

---

# Rhode Island Leadership Academy for Wellness and Tobacco Free Recovery

Wednesday and Thursday, July 14-15, 2021  
12:30-5:00pm ET  
Via Zoom (virtual)



## Welcome to the RI Virtual Summit!

Dear State Partners: We are pleased to invite you to a virtual convening of the **Rhode Island Leadership Academy for Wellness and Tobacco Free Recovery (RI Virtual Summit)** on Wednesday, July 14, and Thursday, July 15, 2021, from 12:30 p.m. to 5 p.m. EST on each day.

The purpose of the RI Virtual Summit is to: Develop effective low-cost strategies to reduce the prevalence of tobacco dependence among people with behavioral health disorders; analyze gaps and barriers to achieving the set target; and share resources and strategies. Together, we will design an action plan and share commitments and contributions to strengthen and promote tobacco-free recovery for those we serve in our communities.

You have been invited to participate because of your leadership role with this disparately affected population group and for your work on policy issues, experience in data collection, or expertise in developing best practices related to tobacco cessation. Representatives of the Smoking Cessation Leadership Center (SCLC) at the University of California, San Francisco (UCSF) will facilitate these and other important discussions at the RI Virtual Summit.

Tobacco use and addiction exert a tremendous toll on Rhode Islanders living with mental health or substance use conditions. Tobacco addiction interferes with recovery efforts for individuals struggling with these issues. People with behavioral health conditions smoke cigarettes at two to four times the rate of the general population. In Rhode Island, 25% of individuals with frequent mental distress currently smoke cigarettes, compared to 13% of the general adult population. Individuals with at least one behavioral health condition comprise 60% of all Rhode Island Quitline participants. However, they had a lower quit rate than smokers who did not identify a behavioral health condition (15% vs. 20%) in 2019.

The RI Virtual Summit organizers include the Rhode Island Department of Health (RIDOH), the Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (RI BHDDH), and the Executive Office of Health and Human Services (RI EOHS), in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), the US Centers for Disease Control and Prevention (CDC), National Behavioral Health Network for Tobacco and Cancer Control (NBHN), and SCLC/UCSF as the SAMHSA National Center of Excellence for Tobacco Free Recovery.

As one of NBHN's designated State Strategy Sessions, the meeting will also address cancer and tobacco use disparities in the behavioral health population. Using the Performance Partnership model, we will closely examine the overarching, measurable goal for the reduction of tobacco use.

The RI Virtual Summit's scheduled days will be organized as an integrated whole, and so we ask that you commit to attending the entire summit. We look forward to your valued participation in this event.

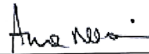
Sincerely,



Thomas M. Lane  
Chief Operating Officer  
RIDOH



Richard Charest  
Director  
RI BHDDH



Ana Novais  
Assistant Secretary  
RI EOHS

---

# Table of Contents

## Contents

RI Virtual Summit Agenda .....	4-5
Summit Gallery Walk .....	6-16
Rhode Island Supplementary Resources .....	17-24
I COVID QUIT Campaign .....	25-27
Speaker Bios .....	28-30
Participant List.....	31-35

# RI Virtual Summit Agenda

## ***Rhode Island Leadership Academy for Wellness and Tobacco Free Recovery***

Wednesday and Thursday, July 14-15, 2021

**12:30-5:00 pm ET/9:30 am-2:00 pm PT**

via Zoom

The purpose of this reconvening summit is to update the action plan for the State of Rhode Island to reduce tobacco use among people with behavioral health disorders (mental health and substance use disorders).

1. *Where are we now? (Baseline)*
2. *Where do we want to be and by when? (Target)*
3. *How will we get there? (Multiple Strategies)*
4. *How will we know if we are getting there? (Evaluation)*
5. *What will each of us do and by when? (Next Steps)*

Wednesday – July 14, 2021	
12:15 pm	<b>Virtual Room is Open</b>
12:30 pm	<b>Welcome and Introductions</b> <i>BHDDH Leadership</i>  <b>Performance Partnership Summit (PPS) Overview and Check-In (Breakout Rooms)</b> <i>Raj Chawla, Facilitator</i>
12:40 pm	<b>Gallery Walk (Breakout Rooms)</b>
1:45 pm	<b>Break</b>
2:00 pm	<b>Question 1: Where are we now?</b>
2:20 pm	<b>Presentation – Overview of Innovations in Tobacco Dependence Treatment for the Behavioral Health Population</b> <i>Taslim van Hattum, LCSW, MPH, Senior Director, Practice Improvement &amp; Consulting  National Council for Mental Wellbeing</i>  <i>Catherine Saucedo, Deputy Director  Smoking Cessation Leadership Center</i>

3:00 pm	<b>Break or networking time</b>
3:15 pm	<b>Question 2: Where do we want to be? (Breakout Rooms)</b>
3:45 pm	<b>Question 3: How will we get there?</b>
4:30 pm	<b>Check-Out and Reflections from the Day</b>
5:00 pm	<b>Day 1 Adjourns</b>

<b>Thursday – July 15, 2021</b>	
12:15 pm	<b>Virtual Room is Open</b>
12:30 pm	<p><b>Welcome Back</b> <i>Neil Hytinen, RIDOH Chief Public Affairs Officer</i></p> <p><b>Check-In (Breakout Rooms)</b> <i>Raj Chawla, Facilitator</i></p>
12:45 pm	<p><b>Peer Presentation</b> <i>Dan Chappell</i> <i>Lisa Quinn</i></p>
1:10 pm	<b>Break or networking time</b>
1:45 pm	<b>Question 4: How will we know if we are getting there? and Develop Strategy Objectives and Performance Plans</b>
3:15 pm	<b>Break</b>
3:30 pm	<b>Question 5: What will each of us do and when? And Strengthening and Integrating Strategy Work Groups</b>
4:30 pm	<p><b>Check-Out and Action Commitments</b></p> <p><b>Closing Comments</b> <i>James Rajotte, OHHS Chief Strategy Officer</i></p>
5:00 pm	<b>Adjourn</b>

# Gallery Walk

## Where are We Now?

The purpose of this Gallery Walk is to provide a snapshot of data regarding tobacco use among the behavioral health population in Rhode Island.

Please review the following slides prior to the July 14-15<sup>th</sup> summit and reflect on the following questions. There will be opportunity to discuss the data during the event as well.

## Directions:

Reflect on what you see in the gallery walk and answer the following questions:

1. What is the current state of tobacco use in Rhode Island? How does it compare to the rest of the nation?
2. What do you notice about the connections between tobacco use and
  - a. People with mental illness?
  - b. People with substance use disorders?
  - c. Chronic diseases and cancer?
3. Was there specific data that you found interesting or compelling and if so why?
4. How central is the need for tobacco dependence treatment and education to your daily work and/or life? What experiences in your own life infuse passion into your work around tobacco?
5. What specific data points did you find that measure tobacco use in individuals with mental illness and/or substance use disorders in Rhode Island?

