

Michigan Leadership Academy for Wellness and Tobacco-Free Recovery

September 6–7, 2016



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Kellogg Hotel & Conference Center, Michigan State University

219 S. Harrison Rd, East Lansing, Michigan

Background & Introduction

On September 6th and 7th of 2016, forty leaders and advocates in public health, population health, behavioral health, tobacco and cancer control came together for a first-ever Michigan state initiative focused on reducing smoking prevalence among people with mental illness and substance use disorders.

The Academy was hosted by the Michigan Department of Health and Human Services, in partnership with the Smoking Cessation Leadership Center (SCLC) at the University of California, San Francisco, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the CDC's National Behavioral Health Network for Tobacco and Cancer Control (NBHN).

The purpose of the Academy was to bring together a strategically composed group of public health leaders within the state of Michigan to collaborate and come up with solutions to reduce tobacco use addiction among individuals with mental illness and substance use disorders. The two day format started with a comprehensive gallery walk highlighting state and national data. Beroz Ferrell, Results Based Facilitator, lead the group discussion on *baseline and target*, followed by a plethora of subject matter speakers who provided context and validated the importance of synergistic movement to create impactful results.

Speakers- *Karen Brown, MPA, Tobacco Dependence Treatment Coordinator, Tobacco Section Michigan Department of Health and Human Services • Jean Dukarski, CPSS Program Director, Justice in Mental Health Organization (JIMHO) • Debera Eggleston, MD Chief Medical Director, Office of Medical Affairs, Michigan Department of Health and Human Services • Susan Moran, Deputy Director, Population Health and Community Services, Michigan Department of Health and Human Services • Debra Pinals, MD, Medical Director of Behavioral Health and Forensic Programs, Michigan Department of Health and Human Services • Steven A. Schroeder, MD, Director, Smoking Cessation Leadership Center, University of California, San Francisco • Lynda Zeller, Deputy Director, Behavioral Health and Developmental Disabilities, Michigan Department of Health & Human Services*

Participants of the Academy represented state, federal, and local agencies, including mental health, addictions, veterans, clients/peers, community services, non-profits, policy, academia, health insurance, and chronic disease prevention organizations (*see Appendix A*). All participants at the Academy were well-aware that people with mental illness and substance use disorders are disproportionately burdened by the harmful effects of smoking and tobacco use, and each came prepared to commit to implementing the strategies established at the summit.

After two days of collaboration, Michigan partners answered the following questions that framed the Action Plan:

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

The following Action Plan highlights the work and commitment of each attendee and details the baseline, target, recommended strategies, and next steps for the partnership-

behavioral health will learn how population health speak, and **population health** will learn how behavioral health speak

