

The Oklahoma Leadership Academy for Wellness and Smoking Cessation Summit

Sheraton Midwest City Hotel at the Reed Conference Center
Midwest City, OK
April 20 - 21, 2011

ACTION PLAN

EXECUTIVE SUMMARY

On April 20-21, 2010, thirty-six leaders and experts in public health, behavioral health and tobacco control came together with a goal to create an action plan for Oklahoma State to reduce smoking prevalence among people with behavioral health disorders. Partners were well-aware that people with behavioral health disorders are disproportionately burdened by the harmful effects of smoking and tobacco use. At the summit, the partners designed an action plan to address the issue of tobacco dependence. The summit was supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Smoking Cessation Leadership Center (SCLC) in a new initiative called, Leadership Academies for Wellness and Smoking Cessation.

Terry Cline, Ph.D., Commissioner of Health, Secretary of Health and Human Services, Oklahoma State Department of Health, welcomed the group during dinner on the evening of April 20, 2011. Cline informed participants, "You were selected to be here because you are individuals who can make a difference in Oklahoma, and I'm confident that you can make changes happen. I think we can see a decline in smoking prevalence in the next 5 or so years especially among individuals with behavioral health issues. And we'll be able to tie it back to the work in this room. This is the confidence I have about the people in this room."

Jolie Bain Pillsbury, PhD, facilitated the event. Each participant expressed their interest in the summit. Themes that emerged from the group's interests were daunting statistics, passion for those served, personal connections, clear perception that it is possible and necessary to make changes, and interest in resources (*see Appendix A*). Participants also reviewed a data-filled Gallery Walk of Oklahoma. Before dinner concluded, Tracey Strader, MSW, Executive Director, Oklahoma Tobacco Settlement Endowment Trust, shared a story about a woman who opted to avoid going to her day treatment classes in order to avoid smoking with her peers at the treatment center.

The following morning, Terri White, MSW, Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services, welcomed the group with reflections of the dinner event, and hoped that the day would be a chance for Oklahoma to address the startling statistics that 44% of cigarettes in the US are smoked by persons with behavioral health disorders. Steven A. Schroeder, MD, Director, Smoking Cessation Leadership Center, presented on research on smoking prevalence, health effects, and innovations in the management of smoking cessation.

By the end of the summit, the partners answered the following questions:

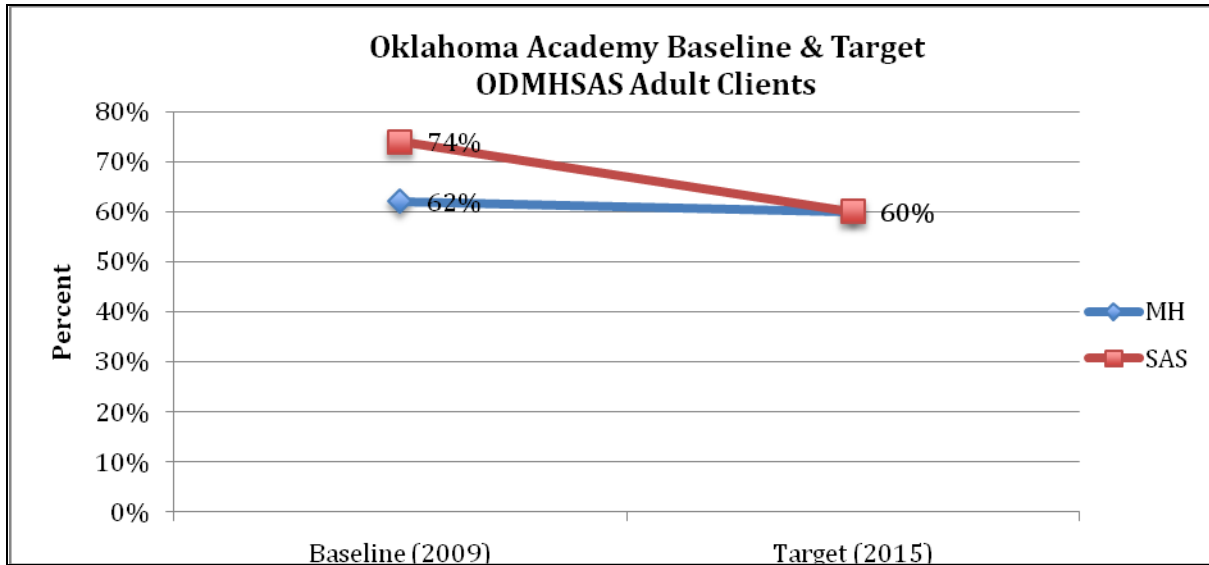
1. *Where are we now?*
2. *Where do we want to be?*
3. *How will we get there?*
4. *How will we know if we are getting there?*

The following action plan details the group's recommended strategies and next steps.

