Lung Mind Alliance

A commercial tobacco-free future for Minnesotans with mental illness or substance use disorders

DEPARTMENT OF HUMAN SERVICES

Mental Health Resources

2023-2025 Changes to Diagnostic Assessment Criteria (MN Statute 245I.10):

Integrating Assessment for Substance Use & Tobacco Use Disorders

February 11, 2026

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DHS Presenters & Disclosures

Amy Stroman-Petersen, MSW, LICSW, LADC, TTS

Nicotine and Cannabis Policy Lead,
SUD Policy & Reform Team
Behavioral Health Administration *(BHA)*
MN Department of Human Services *(DHS)*

- 12 years of clinical practice experience with co-occurring disorders in both SUD and MH settings
- Trained as a Tobacco Treatment Specialist

Brianna Radford, MSW, LGSW

Executive Pathways Intern, SUD Policy and Reform Team
Behavioral Health Administration *(BHA)*
MN Department of Human Services *(DHS)*

- 7 years experience in human services
- Trained as mental health therapist

Disclosures:

Our role is to highlight MN Statutory requirements for providing care to members of Minnesota Health Care Programs.

- Please note, while the DA changes apply to all ages of clients, the substance use screening and assessment and data slides apply only to adults age 18 and older, per 245I.10, subd 6, paragraph d, clause 3.
- Minnesota statutes and DHS policies are subject to change each year.
- The information in this presentation may no longer be accurate after **May 18th, 2026** (the proposed end to 2026 legislative session)
- **Always visit the MN Revisor page for the most up to date statutes**.

MHR: Presenter Bio & Disclosures

Bria Grudzielanek, MSW, LICSW, TTS

Clinical supervisor and Therapist

Mental Health Resources, Inc. *(MHR)*

- 20 years of experience in clinical practice with mental health or co-occurring disorders
- Trained as a Tobacco Treatment Specialist

Disclosures:

- I am voluntarily presenting this training without any financial or other incentives. I do not have any conflicts to disclose.
- Clinical practice ideas presented here are a result of my training, personal experience, and influenced by research literature.

Agenda

PART 1: <u>DHS staff *(Amy & Brianna)*</u>

- Overview of MHCP and Provider Manual
- 2023 changes to Diagnostic Assessment (DA) criteria in 245I.10, subdivisions 2-6
  - Screening and assessing tobacco and other substances per 254I.10 in adults
- Data on Tobacco use and behavioral health disparities in adults

PART 2: <u>MHR, Inc Community MH Provider *(Bria)*</u>

- Framework for approaching tobacco with adults in behavioral health settings
- Screening & assessment
- Ideas for training and implementation

PART 3: Question & Answer from 1:00-1:15 p.m.

Defining Commercial Tobacco/Nicotine

"Tobacco" in this presentation refers to **commercial tobacco products**, such as cigarettes, e-cigarettes, cigars, and chew that are manufactured and sold by the tobacco industry.

Commercial Nicotine Products refers to any product containing nicotine as the primary substance, that is manufactured, marketed, and sold by companies for recreational, habitual, or dependence-related purposes.

Traditional or sacred tobacco is used by American Indian communities for sacred or ceremonial purposes.

- Use of sacred tobacco for ceremonial purposes has not shown to cause addiction or tobacco-related illness.
- Sacred tobacco varies in composition and may contain the tobacco plant or be made entirely of other plants, without any nicotine.

Source: Struthers R, Hodge FS. Sacred Tobacco Use in Ojibwe Communities. *Journal of Holistic Nursing*. 2004;22(3):209-225. doi:10.1177/0898010104266735

Part 1: Diagnostic Assessment Updates 2023-2025.

Assessment of Substance Use- including Tobacco

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2/11/2026

Minnesota Health Care Programs (MHCP)

Minnesota Health Care Programs (MHCP)

- Offers healthcare coverage to “members” through Minnesota Care and all Medical Assistance (Medicaid) programs.

MHCP Provider Manual

- Centralized source of information for providers on coverage policies and billing or reimbursement procedures.
- MHCP coverage is shaped by MN statutes or rules
  - Provider Manual offers links to the applicable statute or rules

MHCP Provider Manual – Mental Health Services

First step: review current Minnesota statutes 245I.10 as your primary guidance.

Second step: review MHCP Provider Manual page on Diagnostic Assessment (DA) for guidance on completing DA's as a covered service for MHCP members.

- Dental Services
- Early Intensive Developmental and Behavioral Intervention
- Equipment and Supplies
- Essential Community Supports
- Financial Management Services
- Hearing Aid Services
- Home Care Services
- Hospice Services
- Hospital Services
- Housing Stabilization Services
- Housing Support Supplemental Services
- Immunizations and Vaccinations
- Individualized Education Program Services
- Inpatient Hospital Authorization
- Intermediate Care Facilities
- Laboratory and Pathology Services
- Medication Therapy Management Services
- **Mental Health Services**
- Moving Home Minnesota
- Nonemergency Medical Transportation (NEMT) Services

Covered Services

Providers may deliver some mental health services by Telehealth. Review the Mental H Providers chart.

The following are covered mental health services (refer to the linked sections for addit

- Crisis Services
  - Adult and Children's Crisis Response Services
  - Adult and Children's Mental Health Targeted Case Management
- Outpatient Mental Health Services
  - Adult Day Treatment
  - Children's Intensive Behavioral Health Services
  - Children's Mental Health Clinical Care Consultation
  - Diagnostic Assessment (DA)
  - Dialectical Behavior Therapy Intensive Outpatient Program (DBT IOP)
  - Explanation of Findings
  - Family Psychoeducation
  - Mental Health Provider Travel Time
  - Neuropsychological Services
  - Partial Hospitalization Program
  - Psychotherapy

MHCP & Managed Care

Most people eligible for Minnesota Health Care Programs (MHCP) are enrolled in managed care.

- Managed care organizations (MCOs) are organizations that provide all defined health care benefits to people enrolled in MHCP.

Questions about MCO requirements for Diagnostic Assessments?

