

# National Partnership on Behavioral Health & Tobacco Use

## Action Plan

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November 5-6, 2018  
Hilton Atlanta, GA  
Atlanta, GA

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Smoking Cessation  
Leadership Center

**UCSF**

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University of California  
San Francisco



**CENTER FOR  
TOBACCO  
CONTROL**

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## Introduction and Background

On November 5-6, 2018, the [American Cancer Society \(ACS\)](#) and its Center for Tobacco Control, in collaboration with the [Smoking Cessation Leadership Center \(SCLC\)](#) at the University of California, San Francisco, held a reconvening strategic planning summit of the National Partnership on Behavioral Health and Tobacco Use. Members included leaders from public health agencies, behavioral health provider associations, federal agencies, advocacy groups, foundations, and health insurance and private companies. New representatives to this year's summit were the American Psychiatric Nurses Association, National Association of Social Workers, the Robert Wood Johnson Foundation, Truth Initiative and the Veterans Administration. The goal of the day and a half summit was to refine, strengthen and create strategies that would continue to drive down the national prevalence of smoking in the adult behavioral health population, eliminate disparities, and identify various process measures.

Partners identified accomplishments and revisited original goals outlined in the 2016 National Behavioral Health Summit action plan. Although the group was pleased to see the original target set for 30% by 2020, was nearly reached (30.5%), it was evident that the disparity between the general and behavioral health populations was still a critical issue. This gave way to a deeper discussion and the setting of a new goal to reduce smoking rates among behavioral health consumers and staff nationwide to 20% by 2022, this time with the understanding of eliminating disparities and fostering an environment of cooperation and collaboration among the fields of public health and behavioral health that will serve to improve the physical health and wellness of the behavioral health population.

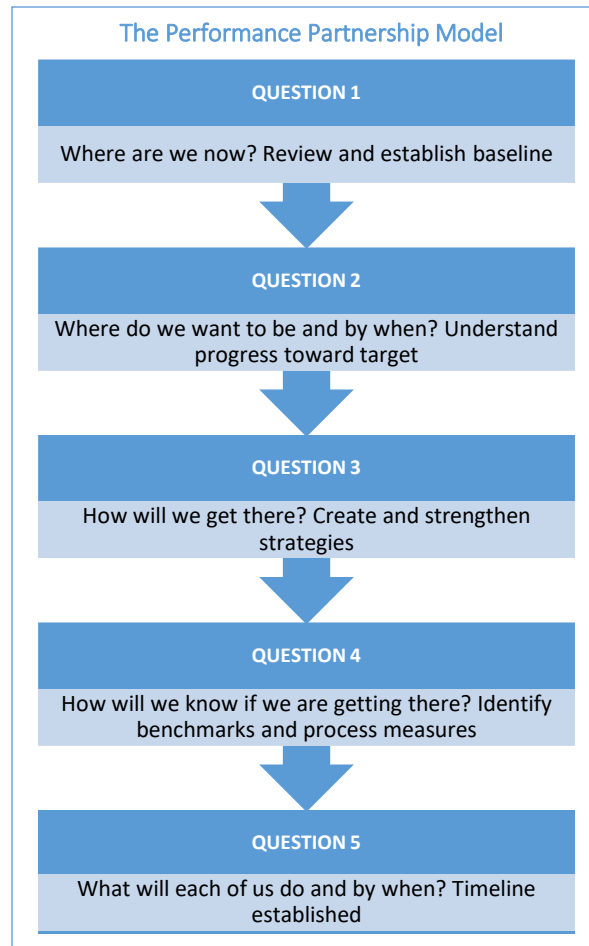
The first day's discussion focused on e-cigarette use among the adult behavioral health population. It was agreed that more data will be needed to gain a sufficient understanding of whether and how e-cigarettes should be addressed in the context of behavioral health and tobacco use and cessation. (Appendix A).

After a CDC and SAMHSA federal perspective on behavioral health and tobacco use, special guest speaker Rebecca Cox-MacDonald, a former smoker and current CDC Tips spokesperson, inspired the group by telling the story of her journey to becoming smoke-free. By the time she was 18 years old, Rebecca was smoking every day. "Everyone around me smoked," she said. "I was born into a family of smokers." Rebecca used cigarettes to cope with stress and depression but noted, "it only made it worse." Although she had tried to quit on her own without assistance from a provider, it was not until her 50's, when her primary care physician had a compassionate conversation with her about quitting, that she received the help she needed to succeed. Listing her many family members who lost their lives to smoking, Rebecca ended with an important tip for all: "It is never too late to quit."



Rebecca Cox-MacDonald  
CDC Tips Spokesperson

Following the guidelines of the [Performance Partnership model, Raj Chawla](#), an expert in results-based facilitation, guided participants through a series of questions that framed the creation of new 2018 action plan. The new plan detailed the baseline, target, strategies and next steps for the partnership and included practical ways to significantly increase tobacco prevention, increase cessation and quit attempts, reduce the tobacco use prevalence among the behavioral health population and ultimately eliminate disparities.



## Participating Organizations

- American Academy of Family Physicians (AAFP)
- American Cancer Society (ACS)
- American Cancer Society Cancer Action Network (ACS CAN)
- American Cancer Society National Lung Cancer Roundtable (NLCRT)\*
- American Lung Association (ALA)
- American Psychiatric Association (APA)
- American Psychiatric Nurses Association (APNA)\*
- American Psychological Association
- Centers for Disease Control and Prevention (CDC)
- National Alliance on Mental Illness (NAMI)
- National Association of Social Workers (NASW)\*
- National Association of State Mental Health Program Directors (NASMHPD)
- National Council for Behavioral Health
- North American Quitline Consortium (NAQC)
- Optum
- Pfizer
- Robert Wood Johnson Foundation (RWJF)\*
- Smoking Cessation Leadership Center (SCLC)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Tobacco Control Legal Consortium (TCLC)
- Truth Initiative\*
- UnitedHealth Group
- University of Wisconsin—Center for Tobacco Research and Intervention
- Veterans Administration

\*New Member Organization

## Baseline and Target

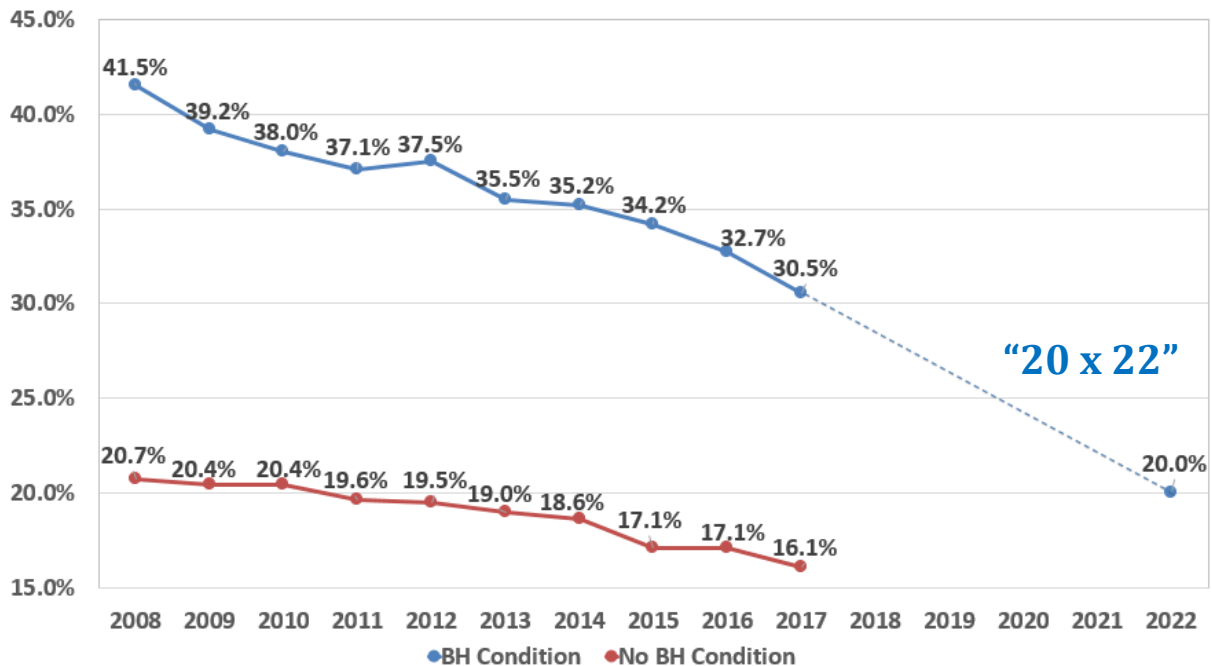
*Where are we now? Where do we want to be?*

	Baseline	Target
<b>Current Smoking Among Adults (age &gt; 18) with Past Year Behavioral Health (BH) Condition</b>	30.5% (2017)	<b>20% by 2022</b>

Source: National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Services Administration (SAMHSA), 2008-2017

The National Survey on Drug Use and Health (NSDUH) is an annual nationwide survey based on interviews with individuals aged 12 and older. The survey collects data through face-to-face interviews with a representative sample of the population. NSDUH is a primary source of statistical information on the use of illegal drugs, alcohol, and tobacco by the U.S. civilian, non-institutionalized population. The survey also collects data on mental disorders, co-occurring substance use and mental disorders, and treatment for substance use and mental health problems.

