The New York Leadership Academy for Wellness and Smoking Cessation Summit
Tobacco Dependence Treatment for People with Behavioral Health Disorders
Desmond Hotel and Conference Center
Albany, NY
Monday, November 15, 2010

EXECUTIVE SUMMARY

On November 15, 2010, thirty-two leaders and experts in behavioral health and tobacco control came together with a goal to create an action plan for New York State to reduce smoking prevalence among people with behavioral health disorders. Partners were well-aware that people with behavioral health disorders are disproportionately burdened by the harmful effects of smoking and tobacco use. At the summit, the partners designed an action plan to address the issue of tobacco dependence. The summit was supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Smoking Cessation Leadership Center (SCLC) in a new initiative called, “Leadership Academies for Wellness and Smoking Cessation.”

Terry C. Armon, RN MS NPP, NYS Office of Mental Health, summit coordinator, welcomed the group and introduced seasoned facilitator, Jolie Bain Pillsbury, PhD. Each participant expressed their interest in the summit. Themes that emerged from the group’s interests were action, training, policy changes, collaboration, shared learning, and taking implementation to the next level (see Appendices A and B).

After a data-filled Gallery Walk of New York, the New York State Mental Health Commissioner, PhD, made a call to action. In his speech, Dr. Hogan emphasized the group’s important task and stated, “By the end of the day, we will produce a crisp plan with challenging but achievable steps. A year from now we will know the impact and 10 years from now we will know the lives saved from our work.” He added, “Statistics don’t begin to tell the depth of the problem. The people we serve are being poisoned by tobacco. Now is the time for us to take action. Despite the challenges, we see a lot of opportunities. Let’s use all the energy in the room to collect our contributions, and I look forward to seeing the action plan.” Dr. Hogan also expressed thanks to Drs. Steven A. Schroeder and Jill Williams for their presence. Commissioner Hogan ended his call to action saying that he “would like to anticipate a few years from now when we can gather again and celebrate success.”

Steven A. Schroeder, MD, Director, Smoking Cessation Leadership Center, presented on research on smoking prevalence, health effects, and cessation, and made an overview of innovations in the management of smoking cessation.

By the end of the summit, the partners answered the following questions:
1. Where are we now?
2. Where do we want to be?
3. How will we get there?
4. How will we know if we are getting there?
5. What will each of us do and when?

The following action plan details the group’s recommended strategies and next steps.
The Adopted Baseline and Target

The partners adopted a baseline measure of 30% of serious mental illnesses smoke and 50% with mental illness and substance use disorders smoke (from Patient Characteristic Survey conducted by NYS Office of Mental Health). The target will be to reduce by 10% each by 2015.

<table>
<thead>
<tr>
<th>PRIMARY BASELINE (PCS)</th>
<th>% of Smokers in SMI</th>
<th>% of Smokers w/ MI and SU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline(2009)</td>
<td>30%</td>
<td>50%</td>
</tr>
<tr>
<td>Target (2015)</td>
<td>24%</td>
<td>41%</td>
</tr>
</tbody>
</table>

Commitment to include in the next survey a question about whether they are being asked; and to develop links to Medicaid data.

<table>
<thead>
<tr>
<th>SECONDARY Baseline (OMH outpatient data)</th>
<th>Outpatients who smoke</th>
<th>Outpatient now asked about smoking quarterly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline (2010)</td>
<td>60%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Caveat: Emphasize that OMH data is smaller piece of the whole population and will be used to prominently understand implementation.
STRATEGY DEVELOPMENT ~ How will we get there?
Recommended strategies & what people can contribute. With each topic, partners developed strategies and made contributions to make progress towards target.

