



SAMHSA's 2015 State Policy Academy on Tobacco Control in Behavioral Health

June 18-19, 2015

Substance Abuse and Mental Health Services Administration (SAMHSA)

1 Choke Cherry Road, Rockville, Maryland 20857

SAMHSA Policy Academy State Action Plans

The second annual SAMHSA Policy Academy co-hosted by the Smoking Cessation Leadership Center (SCLC) took place on June 18th-19th at the SAMHSA headquarters in Rockville, Maryland. Those selected to attend were among specialists and leaders in the field of tobacco control and behavioral health representing Indiana, Kentucky, Montana, Ohio and Wyoming. The Policy Academy provides an environment for participants to learn from public health officials, provide statewide collaboration, discuss strategies led by a trained results-based decision making facilitator, and ultimately for each state to develop a customized action plan tailored to their state tobacco and behavioral health data in preparation to convene a local State Leadership Academy for Wellness and Smoking Cessation.

A distinguished panel of speakers including Wilson Compton, MD, MPE, Deputy Director of the National Institute on Drug Abuse, Simon McNabb, Senior Policy Advisor from the Office on Smoking and Health at Centers for Disease Control and Prevention, and Shelina Foderingham, MPH, MSW, Director of Practice Improvement from the National Council for Behavioral Health presented on an array of topics from e-cigarettes, epidemiology of tobacco use, co-morbidities, policy and practice, socioeconomics of tobacco use, mental health and substance abuse, and funding strategies. Dr. Steven Schroder, Distinguished Professor of Health and Health Care at University of California, San Francisco and Director of SCLC educated attendees on the heavy burden of cigarette smoking among the behavioral health population, given that this population consumes 40% of the cigarettes sold in the United States. Additionally, words of support and encouragement were given by Fran Harding, Director of Center for Substance Abuse and Prevention at SAMHSA.

The Academy began with attendees participating in a gallery walk of collected nationwide and state data. The data represents this epidemic through population based tobacco use and smoking rates among the indicated mental health and substance abuse populations, from the five participating states. In a discussion led by results-based facilitator Beroz Ferrell, participants were asked about their reactions to the gallery walk. Themes that emerged from this discussion include expanding data collection, prioritizing tobacco control efforts in state public health agendas, importance of integrating cessation and policy, and eliminating disparities.

“Rather surprised at the disparity of the tobacco usage among this population.”

“Significant health condition and such a killer”

“No standard method for data collection”

“Relatively low priority”

“We need a strategic direction from a policy perspective.”

“We have an opportunity to expand the data we collect”

“I see the trends, digging into the data, we need to take action. We need to do something.”

The following document captures the collaborative work from the five states and is intended to be a preliminary tool to help launch each state’s summit.

Meeting Purpose:

- To learn about the epidemic of tobacco use and behavioral health and what works to reduce the prevalence
- To understand the statewide collaborative process to address tobacco use by those with mental health and substance use disorders
- To prepare states to convene a potential local *State Leadership Academy for Wellness and Smoking Cessation*

Meeting Results:

By the end of the Academy the participants:

- Understood their roles in implementing a successful local effort
- Identified and agreed upon a proposed state baseline and target to inform the direction of the state efforts
- Created a draft invitation list of committed partners to leverage statewide efforts

Indiana Action Plan..... (Pages 3-6)

Kentucky Action Plan..... (Pages 7-9)

Montana Action Plan..... (Pages 10-12)

Ohio Action Plan..... (Pages 13-15)

Wyoming Action Plan..... (Pages 16-18)

Conclusion..... (Page 19)

Check Out (Action Commitments)..... (Page 20)

Indiana

What Other Data Points Might Your State Need for Tobacco Use by Behavioral Health Populations?

Type of data	Possible data sources	Contact/Lead
<i>FQHC's patient and provider tobacco dependence treatment data</i>	<i>State FQHC's have to collect this information. HRSA offers this online. Click on link to see the 3 FQHC's in Indiana and details on population and services. (http://bphc.hrsa.gov/uds/lookalikes.aspx?year=2013&state=IN#glist)</i>	<i>Catherine Saucedo</i>
<i>% quitline callers reporting BH symptoms</i>	<i>State quitline offers these intake questions:</i> <ol style="list-style-type: none"> <i>1. Do you have any mental health issues or emotional challenges, such as an anxiety disorder, depression disorder, bipolar disorder, alcohol/drug abuse, or schizophrenia?</i> <i>2. Do you believe that these mental health issues or emotional challenges will interfere with your ability to quit?</i> 	<i>Miranda Spitznagle</i>
<i>Cancer data</i>	<i>State Cancer Registry</i>	<i>Katherine Crawford</i>
<i>General Population</i>	<i>State Epidemiological Report</i>	<i>Kim Manlove</i>
<i>County CMHC's tobacco cessation Services</i>	<i>State contract treatment service center – SAMHSA has an application for funding to states to collect data from CCBHCs</i>	<i>Shelina Foderingham will connect w/ Miranda Spitznagle</i>
<i>Tobacco Policy and cessation services information from State funded CMH Centers</i>	<i>Tobacco Control will be surveying the state funded Community mental health centers this year to see who is enforcing existing tobacco-free policy and providing services to assess gaps and areas to help support the centers with TA.</i>	<i>Miranda Spitznagle</i>
<i>Youth tobacco use data</i>	<i>YRBS</i>	<i>Dennis Ailes</i>
<i>General State tobacco use prevalence data and Behavioral health tobacco use data</i>	<i>BRFSS</i>	<i>Dennis Ailes</i>

