

South Carolina Leadership Academy for Tobacco-Free Recovery State Strategy Session

DRAFT ACTION PLAN

June 26-27, 2018

The Columbia Marriott Downtown, Columbia, South Carolina
1200 Hampton Street
Columbia, SC 29201



Smoking Cessation
Leadership Center



University of California
San Francisco

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Introduction and Background

On June 26 and 27, 2018, the South Carolina Department of Mental Health (DMH), Department of Health and Environment Control (DHEC), Department of Alcohol and Other Drug Abuse Services (DAODAS), Healthy Connections Medicaid – in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), CDC’s National Behavioral Health Network (NBHN), and the Smoking Cessation Leadership Center (SCLC) from the University of California, San Francisco (UCSF) – held a summit to address the high prevalence of smoking among adults with behavioral health disorders (mental illness and/or substance use disorders) in South Carolina. Those in attendance included industry leaders and stakeholders representing behavioral health, tobacco control, and public health from across the state (see *Appendix A*). Meals during the two-day summit were covered by our sponsors – Alkermes, Janssen Neuroscience, Three Rivers Behavioral Health, Alliance for a Healthier South Carolina, and Otsuka Pharmaceutical. This action plan is a product of the summit, 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 South Carolina 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 South Carolina Gallery Walk that displayed 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 a goal of reducing the smoking prevalence. The participants then discussed specific strategies to overcome existing system barriers for tobacco cessation and prevention, as well as identified new ways to engage this vulnerable population and the providers that serve them.

South Carolina’s action plan was created using the [Performance Partnership](#) model. Raj Chawla, a results-based accountability facilitator, guided participants through a series of questions that framed the action plan and produced the baselines, targets, and strategies.



Participating Organizations

- Alliance for a Healthier South Carolina
- Fairfield Behavioral Health
- G. Werber Bryan Psychiatric Hospital
- Hold Out the Lifeline
- Lexington/Richland Alcohol and Drug Abuse Council
- Morris Village Alcohol and Drug Addiction Treatment Center
- National Council for Behavioral Health (NBHN)
- Substance Abuse and Mental Health Services (SAMHSA)
- Select Health of South Carolina
- Smoking Cessation Leadership Center
- South Carolina Department of Alcohol and Other Drug Abuse Services
- South Carolina Department of Health and Environmental Control
- South Carolina Department of Health and Human Services
- South Carolina Department of Mental Health
- South Carolina Department of Social Services
- South Carolina Office of Rural Health
- South Carolina SHARE
- South Carolina State Housing Finance and Development Authority
- South Carolina Tobacco-Free Collaborative
- South Carolina Youth Suicide Prevention Initiative
- Three Rivers Behavioral Health
- University of South Carolina

Baseline and Target

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

The baseline and target portions of the summit stimulated an enthusiastic discussion among the attendees—as everyone wanted to ensure that reliable data will be tracked to measure progress in tobacco use reduction among those with mental illness and/or substance use disorders.

Recognizing that no data is ideal, it was understood that as we progress and with time, various new types of data will be collected.



South Carolina is the first Leadership Academy state to provide exciting data from Medicaid members. Childless males are underrepresented in the SC Medicaid population, so additional data will be tracked to address this subpopulation.

Mental Illness

The group decided to track Medicaid claims data for adults with a mental health related principal diagnosis and any tobacco or nicotine use diagnosis within the same year (mental health related principal diagnosis includes any mental illness except for dementias, developmental delays, and intellectual disabilities, SC MMIS).

Substance Use Disorders

The group decided to track Medicaid claims data for adults with a substance use disorder related principal diagnosis and any tobacco or nicotine use diagnosis within the same year (substance use disorder related principal diagnosis includes all substances except for nicotine/tobacco, SC MMIS).

The current state of Medicaid adults with a mental health related principal diagnosis and any tobacco or nicotine use is at 32.2% in 2017. Our target is to lower the prevalence to 23% by 2023. The current state of Medicaid adults with substance use disorder related principal diagnosis and any tobacco or nicotine use is at 62.3% in 2017. Our target is to lower the prevalence to 53% by 2023.

