

Kansas Summit for Tobacco Free Recovery

DRAFT ACTION PLAN

July 24-25, 2018
Capitol Plaza Hotel and Convention Center, Topeka, Kansas
1717 SW Topeka Boulevard
Topeka, KS 66612



Smoking Cessation
Leadership Center



University of California
San Francisco

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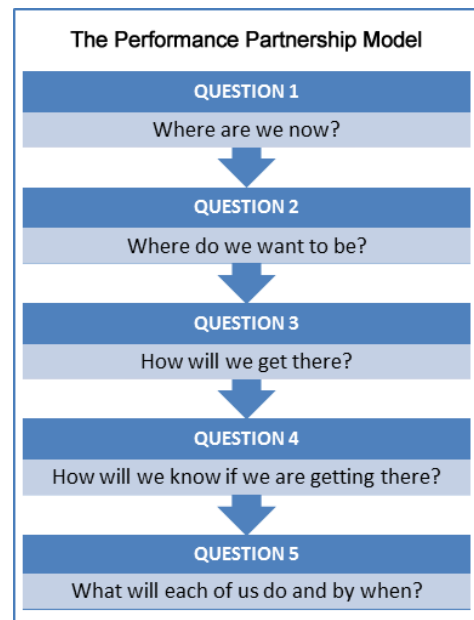
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Introduction and Background

On July 24 and 25, 2018, the Kansas Department for Aging and Disability Services, Department of Health and Environment, National Alliance on Mental Illness Kansas, University of Kansas Medical Center, Kansas Health Foundation – in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), CDC’s National Behavioral Health Network (NBHN), and the Smoking Cessation Leadership Center (SCLC) from the University of California, San Francisco (UCSF) – held a summit to address the high prevalence of smoking among adult Kansans with behavioral health conditions (mental illness and/or substance use disorders) in Topeka. Those in attendance included industry leaders and stakeholders representing behavioral health, tobacco control, and public health from across the state (see *Appendix A*). This action plan is a product of the summit, including practical strategies that aim to significantly increase cessation and quit attempts, increase tobacco use prevention, and ultimately reduce the tobacco use prevalence among the behavioral health population.

The purpose of the state strategy session was to convene a carefully selected group of key decision-makers in Kansas to work together to find applicable solutions to reduce tobacco use among individuals with behavioral health conditions. The day and a half format began with attendees viewing a comprehensive Kansas Gallery Walk that displayed national and state data on tobacco-related use, policy, and quality of care for this vulnerable population. This led to the group establishing baseline data points that will be tracked over time to measure progress towards a goal of reducing the smoking prevalence. The participants then discussed specific strategies to overcome existing system barriers for tobacco cessation and prevention, as well as identified new ways to engage low resource populations and the providers that serve them.

Kansas’s action plan was created using the [Performance Partnership](#) model. Raj Chawla, a results-based accountability facilitator, guided participants through a series of questions that framed the action plan and produced the baselines, targets, and strategies.



Participating Organizations

- American Cancer Society Cancer Action Network
- Association of Community Mental Health Centers of Kansas, Inc.
- Bert Nash Community Mental Health Center
- Board of Pharmacy State of Kansas
- Bothner and Bradley Inc.
- Center for American Indian Community Health/UKMC
- Central Kansas Foundation Addiction Treatment
- Community Engagement institute
- Douglas County Citizens Committee on Alcoholism Inc. (DCCCA)
- Johnson County Mental Health Center
- Kansas Association for the Medically Underserved
- Kansas Association of Addiction Professionals
- Kansas Association of Local Health Departments
- Kansas Department for Aging and Disability Services
- Kansas Department of Health and Environment
- Kansas Health Foundation
- Lawrence-Douglas County Health Department
- Mental Health Association
- NAMI Kansas
- National Council for Behavioral Health/CDC's National Behavioral Health Network (NBHN)
- Prairie View, Inc.
- Smoking Cessation Leadership Center (SCLC)
- Substance Abuse and Mental Health Services (SAMHSA)
- The OCL Group, LLC
- Tobacco Free Kansas Coalition
- Topeka Housing Authority
- UnitedHealthcare
- University of Kansas Medical Center
- Wichita State University
- Women's Recovery Center/Options Adult Services, DCCCA, Inc.'s

Baseline and Target

Where are we now? Where do we want to be?

Identifying the baselines and targets stimulated a lively discussion among the attendees—as everyone wanted to ensure that reliable data will be tracked to measure progress in tobacco use reduction among those with mental illness and/or substance use disorders.

Recognizing that no data is ideal, it was understood that as we make progress on our summit strategies, new data will be collected and tracked to supplement the agreed upon baselines.



Mental Illness

The group decided to track the *smoking prevalence of current adults in Kansas who report poor mental health* (reporting ≥ 14 days of poor mental health within the past 30 days, CDC BRFSS), with the understanding that efforts to reduce smoking among those with mental illness will be reflected in this proxy measure.