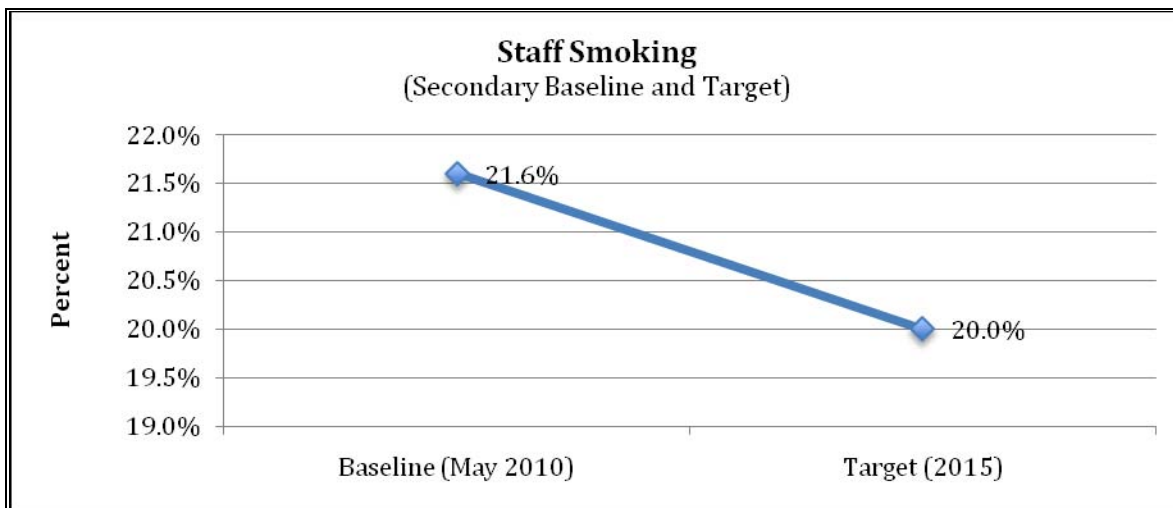
Where are we now (baseline)? Where do we want to be (target)?

Oklahoma partners adopted the following baseline and target measures. The primary measure will reduce smoking prevalence among adult behavioral health consumers, and the secondary measure will reduce staff smoking prevalence by end-of-year 2015.

ODMHSAS Consumers	MH	SAS
Baseline (2009)	62%	74%
Target (2015)	60%	60%



ODMHSAS Staff Smoking	Staff
Baseline (May 2010)	21.6%
Target (2015)	20.0%



How will we get there (multiple strategies)? How will we know we are getting there (impact evaluation)?

Participants adopted five overarching strategies to reach the target: data development, quitlines and social media, peer recovery support services, staff quit, and provider education strategies. Select partners volunteered to be committee liaisons to help mobilize the work moving forward.

ADOPTED GROUP STRATEGIES	LIAISON(S)
Data Development	Carrie Slatton-Hodges
Quitlines / Social Media	Jennifer Smith
Peer Recovery Support Services (PRSS)	Jim Orsi & Donna Woods
Staff Quit	Terri White and Terry Cline
Provider Education	Linda Eakers

The following five grids outline each committee group’s proposed strategies, commitments, timeline, and impact measurements. Committees will use these grids to track progress.

