



SCHOOL OF SOCIAL WORK

# Predicted Mental Illness of Asian–American amid the COVID–19 Pandemic & Approaches to Treatment

**Saahoon Hong & Betty Walton**

Indiana University School of Social Work

Cultural Competency Conference:  
Policy, Practice & Innovation in Mental Health & Addiction  
May 19, 2021



# **Behavior Health Issues among Asian Americans**

## COVID 19-Related Stressors

- Loss of their loved one
- Illness
- Economic hardship
- Suicide Ideation
- Anxiety
- Depression
- Substance use



# Racial Discrimination and Harassment against **Asian Americans**

- Verbal assault
- Property vandalism
- Coughing on
- Physical assault



# Behavioral Health Issues among Asian Americans

- Somatic symptoms
- Smoking, drinking, and illicit drug use
- Anxiety, depression, distress, and substance





# Indiana Study

Predicted Mental Illness on the Adults Needs  
and Strengths Assessment in 2019 and 2020



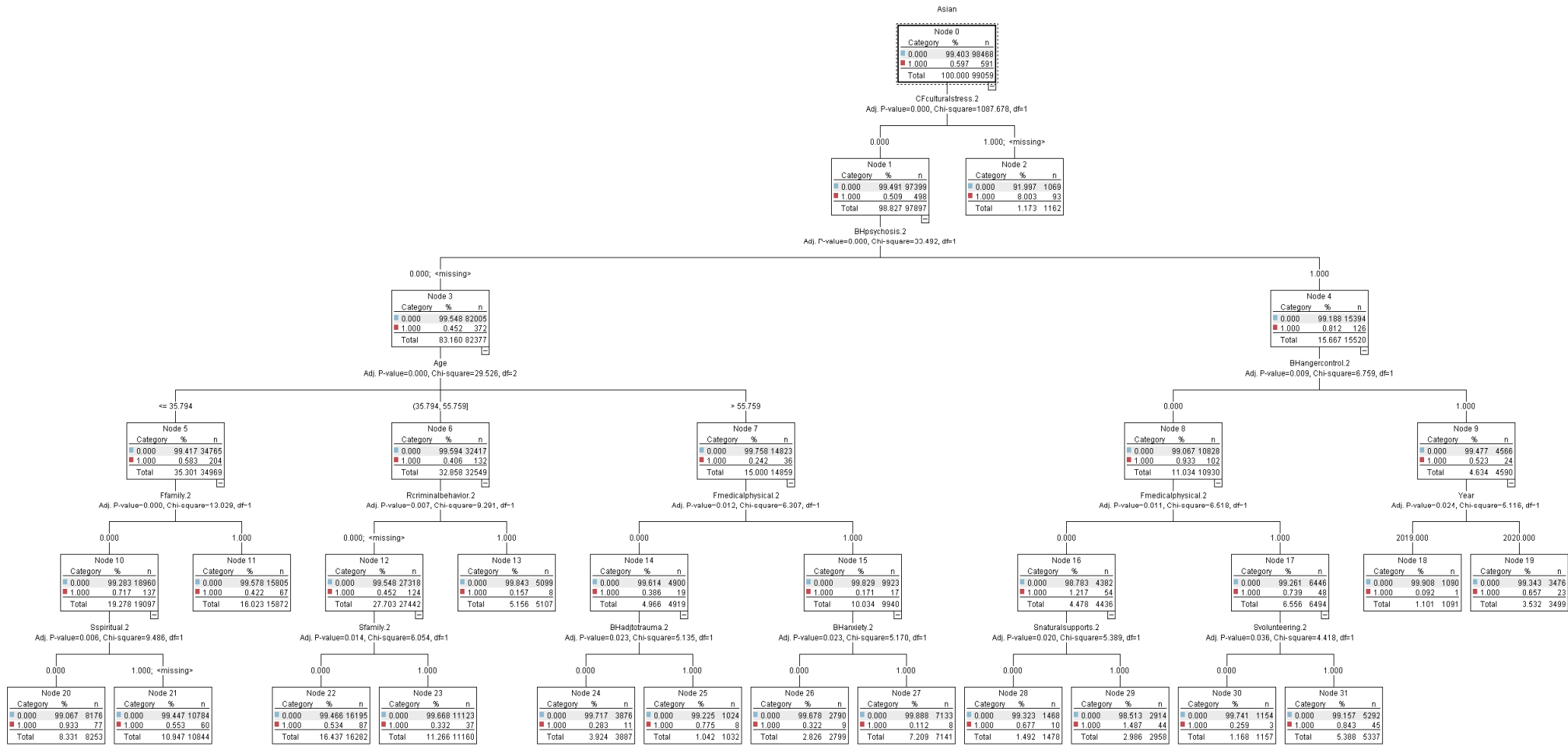
Table 1.

*Characteristics of the participants and their responses to ANSA items*

|        |               | Asian<br>American<br>(a) (n=591) | White<br>(b)<br>(n=82,724) | Black<br>(c)<br>(n=11,981) | Column<br>comparison |
|--------|---------------|----------------------------------|----------------------------|----------------------------|----------------------|
| Age    |               | M=39.76<br>(SD=12.75)            | M=41.80<br>(SD=14.17)      | M=42.39<br>(SD=14.59)      | a<b<c                |
| Gender | Male          | 45.3%                            | 43.3%                      | 50.0%                      | b<c                  |
|        | Female        | 54.3%                            | 55.8%                      | 48.8%                      | (a=b)>c              |
|        | Transgender   | 0.2%                             | 0.2%                       | 0.2%                       | a=b=c                |
|        | Not to answer | 0.2%                             | 0.5%                       | 0.9%                       | b<c                  |

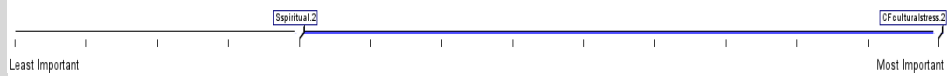
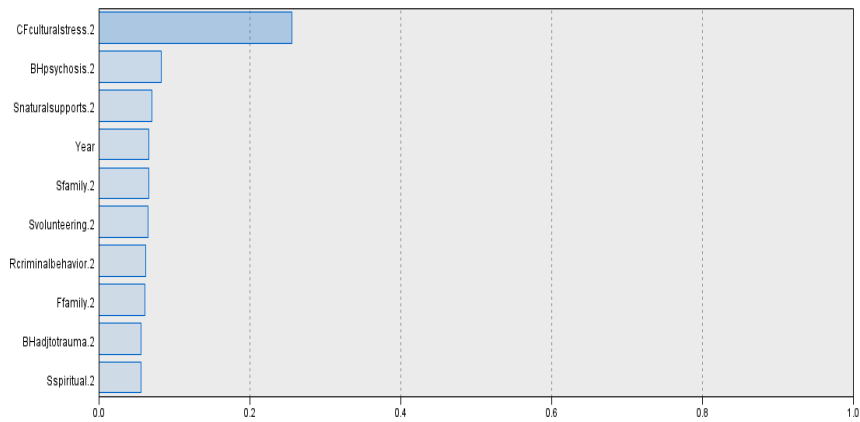






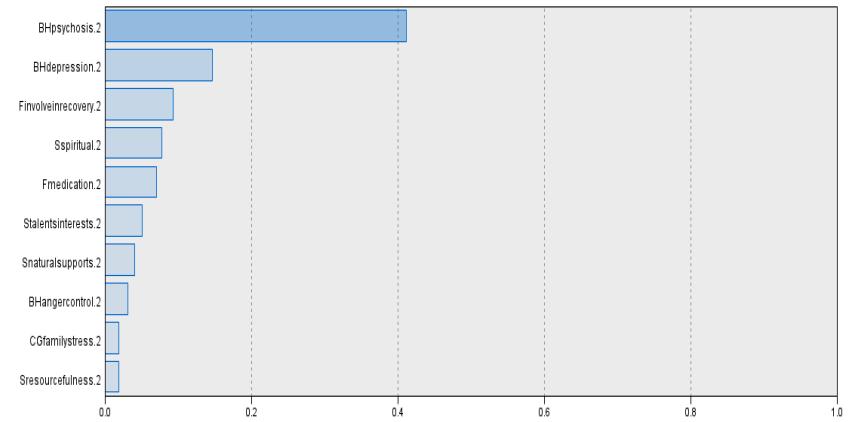
### Predictor Importance

Target: Asian



### Predictor Importance

Target: White





**Culturally Competent Approaches  
to Asian-American Community**

# Culturally Responsive & Respectful Care

## **Cultural Humility**


A cultural humility perspective challenges us to learn from the people with whom we interact, reserve judgment, and bridge the cultural divide between our perspectives, in order to facilitate well-being and promote improved quality of life.

## **Culturally Responsive Care**

The ability to learn from and relate respectfully to people from your own and other cultures.



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What are the most frequent questions that you ask a client with cultural diversity?

## What are the most frequent questions that you ask a client with cultural diversity? (select all that apply)

1. Have you ever been treated poorly because of your ethnicity, race or beliefs? If so, in what ways?
2. Have people made incorrect assumptions about you or your family in a way that's caused problems?
3. What spiritual or religious beliefs are important to you and your family, and how do they impact day-to-day life?
4. Does your culture have a perspective on receiving counseling or mental health therapy?
5. What do you do and who do you turn to for help when your family has needs or troubles?
6. How does your culture help with coping from anxiety, sadness or other troubles?



Source.

<https://www.dcyf.wa.gov/sites/default/files/pdf/CulturallyResponsiveQuestions.pdf> (Washington State Department of Children, Youth & Families).  
<https://counseling.online.wfu.edu/blog/10-diversity-questions-counselors-ask/>

## Implications for Practice

Consider culture (cultural identity, values, beliefs, experiences):

- Engagement
- Communication
- Accommodations – access to services (Language, Traditions, Cultural Stress)
- Collaborative assessment and consensus based planning
- Involvement in recovery





# Acknowledgement

This study was developed  
through a collaborative effort  
by the

IU School of Social Work  
and  
DMHA



INDIANA UNIVERSITY  
**SCHOOL OF SOCIAL WORK**



**Division of  
Mental Health  
and Addiction**

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**Indiana**  
**Department**  
**of**  
**Health**

# Tobacco Prevention and Cessation Commission

DMHA Cultural and Linguistic  
Competency Webinar

Why is this topic important?



# Tobacco Use - The Elephant in the room

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## Picking your battles



## First, the conversation begins with you



Cigarette smoking is down, but about  
**34 MILLION**  
American adults still smoke

Cigarette smoking remains high  
among certain groups



Men



Adults 25-64  
years old



Lower education



Below  
poverty level



Midwest  
and South



Uninsured  
or Medicaid



Disabled



Serious  
psychological  
distress



American Indians,  
Alaska Natives and  
Multiracial



Lesbians, gays,  
and bisexuals

Strategies essential to continue reducing  
cigarette smoking overall



Implement  
smoke-free laws



Run mass  
media campaigns



Raise  
tobacco prices



Make quit help  
easy to access



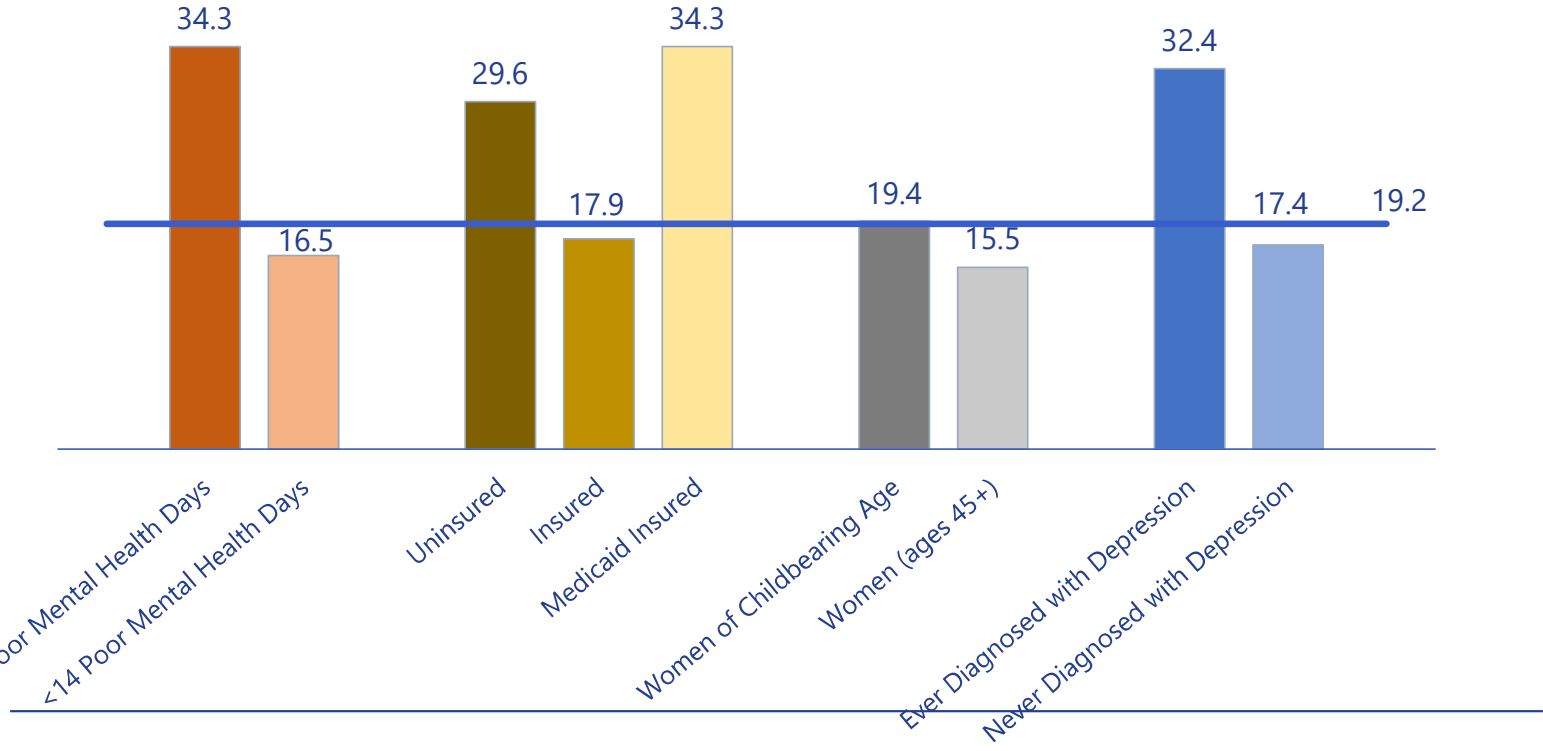
# Health Equity

*We recognize that all Hoosiers are affected differently across racial, ethnic, and socioeconomic groups, and these disparities must be addressed.*