Substance Use Disorders

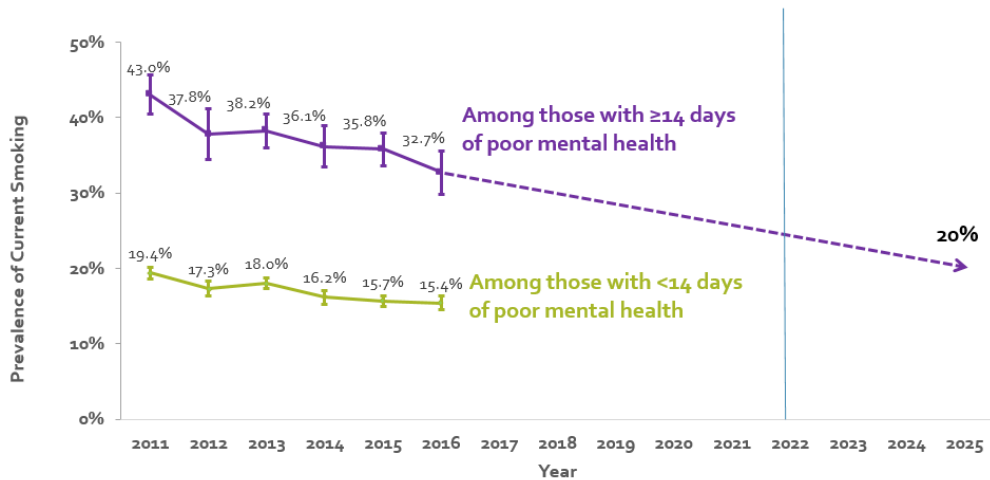
The group decided to track the *smoking prevalence among adult heavy drinkers* (2011 to 2014 defined as consuming on average more than 2 drinks per day for men and one drink per day for women, 2015 to 2016 defined as consuming on average more than 14 drinks per week for men and more than 7 drinks per week for women, CDC BRFSS), as a proxy to measure the smoking prevalence among adults with substance use disorder(s). As we progress with data, a possible third baseline will be created to focus on the smoking prevalence among those with any type of substance use disorder, not just focused on those considered as heavy drinkers.

The current smoking prevalence among individuals with a mental illness is **32.7% in 2016**. Our target is to lower the prevalence to **20% by 2025**. The current smoking prevalence among individuals with a substance use disorder is **30.1% in 2016**. Our target is to lower the prevalence to **20% by 2025**.

In 2022, Kansas will hold a midpoint review to discuss any adjustments to our target.

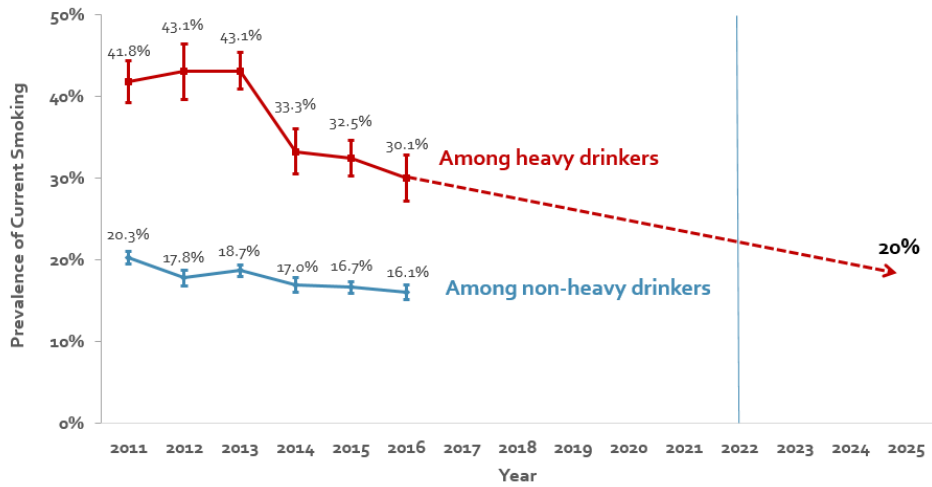
	Baseline	Target
Prevalence of Current Smoking among Kansas Adults Aged 18 Years and Older By Mental Health* Status	32.7% (2016)	20% by 2025 (12.7 points↓) with a midpoint review in 2022
Prevalence of Current Smoking among Kansas Adults Aged 18 Years and Older by Heavy Drinking** Status	30.1% (2016)	20% by 2025 (10.1 points↓) with a midpoint review in 2022

Prevalence of Current Smoking among Kansas Adults Aged 18 Years and Older by Mental Health* Status (2011-2016 KS BRFSS)



***Poor Mental Health:** Defined as 14 or More of the Past 30 Days Not Good. Question Wording: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Prevalence of Current Smoking among Kansas Adults Aged 18 Years and Older By Heavy Drinking* Status (2011-2016 KS BRFSS)

