
Ohio's Tobacco & Recovery Initiative



Ohio Department of Mental Health



State Agency Collaboration

Ohio Department of Mental Health:

Ohio Department of Alcohol and Drug Addition
Services:

Ohio Tobacco Prevention Foundation

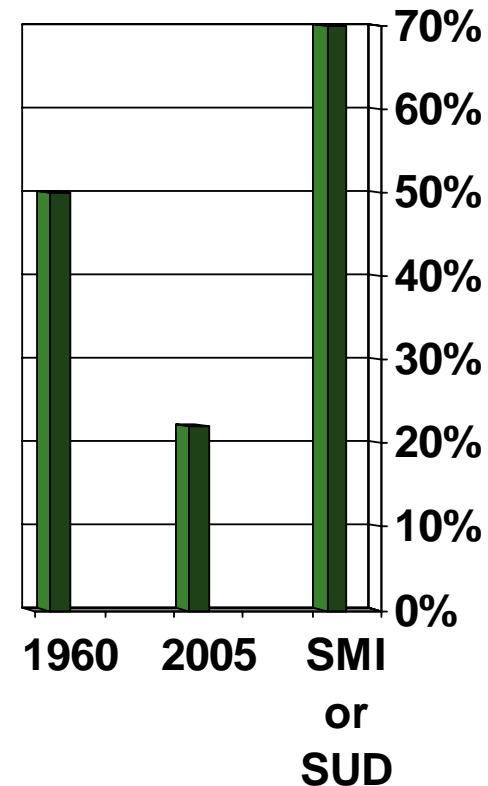
Why address tobacco?

Because they smoke so much!

- Psychiatric patients are **2-4 times more likely** to smoke!
 - 40-50% of patients with depression and anxiety disorders smoke
 - 70-90% of patients with schizophrenia smoke
 - 75-90% of persons with substance use disorders smoke
- Persons with behavioral health disorders consume about half of the cigarettes smoked in the US. (JAMA, 2000)

Current public health approaches are not reaching them!

- Significant rate decline in general population
- No change in persons with serious mental illness and substance use disorders



Health consequences

- People with SMI die 25 years before expected.
 - 30% is from suicide, but the leading causes are from heart disease, respiratory disease and infectious diseases.
- People with addictions die from tobacco-caused diseases more than from the effects of alcohol and other drugs
- Tobacco use accounts for approximately 13 years of life lost, according to CDC.
- These are preventable early deaths...the risk factors are modifiable.

Impact on Quality of Life

- Impact on Psychiatric Medications
 - Financial burden
 - Barrier to Employment
 - Stigma
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Systems Change in Provider Networks is Necessary

- Not seen as an issue in the population provider's treat
- Feel the need to fix their primary target – trying to reduce tobacco use gets in the way
- Family of patients see tobacco use as the one pleasure for their loved one
- Some providers use tobacco as part of therapy or as rewards
- Many providers use tobacco

Pilot Project initiated in 2005

Goals:

- Identify and select best practices, including evidence-based practices, for persons with SMI and/or SUD
- Identify and pilot promising implementation approaches in community behavioral health agencies
- Address Systems level issues in MH and AoD systems

Project Administration

- ODMH/ODADAS/OTPF Management Group
 - Contract project coordinator
 - Contract project evaluator
- Statewide advisory committee
 - Broadly representative of stakeholders
 - Quarterly meetings focus on technical assistance, advice, linkage, problem solving
- Local steering committees
 - Coordinate resources

Selected Pilot Approaches

Client Level

- Routine Assessment, Treatment and Documentation
- Psychosocial approach: Transtheoretical Model – Stages of Change, Motivational Interviewing
- Integration into health and wellness programming
- Use of pharmacotherapy (nicotine replacement therapy, Bupropion SR, and Varenicline)
- Ohio Tobacco Quit Line (800-QUIT-NOW)