# Current Smoking - 2019 Priority Populations

## Current Smoking Among Priority Populations, BRFSS 2019



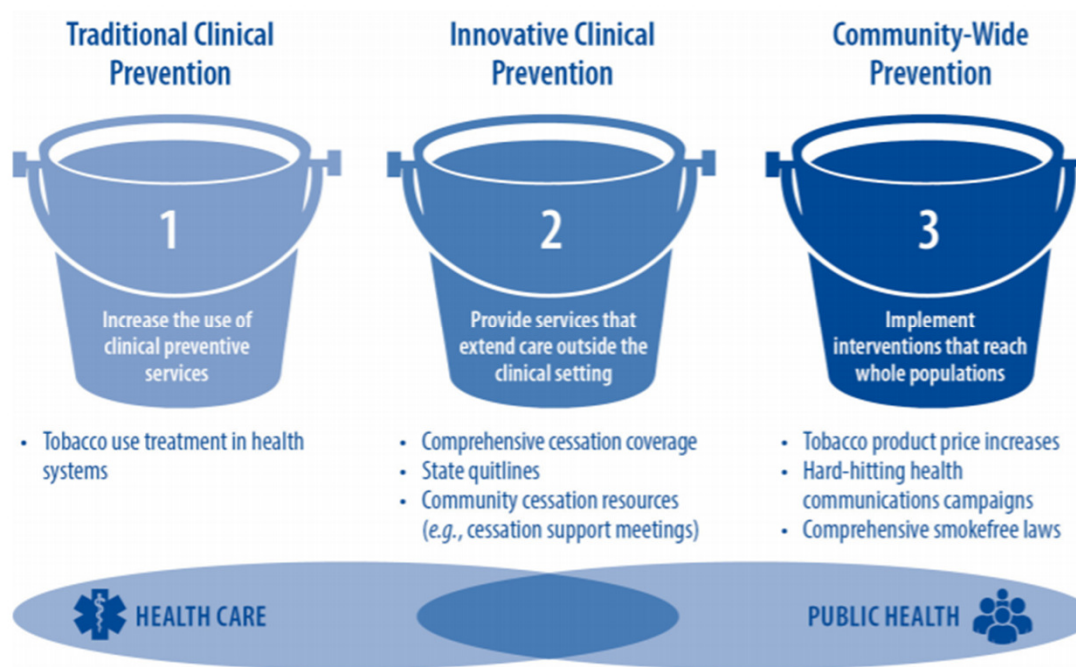


# Health Systems Change

*What is it and how do you begin?*

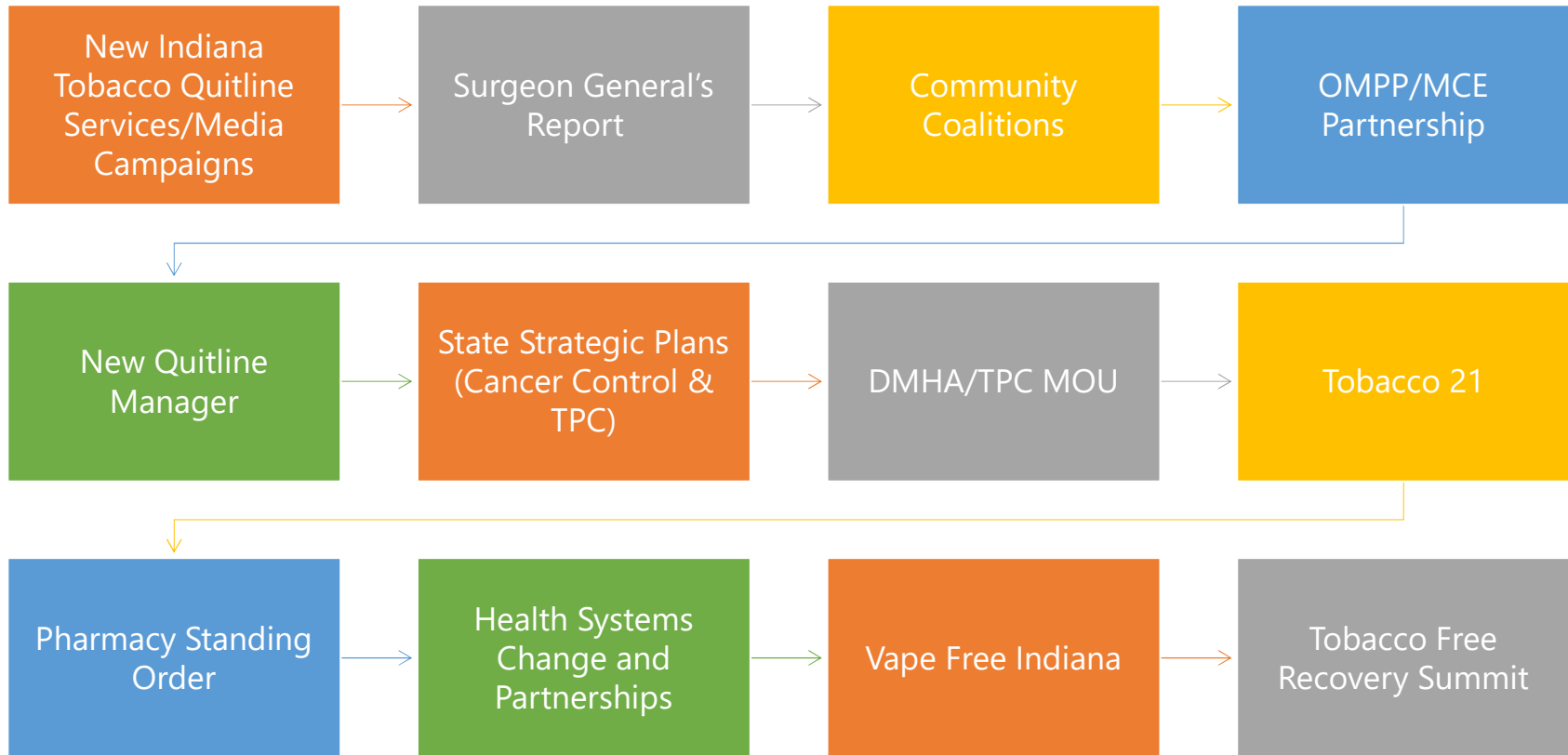


Figure 4. Tobacco Cessation in CDC's Three Buckets of Prevention



Source: Auerbach<sup>53</sup>

# Indiana Tobacco Cessation Strategies



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# Health System Change Focus Areas

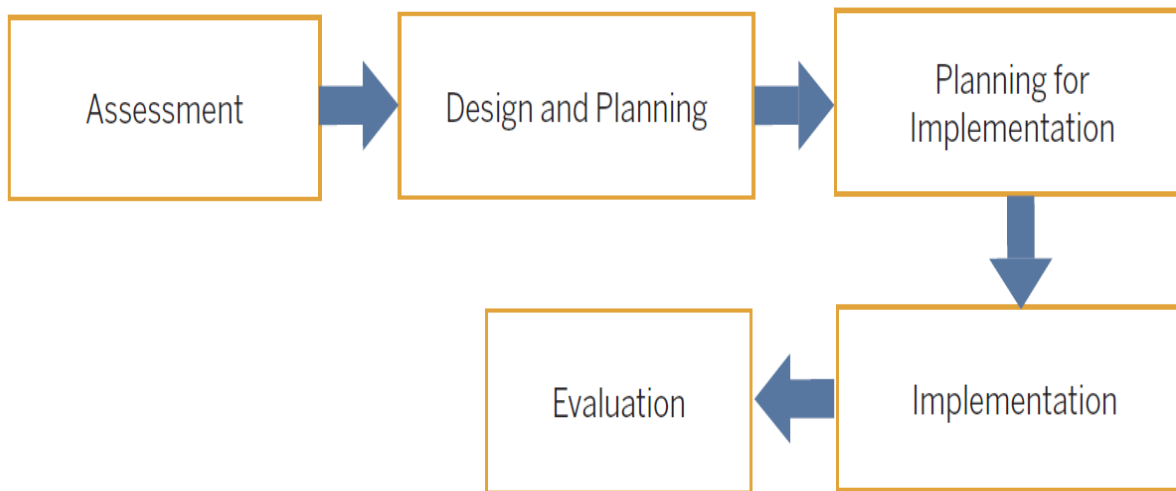
**Implementing Best Practices for  
Tobacco Dependence Treatment –  
Care Coordination**

**Quality Improvement**

**Utilization of Electronic Health  
Record (EHR) System**

# Tips on Getting Started

Figure 1. Five Key Processes Essential for Goals



**“Must Haves” to support progress toward Health System Change:**

1. Leadership Buy-in
2. Champions
3. Staff/Frontline Buy-In
4. Collaborators/Teamwork
5. IT Support
6. Organization Priority
7. Specialty trained staff

# Standard Metrics

1. Current tobacco use
2. Diagnosis of tobacco use
3. Referrals to treatment
4. Pharmacotherapy
5. Quit Attempts/Follow up



“Southwestern Behavioral Healthcare is committed to creating an environment of cultural acceptance and cultural humility for all staff, patients, and the community we serve. We are wholly committed to providing culturally responsive services by providing continuous training and support for all individuals within Southwestern’s organization. We believe in the equal, fair, and just treatment of our employees and the patients we serve.”

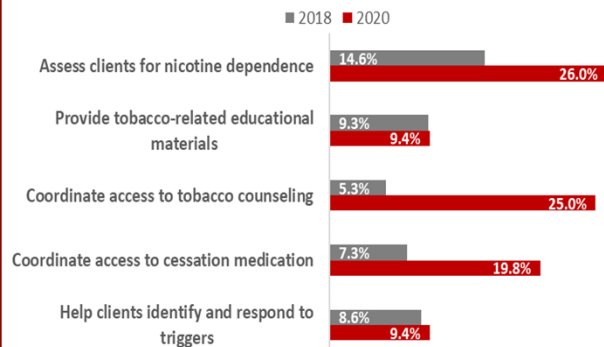
-SBH Diversity, Equity, and Engagement Committee

### Increasing Staff Capacity to Treat Nicotine Dependence

400+  Trained

- UMASS TTS Training
- DIMENSIONS Group Curriculum
- Onboarding Clinical Education
- Annual Refresher Quit Planning
- EHR Tobacco Referral Tools

"As a clinician\*, I always..."



### Electronic Health Record Integration

At Comprehensive Intake: **1** Medical Tasks, Tobacco Recovery

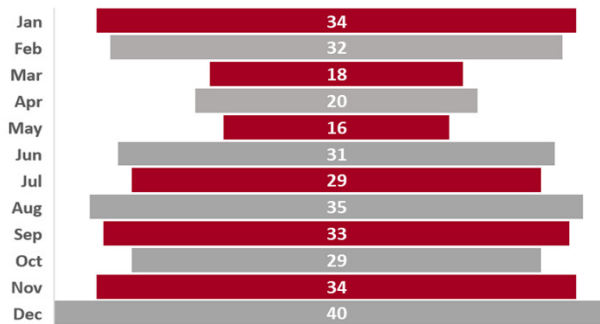
At Treatment Planning: **2** Tobacco Recovery, Tobacco Recovery Readiness Assessment, Assist, Arrange, Quit Now Referral

Direct Entry from Clipboard: Tobacco Recovery, Tobacco Recovery Readiness Assessment

The Tobacco Recovery Readiness Assessment includes the following questions:  
 Does the client currently use ANY tobacco products (includes combustible, smokeless, and electronic nicotine delivery systems)?  
 a. Current user  
 b. Former user (no REGULAR use 12 mos.)  
 c. Never used

Is the client ready to set a quit date in the next 30 days?

351 Total Referrals CY2020



### Quality Assessment & Improvement

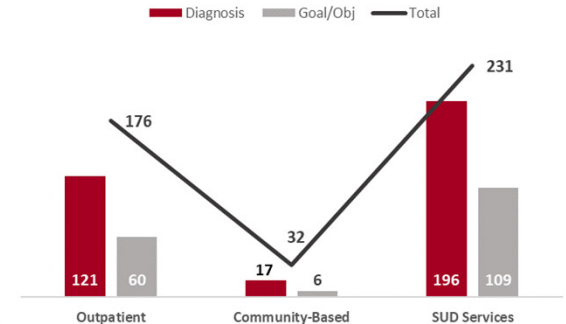
Tobacco Cessation Dashboard FY2021

| Current Use | Former Use | Never Used | Not Screened (Target: 5%) | Referrals to TTS | Total Screened |
|-------------|------------|------------|---------------------------|------------------|----------------|
| 30.3%       | 11.9%      | 43.0%      | 14.8%                     | 2.5%             | 85.2%          |

|  | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Count | N    | %     | Monthly Change |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|------|-------|----------------|
| Screening Percentages & Referral/Procedural Counts |     |     |     |     |     |     |     |     |     |     |     |     |       |      |       |                |
| Current Use  | 34  | 36  | 38  | 38  | 39  | 41  | 29  | 30  |     |     |     |     | 1142  | 3775 | 30.3% | ▲ 2.04%        |
| Former Use   | 10  | 10  | 10  | 11  | 11  | 12  | 11  | 12  |     |     |     |     | 449   | 3775 | 11.9% | ▲ 12.15%       |
| Never Used   | 18  | 19  | 20  | 21  | 22  | 24  | 39  | 43  |     |     |     |     | 1625  | 3775 | 43.0% | ▲ 10.26%       |
| Not Screened                                       | 38  | 36  | 31  | 30  | 27  | 23  | 21  | 15  |     |     |     |     | 559   | 3775 | 14.8% | ▼ 8.23%        |
| Referrals to TTS                                   | 29  | 35  | 33  | 29  | 34  | 40  | 38  | 28  |     |     |     |     | 28    | 1142 | 2.5%  | ▼ 26.32%       |
| Nicotine Dx  | 23  | 24  | 25  | 25  | 27  | 34  | 31  | 23  |     |     |     |     | 23    | 28   | 82.1% | ▼ 26.81%       |
| PCTP Goal  | 11  | 14  | 15  | 7   | 13  | 17  | 17  | 10  |     |     |     |     | 10    | 28   | 35.7% | ▼ 41.18%       |

TREND FY2021

### Division Workflow Compliance



# Indiana Tobacco Free Recovery Leadership Academy

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Provider Education

Policy Advocacy

Data

Expanding to Health Systems and Primary Care Clinics





## 15 Years and Counting

Join the other preferred providers and continue the tradition.

The Indiana Tobacco Quitline is the trusted resource for Hoosiers desiring to quit. This is the best time to help your patients break their tobacco addiction.

Right now, QNI is offering a FREE 4-week combo-pack of nicotine patches, gum, and lozenges—while supplies last.

Helping patients to quit, is easier than ever. Text2Start is a simple way for them to register for free services—text **READY** to **200-400**.

Ask, advise, and Text2Start. Every patient, every visit, non-judgmental. Get the tools and support you need to help patients say goodbye to smoking.

Call 1.800.Quit.Now—today.



No lectures. No pressure. JUST FREE HELP.

