

Pennsylvania State Strategy Session for Tobacco-Free Recovery

DRAFT ACTION PLAN

November 16-17, 2017

Best Western Premier, the Central Hotel and Conference Center

800 East Park Drive

Harrisburg, PA 17111



University of California
San Francisco



Table of Contents

1. Introduction and Background.....	2
2. Baselines and Targets.....	4
3. Strategies	6
• Social Determinants of Health & Holistic Approaches	8
• Quitline.....	11
• Payor	14
• Substance Use Disorders	16
• State Hospitals	20
• Communications.....	24
• Provider Education & Training.....	27
4. Appendices	
• Appendix A: Participant Contact List	29
• Appendix B: Performance Partnership Model Characteristics & Reactions to the Gallery Walk	34
• Appendix C: Appreciation and Individual Commitments	36
• Appendix D: Planning Committee and Supports.....	39

Introduction and Background

On November 16 and 17, 2017, the Pennsylvania Department of Human Services, Department of Health, and Department of Drug and Alcohol Programs -- in partnership with the CDC's National Behavioral Health Network for Tobacco and Cancer Control (NBHN), the Smoking Cessation Leadership Center (SCLC) at the University of California, San Francisco, and the Substance Abuse and Mental Health Services Administration (SAMHSA) -- held a summit to address the high prevalence of smoking among adults with behavioral health disorders (mental illness and/or substance use disorders) in the Commonwealth of Pennsylvania. This summit included a select number of leaders and stakeholders in behavioral health, community health and insurance services from across the state (see *Appendix A*). There was also a strong representation of those working in pharmacy settings, which provided an opportunity to strategize around engagement of pharmacists and pharmacy students with tobacco cessation training. The summit produced a state-specific action plan including practical strategies that aim to significantly increase cessation and quit attempts, increase tobacco use prevention, and ultimately reduce the tobacco use prevalence among the behavioral health population.

The purpose of the state strategy session was to convene a carefully selected group of public health leaders and stakeholders in Pennsylvania to work together to find applicable solutions to reduce tobacco use among individuals with behavioral health conditions. The day and a half format began with attendees viewing a comprehensive Gallery Walk that showed national and state data on tobacco-related use, policy, and quality of care for this vulnerable population. This led to the group establishing baseline data points that will be tracked over time to measure progress towards reducing the smoking prevalence. The participants then discussed specific strategies to overcome existing barriers to smoking cessation and prevention as well as ways to engage this vulnerable population.

Pennsylvania's action plan was created using the [Performance Partnership](#) model. Jolie Bain Pillsbury, the summit's [results-based accountability](#) facilitator, guided participants through a series of questions that frame the action plan and produced the baselines, targets, and strategies.



Participating Organizations

- Aetna Better Health of Pennsylvania
- Aetna Medicaid
- American Lung Association (ALA)
- AmeriHealth Caritas
- AmeriHealth Caritas Northeast
- CenClear
- Community Care Behavioral Health
- Council on Chemical Abuse
- Erie County Department of Health
- Gateway Health Plan
- Health Partners Plans
- Integrated Care Initiatives
- Keystone First
- Mental Health Association in Pennsylvania
- Message Carriers of Pennsylvania
- NAMI Keystone PA
- National Council for Behavioral Health
- National Jewish Health
- PA Association of Community Health Centers
- PA Recovery Organization Alliances (PRO-A)
- Pennsylvania Department of Aging
- Pennsylvania Department of Drug and Alcohol Programs
- Pennsylvania Department of Health
- Pennsylvania Department of Human Services
- Pennsylvania Department of Military & Veterans Affairs
- Pennsylvania Mental Health Consumers' Association
- Pennsylvania Pharmacists Association
- Pharmacy Partnership for Tobacco Cessation
- Philadelphia Department of Public Health
- Public Health Management Corporation
- Rehab & Community Providers Association
- Smoking Cessation Leadership Center
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Torrance State Hospital
- University of Pennsylvania
- University of Pittsburgh
- UPMC for You
- Wellspan Health
- Wernersville State Hospital
- Western Psychiatric Institute and Clinic of UPMC
- Youth MOVE PA

Baseline and Target

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

The baseline and target portions of the summit stirred an energetic discussion among the attendees, as everyone wanted to ensure that appropriate and reliable data will be tracked to measure progress in tobacco use reduction among those with mental illness and/or substance use disorders. Despite CDC's BRFSS data providing consistent annual data for each state, there was a shortfall in federal funding in 2015 that led to reduced numbers of survey participants with lower than expected smoking prevalence for both adults with poor mental health



and heavy drinkers. The group decided to keep the two baselines, however, as it was the best available data and can still serve as a proxy for strategy efforts. For mental illness, the group decided to track the *smoking prevalence of adults in Pennsylvania who report poor mental health* (reporting ≥ 14 days of poor mental health within the past 30 days, CDC BRFSS) with the understanding that efforts to reduce smoking among those with mental illness will be reflected in this proxy measure. For substance use disorder, the group decided to track the *smoking prevalence among adult heavy drinkers* (drinking 15 or more drinks per week for men, 8 or more drinks per week for women, CDC BRFSS), as a proxy to measure the smoking prevalence among adults with substance use disorders. In addition, the percentage of state mental health treatment facilities and substance abuse treatment facilities utilizing Ask-Advise-Refer with individuals who smoke will be tracked, with SAMHSA's N-MHSS (National Mental Health Services Survey) and N-SSATS (National Survey of Substance Abuse Treatment Services) tracking of tobacco use screening data used as an initial baseline proxy. Data collection for Ask-Advise-Refer will be provided from select strategy session participants.

