National Behavioral Health Network
for Tobacco & Cancer Control
from NATIONAL COUNCIL FOR MENTAL WELLBEING

Tobacco, Mental Health, Substance Use and Data Collection:

How to Get an Accurate Baseline of What is Happening in Your State

UCSF Smoking Cessation Leadership Center | National Center of Excellence for Tobacco-Free Recovery

Content

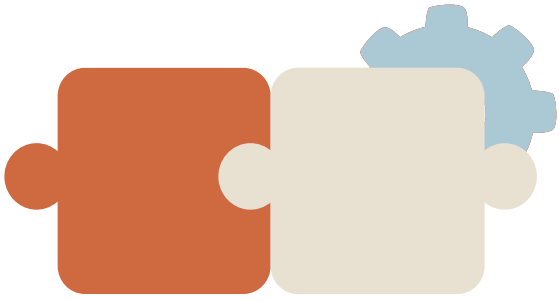
Background

Individuals with mental health and/or substance use (MH/SU) challenges remain at a higher risk for tobacco use and continue to bear a disproportionate burden of tobacco-related illnesses and deaths. Understanding tobacco use rates among individuals with MH/SU challenges and in MH/SU treatment settings can inform the future direction of tobacco control programs and policies aimed at reducing the prevalence of tobacco use and increasing access to evidence-based tobacco interventions.

State tobacco control programs are frequently asked to report data on numerous topics such as overall state policies passed around tobacco control, number of Quitline callers and number of individual quit attempts. While this data is worthwhile, to best understand progress with MH/SU treatment organizations, state tobacco control programs need to better understand the whole picture of what is happening specifically within disparity populations at a state, local and practice level. Establishing a tobacco use baseline in individuals with MH/SU challenges prior to implementing programs or policy changes can help determine if the changes will influence the problems the state is trying to address.

Unfortunately, there are limitations in the current available data to understand existing national, state, local and organizational rates of tobacco use in individuals with MH/SU challenges. Limitations in data exist because there are few datasets reporting the intersection between tobacco use and MH/SU challenges, specifically. Also, state and local policies on tobacco use often exclude certain sector and facility types, such as MH/SU treatment organizations.

While there is no one way to establish a state baseline of tobacco use rates among individuals with MH/SU challenges, there are a few ways to capture better data to create a comprehensive understanding of what is happening in the state, inform tobacco control programming and glean actionable insights to move the baseline. To this end, this implementation brief provides information on how to develop a state tobacco use baseline for individuals with MH/SU challenges and implement actionable plans.



Recommendations on How to Build a State Baseline

STEP 1: DEVELOP A DATA COLLECTION PLAN

Prior to building a baseline, develop a data collection plan based on the main questions you are trying to answer regarding tobacco use among individuals with MH/SU challenges. Determine whose buy-in and perspective is needed when developing these key questions. Next, identify the types of data that need to be reported (and to whom) and the most important considerations for the baseline. While the baseline needs to include basic data, such as the rate of tobacco use among individuals with MH/SU challenges, the specific types of data collected may depend on each state's focus and goals.

The following steps provide details on various sources of tobacco data and how to integrate information from multiple sources, gather additional state and local level data from MH/SU treatment organizations and what to do next to enact change.

STEP 2: IDENTIFY AND USE EXISTING DATA TO UNDERSTAND POPULATION-LEVEL TOBACCO USE

The second step is to gather tobacco use data from state or national data sources specific to individuals with MH/SU challenges. Often, this data is not available directly and requires the use of several different datasets to be combined. The following are a few data sources that can be useful in creating a combined baseline.

Behavioral Risk Factor Surveillance System (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS) collects state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions and use of preventive services (CDC, 2014). BRFSS collects data in all 50 states, as well as the District of Columbia and three U.S. territories. Data from BRFSS provides understanding of state population-level health regarding tobacco use and MH/SU challenges. The BRFSS survey includes questions about tobacco use, binge drinking and heavy drinking (both can be used as proxy measures for the rate of substance use as unfortunately there are no other substance use questions asked), and the number of days in the past month with poor mental health. This data can be used to create an approximate baseline to understand the cross-section of mental health, substance use and tobacco use rates.

For example, individuals who reported having problems with poor mental health 14 or more days out of the previous 30 days could be characterized as having frequent mental distress and tobacco use rates could be calculated separately for individuals with and without frequent mental distress (NYS DOH, 2018). BRFSS data can be downloaded and analyzed by state. For those who do not have access to an epidemiologist or individual who can analyze the BRFSS data, BRFSS WEAT (Web Enabled Analysis Tool) can perform the cross-tabulations. Some states (e.g., Indiana, Pennsylvania) have also added questions to their state's BRFSS about adverse childhood experiences (ACEs) that can significantly influence high-risk health behaviors, be a root cause of tobacco use and are linked to a higher risk for MH/SU challenges in adulthood (CDC, 2021).