Selected Pilot Approaches

Agency Level

- Offered tobacco dependence treatment to staff
- Instituted tobacco-free policies (prohibit use by consumers and staff on facility grounds)
- State-wide coordinator provided staff training and policy implementation
- National experts provided training to clinicians – psychosocial treatment and pharmacotherapy
- Incorporated tobacco free programs into other wellness initiatives

Agency Pilot Sites

- Selected via request for proposals
 - Funds available for training, technical assistance, COPPM Monitors
- Seven sites selected throughout state
 - Three primarily AOD agencies
 - Four primarily MH Agencies
 - Six adults; one adolescent serving agency

Implementation

- Kickoff / Consensus Building Events (early 2006)
- Agency staff training and consultation:
 - Tobacco-Free policies
 - System level issues (billing, availability of NRT)
 - Local steering committees
 - Integration of Tobacco dependence treatment into existing services at agencies

Accomplishments

Within 12 months, all seven agencies:

- Completed staff training
- Developed tobacco-free policies
- Providing interventions to address needs of staff who smoke
- Implemented standardized client assessments of tobacco use and motivation to quit
- Implemented treatment for clients using evidence-based psychosocial and pharmacological interventions tailored to persons with SMI/AoD
- Attempted to establish Quit Tobacco Line referral linkage

Evaluation Results

Tobacco Use Rates

At beginning of study:

- ❑ 71% of Consumers use Tobacco
- ❑ 20% of Staff use Tobacco

At 12 months implementation:

- ❑ 59% of Consumers use Tobacco
- ❑ 11% of Staff use Tobacco

Evaluation Results

Staff Knowledge, Skills & Support

- Increased knowledge and skills regarding assessment and treatment model
- Increased staff support for tobacco dependence treatment and agency policy changes

Evaluation Results

Qualitative Results

- Multiple requests from MH/AoD agencies (and a peer support agency) for TA to implement treatment and policies
- Increased consumer demand for treatment (pilot sites expanding target population in response to demand)
- Additional work needed – training tools and TA, routine assessment, billing, pharmacotherapy, access to existing resources (NRT assistance, Quit Line)

Lessons Learned

Key lessons learned

- Can implement Tobacco Dep. Tx in a BH settings
 - Effective when integrated with behavioral health care
 - Motivation to quit is similar to general population
 - Treatment adaptations to address the needs of this population (*e.g., more time in preparation phase, interventions to increase confidence, address higher level of dependence, monitor and adjust psychiatric medications as needed*).
 - Important to address prevailing beliefs and policies in behavioral health settings that allow and encourage tobacco use
 - Continued efforts needed to identify treatment resources for this population
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Current Expansion Efforts

- OTPF has invested in ODMH and ODADAS to expand project
 - Two-year project funding
 - Build on work done to date
 - Address implementation issues robustly
 - Promotion, consensus building
 - Integrated assessment and treatment into routine agency operations; standardized documentation
 - Systems level issues
 - Consumer advocacy
 - Focus on outcomes measurement

Implementation Approach

- Utilize Ohio's Coordinating Centers of Excellence Model approach to improving clinical care:
 - Successful in accelerating adoption of best/evidence-based practices in Ohio's MH/AoD System
 - Provide teaching, training, technical assistance, consultation
 - Utilize proven three stage model to engage, implement, and reinforce practice
 - Select Coordinating Center partner through RFP process

Current Status

- Collaborative Partners:
 - Ohio Center for Evidence-Based Practices at Case Western Reserve University (SAMI CCOE)
 - Ohio Advocates for Mental Health

- Advisory Committee
 - Ohio Council, OACBHA
 - NAMI, MHA, Ohio Citizen Advocates
 - ODJFS, OTPF, ODH, ODADAS
 - Community Cessation Center and Quit Line
 - American Lung, Heart Associations, Cancer society

Key Program Expansion Activities

- Convene a Statewide Leadership Network
- Refine treatment model
- Develop implementation toolkit
- Implement technical assistance for cessation policy
- Develop evaluation plan
- Communication materials and promotion
- Site selection

Thank you!

Questions?

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