# The Indiana Quitline Program



## QUIT COACH®

Specialized  
Training



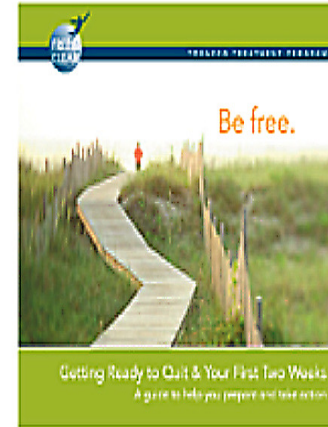
## MEDICATION

Nicotine Gum, Patches  
or Lozenges



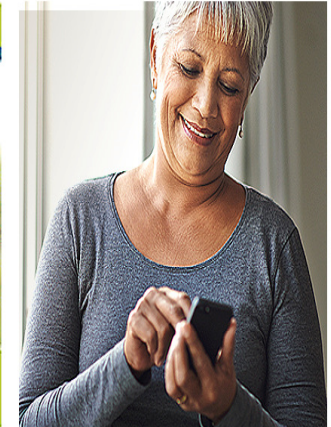
## WEB COACH®

Fully  
Integrated



## QUIT GUIDES

Stage  
Based



## TEXT2QUIT®

Messages  
and Tips

| ITQL Programs by Population   | PLUS the Following:  |
|---|--|
| <p><b><u>4</u> Prearranged calls for Adults</b></p>   | <ul style="list-style-type: none"> <li>▪ Unlimited call-ins to the ITQL</li> <li>▪ Text messages to connect with Quit Coach</li> <li>▪ Access to online tools, videos, and educational materials on <a href="http://www.QuitNowIndiana.com">www.QuitNowIndiana.com</a></li> <li>▪ Two weeks of free nicotine replacement therapy (NRT) products (patch, gum, or lozenge), if eligible.</li> </ul>  |
| <p><b><u>5</u> Prearranged calls for Youth (NRT not included)</b></p>   |  |
| <p><b><u>10</u> Prearranged calls for Pregnant Women (NRT not included)</b></p>   |  |
| <p><b><u>7</u> Prearranged calls with Quit Coach for Behavioral Health consumers</b></p> <p>Quit Coaches have received additional training on mental illness and tobacco cessation.</p> | <ul style="list-style-type: none"> <li>▪ Unlimited call-ins to the ITQL</li> <li>▪ Text messages to connect with Quit Coach</li> <li>▪ Access to online tools, videos, and educational materials on <a href="http://www.QuitNowIndiana.com">www.QuitNowIndiana.com</a></li> <li>▪ <b>Free 12-week regimen of combination therapy NRT (patch + gum or lozenge)</b></li> <li>▪ <b>Letter sent to provider informing of quit attempt</b></li> </ul> |
| <p><b>Individual Quitline Services</b></p>  |  |

# Behavioral Health Program Eligibility

**Question #1: “Do you currently have any mental health conditions, such as:”**

- **Bi-Polar Disorder** – *automatically offered enrollment*
- **Schizophrenia** – *automatically offered enrollment*
- Drug or Alcohol Use Disorder (SUD)
- Generalized Anxiety Disorder
- Post Traumatic Stress Disorder (PTSD)
- Depression
- Attention Deficit Hyperactivity Disorder (ADHD)

**Question 2: “Do you think that these mental health conditions or emotional challenges might interfere with your ability to quit?”**

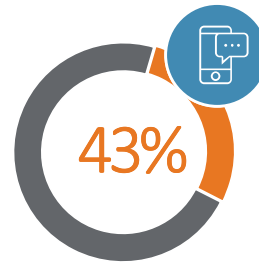
- If “yes”, then caller is offered enrollment!

# Indiana Tobacco Quitline

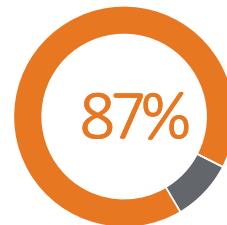
## Quit rate and satisfaction

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Research shows that only 4–7% of tobacco users who try to quit smoking on their own are successful.



had quit 7 months after receiving **phone** treatment



would recommend the **phone** program to other tobacco users

*\*Recent Quitline Program Evaluation reports the Quitline Behavioral Health Program at a 96% satisfaction rate and a 42% quit rate*



**1.800.QUIT.NOW**

Indiana's Tobacco Quitline

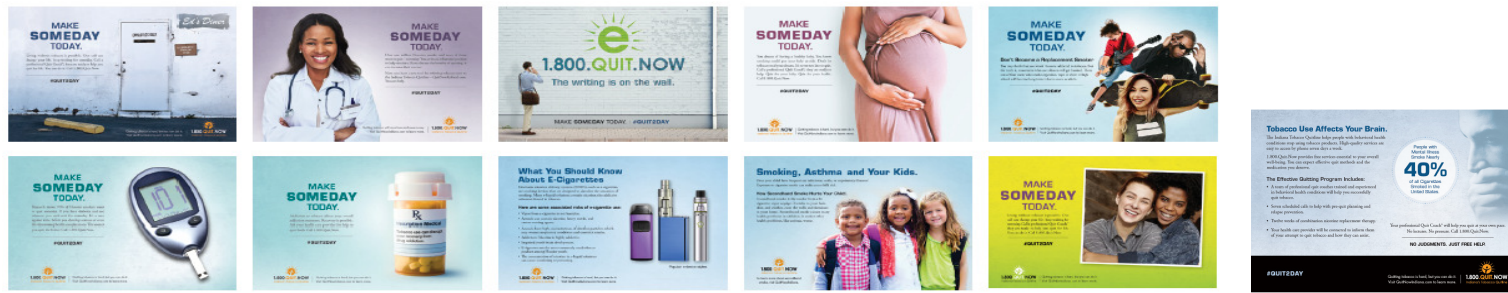
[QuitNowIndiana.com](http://QuitNowIndiana.com)



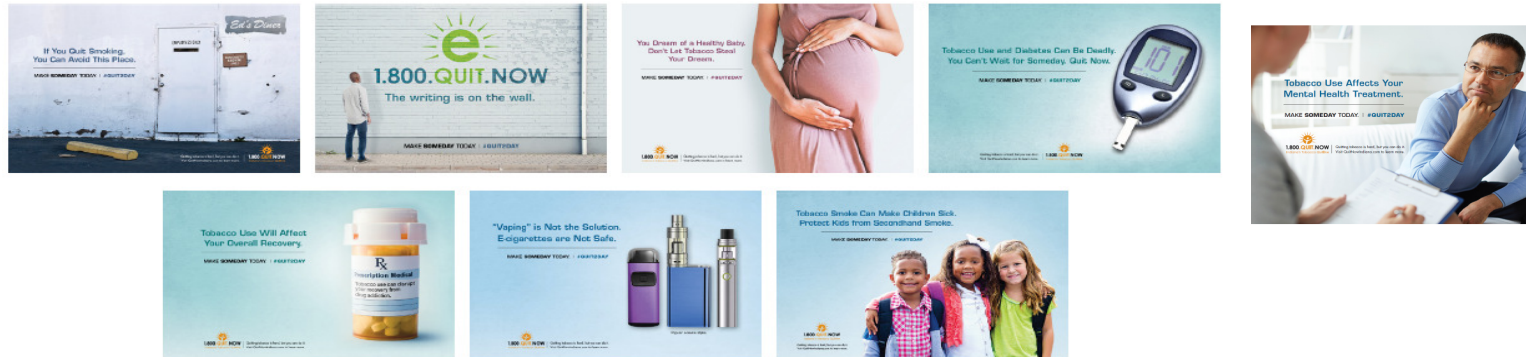
Indiana  
Department  
of  
Health

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# Free Promotional Materials Available



Make Someday Today Palm Cards



Make Someday Today Posters

# What's new in tobacco control?



# 2025 Indiana Tobacco Control Strategic Plan - Mission

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*Indiana Tobacco Prevention and Cessation seeks to achieve health equity by eliminating the disease and economic burden associated with tobacco addiction and exposure to commercial tobacco products.*



**Indiana**  
Department  
of  
**Health**

**Tobacco Prevention  
and Cessation**

# Indiana Medicaid - Billing and Reimbursement Changes for tobacco treatment - Effective July 1<sup>st</sup>

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- Removal of U6 Modifier to bill tobacco cessation counseling code 99407
- Add coverage to 99406 code (*Smoking and tobacco use intermediate counseling, greater than 3 minutes up to 10 minutes*) and adding it to the telehealth code set.
- Add coverage to code D3120 (*Tobacco counseling for the control and prevention of oral disease*) allowing dentists to provide tobacco cessation limits.
- Remove the unit limitations on billing tobacco cessation codes.
- Remove policy that restricts tobacco cessation to billing only under specific primary diagnosis codes

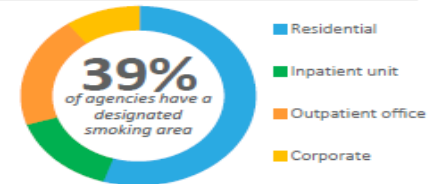
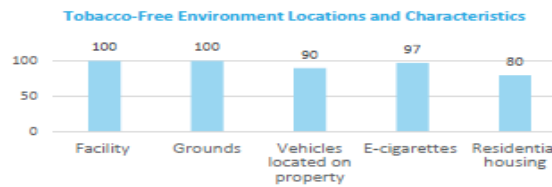
# DMHA Tobacco-Free Survey



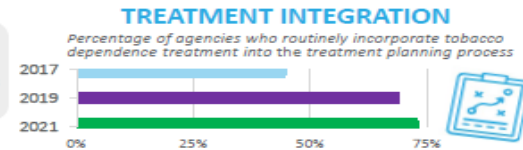
## 2021 Tobacco-Free Agency Assessment - Highlights

Division of Mental Health and Addiction (DMHA) and Rethink Tobacco Indiana have conducted a third biennial assessment of DMHA-funded agencies. As part of a collaborative partnership, this assessment examined agencies' efforts to maintain a tobacco-free environment and provide tobacco treatment services.

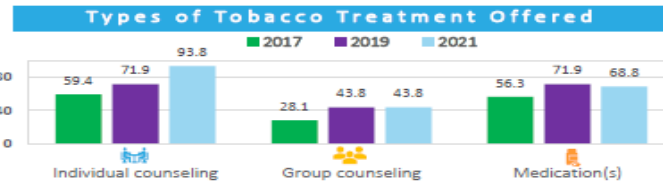
**ALL** agencies (n = 32) completed the 2021 assessment **97%** of agencies (n = 31) have a formal tobacco-free grounds policy in place



100% of agencies screen for tobacco as part of initial clinical assessments  
78% of agencies screen for tobacco as part of ongoing clinical assessments



**Majority** of agencies have a dedicated field in their EHR to document tobacco use status, however **Fewer** include a tobacco treatment plan section in their EHR



13 agencies seek **reimbursement** for behavioral interventions for tobacco treatment

### Top Medications Offered by Agencies

1. Nicotine patch (95%)
2. Varenicline (77%)
3. Nicotine gum (73%)
4. Bupropion SR (64%)

- TOP POTENTIAL CHALLENGES**  
Rated by Importance
1. Low rates of reimbursement for behavioral interventions
  2. Lack of staff's perceived importance of tobacco cessation in mental health consumers
  3. Concern that employees will seek employment elsewhere

**21** the number of agencies that prescribe FDA-approved medications for tobacco treatment for consumer use

**100%** of agencies report promoting and referring mental health consumers to the Indiana Tobacco Quitline





# DMHA Funded: Tobacco Free Recovery Grants

## **\$300,000 TPC/DMHA 1-Year MOU**

### **5 Behavioral Health and Healthcare Agencies:**

- *Bowen Centers*
- *Life Treatment Centers*
- *Oaklawn Psychiatric Center*
- *Shalom Health Care Center*
- *Tulip Tree Health Care*

### **4-Tiered Cessation Strategies:**

*Tobacco Free Grounds, Assessment Practices, Tobacco Dependence Treatment Modality and Integration of Quitline into Electronic Health Record*

## Smoking and COVID-19

- Cigarette smoking suppresses the immune system and cause heart and lung diseases
- A person who smokes is at greater risk for, and may have a harder time recovering from, COVID -19



**WARNING**  
Smoking puts you at greater risk for severe COVID-19 illness.

Call 1.800.Quit.Now.  
Control your health, save your life.

  
**1.800.QUIT.NOW**  
Indiana's Tobacco Quitline  
QuitNowIndiana.com

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# Contact for Support and Questions

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Tobacco Prevention and Cessation

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Indiana Department of Health

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# 2021 Tobacco-Free Agency Assessment

*Presented by Rethink Tobacco Indiana*



Indiana  
Department  
of  
Health

Division of  
**Tobacco Prevention  
& Cessation**



**Division of Mental  
Health and Addiction**



# Background

- Senate concurrent resolution was passed in 2010
- TPC teamed with DMHA to administer a biennial comprehensive survey assessing current status of implementation
  - Initial survey administered 2017: **32/35 response (91.4%)**
  - 2019 administration: **32/32 response (100%)**
  - 2021 administration: **32/32 response (100%)**



# Survey Population Settings

“Which of the following applies to your agency? Check all that apply.”

| Setting                               | 2017<br>% | 2019<br>% | 2021<br>% |
|---------------------------------------|-----------|-----------|-----------|
| Community Mental Health Center (CMHC) | 72        | 75        | 78        |
| Addiction Provider                    | 69        | 78        | 75        |
| Hospital                              | 25        | NA        | NA        |
| Opioid Treatment Program (OTP)        | NA        | NA        | 19        |

*NA = Not available on survey instrument*

All agencies who reported having an OTP (n=6; 19%) stated their OTP fell under the same policy as the CMHC.