	Baseline	Target
Rate of Current Smoking among Adults with Poor Mental Health*	37.4% (2015)	30.4% by 2022 (18.7%↓)
Rate of Current Smoking among Adult Heavy Drinkers*	29.5% (2015)	22.5% by 2022 (23.7%↓)
Percent of State Mental Health Treatment Facilities using Ask-Advise-Refer**	42.97% (2015) ⁱ	100% by 2020
Percent of State Substance Abuse Treatment Facilities using Ask-Advise-Refer**	57.6% (2015) ⁱ	100% by 2020

**Source: Pennsylvania Behavioral Risk Factor Survey, PA Department of Health*

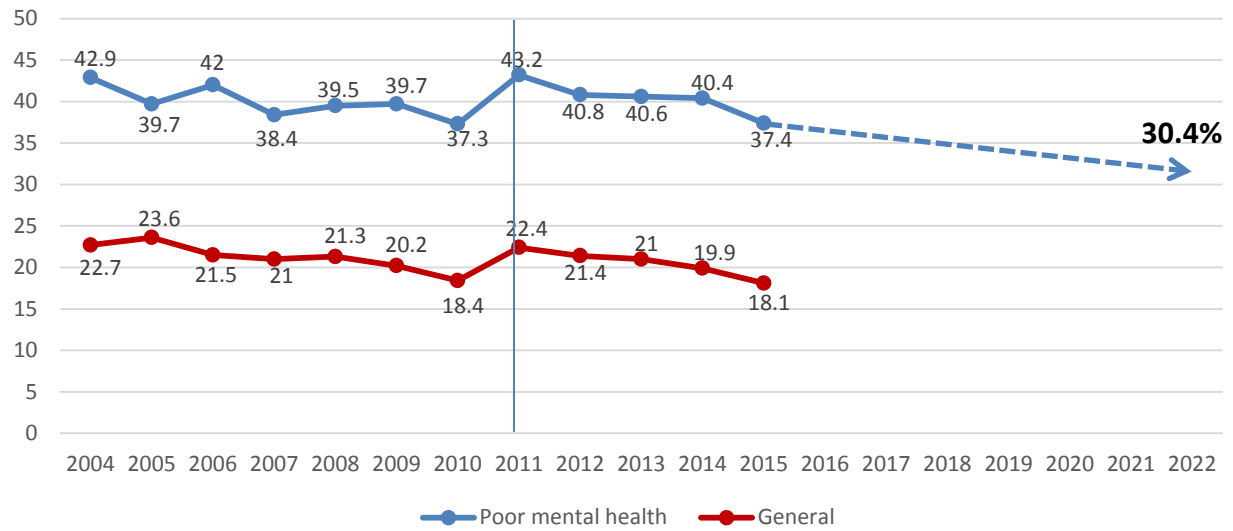
Poor Mental Health is defined as "14 or more of the past 30 days not good"

Heavy Drinking is defined as "drinking 15 or more drinks per week for men, 8 or more drinks per week for women"

***Data collection source to be determined. Until source is available, SAMHSA surveys will be used*

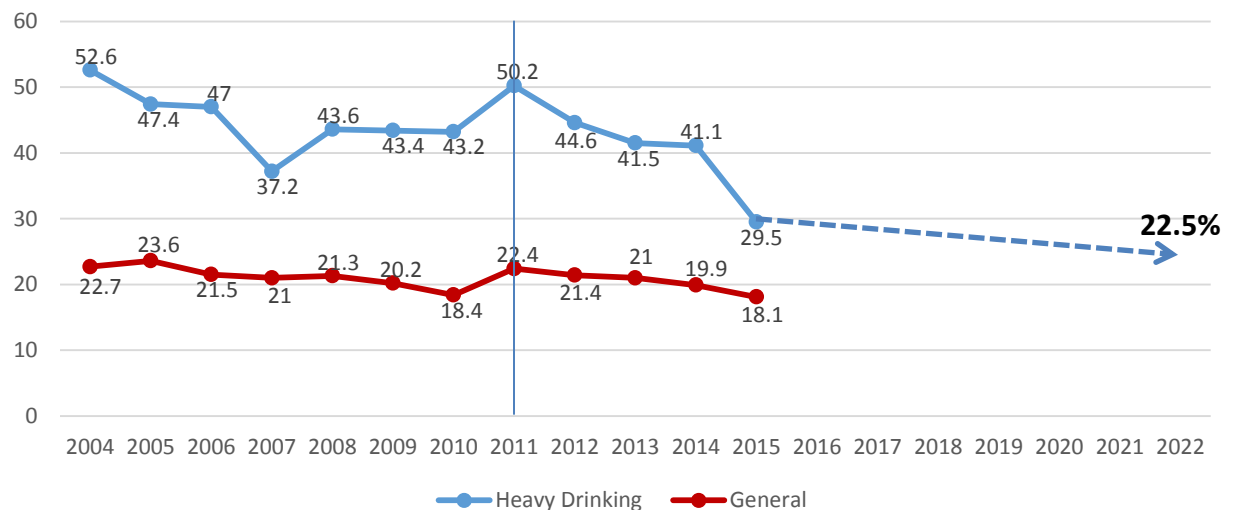
ⁱTobacco Use Screening in N-MHSS and N-SSATS to be used as proxy baseline

Rate of Current Smoking among Adults with Poor Mental Health, Pennsylvania 2004-2015



Source: Pennsylvania Behavioral Risk Factor Survey, PA Department of Health
 Poor Mental Health is defined as "14 or more of the past 30 days not good"

Rate of Current Smoking among Adult Heavy Drinkers, Pennsylvania 2004-2015



Source: Pennsylvania Behavioral Risk Factor Survey, PA Department of Health
 Heavy Drinking is defined as "drinking 15 or more drinks per week for men, 8 or more drinks per week for women"

Strategies

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

The summit participants continued crafting their action plan by identifying common strategies that will need to be addressed in order to reduce the smoking prevalence among those with mental illness and/or substance use disorders. The group identified the following strategy themes:

	Advocacy	
	Communications	
	Data	
	Disparate Populations	
	Facilities	
	Medicaid	
	Peer Support	
	Pharmacists	
	Policy Change	
	Provider Training	
	Quitline	

From these common strategies, summit participants incorporated them into the following strategy groups:



Seven strategy committees became the focus of the action plan: Social Determinants of Health & Holistic Approach, Quitline, Payor, Substance Use Disorders, State Hospitals, Communications, and Provider Education & Training. These primary strategies will be the initial focus of the action plan, with common strategies being addressed as efforts continue. The following matrices outline each committee's strategies, commitments, contributors, process measures and timeline, which will be updated regularly to include achievements and challenges based on benchmarks.