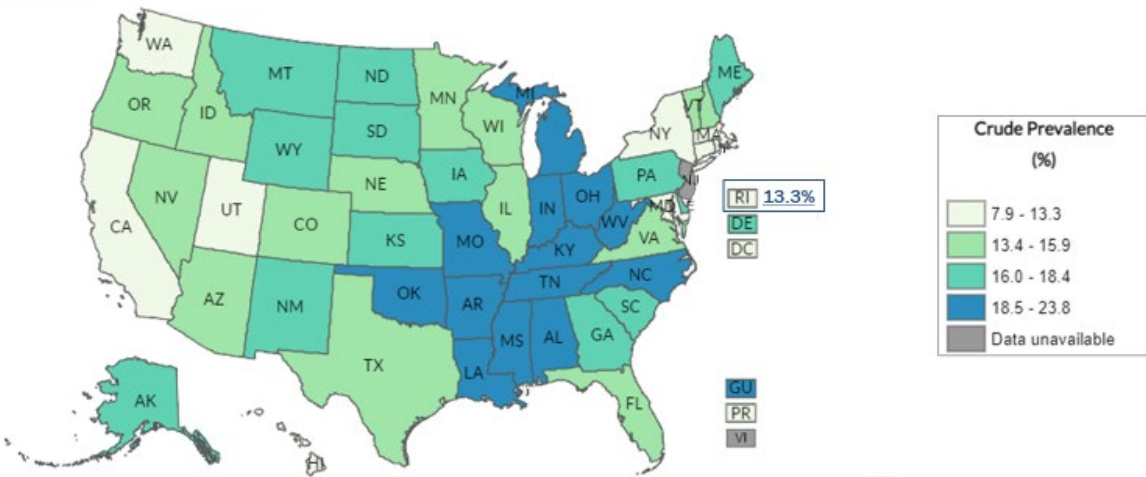


# Gallery Walk

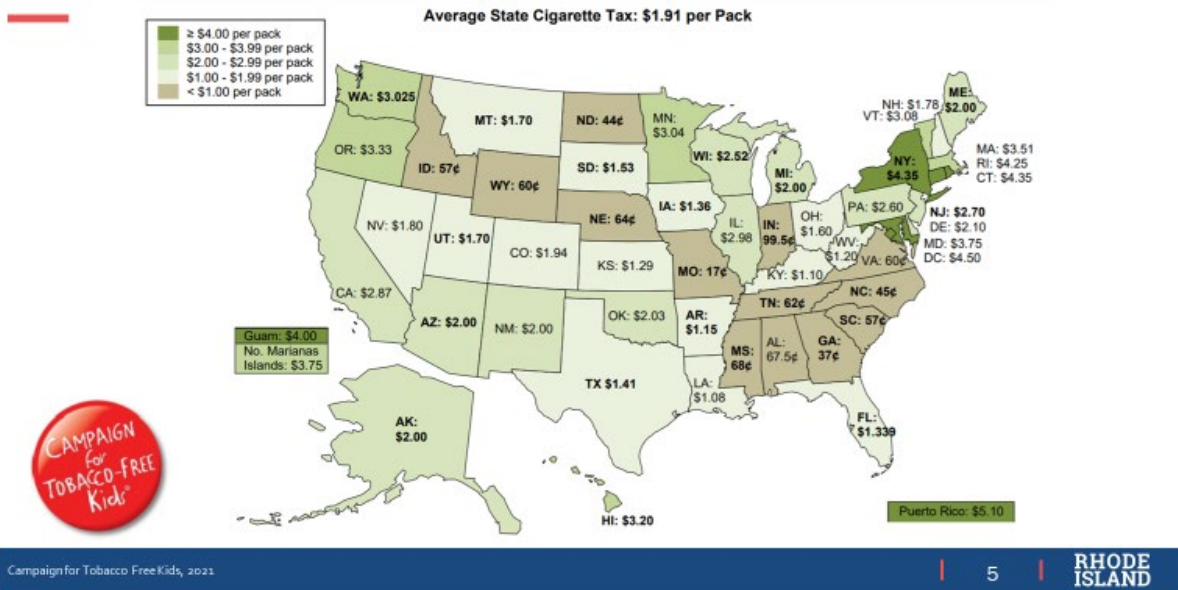
---

Rhode Island Leadership Academy/ State Strategy Session for Tobacco Free Recovery

## Current Cigarette Use Among Adults, 2019



# Excise Tax Rates on Cigarettes, U.S.



# Smoking and Behavioral Health, U.S.

About 25% of the adult population is smoking nearly 40% of all cigarettes.

Figure 1. Any Mental Illness (AMI) or Substance Use Disorder (SUD) in the Past Year among Adults 18 or Older: 2009-2011

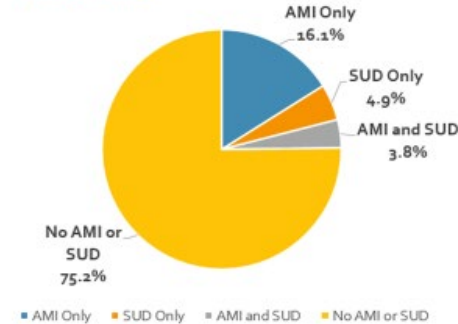
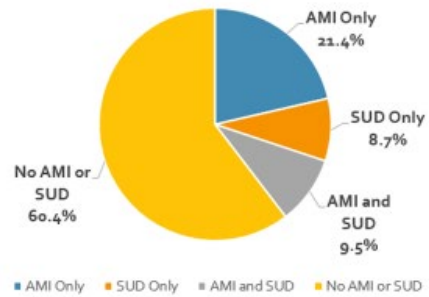


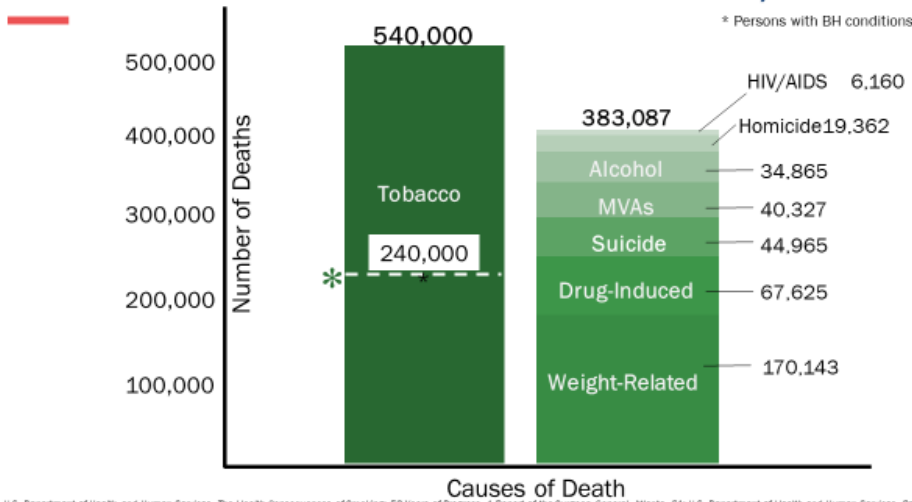
Figure 2. Percentage of Cigarettes Smoked in the Past Month among Adults 18 or Older, by Any Mental Illness (AMI) or Substance Use Disorder (SUD) in the Past Year: 2009-2011



Any Mental Illness (AMI) in the Past Year is defined in the NSDUH survey as currently or at any time in the past 12 months having had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Assoc., 1994).



## Behavioral Causes of Death in U.S., 2016

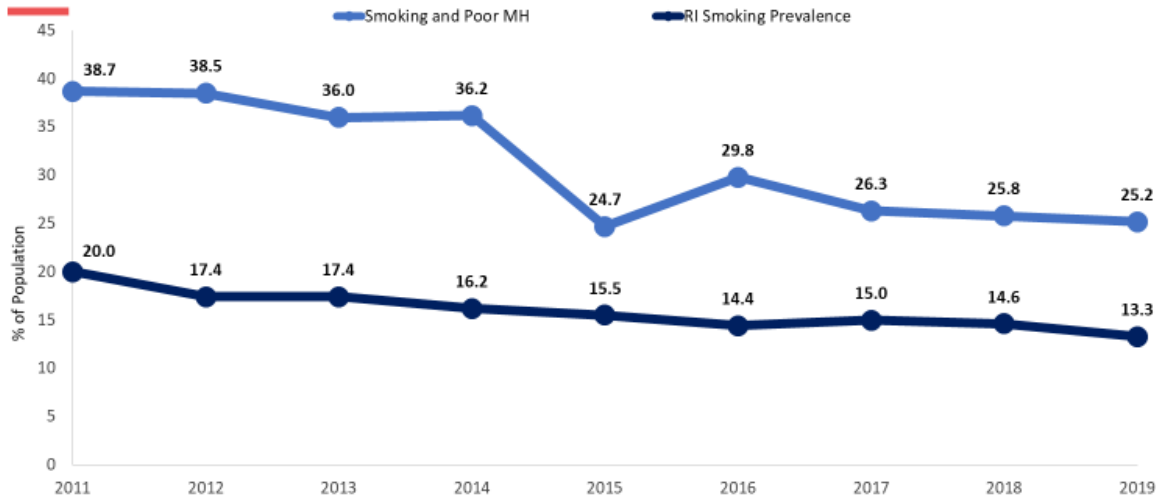


U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Printed with corrections, January 2014. [Mondalet al JAMA 2004; 291:1238-1245](https://doi.org/10.1139/1238-1245). Special thanks to Behavioral Health & Wellness Program for providing this figure. Mondalet al JAMA. 2005; 293:293 Tobacco. D.K., Hu, F.B. (2018). The association between BMI and mortality: implications for obesity prevention. *The Lancet*: 918-917. Xu, J., Murphy, S.L., Kishorek, K.D., Bastian, B., Arora, E. (2018). Deaths: Final Data for 2016. *National vital Statistics Reports*. 67(5). United States Department of Health and Human Services, Hyattsville, MD. National Center for Health Statistics. Source: [https://www.cdc.gov/rchis/data/user/nvsr67/nvsr67\\_05.pdf](https://www.cdc.gov/rchis/data/user/nvsr67/nvsr67_05.pdf)

## Smoking, Cancer, and Mental Illness

- More than 50% of patients with terminal cancer have at least one psychiatric disorder
- Individuals with a mental illness may develop cancer at a 2.6 x higher rate on account of late-stage diagnosis & inadequate treatment and screenings
- Individuals with a mental illness have a higher rate of fatality due to cancer
- Lung cancer is the #1 cause of cancer death for men and women
- Nearly 9 out of 10 lung cancers are caused by smoking