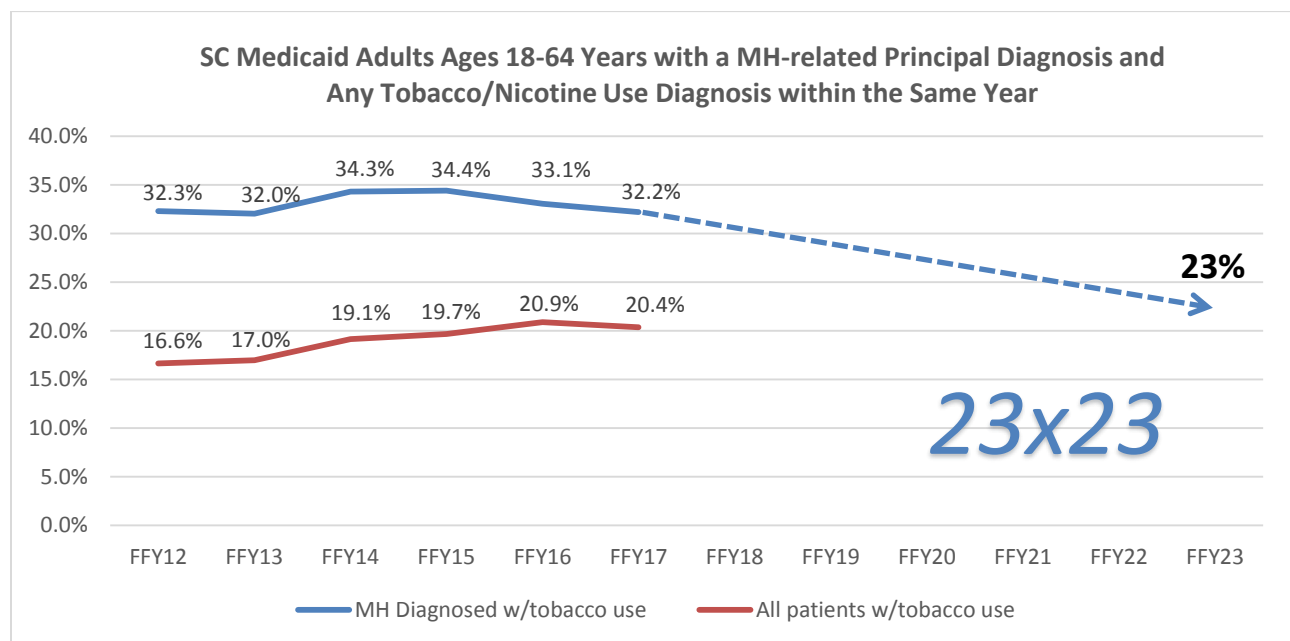
The group embraced the idea of naming the targets for the populations with mental illness and substance abuse disorders as “**23 x 23**” and “**53 x 23**,” respectively, in relation to the target percentages and year.

	Baseline	Target
Medicaid Adults Ages 18-64 Years with a MH-related Principal Diagnosis* & Any Tobacco/Nicotine Use Diagnosis within the Same Year	32.2% (2017)	23% by 2023 (9.2 points↓)
Medicaid Adults Ages 18-64 Years with an SUD-related Principal Diagnosis** & Any Tobacco/Nicotine Use Diagnosis within the Same Year	62.3% (2017)	53% by 2023 (9.3 points↓)

***MH-related** principal diagnosis includes any mental illness except for dementias, developmental delays, and intellectual disabilities (Average N=48,570)