All of these strategies will contribute and integrate the PA Department of Health Comprehensive Cancer Control Programs that focuses on the implementation of evidence based initiatives to address the importance of primary prevention early detection of high burden cancers, quality of life for survivors, and ensuring the needs of disparate populations are addressed among the most common cancers in the state.

Specifically, the goals identified in the Comprehensive Cancer Control Strategic Plan, 2017-2022 related to the work completed at the PA State Strategy Session are:

- Decrease the lung and bronchus cancer mortality rate from 43.9 per 100,000 to 28.9 per 100,000
- Increase the number of Critical Access Hospitals in Pennsylvania that adopt evidence based tools regarding lung cancer screening by fifteen.

Social Determinants of Health & Holistic Approaches

Implementation Team: Emily Daly, Richard Hamp, Steve Horner, Jonathan McVey, Judy Ochs, Letitia Robinson,
Lea Simms (Table Recorder)
Committee Lead: Judy Ochs

Objective 1: Assess community partners to identify tobacco cessation partnerships.

Action Step	Lead	Progress Indicator/Process Measure	Completion date	Status Update
Engage with David Sanders and Dr. Hughs from Office of Health Equity to identify community partners and conduct assessment	Judy Ochs to reach out to David Sanders and Dr. Hughs	A minimum of 5 partners per each continuum of care.	March 2018	
Identify assessment tool by working with Jennifer Keith, PHMC	Judy Ochs	Selection of one (1) assessment tool.	March 2018	
Pilot assessment tool with an MCO, Dr. Kelley to approve	Judy Ochs to connect with Dr. Kelley, Jennifer Keith, PHMC to conduct assessment	Completion of one (1) Pilot of assessment tool.	March 2018	
Implement assessment tool	Jennifer Keith, PHMC	8 MCOS Assessment tool completed by all identified community organizations.	June 2018	
Prioritize audience and translate assessment results to tailor to those audiences.	Steve Horner	Complete strategy and contact lists for all audience buckets.	September 2018	

Objective 2: include community partners and leaders/decision makers within the community such as LGBT resource centers, public housing, homeless shelters, HIV centers, etc.				
Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Specific strategies to achieve objective.	Specify who will take the lead.	What does success look like? What metrics will you use to track progress?	Attainable and realistic.	Where are you now?
Utilize Dr. Kelley to get MCO buy-in to bring community partners to the table.	Judy Ochs to reach out		October 2018	
Integrate partners into 8 regional primary contractors coalitions	Judy Ochs	Regional Primary Contractor Coalition membership	January 2019	
Evaluate effectiveness of coalitions	Jennifer Keith, PHMC	All 8 Regional Primary Contractor Coalitions evaluated, one (1) report aggregating results	January 2020	
Objective 2 notes & things to consider: Differences across substance use and BH				

Objective 3: Train tobacco cessation groups about behavioral health to treat the whole person.

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Disseminate information from assessment and index of community partners to all MCOs, both Physical and Behavioral health	Letitia Robinson and Emily Daly	Each MCO receives one (1) written report of assessment findings.	September 2018	
Create template to ask PH and BH MCOs what they need from Primary Contractors.	Judy Ochs, Letitia Robinson, Matt Hurford, Howard Lu	Two templates, one for physical and one for behavioral	October 2018	
Regional primary contractors go to Behavioral Health and Physical health MCOs, and CHC to ask what they need from them.	Each of the 8 regional primary contractors go to the MCOs in regions	Contractors will provide summary information from their visits	December 2018	
Standardize what MCOs and CHCs receive				

Discussion notes & things to consider:

Continue to explore opportunities to expand communication between VA (Richard Hamp) and MCO (Letitia Robinson) to improve service delivery

Quitline

Implementation Team: Hilary Baca, Antoine Douaihy, Laura McCann (Table Recorder), Steve Schroeder, Thomas Ylioja
Committee Co-Leads: Hilary Baca and Antoine Douaihy

Objective 1: Complete the Behavioral Health pilot at the Quitline. Employ permanent protocol.

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Specific strategies to achieve objective.	Specify who will take the lead.	What does success look like? What metrics will you use to track progress?	Attainable and realistic.	Where are you now?
Complete pilot.	Hilary (National Jewish)	Final report	Q4 2018	
Statewide dissemination	Hilary Antoine Thomas Ylioja DOH/RPCs/Medical experts – support	Improved QL enrollment post report dissemination	2019	
Sustain the program	Hilary DOH/RPCs/Medical experts - support	Still in place by 2022	2022, when measure baselines again	
Adjustments and modifications based on data and provider feedback	Hilary Division of Tobacco Prevention and Control (DTPC)	Data is collected and protocol as needed	Annually	

Objective 2: Increase marketing to SU and Mental Health providers (coordinate efforts with Communication Strategy Committee as needed)				
Action Step	Lead	Progress Indicator/Process Measure	Completion date	Status Update
Partner with state Department of Health to create a marketing plan, to include social media	Antoine Thomas Hilary Division of Tobacco Prevention and Control (DTPC)	Increased rates of tobacco cessation integrated into existing training for SUD and mental health providers Increased referrals from mental health/substance use Increased calls from the population we are trying to reach	2019	
Partner with RPCs	Division of Tobacco Prevention and Control (DTPC)	Increased rates of tobacco cessation integrated into existing training for SU and mental health providers	2019	
Objective 3: Increase marketing to mental health populations (coordinate efforts with Communication Strategy Committee as needed)				
Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Partner with state Department of Health to create a marketing plan, to include social media	Hilary Thomas DTPC/DDAP – support	Increased rates of tobacco cessation integrated into existing training for SUD and mental health providers Increased referrals from mental health/substance use Increased calls from the population we are trying to reach	2019	
Work with health plans to market	Division of Tobacco Prevention and Control (DTPC)	QL data on insurance type (e.g. if Aetna # of health plans marketing QL	2020	

