Peer-to-Peer Tobacco Cessation Program for Behavioral Health Clients

United States
Mandy May
Organization type:
nonprofit/ngo/citizen sector
Budget:
$10,000 - $50,000
Website:
http://www.bhwellness.org

- Community development
- Mental health
- Substance abuse
- Wellness

Project Summary

Elevator Pitch

Concise Summary: Help us pitch this solution! Provide an explanation within 3-4 short sentences.

We have integrated tobacco cessation services for persons with mental illnesses and/or substance use disorders into recovery-driven and wellness services. Peer Advocates who are ex-smokers have been trained in Colorado and California to run cessation support groups, conduct one-on-one motivational interviews, provide cessation service referrals, and educate the community.

About Project

Problem: What problem is this project trying to address?

People with behavioral health disorders are a priority population for tobacco cessation efforts. They represent 7.1% of the total U.S. population but consume 30-44% of all cigarettes smoked. These individuals die up to 25 years younger than the general population, often due to tobacco-related disorders. They express a desire to quit at the same rate as the general population, often due to tobacco-related disorders. They express a desire to quit at the same rate as the general population, but are not afforded the same cessation opportunities. Moreover, these individuals are more likely to be of a low socioeconomic status and have an increased likelihood of being uninsured or having lower levels of coverage, which reduces health care access and their likelihood of receiving smoking cessation treatment. In addition, they spend disproportionately on this addiction. The economic cost is extremely high considering that many of these individuals are unable to afford basic necessities. Innovative interventions are needed to address their unique needs.

About You

Organization:
University of Colorado Denver Behavioral Health and Wellness Program

- First Name
Mandy
- Last Name
May
- Email
mandy.may@ucdenver.edu

Country
are collaborating to develop a roll-out plan utilizing Mental Health America's national infrastructure. and advocacy organization, has partnered with the Behavioral Health and Wellness Program and supported the development of this initiative. We instrumental in assisting us to outreach new agencies interested in adopting the program. Additionally, Mental Health America, a national education Tobacco Cessation Program which will aid in creating buy-in from behavioral health facilities nationwide. The National Advisory Board will be states. The team will have a sustainable infrastructure in place and research data to support the importance and success of the Peer-To-Peer project's success. The BHWP team will gather data from administrators, providers, tobacco peer specialists, and clients and will use the results of the site. In year 2 and 3, the successful completion of the research protocol to demonstrate effectiveness of the intervention is necessary for the BHWP team is in the process of developing web based trainings which will allow sites to train new tobacco peer specialists with minimal cost to onsite support groups, conduct one-on-one motivational interviews with consumers, and provide cessation service referrals. Furthermore, the sites is critical to the project’s success. To further the program’s first year achievements, the Behavioral Health and Wellness Program team will increase motivation to quit as well as providing linkages to treatment. In consultation with CHOICES, the Smoking Cessation Leadership Center, and state partners, we developed an embedded Peer-to-Peer Tobacco Cessation Program. This sustainable model augments provider services. The program trains paid peer advocates to address smoking cessation as a key component of their other roles and responsibilities. Within community centers and clinics, peer advocates not only build motivation but offer ongoing tobacco cessation services and community education.

What makes your idea unique?

To date, there has been no other multi-state initiative to address tobacco cessation with behavioral health clients through peer-delivered services. Consumer-driven and peer support models have proven successful in increasing coping skills and aiding in recovery for mental health clients as well as persons with substance abuse disorders. The key element in peer support programs is the delivery of services to behavioral health clients by behavioral health clients. There is preliminary evidence that a peer support model can also be applied to effectively address smoking and tobacco use. The self-help model has continuously been shown effective for smoking cessation in the general population; however, there has been little exploration applying this model to the behavioral healthcare sector. The first peer-to-peer program for tobacco cessation that we are aware of is the Consumers Helping Others Improve their Condition by Ending Smoking (CHOICES) program developed by the University of Medicine and Dentistry of New Jersey (UMDNJ). CHOICES employs mental health clients as peer advocates, educating smokers with mental illnesses to increase motivation to quit as well as providing linkages to treatment. In consultation with CHOICES, the Smoking Cessation Leadership Center, and state partners, we developed an embedded Peer-to-Peer Tobacco Cessation Program. This sustainable model augments provider services. The program trains paid peer advocates to address smoking cessation as a key component of their other roles and responsibilities. Within community centers and clinics, peer advocates not only build motivation but offer ongoing tobacco cessation services and community education.

Do you have a patent for this idea?

Impact

What impact have you had?