National Survey on Drug Use and Health (NSDUH)

SAMHSA's National Survey on Drug Use and Health (NSDUH) is a dataset that presents estimates on MH/SU at national, state and substate levels, including the prevalence and patterns of alcohol, tobacco and illicit drug use and mental health challenges. The survey collects data from noninstitutionalized U.S. populations, ages 12 and older. It is important to note that many individuals with MH/SU challenges may be excluded from this dataset if they are experiencing homelessness and do not use shelters, residents of incarceration settings such as prisons or jails, in the armed forces/military, in psychiatric facilities or institutions or in long-term residential treatment or medical facilities. National data is provided on an annual basis while state and sub-state estimates generally cover more than one year. This data can be critical to establishing a baseline by providing information on the extent of substance use, the extent of mental illness, the need for treatment service provisions, overall trends in the data and differential outcomes by subgroups.

National Survey of Substance Abuse Treatment Services (N-SSATS)

SAMHSA's National Survey of Substance Abuse Treatment Services (N-SSATS) is an annual census of respondent substance use treatment facilities in the United States. The data collected can be used to assist state and local governments assess the types and extent of services available, download a list of actual facilities including names and addresses, provide an understanding of national and state treatment trends and assist in forecasting treatment resource requirements. National and state-specific reports provide data on services offered including smoking policies and smoking cessation counseling and support (e.g., nicotine replacement therapy or other medications). This survey is also used to help build SAMHSA's Behavioral Health Treatment Services Locator.

National Mental Health Services Survey (N-MHSS)

SAMHSA's National Mental Health Services Survey (N-MHSS) is an annual survey that complements the National Survey of Substance Abuse Treatment Services (N-SSATS) and includes all known public and private mental health treatment facilities in the United States that respond to the survey. It provides national and state-level data on mental health service delivery, including smoking policies in mental health treatment facilities, tobacco cessation counseling and cessation services.

Behavioral Health Treatment Services Locator

SAMHSA's Behavioral Health Treatment Services Locator is a confidential and anonymous source of information for people seeking treatment facilities in the United States for MH/SU challenges (SAMHSA, 2021). The Locator was created based on data from the National Substance Use and Mental Health Services Survey (N-SUMHSS), which is conducted annually. The N-SUMHSS is a survey of all substance use and mental health treatment facilities in the U.S. and provides data about the number and characteristics of facilities. The Locator is updated monthly with new facilities while changes in facility names, addresses or phone numbers are updated weekly, providing an up-to-date landscape of MH/SU treatment facilities in an area.

The Locator includes details about each facility such as service setting, types of treatment provided, populations served and forms of payment accepted. Specific to tobacco use, data is provided for each facility on the presence of screening for tobacco use, the availability of tobacco cessation counseling and the facility's smoking and vaping policy. While the locator is a national resource, data can be downloaded and analyzed on a state or local level. For more information, please see the Frequently Asked Questions page on the Locator's website.

YOUTH RISK BEHAVIOR SURVEY (YRBS)

The Youth Risk Behavior Survey (YRBS) is a data source for states that are interested in the intersection of MH/SU and tobacco use in youth populations. YRBS measures health-related behaviors in national and state representative samples of middle and high school students. The survey is used to monitor behaviors that contribute to the leading causes of death and disability among youth and adults, including but not limited to tobacco use, alcohol use and other drug use (CDC, 2020). In combination with questions about mental health, such as time spent feeling sad or hopeless, the YRBS data can provide insight into co-occurring rates of mental health challenges and tobacco use in youth populations. The YRBS also includes questions that address trauma, such as parental incarceration and exposure to violence. Because the survey includes questions regarding tobacco use, substance use and mental health, it can be used to help understand the linkages between trauma and other high-risk health behaviors in youth.

The combined data from BRFSS, NSDUH, N-SSATS, N-MHSS and the Treatment Services Locator can provide a rough baseline of the tobacco use rate for people with MH/SU challenges, the number of MH/SU treatment facilities in the state, the proportion of those facilities that have smoke-free facilities and the type of service provision (e.g., screening, counseling, provision of nicotine replacement therapies, other medication/pharmacological supports). It is important to consider collecting not only most current data, but also data from preceding years to help understand the trend or direction of metrics to identify justifiable goals. However, this data may not provide a complete picture of the MH/SU treatment facilities' day-to-day tobacco programming, so additional data can be collected to understand policies and practices in MH/SU treatment settings, such as state and local level data around access to tobacco cessation treatment and counseling and smoke-free facility and campus policies.