Gather feedback on the marketing campaign from the people we are hoping to reach	PHMC Eval team	Planned interviews or focus groups	2019	
Partner with RPCs	DTPC	RPCs quarterly report of activities	2019	
Cross promote with national campaign like TIPS	DTPC/DDAP	Increased rates of tobacco cessation integrated into existing training for SU and mental health providers	Ongoing (pending funding)	

Payor

Implementation Team: Holly Alexander, Christine Cheng (Table Recorder), Nicholas DeGregorio, Lily Higgins, Deb Hodges-Hull, Matt Hurford, David Kelley, Bernard Lewin, Howard Lu, Steve Szebenyi
Committee Lead: Deb Hodges Hull & Holly Alexander

Objective 1: Increase MCO providers who can bill for cessation services

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Specific strategies to achieve objective.	Specify who will take the lead.	What does success look like? What metrics will you use to track progress?	Attainable and realistic.	Where are you now?
Bring the comprehensive tobacco plan to MCO medical directors' meeting for discussion	David and Holly	Meeting set and held	Dec. 7, 2017	
DHS framework for comprehensive tobacco plan to all MCOs, include trainings, communications, etc.	David and Holly	Framework sent to MCOs	Jan. 15, 2018	
MCOs will develop and submit comprehensive tobacco plan using DHS framework	Nicolas, Steve, Matt, Lily, Bernard, Howard	MCO plans submitted	March 31, 2018	
DHS approval of MCO plans	David and Holly	Approved plans sent back to MCOs	May 1, 2018	

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Specific strategies to achieve objective.	Specify who will take the lead.	What does success look like? What metrics will you use to track progress?	Attainable and realistic.	Where are you now?
MCOs will begin implementation of all components of the comprehensive tobacco plan within 90 days post approval	Nicolas, Steve, Matt, Lily, Bernard, Howard	Discussion at quarterly quality meetings	Aug. 1, 2018	
Work with Judy and use online module (available in Dec 2017) for provider training and work with Training Committee	Deb and Holly	Training module available online	Dec. 2017	
Objective 1 notes & things to consider: <ul style="list-style-type: none"> • Work with Training Committee • BH MCOs and PH MCOs work collaboratively? Integrated care, make sure to add smoking • Medicaid/MA bulletin to be distributed to all • Lily – at minimum, do AAR, able to bill Medicaid, • Matt – tobacco free campuses • Bernard - Add cessation education for community health workers • Howard – Incentives?, make sure members and providers know what cessation services are available – work with Communications Committee on this Add to MCO website and newsletters, and other ways • Nicholas – create MCO campaign to include specialists and others to communicate cessation resources to all • David – Work with DoH to make it easy for other paraprofessionals to bill for cessation counseling? Turn on the modifier? • Steve - Possible meeting of MCO CMOs to discuss ways to collaborate about joint education and other tobacco control efforts 				

Substance Use Disorders

Implementation Team: Maureen Cleaver, Lynn Cooper, Stanley Papademetriou, William Stauffer, Doug Tipperman, Taslim Van Hattum (Table Recorder), Justin Wolford
Committee Lead: Maureen Cleaver

Objective 1: Increase Peer Education and Support Services in Pennsylvania

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Specific strategies to achieve objective.	Specify who will take the lead.	What does success look like? What metrics will you use to track progress?	Attainable and realistic.	Where are you now?
Develop a training/series of trainings that have CEUs/credits around tobacco cessation	Bill S. Maureen C. Rose J. Justin W.	Initial consultation and outline development with Tony Kline (NYC); Identify dissemination technology/methodology with DDAP; Use Cenclear staff to provide feedback around the information via focus groups and webinars.	Nov/Dec 2017 TBD TBD	
Develop/Adapt a standardized Peer-led Education Program for Pennsylvania	Bill Stanley	Identify and include additional community leaders/recovery leaders and voices into the conversation; Identify a community/clinical education	December 2017	

		<p>program</p> <p>Adapt training to PA that also includes:</p> <ul style="list-style-type: none"> • Workforces training for Peers • Adaptation to local communities • Pharmacological support services 101 <p>Develop a statewide planning and implementation process that includes, but is not limited to the 3 following elements:</p> <ul style="list-style-type: none"> • Train community leaders/workforce • Resource Development • Implement education sessions in community, recovery setting, club house settings and provide resources 	<p>January 2016</p> <p>April 2016</p> <p>TBD</p>	
Contract with MCOs to advocate for standardized methods of reimbursement for ALL tobacco cessation related services by Peer, Counselors and Prescribers	<p>Lynn C.</p> <p>Bill S.</p> <p>Rose J.</p> <p>Payor Group</p>	<p>Work with the Payor Group to identify next steps and initiate conversations around:</p> <ul style="list-style-type: none"> • Develop contract standardization around service provision and reimbursement at the state level; • Reach out to CCBH to discuss contacting for Tobacco Use Disorder; • Get on the agenda for the next MCO meeting to initiate conversations. 	February 2018	

Objective 2: Increase Information/Dissemination around Smoking Cessation in Substance Use Treatment Settings in				
Action Step	Lead	Progress Indicator/Process Measure	Completion date	Status Update
CALL TO ACTION LETTER	Lynn Cooper Maureen Cleaver	A letter that signed by all Secretaries and the Governor that includes: <ul style="list-style-type: none"> • Summit Highlights • Includes Aspirational Targets • Champions Next Steps of Action Plan • Disseminated to all treatment providers 	January 2018	
(Unfunded) Statewide Communication Campaign around Smoking Cessation/Behavioral Health Conditions in Substance Use treatment settings around Disseminating SAMHSA resource entitled: <i>"Implementing Tobacco Cessation Programs in SUD Treatment Settings: a Quick Guide for Program Directors and Clinicians"</i> upon its release in 2018	Lynn C. Maureen C.	Doug Tipperman will share/disseminate to working group once released by SAMHSA; RCPA will release one news article around the SAMHSA resource and what it might mean to PA providers; Partner with Communications Committee around developing a dissemination plan to ensure that all PA providers receive the new resource; Develop a social media campaign around releasing the report in PA including leveraging partners' social media presence.	TBD (based on SAMSHA release date)	

