

Behavioral Health &
Wellness Program

Identifying & Maximizing Community Partnerships Masterclass

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14 March 2024



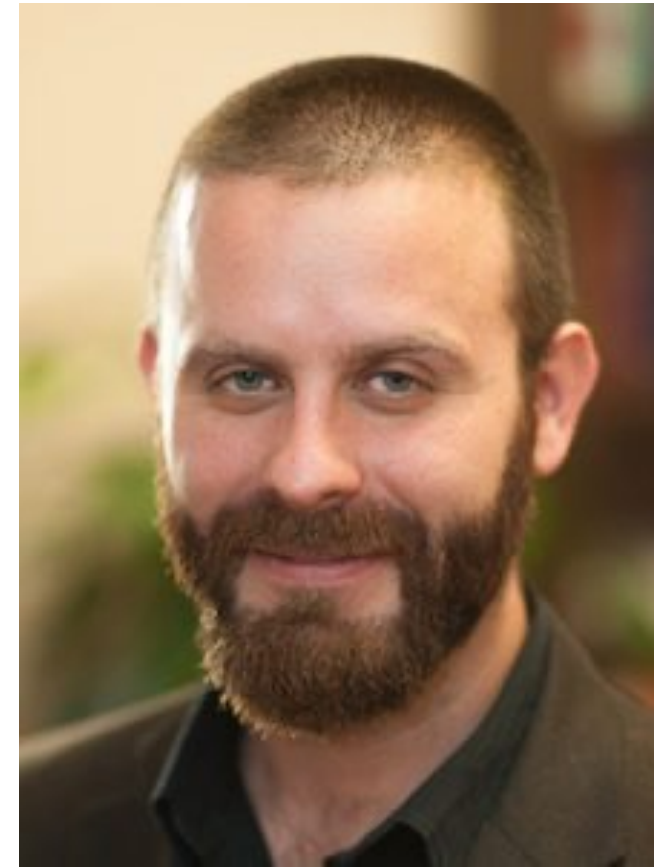
School of Medicine

UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS





Dr. Chad Morris, PhD
Director, BHWP

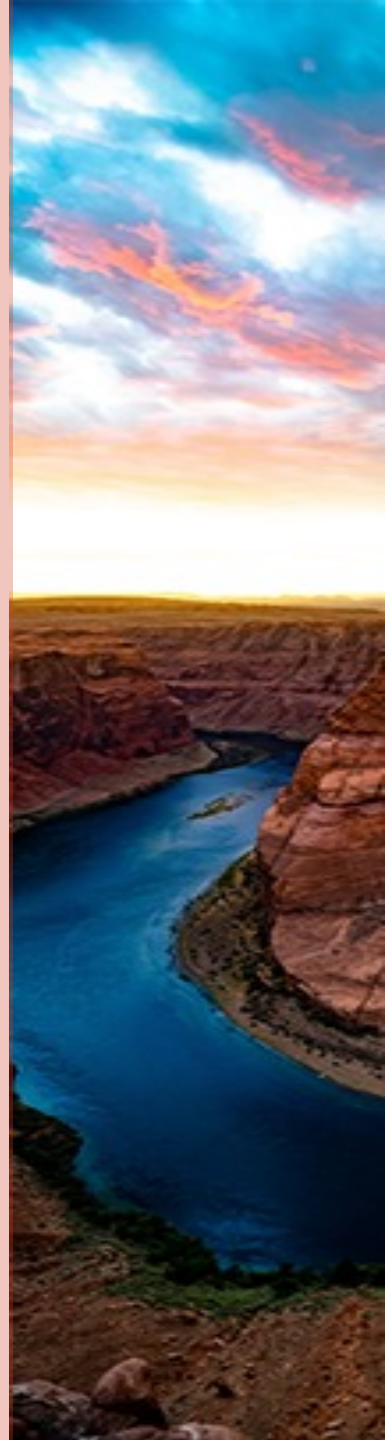


Jim Pavlik, MA, CTPP
Sr. Program & Policy
Analyst

Training Objectives

This specialized training is designed to:

- Build on your existing knowledge and skills
- Provide the information, resources and skills you need to use the Behavioral Health Cessation Coordination Model Toolkit for your own programming
- Provide tools and resources you can use today to broaden and deepen your tobacco cessation network



Collaboration Projects

1. Find and activate new passive engagement partners (e.g., sites to hang ASHLine posters, display brochures)
2. Educate partners on the harms and disparate burden of tobacco use
3. Train staff on available local and statewide resources and how to make effective referrals to them
4. Engaging sites in doing assessments and making referrals
5. Assist sites in reviewing, revising and enforcing tobacco-free policies
6. Train staff to do 1:1 tobacco cessation coaching/counseling or to run psychoeducational groups
7. Assist staff in identifying targets for rapid improvement of tobacco cessation programming including referral, recruitment, and reimbursement
8. Assist organizations in promoting tobacco cessation resources to their employees
9. Assist organizations in proactively engaging clients/customers in tobacco cessation conversations
10. Assist organizations in adding tobacco-related content to their new employee orientation/onboarding procedures or processes



Poll

1. How confident are you in ability to reach out to new BH or JI partners and engage them in a partnership?
2. How ready are you to reach out to a new BH or JI partner to engage them in a partnership?





Identifying & Maximizing Community Partnerships Masterclass

Introduction

Program Overview



The Disparate Burden of Tobacco in Select Populations

Behavioral Health & Justice-Involved



General Burden of Tobacco Use

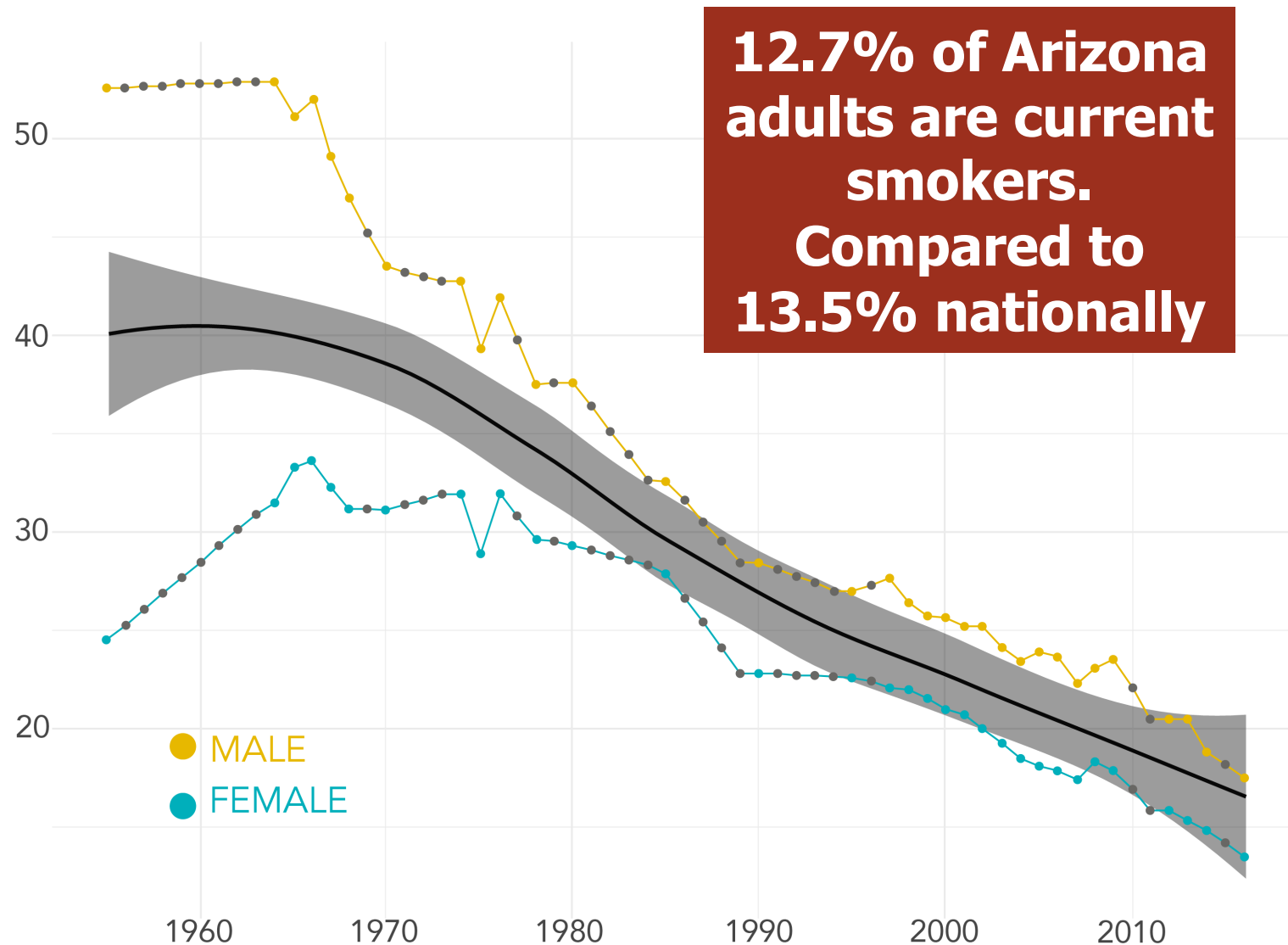
Burden of Tobacco

- 480,000 tobacco-related deaths in the U.S. each year
 - 8 million tobacco-related deaths worldwide each year
- 16 million people living with a tobacco-related chronic illness
- 41,000 deaths each year in the U.S. due to second-hand smoke exposure

It is estimated that one person dies from a tobacco-related illness every 6 seconds



Trends in U.S. Adult Smoking

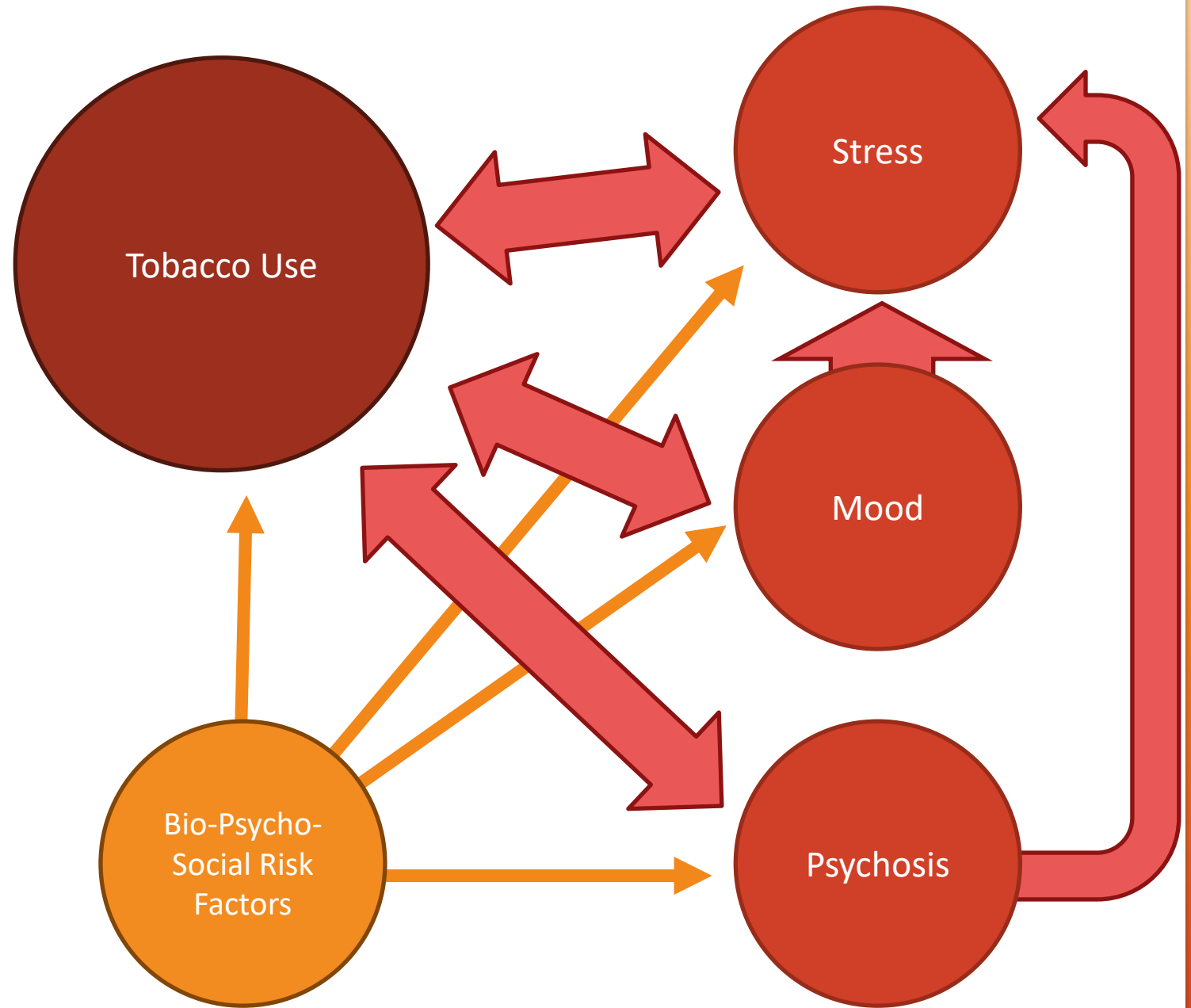




Specific Burden of Tobacco Use

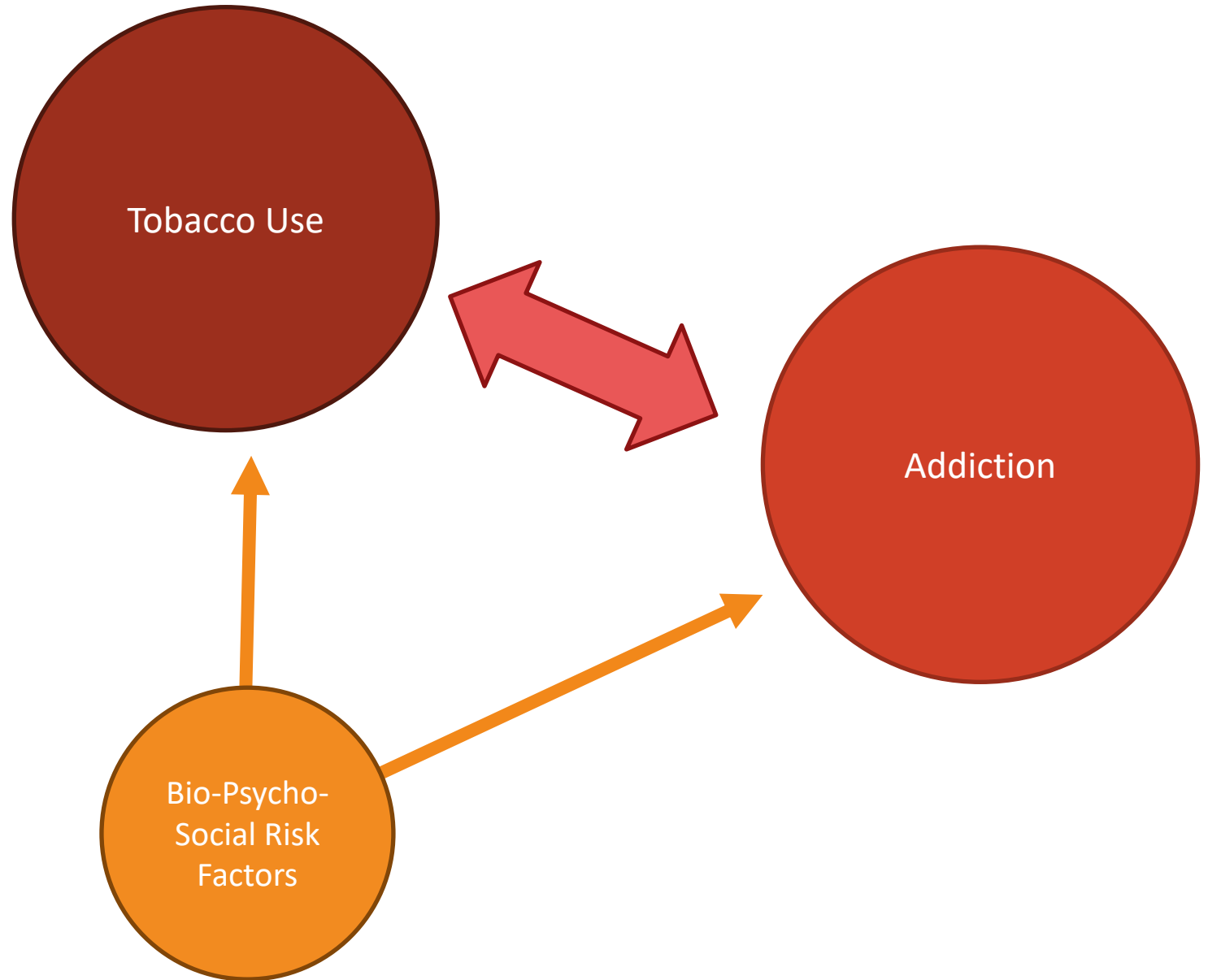
Tobacco Dependence & Mental Illnesses

Complex and often bidirectional

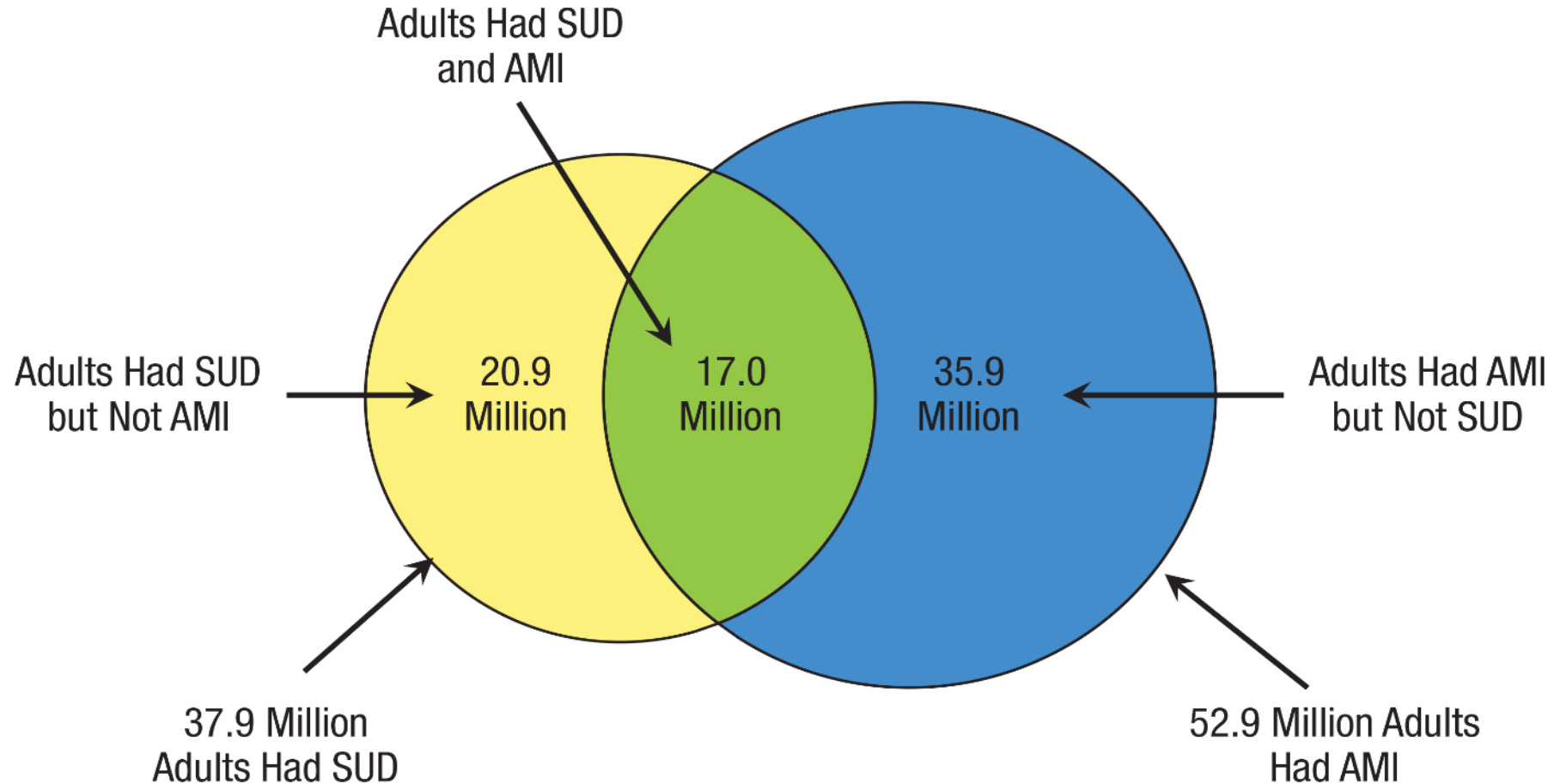


Tobacco Dependence & Substance Use Disorder

Complex and often bidirectional



Past Year Substance Use Disorder (SUD) and Any Mental Illness (AMI): Among Adults Aged 18 or Older (NSDUH, 2020)