Strategy: Identify and gather data needed to support the baseline and strategies

(Laura Beebe, Susan Haws, Peggy Hudson, Carrie Slatton-Hodges, John Tassey)

Liaison: Carrie Slatton-Hodges

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
Calculate prevalence of tobacco use among staff (All staff to include housekeeping, CNAs, providers and administrators)	Site-specific methods to collect data with individual and group incentive to complete survey	ODMHSAS TSET VAMC	Annually	Statewide	Identify intermediate steps to track progress toward goals (quit attempts, reduce # per day, days w/o tobacco, etc.)
Calculate prevalence of tobacco use among clients	Staff-collected initial assessment and re-assessment available now in DMHSAS, Medicaid and VHA databases (Seek IHS & tribal data)	ODMHSAS TSET VAMC	Six months to one year		Identify intermediate steps to track progress toward goals (quit attempts, reduce # per day, days w/o tobacco, etc.)
Integrate data from participating agency databases	Agencies to review DMHSAS data template for ease of integration	ODMHSAS VAMC HIS (TSET)	End of calendar year 2011		
Develop data plans to meet the data requirements of the other strategies	Collaborate with strategy stakeholders to their specific develop data plan	Liaisons from other strategy groups	Dependent on timelines of other strategies		

Strategy: QUITLINE & SOCIAL MEDIA

(Amity Ritze, Ashley Cline, Dr Schroeder, Catherine Saucedo, Tracey Strader, Jennifer Smith, Mac McCrory)

Liaison: Jennifer Smith

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
Quitline collection on MH/SA data	Coordinate to data development Will update population intake information to include this data	Tracey Catherine to send suggested intake questions	Initial call has been placed to F&C. Tracey will get necessary changes in place. By July 1, 2011	This data will be incorporated into all physician/provider education.	Quitline reports OUE reports
Work with Free and Clear to fine tune quit line services to meet the needs of MH/SA tobacco users	Review recommendations from Behavioral Health Advisory Forum and ask F&C to comply	Tracey, Catherine to send report	August, 1 2011	Increase quit rates by MH/SA callers	Quitline reports based on new MH/SA intake data
Develop and implement communication plan.	Work with all departments (DMH/SA/) and other partners to streamline efforts.	Tracey and Mac, et al. Jennifer will initiate first mtg. Jeff Dismukes, Tom & Linda, Mac, Ashley, Jessica Hawkins, Sjonna, Tracey	Late May, 2011, develop communication plan.	Reaching partners, providers, staff with message. This step will determine the flow of the rest of our process strategy.	Sjonna and Jeff will determine what and how to measure Ongoing committee input and participation
BASED ON COMMUNICATION PLAN: Create tailored messages for MH/SA partners and staff	Keep in mind internet may work better for some partners than others (DBSA clients). Consider ways to target via websites (smokefree.gov or becomeanex.org) ,	TSET (Tracey and Sjonna) NAMI (Mac) DBSA OSDH (Jen) Catherine to send examples	Fall, 2011	Distributed information will be clear and geared to the target audience.	Decrease in tobacco use rates

	Tag population appropriate materials and provide to MH/SA	from other states			
Distribute OTH materials through providers and partners	Work with current summit partners to distribute materials	Jen, Tracey, Ashley,	Fall, 2011		Increase OTH usage rates and overall decline in tobacco use
Expand all marketing to include: Twitter, Facebook, Listservs, websites, etc. Launch web-only Quitline	Will meet with Sjonna to create ideas, but distribution will come from outside partners (fewer restrictions). Will send twitter, fb, etc. accounts to all partners at summit to increase viral marketing	Mac, Ashley, Jen, Sjonna	Fall, 2011	Increased awareness, more interventionists, more social support, more quit attempts	Number of "friends", "tweets", and site visits.
Create posters to provide to support groups	NAMI will create, produce and distribute poster with general facts about smoking and MI/SA and include 800 number to post at AA sites or other support group environments. Promote NAMI Hearts and Mind video too.	Mac, Teresa P	Fall, 2011 (Pilot)	Increased awareness, more interventionists, more social support, more quit attempts	create short survey for consumer feedback on posters
Partner with Prevention Network within APRC (Area Prevention Resource Center) to create awareness	Provide newly created and existing materials, resources	Tracey, Jessica Hawkins, Ashley	Fall, 2011	Increased awareness, more interventionists, more social support, more quit attempts	
Create a speakers bureau to help providers and staff understand the quitline	Incorporate a sample quitcall into the OTH presentation; Have expert speakers on webinars; TV, Radio,	Jen, Amity, Tracey	September, Recovery Month; October, Mental Health Month; November,	Increased awareness, more interventionists, more social support, more quit	