we can do better in Michigan; we can **save** lives

tobacco addiction stole many of the **life moments** that we **cherish**

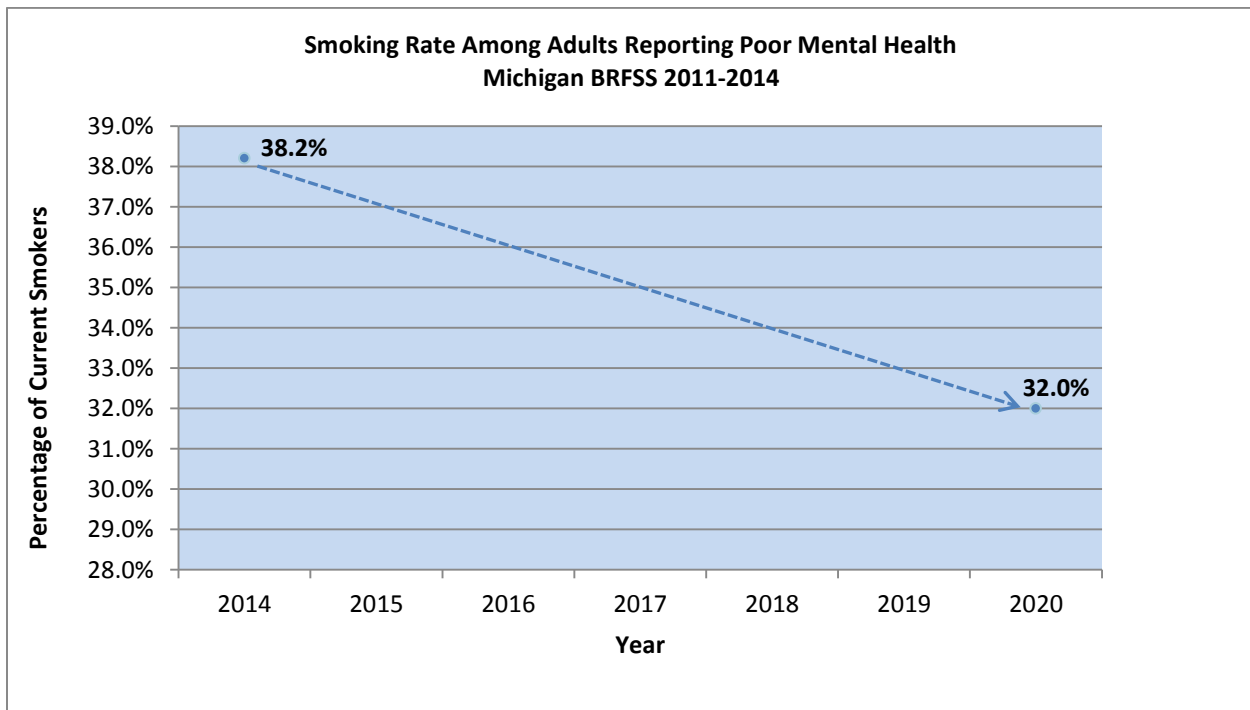
peer specialists can provide **avenues of hope**