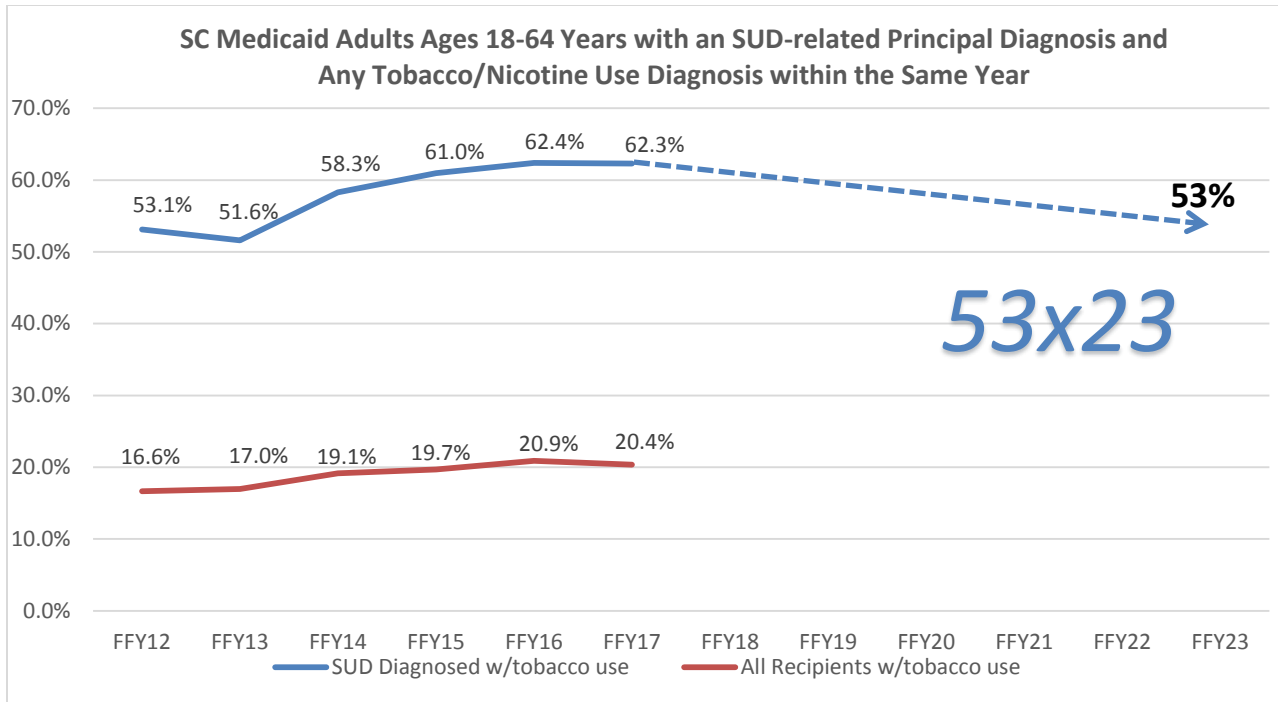
****SUD-related** principal diagnosis includes all substances except for nicotine/tobacco (Average N=11,100)

Source: SC MMIS 2018



***MH-related** principal diagnosis includes any mental illness except for dementias, developmental delays, and intellectual disabilities (Average N=48,570)

Source: SC MMIS 2018



***SUD-related** principal diagnosis includes all substances except for nicotine/tobacco (Average N=11,100)
 Source: SC MMIS 2018