## Current<sup>1</sup> Cigarette Use Among Adults with Frequent Mental Distress<sup>2</sup>



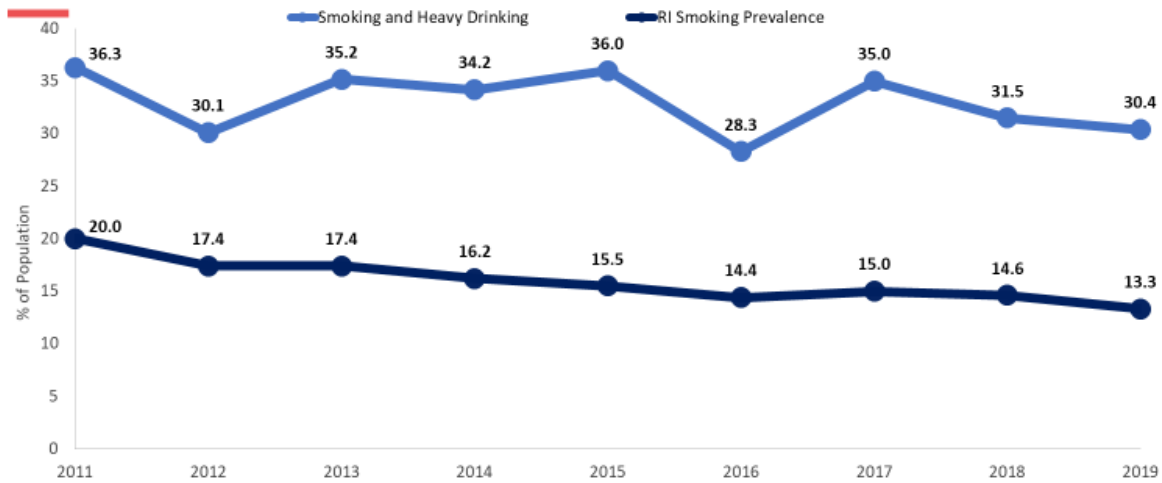
1. Current use is defined as smoking a cigarette or using electronic nicotine delivery system (ENDS) product on at least one day in the 30 days
2. Frequent mental distress is self-reported 14 or more days in the past 30 days where a respondent's mental health was "not good"

Rhode Island Behavioral Risk Factor Surveillance System (BRFSS), 2011-2019

7



## Current<sup>1</sup> Cigarette Use Among Adult Heavy Drinkers<sup>2</sup>



1. Current use is defined as smoking a cigarette or using electronic nicotine delivery system (ENDS) product on at least one day in the 30 days
2. Heavy drinking is defined as adult men having more than 14 drinks per week and adult women having more than 7 drinks per week

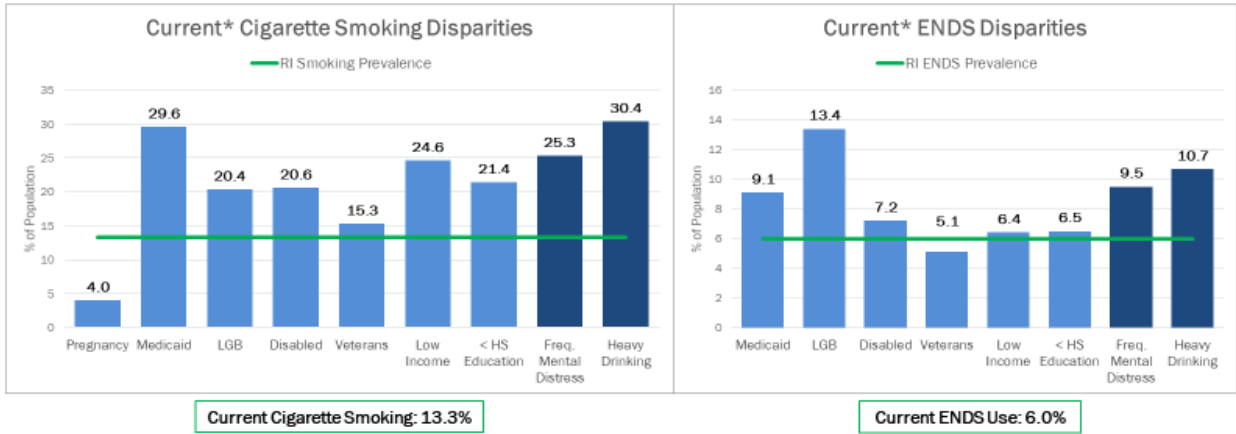
Rhode Island Behavioral Risk Factor Surveillance System (BRFSS), 2011-2019

8





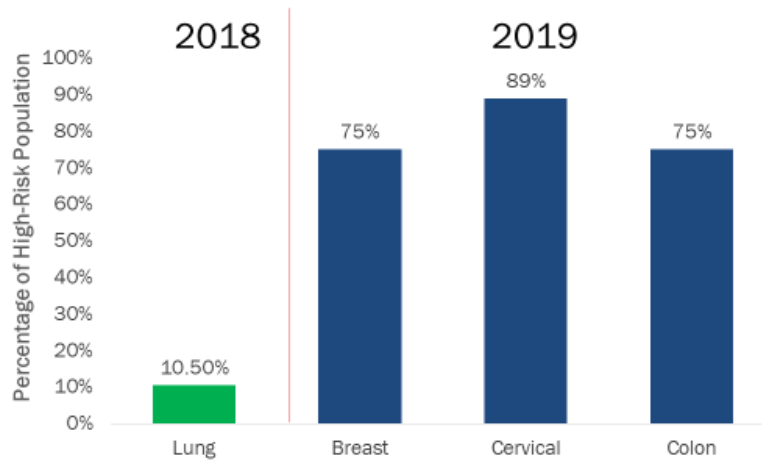
# Tobacco Use Among Adult Priority Populations, 2019



\*Current use is defined as smoking a cigarette or using electronic nicotine delivery system (ENDS) product on at least one day in the 30 days before the survey. Pregnancy assess smoking in the last trimester. Use of ENDS in final trimester of pregnancy for 2019 does not produce a large enough sample size for a reliable prevalence estimate.

Rhode Island Behavioral Risk Factor Surveillance System (BRFSS), 2019; Rhode Island Pregnancy Risk Monitoring Assessment System (PRAMS), 2019

# Rhode Island Lung Cancer Screening

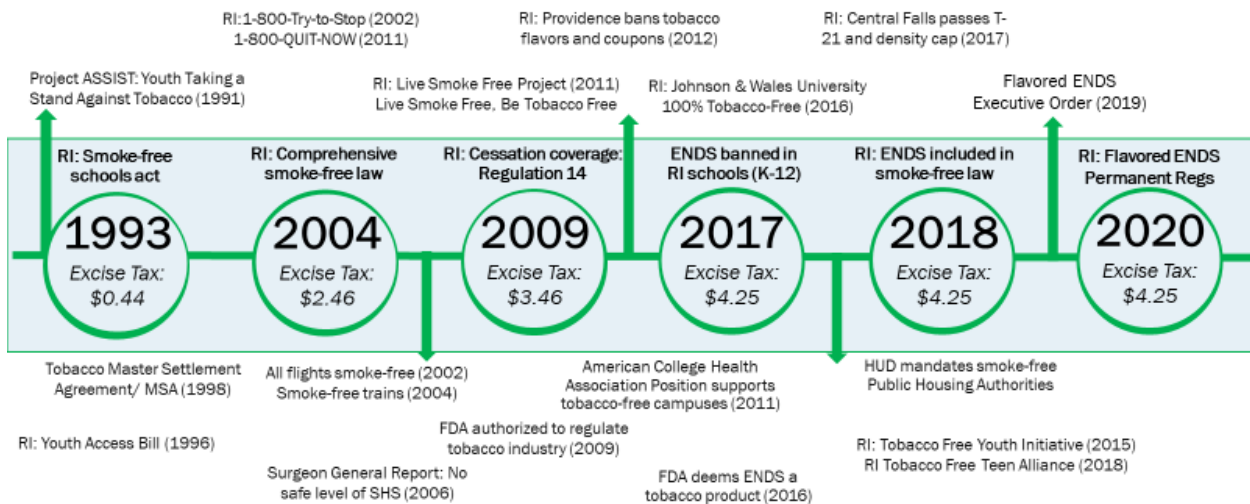


American Cancer Society, Cancer Statistics Center, <https://cancerstatisticscenter.cancer.org/>; American Lung Association, State of Lung Cancer: Rhode Island, <https://www.lung.org/research/state-of-lung-cancer/states/rhode-island>