the **social injustice** of this tragedy must be overcome

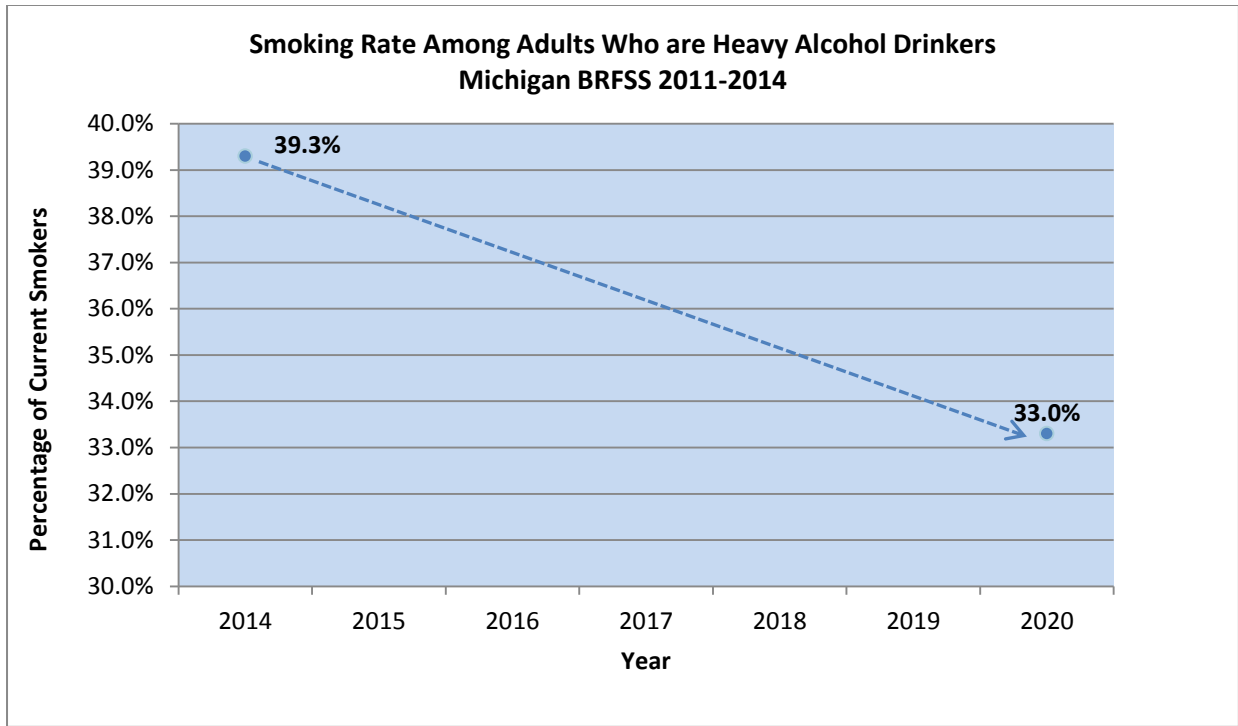
-winnable battle-

Where are we now? (Baseline)
Where do you want to be? (Target)

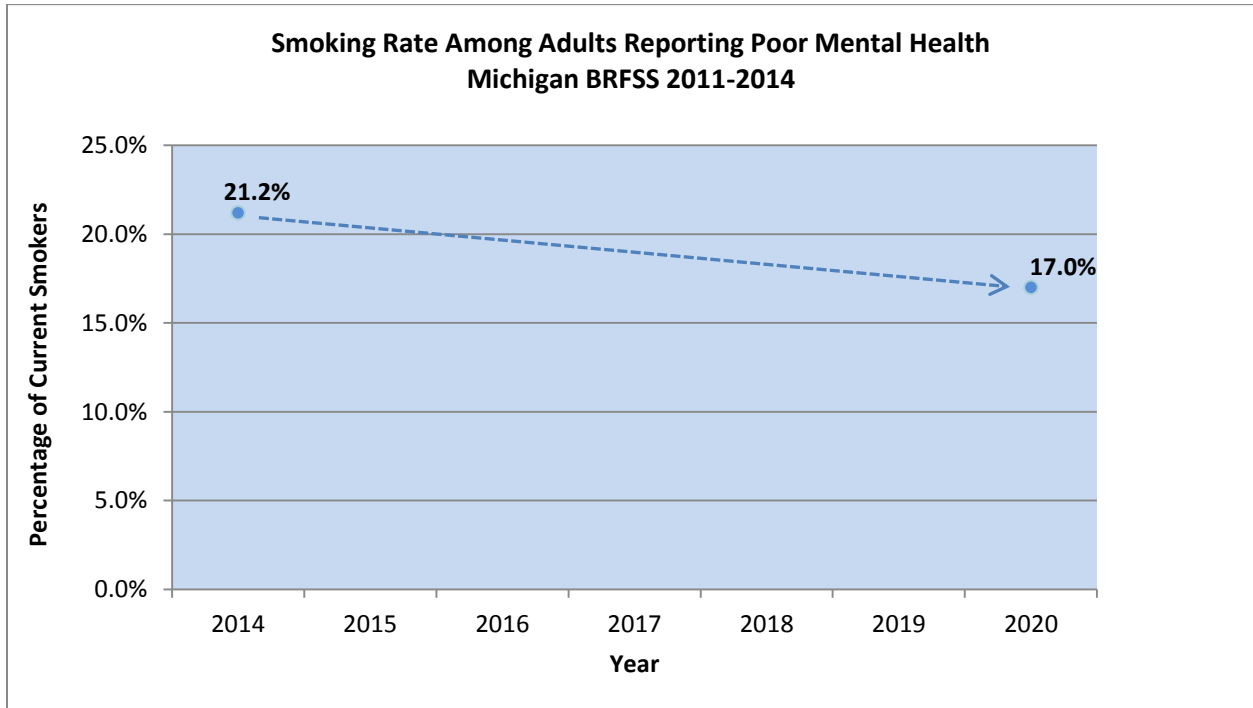
	Baseline	Target
Mental Health (Poor Mental Health) <i>BRFSS, 2014</i>	38.2%	Reduce to 32.0% by 2020
Substance Abuse (Heavy Alcohol Drinkers) <i>BRFSS, 2014</i>	39.3%	Reduce to 33.0% by 2020
Adult Smoking Prevalence in Michigan <i>BRFSS, 2014</i>	21.2%	Reduce to 17.0 % by 2020



Source: BRFSS, 2014



Source: BRFSS, 2014



Source: BRFSS, 2014

How will we get there? (Multiple strategies)

Partners brainstormed possible strategies and identified common themes in a large group discussion:



Partners then adopted the following strategy committees- acknowledging that any of the above themes could be incorporated in a strategy group



How will we know we are getting there?