Where are we now?

Proposed Baseline (Mental Health)	Data Source
42.0% (current smokers with frequent poor mental Health Days)	BRFSS * choose this source because it is more reliable, can gain access and control reporting easier

Proposed Baseline (Substance Abuse)	Data Source
36.2% (current smokers who reported binge drinking at least once in the past 30 days; men having 5 or more drinks on one occasion, women having 4 or more drinks on one occasion)	BRFSS* choose this source because it is more reliable, can gain access and control reporting easier

*find out more about alternative sources that represent both sectors more thoroughly and consider flipping % like Kentucky

Where do we want to be?

Proposed Target (Mental Health)
Reduce smoking rates by 18% in the MH population by 2020 (42.0%-35.0%).

Proposed Target (Substance Abuse)
Reduce smoking rates by 18% in the SA population by 2020 (36.2%-30.0%).

How will we get there?

If you are to achieve your target, how can your planning team members work together to impact the system?

Work with Department of Corrections – integrate tobacco dependence treatment (inside and outside) facility into an existing continuity of care model specifically for addictions - Joan Duwve
Monitor contracts more frequently around policy and practice at behavioral health facilities. Work with Tob Control to identify ways to improve cessation services and enforcement tactics– Dennis Ailes & Miranda Spitznagle
Work with Insurers around coverage – Get Anthem, subsequent insurers as well as Managed Care to offer ACA recommended coverage. Promote the message that all insurance companies should offer ACA recommended tobacco coverage. Reference ALA ACA insurance report - Katherine Crawford & Joan
Educate primary care docs at FQHCs – Use ACS primary care staff trainers on cancer screening - connect with Tobacco Control to help integrate brief intervention, AAR, into existing ACS training. Katherine and Miranda
Tobacco Tax – Work with Hoosiers for Healthy Indiana coalition (members here are represented) Invite more stakeholders; educate more stakeholders at steering committee with ACS to strengthen support. Katherine, Miranda, Kim Manlove
Focus on Tobacco at upcoming Drug Symposium - Ask Wilson Compton to put a plug into SBIRT at the next state prescription drug abuse symposium and get a spot for Miranda Spitznagle to speak as well– Joan
Recovery coaching –provide resources needed to integrate tobacco into existing training of 150 coaches – Kim Manlove, Joan, Miranda
Introduce tobacco cessation information into MAT (medication assistance treatment) – usually refers to methadone etc. but NRTs can apply too - Joan
Promote peer support recovery groups like Nicotine Anonymous –currently AA groups are reporting less and less smoking on a national level with 500 non-smoking meetings in AA. It isn't stopping a problem. It is a not starting

<i>problem. Tobacco Control and DMH can promote NA as a peer recovery resource statewide – Miranda, Dennis</i>
Mental health provider training – Miranda and Joan explore how to work with Dennis Ailes
Work with local pharmacy chain to include NRT voucher if they call the quitline - Miranda
Methadone Clinics – recommend SAMHSA include tobacco as part of existing policy to offer smoking cessation and/or work with States to do this - Joan

Mobilizing Your State – Who Can Make This Happen?