<table>
<thead>
<tr>
<th>STRATEGY GROUPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy - Licensing/ Regulation/ Collaboration/ Priorities</td>
</tr>
<tr>
<td>Power of Peers</td>
</tr>
<tr>
<td>NRT / Benefit expansion</td>
</tr>
<tr>
<td>Training: Medical, Specialties</td>
</tr>
<tr>
<td>Training: Providers, Staff, Peers</td>
</tr>
<tr>
<td>Data Mining and Development</td>
</tr>
</tbody>
</table>

Strategy: POLICY
Michael Seserman, Peggy Bonneau, Annalisa Baker, Lloyd Sederer, Cassis Henry

<table>
<thead>
<tr>
<th>WHAT</th>
<th>HOW</th>
<th>WHO</th>
<th>WHEN</th>
<th>IMPACT</th>
<th>MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVERALL STRATEGY: Changing licensing/regulation to improve detection and treatment of smoking by providers</td>
<td>See below</td>
<td>Our group</td>
<td>2013</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Adoption of new standards for licensing of mental health programs | • Revising 23 elements of licensing scoring system to include tobacco-related criteria  
• Training/technical assistance to assist providers to detect and treat smoking  
• Promoting Medicaid | 1. Coalition of Behavioral Health Agencies  
2. Mental Health Council  
3. American Cancer Society (MS)  
4. American Lung Association  
5. OMH leadership | 2012 (in 18 months) | 1. More providers will detect and treat smoking  
2. Greatly increases the chance of quitting | 1. Look at Medicaid rx of NRT and other in individuals receiving psychiatric rx received through article 31 clinics |
<table>
<thead>
<tr>
<th>Benefit</th>
<th>(LS, CH)</th>
<th>DOH/Tobacco control program (MS)</th>
<th>NYC-DOH/MH (AB)</th>
<th>Local government units (mental hygiene, health departments)</th>
<th>Health services research consultant</th>
<th>Regulation (OMH): Providers need to detect and treat per regulation</th>
<th>State plan amendment, approval from Governor’s Office Integrated treatment: needs to be integrated into the context of normal mental health care Tobacco free facility</th>
<th>As above &amp; our group</th>
<th>2013</th>
<th>As above</th>
<th>As above</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>6. DOH/Tobacco control program (MS)</td>
<td>7. NYC-DOH/MH (AB)</td>
<td>8. Local government units (mental hygiene, health departments)</td>
<td>9. Health services research consultant</td>
<td>2. DOH could do same at article 28 clinics</td>
<td>3. Other codes to monitor: incl. smoking assessment charges</td>
<td>4. Improvement in health status (HS research assistance)</td>
<td>As above &amp; our group</td>
<td>2013</td>
<td>As above</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>State plan amendment, approval from Governor’s Office Integrated treatment: needs to be integrated into the context of normal mental health care Tobacco free facility</td>
<td>As above &amp; our group</td>
<td>2013</td>
<td>As above</td>
<td>As above and Community Health survey for patients with high mental distress</td>
<td>As above &amp; our group, Local Mental Hygiene Directors</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>State plan amendment, approval from Governor’s Office Integrated treatment: needs to be integrated into the context of normal mental health care Tobacco free facility</td>
<td>As above &amp; our group</td>
<td>2013</td>
<td>As above</td>
<td>As above</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>State plan amendment, approval from Governor’s Office Integrated treatment: needs to be integrated into the context of normal mental health care Tobacco free facility</td>
<td>As above &amp; our group</td>
<td>2013</td>
<td>As above</td>
<td>As above</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>State plan amendment, approval from Governor’s Office Integrated treatment: needs to be integrated into the context of normal mental health care Tobacco free facility</td>
<td>As above &amp; our group</td>
<td>2013</td>
<td>As above</td>
<td>As above</td>
<td></td>
</tr>
</tbody>
</table>
New York Leadership Academy for Wellness and Smoking Cessation Summit

<table>
<thead>
<tr>
<th>Tobacco free policy</th>
<th>Process for counties</th>
<th>As above &amp; our group</th>
<th>2013</th>
<th>Decrease smoking prevalence</th>
<th>Prevalence rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bring on partners to develop a policy, follow OASAS regulation template</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NEXT STEPS for Policy Group**
- Include objections from the group about Medicaid benefit
- Add elements to regulation plan – institute tobacco-free facility rule
- Develop communications plan
- Hold phone conference in a couple of weeks
- LIAISON: Lloyd Sederer (temporary)