The following matrices outline each committee's proposed strategies, commitments, timelines, impact measurements and immediate next steps for 2016. Committees will use these grids to track progress during future committee calls and are designed to be updated on a regular basis.

Baseline data sources will be checked each year to gain an understanding of progress. Data will be shared with the partners regularly and will be used to evaluate which strategies are working and which need to be revised. Liaisons will provide leadership and direction with regards to next steps.

	Liaison	Back Up Liaison	First Meeting
Health Systems Change	Karen Brown		Oct. 7 th - 11-12 pm
Training and Education	Jim Harrington	Pam Werner	Oct. 14 th - 9-10:00 am
Policy and Marketing	Janet Kiley	Farid Shamo	Sep. 20 th - 2-3:00 pm
Integration	Sara Koziel	Lisa Farnum	Sep. 26 th - 10-11:00 am

Committee Name: Health Systems Change

Committee members: Lynda Zeller, Sue Franklin, Polly Hager, Xavier Robinson, Gina Walsh, Kimberly Weaver, RoAnne Chaney, Christine Cheng, Karen Brown
 Liaison: Karen Brown

1. WHAT

Standardize patient/client demographics

HOW	WHO	WHEN	PROCESS MEASURE
Use federal definitions for racial, ethnic, housing stability, etc. in private hospitals, outpatient and specialists offices, e.g. mammography - Group input: consider language and other items from Federal standards	MI Hospital Assoc., Kimberly	ongoing	# of hospitals changed

2. WHAT

Workflow

HOW	WHO	WHEN	PROCESS MEASURE
Integrate 5As/AAR into EHRs in primary care settings	MI primary care assoc., Sarah	ongoing	
Integrate 5As/AAR into EHRs in CMHs and FQHCs (Jim Harrington) - Group input: remember to include substance abuse - Fields for smoking history such as pack-years (pack per day), quit date, etc. to help identify those for eligible for lung cancer screening	BH admin, Jim	ongoing	

Referrals to the quitline, warm handoffs	Medicaid health plan and quality admin, Karen Brown	ongoing	
Promote tobacco screening in the EDs as best practice for both PIHPs and Medicaid health plans – provide motivational interviewing training to first line staffers	MI hospital assoc., and MI assoc. of health plans, Lisa Farnum		
Champion in every FQHCs and CMHs	DHHS, Medicaid and BH	ongoing	
3. WHAT			
Maximize use of NRTs and other cessation Rx			
HOW	WHO	WHEN	PROCESS MEASURE
Standing orders on hand for NRTs and cessation Rx - Amy Moore FQHCs have standing orders	MI Assoc. of Health Plans	Ongoing	
Every CMHs have available NRTs and cessation Rx on hand	BH admin	ongoing	
4. WHAT			
Lung cancer screening			
HOW	WHO	WHEN	PROCESS MEASURE
Identify appropriate heavy smoking BH clients for screening	Gina and Polly	Ongoing	

Committee Name: Training and Education

Committee members: Pam Werner, Jean Dukarski, Kristina Wilson, Carol Essenbacher, Darlene Owens, Steve Schroeder, Jim Harrington, Amy Moore, Gil Lorenzo
 Liaison: Jim and Pam (backup)

1. WHAT

Publicize existing resources: SCLC webinars, in-person training, education materials

HOW	WHO	WHEN	PROCESS MEASURE
Audit of existing resources at each of our organizations; look at what's happening regionally; create hub/manual	Everyone		Webpage live; increase in hits
Send letter to all CMH's/SUD agencies, peer specialists sharing existing resources from the Tobacco Section, MCBAP – Karen Hartley	Jim and Darlene		
Use Tobacco Section as information portal – assemble 3-4 people to serve as "content consultants"	Jim and Karen		

