



Everyone can quit.

You can help.

We can show you how.



Systems Change in Behavioral Health to Address Tobacco Use in Arizona

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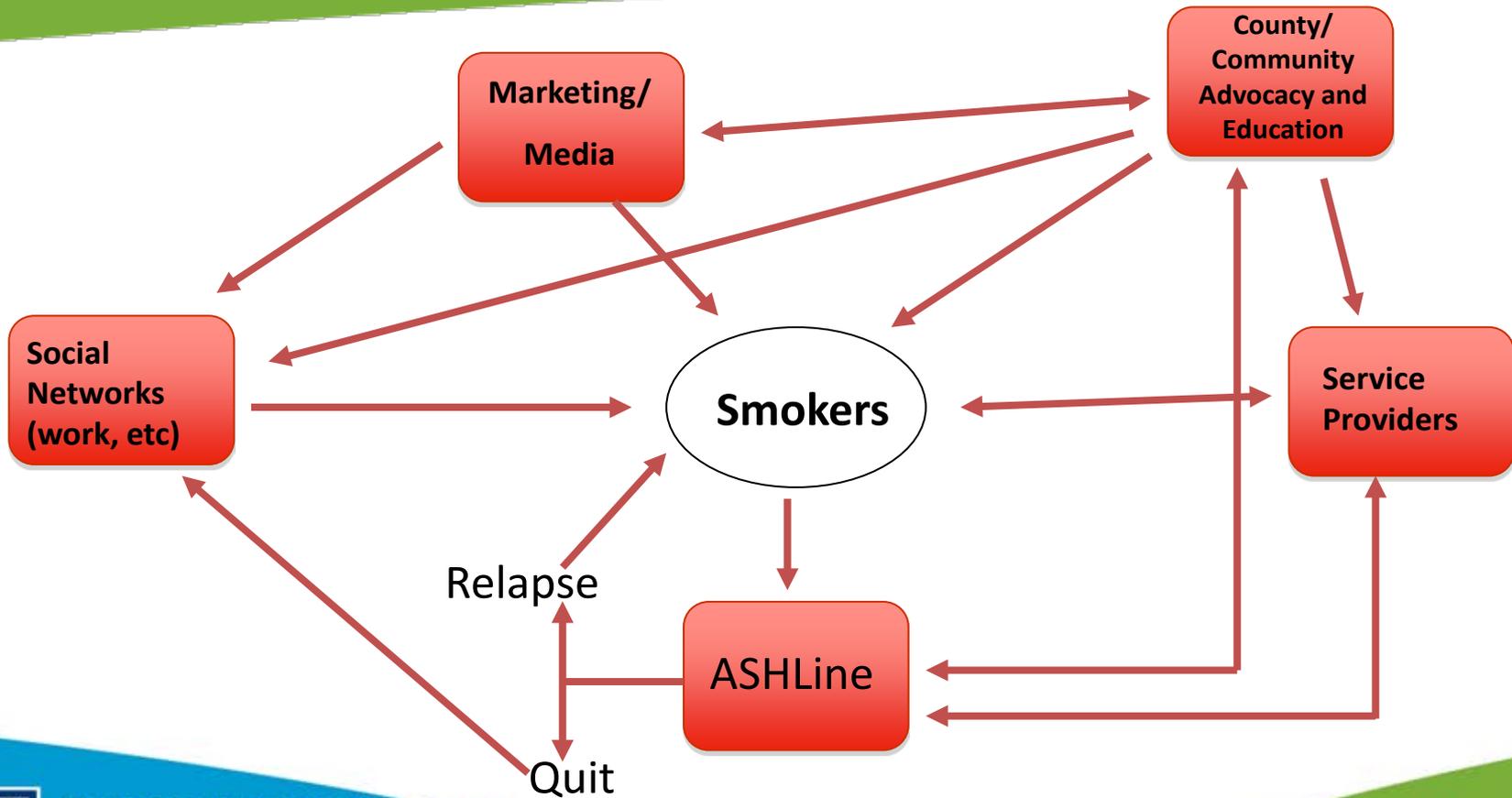


Arizonans with Mental Illness

- Those with mental health diagnoses die 31 years younger
- Tobacco-related disease is the biggest killer
- 75% of people with a mental illness (approx. 100,000) use tobacco (5 x the Arizona rate)