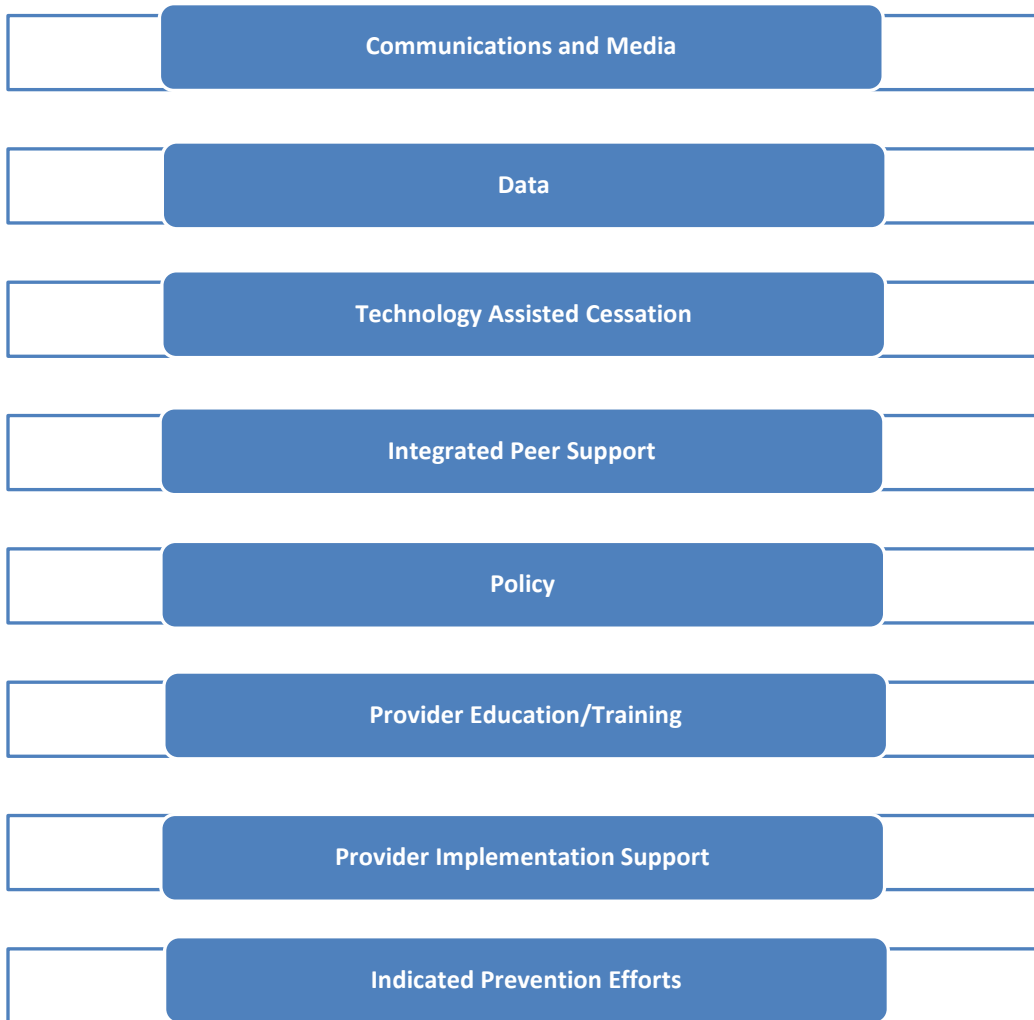


****Heavy Drinking:** 2015 and 2016 defined as consuming on average more than 14 drinks per week for men, more than 7 drinks per week for women; 2011 to 2014 defined as consuming on average more than 2 drinks per day for men and one drink per day for women. Change in time period used to assess heavy drinking from daily to weekly average is mathematically equivalent and does not impact prevalence estimates

Strategies

How will we get there? How will we know if we are getting there?

The summit participants continued crafting their action plan by brainstorming common strategies that could be addressed in order to reduce the smoking prevalence among those with mental illness and/or substance use disorders. The group identified the following strategy themes:



Summit participants incorporated these strategies into the following groups:



Six strategy committees became the focus of the action plan: **Data, Policy, Provider Implementation Support, Technology Assisted Cessation and Media, Indicated Prevention Efforts, and Integrated Peer Support**. These primary strategies will be the initial focus of the action plan. As the work develops, the data committee will strategize ways to find data on all substance use disorders, in addition to heavy drinking. The following matrices outline each committee’s strategies, commitments, contributors, process measures and timeline, which will be updated regularly to include achievements and challenges based on benchmarks.

Data

Implementation Team: Shannon DeVader, Belle Federman, Dee Vernberg, Daniel Craig, Terri Kennedy, Brian Clark
Committee Co-Liaison: Terri Kennedy, Shannon DeVader

Objective 1: Track smoking prevalence among adults with various substance use indicators

Action Step	Lead	Progress Indicator/Process Measure	Completion date	Status Update
Specific strategies to achieve objective.	Specify who will take the lead.	What does success look like? What metrics will you use to track progress?	Attainable and realistic.	Where are you now?
Pull NSDUH multi-year state data on all SUD indicators with smoking prevalence	Shannon DeVader and Belle Federman	Data collected and shared with entire group	October 2018	
Pull annual KCPC data for substance use among individuals who smoke and are seeking treatment	Daniel Craig	Data collected and shared with entire group	November 2018	
KHIN (Kansas Health Information Network) – explore availability of data on smoking prevalence of adults with substance use	Terri Kennedy	Data made available	September 2018	
Pull quarterly quitline data on adult smokers with substance use indicators	Shannon DeVader	Data collected and shared with entire group	Spring 2019	

Objective 1 notes & things to consider:

- DRIVE – pulls all information from EHR (from FQHCs). Can do small sampling.
- Hospital discharge data also available – problem is coding, are they being slotted in correct categories.
- KCPC data – is it collected centrally? How would it be displayed?

Objective 2: Track smoking prevalence among adults with various mental health indicators

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Pull Kessler K6 data – serious mental illness and smoking - (2017 data TBD, will request 2019 data)	Shannon DeVader	Data collected and shared with entire group	September 2018 for 2017 data, 2020 for 2019 data	
Explore availability of KHIN data on smoking prevalence among adults with mental health diagnoses	Terri Kennedy	Data collected and shared with entire group	September 2018	
Pull quarterly quitline data on adult smokers with mental health conditions	Shannon DeVader	Data collected and shared with entire group	Spring 2019	

Objective 2 notes & things to consider:

- When should Kessler 6 data be requested and how will funding be attained?
- Terri made request for KHIN data already
- PH8Q/PH9Q data for adults – MH indicators