2. WHAT

Identify cessation/point person by agency/region and conduct trainings

HOW	WHO	WHEN	PROCESS MEASURE
Tobacco Dependence Treatment Certification, partner with LGBT project	Jim		
Find champions in the state chapters from national organizations: American Academy of Family Physicians, NASW- Social Workers, Dental Hygienists, etc. (potential NAMI-NASW collaboration)	Gil and Jim		

Inserting tobacco content into CE/CME courses including non-MH/SUD specialties; identifying expert roster of speakers for conferences	Carol and Jim/Pam		
Motivational Interviewing trainings	Carol can co-facilitate		
Engage psychiatrists – ID champion	Dr. Pinals (Jim/Gil for APA)		
Michigan Primary Care Association – link to FQHCs	Sarah Koziel		
Incentivize QL promotion – which CMHC refers the most to the quitline?	Jim and Karen	September – Recovery Month	
Consumer-run programs	Jean	2017	
Peer Specialists	Pam	2017	
Engage local coalitions	Darlene	2017	
Partnering with Chris to reach more VA’s; psychiatric nurses	Carol	2017	
Youth/Michigan model / prevention plans; Girls on the Run, Detroit chapter; reach out to YMCA and schools	Amy and Darlene; Kristina	2017	
Michigan Pharmacists Association	Amy		

Committee Name: Policy/Marketing

Committee members: Farid Shamo, Sarah Mott, Shelly Kiser, Chris Franklin, Doug Tipperman, Janet Kiley, Brian Clark

Liaison: Janet (Farid back-up)

First meeting: September 20 2-3:00 p.m. calendar and brief agenda, finalize steps for What #1 and What #2

1. WHAT

Implement tobacco free campus policy on all Michigan behavioral health facilities (outcome measure: N-MHSS and N-SSATS)

HOW	WHO	WHEN	PROCESS MEASURE
Identify state and local champions who can promote tobacco free policies	Jim H.	February 2017	List of names
Build partnerships and collaborations (population and behavioral health)	Jim H.	Ongoing	List of individuals and organizations
Require CMH change in contracts to require smoke free campuses			
Provide resources to implement and enforce staff smoking policy on campus	Janet & Doug	December 2016	Compiled guidelines distributed
Provide guidelines and resources (low cost/no cost)	Doug	December 2016	Compiled guidelines distributed

2. WHAT

Ensure that Medicaid, managed care Medicaid, and private insurers cover all 7 forms of medications and 3 forms counseling (group, phone, individual) with no cost/barriers

HOW	WHO	WHEN	PROCESS MEASURE
Meet with medical directors of the insurance companies			

Get partners of insurance and Medicaid to understand importance of			
***Will be finalized September 20, 2016			
3. WHAT			
Promote increased funding for tobacco cessation programs, specifically those that help the mental health and substance use disorder population			
HOW	WHO	WHEN	PROCESS MEASURE
***Will be finalized September 20, 2016			

Committee Name: Integrated Tobacco Cessation Services

Committee members: Sara Koziel, Lisa Farnum, Shelina Foderingham, Jessica Moeller, Patrick McGinn, Jeff Stoner, Nancy Wallace, Robin Roberts, Jordan Shulman, Karen Brown, Joshua Hudson
 Liaison: Sara Koziel-Lead, Lisa Farnum-Backup

1. WHAT

Work together to expand the availability of TCS through FHQCs.