Comprehensive list of potential partners

Name and/or position	Sector / Agency / Department	Person who will make initial invite
<i>NAMI Chapter President</i>	<i>Local/state NAMI chapter or peer support group</i>	
<i>Media contacts</i>	<i>Media (local paper, news, online/TV)</i>	<i>Miranda, Dennis</i>
<i>Ed Clare(HHS House of Rep), Pat Miller (HHS Senate)</i>	<i>Legislators</i>	<i>Katherine</i>
<i>State Director</i>	<i>Dept. Mental Health and/or Addictions</i>	<i>Miranda, Dennis</i>
<i>Leaders from large county and state parishes</i>	<i>Faith-based organization</i>	
<i>Federal Regional Representatives</i>	<i>SAMHSA, HRSA, CDC</i>	<i>Catherine, Miranda</i>
<i>Presidents from NAMI, MHA, AA/NA, Cancer peer support chapter</i>	<i>Peer organizations</i>	
<i>Director Developmental Disabilities Institute</i>	<i>Developmental Disabilities</i>	
<i>Casinos</i>	<i>Gaming</i>	
<i>Dept. of Corrections, Director County Jails, Director MH services</i>	<i>Justice-involved/Incarcerated</i>	
<i>Prevention Specialist</i>	<i>VA (each hospital has a prevention specialist)</i>	
<i>Director, Community Clinics or HRSA connection</i>	<i>Community clinics / FQHCs</i>	
<i>Indianapolis employers forum</i>	<i>Benefits for Employers</i>	
<i>Pharmacies, CVS, Target, Independent Pharm, Giant Eagle/Kroegers, Walgreens, Eli Lilly</i>	<i>Retailers and Large Employers</i>	<i>Catherine</i>
<i>Pediatrics, Family practice, Psych Nurses, Psych Pharma. Primary Care association, Pharmacists Alliance, ALA, IHA, PC Association, National Council for Community behavioral health</i>	<i>HC Providers and Association chapter leads</i>	<i>Catherine can help group connect with chapter liaison for American Psych Nurses Association</i>
<i>Chapter for NCAD, NASADAD, Faces and Voices of Recovery, Depression bipolar support alliance</i>	<i>MH/Addictions Associations</i>	
<i>Karen Hudmon, Simon – Cancer Center, Arden Christian, IUFSPh, IUAPRC, Purdue, Purdue Extension,</i>	<i>Universities/Community Colleges</i>	

<i>Community College health Center Association</i>		
<i>OMPD, DOC, IJDH</i>	<i>State Agencies</i>	
<i>Colts player for addiction prevention</i>	<i>Athletic Teams</i>	
<i>Medicaid and other state agencies</i>	<i>State Insurance Agencies</i>	
<i>Anthem etc., Indiana Philanthropic Alliance, United Way Indiana, Indiana Healthcare Foundation (Heather Reed)</i>	<i>Health/Family Foundations</i>	
<i>Floyd Memorial Hospital, Ronald Kron</i>	<i>Hospitals</i>	
<i>NFL, MLB, NBA, NCCA, etc.</i>	<i>Athletic Associations (college and professional)</i>	

Next Steps to Implement in Your State

Next step	By when?	Contact/Lead/Who
<i>Choose date for a 15-20 person summit</i>	<i>Spring 2016</i>	<i>All of the planning team</i>
<i>Have a planning meeting to debrief and set priorities. Meeting can be in person at Indiana Addictions Coalition Office and via phone</i>	<i>July 31, 2015</i>	<i>Miranda/Kim to coordinate – current planning team to participate</i>
<i>Create timeline</i>	<i>July 31, 2015</i>	<i>All of planning team</i>
<i>ID additional 2-3 members who can help move from talk to action to join a steering committee (prioritize members based on strategy buckets)</i>	<i>July 31, 2015</i>	<i>All of planning team</i>
<i>Invite steering committee</i>	<i>August 31, 2015</i>	<i>All of planning team</i>
<i>Host first steering committee</i>	<i>September 30, 2015</i>	<i>All of planning team</i>

Indiana's Reflections

What is an overnight reflection you had?

Goal oriented Connected Think outside of the soft pack Integration
Feeling supported Tipping point Encouraging and inspiring
I have hope

Kentucky

What Other Data Points Might Your State Need for Tobacco Use by Behavioral Health Populations?

Type of data	Possible data sources
<i>Disparate populations: Appalachian population (via county level data)</i>	<i>University of Kentucky GIS dept.</i>
<i>Low SES</i>	
<i>Why people smoke</i>	
<i>Tobacco use and mental illness by county</i>	
<i>% of Medicaid members using tobacco cessation benefits</i>	<i>KY Medicaid</i>
<i>Impact of health department cuts on cessation services</i>	
<i>BH/Quitline data</i>	<i>National Jewish Health</i>

Where are we now?

Proposed Baseline (Mental Health)	Data Source
42.6% <i>(Poor Mental Health)</i>	<i>BRFSS</i>

Proposed Baseline (Substance Abuse)	Data Source
45.1% <i>(Binge Drinking)</i>	<i>BRFSS</i>

Where do we want to be?

Proposed Target (Mental Health)
<i>Reduce smoking rates by 20% in the MH population by 2020 (42.6% to 34.0%).</i>

Proposed Target (Substance Abuse)
<i>Reduce smoking rates by 20% in the SA population by 2020 (45.1% to 36.0%).</i>

How will we get there?

If you are to achieve your target, how can your planning team members work together to impact the system?