73.8 Million Adults Had Either SUD or AMI

61-90% Schizophrenia

51-70% Bipolar Disorder

49-80% Other Drug Use Disorders

38-42% ADHD

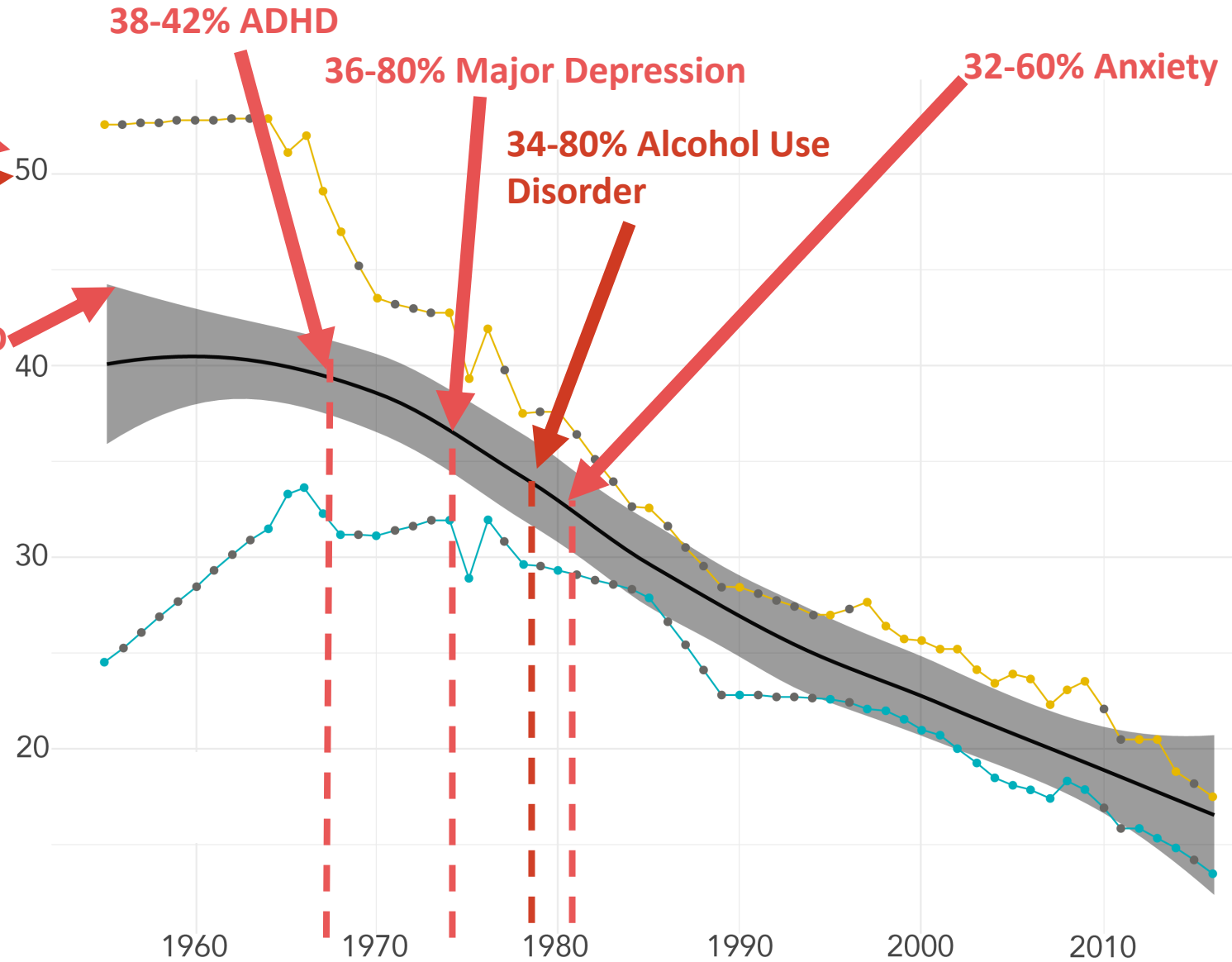
36-80% Major Depression

34-80% Alcohol Use Disorder

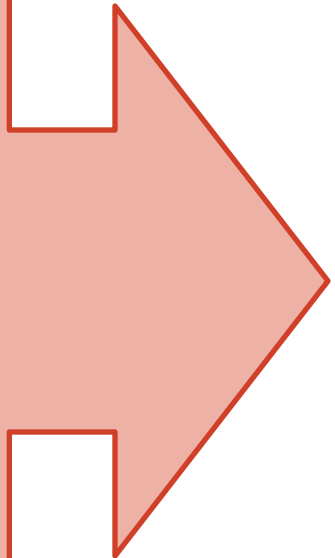
32-60% Anxiety

45-60% PTSD

13.5% of adults are current smokers



- Stigma
- Low SES
- Discrimination
- Chronic Stress
- Psychological Distress
- Coping Skills
- Environmental Exposure
- ACES



Addiction

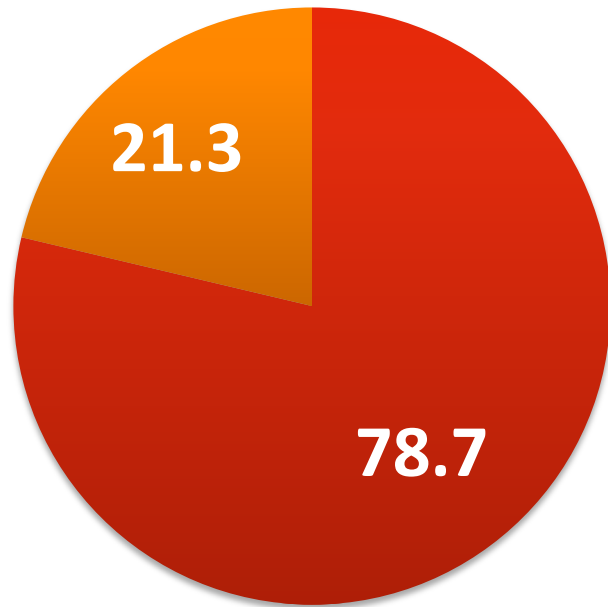
Incarceration

Mental Health
Conditions

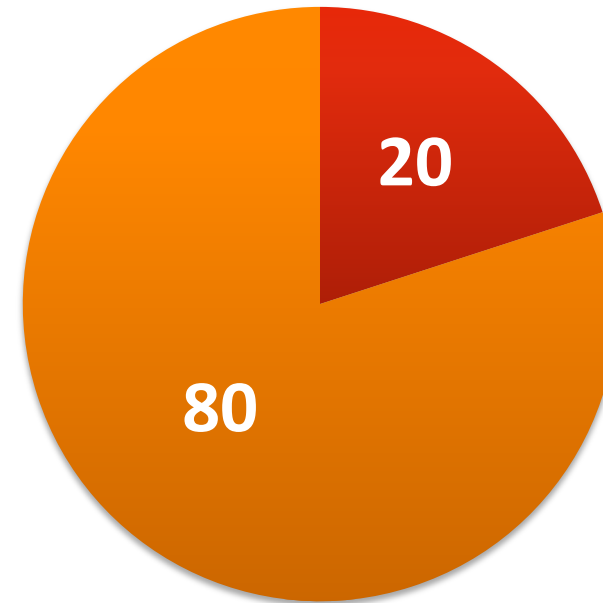
Poor Health



Rates of Tobacco Use

General Population

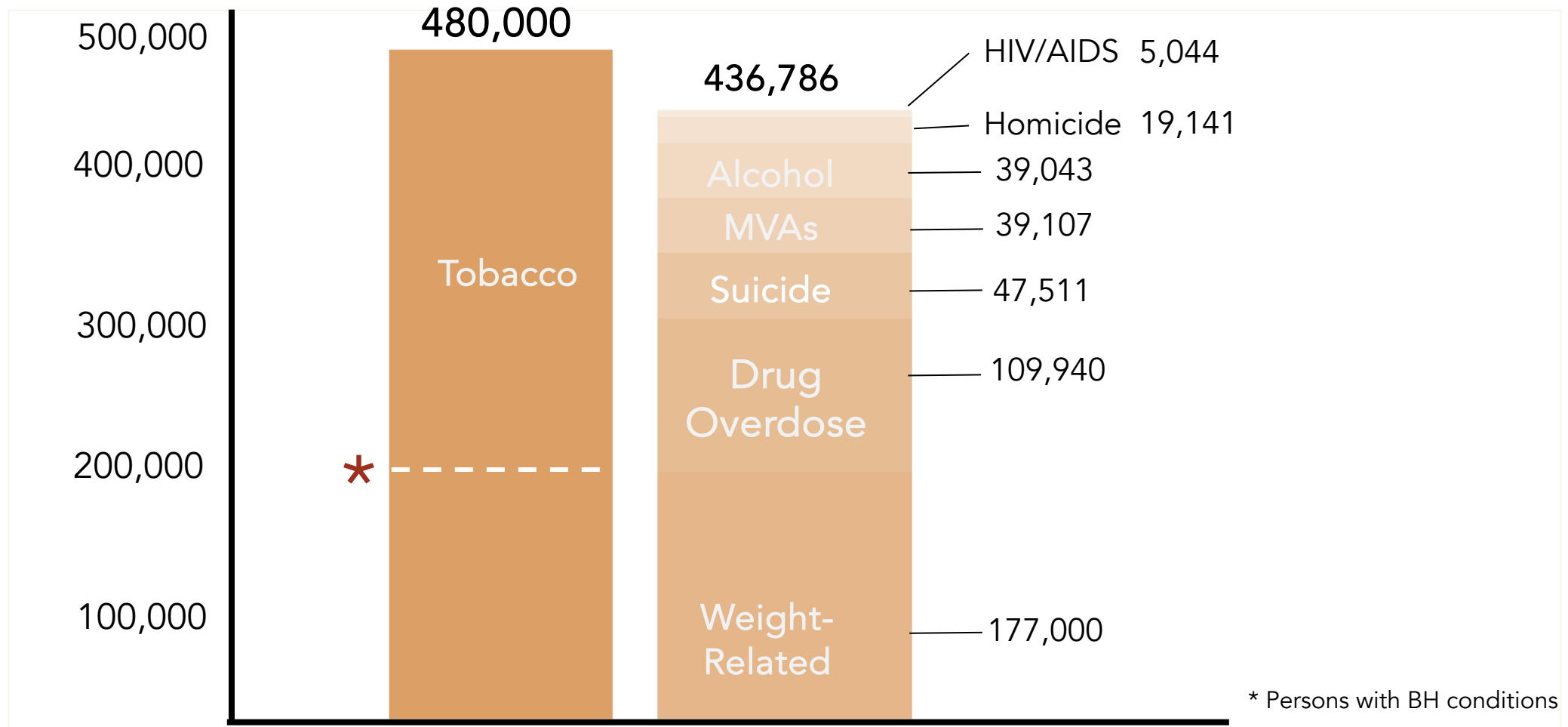


Criminal Justice-Involved Populations

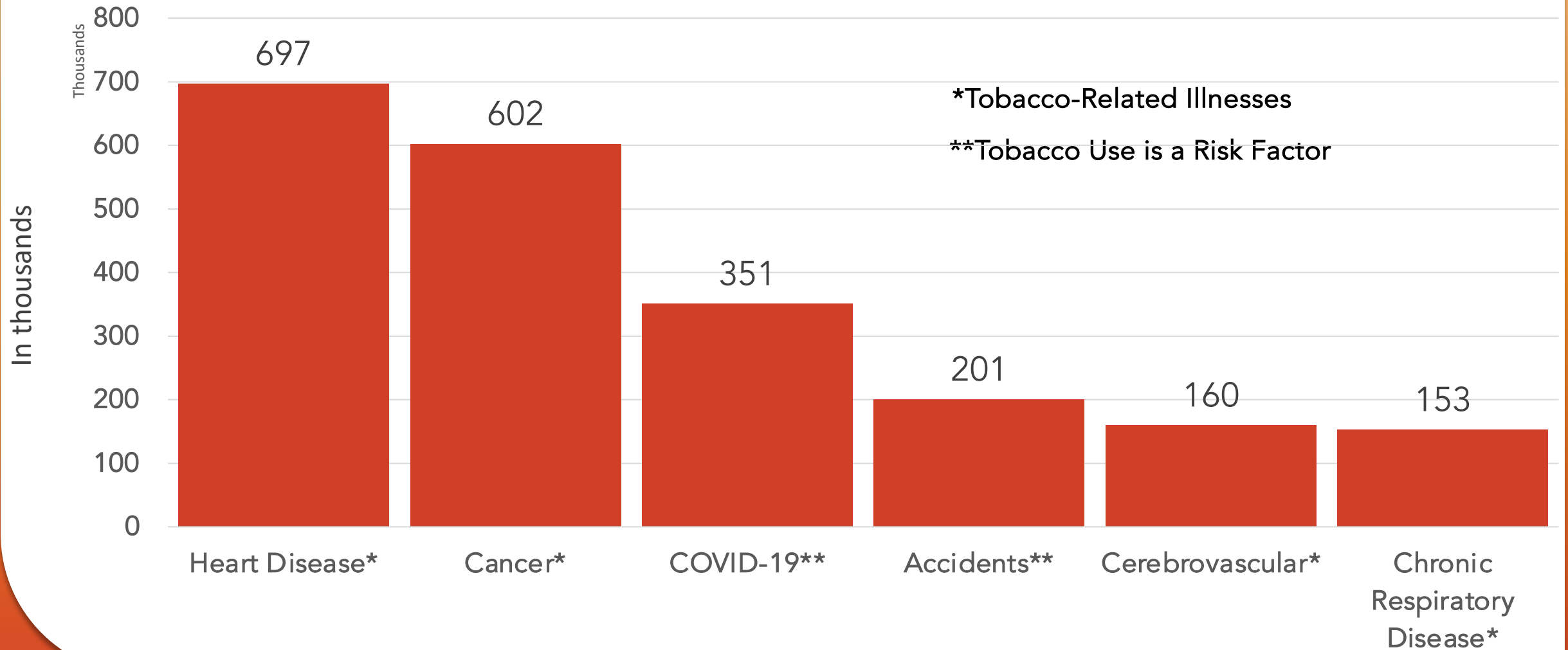


-  People who are tobacco-free
-  People who use tobacco

Behavioral Causes of Death in U.S.

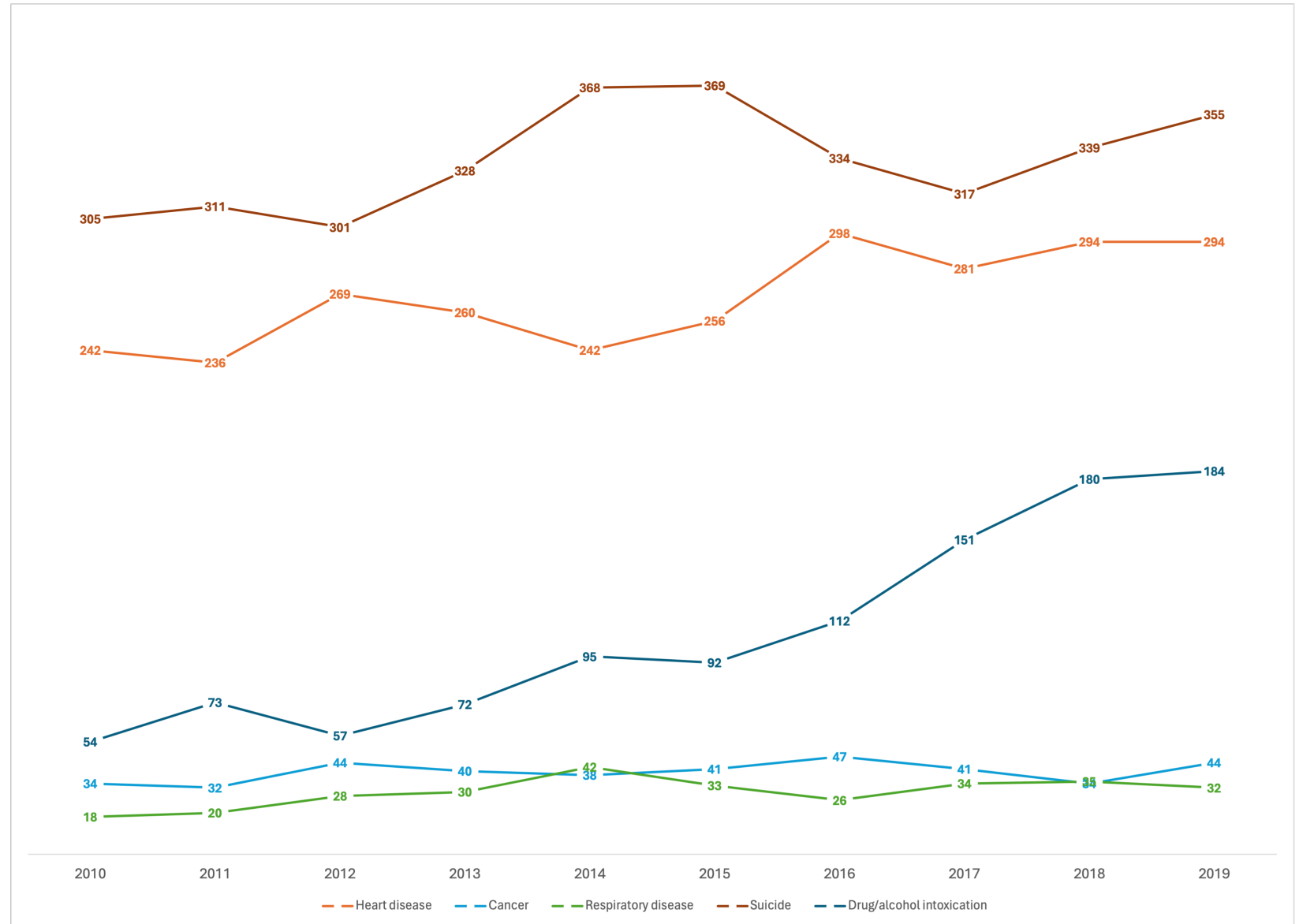


Annual Causes of Death in the U.S.