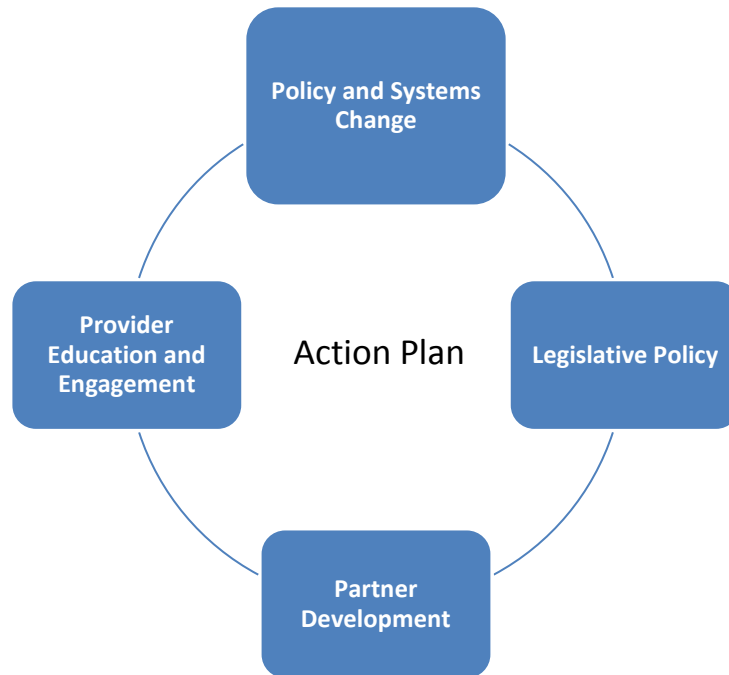
Strategies

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

The summit participants continued crafting their action plan by brainstorming common strategies that could 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
- Behavioral Screenings for Referral
- Cessation Coverage
- Communication
- Interagency Coordination and Collaboration
- Legislative Policy
- Marketing
- MCO Strategies
- Partnership Development
- Policy
- Provider Education
- Smoke-Free Policies
- Systems Change - EHR

Summit participants incorporated these strategies into the following groups:



Four strategy committees became the focus of the action plan: **Policy and Systems Change, Legislative Policy, Partner Development, and Provider Education and Engagement.** These primary strategies will be the initial focus of the action plan. As the work develops, Communication and Advocacy plans will be integrated. 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.

Policy & Systems Change

Implementation Team: Sharon Biggers, Maudra Brown, Heather Kirby, Ashley Bodiford, Veronica Edmonds, Reston Hartsell, Doug Tipperman, Hellen Dekle, Brian Clark

Committee Co-Liaisons: Sharon Biggers and Maudra Brown

Objective 1: Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Action Step	Lead	Progress Indicator/Process Measure	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?
EHR modification to link quitline referral	Sharon Biggers (Reston as support, Maudra to collaborate)	Quitline referrals being made via EHR	2021	
Link with provider education training workgroup	Maudra Brown	Linkage made	July 2018	
Look at gaps in who is reimbursed for providing cessation counseling	Co-leads: Maudra Brown & Heather Kirby	Gaps assessed	October 2018	
Address gaps in reimbursement	Co-leads: Maudra Brown & Heather Kirby	Gaps resolved	July 2019	
Remove extra space				

Objective 1 notes & things to consider:

Objective 2: Implementation of Comprehensive Tobacco Free Campus Policy (Completion: January 2019)				
Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Assess each of our public treatment facilities on campus policy (both MH and SA)	Reston Hartsell & Hellen Dekle (working with Christian)	Assessment complete	September 2018	
Presentation of data/benefits to client base – how does it equate to dollars	Ashley Bodiford, Reston Hartsell & Veronica Edmonds	Presentation completed and delivered	September/October 2018	
Provide technical assistance on steps to implement (guidance document inc. SAMHSA language/recommendation, NASMHPD policy statement)	Hellen Dekle	Documents modified & presentations delivered	August-December 2018	
Objective 2 notes & things to consider: Gaining leadership buy-in				

Objective 3: Mobilize and maintain an advocacy coalition in support of policy and systems change				
Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Identify the members of advocacy coalition (tap into SC Tobacco Free Collaborative)	Hellen Dekle	Action group in place and empowered	July 2, 2018	
Identify topic areas to focus on given population/clientele	Hellen Dekle/Reston Hartsell (working with Ian Hamilton)	Topic areas identified	December 2019	
Discussion notes & things to consider:				

Legislative Advocacy

Implementation Team: Jenna Moorehead, Ian Hamilton, Delores Scott, Monty Robertson, Catherine Saucedo, Jessica Safier
Committee Liaison: Jenna Moorehead

Objective 1: Identify Baseline: Existing policy and political landscape, and key advocacy champions