---

**Strategy: PEER**
Steven Schroeder, Celia Spacone

<table>
<thead>
<tr>
<th>WHAT</th>
<th>HOW</th>
<th>WHO</th>
<th>WHEN</th>
<th>IMPACT</th>
<th>MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Train peers to act as smoking cessation counselors with the SMI/SA population.</td>
<td>1) Identify peer groups 2) Offer them exposure to Choices, Rx for Change Peer Module 3) Seek grants if funding is seen as a barrier</td>
<td>1) Steve and SCLC to provide free TA and linkage to peer curricula 2) Celia to link with OMH and run a pilot in Buffalo.</td>
<td>1) ASAP 2) Complete by end of 2011</td>
<td>Spread throughout the state</td>
<td>Number of peers trained. Number of recipients receiving the service</td>
</tr>
<tr>
<td>1) SCLC to contact</td>
<td>1) Steve and</td>
<td>February 1, 2011</td>
<td>Expand pool of</td>
<td>Number of advocates</td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>Responsible Party</td>
<td>Date/Time</td>
<td>Outcome/Impact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
<td>-----------------</td>
<td>--------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Link with state and local chapters of NAMI and DBSA, NYS OMH Bureau of</td>
<td>national headquarters of NAMI and DBSA to get local chapters and contact them.</td>
<td>2) OMH or Bureau of Recipient Affairs to convene meeting of chapter representatives and initiate process of involving them in smoking cessation.</td>
<td>Designated SCLC staff Celia to contact OMH and BRA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recipient Affairs and other consumer advocacy groups to enlist their support and provide TA for smoking cessation modules. Inform them about quit lines.</td>
<td>national headquarters of NAMI and DBSA to get local chapters and contact them.</td>
<td>2) OMH or Bureau of Recipient Affairs to convene meeting of chapter representatives and initiate process of involving them in smoking cessation.</td>
<td>Designated SCLC staff Celia to contact OMH and BRA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Train NYS Quitline staff to handle SMI/SA callers by making available to them Behavior Health and Wellness Programs, University of Colorado</td>
<td>SCLC to connect NYS Quitline with Chad Morris group.</td>
<td>ASAP (February 1, 2011)</td>
<td>Increased capability of Quitlines to deliver customized smoking cessation services to the SMI/SA population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engage voluntary and governmental community agencies dealing with the homeless and the poor (e.g. Salvation Army, homeless shelters, Food Banks), as well as self-help groups such as AA/NA to</td>
<td>OMH and NYS Tobacco Control to reach out to these groups.</td>
<td>Celia to facilitate</td>
<td>February 1, 2011</td>
<td>Sensitize personnel in these agencies to the need for smoking cessation among their clients and</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1) More calls to Quitline</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2) Greater advocacy in agencies and self-help groups</td>
</tr>
</tbody>
</table>
refer to Quitline and distribute state Quitline cards.

Constitute an advisory group to the NYS Tobacco Control and OMH composed of representatives from clients, families, agencies to advise and implement smoking cessation strategies

Develop a proposal to NYS Tobacco Control and the OMH.

Steve and Celia

March 1, 2011

Give energy and reach to smoking cessation strategies.

1) Existence of such a body
2) Frequency of meetings and accomplishments
3) Evidence of advocacy efforts on behalf of tobacco control by this group.

Next Step: Interact with liaison team to ensure buy-in of critical stake-holders.

