National Partnership on
BEHAVIORAL HEALTH
AND TOBACCO USE

To: Substance Abuse and Mental Health Services Administration (SAMHSA)
Re: Updated Certified Community Behavioral Health Clinic (CCBHC) Certification Criteria

The Substance Abuse and Mental Health Services Administration released its revised draft of the updated Certified Community Behavioral Health Clinic (CCBHC) certification criteria. Based on the existing criteria and recent updates, members from the National Partnership on Behavioral Health & Tobacco Use would like to make specific recommendations that tobacco use screening and intervention, referral to quit line, provision of pharmacotherapy and tobacco-free campus policies be standard practices for all CCBHCs. This national partnership represents leaders from tobacco control, public health, mental health, and addictions working together to expand and accelerate efforts to combat disparities in smoking prevalence and tobacco treatment for those with mental health and substance use disorders. We have outlined our recommendations below.

Primary Recommendations:

- CCBHCs should have a standardized metric to demonstrate that they are offering tobacco dependence treatment services on an annual basis and that tobacco is a part of each clinic's continuous quality improvement plan. These are also basic standards that Health Resources and Services Administration-funded primary care Federally Qualified Health Centers and Centers for Medicare and Medicaid Services-supported inpatient psychiatric facilities must meet. The tobacco-related quality measures that CMS mandates for inpatient psychiatric facilities include TOB-1 (Tobacco Use Screening), TOB-2/2a (Tobacco Use Brief Intervention Provided or Offered and Tobacco Use Brief Intervention), and TOB 3/3a (Tobacco Use Treatment at Discharge).
- Screening, assessment and treatment, or referral to treatment should be offered at every client encounter: intake, in-patient, out-patient, and upon discharge. The assessment shall include questions recommended in the DSM-5-TR under Tobacco Use Disorder (TUD), or similar evidence-based guidance, to determine if tobacco use disorder is diagnosed.
- Just as Medications for Addiction Treatment (MAT) is provided for addiction, so should Nicotine Replacement Therapy (NRT) and Pharmacotherapy be offered for Tobacco Use Disorder, as in the DSM-5-TR.
- CCBHCs should be required to adopt similar tobacco-related quality measures as the TOB measures that CMS mandates for inpatient psychiatric facilities; these include TOB-1 (Tobacco Use Screening), TOB-2/2a (Tobacco Use Brief Intervention Provided or Offered and Tobacco Use Brief Intervention), and TOB 3/3a (Tobacco Use Treatment at Discharge)
- As care clinics, all CCBHCs should establish comprehensive clean air/tobacco-free grounds policies.

Detailed Recommendations

- All clients should receive required tobacco use screening, brief intervention and referral to treatment (SBIRT) at triage and at initial evaluation
    - Offering access to cessation services should be required if a client is diagnosed with tobacco use disorder, either on-site if services are available, or referral to evidence-based quit line services, which double a smoker's chances of quitting successfully
- Costs for tobacco treatment services (including provision of NRT and Pharmacotherapy) should be waived for populations whose insurance doesn't provide coverage
- Clinic-Collected Measures: "Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention TSC)" (page 58) – This quality measure does not have a checkmark, indicating that this is not a required measure for CCBHCs. Tobacco use screening and intervention should be a requirement for all facilities that adopt evidence-based practices, such as CCBHCs.
  To be certified, CCBHCs should be required to have a comprehensive tobacco-free campus policy that includes outside grounds.
- Section 3.c.3 -- CCBHCs should have and maintain partnerships with shelters and public housing entities to expand access to cessation services for CCBHC patients in these sites

Clarification is needed regarding:

- 3.a.7: "CCBHC assists clients and families to access benefits, including Medicaid, and enroll in programs or supports that may be beneficial to them" – Would like clarification that, regarding tobacco use, benefits include cessation supports like Nicotine Replacement Therapy and other pharmacotherapy.
- 4.d.8: "If screening identifies unsafe substance use including problematic alcohol or other substance use, the CCBHC conducts a brief intervention and the client is provided a full assessment and provided treatment, if appropriate within the levels of care of the CCBHC, or referred to a more appropriate level of care." – Would like clarification that brief intervention, along with full assessment and treatment (if necessary) would be required for those identified with tobacco use disorder.