HOW	WHO	WHEN	PROCESS MEASURE
Embed peers in FQHCs-strengthen the relationship			
Co-location when possible/warm hand off			# of referrals and % of increase. Increase # of co-location staff
Referrals through dental clinics and pharmacies.			
Educate on benefits of and resources available			# of programs available
Build partnerships			# of partnerships

2. WHAT			
Work together to expand the availability of TCS through PIHP/MHP.			
HOW	WHO	WHEN	PROCESS MEASURE
Streamline payment systems			Better payment processes in place
Billing code clarification	Karen Brown	November 2016	Coding chart with numbers and clarification of how/when to bill completed and posted on MDHHS and partners' websites.
3. WHAT			
Work together to expand the availability of TCS through for tribes.			
HOW	WHO	WHEN	PROCESS MEASURE
*to be completed			

Conclusion

Michigan's Academy was fruitful and unique given the broad leadership representation from sectors including population health, public health, tobacco control, and behavioral health. Successfully, breaking silos and creating cross collaboration which created the environment for effective strategy development. This Academy brought together not only influential healthcare professionals, but those passionate about their jobs- helping people overcome addiction and improve quality of life.

Furthermore, given the novel collaboration, the action plan resulting from this meeting is a draft report intended for continued work on process measures, addressing barriers and gaps, along with continued strategic planning to reach the indicated Michigan targets.

"Never underestimate the power of a group of committed people moving towards a common goal."
Beroz Ferrell

Appendices

Appendix A Participant List

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Appendix B Reaction to Gallery Walk

Reaction to Gallery Walk
Behavioral health
Surprised at Michigan’s smoking prevalence compared to rest of US
Struck by differences of behavioral health and general population in terms of amount of cigarettes smoked
Need to address challenges in the recovery community
What are lower prevalence states doing that we can take advantage of
Surprised that behavioral population in US smoked more than 40% of cigarettes, thought it would be higher
Driving down the smoking prevalence is possible
The behavioral population is reachable, but we need focus
Good chance for partnership opportunities with mental health and substance use related organizations, will provide synergy we really need
Tobacco use is an addiction and we need to treat it as such
Disparate populations
In addition to the behavioral health population, there are other sub-groups that we need to address
Shocked at the high smoking prevalence among Native Americans in Michigan
High smoking prevalence among Native Americans may be skewed, as Native Americans may smoke ceremoniously but may not smoke commercial tobacco
Populations overlap; helping one population will likely help another
We need to take advantage of disproportionately impacted communities that overlap
Need to have specific strategies to reach each group
Effects of tobacco use
Startling that tobacco related death equals more than all other preventable causes of death combined
Causes of preventable death lets you know what ‘is really out there’
Surprised that many across the country talk about opioid addiction, but do not address cigarette smoking
Data quality and representation
Impressed with the many ways to measure tobacco use
Excited about BRFSS fielding more people with cell phone inclusion

Provider treatment and policy
Not surprised by Advise-Refer numbers as they are all over the board, need consistency and perhaps better mechanics
Regarding tobacco use in behavioral health and cancer, what other cancer related services are needed?
Policy is a real motivator, but we are reacting out of fear rather than vision
Shocked that 17% of Community Mental Health facilities report that they don't have any restrictions on smoking distance from buildings
Quitline utilization
Quitline enrollee survey data disproves misconception that the behavioral health population don't use quitlines
Surprised looking at quitline enrollment data and percent of those who identify with emotional challenges

Performance Partnership Model – Unique Characteristics

1. People invited have the ability to make a measurable difference
2. Aligning around a single, measurable target (outcome)
3. Using resources you already have
4. Create an Action Plan
5. Guided by neutral facilitator

What are you excited about achieving as a group tomorrow?

1. Strategies and action planning, diverse perspectives and ideas, hope
2. Awareness on what aspects of the system needs to be changed
3. Ready for action, excited to hear about what is working well, see if the conversation remains on tobacco or includes a more integrated approach
4. Strategies, reducing stigma, this is the ethical thing to do; make it priority in the state, create something to brag about
5. A “Goldilocks” plan with both strategies and action plans, not too big, not too small, we can all claim it as our own
6. Strategy plan that is actionable and tangible, something we can actually accomplish; it will be community-driven, collaborative effort; we find inspiration to get it done
7. Action plan with measurable goals that hold us accountable, integration of physical and behavioral health