LIAISON: Celia Spacone, with assistance, as needed, from Steve Schroeder

---

**Strategy: TRAINING (Medical and Non Medical)**

<table>
<thead>
<tr>
<th>WHAT</th>
<th>HOW</th>
<th>WHO</th>
<th>WHEN</th>
<th>IMPACT</th>
<th>MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Web-based education targeting tobacco cessation incorporated into FIT (Focus on Integrated Treatment) training program</td>
<td>Funding</td>
<td>G. Miller, CPI Designee</td>
<td>6-12 months</td>
<td>Providers have knowledge and skills to address tobacco cessation in practices</td>
<td>Money obtained, content developed, experts identified, number of people trained (expect those enrolled in FIT to...</td>
</tr>
<tr>
<td>Identify local champions</td>
<td>Developing curriculum</td>
<td>Daryl Sharp/Greg--liaison ACL NYAPRS/Recipients Council Local mH directors State Ops Doug Cooper Kelly Hanson Phillip Saperia Lauri Cole Greg Miller Norma Panahun</td>
<td>3 months Mid January (third week—MLK)</td>
<td>Get local dissemination of tobacco cessation initiatives across state</td>
<td># of champions identified across state</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Core group to meet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create web if dissemination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandate training</td>
<td>This will occur as tobacco cessation gets incorporated into the FIT training</td>
<td></td>
<td>Ensure that there is training uptake</td>
<td></td>
<td># of providers trained</td>
</tr>
<tr>
<td>Create a Listserv</td>
<td>Develop through information available at OMH office</td>
<td>G. Miller, OMH</td>
<td>Improve access to providers across state to disseminate information</td>
<td></td>
<td># of people able to reach</td>
</tr>
<tr>
<td>Call in trainings for technical assistance issues, training</td>
<td></td>
<td></td>
<td>Practices better equipped to incorporate tobacco cessation</td>
<td>Ensure that tobacco</td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>Action</td>
<td>Timeframe</td>
<td>Target Impact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>-----------</td>
<td>-------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>for incorporating into practice which can be assessed for credentialing purposes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revise policies to include tobacco specific language and include tobacco in definition of co-occurring disorders</td>
<td>Review policies, identify policies that require change, and change language</td>
<td>G.Miller</td>
<td>6 months Normalize tobacco cessation as a routine part of mental health care</td>
<td># of policies revised</td>
<td></td>
</tr>
<tr>
<td>Find statewide funding training—grants</td>
<td>Apply to SAMSHA; followup grant development meeting</td>
<td>OMH with DOH TCP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID Policy regs</td>
<td>Trade orgs</td>
<td>Dug and Phillip</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NEXT STEPS for TRAINING GROUP:**

- Bring together council to get web within the state.
  - Start with crucial stakeholders, then branch out
  - Bridge together the experts
  - Report core training
- Hold meeting in Mid-January (week of Martin Luther King)
- LIAISONS: Greg and Daryl
## Strategy: NRT / Benefit

### Jenna Mandell-Ricci, Terry Armon, Jeff Willett, Bill Wytrwal, Kelly Hansen

<table>
<thead>
<tr>
<th>WHAT</th>
<th>HOW</th>
<th>WHO</th>
<th>WHEN</th>
<th>IMPACT</th>
<th>MEASURE</th>
</tr>
</thead>
</table>
| Expand Medicaid benefit for smoking cessation services; medication for four 90 day courses of treatment per year  
(current benefit is two 90 day courses of treatment per year) | Make best use of currently available info to make the case to get benefit changed, get additional info from OMH  
Better data to make best case for expansion of Medicaid benefit  
Pool and share available data and research among all group members  
Increase awareness, educate & advocate with governmental and advocacy group leadership | All players  
Terry Armon  
Jeff Willett  
All members, Jenna & Kelly will coordinate | By end of 2010  
By end of 2010  
Share report from RTI when available  
On going | Reduce smoking/tobacco use among MI population  
Engage providers in smoking cessation efforts  
Coordination of efforts to avoid duplication | Expansion and increased use of benefit and decrease tobacco use among MI population |
| Educate providers about what current Medicaid benefit is (two 90 day courses of treatment per year) | Include interview question: has benefit been used?  
Get psychiatric prescribers on-board to write prescriptions | Collaborate with provider training group to ensure info on Medicaid benefit is part of training | Immediately | Increased use of current Medicaid benefit | Increased use of benefit & decreased tobacco use among MI population |

### NEXT STEPS
- Look up lozenges, unlimited, research to get more information in terms of data
- Discover what other programs are doing; look for other champions using NRT. Follow up with Niagras (?).
- Communication: Start with email and share info in the next couple of weeks. LIAISON: Terry Armon
Next Steps for each Strategy Group:

NRT
- Look up lozenges, unlimited, research to get more information of data, discover what other programs are doing, look for other champions using NRT. Follow up with Niagras (?).
- Communication: Start with email and share info in the next couple of weeks.
- Liaison – Terry

