The Texas Leadership Academy for Wellness and Smoking Cessation Summit

Renaissance Austin Hotel
Austin, TX
January 31 – February 1, 2012

ACTION PLAN

Background & Introduction

On the evening of January 31st and all day February 1, 2012 thirty-nine leaders in public health, behavioral health, and tobacco control came together for a first-ever Texas initiative focused on reducing smoking prevalence among people with behavioral health disorders. The summit was supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Smoking Cessation Leadership Center (SCLC) as part of the Leadership Academies for Wellness and Smoking Cessation. Texas is the sixth state to participate in this initiative. The purpose of the summit was to design an action plan for Texas to reduce smoking and nicotine addiction among behavioral health consumers and staff, and to create an environment of collaboration and integration among the fields of public health (including tobacco control and prevention), mental health, and substance abuse services.

The summit began with dinner and a Gallery Walk on January 31, 2012. David L. Lakey, MD, Commissioner, Texas Department of State Health Services, welcomed participants to the summit. Dr. Lakey stated, "There are people here who have dedicated their lives to this cause. I thank you and appreciate you so much." He added, "I look forward to working with each of you to address the burden of tobacco in our state, not only in this summit, but in the years to come."

Michael D. Maples, MAHS, LPC, Assistant Commissioner for Mental Health and Substance Abuse, Texas Department of State Health Services, provided a call to action to Summit attendees. Mike said, "I am doubly impressed with the audience here and the work that you do. Developing an action plan for reducing the smoking prevalence in the behavioral health population is difficult. However, I am confident that we can make an impact. Tobacco use is 100% preventable. We can change the culture of smoking in our state and this is the group that will solve the problem."

Participants represented federal, state, and local agencies, including mental health, addictions, consumer, community services, non-profit, academic, quitline, and chronic disease prevention organizations (*see Appendix A, participant list*). Leaders at the summit were well-aware that people with behavioral health disorders are disproportionately burdened by the harmful effects of smoking and tobacco use, and each partner committed to the work, target, and strategies established at the summit. In a discussion led by seasoned facilitator, Jolie Bain Pillsbury, Ph.D., each partner expressed what brought them to the Leadership Academy Summit. Themes that emerged from the group's discussion were collaboration with partners, policy and systems changes, personal history, and bringing cessation to treatment services and centers (*see Appendix B*). Participants also shared their reactions to the Gallery Walk. Themes that emerged from this discussion were thought provoking data, successes, disparities, 25 years of life lost, and youth (*see Appendix C*).

On the morning of February 1st, Philip Huang, MD, Medical Director, Austin/Travis County Health and Human Services, provided opening remarks. He stated, "This is a great group and everyone wants to collaborate to reach our goals. There are many best practices to be shared in this room and so much to be learned from each other." He added, "Be bold in what this action plan is going to be. Don't be afraid to have a high target and to raise the bar." Participants then shared overnight reflections and initial thoughts to the baseline question, "Where are we now?" *(see* A*ppendix D.)* Overall, they were excited to move forward and felt optimistic about the day ahead.

By the end of the summit, Texas partners answered the following questions that framed the Action Plan.

1. ***Where are we now? (baselines)***
2. ***Where do we want to be? (targets)***
3. ***How will we get there? (multiple strategies)***
4. ***How will we know if we are getting there? (evaluation)***

The following Action Plan details the baseline, target, recommended strategies, and next steps.

Question #1: Where are we now (baseline)?

Partners adopted five baseline measures on the following data (*see Appendix E*):

1. The smoking rate among the Texas population with five or more days of poor mental health is 33.7% (*Source: Texas Behavioral Risk Factor Surveillance System (BRFSS))*
2. The smoking rate among the Texas population of heavy drinkers at 39.7% and binge drinkers is 32% (*Source: Texas BRFSS*)
3. The smoking rate among the Texas youth population is 11% (*Source: Texas School Survey of Substance Use Among Secondary Students (TXSS)*)
4. The percent of community mental health centers and licensed substance abuse treatment facilities that are estimated to be tobacco free is 10% (*Source: Dr. Huang will get data*)
5. Percent of Smokers in the Texas Medicaid STAR+PLUS Program (Adult recipients) is 30% (*Source Consumer Assessment of Healthcare Providers and Systems (CAHPS))*
    a. Percentage of patients who were advised to quit smoking by doctor is 68% (*Source CAHPS*)
    b. Percentage of doctors who recommended or discussed medication to help smokers quit is 41% (*Source CAHPS*)

Question #2: Where do we want to be (target)?

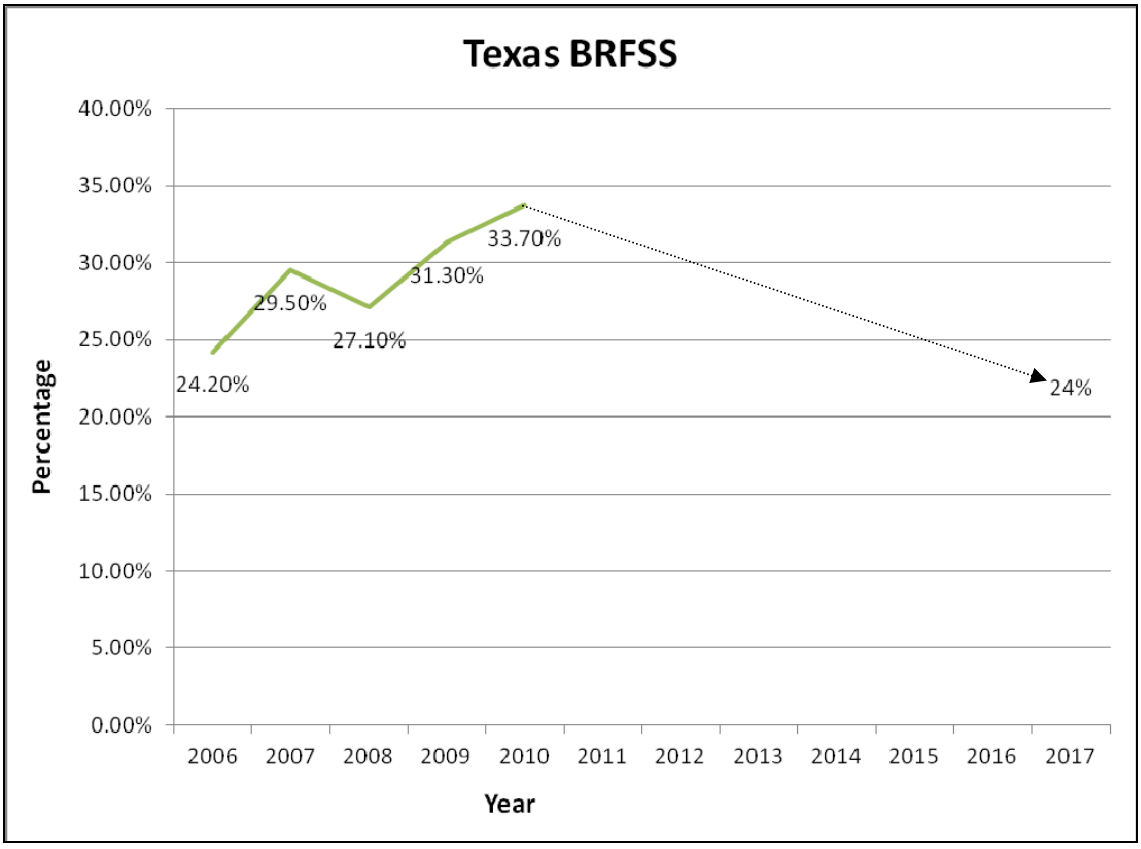
The partners adopted five targets:

1. **Target to reduce smoking prevalence among the Texas population with five or more days of poor mental health to 24% by end-of-year 2017**.

