



BEHAVIORAL HEALTH TOBACCO DEPENDENCE Regulation Crosswalk

Promoting Health Systems Improvement
for a Tobacco Free New York

A Project of  **CAI**

INTRODUCTION

Tobacco use rates amongst individuals living with mental health and substance use disorders is nearly 1 in 3 adults (36%), compared to approximately 1 in 5 adults (21%) in the general population.¹ This is substantial when considering that Individuals with mental health and/or substance use disorders die on average 25 years earlier than those without these disorders, many of the deaths caused by tobacco use.^{2,3} This population is as capable of quitting successfully as other tobacco users, and are as likely to benefit from evidence-based cessation treatments as the general population, although intensive and longer treatment sometimes is required.⁴ The Behavioral Health Tobacco Dependence Treatment Crosswalk was developed to assist behavioral health organization in meeting tobacco dependence treatment best practices and regulations to help clients make a successful quit attempt.

HOW TO USE THE CROSSWALK

The crosswalk assists in developing a set of guidelines for behavioral health organizations to implement best practices in accordance with their regulations. It is intended to support New York State Department of Health Bureau of Tobacco Control Regional Contractors is examining regulations and standards of care that partnering behavioral health sites must adhere to. This tool examines three regulatory bodies

- ① Office of Alcoholism and Substance Abuse Services
- ② Office of Mental Health Clinic Sites
- ③ Office of Mental Health Personalized Recovery Oriented Services Sites; and evaluates each area of compliance for each of the regulatory bodies

The crosswalk will cover the following information in depth:

- ✓ Areas of compliance for the regulatory bodies and
- ✓ Recommendations on how to meet compliance areas

Areas of Compliance

This resource outlines the following compliance areas for each regulatory bodies:

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| ▶ Screening & Assessment | ▶ Training | ▶ Promotion |
| ▶ Treatment | ▶ Written Policy | ▶ Discharge |
| ▶ Relapse | ▶ Tobacco-Free Grounds | ▶ Resources |

THANK YOU!

We would like to thank Behavioral Health Tobacco Dependence Regulation Workgroup members which included representatives from Office of Alcohol and Substance Services (OASAS); Office of Mental Health (OMH); New York City Department of Health and Mental Hygiene (NYCDOHMH); Center for Practice Innovations at Columbia Psychiatry; New York State Smokers' Quitline; New York State Department of Health Bureau of Tobacco Control; and New York State Department of Health Bureau of Tobacco Control Health Systems Regional Contractors

¹ "New CDC Vital Signs: Smoking among those with Mental Illness." Centers for Disease Control and Prevention. CDC, 06 Jan. 2014. Web. 31 May 2016.

² "New CDC Vital Signs: Smoking among Those with Mental Illness."

³ Parks, J., et al. (2006). Morbidity and Mortality in People with Serious Mental Illness. Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council.

⁴ Schroader, SA, Morris CD. Confronting a neglected epidemic: tobacco cessation for persons with mental illness and substance abuse problems. Annual Review of Public Health, 2010; 31:297-314.

Areas of Compliance	REGULATING BODY		
	OASAS	OMH Clinic	OMH PROS
SCREENING AND ASSESSMENT STANDARDS AND GUIDELINES	<p>OASAS Standards of Care:</p> <p>Programs' admission assessment should be based on a person-centered interview, is strength-based, and considers a full range of functioning.</p> <p>Complete admission assessments should include all of the following:</p> <ul style="list-style-type: none"> ▶ A clinical assessment of the individual's presenting problem(s) ▶ Individual identified priority/emergency issues ▶ The individual's chemical use (including tobacco), Substance Abuse Disorder (SUD) criteria met, and previous treatment history ▶ An assessment of mental health history, mental status, current symptoms, and functioning ▶ An assessment of family, friend, and/or community supports ▶ Identified other strengths (i.e., employment) ▶ Identification of coping skills and triggers relevant to the presenting problem(s) ▶ A determination that the individual has a substance use disorder based on the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD) ▶ Identification of other involved providers and services ▶ Information regarding criminal history or other law enforcement or court action ▶ An assessment of risk of harm to self or others based on the policy and procedure of the program 	<p>OMH Clinic Standards of Care:</p> <p>OMH Clinics' assessments should be administered using a person-centered approach, and should include ALL of the following:</p> <ul style="list-style-type: none"> ▶ Screening for tobacco use and dependence and an assessment of the individual's readiness to reduce or quit using tobacco at intake and every 3 months for active smokers (OMH Bureau of Inspection and Certification Clinic Standards of Care Anchor Element, 1.27 Screening and Assessment of Tobacco Use, #1) <ul style="list-style-type: none"> • For children, information should sought be from the child or family concerning tobacco use in the home environment (OMH Bureau of Inspection and Certification Clinic Standards of Care Anchor Element, 1.27 Screening and Assessment of Tobacco Use, #2) ▶ Screening for co-occurring substance use disorders at admission using a standardized screening instrument (OMH Bureau of Inspection and Certification Clinic Standards of Care Anchor Element, 1.22 Screening and Assessment of Co-Occurring Disorders, #1) <ul style="list-style-type: none"> • Based on positive screening instrument scores or on clinical judgment, a clinical assessment should be used to determine the presence or absence of independently diagnosable mental health and substance abuse disorders (OMH Bureau of Inspection and Certification Clinic Standards of Care Anchor Element) 	<p>OMH PROS Standards of Care:</p> <p>OMH PROS programs' admission assessments should be administered using a person-centered approach, and should include ALL of the following:</p> <ul style="list-style-type: none"> ▶ Screening the recipient for tobacco use and dependence at intake (PROS Standards of Care, 4.6 Tobacco Dependence, #1) ▶ For PROS programs that provide Clinical Treatment services, both a comprehensive psychiatric assessment and a health assessment (to be completed by a medical professional and include screening for metabolic syndrome, diabetes, hypertension, and tobacco use, and other physical health issues impacting recovery) (PROS Standards of Care, 2.3 Assessment, #7) ▶ For comprehensive PROS programs, all of following assessments, for which positive screens should result in full diagnostic assessment and referral to specialized services (Standards of Care currently being updated): <ul style="list-style-type: none"> • Psychosocial assessment • Psychiatric rehabilitation assessment that addresses living, learning, working, and social domains • Screening for alcohol, substance abuse, and nicotine addiction (512.7 Program Operations, Official Compilation of Codes, Rules and Regulations of the State of New York, Title 14. Department of Mental Hygiene, Chapter XIII. Office of Mental Health, Part 512. Personalized Recovery Oriented Services)