Objective 3: Track smoking prevalence among youth and pregnant women

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Pull youth MH/SA plus smoking and vaping prevalence data from YRBS	Shannon DeVader	Data collected and shared with entire group	January 2019	
Pull smoking prevalence data among pregnant women from birth certificates	Shannon DeVader	Data collected and shared with entire group	October 2018	
Pull quitline data on smoking among pregnant women (planning, current, and breastfeeding) – data shared with Bureau of Family Health	Shannon DeVader	Data collected and shared with entire group	February 2019	

Objective 3 notes & things to consider:

- YRBS – has MH data on suicide ideation, sadness/hopelessness for past two weeks
- PHQ8A data for adolescents, depends on funding however
- OB/GYNs ask pregnant women about smoking status
-re: smoking prevalence, also added to application for birth certificate – in annual report of vital statistics

Discussion notes & things to consider:

Extra data to track:

- Dissemination of data to variety of professions
- What are the demographics of Medicaid users?
- What are the demographics of those uninsured
- Data on minority populations
 - Quit rates
 - Prevalence
- Annual and/or monthly Medicaid claims data for (preferably by county/month)
 - Counseling
 - Medications (by type of med)
- TTS data
- Kansas Provider data per SAMHSA survey
- Trend analysis on K-6 2013, 2017, and 2019 (already partially covered)
- Track uptake of smoking cessation treatment uptake in Medicaid
- Will this data validate or clarify baselines? YES
- Geo mapping or scorecard data (?)

Policy

Implementation Team: Colin Thomasset, David Anderson, Becky Ross, Tara Nolen, Jordan Feuerborn, Rick Cagan, Roxana Said
Committee Liaison: Colin Thomasset

Objective 1: Medicaid Expansion

Action Step	Lead	Progress Indicator/Process Measure	Completion date	Status Update
Specific strategies to achieve objective.	Specify who will take the lead.	What does success look like? What metrics will you use to track progress?	Attainable and realistic.	Where are you now?
Connect with Alliance for a Healthy Kansas and add tobacco stakeholders to increase engagement.	Jordan Feuerborn	More people being able to obtain coverage for cessation through Medicaid.	Ongoing	
Next steps for expansion			TBD	

Objective 1 notes & things to consider:

- Cessation coverage (RX and counseling) for all Medicaid beneficiaries including pregnant moms, income level, pre-existing conditions.

Objective 2: Tobacco Free Policies | Grounds Policy for all State Funded Providers

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
To have an initial conversation with tobacco-free coalition members.	Rick Cagan	Initiate communication and have a meeting.	December 2018	
Building a coalition. Writing a statement to engage partners.	Rick Cagan, Colin Thomasset, and Jamie Katz	Gauging interest through communication with Dr. Lakin.	2023	
Write up a draft policy statement to pass legislation to accomplish tobacco free grounds for all state funded providers.	Colin Thomasset- write up draft and work with Rick Cagan	Write up a draft of the policy	October 2018	

Objective 2 notes & things to consider:

Objective 3: Treatment Standard

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Financial Incentive program for providers to endorse and implement the behavioral health tobacco guidelines.	Rick Cagan, KDHE, KDADS, NAMI, Becky Ross, Andy Brown, KUMED.	Coalition works with state Medicaid Agencies.	June 2019	
Rick to have a preliminary meeting to discuss incentives for providers.	Rick Cagan	A preliminary meeting	October 2018	
Promote behavioral health tobacco guideline in development of health homes program.	Becky Ross, KDHE, KDADS, MCOS	Adoption of tobacco guideline	January 2019	
Recommend tobacco treatment incentives in implementation of KanCare 2019.	Becky Ross, KDHE, KDADS, MCOs	Adoption of tobacco guideline	August 2018	

Discussion notes & things to consider:

Policy feedback:

- Open up reimbursement codes
- Get KDADS to approve treatment of tobacco as a primary reimbursable treatment by psychiatrist and other MH providers.
- Blind spots: Likelihood of Medicaid expansion...really positive?
- Resources: Community engagement Institute docs more coalition work than any other entity
- Integration: Messaging or apps to track movement
- Recommendations: (TA, capacity building)
- Be sure for preliminary meeting Rick does include stand-alone SUD also.

Provider Implementation Support

Implementation Team: Kim Richter, Kim Jordan, Donna Gorman, Doug Tipperman, Kaely Burgess, Sue Murnane, Arnold Downing Sr., Babalola Faseru, Jessica Safier
Committee Liaison: Kim R./Kaely

Objective 1: Promote adoption and implementation of Kansas Tobacco Guideline for Behavioral Health Care at practice and state levels.

Action Step	Lead	Progress Indicator/Process Measure	Completion date	Status Update
Specific strategies to achieve objective.	Specify who will take the lead.	What does success look like? What metrics will you use to track progress?	Attainable and realistic.	Where are you now?
Raise awareness of importance of tobacco cessation. Increase name recognition of the guide and share supporting data.	Kim Richter	Self-reported organizational adoption of guideline	2020	
Achieve buy-in by providers to complete implementation checklist.	Sue Murnane- CMHCs, Marti -CRO, Donna for SUD	Number of collected checklists	By End-of-Year 2018	
Special outreach to state regulators to encourage adoption of guidelines.	Rick Cagan	Appropriate contacts initiated	TBD upon follow up with Rick	
Provide mini-grants to providers to facilitate checklist and goalsetting.	Andy Brown		TBD upon follow up with Andy	

Objective 1 notes & things to consider:

Objective 2: Enhance provider education and training resources.