# What Does Smoking Cost Rhode Island?

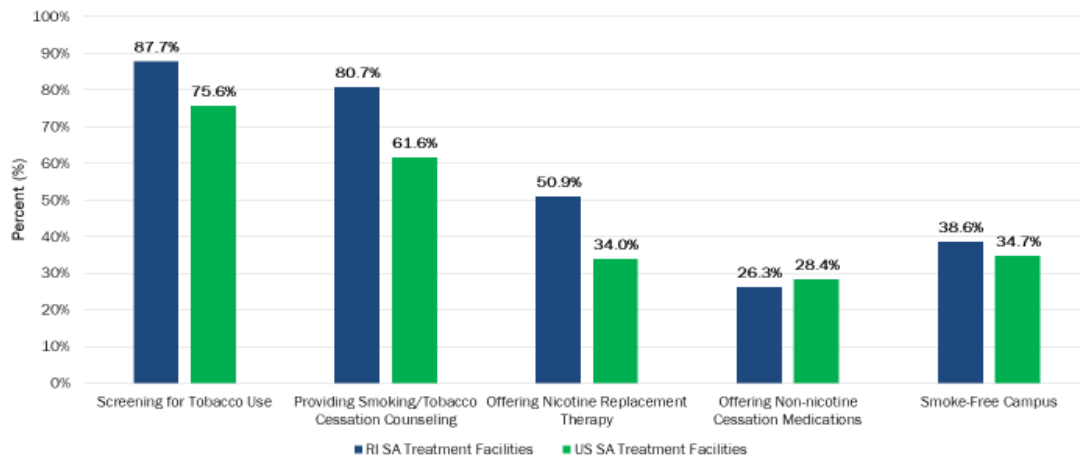
Rhode Island Lives Lost to Smoking	
Adults that die annually from own smoking	1,800
Kids now under 18 that will die prematurely from smoking	16,000
Smoking-Related Monetary Costs in Rhode Island	
Annual Healthcare costs attributed to smoking	\$640,000,000
Medicaid costs caused by smoking	\$216,800,000
Smoking-caused productivity losses	\$458,900,000

# National and Rhode Island Tobacco Control Milestones



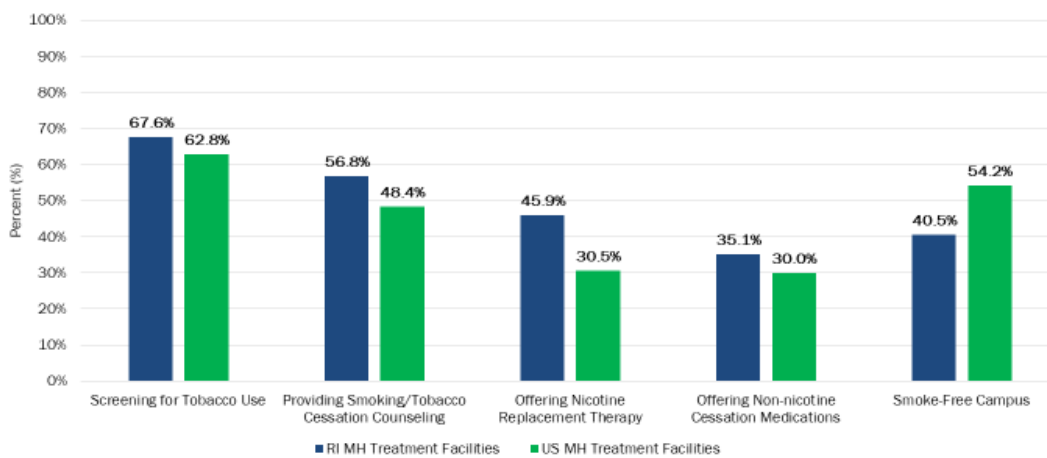


## Tobacco Cessation Interventions and Smoke-Free Policies in Substance Abuse Treatment Facilities, RI (N=57) vs. United States (N= 14,275) 2021



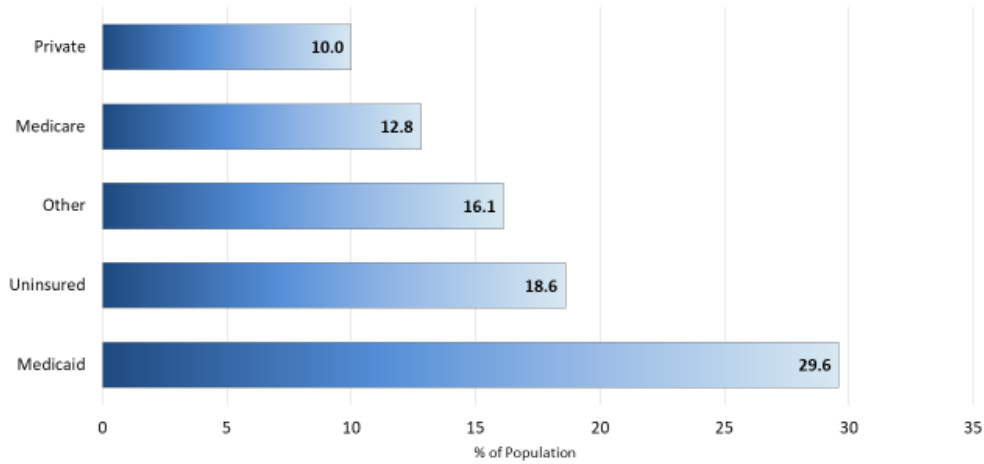
Data from the National Directory of Substance Abuse Treatment Facilities, based on responses to SAMHSA's National Substance Abuse Services Survey (RI data collected 5/25/2021; US data collected 5/25/2021).

## Tobacco Cessation Interventions and Smoke-Free Policies in Mental Health Treatment Facilities, RI (N=37) vs. United States (N= 10,588) 2021



Data from the National Directory of Mental Health Treatment Facilities, based on responses to SAMHSA's National Mental Health Services (RI data collected 5/25/2021; US data collected 5/25/2021).

## Smoking Rates by Primary Insurance, 2019



Rhode Island Behavioral Risk Factor Surveillance System (BRFSS), 2019

15

RHODE ISLAND

## Pharmacotherapy Coverage: Over the Counter

	BCBS RI	United	Tufts	Neighborhood Health Plan (NHPRI)	Medicaid Fee-For-Service	United Medicaid Managed Care (MMC)	Tufts MMC	NHPRI MMC
Nicotine Patch	YES	YES*	YES	YES	YES	YES	YES	YES
Nicotine Gum	YES	YES*	YES	YES	YES	YES	YES	YES
Nicotine Lozenge	YES	YES*	YES	YES	YES	YES	YES	YES
Rx Required?	YES	YES*	YES	YES	YES	YES	YES	YES
Length of Treatment	180 days per 365	90 days x2 cycles per 365	No limit	No limit	No limit	No limit	No limit	No limit

\*Prior Authorization Required

16

RHODE ISLAND

## Pharmacotherapy Coverage: Prescription

	BCBS RI	United	Tufts	NHPRI	Medicaid Fee-For-Service	United MMC	Tufts MMC	NHPRI MMC
Zyban XL	No	Yes* Generic Only	Yes	Yes	Yes	Yes Generic Only	Yes Generic Only	Yes Generic Only
Bupropion	Yes	No	No	Yes	Yes	Yes	Yes	Yes
Chantix	Yes	Yes*+	Yes	Yes	Yes	Yes*	Yes*	Yes*
Nicotine Inhaler	Yes	Yes*+	Yes	Yes	Yes	Yes*	Yes*	Yes*
Nicotine Nasal Spray	Yes	Yes*+	Yes	Yes	Yes	Yes*	Yes*	Yes*
Length of treatment	180 days per 365	90 days x2 cycles per 365	No limit	No limit	No limit	No limit	No limit	No limit

\*Prior Authorization Required +Step Therapy

## What Resources Does Our State Have to Help BH Smokers Quit?

- Rhode Island Nicotine Helpline (Quitline)
  - Coaching calls available to individuals 13 years and older
  - Free Nicotine Replacement Therapy for adults 18 years and older
  - QuitWorks-RI: Provider referral program to link patients to the Quitline for Treatment
  - My Life My Quit: Vaping and tobacco Cessation for teens
- Local cessation resources
  - CODAC Behavioral Health: Tobacco Cessation Services of RI
  - American Lung Association: Freedom from Smoking
  - Thundermist Health Centers Smoking Cessation Program
  - Lifespan Smoking Cessation Counseling
  - South County Health: Fit to Quit

## Rhode Island Adult Cessation, 2019

All Population Quit Attempts in the Last Year: 64.4%	
Frequent Mental Distress	Heavy Drinking
62.2	59.0

All Population Advised to Quit Smoking by a Provider: 70.0%	
Frequent Mental Distress	Heavy Drinking
63.2	55.9

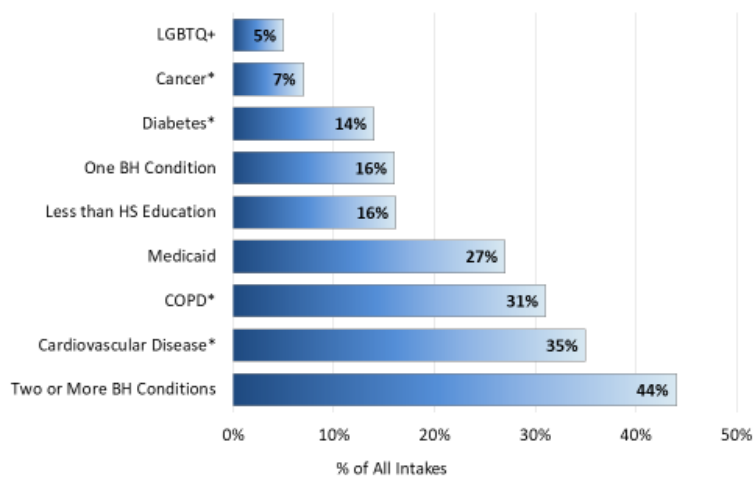
  

All Population Provider Discussed Quit Medications: 52.7%	
Frequent Mental Distress	Heavy Drinking
48.8%	40.6%