To date, 57 peer advocates and supervisors have been trained to conduct the Peer-to-Peer Tobacco Cessation Program at 22 mental health and/or substance use treatment agencies in Colorado and California. In Colorado, the agencies include the Veterans Administration which has not previously addressed the needs of veterans with behavioral health issues who also smoke. The program has been successfully implemented in multiple agencies and ongoing cessation support groups are being conducted on a weekly basis by the peer advocates. Furthermore, trainings for additional peer advocates have been requested in both states, preliminary evidence of the program’s positive impact. We are currently beginning a formal evaluation of the program; however, testimonials have been received from the advocates that participants in the program have successfully quit or reduced their tobacco use. For example, one advocate reports a smoker of 20 years successfully quitting. Another peer advocate, successful in implementing two weekly groups relayed the story of a 38-year smoker remaining smoke-free through participation in the group. Several of the program advocates have reported once quit, ex-smoking participants continue to attend the groups for ongoing support as well as recruit additional participants.

Actions

To ensure the success of this project, the Behavioral Health and Wellness Program has partnered with multiple agencies including state and local behavioral health authorities, treatment agencies, Mental Health America, a national advocacy organization, and the Smoking Cessation Leadership Center at the University of California San Francisco. A National Advisory Board was developed with members from partnering organizations, experts in the behavioral health and tobacco cessation fields, as well as the CHOICES project team from New Jersey. The board has met on a regular basis to review the program development. Additionally, an evaluation plan has been implemented to collect qualitative and quantitative data evaluating program implementation for quality improvement as well as a research protocol to examine the effectiveness of the intervention.

Results

The National Advisory Board was critical to the development of an effective, sustainable intervention to address the high prevalence of tobacco use and reduce the health disparities experienced by persons with behavioral health disorders. We have created buy-in for a potentially national model. The input and consultation from national experts resulted in the development of a low burden and cost-effective tobacco cessation program. The evaluation of the program implementation will improve the quality of the intervention as well as the implementation process. Collection of outcome data will demonstrate the effectiveness of the tobacco cessation intervention as a tool for reducing health disparities and improving the quality of life for this population. We have had a number of other states interested in the program and expect that additional states will begin employing the peer-to-peer program over the next year.

What will it take for your project to be successful over the next three years? Please address each year separately, if possible.

In year 1, the continued commitment of the current partnering organizations is vital to the success of the project, given the minimal funding of the program and the current economic climate. Moreover, development of a sustainable infrastructure for future tobacco peer advocates at the pilot sites is critical to the project’s success. To further the program’s first year achievements, the Behavioral Health and Wellness Program team will continue to provide training, supervision, and advocacy support to the program sites and tobacco peer specialists. Tobacco peer advocates will run onsite support groups, conduct one-on-one motivational interviews with consumers, and provide cessation service referrals. Furthermore, the BHWP team is in the process of developing web based trainings which will allow sites to train new tobacco peer specialists with minimal cost to the site. In year 2 and 3, the successful completion of the research protocol to demonstrate effectiveness of the intervention is necessary for the project’s success. The BHWP team will gather data from administrators, providers, tobacco peer specialists, and clients and will use the results of the research to make continuous program improvements. In year 3, we will need the ability to disseminate the program nationally to additional states. The team will have a sustainable infrastructure in place and research data to support the importance and success of the Peer-To-Peer Tobacco Cessation Program which will aid in creating buy-in from behavioral health facilities nationwide. The National Advisory Board will be instrumental in assisting us to outreach new agencies interested in adopting the program. Additionally, Mental Health America, a national education and advocacy organization, has partnered with the Behavioral Health and Wellness Program and supported the development of this initiative. We are collaborating to develop a roll-out plan utilizing Mental Health America’s national infrastructure.
What would prevent your project from being a success?

Despite the minimal funding of the program, agencies remain committed to the initiative. However, given the current economic climate, many agencies are experiencing funding cuts, which may threaten new initiatives. As behavioral health facilities are working with major budget decreases, we believe the web based trainings will ease the financial burden of training incoming staff. Although, the Behavioral Health and Wellness Program understands that some sites may not be able to increase staff in the immediate. We are dedicated to this Peer-to-Peer Tobacco Cessation Program and will continue to work with the site administration and tobacco peer advocates to provide trainings to incoming peer advocates as needed. Regarding the research protocol, a large number of participants are needed to demonstrate intervention effectiveness. However, with minimal program funding, we do not have the ability to offer stipends for participation in the evaluation interviews, which may hinder collection of community impact data. A small amount of additional funding would alleviate this concern and contribute to the overall success of the project.

How many people will your project serve annually?

101-1000

What is the average monthly household income in your target community, in US Dollars?

$100 - 1000

Does your project seek to have an impact on public policy?

Yes

What stage is your project in?

Operating for less than a year

In what country?

Is your initiative connected to an established organization?

Yes

If yes, provide organization name.

University of Colorado Denver Behavioral Health and Wellness Program

How long has this organization been operating?

More than 5 years

Does your organization have a Board of Directors or an Advisory Board?

Yes

Does your organization have any non-monetary partnerships with NGOs?

