American Lung Association

January 20, 2023

Miriam E. Delphin-Rittmon, Ph.D.
Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

Re: Certified Community Behavioral Health Clinic (CCBHC) Certification Criteria

Dear Dr. Delphin-Rittmon:

The American Lung Association appreciates the opportunity to submit comments on the Certified Community Behavioral Health Clinic (CCBHC) Certification Criteria.

The American Lung Association is the oldest, voluntary public health organization in the United States and is committed to eliminating tobacco use and tobacco-related disease. Tobacco use is the leading cause of preventable death and disease in the United States, responsible for the deaths of 480,000 Americans annually.[1] An additional 16 million Americans live with a disease cause by tobacco.[2]

In January 2020, then Surgeon General Jerome Adams released *Smoking Cessation: A Report of the Surgeon General*.[3] This report found that four out of nine adult cigarette smokers who saw a healthcare professional in the past year did not receive advice to quit smoking. The Surgeon General's report also found that, "the prevalence of smoking is increasingly concentrated in the United States in populations that may face barriers to quitting. These include persons with behavioral health conditions (including mental health conditions or substance use disorders…"[4] This disparity is also evident in annual surveillance data. Individuals with serious phycological distress smoke at higher rate (31.6%) than those without serious phycological distress (13.0%).[5] Additionally, new data show that people any mental illness smoke at a rate of 22.8%.[6]

People with behavioral health conditions that smoke die, on average, 15 years earlier than their counterparts with behavioral health conditions that do not smoke.[7] Providers advising their patients to quit and providing evidence-based treatment can help reduce the rate of tobacco use in the United States and specifically for priority populations, including patients with behavioral health conditions. The Lung Association believes these data underscore the importance of tobacco cessation interventions focused on individuals with these conditions. The Certified Community Behavioral Health Clinic (CCBHC) certification criteria is an opportunity to make sure patients in these safety net clinics get evidence-based treatment they need to quit.

Cessation Treatment

The Lung Association encourages SAMSHA to modify Criteria 4.g.1 to align the recommended treatment to treat tobacco use. The Public Health Services Guidelines and the United States Preventive Services Task Force have both found that that all 7 Food and Drug Administration (FDA)- approved medication along with individual, group and phone counseling are safe and effective to help smokers quit. Unfortunately data show only 37.6% of behavioral health

treatment facilities offered tobacco cessation counseling to their patients and approximately a quarter of these facilities provided cessation medications.[8] The Lung Association urges SAMSHA to modify 4.g.1 so it reads:

"The CCBHC should also provide individuals with tobacco use disorder tobacco cessation treatment directly, including FDA-approved pharmacotherapy and individual group and phone counseling, which can be their local tobacco quit line for adjunctive support for smoking cessation."

Quitlines are an important tobacco cessation treatment, but when a patient is in a clinical setting, such as a CCBHC, they should be offered cessation treatment as part of their overall treatment and the quitline should supplement that treatment.

Clinic Collect Measures

The American Lung Association also encourages SAMSAHA to modify the Clinic-Collected Measures associated with tobacco use. Currently, the measure that is being used is "Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC)." We believe a better measure to use is TOB1 (Tobacco Use Screening), TOB2/2a (Tobacco Use Brief Intervention Provided or Offered and Tobacco Use Brief Intervention) and TOB3/3a (Tobacco Use Treatment Provided or Offered at Discharge and Tobacco Use Treatment at Discharge), as this measure looks at clinical components of a tobacco cessation intervention.[9] Additionally, we urge SAMSHA to require this measure.

Tobacco-Free Grounds

The American Lung Association urges SAMSHA to require CCHBCs to have comprehensive tobacco-free grounds/ campuses as part of the certification criteria. These policies motivate smokers to quit, reduces the death and disease associated with secondhand smoke and protects workers from the dangers of secondhand smoke. As a healthcare facility, CCHBCs should promote health and tobacco free campuses are an important measure to take achieve that aim.

The population that CCBHCs serve use tobacco at higher rates than the general population, but that does not mean that the cannot or do not want to quit. CCBHCs across the country should provide evidence-based, comprehensive cessation treatment and implement a standard practice of tobacco-free facilities. Tobacco use is the leading cause of preventable death and disease in the United States. All healthcare settings, including CCBHCs, should prioritize helping patients quit. The recommendations outlined above will help patients quit, improving their health, including comorbid behavioral health condition.[10]

The American Lung Association appreciates the opportunity to provide comments on the certification criteria of CCBHCs.

Sincerely,

Harold Wimmer

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[3] U.S. Department of Health and Human Services. Smoking Cessation. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020.
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