking, by select demographic groups, Oregon 2018

	Percent (%)
Annual household income	
Less than $20,000	31.3
$20,000-$49,999	21.2
$50,000 or more	9.1
Education	
Less than high school graduation	29.4
High school graduate or GED	22.1
Some college	17.4
College graduate	6.4

Source: Oregon Behavioral Risk Factor Surveillance System. Unpublished data.

Percentage of adult cigarette smoking, by select demographic groups, Oregon 2018

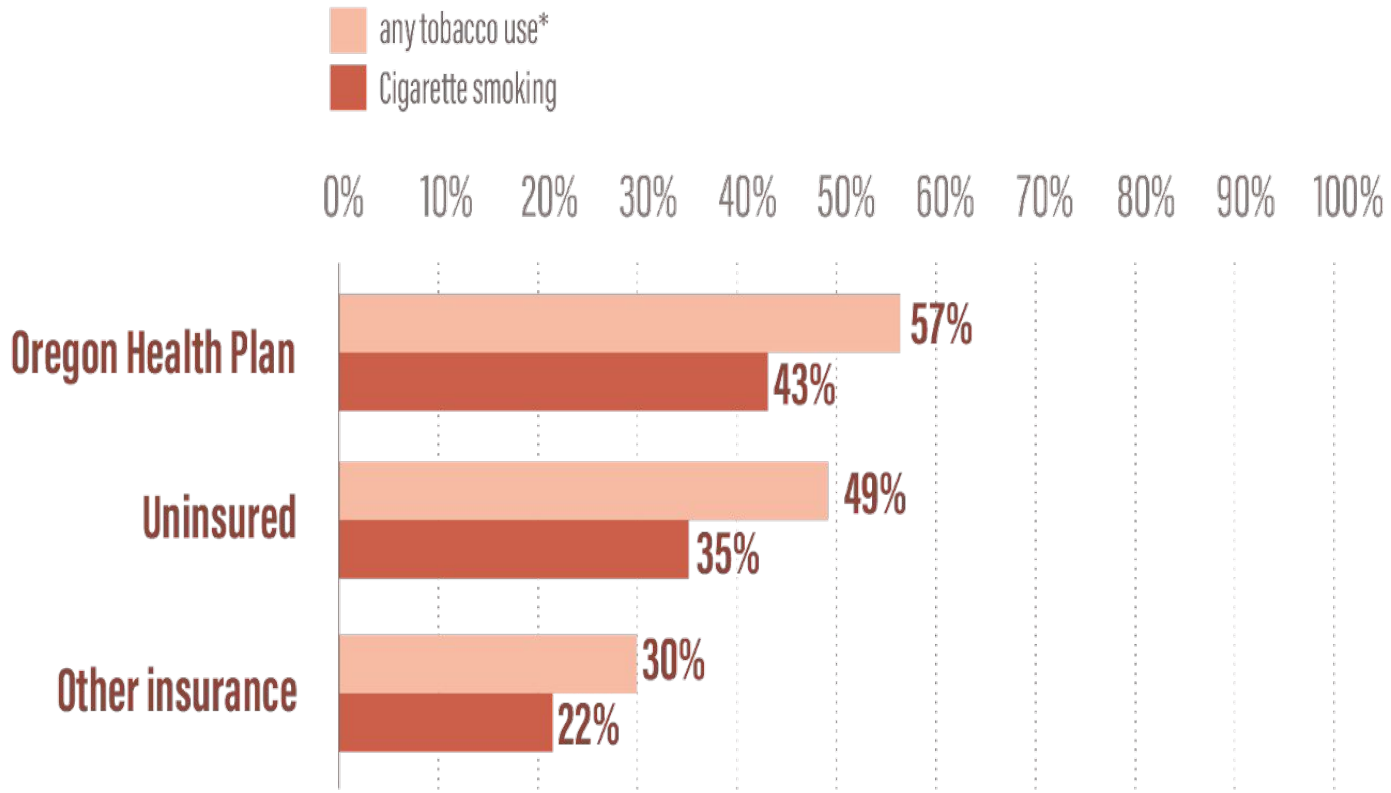
	Percent (%)
Insurance	
Currently on the Oregon Health Plan (OHP)	34.1
No health insurance	28.1
Have health insurance (other than OHP)	12
Residency	
Urban	15.3
Rural	21.6

Source: Oregon Behavioral Risk Factor Surveillance System. Unpublished data.

Percentage of adult cigarette smoking, by select demographic groups, Oregon 2018

	Percent (%)
Reporting mental health not good for seven or more days in the past 30 days	
Experiencing poor mental health	25.8
Not experiencing poor mental health	13.8

Percent of cigarette smoking or any tobacco use* among people poor mental health** by insurance type, 2018



* Any tobacco use includes cigarettes, little cigars, large cigars, hookah, electronic cigarettes or smokeless tobacco use.