Texas	Population with Five or More Days of Poor Mental Health
Baseline (2010)	33.70%
Target (2017)	24.00%

BRFSS Data from CDC:

- *Phone (cell and land line) – limitation - # of phone calls made*
- *Administered by Texas Department of State Health Services*



2. Target to reduce smoking prevalence among the Texas population of heavy alcohol users to 30% and binge alcohol users to 24% by end-of-year 2017.

Texas	Heavy Alcohol Users	Binge Alcohol Users
Baseline (2010)	39.70%	32.00%
Target (2017)	30.00%	24.00%

BRFSS Data from CDC:

- *Phone (cell and land line) – limitation - # of phone calls made*
- *Administered by Texas Department of State Health Services*
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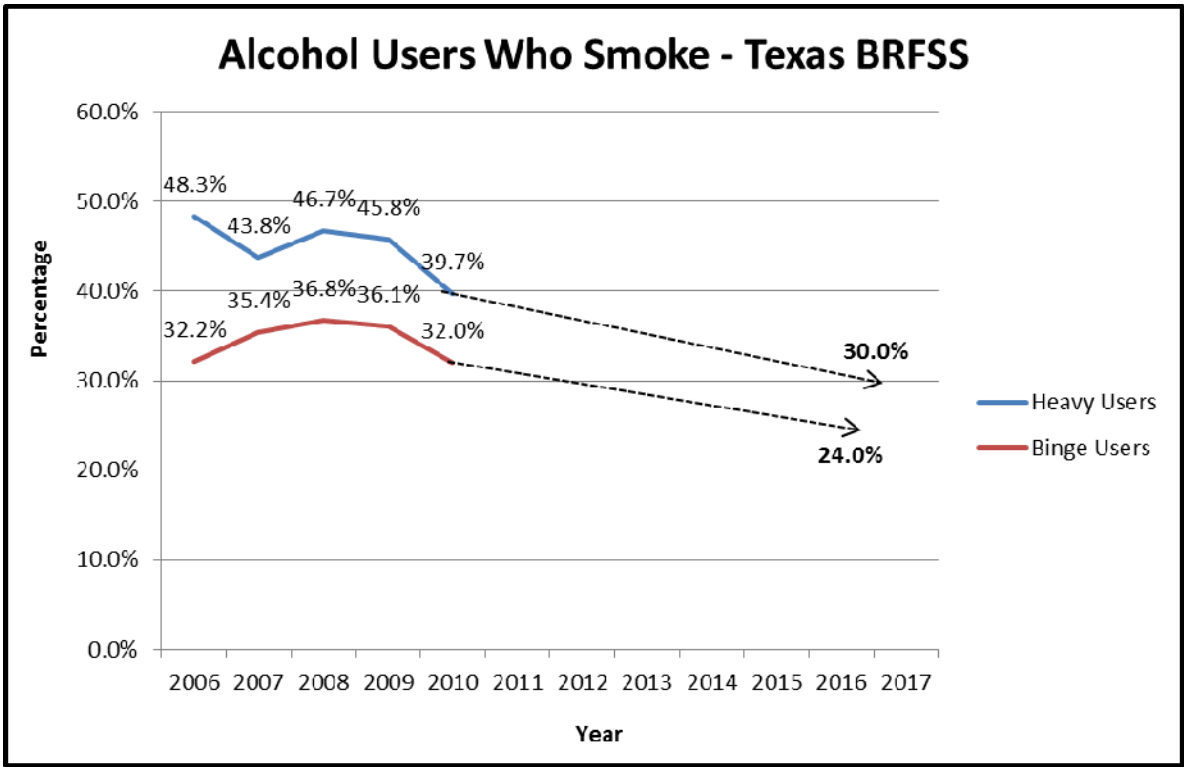


3. Target to reduce smoking prevalence among Texas youth to 5% by end-of-year 2017.

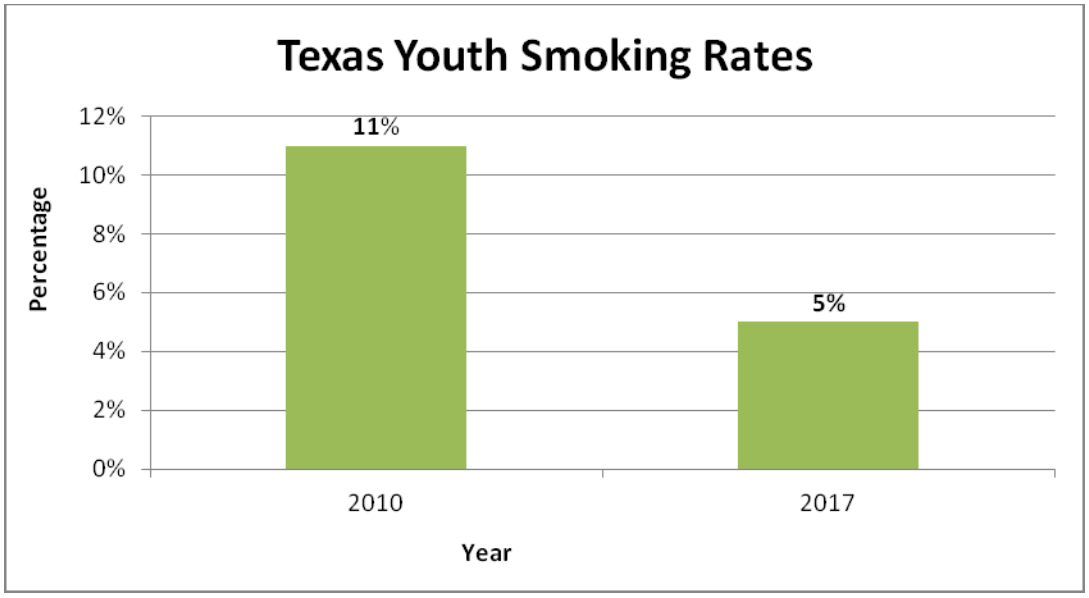
Texas	Youth
Baseline (2010)	11.00%
Target (2017)	5.00%

Texas School Survey of Substance Use, Among Secondary Students

- *Administered by Texas Department of State Health Services*

Definition

- *Definition of Youth –*
  - *Grades 7-12*

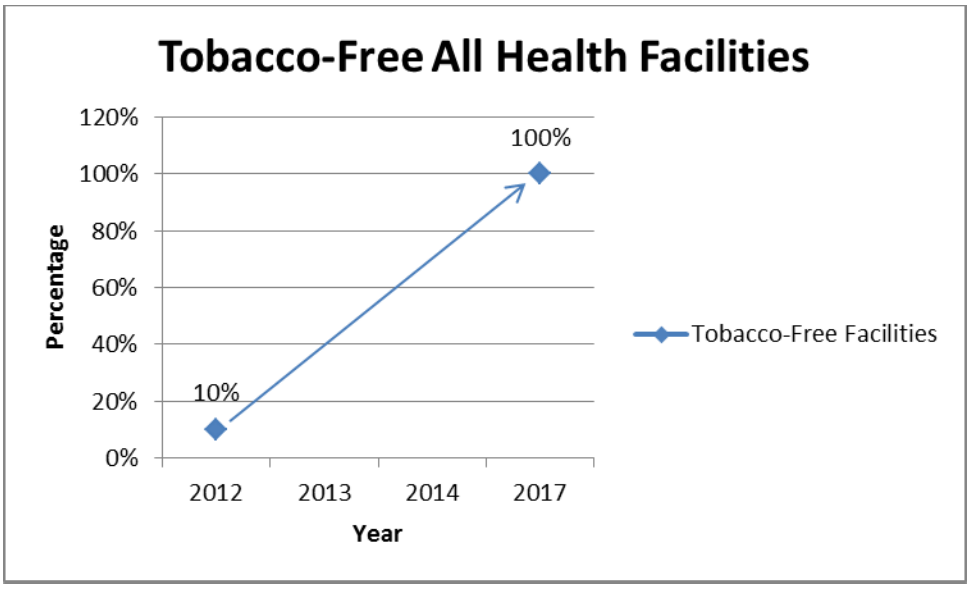


4. Target to increase Tobacco Free Health Facilities in Texas to 100% by end-of-year 2017.

Texas Facilities	Tobacco Free All Health Facilities
Baseline (2012)	10.00%
Target (2017)	100.00%

