

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**

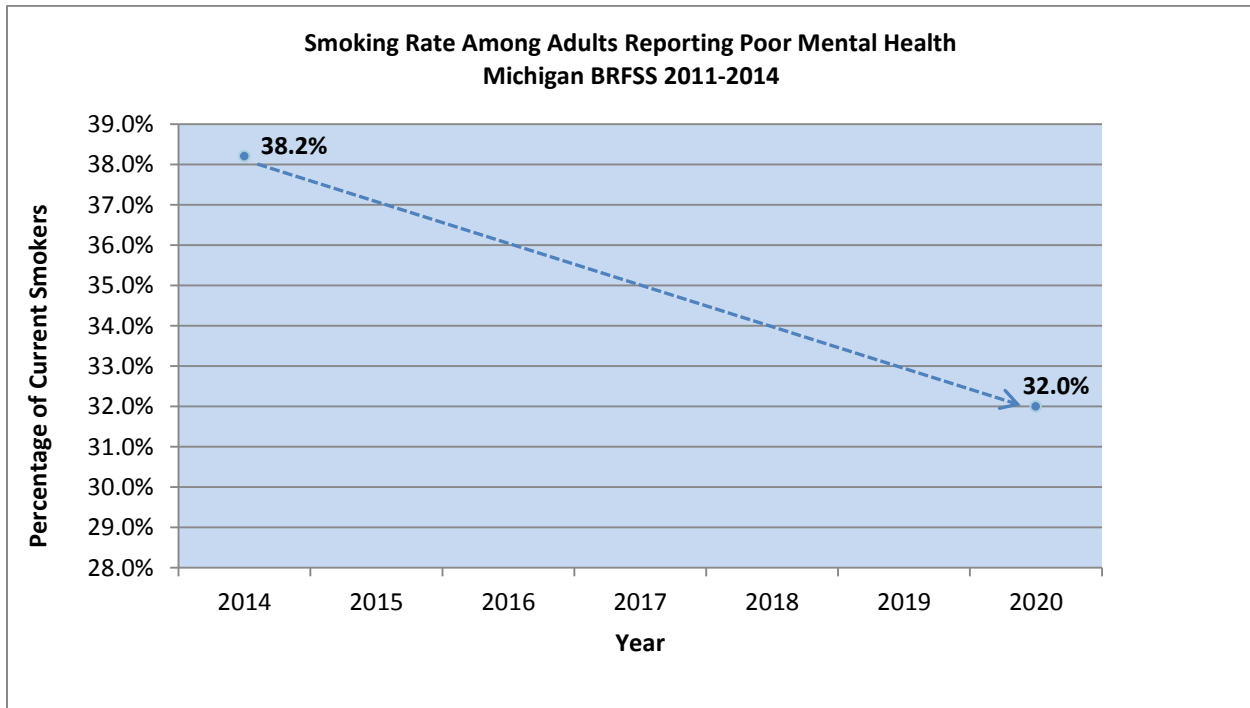
peer specialists can provide **avenues of hope**