<i>Prioritize smoking cessation among Medicaid/Mental Health and Substance Use departments</i>
<i>Craft position statement supporting tobacco-free policies; signed by BH, SA, Medicaid departments, and others; Secretary Audrey Tayse Haines; Commissioner Begley</i>
<i>Data collection – conduct focus groups on why people smoke; women and substance abuse</i>
<i>Contract with quitline to educate MCOs</i>
<i>NAMI conference in Louisville</i>
<i>Regional Prevention Centers/BH directors education</i>
<i>Comp care contracts – include incentives for smoking cessation services (or language supporting services)</i>
<i>Collect smoking status of Comp Care patients</i>
<i>Get smoking on the agenda in other public agencies (Bring information from Tobacco Cessation Affinity Group to this group)</i>
<i>Establish direct referrals to quitline from EHR</i>
<i>NRT on Rx pads for providers</i>
<i>Promote cessation within CMHC staff “Quit and Win”; motivator for consumers</i>
<i>MCO incentives for patients with SPMI</i>

Mobilizing Your State – Who Can Make This Happen?

Comprehensive list of potential partners

Sector / Agency / Department
<i>Medicaid</i>
<i>Smoke-free KY</i>
<i>Pathways/CMHCs</i>
<i>DBHDID</i>
<i>Public Health</i>
<i>American Lung/Cancer/Heart – reps on Smoke-free coalitions</i>
<i>Foundation for Healthy Kentucky</i>
<i>Campaign for TFK- Amy Barkley</i>
<i>State Insurance - KEAP</i>
<i>NAMI - KY</i>
<i>State Hospitals</i>
<i>Nurses/Medical Association</i>
<i>Kentucky Public Health Association</i>
<i>KCC – Kentucky Cancer Consortium</i>
<i>KCP – Kentucky Cancer Program</i>
<i>Center for Rural Health</i>
<i>Private Hospitals – The Ridge</i>
<i>Kentucky Behavioral Health Association</i>
<i>KARP – Kentucky association for Regional Programs (CMHCS)</i>
<i>EQRO – external quality review organization (for Medicaid)</i>
<i>PAR – People advocating for Recovery- Mike Berry</i>
<i>Dept. of Education</i>
<i>Dept. of Health Policy- Emily Parento</i>
<i>Ombudsmen Office</i>
<i>Protection Permancy</i>
<i>Anthem</i>

<i>Coal Industry/Unions – who influences in Eastern KY?</i>
<i>Mental Health America</i>
<i>United Steel Workers of America</i>
<i>OSHA</i>
<i>UKY researchers</i>
<i>P & A – Protection and Advocacy</i>
<i>KY Quitline</i>
<i>Family Resource Centers</i>
<i>Comp Care</i>
<i>KY partnership for families and children</i>
<i>State recovery centers</i>
<i>Faith-based</i>
<i>Homeless shelters and soup kitchens</i>
<i>Univ. of Louisville</i>

Next Steps to Implement in Your State

Next step	By when?	Contact/Lead
<i>Collect and share data</i>	<i>August 2015</i>	<i>Judy and Bobbye</i>
<i>Send data requests to Judy and Bobby</i>	<i>July 2015</i>	<i>Amy, Ron, Wendy</i>
<i>Engage leadership; commissioners from DBHDID/DPH/DMS</i>	<i>July 2015</i>	<i>Wendy and Judy (Medicaid/DMS), Bobbye (DPH-Mayfield)</i>
<i>Planning Team Conf. Call / Debrief</i>	<i>First week of July 2015</i>	<i>Wendy</i>
<i>Prioritize List of Invitees and Identify contact person</i>		
<i>Develop fact sheets and messaging</i>		<i>Amanda</i>

Kentucky's Reflections

What is an overnight reflection you had?

Amicable to my work *Motivating* *Enlightening*
Real life *Challenging* *Exciting* *Achievable*

Montana

Where are we now?

Proposed Baseline (Mental Health)	Data Source
48.0% <i>(People with serious psychological distress who use any form of tobacco)</i>	State Adult Tobacco Survey

Proposed Baseline (Substance Abuse)	Data Source
31.0% <i>(Addictions/Binge Drinking)</i>	BRFSS

Where do we want to be?

Proposed Target (Mental Health)
<i>Reduce smoking rates by 15% in the MH population by 2020 (48.0% to 41.0%).</i>

Proposed Target (Substance Abuse)
<i>Reduce smoking rates by 15% in the SA population by 2020 (31.0%-27.0%).</i>

How will we get there?

If you are to achieve your target, how can your planning team members work together to impact the system?

<i>Create interdepartmental workgroup</i>
<i>Analysis of survey data</i>
<i>Provider education</i>
<i>Development of talking points with signatures with endorsements (from leaders to providers)</i>
<i>Influence DPHHS Director</i>
<i>Messaging</i>
<i>Good value</i>
<i>Who are we "selling" and what are we saying, making the case, ROI</i>
<i>What will promote the change? Going from knowledge to action (what are the barriers)?</i>
<i>More carrots</i>
<i>Define obstacles and develop broad plan</i>
<i>Use the word "workgroup"</i>
<i>Planning team to reach out to contacts/network, e.g. Greg to MT medical society – informal outreach, identify partnerships</i>
<i>Tailor survey</i>
<i>Influence attitudes and knowledge</i>
<i>What NRT is covered?</i>
<i>Identify barriers</i>
<i>Pharmacy (pilot) with quitlines</i>

Mobilizing Your State – Who Can Make This Happen?