Develop a Webinar Series	Rose Julius Stanley P.	<p>Develop a webinar series in partnership with Tony Kline, NY around the below topics for providers in PA:</p> <ol style="list-style-type: none"> 1. Tobacco awareness in SU treatment facilities 2. How to facilitate groups around tobacco awareness <p>Develop a dissemination plan (in partnership with marketing group)</p> <p>Identify CEU credit possibilities around this education series, and potentially use it as the framework for the PEER education session content.</p>	March 2016	
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State Hospitals

Implementation Team: Krystle Canare (Table Recorder), Jody Hughes, Jen Keith Zachary Karenchak, Lynn Keitz, Christine Michaels, Mary Ritz, Shirley Sowizal, Valerie Vicarin, Sue Walther
Committee Co-Leads: Shirley Sowizal & Valerie Vicari

OVERALL Objective: By December of 2018, two state hospitals will enforce tobacco-free campus policies

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Specific strategies to achieve objective.	Specify who will take the lead.	What does success look like? What metrics will you use to track progress?	Attainable and realistic.	Where are you now?
Develop and maintain committees, one for each hospital	Committee #1: Dr. Ritz Committee #2: Jody Hughes & Joy Alexander	Proof of meeting minutes & agenda <ul style="list-style-type: none"> - Monthly (now-December 2018) - Quarterly (post-December 2018) 	Ongoing	
Notification and approval from OMHSAS/DGS	Valerie & Shirley	Proof of notification & approval	January 2018	
Notification to Unions Identify union liaison to help broker discussion for staff tobacco cessation	Valerie & Shirley	Proof of notification <ul style="list-style-type: none"> - Monthly (now-December 2018) 	February 2018	
Consumer buy-in (see sub-objective 1)	Valerie & Shirley	<i>Interest to Quit:</i> Exploration of data/survey from consumers, peers, advocates, etc – January 2018 <i>Consumer Education/Peer to Peer Support:</i> Weekly tobacco cessation program offerings – group attendance – ongoing	Ongoing	

<p>Compile resources (national, state, local) - Explore model policies to draft organizational policy – NASMPHD</p> <p>- Connect with National Behavioral Health Network and identify resources from BHtheChange.org</p> <p>- Connect with New Jersey (Dr. Joe Williams) to identify successes from NJ state strategy session</p> <p>- Connect with DOH to speak with regional primary contractor to utilize TA offered to go smoke-free</p>	Mary	<p>Send team a resource list via e-mail</p> <p>Deliverable: Resource List</p>	Mid-February 2018	
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Sub-objective 1: Increase consumer buy-in with individuals who smoke in state hospitals				
Action Step	Lead	Progress Indicator/Process Measure	Completion date	Status Update
Explore data for prevalence of interest to quit	Jody Hughes, Calvin, peer specialists Marcy	Interest to Quit Survey Results	January 1, 2018	
<p>Develop/incorporate tobacco cessation programs into treatment program</p> <ul style="list-style-type: none"> Quitline Peer to Peer Support 	Jody Peers	<p><i>Consumer Education/Peer to Peer Support:</i></p> <p>Weekly tobacco cessation program offerings – group attendance – ongoing</p> <p>Resources provided at discharge</p>	Ongoing	

Develop consumer wellness programming strategic plan (alternate socialization, coping mechanisms, skills-building, social norm support/culture) <ul style="list-style-type: none"> Identify opportunities for alternate socialization (team sports/activities, fresh air breaks, coffee houses) Rewards for healthy behavior 	Zachary Jody/Joy/Calvin Ray Anthony – wellness program Advocates	Develop consumer sub-committee meeting – ID areas of focus – Begin January 2018 Continued assessment of treatment plans/consumer needs – ongoing Review of scheduling/attendance to match interests/needs/supports – ongoing	Ongoing	
Sub-objective 2: Increase communications amongst partners (stakeholders, partners, clients, etc.)				
Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Organize communications strategy (partners, stakeholders, family, consumers)	Rowena Stakeholders & Family: Chris Statewide Advocate: Sue/Lynn/Zachary	Newsletter subgroup presentation – January 2018 Kick-off March 2018 – Full group communication	Ongoing	
Connect with advocate groups on work during monthly calls	Barbara	Monthly updates during calls	Monthly	

Discussion notes & things to consider:

- ****Goal**:** Increase tobacco-free & ENDS-free campuses at state hospitals
 - Vape-free included
 - **Action Step:** Develop and convene a committee – Mary Ritz – Lead
 - Share information across members
 - To-do steps for each:
 - Set announcement date
 - Set implementation date
 - **Action Step:** Compile available resources for committee review (e.g Smoke-free in a box – TOOLKIT – Department of Health & Human Services)
 - ID state success stories
 - New Jersey, Dr. Joe Williams – identify resources
 - Connect with DOH to speak with regional primary contractor to utilize TA offered to go smoke-free
 - Explore model policies to draft organizational policy – NASMPHD
 - Connect with National Behavioral Health Network and identify resources from BHtheChange.org
- **Goal:** Increase consumer buy-in with individuals who smoke in state hospitals
 - What are individuals saying? Do they want to quit? Do we have a baseline on their opinions?
 - So many variables – 7 unions, voices of patients, family members
 - **Two-prong:** Staff (unions) & consumer (hospitals) approach
 - **Action Step:** Host committee forum/stakeholder meetings to voice concerns
 - **Action Step:** Identify union liaison to help broker discussion for staff tobacco cessation
- **Goal:** Increase communications among partners (stakeholders, partners, clients, etc.)
 - **Action Step:** Compile available resources for committee review (e.g Smoke-free in a box – TOOLKIT – Department of Health & Human Services)
 - ID state success stories
 - New Jersey, Dr. Joe Williams – identify resources
 - Connect with DOH to speak with regional primary contractor to utilize TA offered to go smoke-free
 - Explore model policies to draft organizational policy – NASMPHD
 - Connect with advocate groups and bring up to speed on this work (monthly calls)