Contingencies:

1. *Data development – estimated mental health facilities baseline below 10%. Phil can get clarification data within 5 weeks, on mental health facilities.*
2. *Texas currently licenses **585** substance abuse facilities. There is no differentiation regarding for profit or not-for-profit status.*
3. *Definitions*
    a. *Definition of tobacco –*
        i. *Any products containing tobacco including but not limited to cigarettes, cigars, chewing tobacco, snuff, pipe tobacco, smokeless tobacco and e-cigarettes*
    b. *Definition of facility -*
        i. *All properties owned, leased and used by the organization for the purpose of conducting its business, including but not limited to: indoor/outdoor space and common areas, parking lots and driveways, vehicle owned or leased by the organization, vehicles for the org. service, sidewalks, curbs, of the property owned and leased by the organization- from CPPW*
        ii. *Includes all community mental health centers and licensed substance abuse treatment facilities*
4. *Collaborate on this strategy to include local communities. Lynn will get this data from the community and share with the group.*



5. Target to reduce the percentage of smokers in the STAR+PLUS program (Texas Medicaid adult recipients) to 20% by year end 2017:

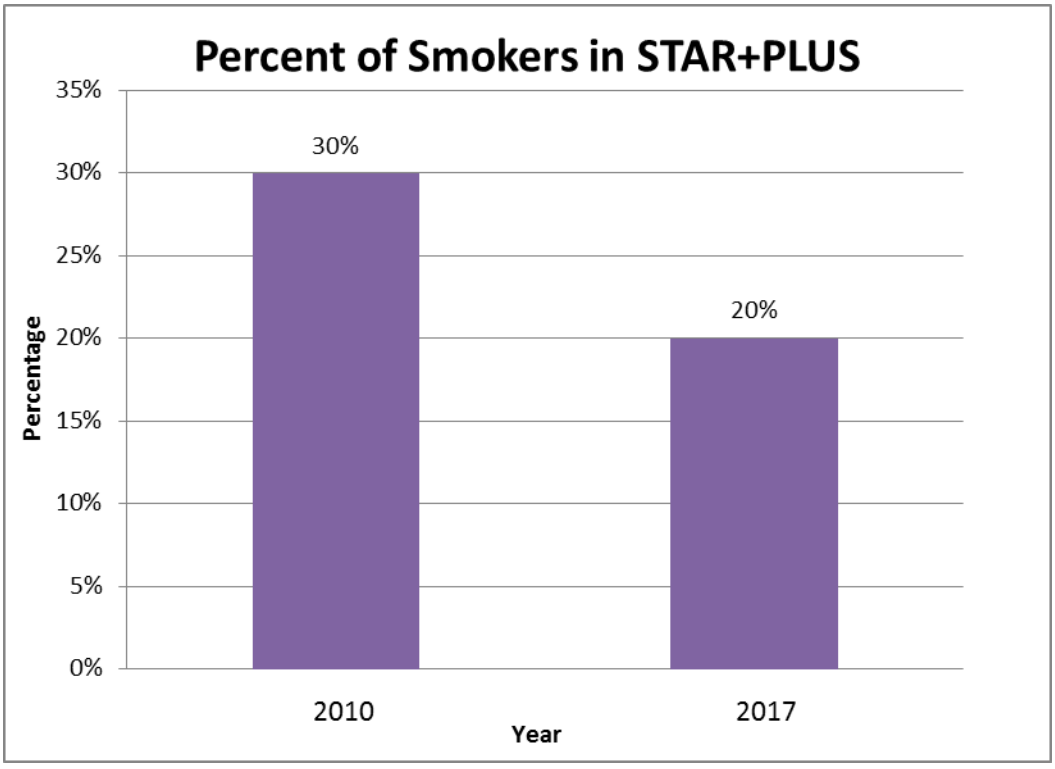
Adult Texas Medicaid Recipients	Smokers in STAR+PLUS
Baseline (2012)	30.00%
Target (2017)	20.00%

Definition:

- *STAR+PLUS Program - The STAR+PLUS program is a Texas Medicaid Managed Care program for the low-income aged and disabled that combines traditional health care with long-term services and supports, such as personal assistance, meal services, and adult day care services. The STAR+PLUS program operates in 29 counties in the state of Texas and is served by four health plans ・ Amerigroup Community Care, Evercare of Texas, Molina Texas Community Plus, and Superior HealthPlan Plus.*

Contingencies:

- *Data development: Need data further broken down by MH and SA status*
- *CAHPS: Currently only data available by disability status*



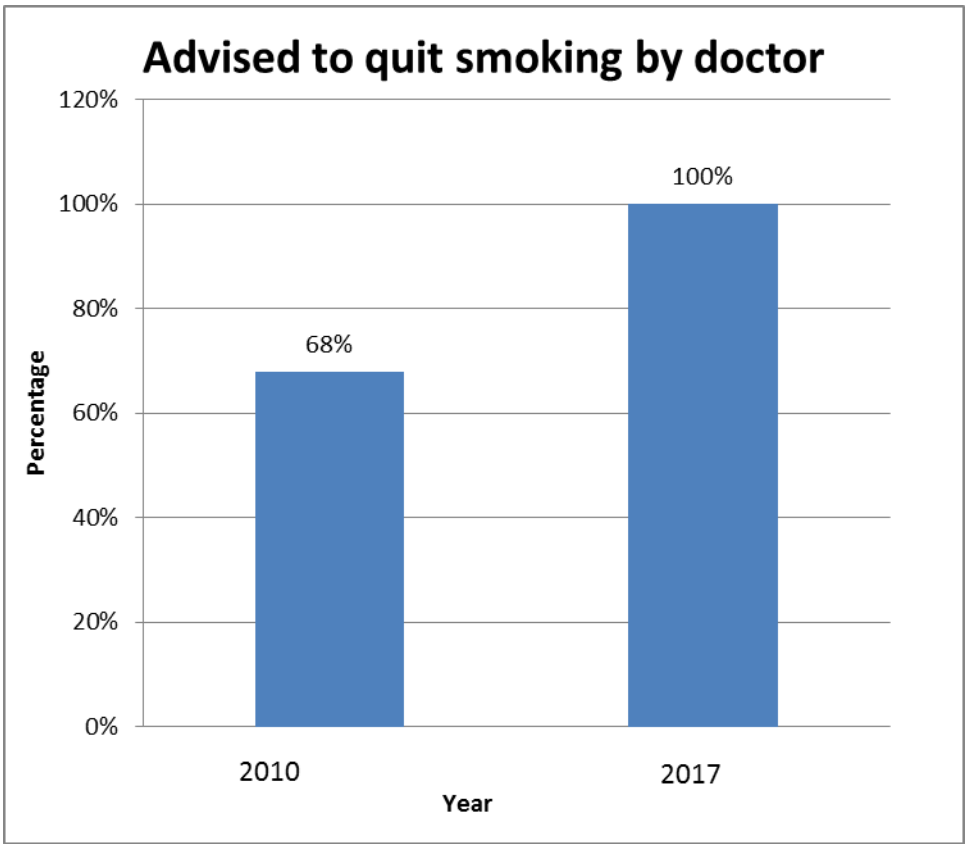
Source: CAHPS (Texas Contract Year 2010)
Fiscal Year 2010 STAR+PLUS Survey Report for Adult Members
Version: V1.1
HHSC Approval Date: March 17, 2011 Page 20

a. Target to increase the percentage of adult smokers in the Texas Medicaid STAR+PLUS Program, advised to quit smoking by doctors to 100% by year end 2017:

Texas Adult Medicaid Recipients who Smoke	Advised to Quit Smoking by Doctor
Baseline (2010)	68.00%
Target (2017)	100.00%

CAHPS –

- *Currently only physician-specific data*
- *Need to develop data on other clinicians*



Source: CAHPS (Texas Contract Year 2010)
Fiscal Year 2010 STAR+PLUS Survey Report for Adult Members
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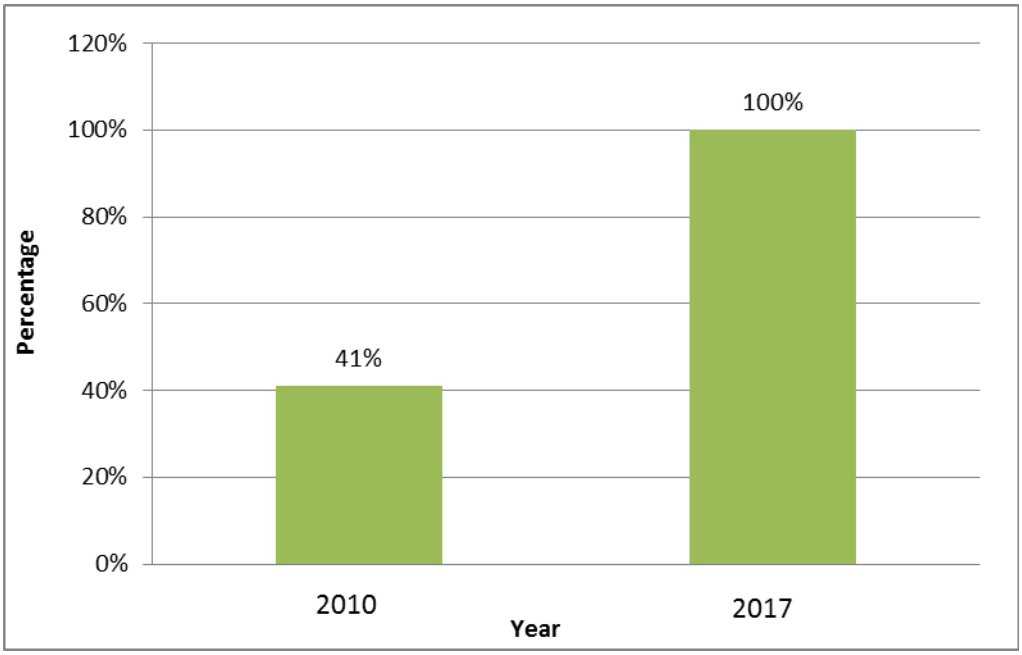
b. Target to increase the percentage of doctors who recommended or discussed medication to help adult smokers in the Texas Medicaid STAR+PLUS Program quit to 100% by year end 2017:

Texas Adult Medicaid Recipients who Smoke	Doctor Recommended or Discussed Medication to Help Smokers Quit
Baseline (2010)	41.00%
Target (2017)	100.00%

CAHPS –

- *Currently only physician-specific data*
- *Need to develop data on other clinicians*

Doctor Recommended or Discussed Medication to Help Smokers Quit



Source: CAHPS (Texas Contract Year 2010)
Fiscal Year 2010 STAR+PLUS Survey Report for Adult Members
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Question #3: How will we get there? (multiple strategies)

Texas partners adopted five overarching strategy groups to develop collaborative approaches to achieve the targets:

Adopted Strategy Groups
Alcohol Users Who Smoke – Texas BRFSS: Target Alcohol Users Who Smoke through Education, Collaboration, Training and Promotion of Services
CAHPS: Consumer Assessment of Health Plan Services
Texas School Survey: Draw prevalence down by focusing on youth
Tobacco-Free Campuses: Create Statewide Policy that ensures that all health facilities are tobacco free
Texas BRFSS Mental Health and Tobacco

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

Strategy Group: **Alcohol Users Who Smoke - Texas BRFSS**

Reduce tobacco use among heavy alcohol users to 30% by 2017 compared to baseline 39.7%
Reduce tobacco use among binge drinkers to 24% by 2017 compared to baseline 32%
Committee Members: Michael Duffy, Sarah O'Leary, Cynthia Humphrey, Catherine Saucedo
Liaison: Penny Harmonson

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
Include EHR for tobacco in CMBHS	Work with CMBHS staff and UT Austin developer	DSHS Penny/Barry	FY13	Outcome Data for DSHS funded SA Treatment	Heavy Users (30%) and Binge Drinking (24%)Reduction by 25% Smoking Rate by 2017
Include planning for smoking cessation in ROSC • Peers • Referrals to the Quitline • Wellness Approach	Collaborate with UT Austin ATTC Promotion at the Texas Recovery Initiative Provide Best Practice strategies Educate Oxford House	ASAP Cynthia DSHS/Penny/Philander/Kerby SCLC/ Catherine Michael Brass Tacks initiative support for ROSC	April 2012	Educating ROSC participants, peers Implementation of smoking cessation strategies in ROSC	Increase tobacco cessation in ROSC activities Increase the number of peer tobacco interventionist
Clinician Training on Evidence-based Strategies /Norms Change among DSHS SA Treatment Providers	Regional Staff TA Collaborate with TACHC Collaborate with LMHA Cross Training with HRSA and DSHS providers Brass Tacks Integration of cessation across MH SA FQHC Yes Quit Clinician Training	ASAP/Cynthia DSHS/Penny/Regional Tobacco Staff Penny and Cynthia with Verne L at TACHC SAMHSA Michael CDC OSH Sarah provide Best Practices	June 2012	Increased implementation of evidence-based cessation services within DSHS SA Treatment Facilities	

Promotion and Provision of Quitline Services to clients in funded SA Treatment facilities	Quitline	DSHS Penny/Barry Cynthia Verne at TACHC	Immediately		Number of referrals to the Quitline from Substance Abuse Treatment Facilities and Community Health Centers
Enforcing contractual requirement for tobacco cessation to be included in treatment protocols		DSHS Penny Quality Management	FY2013		
Incentivizing Providers for best practice tobacco cessation protocols	100 Pioneers Participation	DSHS SCLC will provide TA (webinars, materials)	June 2012		
Interagency promotion of tobacco use issue (Wellness Committee, but bigger approach)	Promotional Materials Yes Quit Website Yes Quit Toolkit	Suggested by CDC	Immediately		
Education and Research on Tobacco Addiction • Brain Disease • Best Practices • Train the Trainer- "big deal"		BHI Penny, Gayle Boyles ASAP Cynthia CDC Best Practices SAMHSA	July 2012		
Collaborate with Tobacco-Free Campus Committee	Rules/Contract Change	Penny/Philander/Ross	Immediately		
Promotion of Federal Campaigns • Million Hearts • State to State Leadership Academy States collaborating • HRSA • 100 Pioneers		SAMHSA, CDC	June 2012		
Collaboration and Leveraging of SAMHSA and CDC and HRSA initiatives	Work with FQHCs, TACHC to promote cessation CDC provide data CDC share success stories from other states	Michael Sarah Cynthia Catherine Penny	Immediately		

Strategy Group: **CAHPS (Consumer Assessment of Health Plan Services)**

Committee Members: David Wetter, Lewis Foxhall, Emilie Becker, Steve Schroeder, Dena Stoner, Becky Garcia