Please check your contract with each MCO-

or contact the MCO directly with questions

Mental Health Uniform Services Standards Act

M.S. Chapter 245I Overview

- Enacted during the **2021 legislative session**
  - Consolidated mental health service standards previously scattered across statute chapters
  - Functions in combination with **Chapter 256B,** that governs Medical Assistance (MA) coverage, including MA-covered mental health services
- Applies broadly to DHS-licensed or certified mental health services, unless explicitly exempted
- Statutory changes in this presentation are from the **2023 legislative session**; except slide # 16, which references a 2022 update

2023 Changes to

MN Statute
245I.10, Subd. 2-6

Diagnostic Assessment (DA) Criteria

Option to update an assessment
(instead of new DA annually)

Allowing providers to complete a brief DA with client under age 6

Removed requirement to complete ECSII & CASII with children

Incorporating information from other providers into diagnostic assessment

Addition of substance use components

1. “Option to update DA”

245I.10, Subd. 2. Generally.
Paragraph (f)

A license holder must complete a new standard diagnostic assessment of a client or an update to an assessment as permitted under paragraph (g):

(1) when the client requires services of a greater number or intensity than the services that paragraphs (b) to (e) describe;

(2) ~~at least annually following the client's initial diagnostic assessment~~ if the client needs additional mental health services and the client does not meet the criteria for a brief assessment;

(3) when the client's mental health condition has changed markedly since the client's most recent diagnostic assessment; ~~or~~

(4) when the client's current mental health condition does not meet the criteria of the client's current diagnosis.; or

(5) upon the client's request.

Paragraph (g)

For ~~an existing~~ a client who is already engaged in services and has a prior assessment, the license holder must ~~ensure that a new standard diagnostic assessment includes~~ complete a written update containing all significant new or changed information about the client, removal of outdated or inaccurate information, and an update regarding what information has not significantly changed, including a discussion with the client about changes in the client's life situation, functioning, presenting problems, and progress with achieving treatment goals since the client's last diagnostic assessment was completed

Key:
Red text ~~crossed out~~ was removed from statute
Any text underlined was new addition

2. Brief DA for young child

245I.10, Subd. 5. Brief diagnostic assessment; required elements.

(a) Only a mental health professional or clinical trainee may complete a brief diagnostic assessment of a client. ~~A license holder may only use a brief diagnostic assessment for a client who is six years of age or older.~~

Key:
Red text ~~crossed out~~ was removed from statute
Any text underlined was new addition

3. Removed requirement to complete ECSII & CASII with children

245I.10, Subd. 6 Standard diagnostic assessment; required elements

Paragraph d, Clauses 3 and 4 were REMOVED

- Early Childhood Service Intensity Instrument (ECSII) and the Child and Adolescent Service Intensity Instrument (CASII) are no longer required as part of a DA

4. Incorporating information from other providers into DA

Key:
Red text ~~crossed out~~ was removed from statute

Any text underlined was new addition

ADDITION:

245I.10, Subd. 6. Standard diagnostic assessment; required elements

Paragraph (g)

Information from other providers and prior assessments may be used to complete the diagnostic assessment if the source of the information is documented in the diagnostic assessment.

2022 update: Language change

2022 CHANGE:

Key:
Red text ~~crossed out~~ was removed from statute

Any Text underlined was new addition

245I.10, Subd. 6. Standard diagnostic assessment; required elements

(c) If the assessor cannot obtain the information that this ~~subdivision~~ paragraph requires without retraumatizing the client or harming the client's willingness to engage in treatment, the assessor must identify which topics will require further assessment during the course of the client's treatment. The assessor must gather and document information related to the following topics:

(1) the client's relationship with the client's family and other significant personal relationships, including the client's evaluation of the quality of each relationship;

(2) the client's strengths and resources, including the extent and quality of the client's social networks;

(3) important developmental incidents in the client's life;

(4) maltreatment, trauma, potential brain injuries, and abuse that the client has suffered;

(5) the client's history of or exposure to alcohol and drug usage and treatment; and

(6) the client's health history and the client's family health history, including the client's physical, chemical, and mental health history.

5. Addition of substance use components

Key:
Red text ~~crossed-out~~ was removed from statute
Any text underlined was new addition

Substance Use ADDITION:

245I.10, Subd. 6, Paragraph (a)

Only a mental health professional or a clinical trainee may complete a standard diagnostic assessment of a client. A standard diagnostic assessment of a client must include a face-to-face interview with a client and a written evaluation of the client. The assessor must complete a client's standard diagnostic assessment within the client's cultural context. An alcohol and drug counselor may gather and document the information in paragraphs (b) and (c) when completing a comprehensive assessment according to section 245G.05.

Snapshot of 245G SUD Licensed Treatment

CHAPTER 245G SUBSTANCE USE DISORDER LICENSED TREATMENT FACILITIES

245G.05 COMPREHENSIVE ASSESSMENT AND ASSESSMENT SUMMARY.

Subdivision 1. **Comprehensive assessment.** (a) A comprehensive assessment of the client's substance use disorder must be administered face-to-face within five calendar days from the day of service initiation for a residential program or by the end of the fifth day on which a treatment service is provided in a nonresidential program. The number of days to complete the comprehensive assessment excludes the day of service initiation.

(b) A comprehensive assessment must be administered by:

(1) an alcohol and drug counselor;

(2) a mental health professional who meets the qualifications under section 245I.04, subdivision 2, practices within the scope of their professional licensure, and has at least 12 hours of training in substance use disorder and treatment;

(3) a clinical trainee who meets the qualifications under section 245I.04, subdivision 6, practicing under the supervision of a mental health professional who meets the requirements of clause (2); or

(4) an advanced practice registered nurse as defined in section 148.171, subdivision 3, who practices within the scope of their professional licensure and has at least 12 hours of training in substance use disorder and treatment.

245G Comp Assessment overlap with 245I.10 DA criteria

CHAPTER 245G SUBSTANCE USE DISORDER LICENSED TREATMENT FACILITIES

Subd. 3. **Comprehensive assessment requirements.** A comprehensive assessment must meet the requirements under section 245I.10, subdivision 6, paragraphs (b) and (c). It must also include:

(1) a diagnosis of a substance use disorder or a finding that the client does not meet the criteria for a substance use disorder;

(2) a determination of whether the individual screens positive for co-occurring mental health disorders using a screening tool approved by the commissioner pursuant to section 245.4863;

(3) a risk rating and summary to support the risk ratings within each of the dimensions listed in section 254B.04, subdivision 4; and

(4) a recommendation for the ASAM level of care identified in section 254B.19, subdivision 1.