Communications

Implementation Team: Jon Jovi Bodestyne (Table Recorder), Jarma Frisby, Joy Meyer, Robin Horston Spencer, recruitment of 1 representative of other committees
Committee Lead: Jarma Frisby

Objective 1: To provide tobacco control education to the health care provider community and consumers

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Specific strategies to achieve objective.	Specify who will take the lead.	What does success look like? What metrics will you use to track progress?	Attainable and realistic.	Where are you now?
Identify Stakeholders (DDAP, OMSHA, SCA, OMAP, etc)	Regional Primary Contractors and other Stakeholders	Consistent communication is reaching target populations	6 months	Planning
Dispel the myths	Regional Primary Contractors and other Stakeholders	Use of the talking points within the BH community	2 months	Quarterly check ins
Cessation (quit smoking) resources that are culturally specific to providers and consumers	Regional Primary Contractors and other Stakeholders	Find out the resources in the state and how they are utilized	6 months	

Objective 1 notes & things to consider:

- Communicate this as what we are gaining as opposed to what we are losing. (Time, money, better health, etc.)
- Buy in from the administration, staff, families, community at large.
- Freedom (economic in specific cases).
- Promote overall improvement of health in all PA.

Objective 2: Create and distribute behavioral health provider resources				
Action Step	Lead	Progress Indicator/Process Measure	Completion date	Status Update
Create buy-in opportunities	Regional Primary Contractors and other Stakeholders	Make sure that there is a BH representative or coalition, champions	TBA – other teams' objectives supported by communication	
Toolkit to contain reimbursement, NRT drug guidelines and interaction	Regional Primary Contractors and other Stakeholders	Number of toolkits distributed	TBA – other teams' objectives supported by communication	
Press release templates for policy change, on-site cessation opportunities, etc	Regional Primary Contractors and other Stakeholders	Number of press released published	TBA – other teams' objectives supported by communication	
Human Resource Department support to include policy language guidance, employee and consumer communication examples, timeline proposals, and technical support contacts. Share existing smokefree in a box	Regional Primary Contractors and other Stakeholders		TBA – other teams' objectives supported by communication	

Objective 3: Develop a digital presence				
Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Employee and consumer education through social media	Regional Primary Contractors and other Stakeholders	Working with Webmasters, Champions giving testimonies through social media websites	TBA – other teams' objectives supported by communication	
Professional development opportunities communicated with professional organizations	Regional Primary Contractors and other Stakeholders	Provide list of ongoing SCLC training opportunities, Rx for Change	TBA – other teams' objectives supported by communication	
Provide opportunity for consumers to share their stories of quitting and/or impact of tobacco use and exposure	Regional Primary Contractors and other Stakeholders	Numbers of consumers that are implementing stories of quit smoking	TBA – other teams' objectives supported by communication	
Share CDC “Tips from Former Smokers” on behavioral health related networks	Regional Primary Contractors and other Stakeholders	Number of ads and hits	TBA – other teams' objectives supported by communication	
Culturally and linguistically appropriate materials		Number of materials	TBA – other teams' objectives supported by communication	

Provider Education and Training

Implementation Team: Cheryl Bumgardner, Nicole Bolash, Sharon Czabafy, Pat Epple, Nancy Fahey, Jamie Magee, Said (Table Recorder), Mara Oesterle, Ramesh Vangala, Frank Vitale

Roxana

Committee Lead: Frank Vitale

First call: February 2018

Objective 1: Create training outreach plan

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Specific strategies to achieve objective.	Specify who will take the lead.	What does success look like? What metrics will you use to track progress?	Attainable and realistic.	Where are you now?
Tap into the Regional Primary Contractor network.	Jamie and Nicole	Explore and research opportunities for training.	By June 2018.	
Train pharmacists: creating two modules- one hour. One of BH and Medications. Explore prescriptive authorities for pharmacy.	Frank - Creating Modules Pat - Certification, Billing, Promotion Ramesh - Billing and Promotion David - Billing	Working with Pat and David Kelley for logistics, marketing and promotion. Pat to connect with Ramesh to help with billing and promotion.	Program will be online by end of June 2018. Billing and promotional plan- June 2018.	
Certified Peer Recovery Specialist Training (Drug, Alcohol and Mental Health) Putting together a list of current counties who have this.	Nicole	Work with Frank to get information about curriculum & training certification.	By June 2018.	
Oral health professional information dissemination through Pennsylvania	Cheryl	Disseminate RX for Change through outreach activities. Also, review dental hygiene Ask,	By June 2018.	

Coalition of Oral Health.		Advise, Refer curriculum on SCLC website.		
Outreach and education to all primary care providers and clinicians.		Disseminate information to primary care physicians and nurses.		
Will explore training needs of other health professions and create programs as needed.	Frank	Liaison with other professional organizations. Pennsylvania media society, dental society, etc.	By June 2018.	
Create communication tools for dissemination (i.e. flyers, templates).	Roxana	Set up first logistics call for team for some time in February to discuss status updates and other needs.	By June 2018.	

Objective 2: Explore How Trauma Informed Care Could Impact Smoking Cessation

Action Step	Lead	Progress Indicator/Process Measure	Completion date	Status Update
Gather resources to show the correlation between smoking and trauma informed care.	Sharon and Jamie	Doing the research and gathering background information. Will set up time together and coordinate logistics.	January 2018.	

Objective 3: Homeless Shelter Outreach

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Disseminate RX for Change peer counseling training through AmeriHealth Caritas.	Nancy	Have peers become educated. 40-50 peers that would be trained then would go into homeless shelters.	June 2018.	