** Poor mental health is having 14 or more days in the past 30 days where mental health was not good.

Estimates reflect the self-reported experiences of those surveyed and are not generalizable to the Oregon population.

Data source: Oregon Behavioral Risk Factors Surveillance System

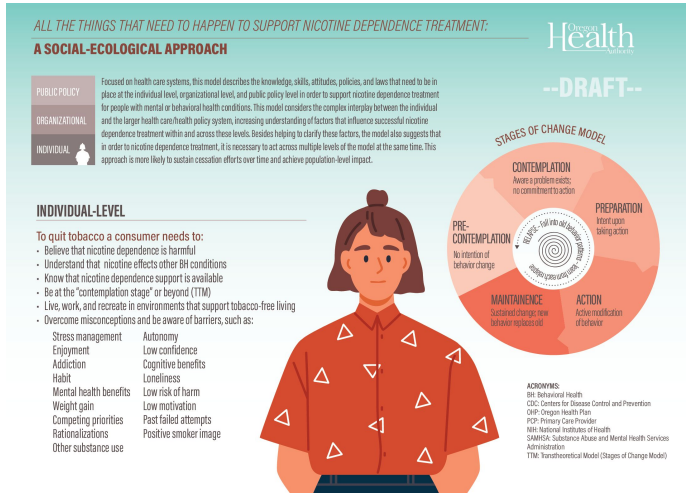
What's happening in other states…

- 2021 State Tobacco Control Community of Practice
- State specific requests: North Carolina, Colorado, Wisconsin and California

Best practices for treatment with behavioral health lens?

Need some more details about what looking for and how you want the info

i. Macro level is presented on “things that need to happen” infographic
ii. Messaging and communications is being studied by OHA media contractor
iii. Micro level is available but possibly outside the scope of this panel for review



Sub-systems: An interconnected network

Payment

Referral

Diagnosis

Treatment

Environmental/recovery supports

--DRAFT--

OREGON BEHAVIORAL HEALTH SERVICES & NICOTINE DEPENDENCE TREATMENT

A SYSTEMS OVERVIEW

TYPE OF FACILITY OR SERVICE	OUTPATIENT SERVICES	RESIDENTIAL FACILITIES	GENERAL HOSPITALS	PSYCHIATRIC HOSPITALS	TRIBAL BEHAVIORAL HEALTH SERVICES	VETERANS AFFAIRS MEDICAL CENTERS
NUMBER OF FACILITIES: **MENTAL HEALTH**	185	271	10	19	9	7
ANNUAL ESTIMATE OF PEOPLE SERVED	320,000					
MENTAL HEALTH FACILITIES OFFERING TREATMENT FOR CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDERS	83					
NUMBER OF FACILITIES: **SUBSTANCE USE**	102	72	6		7	3
ANNUAL ESTIMATE OF PEOPLE SERVED	20,000					
SUBSTANCE ABUSE FACILITIES OFFERING TREATMENT FOR CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDERS	154					

TOBACCO POLICY ENVIRONMENT

Requirements for addictions and mental health facilities licensed and funded by the Oregon Health Authority: provide individuals receiving AMH services and program employees with tobacco-free environments; promote healthy alternatives to using tobacco; increase access to peer-based and other tobacco cessation resources and supports; and improve discharge planning to promote sustained tobacco cessation and healthy lifestyles in recovery. (Policy number OHA 140-001)

EVIDENCE-BASED NICOTINE DEPENDENCE TREATMENT

Evidence based nicotine dependence treatment should include both behavioral counseling interventions and pharmacotherapy. Behavioral counseling includes physician advice, nurse advice, individual counseling, group behavioral interventions, and telephone counseling. Pharmacotherapy includes nicotine replacement therapy, as well as bupropion and varenicline. (US Preventive Services Task Force 2015)

ALL THE THINGS THAT NEED TO HAPPEN TO SUPPORT NICOTINE DEPENDENCE TREATMENT:

