

Tobacco Free Forum for Mental Health Centers and Psychiatric Facilities

**Coordinated by the University of Colorado Denver, Behavioral Health and Wellness Program and
Supported by the State Tobacco Education and Prevention Partnership**

**Thursday, November 6, 2008
Meeting Minutes**

Facilitator: Jeanette Waxmonsky, PhD

Attendance List: Karen Devine, Amber Leytem, Janene Love, Jan Moraczewski, Kay Rosenthal, Geoff Smith, Sharon Tracey, Carol Hayward-Utash, Scott Utash, Gary Wareham, Jeanette Waxmonsky

Introductions/Approval of minutes from 9/5/2008 forum

All attendees gave their name, position, and agency
Minutes from September 5, 2008 forum were approved

Discussion of Arapahoe House's Tobacco Free Implementation

- Gary Wareham discussed lessons learned from Arapahoe House's tobacco free implementation (Gary is a department manager and clinical supervisor of Adult Residential Services for Arapahoe House).
 - When an organization takes the steps to go smoke free, it is important to keep in mind that every facility will face different challenges – Short term facilities versus long term facilities will most likely need to implement and enforce different policies depending on the program.
 - In treatment programs where clients are expected to go to work from 9am to 5pm, smoking was almost a non-issue.
 - In an Outpatient clinic setting, the consumers attend group for a couple hours, so we have come up with ways to ask clients to please not smoke on the grounds.
 - Short-Term Intensive Residential Remediation Treatment (STIRRT) an offender-based program had an ongoing struggle, where tobacco free regulations were more difficult to implement and enforce.
 - Our facilities had to go through several changes over time – it is a process!
 - Next step for us is to actively treat nicotine as an addiction; this will be the next shift in consciousness.

Adult Residential:

- Adult Intensive Residential Treatment (IRT) services adults whose average length of stay is 3-4 weeks (though length of stay varies).
- We obtained information on going tobacco free from Pueblo when we started the process (keeping in mind that Pueblo is a lock-down facility, and our facilities are not lock-down.)
- We did a lot of education work with the staff and our consumers. We set protocols with consumers before they came into the facility for treatment.
- We educated the consumers on going tobacco free 3-5 weeks prior to intake.
- In addition to education we encouraged consumers to obtain/access NRT.
 - As a non-profit we could obtain some NRT supplies, but NRT supplies are expensive. The challenge is that consumers would come in to the facility, would use NRT while they were in the facility though the client's choice was not to quit. NRT is expensive, and therefore, one of the challenges we face is: do we really want to use the NRT with clients who did not have a personal goal of quitting, due to cost to the facility
- With NRT now- if the client wants to quit, our sites are more likely to have supplies available to that consumer. Additionally, we encourage clients to bring in their own NRT to the facility. We help clients who are financially strapped, but again, providing clients NRT is a challenge due to cost. These clients go through a lot and it can quickly become expensive.
 - We are getting more money set aside to obtain NRT (when needed) and we provide NRT for clients who truly do not have the money to obtain NRT.

- With clients, we ask clients to work with their family to help obtain NRT – and once the family realizes that client is getting help, and often family members will help clients with NRT.

Implementation Challenges:

- A lot of the behaviors that occur out on the street will still occur in the facility. Staff have had a difficult time with implementing, because in addition to counseling, they have to police the clients for tobacco use.
 - If the staff was seeing real time cravings, as counselors, it is their job to educate the client as a clinical intervention and not be punitive.
 - The clients would sometimes bring the street into the environment, would be smoking “underground”.
 - Took time to find a balance between boundaries. We used contracts, we had to implement structural changes; we had to change the privilege to go outside alone, which in turn caused problems - sneaking in smokes, etc.
 - The staff needs to be onboard.
 - One key problem that occurred with staff – despite the research on smoking cessation, some staff felt that asking clients to quit smoking was too much to ask of the client, given all the other difficulties they are facing.
 - Recommend the staff focus more on the cravings. The staff should build motivation around the cravings, rather than focus on the policies and rules the campus is trying to enforce.
 - Recommend the staff look at the client’s thinking patterns, look at the choices they make when the cravings come on, focus on how that develops.
 - It has been 1.5 years since we started smoke free- learned a lot; Now the staff feels okay about asking the clients to go smoke free. Staff, when addressing the behavior, is able to stay out of the role of policing and deal with the behavior.
 - If you see a client smoking on the grounds/in the facility, address the situation right away and do not let it go. If the situation is not addressed promptly, the problem it will get a way from you.
- Question and Answer with Gary Wareham regarding Arapahoe House’s tobacco free implementation
 - (Q) How did you deal with staff who smokes?
 - (A) Staff was a bit more of a challenge. The staff are asked to leave the facility/grounds if they smoke. Currently, staff is going out on the street and smoking (which can make it difficult for the clients who are quitting/having to quit). At some facilities, there are several workers (not just counseling staff) that smoke.
 - (Q) Do you offer NRT to staff?
 - (A) Yes, we have and we have Kaiser and Kaiser is great with providing NRT to consumers.
 - (Q) Have you talked to the quit line about obtaining NRT?
 - (A) We have talked to quit line about obtaining NRT for our clients. Initially, our clients were calling the quit line with no real intention to quit. Some of our counselors were telling clients at intake to call the quit line and tell the quit line counselors that they wanted to quit. This process was stopped, and clients are told about the quit line only if the client is truly motivated to quit smoking.
 - (Q) What are ramifications for staff/clients if caught smoking?
 - (A) For clients, we first give a verbal warning, and then go to a contract, then it is possible for a client to be discharged. However, in year and half, I have only discharged 5 to 6 people for smoking. It is important to keep in mind that tobacco use/smoking is an addiction, and it is difficult to quit. When we have a client who violates their contract, we take everything into consideration; we look at the level of toxicity to the community as we have to maintain the health of the unit. We will only discharge a client as last resort. That said, clients will see those who push the boundaries constantly, and so then other clients will eventually catch on, and at times I have to remind clients that we will discharge people. Staff can get frustrated, but it is important to continuously work with the clients and staff, because again, smoking is an addiction.

As far as disciplining staff, so far, we have not had a problem with staff smoking on unit. Staff; however, does smoke off site.

(Q) What was time line from the time the decision to go smoke/tobacco free was made to the time of implementation?

(A) 3 months. We were told in January that our facilities had to do something by end of March. We had a lot of educational materials. Next step for us – we are working on developing a culture at our facilities, and we have made progress. It used to be a major thing to the staff, and now this is part of what we do.

(Q) What educational tools did you use?

(A) We found a lot of great resources on the internet, Signal – Erik Stone, STEPP. Staff came in pre-contemplative, had heard of being smoke free but it was a shift. Believe it will take another couple years to get smoke free.

(Q) Is there anything you would have done differently?

(A) In our programs, we honor the clients as they adults, and we had a hard time having the clients be outside with supervision. They are adults, but now looking back, I would have had more monitoring when the clients were outside. I would have been more conscious of the degree of change that we were asking of the clients.

(Q) Are you doing any tracking of outgoing success?

(A) At this time, there is no data that I know of, and I do not believe anyone is tracking success of current programs.

- o We should think about how to track outcomes – physical and mental health functioning as these policies are implemented. The data could be one item used to encourage administrators and clients to go smoke free and stay smoke free.

(Q) For staff/administrators in agencies who are about to adapt smoke free policies –what was it that made Arapahoe house say yes we will go smoke free?

(A) Once Pueblo did it, other facilities had a great model for how to go smoke free. Arapahoe house used policies/procedures that worked well.

(Q) Does anyone know of any smoke free Narcotics Anonymous (NA) meetings? Does anyone know how much of a trigger factor smoking at these meetings is for people who have to quit smoking?

(A) Know there are a couple AA meetings in Denver that are smoke free; not sure about NA. The meetings are supposed to be smoke free, but not sure if the meetings really are smoke free.