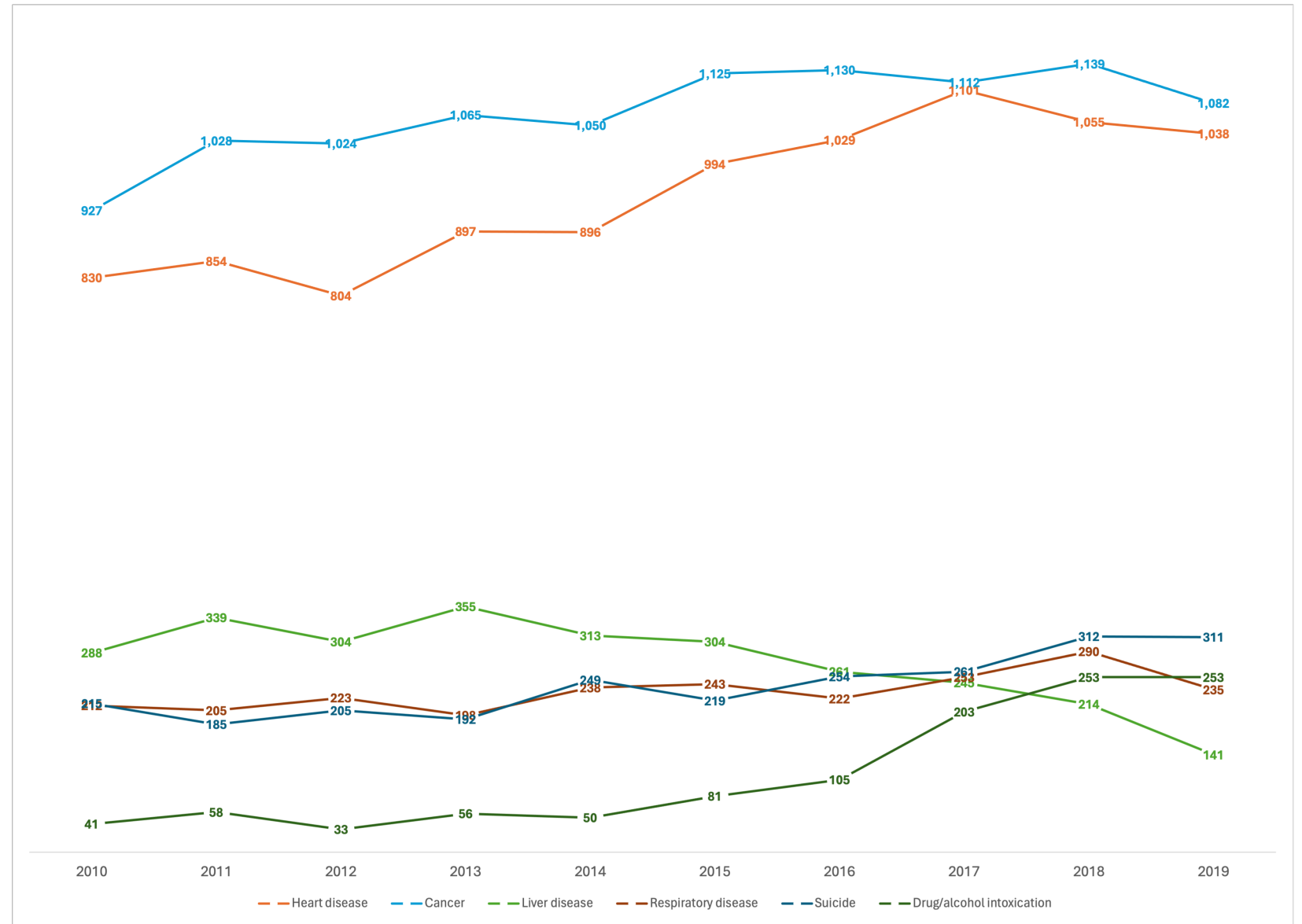
Mortality in Jails, 2010-2019

- Cancer
- Heart Disease
- Suicide
- Respiratory Disease
- Drug/Alcohol Intoxication

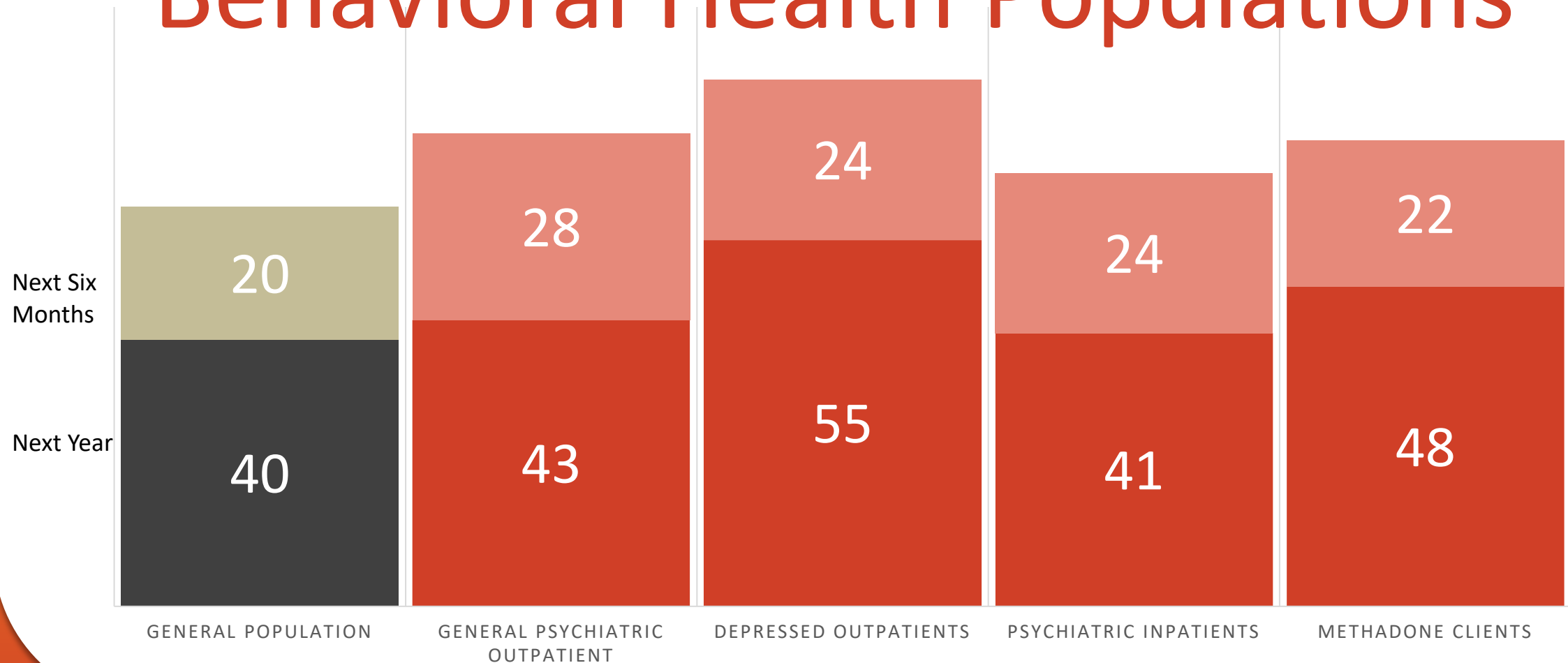


Mortality in Prisons, 2010-2019

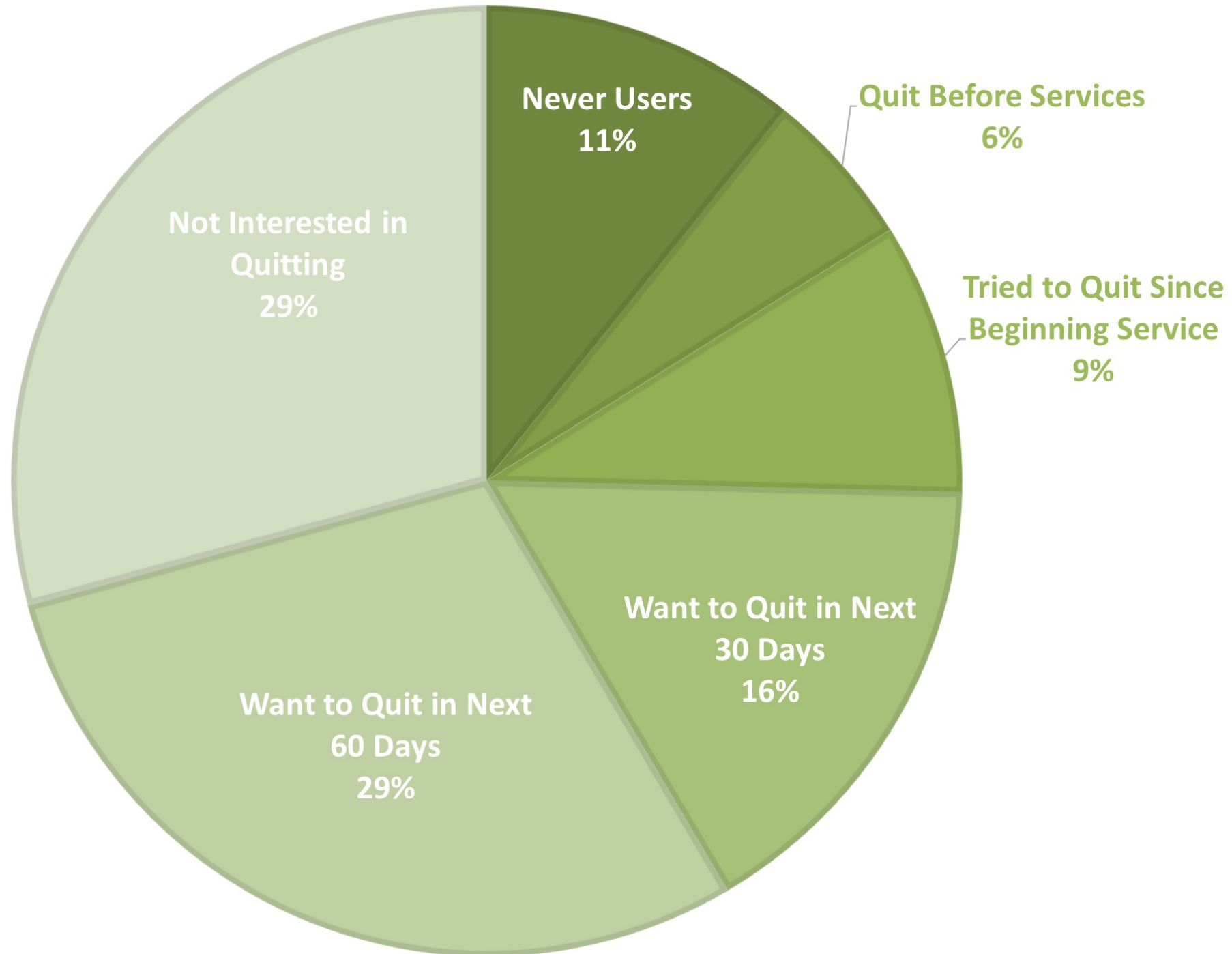
- Cancer
- Heart Disease
- Liver Disease
- Suicide
- Respiratory Disease
- Drug/Alcohol Intoxication



Readiness to Quit— Behavioral Health Populations



Interest in Quitting among Drug Court Participants, 2015





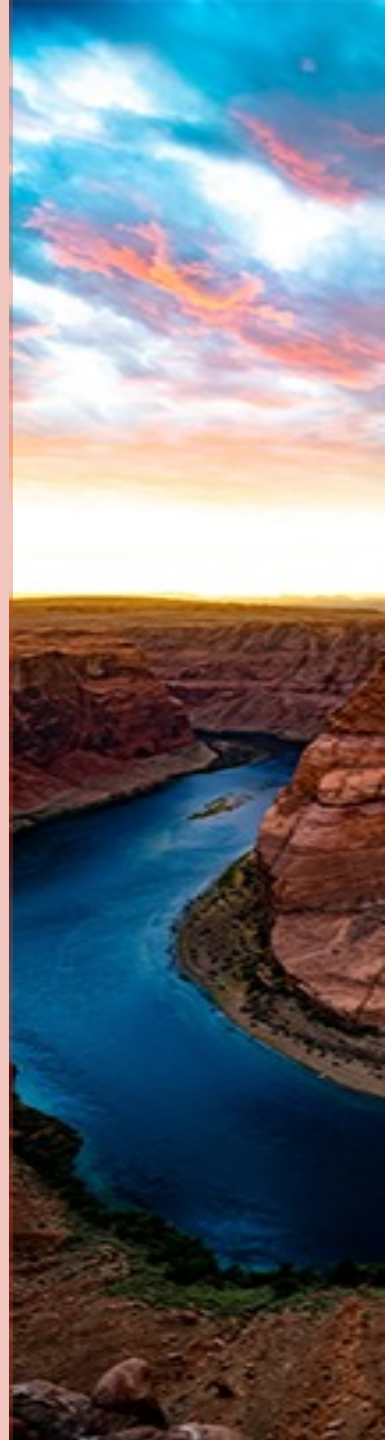
Deepening and Broadening Tobacco Cessation Networks



Identifying Local Partners

Working your Network

- Elevate your personal connections
 - Turn personal connections into structural connections
 - Intensify your relationships
- Meet and activate your connections' connections
- Identify and characterize potential partners
- Deepen your relationships
 - Add structure and formality
 - Intensify your connection





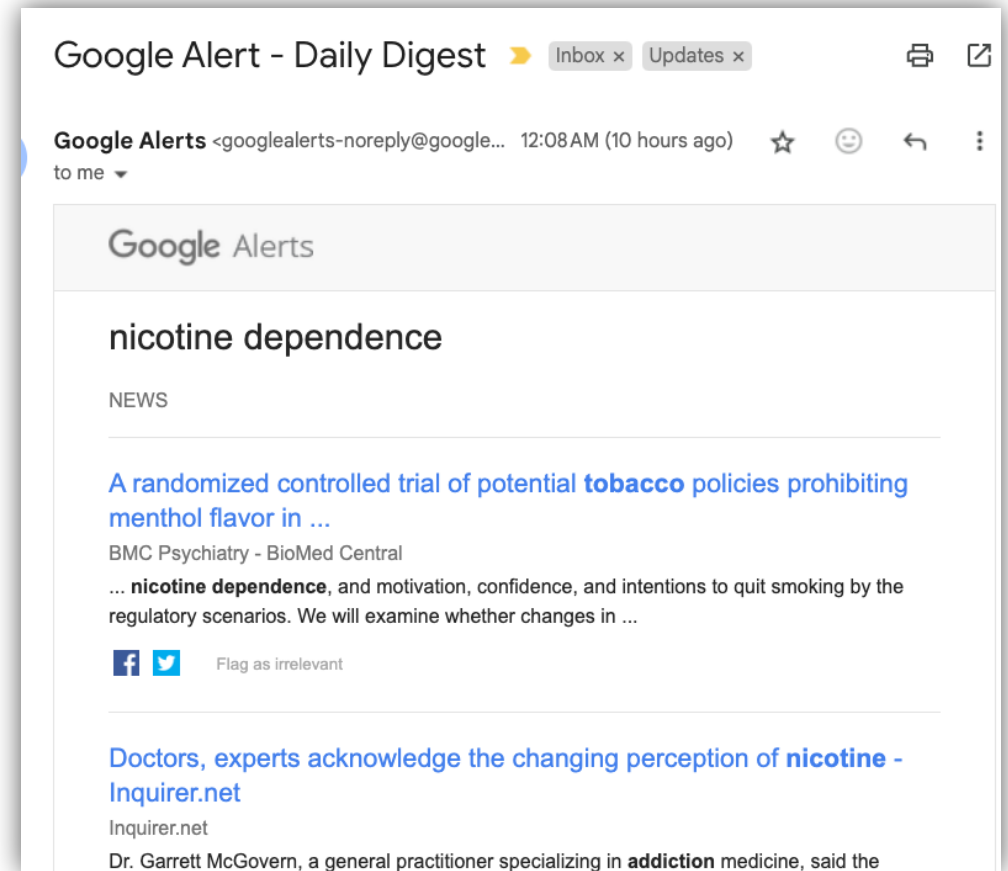
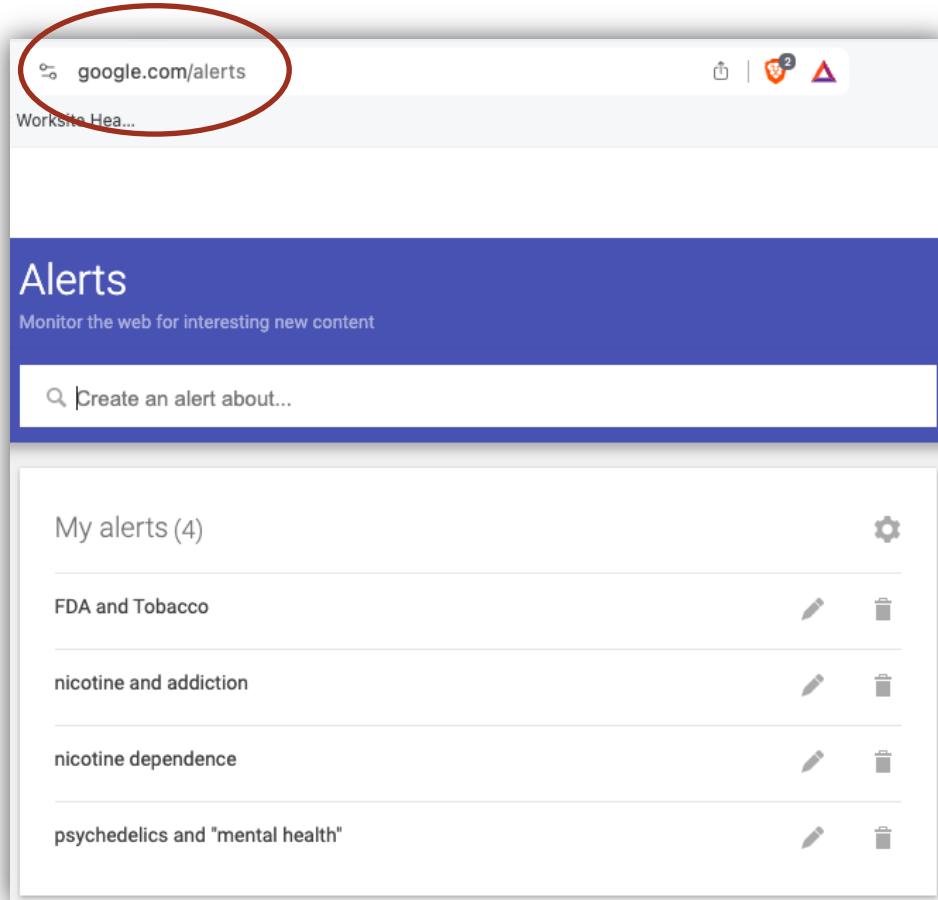
ACTIVITY 1: Identifying New Partnerships

How Do You Find New Partners?