A SOCIAL-ECOLOGICAL APPROACH

Oregon Health Authority

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PUBLIC POLICY

ORGANIZATIONAL

INDIVIDUAL

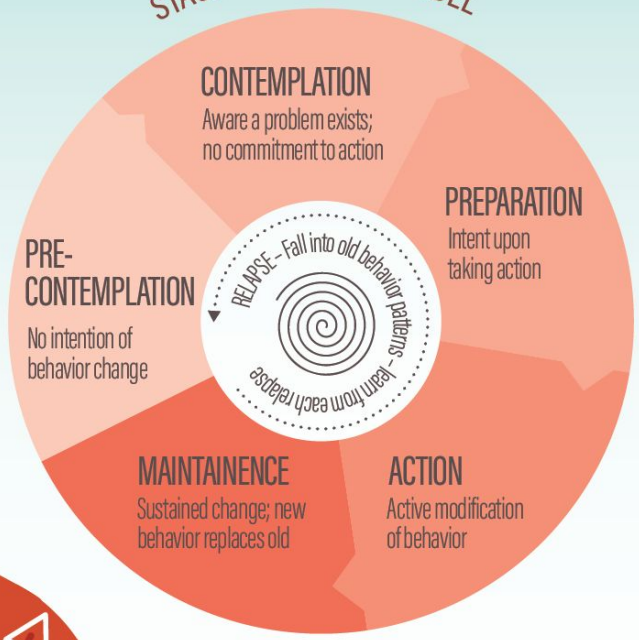
Focused on health care systems, this model describes the knowledge, skills, attitudes, policies, and laws that need to be in place at the individual level, organizational level, and public policy level in order to support nicotine dependence treatment for people with mental or behavioral health conditions. This model considers the complex interplay between the individual and the larger health care/health policy system, increasing understanding of factors that influence successful nicotine dependence treatment within and across these levels. Besides helping to clarify these factors, the model also suggests that in order to nicotine dependence treatment, it is necessary to act across multiple levels of the model at the same time. This approach is more likely to sustain cessation efforts over time and achieve population-level impact.

INDIVIDUAL-LEVEL

To quit tobacco a consumer needs to:

- Believe that nicotine dependence is harmful
- Understand that nicotine effects other BH conditions
- Know that nicotine dependence support is available
- Be at the "contemplation stage" or beyond (TTM)
- Live, work, and recreate in environments that support tobacco-free living
- Overcome misconceptions and be aware of barriers, such as:

Stress management	Autonomy
Enjoyment	Low confidence
Addiction	Cognitive benefits
Habit	Loneliness
Mental health benefits	Low risk of harm
Weight gain	Low motivation
Competing priorities	Past failed attempts
Rationalizations	Positive smoker image
Other substance use	



ACRONYMS:
BH: Behavioral Health
CDC: Centers for Disease Control and Prevention
OHP: Oregon Health Plan
PCP: Primary Care Provider
NIH: National Institutes of Health
SAMHSA: Substance Abuse and Mental Health Services Administration
TTM: Transtheoretical Model (Stages of Change Model)

PUBLIC POLICY-LEVEL

National Policy needs to: :

- Support NIH, CDC, SAMHSA, and other nicotine dependence research and programs
- Living wage for mental health and behavioral health employees

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MEDICAID, OHP, PUBLIC HEALTH POLICY-LEVEL

State programs, policy, and advocates need to:

- Maintain, study, and improve the Oregon Tobacco Quitline
- Collect and disseminate data about disparities in tobacco use and nicotine dependence treatment
- De-stigmatize nicotine dependence treatment around behavioral health through mass-reach communication and education
- Establish Billing /reimbursement parity
- Educate about billing for nicotine dependence treatment
- Monitor tobacco-free policies system-wide
- Identify and eliminate barriers to accessing nicotine dependence treatment (especially for OHP consumers) such as… (pending further research)

ORGANIZATIONAL-LEVEL: BH ADMINISTRATION

Provider organizations need to:

- Create an culture that supports tobacco free living for staff and consumers
- Establish a 100% tobacco-free environment policy
- Educate staff on how to support individuals in quitting
- Lead with a focus on wellness of the individual including support for nicotine dependence treatment
- Establish internal processes/workflows for systematic diagnosis, treatment (including pharm such as Bupropion and Varenicline), billing, and payment
- Support staff in quitting and staying quit through medical benefits, internal programs, and work culture
- Advocate for elimination of barriers to accessing nicotine dependence treatment

ORGANIZATIONAL-LEVEL: BH STAFF + PCPs

To motivate and support quitting, individual staff/providers need to:

- Understand the interplay between quitting tobacco and other addictions/mental health conditions
- Believe that nicotine dependence treatment is necessary for a full, healthy life
- Screen all patients for tobacco use and use motivational techniques to encourage quitting- Ask, advise, assess, assist, arrange; address barriers
- Believe that their consumers can quit
- Understand that multiple interventions per consumer are necessary
- Have the training and knowledge to provide or arrange nicotine dependence treatment including prescribing medicines

BREAK

Sub-systems: An interconnected network

Payment

Referral

Diagnosis

Treatment

Environmental/recovery supports

JAMBOARD