Leveraging Quitlines for Criminal Justice Involved Individuals

Chad Morris, PhD
Jim Pavlik, MA CTTS
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Justice involvement carries independent risk for higher smoking prevalence even after accounting for traditional demographic risk factors
Quitting tobacco is difficult but absolutely feasible for persons with health disparities...

if the right dose of evidence-based assistance is provided
Medication Assisted Treatment

Combination of behavioral interventions and medications

Highly effective treatment option for alcohol, opioid, or tobacco dependence

Reduces illicit drug use and overdose deaths
1-800-QUIT-NOW
Quitline Introduction

- Free or subsidized cessation coaching and medications
- Coaching delivered primarily by telephone
- Expanding into web, chat, texting etc.
- Quitlines are funded by various methods:
  - State or local funds
  - CDC grants
  - Tobacco taxes
  - Master Settlement Agreement (MSA)
  - Public-private agreements
Quitline Provision of FDA-Approved Pharmacotherapy

Quitlines Offering Pharmacotherapy

- Over the Counter Nicotine Replacement Therapy
- Prescription Nicotine Replacement Therapy
- Non-Nicotine Medication

- Patch
- Gum
- Lozenge
- Inhaler
- Spray
- Bupropion
- Varenicline
Justice Involved Quitline Callers
Context & Challenges

• The Pandemics and Other Competing Issues
• Reach
• State and Federal Budgets
• Telehealth v. Telephonic
• Preauthorizations and Other Service Barriers
• Fragmented Care and Service Gaps
Tailored Treatment

- Staff Training, Supervision and Fidelity
- Screening for Behavioral Health Conditions
- Greater Intensity of Services
- Patient-Centered, Strength-Based, Care Coordination
- Greater Duration of Treatment
- CBT, Mood Management, and Motivational Enhancement
Pilot Outcomes

- Successful tailoring
- Mixed abstinence findings
- Increased engagement
- Utilized longer durations NRT
- Feasibility considerations
Design Considerations for a Quitline Referral Process
Rapid Improvement Goal

Ask -> Advise -> Refer

ASSESS & ASSIST

IMPLEMENTATION AND DELIVERY

Quitline
Setting the Stage for Success

- Organizational criteria for referral
- Estimate your work burden
- Determine who is referring to the quitline
- Set Benchmarks
- Train relevant staff
- Act
- Adjust and Relaunch
Possible Criteria for Referral

- Level of interest in quitting
- Level of dependence
- Medical or psychiatric complications
- Imminent of harm
- Staff constraints (e.g., time)
- Clinical priorities
Setting the Stage for Success

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Workflow Burden

- **Ask**: 100%
- **Advise & Stages of Change**: 83%
- **Make Referral**: 54%
- **Collect faxbacks**
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Behavioral Health & Wellness Program
University of Colorado Anschutz Medical Campus
School of Medicine

Increasing Low Income Callers’ Access to and Utilization of the Colorado QuitLine

Prepared For:
Colorado Department of Public Health and Environment
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Presented By:
Behavioral Health and Wellness Program,
University of Colorado, School of Medicine

Jim Pavlik, M.A.
Susan Young, Ph.D.
Rebecca Richey, Psy.D.
Sara Mumby, B.A.
Chad Morris, Ph.D.

National Jewish Health Project
Rural Quitline Evaluation
March 2020
Setting the Stage for Success

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Resources Curation and Provision
The Build a Clinic Program

- Six webinars
- Six Learning Community Calls (via Zoom)
- One-on-one, tailored TA
- Resources
- Evaluation
Setting the Stage for Success

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Program Evaluation

• What gets measured gets done
• If you don't measure results, you can't tell success from failure
• If you can't see success, you can't reward it
• If you can't reward success, you might be rewarding failure
• If you can't see success, you can't learn from it
• If you can't recognize failure, you can't correct it
Rapid Improvement Analysis

ACT
Returning to the staff, plan how to amend the next cycle or, if it is ready, roll out the change.

PLANNING the change that you want to put in place and predicting what will happen through the cycle. Detailed work here includes deciding what data will be collected, who will do what, when and where the change will be implemented.

Study
Analyzing failure and other data to see what can be learned. Compare results to the original predictions.

Do
Implementing the change, measuring and gathering data as planned.

DIMENSIONS Action Plan

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date: 02/15/17</th>
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- Training Location: Build 105
- Organization Name: BHW
- Best Way to Contact You:
  - Email
  - Phone

- Position (check all that apply):
  - Administrator
  - Peer Advocate
- Provider

- Dimensions training attended:
  - Tobacco Free Policy – Fundamentals
  - Tobacco Free Program – Advanced Techniques
  - Tobacco Free Program – Fundamentals
  - Well Body Program – Fundamentals
  - Well Body Program – Advanced Techniques

- 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 6-months.
  - Consider DIMAP goal criteria (Specified, Measurable, Achievable, Relevant, Timely).

Goal #1:
- Behavioral Health and Wellness Program

  Completion of Goal #1 will be evidenced by:
  - Record of the enumerated list above.

  Potential barriers to achieving Goal #1:
  - None?

Goal #2:
- Tracy and Mary Karen will review the BHW Tobacco Free Policy Toolkit and begin the process of filling out worksheets to design their long range plans in better detail. Long range plan will be reviewed with BHWAP during next T call and supportive short term goals will be picked at that time.

  Completion of Goal #2 will be evidenced by:
  - Filled out worksheets from Toolkit. Brief written description (or itemized list of services and supports to be put in place as a result of the long term goal).

  Potential barriers to achieving Goal #2:
  - Time.

Signature: ____________________________

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Quitline Recommendations

Promote among health care providers
Increase trust, understanding, and transparency
Embed in the ‘health neighborhood’
Integrate into tobacco policy initiatives
Leverage existing and emerging technologies
Tailor services to the person
Refine marketing approaches
The Arizona ASHLine
The Arizona Center for Tobacco Cessation shall:

- **3.1 Provide tobacco cessation services including but not limited to:**
  - 3.1.8 Providing the behavioral intervention component and issuing NRT to the Justice Involved population

Follow Dr. Morris’ lead as SME and Technical Assistance Advisor

- Meet with counties to review and discuss JI projects

Support County-specific needs

- Referral development, training, data needs, others

Share our clinical and applied experience

- Past Justice Involved project, working with vulnerable populations