5. Addition of substance use components

Substance Use ADDITION:

Key:
Red text ~~crossed-out~~ was removed from statute

Any text underlined was new addition

245I. 10, Subd. 6, Paragraph (b), Clauses 6, 9, 11

(b) When completing a standard diagnostic assessment of a client, the assessor must gather and document information about the client's current life situation, including the following information:

(6) any immediate risks to the client's health and safety, including withdrawal symptoms, medical conditions, and behavioral and emotional symptoms;

(9) the client's history of mental health and substance use disorder treatment; and

(11) substance use history, if applicable, including:

(i) amounts and types of substances, frequency and duration, route of administration, periods of abstinence, and circumstances of relapse; and

(ii) the impact to functioning when under the influence of substances, including legal interventions.

Going Beyond Updates

Summary of 245I.10, subdivision 6, paragraph D

"(d) When completing a standard diagnostic assessment of a client, an assessor must use a recognized diagnostic framework."

<u>Summary of Clauses 1-3:</u>

- *Clause 1:* Covers use of DC:0-5 with clients ages 5 and younger
- *Clause 2:* Covers use of DSM with clients ages 6 and older
- *Clause 3:* Covers use of CAGE-AID or DSM with clients age 18 and older to "screen and assess the client for a substance use disorder."

“Screen AND assess for substance use disorders”

For clients 18 years and older:

Subd. 6, paragraph (d), Clause 3

(3) When completing a standard diagnostic assessment of a client who is 18 years of age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association to screen and assess the client for a substance use disorder.

CAGE-AID: *Overview*

- CAGE screening first published in 1984
- CAGE-AID: “adapted to include drugs” version created in 1991
- Preliminary ***screening*** to determine if there are drug or alcohol use concerns in ages 18 years and older

- Scoring:
  - 1 point indicates a potential problem
  - 2+ points indicates a clinically significant concern
  - *Johns Hopkins' Consensus Panel recommends* "clinicians lower the threshold to one positive answer to cast a wider net and identify more patients who may have substance abuse disorders."

Citations:
University of Washington Addictions, Drug & Alcohol Institute. (n.d.). *CAGE-AID – Overview*. https://adai.uw.edu/instruments/pdf/CAGE-AID.pdf or Instrument Database
Johns Hopkins Medicine. (2025). *CAGE Substance Abuse Screening Tool*. Retrieved from https://www.hopkinsmedicine.org/-/media/johns-hopkins-health-plans/documents/all_plans/cage-substance-screening-tool.pdf

CAGE-AID Questions

CAGE Questions Adapted to Include Drug Use (CAGE-AID)

1. Have you ever felt you ought to cut down on your drinking or drug use?

2. Have people annoyed you by criticizing your drinking or drug use?

3. Have you felt bad or guilty about your drinking or drug use?

4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

Citation: University of Washington Addictions, Drug & Alcohol Institute. (n.d.). *CAGE-AID – Overview*. https://adai.uw.edu/instruments/pdf/CAGE-AID.pdf or Instrument Database

CAGE-AID Limitations

Limitations according to literature:

- Still requires a diagnostic framework such as DSM-5-TR for making a diagnosis
  - More often, it is recommended to combine CAGE-AID with an additional screening or diagnostic tool.

- According to one study, CAGE-AID risks screening out specific groups that:
  - engage in non-medical opioid use
  - identify as a woman
  - engage in binge patterns of use

Citations: University of Washington Addictions, Drug & Alcohol Institute. (n.d.). *CAGE-AID – Overview*. https://adai.uw.edu/instruments/pdf/CAGE-AID.pdf or Instrument Database
Amaram-Davila, J., Bramati, P., Gammon, L., Mallipeddi, T., Jastrzemski, O., Clark, M., Arthur, J., Reddy, A., & Bruera, E. (2023). Deficiencies with CAGE-AID questionnaire in identifying nonmedical opioid use—a report of two cases. *Annals Of Palliative Medicine, 12*(5), 976-980. doi:10.21037/apm-23-192

CAGE-AID Limitations

CAGE-AID **does not** screen for

Tobacco Use Disorder

Citations: University of Washington Addictions, Drug & Alcohol Institute. (n.d.). *CAGE-AID – Overview*. https://adai.uw.edu/instruments/pdf/CAGE-AID.pdf or Instrument Database
Amaram-Davila, J., Bramati, P., Gammon, L., Mallipeddi, T., Jastrzemski, O., Clark, M., Arthur, J., Reddy, A., & Bruera, E. (2023). Deficiencies with CAGE-AID questionnaire in identifying nonmedical opioid use—a report of two cases. *Annals Of Palliative Medicine, 12*(5), 976-980. doi:10.21037/apm-23-192

DSM-5-TR:

Substance- related Disorders

- Alcohol
- Caffeine
- Cannabis
- Inhalant
- Opioid
- Stimulant
- Sedative, Hypnotic, or Anxiolytic
- **Tobacco**
- Other Substances

Citation: American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.)

EXAMPLE: Assessing for Tobacco/Nicotine in a Diagnostic Assessment

For diagnostic assessments under 245I, criteria includes:

- Amount, type, frequency, duration of any tobacco, nicotine, or other substance use
- Periods of abstinence (prior quit attempts) and circumstances for returning to tobacco or other substance use
- Impact to functioning, history of exposure, and past treatment for tobacco or other substance use disorders

Additionally, if assessing for Tobacco Use Disorder using DSM-5TR, include:

- Presence of cravings for tobacco/nicotine
- Hazardous use of tobacco/nicotine (such as smoking in bed, or smoking despite a contraindicatory medical diagnosis)
- Tolerance for tobacco/nicotine (use of increasing amounts over time)
- Nicotine withdrawal symptoms

Do I really have to
screen, assess and diagnose
Tobacco or other Substance Use Disorders
for clients 18 and older?

