



SAMHSA's 2014 State Policy Academy on Tobacco Control in Behavioral Health

June 19-20, 2014

Substance Abuse and Mental Health Services Administration (SAMHSA)

1 Choke Cherry Road, Rockville, Maryland 20857

POLICY ACADEMY ACTION PLAN

The following five states were selected to participate in the SAMHSA Policy Academy for Tobacco and Behavioral Health: Hawaii, Louisiana, Massachusetts, Minnesota, and West Virginia.

The Policy Academy provided an opportunity for participating states to begin building a collaborative action planning process to address tobacco use by those with mental and substance use disorders. In addition, the Policy Academy served to prepare states to convene a local *State Leadership Academy for Wellness and Smoking Cessation*.

The following action plan captures the collaborative work from the 5 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

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

State teams discuss developing their own data walk and developing data for “where are we now?”

Hawaii

- Percent of smokers with MH/SA - BRFSS, NSDUH
- Pregnant smokers - PRAMS
- At risk youth/adolescent – NYRBS, NSDUH
- Percent trained tobacco cessation providers (SMI/Culturally distinct/SA) TBD
- Readiness to quit for BH population
- Profile of Medicaid smokers and providers who offer cessation - Medicaid
- Quitline data on BH callers and provider referrals – Allere/Quitline vendor
- What evidence based practices are available and where
- Sale to minors/infractions - SYNAR

Louisiana

- Demographics of BH population; socio-economic status
- Quitline data to get demographics specific to behavioral health
- How many MH/SA facilities offer cessation services?
- Trust has data on 200,000 smokers in database of general population
- FQHC data
- Data by region in LA
- Youth initiation data
- How to increase access to cessation services that are paid for by the Trust
- Data by occupation

Massachusetts

- Data on Youth (at risk and those w/addiction and/or MI) - YRBS/Youth survey
- Data on gender, and race – BRFSS, NSDUH, NATS, NHIS

Minnesota

- Quitline data on BH callers and provider referrals - Clearway
- BH/SA facilities (patients and staff)
- Provider tobacco treatment training
- Rural vs. Urban
- Percent of income spent on cigarettes- pull various measures from NSDUH, BRFSS, MATS, MSASU.
- Baseline – will refine and use one survey basis for both.

West Virginia

- Youth tobacco surveys- Arkansas Youth Tobacco Survey
- Survey for ages 18-24- BRFSS (annual); Adult Tobacco Survey (every two years)
- Co-morbidity data
- Progress vs. health issues and impacts that the health issues have overall
- Annual disclosure of politicians that cut funding from tobacco research
- Research on increased cost of smoking and its effect on smoking rates

State Baseline and Targets

Each State decided on a preliminary proposed baseline and target that will answer the question "where are we now?"*

State	Data Source	Proposed Baseline	Proposed Target
Hawaii	BRFSS ADAD	Smoking prevalence among those diagnosed with mental illness: 28%	6% reduction in 4 years
		Smoking prevalence among those with substance abuse disorders: 41%	8% reduction in 4 years
Louisiana	BRFSS	Smoking prevalence among those diagnosed with mental illness: 48%	5% reduction by 5 years
		Smoking prevalence among those with substance abuse disorders: 38%	5% reduction by 5 years
Massachusetts	BRFSS	Smoking prevalence among adults 18 and over: 16.4%	Reduce to 11.4% in 5 years
		Tobacco use among those with mental illness: 37.4%	Reduce to 32.4% in 5 years
		Tobacco use among those with substance abuse disorders: 30.4%	Reduce to 25.4% in 5 years

State	Data Source	Proposed Baseline	Proposed Target
Minnesota	Minnesota Adult Survey and Minnesota Adult Tobacco Survey	Tobacco use among those with mental health disorders ---31%	Reduce by 5% in 3 years
		Tobacco use among those with substance abuse disorders ---23.8%	Reduce 5% in 3 years
West Virginia	BRFSS	Smoking prevalence among adults 18 and over: 28.2%	Reduce by 5% by 2019
		Tobacco use among those with mental illness: 40.3%	Reduce by 5% by 2019
		Tobacco use among those with substance abuse disorders: 45.4%	Reduce by 5% by 2019

*Baseline data points are preliminary and may be refined if other information exists

How Will We Get There?