- Ask co-workers about coalitions, councils, or committees they are a part of
- Set Google alerts for related activities in your area
- Local Hospitals' Community Health Needs Assessments (CHNAs)
- SAMHSA's Treatment Locator

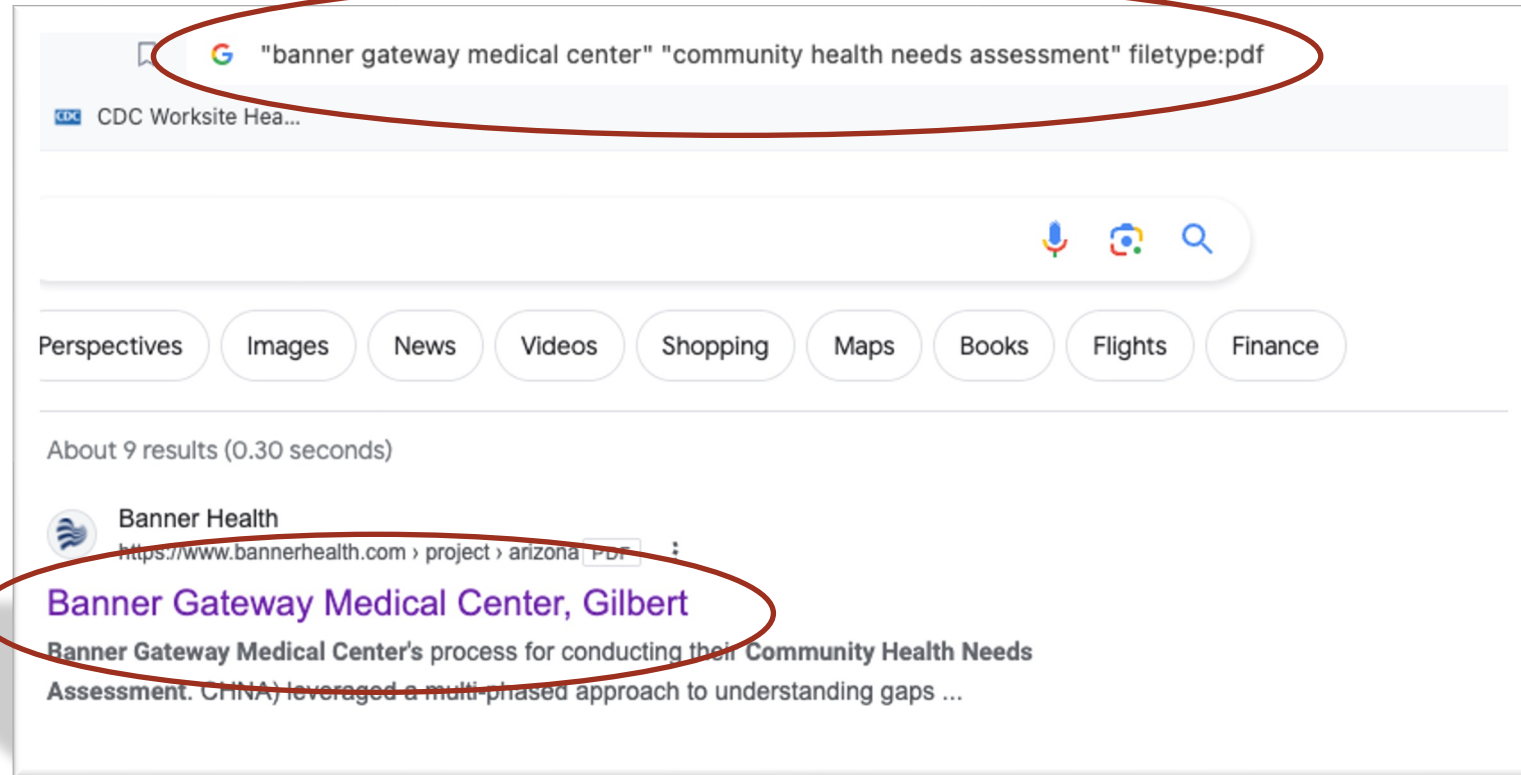


Set a Google Alert



Community Health Needs Assessment

1. Go to the web browser of your choice (e.g., Chrome, Firefox, Brave, Safari, Explorer)
2. Visit ahd.com/states/hospital_AZ.html
3. Find the hospitals in your county
4. Go back to your browser
5. Type in quotes, the name of the hospital, "community health needs assessment," and filetype:PDF
6. For example:



Using the CHNA

Banner Health 2022 CHNA

Banner Gateway Medical Center



Making health care easier, so life can be better.

1. CTRL+F for "nicotine," "tobacco," "smoking," "vape," "vaping"
2. Look for primary data concerning these topics
3. Look for expressions of interest or concern from the community
4. Look for areas of alignment with the hospital's stated goals for the report term
 - For example: In the Banner-Gilbert report in the demo, on 23 under their topmost priority they say they would like to:

- Increase the proportion of adults who get recommended evidence-based preventative health care

SAMHSA Treatment Locator

The screenshot shows the SAMHSA FindTreatment.gov website. At the top left is the logo "FindTreatment.gov" with a location pin icon. To the right is the SAMHSA logo (Substance Abuse and Mental Health Services Administration) and a search bar containing "Search SAMHSA.gov" with a "Search" button. Below the logo is a navigation menu with links: Home, Search For Treatment, State Agencies, Facility Registration, FAQs, Help, About, and Contact Us. The main heading is "Search For Treatment" followed by a brief description: "Confidential and anonymous resource for locating treatment facilities for mental and substance use disorders in the United States and territories." The "Search Results" section features a map of Arizona with a red outline and a search form. The search form includes a "Your Location" field with "Arizona, USA" entered, radio buttons for "State", "County" (checked), and "Distance" (set to "25 miles"), and a "Search" button. A legend for "Facility Types" is visible at the bottom left of the map area, listing: Health Care Centers (green circle), Substance Use (purple circle), Mental Health (yellow circle), Buprenorphine Practitioners (blue circle), and Opioid Treatment Programs (orange circle). A "PLEASE NOTE" section at the bottom right of the map area reads: "PLEASE NOTE: Call the facility before your visit to make sure they provide the services you need. See [common questions](#) to help guide your conversation. Learn more about [treatment options](#)."

1. Go to findtreatment/locator
2. Start typing in your county
3. Choose your county from the dropdown menu
4. Hit the download button in the upper right just above the first entry
5. Ensure that the checkmark for "Include services information?" is selected
6. Choose the Excel format
7. Hit download

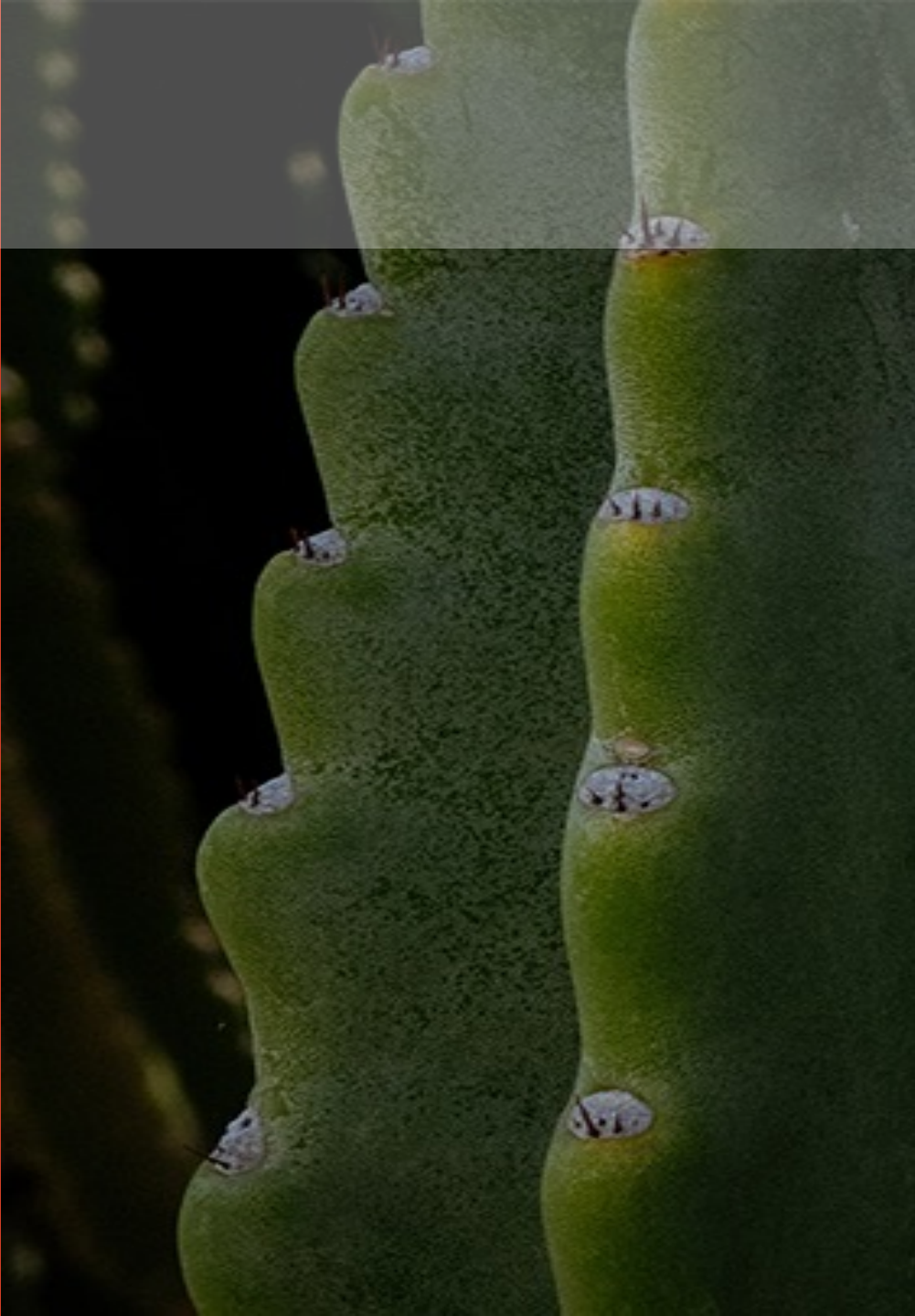


ACTIVITY 2: Updating SAMHSA's List

Update Your SAMHSA List

- Briefly review the list and delete any organization listed you know to be out of business or no longer in your county (this is rare)
- Add any behavioral health organization you know to exist that is not included (this is more common)
- If you would like to use this list as the start of a more expansive list of potential partners, add them as well

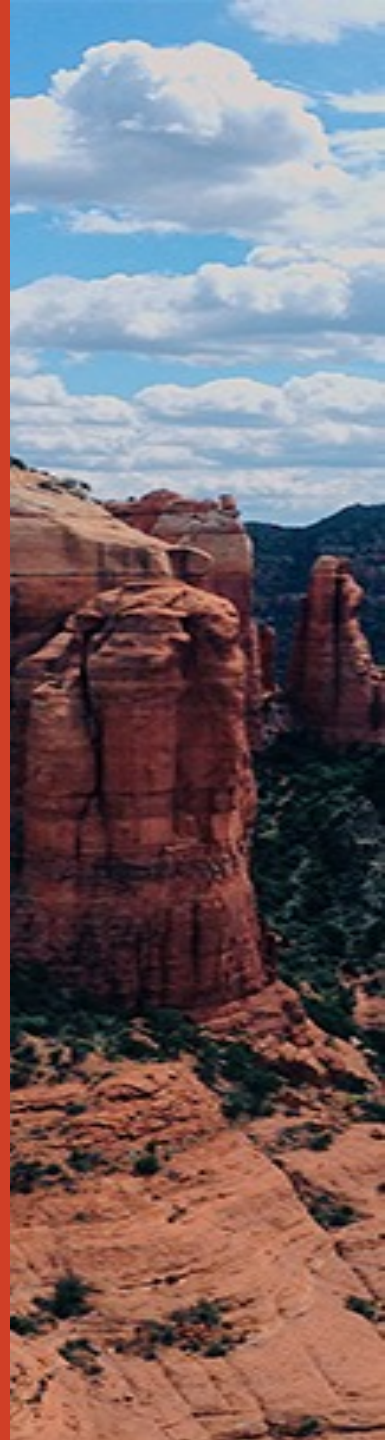




ACTIVITY 3: Characterization of Collaboration

SAMHSA's Levels of Collaboration

1. No collaboration at all
2. Networking
 - Loosely defined roles
 - Loose/flexible relationships
 - Informal communication
3. Cooperation
 - Somewhat defined roles
 - Informal and supportive relationships
 - More frequent communication
4. Coordination
 - Defined roles
 - Formalized links but each group retains autonomy
 - Regular communication
5. Full Collaboration
 - Formalized roles
 - Formalized links which are in a written agreement
 - Frequent [and regular] communication
 - Pooled resources
6. Integration
 - Share an organizational structure (i.e., they are in the same business/organization/agency)



Characterize Your Current Level of Collaboration with Partners

1. Label the column title to the right of the last current column (Non-Tobacco-Related Drugs) something like "Current level of Partnership"
2. Go down each partner and select the number from the previous slide that best matches how much you currently partner with that organization.
3. Some counties have a lot of CBHOs (e.g., Maricopa, Pima, Pinal, and Yuma) so you may not finish this exercise today.