Yes

Does your organization have any non-monetary partnerships with businesses?

No

Does your organization have any non-monetary partnerships with government?

Yes

Please tell us more about how these partnerships are critical to the success of your innovation.

The Behavioral Health and Wellness Program has partnered with Mental Health America, a national advocacy organization, the Smoking Cessation Leadership Center at the University of California San Francisco, the New Jersey CHOICES program, the Colorado Division of Behavioral Health, the Veterans Administration, and in Los Angeles County the Department of Public Health Tobacco Control and Prevention Program, the Alcohol and Drug Program, and the Department of Mental Health. These partnerships have been critical to the development and initial implementation of the peer program in agencies in Los Angeles County and Colorado. Through these partnerships, we have identified first adopter sites, conducted program trainings, and successfully initiated programs at multiple agencies. These partnerships remain crucial for the long term sustainability of the program as well as future dissemination.

What are the three most important actions needed to grow your initiative or organization?

The Behavioral Health and Wellness Program has developed national and international partnerships over the last 8 years to foster wellness programming for persons with mental illnesses and substance use disorders. To continue this work, we first need to expand the partnerships vital to growing this peer-to-peer initiative. This will include identifying additional national, state, and community leaders who will champion the necessary inclusion of peer advocates in achieving wellness goals. To do so, we secondly need to continue to demonstrate that we not only have an innovative idea, but can effectively disseminate this model programming in community settings and then sustain the peer-to-peer services over time. This program is a promising practice that has great potential to become a national evidence-based model. The successful completion and analysis of community impact data will provide a strong foundation upon which to propel this peer initiative beyond the first adopter sites. We have a team experienced in program development and evaluation which will allow us to track the effectiveness of the Peer-to-Peer Tobacco Cessation Program at clinical, operational, and fiscal levels. Lastly, we need to continue to advocate for wellness programming as a critical community need. National recognition at the pilot stage will work to build momentum and interest in this low burden, cost effective peer-driven program.

The Story

What was the defining moment that led you to this innovation?


In 2006, The Behavioral Health and Wellness Program conducted focus groups with behavioral health consumers seeking treatment in community mental health centers throughout Colorado. The study aim was to collect qualitative data regarding the tobacco cessation needs of this population and to acquire community input in the development of interventions. These focus groups changed the course of our program to focus heavily on tobacco cessation. Participation was overwhelming, with participants expressing desire to quit smoking and learn more about tobacco use and the associated health effects. It became clear that the dearth of tobacco services for these individuals was a patient rights issue. Many of these individuals desired services but were not being provided the same opportunities to quit smoking as the general population. Every group expressed gratitude to our project team for taking the time to discuss this issue with them. When asked “What do mental health consumers need to quit smoking?”, many participants suggested a peer advocate. Participants expressed the desire to talk with someone with a mental illness or substance use disorder who has successfully quit smoking and learn from their experience. The shared experience among peers and ability to relate is a very powerful tool in the behavioral health community. The focus groups galvanized our team to develop needed tobacco cessation resources, including a peer-to-peer tobacco cessation program.

Tell us about the social innovator behind this idea.

Housed in the University of Colorado Denver, Department of Psychiatry- the Behavioral Health and Wellness Program (BHWP) created the Peer-to-Peer Tobacco Cessation Program in collaboration with many partners. As a small team of individuals, BHWP’s mission is to improve the quality of life for individuals and communities through research, education, and clinical care. BHWP has dedicated many years to actualizing our mission by helping people with behavioral health disorders live longer and healthier lives through community education regarding the unique challenges persons with behavioral health disorders face as they attempt to quit smoking and effective means of promoting reduction of tobacco use and cessation. The BHWP team conducted a needs assessment in 2004 and found that among 112,000 persons with behavioral health disorders who received Colorado public health services, 39% used tobacco, more than twice the rate of tobacco use in the general population. The assessment made clinical and programmatic recommendations for the public mental health system, primary care, and for advocacy organizations. From this needs assessment, focus groups were conducted to attain community input. The Peer-to-Peer Tobacco Cessation Program was one of the programmatic recommendations that grew from these focus groups. The BHWP team found peer-to-peer interventions are a central part of the behavioral health recovery movement. The recovery movement suggests that “adjuncts and alternatives to formal treatment, involvement in self-help groups, and social opportunities at local drop-in centers foster empowerment and provide opportunities for a more meaningful life”. Peer run services provide a sense of empowerment and are a mutual benefit for the peer provider, as well as the recipient. Built upon a recovery philosophy, BHWP facilitates national and statewide partnerships that make behavioral change possible.

How did you first hear about Changemakers?

Friend or family member

If through another, please provide the name of the organization or company

Source URL: https://www.changemakers.com/mentalhealth/entries/peer-peer-tobacco-cessation-program-behavioral-health#comment-0