Appendix C Overnight Reflections

NAME	Overnight reflection
Carol	It is very nice to see the young people here in the room today- next question is how can we grow our young professionals in smoking cessation initiatives
Lynda	Powerful group this is in terms of variety of skills and insights
Jonathan	First morning and I am excited to be here
Christine	How energized this group is and how eager we are to get started
Patrick	Excited to get going with some plans
Robin	The statistics really sunk in overnight and seeing how this is still such a huge problem in 2016
Brian	Filled with optimism
Janet	Echo what Robin said, this is a huge problem- yet this is a concrete group of people that we are trying to support in their efforts to quit, a winnable battle
Sue	Commitment, to be able to follow through and put a plan together to help this population of people
Chris	I got more of a understanding of the MH population and all the aid they are going to need to curb this disease and I appreciate everyone here
Kristina	This seminar is getting me really excited. The conversation about health integration and using the different languages, and a very nice group
Shelley	It struck me how this work really fits in with the policy work that I do all the time with my job
Eden	Still worried about Texas. This is a powerful group and the energy feels good, and I am excited to be here
Su	I would say, my introduction here this morning is we cannot do this work without partners and we have strong partners in this room
Jessica	I have been fortunate to work in a county with a lot of collaboration nice to see we have this collaboration at the state level
Kimberly	Taking the information from today, and taking it back to work. I am involved with addicts and recovery, tobacco use is huge in that population and I am hoping I can take it back to that group as well
Doug	Optimistic about working with this group of people and the information we gather
RoAnne	Cross sector partnerships, a lot of barriers within this issue, but I am excited to start
Karen	My biggest reflection hit me yesterday, the people in this room- I am just thrilled about. The different areas that the people are coming from and it is so gratifying to see how many people are interested in this cause.
Kevin	I am excited about the opportunity we have to improve the overall QOL of all the people who are affected by this, before this I had no idea the impact tobacco use had on the MH population
Lisa	In addition to collaboration and integration and breaking silos, one piece is treating the whole person, and I feel that will be a huge component to solving this issue
Farid	I am thinking about the measurable outcomes
Nancy	The idea of prevention and working with the youth, to prevent the long term effects of smoking. E-cigs, and vapors and trying to making smoking not cool is a difficult task
Darlene	I am learning a lot- I do believe this team can make it happen
Kim	I met so many people that we serve, that have wanted to quit and to me this group

	coming together will give hope in helping people improve QOL
Jean	This group can take this amazing opportunity to help smokers quit successfully
Gil	Diverse and passionate group, and I am excited to see the strategies that come out of this meeting
Amy	Trauma is a root cause, we could benefit through promoting safe choices
Sarah	I was reflecting over the work- and can we do this overnight? Let's keep things moving
Shelina	I am really impressed by the expertise and knowledge in the room
Ernest	I am working on state initiative for healthy babies/healthy mothers, prime focus on community coalitions and DHHS in the community- working together to achieve results
Gina	How thankful I am to be here and learning from everyone. St. Joseph Mercy is very excited to implement new protocols around tobacco use and cessation
Jeff	I am excited to get to work
Joshua	New to the field, and excited to see how engaged everyone is
Xavier	What we do makes sense for the people we are targeting
Sarah	I have been in strategic planning meetings before, and this seems like the group that can make things happen. Oral health was not mentioned yesterday, and it should be considered
Polly	My reflection was how much I was inspired by their work (Su) and how they make a difference in people's lives. We forget the power we have to make a difference in people's lives that we come in contact with
Steve	A lot of potential in the room
Jim	We worked really hard to bring the right people and SCLC and their support has been very critical in making this happen
Allan	Looking forward to an action plan, that's my goal to get action items on the list
Debra	Enthusiasm in the room, and I would say try to think about impact factor and trying to make small decisions for a big impact