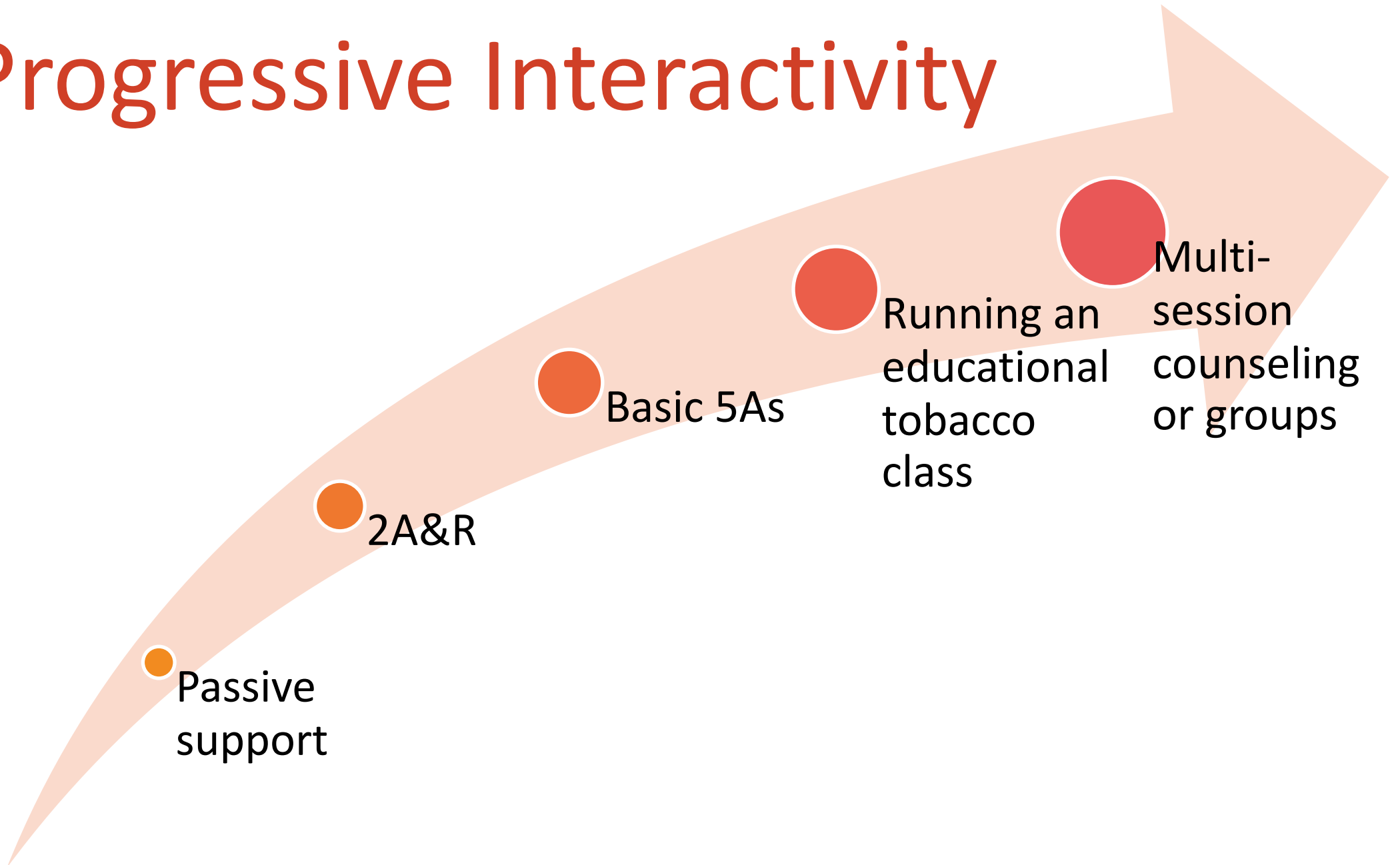


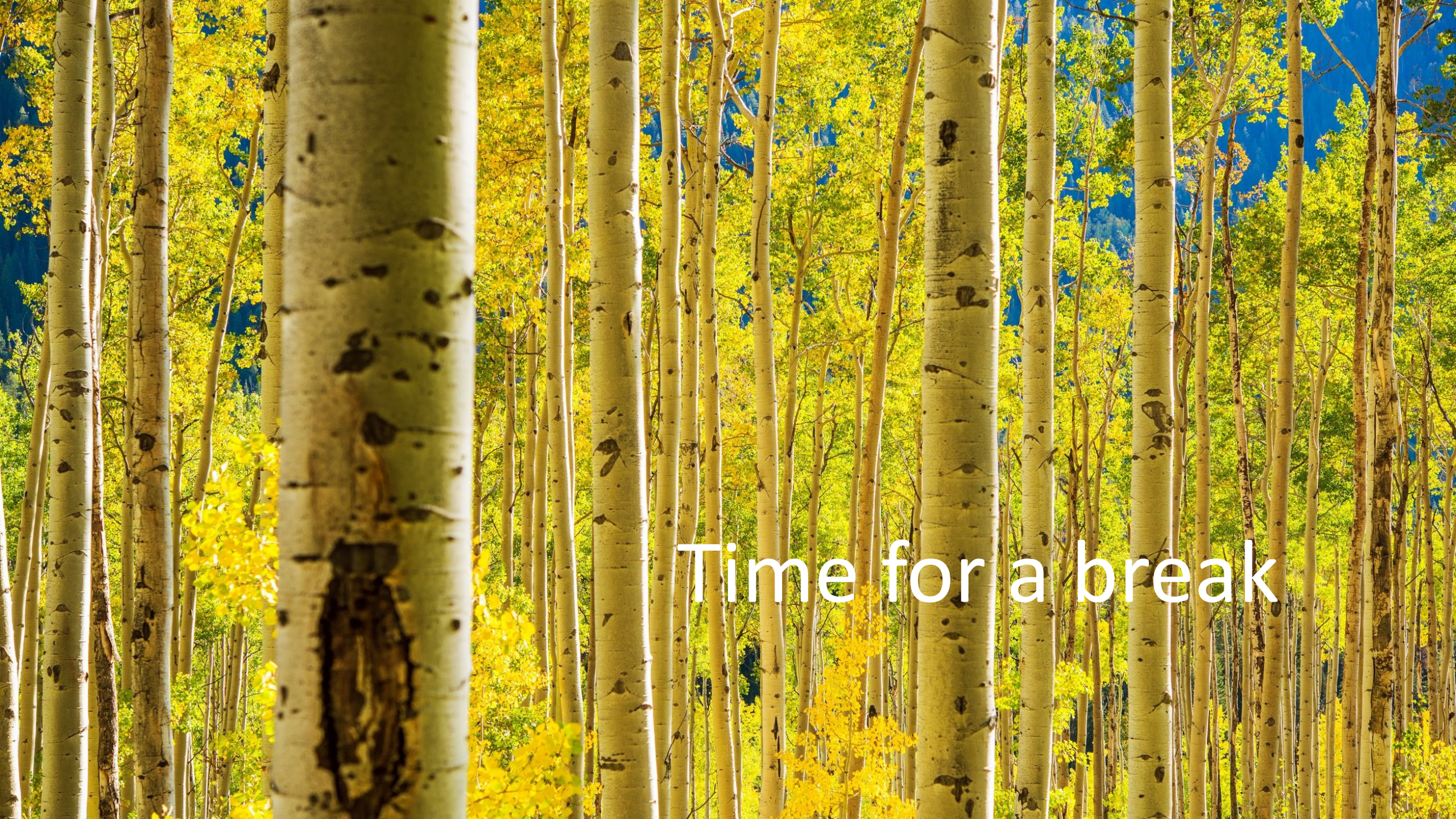
Thinking Strategically about Partnerships

- Add structure and formality
 - Turn *ad hoc* meetings into semi-regular meetings (e.g., once per quarter)
 - Turn semi-regular meetings into pre-scheduled regularly occurring meetings, “the first Monday of the first month of each quarter”)
 - Add data sharing agreements
 - Co-sign memorandums of understand or formal contracts
- Increase the frequency of your interactions
- Increase the level of difficulty of the shared activities
 - Require and provide more staff time to shared projects
 - Add data gathering efforts



Progressive Interactivity

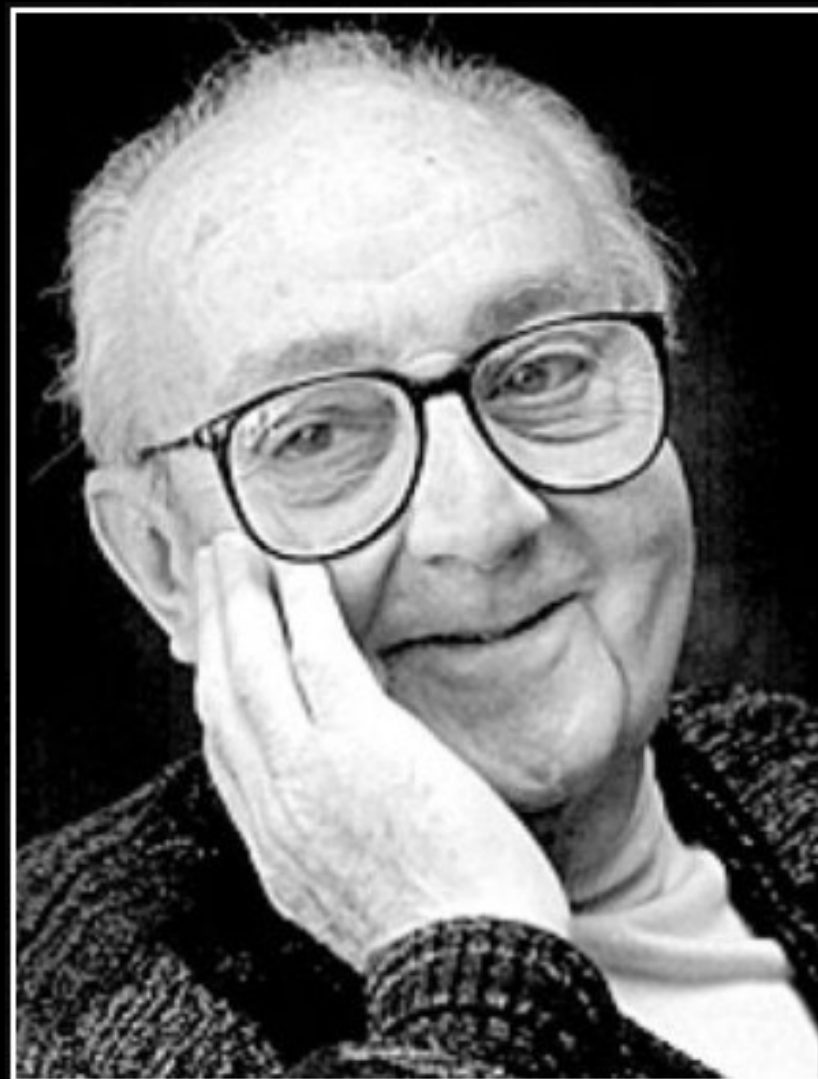




Time for a break



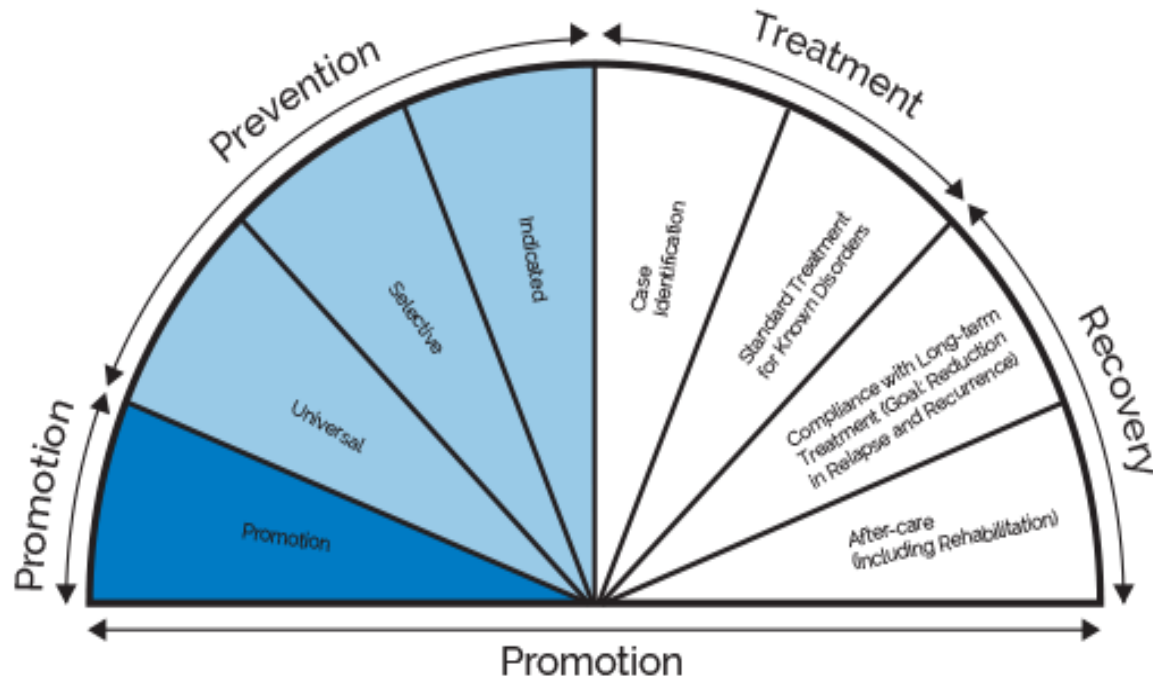
Behavioral Health Systems of Care



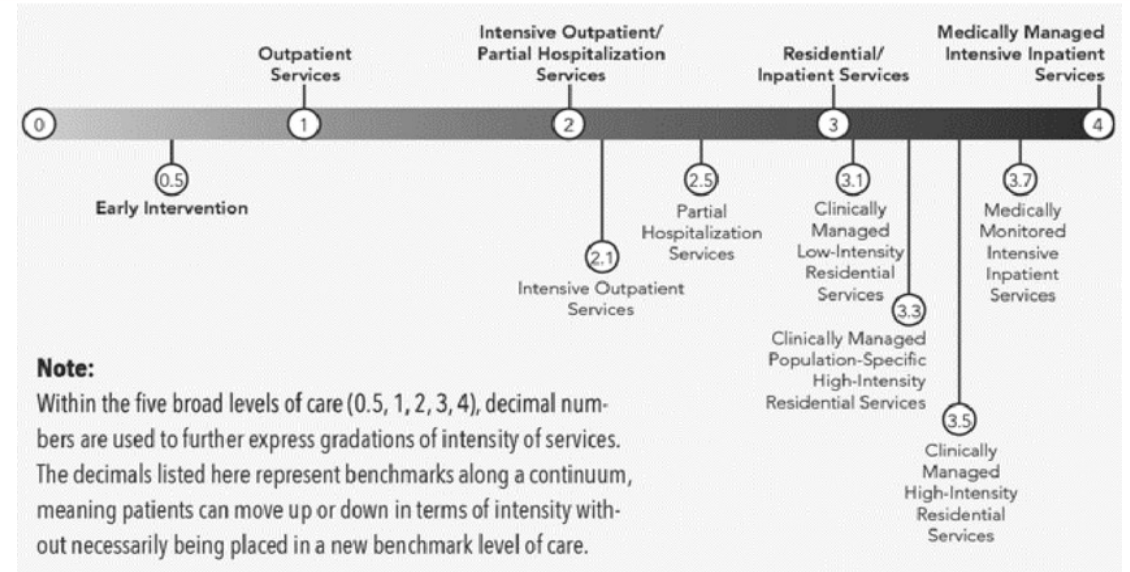
All models are wrong, but some are
useful.

— *George E. P. Box* —

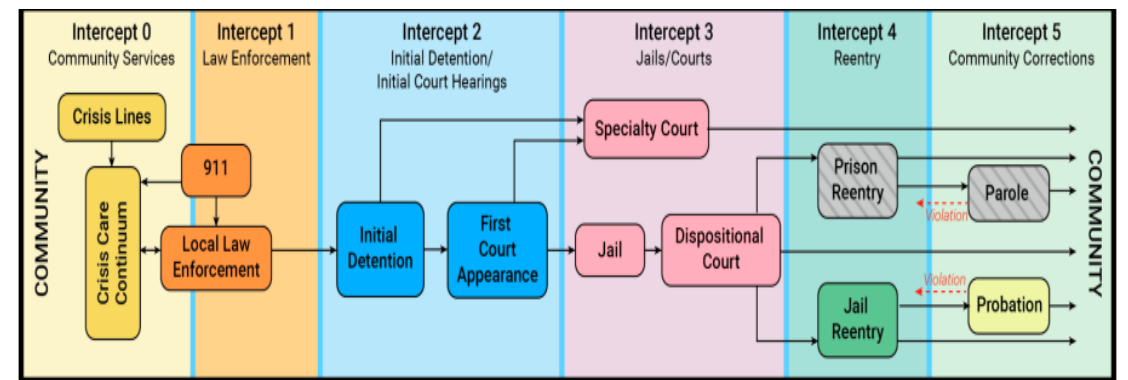
Behavioral Health System of Care Models



Institute of Medicine

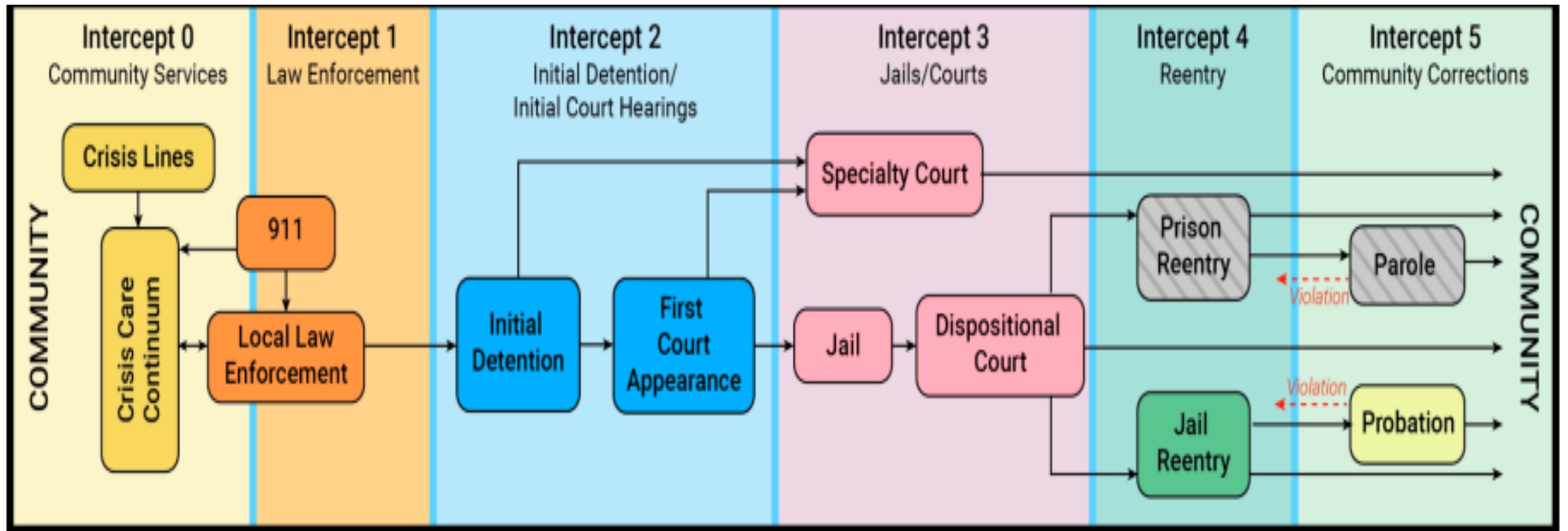


Continuum of Care for Substance Use Disorders, ASAM



Sequential Intercept Model, Criminal Justice and Mental Health, PRA

Sequential Intercept Model



Critical Attributes

- How long is the tobacco user in that space?
- What professionals are in that space with them?
- What services does the tobacco user have in the behavioral health care site that resemble or can be aligned with the evidence-based standard of care to treat nicotine dependence?
- What type of access does that person have to the outside world and/or what type of access does the outside world have to that person inside?
- What is the general skillset of the professional the tobacco user has access to?