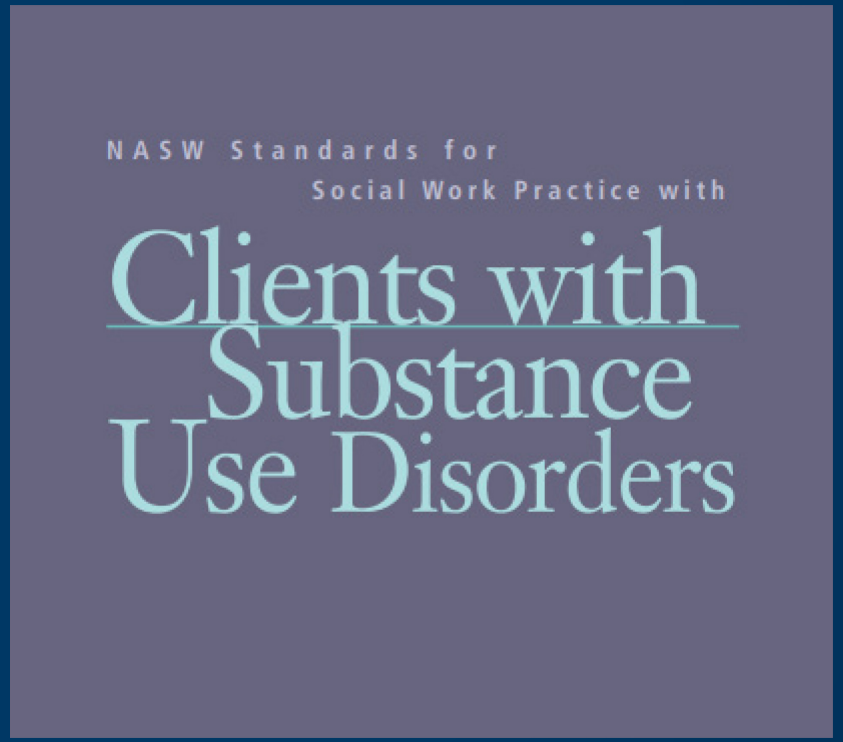
Yes…

Integrated Approach

148E.010 Subd. 6. **Clinical practice.**

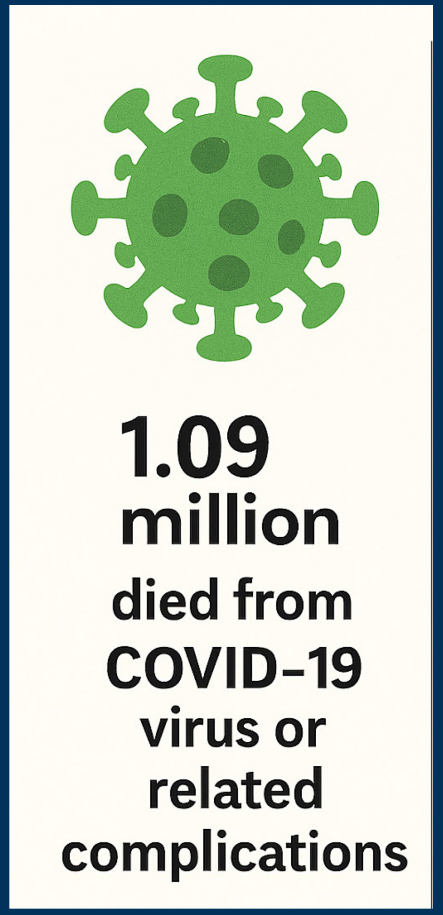
"Clinical practice" means applying professional social work knowledge, skills, and values in the differential diagnosis and treatment of psychosocial function, disability, or impairment, including addictions and emotional, mental, and behavioral disorders. Treatment includes a plan based on a differential diagnosis. Treatment may include, but is not limited to, the provision of psychotherapy to individuals, couples, families, and groups across the life span. Clinical social workers may also provide the services described in subdivision 11.

NASW Standards for Social Work Practice with Clients with Substance Use Disorders (2013)



Data

In U.S. Between 2020 to 2022:



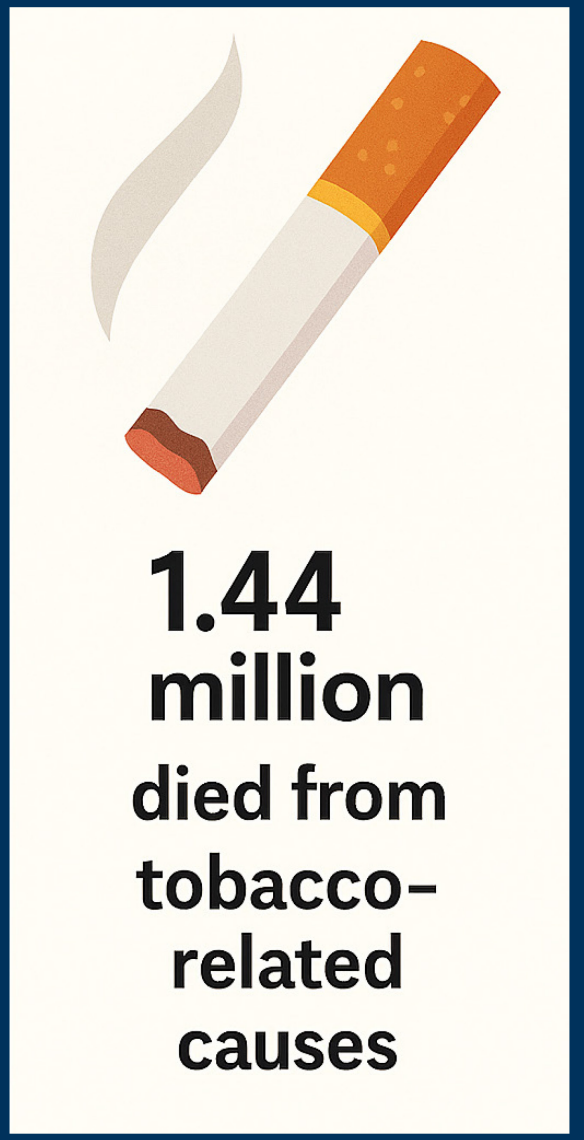
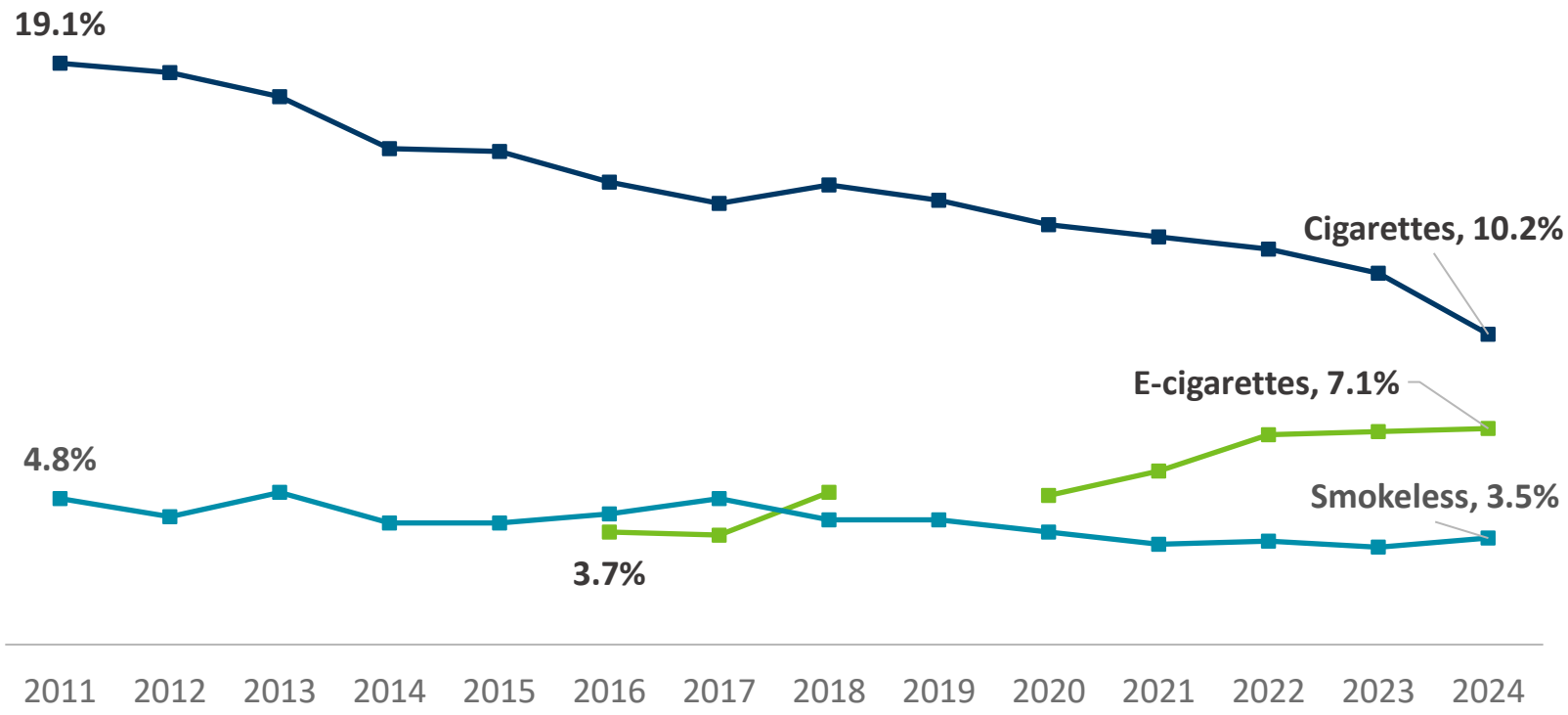


Photo credits: created by Copilot AI

Sources: Centers for Disease Control and Prevention, National Center for Health Statistics. (2023, September 12). *COVID-19 Mortality Overview: Provisional Death Counts for COVID-19*. 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, April 28). *Tobacco-Related Mortality*. U.S. Department of Health and Human Services.

Overall Trends 2011-2024 in MN among Adults 18+



- Cigarettes and smokeless tobacco use rates went down among overall population since 2011.
  - Particularly between 2023 and 2024
- However, E-cigarettes use rates went up.
- E-cigarettes were not included in the 2019 BRFSS

Panas, K. (2025). *BRFSS 2024 Commercial Tobacco Data* **[Slide presentation].** Minnesota Department of Health. Shared via email, January 13, 2026.

Tobacco & Behavioral Health Disparities

Nationally, between 34% to 98% of adults diagnosed with substance use disorders (SUD) also **smoke cigarettes**

In Minnesota, among 2023 SUD treatment admission episodes reported for ages 8 and older, **77.5%** reported vaping or smoking tobacco or nicotine products

Over HALF of adults who use tobacco and have another SUD, **die from tobacco-related causes**

Source: American Lung Association. (n.d.). *Behavioral health and tobacco use*. https://www.lung.org/quit-smoking/smoking-facts/impact-of-tobacco-use/behavioral-health-tobacco-use

Minnesota Department of Human Services, DAANES data report, accessed July 2025 by BHA data team.

Tobacco & Behavioral Health Disparities

Adults (18 years and older) with a mental health diagnosis are **2-3 times** more likely to use tobacco or nicotine products.

Rates vary from 20-30% **or more**, depending on diagnosis

For example, adults with a diagnosis of schizophrenia = 70-85% smoke

MHCP Members with **Serious Mental Illness (SMI)** and a **Nicotine or Tobacco diagnosis:**

die on average **20 years earlier** than members with neither diagnosis

Source: American Lung Association. (n.d.). *Behavioral health and tobacco use*. https://www.lung.org/quit-smoking/smoking-facts/impact-of-tobacco-use/behavioral-health-tobacco-use
MMIS Report, MN Dept of Human Services, Behavioral Health Administration, Research & Evaluation Team, May 2025

Data on Quitting Smoking

CDC Report on 2022 Survey of Adults (18 and older) who Smoke:

- **Almost 7 out of 10** said they wanted to quit smoking
- **5 out of 10 attempted to quit** in the prior year
  - Less than 1 out of 10 successfully quit smoking in the prior year.

Why is the quit rate not higher?

- Nicotine has a very short "half-life" (1-4 hours), so individuals who use nicotine experience withdrawal symptoms more quickly than other misused substances.
- Health professionals are not consistently discussing tobacco use with clients
- Most who attempt to quit do not use Evidence-based Treatments:
  - Only 36.3% used medication
  - **Only 5% used** both medication and counseling

Source: Centers for Disease Control and Prevention. (2024). *Smoking cessation: Fast facts*. https://www.cdc.gov/tobacco/php/data-statistics/smoking-cessation/index.html

Data on Receiving Treatment to Quit Smoking

According to the CDC and many other leading sources,

"using **counseling and medication together** provides the

best chance of quitting successfully."