Action Step	Lead	Progress Indicator/Process Measure	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?
Create status of existing legislative policy and known legislative supporters and opponents.	Ian Hamilton/Monty Robertson/Jenna Moorehead	Share descriptive list with group	July 2018	
Solicit list of key organizational champions.	Ian Hamilton	Invite ACS/ALA/AHA/Campaign/Hospital Association to the table.	August 2018	

Objective 1 notes & things to consider:

Our big vision is to see a Tobacco free SC. Doing so will take collaboration with leadership and advocates to strategically advance policy. 5-year plan – legislative aims is link to tobacco-free workplace, tobacco 21, and Tobacco Tax. We understand that all of these, especially tobacco tax may require long-term goals which is why we set our sights on 2023. Need to talk with Partner Development committee and Systems-change to create synergy between our roles.

Objective 2: Laying the Ground-work: Develop targeted messaging and build traction				
Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Create talking points to bring the BH message to the existing legislators.	SCLC lead/All support	Draft BH talking points (1/3 income, 40% sales, early death, ½ of death to influence tax)	September 2018	
Gain buy- in by new legislative advocates to importance of BH	Ian Hamilton/ALL	Buy-in -BH priority population to create culture shift – with settled government	December 2018	
<p>Objective 2 notes & things to consider: Our vision is still a tobacco free SC but our goal at this stage is to integrate the importance of this priority population into treatment and community settings for those who serve individuals with behavioral health conditions who smoke. The message to existing legislature and new legislature after November will hopefully, empower change. State Tobacco Plan that may have good legislative assessment - Ian and Sharon</p> <p>Takes all individual partners to know their senator/supervisor</p>				

Objective 3: Build upon this Leadership Academy partnership to create a coalition with other advocacy groups to strengthen statewide legislative efforts to pass Tobacco-Free Workplace settings, Tobacco 21, and increase Tobacco Tax				
Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Join forces with Legislative advocates to lobby for statewide tobacco-free workplace	Legislative Tobacco committee members	Partners regularly participate to identify advocacy opportunities	2023	
Join forces with Legislative advocates to lobby for Tobacco 21	Legislative Tobacco committee members	Partners regularly participate to identify advocacy opportunities	2023	
Join forces with Legislative advocates to lobby for to increase Tobacco Tax	Legislative Tobacco committee members	Partners regularly participate to identify advocacy opportunities	2023	

Objective 3 notes & things to consider: The ultimate goal is to pass the above 3 policies. We recognize this will take time and collaboration with the larger Leadership Academy partners. We understand the tobacco tax is a delicate political topic. Our hope is that the message of this population of smokers spending 1/3 of their income on tobacco and consuming 40% of all cigarettes sold and dying 10-25 years earlier than the general public due to tobacco-related illness may inspire change toward a tobacco-free SC.

Partnership Development Strategy Committee (Advocacy)

Implementation Team: Robert Bank, George McConnell, Stuart Shields, Bonnie Pate, Cheryl Stockford, Renaye Long,
Christine Cheng (guest: Hollyanne)

Committee Co-Liaison: Robert Bank and Cheryl Stockford

Objective 1: Create and sustain partnerships that support/promote our tobacco cessation efforts – messaging, shared agenda.

Action Step	Lead	Progress Indicator/Process Measure	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?
ID who is missing, make connections, and confirm commitment.		Compile a resource list – who is the contact person, establish agreement.	October 2018	
<ul style="list-style-type: none"> FQHCs 	Stuart Shields			
<ul style="list-style-type: none"> MCOs 	Robert Bank/Cheryl Stockford			
<ul style="list-style-type: none"> FFS 	Robert Bank			
<ul style="list-style-type: none"> NAMI 	Bonnie Pate			
<ul style="list-style-type: none"> MHA 	Bonnie Pate			
<ul style="list-style-type: none"> FAVOR 	Bonnie Pate			
<ul style="list-style-type: none"> DAODAS 	George McConnell			
<ul style="list-style-type: none"> Voluntaries, ACS, ALA, AHA, March of Dimes* 	We'll connect with DHEC and policy advocacy committee members			
<ul style="list-style-type: none"> Universities 	Renaye Long			