	news outlets		GASO	attempts	
Increase Fax Referrals from BH providers and Recovery Support specialists	Collaborate with Provider training committee and RSS training committee to make sure FAX referral is included in basic training.	Tracey, Jen, Tom, Linda	ongoing	more referrals, more quit attempts	Increase in OTH useage rates
Market to Insurance providers/brokers	Increase MIYB – 1 800 Quit Now awareness and activity around Behavioral Health	Amity, Jen	ongoing	Increase in insurance benefits	
“red phones” within treatment centers	Phones were available to residential clients. These phones go directly to quitline. See if AT&T or others will sponsor phone line.	Mike B, Susan	???	Will need to determine costs and funder before determining timeline.	
Press Release of Summit	Terrie White will “get it done”	Terrie White, et. Al Mac McCrory	Tomorrow April 22, 2011	Create awareness around partnership within MH/SA and tobacco	Casual feedback

<h2 style="margin: 0;">Strategy: PRSS</h2> <p style="margin: 0;">(Donna Woods, Jim Orsi, James Greenwood, Birdie Johnson, Mike Brose, Caletta McPherson, Teresa Peden) <i>Liaisons: Jim Orsi & Donna Woods</i></p>					
WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
Train peer recovery support specialists to play a direct role to facilitate tobacco cessation in consumers.	Identify a peer support specialist that is in each facility that will be a wellness and tobacco	Jim Orsi and Caletta McPherson, Tom Thomson, Peggy	June 30, 2011	Through Developing Workforce that can assist the people we serve	# of Wellness and Tobacco cessation champions

	<p>cessation champion.</p> <p>Incorporate tobacco cessation information in training curriculums</p> <p>Develop Additional specialty training in tobacco cessation.</p> <p>Consider Rx for Change Peer to Peer curricula http://rxforchange.ucsf.edu/</p>	<p>Swarbrick, Linda Eakers</p> <p>Jim Orsi, David Harris, Amber Guerrero</p> <p>Jim Orsi, David Harris</p>	<p>July 31, 2011</p> <p>December, 2011</p>	<p>with tobacco cessation education and resources, we will reduce tobacco use in consumers.</p> <p>Increase awareness /decrease tobacco use</p>	<p>Completed curriculum</p> <p>Completed curriculum</p>
<p>Train peers in faith based community (i.e., Celebrate Recovery) to play a direct role to facilitate tobacco cessation education in people with behavioral health issues.</p>	<p>Faith based organizations partner with other providers for educational opportunities.</p> <p>Broaden peer recovery support specialists training to include not only ODMHSAS, but also faith and community organizations inclusive of tobacco cessation education.</p> <p>Create ways to celebrate</p>	<p>Teresa Peden, Donna Woods, Birdie Johnson, James Greenwood</p> <p>Jim Orsi, Coletta McPherson, Birdie Johnson, James Greenwood, Donna Woods, Mike Brose, Teresa Peden</p>	<p>March, 2012</p> <p>March, 2012</p>	<p>Expanded community education</p> <p># of faith based organizations involved</p>	<p># of Peers trained</p> <p># of faith based organizations that are involved</p>

	success in tobacco cessation.	Teresa Peden, Coletta McPherson, Donna Woods	January, 2012	Changed attitudes	Published recommendations for celebrations
Sustain the peer support recovery specialists group as a planning coalition for future tobacco cessation endeavors.	Set future meetings.	Jim Orsi and Caletta McPherson	Establish mtg. by June 30, 2011	Further work on community efforts	Quarterly Meetings

Strategy: STAFF QUIT

(Terry Cline, Cortney Yarholer, Terri White, Bert Marshall, Bob MacCaffree, Margaret Meriwether)

Liaisons: Terri White and Terry Cline

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
Increase the tobacco quit rate among the staff Decrease tobacco use among staff	Focus groups with outside facilitator and/or listening sessions with certain groups, use education, quitline awareness, increase access to pharmacotherapy.	Target initial conversations with policy setters within the agencies—Terri White, Terry Cline, ODMHSAS, OSDH Leads: Steve Buck Neal Hann.	Planning meeting by May 30	Culture change, (policy is in place)	6 or 13 month quit rate follow up with employees
	Education, including quitline awareness	Bob MacCaffree, Cortney Yarholer, HRD staff	Meeting by June 15 th to discuss education	Increased knowledge and motivation to quit	Increased quit card distribution
	Survey the larger group	Terri White, Mark Reynolds, Cortney	Survey sent out by Fall 2011	.	