Comprehensive list of potential partners

Sector / Agency / Department
<i>Medical providers – public and private sectors, MDs, NPs, PAs, whole office, administrators, etc.</i>
<i>Medical support, ancillary – public and private sectors, RNs, CTTs, MAs, CNAs</i>
<i>Inpatient and outpatient BH providers – LACs, LCSWs, LCPC, SW, case managers, psychiatrists, psychologists, IHS</i>
<i>Hospital association</i>
<i>MH admin</i>
<i>Addictions admin</i>
<i>MT primary care associations to outreach to FQHCs</i>
<i>Medicaid</i>
<i>MT medical association</i>
<i>NAMI MT, peers, peer support network</i>
<i>Corrections</i>
<i>WIC</i>
<i>VA</i>
<i>Fort Harrison</i>
<i>State psych hospitals</i>
<i>Universities – MSU U of MT – campus MH</i>
<i>American Indians</i>
<i>Private insurance – BC/BS</i>
<i>OPI</i>
<i>Disability services</i>
<i>Brain injury alliance</i>
<i>American Cancer Society/ALA/ etc.</i>
<i>Shodair Hospital</i>

Next Steps to Implement in Your State

Next step	By when?	Contact/Lead
<i>Create one pager for potential stakeholders</i>	<i>In 2 weeks by end of June 2015</i>	<i>Clare Planning team to give input to Clare to add to one pager</i>
<i>Create cheat sheet for planning committee (Qs for stakeholders)</i>	<i>By Friday June 26, 2015</i>	<i>Clare, Planning team/Bobbi to give input to Clare</i>
<i>Set up conference call to discuss one pager and cheat sheet and make assignment of who each planning team member will talk to</i>	<i>July 15, 2015, 3 pm MT</i>	<i>Carrie to set up conference line and dial line</i>
<i>Schedule stakeholders meetings</i>	<i>Up to each team member</i>	<i>Planning team</i>
<i>Set in person team meeting date post stakeholders meetings</i> <ul style="list-style-type: none"> <i>- Set up invitees list</i> <i>- Prioritize next 3 months' actions</i> 	<i>Aug 27, 1-3 pm</i>	<i>Planning team</i>

<ul style="list-style-type: none"> - Create full timeline - Add members to planning team 		
MT leadership academy	April 2016	Planning team

Montana's Reflections

What is an overnight reflection you had?

Enlightening *Collaborative* *Energetic*
Reminded me that I love public health *I have a visual picture in mind*
It was empowering to start a plan *Refreshing*

Ohio

What Other Data Points Might Your State Need for Tobacco Use by Behavioral Health Populations?

Where are we now?

Proposed Baseline (Mental Health)	Data Source
44.2% (Adults with poor mental health)	BRFSS 2013

Proposed Baseline (Substance Abuse)	Data Source
80.0%* (Adults with psychotherapeutic drug abuse or dependence) *the team is going to research a better data point; don't want to use binge drinking/heavy drinking	NSDUH 2002-2011** ** NSDUH data is a range of 10 years; can't use on a yearly basis

Where do we want to be?

Proposed Target (Mental Health)
Reduce smoking rates by 10% in the MH population by 2020 (44.2% to 39.8).

Proposed Target (Substance Abuse)
Reduce smoking rates by 10% in the SA population by 2020 (80.0% to 72.0%).

How will we get there?

If you are to achieve your target, how can your planning team members work together to impact the system?

Fonda – Disseminating information
Tracy/ Fonda - Working with youth led movement – peer to peer youth advocacy program
Ted – Disseminating information to providers – FQHCs, professional associations; getting data on providers and patients
Mandy – Working on survey data, for smoking prevalence in the SA population? Offering \$ to do policy work – adopting smoke free policies
Heather - Encourage local public health dept. to work with boards
Fonda – Smoke free buildings on her campuses
TFOA state tobacco coalition – encourage them to take this issue on and use their resources
ACS, ALA partnerships
Idea - Ohio partners for cancer control – add someone from MHA with tobacco experience to that group
Share cessation info as a part of recovery messaging
Incorporate this issue into youth led strategies
Share consistent messaging via professional associations