The Arizona Cessation Plan

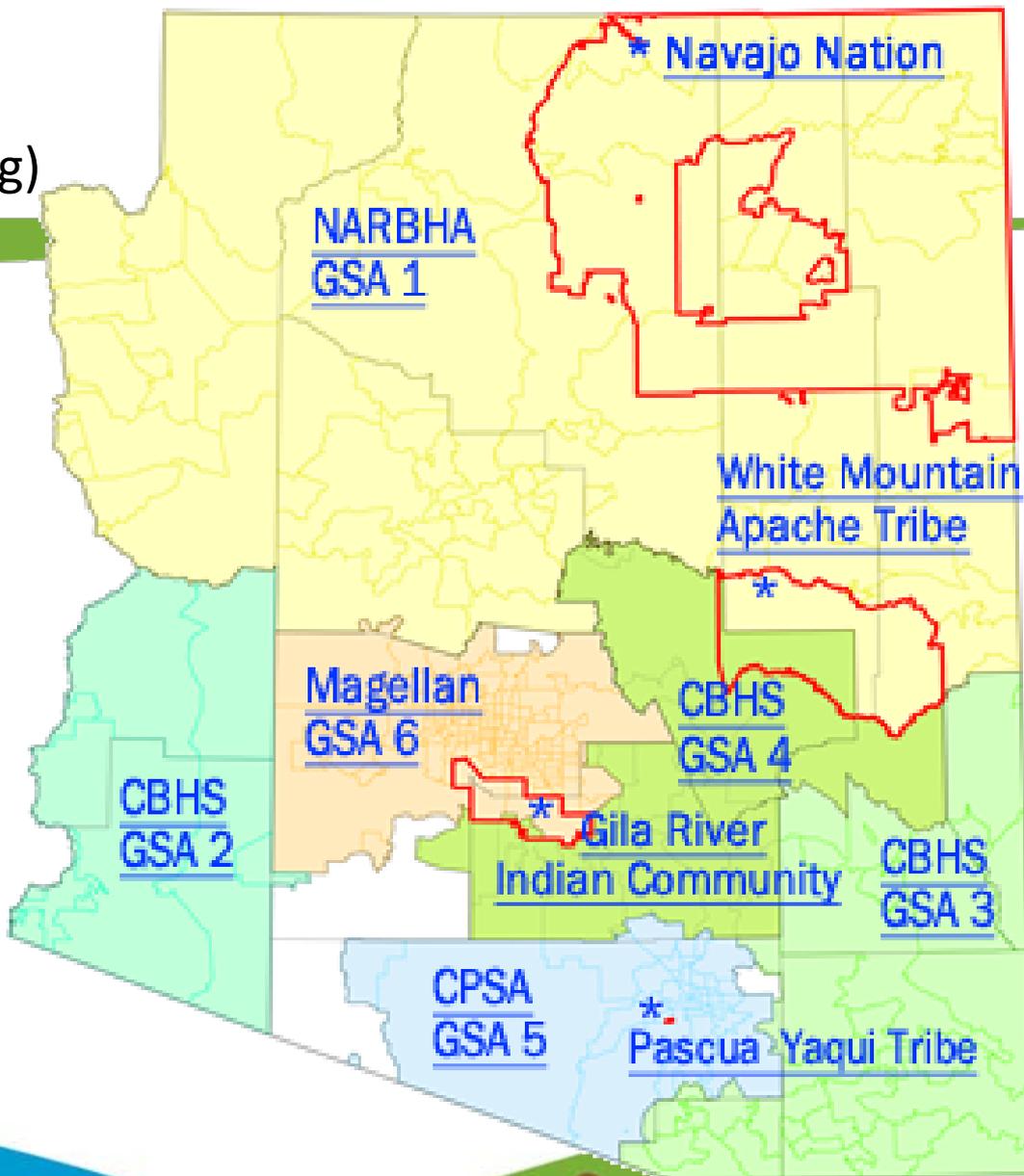


The Arizona Behavioral Health Initiative

- Stage One focuses on people in the public mental health system with a diagnosis of a chronic mental health diagnosis.
- Develop an integrated model that provides access to tobacco cessation in treatment/support/case management facilities through on-site service or quitline referral

Tobacco Use by RBHA (Estimated at 50% smoking)

RBHA	Number of Members
NARBHA	6864
Cenpatico 2	1989
Cenpatico 4	2939
Magellan	30379
Cenpatico 3	1872
CPSA 5	11572
Total	55614



Arizona Behavioral Health Initiative

Two Supporting Events:

1. CPPW funds to increase the use of the ASHLine by those diagnosed with chronic mental disorders.
2. SAMHSA Leadership Summit for Tobacco and Behavioral Health

CPPW Grant

Work with the two largest Regional Behavioral Health Authorities to:

- Assess current tobacco policy
- Develop standardized internal policy for assessing and treating tobacco
- Develop a consistent policy for referring to the quitline.