### Current Smoking among Adults (age > 18) With Past Year Behavioral Health (BH) Condition



- Due to changes in survey questions regarding substance use disorders in 2015, including new questions on meth and prescription drug misuse, this data is not comparable to prior years
- **Current Smoking** is defined as any cigarette use in the 30 days prior to the interview date
- **Behavioral Health Condition** includes AMI and/or SUD
  - **Any Mental Illness (AMI)** is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, based on the 4<sup>th</sup> edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)
  - **Substance Use Disorder (SUD)** is defined as meeting criteria for illicit drug or alcohol dependence or abuse. Dependence or abuse is based on definitions found in the 4<sup>th</sup> edition of the Diagnostic and Statistical Manual of mental Disorders (DSM-IV)

## Strategies

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

The partners continued designing their action plan by brainstorming common strategies that could be pursued in order to reduce smoking prevalence among those with mental illness and/or substance use disorders. All of the strategies established during the 2016 National Partnership summit were included in the action plan. The group re-identified and added strategies to create the following list of strategy themes:



**Peer Education**



**Policy**



**Service Provider Education  
and Implementation**



**Systems Change**



**Communication**



**Innovation**

Six strategy committees became the focus of the action plan during the summit: **Peer Education, Policy, Service Provider Education and Implementation, Systems Change, Communication, and Innovation.** These primary strategies became the initial focus of the action plan. The **Data and Research** committee was developed at the end of the summit to strategize ways to obtain and develop data on those with behavioral health conditions who smoke and/or use e-cigarettes.

## Data and Research

Although **Data and Research** did not become a focal strategy committee during the summit, it was agreed upon by the partnership that this strategy is a key component that needs to be addressed. The following partners have agreed to join this committee: Linda Bailey (NAQC), Brian Clark (SCLC), Bob Glover (NASMHPD), Corinne Graffunder (CDC), Rosie Henson (ACS), and Catherine Saucedo (SCLC). ACS and SCLC offered to help lead the effort.

Identify leading health indicators to track (on dashboard)
Continue funding surveillance
Fund research into effective interventions
Consider Internet of Things (IOT) to help harvest data
Engage NCI/NIDA/NIMH
Add NSDUH, N-SSATs, BRFSS database links on partnership website
Make NSDUH/N-SSATs more user friendly
Share data that helps to inform policy and practice
Health implications research for best practices (sustainable) & delivery of tobacco use treatment in treatment settings
Seek additional consultation from Epi's
Re-identified runs from EMR to show how few BH populations are getting tobacco treatment (NRT, Rx, billing and counseling)
Point in time survey for high priority Tx system
Data to understand/measure bias for both providers and users
Disparity data by: Race, Gender, Subpopulations,
Monitor: Youth with BH conditions who use traditional or ENDS
Monitor: ENDS and cessation within BH vs general population (Dual Use)
Monitor: PATH results (FDA)
Monitor: Denominator
Provider behavior (stratified if possible) with toolkit implementation
Smoking among provider and their level of commitment
"New" and actionable data to drive practice improvement
SSI/SSD registry of services lab for rolling out tobacco Tx



**Strategy Committee: Peer Education**

**Implementation Team: Teri Brister, Brian Clark, Bob Glover, Rosie Henson**

**Committee Chair:**

**Organization: NAMI**

**Contact: Teri Brister**

**Objective:** Expand peer education via existing curriculum, educational resources, blog posts and more effective referral processes.

Action Step (specific strategies to achieve objective):	Contributors	By When	Process Measure	Status
Continue to hold NAMI peer-to-peer course which includes info on general wellness, overall health, and smoking cessation, explore further outreach among national partners	All partners for outreach	Ongoing	Outreach achieved, classes held	
Identify existing fact sheets, myth buster documents for dissemination (e.g. evidence-based practices for smoking cessation, overall wellness)	All partners for outreach	Ongoing	Number of resources disseminated	
Blog post – regular basis, disseminate through list servs, social media, partner websites; share partners’ blogs on NAMI platform and others	All partners in the room	Ongoing – monthly/quarterly	Blogs shared on partners platforms	
Identify health observances to coordinate with other national stakeholders/partners in disseminating resources, holding social media events, podcasts, and webinars (e.g. mental health month, May)	All partners in the room	Ongoing	Collaborative events/resources distributed	
Host workshop and have exhibit hall at annual NAMI and other partner conventions with evidence-based resources; identify	All partners in the room	Ongoing (on annual basis)	Workshops held/exhibit halls hosted	
Develop multi-directional referral between partner organizations and provider settings that can address the individual’s needs (e.g. mental health treatment and support, tobacco use, other substance use, dual diagnosis)	NAQC (explore existing network), APAs,	Ongoing	Referral network developed and assessed	

	other orgs in room			
<p><b>Objective notes &amp; things to consider:</b></p> <p>Peers – assume you are talking about someone with mental illness – NAMI made suggestion for patient and family education  Last time talked about somebody have a booth at NAMI convention – letting them know about smoking cessation (individuals with lived experience who don't know evidence-based practice)  First get information to individuals – users and loved ones of users  People want to quit – they just need access to tools and resources</p> <p>NAMI peer to peer course (5-6k rounds/year) – need to continue/sustain  Fact sheets, myth buster documents, dissemination – existing resources available  Blog post – regular basis, disseminate through list serves, social media, partner websites  NAMI convention (June), exhibit hall, host workshop – done but need to continue  Also MHA national convention, NatCon, mention this in first aid curriculum  -identify new partners to become involved – provide evidence based resources  Hot transfer – if people call the Quitline and looking for peer support, groups, there would be handoff to NAMI for connection to NAMI local affiliate, button to transfer over; if people call NAMI hotline, we give Quitline number (1-800-QUIT-NOW) – conscious effort to follow up</p> <p>SCLC – national center – go to all partner national conventions (road show)</p> <p>Design strategies so it isn't extra work; integrate into existing work</p> <p>Identify someone to keep periodically updating with groups on regular basis; maintain momentum  Make resources available to have consistent strategy; put system together to remain consistent in sending message; create culture of consistent communication and momentum</p>				
<p><b>Feedback and contributions from other groups:</b></p> <p>Kerry Cork (TCLC): Would be willing to be a guest blogger in behavioral health law &amp; policy issues  Linda Bailey (NAQC): Let's talk about bi-directional referral with Quitlines</p>				