<i>Encourage local health depts. to work with ADAMH on this issue</i>
<i>Training for providers and a survey to measure # of providers already trained</i>
<i>Staff cessation as well as patients</i>
<i>Insure that all of psychiatric state hospitals are tobacco free inside and campus</i>
<i>Tobacco free hiring</i>
<i>Working Partners - Drug free workplace initiative, include tobacco cessation</i>
<i>State employees already offered cessation treatment encouraged through wellness environments</i>
<i>Peer centers going tobacco free?</i>
<i>Insurance policies with this population not all Medicaid coverage</i>
<i>Encourage expansion of NRT</i>
<i>Quitline – improving coverage - some services included but not all</i>
<i>Prisons, MH and SA treatment centers all be tobacco free</i>
<i>Smoke-free multi-housing</i>
<i>Wellness approach – adding tobacco-free signage, etc.</i>
<i>ACA compliant- tobacco coverage</i>
<i>Discussion with Department of Insurance</i>
<i>DAS-state employment tobacco free</i>
<i>NRT expansion</i>
<i>Adoption and compliance smoke free environments</i>
<i>PCMH initiative</i>
<i>Engage Medicaid and the 5 MCPs</i>
<i>Geographic focus areas</i>
<i>Education to these groups on referral strategies, info dissemination, etc.</i>
<i>Develop Quit protocols specific to each of these organizations’ areas of focus for MH/SUD clients</i>

Mobilizing Your State – Who Can Make This Happen?

Comprehensive list of potential partners

Name and/or position	Sector / Agency / Department	Person who will make initial invite
<i>Jason Wilson</i>	<i>Governor’s office of Appalachia</i>	<i>Tracy Plouck</i>
	<i>Appalachian Regional Commission</i>	<i>Tracy Plouck</i>
<i>Provider Associations: - Hugh Wirtz – Ohio Council - Brent Mulgrew - OSMA – Anne Spicer- OAFP - Melissa Arnold – Ohio AAP - Janet Shaw - OPPA - Larry Moliterno - OARP - John Wills- OOA – Bobbi Celeste - OPA</i>		<i>Ted Wymyslo</i>
	<i>Commission on Minority Health</i>	
<i>Membership Associations: - OACBHA – Fonda Freeman - OACHC – Ted Wymyslo - Health licensing boards – (Heather Reed has list of contacts) - Beth Bickford- AOHC - Chad Brown - OEHA - Lois Hall - OPHA</i>		

	<i>Consumer Family Groups:</i> - NAMI - OEC - OCCAR	
	<i>MCP and other payers</i>	
	<i>Advocacy orgs: ACS, AHA, ALA Cancer Action Network</i>	
	<i>State agencies: ODH, MHAS, ODM, Insurance, JFS, DVS, DRC, DAS Developmental Disabilities</i>	
	<i>Coalitions: Youth led, TFOA, OPCC, Re- entry</i>	
	<i>UHCAN</i>	
	<i>Fed. Partners: SAMHSA, CMS, CDC HRSA, National Council & NBHN</i>	
<i>Shannon Jones</i>	<i>Legislatures</i>	<i>Tracy</i>
	<i>-Government office – Faith based orgs.</i>	
	<i>Housing Associations</i>	
	<i>Academic Institutions: OSU, CASE</i>	

Next Steps to Implement in Your State

Next step	By when?	Contact/Lead
<i>Invite these folks to the planning team:</i> - ODM -Ohio Council -OEC -OCCAR -ALA- Shelly Kiser	<i>By July 2015</i>	<i>-Tracy invite all of them</i>
<i>Convene the new planning team for an in-person meeting.</i>	<i>By mid-Aug 2015</i>	<i>Tracy - Tracy's assistant may be able to help</i>
<i>Deeper Data Dive</i>	<i>By mid-July 2015</i>	<i>Angie will send her data person contact to Mandy</i>
<i>Look into finding a consumer who successfully quit to attend the meeting.</i>	<i>By mid-Aug 2015</i>	<i>Tracy/ Angie</i>
<i>Include evaluation components</i>	<i>By mid-Aug 2015</i>	<i>Angie</i>

Ohio's Reflections

What is an overnight reflection you had?

Action
Relevant data gaps
Challenging
Team work
Opportunities
Hope
Concrete progress
Saving lives

Wyoming

What Other Data Points Might Your State Need for Tobacco Use by Behavioral Health Populations?

Type of data	Possible data sources	Contact/Lead
% BH providers offering cessation services	State survey; NSSAT	Kelly Buckingham
% prevalence by socioeconomic level		Stephanie Pyle
% tobacco use prevalence by type	YRBS, WCIS	Stefan
% prevalence in Native American		
% smoking BH diagnosis	WCIS, Medicaid	Brenda Stout, Stefan
% smoke-free policy implementation		Stephanie Pyle
National ranking in smoking related chronic disease	America's Health Ranking, RWJF County Health Rankings	Chris Newman

Where are we now?

Proposed Baseline (Mental Health)	Data Source
38.2% (Frequent mental distress among current cigarette smokers)	BRFSS

Proposed Baseline (Substance Abuse)	Data Source
29.5% (Cigarette smoking rate among adult binge drinkers)	BRFSS

Where do we want to be?