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Promote UMASS TTS Training	Babalola Faseru	Number of people trained	September 2018	
Promote Wisconsin Comprehensive Provider Online Training	Babalola Faseru, Doug Tipperman	Number of people trained	August 2018	
Promote Brief Tobacco Education Training	Kim Richter to coordinate with Matthew or Lisa	Number of people trained	September 2018	
KS Train billing and reimbursement	Rick Cagan Sue Murnane & Donna Garman to disseminate link	Number of people trained	On hold- training is pending	
Brief Provider Training <ul style="list-style-type: none"> MCO provider specific training Provider Bulletin	Kim Jordan	Number of people trained	December 2018/January 2019	

Objective 2 notes & things to consider:
 CONSIDER ACTION STEP AROUND TRAINING HUD HOUSING (via resident association meetings), DEPARTMENT OF CHILDREN AND FAMILIES, DEPARTMENT OF CORRECTIONS, ETC.

Objective 3: Incentivize treatment implementation and provider practice facilitation.

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Start conversation regarding state's ability to make tobacco treatment a pay-for-performance measure for MCOs.	Kim Richter/Kim Jordan to reach out to Becky Ross	Institute P4P measure targeted towards behavioral health consumers	August 2018	
Start conversation regarding MCOs' ability to incentivize tobacco treatment. Get feedback on tobacco treatment via provider scorecard.	Kim Jordan to open conversation with Clinical Practice Guidelines Team (at United)		December 2018/January 2019	
Hands on support for integrating treatment.	Kim Richter to look into it		October 2018	

Objective 3 notes & things to consider:

Technical Assisted Cessation and Media

Implementation Team: Amanda Grodie, Jennifer Pacic, Jason, Hale Lisa Frey Blume, Ed Ellerbeck (recorder: Christine)
Committee Liaison: Jennifer Pacic (media) and Ed Ellerbeck (QL)

Objective 1: Development integrated patient support system for smoking cessation to augment QL

Action Step	Lead	Progress Indicator/Process Measure	Completion date	Status Update
Specific strategies to achieve objective.	Specify who will take the lead.	What does success look like? What metrics will you use to track progress?	Attainable and realistic.	Where are you now?
Convene stakeholders/ technical advisory group	KDHE Carol and Matt/Lisa	KanCare orgs see how they can Integrate NRT into Rx	Oct 2018	
Convene Pt advisory group	Ed Ellerbeck / KUMC	Group convene	Nov 2018	
Develop new RFP	KDHE Carol and Matt and Rick Hoffmeister/Lisa		Spring 2019	
Leverage insurance coverage for support NRT to increase	KDHE Carol and Matt/Lisa			

Objective 1 notes & things to consider:

- QR code that pharmacists can open to provide pts with NRTs
- EHR enrollment option?
- If can't do through QL program, then do through non care procedure
- Include KanCare MCO rep Kim Jordan
- MH/SUD provider, NAMI, Carol Moser
- Check on current use of smokefree.gov for KS residents
- Focus groups for QL – engage MH and SUD consumers, separate groups, maybe folks who are at standalone tx facilities, and get rural voices, race/ethnicity, age ranges, gender, length of smoking, etc. to ensure diversity in voices
- KDHE Rick Hoffmeister with Medicaid, a nurse, former smoker with BH background
- United Health has previously piloted a cessation app

Objective 2: Replicate “End the Trend” efforts

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Convene communication group	Jennifer Pacic/Jason Hale		Aug 2018	
Present Johnson County program and successes	Jamie Katz		TBD	
Benchmark activities against TRUTH and CTFK initiatives	Jennifer Pacic/Jason Hale		Dec 2018	
Research and then reach out to grant making agencies and other funding sources	Jennifer Pacic/Jason Hale		Feb 2019	
Develop plan and grant	Jennifer Pacic/Jason Hale			

Objective 2 notes & things to consider:

- Jordan Roberts with KDHE Resist
- “End the Trend” program using Snap Chat, Instagram, Google, etc.

Objective 3: Targeted media campaigns, radio, TV, social media – what can put into NAMI KS’ contract with its communications agency

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Inventory of earned and paid media	Jennifer Pacic/Amanda Grodie to ask Tami Bradley NAMI and CPI		Aug 2018	
Asset map of Kansas	Jennifer Pacic/Amanda Grodie to ask Tami Bradley NAMI and CPI		TBD, Dec 2018	
Create plan	All		TBD	

Objective 3 notes & things to consider:

Indicated Prevention Efforts

Implementation Team: Andrew Brown, Chrissy Mayer, Lisa Blasi, Jamie Katz, Taslim van Hattum
Committee Liaison: Chrissy Mayer

Objective 1: Engage in collaboration between KDHE and KDADS to develop the inclusion of behavioral health populations into the 2020 State Tobacco Control Plan (TCP)

Action Step	Lead	Progress Indicator/Process Measure	Completion date	Status Update
Specific strategies to achieve objective.	Specify who will take the lead.	What does success look like? What metrics will you use to track progress?	Attainable and realistic.	Where are you now?
Identify who is working on the TCP and initiate a meeting.	KDADS; Andrew Brown	Cross-sector engagement and collaboration Identify how TCP engages stakeholders Become a stakeholder to provide recommendations Engage consumer voice in the process (see objective 2)	3 months	
Co-create and support an aligned goal within the TCP	KDADS; consumers, this committee	Cross-sector engagement and collaboration Development of a goal/target/inclusion of BH populations as a priority population in TCP	10 months	
Engage the Governor’s Council	Chrissy Mayer	Inform the council about the process and inquire re: feedback	September 18	
Align with CDC guidelines on recommendations around disparate populations and recommendations for inclusions in TCPs	KDADS; National Council	Align with the SAMHSA State Block Grant Plan	12 months	