NOTE: Information about Nicotine Anonymous meetings can be found at <http://www.nicotine-anonymous.org/>

- Comments relating Arapahoe House's tobacco free implementation

- o MHCD did not do residential yet, but all clinics, rehab programs, are all smoke free campuses. The sites that are going to face the greatest challenge are the sites where the client spends more time. We face a big challenge because our sites are in neighborhoods, and we are trying to get the clients to understand that we want to be good neighbors. We want to create a peer-to-peer culture, which is great to help the rest of the smokers get on the path to quitting. With counselors, there can be a care taking role that does not occur in outpatient settings. With residential programs, the staff feels that the person has a right to smoke in their own home, and that they should be allowed to smoke in the residential program. It is a cultural shift, and I think in 5 years this will be less of an issue.
 - (G. Wareham): Clients were surprised that went smoke free. Clients said they could smoke at the hospital, (though not for long) and the staff would buy into the mother hen type of thing – that we are asking the clients to do too much.

- Denver Health does not allow their employees/staff to smoke. At MHCD, employees are unionized and so program directors/administrative staff is not sure if there is a problem in asking staff go smoke free. At MHCD, we develop client policies as strength rather than making a policy that is a punishment. We want to do the same thing with our staff.

For other sites that have gone smoke free: What worked?:

- Fort Logan is going smoke free on January 5, 2009. We want to get our clients on board before the January 5 deadline. Some clients have cut back on their smoking, but not all clients want to cut back, some are smoking more. Also, it is hard around the holidays. Some staff at Fort Logan want to go cold turkey on the January 5 date, and currently there is a concern that we may have more problems with the staff than you will with the clients.
 - At MHCD, the more we talked about going smoke free, the more anxious the staff became. We decided to pick a date and that was the date the campuses were going smoke free. Building up to the smoke free date, we worked with the community at large via community meetings – we focus on wellness, promoting the wellness culture, and one of those pieces is quitting smoking. We focus on how going smoke free will prolong lives of our clients.
- Some sites are concerned that they may be promoting smoking after group. There may be non-smokers in the group who are turning into smokers, as current clients are smoking during the breaks.
 - Recommendation: Look at other ways, aside from smoke breaks, to dispel tensions in the group. Perhaps promote the idea of a “fresh air” break versus a smoke break.

Next Steps for Forum discussion:

- Any comments/thoughts to current discussion?
 - The forum would be a good presentation at a conference; Arapahoe House/Pueblo have been smoke free for longest period, but forum discussion/findings would be worth while to present.
 - Colorado Behavioral Healthcare Council (CBHC) conference that occurs in the Fall could be a good option.
- Would like to invite someone from CBHC to join the forum; involving people from CBHC could help; or perhaps invite some one from a Behavioral Health Organization (BHO).

Action Items from September 5, 2008 Forum:

- Judy Weaver emailed the CMHI Pueblo policy to the group for review.
 - Staff policies include 15 minute breaks, some hospitals have required people to clock in and out for 15 minute breaks. Each offense is described in policy.
- Behavioral Health and Wellness Program Public Mental Health Tobacco Survey was disseminated among forum participants. The survey is aimed toward providers and administrators. If you haven't done so already, please complete and return the survey to:
Chad Morris, PhD
1784 Racine Street
Aurora, CO 80045

Action Items from November 6, 2008 Forum:

- Look for more information on dealing with mandatory smoke free campuses and how this relates to union staff workers. What are the policies/laws? What worked for other organizations using union workers (perhaps look out of state facilities)?

*The next meeting will be held **Thursday, January 8th 10:00-11:30 am**, at Aurora Mental Health Center
1290 Chambers Road, Aurora, CO 80011*

Forum topics for next meeting:

- Denver Health going Smoke free November 20th – discuss experience
 - focus on experience of outpatient clinics/ Denver cares
- Ft. Logan goes Smoke free January 5, 2009. Discuss Lessons learned...

- Invite a consumer spokesperson to be more inclusive – developed own smoking cessation/recovery program.

Please email the issues you would like to address at the forum to the facilitator at Jeanette.Waxmonsky@ucdenver.edu

Topics will be prioritized and emailed to the group