<b>Organization: NASMHPD</b>				
<b>Contact: Bob Glover</b>				
<b>Objective:</b> Further develop educational strategy on tobacco cessation and behavioral health with state mental managers, program directors, hospital administrators, staff, and legislators				
<b>Action Step</b> (specific strategies to achieve objective):	<b>Contributors</b>	<b>By When</b>	<b>Process Measure</b>	<b>Status</b>
Disseminate document on SMI and tobacco cessation with state mental managers; use SCLC platform to store and share	SCLC	Ongoing	Number of state mental managers receiving document	
Develop white paper for state-level MH executives to pledge additional financial and other resources to smoking cessation efforts; slide deck produced to pitch cessation efforts to these officials (funding required)	All partners in the room	Late spring 2019	White paper developed	
Develop and disseminate toolkit (translated from white paper) aimed at legislators, governors, hospital administrators, and staff at all levels of the MH and BH system	All partners in the room	Fall 2019	Toolkit developed	
Develop re-education strategy for incoming state mental health program directors	ACS, SCLC, NAMI	2018	Educational documents/resources developed and disseminated	
<b>Objective notes &amp; things to consider:</b>				
Developed document on SMI & tobacco cessation – position statement with recommendations; proposing to develop white paper, followed by toolkit				
Want to get peers to engage colleagues on healthy strategies; Continuing education for new champions needed, political side				
Potential change for 26 state mental health program directors				

<b>Organization: ACS/SCLC</b>				
<b>Contact: Rosie Henson, Brian Clark</b>				
<b>Objective:</b> Coordinate with national partners to provide ongoing education and dissemination of resources regarding BH and tobacco use to national peer community and public housing authorities				
<b>Action Step</b> (specific strategies to achieve objective):	<b>Contributors</b>	<b>By When</b>	<b>Process Measure</b>	<b>Status</b>
Use National Center of Excellence as repository for evidence-based documents, materials from national partners, coordinate with SMI national center; website development in coordination with future partnership website	All partners in room; communications	2019	Website developed	
Travel to national partners conventions to hold panel presentations, hold exhibit halls with evidence-based resources for individuals with lived experience	All partners in the room	Ongoing	Establish convention schedule through partner comms	
Develop effective dissemination strategy on evidence-based resources for peer community	Communication committee, steering committee	December 2018/January 2019	Strategy developed and implemented	
ACS and SCLC will continue to serve as co-facilitators in this national partnership	All partners in the room, particularly steering committee	Ongoing	Ensuring consistent comms and reconvenings	
Hold meeting with national public housing organizations that serve clients living in public housing	NAHRO, NAR-SAAH, NAQC	Spring 2019	Meeting held	
<b>Objective notes &amp; things to consider:</b> ACS cant directly do peer education but can develop processes to make it easier to share				

**Feedback and contributions from other groups:**

**CDC:** We have a lot of infrastructure in place to reach state tobacco control and partners that can be used; also great source for feedback/consultation

**RWJF:** National Housing Law Project to hold listening session with HUD

**Pat McKone (ALA):** Please include me on the housing strategy as we also have an RWJ grant specifically focused on public housing and BH population

**AAFP:** Has fact sheets already available to share – HUD & PE partnerships sound awesome!

**APA:** Communication strategy team should work with both Peer Education and Provider Education teams to coordinate dissemination of educational materials.

**Strategy Committee: Policy**

**Implementation Team: Giridhar Mallya, Dave Dobbins, Gregg Haifley, Kerry Cork, Anne DiGiulio, Morris Lewis,  
Committee Chair: Gregg Haifley**

<b>Organization: Truth Initiative</b>				
<b>Contact: Dave Dobbins</b>				
<b>Objective:</b> FDA's Nicotine Reduction Strategy				
<b>Action Step</b> (specific strategies to achieve objective):	<b>Contributors</b>	<b>By When</b>	<b>Process Measure</b>	<b>Status</b>
Research & Comments – Regulatory Advocacy	ACS- CAN, Lung, TLC	Based on FDA's Decision		
Equity related research	RWJF	2019		
<b>Objective notes &amp; things to consider:</b>				
<b>Feedback and contributions from other groups:</b> Love collective comments on regulations as consortium.				

<b>Organization: ACS-CAN</b>				
<b>Contact: Gregg Haifley</b>				
<b>Objective:</b> FDA's CDER (Center for Drug Evaluation and Review) Project				
<b>Action Step</b> (specific strategies to achieve objective):	<b>Contributors</b>	<b>By When</b>	<b>Process Measure</b>	<b>Status</b>

Research & Comments – better accessibility, availability and use of tobacco cessation products	ALA, TCLC, Truth	Based on FDA's decision		
Explore the feasibility of a citizen's petition	Pfizer, ACS-CAN			
<b>Objective notes &amp; things to consider:</b>				

<b>Organization: ALA</b> <b>Contact: Anne DiGiulio</b>				
<b>Objective:</b> Eliminate Medicaid hurdles to access and affordability				
<b>Action Step</b> (specific strategies to achieve objective):	<b>Contributors</b>	<b>By When</b>	<b>Process Measure</b>	<b>Status</b>
Medicaid expansion – support efforts in the states which haven't expanded	Pfizer, ACS CAN, TCLC, RWJF	ongoing		
Remove Medicaid barriers to cessation efforts – ALA's 7 barriers				
Improve access to all 10 treatments without barriers				
Increase access of who can prescribe and be reimbursed				
FAQ around cessation				
<b>Objective notes &amp; things to consider:</b> Lead efforts at the state level to implement models (Pharmacist prescribing; practice agreements; standing orders) to facilitate access and reimbursement at the pharmacy to all FDA approved cessation aids.				
<b>Feedback and contributions from other groups:</b> Dissemination of info to providers and enrollees.				

<b>Organization: ACS-CAN</b> <b>Contact: Gregg Haifley</b>				
<b>Objective:</b> General population prevention strategies				
<b>Action Step</b> (specific strategies to achieve objective):	<b>Contributors</b>	<b>By When</b>	<b>Process Measure</b>	<b>Status</b>
Increased Federal tax	ALA			
Increased state tobacco taxes	ALA, RWJF			
Expand Tobacco 21 at state level	ALA, RWJF			
HUD Smoke-free policy	TCLC, ALA, RWJF			
Increasing funding for CDC's OSH				
Veterans & Military	ALA			
Decreasing Health disparities	All			
<b>Objective notes &amp; things to consider:</b>				
<b>Feedback and contributions from other groups:</b> Smoke-free requirement for section 8 housing. Have a priority to develop resources/tools linking cessation to macro-policy (SF, price, etc.) Could consider resources more specific to BH population/ opportunity – CDC All members should work on this objective. Allow Selling loosies – Jaime Ostroff – Lung Cancer roundtable				



<b>Organization: All Policy Committee Members</b>				
<b>Objective:</b> Partnership to communicate on important issues – leverage the partnership				
<b>Action Step</b> (specific strategies to achieve objective):	<b>Contributors</b>	<b>By When</b>	<b>Process Measure</b>	<b>Status</b>
Work more like a coalition to make big changes.	All	On going		
Flagging key issues and communicating them to the group; issues that we can work on together	All	On going		
<b>Objective notes &amp; things to consider:</b> When issues are generated at the federal level; have the state representatives drive the issue at the state level.				
<b>Feedback and contributions from other groups:</b> Consider using the powerful organizations in this partnership to help draw attention to some of the policies you are trying to implement. – Catherine Saucedo				

**Strategy Committee: Service Education and Implementation**

**Implementation Team: Mirean Coleman, Steve Schroeder, Kathy Orellana, Linda Bailey, Doug Tipperman, Kait Perry, Tom Houston, Pat McKone, Jessica Safier**

**Committee Chair: Kait Perry**

**Organization: All Service Education and Implementation Committee Members**

**Group Objective:** Enhance provider education regarding cessation and tobacco use among adults with behavioral health issues through innovative collaboration among diverse partner organizations, identifying gaps in education and opportunities to act as a united voice to reduce disparities associated with tobacco use among this population.

Action Step (specific strategies to achieve objective):	Contributors	By When	Process Measure	Status
Host quarterly calls with provider education committee with standing agenda items. Review emerging evidence, studies and/or related public health issues	All Provider Ed. Committee Members	Once per quarter beginning in March 2019	follow up on barriers and if they were overcome	
Reach out to state chapters or constituents to determine engagement in behavioral health and cessation	All Provider Ed. Committee Members	By Q4 of 2019	assemble highlights of chapter/association feedback	
Review SCLC comprehensive list of resources, identify any gaps and draft analysis. Provide report listing recommendations for added resources	All Provider Ed. Committee Members	By Q4 of 2019	Report out on how each org incorporates info generated from the report.	