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	OASAS	OMH Clinic	OMH PROS
SCREENING AND ASSESSMENT RECOMMENDATIONS	<p>Baseline Practices to Meet Standards:</p> <p>To meet the OASAS Standards of Care listed above, it is recommended that programs do all of the following:</p> <ul style="list-style-type: none"> ▶ Use validated screening tools such as: Fagerstrom (Resource 1), Heaviness of Smoking Index (Resource 2), and National Survey on Drug Use and Health (Resource 3) ▶ Provide examples of screening, assessment, and reassessment that have been incorporated successfully to screen for and assess tobacco use <p>Additional implementation recommendations:</p> <p>To deliver services in line with evidence-based and best practices, it is recommended that programs also consider implementing the following practices:</p> <ul style="list-style-type: none"> ▶ Incorporate tobacco into routine care and treat as any other substance ▶ Ensure routine tobacco screening is integrating into practice <ul style="list-style-type: none"> • This inclusion will ensure that all patients are screened and assessed for tobacco use and dependence and that results are recorded with other substances, which will assist in assuring that tobacco use is followed-up on at meetings to address substance use • Additionally, inclusion will further clarify to all staff that tobacco is a substance and should be treated as any other substance in terms of screening, assessment, and treatment 	<p>Baseline Practices to Meet Standards:</p> <p>To meet the OMH Clinic Standards of Care listed above, it is recommended that clinics do all of the following:</p> <ul style="list-style-type: none"> ▶ Use validated screening tools such as: Fagerstrom (Resource 1), Heaviness of Smoking Index (Resource 2), and National Survey on Drug Use and Health (Resource 3) <p>Additional implementation recommendations:</p> <p>To deliver services in line with evidence-based and best practices, it is recommended that clinics also consider implementing the following practices:</p> <ul style="list-style-type: none"> ▶ Incorporate tobacco dependence treatment into Co-Occurring Disorder Treatment ▶ If a patient is not motivated to quit at assessment, make note on Individualized Recovery Plan and readdress periodically (at least every 3 months) 	<p>Baseline Practices to Meet Standards:</p> <p>To meet the OMH Clinic Standards of Care listed above, it is recommended that programs do all of the following:</p> <ul style="list-style-type: none"> ▶ Address tobacco use in all assessments (psychiatric, psychosocial, and health) in order to evaluate and treat the patient for all aspects of their tobacco addiction <ul style="list-style-type: none"> • Additionally, receiving consistent messaging surrounding the effects of tobacco use and dependence will reinforce the rationale for quitting ▶ Use validated screening tools such as: Fagerstrom (Resource 1), Heaviness of Smoking Index (Resource 2), and National Survey on Drug Use and Health (Resource 3) <p>Additional implementation recommendations:</p> <p>To deliver services in line with evidence-based and best practices, it is recommended that programs also consider implementing the following practices:</p> <ul style="list-style-type: none"> ▶ Educate PROS site staff about the best practice of including all pertinent assessment findings in summary notes and recommendations, which ensures staff are documenting patient's tobacco use status in all appropriate areas and it ultimately is addressed throughout the course of treatment <ul style="list-style-type: none"> • Additionally, recommendations will provide a baseline upon which other staff members can follow-up during the patient's course of treatment ▶ Add tobacco dependence to diagnosis and narrative summary document, as well as all required assessments (e.g., Comprehensive Assessment, Comprehensive Assessment Update), to ensure that it is continually addressed ▶ Since the narrative summary is meant to bring together all assessment results, it is the ideal area to mark the patient's interest in tobacco cessation to ensure it is being addressed continually by staff <ul style="list-style-type: none"> • It is crucial that the tobacco use screening and assessment results are recorded in the correct place to be linked to treatment