STEP 3: COLLECT DATA FROM LOCAL TREATMENT ORGANIZATIONS

MH/SU treatment organizations are uniquely positioned to address tobacco use with their clients and can be an ideal setting to deliver ongoing tobacco cessation treatment support. To collect data on existing efforts and programming, the next step is to develop a survey to send out to the state's MH/SU treatment organizations. The survey should include questions that measure the prevalence of smoking in clients served by the organization, services offered to clients, organizational policies and any other areas of interest that need to be included in the baseline. The responses from the survey can be compared to state and national data from BRFSS or the SAMHSA Locator to gauge how the collected data is similar or different.

STATE SURVEY DATA COLLECTION EXAMPLES

The following states have collected tobacco use or tobacco programming survey data from local MH/SU treatment organizations and used the data to inform state tobacco policy. States can use the following sample surveys and adapt data collection methods to state-specific goals.

1. Virginia: Behavioral Health Facility Tobacco Policy Assessment

   Virginia developed and deployed a state survey to understand their local MH/SU treatment context and organizational training needs. The survey collected data on tobacco policies, practices, screening and cessation.

2. South Carolina: Behavioral Health Facilities Tobacco Survey

   South Carolina's survey of MH/SU treatment facilities aimed to better understand tobacco assessment, treatment practices and policies. The survey collected data on tobacco treatment services offered as well as resources and training needed to improve services.

3. Montana: Behavioral Health Provider Tobacco Survey

   Montana surveyed MH/SU treatment organizations in the state to collect data on staff attitudes toward tobacco cessation, tobacco assessment and treatment services offered by the organization's tobacco use policies.

4. New Jersey: Tobacco Prevention and Cessation with Behavioral Health Consumers in the Treatment Setting Survey

   New Jersey surveyed MH/SU treatment organizations' leadership and followed up with a second survey of frontline staff. The first survey gathered information on tobacco prevention education and smoking cessation policies and practices on the organizational level. The second survey included questions about client needs and direct service issues.

5. Pennsylvania: Readiness Assessment for Statewide Tobacco-Free Recovery

   Pennsylvania's readiness assessment survey was deployed as part of the state's tobacco-free recovery initiative and aimed to assess MH/SU treatment organizations' readiness for providing tobacco-free services. The survey included questions about knowledge, attitudes and practices related to tobacco use policies at the organization.

Once data collection is complete, combine existing data (e.g., data from BRFSS, SAMHSA Locator) and new data sources (e.g., collected from treatment facilities survey) into a state baseline for tobacco use and MH/SU challenges. The baseline gives an overall picture of MH/SU and tobacco use rates in the state and can be used to set goals for change and improvement, as described in the next step.

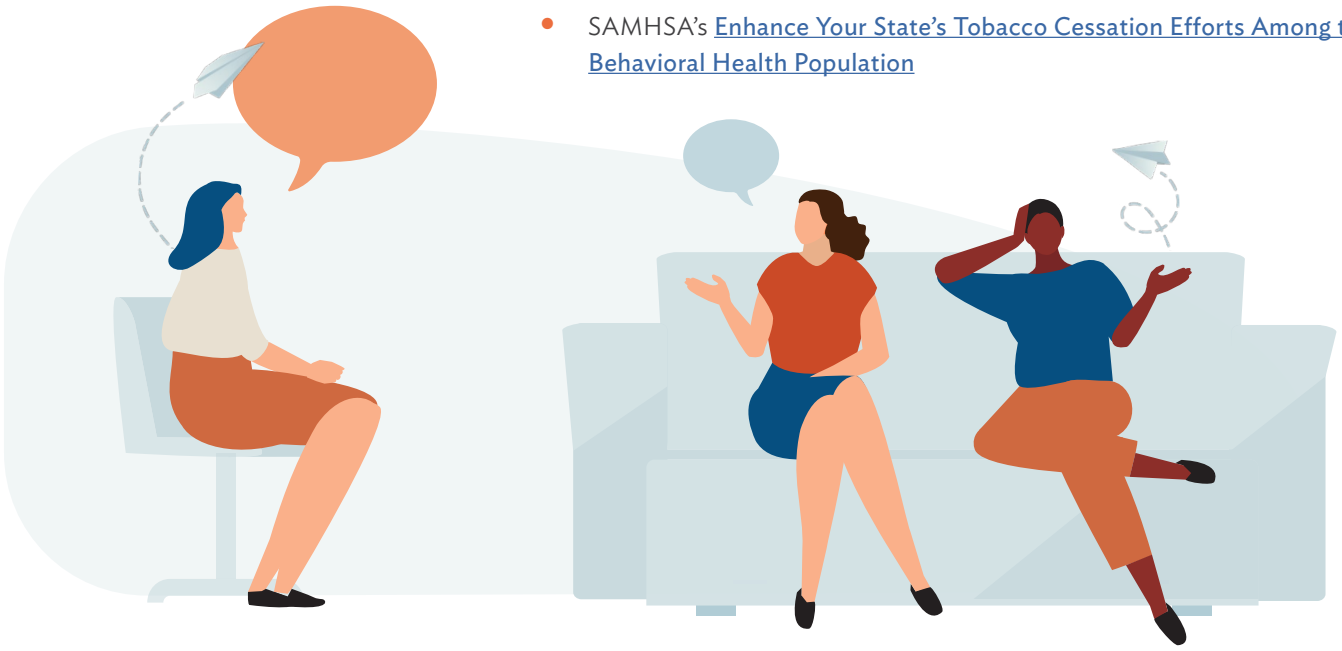
STEP 4: USE BASELINE DATA TO ACTION PLAN