TRAINING (consolidated)
- Bring together council to get web within the state.
  - Start with crucial stakeholders, then branch out
  - Bridge together the experts
  - Report core training
- Hold meeting in Mid-January (week of Martin Luther King)
- Liaisons: Greg and Daryl

PEER
- Seek grant funding if needed
- Start conversation with Jeff and Greg Miller about possible collaboration
- Next step: Interact with Liaison team to ensure critical buy-in
- Next Step: Interact with liaison team to ensure buy-in of critical stakeholders.
- Liaison: Celia Spacone, with assistance, as needed, from Steve Schroeder

POLICY
- Include objections from the group about Medicaid benefit
- Add elements to regulation plan – institute tobacco-free facility rule
- Develop communications plan
- Hold phone conference in a couple of weeks
- Liaison: Lloyd Sederer (temporary)

Terry Armon
- Will convene liaisons via conference call in the next few weeks.
Appreciations and Closing Remarks

The summit ended with words of appreciation.

- Appreciate being a part of this which has tremendous potential. NY will become a leader in this area. Could be the best place for tobacco cessation treatment.
- Exciting to be part of this because OASAS has been a lone soldier. Great to have sister agency to work with. Look forward to seeing OMH become tobacco free as well and working with everyone.
- Appreciate working with thought leaders in this room, and brainstorming strategies.
- Important for OMH to take part of this effort. We are joining with so many others is very critical to being able to help our clientele. It’s going to be hard, but we like to do hard things.
- Been a pleasure to see how concrete things can become so quickly.
- This is a very successful summit because it was lead well, and there are so many expertise. In a time when the state is getting squeezed, we came together. The hard work is yet to start. We need real ownership from the top to carry out the plan.
- Appreciate to spend time brainstorming with Dr. Schroeder. Look forward to seeing some of our hard work.
- Appreciate spirit of collaboration, energy, collaboration, and motivation. Exciting to start the build
- Hopeful to get plan off the ground.
- Satisfying to see achievable strategies with an action plan.
- Nice to see some movement with outcomes and next steps that will hopefully lead to something. Also frustrating with financial issues in the state.
- Enjoyed all the different perspectives that were here. Look forward to the next step.
- Exciting opportunity to see and be part of this summit.
- It’s been a great experience. This is a new niche that I found. Find a niche and hitch. To be a good leader, have to be a good servant. Look forward to increasing the motivation and passion of my fellow physicians. Accessible, available, adequate, appropriate for clients.
- Appreciate the work, facilitation, and recorder. I’m in it for the long haul. Whatever I can do realize the implementation of our strategic plan, I’m there.
- Appreciate being with leaders in the field to get the momentum going. Rely on each other to move this along.
- With a large state, I was amazed with the participants in the room to gather expertise and rollout the plan that we have.
- “Be careful what you ask for.” This summit went beyond my expectations. Look forward to speaking with the team on how to move forward. Appreciate Jolie and SCLC for help putting summit together. Thanks to all for pushing the button.
- Enjoyed today, learned new acronyms. Take back to the city and shift change for implementation. Astonished by Dr. Schroeder’s slides. Committed to moving forward.
- Very impressive level of commitment and ability. Have no doubt as we move forward.
- Appreciate having the counties involved in this summit. The issue has come to a ripening point. My challenge in the county is to raise the issue above the louder noise, because our work is important for treating the addiction.
- Better understanding of “tweak” tobacco control for collaboration. Build a few more relationships with folks. Look forward to moving forward.
- I am really in awe. I’ve learned so much from all of you to help save people’s lives and to live better. Your presence is a gift. We will be in touch, especially with the liaisons.
APPENDIX A