Liaison: Shelley Karn

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
Clinical Interventions for Tobacco Cessation (Ask, Advise, Connect and the Ask, Advise, Refer protocols) Both research-based processes and connecting directly to the quitline.	Connecting each Texas EHR to all of the cessation tools. The best way is to seek funding and to integrate into large systems.	David Wetter, Shelley Karn	Now until August 2013 Additional funding is being sought		
Investigate the current Medicaid coverage for tobacco cessation services (NRT)	Ask HHSC	Dena Stoner	February 2012		
Work with health plans and HHSC	What is in it for them? Investigate Meaningful Use criteria	Shelley Karn, Dena Stoner	Ongoing through September 2012		
Engage advocates: ACS, AHA, ALA, Komen, Livestrong, NAMI, MHA		Lewis Foxhall			
Educate clinicians on interventions: offer CEU, Link information to appropriate websites. (TMA, NOEP, POEP, DOEP, ASCO)—Shelley, Becky, Lewis, Emily—specifically for state-level physicians	Develop partnerships to integrate existing tools.	TMA, other professional organizations (NOEP, POEP, DOEP) ASCO --CPRIT--, Shelley, Becky, Lewis Emily (state-level physicians)	February 2012 and ongoing		
Get data published and disseminate Medicaid outcome data. Establish process to get performance data published.		Dena	Investigate process with HHSC		

Strategy Group: **Texas School Survey**

Committee Members: Connie McNabb, Alexander Prokhorov, James Gray, Becky Vance

Liaison: James Gray

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
Decrease the usage of tobacco (past 30 days) by Prevention Cessation **In-depth** Education Lobbying	*Age-appropriate education* *Work with schools and educational facilities* *Work with DSHS tobacco and substance abuse prevention initiatives* *Work with medical professionals- pediatricians and family physicians* *Cessation Programs* *Work with legislators* *Work with media (DHSH tobacco prevention media)* *Traditional (print, tv and radio)* *Social media* *Comprehensive*	Alex All Alex Penny Alex James Becky Alex Penny Alex Becky	Ongoing Ongoing	**Healthier kids** **Perception of risks of smoking increases**	**Percentage of kids/teens who have used tobacco within past 30 days will decrease**

	Tobacco-free law /Enforcement of existing regulations *Work with Major League Baseball* *Work with correctional facilities* *Connect with other education programs* *Counter-marketing*	Alex Alex/Becky/James James DSHS media Penny			
Meet with Texas Challenge Program and Adjutant General Chief of Staff – to gain participation by NG Counter Drug Program, Recruiters, Public Affairs to incorporate Smoking and Tobacco Cessation into current Youth Engagement	Counter Drug – Include Tobacco in current engagements with HS re Anti-Drug and Positive Role Models Recruiters – as positive Role Models in High Schools – include talking points re Toxicity and Link to Drug usage with Tobacco Public Affairs Talking Points and VIP messages – Social Media, Videos, Articles addressing Tobacco toxicity and dangers linked to Tobacco/Drugs Challenge Program – information re Tobacco Free Campus -	Col Connie McNabb	2 Feb 2012	Use well accepted National Guard Role Models and Community Engagement to spread the message of Tobacco Toxicity and linkage of Tobacco to Drugs and longer term health Impact	State Recurrent Survey on Tobacco Use by Grades 7 to 12

Strategy Group: **Tobacco-Free Campuses**

Committee Members: Lynn Lasky Clark, Doug Denton, Sandeepkumar Singh, William Wilson, Andrea Washington, Philander Moore, Sam Shore, Michele Murphy Smith, Kerby Stewart, Dr. Phil Huang, Cynthia Humphrey

Liaison: Mimi Martinez McKay

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
Policy requirement to mandate all licensed MH and SA facilities/inpatient and outpatient. Through licensure for SA; Contract for LMHA's.	Through contracts or licenses	Ross Robinson/Philander	Announce 5 year roll out by Fall 2012	All licensed state MHSA facilities	100% tobacco free campuses
Incentivize providers to reach goal	Shared experience by early adopters, best practices education.	All facilities in the state willing to model this behavior with others: Sandeepkumar/Phil	Now	Increase readiness/client education products	Number of campuses going tobacco free
Incentivize providers to reach goal	Locate state/federal funding sources for NRT and other	Andrea/Doug: Assess readiness Michele:: identify funding opportunities Sam: Promote through exceptional item process	Begin Spring 2012, throughout five year process	Provide providers with the tools/funding needed to meet this goal	Number of campuses going tobacco free
Incentivize early adopters	Funding/points in competition	Doug/Cynthia/Ross/Andrea	September 2012 & through showcasing best practices	All licensed state MHSA facilities	Number of campuses going tobacco free
Legislature to mandate	Informing/advocating prior to Jan 2013 (start of 83rd legislative session)	Lynn/MHA will coordinate with existing tobacco free coalition	May 2013	All licensed state MHSA facilities	Number of campuses going tobacco free

Strategy Group: **BRFSS Mental Health and Tobacco**

Committee Members: Rick Meza, Dennis Bach, William Wilson, Barry Sharp

Liaison: Ross Robinson

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
Train local clinicians in best practices for treating tobacco dependence	Outreach through regional staff and partner organizations using available toolkit and on-line training resources. Seek CE accreditations for the various professions (MD, SW, LCDC, LPC, Nursing, CHES, etc.)	Texas DSHS Tobacco Program (Barry and Rick) Barry, Shelley for CE (Barry through DSHS CE services, Shelley through POEP/NOEP/DOEP	Ongoing through 2017, train Texas Assoc. of Comm. Health Centers and Assoc. of SA Programs by 2015 2013 or earlier if possible for CE	Increased capacity of clinicians to treat tobacco dependence	Number of trainings, number of clinician referrals to quitline
Implement tobacco free campuses policies at mental health treatment facilities	1. Develop message, create buy-in from MH providers, link to health care reform 2. Mandate through contract process, explain why. 3. Identify early adopters and incentivize them (additional funding for training) 4. Train staff, peer specialists. 5. Technical assistance to CMH.	DSHS creates mandating through contract. (Ross) DSHS (Barry), Steve Schroeder, CMH (William) seek funding for treatment/NRT. DSHS train-the-CMH trainer (Tobacco Program – Barry and Rick), CMH train within facilities.	Implement by FY 2013	Reduced rates of tobacco use	Number of campuses going tobacco free, BRFSS rates for MH/Tobacco

	6. Assess all service recipients and staff for tobacco, desire to quit. 7. Offer immediate assistance, in-house or external. 8. Seek funding to support cessation and NRT services.	CMH provide cessation treatment/referrals Educating the seven COSP (Via Hope, Dennis)			
Encourage all organizations who provide services to MH to adopt the same tobacco free policies so consumers will have continuity among service providers	Collaboration at the local levels for organization level activities. Collaboration at state level among funding organizations Encourage the 7 COSPs to adopt tobacco free policies and provide education on how to do it.	Dennis and William – local, Ross, Barry, Penny – state Via Hope/Dennis – COSP			Number of organizations adopting tobacco free policies
Train peer specialists to do smoking cessation counseling with clients at CMH centers.	Add module to basic CPS curriculum and offer stand-alone training core certified peer specialists.	Via Hope/Dennis	End of 2012		
Work closely with the Alcohol group and Policy group to coordinate activities/goals	Liaisons and DSHS tobacco staff will communicate	Mimi, Ross, Barry, Penny		Better coordination of activities and gain support of SAMSHA (TA and fiscal) to support these strategies.	

Question #4: How will we know we are getting there?

See measurement plans identified under each strategy group above. Check baseline data sources each year to gain yearly understanding of progress. Data will be shared with the partners regularly. Data will be used to evaluate which strategies are or are not working, and to motivate partners whenever possible. Liaisons will provide leadership and direction with regards to next steps.