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TREATMENT	<p>OASAS Guidelines: Regulations require programs to develop policies and procedures that will work for their programs, consistent with the health interests of patients, including all of the following:</p> <ul style="list-style-type: none"> ▶ Establishing treatment modalities for patients who use tobacco (OASAS Tobacco-Free Questions - Part 856, #6) ▶ Describing tobacco and nicotine prevention and education programs made available by the service to patients, staff, volunteers, and others (OASAS Tobacco-Free Questions - Part 856, #8) ▶ Indicating that every effort shall be made to provide appropriate treatment services to all persons in need of alcohol and drug addiction services (OASAS Tobacco-Free Questions - Part 856, #10) <p>OASAS Standards of Care: Programs should offer a menu of treatment services that are appropriate to the needs of the population served, specifically:</p> <ul style="list-style-type: none"> ▶ There is evidence that the program provides all required services and approved optional services in a consistent and clinically appropriate manner ▶ “Optional Services” (and appropriate staff, if necessary) are added if the program identifies a need among its population, for example, a criminal justice or trauma track ▶ Administration identifies and utilizes mechanism(s) for ensuring that appropriate services are provided to each individual based on current clinical need and documented processes (e.g., utilization review) ▶ Appropriately trained and credentialed /licensed staff provide all services, including services provided at integrated OMH/OASAS/DOH program sites ▶ Documented procedures for identifying, monitoring, and re-assessing individuals receiving medication assisted treatment only are known and adhered to by program staff <p>Additionally, Medication Assisted Treatment should be available, as appropriate, to the client population. Programs should have policies and procedures in place regarding all of the following:</p> <ul style="list-style-type: none"> ▶ Assessment for addiction medication needs ▶ Provision of addiction medications ▶ That training and utilization of opioid overdose prevention kits for staff, family, and significant others 	<p>OMH Clinic Standards of Care: Programs should offer treatment services that are appropriate to participants' needs and meet OMH Clinic Standards of Care, which require programs to provide all of the following:</p> <ul style="list-style-type: none"> ▶ A strong, personalized advice statement about the negative impact of smoking and the benefits of cessation to identified tobacco users (OMH Bureau of Inspection and Certification Clinic Standards of Care Anchor Element, 3.17 Treatment of Tobacco Use, #1) ▶ Information on tobacco treatment options, including pharmacotherapy and referral to counseling programs, and documentation of tobacco treatment interventions in the treatment plan, as appropriate (OMH Bureau of Inspection and Certification Clinic Standards of Care Anchor Element, 3.17 Treatment of Tobacco Use, #2) ▶ Tobacco dependence medications, to be accessible and offered by clinic prescribers <ul style="list-style-type: none"> • Recipients should be monitored for interaction of tobacco use with current medications and the effect of smoking cessation on other medications the recipient is taking as part of a comprehensive tobacco dependence treatment plan (OMH Bureau of Inspection and Certification Clinic Standards of Care Anchor Element, 3.17 Treatment of Tobacco Use, #3) ▶ For recipients who meet the OMH Clinic's mental health admission criteria, have a co-occurring substance use disorder, and are able to participate in the program: the same clinician or team of clinicians, working in one setting, should provide basic appropriate mental health and substance abuse interventions such as pharmacological treatment and individual and group counseling/therapy (OMH Bureau of Inspection and Certification Clinic Standards of Care Anchor Element, 3.15 Co-Occurring Mental Health and Substance Use Disorders, #1) ▶ Treatment planning and interventions consistent with and determined by the recipient's stage of change/treatment (OMH Bureau of Inspection and Certification Clinic Standards of Care Anchor Element, 3.15 Co-Occurring Mental Health and Substance Use Disorders, #2) 	<p>OMH PROS Standards of Care: Programs should offer treatment services that are appropriate to participants' needs and OMH PROS Standards of Care, which require programs to provide all of the following:</p> <ul style="list-style-type: none"> ▶ For any participant who indicates a willingness to quit tobacco use and/or sets a goal to reduce or eliminate tobacco use, services to support that identified goal (PROS Standards of Care, 4.6 Tobacco Dependence, #3) ▶ Information about the negative impact of tobacco use and the benefits of reduction and cessation to identified tobacco users at each Individual Recovery Plan (IRP) review (PROS Standards of Care, 4.6 Tobacco Dependence, #2) <ul style="list-style-type: none"> • The Individual Recovery Plan also should include a summary (formulation) of all assessment areas, providing a clear connection between assessments, goals, objectives, and services (PROS Standards of Care, 3.2 IRP Document, #2)