		Yarholer, Margaret Meriwether			
	Code of conduct signed by employees.	Bert Russell	June 1 example of draft language to group		
	Discount for not smoking on health insurance premiums aka "Values based design"	OC Gibb, Strong and Healthy OK, wellness coach, (agency heads, executive office to weigh in). Terry Cline and Bert Russell to get background data	Data/background information to group by June 1	Increased participation in wellness program	Enrollment in the program
	Employee recognition for quitting, By management for bringing down group prevalence By peers	Terri White --Management program Cortney Yarholer—Peer program		Incentive for non-smokers to support co-workers to quit.	
	Pay for performance	Terri White—Durand Crosby, Blue Cross/Blue Shield will collaborate, Bert Russell is contact	In contract for July 2012		
	Innovative use of technology, social media, electronic reminders as pilot program	Terry Cline to contact RWJF	January 2012 planning meeting		

	Review and strengthen the policy, (smelling like smoke)	Terri White, Cortney Yarholer	September 2011 planning meeting		
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Strategy: PROVIDER EDUCATION
 (Ray Tainpeah, Barbara Underwood, Sallie McLaughlin, Sally Carter, Stan Ardoin, Maleah Rowe, Vivian Steven, Linda Wright Eakers, Gail Boe, Thomas Thomson)
Liaison: Linda Wright Eakers

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
Practice Facilitation and Process evaluation of current service provider cessation services Pilot facilities only at first	Mail/e-mail surveys and on-site evaluation of facilities	ODMHSAS and other identified partners	By July 1, 2012	Standardized integration of cessation into practice	Plan of implementation for identified facilities
Identifying Core Competencies Based on provider type	Short Term Work Group	Stan Ardoin Gail Boe Linda Eakers Tom Thomson Ray Tainpeah	Begin July 2011	Staff competency Consumers tobacco use rate	Core Comp Document
Provide staff training in core comps	Annual Cessation Conference 7 th Generation Conference Other on-going training Web-Based Training Consider Rx for Change curricula http://rxforchange.ucsf.edu/	ODMHSAS OSDH OHCA OHA Tribal Nations OU – OTRC Others TBI	Begin June 2011	Staff competency and confidence in provision of training. Increased staff buy-in for cessation services	# Staff assessed for core comps. # Staff provided training in core competencies
Improve/increase reimbursement options for cessation services	Development of core comps to demonstrate	OSDH ODMHSAS	By July 1, 2012	Increase of cessation	Increase in reimbursement

	consistent services. Increase buy-in from payors	OHCA OID Insurers/other payors		services by service providers	options and amounts available to service providers
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Next Steps

Communications

- Begin communications among and between groups
- Create Timeline for the following.
 - Liaison Conference Calls
 - Group as a whole: Tulsa and OK Terry White suggests video conference call

Immediate Timeline:

4/22/11 –

- Press release, share with all participants so they can send along with their logo

May 2011:

- Quitline/Social Marketing committee convenes Communications Plan meeting

June 2011:

- All other groups have something on their action plan to include in timeline

(Please pull other dates as determined in the committees' strategies.)

Technical Assistance

- SCLC will provide an e-mail list of all the participants as well as one of each of the committee members for liaisons to use to set up first call/meetings.

Closing Remarks and Appreciations

At the conclusion of the summit, closing remarks were delivered by Oklahoma leadership, and participants provided final words of appreciation.

“Thank you for being here. Thank you to our visitors. I can see new implantation strategies outlining right now, and I look forward to seeing our progress over the years. Not only is this critically important work, this can actually be fun.”