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

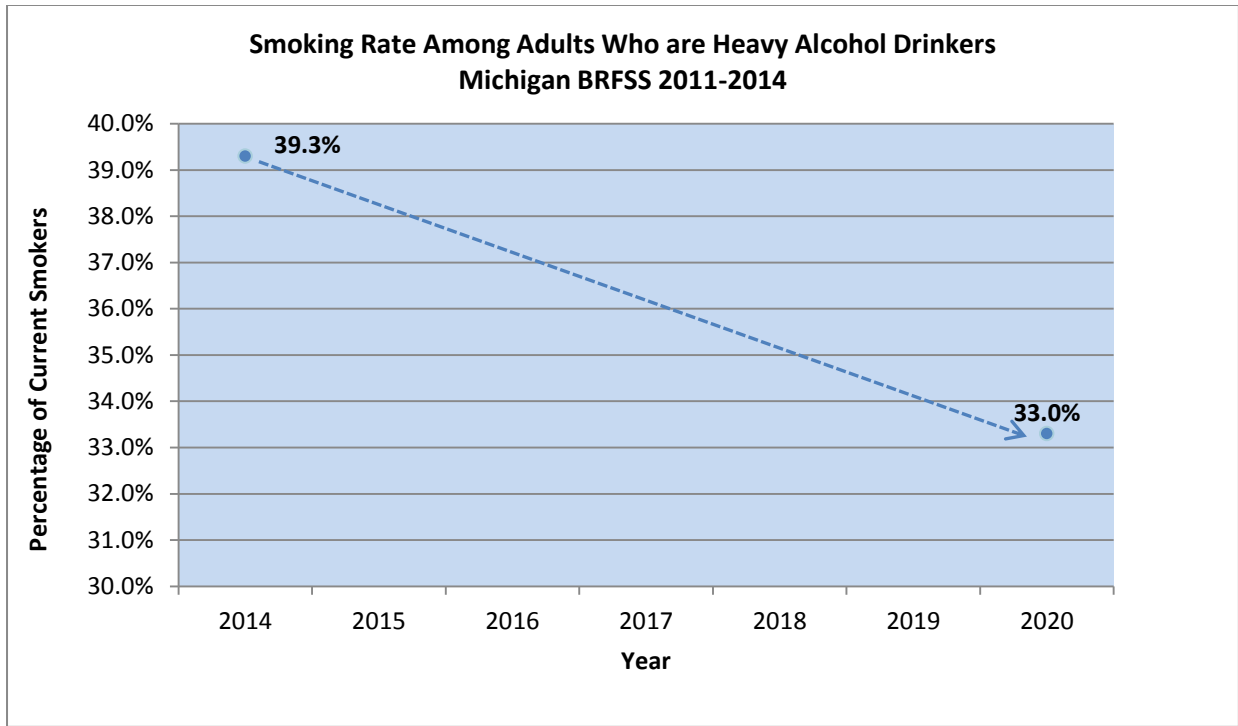
-winnable battle-

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

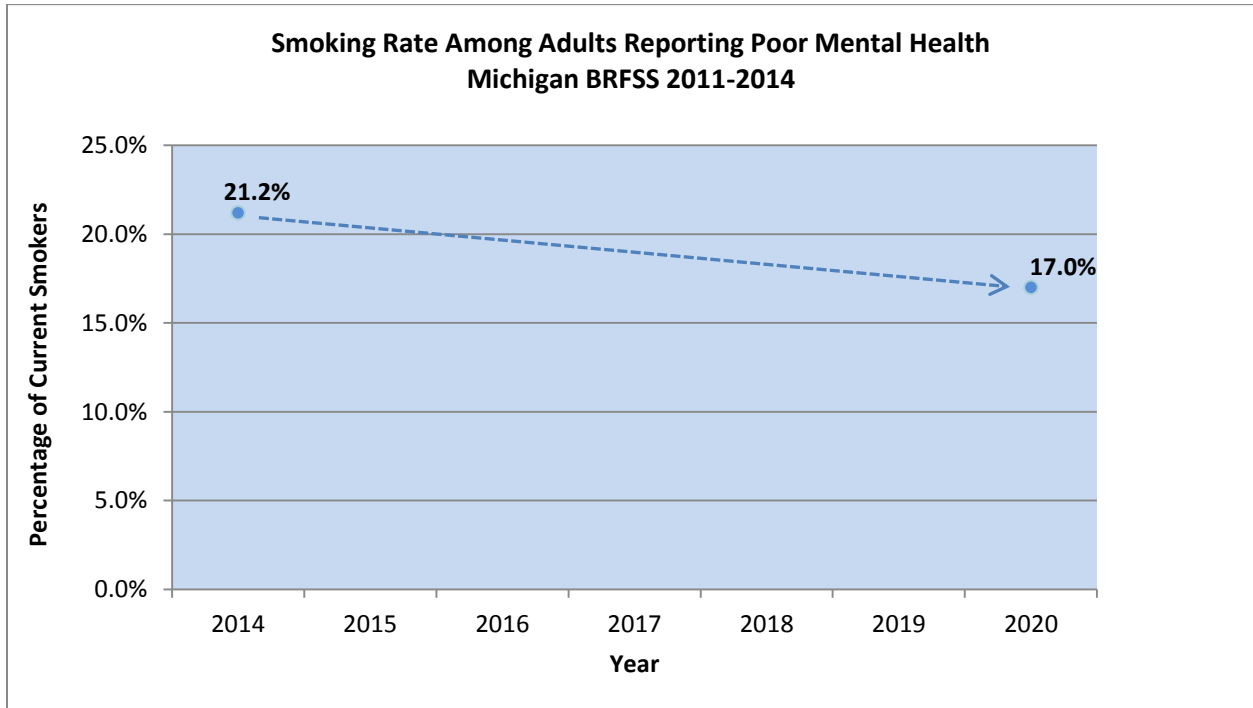
| | Baseline | Target |
|---|-----------------|---------------------------------|
| Mental Health (Poor Mental Health) <i>BRFSS, 2014</i> | 38.2% | Reduce to 32.0% by 2020 |
| Substance Abuse (Heavy Alcohol Drinkers) <i>BRFSS, 2014</i> | 39.3% | Reduce to 33.0% by 2020 |
| Adult Smoking Prevalence in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

Karen Brown

Tobacco Dependence Treatment
Specialist
Michigan Department of Health and
Human Services
brownk34@michigan.gov

Ernest Cawvey

Health Innovation Coordinator
MPHI
ECawvey@MPHI.org

RoAnne Chaney

Executive Director
Michigan Disability Rights Coalition
roanne@mymdrc.org

Christine Cheng

Partner Relations Director
Smoking Cessation Leadership Center
UCSF
ccheng@medicine.ucsf.edu

Brian Clark

Executive Assistant/Project Analyst
Smoking Cessation Leadership Center
UCSF
Brian.Clark@ucsf.edu