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TREATMENT RECOMMENDATIONS	<p>Baseline Practices to Meet Guidelines and Standards:</p> <p>To meet the OASAS Guidelines and Standards of Care listed above, it is recommended that programs do all of the following:</p> <ul style="list-style-type: none"> ▶ Provide annual onsite trainings or require staff complete one of the following pertinent web-based trainings: COE for HSI Pharmacotherapy Webinar (Resource 4), NYCDOHMH e-Learning Module (Resource 5), FIT modules (Resource 6), and Tobacco Recovery (Resource 7) <ul style="list-style-type: none"> • Ensure records of training attendance completion are kept ▶ Use OASAS recommended group and individual modality curricula for tobacco dependence treatment <p>Additional implementation recommendations:</p> <p>To deliver services in line with evidence-based and best practices, it is recommended that programs also consider implementing the following practices:</p> <ul style="list-style-type: none"> ▶ Train staff annually on evidence-based tobacco dependence treatment to ensure staff is providing effective and up-to-date services <ul style="list-style-type: none"> • Understanding the current evidence on addressing tobacco use and dependence will additionally further engage staff and deepen their understanding of the importance of tobacco dependence treatment ▶ Provide tobacco dependence treatment medications and counseling, including follow-up, in-house dispensing of medication, if possible, and on-site counseling <ul style="list-style-type: none"> • Integrating tobacco dependence treatment into other services will increase the motivation for participants to make a quit attempt and the likelihood of becoming tobacco-free 	<p>Baseline Practices to Meet Standards:</p> <p>To meet the OMH Clinic Standards of Care listed above, it is recommended that clinics do all of the following:</p> <ul style="list-style-type: none"> ▶ Clinics should train staff on the stages of change and motivational interviewing techniques in order to assure staff is competent and can meet patients where they are at, building motivation for change (see Training Resources for further guidance) <p>Additional implementation recommendations:</p> <p>To deliver services in line with evidence-based and best practices, it is recommended that clinics also consider implementing the following practices:</p> <ul style="list-style-type: none"> ▶ Standardizing how tobacco users are treated for their tobacco use to ensure that all patients receive evidence-based treatment ▶ This may entail identifying courses of action for staff to take based on various screening and assessment tool findings, and clear communication of these standard protocols to staff 	<p>Baseline Practices to Meet Standards:</p> <p>To meet the OMH PROS Standards of Care listed above, it is recommended that programs do all of the following:</p> <ul style="list-style-type: none"> ▶ Programs should train staff on the stages of change and motivational interviewing techniques in order to assure staff is competent and can meet patients where they are at, building motivation for change (see Training Resources for further guidance) ▶ Program should assure competencies of staff to address and treat tobacco dependence <p>Additional implementation recommendations:</p> <p>To deliver services in line with evidence-based and best practices, it is recommended that programs also consider implementing the following practices:</p> <ul style="list-style-type: none"> ▶ Standardizing how tobacco users are treated for their tobacco use to ensure that all patients receive evidence-based treatment ▶ This may entail identifying courses of action for staff to take based on various screening and assessment tool findings, and clear communication of these standard protocols to staff

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RELAPSE	<p>OASAS Guidelines:</p> <p>Regulations require providers to develop policies and procedures that will work for their programs, consistent with the health interests of patients, including all of the following:</p> <ul style="list-style-type: none"> ▶ Establishing procedures, including a policy to address patients who relapse on tobacco products (OASAS Tobacco-Free Questions - Part 856, #9) <p>OASAS Standards of Care:</p> <p>Programs' relapse policies should state that responses to relapse should focus on keeping individuals engaged in treatment. Additional, programs' policies should address all of the following:</p> <ul style="list-style-type: none"> ▶ Establishing process(es) for response to relapse, which includes participation by the individual, staff (e.g., counselor), and supervisory personnel ▶ Evaluating individuals who are not meeting goals or experiencing repeated relapse and work to revise the treatment plan, as indicated, rather than withdraw treatment, treatment efforts should be increased to meet the needs and preferences of the individual ▶ How individual and group treatment should include skills-building, including cognitive behavioral approaches, social network development, and peer services, where available 		

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RELAPSE RECOMMENDATIONS	<p>Baseline practices to meet Guidelines and Standards:</p> <p>To meet the OASAS Guidelines and Standards of Care listed above, it is recommended that programs do all of the following:</p> <ul style="list-style-type: none"> ▶ Mandate that all pertinent staff receive annual training with content requirements on tobacco relapse prevention planning <ul style="list-style-type: none"> • Similar to other substance use, tobacco users often relapse, so it is important for relevant staff to understand relapse and relapse prevention. <p>Additional implementation recommendations:</p> <p>To deliver services in line with evidence-based and best practices, it is recommended that programs also consider implementing the following practices:</p> <ul style="list-style-type: none"> ▶ Incorporate relapse prevention into the patient's Treatment/Recovery Plan 	<p>Baseline practices:</p> <p>OMH does not currently have standards for relapse prevention, but recommends that clinics implement all of the following practices:</p> <ul style="list-style-type: none"> ▶ Mandate that all pertinent staff receive annual training with content requirements on tobacco relapse prevention planning <ul style="list-style-type: none"> • Similar to other substance use, tobacco users often relapse, underscoring the importance for relevant staff to understand relapse and relapse prevention <p>Additional implementation recommendations:</p> <p>To deliver services in line with evidence-based and best practices, it is recommended that clinics also consider implementing the following practices:</p> <ul style="list-style-type: none"> ▶ Incorporate relapse prevention into the treatment plan 	<p>Baseline practices:</p> <p>OMH does not currently have standards for relapse prevention, but recommends that programs implement all of the following practices:</p> <ul style="list-style-type: none"> ▶ Incorporating language about tobacco in the existing relapse prevention plans – required to be part of the Individual Recovery Plan review – of all participants who are being treated for tobacco dependence disorder or who are otherwise at risk for relapse <p>Additional implementation recommendations:</p> <p>To deliver services in line with evidence-based and best practices, it is recommended that programs also consider implementing the following practices:</p> <ul style="list-style-type: none"> ▶ Incorporate relapse prevention into the Individual Recovery Plan