Interest in the Summit

<table>
<thead>
<tr>
<th>ACTION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ready for us to start taking some action.</td>
<td></td>
</tr>
<tr>
<td>Be able to motivate folks to quit and do what we can for our members to improve cessation services and provide additional resources for staff and housing.</td>
<td></td>
</tr>
<tr>
<td>Emerge with a specific action plan – clear, obtainable goals for tobacco cessation for people with behavioral health disorders</td>
<td></td>
</tr>
<tr>
<td>Here to steal ideas and bring back to Maryland. Help pull research for smoking cessation.</td>
<td></td>
</tr>
<tr>
<td>Identify how can contribute to the partnership, identify strategies, and sustaining tobacco dependence practice.</td>
<td></td>
</tr>
<tr>
<td>Look forward to embark in the action plan, presenting the facts, and bring in initial statistics and techniques. See more practical, hands on, quick, creative guides for our clinicians; tools that are easy and concrete to learn and to be used by physicians and clinicians, i.e. prescriptions.</td>
<td></td>
</tr>
<tr>
<td>Doing more – encourage MH recipients continue “non-smoking”</td>
<td></td>
</tr>
<tr>
<td>Develop strategy for physician health and mental health. Hope to be more strategic in the work, of which tobacco is a big component. Hope to take away ideas, gather policy and systemic change for our population.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRAINING OF SPECIALTIES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Help providers to understand this is possible; get technical assistance to get this to happen. Need recommendation to make it happen. Hope to have practical recommendation. Help individual to learn to quit harmful addict.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POLICY AND SYSTEMS CHANGES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Want our physicians to be more interested and passionate about smoking cessation program.</td>
<td></td>
</tr>
<tr>
<td>Monitoring the intervention.</td>
<td></td>
</tr>
<tr>
<td>Do work in the community to encourage mental health recipients to get the resources.</td>
<td></td>
</tr>
<tr>
<td>Be able to incorporate smoking cessation as part of the priority process.</td>
<td></td>
</tr>
<tr>
<td>Introduced to the work in addressing issue of tobacco use among those with SMI. Promote health of county residents. Start seriously addressing this issue with physicians and counselors. Get information and tools for the county level.</td>
<td></td>
</tr>
<tr>
<td>Hope to find a way to expand this into the local planning process and see system changes to help support what we’re trying to do.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COLLABORATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Support the work we do. Hope we all benefit from the challenges and successes of the work we have together. Look forward to seeing the action plan.</td>
<td></td>
</tr>
<tr>
<td>Work with you to facilitate the system and environmental changes to treat tobacco addiction.</td>
<td></td>
</tr>
<tr>
<td>Interested in people working together.</td>
<td></td>
</tr>
<tr>
<td>Interested in learning from colleagues</td>
<td></td>
</tr>
<tr>
<td>Share model of intervention and contribute to the work of the day.</td>
<td></td>
</tr>
<tr>
<td>Here to learn to support the co-occurring population. Support OMH by sharing lessons learned along the way.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SHARED LEARNING</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NY state is in the vanguard to help other states learn what we can do for the SMI population.</td>
<td></td>
</tr>
<tr>
<td>Share our experience at Suffolk to add to the action plan.</td>
<td></td>
</tr>
<tr>
<td>Learn/support co-occurring population</td>
<td></td>
</tr>
<tr>
<td>Share the work of the day with future leadership academies since New York will serve as a model for other states.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TAKE TO THE NEXT LEVEL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Interested in creating momentum around problem with our constituency; we need to own it. Figure out a way for us as MH professionals as owners in this problem change.</td>
<td></td>
</tr>
<tr>
<td>Interested in how this will play out in state psychiatric centers for in-patient and out-patient.</td>
<td></td>
</tr>
<tr>
<td>We need to address tobacco dependence in this population; learn from you; think about where are the barriers, regulatory barriers, i.e coverage, support? What can we do to make it possible?</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX B – List of Participants

Performance Partnership Summit
Tobacco Dependence Treatment for People with Serious Mental Illness

Desmond Hotel and Conference Center
660 Albany-Shaker Road
Albany, NY 12211

November 15, 2010

Participant List

Annalisa Baker, M.P.H., LMSW
Health Integration Coordinator
New York City Department of Health and Mental Hygiene
Bureau of Mental Health
93 Worth Street, Room 200
New York, NY 10013
Office: 212-219-5423
Fax: 212-219-5466
E-mail: abaker@health.nyc.gov

Bernadette W. Cain, M.B.A.
President
Training for Change, Inc.
68 West Lane
Bayshore, NY 11706
Office: 631-666-6746
Fax: 631-666-6746
E-mail: bernadette@training4change.net