# Tobacco-Free Workplace Policy Characteristics (n=31)

“Does your tobacco-free policy include the following in its definition of the tobacco-free environment?”\*

| Included                         | 2017<br>% | 2019<br>% | 2021<br>% |
|----------------------------------|-----------|-----------|-----------|
| Facility (buildings)             | 100       | 100       | 100       |
| Grounds                          | 97        | 100       | 100       |
| Vehicles located on the property | 88        | 100       | 90        |
| Designated smoking area          | 63        | **        | **        |
| E-cigarettes (vapes)             | 81        | 94        | 97        |
| Residential housing              | NA        | NA        | 80        |

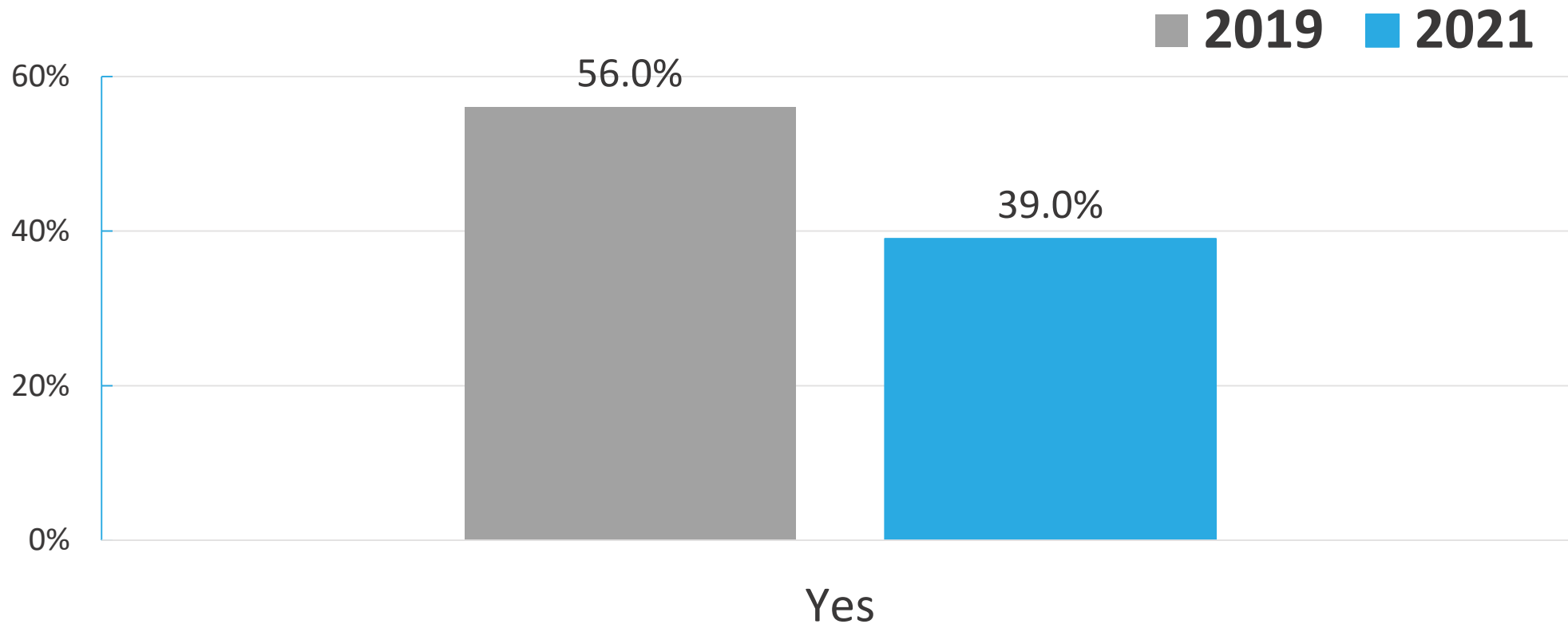
\* Of the 31 agencies who reported having a formal tobacco-free grounds policy in place

\*\* Survey item reworded in 2019

# Designated Smoking Area

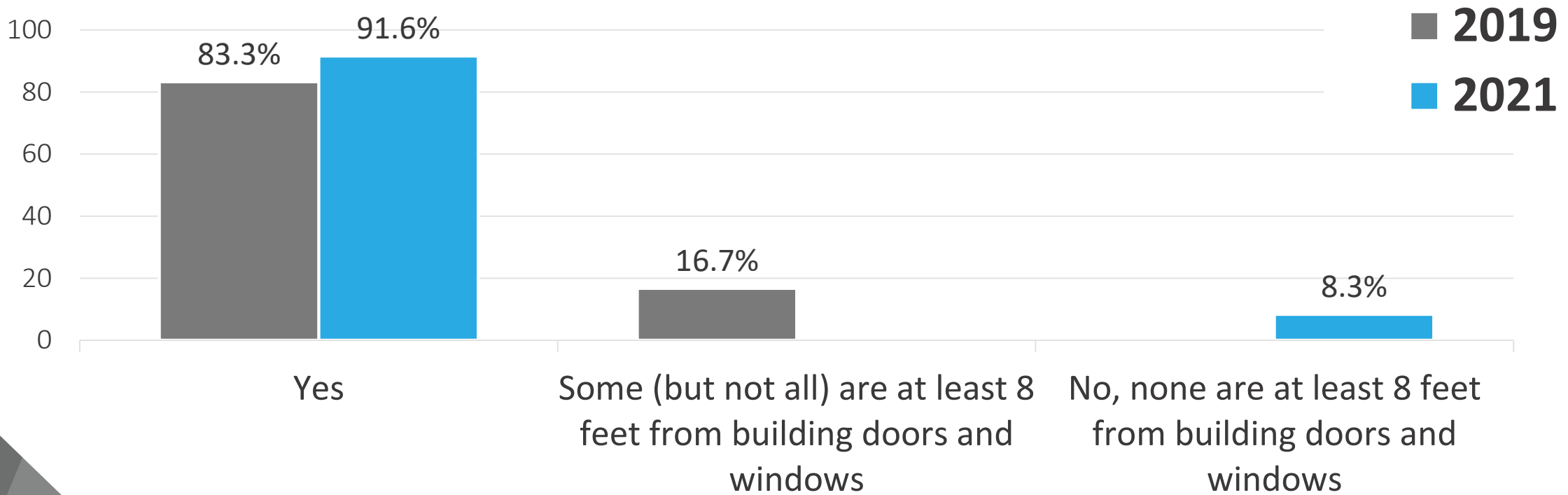
“Does your agency have a designated smoking area?”

(Designated smoking area refers to any area of the agency property in which smoking is allowed. For example, smoking outside at a gazebo.)



# Designated Smoking Area, cont'd

“Is your designated smoking area located **at least 8 feet** from building doors and windows?”\*



*\*Of 18 agencies with a designated smoking area in 2019*

*\*Of 12 agencies with a designated smoking area in 2021*

## Designated Smoking Area, cont'd

| To which settings does your designated smoking area apply?* | 2019<br>% | 2021<br>% |
|---|-----------|-----------|
| Residential   | 89        | 83        |
| Inpatient unit  | 22        | 25        |
| Outpatient office   | 44        | 33        |
| Corporate   | 11        | 17        |

*\*Of 18 agencies with a designated smoking area in 2019*

*\*Of 12 agencies with a designated smoking area in 2021*

# Tobacco-Free Workplace Policy Characteristics, cont'd

“Does your tobacco-free workplace policy state that it applies to all...”

| Population / location | 2017<br>% | 2019<br>% | 2021<br>% |
|-----------------------|-----------|-----------|-----------|
| Consumers             | 94        | 94        | 90        |
| Staff members         | 97        | 100       | 100       |
| Contractors           | 75        | 91        | 90        |
| Volunteers            | 71        | 97        | 94        |
| Visitors              | 88        | 100       | 97        |
| Vendors               | 56        | 72        | 87        |
| Areas of the grounds  | 90        | 94        | 97        |

Does your tobacco-free workplace policy state that...

all consumers, staff, contractors, volunteers, and visitors must be informed of the tobacco-free policy:

**2017: 69%**

**2019: 69%**

**2021: 84%**

screening, education, and treatment programming is to be available for all consumers, staff, contractors, and volunteers:

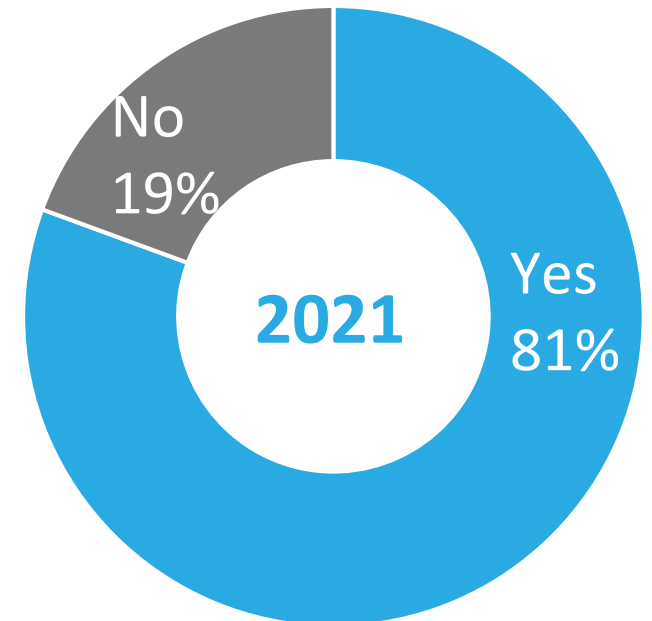
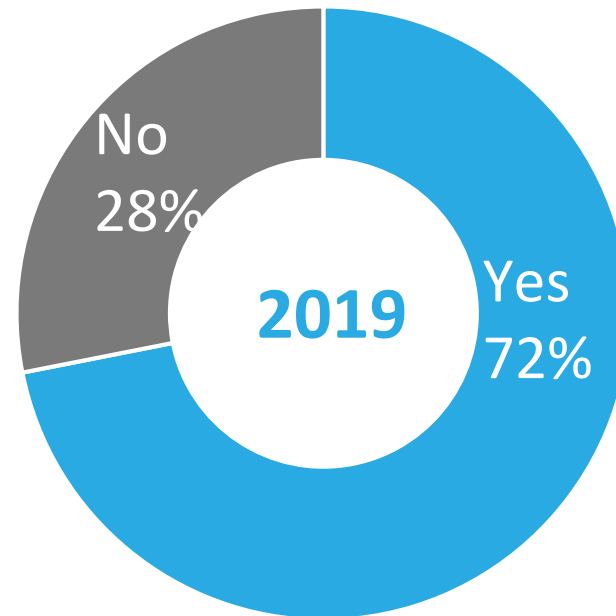
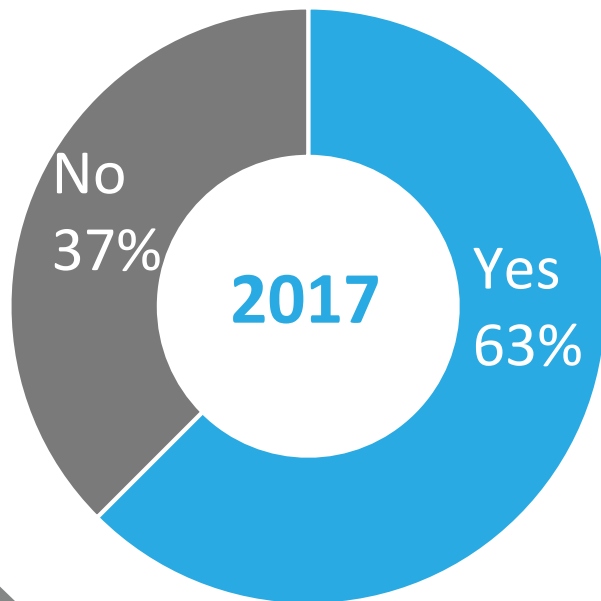
**2017: 63%**

**2019: 53%**

**2021: 81%**

# Violations of the Tobacco-free Environment

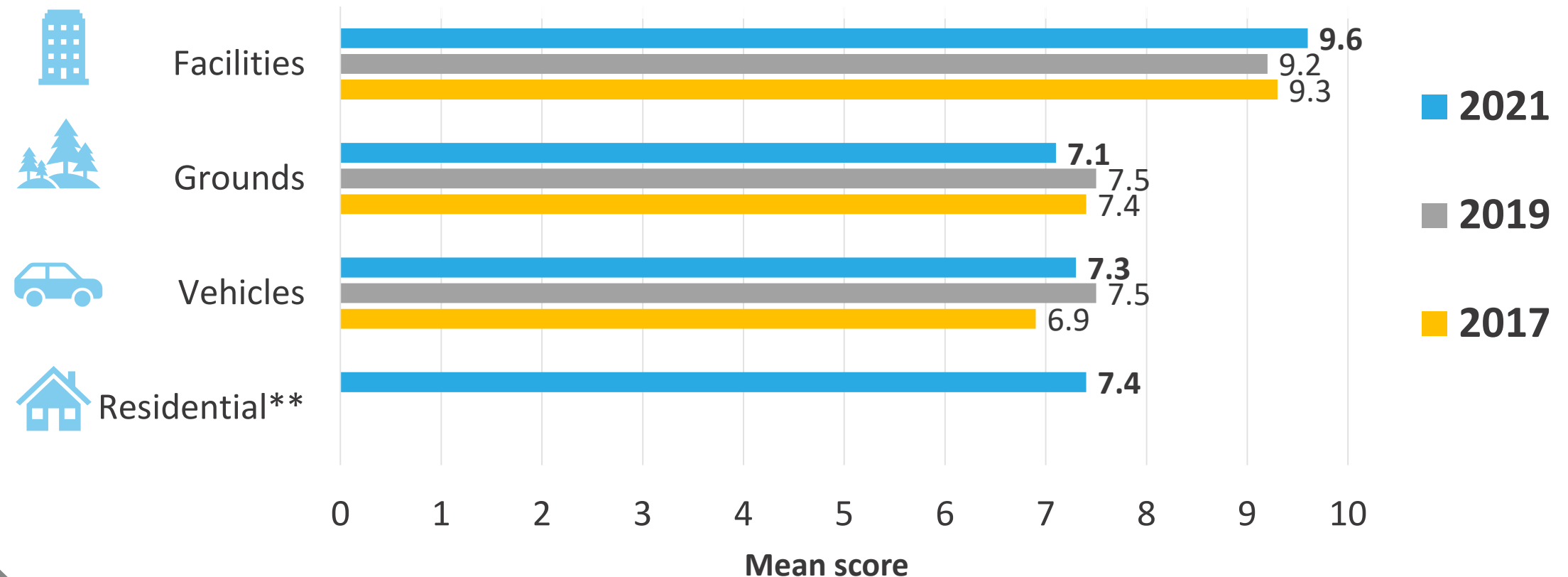
“Does your tobacco-free workplace policy delineate procedures to address **violations** of the tobacco-free environment?”





# Self-Rated Level of Policy Cooperation

“On a scale of 0 (not at all) to 10 (extremely well), please rate the level of cooperation\* with the tobacco-free workplace in the following locations...”