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	OASAS	OMH Clinic	OMH PROS
TRAINING	<p>OASAS Guidelines:</p> <p>Regulations require providers to develop policies and procedures that will work for their programs and staff, consistent with the health interests of patients and staff, including all of the following:</p> <ul style="list-style-type: none"> ▶ Describing training on tobacco use and nicotine dependence available to staff including clinical, non-clinical, administrative and volunteers (OASAS Tobacco-Free Questions - Part 856, #7) <p>OASAS Standards of Care:</p> <p>Programs should promote training and make regular training opportunities accessible to staff, specifically trainings on the following:</p> <ul style="list-style-type: none"> ▶ Medication Assisted Treatment: Training addresses how to identify patients who may benefit from an assessment for potential addiction medication use 	<p>OMH Clinic Standards of Care:</p> <p>Clinics should promote training and make regular training opportunities accessible to staff, specifically trainings on the following:</p> <ul style="list-style-type: none"> ▶ Treatment of co-occurring disorders, to be provided by staff trained in delivering such services (OMH Bureau of Inspection and Certification Clinic Standards of Care Anchor Element, 3.15 Co-Occurring Mental Health and Substance Use Disorders, #3) ▶ Administration of screening instruments, review of instrument/assessment scores, and administration of clinical assessments, to be provided to all pertinent staff (OMH Bureau of Inspection and Certification Clinic Standards of Care Anchor Element, 1.22 Screening and Assessment of Co-Occurring Disorders, #3) 	<p>OMH PROS Standards of Care:</p> <p>Programs should promote training and make regular training opportunities accessible to staff, specifically trainings on all of the following:</p> <ul style="list-style-type: none"> ▶ Use of medications to support tobacco use cessation and the appropriate monitoring of any interactions with concurrent medications, to be provided to prescribing clinicians (PROS Standards of Care, 4.6 Tobacco Dependence, #4) ▶ Treatment of addiction, including the use of medications to support sobriety (PROS Standards of Care, 5.2 Staff Competencies, #4) ▶ Screening for co-occurring disorders using standardized screening instruments recommended by OMH, OASAS or SAMHSA, to be provided to all pertinent staff (PROS Standards of Care, 5.2 Staff Competencies, #3)

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TRAINING RECOMMENDATIONS	<p>Baseline Practices to Meet Guidelines and Standards:</p> <p>To meet the OASAS Guidelines and Standards of Care listed above, it is recommended that programs do all of the following:</p> <ul style="list-style-type: none"> ▶ Provide annual onsite trainings or require staff complete one of the following pertinent web-based trainings: COE for HSI Pharmacotherapy Webinar (Resource 4), NYCDOHMH e-Learning Module (Resource 5), FIT modules (Resource 6), and Tobacco Recovery (Resource 7) <ul style="list-style-type: none"> • Ensure records of training attendance completion are kept ▶ Provide annual tobacco relapse prevention training <p>Additional implementation recommendations:</p> <p>To deliver services in line with evidence-based and best practices, it is recommended that programs also consider implementing the following practices:</p> <ul style="list-style-type: none"> ▶ Train staff annually on evidence-based tobacco dependence treatment to ensure staff is providing effective and up-to-date services <ul style="list-style-type: none"> • Understanding the current evidence on addressing tobacco use and dependence will additionally further engage staff and deepen their understanding of the importance of tobacco dependence treatment 	<p>Baseline Practices to Meet Standards:</p> <p>To meet the OMH Clinic Standards of Care listed above, it is recommended that clinics do all of the following:</p> <ul style="list-style-type: none"> ▶ Provide annual onsite trainings or require staff complete one of the following pertinent web-based trainings: COE for HSI Pharmacotherapy Webinar (Resource 4), NYCDOHMH e-Learning Module (Resource 5), and FIT modules (Resource 6) ▶ Ensure records of training attendance completion are kept <p>Additional implementation recommendations:</p> <p>To deliver services in line with evidence-based and best practices, it is recommended that clinics also consider implementing the following practices:</p> <ul style="list-style-type: none"> ▶ Train staff annually on evidence-based tobacco dependence treatment to ensure staff is providing effective and up-to-date services <ul style="list-style-type: none"> • Understanding the current evidence on addressing tobacco use and dependence will further engage staff and deepen their understanding of the importance of tobacco dependence treatment ▶ Provide annual tobacco relapse prevention training ▶ All staff are referred to the FIT modules (Resource 6) for training on tobacco use 	<p>Baseline Practices to Meet Standards:</p> <p>To meet the OMH PROS Standards of Care listed above, it is recommended that programs do all of the following:</p> <ul style="list-style-type: none"> ▶ Provide annual onsite trainings or require staff complete one of the following pertinent web-based trainings: COE for HSI Pharmacotherapy Webinar (Resource 4), NYCDOHMH e-Learning Module (Resource 5), and FIT modules (Resource 6) <ul style="list-style-type: none"> • Ensure records of training attendance completion are kept ▶ Train providers on treating tobacco use and dependence as part of Integrated Dual Disorder Treatment (IDDT) <p>Additional implementation recommendations:</p> <p>To deliver services in line with evidence-based and best practices, it is recommended that programs also consider implementing the following practices:</p> <ul style="list-style-type: none"> ▶ Provide annual tobacco relapse prevention training ▶ All staff are referred to the FIT modules (Resource 6) for training on tobacco use