Jean Dukarski

Justice in Mental Health Organization
(JIMHO)
jeanthepig@yahoo.com

Carol Essenmacher, DNP, C-TTS

Battle Creek VA Medical Center;
APNA Michigan
carol.essenmacher@va.gov

Lisa Farnum, MPP

Managing Director
Michigan Association of Health Plans
Foundation
Lfarnum@mahp.org

Kevin Fischer

Executive Director
NAMI Michigan
kfishher@namimi.org

Shelina Foderingham

Director, Practice Improvement
National Council for Behavioral
Health
ShelinaF@thenationalcouncil.org

Chris Franklin

Chairman
American Indian Veterans of Michigan,
Inc.
aivomi@yahoo.com

Euphemia Franklin

South Eastern Michigan Indians, Inc.
Executive Director
semii1975@yahoo.com

Polly Hager, MSN, RN

Comprehensive Cancer Control
Unit Manager
Cancer Prevention and Control Section
hagerp@michigan.gov

Jim Harrington

Public Health Consultant
MDHHS, Tobacco Section
jharrington7@michigan.gov

Joshua Hudson, BS
Manager
Inter-Tribal Council of Michigan
National Native Network Program
jhudson@itcmi.org

Janet Kiley, MS
MDHHS, Tobacco Program
Unit Manager
kileyj@michigan.gov

Shelley Kiser
Advocacy Director ALA
Michigan and Ohio
Shelly.Kiser@lung.org

Sara Koziel, MSW
Associate Director, Integrated Health
Michigan Primary Care Association
skoziel@mpca.net

Susan Kramer
Director of Treatment
Munson Hospital

Gil Lorenzo
Marketing and Outreach Manager
Smoking Cessation Leadership Center
UCSF
gil.lorenzo@ucsf.edu
415-502-2148

Patrick McGinn, MS, MA, LLP,
Chief Clinical Officer
CAADC, CCS-M
Harbor Hall, Inc.
patrickmcginn@harborhall.com

Jessica Moeller, LLMSW
Health Program Coordinator
St. Clair County Community Mental
jmoeller@scccmh.org

Amy Moore
Local Coalition Leader
ICHHD – Ingham County Health
Department
AMoore@ingham.org

Sue Moran
Director
Population Health and Community
Services, MDHHS

Sarah Mott
MDHHS, Cancer Section
MottS@michigan.gov

Darlene Owens
Director of Substance Abuse
Initiatives, Detroit
dowens@dwmha.com

Debra A. Pinals, MD
Medical Director
MDHHS- Behavioral Health and
Forensic Programs
PinalsD@michigan.gov

Robin Roberts, MA
Program Director
Michigan WISEWOMAN
robertsr6@michigan.gov

Xavior Robinson, MHSA
Director, Practice Improvement
National Council for Behavioral Health
xaviorr@thenationalcouncil.org

Roxana Said, MPH
Project Coordinator
Smoking Cessation Leadership Center
UCSF
roxana.said@ucsf.edu

Steven A. Schroeder, MD
Distinguished Professor of Health
and Health Care
Smoking Cessation Leadership Center
UCSF
Steve.Schroeder@ucsf.edu

Farid Shamo, MB ChB, MPH
Evaluation Consultant
MDHHS
shamof@michigan.gov

Jordan M. Shulman, BS, CPSS
Community Network Services
Certified Peer Support Specialist /
CHOICES Tobacco Recovery State of
Michigan Trainer
jshulman@cnsmi.org

Jeff Stoner
Peer Support Specialist
St Clair County Community Mental
Health
jstoner@scccmh.org

Maxine Thome
Executive Director
NASW Michigan
mthome@nasw-michigan.org

Doug Tipperman, MSW
Tobacco Policy Liaison
Substance Abuse and Mental Health
Services Administration
douglas.tipperman@samhsa.hhs.gov

Allan Wachendorfer, LLMSW
Director of Public Policy
NASW Michigan
awachendorfer@nasw-michigan.org

Gina M Walsh
Health Promotion Coordinator - Tobacco
Cessation Specialist
St. Joseph Mercy Health System
gina.walsh@stjoeshealth.org

Kimberly Weaver, BSN, RN, CCM
Director, Quality Management
Molina Healthcare of Michigan
Kimberly.Weaver@molinahealthcare.com

Eden V. Wells, MD, MPH, FACPM
Chief Medical Executive
MDHHS
wellse3@michigan.gov

Pam Werner M.A. LLP
Manager
MDHHS
wernerp@michigan.gov

Lynda Zeller
Deputy Director
MDHHS-Behavioral Health &
Developmental Disabilities
Administration
ZellerL2@michigan.gov

Nancy Wallace, MA, BS, RN
Integrated Health Care Specialist
Southwest Michigan Behavioral Health
Nancy.wallace@swmbh.org

Kristina Wilson, LMSW
Case Manger
Training and Treatment
Wilson23rm@gmail.com

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. |

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| 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. |