Each State Identifies Multiple Strategies

Hawaii			
Strategy	Who	What	When
<i>Data Development</i>	<i>All with Lila, Mark, Stacy - Leading</i>	<i>Id existing data and create new - issue a directive within 3 months that insures 90 percent of consumers are asked if they smoke</i>	<i>Within 3 months</i>
<i>Partner Development (existing)</i>	<i>Kimo, Naomi, Eliza, Mark</i>	<i>Identify existing partners to help make change Connect with existing State tobacco plan contacts for core contacts and for future partners after the summit.</i>	<i>Within 3 months</i>
<i>Partner Development (new)</i>	<i>ALL state team members</i>	<i>ID new strong partners to help move the needle. Each state team member will invite one on one</i>	<i>At Policy Academy but personal invitations within 3 months</i>
<i>Consumer and Advocate Engagement</i>	<i>Naomi</i>	<i>Educate, engage, involve. Add to list</i>	<i>Within 3 months</i>

Hawaii			
Strategy	Who	What	When
<i>Provider Engagement</i>	<i>Mark and others</i>	<i>Connect w/ providers in the field through DMH, Medicaid, and Consumer organizations</i>	<i>Within 3 months</i>
<i>Quitlines</i>	<i>Lila</i>	<i>Data development Promote to bh community Promote to providers</i>	<i>Data development – 2 weeks Tie to communication plan</i>
<i>Communication</i>	<i>Lila, all</i>	<i>Specific to BH and BH providers</i>	<i>Within 3 months</i>

Louisiana			
Strategy	Who	What	When
<i>Medicaid</i>	<i>Jim, Caroline, Quinetta, Leslie (also include leadership like Dr. Dunham and other state leaders)</i>	<i>Medicaid / health plan contracts: collection of tobacco use data to be included in RFP</i>	<i>Within 2-3 weeks</i>
<i>Funding</i>	<i>Dennis, Yolanda, Quinetta</i>	<i>Locate funding availability</i>	<i>Within 3 months</i>
<i>Provider Education</i>	<i>Yolanda and Jim</i>	<i>Contacts for providers seeking education (first in line would be tob control)</i> <i>1. Tobacco control department/staff 2. Quitline 3. LGEs to its local providers</i>	<i>Ongoing</i>
<i>Policy</i>	<i>Caroline, Leslie, Quinetta</i>	<i>Review existing policies and recommendations for new ones</i>	<i>Ongoing</i>
<i>Data Development</i>	<i>Leslie, Caroline, Jim, Quinetta,</i>	<i>Determine what data is needed or is missing</i>	<i>Ongoing</i>
<i>Consumers</i>	<i>TBD</i>	<i>Invite peer/consumer group such as NAMI, MHA, or from the BH advisory council to state summit</i>	<i>By the time invites go out for state summit/ongoing</i>

Massachusetts			
Strategy	Who	What	When
<i>Convening and Funding</i>	<i>Marcia</i>	<i>Invite a list of designated people to a leadership academy</i>	<i>October 2014</i>
		<i>Formulate agenda</i>	<i>October 2014</i>
		<i>Collaborate with Mass Health on any issues DMH wants to fund</i>	<i>December 2014</i>
<i>Data Analytics</i>	<i>Anna</i>	<i>Pull out detailed data on gender, race, etc. from BRFSS</i> <ul style="list-style-type: none"> • <i>State data</i> • <i>Craft story and compare with national data</i> 	<i>August 2014</i>
		<i>Form group to meet regularly until Leadership Academy</i>	<i>June 2014</i>
		<i>Identify other data (national—NSDUH, NATS, NHIS)</i>	<i>TBD</i>
<i>Clinical Standards and Implementation</i>	<i>Kathy and Dan</i>	<i>Disseminate tobacco cessation treatment; build protocol into assessments</i>	<i>TBD</i>
<i>Consumer Messaging</i>	<i>Russell</i>	<i>Talk about solutions, health activities, do alternative messaging, work with DMH Office of Communications; anti-smoking part of recovery process</i>	<i>July 2014</i>

Minnesota			
Strategy	Who	What	When
Provider Education	Jared, Pat, Ed	Develop a menu of educational topics for webinars	July 15 th , 2014
		Host webinars	Starting September 2014
Policy	Jerry, Ed	Bring up tobacco epidemic as a priority with the 10 by 10 Group	June 24 th 2014 (next meeting)
Data Development	Jerry, Donna	Collect data from MN Adult Survey, MN Survey on Adult SU, NSDUH, BRFSS and review data gaps	August 2014
		Connect group to data sources (esp. American Indian data)	