Appendices

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Appendix B: Performance Partnership Model Characteristics & Reactions to the Gallery Walk

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

Session Representation

- Physical Health & Behavioral Health Managed Care Organizations (MCOs)
- Pharmacy
- Mental health providers
- Drug and alcohol organizations
- Staff who work with co-occurring disorders population
- Peers
- Non-profit advocates
- Youth & Aging
- Commonwealth staff
- National partners
- Philadelphia contingent
- Pittsburgh contingent

Reaction to Gallery Walk
Disparate Populations
Interesting to see linkages between smoking and mental health, correctional population and veterans
Struck by data showing smoking rates among youth, those with mental illness, and LGBTQ population
National & State Trends, Geographic Variation
Amazing to see the different PA regions being represented
Noticed hot spots on county map, overlays of risky behavior
Excellent amount of data to show the work that needs to be done
Interesting to see the increase in cigarette tax tied with decrease in smoking prevalence
Smoking is a major issue in rural counties; unique geographic needs
We are seeing many of the same barriers as 20 years ago – need to find solutions
What does an average individual smoker profile look like?
Resource Utilization
Important to see how pharmacists can be a great resource to help with smoking cessation

Motivating to see how quitlines are being utilized by those who smoke
Disappointing that Medicaid only covers 2 quit attempts per year
Disheartening to see low number of people using available therapies among Medicaid population
Smoking and Behavioral Health
Underscores why we are here and the importance of this summit
Shocking that 25% of the US population is diagnosed with mental illness and/or substance use disorder, but smoke 40% of cigarettes in US
Many people with mental illness want to quit
Data regarding people with co-occurring disorders affirms what we see in practice
Recovery is difficult to address – change is now
Smoking and Cancer
Really interesting to see county map on smoking and cancer rates
Great to see wealth of behavioral health and cancer data along with relationship between mental health and cancer
Youth
Shocking to see the correlation between smoking and drug use among high school students
Compelling to see the YRBS survey data; statistics are alarming

Data Development Suggestions

Data available to share:

- Youth Risk Behavior Survey (YRBS)
- Uniform Data System (UDS) data from Federally Qualified Health Centers (FQHCs)

Data you would like to see:

- Cost to property owners for cleaning unit after occupation by someone who smokes
- E-cigarette use
- Tobacco cessation services in state mental hospitals
- Average profile of individual who smokes
- Serious mental illness and smoking
- Percent of non-smokers among those reporting poor mental health compared to those who smoke (12% in Healthy People 2020) – comparison to poor mental health baseline

Appendix C: Appreciation and Individual Commitments

NAME	What are you excited about having accomplished today and what is your most powerful action commitment towards achieving the result?
Lynn Cooper	I feel very committed now in helping providers help their clients. I will go back to my office and communicate with mental health colleagues.
Stanley Papademetriou	Wasn't sure what to expect, thought it would be like similar conferences in the past with just presentations, this was a working group, I see some goals and possibilities out of this. Will work on the tasks, specifically in terms of educational opportunities for recovery community.
Maureen Cleaver	Psyched about this from the Planning Committee perspective, I love fact that we were attempting to be inclusive and meet everyone's needs, were able to compromise to make something that everyone is comfortable with. Will make sure leaders are up to date on efforts, importance, aware of specifics of what needs to occur in future
William Stauffer	Came energized about cessation and getting those in recovery away from tobacco, will brush off resources and remind people that we lack resources statewide, need way to fund it
Doug Tipperman	Congrats to PA, 16 th state to accept challenge, no doubt you will do this too. SAMHSA feels this is the best way to address state's tobacco issues in BH population. SAMHSA is releasing guide for substance abuse treatment facilities and will share.
Justin Wolford	Appreciate others' professionalism and passion demonstrated for resolution. Next step is to remain open with group and others in room as well as colleagues in agency so we can discuss information here.
Jon Jovi Bodestyne	Newest member in smoking cessation. Appreciate what I learned from table, communications group. Nice learning opportunity. Next step is to push communication more and meet all deadlines and use everything I learned today.
Jarma Frisby	Impressed with passion in this room about issue, nice to see that we are not an outlier, other people as interested. Next step is to share information.
Jamie Magee	Appreciate depth and diversity of talent and expertise in room, combined with passion we will get something done, optimistic. Next step to work with Judy and other regional contractors to see how we can really push work forward
Cheryl Bumgardner	Never thought I would meet so many new people, excited about new connections, sent email to CEO last night about energy, discussions. Anxious to get back to work and disseminate to FQHCs and letting staff at PAC know about this.
Mara Oesterle	Seeing whole process, my next step is to become a pharmacist and address the tobacco issue in PA!
Sharon Czabafy	Worked in SA treatment since 2001, excited this happened before I retired. First step is to work on task with the group.
Nancy Fahey	Learned so much from so many people. Will take information back to group and implement.
Ramesh Vangala	Not just a one-person issue. Next step is to see how we can get message out to pharmacy providers.
Frank Vitale	Excited to be involved in this. Next step is to have new CE programs finished.
Roxana Said	Grateful for everyone I met, enjoyable process. Next step is to help team move forward. Please share social media accounts with @SCLC_UCSF
Patricia Epple	Really enjoyed this summit. Next step is to work with Frank on pharmacy related efforts.
Lea Simms	Very first step is to make sure action plan gets safely to Brian. Make sure National Council team can highlight success in state strategy session
Letitia Robinson	Appreciate all of the knowledge and camaraderie. Next step would be to go back to plan and work with Judy to make sure initiatives are implemented.
Jonathan McVey	Appreciated all I learned, completely new world to me. Exciting to see all that people are already doing. If curious about housing be sure to contact me!
Steve Horner	Appreciative of facilitation of meeting. Next step will go back to Secretary of Aging and work with Judy on implementation.
Richard Hamp	Appreciate knowledge, networking, great to know you all. Lead veteran advocate in commonwealth. Veterans approached with Smoke Free PA plan that they want to support and lead, want assistance, next goal is moving initiative forward.
Emily Daly	Listening to everyone's ideas, appreciated everyone listening. Will work with coworkers to share resources in community.