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WRITTEN POLICY	<p>OASAS Guidelines:</p> <p>The governing authority of the service should determine and establish written policies, procedures, and methods governing the provision of a tobacco-free environment. These policies, procedures and methods should, at a minimum, include all of the following:</p> <ul style="list-style-type: none"> ▶ Defines the facility, vehicles and grounds which are tobacco-free ▶ Prohibits patients, family members, and other visitors from bringing tobacco products and paraphernalia to the service ▶ Requires all patients, staff, volunteers and visitors be informed of the tobacco-free policy including posted notices and the provision of copies of the policy ▶ Prohibits staff from using tobacco products while at work, during work hours ▶ Establishes a tobacco-free policy for staff while they are on the site of the service ▶ Establishes treatment modalities for patients who use tobacco ▶ Describes training on tobacco use and nicotine dependence available to staff including clinical, non-clinical, administrative and volunteers ▶ Describes tobacco and nicotine prevention and education programs made available by the service to patients, staff, volunteers and others ▶ Establishes procedures, including a policy to address patients who relapse on tobacco products <ul style="list-style-type: none"> • This policy shall incorporate the policy and procedures contained in 816.5 (g), 817.4 (o), 818.4 (o), 819.4 (o), 820.7 (a), 821.4 (v), 822.4 (u), 828.14 (b),(c) & (d), and every effort shall be made to provide appropriate treatment services to all persons in need of alcohol and drug addiction services • Additionally, each facility shall address staff relapse consistent with the employment procedure of that facility 	<p>OMH Clinic Standards of Care:</p> <p>OMH Clinics should establish written policies and procedures on all of the following:</p> <ul style="list-style-type: none"> ▶ Smoking policies and procedures, to be available to patients upon request (OMH Official Policy Manual, Procedures, #2) ▶ Each facility is responsible for the development and implementation of written policies and procedures which reflect this requirement (OMH Official Policy Manual, Procedures, #1) 	

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WRITTEN POLICY RECOMMENDATIONS	<p>Baseline practices to meet Guidelines:</p> <p>To meet the OASAS Guidelines listed above, it is recommended that programs do all of the following:</p> <ul style="list-style-type: none"> ▶ Include within policies clear guidance on screening, assessing, and treating tobacco dependence, including the parameters for the provision of tobacco cessation medications and counseling <ul style="list-style-type: none"> • This guidance will ensure that tobacco use is addressed in a standardized way across sites, which will facilitate all patients being adequately treated for tobacco use as well as the evaluation of which facilities are providing appropriate tobacco dependence treatment <p>Additional implementation recommendations:</p> <p>To deliver services in line with evidence-based and best practices, it is recommended that programs also consider implementing the following practices:</p> <ul style="list-style-type: none"> ▶ Include in policy a workflow that outlines those staff responsible for different components of screening, assessing, and treatment of tobacco dependence 	<p>Baseline practices to meet Standards:</p> <p>To meet the OMH Clinic Standards listed above, it is recommended that clinics do all of the following:</p> <ul style="list-style-type: none"> ▶ Include clear guidance in policy on screening, assessing, and treating tobacco dependence, including the parameters for the provision of tobacco cessation medications and counseling. <ul style="list-style-type: none"> • This guidance will ensure that tobacco use is addressed in a standardized way across sites, which will facilitate all patients being adequately treated for tobacco use and assures facilities are providing appropriate tobacco dependence treatment <p>Additional implementation recommendations:</p> <p>To deliver services in line with evidence-based and best practices, it is recommended that clinics also consider issuing all of the following written policies:</p> <ul style="list-style-type: none"> ▶ Identification of all staff members will who will prescribe Nicotine Replacement Therapy, or NRT ▶ To promote a wellness, a policy that states that no staff member can use tobacco with patients at any time 	<p>Baseline practices:</p> <p>At this time, OMH PROS standards do not require programs have a written policy on tobacco treatment; however, OMH strongly encourages programs to implement the following practices:</p> <ul style="list-style-type: none"> ▶ Address tobacco in all policies involving co-occurring disorders <ul style="list-style-type: none"> • This inclusion will ensure that all patients are screened, assessed, and treated for tobacco use and dependence and that the results are recorded with all co-occurring disorders <p>Additional implementation recommendations:</p> <p>To deliver services in line with evidence-based and best practices, it is recommended that programs also consider issuing all of the following written policies:</p> <ul style="list-style-type: none"> ▶ Policy should identify staff member will who will prescribe Nicotine Replacement Therapy, or NRT ▶ To promote a wellness, a policy that states that no staff member can use tobacco with clients at any time

Areas of Compliance	REGULATING BODY		
	OASAS	OMH Clinic	OMH PROS
TOBACCO-FREE GROUNDS	<p>OASAS Guidelines:</p> <p>Regulations require programs develop policies and procedures that will work for their programs and staff, consistent with the health interests of patients and staff, including all of the following:</p> <ul style="list-style-type: none"> ▶ Defining the facility, vehicles and grounds which are tobacco-free (OASAS Tobacco-Free Questions - Part 856, #1) ▶ Prohibiting patients, family members, and other visitors from bringing tobacco products and paraphernalia to the service (OASAS Tobacco-Free Questions - Part 856, #2) ▶ Requiring all patients, staff, volunteers, and visitors be informed of the tobacco-free policy including posted notices and the provision of copies of the policy (OASAS Tobacco-Free Questions - Part 856, #3) ▶ Prohibiting staff from using tobacco while at work and during work hours (OASAS Tobacco-Free Questions - Part 856, #4) ▶ Establishing a tobacco-free policy for staff while they are on the site of the service (OASAS Tobacco-Free Questions - Part 856, #5) <p>OASAS Standards of Care:</p> <p>Agencies' premises should support an environment of safety, openness, and respect</p>	<p>OMH Clinic Standards of Care:</p> <p>OMH Clinic Standards require that programs develop Tobacco-Free Grounds policies and procedures, which should include all of the following:</p> <ul style="list-style-type: none"> ▶ All State-operated inpatient facilities must prohibit all indoor smoking (OMH Official Policy Manual, Policy Statement) <ul style="list-style-type: none"> • Facilities may decide to permit smoking in appropriate outdoor areas or may elect to prohibit smoking in all areas of the campus (OMH Official Policy Manual, Principles, #6) ▶ For adult patients who choose to smoke, facilities may provide access to appropriate outdoor smoking areas <ul style="list-style-type: none"> • Such areas shall be limited to designated outdoor smoking areas, as defined in Section E of this directive (Section E: Definition Designated Outdoor Smoking Area means an outdoor area on the grounds of the facility in which smoking is permitted, and which is located so that smoke does not enter any building) (OMH Official Policy Manual, Procedures, #4) ▶ Smoking in State vehicles is prohibited (OMH Official Policy Manual, Procedures, #5) 	