Next Steps Timeline

STRATEGY GROUPS	LIAISONS	FEBRUARY	MARCH	APRIL
ALCOHOL USERS WHO SMOKE – TEXAS BRFSS	Penny Harmonson	-Promotion and Provision of Quitline Services to clients in funded SA Treatment facilities -Set up monthly conference calls for committee and hold first call by end of February -Interagency promotion of tobacco use issue (Wellness Committee, but bigger approach) -Collaborate with Tobacco Free Campus committee		Include planning for smoking cessation in ROSC - Peers - Referrals - Wellness Approach
CAHPS	Shelley Karn	-Clinical Interventions for tobacco cessation (Ask, Advise, Refer protocol). Both research-based processes and connecting directly to the quitline. - Investigate the current Medicaid coverage for NRT and tobacco cessation services - Educate clinicians on interventions. Offer CEU's to providers (thru SCLC existing infrastructure) Link information to appropriate websites: TMA, NOEP, POEP, DOEP, ASCO		
TEXAS SCHOOL SURVEY	James Gray	- Decrease the usage of tobacco (past 30 days) amongst the 7-12th graders by: Prevention,	Using media and MLB – to encourage kids to quit – baseball	

		Cessation, in-depth education and lobbying (start in Feb. and ongoing) -Meet with Texas Challenge Program and Adjutant General Chief of Staff - to gain participation by NG Counter Drug Program, Recruiters, and Public Affairs to incorporate smoking and tobacco cessation into current Youth engagement	players as an example (ongoing)	
TOBACCO FREE CAMPUSES	Mimi Martinez McKay	- Get Baseline Data on number of Tobacco Free Campuses -Incentivize providers to reach this goal by sharing experiences from early adopters (start now and ongoing) - Set up a conference call and establish monthly schedule - Employee training with Jill Williams at Renaissance Austin in Feb. – Sandeep will send an email to participant list to invite them (may be able to video it). -Look at modeling after SCLC's toolkit and other tools - Locate state/federal funding sources for NRT		-Communicate the value and rationale for tobacco free campuses; share best practices- Virtual & traditional communications methods/trainings
BRFSS MENTAL HEALTH AND TOBACCO	Ross Robinson	-Train local clinicians in best practices for treating tobacco dependence (ongoing through 2017) - Set up monthly committee conference calls		

Commitments & Appreciation

Name	Appreciation & Commitments
Lynn	Thanks! I appreciate being here today.
Sarah	CDC will go to the Arkansas Summit. The Office of Smoking and Health can contribute in concrete ways to this effort. I am going back and will bring that up at OSH.
Ross	Thanks to all of you. This is impressive group. We have a solid plan to move forward, and we will be able to accomplish good things.
Dennis	Found a small but meaningful piece that he will work on and he is looking forward to seeing the results.
Barry	It was a wild process and now the fun begins!
Rick	Thanks!
Will	Thanks to the table recorders and table hosts. It is magical when good people get together and decide they are going to do something. We did honest work.
Sam	Smoking and tobacco used to be overwhelming and now it is doable.
Philander	Thanks! Looking forward to see when and how our work will impact Texas.
Andrea	Privileged to be a part of this Summit as a social worker.
Michele	Glad to be a part of this summit. I met people I can now work closely with in the future.
Mimi	Much more fun than most of my meetings.
Doug	Uplifting to see vision that is workable and will move in the right direction.
Phil H.	Have commitment and encouragement to follow through on action items to improve this issue in our state.
Sandeep	Humbled to sit with decision makers. Ready to make a difference.
Kerby	“A small group of people can change the world”, Margaret Mead. Exhilarating!
James	Good data. Informative step and good lesson learned. Bring everyone along.
Alex	Final product makes a difference for people. Today we worked on a larger scale. There are people here who I can collaborate with and make evidence based plans.
Becky V.	Gratitude. Feels good to be a part of this. Look forward to seeing what we will do.
Connie	Glad to be at a meeting where the end result is not predetermined and where the participants are passionate and not just mandated.
Lewis	Good data to take back. I will report on the action plan from today to the DSHS at the next Council meeting.
Becky G.	Grateful for your passion and commitment. We have made a good start but the hard work is yet to come.
Dena	Thank you for letting me introduce CAHPS and to connect to the larger issue of healthcare reform: more local plans and more Medicaid

	advantage plans.
David	Privileged and excited for the opportunity to work with you all.
Shelley	Not often that you leave a meeting with an action plan. We actually have a timeline and can be confident in future progress.
Penny	Thank you to the team. I am humbled to be with these experts. We needed you to be here to complete these goals. Contact Penny and Barry and we will help wherever needed.
Catherine	We will be there with you as participating partners to provide technical assistance. We can coordinate committee conference calls and offer our 800 phone line. Call us as well!
Cynthia	Thanks to everybody. I made great connections with people that I never met before but had wanted to meet.
Michael Duffy	Thanks from SAMHSA! We are committed at a regional level and we are here to help. I say that from the heart.

Conclusion

In closing, 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. He stated, "Execution trumps strategy! Good luck to Texas!"

The planning committee and members of the SCLC will provide technical assistance to sustain the momentum from the Summit.

Thank you to all attendees for their time and hard work. Thank you to Dr. David Lakey and Mike Maples, as well as Dr. Steven Schroeder.

This is about low-cost, no-cost strategies, especially in times of the current economic environment. We can share resources and also look for resources that need to be replaced.

"Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has." - Margaret Mead.

Appendices

Appendix A – Participant List

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Appendix B – "What Brought You to the Summit?"

"WHAT BROUGHT YOU HERE?"
COLLABORATION WITH PARTNERS
I was very happy that Texas was offered this opportunity to have the SAMHSA Leadership Academy.
Smoked in college. You could smoke everywhere and everyone smoked. Now we are making good progress We have fought locally and yielded great results.
Organization can do something to create awareness on this topic.
I work in Substance Abuse care and I am looking forward to reaching out to my Mental Health brethren here, and work with them and primary care folks as well.
I am happy to be here to collaborate. How can we make EHR a state wide initiative?
On a mission to prevent cancer in the state and to improve health projects. I'm working on a grant for chronic disease and BH care interest.
POLICY/SYSTEM CHANGE
My goal is to reduce the impact of smoking in Texas.
I want to continue to reduce smoking in the BH population.
Interested in how to help those who want to quit, staff and patients.
Reduced staff smoking from 25% to 11% in a year at our center. Once you have done it in one place, you can do it again in another place.
Meet other stakeholders and to try to make a difference in BH population.
Interested in investigating smoking cessation in Texas and how we can do this the best way possible.
Good data positions us to make progress.
We can save money if we help the BH population quit. We have this data and it is good data. So now we need to make a plan!
Interested in reducing tobacco prevalence and personally interested, in the success in the general population versus the BH population, which hasn't had successes. If we are going to make a further dent, we need to think of new strategies to make a difference.
How do we deal with use of legal drugs and cigarettes in health facilities?
Worked at state hospitals in the past, where they gave cigarettes to patients for reinforcement. We've come a long way.
Tobacco is the cause of 1/3 of all cancers. I am interested in public policy strategies.
SAMHSA brought us here. Need to do something about the BH and Tobacco control problem.
BH essential to health, opportunity to look at tobacco and its influence.
Texas willingness to work on this issue is very impressive.
PERSONAL HISTORY
My father died of a nicotine related death. He smoked cigars.
This is highly personal. I personally detest smoking.
Health profession makes it real and brings it home.
BRING CESSATION TO TREATMENT
Smoking is an addiction starter or symptom of substance abuse problem. A lot of my clients say, "I want to quit but I can't!" I want to learn some methods to help these people.

Promote peer specialist to provide peer support. Reaction is astounding from peer specialists. They are ready! Peers could really make a difference.
Addressing tobacco has to happen if you want to reduce death in BH population.
We had success in the BH population, a 100% smoke free campus. My patients said, “No one ever talked to me about this. The only reason that I am smoking is because I am bored and everyone around me is smoking”. We are doing these patients a disservice by not addressing their smoking addiction.
It is intimidating to bring cessation into treatment centers and offer to clients. They are receiving it positively.
Of the military population, 20-25 % has passed through or lives here or was stationed here in Texas. They are allowed to smoke at war but not at home. Female soldiers smoke to bond with male soldiers. The soldiers come back with PTSD and they want to get together with buddies and smoke.