Review surgeon's general 2019 cessation report	All Provider Ed. Committee Members	By Q1: brainstorm response  By Q2: Review report  By Q3: Share how each org is addressing the report		
<b>Objective notes &amp; things to consider:</b>				

<b>Organization: American Lung Association</b>				
<b>Contact: Pat McKone</b>				
<b>Objective:</b> Promote connections between ALA programs and Cessation Education				
<b>Action Step</b> (specific strategies to achieve objective):	<b>Contributors</b>	<b>By When</b>	<b>Process Measure</b>	<b>Status</b>
Promote BH message into Lung Force Messaging	ALA	4/2019	# of media messages	
Promoting "Saved by the Scan" screening with Behavioral Health partners.	ALA, NAMI	10/19	# of scans	launching
Training opioid treatment staff at Department of Human Services in MN on nicotine dependence treatment.	ALA, Department of Human Services	1/19	# of attendees at training	

**Objective notes & things to consider:**

**Organization: APA**  
**Contact: Kathy Orellana**

**Objective:** Promoting Collaborative Care Model

<b>Action Step</b> (specific strategies to achieve objective):	<b>Contributors</b>	<b>By When</b>	<b>Process Measure</b>	<b>Status</b>
Clinician support trainings on range of SUD, 12 week collaborative training on cessation	APA		Trainings delivered	
Turn on Cessation Medicaid Codes for Reimbursement	All Provider Ed.	ongoing		
Support SAMHSA grant given to APA for educating clinicians on treating patients with serious mental illness.	APA	ongoing		

**Objective notes & things to consider:**

**Organization: SAMHSA**  
**Contact: Doug Tipperman**

**Objective:** Educate and develop guidelines for tobacco cessation.

<b>Action Step</b> (specific strategies to achieve objective):	<b>Contributors</b>	<b>By When</b>	<b>Process Measure</b>	<b>Status</b>
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Disseminate quick guide for implementing tobacco cessation in SUD treatment setting	SAMHSA	6/19	# of places where toolkit is promoted	
Develop SAMHSA advisory to address use by individuals with SMI	SAMHSA	12/19	When document is published	
<b>Objective notes &amp; things to consider:</b>				

<b>Organization: NAQC</b>				
<b>Contact: Linda Bailey</b>				
<b>Objective:</b> Create best practice guidelines for Quitlines to address mental health and reach/treat smokers with BH conditions.				
<b>Action Step</b> (specific strategies to achieve objective):	<b>Contributors</b>	<b>By When</b>	<b>Process Measure</b>	<b>Status</b>
All Quitlines to collect data on Behavioral Health conditions.	NAQC	ongoing	# of Quitlines that collect BH data	
Publish, present and disseminate Best Practice Guidelines for Tobacco Cessation	NAQC, Advisory Council	December 2019	Guide complete	
Identify effective and ineffective practices for reaching and treating smokers with BH conditions.	NAQC, Quitlines, BH Network	May 2019	Lit review	
Webinars addressing innovative cessation practices.	NAQC, Optum, National Jewish Health	May 2019	Date of webinars, # of attendees	
Quitline to develop (maintain and update) a triage directory to provide additional resources.	NAQC/Quitlines	ongoing		

**Objective notes & things to consider:**

**Organization: NASW**  
**Contact: Mirean Coleman**

**Objective:** Enlist social workers in eliminating/eradicating tobacco usage

Action Step (specific strategies to achieve objective):	Contributors	By When	Process Measure	Status
Continue to use tobacco cessation measures to report quality care.	NASW	2019	Reporting data	
Participate in the psychiatric collaborative care model to assist in tobacco cessation treatment.	NASW	2019		
Disseminate tobacco cessation information to over 250,000 licensed social workers.	NASW	2019	# of SWs reached	ongoing
Incorporate use of social media to make social workers aware of the tobacco cessation campaign.	NASW	2019	# of SWs reached	ongoing

**Objective notes & things to consider:**

**Organization: SCLC**  
**Contact: Steve Schroeder**

**Objective:** Use newly appointed designation as a Center of Excellence for Tobacco-Free Recovery to promote cessation in the behavioral health population.

Action Step (specific strategies to achieve objective):	Contributors	By When	Process Measure	Status
Hold 10 Leadership Summits in 5 years, identify key states of interest	SCLC	2023	# of summits held	
Hold BH webinars & provision of CEs/CMEs	SCLC	ongoing	# of webinars and CEs/CMEs provided	
<b>Objective notes &amp; things to consider:</b>				

<b>Organization: ACS Lung Cancer Roundtable</b>				
<b>Contact: Tom Houston</b>				
<b>Objective:</b> Provider Education outreach and connection between cessation and lung cancer.				
Action Step (specific strategies to achieve objective):	Contributors	By When	Process Measure	Status
Incorporate issues into several task groups within the Roundtable	Jaime, Lauren Rosenthal, Tom Houston	Ongoing	TBD	
Discuss shared decision making between provider and patient around cancer screening and Treatment		Ongoing		
TTS trainings		Ongoing	# of trainings held	
<b>Objective notes &amp; things to consider:</b>				

<b>Organization: AAFP</b> <b>Contact: Kait Perry</b>				
<b>Objective:</b> Develop novel approaches to educating provider about cessation and behavioral health.				
<b>Action Step</b> (specific strategies to achieve objective):	<b>Contributors</b>	<b>By When</b>	<b>Process Measure</b>	<b>Status</b>
Continue to fill provider knowledge gaps are general cessation as well as population in BH		ongoing	# of communications and efforts	current
Integrating importance of care team approach, specifically with BH populations		ongoing	# of communications and efforts	current
(Within context of disparities) elevate BH tobacco use issues in regular tobacco use communications.		ongoing	# of communications about tobacco vs. # with integrated message.	Moving forward
<b>Objective notes &amp; things to consider:</b>				



## Strategy Committee: Systems Change

**Implementation Team: Corinne Graffunder, Carol Essenmacher, Jamie Ostroff, Mike Fiore, Christine Cheng,  
Committee Co-Chairs: Corinne Graffunder and Carol Essenmacher**

### Universal recommendations for all partners

1. ID of tobacco use status
2. Documenting tobacco treatment delivery in BH system EHRs are part of treatment planning
3. Licensing and certification training
4. Integrating treatment into BH clinical workflow
5. Embedding CTTS in BH clinical care settings

### Other partners to consider:

- ATTUD – from the Board, or query the listserv?
- Pharmacists – per Lew with UHG, Genoa Health Systems provide BH pharmacy
- Respiratory Therapists
- Other insurers, CMS?

### Feedback and contributions from other groups in general:

- [Bob NASMHPD] -Would be delighted to partner [with systems change committee]
- Support efforts to increase/expand reimbursement
- Consider how the collaborative care model can play a role in addressing gaps in expertise and treatment
- [Morris Pfizer] – Since coverage for Medicaid is predominately driven by states rather than by CMS (for now), you might consider thinking state approach

**Organization: APNA**

**Contact: Carol Essenmacher**

**Objective:** Develop and expand a model of psych/MH nursing activities for the treatment of tobacco/nicotine dependence that can be serve as the template for all nurses

Action Step (specific strategies to achieve objective):	Contributors	By When	Process Measure	Status
Develop and disseminate nursing competencies for treating tobacco/nicotine use and dependence	APNA	Sep 2019	Created competencies	
Review and update APNA position statement regarding nursing care of tobacco use and treatment	APNA	Sep 2019	Statement updated	
Create disseminating plan translating nursing competencies into nursing action	APNA	TBD	Created plan	
Develop data tracking and accountability standards and ensure fidelity to competency standards	APNA	TBD	Tracking and standards developed	
<b>Objective notes &amp; things to consider: from Carol APNA for the partnership in general</b> <ul style="list-style-type: none"> <li>• Recommend we all agree to use recovery language, i.e. “smoker”=“person who smokes”; tobacco use patient, etc.</li> <li>• Consider bias “treatment”</li> <li>• Create ad like “Ghostbusters” for myth busting</li> </ul>				
<b>Feedback and contributions from other groups:</b> <ul style="list-style-type: none"> <li>• [Kim VA] - For ID of tobacco use, helpful to suggest a network of healthcare systems and users, such as ICD-10 codes or a routine practice – so all systems would be using a similar approach to ID.</li> <li>• [Giridhar RWJF] – Connect ANPA to our Campaign for Nursing Action</li> </ul>				