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TOBACCO-FREE GROUNDS RECOMMENDATIONS	<p>Baseline Practices to Meet Guidelines and Standards:</p> <p>To meet the OASAS Guidelines and Standards of Care listed above, it is recommended that programs do all of the following:</p> <ul style="list-style-type: none"> ▶ Employees are informed of the tobacco-free grounds policy during the hiring process, at on-boarding, and annually thereafter, as well as the consequences of violating this policy, including the number of warnings they will receive prior to termination <ul style="list-style-type: none"> • This transparency will ensure that employees understand the requirements of their position and the possible repercussions of violating the policy, which will contribute to less violations of policy and, ideally, encourage tobacco cessation among staff <p>Additional implementation recommendations:</p> <p>To deliver services in line with evidence-based and best practices, it is recommended that programs also consider implementing the following practices:</p> <ul style="list-style-type: none"> ▶ New employees are educated about nicotine replacement therapy, or NRT, coverage options through their health insurance plans and coverage limitations at onboarding and annual renewal, per personnel policy <ul style="list-style-type: none"> • Providing this information to staff will assist those employees interested in using NRT for quit attempts or to get through the work day without using tobacco to access the NRT available to them through their health insurance plan, and ultimately will facilitate tobacco cessation among staff 	<p>Baseline Practices to Meet Standards:</p> <p>To meet the OMH Clinic Standards of Care listed above, it is recommended that clinics do all of the following:</p> <ul style="list-style-type: none"> ▶ Inform employees of policy during the hiring process, at onboarding, and annually thereafter <ul style="list-style-type: none"> • This transparency will ensure that employees understand the requirements of their position, which will contribute to staff supporting and/or promoting tobacco-free grounds <p>Additional implementation recommendations:</p> <p>To deliver services in line with evidence-based and best practices, it is recommended that programs also consider implementing the following practices:</p> <ul style="list-style-type: none"> ▶ Provide clear guidance and consider creating tobacco-free grounds 	<p>Baseline Practices:</p> <p>OMH PROS Standards does not currently include Tobacco-Free Grounds requirements; however, OMH strongly encourages programs to implement the following practices:</p> <ul style="list-style-type: none"> ▶ Provide clear guidance on smoking regulations and consider creating tobacco-free grounds

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PROMOTION			<p>OMH PROS Standards of Care:</p> <p>To promote tobacco-free environments and encourage participants to be tobacco-free, OMH PROS requires programs to promote the following:</p> <ul style="list-style-type: none"> ▶ A wellness-based lifestyle, to be reflected in the formal curricula and in recovery activities available to participants (PROS Standards of Care, 4.1 PROS Components, #1) ▶ Recovery, to be promoted through posters and reading materials available in the waiting areas, etc., that are inspirational, motivational, and hopeful, and include written accounts of success stories (PROS Standards of Care, 5.6 Environment, #1)

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PROMOTION RECOMMENDATION			<p>Baseline practices:</p> <p>To meet the OMH PROS Standards of Care listed above, it is recommended that programs take the following steps:</p> <ul style="list-style-type: none"> ▶ Incorporate messaging related to addressing tobacco use and dependence in curricula and health promotion materials consistently across program <ul style="list-style-type: none"> • Such promotion will provide an additional platform to communicate the importance of addressing tobacco use and dependence with staff

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DISCHARGE	<p>OASAS Clinical Standards:</p> <p>Discharge begins at admission and includes a chronic condition management approach to long-term recovery. Programs' policies should address all of the following:</p> <ul style="list-style-type: none"> ▶ Arrangements for appropriate services (e.g., appointment dates, contact names, and numbers) are discussed and made with the individual and their significant others prior to planned discharge date <ul style="list-style-type: none"> • Documentation of this information will be included in the individual's case record • Where an individual is going from a bedded service to another service, a warm hand-off or peer service is considered, where possible ▶ The treatment plan includes goals toward establishing meaningful engagement in community to support long-term recovery and includes housing, employment and recovery support ▶ Discharge summaries identify all of the following: <ul style="list-style-type: none"> • Individual's response to treatment • Progress toward goals • Circumstances of discharge • Efforts to re-engage if the discharge had not been planned ▶ When the provider is known, the discharge summary and other relevant information is made available to receiving service providers prior to the individual's arrival or within two weeks of discharge, whichever comes first 		<p>OMH PROS Standards of Care:</p> <p>The discharge process should utilize an approach that encourages information-sharing across providers and long-term recovery. As part of the discharge process, programs should include the following:</p> <ul style="list-style-type: none"> ▶ Collaborative development of a discharge plan by the participant, staff, and relevant collaterals that reflects an understanding by all parties about when discharge will occur (based on the achievement of specific and measurable goals) (PROS Standards of Care, 4.7 Discharge, #1) ▶ Discussion of appropriate post-discharge services with the participant and significant others prior to the planned discharge (PROS Standards of Care, 4.7 Discharge, #2) <ul style="list-style-type: none"> • Arrangement for appropriate post-discharge services should be made ▶ In discharge summaries, the identification of services provided, progress toward goals, and circumstances of discharge, to be made available to receiving service providers prior to the participant's arrival or within two weeks of discharge, whichever comes first (PROS Standards of Care, 4.7 Discharge, #3) ▶ Participant notification that the program may be accessed again, subsequent to discharge (PROS Standards of Care, 4.7 Discharge, #4). <p>Note: If discharge was unplanned, PROS site staff should make efforts to outreach and link client to appropriate services</p>

