



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.

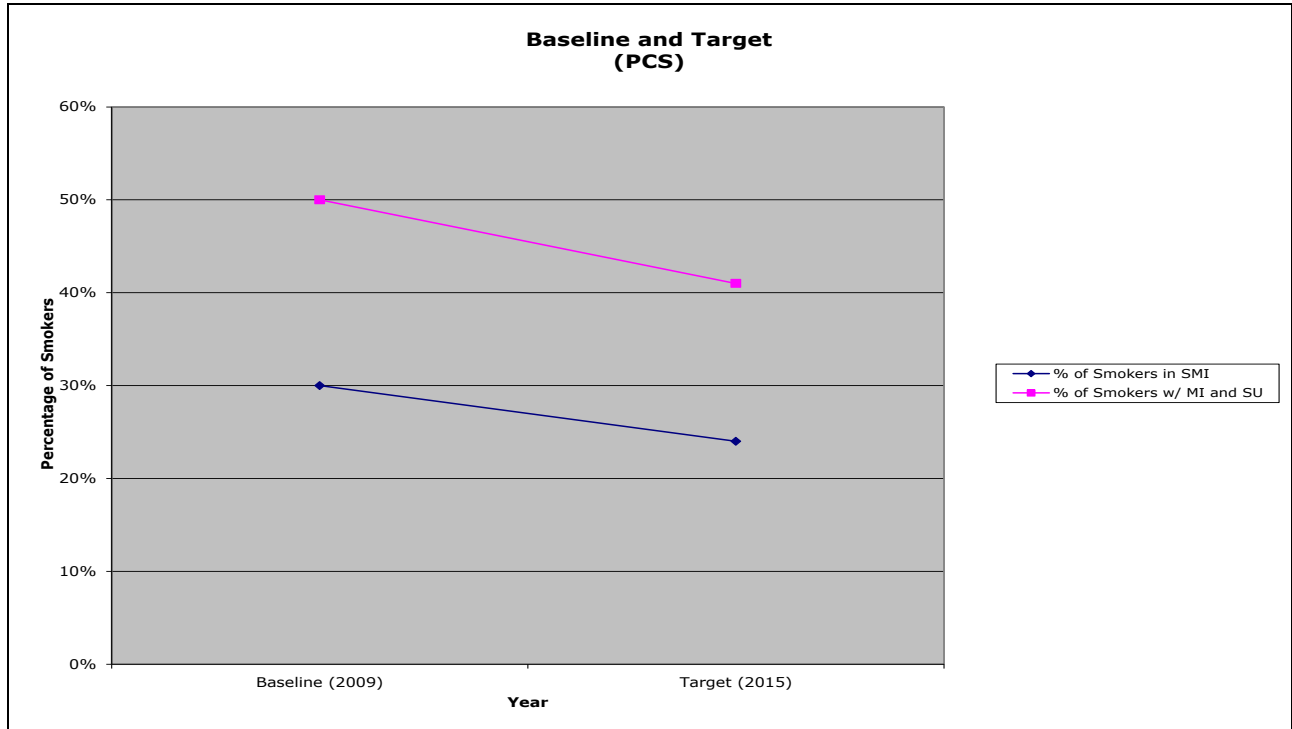
By the end of the summit, the partners answered the following questions:

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.



PRIMARY BASELINE (PCS)		
	% of Smokers in SMI	% of Smokers w/ MI and SU
Baseline(2009)	30%	50%
Target (2015)	24%	41%

Reduce 10% by 2015

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

SECONDARY Baseline (OMH outpatient data)		
	Outpatient now asked about smoking quarterly	Outpatients who report that they smoke
Baseline (2010)	60%	50%

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.

STRATEGY GROUPS
Policy - Licensing/ Regulation/ Collaboration/ Priorities
Power of Peers
NRT / Benefit expansion
Training: Medical, Specialties
Training: Providers, Staff, Peers
Data Mining and Development

<h2 style="margin: 0;">Strategy: POLICY</h2> <p style="margin: 0;">Michael Seserman, Peggy Bonneau, Annalisa Baker, Lloyd Sederer, Cassis Henry</p>					
WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
OVERALL STRATEGY: Changing licensing/regulation to improve detection and treatment of smoking by providers	See below	Our group	2013		
Adoption of new standards for licensing of mental health programs	<ul style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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)	<ol style="list-style-type: none"> 1. More providers will detect and treat smoking 2. Greatly increases the chance of quitting 	<ol style="list-style-type: none"> 1. Look at Medicaid rx of NRT and other in individuals receiving psychiatric rx received through article 31 clinics