Source: Centers for Disease Control and Prevention. (2024). *Smoking cessation: Fast facts*. https://www.cdc.gov/tobacco/php/data-statistics/smoking-cessation/index.html
Rigotti, N. A., Kruse, G. R., Livingstone-Banks, J., & Hartmann-Boyce, J. (2022). Treatment of Tobacco Smoking: A Review. *JAMA*, *327*(6), 566–577. https://doi.org/10.1001/jama.2022.0395
American Society of Addiction Medicine. (n.d.). *Tobacco use disorder (clinical recommendations).* ASAM. https://www.asam.org/quality-care/clinical-recommendations/tobacco
Leone, F. T., Zhang, Y., Evers-Casey, S., Evins, A. E., Eakin, M. N., Fathi, J., Fennig, K., Folan, P., Galiatsatos, P., Gogineni, H., Kantrow, S., Kathuria, H., Lamphere, T., Neptune, E., Pacheco, M. C., Pakhale, S., Prezant, D., Sachs, D. P. L., Toll, B., Upson, D., … Farber, H. J. (2020). Initiating Pharmacologic Treatment in Tobacco-Dependent Adults. An Official American Thoracic Society Clinical Practice Guideline. *American journal of respiratory and critical care medicine*, *202*(2), e5–e31. https://doi.org/10.1164/rccm.202005-1982ST

Data on Evidence-based Treatment

Effective Behavioral Supports, according to 2020 Surgeon General Report

1) 5A's model (Ask, Advise, Assess, Assist, and Arrange)
   - *See reference slides for more information*
2) Behavioral therapy
3) Cognitive/ Cognitive-Behavioral therapy
4) Acceptance and Commitment therapy
5) Motivational interviewing
   - *Addressed in Part 2 and reference slides*
6) Contingency management (incentive-based interventions)
7) Telephone or web-based interventions (Quit line, chats, message boards, phone apps)

U.S. Department of Health and Human Services. (2020). *Smoking cessation: A report of the Surgeon General*. https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf

PART 2:
MAKE THE SHIFT

Incorporating commercial tobacco use assessment into practice

Bria Grudzielanek, MSW, LICSW

Mental Health Resources

Social Justice and Big Tobacco

Targeted populations

"Downscale" customers

Access to clean air and healthy spaces

Impact of Tobacco Use

- Medication efficacy and dosage
- Benefits of quitting on mental health
- Benefits of accessing tobacco treatment on recovery from other substance use disorders

Sources: Prochaska, J. J., Delucchi, K., & Hall, S. M. (2004). "A Meta-Analysis of Smoking Cessation Interventions With Individuals in Substance Abuse Treatment or Recovery". Taylor G, McNeill A, Girling A, Farley A, Lindson-Hawley N, Aveyard P. Change in mental health after smoking cessation: systematic review and meta-analysis. *BMJ*. 2014;348:g1151.

Motivational Interviewing: Offer unconditional support and let them lead the way:

Respect Personal Autonomy

Highlight Change Talk

Embrace Harm Reduction

Example of MI in Action

Non-MI Approach

vs.

Motivational Interviewing Approach

Screening Tips and Tools

Written Prompts

- **Can you tell me about** your use of commercial tobacco products, including vapes, e-cigs, cigarettes, cigars, chewing tobacco, nicotine pouches, etc.?

- **Do you use one or more** commercial tobacco products, including e-cigarettes?
  ___ Never used
  ___Past use or in recovery
  ___Yes, I currently use 1 or more
  ___Unknown

- **What kind of changes** do you want to make to your tobacco use?

**These prompts are not protected or under copy right, and can be added to your documentation*

Self Quiz: Are you addicted to tobacco?

1. How many years have you used tobacco?
2. How old were you when you started using tobacco?
3. Do you use more tobacco now than you did when you first tried it?
4. Do you want to use tobacco as soon as you wake up in the morning?
5. How soon after you wake up do you smoke a cigarette or use tobacco?
6. When you are not using tobacco, do you think about it?
7. If you don't have a cigarette, do you start to have withdrawal?
8. Check off withdrawal symptoms you begin to feel after a period without nicotine.
9. Do you think you are addicted to tobacco?

Questions adapted from: www.quitplan.com and "Learning About Healthy Living: Tobacco & You."

Common Withdrawal Symptoms

- Anger
- Anxiety
- Crying
- Depressed mood
- Difficulty concentrating
- Frustration
- Impatience
- Insomnia (can’t sleep)
- Irritability
- Nervousness
- Restlessness
- Headaches
- Hunger or increased appetite

Screening Tools

Link	Full name	Description	Length of time
TAPS	**Tobacco, Alcohol, Prescription medication, and other substance use tool**	Online free tool that can be used by adult patient and shared with clinician or administered by a clinician.	2-10 minutes depending on how many positive responses.
FTND	**Fagerstrom Test for Nicotine Dependence**	Assesses severity of physical dependence on nicotine among adults who smoke.	2-3 minutes on average
CRAFFT 2.1+N	**CRAFFT 2.1 + Nicotine**	"The CRAFFT is a health screening tool designed to identify substance use, substance-related riding/driving risk, and substance use disorder among youth ages 12-21"	
HONC	**Hooked on Nicotine Checklist**	10-item instrument used to determine the onset and strength of tobacco dependence for adolescents. Versions for vaping and smoking.	3-5 minutes

Assessment in DSM

Updates for Staffing & Charting

- Updating chart/ electronic health record template (or adding a prompt)

- Trained supervisors to check for full DA criteria per current statute
  - Remember to check statute annually for updates

DSM-V-TR SUD criteria

MILD, MODERATE, AND SEVERE

UNDERSTANDING TOLERANCE AND WITHDRAWAL

Training

- Tobacco Treatment Specialist Training
  - Intensive training in tobacco and nicotine, impacts of use, and treatment interventions
  - Taking an accredited course qualifies for “certified tobacco treatment specialist”
- Motivational Interviewing
  - The longer the training, the better, as it takes time to learn MI
  - American Lung Association MI Quick Reference Guide
  - Check out reference slides (to be sent out) for a few training and resource options

NEXT:

Brief announcements

+

Question & Answer

Please add any final questions in the Q & A box

LungMindAlliance.org

Free Resources/ Technical Assistance

Upcoming:

Tobacco Recovery in Opioid Use Disorder

March 4

Dr. Jill Williams, addiction psychiatrist,
Rutgers/Robert Wood Johnson Medical School

Meeting Registration - Zoom

Lung Mind Alliance newsletter:

DHS Updates: Tobacco/Nicotine

DHS is working to expand resources on providing tobacco/nicotine treatment.