- Terry Cline, Ph.D., Commissioner of Health, Secretary of Health and Human Services, Oklahoma State Department of Health

“Thank you for your participation. The next step is a critical moment for us. Having a timeline would be very helpful. We’re glad to have the SCLC to support and help us along the way. ”

- Tracey Strader, MSW, Executive Director, Oklahoma Tobacco Settlement Endowment Trust

“This summit is the first time this group ever came together. What a huge difference this will make on the whole of Oklahomans. I really believe we can do this. I’ve seen this [summit] happen; we’ve seen some of the work and heard the discussion. We are part of something that folks thought we would never break through, and it is going to save lives in Oklahoma... We should “beat Maryland” in every way involved. If you all stay engaged with us, I believe we can make the change.”

- Terri White, MSW, Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services

Appreciations from All Participants

- Grateful to be a part of today
- Much more motivated now than I came in today
- “It takes a village to change a life.” Need to involve everyone in the community.
- Incredible journey for all of us.
- Today was beyond my expectations. Inspired by the group and mission in front of us. Excited to focus on a group that has not been attended to before.
- I believe in the work we can do. “Yes we can.”
- This meeting today has rekindled the fire to work together again between agencies.
- Will walk away with motivation to do this differently and better. Very inspiring and encouraging seeing people from different agencies. Grateful for Terri White and Terry Cline for being here.
- Today is a fruition of our lives’ work and dreams. We think big because we have big goals in our state. It’s when we sit and decide together that we achieve those goals.
- Repeatedly impressed by the prominent role that data play in our work today and moving forward.
- Everyone on this room has the energy to “be the change you want to be.” Glad to be a part of this group.

- *Gone from pessimistic to overly excited. Proud.*
- *Enjoyed meeting so many wonderful people.*
- *Very impressed with the Oklahomans in this group. You're in the midst of a norm change when the "change" is considered taboo. How luckily you all are to work on something to make progress, be virtuous, and save lives.*
- *Thanks to the planning committee. We chose the words "Action Plan" intentionally. Encourage you all to keep moving.*
- *Didn't think there was something we can all do in tobacco control until today.*
- *Excited to hear from tobacco control and public health.*
- *It ain't just our numbers that are stubborn. I take away the energy from the group. Amazing to me what people come up with. "You've just been on the mountain top..." Let's stay on the mountain top.*
- *Excited to go back to our team and share everything I've learned.*
- *Encouraged and thankful for being part of the project.*
- *We have the resources to get the work done. Oklahoma has abundance. What we need to get done is already here.*
- *Very hopeful and excited.*
- *Feel blessed because I get to save lives all the time. This is another opportunity to save lives.*
- *Grateful to be here. Today has been awesome.*
- *I now have the tools to bring back to the veterans, and am thankful.*
- *Came here with hope, and will leave here with that faith.*
- *I love the passion. Please keep it up. We've got to move the needle. Encouraged by what I've witnessed today.*
- *With a dedicated "plan" we can make it to the promise land.*
- *So impressed today with the creativity. The variety of ideas and people has been amazing.*
- *Impressed with all the different partners that have stayed engaged. Energized and thank you very much.*
- *OK has the infrastructure to succeed.*
- *Season of celebration.*

Appendices

APPENDIX A

Partners discussed interest in the summit at dinner (April 20) and morning (April 21, 2011) introductions.