Tobacco Use Interventions

- Clinician advice
- Cognitive-Behavioral Therapy & Motivational Interviewing
- Individual counseling
 - > 4 sessions, > 10 minutes
- Psycho-educational groups
- Telephonic counseling
- Peer support
- Age-tailored self-help materials
- Cessation medications

Screening
Assessment
Education
Referrals





Behavioral Health &
Wellness Program

The Behavioral Health Cessation Coordination Model Toolkit



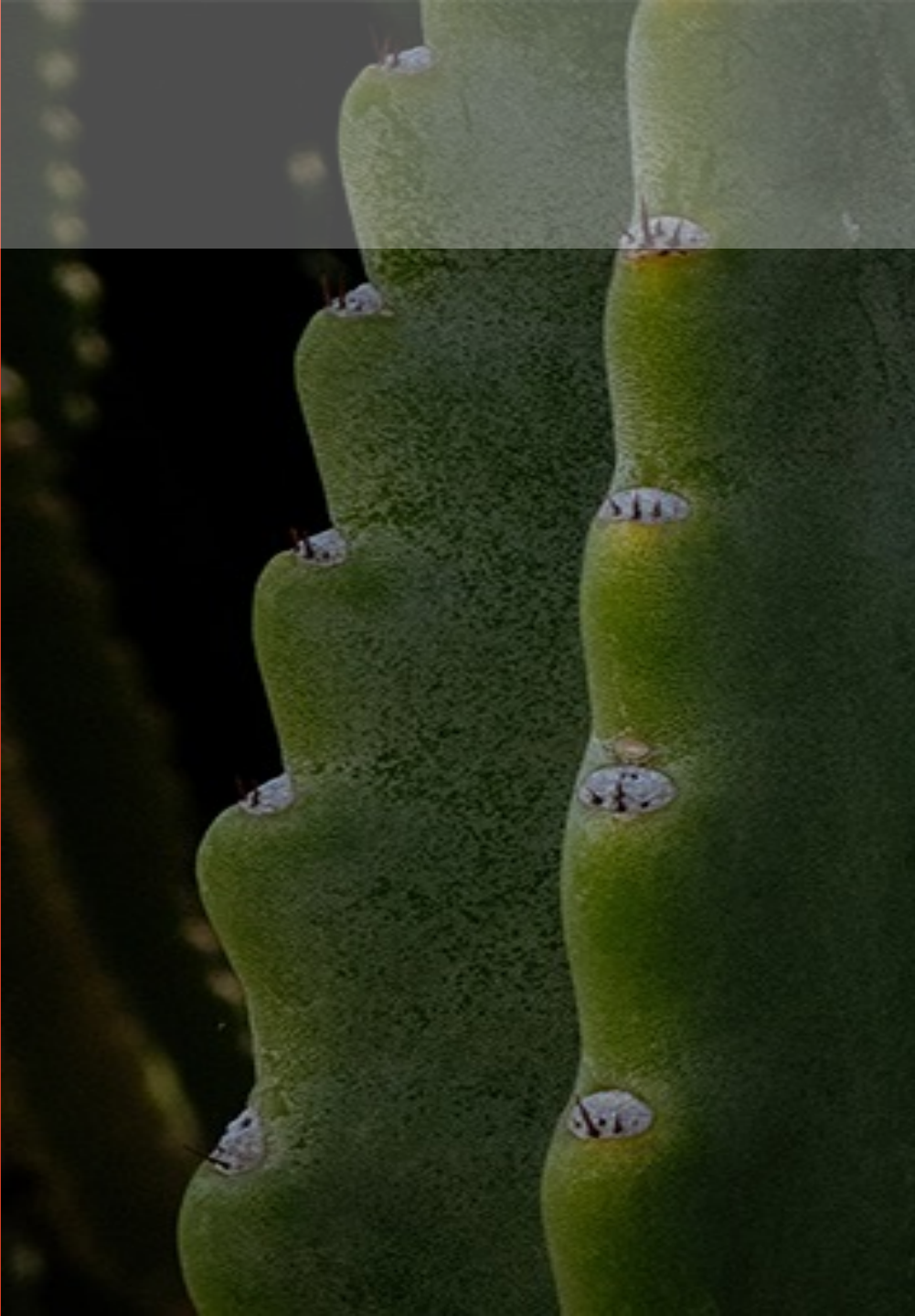
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Overview of the BHCCM



ACTIVITY 4: Characterization of Categories

BHCCM Category 1

- Encounters start in the community with agents or representatives of behavioral health and/or criminal justice systems
- Primary mission is crisis management and de-escalation
- May involve formal transition to behavioral health or criminal justice facilities
- Possible Tobacco cessation services include:
 - Screening
 - Proactive application of MAT



BHCCM Category 2

- Encounters within behavioral health acute response sites (e.g., walk-in centers, crisis centers, detoxification clinics)
- Primary mission is stabilization and triage
- Services are normally short term (3-5 days or shorter)
- Possible Tobacco cessation services include:
 - Screening
 - Proactive application of MAT
 - Dependence assessment
 - Treatment planning



BHCCM Category 3

- Full-service *outpatient* care for mental disorders or substance use disorders, also drug courts (alternative to sentencing models)
- Primary mission is long-term treatment and support
- Services last a month or more up to indefinitely
- Possible Tobacco cessation services include:
 - Screening
 - Proactive application of MAT
 - Dependence assessment
 - Treatment planning
 - Medication management
 - Counseling and Therapy



BHCCM Category 4

- Full-service *inpatient* care for mental disorders or substance use disorders, also jails and prisons
- Primary mission is long-term treatment and support
- Services last a month or more up to indefinitely
- Possible Tobacco cessation services include:
 - Screening
 - Proactive application of MAT
 - Dependence assessment
 - Treatment planning
 - Medication management
 - Counseling and Therapy



Characterize Partners by Current Tobacco-Alignment Potential

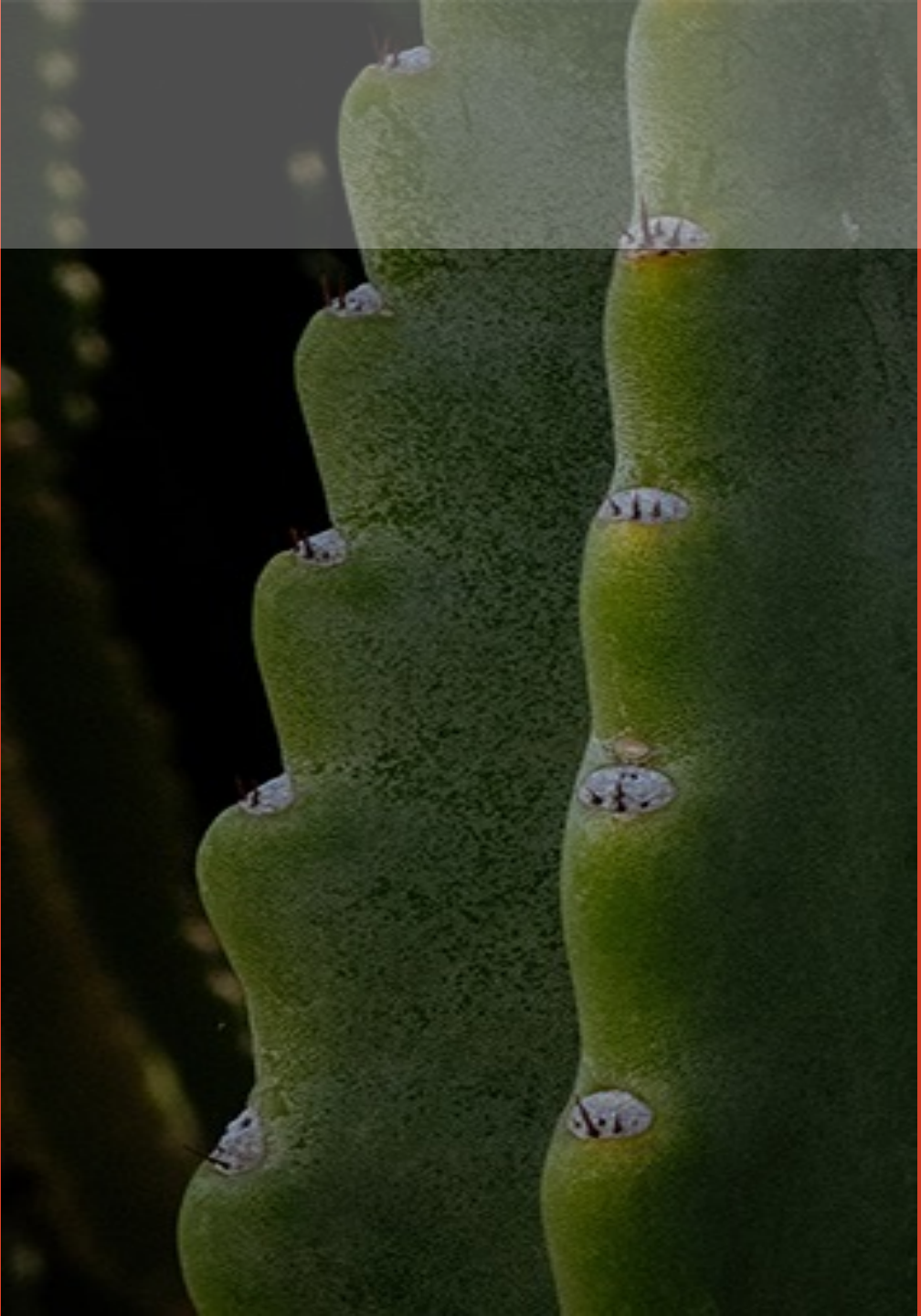
1. Label the column title to the right of the last current column (Current Level of Partnership) something like "BHCCM Category."
2. Go down each partner and select the number from the previous slides that best matches the services you think or know they perform. Note: Some organizations fit in multiple categories.
3. If you don't know which category suits that potential partner best, consider finding out as a possible Action Item for after the Masterclass.



Continuity of Care

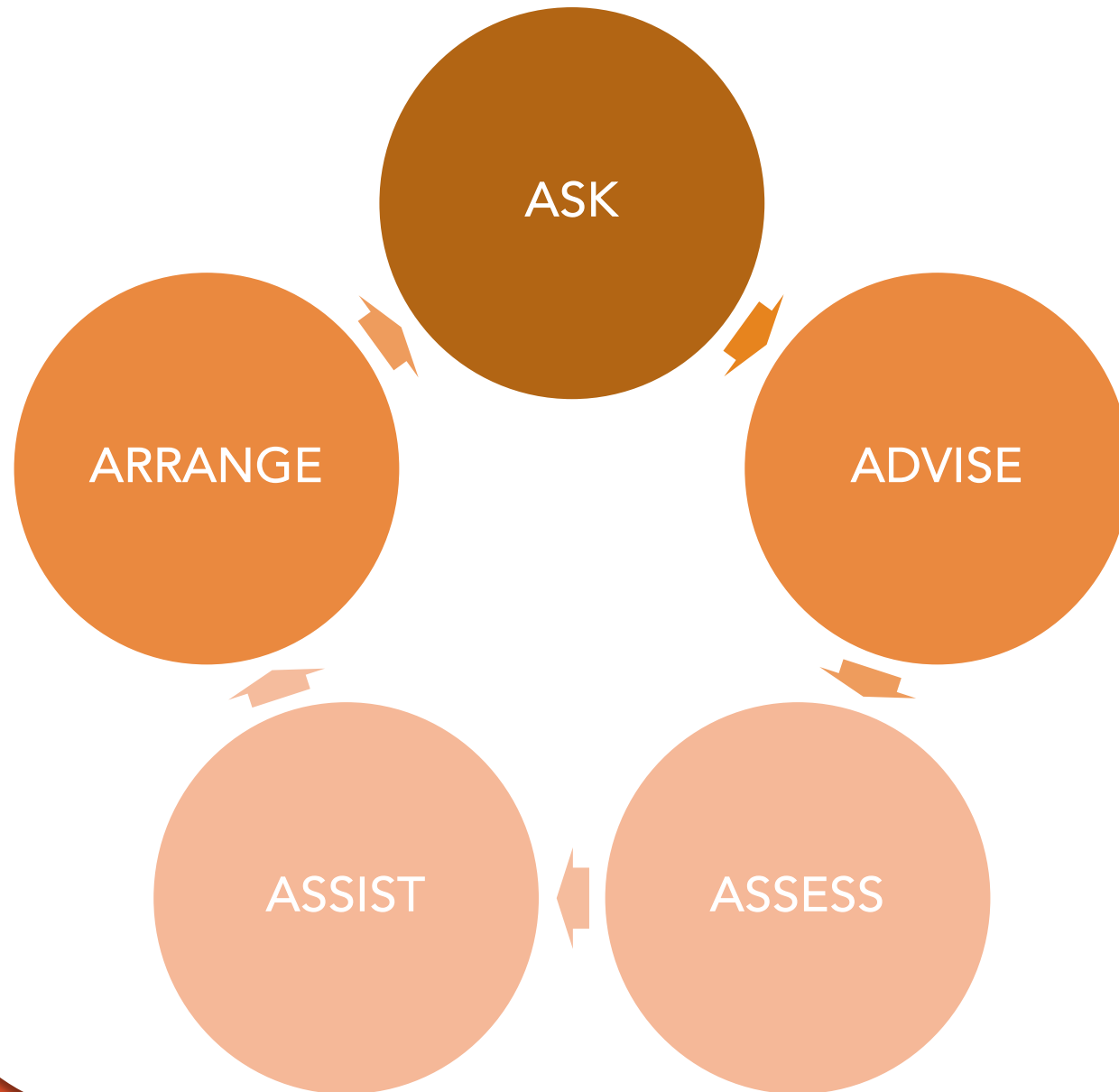
- Necessary component of successful tobacco cessation programs
- Access to (and possession of) pharmacotherapy medications
- Protocols for sending and receiving patient information between care sites
- Processes should name accountable organizations for each component of patient's treatment plan





5A's and 2A's & R

The 5A's



- Evidence-based best practice
- Applicable across chronic disease prevention efforts
 - Nutrition improvement
 - Physical activity
 - Diabetes management
 - High blood pressure management
- Not a silver bullet



5As Functions

A	Function	Purpose
Ask	Screening	Ensure services are delivered to all who are at risk and not to those who are not
Advise	Motivation	Advise, especially from a physician, has the power to motivate a quit attempt
Assess	Evaluation	Helps determine the intensity of the intervention
Assist	Exploration	Helps tailor cessation supports to meet the user's unique needs
Arrange	Follow-up	Knowledge of future meetings is itself a motivation to succeed. Also provides an opportunity to fine-tune the treatment plan



Ask

Advise

Assess

Assist

Arrange

IMPLEMENTATION AND DELIVERY

**TELEPHONIC
COUNSELING**

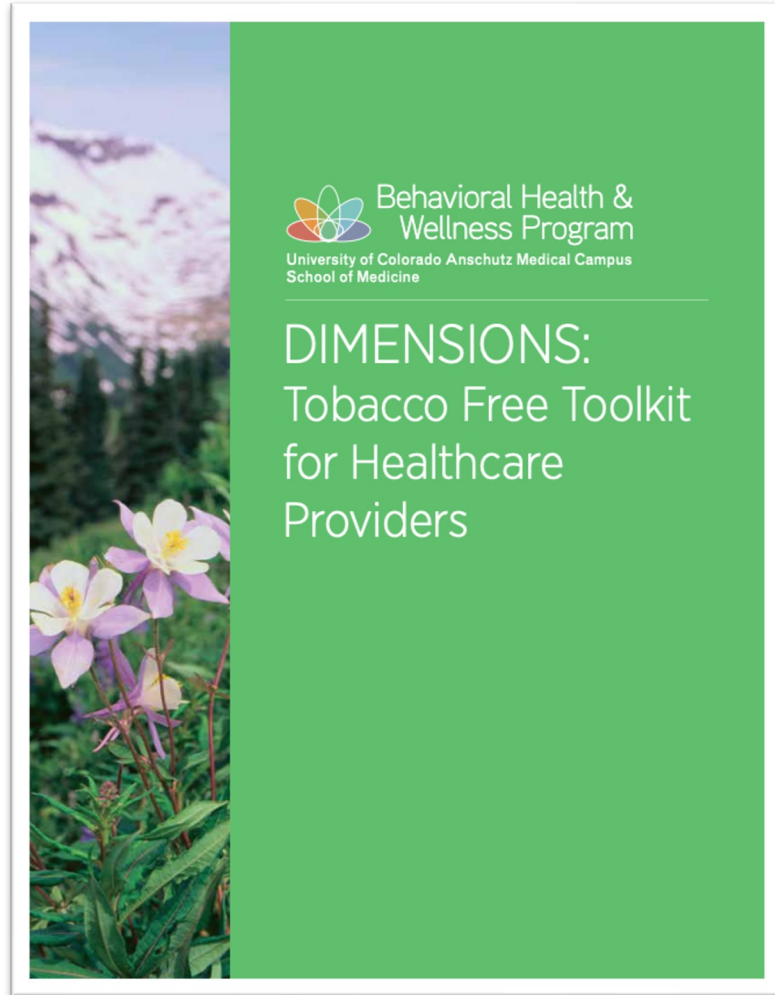
**GROUP
SUPPORT**

**INDIVIDUAL
COUNSELING**

PEER SUPPORT

M.A.T.

More on the 5As



Clinical Practice Guideline

**Treating Tobacco Use and Dependence:
2008 Update**

Guideline Panel

Michael C. Fiore, MD, MPH (Panel Chair)	Richard B. Heyman, MD
Carlos Roberto Jaén, MD, PhD, FAAFP (Panel Vice Chair)	Howard K. Koh, MD, MPH, FACP
Timothy B. Baker, PhD (Senior Scientist)	Thomas E. Kottke, MD, MSPH
William C. Bailey, MD, FACP, FCCP	Harry A. Lando, PhD
Neal L. Benowitz, MD	Robert E. Mecklenburg, DDS, MPH
Susan J. Curry, PhD	Robin J. Mermelstein, PhD
Sally Faith Dorfman, MD, MSHSA	Patricia Dolan Mullen, DrPH
Erika S. Froelicher, PhD, RN, MA, MPH	C. Tracy Orleans, PhD
Michael G. Goldstein, MD	Lawrence Robinson, MD, MPH
Cheryl G. Healtson, DrPH	Maxine L. Stitzer, PhD
Patricia Nez Henderson, MD, MPH	Anthony C. Tommasello, PhD, MS
	Louise Villejo, MPH, CHES
	Mary Ellen Wewers, PhD, MPH, RN

Guideline Liaisons

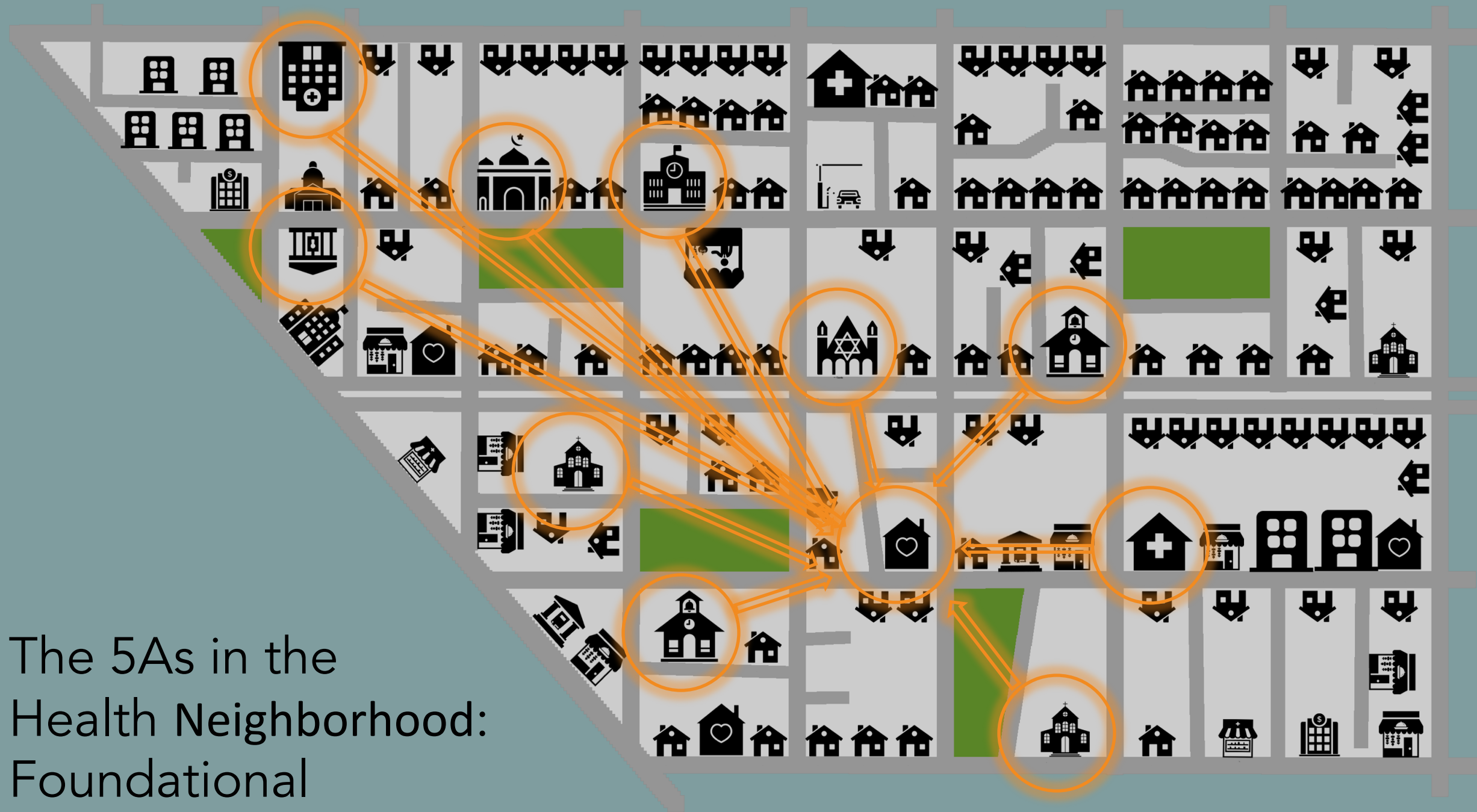
Ernestine W. Murray, RN, BSN, MAS, (Project Officer), Agency for Healthcare Research and Quality
Glenn Bennett, MPH, CHES, National Heart, Lung, and Blood Institute
Stephen Heishman, PhD, National Institute on Drug Abuse
Corinne Husten, MD, MPH, Centers for Disease Control and Prevention
Glen Morgan, PhD, National Cancer Institute
Christine Williams, MEd, Agency for Healthcare Research and Quality