Appendix D Closing Comments

NAME	What are you excited about having accomplished today and what is your personal commitment towards achieving the result?
Shelley	My sister in law died from tobacco use, she had schizophrenia. Back then nothing was happening around this issue, but today I am so excited that we are making changes. I am not letting the legislator give away money, and not give more to help people stop smoking. Let's get funding.
Chris	I can feel the enthusiasm in the room... we are all powerful. I am glad to be part of this and appreciate the opportunity. To be present and help my community.
Doug	Came to SAMHSA 10 years ago. I was struck tobacco was not talked about. It's a drug that kills far more people. It took many attempts. Dr. Schroder visited and we got involved. SAMHSA created a tobacco control position. Both SAMHSA and SCLC have a ton of information and resources, and we will support you at a national level.
Janet	This whole group just kicked out the walls of silos. I want to get funding and use a model budget to see how much was spent on training for peer support specialist and in BH domain, and work for this population.
Brian	Like SAMHSA, SCLC has a wealth of resources that we can offer
Farid	This is my second biggest event in regards to population health. I will update Michigan data and keep collecting new information and data for the MH population
Sarah	Celebrating new successes. My personal commitment is to remain a resource for tobacco use in MH population, BH, and cancer.
Kimberley	We took something from a topic to an action plan. Which is amazing in the short time frame we had here. I want to seek this project all the way through 2020.
Gina	I have learned so much and so excited about today. I will not give up. Not on the patients or the plan.
Polly	I have really enjoyed learning more about BH. It is an area that I needed to learn. We just talked about adding lung cancer screening to systems change umbrella.
Christine	Thank you for giving your time to come together. Use us, we are here and available for assistance.
Su	It has been great to see this evolve. Cigarettes have been a cultural influence. To this group I commit to keep bringing the diversity and to operate from a perspective to reach all lives.
Lynda	We have a common benchmark. Look at action plan and assess to see how we can enforce certain nuggets.
RoAnne	I am glad to know about the resources, and I can really promote this within the disability network and organizations. Screening plan and referrals.
Jim	I am excited about the relationships that we have built during this meeting. Moving forward, I have done a lot of coalition work, and there is so much potential to harness this group and make changes.
Amy	Excited to be part of this group. Promote the resources we have available.
Carol	I needed a restorative day like today. Sometimes it feels like we are in silos and today it felt like we were working towards a common cause. I will go back and talk to our personnel physician and see if he will agree to set me up with referrals for new employees who smoke.

Darlene	It was a pleasure and I learned so much. See how we can incorporate treatment and recovery and group education.
Pam	Treatment for change in our peer curriculum, I want to share the resources with my network.
Jean	We have an upcoming directors meeting, and I will address how peer organizations can implement change.
Gil	I am excited about the strategies that we discussed today. Look at previous states and send examples to my team here to foster any new ideas.
Kristina	Get insight from my agency to see how we can implement this. Excited to be part of this. A lot of good resources that I learned today, and I appreciate the background.
Josh	Reaching sub populations- and I think it is awesome that we have asocial justice orientation. Continue to look for ways to incorporate tribes- have MI become healthier.
Patrick	I have been working in SA treatment for over 40 years. I am excited about the people in this room and the knowledge. I am going to go back to my org and take back what I know and what I learned, and put some things into practice. Being active at the micro level, and influence others.
Jessica	It has been wonderful to see this all come together. I will go back to office and pull all the resources we have to provide them as examples.
Lisa	I am excited we have a direction and a plan. This has been great clarity. I will raise the level of conversation within my own groups.
Sara	Excited to go back to work and share with them what we did here. Darlene, I will help you with funding. Commit to giving this group feedback, and collect data on FQHC, on 2015 and build in integration work.
Karen	Today has been a day of something that has been dreamt about, the room has been filled with great people. Billing and coding, and how it works, so I will connect with Xavier and follow up further and put together charts and graphs to help people on how to bill.
Jordan	I have enjoyed being around smart intelligent people and networking with them. I will share resources as a peer support specialist. I am responsible for helping 11 people quit smoking. I will continue with f/u ever 6 and 9 months. I will also help train Michigan peers on how to support.
Robin	Glad I met all the new people and acronyms. Get my <i>WISEWOMAN</i> network involved and share what I have learned.
Nancy	Provide our system resources and see what is in there regarding smoking cessation and what can be added.
Jeff	Share with my counties and smoke free team, and gain some buy in.
Beroz	I will check in with SCLC to see progress and will always have a special place in my heart for Michigan.