- A MHCP Provider Manual page on Tobacco Treatment is being created. Check back by summer 2026 for details on services provided by behavioral health providers.
- An upcoming "Partners and Providers" webpage on Tobacco will be created to offer updates and links

To reach the DHS Nicotine & Cannabis Policy Lead, please email either:

NicotinePolicy.DHS@state.mn.us
CannabisPolicy.DHS@state.mn.us

DHS is also expanding information and resources available to providers:

- The Behavioral Health Administration is working on a Tobacco/Nicotine "1-pager" informational handout tailored to individuals ages 12 and older seeking substance use disorder treatment in Minnesota.
  - Hand out will be linked on Partners and Providers pages and sent out as an e-memo.
  - **Please click here to subscribe to news from DHS on** mental health or alcohol, drugs, or other addictions.

DHS Invitation to Provide Feedback:
Survey on Tobacco/Cannabis

DHS is surveying MH service providers on attitudes, prior training, existing services, and organizational policies related to tobacco/nicotine and cannabis use disorders.

Who

Direct service providers working in **mental health services** within Minnesota.

When

Survey Timeline: Feb. 9th to 27th

Estimated Time to Complete: 7-10 minutes. You may skip questions or pause and resume the survey later.

Why

Responses will be used to guide **future trainings** and **policies to support MH providers** in addressing commercial tobacco/nicotine and cannabis use disorders within Minnesota.

Click this link or
Scan QR code to access survey:

Question & Answer Time

Presenters:
Amy Stroman-Petersen, MSW, LICSW, LADC, TTS
Brianna Radford, MSW, LGSW
Bria Grudzielanek, MSW, LICSW, TTS

Lung Mind Alliance:
Reba Mathern-Jacobson, MSW
Reba.MathernJacobson@Lung.org

Lung Mind Alliance
A commercial tobacco-free future for Minnesotans with mental illness or substance use disorders

DEPARTMENT OF HUMAN SERVICES

Mental Health Resources

DHS Contact List for Questions on 245I.10

MHCP Provider Resource Center

- For billing or related questions, contact the MHCP Provider Resource Center by phone (651-431-2700) or email (dhs.healthcare-providers@state.mn.us)
- Check MHCP Provider Manual

Behavioral Health Administration:

- **BHA email for general questions** (emails are routed to appropriate area): youropinionmatters.dhs@state.mn.us
- BHA mailbox for questions about MH services covered by Medical Assistance: dhs.ma.behavioral.health@state.mn.us
- **BHA Mailbox list:** click here to open list of Email addresses to reach various areas of BHA
- To reach Amy about tobacco or cannabis related questions:
  - NicotinePolicy.DHS@state.mn.us
  - CannabisPolicy.DHS@state.mn.us

Please click here to subscribe to news from DHS on mental health or alcohol, drugs, or other addictions.

Resource Slides

MHCP / MN Medicaid Coverage of **Tobacco Treatment in 256B.0625**

2023 M.S. 256B.0625, Subd. 68

= MN Medicaid coverage of tobacco and nicotine cessation services.

Coverage is provided through Minnesota Health Care Programs (MHCP).

MHCP coverage includes:

- Individual or Group "education and counseling" treatment services
- Covers all FDA-approved medications
- No service limits or prior authorizations
- Reimbursement for variety of provider types*

Links to Minnesota Statutes

MN Statutes Sec. 245I.10 **Subd. 1-6: Diagnostic Assessments**

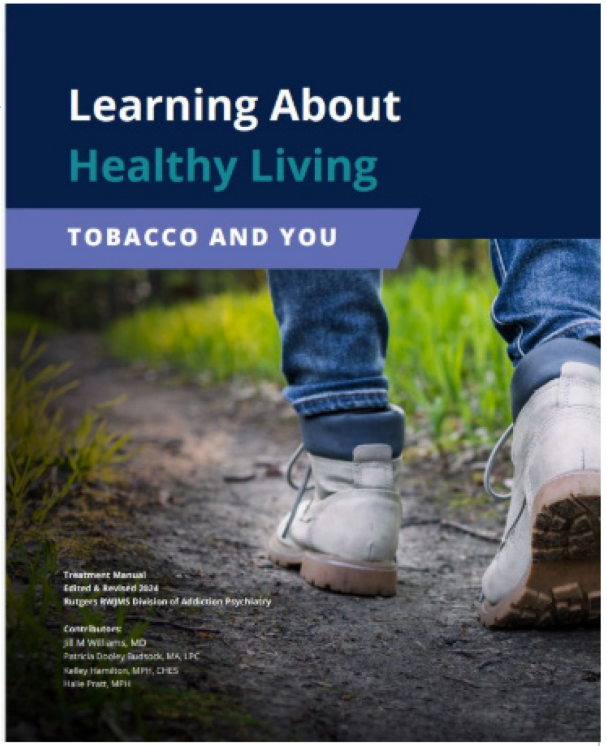
- DA updates- when and how: 245I.10, Subd. 2. , Paragraphs f & g

MN Statutes Sec. 245G.05 : **Comprehensive Assessments**

MN Statutes Ch. 256B Medical Assistance (including MH services)

MN Statutes Sec. 256B.0625 Tobacco and Nicotine Cessation: coverage of services and drugs by Medical Assistance

Lung Mind Alliance Links to Resources:



Learning About Healthy Living
– free group treatment curriculum

Tips from the Field
– implementation guide written my MN mental health and SUD professionals

On-demand webinars
- Harm Reduction
- Advanced Pharmacotherapy
- New Triangulum of Cannabis, Tobacco and Vaping
- Intersection of Commercial Tobacco, E-Cigs and Cannabis

Free online training opportunities: Tobacco & Nicotine

- MD Anderson Cancer Center: Project TEACH ECHO- Tobacco Education & Cessation Program
- Addiction Technology Transfer Center (ATTC) Network: "Understanding and Addressing Tobacco and Nicotine Use Disorder" (2.5 hours)
- NAADAC: Tobacco Use Disorder: The Neglected Addiction (1 hour, CEU available for small fee)
- Kick it California: Tobacco Dependence Treatment & Behavioral Health Training (3 hours)
- National Center of Excellence for Tobacco-Free Recovery: On-demand webinars and monthly case consultation sessions
  - "Getting Beyond No" | National Center of Excellence for Tobacco-Free Recovery
- PBS: "Reclaiming Sacred Tobacco"
- UCSF: Smoking Cessation Leadership Center
  - "Rx for Change"
  - Webinar Archive | Smoking Cessation Leadership Center
- UW-CTRI : Webinars on Tobacco Treatment Interventions and Program Policies