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Cathlyn Leitzke, MSN, RN-C (Project Researcher)

U.S. Department of Health and Human Services
Public Health Service
May 2008

The 5As in the Health Neighborhood: Foundational





BHCCM in Action

Case Studies

Order of Operations

- Identify potential partners
- Characterize them in terms of their BHCCM Category and your current level of collaboration
- Aim to increase your level of collaboration
- Determine your partners' most likely highest level of engagement from passive support to engaging in referrals to providing cessation services
- Start small but with a strategy to intensify





ACTIVITY 5: Identifying your Strengths and Resources

Collaboration Projects

1. Find and activate new passive engagement partners (e.g., sites to hang ASHLine posters, display brochures)
2. Educate partners on the harms and disparate burden of tobacco use
3. Train staff on available local and statewide resources and how to make effective referrals to them
4. Engaging sites in doing assessments and making referrals
5. Assist sites in reviewing, revising and enforcing tobacco-free policies
6. Train staff to do 1:1 tobacco cessation coaching/counseling or to run psychoeducational groups
7. Assist staff in identifying targets for rapid improvement of tobacco cessation programming including referral, recruitment, and reimbursement
8. Assist organizations in promoting tobacco cessation resources to their employees
9. Assist organizations in proactively engaging clients/customers in tobacco cessation conversations
10. Assist organizations in adding tobacco-related content to their new employee orientation/onboarding procedures or processes





Case Study One: New Employee Orientation

New Employee Orientation

Case Study One – Organization Overview:

- Site: Multi-site community behavioral health organization situated in a large city
- Three sites offering a mix of outpatient and inpatient services
- Employs over 500 individuals
- Patient Demographics: Over 50% on Medicaid, many under court order, many minority and veteran patients



New Employee Orientation

Case Study One – Intervention

- Multi-day orientation delivered to all new employees
- One-hour tobacco-focused session embedded in program, including these topics:
 - Burden of tobacco on patient population
 - Methods for connecting patients to resources
 - State quitline overview and referral processes



New Employee Orientation

Case Study One – Critical Characteristics

Advantages

- Applies across categories
- Malleable
- Low-Cost
- Inherent accountability
- Variable intensity

Opportunities

- Conversion via referrals
- Additional resources
- Continuing education
- Staff cessation training





Case Study Two: Drug Court Interactions

Drug Court Interactions

Case Study Two – Overview:

- Site: Drug Court in a small city, serving a small county
- Drug court judge screens eligible participants for their tobacco use status (binary: yes/no)
- Positive participants assigned tobacco education
- Roughly two-dozen individuals eligible to participate in sentence diversion program each year



Drug Court Interactions

Case Study Two – Intervention

- Informal partnership between drug court staff and public health
- Tobacco education program:
 - Group class presented to drug court participants
 - Education regarding harms of use, benefits of quitting, availability of resources (including quitline), with informative materials provided
 - Limited data collected regarding products, desire to quit, knowledge



Drug Court Interactions

Case Study Two – Critical Characteristics

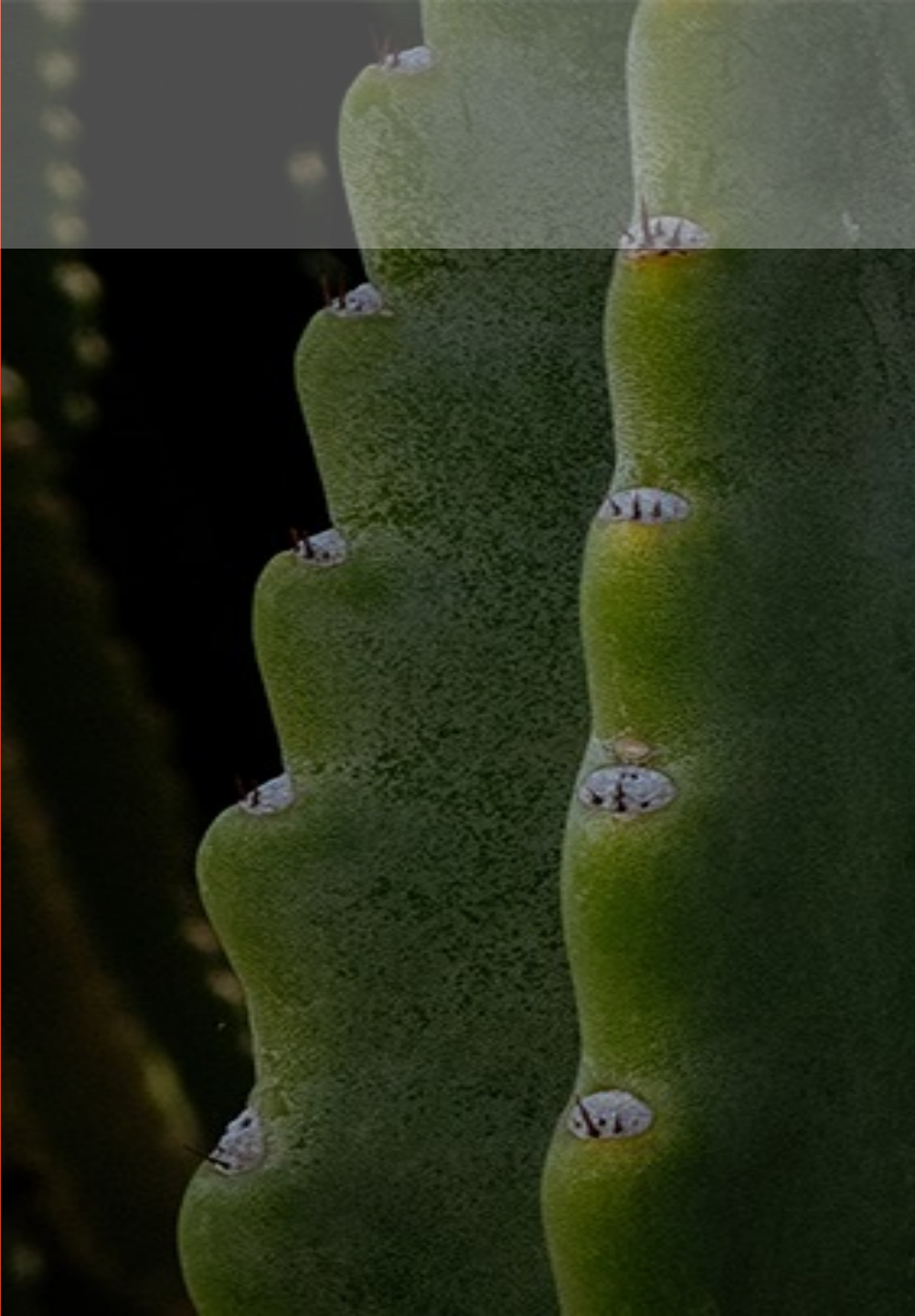
Advantages

- Targeted population
- Informal arrangement
- Low-Cost

Opportunities

- Formality
- Participant willingness and motivation
- More contact
- More data





Case Study Three: Crisis Center Encounter

Crisis Center Encounter

Case Study Three – Organization Overview:

- Site: Acute care/crisis center, single site, midsize city
- Large CBHO operating across several sites
- Leadership has decided to initiative organization-wide tobacco-free policy, including tobacco-free grounds and cessation services
- Initiative tied to opening of new crisis care site location



Crisis Center Encounter

Case Study Three – Intervention

- Staff-developed protocols for stabilizing and screening clients, including a tobacco use screening
- With positive tobacco screening outcome:
 - Inform client that grounds are tobacco-free
 - Nicotine patches promptly offered to patient
 - Education regarding the appropriate use of the nicotine patch



Crisis Center Encounter

Case Study Three – Critical Characteristics

Advantages

- Stabilization
- Harm reduction
- Low-Cost

Opportunities

- Rapidity of assessment
- Continuity of care
- Cessation support





Case Study Four: Continuity of Care / “Meet John”

Continuity of Care

Case Study Four – Overview:

- “Meet John”
- Arrested due to public intoxication
- Residential substance abuse treatment
- Mandatory 24-month program
- Initial 90-day residential stay



Continuity of Care

Case Study Four – Protocol

- Informed residential facility is tobacco-free, with rationale
- FTND determines dependency upon intake
- Patch provided with instructions and lozenges advance of alcohol detoxification program
 - Detox staff oversee progress under close medical supervision
 - Education provided at multiple stages; nicotine-free group offered
 - Referrals offered: quitline and CBHO for counseling



Continuity of Care

Case Study Four – Critical Characteristics

- Program enables John to avoid jail time
- Supportive features – Tobacco-free facility and grounds, routine patient screening, and provision of NRT, nicotine education, and nicotine-free group
- Collaboration between programs assures continuity





Resources

Final SAMHSA Activity— Small Group



Discussion Questions

- What if anything surprises you about this list?
- What disconnects do you see?
 - Are there organizations with comprehensive tobacco-free policies that aren't providing services?
 - Are there organizations that provide services in spaces where smoking or vaping is allowed?
- Which organizations provide medications for BH conditions, but aren't providing NRT or NNRT?
- If you were to reach out to these organizations, what factors would change the content of your initial communications and how?

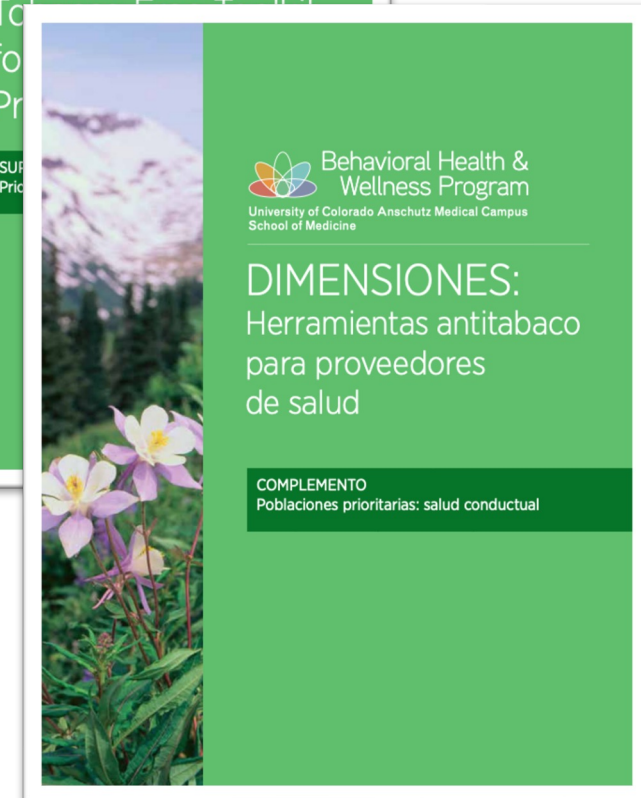
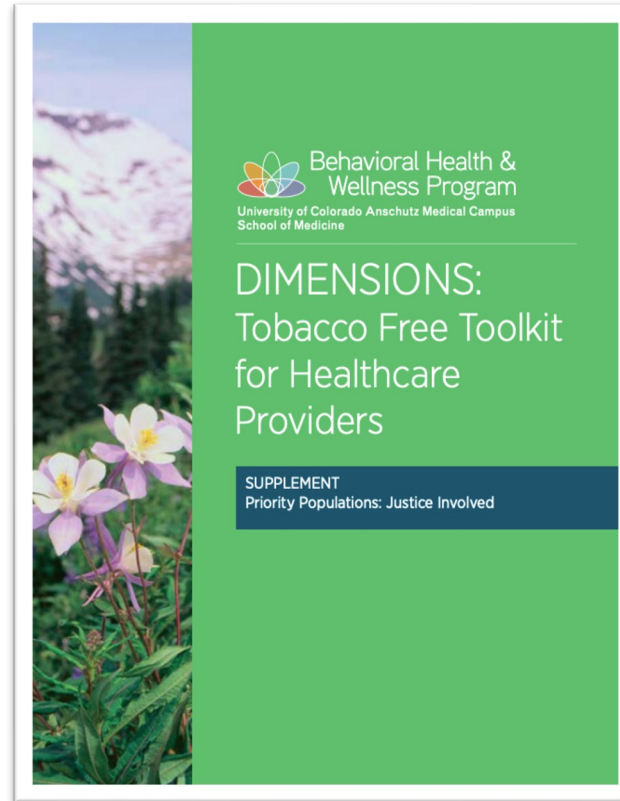
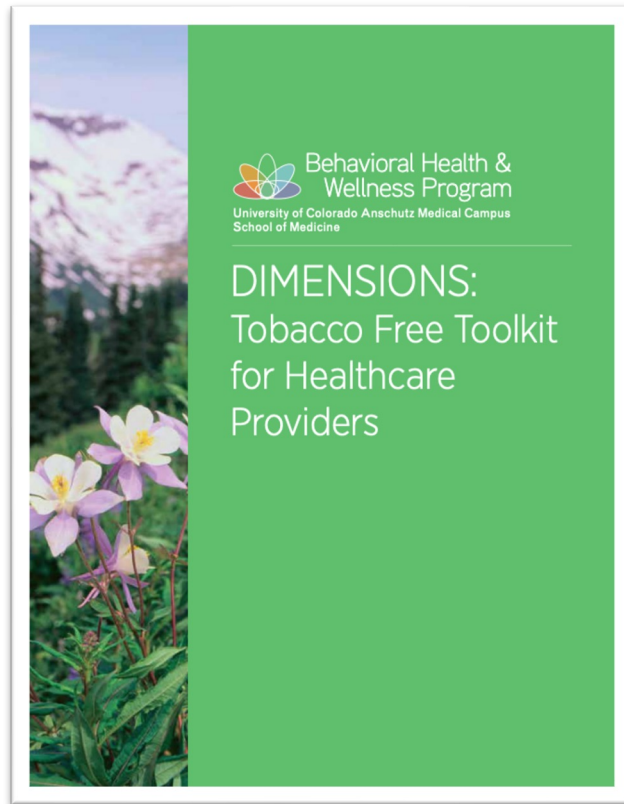