<b>Organization: CDC</b> <b>Contact: Corinne Graffunder</b>				
<b>Objective:</b> Ensure that the NPBHTU System priorities are informed by and linked to the national state tobacco program				
Action Step (specific strategies to achieve objective):	Contributors	By When	Process Measure	Status
Add BH system metrics to State Report Card to include tobacco treatment delivery	TBD	2020	Metrics added	

Add BH system partners to current and future grantees (states, national networks, etc.)	CDC National Council for BH	2020		
Create toolkit for tobacco treatment system priorities	NASMHPD SAMHSA	TBD	Toolkit completed	
<p><b>Feedback and contributions from other groups:</b></p> <ul style="list-style-type: none"> <li>• [Kait AAFP] – AAFP has lots of systems change info around tobacco and BH and cessation, and a toolkit – will gladly share</li> <li>• Leverage new SGR [on cessation] to help motivate systems change</li> </ul>				

**Strategy Committee: Communications**

**Implementation Team: Cliff Douglas, Kim Hamlett-Berry, Patricia DiSandro, Bidisha Sinha, Catherine Saucedo**  
**Committee Co-Chairs: Bidisha Sinha, Catherine Saucedo**

<b>Objective 1:</b> Brand the National Partnership for Behavioral Health and Tobacco Use				
Action Step (specific strategies to achieve objective):	Contributors	By When	Process Measure	Status
Engage existing experts to create Logo	SCLC/ACS/Truth	Feb./March	Logo created and posted on partners sites	
Create a #Hashtag for initiative (#20x22, #TobaccoTippingPoint, #mill_lives or however we estimate saving if we reach our goal). Solicit membership for final vote	SCLC/ACS/Truth	Feb./March	# of hashtags	
Create URL that ties into hashtag/logo etc.	SCLC/ACS/Truth			
<b>Objective notes &amp; things to consider:</b> <ul style="list-style-type: none"> <li>• Branding is the overarching goal of the Communications Committee, to provide a home for the initiative, to make it easy for members and others to promote and share resources for their constituents</li> <li>• We will engage experts in communications through existing partners (ACS/TRUTH/CDC)</li> <li>• We will give the opportunity for members to weigh in/vote on the above</li> </ul>				
<b>Feedback and contributions from other groups:</b> <ul style="list-style-type: none"> <li>• Dave Dobbins is happy to confer regarding branding</li> <li>• Consider the audience(s) (partner constituents may be providers, individuals with MI/SA, other)</li> </ul>				

<b>Objective 2:</b> Create a communications toolkit				
Action Step (specific strategies to achieve objective):	Contributors	By When	Process Measure	Status
Facts /Infographics	Catherine/Cliff	February	# distributed/ downloaded	
Elevator speech/talking points	Catherine/Cliff	February	# distributed/ downloaded	
PowerPoint on partnership and supporting data	SCLC to collect – and share	March-May	# distributed/ downloaded	
Resource list	SCLC to solicit	March-May	# distributed/ downloaded	
Press Release /GASO link	Cliff and Steve	Immediately	# distributed/ #stories shared	
Case studies from providers	SCLC to collect – and share	March-May	# distributed/ downloaded	
Stories from peers	SCLC to solicit	March-May	# distributed/ downloaded	
<b>Objective notes &amp; things to consider:</b> <ul style="list-style-type: none"> <li>• Reach out to communications experts at Truth and CDC for general guidance</li> <li>• Kim – provide content/provider material – access to subject matter experts to speak</li> <li>• Bidisha/Cliff – branding, research teams to provide article space in journals and Cancer.org,</li> <li>• Patti to provide input from provider perspective</li> <li>• Reach out to CDC/OSH for stories from peers that go beyond Rebecca but others that didn't make the Tips final cut.</li> </ul>				

**Feedback and contributions from other groups:**

- Question from Anne DiGiulio - What is the sign on process for the statement, etc.? The call to action statement was signed on by the original partnership organizations (Bill Blatt for ALA). If we decide to create a new statement, we will send something out from the
- TCLC/Kerry Cork will contribute to the communications toolkit
- Include NAMI/Teri Brister in Fact Sheet/Communications loop



**Objective 3:** Create a website as a one-stop shop and to add a virtual presence to the National Partnership

Action Step (specific strategies to achieve objective):	Contributors	By When	Process Measure	Status
Housed at SCLC with a vanity URL – can engage partnership for URL Include goal of partnership and committees listed	SCLC/ACS/Truth/ CDC	March/April	#Hits and impressions	
Invite partner members to submit a blog	SCLC collect	March/April	3-4 partners submit blogs per year	
Partners link to this site – “Proud Member of the National BH partnership”	ALL	March/April	All partners have link on site to BH partnership within first year	

**Objective notes & things to consider:**

- SCLC will be responsible for the building of the site
- Engage Truth, ACS, CDC communications department to gain insight into best messaging and name of url etc.
- Will need some funding to build the site
- Keep it simple with focus on partnership goal and strategies – offer resources directly related to this initiative and link to SCLC resource page so as not to reinvent the wheel

**Feedback and contributions from other groups:**

- Will need 1-2 years resources to support the communication initiative especially the website development
- Work with CDC OSH to provide feedback and consultation and align messages with the partnership and the SGR cessation report
- Questions from Carol Essenmacher - How will we advertise website? We will promote it on all toolkit materials, share logo with hyperlink to all partners and whenever posting on behalf of the partnership will include the link. We will also ask all partners to include a link on their own website.
- How will Tobacco Wellness Day be different from the Great American SmokeOut? – Good question. The idea is to create the day focused on Wellness and behavioral health and have tobacco be one of the ways people can be healthier. We will discuss further on our first committee call
- Consider adding a member facing portion of the website to facilitate sharing and collaboration of resources

**Organization: All Partnership Members**  
**Contact: Bidisha Sinha, Catherine Saucedo**

**Objective 4:** Partnership members implement a minimum of two communication initiatives to members /audience. Communications committee can help provide materials, topics, speakers etc. if needed. Examples of suggested communication initiatives are listed below.

Action Step (specific strategies to achieve objective):	Contributors	By When	Process Measure	Status
<b>Update website:</b> include smoking cessation and behavioral health (BH) on partner website and link to national partner website	ALL Partners implement a minimum of 2	August 2019	2 x 25 communication initiatives = 50	
<b>Conference Topic:</b> Create a space for a tobacco use and BH session/panel/symposium at your own association conference. Submit abstracts on the topic to partner related conferences or others				
<b>Webinar:</b> Host a webinar on the topic using any of the experts in the partnership or beyond				
<b>Social Media:</b> Post on Twitter/Facebook/LinkedIn/Instagram etc. during Great American SmokeOut, World No Tobacco Day, Recovery Month, Mental Health Awareness or other appropriate times related to your organization				

<p><b>News Letter:</b> Write an article about the topic and include goal of partnership and link to website. Consider interviewing Rebecca and offering CDC/OSH resources. Include quotes from champion provider from the partnership for newsletter.</p>				
<p><b>Presentation/Talking Points:</b> include basic statistics on the epidemic in leadership and other key stakeholders talking points and presentations whenever possible.</p>				
<p><b>Position Statement:</b> Create or strengthen your organization position statement to address tobacco use and BH</p>				
<p><b>Journal article or Special Issue:</b> submit article on the topic &amp; include info re the partnership. Can be partner's own assoc. journal or other national journals.</p> <p>Consider a special issue devoted to tobacco use &amp; BH see APNA example. Solicit articles from all members of the partnership and others.</p>				
<p><b>Objective notes &amp; things to consider:</b></p> <ul style="list-style-type: none"> <li>• Ask communications specialists what works – internal and external</li> <li>• Consider Audience – Our own people we already reach and others we may need to</li> <li>• Patti DiSandro (APA) will see about hosting a webinar &amp; will share upcoming conference request for abstracts with partnership members via e-mail</li> <li>• Offer easy access to information, speakers, materials, for partners.</li> <li>• Remind partners ahead of time about engaging around national awareness months and other opportunities like the Surgeon Generals Cessation Report.</li> </ul>				

<p><b>Feedback and contributions from other groups:</b></p> <ul style="list-style-type: none"> <li>• <i>One-month goal for all:</i> send a tweet about this meeting! - NBHN</li> </ul>
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**Strategy Committee: Innovation**

**Implementation Team: Taslim van Hattum, Mary Kokstis, Lew Sandy**

**Committee Chair:**

**Organization: Optum**

**Contact: Mary Kokstis**

**Objective:** To define an innovative strategy around the proactive engagement into tobacco treatment of individuals with behavioral health conditions versus reactive/waiting for self-initiation (\*Programs that reach out to smokers versus smokers calling the Quitline's)

Action Step (specific strategies to achieve objective):	Contributors	By When	Process Measure	Status
Explore linkages and synergies between Optum behavioral health and Optum tobacco cessation programs to increase engagement	Optum Health	2019		
Identifying how the BH teams are training around tobacco at Optum	Optum Health	2019		
Explore opportunity with Rally as an example of a digital health platform	Optum Health	2019		

**Objective notes & things to consider:**

Inform objective: Quitlines were innovative at one point (1999); What would be innovative next with the Quitline's?  
We expect initiation from individuals whose clinical presentation prevents initiation.