Our Rationale

- Individuals with mental health and substance use condition(s) are twice as likely to use tobacco and are more likely to die[1] from a tobacco-related illness than from their behavioral health conditions.
- Individuals with mental health condition(s) are also more likely to die up to 25 years earlier than the general population
- Despite representing about a quarter of the United States adult population, individuals with behavioral health conditions smoke about 40% of all cigarettes consumed in the United States each year.[2]
- Quitting smoking does **not interfere** with treatment for mental illness and does not worsen or impede recovery from SUDs. In fact, patients who are concurrently treated for tobacco use disorder while receiving addiction treatment have a 25-percent increase in the likelihood of

substance use abstinence one year after treatment, compared to those not treated for tobacco use disorder.[3]

- Tobacco cessation improves mental health with growing evidence showing an association with decreased depression, anxiety, and stress and increased positive moods equal to that of anti-depressants;[4] likewise, smoking can exacerbate mental health symptoms and complicate treatment.[5]
- Because tobacco cessation can improve mental health and substance use disorder recovery outcomes, tobacco dependence treatment supports behavioral health treatment.
- Cigarettes and other tobacco products contain chemicals that can interfere with psychiatric medications such as antipsychotics, antidepressants, hypnotics, and anxiolytics – thereby reducing their efficacy, which can lead to unnecessarily higher dosages; meanwhile, some nonpsychiatric medications such as insulin, warfarin, and caffeine require higher dosages to reach appropriate efficacy with those who smoke.[6]
- Healthcare settings such as CCBHCs are an ideal place to address cessation since advice from a clinician can double a smoker's chance of quitting and cessation has immediate physical health benefit, including dramatically reducing the risk of heart disease, stroke, and cancer.[7]

Considering the strong linkage between mental health, substance use conditions and tobacco use, CCBHCs can serve as a key hub in helping individuals pursue a tobacco-free life, and in doing so, make a positive impact on several elements of that person's health. CCBHCs are in a unique position to help this population, since the model allows for the general health needs along with the behavioral health needs of that individual to be addressed. However, CCBHCs need to be in an environment conducive to improving the client's overall health. One major way to providing that type of environment is to implement a clean air campus policy on grounds. This sends the message to incoming clients (as well as CCBHC staff) that the individual's entire health is a priority. In addition, screening for tobacco use, offering a brief intervention, access to benefits, and referral to quit line should be required for all certified CCBHCs. Working to reduce or eliminate a client's tobacco use serves not only as a health and financial benefit to the individual, but also provides a financial benefit to health systems, as a tobacco-free life results in fewer hospitalizations and medications for chronic conditions caused by smoking (an increased return on investment).

The National Partnership on Behavioral Health & Tobacco Use will continue to encourage health-related organizations to focus on addressing the health needs of those who suffer from tobacco use, particularly those with mental health and/or substance use conditions. For more information on the National Partnership on Behavioral Health and Tobacco Use, please contact Brian Clark at Brian.Clark@ucsf.edu. The partnership website can also be accessed at bh4tobaccofree.org.

This comment is provided on behalf of the National Partnership on Behavioral Health & Tobacco Use and is endorsed by the following organizations:

- American Psychiatric Nurses Association
- National Association of Social Workers

- Public Health Law Center
- Smoking Cessation Leadership Center | National Center of Excellence for Tobacco-Free Recovery

[1] Schroeder SA, Morris CD: Confronting a Neglected Epidemic: Tobacco Cessation for Persons with Mental Illnesses and Substance Abuse Problems. Annual Review of Public Health 2010;31:297-314

[2] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (March 20, 2013). The NSDUH Report: Data Spotlight: Adults with Mental Illness or Substance Use Disorder Account for 40 Percent of All Cigarettes Smoked. Rockville, MD

[3] 2 Prochaska JJ, Delucchi K, Hall SM. A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. J Consult Clin Psychol. 2004 Dec;72(6):1144- 56. doi: 10.1037/0022-006X.72.6.1144. PMID: 15612860

[4] Taylor G, McNeill A, Girling A, Farley A, Lindson-Hawley N, Aveyard P et al. Change in mental health after smoking cessation: systematic review and meta-analysis BMJ 2014; 348 :g1151 doi:10.1136/bmj.g1151

[5] Prochaska JJ, Das S, Young-Wolff KC. Smoking, Mental Illness, and Public Healthexternal icon. Annu Rev Public Health. 2017;38:165–185.doi: 10.1146/annurev-publhealth-031816-044618

[6] Zevin S, Benowitz NL. Drug interactions with tobacco smoking. Clin Pharmacokinet 1999;36:425–438, and Kroon LA. Drug interactions with smoking. Am J Health-Syst Pharm 2007;64:1917-21.

[7] Centers for Disease Control and Prevention, Tobacco Use and Quitting Among Individuals With Behavioral Health Conditions, http://www.cdc.gov/tobacco/disparities/what-we-know/behavioral-health-conditions/index.htm.