Collaboration Projects

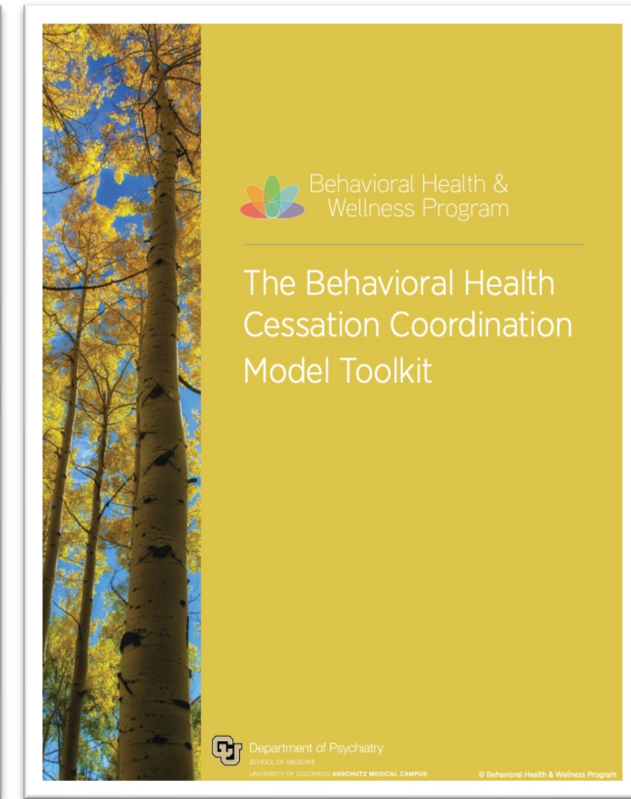
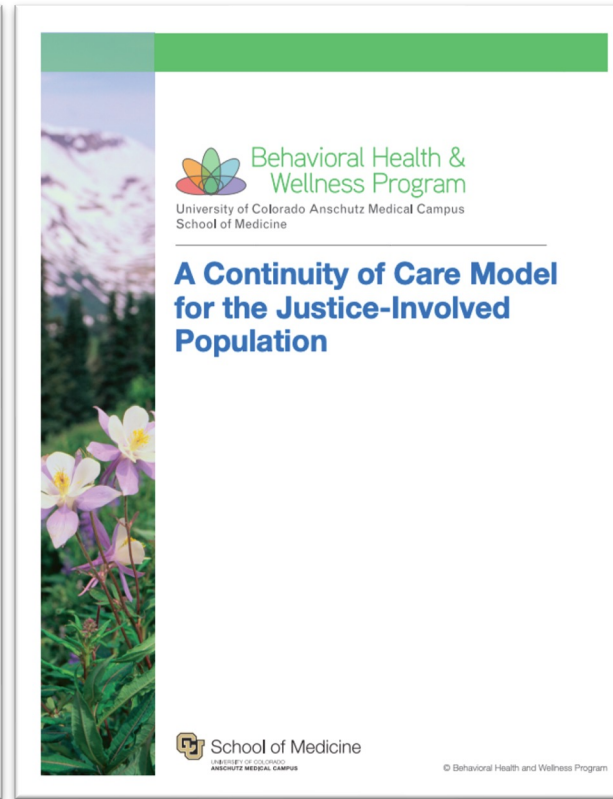
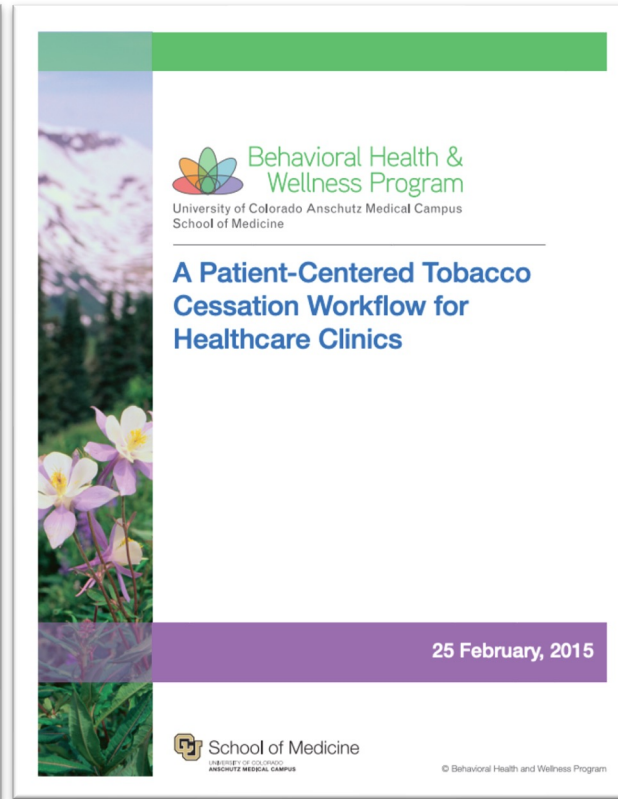
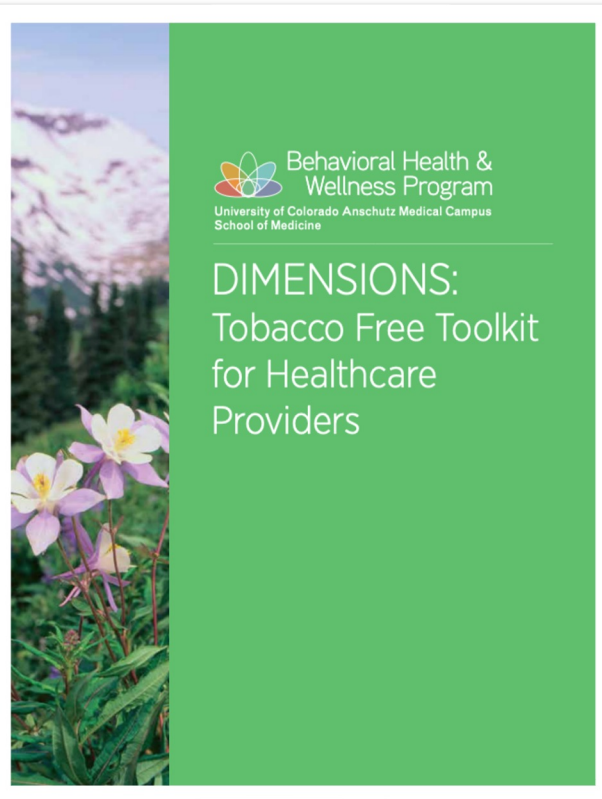
1. Find and activate new passive engagement partners (e.g., sites to hang ASHLine posters, display brochures)
2. Educate partners on the harms and disparate burden of tobacco use
3. Train staff on available local and statewide resources and how to make effective referrals to them
4. Engaging sites in doing assessments and making referrals
5. Assist sites in reviewing, revising and enforcing tobacco-free policies
6. Train staff to do 1:1 tobacco cessation coaching/counseling or to run psychoeducational groups
7. Assist staff in identifying targets for rapid improvement of tobacco cessation programming including referral, recruitment, and reimbursement
8. Assist organizations in promoting tobacco cessation resources to their employees
9. Assist organizations in proactively engaging clients/customers in tobacco cessation conversations
10. Assist organizations in adding tobacco-related content to their new employee orientation/onboarding procedures or processes



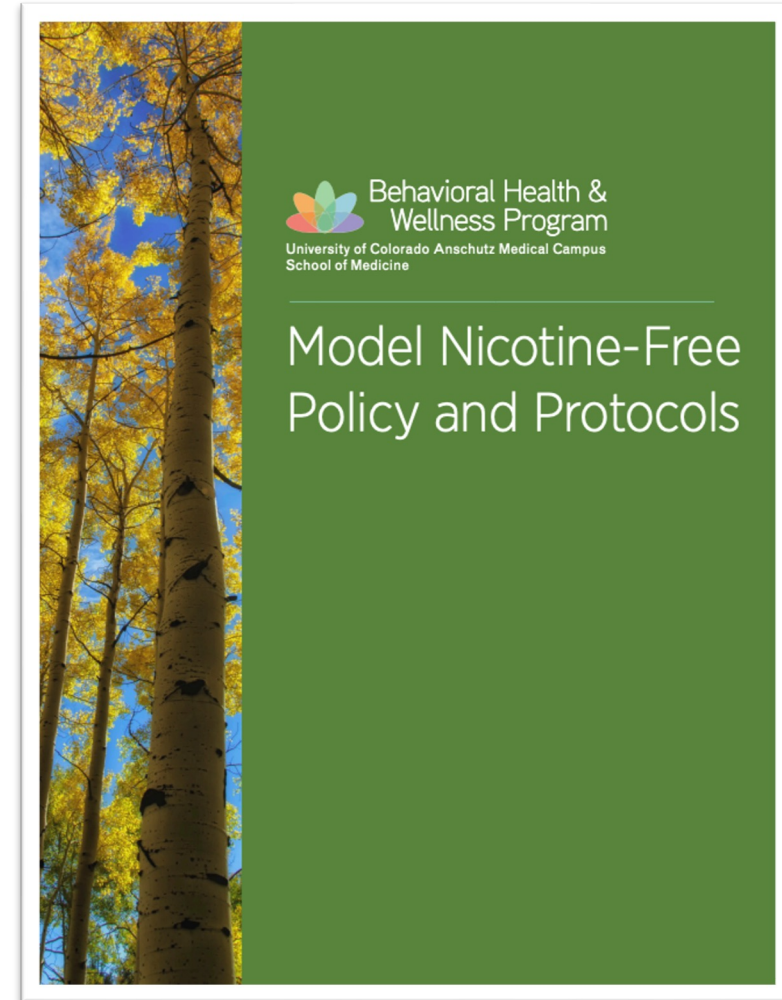
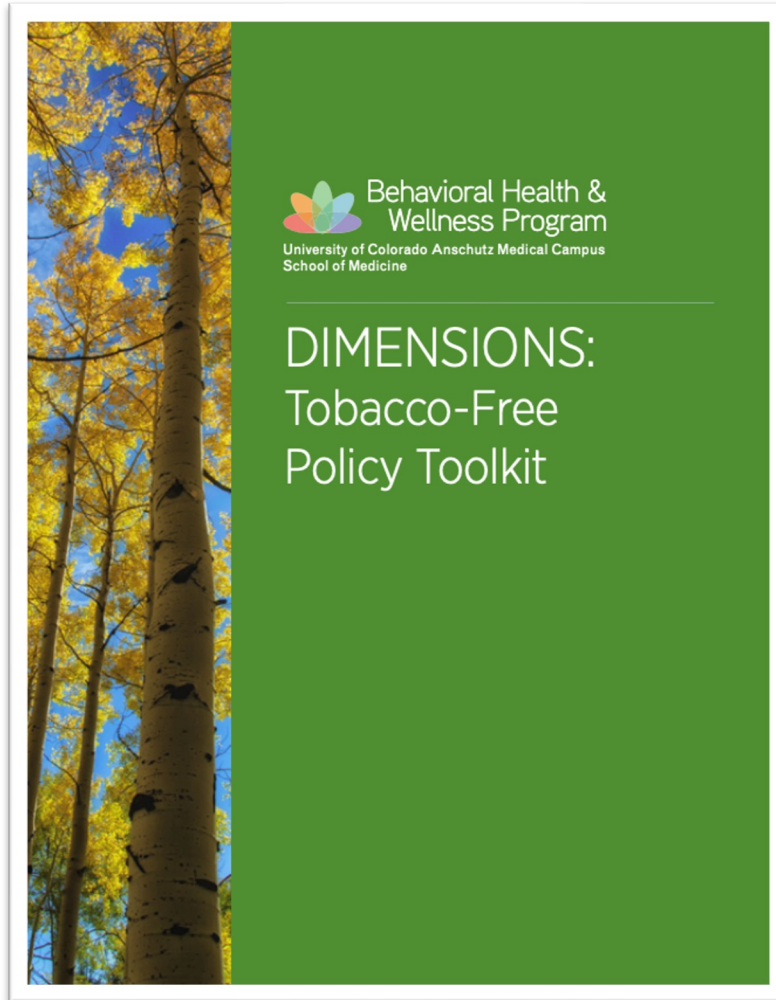
Educate on the Harms of Tobacco Use



Train Staff to Make Referrals

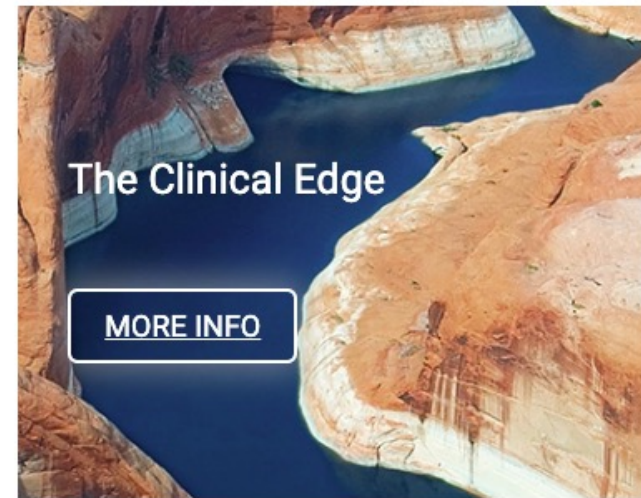
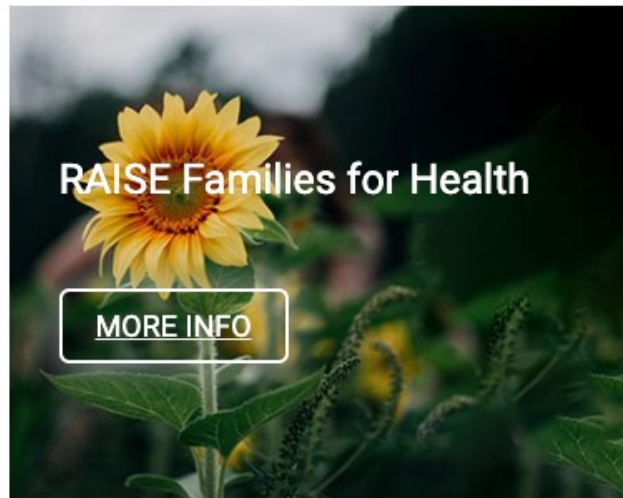
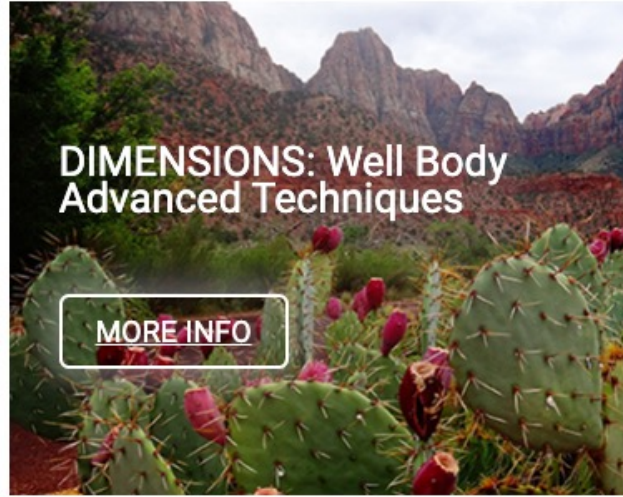
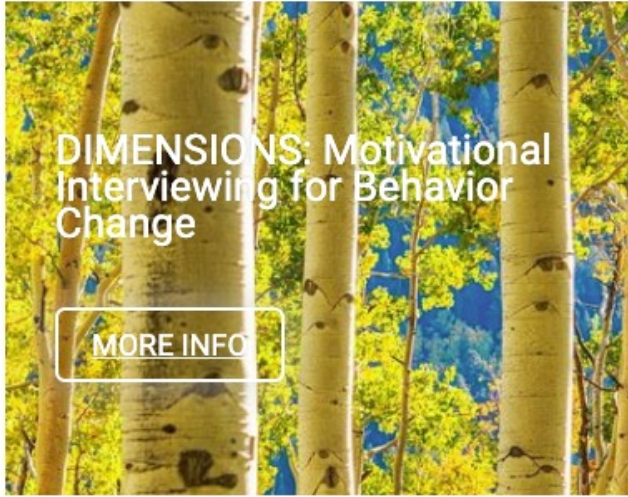


Reviewing, Writing, Revising Policy



<https://www.bhwellness.org/model-nicotine-free-policy/>

Train Staff to Perform Services



Collaboration Projects

1. Find and activate new passive engagement partners (e.g., sites to hang ASHLine posters, display brochures)
2. Educate partners on the harms and disparate burden of tobacco use
3. Train staff on available local and statewide resources and how to make effective referrals to them
4. Engaging sites in doing assessments and making referrals
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Poll

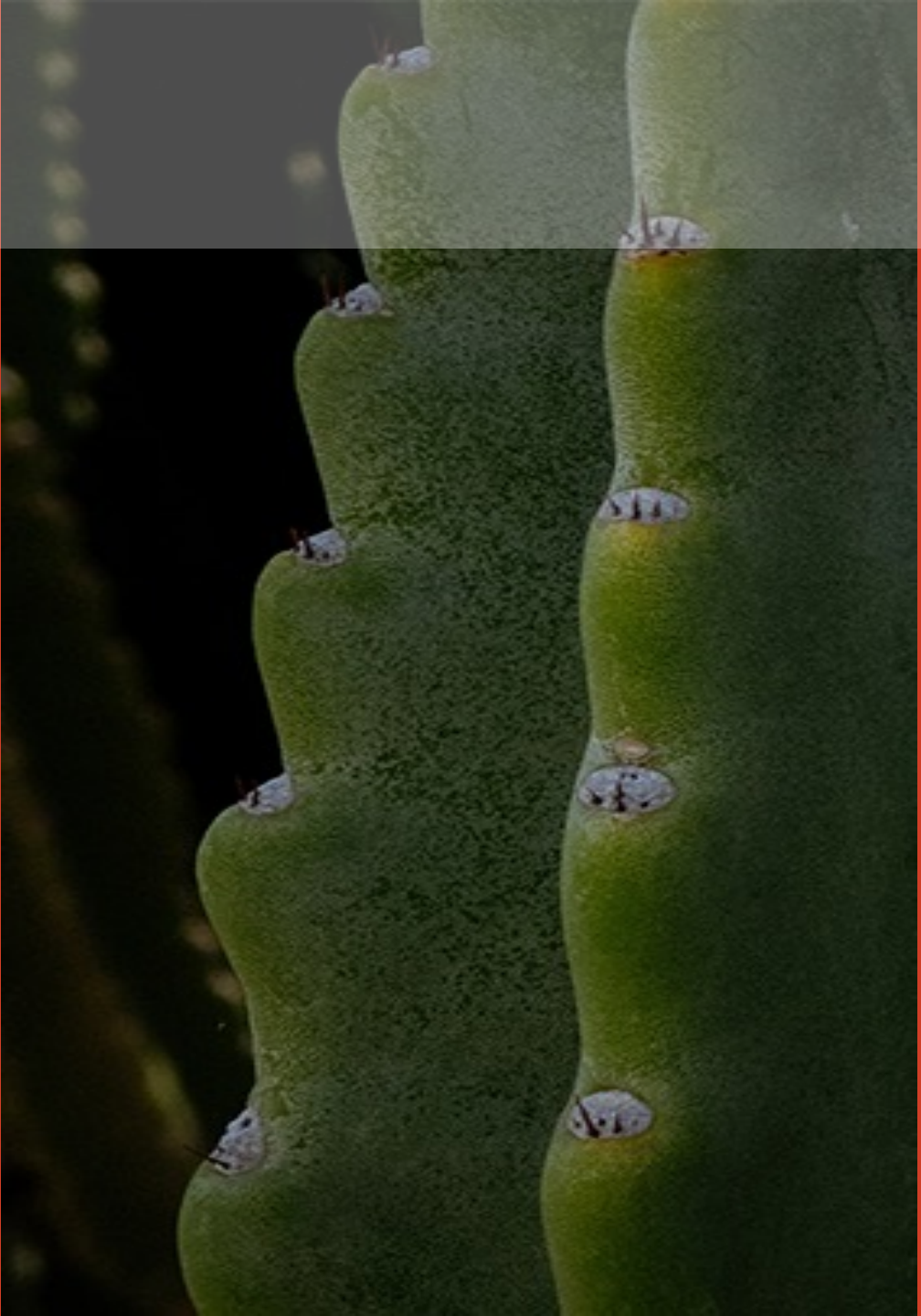
1. How confident are you in ability to reach out to new BH or JI partners and engage them in a partnership?
2. Looking at the number you provided, what tool, resource or training do you need to go up two spaces?



Poll

1. How ready are you in ability to reach out to new BH or JI partners and engage them in a partnership?
2. Looking at the number you provided, what tool, resource or training do you need to go up two spaces?





Discussion

Behavioral Health & Wellness Program

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www.bhwellness.org



Behavioral Health and
Wellness Program



BHWP_UCD



Case Study Five: Whole Health Innovation Project Example

WHI Project Participant

Case Study Five – Organization Overview:

- Site: Community behavioral health organization
- Twelve-site CBHO operating across several small cities and towns in a region of rural Colorado
- CBHO participated in Whole Health Innovation cohort
- Support of leadership, dedication of resources, careful planning, and extensive training



WHI Project Participant

Case Study Five – Intervention

- Able to operate across four categories, particularly Categories Three and Four
- Overview of the services offered:
 - Comprehensive screening and referral services
 - Nominal crisis/mobile unit services
 - Extensive individual/group counseling services
 - Provision of NRT (nicotine replacement therapy)



WHI Project Participant

Case Study Five – Critical Characteristics

Advantages

- Coverage across categories
- Malleable
- Harm reduction
- Robust referrals

Opportunities

- Training diversification
- Further staff training
- Expanded reimbursement