**Feedback and contributions from other groups:**

- Apply for RWJF pioneer team grants for innovation
- Adding consulting within communications/social media experts for ideas and out of the box partners
- Working within each subcommittee to find linkages especially with provider education
- Track e-cigarette efficacy as a smoking cessation intervention
- Include holistic health experts (mindfulness; relaxation training, tai chi)
- Can assist with state profile of best and promising practices
- Consultation as a part of our equity planning in 2019
- Truth Initiative: tap into around reducing cost and technology
- Add mental health American as a partner to the subcommittee

<b>Organization: UnitedHealth Group, National Council</b>				
<b>Contact: Lew Sandy, Taslim van Hattum</b>				
<b>Objective:</b> Leverage innovative opportunities to further the role of telepsychiatry and telepharmacy within addressing smoking amongst behavioral health populations				
<b>Action Step</b> (specific strategies to achieve objective):	<b>Contributors</b>	<b>By When</b>	<b>Process Measure</b>	<b>Status</b>
Explore UHG’s partnership with Genoa Health (community MH pharmacy/telepsychiatry company acquired by Optum)	UHG	2019		
Define and disseminate Ryan Haight Act changes and its potential impacts on access to prescribing smoking cessation medications to newly-eligible clinical entities	NatCon	2019	Continue to engage in regulatory advocacy around including community mental health centers and addiction treatment centers disseminate information through NBHN	
Leverage Certified Community Behavioral Health Clinics (CCBHCs) to provide evidence-based tobacco cessation supports under a new financial payment model	NatCon	Ongoing		
Research clinical innovations happening around social determinant of health (e.g. UHC, Medicaid and Housing; hot spotter/frequent flier models)	UHC; NatCon	Q1 2019	Reach out to Jeff Brenner; Initiate research on	

			the “as-is” state;	
<b>Objective notes &amp; things to consider:</b>				

<b>Organization: Optum, National Council, UnitedHealth Group</b>				
<b>Contact: Mary Kokstis, Taslim van Hattum, Lew Sandy</b>				
<b>Objective:</b> Identify innovative evidence-based programs as either primary or secondary cessation treatment offerings.				
<b>Action Step</b> (specific strategies to achieve objective):	<b>Contributors</b>	<b>By When</b>	<b>Process Measure</b>	<b>Status</b>
Research the role and viability of technology and apps within the field of behavioral health, telepsychiatry and telepharmacy for behavioral health populations	Optum Health; NatCon; Truth Initiative; CDC; UHG	2019		
Disseminate results from Optum Health’s behavioral health Quitline offerings to more states and viability within payer/employer market	Optum Health; NAQC	2019		
Research non-trickle-down evidence-based interventions (i.e. cross sectional intersectional interventions such as apps for LGBT, BH and smoking; African American, Trauma and Digital Resources; innovation in disparate approach; disparity approach versus public health approaches to addressing disparities)	NatCon; SCLC	2019		
Engage Recovery Partners in the National Partnership	NatCon; SCLC	2019	Identify and propose recovery	

(E.g. Do we know the epidemiology of “returning to smoking” in the behavioral health population?)			organizations to the national partnership committee	
<b>Objective notes &amp; things to consider:</b>				

## Next Steps

*What will each of us do and by when?*

### Timeline

STRATEGY	NOV-DEC 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
<b>Peer Education</b>	<ul style="list-style-type: none"> <li>-Press Release on Partnership (<b>Nov 2018</b>)</li> <li>-1<sup>st</sup> committee call (<b>Early Dec 2018</b>)</li> <li>-Re-education Strategy for incoming State Mental Program Directors (<b>Dec 2018</b>)</li> </ul>	<ul style="list-style-type: none"> <li>-Resources to continue partnership (<b>Q1</b>)</li> <li>-Meeting with public housing organizations (<b>Q1</b>)</li> <li>-Meeting with communications committee to coordinate efforts (<b>Q1</b>)</li> </ul>	<ul style="list-style-type: none"> <li>-Identify leading health indicators for data group to track (<b>Q2</b>)</li> </ul>		
<b>Policy</b>		<ul style="list-style-type: none"> <li>-State of Tobacco Control – ALA (<b>Jan 2019</b>)</li> <li>-Medicaid Expansion (ongoing) – ALA (<b>Jan 2019</b>)</li> </ul>	<ul style="list-style-type: none"> <li>-National Housing Law Project – HUD talking and listening sessions to vulnerable populations – RWJF Funding (<b>Q2</b>)</li> </ul>	<ul style="list-style-type: none"> <li>-Amplifying Surgeon General’s Report – Truth (<b>Spring 2019</b>)</li> </ul>	<ul style="list-style-type: none"> <li>-NCTOH Ancillary Meeting with this partnership – Kerry Cork (<b>Aug 2019</b>)</li> </ul>
<b>Service Provider Education and Implementation</b>	<ul style="list-style-type: none"> <li>-Each quarterly meeting will provide updates and discuss points of collaboration</li> </ul>	<ul style="list-style-type: none"> <li>-Quarterly call #1 – Discuss what information to share with membership (from Surgeon General’s Report),</li> </ul>	<ul style="list-style-type: none"> <li>-Quarterly call #2 – Report out on specifics of what from Surgeon General’s Report applies to each organization, plans to address them</li> </ul>	<ul style="list-style-type: none"> <li>-Quarterly call #3 – Review list of provider resources and identify gaps (see if our resources can fill the gaps), work with</li> </ul>	<ul style="list-style-type: none"> <li>-Quarterly call #4 – Final list of provider resources (<b>Q4</b>)</li> </ul>

		Create Statement <b>(March 2019)</b>	and collaborate, opportunity for communication to collaborate <b>(June 2019)</b>	communication team on dissemination <b>(Q3)</b>	
<b>Systems Change</b>		-Raise Cessation’s Profile – “CDC’s Year of Cessation” (Jan 2019)  -TIPS 2018 <b>(March 2019)</b>	-Convene Data Group <b>(April 2019)</b>	-Develop and disseminate nursing competencies <b>(July 2019)</b>	
<b>Communication</b>	-Press release <b>(Nov 2018)</b>  -Proposal for NCTOH <b>(Nov 2018)</b>  -New Steering Committee <b>(Dec 2018)</b>	-Proposal for APA Conference (Jan 2019)  -Hashtag for partnership <b>(March 2019)</b>	-Website <b>(April 2019)</b>  -Toolkit – Fact sheet, infographic, talking points <b>(April 2019)</b>  -All partners have done two initiatives by <b>June 2019</b>		
<b>Innovation</b>	<p><b>2019</b></p> <p>Optum</p> <ul style="list-style-type: none"> <li>- Explore linkages and synergies between Optum behavioral health (BH) and Optum tobacco cessation programs to increase engagement</li> <li>- Identify how the BH teams are training around tobacco at Optum</li> <li>- Explore opportunity with Rally as an example of a digital health platform</li> </ul> <p>UnitedHealth group</p> <ul style="list-style-type: none"> <li>- Explore UHG’s partnership with Genoa Health</li> </ul> <p>National Council</p>				