	<p>benefit</p> <ul style="list-style-type: none"> Develop a communication plan 	<p>(LS, CH)</p> <ol style="list-style-type: none"> DOH/Tobacco control program (MS) NYC-DOH/MH (AB) Local government units (mental hygiene, health departments) Health services research consultant 			<ol style="list-style-type: none"> DOH could do same at article 28 clinics Other codes to monitor: incl. smoking assessmt charges Improvment in health status (HS research assistance)
Regulation (OMH): Providers need to detect and treat per regulation	<p>State plan amendment, approval from Governor's Office</p> <p>Integrated treatment: needs to be integrated into the context of normal mental health care</p> <p>Tobacco free facility</p>	As above & our group	2013	As above	As above
NYC contracts: requiring contractors to follow smoking regulation	Following new OMH regulation required for city mental health contracts	As above & our group	2013	As above	As above and Community Health survey for patients with high mental distress
Other NY counties	<p>Explore using the contracts as leverage</p> <p>Collect more information regarding the contract</p>	As above & our group, Local Mental Hygiene Directors	2013	As above	As above

	process for counties				
Tobacco free policy	Bring on partners to develop a policy, follow OASAS regulation template	As above & our group	2013	Decrease smoking prevalence	Prevalence rates
NEXT STEPS for Policy Group <ul style="list-style-type: none"> • 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

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
Train peers to act as smoking cessation counselors with the SMI/SA population.	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> 1) ASAP 2) Complete by end of 2011 	Spread throughout the state	Number of peers trained. Number of recipients receiving the service
	1) SCLC to contact	1) Steve and	February 1, 2011	Expand pool of	Number of advocates

<p>Link with state and local chapters of National Alliance on Mentally Illness (NAMI) and Depression and Bipolar Support Alliance (DBSA), NYS OMH Bureau of Recipient Affairs and other consumer advocacy groups to enlist their support and provide TA for smoking cessation modules. Inform them about quit lines.</p>	<p>national headquarters of NAMI and DBSA to get local chapters and contact them. 2) OMH or Bureau of Recipient Affairs to convene meeting of chapter representatives and initiate process of involving them in smoking cessation.</p>	<p>designated SCLC staff 2) Celia to contact OMH and BRA</p>		<p>influencers and cessation experts</p>	<p>involved in cessation</p>
<p>Train NYS Quitline staff to handle SMI/SA callers by making available to them Behavior Health and Wellness Programs, University of Colorado</p>	<p>SCLC to connect NYS Quitline with Chad Morris group.</p>	<p>Steve and SCLC staff to link with Jeff Willett of NYS Department of Tobacco Control and Greg Miller of OMH.</p>	<p>ASAP (February 1, 2011)</p>	<p>Increased capability of Quitlines to deliver customized smoking cessation services to the SMI/SA population</p>	<p>Number of calls to Quitline broken down by diagnostic category, if possible. Number of Quitline counselors trained.</p>
<p>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</p>	<p>OMH and NYS Tobacco Control to reach out to these groups.</p>	<p>Celia to facilitate</p>	<p>February 1, 2011</p>	<p>Sensitize personnel in these agencies to the need for smoking cessation among their clients and</p>	<p>1) More calls to Quitline 2) Greater advocacy in agencies and self-help groups</p>

refer to Quitline and distribute state Quitline cards.				increase calls to Quitline.	
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.	<ol style="list-style-type: none"> 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.
<p>Next Step: Interact with liaison team to ensure buy-in of critical stake-holders. LIAISON: Celia Spacone, with assistance, as needed, from Steve Schroeder</p>					