West Virginia			
Strategy	Who	What	When
Funding	Bruce, Jim, Lisa, Kathy	If you continue to take federal money... All of your mental health facilities will be tobacco free. Any type of funding from a federal source is essential to going tobacco free Community transformation grant, strategic direction one	TBD
		Division of Tobacco Prevention will fund Lisa's smoking cessation classes in a variety of treatment facilities	June 2015
Policy	Rachel Moss and Lisa	Tobacco free campuses, all health facilities	TBD

West Virginia			
Strategy	Who	What	When
Provider Training and Education	Janine, Bruce, Jim, Lisa	Provide 4 specific mental health provider tobacco cessation trainings- targeted towards mental health providers-CME Training them to counsel their patients and incorporate into their practices, tobacco cessation	June 2015
		TA on how to screen using SBIRT	
		Address tobacco cessation as part of regular treatment for Pregnant women. Provide resources for smoking cessation. Rely on colleagues for training	
		Offer eight smoking cessation groups in all Prester Center locations, encompasses eight counties (MH and SA population are clients)	

Proposed Strategy Categories from All States
Partner Development (ID existing and new partners)
Data Development and Analytics (add new data points, collect existing information to measure progress)
Consumer Engagement/Consumer Driven
Communications (media, public relations)
Provider education (Primary Care, Behavioral Health and Community Based)
Quitlines
Funding
Medicaid/Health plan contracts
Policy

ID and/or Create Tobacco Treatment Centers (i.e. Nicotine Anonymous and peer led services)

Clinical Standards and Implementation (Establish Statewide Protocols for tobacco treatment)

Day One Concluding Thoughts

What did you appreciate about today?
Performance Partnership Model (Leadership Academy)
<i>Appreciated process of proposal based facilitation</i>
<i>Amazing how it was put together so efficiently; got us energized</i>
<i>Process; meeting new people and getting to know state team members</i>
<i>Being here, structure of leadership academy, can use this for tobacco and other programs</i>
<i>Appreciate depth of model, structure of leadership academy is fabulous, only knew folks through email, names and faces, expert in all area.</i>
<i>Appreciated the process, thinking creatively on how to take back to other workgroups; Worked with people at tables in different roles, sitting together on how to integrate this one issue</i>
<i>Going through the process, like minded folks;</i>
<i>Didn't see people falling asleep, testament to leadership during meeting</i>
<i>Good pace, content, rest of BH, SAMHSA taking role. Health issue that's killing people</i>
<i>Process is tough to get used to, pushing out of our comfort zone, benefit, all about results!</i>
<i>Pace and being in the process, being able to do what we can't do at home base, and really delve in to time, definition of leadership is working toward convergence vs. hierarchy to change culture</i>
Motivation for Success
<i>Positive</i>
<i>Appreciate and thank everyone for hard work</i>
<i>HI stamina throughout the day, because of flight issues.</i>
<i>Energy and expertise has been one of the best; going to go somewhere and make it happen</i>
<i>Enjoyed team and different personalities, can learn from all</i>
<i>Appreciate the team and being part of it</i>
<i>Appreciate attitude and creativity</i>
<i>Excited to feel the positive energy and going back to get something done</i>
<i>Saddened in the beginning with statistical information; distressing; but energy was really invigorating, came up good ideas and plans, was fun</i>
<i>Excited to make changes and be #1, caveat of more to do, trifecta clean air, tax, program, data around BH population hasn't changed.</i>
<i>Like the idea of inclusiveness, nothing about us without us, people support what they help create, appreciate including voice of those who you are helping</i>
<i>To be able to keep humor, thanks to everyone</i>
<i>Energy was great, liked being able to hear different conversations at the tables</i>
<i>Worthwhile to take a step back</i>
Collaboration with Other States
<i>Got to hear from other states</i>
<i>Support. Sharing information, discussion of national realm how we can contribute as 5 states</i>
<i>Appreciate hearing from everyone, helps with my perspective, having the state team here and build on own plans, and get on the same page</i>
<i>Appreciate hearing all other perspectives, action orientated</i>
<i>Opportunity learn from state colleagues and , platform for public health, thank you for pulling it all together</i>
<i>Collaboration, and being focused on the issue, in a processed way</i>
<i>Appreciate table and everyone here</i>
<i>Goal orientated; listen to contributions, positive atmosphere; adopted by MA group</i>