		By 2019 the Kanas TCP will have one goal or target around behavioral health populations.		
*Engage with Kansas Cancer Coalitions/CCC for initial engagement and alignment.	Andrew Brown; National Council; Dr. Edward Ellerbeck	Meet with CCC Director		

Objective 1 notes & things to consider:

- Culturally tailor interventions/interventions for minority populations (Jason Hale)
- Connect with groups with a focus on specific priority populations
- Consider online programs (aspire at MD Anderson)
- Connect with newly awarded TTCs technology transfer centers and newly awarded centers tobacco and mental illness
- Inventory of what’s currently happening
- Integrating prevention activities into billing
- Collaborate with Media and TRUTH campaign
- MCH resources at WSU (Anne Maack and Aaron Davis)

Objective 2: Engaging behavioral health consumers in indicated prevention efforts

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Engage KDHE around current consumer voice in their processes	Andrew Brown, KDADS	KDHE and KDADS have met around this plan	3-6 months	
Compile, review or research as to what KDHE is currently doing to engage BH consumers	IPE Committee	Meet initially to define research strategy, priorities and sources; reconvene to discuss identified research and compile to inform practice	12 months	
Develop an engagement strategy	KDADS	Conduct Focus groups Outreach to community MH centers Develop a geographic and regional strategy (east and west; urban and rural)	10 months	
Present indicated prevention efforts recommendations to KDHE within 1 year to inform the TCP plan	IPE committee; Chrissy Mayer		10 months	

Objective 3: Identify and research evidence-based practices for indicated prevention efforts for individuals with behavioral health conditions

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Form a workgroup to identify evidence based and best practice interventions	Jamie Katz Andrew Brown	*align with a larger EBW group that is under development	3-6 months	
Research data sets and EBIs around individuals with BH conditions that are not current smokers and entering treatment	Data Committee Chrissy Mayer	Research existing data sets re: pre/post treatment smoking status	6-12 months	
Train providers on selective risk interventions	Provider training committee; Jamie Katz; KAAP; BHAK; ACMHCK	Identify provider trainings on selective risk; providing education on smoking initiation in treatment settings; provider education on risk factors in youth/young people; Initiation of a pilot project	12-24 months	

Objective 3 notes & things to consider:

Integrated Peer Support

Implementation Team: William Welch, Jeannette Garcia, Kim Nelson, Sarah Linden

Committee Liaison: Jeannette Garcia

Objective 1: Train 75% of existing Peer Support Specialists to be Tobacco Treatment Specialists by 2025*

Action Step	Lead	Progress Indicator/Process Measure	Completion date	Status Update
Specific strategies to achieve objective.	Specify who will take the lead.	What does success look like? What metrics will you use to track progress?	Attainable and realistic.	Where are you now?
Build/create a database of working Peer Support Specialists across the State	William Welch	Creation of database (personal list of resources as he trained about 600 certified peers)	July 2019	
Establish baseline number of how many working Peer Specialists are currently TTSs	Jeannette Garcia	Creation of the baseline	July 2019	
Achieve organizational buy in through organization leadership education around benefits of training	Jeannette Garcia and William Welch	Creating touchpoints/champions at all the Community Mental Health Centers and the major Substance Use Treatment Centers across Kansas	July 2019	
Explore and identify funding opportunities for TTS training (for Train the Trainer and Peers)	Jeannette Garcia and William Welch	Jeannette will connect with trainers at KU to explore opportunities to collaborate on grants	July 2019	
Explore alternatives to TTS	William Welch	William will get in contact with Kimber to ask about one day training William will connect with Andy Brown to explore other alternatives	October 2018	

Objective 1 notes & things to consider:

TTS training is a four-day training. We currently have TTS as the gold standard for training as it is evidence-based. One of the action items is to explore if there are shorter alternatives for training that are also evidence based.

Objective 2: Train all incoming/new Peer Specialists to be Tobacco Treatment Specialists

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Support state’s efforts on moving towards an integrated peer training curriculum (integration on all healthcare)	Jeannette Garcia	<p>Jeannette will let Carrie know what happened at the summit</p> <p>Jeannette will connect Carrie Billby to ensure this committee is involved in the conversation around integration</p> <p>Ensure tobacco cessation training is incorporated into the integrated peer training curriculum</p>	<p>August 3rd, 2018</p> <p>Rest of deadlines dependent on how the state progresses</p>	

Objective 2 notes & things to consider:

We need to keep in mind that refresher training and continuing education needs to be a part of the plan moving forward.

Discussion notes & things to consider:

- Provide cessation services to peer support specialists
- Will peer specialists offer group counseling under expanded Medicaid cessation benefits?
- Andy is willing to be a champion at KDADS
- Work with consumer run organizations to integrate tobacco treatment into programs
- Certified peer support focused on tobacco treatment
- Reimbursement options for peers to generate funding to pay for position
- Blind spot: Is there a larger training infrastructure?
- Resources: Use Jenn Pacic for the certified peer support database
- Integrated: With medical/strategic assets; apps or tech way to continue support for trainings
- Recommendations: Peer support structure; talk to Jenn after Carrie Billby

Additional Timeline

August 2018

Indicated Prevention Efforts

- Identify TCP contact and meet

Medicaid Expansion Policy

- Add more tobacco stakeholders to Alliance

Convene Committee for end the trend (Statewide) by end of August

Provider Implementation

- Kansas Train billing and reimbursement in the next 30 days

September 2018

Indicated Prevention Efforts

- Engage governor's behavioral health services planning council

Provider Implementation

- TTS training

Data

- Explore availability of data in KHIN on smoking prevalence among adults with mental health indicators
- Explore availability of data in KHIN to report smoking prevalence of individuals with SUDs
- Pull K6 data on serious mental illness and smoking for 2017