All Population Provider Discussed Non-Medication Assisted Cessation Strategies: 45%	
Frequent Mental Distress	Heavy Drinking
36.2%	36.3%

## Rhode Island Quitline Data, 2020



- 7-Month Follow-Up Survey
- 2020 Respondents: n=109
    - Quit Rate: 20%
  - 3-Year Aggregate Quit Rate: 22.1%

\* Medical conditions may be co-occurring



# Rhode Island Supplementary Resources

1. Quit Resources in Rhode Island  
<http://tobaccofree-ri.org/Resources-RICessationHotlineFlyer.pdf>
2. Rhode Island Commercial Health Insurance Tobacco Cessation Benefits  
<https://health.ri.gov/publications/quickreferenceguides/201803RICommercialHealthInsuranceTobaccoCessationBenefits.pdf>
3. Rhode Island Medicaid Insurance Tobacco Cessation Benefits  
<https://health.ri.gov/publications/quickreferenceguides/201803RIMedicaidInsuranceTobaccoCessationBenefits.pdf>
4. Smoking Cessation Therapies Benefit Substance Use Disorder Clients  
[https://smokingcessationleadership.ucsf.edu/sites/smokingcessationleadership.ucsf.edu/files/Documents/FactSheets/Smoking-Cessation-During-Treatment-Infographic\\_NIDA\\_%26\\_SAMHSA.pdf](https://smokingcessationleadership.ucsf.edu/sites/smokingcessationleadership.ucsf.edu/files/Documents/FactSheets/Smoking-Cessation-During-Treatment-Infographic_NIDA_%26_SAMHSA.pdf)



May 2021

# Quit Resources in Rhode Island

The following resources are proven effective to help you quit smoking traditional tobacco products as well as e-cigarettes and other electronic nicotine delivery systems.

**HARD, YES. IMPOSSIBLE, NO.**

**1-800-QUIT-NOW**  
(1-800-784-8669)



QuitNowRI.com



Provider Referrals: [ri.quitlogix.org](http://ri.quitlogix.org)



## Rhode Island Smokers Helpline

Rhode Island Department of Health's Quitline

- ✓ It's free. It's personalized. It's up to you.
- ✓ Phone Counseling
- ✓ Nicotine Replacement Therapy

QuitNowRI.org ☎ 1-800-784-8669

## Smoking Cessation Program

Thundermist Health Center

- ✓ Groups for patients and non-patients
- ✓ Woonsocket, Wakefield, & W. Warwick
- ✓ Program also available in Spanish

ThundermistHealth.org ☎ 401-767-4100

## Tobacco Cessation Services of RI

A CODAC Behavioral Healthcare Resource

- ✓ Quit coaching for individuals
- ✓ Groups at 7 RI locations
- ✓ Training for clinicians

TCSRI.org ☎ 401-462-3538 🖨 401-789-0251

## Freedom From Smoking

An American Lung Association Program

- ✓ On-line program for individuals
- ✓ Clinics for groups
- ✓ Training for clinicians

FreedomFromSmoking.org ☎ 401-533-5179

## Fit to Quit

A South County Health Program

- ✓ 8 week smoking cessation program
- ✓ Incorporates education and exercise
- ✓ Follow up program available

SouthCountyHealth.org ☎ 401-782-8020 ext. 3484

Contact Tobacco Free Rhode Island with questions, to add a resource, or to update information.

TobaccoFree-RI.org



## Online Quit Resources

Please, note that the following resources are website or phone-based resources and are known to be more effective when paired with an in-person/telephonic programs.



### Become an EX

Program by - Truth Initiative & Mayo Clinic

- ✓ Customized quit plan
- ✓ Interactive guides and tools
- ✓ Active, supportive Ex Community

🌐 [BecomeAnEx.org](http://BecomeAnEx.org)



### This Is Quitting - E-cigarettes

Created by Truth Initiative

- ✓ Text **DITCHVAPE** to **88709**
- ✓ Youth-focused
- ✓ Free and available 24/7

🌐 Text 'DITCHVAPE' to 88709



### My Life. My Quit.

Program of RI Dept of Health

- ✓ Youth-focused, free, and confidential.
- ✓ Teens: Text "start my quit" to 36072, call 855-891-9989, or visit our website.
- ✓ Provider referrals: [mylifemyquit.com/Provider\\_Web\\_Referral](http://mylifemyquit.com/Provider_Web_Referral)

🌐 [MyLifeMyQuit.com](http://MyLifeMyQuit.com)

## Research Studies

Please, note that the following resources are research studies and are not yet proven effective.



### Quit with Brown

- ✓ Research studies on new methods for improving smoking cessation treatment.
- ✓ Treatments include medication, individual counseling, positive psychology, relaxation training, and text messaging support.

🌐 [QuitWithBrown.org](http://QuitWithBrown.org) ☎ 401-863-6680



### URI Quit Research Initiative

University of Rhode Island College of Pharmacy

- ✓ Individuals interested in quitting smoking cigarettes in the next 30 days
- ✓ Research study to quit smoking with trained URI student pharmacists
- ✓ One-on-one on-site meetings for behavioral and nicotine replacement therapy interventions

✉ [URIquit@gmail.com](mailto:URIquit@gmail.com)

Contact Tobacco Free Rhode Island with questions, to add a resource, or to update information.

🌐 [TobaccoFree-RI.org](http://TobaccoFree-RI.org)



## Rhode Island Commercial Health Insurance Tobacco Cessation Benefits



### Tobacco Cessation Treatment Coverage (Fully Insured Plans Only)

Benefits Information Contacts	Blue Cross/Blue Shield of RI (800) 639-2227 bcbsri.com	United Healthcare (800) 422-1404 uhc.com	Tufts Health Plan (800) 682-8059 tuftshealthplan.com	Neighborhood Health Plan of RI (401) 459-6637 nhpri.org
<b>Pharmacotherapy Support: Over-The-Counter</b>				
Nicotine patch	Yes	Yes	Yes	Yes
Nicotine gum	Yes	Yes	Yes	Yes
Nicotine lozenge	Yes	Yes	Yes	Yes
Is a prescription required?	Yes	Yes	Yes	Yes
Over the Counter covered?	Yes	Yes	Yes – generics only pursuant to a prescription	Yes
Length of treatment	180 days per 365	Two 90-day cycles per 365 days	365 days per 365	365 days per 365
Co-pay (for 90-day supply)	\$0 per 30-day supply, 90-day not available	\$0	\$0	\$0
Deductible required?	No	No	No	No
Comments	See length of treatment limits	Prior Authorization required for all tobacco treatment products	Prescription is required	Prescription is required
<b>Pharmacotherapy Support: Prescription</b>				
Zyban	No	Yes (generic Zyban)	Yes	Yes, generic
Wellbutrin SR (Brand) Bupropion (Generic)	Yes, generic	No	No	Yes, generic
Chantix® (varenicline)	Yes	Yes- Step Therapy	Yes	Yes
Nicotine inhaler	Yes	Yes- Step Therapy	Yes	Yes- for 168 days/year*
Nicotine nasal spray	Yes	Yes- Step Therapy	Yes	Yes- for 168 days/year*
Deductible required?	No	No	No	No
Comments	See length of treatment limits	Prior Authorization required for all tobacco treatment products	Generic Zyban is covered as well. Wellbutrin SR which is indicated for depression is not included	None
Length of treatment	180 days per 365	Two 90-day cycles per 365 days	365 days per 365	365 days per 365- unless specified otherwise above*
Co-pay (for 90-day supply)	\$0 per 30-day supply, 90-day not available	\$0	\$0	\$0

Benefits Information Contacts	Blue Cross/Blue Shield of RI (800) 639-2227 bcsri.com	United Healthcare (800) 422-1404 uhc.com	Tufts Health Plan (800) 682-8059 tuftshealthplan.com	Neighborhood Health Plan of RI (401) 459-6637 nhpri.org
<b>Counseling Support</b>				
<b>Counseling support to stop smoking covered</b> CPT codes 99406, 99407	Yes	Yes	Yes	Yes
<b>What is covered</b>	Individual counseling	Individual and group counseling	Individual, telephone, group counseling	Individual, group and telephonic counseling and smoking cessation classes
<b>Length of treatment - # of session, minutes, etc.</b>	No limits on smoking and tobacco use cessation counseling visits.	None	None	There are no visit time limits or # of session limits
<b>Co-pay</b>	No	No- Network providers at 100% (ACA Preventive Care Services benefit)	No	No
<b>Deductible required?</b>	No	No	No	No

\* Healthcare providers should review specific Health Plans, benefits are subject to change.

### The Five "As" of Intervention

Ask about tobacco use at every visit.

Advise to quit.