Proposed Target (Mental Health)
Reduce smoking rates by 10% in the SA population by 2020 (38.2% to 28.2%).

Proposed Target (Substance Abuse)
Reduce smoking rates by 10% in the MH population by 2020 (29.5% to 19.5%).

How will we get there?

If you are to achieve your target, how can your planning team members work together to impact the system?

<i>Modeling at state levels, work with other state-level providers, share information, resources (top-bottom approach)</i>
<i>Brenda Stout (Medicaid education) at other sites</i>
<i>Emphasis on communication</i>
<i>Create team charter to push forward strategies</i>
<i>Chris Newman and all team members to have regular meetings, decide who to pull in, etc (monthly at first)</i>
<i>Chris Newman will work with Stephanie Pyle (quitline education), Brenda Stout (Medicaid benefits), Stefan (data collection, survey), and Kelly (providers)</i>
<i>Make sure each team member is updated regularly on each other's progress</i>
<i>Brenda Stout work with Kelly Buckingham to educate providers on Medicaid benefits</i>
<i>Bring together Medicaid data, WCIS data, quitline data and provider data to educate each other in order to find inadequacies</i>
<i>State-funded providers: requirement of smoking cessation treatment integration, nicotine dependence as diagnosis – add specific requirements to contract (see if already existing)</i>
<i>“Talk to your doctor” media campaign directed to providers, increase quitline referrals – provide materials to other groups (Board of Pharmacy, Medicaid channels, etc) – low/no cost</i>

Mobilizing Your State – Who Can Make This Happen?

Comprehensive list of potential partners

Name and/or position	Sector / Agency / Department	Person who will make initial invite
<i>WY Health, Volunteers of America, WAMHSAS, WIC Providers, Stacy SBIRT DD/ABI (Developmental Disability/Acquired Brain Injury)</i>	<i>Provider Groups</i>	<i>Kelly Buckingham Chris Newman (WAMHSAS) Stephanie Pyle (WIC) Brenda Stout (SBIRT)</i>
<i>Wyoming Medical Society NAMI PMO (Prevention Manag. Org) American Psychological Association American Psychiatric Association</i>	<i>Medical Advocacy</i>	<i>Sheila Bush Chris Newman Stephanie Pyle</i>
<i>Dental Hygienists – April Burton (State), Cassie (Internal), Dentist Association</i>	<i>Dental Groups</i>	<i>Brenda Stout</i>
<i>Nursing Association</i>	<i>Nursing</i>	<i>Stephanie Pyle</i>
<i>Mary Walker</i>	<i>Pharmacy</i>	<i>Brenda Stout</i>
<i>SBIRT</i>	<i>Public</i>	<i>Brenda Stout</i>
<i>WYSA</i>	<i>Youth</i>	<i>Chris Newman, Kelly Buckingham</i>
<i>Behavioral Health Advisory Council Champions of MH MH Licensing Board</i>	<i>Behavioral Health</i>	<i>Chris Newman</i>
<i>Medicaid, KidCare, Blue Cross/Blue Shield</i>	<i>Insurance</i>	<i>Brenda Stout</i>
<i>Tribal Health, Medicaid (Lindsey)</i>	<i>Tribal</i>	<i>Chris Newman</i>
<i>WDE (WY Dept. of Education) Dept. of Family Services (Medicaid)</i>	<i>Education</i>	<i>Joe S. Brenda Stout</i>

<i>eligibility)</i>		
<i>American Cancer Society Cancer Prevention Group</i>	<i>Cancer</i>	<i>Chris Newman</i>
<i>Steve L.</i>	<i>Department of Corrections</i>	<i>Chris Newman</i>
<i>Larry B.</i>	<i>Veterans</i>	<i>Chris Newman</i>

Next Steps to Implement in Your State

Next step	By when?	Contact/Lead
<i>-Review all data sources -Initial meeting to map out priorities, solidify objective to make our case. -Send "save-the-date" notifications to stakeholders</i>	<i>July 2015 (before August 1)</i>	<i>Policy Team (Chris Newman)</i>
<i>Create 1-pager on purpose of summit, importance of certain sectors</i>	<i>July 2015</i>	<i>Jessica and Katherine</i>
<i>Meeting with director(s) for buy-in, lay out goals</i>	<i>August 2015</i>	<i>Chris Newman, Stefan Johansson</i>
<i>Meet with senior management, lay out plans</i>	<i>August 2015</i>	<i>Chris Newman</i>
<i>Reach out to sector representatives, establish buy-in</i>		
<i>Set summit date goal for October (expectation) in Casper or Riverton. Alternative: early December.</i>		

Wyoming's Reflections

What is an overnight reflection you had?