<i>Collaborative spirit;</i>
Education/ Resources / Technical Assistance
<i>Ask Dr. Schroeder and Dr. Koh to speak with Medicaid leadership in WV</i>
<i>Amount of knowledge and resources available to LA and all states</i>
<i>Appreciate gaining insight and awareness , state-specific to LA, learning things to do differently to serve the population</i>
<i>Hearing from Dr. Koh, knowing everyone is on same page</i>
<i>Federal representation, project offices; thanks</i>

Day Two Check In

What do I know about Leadership Academies?
Results-based Format
<i>Focus is on results</i>
<i>Okay to use the same baseline as you used before, need to build on it</i>
<i>Structure and process is similar evidence-based practices</i>
<i>Generation of ideas always leads to solutions</i>
<i>Outcomes involve multiple strategies, not one magic bullet</i>
Emphasis on Collaboration
<i>Multiple strategies, multiple sectors</i>
<i>Many people need to be in the room for a comprehensive plan</i>
<i>Single person strategy and 5-person strategy are both equally effective</i>
<i>Dynamic</i>
<i>Collaboration is key; having the right people at the table essential</i>
<i>Collaborations and partnerships will help execute goals</i>
Speed
<i>Groups can agree on and make decisions rapidly</i>
<i>Moving quickly to get results</i>
<i>Technique to convergence quickly, from plan to action</i>
<i>Focus is on shortening how to do , timely manner, act on it</i>
<i>How quickly to realistic and impactful results?</i>
Effective Facilitation
<i>Impressed by facilitation, gives skills to collaborate with other agencies,</i>
<i>The facilitator teaches skills to collaborate with other agencies</i>
<i>Passion in the room is channeled in a particular direction in a good way</i>
Participation by all/Everyone's voice counts
<i>Equal participation is important; everyone had something to contribute to make strategies into reality</i>
<i>Good way to get people involved</i>
<i>Proven to be effective if necessary leaders identified agree to get involved</i>
<i>Constrained involvement of stakeholders</i>
<i>Everyone says what is feasible for them to do</i>

Who Can Make This Happen?
Comprehensive List of Potential Partners

Hawaii	Louisiana
<p>DOH</p> <ul style="list-style-type: none"> <i>Adult MH/ Child MH</i> <i>Tobacco Prevention & Education Program</i> <i>Office of Health Equity</i> <i>Hawaii Peer Specialist</i> <i>Office Program Improvement</i> <i>Alcohol & Drug Abuse</i> <i>Developmental Disabilities/Chronic Disease</i> <p>DHS</p> <ul style="list-style-type: none"> <i>Medicaid Plans</i> <i>Medicaid Leadership</i> <p><i>Public Housing Authority</i></p> <p><i>Epidemiologist – Data representative</i></p> <p><i>Providers – Primary Care Association and HHC</i></p> <p><i>Department of Defense / VA</i></p> <p><i>Faith-based Organizations</i></p> <p><i>Native HI Healthcare Systems</i></p> <p><i>Unions/ Labor</i></p> <p><i>Local leadership – county level</i></p> <p><i>State legislature – senate & house rep.</i></p> <p><i>Quitline</i></p>	<ul style="list-style-type: none"> <i>Council on Alcohol and Drug Abuse</i> <i>Potential funders?</i> <i>Provider Association</i> <i>LGEs – local government entity</i> <i>Possible funder</i> <i>Insurance Companies</i> <i>LA insurance commissioner</i> <i>Federal Reserve Bank? As it relates to housing</i> <i>HUD/housing authority</i> <i>More than one epidemiologists</i> <i>City Health Department/Health Commissioner</i> <i>Magellan</i> <i>Bayou Health Plan</i> <i>LA Association of Business and Industry</i> <i>Chamber of Commerce</i> <i>Youth/school districts</i> <i>Juvenile justice</i> <i>Department of Family and Children DFC</i> <i>DoCorrections</i> <i>DoJ</i> <i>DoE</i> <i>State Psychiatric Hospital</i> <i>LA Hospital Association</i> <i>LA Primary Care Association</i> <i>HIV/AIDS</i> <i>Sex industry</i> <i>Universities/ Tulare/LSU</i> <i>Pfizer/GSK</i> <i>Child/maternal health – pregnant smokers</i> <ul style="list-style-type: none"> <i>Faith based orgs</i> <i>Media/public relations</i> <i>Prevention research center?</i> <i>Hospice</i>