	<ul style="list-style-type: none"> <li>- Define and disseminate Ryan Haight Act changes and its potential impacts on access to prescribing smoking cessation medication to newly-eligible clinical entities</li> <li>- Leverage Certified Community BH Clinics (CCBHCs) to provide evidence-based tobacco cessation supports under a new financial payment model</li> </ul> <p>Joint efforts</p> <ul style="list-style-type: none"> <li>- Research clinical innovations happening around social determinant of: <b>UHG and National Council</b></li> <li>- Research the role and viability of technology and apps within the field of behavioral health, telepsychiatry and telepharmacy for behavioral health populations: <b>Optum, National Council, Truth Initiative, CDC, UHG</b></li> <li>- Disseminate results from Optum Health’s behavioral health Quitline offerings to more states and viability within payer/employer market: <b>Optum, NAQC</b></li> <li>- Research non-trickle-down evidence-based interventions: National Council SCLC</li> <li>- Engage Recovery Partners in the National Partnership: <b>National Council, SCLC</b></li> </ul>
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## Governance and the Power of the Partnership

The Steering Committee will help keep lines of communication open between partners and monitor progress. During the initial meeting in 2016, we had asked volunteers from our partnership to join the steering committee. Since then, some representatives from specific organizations left their positions. ACS and SCLC will make recommendations on whom to add to the steering committee by the end of 2018.

ACS and SCLC will revisit the protocol document on how to add members to ensure that it is up to date. The partnership will expand and explore organizations that would be of interest and those that can provide expertise. In the first quarter of 2019, SCLC will send a list of potential organizations to the partnership. Members will vote together to determine which organizations would be most helpful in this initiative.

Additionally, partners discussed simple but effect ways to collaborate as a group.

Low-Cost No-Cost Collaboration Work
<p><b>Press Release</b></p> <ul style="list-style-type: none"> <li>• <b>ACS/SCLC</b> to write a press release regarding the collaboration work within this partnership</li> <li>• November is a great time for a press release due to Lung Cancer Awareness Month and ACS 43<sup>rd</sup> Annual Great American SmokeOut</li> <li>• Completion goal = November 2018, before Thanksgiving holiday</li> <li>• Each organization would still need approval from leadership before disseminating</li> </ul>
<p><b>Surgeon General Report</b></p> <ul style="list-style-type: none"> <li>• Surgeon General Report (SGR) will be April of 2019</li> <li>• <b>CDC</b> will prepare talking points from the SGR</li> <li>• Corinne and the CDC can help draft templates to send out (depending on resources and time) by March 2019</li> <li>• Enormous opportunity to promote SGR – Press release, Strategy Group, Coordinating the dissemination</li> </ul>
<p><b>Listserv</b></p> <ul style="list-style-type: none"> <li>• <b>SCLC</b> to help coordinate list servs to disseminate information</li> <li>• SCLC currently has 100Pioneers and ATTUD</li> <li>• Group emails to the representatives from each organization in this partnership</li> </ul>
<p><b>Partner’s Conferences and Meetings</b></p> <ul style="list-style-type: none"> <li>• <b>SCLC</b> to help create a list of national and local conferences</li> </ul>



- Partners to attend behavioral health and other partner’s conference meetings
- Deadline for NCTOH Abstract is November 2018
- Rebecca, from the CDC Tips Campaign, can be a possible traveling exhibit – Corinne from **CDC** may be able to help coordinate

**Cross Partner Guest Blogging**

- Partners can offer perspective from their organizations to present to a public audience
- **Catherine Saucedo, Cliff Douglas, Linda Bailey, Corinne Graffunder, Dave Dobbins, and Teri Brister** can help coordinate

# Appendices

## Appendix A: Performance Partnership Model Characteristics, Reactions to the Gallery Walk, Data Development Agenda, and E-Cigarettes

### Performance Partnership Model – Unique Characteristics

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

Reaction to Gallery Walk
<b>Partnership</b>
Excited to see this group working together. Looking forward to seeing what this group comes up with regarding a new target. We can get there and go even further.
Pleased to see all the contributions over these years and looking forward to seeing more.
Excited to see the diversity of partners.
You know that progress has been made when you see the gallery walk. There is optimism on what like-minded partners can do.
Impressive array of work being done. Love to see where there are overlaps and would like to see potential collaboration.
The breadth of the organizations that have come together. The organizers have done a great job getting the right people in the room.
The gallery walk was impressive because it shows so many different points from different organizations that can touch on this issue.
We are with people that do not normally collaborate with one another.
Excited about the work that has been done.
Impressed with what I saw because it reminded me of family issues related to lung cancer. If they had the information on all of these prevention programs, maybe they would be here today. Impressed with the amount of organizations involved.
Felt that it was an impressive display of important work.
Enjoyed the gallery walk and was stuck on the data. We should integrate it into a document, so we can talk about the accomplishments and disseminate that information. Here in public health, we tend to work in silos, so it is important to have the opportunity to work with other sectors in public health.
There is a lot going on in these organizations that I do not know about. About 30-40% of the partner slides had things I did not know. It was great to get that education.
To the extent that we have seen bigger declines in smoking among those with behavioral health issues, I am interested in working together in those strategies and trying to treat equity in those realms.
The gallery walk was digestible for me. Thinking about how our organization can contribute from a product and coaching perspective.
Saw organizations we have worked with through the years, but most importantly, saw some organizations we have not yet worked with. Excited to see the collaboration.
<b>Hope</b>
Edified and hopeful as we move forward. It all started with the baseline and the data points.

Was not here two years ago, so the gallery walk gave a good feel of what everyone is working on. Impressed with seeing how much has happened. I hope that in two years, looking into the future, we would discuss where we were today, where are we at that moment, and where can we be.
<b>Impact</b>
Impressed with the data and how much each organization has accomplished.
Impressed with how much has happened. Two years ago, we thought on how to tackle this. Seeing the variety of ways that did in the baseline graph, it was exciting to see the change.
Optimistic for tomorrow due to the tremendous progress we made.
Impressive to see all that work that you are doing. Your job is very important to all the various types of smokers.
<b>Concern</b>
Excited by how far things have come, but a bit concerned that the easier part is done.
Still more that we need to know and to do.
We need to be looking at the whole person.
Lack of insurance status with those with mental illness.
Need more clarity on data definitions, but excited to discuss the data with partners who we have not worked with before.
One slide showed that there a lot of opportunities for prevention that we missed and that there are ways we can make a difference and convert those missed opportunities.
The intersection of behavioral health in race, class, and poverty.
Worried about what was not collected in the data walk. There is a danger in risk when getting too comfortable.
<b>Causation Question</b>
Still so much more that we need to do.
We have done a lot in the last two years. The number went down, but the cause it not clear. We would like to think that we had something to do with it, it probably did not hurt, but many other things came out as well. We still have some work cut out for us.
Impressed to see the accomplishments, but we all know that there is much more to do.

<b>Data Development Agenda</b>
Dual use of cigarettes and ENDS in the behavioral health population
ENDS use prevalence in behavioral health – BRFSS
Smoking prevalence of mental health service providers and staff
Percent of mental health providers and staff who still uses smoking as a tool
Smoking prevalence among youth in general population compared to prevalence among youth in behavioral health population (NSDUH)
Tobacco use prevalence among Medicaid population <ul style="list-style-type: none"> <li>- Gender</li> <li>- Capture before Medicaid expansion stratified by year (in case there are changes to the availability data in the future)</li> </ul>
IQOS
Other tobacco product use by BH population
Effective cessation training within relevant clinical provider settings
Tools and strategies for addressing tobacco use among corrections/incarcerated population
Knowledge of tobacco use, health effects for behavioral health providers
A list of strategies and interventions that directly contributed to the BH smoking prevalence reduction
Process measures – evidence-based tobacco medication; delivery model
Effective treatment interventions in MH/SA facilities in 2018
Measurement of partners within integrated care management organizations and their commitment to cessation
Pharmacological and counseling implications
Access to medications for both OTC and prescriptions; confounding regional issues with ACA expansion and coverage
Can the serious mental illness smoking prevalence data be further broken by diagnosis?
Individuals in recovery data – in or out of the data sets?
Clarity on data definitions <ul style="list-style-type: none"> <li>- Drug use vs addictions</li> <li>- Serious Mental Illness</li> </ul>