Laura McCann	Appreciate being here in person, great to engage in dialogue. We are statewide evaluators in prevention plan, will capture much of what we talked about.
Alexandra Ernst	Great to have dialogue, everyone stayed dedicated. Will work with Laura on data collection tools.
Hilary Baca	Appreciated diversity of everyone here. Will bring back to senior leadership to further these goals.
Lily Higgins	Appreciate partnership model, interested in how concept will come together, really works. Next step is to bring back to claim, pull data on plan, get strategy plan developed.
Bernard Lewin	Loved compromise. Next step is to bring plan back to leadership, will not be a problem. Hard to argue with someone about smoking issue.
Howard Lu	Everything had to be set up just right. Next step is to enjoy weekend and then be champion in this effort.
Holly Alexander	Love being together in this room with all knowledge, people I do not know much about. Next step is setting up call, will move forward on action steps.
Nicholas DeGregorio	Appreciate skill with how we were able to build consensus, facilitator had great attitude. Next step is to go back and build team to put together comprehensive tobacco plan, will start communication to providers with newsletter.
Steve Szebenyi	Was skeptical how we can get this done, issues were bypassed, credit to leadership and everyone in room. Couple things, will have to fight for bandwidth to make sure there is enough attention on it, will add to dialogue with MCOs.
Matt Hurford	Persistence of group. Next step is to recruit enough people as possible.
Mary Ritz	Did not know what to expect, blown away by everything that happened. Next step is to go back and discuss on Monday meeting with staffers.
Valerie Vicari	Appreciated time and resources that planners gave to have successful session, made it priority. Reach out to staff; make sure they are engaged in conversation.
Shirley Sowizral	Compassionate about smoking cessation, impressed that other people shared that compassion. Next step to look at our plan and action, get together with committee and start the whole process.
Christine Michaels	Thought this would be somewhat about state hospitals going smoke free, felt good to sit here today and see plan for this to happen. Will make resources available to state hospitals.
Jody Hughes	Energy was great. Plan to go back and get consumers excited about this. Appreciate energy I've been given, will pass on and consumers will feel it.
Lynn Keltz	Want to remind everyone we need to maintain ACA benefits. Next step is to read about peer training that is available
Jennifer Keith	How well documented. Next step is to find data for PA MH and SUD facility AAR counseling.
Krystle Canare	Whole session process, how we came down with baselines. Next step to share resources on bhthechange.org and look for resources in National Council.
Zachary Karenchak	Diverse audience, system of care, we all have different goals, but we went back and forth on how we achieve these goals. Will bring this back to my colleagues.
Taslim Van Hattum	Appreciative of how every person was willing to teach and learn, this way of creating and sustaining movement. On behalf of National Council, we thank everyone in PA, National Council is honored to be here and part of this work. Thank you to SCLC to come as well as SAMHSA. Committed to continue to let folks know in pa that we have Communities of Practice, related to cancer and smoking cessation efforts. Any TA that NBHN or National Council can provide, please let us know. National Council will continue to be committed to advocating Medicaid expansion
Christine Cheng	This is what collaboration looks like, thanks for letting SCLC come. This is the result of 3 months of planning; excited to see results from last day and a half, appreciative and grateful for energy, behind facts and numbers there are real people. Next step is to send action template to group. SCLC will offer free CMEs/CEUs for recorded and live webinars for any PA provider. Will provide code via email.
Steve Schroeder	<ol style="list-style-type: none"> 1. Impressed by energy 2. Impressive set of strategies, "execution trumps strategy" 3. "If you see a turtle on a fence post it didn't get there by itself"
Deb Hodges	Appreciate that I know from personal experience, the choices everyone has to make and where they have to go. Thought maybe there would be resistance, thank you for making the commitment and accepting commitment, taking time to be here, taking risk but there will be

	good payoff. Thank you for being here, participating, continuing to see this thing through, and thank you for your civility. Thank you for being positive and proactive. Next step is Monday meeting with Deputy Secretary of OMHSAS, will talk about Certified Community Behavioral Health Clinics (CCBHCs).
Judy Ochs	Could not have done it without Drs. Kelley and Adair, this summit surpassed my expectations, phenomenal people. I know the momentum has started and we have a number of champions who will mentor others. Next step is a little wine, and exhale for first time in a while.
Dr. Kelly	Want to thank everyone for coming today, have not seen engagement like this. Enjoyed difference of opinion but ability of consensus, really appreciate contracted staff that made this meeting as effective as possible. Next steps include making sure that all of these action steps take place across groups, will have to get buy in from Secretaries from all Depts., including Health, Aging, Human Services, Drug and Alcohol Programs, Insurance, Education, Governor's Office – this is something that Secretaries will buy into, especially when we present action steps, goals, from Gov't standpoint this is great opportunity to take into next level. Real work happens with providers, MCOs, stakeholders here, and patients. We will focus on individuals with behavioral health conditions, has been a priority for a long time with Health and Human Services. Great opportunity, definition of insanity is doing same thing over and over, we need to reinvent and rethink how we are approaching, there are benefits resources already available, opportunity to move forward as state, do think by 2022 we will be one of the leading states in US, we want to be the best.

Appendix D: Planning Committee and Supports

Planning Committee and Supports for the Pennsylvania State Strategy Session for Tobacco Free Recovery November 16-17, 2017, in Harrisburg, PA

For Their Dedication to and Support of Pennsylvania's State Strategy Session

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Alexandra Ernst, Jennifer Keith, and Laura McCann, Public Health Management Corporation

With Assistance From

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PA-DHS – Pennsylvania Department of Human Services PA-DOH – Pennsylvania Department of Health

PA-DDAP – Pennsylvania Department of Drug and Alcohol Programs

Special Thanks to Our National Partners/Sponsors . . .

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Douglas Tipperman

. . . and to Our Facilitator

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***We could not have done this
without you!***