CPPW Workplan

Increase knowledge about the impact of tobacco within the ranks: case managers, nurses and psychiatrists.

Complete site assessments regarding tobacco policy directed at assessment and referral.

Develop training policy and conduct trainings to increase referrals to the quitline.

SAMHSA Leadership Summit

- Brought together decision makers and influencers from:
 - Division of Behavioral Health Services
 - Bureau of Tobacco and Chronic Disease
 - Regional Behavioral Health Authorities
 - Consumer run agencies
 - Progressive network providers

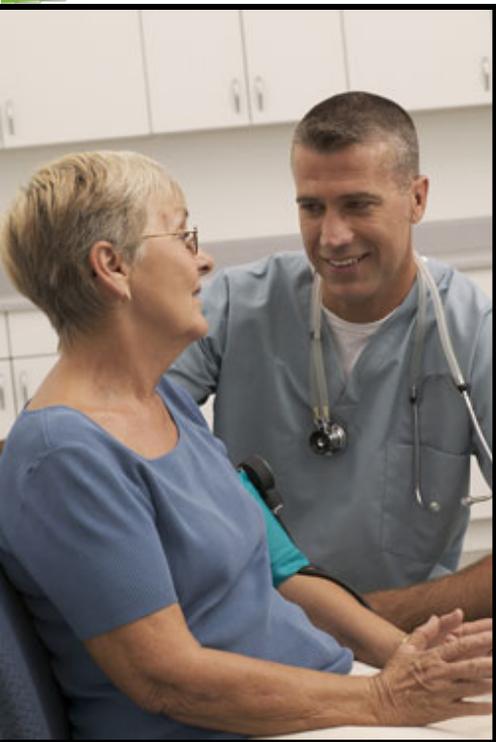
SAMHSA Summit Outcomes

- Three workgroups established
 - Policy
 - Peer Education and Training
 - Provider Education and Training

Recognize Differing Levels of Intervention

- Inpatient/Residential (onsite cessation interventions)
- Intensive Treatment Settings (onsite cessation interventions with quitline support)
- Outpatient Treatment Settings (quitline cessation)
- Case Management/Medication Management (quitline cessation)

Results So Far



- Division of Behavioral Health made tobacco one of the three priorities for FY 2012 for all RBHA's
- All 4 RBHA's working directly with ASHLine to finalize policy and increase referrals.
- 2 Statewide provider trainings conducting with Dr. Jody Prochaska

Results So Far (cont.)

- Magellan –
 - Smoke free campus
 - Incorporated assessment into EHR
 - Encouraging all network providers to go smoke free
- CPSA –
 - Going smoke free campuses
 - Left policy and assessment decisions to network providers

Results So Far (cont.)

- Cenpatico –
 - Smoke free campus
 - Left policy and assessment decisions to network providers
- NARBA –
 - Completing assessments and examining smoke-free policy

Results So Far (cont.)

- Consumer Agencies –
 - One with smoke-free policy for staff
 - One smoke-free policy pilot not successful and examining new approach

Results So Far (cont.)



- ASHLine – (FY 2011 data)
 - First year increase in referral from 114 to 1041.
 - 75 behavioral health facilities received referral development training
 - 60 on-site AAR trainings
 - Intake protocol includes beh. health question in assessment of chronic illness (1/3 of enrollees report a current chronic mental illness)

The Role of a Psychiatrist (Or other mental health prescriber)



- Often has a better knowledge of the client's medication regime than the PCP.
- Primary healthcare professional for providing an intervention.
- Leader of a treatment team that can guide inclusive treatment goals around tobacco.

Messages to Clients

- Coordinate your quitting with those who you already work with: psychiatrist, case manager, etc.
- Get involved with the quitline – they know what works.
- Identify some motivated partners.
- Ask to have tobacco cessation included in your ISP (individual service plan)
- Keep checking in, even if things are not going so well



Messages to Providers (Recovery Agents)



- Tobacco Cessation is a treatment issue, not a lifestyle choice.
- You don't allow people to drink or use illicit drugs on campus, why tobacco?
- People with mental health challenges REALLY DO want to quit tobacco.

Thank You

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