Massachusetts	Minnesota
<p> <i>National Empowerment Center/MHA/NAMI/P&A Transformation Center MassHealth (Medicaid) State Mental Health Plan Council Transitional Youth Coordinator UMass Medical School Medical Director, NAMI and Medical Director of Behavioral Health, BlueCross Blue Shield of MA Blue Cross, Tufts, Harvard Pilgrim Managed Care Div. of Insurance Insurance Commissioner Health Policy Commission Center for Health Information and Analysis (CHIA) Mass Medical Society Mass Psychiatric Society Frames Project (creative) Institute for Health & Recovery Quitline Vendor Hospital Stakeholder Community Services CVS/Minute Clinic Labor Unions Mass. Nurses Association Faith-based coalition Group Insurance Commission (GIC) DPH Health clusters in HHS VA Commissioner Legislature; MH/SA committee DMH PR DMH Prevention/Synar Harvard School of Public Health Community prevention organizations Multicultural Affairs Department of Corrections Community Colleges American Lung/Heart/Cancer</i> </p>	<p> <i>MN Medical Association Sheriff Association Center For Prevention Blue Cross Blue Shield Unions Legal Aid Representative County Directors MN Housing Finance Association DHS MDH Department of Education Legislators Consumers Veterans/VA Underserved Pop. Org ACS Hospice Indian Health Service Board of Behavioral Health Medicaid MNSCU MAYO Tribal Health Representatives D.E.E.D Clear Way Health Plans M.A.R.R.C.H M.A.T.D. MN Recovery Mental Health Provider Association Pfizer Psychiatrists Hospital Association Council of Churches</i> </p>

West Virginia

OCH-HSP Dr. Dreema Mase
Mark Drennan- Behavioral Health Association
Jeremiah Samuels- Assistant Secretary- DHHR
Linda Paule- behavioral Health Consumer Association
Steve Cook- Synar Coordinator and FDA
Anne Goldberg- Bureau of DPH
Dr. Maxwell- Neonatologist and state leader
Marshal University School of Medicine, Dr. Brenda Mitchell- Main Trainer for HCP
Division of Primary Care- Jones Skaggs
William Miller- West Virginia School Osteopathic
Internal Fetal Medicine- Dr. Courtney Cuppett- OBGYN
Carla Van Wick- Innovation Grant- Transitions in Care
Perry Bryant- Lawyer
Jim Becker- Medical Director
Medicaid- Nancy Atkins, have communications with her, get health commissioner to contact her
Pat Woods- Person who oversees Medicaid tobacco cessation
WVPIA- Ted Cheatham- Lawyer and State Director
Blue Cross Blue Shield
Nedia Henderson- PEIA
State Chamber of Commerce/Local
Victoria Jones- Chair of GAXSA?
WV Insurance Commissioner's Office- Jeffrey Beakes
West Virginia School of Dentistry- Dr. Dick Meckstroth
WVHA- Cinny Kittle
West Virginia Prevention Research Center- Dr. Jeri Dina
Kernal Eishenhauer- Medical Director of WV National Guard
Legislatures
Craig Richards- Director Male Prevention
Director of Sharp Hospital
Media- Ken Ward
WV- US District Attorney's Office- Booth Goodwin
Highmark BCBS (Insurance) ACA provider for WV
Andrew Barrish- Executive Director
Behavioral Health-Jackie Payne
Adult Mental Health Director- Pegg Moss
Director of IEP Services- Beth Morrision
Director of Consumer Affairs and Community Outreach- Elliott Burkham
Deputy Director for Child Families- Su Hage
Medicaid- Cynthia Parsons
Deputy Commissioner- Mental Health Services- Cynthia Bean
DHHR- Karen Bowling
PPH- Anne Williams

Next Steps to Implement in Your State

Hawaii		
Next step	By when?	Contact/Lead
Tier one next meeting In person – conference call - Discuss funding / need a budget	2 nd week of July 11 th – 10am	All
Short term data refinement Refining Baseline - Point in time – Adult pop. 5,000 ppl. Status of current/former/never – willing to quit and do they live with someone who smokes –	August. 15, 2014	Stacey
Short term data refinement - ADAD – refining through their providers per contract – make it required in EMR	TBD – roughly August 15, 2014	Stacey
Set a date for summit – have the summit in 2014	Will make this decision in the next week	all