Interests
Statistics are Daunting and Challenging
Folks within recovery are 30% successful if they reduce tobacco use.
Access to care for OK. Community health centers interested in juvenile health and welfare in OK. Tobacco is our #1 killer. Want to promote better behaviors and increase the number of people who get care.
Interested in critical care issues. Prevalence of tobacco use in OK is startling for all of us. Populations with disparities – would like to see how to reduce smoking prevalence here.
The fact that we cover 680,000 Oklahomans. Real focus now on public health initiatives, and I can't think of anything more important than to curtail tobacco control initiatives.
Passion for Those We Serve
We care a lot about reducing and preventing tobacco use especially among people with mental illnesses.
Knowing people who have smoked and died – hate the loss.
A few years ago, realized the physical struggles of our clients related to tobacco. Now's the time to do something about that.
One of the reasons I'm here is that it's part of "day job." Have had multiple family members who have succumbed to tobacco and tobacco illnesses. Having worked in public health field for over 30 years, I have certainly seen clients smoke at high rates and it breaks my heart to see tobacco take a toll on health and financial.
I am passionate in the issue. At my organization, we have a passion for wellness and mental health. Worked with NAMI to de-stigmatize issues. Worked in healthcare for 16 years, and prior to my current position, the last 5 years dedicated to serve the uninsured.
Celebrate recovery. Would like to see people in recovery to be better educated while working on their own issues. My heart goes out to people who have lung complications.
Have people in our families affected by tobacco use. Want to help all people to end tobacco dependence. People with mental illnesses are a large population whom we serve.
Provide services to housing units for people with serious mental illnesses. Watch clients use tobacco at a high rate. Seven deaths per year lost in my organization due to cardiovascular-related diseases. Big reason to why I am here.
Interest in community norm changes. Help tribes to tie tobacco dependence into the community for excellence model. When you're making a community norm change, we've got to understand that people with addictions and mental illnesses are part of our community. We need to tap that as a community norm change.
Do what I can to establish effectiveness of the issue. Contribute to the evidence-base.
As tribal liaison, here to see what I can do to give insight and carry on to the tribes who aren't able to be present at this time. Look at initiative to reduce tobacco, its effect, and look at cultural implications of tobacco.
We've been working with tobacco cessation within our tribe, mostly at the hospital and clinics, and hope to affect other tribes to get them smoke-free as well. Appreciative of this opportunity to sit with you all and learn, and hopefully contribute.
Work with veterans. Housing, drug-related issues, etc. Learn as much as I can about smoking to help veterans and their families.
Personal Connection
My parents. Father was director of YMCA. Mother was a nurse. I saw what happened on the prevention side. I know what we can do and see the potential.
Learn as much as I can from all of you. I teach all of the first year medical students about tobacco dependence. I want to be able to make a difference in this area. Grandfather, father, and brother

served in the military. Grandfather died from emphysema due to smoking. As you know, smoking prevalence is very high in the VA. We owe it to our veterans.
Favorite aunt was a smoker.
Both parents died of cancer from smoking and second hand smoke. I feel there is a need to educate all individuals for people we work with. Let them be aware of the disease of tobacco, deaths related. Interested in learning more for helping providers, faith based communities, and schools.
On Monday I went to a funeral of a person in recovery who died due to smoking of cancer in the lungs. I'm tired of living in silos. How can we bring our work together? I don't want to continue to see people die from smoking.
Clear Perception That It Is Possible and Necessary to Make Changes and Save Lives
Promote norm change and save lives.
You have a lot of real talent in the state, yet your numbers are stuck. And you're competing with states you shouldn't be in competition with. Here to help you move along.
Hope to help people quit smoking and prevent young people to start smoking. Took us 28 years to establish a campus-wide tobacco free campus; nonetheless it became official in 2008.
When first started as a social worker, I thought that if I could help at least one person, my career is worthy. Now that I'm further in my career, I want to help tens of thousands of people. I want systems-level change that will touch lives and deeply benefit them, and keep them from suffering. That is important for me. Proud to be a part of this group. This is a very worthy exercise to make the most important changes.
Started with cessation programs in 1990. Want to continue to see momentum of change over time.
Interested in this subject for many years. If we could impact the clients that we have, we would reduce the use of tobacco in OK by a very significant amount. That might be the tipping point.
Resources
Here to learn from all of you because I'm new.
Most members of those we serve are in residential care. Here to learn and share with my group.
Interested in knowing how we can link resources to those people who are uninsured, at risk, and are not well represented to resources.
In my role, I am acutely aware of tobacco. I am here to learn everything that I can to help people in my community.
Here because I like the people whom we serve and want the best for them. This is an opportunity to gather resources.
My program provides tobacco use cessation services. I want to learn what I can bring back to my program.
Be able to provide technical assistance today and moving forward.
Provide smoking cessation services for tribal clinics' clients and employees. Learn to better coordinate smoking cessation services for the people who are tribal members and employees.
Understand the population that I'm providing technical assistance to, and be able to provide the best resources possible.
Directing smoking cessation program in clinic for about 10 years. Excited to be here. Provide cessation services, particularly with populations with behavioral health problems. Here to learn and be part of this exciting event. Want to teach others to be passionate about tobacco cessation.

APPENDIX B – Draft Participant List

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