Don't let perfect be the enemy of good

Insightful

Engaging

Informative

Motivating

Policy Academy Concluding Thoughts

“Ready to get started”

“Move forward and keep the momentum going”

“Connected to each other”

“Energized”

“Thankful”

“Eager”

“Informed”

“I didn’t know most of people before, they are a special group of people and fortunate to have met them and know them”

“Time for us to start strategizing”

“The conversations we had are really sincere commitments among our team members”

“Eagerness to go back”

By the end of the Policy Academy, state representatives learned what works, made commitments to change, and developed strategies to help individuals with mental illness and addictions live longer, healthier lives. The Academy helped catalyze communication between state departments and advocates and each learned to be successful in the implementation of organizing local efforts. In assuring success in the implementation of organizing local efforts it is important to remember these key points, have a catalytic leader to keep the momentum, perform proposal-based decision making (PBDM), manage and move through conflict, and remembering why you came together in the first place.

In conclusion, as mentioned by Acting Assistant Secretary for Health in the Department of Health and Human Services, Dr. Karen DeSalvo, “It is alarming that, despite declining tobacco use in the overall U.S population, smoking prevalence for adults with mental illness or substance use disorders has not changed significantly over the last couple of decades. We cannot be complacent when we hear that nearly three out of four people ages 12 and older who received substance abuse treatment at a specialty facility in the past year reported smoking cigarettes in the past month. We can change this.” Amongst creating new relationships and coalitions, states that attended left with an action plan and potential tools for implementation to create or build upon existing tobacco control and behavioral health initiatives within their states. Lastly, SAMHSA, SCLC, and NBHN are committed to supporting the states as they move forward in planning their potential summits.

“You are the people you have been waiting for.”

-Beroz Ferrell, RBF

Name	Action commitment
CHECK OUT	
Heather Reed	Talk with my staff in the comprehensive cancer program, and talk with them when I return
Mandy Burkett	Go into a deeper dive on our data
Angie Bergefurd	To keep this on the short list of priorities and weaving these through the number of initiatives that we are working on
Ted Wymyslo	Connect this conversation with primary care providers in our state
Fonda Freeman	Dedicated to work on awareness and dissemination of information. State wide one pagers
Clare Lemke	Put together a one pager, with background information to why, and goals, that we can bring with us, when we talk to potential stakeholders, and a list of questions to ask them
Bobbi Perkins	Staying engaged internally, state and local levels
Mark Wamsley	Provide funding
Anne Barnhill	I commit to begging for more money, also making sure we meet face to face
Carrie Lutkehus	Continuing my own education on tobacco, and educating my staff, and sharing information with my brother
Greg Holzman	I commit to do what I am told by my group, to help get information out to colleagues
Chris Newman	Dept. of health senior to make priority, keep forefront
Stephanie Pyle	Continue momentum, share with team, work across units
Brenda Stout	Collecting Medicaid data, creating time to work on this project; priority
Stephan Johansson	I like to commit, data sharing, and using the resources that are in my office, for analysis
Kelly Buckingham	Continue research for best practices for tobacco free campus
Dennis Ailes	Report to mental health and addiction, tell him what I have committed us to
Kim Manlove	I am keeping with some of what I said before, carrying this conversation to umbrella org, mental health org of Indiana, spread message
Miranda Spitznagle	Share fund elements, tangible tool, PBDM
Katy Crawford	Take info back to staff, real opportunity make sure everyone back at home understands that
Joan Duwve	Commit to reminding Wilson Compton to include tobacco treatment speaker for IN in October. Taking message home.
Shelina Foderingham	Talk to Catherine and Doug and how we can support everyone as a network
Judy Baker	Going to Dept. of Medicaid, get buy in to cabinet. Trying to meld with CMS, tobacco cessation group, combined effort to push forward
Bobbie Gray	Provide QL data, navigating senior leadership in DPH
Ron Easterly	Commitment, relate enthusiasm to all colleagues
Wendy Morris	Explore funding options, look for champions in MH system
Amy Jeffers	Go back on Monday and share this information and get the ball rolling with networks, share with meetings I attend.
Amanda Fallin	Helping with script and fact sheet to use when reach out to partners
Diedra Seidman	Get calls scheduled, I am committed to any states to help CMS partnership. I would be happy to work with you
Gil Lorenzo	Reflecting on policy academy from last year and how we can be supportive to the states this year
Christine Cheng	Helping Montana, providing resources and webinars.
Doug Tipperman	Working with National Council and SCLC to support all states, change happens best at global level. Strong national commitment. Thank you for being a part of this. This is flagship effort of SAMHSA to target tobacco health in MH.
Catherine Saucedo	We are committed, and we prioritize you all. You are ready and you are interested. Using us to help you create a successful action plan. We are here for you. Working with Shelina, concrete dollars that can help make this happen. We just need to identify what you want to do. Educating and other strategies, CME/CEU to state providers...