Louisiana		
Next step	By when?	Contact/Lead
Add language to health plan RFPs – for implementation in 2015	2-3 weeks	Jim
Data needs – Medicaid claims, QL, etc.	1-3 months	Caroline, Jim, Josh Harding (?), Ryan Bilbo (?),
Secure funding for hosting state summit - send request to Pfizer, Louisiana Cancer Consortium, other agencies – multiple sponsors	1-3 months	All
Refine Invitation list	-	All
“Clinical Advisor” adding collection of smoking status (EHR)		All
Confirm LA liaison	Done	Quinetta
Set state summit date	-	ALL
Join NBHN collaborative	1-2 weeks	Shelina

Massachusetts		
Next step	By when?	Contact/Lead
Identify key sponsors; Kathryn Powers, SAMHSA; NAMI; DMH/DPH	30 days	Marcia
Contact Foundations for support (Rose, Bear, DPH commissioner foundation)	3 months	Marcia
Audit of existing available data		Anna
DMH involvement; discuss Leadership Academy at advisory meetings		Dan
Look at existing policy as a mechanism for engagement and support		Kathy
Talk about solutions and alternative messaging, working with Office of Communications to include anti-smoking as part of the recovery process	1 month	Russell

Minnesota		
Next step	By when?	Contact/Lead
Finalize list of invitees/choose a Save the Date/consider locations & academy length	October, 2014	Pat
Collect data & review data gaps etc.	August, 2014	Jerry
Connect to data sources	August, 2014	Donna

West Virginia		
Next step	By when?	Contact/Lead
Gain buy-in/support from WV organizations/partners; Set up internal meeting and start setting up regular meetings and create planning committee	July-August, 2014	Jim, Bruce, Kathy, Rachel
Planning for Academy <ul style="list-style-type: none"> a. Inviting the right people b. Needed research, to conduct a gallery walk c. Sending out invite d. Outreach to get an idea of who is on board e. Set a date after two quarters for the Academy 	August-September, 2014	WV team and DHHR
Host Academy	October-November, 2014	WV team and DHHR

Day Two Check Out

Closing Comments and Personal Action Commitments
Advocacy
Jim – LA – In a tight timeline for Medicaid contracts; hard wire language in to RFPs on tobacco cessation; advocate we don't short change the process of facilitation looking outside for help – collect to get the right people
Dennis – LA – Commit to support the group; keeping the group together
Naomi – HI- Support this team and take this back to my co-workers and changing the public's view
Kimo – HI – Get groups I work with to get on board
Stacey – HI- Keep team moving forward; get right the people on board ; listen to what the concerns are help crushing barriers;
Marcia – MA – Build enthusiasm with leadership team
Gil – SCLC – Follow up with resources with MA team
Erica – NIDA – Take what I learned her to NIDA to reduce the mortality and morbidity in their states
Community Outreach
SAMHSA PO – MN – Reach out and connect; support
Shelina – NCCBH – Reaching out to join the network and take advice to give to others
Yolanda – LA – Connect/keep in touch with group; meet with EDs this should be a priority and how we are going to make it work
Mark – HI – Convey to DOH and rope them in
Libby – HI – Insure Director of Medicaid to have complete buy in to success project
Kathy – MA- Meet with area medical directors to refine policies and getting things going
Janine – WV - Talk to physician leaders in OBGYN to get their support and participation
Data Collection and Health Messaging
Anna – MA – Working on data and keep the group together
LA- make sure prevention message doesn't get lost
Lyla – HI – Access to tobacco control communications...Raise it on their radar and identify funding
Russell – MA – Struck data – MH and SA – die earlier - change the messaging – not taking away but adding menu – well-being health – work with communications director
Quinetta – LA – keep this group together and keep momentum – scheduling debrief with executive management team. Submit proposals – which way we want to go
Identifying Stakeholders and State Leaders
Pat – MN – talk to the folks in my state to get funders for their Academy; extremely committed to this; personal priority – also have deep connection in North Dakota
Dan Breslin – MA – Identifying people for the leadership academy
Rachel – WV – Connecting with other departments to move forward with the academy
Catherine- SCLC will offer webinars with free CEU/CME to any participants from your state, send you any future grant/funding opportunities through our connections with Pfizer or otherwise and support you on your statewide effort anyway that we can. Call us!
Doug- SAMHSA is committed to this issue. Block grant funds may be used to support your statewide summit.
Steve – This isn't glamorous work that we do, but it is important work. It was great seeing everyone here, you all worked very hard during this academy and I know that you will continue the good work back at your home states.