October 2018
Integrated Peer Support <ul style="list-style-type: none"> - Bill Welch to contact Kim about exploring train options for TSS
Data <ul style="list-style-type: none"> - Pull smoking prevalence data among pregnant women from birth certificates
Policy (Treatment Standards) <ul style="list-style-type: none"> - Meet with KDHE, KDADs and MCOs to discuss reimbursement structure
Convene patient advisory group for Quitline/text patient cessation support systems
November 2018
Data <ul style="list-style-type: none"> - Pull KCPC data use for individuals seeking SU treatment
Policy (Tobacco free grounds) <ul style="list-style-type: none"> - Meet with coalitions and stakeholders to “float” idea of tobacco free grounds mandate for state funded providers
December 2018
Research funding opportunities for end one trend pilots or other counties
Compare analyze of Truth and CTFK
January 2019
Indicated Prevention Efforts <ul style="list-style-type: none"> - Develop EBP workgroup - Engage KDHE on consumer voice

Data

- Pull youth MH/SA smoking and vaping data from YRBS

February 2019 Onward

Data

- Pull Quitline data on behavioral health by February 2019
- Pull Quitline data on smoking among pregnant women by February 2019
- Pull K6 data on serious mental illness and smoking for 2019 data in 2020

Develop RFP for new Quitline/text patient cessation support system by April 2019

Appendices

Appendix A: Participant Contact List

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Appendix B: Performance Partnership Model Characteristics, Reactions to the Gallery Walk, Missing Data, and What Works

Performance Partnership Model – Unique Characteristics

1. Partnership organized around a specific, measurable result
2. Importance of working across silos to make a measurable difference
3. Use existing low-cost or no-cost tools and resources in creative new ways
4. Action plan is created in real-time and is a working document and implementation tool to execute and sustain efforts
5. Strategies created and implemented by everyone in the room
6. Guided by neutral facilitator

Reaction to Gallery Walk
Prevalence reduction
The overall trend of the smoking prevalence is going down. How can we continue this trend?
The downward trend is going down for the general population. It would be nice to see a more of a downward trend for the behavioral health population.
Encouraged by a slow downward trend and impressed with the states with high taxes.
The general trend of smoking rates is going down, but some sub-populations are not dropping as much or some are even rising.
While prevalence has decreased, tobacco is still the highest.
Youth and e-cigarette data/vaping
Vaping has grown in popularity.
Missing components on data on vaping and youth data.
Missing data on vaping, youth data, and client data.
Taxation/Legislation
The map of the United States was interesting to see because Kansas and Missouri are neighboring states, but has differences in current cigarette use- taxation might be a factor.
The legislators today have an opportunity to make an impact.
Role of Medicaid
Struck by and curious about Medicaid data in Kansas and what it means on a local level.
Intrigued on the absence on data on Medicaid.
Happy that Medicaid covers treatment, but bummed that 1 in 5 smokers get evidence-based care.
What other state Medicaid agencies have done for tobacco cessation?
Data
What are we going to do about all the data that we have?
It felt like the same old story.
The map showing that the differences in states. What is causing those differences? What is working to drop rates or keep rates up?
Curious of what interventions have been tried to date- that would help with what is possible.
The trend of heavy drinking data in 2013/2014 and why was there such a significant drop.
Missing data on Quitline utilization.
Chart that showed 25% of the population responsible for smoking 40% of cigarettes. What is the percentage of those undiagnosed with mental illness or substance use disorder?
The economic impact on lost hours and the slow reduction in cessation smoking. Has that impacted the economic situation and increase productivity in workplace?
Would like to see more information on how effective CTTS have been and if trainers are able to reach people.
Interested to see more data on smoking rates for all substance use disorders.
Lower Economic Status
Want to see more data on poverty and those that smoke in those populations.
Interested to know about geographic locations of some of the data and how it would vary throughout the state.

NRT
Looking at the number of people who in substance use and mental health facilities that is offering nicotine replacement therapy. Surprising how low it was.
Surprised on how low the rates are for offering NRT.
Provider Attitudes
“Employee Smoking and Access To Tobacco Treatment, 2016/2017 Kansas Tobacco Treatment in Behavioral Healthcare Survey” (slide 13)
Provider attitudes towards tobacco use, specifically, the perception of unfairness.
Staff attitudes - is that correlated with client’s attitudes?
Data on attitudes and how we can address the different beliefs.
Providers that use tobacco and how they address cessation with their patients.
Interesting slide on provider attitudes. Curious to know more.
Health care providers are 62% of people in facilities using tobacco and yet the utilization for treatment is low in that population. 40% is unsure of their benefits, so that is an opportunity for education.