Peggy Bonneau
Director of Health and Wellness
New York State Office of Alcoholism and Substance Abuse Services
1450 Western Avenue
Albany, NY 12203
Office: 518-473-3460
E-mail: peggy.bonneau@oasas.state.ny.us

Christine L. Compton, M.D., M.P.H.
Preventive Medicine Specialist
Albany County Department of Mental Health
175 Green Street
Albany, NY 12202
Office: 518-447-4669
Fax: 518-447-4698
E-mail: christine.compton@albanycounty.com
Doug Cooper
Associate Executive Director
Association for Community Living
632 Plank Road, Suite 110
Clifton Park, NY 12065
Office: 518-688-1682 ext. 222
Fax: 518-688-1686
E-mail: doug@aclnys.org

Cassis L. Henry, M.D.
Public Psychiatry Fellow, Columbia University
New York State Office of Mental Health
19 W. 89th Street
New York, NY 10024
Office: 415-290-3225
E-mail: pimdclh@omh.state.ny.us

Lisa Dixon, M.D.
Professor of Psychiatry
University of Maryland School of Medicine
737 West Lombard Road, Suite 520
Baltimore, MD 21201
Office: 410-706-3211
Fax: 410-706-0022
E-mail: Ldixon@psych.umaryland.edu

Susan Joffe
Director of Public Information/Volunteers
Buffalo Psychiatric Center
400 Forest Avenue
Buffalo, NY 14213
Office: 716-816-2014
E-mail: Susan.Joffe@omh.state.ny.us

Tara Larkin-Fredericks, LMSW
Program Director for Special Projects
Clubhouse of Suffolk, Inc.
939 Johnson Avenue
Ronkonkoma, NY 11779
Office: 631-471-7242 ext. 1347
Fax: 631-471-5150
E-mail: Tara.Fredericks@ClubhouseofSuffolk.org

Robert W. Myers, Ph.D.
Senior Deputy Commissioner
New York State Office of Mental Health
44 Holland Avenue
Albany, NY 12229
Office: 518-486-4327
Fax: 518-473-4690
E-mail: cooprwm@omh.state.ny.us

Kelly A. Hansen
Executive Director
New York State Conference of Local Mental Hygiene Directors
41 State Street, Suite 505
Albany, NY 12207
Office: 518-462-9422
Fax: 518-465-2695
E-mail: kh@clmhd.org

Norma C. Panahon, M.D.
Outpatient Medical Director/MSO President
Buffalo Psychiatric Center
400 Forest Avenue
Buffalo, NY 14213
Office: 716-816-2131
Fax: 716-885-0710
E-mail: bucsncp@omh.state.ny.us
New York Leadership Academy for Wellness and Smoking Cessation Summit

Angela Parcesepe, M.P.H., M.S.W.
Research Coordinator
Center of Excellence for Cultural Competence
New York State Psychiatric Institute
1501 Riverside Drive, Room 1715, Unit 11
New York, NY 10032
Office: 212-543-6026
Fax: 212-543-6500
E-mail: parcese@pi.cpmc.columbia.edu

Lloyd I. Sederer, M.D.
Medical Director
New York State Office of Mental Health
330 Fifth Avenue, 9th Floor
New York, NY 10001
Office: 212-330-1650 ext. 360
Fax: 212-330-1649
E-mail: cocolis@omh.state.ny.us

Marlene M. Reil, Ph.D.
Director
Mental Health and Substance Abuse Programs
Cicatelli Associates, Inc.
505 Eighth Avenue, Suite 1600
New York, NY 10018
Office: 212-594-7741 ext. 275
Fax: 212-629-3321
E-mail: Mreil@Cicatelli.org

Michael Seserman, M.P.H., RD
Director
Strategic Health Alliances
American Cancer Society Eastern Division
260 Osborne Road
Loudonville, NY 12211
Office: 518-454-4016
Fax: 518-482-4058
E-mail: Michael.Seserman@cancer.org

Jenna Mandel-Ricci, M.P.A.
Deputy Director
New York City Department of Health and Mental Hygiene
Bureau of Tobacco Control
2 Lafayette Street, 21st Floor
New York, NY 10007
Office: 212-676-8360
Fax: 212-676-2384
E-mail: jricci@health.nyc.gov