Appendix C – Reactions to Texas Gallery Walk

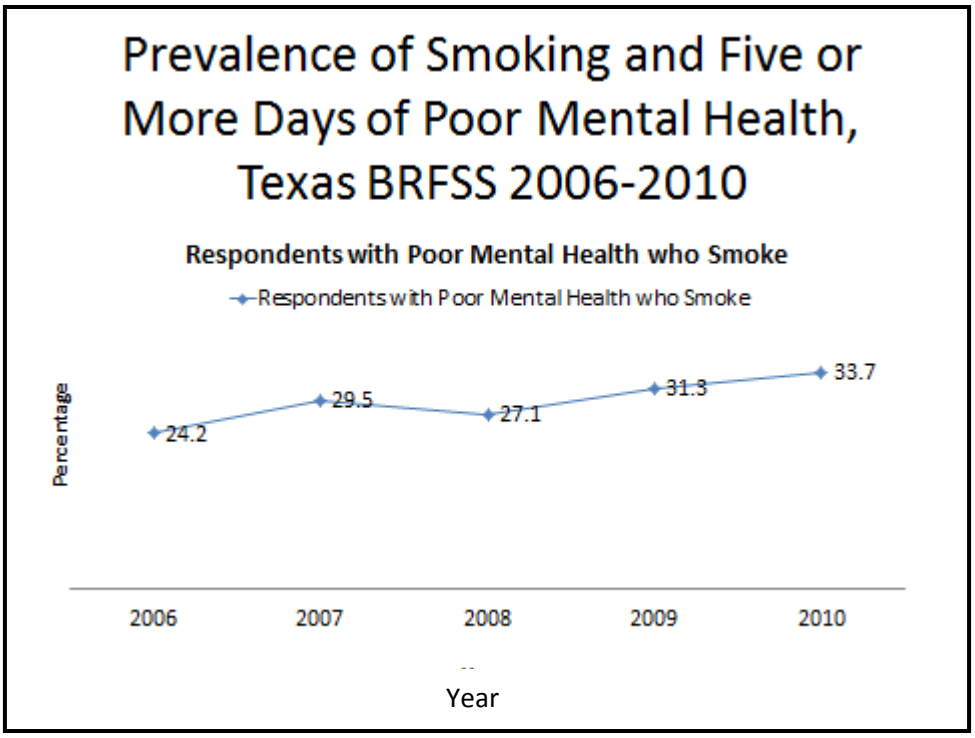
REACTIONS TO THE GALLERY WALK
THOUGHT PROVOKING DATA
The relationship between disability and smoking, and how we address those powerful issues.
The percent of BH population who smoke is staggering. I hope we can work together to reduce smoking prevalence.
Rates are so high.
I learned new information, including diminishing resources. Will use my media contacts to do something to create awareness on this topic.
Not surprised of data in Gallery Walk but I was stunned by financial costs and 44% slide needs to change. Smoking should be considered a co-occurring disorder. Harder to stay to clean when you are smoking.
Struck by the BH population slides.
Struck by 70% of adults and 39% of youth smoke in treatment facilities
Data is important.
Increasing the Texas cigarette tax works to reduce smoking rates.
Impressed by the depth of data and in particular SES, youth and BH.
The number of college age (18-29) who smoke is a travesty.
Struck by the increase in BH smoking prevalence.
70% smokers in substance abuse treatment are astounding!
Ross Perot would be proud. Interesting data mining.
The national chart shocked me.
Impressed by how much the tobacco industry was targeting Texans. You are doing so well despite it.
Impressed by depth of data.
SUCCESSES
15.8% prevalence is impressive. We need to apply that to the BH population.
Impressed by the successes in the gallery walk that were led by many people here.
DISPARITIES
I was surprised by the quitline data and the number of callers who have no insurance.
44% of US smokers are BH population. Costs of tobacco and the impact on people and revenue were striking.
We have had success in the general population, but we need to focus our attention on vulnerable populations to continue to be successful.
The number of young people (18-29) and BH population who smoke is horrifying.
Shocked by BH disparities. Individuals dying 25 years earlier. The BH population smoke the most. It is hard to reach these populations.
25 YEARS LOST
Struck by the 25 years loss of life. Not doing these patients any good by not creating equal access to smoking cessation services.
Clients are dying 25 years prematurely.
Overwhelmed by impact of Tobacco on BH population.
YOUTH
Youth (7^{th} – 12^{th}) grades rates are scary.
General prevalence for the state is welcome news. We need to reduce youth access.

Appendix D – Overnight reflections and initial thoughts about the Baseline

OVERNIGHT REFLECTIONS & INITIAL THOUGHTS TO THE BASELINE QUESTION "WHERE ARE WE NOW?"
Scaling things up to public health policy.
The slide of DSHS-funded Substance Abuse Treatment Clients at Intake/Assessment - 70% Adult Smoking Rate vs. 15.8% of Texas general population.
Measure of baseline youth and Mental Health population not able to access services
Adults with 5 or more days of poor mental health had twice the smoking rate of those with 4 or fewer days of poor mental health: 25.6% vs. 12.1%.
Heard on NPR that the tobacco industry is producing candy with nicotine in it. The BH population dies 25 years younger than the general population largely due to smoking related illnesses. Social smokers don't consider themselves a true smoker.
Data will be a struggle for the group.
Concerned about second hand smoke, with youth especially.
$1.62 billion annual Medicaid costs due to smoking. This is a huge issue along with health care reform. How can SAMHSA help?
Mortality as an end point: Baseline could be death rate of folks with BH issues.
Time for us to be honest with each other. For the first time we have honest data.
The slide of DSHS-funded Substance Abuse Treatment Clients at Intake/Assessment - 70% Adult Smoking Rate vs. 15.8% of Texas general population, is cleaner but shouldn't be a baseline.
BRFFS data is the best measure of baseline for Texas.
Important to look at the mortality rate and chronic disease for people in this population.
44% of the nation's smokers are in the BH population.
Another data measure to watch is the $1.7 mil in advertising.
The people coming in to SA treatment are naturally going to have a higher smoking rate. The BRFSS data is a good trend data.
Struck by the BRFSS mental health data and youth smokers rates. We need to reach them when they are young, before they are even diagnosed with a BH problem.
Struck by the youth data. For the youth population, smoking is something to do. It is a very strong attitude. When you are young you don't think you are going to die. Smoking is a social bond. There is a similar way of thinking in the military too. We need to change the social bond from smoking to something else….but what?
Look at the 70% data and the SA programs. Integrate smoking cessation measures at all points of the process: 3, 6, 9, and 12 months.
Excited to hear what others are doing.
Tobacco companies
"social smokers"
2nd hand smoke

Appendix E – Baseline Data

1.