Now that a baseline has been established, the next step is to set goals and targets for improvement and develop an action plan to execute the goals. The data gathered in the baseline will inform the identification of strategic priorities in the state. If needed, use the following questions to determine the next steps once the baseline has been established.

- ***What are the most salient areas of need?***
  - » Data from the baseline should be used to identify areas of need. For example, enhancing tobacco use and dependence screening, enacting vaping policies, reducing treatment facility staff tobacco use and increasing tobacco-free treatment facilities, among others.
- ***What is the main focus of the program or policy?***
  - » States can have different focus areas such as prevention, policy, treatment and cessation services or partnership building.
- ***What organizations or groups will be involved in the program or policy?***
  - » Are the goals of the program to work with those most in need or the most willing?
  - » Is it easier to start with state-run MH/SU facilities or develop new relationships with independent MH/SU facilities?
  - » Are there other groups to engage that have a vested interest in moving the strategies forward and have influence?
- ***What areas or facilities could programs or policies impact most?***

Once broad objectives for the program or policy are determined based on answers to these questions, set short- and long-term goals for change. Once goals are set, develop an action plan for goals that includes the steps needed to achieve the goal, stakeholders responsible for leading the effort and how progress towards the goal will be measured and evaluated. Commonly used strategies in action steps include enacting legislation and policy, communication and messaging, engaging Medicaid or insurers, outreach and consumer education and provider education (Clark, 2020). Two tools that might help when building an action plan and setting short- and long-term goals are:

- The National Council for Mental Wellbeing's Tobacco Action Planning Template
- SAMHSA's Enhance Your State's Tobacco Cessation Efforts Among the Behavioral Health Population



DEVELOPING SMART GOALS

When possible, develop SMART (specific, measurable, achievable, realistic and time-bound) goals for planning change. SMART goals consider the answers to the following questions.

- ***Specific:***
  What would you like to do?
- ***Measurable:***
  How will you know if you achieved what you would like to do?
- ***Achievable:***
  Do you have the ability to achieve what you would like to do?
- ***Realistic:***
  Will you be able to achieve what you would like to do within the timeframe?
- ***Time-bound:***
  When would you like to achieve what you would like to do?

Once the action plan has been established, also plan to collect similar data again in the future (e.g., at one, three or five years after implementing changes) to see progress from the baseline towards the goal.

Conclusion and Future Directions

This brief provides information on combining different data sources to create a state baseline for MH/SU and tobacco use, setting goals for change and creating an action plan to achieve goals. However, it also highlights the need to build better long-term data planning at the state level to inform policy and practice change. A longer-term goal that could be included as a part of the action plan would be to build data infrastructure on the state level, which enables direct data collection around MH/SU and tobacco use. For example, you can aim to add questions to the state's BRFSS or YRBS that ask concurrently about tobacco and substance use treatment or ask about people in long-term recovery who use tobacco.

In addition to data collection strategies outlined in this brief, you can leverage State Medicaid data to understand tobacco use in individuals with MH/SU challenges. State Medicaid collects a lot of information about MH/SU treatment facilities and could ask facilities about their tobacco-free policies, or even ultimately require facilities that receive Medicaid funds to be tobacco-free. If you are able to access it, State Medicaid data can also provide information on how often cessation benefits were accessed in MH/SU treatment facilities. State Quitline data can also be a data source and usually contains information regarding callers with specific MH/SU challenges. The North American Quitline Consortium also has Quitline profiles for each state that includes other data that is updated regularly. You can also leverage a state tobacco epidemiologist to conduct annual surveys and develop local comparisons on tobacco-free facilities, ultimately building local data sets to show the impact and return on investment of going tobacco-free. For instance, studies could be conducted on tobacco-free facilities' impact on the reduction of State Medicaid or hospitalization costs.

For further information and assistance in developing a baseline of what is happening in your state at the intersection of tobacco use and MH/SU, developing a data collection plan and engaging in action planning, please contact BHtheChange@TheNationalCouncil.org.

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