Daryl L. Sharp, Ph.D., RN-CS, NPP
Associate Professor of Clinical Nursing
University of Rochester School of Nursing
601 Elmwood Avenue
Rochester, NY 14642
Office: 585-275-6465
E-mail: daryl_sharp@urmc.rochester.edu

Phillip A. Saperia, M.A.T.
Executive Director
Coalition of Behavioral Health Agencies, Inc.
90 Broad Street, 8th Floor
New York, NY 10004
Office: 212-742-1600 ext.115
Fax: 212-742-2080
E-mail: psaperia@coalitionny.org

Robin B. Siegal, Ph.D.
Director
Albany County Department of Mental Health
175 Green Street
Albany, NY 12202
Office: 518-447-4537
Fax: 518-447-4577
E-mail: rsiegel@albanycounty.com
Celia Spacone, Ph.D.
Director of Operations
Buffalo Psychiatric Center
400 Forest Avenue
Buffalo, NY 14213
Office: 716-816-2011
Fax: 716-885-0710
E-mail: celia.spacone@omh.state.ny.us

Facilitator
Jolie B. Pillsbury, Ph.D.
President
Sherbrooke Consulting, Inc.
1500 22nd Street North
Arlington, VA 22209
Office: 703-812-8774
Fax: 703-812-8775
E-mail: jolie@sherbrookeconsulting.com

Jeffrey G. Willett, Ph.D.
Director of Tobacco Control
New York State Department of Health
710 Corning Tower
Albany, NY 12237
Office: 518-474-1515
Fax: 518-486-1684
E-mail: jgw06@health.state.ny.us

Presenters
Teresa C. Armon, RN MS NPP
Summit Coordinator
New York State Office of Mental Health
44 Holland Avenue
Albany, NY 12229
Office: 518-474-5191
Fax: 518-473-0066
E-mail: coodtca@omh.state.ny.us

Jill M. Williams, M.D.
Associate Professor of Psychiatry
UMDNJ - Robert Wood Johnson Medical Center
317 George Street, Suite 105
New Brunswick, NJ 08901
Office: 732-235-4341
Fax: 732-235-4277
E-mail: williajm@umdnj.edu

Michael Hogan, Ph.D.
Commissioner
New York State Office of Mental Health
44 Holland Avenue
Albany, NY 12229
Office: 518-474-4403

Bill Wytrell, LCSW-R
Mental Health Program Specialist
Adult Services
New York State Office of Mental Health
44 Holland Avenue
Albany, NY 12229
Office: 518-474-0121
E-mail: cofocwjw@omh.state.ny.us

Gregory A. Miller, M.D.
Medical Director of Adult Services
New York State Office of Mental Health
44 Holland Ave
Albany, NY 12229
Office: 518-474-8501
Fax: 518-473-4690
E-mail: coopgam@omh.state.ny.us
Steven A. Schroeder, M.D.
Director
Smoking Cessation Leadership Center
University of California San Francisco
3333 California Street, Suite 430
San Francisco, CA 94118
Office: 415-502-1881
Fax: 415-502-5739
E-mail: schroeder@medicine.ucsf.edu

Recorder
Reason-Borca S. Reyes
Director of Technical Assistance
Smoking Cessation Leadership Center
University of California San Francisco
3333 California Street, Suite 430
San Francisco, CA 94118
Office: 415-502-3786
Fax: 415-502-5739
E-mail: rreyes@medicine.ucsf.edu

Meeting and Logistics Contractor
Oscar Morgan, M.A.
Project Director
Affirma Solutions, Inc.
9200 Basil Court, Suite 307
Largo, MD 20774
Office: 301-636-6318 ext. 241
Fax: 301-636-6317
E-mail: omorgan@affirmasolutions.com

Teriyana Ruffin
Senior Conference Coordinator
Affirma Solutions, Inc.
9200 Basil Court, Suite 307
Largo, MD 20774
Office: 301-636-6318 ext. 273
Fax: 301-636-6317
E-mail: truffin@affirmasolutions.com