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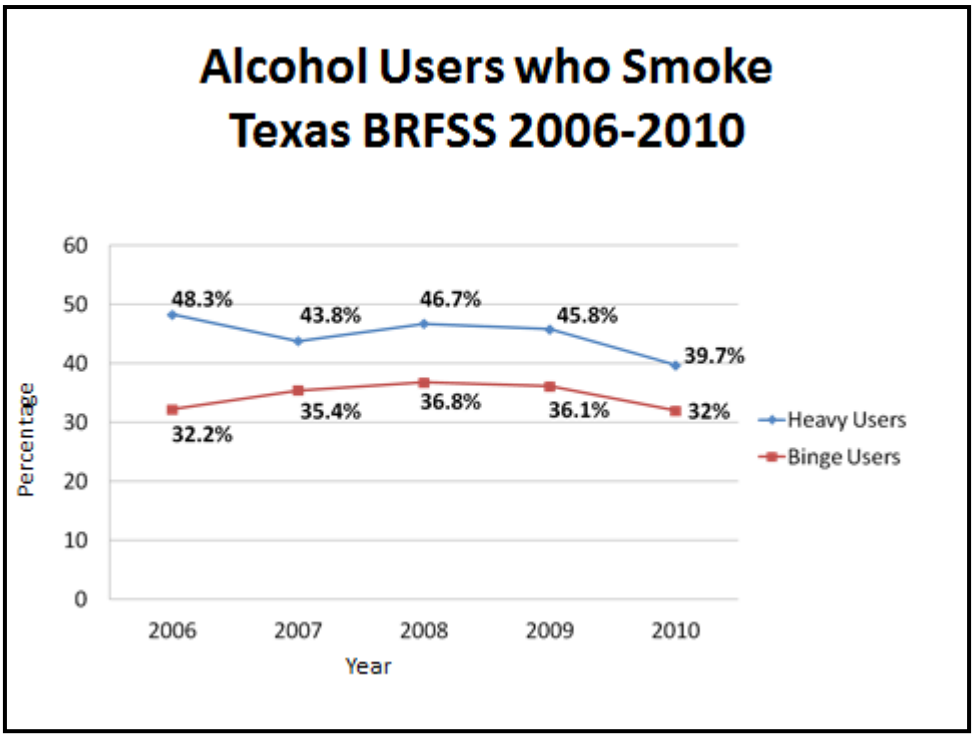
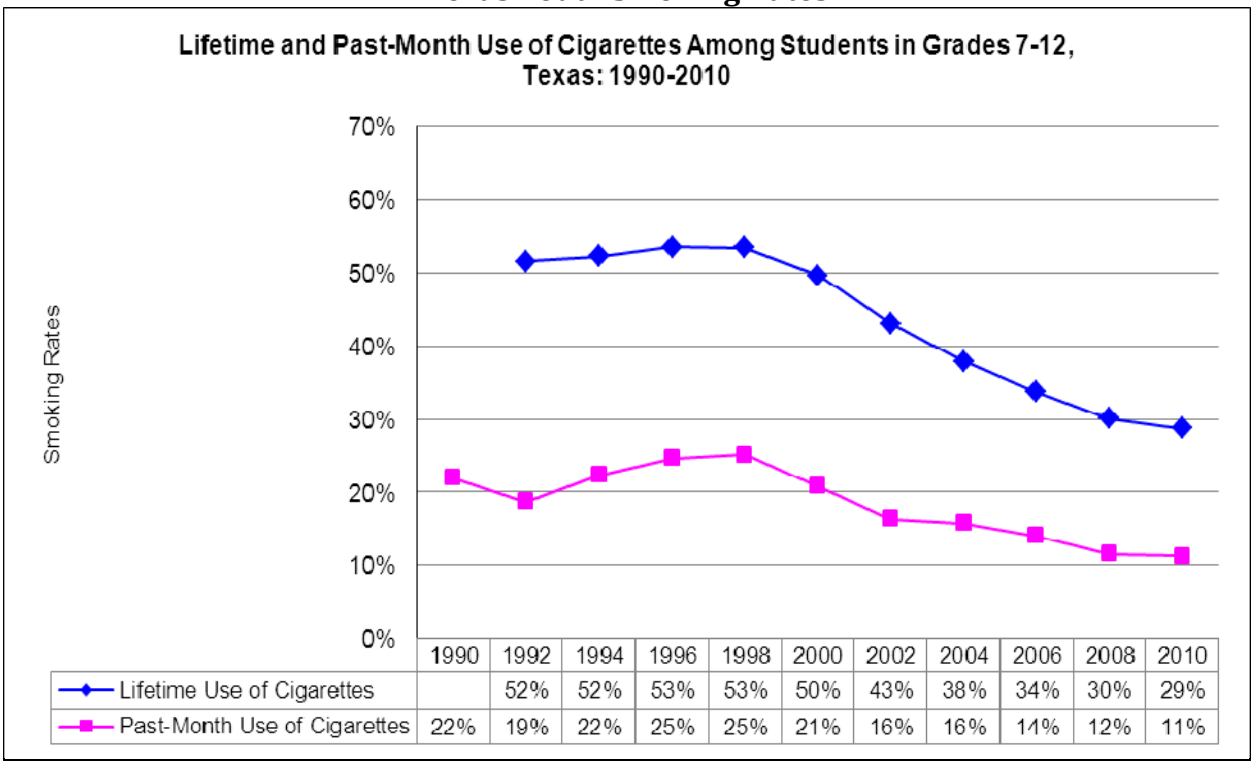


3.

Texas Youth Smoking Rates



	1990	1992	1994	1996	1998	2000	2002	2004	2006	2008	2010
Lifetime Use of Cigarettes		52%	52%	53%	53%	50%	43%	38%	34%	30%	29%
Past-Month Use of Cigarettes	22%	19%	22%	25%	25%	21%	16%	16%	14%	12%	11%

Source: Texas School Survey of Substance Use Among Secondary Students (TXSS)

4. Tobacco Free Campuses – data still needed

Contingencies:

1. *Data development – estimated mental health facilities baseline below 10%. Phil can get clarification data within 5 weeks, on mental health facilities.*
2. *Texas currently licenses **585** substance abuse facilities. There is no differentiation regarding for profit or not-for-profit status.*
3. *Definitions*
    a. *Definition of tobacco –*
        i. *Any products containing tobacco including but not limited to cigarettes, cigars, chewing tobacco, snuff, pipe tobacco, smokeless tobacco and e-cigarettes*
    b. *Definition of facility -*
        i. *All properties owned, leased and used by the organization for the purpose of conducting its business, including but not limited to: indoor/outdoor space and common areas, parking lots and driveways, vehicle owned or leased by the organization, vehicles for the org. service, sidewalks, curbs, of the property owned and leased by the organization- from CPPW*
        ii. *Includes all community mental health centers and licensed substance abuse treatment facilities*
4. *Collaborate on this strategy to include local communities. Lynn will get this data from the community and share with the group.*

5., a. & b.: CAHPS (Consumer Assessment Health Plan Services)

The Agency for Health Care Policy Research recommends that primary care physicians identify smokers and treat every smoker with a smoking cessation plan, including medication and other strategies for quitting smoking.
Figure 8 provides the percentage of members who smoked cigarettes. Thirty percent reported smoking cigarettes some days or every day.

Figure 8. The Percentage of Smokers in STAR+PLUS (Texas Medicaid Adult Program)
15% - Every day
15% - Some days
70% - Not at all

Smokers advised to quit smoking on a visit. Sixty-eight percent of STAR+PLUS members reported they were advised to quit smoking by a doctor on at least one occasion in the past six months, which is considerably greater than the Dashboard standard for the percentage of smokers advised to quit smoking on a visit (28 percent).

Forty-one percent of smokers reported that their doctor recommended or discussed medication to help them quit smoking on at least one occasion in the past six months. In addition, 44 percent of smokers reported that their doctor recommended or discussed with them, on at least one occasion, methods and strategies other than medication to help them quit smoking.

Source: CAHPS (Texas Contract Year 2010)
Fiscal Year 2010 STAR+PLUS Survey Report for Adult Members
Version: V1.1
HHSC Approval Date: March 17, 2011 Page 20

Definition of STAR+PLUS Program: The STAR+PLUS program is a Texas Medicaid Managed Care program for the low-income aged and disabled that combines traditional health care with long-term services and supports, such as personal assistance, meal services, and adult day care services. The STAR+PLUS program operates in 29 counties in the state of Texas and is served by four health plans Amerigroup Community Care, Evercare of Texas, Molina Texas Community Plus, and Superior HealthPlan Plus.