Tobacco/ Nicotine Screening Tools

Link	Full name	Description	Length of time
TAPS	**Tobacco, Alcohol, Prescription medication, and other substance use tool**	Online free tool that can be used by adult patient and shared with clinician or administered by a clinician.	2-10 minutes depending on how many positive responses.
FTND	**Fagerstrom Test for Nicotine Dependence**	Assesses severity of physical dependence on nicotine among adults who smoke.	2-3 minutes on average
CRAFFT 2.1+N	**CRAFFT 2.1 + Nicotine**	"The CRAFFT is a health screening tool designed to identify substance use, substance-related riding/driving risk, and substance use disorder among youth ages 12-21"	
HONC	**Hooked on Nicotine Checklist**	10-item instrument used to determine the onset and strength of tobacco dependence for adolescents. Versions for vaping and smoking.	3-5 minutes

Tobacco/Nicotine Intervention Resources

- Tobacco Treatment Action Kit | NYC Health
- Quit Handbooks | Veteran's Administration: available for use with veterans or civilians.
- Treating Dual Use of Cigarettes and E-cigarettes: A Quick Guide for Clinicians | National Center of Excellence for Tobacco-Free Recovery
- Smokefree.gov
- Tips From Former Smokers | CDC
    - Clinical Interventions to Treat Tobacco Use | CDC

Motivational Interviewing Resources

Motivational Interviewing Network of Trainers (MINT)

Main Health, Center for Tobacco Independence: Motivational Interviewing 101

Motivational Interviewing for Tobacco Cessation

American Lung Association: Motivational Interviewing Quick Reference Guide

SAMHSA Reference Guide: Using MI in SUD treatment

UW-CTRI – UW–Madison: Motivational Interviewing _ Videos for Clinicians

5 A's

5 A's: An evidence-based approach that is more directive:

Ask, Advise, Assess, Assist, and Arrange

Identifying and Treating Patients Who Use Tobacco

SUD Screening and Assessment Resources

- Screening and Assessment Tools Chart | National Institute on Drug Abuse (NIDA)
  - Screening Tools for Adolescent Substance Use | National Institute on Drug Abuse (NIDA)
- ADAI: Screening & Assessment Instruments Database
  - Screening & Assessment of Cannabis Use Disorders ADAI

Data on Evidence-based Treatment: Medications

A large systematic review published in 2021, funded by US Preventive Services Task Force found:

"There is moderate- to high-certainty evidence that all 7 US Food and Drug Administration–approved medications for smoking cessation, a variety of behavioral support and counseling approaches, and the combination of pharmacotherapy plus behavioral support—can significantly increase the rate of smoking cessation among adults at 6 months and longer compared with usual care or brief self-help materials. "

2020 American Thoracic Society Clinical Practice Guidelines for Adults

Strong recommendations for:

Varenicline over nicotine patch or bupropion

- Even in adults with comorbid psychiatric condition
- Even if they are unready to quit
- Use for > 12 weeks

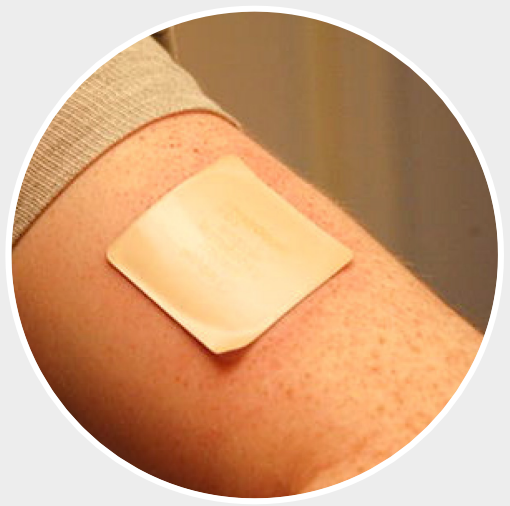
Sources: Leone, F. T., Zhang, Y., Evers-Casey, S., Evins, A. E., Eakin, M. N., Fathi, J., Fennig, K., Folan, P., Galiatsatos, P., Gogineni, H., Kantrow, S., Kathuria, H., Lamphere, T., Neptune, E., Pacheco, M. C., Pakhale, S., Prezant, D., Sachs, D. P. L., Toll, B., Upson, D., … Farber, H. J. (2020). Initiating Pharmacologic Treatment in Tobacco-Dependent Adults. An Official American Thoracic Society Clinical Practice Guideline. *American journal of respiratory and critical care medicine*, *202*(2), e5–e31. https://doi.org/10.1164/rccm.202005-1982ST

Patnode CD, Henderson JT, Coppola EL, Melnikow J, Durbin S, Thomas RG. Interventions for Tobacco Cessation in Adults, Including Pregnant Persons: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force. *JAMA.* 2021;325(3):280–298. doi:10.1001/jama.2020.23541

25 Years of Research

Receiving tobacco treatment while attending substance use treatment translates to a **25% increase** in long-term abstinence from alcohol and other substances.[1]

Annual surveys conducted by the PATH study found that smokers who quit were **42% more likely** to continue in recovery from their non-tobacco substance use disorder.[2]



A review of 11 studies found people receiving any kind of tobacco cessation medication were **88%** more likely to quit smoking.[3]

Source:

1. Prochaska, J., Delucchi, K., & Hall, S. (2004). A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. *American Psychological Assn.. Journal of consulting and clinical psychology*, 72(6), 1144-1156. Retrieved from https://escholarship.org/uc/item/0r8673wv

2. MJ Parks, et al. Cigarette Smoking During Recovery from Substance Use Disorders. JAMA Psychiatry. DOI: 10.1001/jamapsychiatry.2025.1976. Quitting smoking is associated with recovery from other addictions | National Institutes of Health (NIH)

3. Apollonio D, Philipps R, Bero L. Interventions for tobacco use cessation in people in treatment for or recovery from substance use disorders. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD010274. DOI: 10.1002/14651858.CD010274.pub2.