Assess readiness to quit/willingness to make a quit attempt.

Assist the patient willing to make a quit attempt.

Arrange follow-up/referral as follows:

- To have the Quitline contact your patients, go to [QuitworksRI.org](http://QuitworksRI.org) and complete the fax referral form or web referral form
- For patients to refer themselves, they can call 1-800-QUIT NOW
- For information on quit resources, patients can visit [QuitNowRI.com](http://QuitNowRI.com)

### Billing Codes for Tobacco Addiction Treatment

The following list of codes for treatment of tobacco addiction is **not all-inclusive** as there may be additional codes available. **Contact the Health Plans for specific questions regarding billing of services.**

HCPCS/CPT Code	Type of Counseling	Description
99406	Intermediate	Smoking and tobacco use cessation counseling visit is greater than three minutes, but no more than 10 minutes
99407	Intensive	Smoking and tobacco use cessation counseling visit is greater than 10 minutes
99381-99397	Preventive medicine services	Comprehensive, preventive evaluation based on age and gender to include appropriate history (identify tobacco use status), examination, counseling/anticipatory guidance, risk factor reduction interventions, and related plan of care

Suggested Tobacco-Related ICD-10 CM Diagnosis Codes	Description
F17.200	Tobacco use disorder
O99.33	Tobacco use disorder complicating pregnancy, childbirth, or puerperium
T65.221	Toxic effect of tobacco and nicotine

**Code Listings:**  
The American Academy of Family Physicians –Coding Reference for Tobacco Use Prevention and Cessation Counseling  
Find A Code, LLC – 2016 American Medical Association

DISCLAIMER: To the best of our knowledge, the information contained herein is accurate and complete at or near the date of publication; however, we do not warranty, nor do we assume any liability whatsoever for the accuracy and completeness of this information. Healthcare providers, and where appropriate other interested parties, should review specific Health Plans for benefits, which benefits are subject to change without notice.

**Rhode Island Medicaid Insurance  
Tobacco Cessation Benefits**



**Tobacco Cessation Treatment Coverage**

Benefits Information Contacts	Fee-For-Service (855) 697-4347 eohhs.ri.gov	United Healthcare Community Plan (800) 587-5187 (TTY 711) uhccommunityplan.com	Tufts Health Plan (866) 738-4116 (TTY 711) tuftshealthplan.com/ritogether	NHPRI Neighborhood Health Plan of RI (800) 459-6019 nhpri.org	Comments
<b>Pharmacotherapy Support: Over-The-Counter</b>					
Nicotine patch	Yes	Yes	Yes	Yes	Generic required, all OTC strengths covered.
Nicotine gum	Yes	Yes	Yes	Yes	Generic required, all OTC strengths covered.
Nicotine lozenge	Yes	Yes	Yes	Yes	Generic required, all strengths covered.
Is a prescription required?	Yes	Yes	Yes	Yes	Medicaid members have access to generic OTC medications with a <b>written prescription</b> .
Over the Counter covered?	Yes	Yes	Yes	Yes	Generic OTC products are covered with a <b>written prescription</b> .
Length of treatment	365days/365	365 days/365	365 days/365	365 days/365	No limits on length of treatment for Medicaid members.
Co-pay (for 90 day supply)	No (Not applicable)	No (Not applicable)	No (Not applicable)	No (Not applicable)	Medicaid members do not have co-pays for services and medications. FFS does not provide a 90-day supply.
Deductible required?	No (Not applicable)	No (Not applicable)	No (Not applicable)	No (Not applicable)	Medicaid members have no deductibles.
<b>Pharmacotherapy Support: Prescription</b>					
Zyban (Bupropion) XL	Yes	Yes (Generic)	Yes (Generic)	Yes (Generic)	Brand is non-formulary as it is excluded from formulary per State of RI Generics First policy. Brand Zyban is not an exception to the Generics First policy. ***Generic Zyban (bupropion SR) is covered without restrictions.
Wellbutrin SR (Brand) Bupropion (Generic)	Yes	Yes (Generic)	Yes (Generic)	Yes (Generic)	Brand is non-formulary as it is excluded from formulary per State of RI Generics First policy. Brand Wellbutrin SR is not an exception to the Generics First policy. ***Generic Wellbutrin SR (bupropion SR) is covered without restrictions.
Chantix® (varenicline)	Yes	Yes (Prior Authorization)	Yes (Prior Authorization)	Yes (Prior Authorization)	Chantix is excluded from formulary per State of RI Generics First policy. Chantix is not an exception to the Generics First policy. If required a request for coverage may be submitted.
Nicotine inhaler	Yes	Yes (Prior Authorization)	Yes (Prior Authorization)	Yes (Prior Authorization)	Nicotrol inhaler (brand name only available) is excluded from formulary per State of RI Generics First policy. Nicotrol inhaler is not an exception to the Generics First policy. If required a request for coverage may be submitted.
Nicotine nasal spray	Yes	Yes (Prior Authorization)	Yes (Prior Authorization)	Yes (Prior Authorization)	Nicotrol nasal spray (brand name only available) is excluded from formulary per State of RI Generics First policy. Nicotrol spray is not an exception to the Generics First policy. If required a request for coverage may be submitted.
Length of treatment	365 days/year	Chantix-180 days/365 all others 365 days/365	Chantix (60 per 30 days)	No limits indicated on covered medications	

September 2019

Benefits Information Contacts	Fee-For-Service (855) 697-4347 eohhs.ri.gov	United Healthcare Community Plan (800) 587-5187 (TTY 711) uhcommunityplan.com	Tufts Health Plan (866) 738-4116 (TTY 711) tuftshealthplan.com/ritogether	NHPRI Neighborhood Health Plan of RI (800) 459-6019 nhpri.org	Comments
<b>Deductible required?</b>	No (Not applicable)	No (Not applicable)	No (Not applicable)	No (Not applicable)	Medicaid Members have no copay or deductibles
<b>Comments</b>	FFS is not subject to the Generics First Policy and will cover medications as long as the manufacturer participates in CMS federal rebate program.	MCO's are required to follow the RI Generics First Policy. Some brand name drugs are only available with a Prior Authorization.	MCO's are required to follow the RI Generics First Policy. Some brand name drugs are only available with a Prior Authorization.	MCO's are required to follow the RI Generics First Policy. Some brand name drugs are only available with a Prior Authorization.	
<b>Counseling Support</b>					
<b>Counseling support to stop smoking covered</b>	Yes	Yes	Yes	Yes	
<b>What is covered</b>	Individual, group, and telephone counseling	Individual, group, and telephone counseling	Individual, group, and telephone counseling	Individual, group, and telephone counseling	
<b>Length of treatment – number of sessions, minutes, etc.</b>	No limits indicated	No limits indicated	No limits indicated	No limits indicated	
<b>Co-pay</b>	No (Not applicable)	No (Not applicable)	No (Not applicable)	No (Not applicable)	Medicaid Members have no co-pays or deductibles
<b>Deductible Required?</b>	No (Not applicable)	No (Not applicable)	No (Not applicable)	No (Not applicable)	Medicaid Members have no co-pays or deductibles

Healthcare providers should review specific Health Plans, benefits are subject to change.

### The Five A's of Intervention

Ask about tobacco use at every visit.

Advise to quit.

Assess readiness to quit/willingness to make a quit attempt.

Assist the patient willing to make a quit attempt.

Arrange follow-up/referral as follows:

- To have the Quitline contact your patients, go to [QuitworksRI.org](http://QuitworksRI.org) and complete the fax referral form or web referral form.
- For patients to refer themselves, they can call 1-800-QUIT NOW.
- For information on quit resources, patients can visit [QuitNowRI.com](http://QuitNowRI.com).

### Billing Codes for Tobacco Addiction Treatment

The following list of codes for treatment of tobacco addiction is **not all-inclusive** as there may be additional codes available.

Contact the health plans for specific questions regarding billing of services.

HCPCS/CPT Code	Type of Counseling	Description
99406	Intermediate	Smoking and tobacco use cessation counseling visit is greater than three minutes, but no more than 10 minutes
99407	Intensive	Smoking and tobacco use cessation counseling visit is greater than 10 minutes
99381-99397	Preventive medicine services	Comprehensive, preventive evaluation based on age and gender to include appropriate history (identify tobacco use status), examination, counseling/anticipatory guidance, risk factor reduction interventions, and related plan of care

Suggested Tobacco-Related ICD-10 CM Diagnosis Codes	Description
F17.200	Tobacco use disorder
O99.33	Tobacco use disorder complicating pregnancy, childbirth, or puerperium
T65.221	Toxic effect of tobacco and nicotine

**Code Listings:**  
The American Academy of Family Physicians – Coding Reference for Tobacco Use Prevention and Cessation Counseling  
Find A Code, LLC – 2016 American Medical Association

DISCLAIMER: To the best of our knowledge, the information contained herein is accurate and complete as of or near the date of publication; however, we do not warrant nor do we assume any liability whatsoever for the accuracy and completeness of this information. Healthcare providers, and where appropriate other interested parties, should review specific Health Plans for benefits, which benefits are subject to change without notice.