Missing Data	Action Commitment to Get Data
Client and consumer perspectives	Needs to be researched
Client Voice/Needs	KAAP? ACMHCK?
Douglas County data on tobacco use and connection to poverty	Bill Welch – 6 weeks
E-cigarettes	BRFSS, YRBS
ER admission rates and co-morbidities	KDHE hospital database (only if correct information is coded) – potentially soon due to data request time
Hookah	CDC/KCTC
Kansas Quitline data	KDHE, Shannon DeVader
Medicaid claims data for tobacco medication and counseling (by provider and by state)	KDHE, Kim Richter – about 6 or more months due to lag in encounter data. Historical data is available
Mental Health/ Poverty/Tobacco Use	BRFSS, local data - Jennifer Church
Percent prevalence, counseling, and NRT provision to Medicaid smokers by county/locality	KU, KDHE by winter 2019
Pregnant women (including premature delivery)	HERON database (KMED can access data) - TBD
Provider data - current data is a small sample. How about a larger sample?	Kim Richter
Public health impact from prior state tax increase	KDHE
Tobacco Treatment at Behavioral Health Sites	Andy Brown – 6 months
Tribal/Minority data	Jason Hale – 6 months
Vaping data for adults	BRFSS, Jennifer Church
Vaping data for youth	YRBS, Shannon DeVader
Youth Data	KDADS has KCTC survey, KBHID, Andy Brown - annually
YRBS	KDHE, Shannon DeVader

Data Development Agenda as part of Affirming Baseline
Health Information Exchange <ul style="list-style-type: none"> • Collects data from <ul style="list-style-type: none"> ○ Hospitals ○ Providers ○ Mental Health Agencies – none have signed up to provide data to date
Medicaid -> Smokers -> NRT => Mental Health Treatment
Treatment Providers <ul style="list-style-type: none"> • Report cessation (Tobacco treatment)
Provider Survey

What Works in Your State?
Access to counseling – integrating texting and technology
Access to NRT through local health centers
Access to pharmacy and therapy
ACE or other Evidence Based Interventions
Coalitions – local county
Dual Rx in Medicaid
E-cigarettes not classified in same way as other products for taxes (significant amount)
Empowering the client
Expand access to treatment through Medicaid
Exposing Myths
Health approach
Including voices from those affected (staff, clients, providers)
Incorporating tobacco into the longer addiction continuum/conversation
Insurance coverage (understanding, not having it)
Integration of text and technology to Quitline
Media campaigns/ Social Marketing
Money (Foundation funding, Taxation)
Partnerships and collaboration
Policies (tobacco free housing/facilities/mandating with block grants)
Professional organizational input
Provider Education (effective treatment, covered benefits)
Provider feedback, real incentives to provide treatment
Role of 2 A's – Ask to Assist
SBIRTS
Support groups/Quitline/Counseling (peer to peer, buddy calls, offering of cessation)
SYNAR/CATE – federal law
T-21, tobacco-free schools
Timelines of policies that are in effect (warnings, notice – to have buy in from clients/staff)
Whole-person approach
Youth engagement

Appendix C: Appreciation and Individual Commitments

NAME	What is your most powerful action commitment towards achieving the result?
Shannon	Analyzing all the data to help track and evaluate the progress that we are making.
Dee	Sending Shannon thank you notes for all the work she is going to be doing for us.
Daniel	Reaching out to Andy for data and he has already given me a follow up question that I am going to research.
Terri	My action commitments are written on the action commitment sheet.
Brian	Send out doodle to schedule our monthly standing calls.
Jeannette	Getting in touch with Carrie Billby at the state to talk about the peer training.
Kim N.	To be a regional SAMHSA resource for anyone who needs it. That includes technical assistance centers, funding, data, etc.
Bill	Have contacts with all state mental health facilities and utilizing these contacts as a resource.
Sarah	Provide logistical support where she can at the national level.
Arnold	Huge responsibility in the position that I am in in the housing authority to look out for the people – clients and staff.
Sue	Dissemination of information
Kaely	Reengage with all of our housing authorities in our area.
Doug	To give information to the group on training programs.
Donna	To be the champion in our organization for implementing the behavioral tobacco guideline and to take back the message to the other institute providers.
Jessica	Work with this committee and set up first monthly meeting.
Kim R.	Pay for performance might be used as a way to encourage MCOs to take this on. This might cascade down to them giving feedback to and encourage providers to treat tobacco.
Kim J.	The same action item as Kim which I think is most significant. This would be the most positive influence to our Medicaid members.
Babalola	There is a training that is coming up, so I am hoping to get more people trained.
Rick	Steps to convene a meeting with KDADs, KDHE, MCOs to start a conversation about financial incentives for providers to adopt tobacco guideline.
Jennifer C.	Be that voice in the agency to plant ideas in the leadership and explore Quitline contract.
Jordan	Connecting people who want to support Medicaid expansion efforts to make sure we are coordinated in the work that is already happening.
Nadine	Have existing work that is happening in this area and looking forward to seeing the notes of the conversation from the last day and a half. Will use that to inform what is going on right now and what we can do in the future.
Colin	Draft policy statement on working towards tobacco free policies for state funded health care providers.
David	Look forward to taking information back and working to get that engaged as a meaningful partner in this process and all the SUD providers that they represent.
Becky	We are re-implementing health homes in Medicaid. Will promote tobacco guidelines that are being adopted as part of the health homes application.
Roxana	Help my group set up first meetings and solidify notes.
Jennifer P.	So involved that she is committee liaison.
Amanda	Recruit for tobacco treatment specialist training and support my group.
Edward	To provide support where it is needed.
Lisa	Assist in convening the group the group that Edward talks about.
Christine	Support two groups in getting a first meeting put together.
Jason	Helping with social media and resources.
Chrissy	Continuing to focus on collaboration.
Linda	Go back to organization and stay involved in this discussion.
Andy	Follow up with Carrie in peer support training and how that can be integrated.
Taslim	Offer the National Council as an ongoing resource in big and small ways, whether it is technical assistance, training, or building connections.
Jon Jovi	Preparation of action plan to be sent out in a week.
Raj	Take the learnings from this summit and create quality improvements for future summits.

Appendix D: Planning Committee and Supports

Planning Committee and Sponsors for the Kansas Summit for Tobacco Free Recovery State Strategy Session July 24-25, 2018

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