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DISCHARGE RECOMMENDATIONS	<p>Baseline Practices to Meet Standards:</p> <p>To meet the OASAS Standards of Care listed above, it is recommended that programs do all of the following:</p> <ul style="list-style-type: none"> ▶ Discharge plan should be integrated into follow-up plan and should include referral to medication and counseling services, supporting the patient's continuum of tobacco cessation services <ul style="list-style-type: none"> • This practice will decrease the possibility of relapse for the patient, assuring he or she leaves with the resources and guidance necessary to maintain a quit attempt <p>Additional implementation recommendations:</p> <p>To deliver services in line with evidence-based and best practices, it is recommended that programs also consider implementing the following practices:</p> <ul style="list-style-type: none"> ▶ Discharge/termination plan should include follow-up plan and referral to medication and counseling services to assist the patient with tobacco cessation <ul style="list-style-type: none"> • This will decrease the possibility of relapse for the patient, assuring he or she leaves with the resources and guidance necessary to maintain a quit attempt 	<p>Baseline Practices:</p> <p>OMH Clinic Standards does not currently include discharge requirements, but strongly encourages clinics to include the following:</p> <ul style="list-style-type: none"> ▶ Discharge plan should be integrated into follow-up plan, and should include referral to medication and counseling services for patient's continuum of tobacco cessation services ▶ Such integration will decrease the possibility of relapse for the patient, as her or she will leave with the resources and guidance necessary to maintain a quit attempt 	<p>Baseline Practices to Meet Standards:</p> <p>To meet the OMH PROS Standards of Care listed above, it is recommended that programs do all of the following:</p> <ul style="list-style-type: none"> ▶ Discharge/termination plan should include follow-up plans for both the client and the client's providers <ul style="list-style-type: none"> • Client follow-up plans should outline goals based on Individual Recovery Plan and next steps, including referral to medication and counseling • Providers should have plans in place to refer clients to identified services and sharing treatment information with the larger care team ▶ The inclusion of this information will decrease the possibility of relapse for the patient, as her or she will leave with the resources and guidance necessary to maintain a quit attempt

SCREENING TOOLS

1. Fagerstrom Test
Instrument: Fagerstrom Test for Nicotine Dependence (FTND). Retrieved from <http://cde.drugabuse.gov/instrument/d7c0b0f5-b865-e4de-e040-bb89ad43202b>
2. Heaviness of Smoking Index
Heatherton TF, Kozlowski LT, Frecker RC, Rickert W, Robinson J: Measuring the heaviness of smoking: using self-reported time to the first cigarette of the day and number of cigarettes smoked per day. Br J Addict. 1989, 84 (7): 791-9.
3. National Survey on Drug Use and Health
National Survey on Drug Use and Health. Retrieved from <https://nsduhweb.rti.org/respweb/homepage.cfm>

TRAINING RESOURCES

4. COE for HSI Pharmacotherapy Webinar
Prescribing Tobacco Cessation Pharmacotherapy: Implementing Evidence-Based Practices. Retrieved from <http://caiglobal.org/hsi/archive/18741/>
5. NYCDOHMH e-Learning Module
Treating Tobacco Use. Retrieved from <http://www.nyc.gov/html/doh/media/flash/tobacco/player.html>
6. FIT modules
Center for Practice Innovations Initiatives (FIT) Focus on Integrated Treatment. Retrieved from <http://practiceinnovations.org/Initiatives/FIT-Focus-on-Integrated-Treatment>
7. Tobacco Recovery
The Exchange — Tobacco Recovery Resource Exchange | Home. Retrieved from <http://tobaccorecovery.oasas.ny.gov/>

CURRICULUM RESOURCES

8. Jill Williams Resources
Williams, J. (2012, February). Learning About Healthy Living TOBACCO AND YOU. Retrieved from http://www.njchoices.org/LAHL/2012_lahl.pdf

OASAS Clinical Guidance	OMH Bureau of Inspection and Certification Clinic Standards of Care Anchor Element	PROS Standards of Care
http://www.oasas.ny.gov/treatment/documents/ClinicalGuidance-Final.pdf	https://www.omh.ny.gov/omhweb/clinic_standards/care_anchors.html	http://omh.ny.gov/omhweb/pros/standards_of_care/SOC.pdf
OASAS Tobacco-Free Questions - Part 856 https://www.oasas.ny.gov/tobacco/providers/documents/PrgmRvwChkfst.pdf	OMH Official Policy Manual http://www.omh.ny.gov/omhweb/policymanual/pc1405intranet.pdf	Official Compilation of Codes, Rules and Regulations of the State of New York, Title 14. Department of Mental Hygiene, Chapter XIII. Office of Mental Health, Part 512. Personalized Recovery Oriented Services