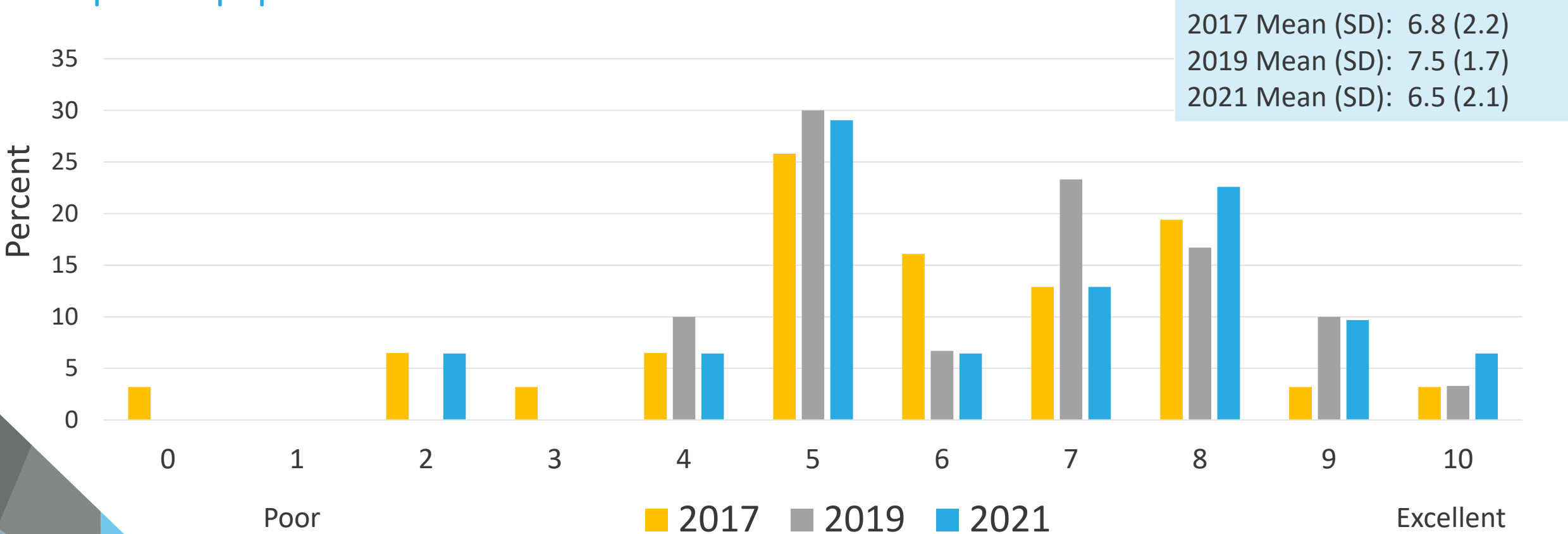


\* Survey item reworded from “adherence” in 2017 to “cooperation” in 2019

\*\* Survey item added in 2020

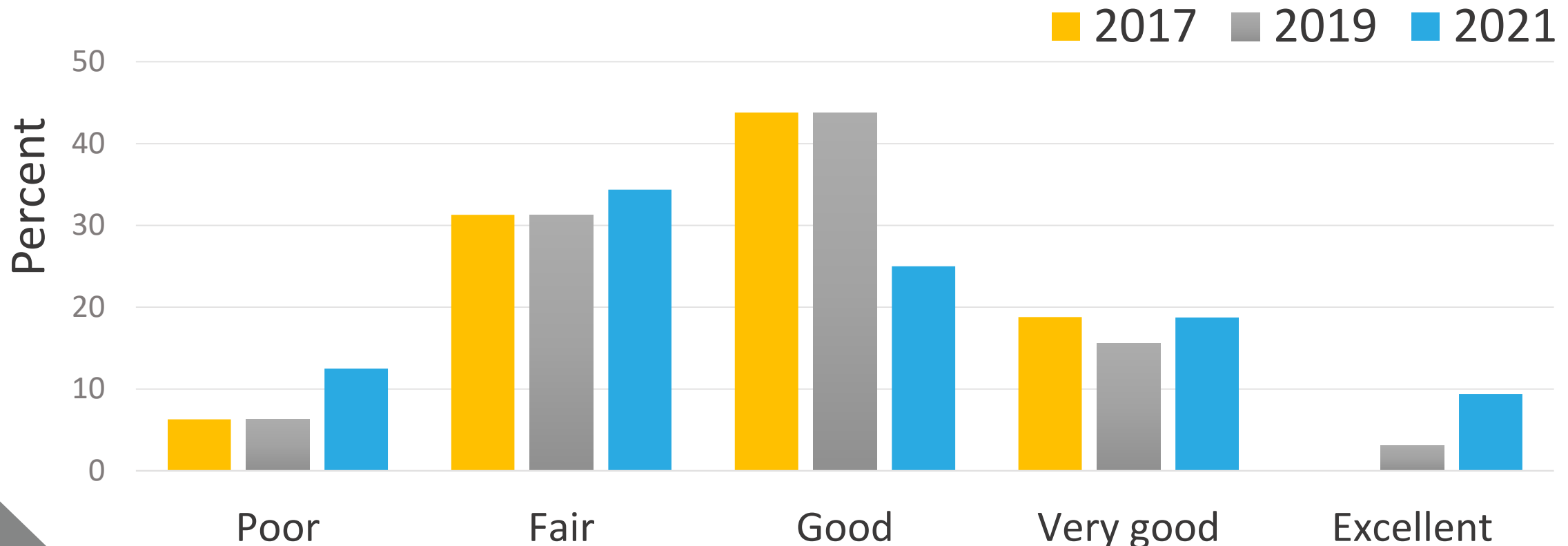
# Self-Rated Integration of Tobacco Dependence Treatment

“On a scale of 0 (poor) to 10 (excellent), please rate the level of your agency’s current efforts to integrate tobacco treatment into the planning process for your overall **patient population** of consumers.”



# Tobacco Dependence Education

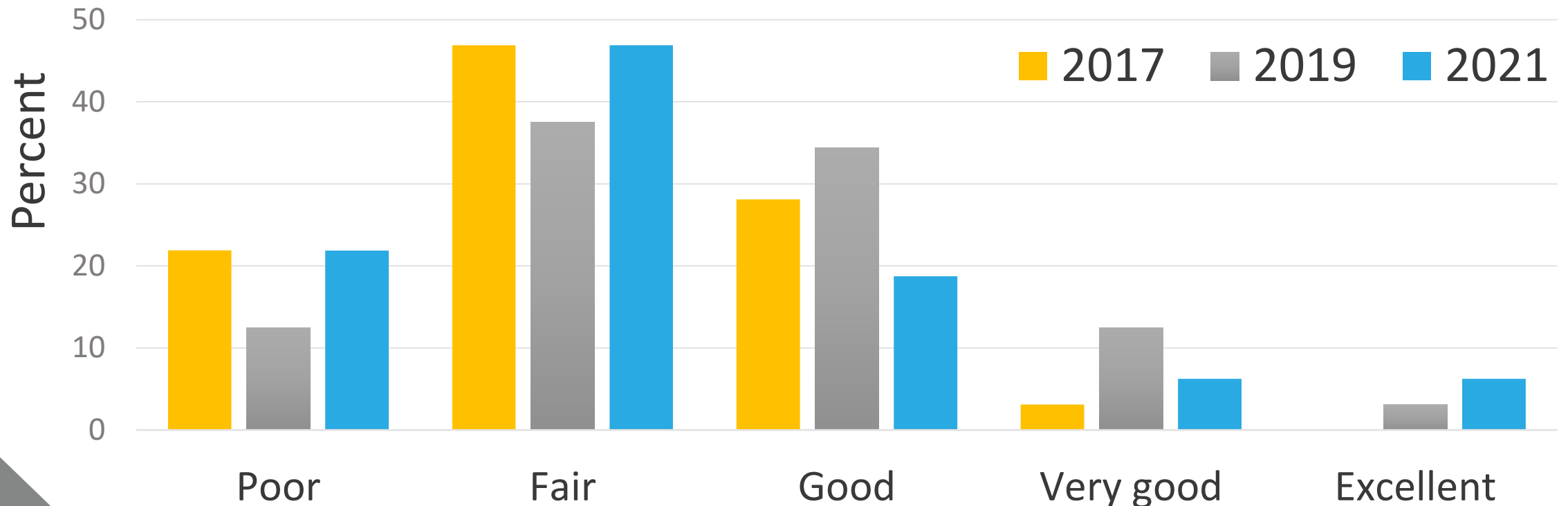
“In the last two years\*, how would you rate your ongoing efforts to provide ongoing tobacco treatment education to your **clinicians**?”



\*2017 wording “Since Concurrent Resolution of 2010...”

# Tobacco Dependence Education, cont'd

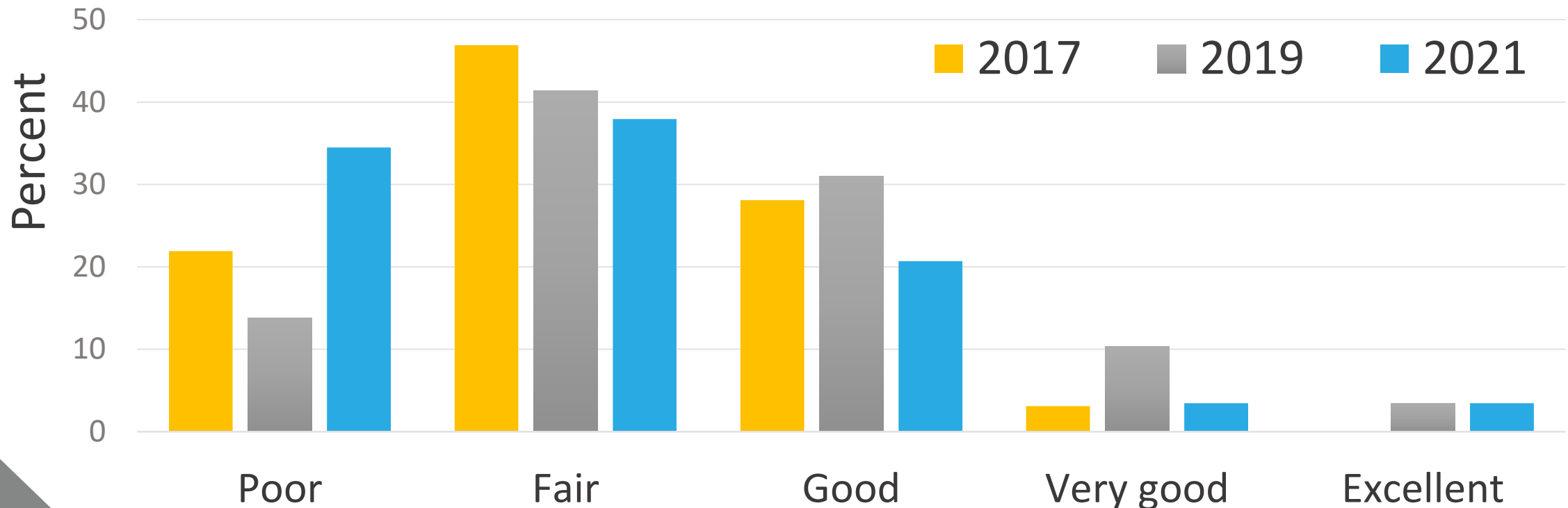
“In the last two years\*, how would you rate your ongoing efforts to provide ongoing tobacco dependence education to your **non-clinician staff members**?”



\*2017 wording “Since Concurrent Resolution of 2010...”

# Tobacco Dependence Education, cont'd

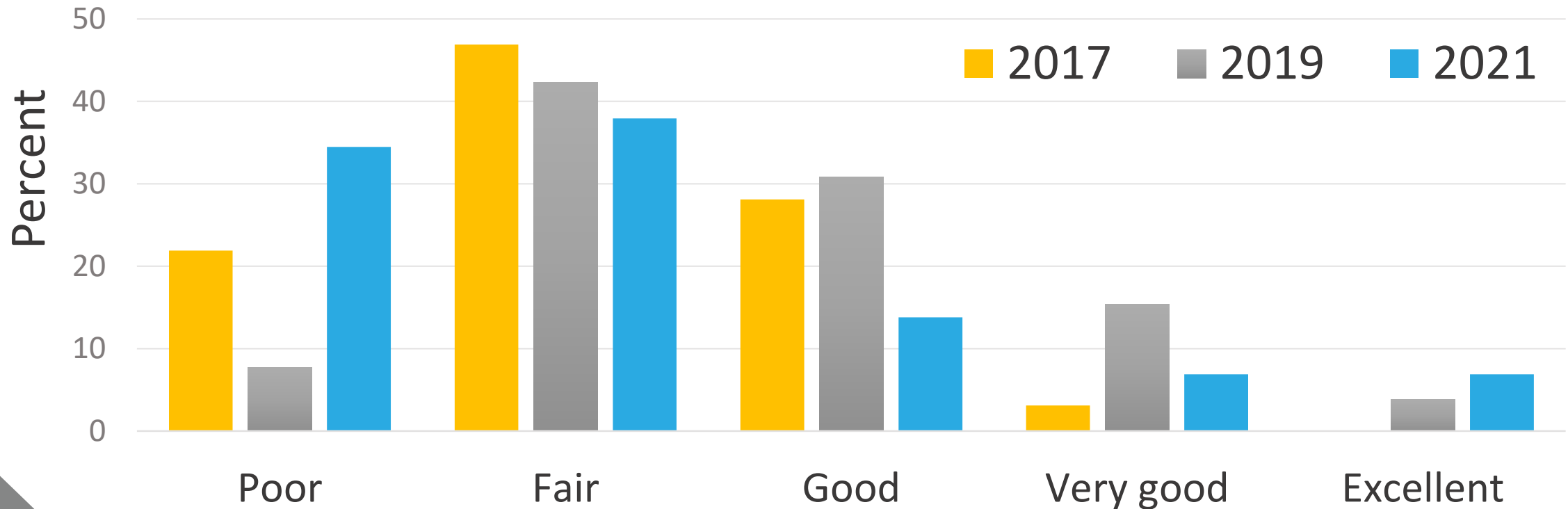
“In the last two years\*, how would you rate your ongoing efforts to provide ongoing tobacco dependence education to your **volunteers**?”



\*2017 wording “Since Concurrent Resolution of 2010...”

# Tobacco Dependence Education, cont'd

“In the last two years\*, how would you rate your ongoing efforts to provide ongoing tobacco dependence education to your **others**?”



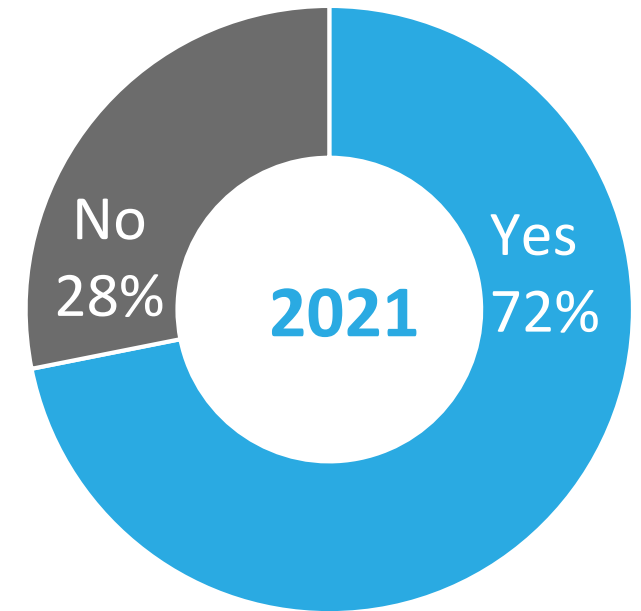
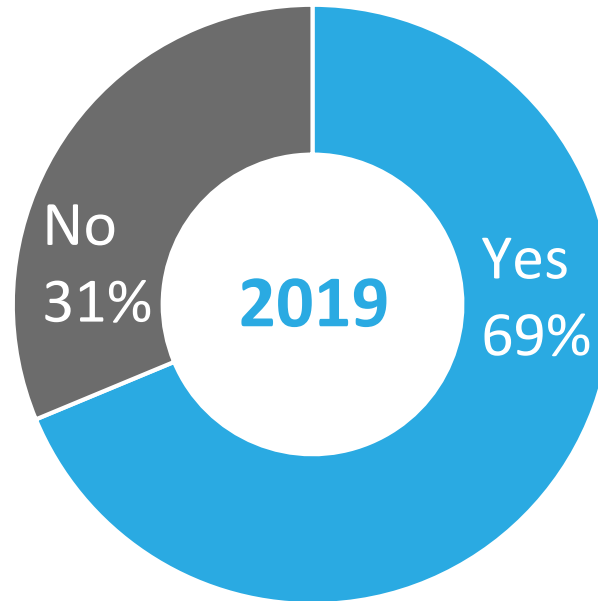
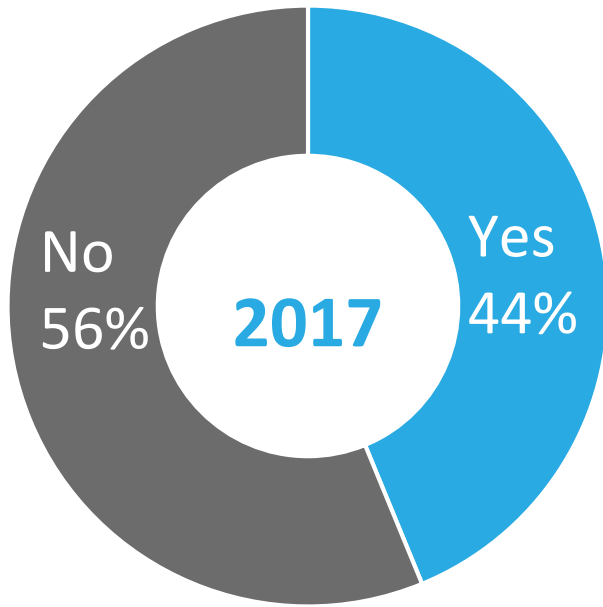
\*2017 wording “Since Concurrent Resolution of 2010...”