<h2 style="margin: 0;">Strategy: TRAINING (Medical and Non Medical)</h2> <p style="margin: 0;">Greg Miller, Daryl Sharp, Jill Williams, Christine Compton, Norma Panahon, Bernadette Cain, Phillip Saperia, Doug Cooper, Taras Larkin-Fredericks, Robin Siegal, Marlene Reil, Angela Parcesepe, Sue Joffe</p>					
WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
Web-based education targeting tobacco cessation incorporated into FIT (Focus on Integrated Treatment) training program	<p>Funding</p> <p>Identify expert panel to develop core content area and meet to outline</p>	G. Miller, CPI Designee	6-12 months	Providers have knowledge and skills to address tobacco cessation in practices	Money obtained, content developed, experts identified, number of people trained (expect those enrolled in FIT to

	content Developing curriculum				complete tobacco component)
Identify local champions Core group to meet Create web if dissemination	Identify key stakeholders via conversation with G. Miller and T. Armon	Daryl Sharp/Greg-- liaison ACL NYAPRS/Recipients Council Local mH directors State Ops Doug Cooper Kelly Hanson Phillip Saperia Lauri Cole Greg Miller Norma Panahon	3 months Mid January (third week—MLK)	Get local dissemination of tobacco cessation initiatives across state	# of champions identified across state
Mandate training	This will occur as tobacco cessation gets incorporated into the FIT training			Ensure that there is training uptake	# of providers trained
Create a Listserv	Develop through information available at OMH office	G. Miller, OMH	3 months	Improve access to providers across state to disseminate information	# of people able to reach
Call in trainings for technical assistance issues, training Incorporate tobacco cessation into IDT and set minimum expectations				Practices better equipped to incorporate tobacco cessation Ensure that tobacco	# of practitioners incorporating tobacco cessation into

for incorporating into practice which can be assessed for credentialing purposes				cessation messages and interventions are incorporated into practice	practice
Revise policies to include tobacco specific language and include tobacco in definition of co-occurring disorders	Review policies, identify policies that require change, and change language	G.Miller	6 months	Normalize tobacco cessation as a routine part of mental health care	# of policies revised
Find statewide funding training—grants	Apply to SAMSHA; followup grant development meeting	OMH with DOH TCP			;
ID Policy regs		Trade orgs Dug and Phillip			
<p>NEXT STEPS for TRAINING GROUP:</p> <ul style="list-style-type: none"> • Bring together council to get web within the state. <ul style="list-style-type: none"> ○ 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 					

<h2 style="margin: 0;">Strategy: NRT / Benefit</h2> <p style="margin: 0;">Jenna Mandell-Ricci, Terry Armon, Jeff Willett, Bill Wyrwal, Kelly Hansen</p>					
WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
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	All players Terry Armon	By end of 2010 By end of 2010	Reduce smoking/tobacco use among MI population	Expansion and increased use of benefit and decrease tobacco use among MI population
	Pool and share available data and research among all group members	Jeff Willett	Share report from RTI when available	Engage providers in smoking cessation efforts	
	Increase awareness, educate & advocate with governmental and advocacy group leadership	All members, Jenna & Kelly will coordinate	On going	Coordination of efforts to avoid duplication	
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 <ul style="list-style-type: none"> • 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 Liason team to ensure critical buy-in
- Next Step: Interact with liaison team to ensure buy-in of critical stake-holders.
- 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 tieme 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
ACTION
Ready for us to start taking some action.
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.
Emerge with a specific action plan – clear, obtainable goals for tobacco cessation for people with behavioral health disorders
Here to steal ideas and bring back to Maryland. Help pull research for smoking cessation.
Identify how can contribute to the partnership, identify strategies, and sustaining tobacco dependence practice.
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.
Doing more – encourage MH recipients continue “non-smoking”
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.
TRAINING OF SPECIALTIES
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.
POLICY AND SYSTEMS CHANGES
Want our physicians to be more interested and passionate about smoking cessation program.
Monitoring the intervention.
Do work in the community to encourage mental health recipients to get the resources.
Be able to incorporate smoking cessation as part of the priority process.
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.
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.
COLLABORATION
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.
Work with you to facilitate the system and environmental changes to treat tobacco addiction.
Interested in people working together.
Interested in learning from colleagues
Share model of intervention and contribute to the work of the day.
Here to learn to support the co-occurring population. Support OMH by sharing lessons learned along the way.
SHARED LEARNING
NY state is in the vanguard to help other states learn what we can do for the SMI population.
Share our experience at Suffolk to add to the action plan.
Learn/support co-occurring population
Share the work of the day with future leadership academies since New York will serve as a model for other states.
TAKE TO THE NEXT LEVEL
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.
Interested in how this will play out in state psychiatric centers for in-patient and out-patient.
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?

APPENDIX B – List of Participants

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

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November 15, 2010

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