- Definitions in behavioral health in general
Insurance coverage data

### **Electronic Cigarettes**

Decision: The group agrees that something needs to be done to focus on e-cigarettes. The challenge will be the “what” and the “how”. This is a tentative yes as long as the “what” and “how” do not take the group off its primary task

Ideas on addressing e-cigarettes within this partnership

- 1) Data development on safety/health effects
- 2) Identifying chemicals in aerosol
- 3) Efficacy in cessation; NRT vs E-cig

## Appendix B: After Action Review

<b>What did you do that you want to continue?</b>
Continue the momentum of the National Partnership
Collaborative reporting (CDC, FDA, SAMHSA, NCI)
Capitalize on larger policy initiatives
Medicaid and billing education
Incorporating this work into access to care and advocacy work
Approach that includes all provider types
Stratified Approaches
Coverage and filling the gap – important to address the uninsured
Expand EBI coverage and Tx
Empowering providers to engage around policy and treatment
Reducing prevalence of smoking in providers – currently ~34%
Raising awareness in the industry, about coverage, and about the myths (Eg. Chantix)
Building awareness of people who smoke dying earlier than their peers
Expand Quitline reach, especially with behavioral health populations
State Strategy Sessions - continue working with states on lowering prevalence (18 States completed)
Building on existing data resources (eg. SSI) and adding tobacco education components
Webinars – Smoking Cessation for social workers
55 State Chapters and disseminating resources – created smoking cessation resources
CMS tobacco measure that social workers have integrated into their practice
List servs (eg. 100PIONEERS) – responsive technical assistance
Communication, TTA to the field
Adding data elements (specifically Behavioral Health)

<b>What do you want to change as you move forward?</b>
Modify guidelines/protocol for tobacco treatment
Make awareness and policy more targeted less broadband
Reimbursement for behavioral health providers
Increase level of treatment depending on severity and needs
Representation from PTs and consumers
Focus on wellness and not on smoking as an add on – symptoms and root causes
Social justice advocacy - poverty/other vulnerable populations and SSI
Interconnectedness among organizations
How can we incorporate recovery into the research and discussion?
Identify unique contributions from specific disciplines
Best practices - clearing house
Definition of tobacco treatment (Is Ask, Advise, Refer enough?)
Advocate for Behavioral health CPT codes
Find opportunity for the behavioral health voice
Be sensitive to Behavioral Health population needs in HUD housing
PH response to addiction – including nicotine
Future – SDOH focus with cessation intervention and professional association commitments

## Appendix C: Potential New Partners

### Mechanisms for expanding membership:

- 1) Full member or ad hoc
- 2) Work with Behavioral Health population settings

Potential Partners
Alcoholics Anonymous
American Public Health Association
American Society of Addiction Medicine
Association for Addiction Professionals
Association for the Treatment of Tobacco Use and Dependence
Association of Substance Abuse Counselors
Campaign for Tobacco-Free Kids
Centers for Medicare & Medicaid Services
Community Anti-Drug Coalitions of America
Consumers
CVS
GSK
Mental Health America
National Association of Student Personnel Administrators
National Center for Health and Public Housing
US Food and Drug Administration
Potential Populations – No Specific Organizations Mentioned
Correctional
Homeless
Recovery

## Appendix D: Appreciation and Individual Commitments

<b>NAME</b>	<b>What is your most powerful action commitment towards achieving the result?</b>
<b>Linda</b>	Trying to plan and marry a best practices guide on how to better reach and how to better treat smokers with behavioral health conditions who come to Quitlines. We will be reaching out to those with toolkits as a basis.
<b>Jon Jovi</b>	To take everything discussed in the last day and a half and put them in an action plan for you all.
<b>Teri</b>	We will be reaching out to some of you in the next week or so because the NAMI convention is next year. We would want to collaborate with some of you.
<b>Raj</b>	Synthesize this learning for future work.
<b>Christine</b>	To support our committee and leverage all the efforts from the day and a half.
<b>Brian</b>	To support the two groups, peer education and data moving forward and help with any technical assistance from your partners here at SCLC.
<b>Mirean</b>	To take Doug Tipperman on his invitation to help find resources to help present in our state conferences. In addition, can expand social media products and paper products in this particular area because we have several hundred social workers in this group.
<b>Kerry</b>	To help organize with our partners here and continue to work together on these issues.
<b>Anne</b>	To keep pushing on Medicaid, coverage, and access to care issues to make sure that everyone can access cessation treatments no matter where they are.
<b>Patricia</b>	Smoking information on different topics and will pull out tobacco and cessation. We will create a website with that information.
<b>Dave</b>	This is an incredibly important issue, so with Truth, we will continue to work on this path. For the first time, our messaging to kids took on the issue of disparities. Not only about disparities in general, but we took on the mental health issue and we put out the tobacco industry documents about how they are targeting people in this community. We did a whole series on smoking and people suffering from BH disorders. We do want to continue being an active partner promoting the SGR as it may highlight these issues and continue to talk about it on policy basis.
<b>Cliff</b>	On behalf of ACS, we will help facilitate this endeavor and further this collaboration with SCLC.
<b>Carol</b>	APNA has over 12,000 nurses and we will post on the discussion board of the overview from this meeting.
<b>Michael</b>	Helped produced a free CE program for those who do not breathe cessation. The CE program is now available and we will share with you all.
<b>Bob</b>	Thankful for this partnership and will continue to take what discussed today back to my organization.
<b>Corinne</b>	In addition to cessation in 2019, to do a significant review of our work. Will be going to look at disparity work and compliment it to bring equity to this population.
<b>Gregg</b>	Will continue to work with this committee moving forward and bring what my organization has to offer.
<b>Kim</b>	Work with the communication group and look how we can share the information (website, etc.).
<b>Rosie</b>	We will continue to invest because we feel that this is important work. We feel this will make a difference.
<b>Tom</b>	Pledge is to bring this up in several meetings and working groups. Will also be talk with Lauren on how to address this issue.
<b>Mary</b>	To continue to listen to partners, be engaged in new research, listen to our users to continue to innovate.
<b>Morris</b>	Will connect with ALA and ACS CAN around state-based issues. One is on cessation aids in 12 states and expanding on the work and variation thereof. Will also be working on access and coverage.
<b>Giridhar</b>	Focusing on building out additional evidence around equity and tobacco control. Looking at what interventions promote equity effectively and to understand how interventions outside of tobacco control can promote equity.
<b>Jennifer</b>	To support committee and getting strategy template together and support the committee moving forward with the calls.
<b>Pat</b>	It is lung cancer awareness month and we are focusing on the population of tobacco use. Will be participating in a live interview this Saturday morning to touch on this issue. There is lots to do and we are close to a tipping point.
<b>Kathy</b>	To be more open to sharing with this group on some of the work she is already done and leveraging the expertise in this group.

<b>Jamie</b>	We have a National Lung conference coming up and we want to bring in the work from this group and shed light on the things we discussed today.
<b>Kait</b>	Moving forward, we will keep in mind on how to integrate our tobacco organization, especially in this area with our center for diversity and health equity that was established in 2017. I hope that bringing those two together will elevate this BH and cessation issue as well as acknowledge that this is a social detriment of health and inequity issue.
<b>Jessica</b>	Working to move the Provider Strategy group moving forward.
<b>Lew</b>	Will be coming back to the strategy committee on innovation and make this visible to other groups. This reminds me of a flywheel that is gaining strength.
<b>Catherine</b>	Work on keeping this train moving and reminding you all of the commitments you have made.
<b>Steve</b>	To continue to work with my colleagues in SCLC in San Francisco and help in any way that I can.
<b>Bidisha</b>	Will continue to work closely with SCLC and this partnership. Will also work on the communication strategy work we discussed today.
<b>Doug</b>	To help identify speakers on tobacco and behavioral health because social workers are a huge portion of providers in the behavioral health issue.
<b>Taslim</b>	To focus on continuing to address smoking and cancer in BH populations. Will leverage that platform in the organizations in this group. Will also link providers to priorities and think about working with them on the national initiative.



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