# Patient Care: Screening and Assessment

| Does your agency currently...   | 2017<br>% | 2019<br>% | 2021<br>% |
|---|-----------|-----------|-----------|
| Screen for tobacco as part of <b>initial</b> clinical assessment?             | 94        | 100       | 100       |
| Require <b>initial</b> screening assessments be recorded in clinical records? | 90        | 100       | 97        |
| Screen for tobacco as part of <b>ongoing</b> clinical assessment?             | 65        | 100       | 78        |
| Require <b>ongoing</b> screening assessments be recorded in clinical records? | 64        | 100       | 78        |

# Patient Care: Treatment Planning Process

“Does your agency routinely incorporate tobacco dependence treatment into the treatment planning process?”

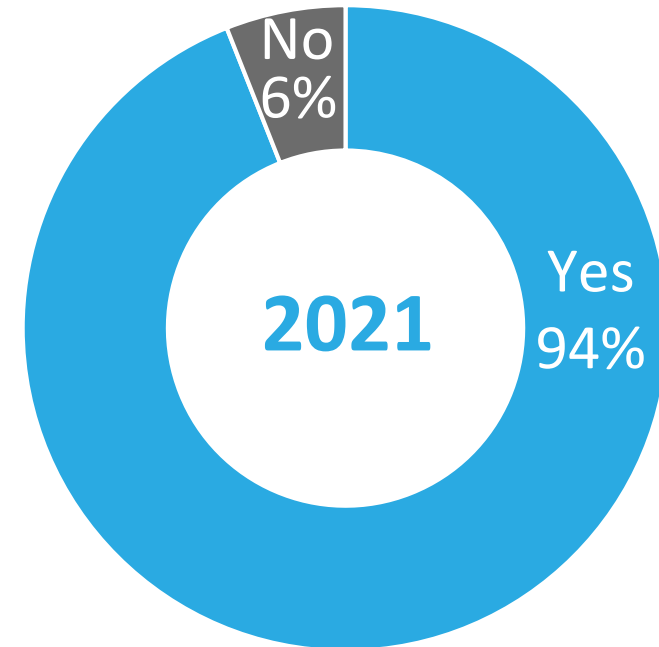
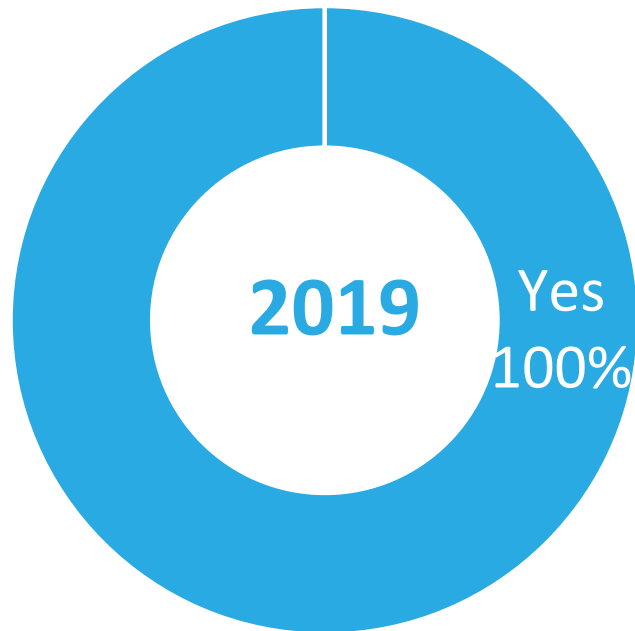




## Patient Care:

# FDA-Approved Medications for Cessation

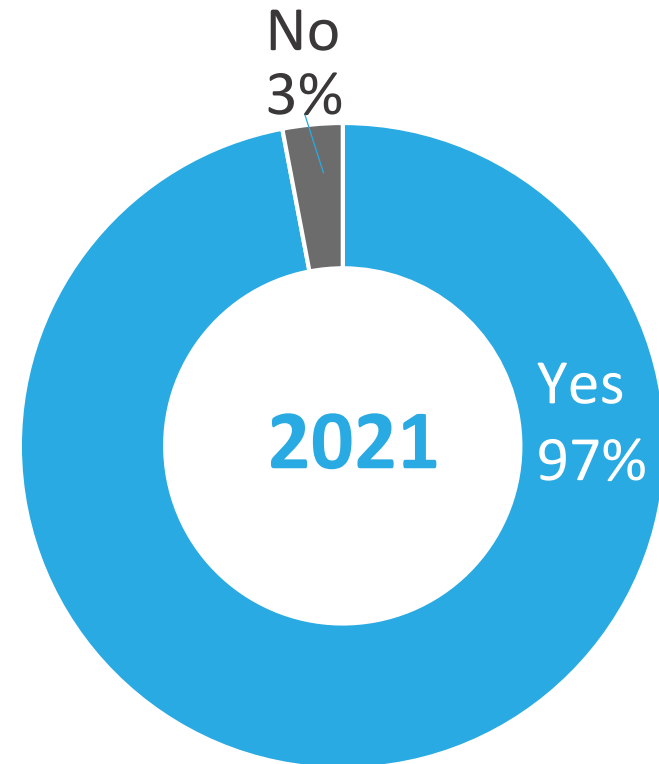
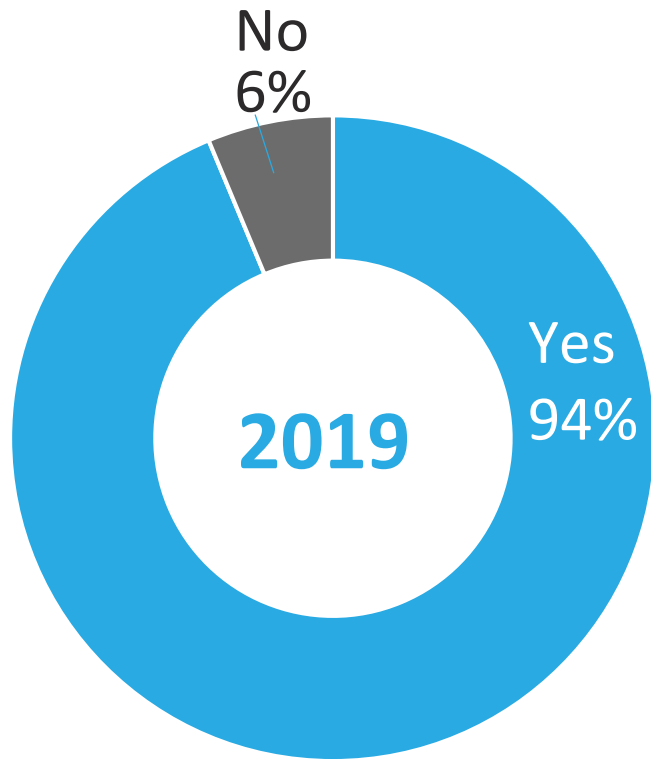
“Does your agency currently **allow** consumers to bring in and utilize FDA-approved medications for tobacco treatment (e.g., nicotine replacement therapy, bupropion SR, varenicline)?”



# Patient Care:

## FDA-Approved Medications for Cessation

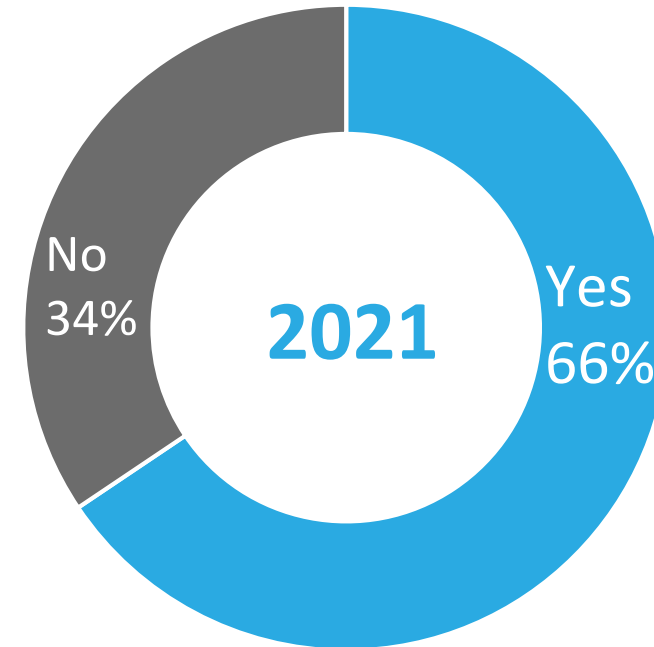
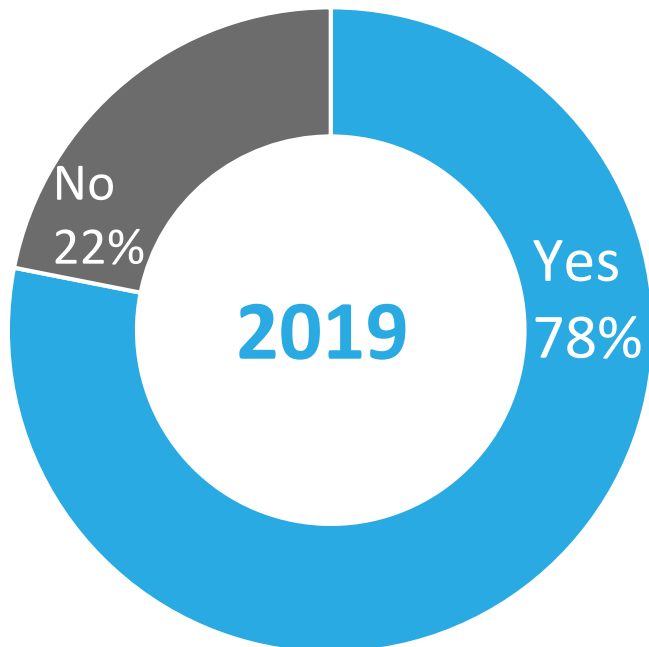
“Does your agency currently **discuss** FDA-approved medications for tobacco treatment with consumers (e.g., nicotine replacement therapy, bupropion SR, varenicline)?”



# Patient Care:

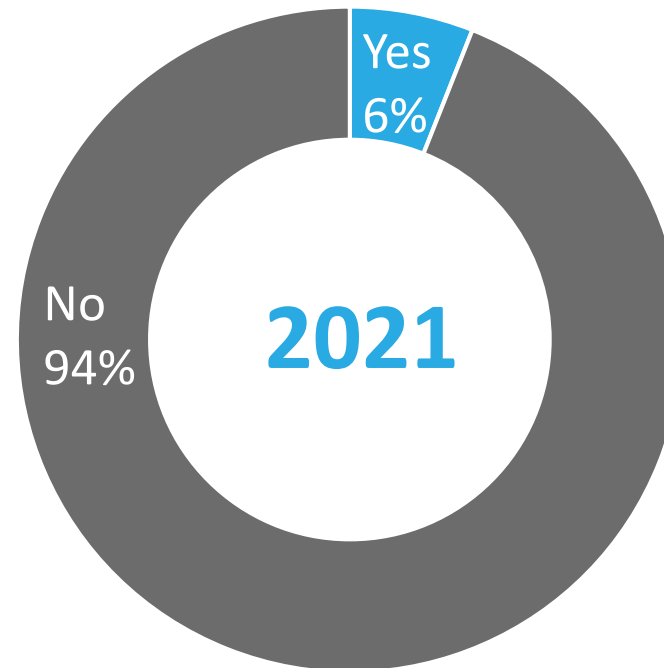
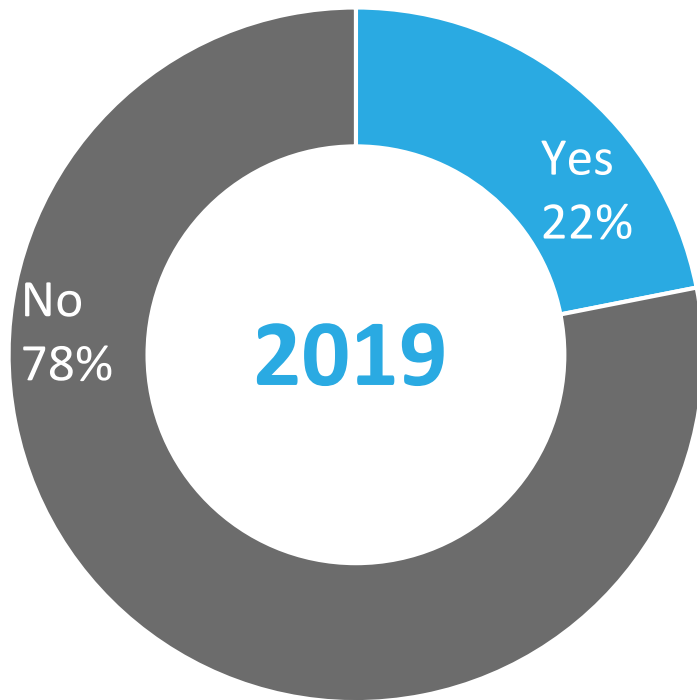
## FDA-Approved Medications for Cessation

“Does your agency currently **prescribe** FDA-approved medications for tobacco treatment for use by consumers (e.g., nicotine replacement therapy, bupropion SR, varenicline)?”



# Patient Care: FDA-Approved Medications for Cessation

“Does your agency currently **offer incentives** for consumers to quit using tobacco products?”