September 2019

# Smoking Cessation Therapies Benefit Substance Use Disorder Clients



**Smoking tobacco is one of the deadliest forms of addiction.**<sup>1,2</sup>



At minimum, **65% of clients in treatment** for substance use disorders smoke cigarettes.<sup>3</sup>

**Smoking kills more people than**



alcohol, AIDS, car accidents, illegal drugs, homicides, and suicides combined, with thousands more dying from smokeless tobacco use.<sup>4</sup>



People who smoke are also at **greater risk for conditions** such as diabetes, high blood pressure, COPD, and others.<sup>5,6,7</sup>



**During substance use disorder treatment, therapies that help people quit smoking do not interfere with an individual's recovery.**



Studies have shown that as many as **80% of clients** in substance use disorder treatment have **expressed an interest in tobacco cessation**.<sup>8</sup>



**Quitting tobacco** use during drug addiction treatment is linked to a **25% increase in long-term sobriety**.<sup>9</sup>

Research has shown **substance use disorder treatment attendance did not differ** between the groups receiving smoking cessation treatment and those receiving treatment as usual.



In fact, **85% of participants completed the 10-week active treatment period** concurrent with smoking cessation treatment.<sup>9</sup>

**People in treatment for cocaine dependence may increase their success by participating in smoking cessation therapies.**



Research has shown that participants receiving **smoking cessation treatment demonstrated better outcomes** for drug free days and abstinence.<sup>9</sup>

Smoking cessation therapies provided during substance use disorder treatment were associated with a **25% increased likelihood of long-term abstinence from alcohol and illicit drugs**.<sup>10</sup>



**Incorporate smoking cessation therapies into your substance use disorder treatment programs. You are making a difference.**

1. Guze, S. B. (1995). Diagnostic and Statistical Manual of Mental Disorders, (DSM-IV). *American Journal of Psychiatry*, 152(8). 2. Centers for Disease Control and Prevention. (2007). Cigarette smoking among adults—United States, 2005. *MMWR: Morbidity and Mortality Weekly Report*, 56(44), 1157-61. 3. Joynt, J., Passalacqua, E., Tajima, S., Chan, M., Chang, J., & Bestrom, A. (2011). Smoking prevalence in addiction treatment: a review. *Nicotine & Tobacco Research*, 13(11), 1111-1114. 4. 50 Years of Progress: A Report of the Surgeon General, 2014. (January 1). *Surgeon General*. Retrieved from <http://www.surgeongeneral.gov/library/reports/50-years-of-progress-by-section.html>. 5. Smoking and Diabetes. (2014, May 8). *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/tobacco/campaign/tips/diseases/diabetes.html>. 6. Smoking and COPD. (2014, January 15). *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/tobacco/campaign/tips/diseases/copd.html>. 7. Smoking and Heart Disease and Stroke. (2014, May 19). *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/tobacco/campaign/tips/diseases/heart-disease-stroke.html>. 8. Prochaska, J. J., Delucchi, K., & Hall, S. M. (2004). A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. *Journal of Consulting and Clinical Psychology*, 72(6), 1144. 9. Witzen, T., Theobald, J., Vandelhuzen, P., Lewis, D., Sharma, G., Haynes, L., et al. (2014). A Randomized Trial of Concurrent Smoking Cessation and Substance Use Disorder Treatment in Stimulant-Dependent Smokers. *The Journal of Clinical Psychiatry*, 75(4), 595-603. 10. Boca, C. T., & Yeh, C. E. (2009). Smoking cessation during substance abuse treatment: What you need to know. *Journal of Substance Abuse Treatment*, 36(2), 205-219.





# I COVID QUIT!

## Social Media Campaign

Introducing I COVID QUIT! A new social media campaign from SCLC, funded by Robert Wood Johnson Foundation, showcasing real people and their unscripted stories of quitting tobacco during the pandemic and how it improved their mental health and recovery. You'll have the opportunity to brainstorm with your colleagues about how YOU can use the material to help someone #dotheCOVIDquit!

We invite you to view these new ads and be prepared to answer the following questions during our upcoming meeting.

**Questions for discussion:**

How could your organization help promote these ads on social media? Think about when/where/why you could post them.

What do you notice about the people featured?

What do you notice about the messages—the “quotes” from each person?



National Partnership on  
BEHAVIORAL HEALTH  
AND TOBACCO USE

# I COVID QUIT

*Since I quit smoking my depression and anxiety have improved*

—Katie, ex-smoker

CALL 1-800-QUIT-NOW Share your story #ICoVIDQuit ICoVIDQuit.org



National Partnership on  
BEHAVIORAL HEALTH  
AND TOBACCO USE

# I COVID QUIT

*I stopped smoking and I feel much better physically and mentally*

—Hassi, ex-smoker

CALL 1-800-QUIT-NOW Share your story #ICoVIDQuit ICoVIDQuit.org



National Partnership on  
BEHAVIORAL HEALTH  
AND TOBACCO USE

# I COVID QUIT

*My lungs are healing - I'm breathing easier,  
I have more energy and I'm happier*  
—Rodrigo, ex-smoker

CALL 1-800-QUIT-NOW Share your story #ICoVIDQuit ICoVIDQuit.org

National Partnership on  
BEHAVIORAL HEALTH  
AND TOBACCO USE

# I COVID QUIT

*I have more self-esteem now that tobacco  
isn't controlling me*  
—Patanisha, ex-smoker

CALL 1-800-QUIT-NOW Share your story #ICoVIDQuit ICoVIDQuit.org

## Speaker Bios

### Opening & Closing Speakers



**Neil Hytinen**  
RIDOH Chief Public Affairs Officer

Neil Hytinen has served as the Rhode Island Department of Health’s Chief Public Affairs Officer and Legislative Liaison since 2018. Prior to joining RIDOH he served as Legislative Coordinator in the Office of Governor Gina M. Raimondo. In his current role he serves as RIDOH’s primary contact for elected officials serving in the General Assembly and City and Town Councils, and is responsible for coordinating and advocating for legislation to support departmental operations and its overall mission to promote public health.



**James Rajotte**  
OHHS Chief Strategy Officer

Mr. Rajotte serves as the Chief Strategy Officer at the Rhode Island Executive Office of Health and Human Services. Within his role, James oversees the development of comprehensive strategies within three priority areas: (1) health system transformation, (2) addiction and behavioral health, and (2) community investments and prevention. In partnership with the Secretariat and its member agencies, James brings the lenses of race equity, community engagement, and choice to each strategy and strategic initiative.



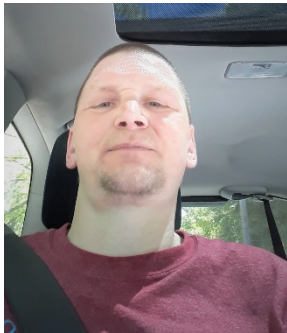
## Expert Presenter



**Taslim van Hattum, LCSW, MPH**  
Senior Director, Practice Improvement

Taslim van Hattum, LCSW, MPH, is a Director of Practice Improvement at the National Council for Behavioral Health (National Council.) She serves as the Program Director on various CDC-funded initiatives including the National Behavioral Health Network for Tobacco & Cancer Control and the Office for State, Tribal and Territorial Support's Capacity Building Assistance for Public Health Professionals cooperative agreement. She previously served as the Director of Family Health Portfolio at the Louisiana Public Health Institute, and the Director of Behavioral Health at the Louisiana Public Health Institute, overseeing a portfolio of programs that focused on increasing access to and quality of primary care, reproductive health and behavioral health services in the greater New Orleans area, across Louisiana and the Gulf Coast. Taslim brings over a decade of experience to her work including leading behavioral health integration with community-based health care providers to implement innovative and evidence-based models of primary health care, behavioral health care, reproductive health and social services integration.

## Peer Speakers



**Dan Chappell**

Dan Chappell is an RI resident, and avid cat lover. This week he is proudly celebrating his 7-year anniversary of living tobacco-free.



**Lisa Quinn**

Lisa Quinn is an RI resident, a new grandma, a caregiver, and resilient survivor of various health complications. Lisa is restarting her quit journey after increased stressors during COVID-19.

## Summit Facilitator

### The OCL Group



**Raj Chawla**  
Facilitator

Raj Chawla, Principal of The OCL Group, has over 20 years of experience in leadership development and organizational and executive coaching, with a primary focus on helping leaders contribute to the well being of people. Raj helps leaders achieve greater system-wide outcomes and effect deeper system reforms by creating influence strategies within their organizations; forming and leveraging partnerships; and generating quantitative measures to guide, track, and unify critical work efforts and ensure the highest contributions to overarching goals and results. Raj makes building a “culture of accountability” integral to his work with leaders, and stresses expanding leadership capacity at all levels to develop co-leaders who can advance the work and spread its impact. He is skillfully able to address the complexities of racial, class, and cultural disparities to root out the underlying causes of many program and policy failures. Raj holds a Masters in International Affairs from The American University in Washington, D.C. and a B.A. in Economics from Emory University. He is a Master Certified Coach with the International Coaching Federation. In addition, Raj has participated in Executive Programs at the Harvard Kennedy School of Government and George Mason University.