### ***Incentives reported:***

- Monthly and yearly gifts
- Partner with local tobacco-free coalitions to utilize their incentive programs
- Encouragement, recognition, and candy

# Electronic Health Records (EHR)



| Does your agency...  | 2017<br>% | 2019<br>% | 2021<br>% |
|--|-----------|-----------|-----------|
| have an EHR system?  | 97        | 97        | 100       |
| EHR include a dedicated field to document tobacco use status?*       | 80        | 90        | 97        |
| EHR include an option for referral to the Indiana Tobacco Quitline?* | 3         | 13        | 22        |
| EHR include a tobacco treatment plan section?*                       | 13        | 39        | 53        |

\*Of 31 agencies with an EHR in 2017 and 2019

# Indiana Tobacco Quitline (ITQL)



| Does your agency...  | 2017<br>% | 2019<br>% | 2021<br>%   |
|--|-----------|-----------|---|
| Promote and refer mental health consumers to the Indiana Tobacco Quitline? | 88        | 100       | 100   |
| Distribute ITQL <b>cards</b> to clients and/or employees?                  | 53        | 78        | <i>The question for these items was reframed in the 2021 assessment</i> |
| Distribute ITQL <b>brochures</b> to clients and/or employees?              | 53        | 75        |   |
| Have ITQL <b>posters</b> in the facility?                                  | 44        | 53        |   |
| Provide ITQL information for staff on an Intranet Website?                 | 16        | 38        |   |
| Utilize direct referral (fax/electronic)?                                  | 13        | 31        |   |
| Email communications about the IQTL to patients?                           | 0         | 3         |   |
| Email communications about the IQTL to staff?                              | 19        | 31        |   |
| Conduct on-site trainings about the IQTL for staff?                        | 31        | 31        |   |

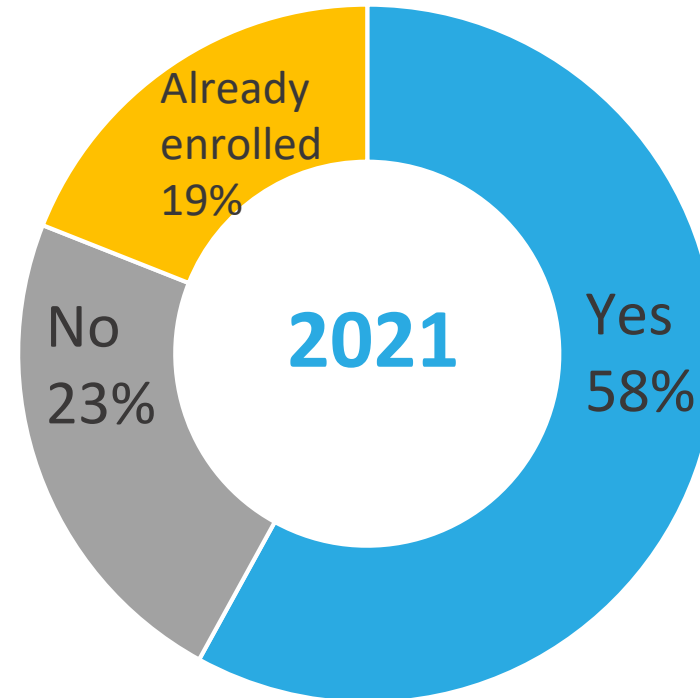
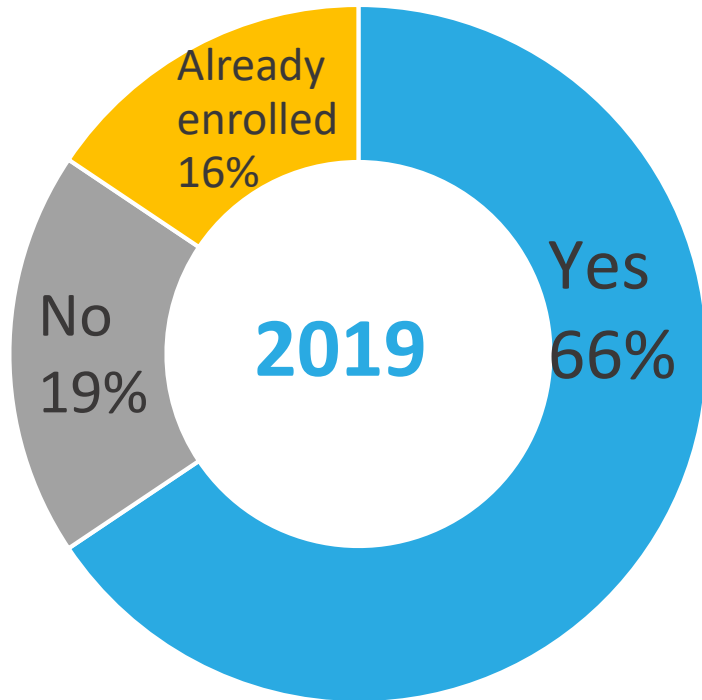
# ITQL, cont'd



| In what ways does your organization currently promote the Indiana Tobacco Quitline to consumers and/or employees? Check all that apply. | 2021 % |
|---|--------|
| Distributing Quitline cards and brochures   | 72     |
| Displaying Quitline posters in the facility   | 53     |
| Information provided for staff on an Intranet Website   | 38     |
| Direct referral (Fax, online portal, electronic)  | 44     |
| Email communications to patients  | 0      |
| Email communications to staff   | 28     |
| On-site trainings for staff   | 19     |
| Other (please describe):  | 19     |

# ITQL Preferred Providers

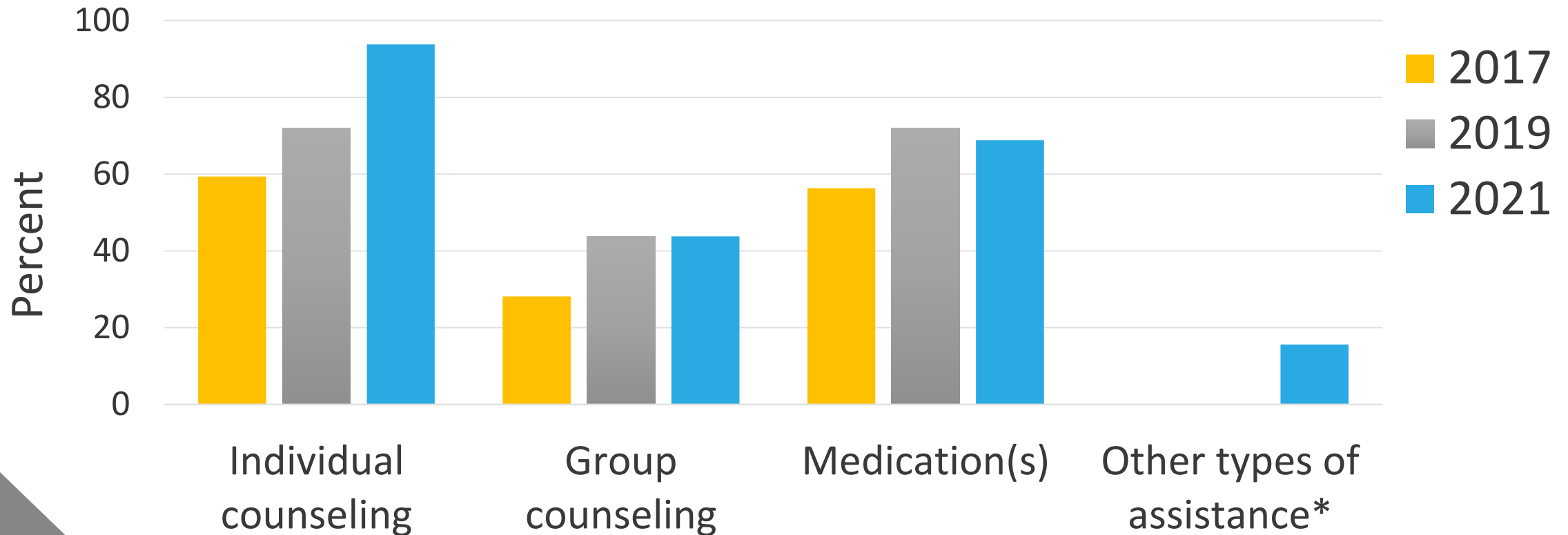
“Would you like to be contacted about having your agency enrolled as a **preferred provider** for the IQTL?”





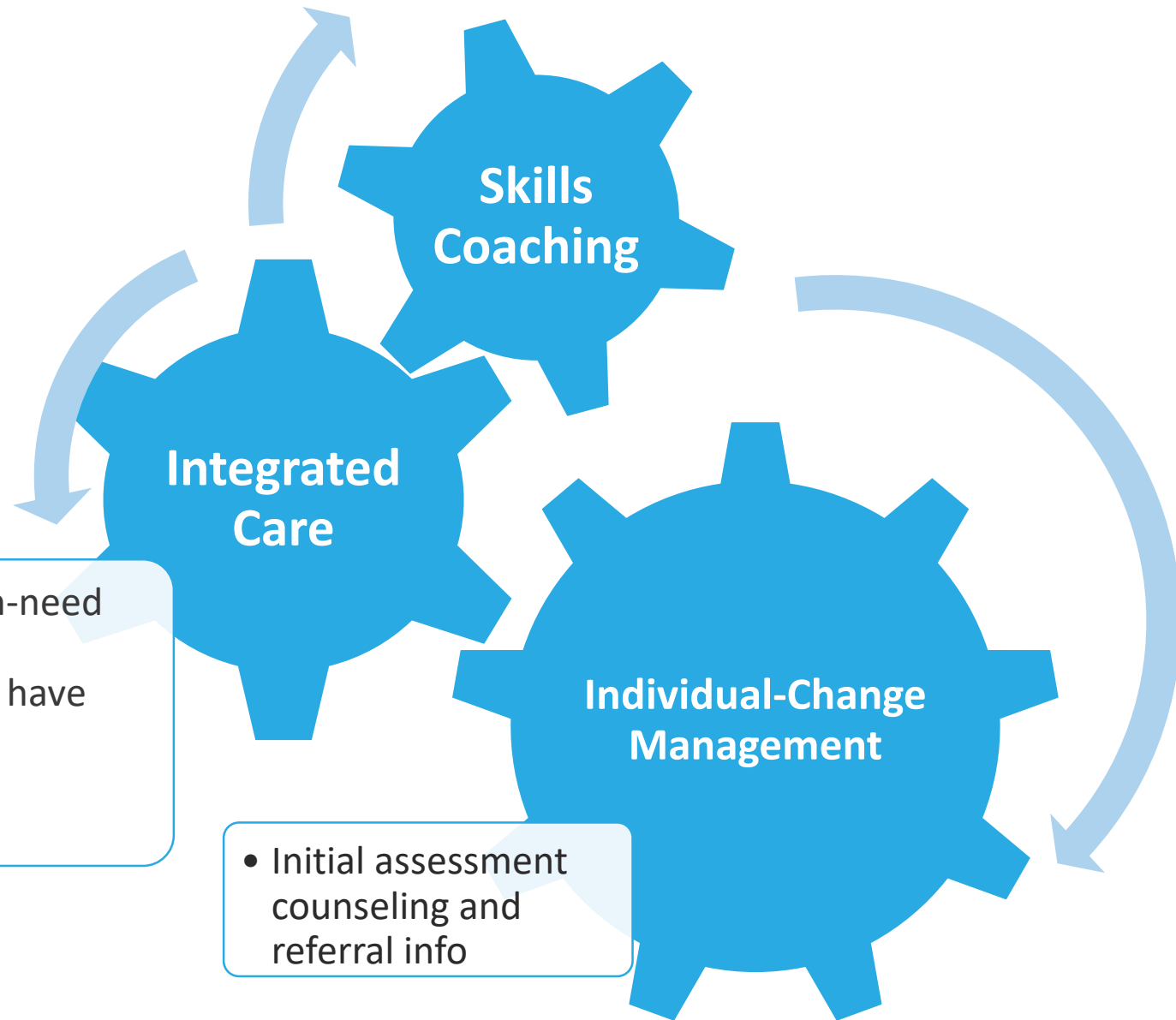
# Tobacco Treatment Offered to Mental Health Consumers

“Please indicate the type(s) of tobacco treatment that is offered to consumers at your agency. Check all that apply”



\*Other types of assistance added in 2021 assessment

# Other Types of Assistance Offered to Consumers

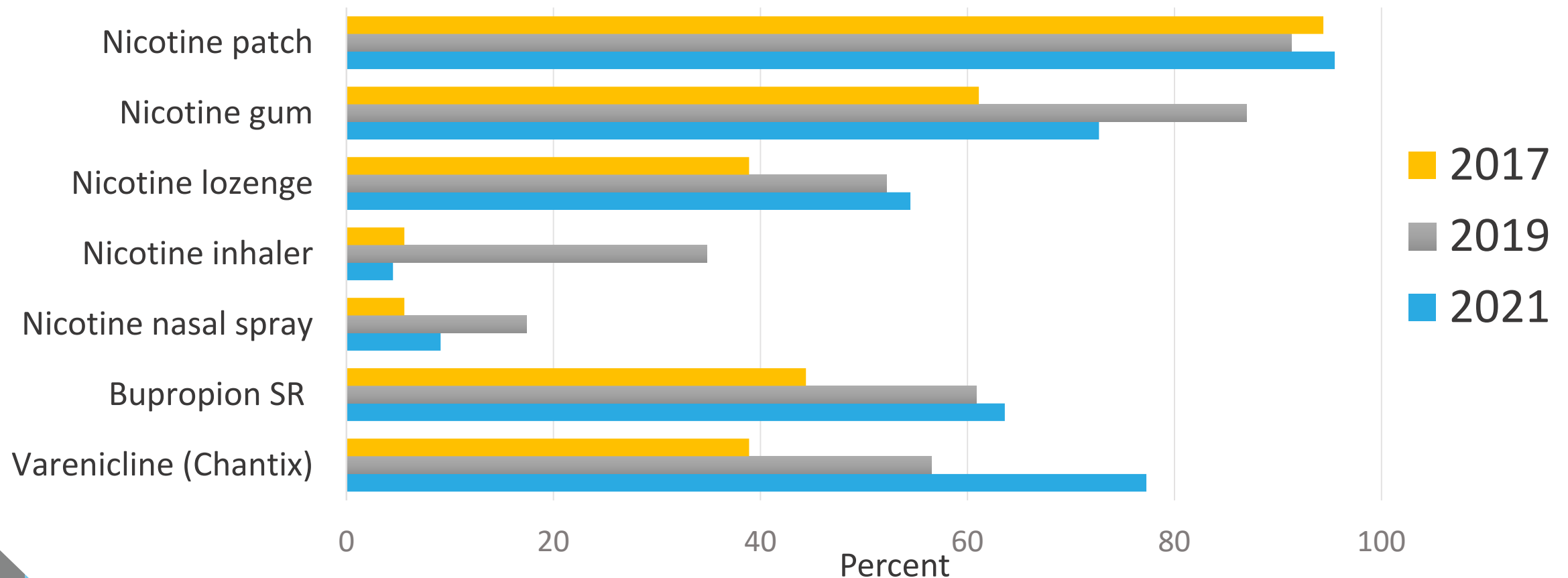


- Provide care management to high-need clients. Priority project includes decreasing tobacco use, and they have had significant success
- Also providing tobacco screening, intervention and referral

- Initial assessment counseling and referral info

# Tobacco Treatment Offered to Mental Health Consumers: Medications

“Which types of medication do you offer access to?”\*



\* Of n=22 agencies reporting in 2021 that they offer access to medication(s); n= 23 agencies in 2019; n=18 agencies in 2017

# Reimbursement for Behavioral Interventions

“By what methods is your agency reimbursed for **behavioral interventions** for tobacco cessation (2019)/tobacco treatment (2021)?”\*

| Reimbursement source | 2019<br>% | 2021<br>% |
|----------------------|-----------|-----------|
| Medicaid             | 83        | 92        |
| Medicare             | 25        | 54        |
| Private insurance    | 50        | 54        |
| Self pay             | 42        | 54        |

\* Of n=13 agencies reporting in 2021 that they reportedly bill; n= 12 agencies in 2019

# Billing Codes Utilized (2021)

While the majority of agencies are unsure what billing codes are utilized for reimbursement for behavioral interventions, some agencies reported using the following:

- 99406
- Tobacco cessation 15 minute clinic option intervention
- T1016
- H2014

# Reimbursement for FDA-approved Medications for Tobacco Treatment

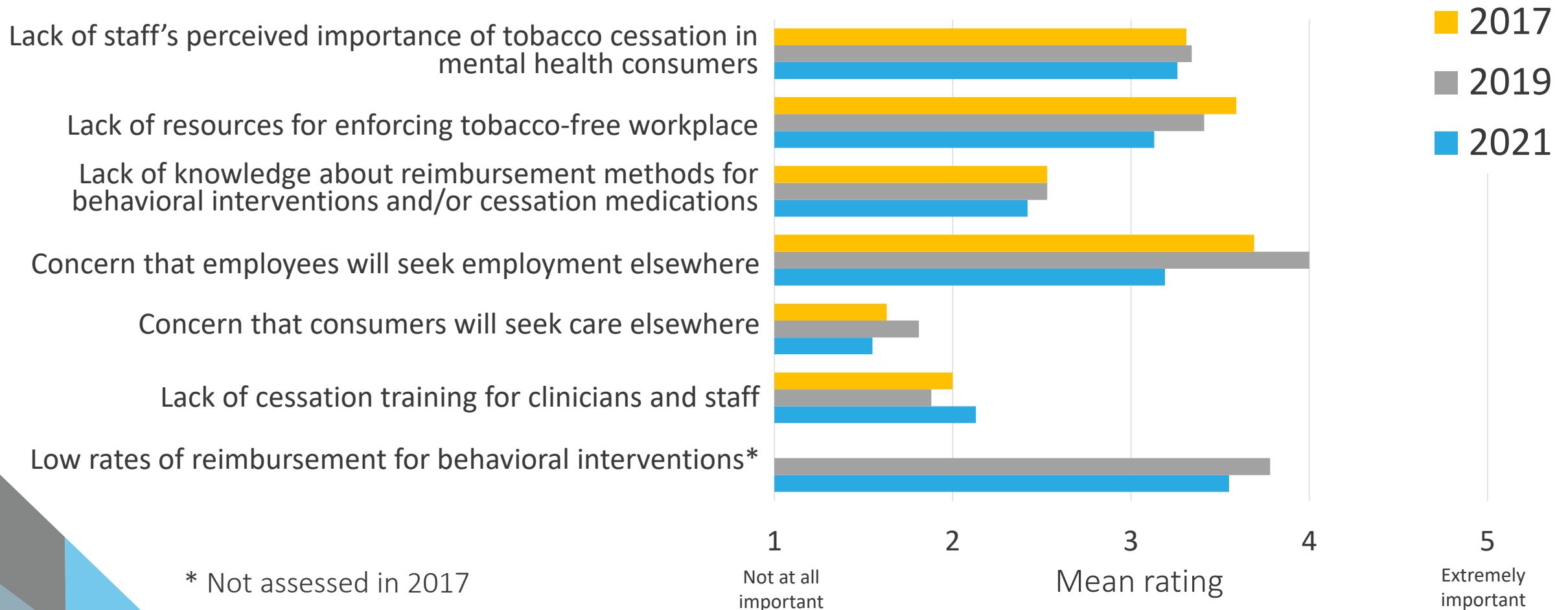
“By what methods is your agency reimbursed for [FDA-approved medications](#) for tobacco treatment?”\*

| Reimbursement source | 2019<br>% | 2021<br>% |
|----------------------|-----------|-----------|
| Medicaid             | 100       | 100       |
| Medicare             | 83        | 80        |
| Private insurance    | 83        | 100       |
| Self pay             | 67        | 100       |

\* Of n=5 agencies reporting in 2021 that they reportedly bill; n= 6 agencies in 2019

# Perceived Challenges for Implementing Tobacco Policy Efforts

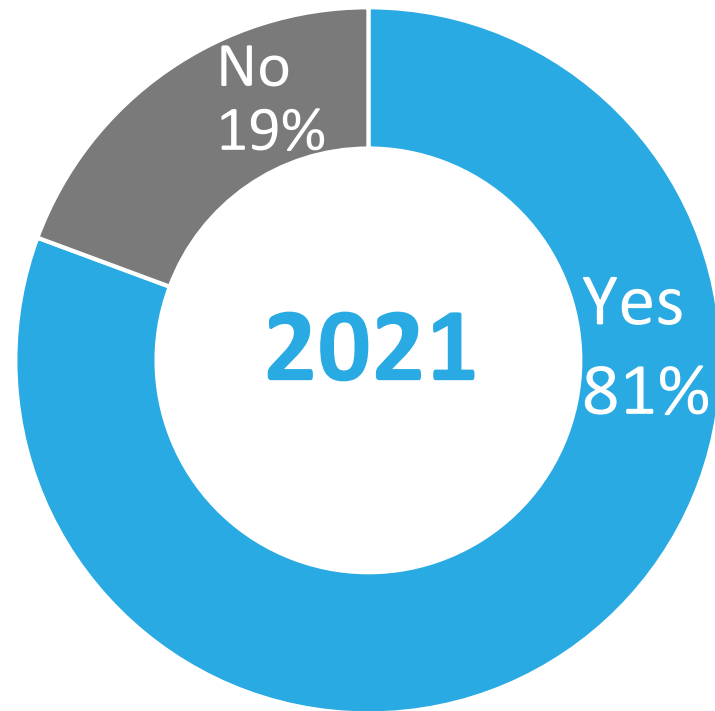
“Please **rate the importance** of each of the following potential challenges for your agency’s tobacco policy efforts. If an item is not relevant, please mark “Not at all important”



# Interest in Technical Assistance



Would you be interested in receiving free technical assistance to enhance your agency's tobacco policy/treatment efforts from DMHA's partner, Rethink Tobacco Indiana?\*



\* n=25 agencies responded "yes"



# Interest in Webinars



Would your agency like to participate in a webinar once a year to receive **updated information about tobacco-free workplaces** from national experts?\*

Yes, 94%



No, 6%



Would your agency like to participate in a webinar once a year to receive **updated information about tobacco treatment integration**?\*\*

Yes, 97%



No, 3%



\*n=29 agencies responded "yes"; \*\* n=30 agencies responded "yes"

# Statewide Survey: Future Directions



## Approach agencies that:

- Requested TA & ITQL preferred provider information
- Do not screen for tobacco as part of an ongoing clinical assessment
- Do not have a formal tobacco-free grounds policy
- Do not routinely incorporate tobacco dependence treatment into the treatment planning process for mental health consumers
- Reported (a) staff's lack of perceived importance of tobacco treatment and (b) lack of cessation training for clinicians and staff as a challenge
- Perceived challenges to implementing tobacco policy efforts



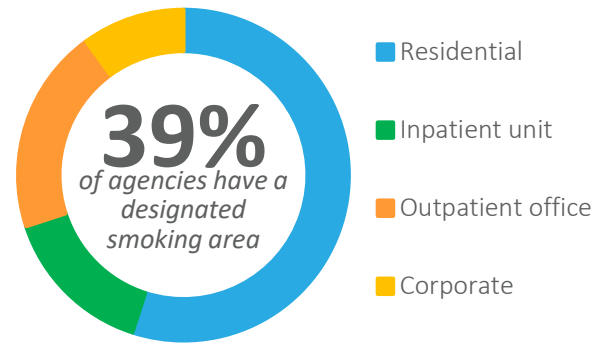
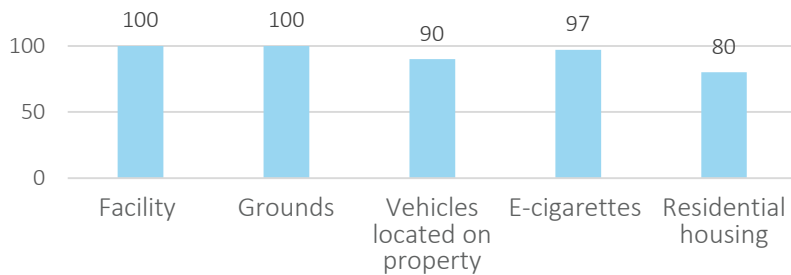
# 2021 Tobacco-Free Agency Assessment - Highlights

Division of Mental Health and Addiction (DMHA) and Rethink Tobacco Indiana have conducted a third biennial assessment of DMHA-funded agencies. As part of a collaborative partnership, this assessment examined agencies' efforts to maintain a tobacco-free environment and provide tobacco treatment services.

**ALL** agencies (n = 32) completed the 2021 assessment

**97%** of agencies (n = 31) have a formal tobacco-free grounds policy in place

### Tobacco-Free Environment Locations and Characteristics

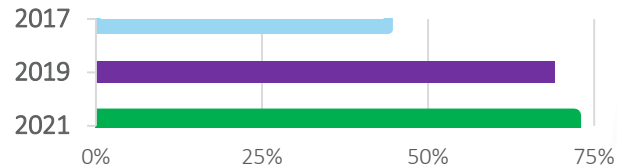


100% of agencies screen for tobacco as part of initial clinical assessments

78% of agencies screen for tobacco as part of ongoing clinical assessments

### TREATMENT INTEGRATION

Percentage of agencies who routinely incorporate tobacco dependence treatment into the treatment planning process



## Majority

of agencies have a dedicated field in their EHR to document tobacco use status, however

## Fewer

include a tobacco treatment plan section in their EHR



13 agencies seek

## reimbursement

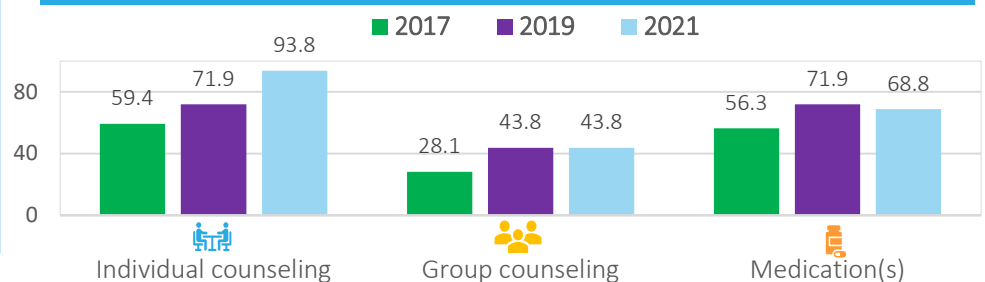
for behavioral interventions for tobacco treatment

### TOP POTENTIAL CHALLENGES

Rated by Importance

1. Low rates of reimbursement for behavioral interventions
2. Lack of staff's perceived importance of tobacco cessation in mental health consumers
3. Concern that employees will seek employment elsewhere

### Types of Tobacco Treatment Offered



### Top Medications Offered by Agencies

1. Nicotine patch (95%)
2. Varenicline (77%)
3. Nicotine gum (73%)
4. Bupropion SR (64%)



the number of agencies that prescribe FDA-approved medications for tobacco treatment for consumer use

**100%** of agencies report promoting and referring mental health consumers to the Indiana Tobacco Quitline

# INDIANA LEADERSHIP ACADEMY FOR WELLNESS & TOBACCO FREE RECOVERY

## Background

In June 2019, the Indiana State Department of Health (ISDH) and the Indiana Family and Social Services Administration (FSSA), invited leaders and advocates in public health, behavioral healthcare, government agencies, Medicaid managed care entities, and tobacco control to host the Indiana Leadership Academy for Wellness and Tobacco Free Recovery Summit to address the high prevalence of smoking among adults in Indiana with mental illness or substance use disorder (behavioral health conditions).

The below areas were identified as practical strategies to achieve the summit goals:

Data

Education

Policy & Advocacy

Communications

 *Where are we now?  
Where do we want to be?*

## Goals 25 x 25

Attendees of the Indiana Summit brainstormed and discussed specific aims to reduce and ultimately eliminate tobacco use among persons with behavioral health conditions. Using the Performance Partnership model, Indiana's Action Plan aims to achieve the following:



1 Decrease the prevalence of smoking among Hoosier adults who report poor mental health from 37.8% to 25.0% by 2025



2 Decrease the prevalence of smoking among Hoosier adults who meet heavy drinking criteria from 39.1% to 25.0% by 2025

## Indiana Stats

Efforts to promote population-based tobacco control strategies such as tobacco price increases, anti-tobacco mass media campaigns, and comprehensive tobacco-free policies are underway, however, opportunities still exist throughout the state to enhance both tobacco-free environments and tobacco cessation treatment in behavioral health treatment settings.

## Why Address Tobacco Use?

- People with behavioral health conditions make up only 25% of the U.S. adult population, yet consume 40% of all cigarettes smoked.
- Although majority of cigarette smokers make a quit attempt each year, less than one-third use FDA-approved tobacco treatment medications or behavioral counseling to support quit attempts.
- When tobacco treatment is incorporated into addiction treatment, there is a 25% increased likelihood of long-term recovery from alcohol and other drugs.
- Quitting smoking is associated with a decrease in depression, anxiety, and stress.

|         | MENTAL HEALTH TREATMENT FACILITIES |                              |       |            | SUBSTANCE USE DISORDER FACILITIES |                              |       |            |
|---------|------------------------------------|------------------------------|-------|------------|-----------------------------------|------------------------------|-------|------------|
|         | Tobacco Use Screening              | Tobacco Cessation Counseling | NRT   | TF-Grounds | Tobacco Use Screening             | Tobacco Cessation Counseling | NRT   | TF-Grounds |
| Indiana | 67.8%                              | 56.8%                        | 37.5% | 73.8%      | 69.1%                             | 48.1%                        | 26.3% | 59.5%      |
| U.S.    | 48.9%                              | 37.6%                        | 25.2% | 48.6%      | 64.0%                             | 47.4%                        | 26.2% | 34.5%      |

## Participating Organizations

Below are the names of the various organizations who are committed to this partnership to reduce tobacco-related disparities among Hoosiers with behavioral health conditions.

- American Cancer Society
- American Lung Association
- Anthem
- Aspire Indiana Health
- Behavioral Health Services Community Health Network
- Cancer Support Community Central Indiana
- CareSource
- Centerstone
- Indiana University Health Methodist
- Indiana Cancer Consortium
- Indiana Criminal Justice Institute
- Indiana CTSI - Connections IN Health
- Indiana Department of Correction
- Indiana Family and Social Services Administration
- Indiana State Department of Health
- Indiana University Simon Comprehensive Cancer Center
- Managed Health Services
- MDwise
- Mental Health America of Indiana
- National Alliance on Mental Illness Indiana
- National Council for Behavioral Health/CDC's National Behavioral Health Network (NBHN)
- Pfizer Inc.
- Purdue University
- Rethink Tobacco Indiana
- Richard M. Fairbanks Foundation
- Smoking Cessation Leadership Center/Center of Excellence for Tobacco-Free Recovery
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- The OCL Group

## Get Involved

Are you or is your organization interested in making an impact in your community and around the state of Indiana?

Is your organization ready to prioritize tobacco dependence treatment for your patients?

**Join us in this collaborative partnership as we work toward reducing tobacco-related disparities by improving patient care, and creating supportive tobacco-free environments!**



Contact Regina Smith  
RegSmith@ISDH.IN.gov

Director of Health Systems and Tobacco Cessation  
Indiana Tobacco Prevention and Cessation Commission



*Please scan and complete form when sharing materials on a large scale*