## Participant Contact List

---

**Ana Almeida-DoRosario**

Community Outreach Coordinator  
Lifespan Community Health Institute  
335R Prairie Avenue, Suite 2B  
Providence, RI 02905  
401-444-8069  
aalmeidadorosario@lifespan.org

**Janet Begert**

Medicaid Managed Care Project Manager  
EOHHS  
3 West Road, Virks Bldg  
Cranston, RI 02920  
207-730-1618  
janet.begert.CTR@ohhs.ri.gov

**Daniel Chappell**

CODAC  
27 Webster St.  
West Warwick, RI 02893  
Chappellcat14@gmail.com

**Meghan Connelly**

Strategic Planning, Policy and Communications  
Administrator  
Rhode Island Office of Veterans Services  
560 Jefferson Blvd, Suite 206  
Warwick, RI 02886  
meghan.connelly@vets.ri.gov

**Megan Fallon**

Program Administrator  
RIDOH  
3 Capitol Hill  
Providence, RI 02908  
401-222-3667  
megan.fallon@health.ri.gov

**Lauranne Howard**

Interdepartmental Project Manager  
RI Department of Corrections  
18 Wilma Schesler Lane  
Cranston, RI 02920  
401-462-3794  
Lauranne.Howard@doc.ri.gov

**Linda Hurley**

CEO  
CODAC Behavioral Healthcare  
1052 Park Ave  
Cranston, RI 02910  
lhurley@codacinc.org

**Anita Jacobson**

Clinical Professor  
University of Rhode Island  
7 Greenhouse Road, 295B  
Kingston, RI 02881  
401-874-2641  
anitajackri@uri.edu

**Carolyn James**

Tobacco Cessation Program Coordinator/Prevention  
Liaison  
CODAC Behavioral Healthcare  
1052 Park Ave.  
Cranston, RI 02910  
401 559-2142  
cjames@codacinc.org

---

**Richard Leclerc**

CCBHC Project Director  
Newport Mental Health  
39 Foster Lane  
Narragansett, RI 02882  
RichLeclerc@gmail.com

**Beth Lemarre**

Executive Director  
NAMI Rhode Island  
154 Waterman Street, Suite 5B  
Providence, RI 02906  
401-331-3060  
beth@namirhodeisland.org

**Diane Martins**

Professor of Nursing  
University of Rhode Island, College of Nursing, Board  
Chair Partnership to Reduce Cancer in Rhode Island,  
RIDOH, Ovarian Cancer Task Force  
64 Crowfield Drive  
Warwick, RI 02888  
401-487-3867  
dcmartins@uri.edu

**Linda Marzilli**

Executive Manager  
Parent Support Network RI  
535 Centreville Road, Suite 202  
Warwick, RI 02886  
401-585-4227  
l.marzilli@psnri.org

**Lorena Rovero**

Account Manager  
National Jewish Health  
1400 Jackson Street, S104  
Denver, CO 80206  
818-307-9251  
roverol@njhealth.org

**Corinna Roy**

Associate Director  
BHDDH  
6 Harrington Road  
Cranston, RI 02920  
401-462-0455  
corinna.roy@bhddh.ri.gov

**Susan Storti**

President/CEO  
The Substance Use and Mental Health Leadership  
Council of RI  
200 Metro Center Blvd, Unit 10  
Warwick, RI 02886  
sstorti@sumhlc.org

**Jennifer Wall**

Director of Tobacco Free Rhode Island  
American Lung Association in Rhode Island  
260 West Exchange Street, Suite 102B  
Providence, RI 02903  
401-533-5179  
Jennifer.Wall@lung.org

**Kasim Yarn**

Director  
Rhode Island Office of Veterans Service  
560 Jefferson Blvd, Suite 206  
Warwick, RI 02886  
kasim.yarn@vets.ri.gov



---

## Special Thanks to the Rhode Island Planning Committee

---

**George Andoscia, MPH**

Acting Program Manager, Comprehensive Cancer Control Program  
RIDOH  
3 Capitol Hill, Room 409  
Providence, RI 02908  
401-222-3047  
George.Andoscia@health.ri.gov

**John Bonin**

Medicaid Program Chief of Staff  
OHHS  
John.Bonin@ohhs.ri.gov

**Julia Doherty**

Nicotine, Substance Use, and Addiction Treatment Coordinator  
RIDOH  
3 Capitol Hill, Room 408  
Providence, RI 02908  
401-222-3044  
julia.doherty@health.ri.gov

**Meghan McCormick**

Acting Chief, Center for Health Promotion  
RIDOH  
3 Capitol Hill  
Providence, RI 02908  
401-222-5977  
meghan.mccormick@health.ri.gov

**Bette Ann McHugh**

Sr. Public Health Promotion Specialist/State PATH Contact  
RI Dept. of Behavioral Healthcare, Developmental Disabilities & Hospitals  
Simpson Hall, Room 335  
6 Harrington Road  
Cranston, RI 02920  
bette.mchugh@bhddh.ri.gov

**Morgan Orr**

Interim Tobacco Control Program Manager/Program Evaluator  
RIDOH  
3 Capitol Hill, Suite 201  
Providence, RI 02908  
morgan.orr@health.ri.gov

**James Rajotte**

Chief Strategy Officer  
Executive Office of Health and Human Services  
Three West Road, 4th Floor  
Cranston, RI 02920  
937-515-8700  
James.C.Rajotte@ohhs.ri.gov

---

## SCLC SAMHSA Center of Excellence and NBHN Team

---

**Anita Browning, MA**

Communications Specialist  
Smoking Cessation Leadership Center, UCSF  
490 Illinois Street, 9th floor  
San Francisco, CA 94143-1333  
415-502-5586  
anita.browning@ucsf.edu

**Christine Cheng**

Partner Relations Director  
Smoking Cessation Leadership Center, UCSF  
490 Illinois Street, 9th floor  
San Francisco, CA 94143-1333  
415-476-0216  
christine.cheng2@ucsf.edu

---

**Brian Clark**

Senior Data & Project Analyst  
Smoking Cessation Leadership Center, UCSF  
490 Illinois Street, 9th floor  
San Francisco, CA 94143-1333  
415-476-3280  
brian.clark@ucsf.edu

**Jennifer Matekuare**

Operations Manager  
Smoking Cessation Leadership Center, UCSF  
490 Illinois Street, 9th floor  
San Francisco, CA 94143-1333  
415-502-8880  
jennifer.matekuare@ucsf.edu

**Maria Pamatmat, MPH**

Project Coordinator  
Smoking Cessation Leadership Center, UCSF  
490 Illinois Street, 9th floor  
San Francisco, CA 94143-1333  
415-502-2148  
makrisanta.pamatmat@ucsf.edu

**Tamanna Patel**

Director  
National Council for Mental Wellbeing  
1400 K Street NW, Suite 400  
Washington, DC 20005  
504-444-1945  
TamannaP@TheNationalCouncil.org

**Hope Rothenberg**

Project Coordinator  
National Council for Mental Wellbeing  
1400 K Street NW, Suite 400  
Washington, DC 20005  
908-577-1484  
HopeR@TheNationalCouncil.org

**Jessica Safier, MA**

Program Manager  
Smoking Cessation Leadership Center, UCSF  
490 Illinois Street, 9th floor  
San Francisco, CA 94143-1333  
415-502-3786  
jessica.safier@ucsf.edu

**Catherine Saucedo**

Deputy Director  
Smoking Cessation Leadership Center, UCSF  
490 Illinois Street, 9th floor  
San Francisco, CA 94143-1333  
415-502-4175  
catherine.saucedo@ucsf.edu

**Taslim van Hattum**

Senior Director of Practice Improvement  
National Council for Mental Wellbeing  
1400 K Street NW, Suite 400  
Washington, DC 20005  
TaslimvH@TheNationalCouncil.org

**Lauren Wills**

Project Coordinator  
National Council for Mental Wellbeing  
1400 K Street NW, Suite 400  
Washington, DC 20005  
301-356-7223  
LaurenW@TheNationalCouncil.org

**Aria Yow, MA**

Data & Project Analyst  
Smoking Cessation Leadership Center, UCSF  
490 Illinois Street, 9th floor  
San Francisco, CA 94143-1333  
415-502-4515  
aria.yow2@ucsf.edu



---

## Substance Abuse and Mental Health Services Administration

---

**Doug Tipperman**

Tobacco Policy Liaison  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane, Room 18E05B  
Rockville, MD 20857  
240-276-2442  
Douglas.Tipperman@SAMHSA.hhs.gov

---

## Summit Facilitator

---

**Raj Chawla**

Principal  
The OCL Group  
815 Gist Avenue  
Silver Spring, MD 20910  
301-509-1133  
raj@the-oclgroupp.com