<ul style="list-style-type: none"> HHS 	Robert Bank/Cheryl Stockford			
Coalition building /strategy committee coordination (to support other strategies)	Committee	Calls with other strategy leads	Ongoing	

Objective 1 notes & things to consider:

- Christine Cheng – schedule call #1 with committee members; discuss resource list and ancillary list of partners
- Monty Robertson from Alliance for a Healthier SC – invite to first phone call/meeting with our committee
- Renaye Long - create a “shared” virtual space for docs and other files from SC meetings – collaborative site – examples from Christian, Catherine, and Roxana
- Renaye Long – other connections to SWs
- Cheryl Stockford – Reached out to Ian Hamilton to share info once we ID missing partners
- Connect with Legislative Policy committee since they are planning on reaching out to AHA, ALA, ACS and March of Dimes too

Objective 2: Broker tobacco cessation resources and connect

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
ID new referral resources; Create avenues for resource sharing and connections in the community – related to ongoing strategies	Committee	Develop an ancillary list of relevant partners and groups	January 2019	

Objective 2 notes & things to consider:

Objective 3: Create meaningful involvement among peers (consumers), families, individuals, and leaders.

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Identify partners and their roles – i.e. faith-based, peer advisory board to inform this committee on what peers, families, individuals, and leaders need and how they can contribute to this effort	Bonnie Pate and Stuart Shields	Getting buy in and level of participation in outreach efforts	June 2019	
Discussion notes & things to consider:				

Provider Education and Engagement
Implementation Team: *Christian Barnes-Young, Katy Wynne, Margaret Meriwether, Anita Khetpal, Heather Davidson, Melinda Merrell, Taslim van Hattum, Jennifer Matekuare, Sarah Linden*
Committee Liaison: *Christian Barnes-Young*

Objective 1: Increase Evidence Based Intervention (EBI) by Providers across South Carolina (in both primary, BH, and integrated settings) through increased provider education and engagement.				
Action Step	Lead	Progress Indicator/Process Measure	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?
Engage a drug/alcohol person Engage NAMI	Christian Barnes-Young	<ol style="list-style-type: none"> Engage Sarah Goldsby Engage Bill Lindsey <p><i>Track Progress: participation in the coalition</i></p>	Within 30 days	
Expand Outreach to Providers and Increase Engagement	SCLC-Jennifer Matekuare; Melinda Merrell	<ol style="list-style-type: none"> Assessment around what SC needs to improve referral and treatment; Review NJ survey and adapt (SCLC will provide draft) Coordinate survey customization (Christian) Distribute to PCAs, RHAs (Melina M) Distribute to other systems (Katy W.) Utilize this to inform trainings <p><i>Track Progress: No. of providers who fill out the survey; response rate</i></p>	<p>Issue Survey: September 2018</p> <p>Completed Data: November 2018</p>	Not yet initiated
Increasing MI and Tobacco Intervention trainings	Christian Barnes-Young; Margaret Meriwether; Melinda Merrell	<ol style="list-style-type: none"> Identify who currently offers EBI and MI trainings (in person and webinar) (national and state) Develop more virtual and in-person trainings to PCAs, Hospital Associations around MI, EBI for Tobacco cessation, additional tobacco recovery curricula (healthy living, BHWP TFL curriculum); Engage employers and providers 	3-6 months (September-December spring 2018)	Not yet initiated

		<p>around trainings through PCA, RHAs, Hospital Associations, Professional Orgs;</p> <p>4. Update the SC.org 2As+R training by adding a BH module, a Dental Module, and a respiratory Health Module.</p> <p><i>Track Progress: # of training provided; track the claims information around who is using new Medicaid benefit (Heather)</i></p>		
Training non-clinical care team's providers around the behavioral health disparities and tobacco-recovery	Nominate: NAMI; Dr. Bank; Bonnie Pate	<p>1. Training on 2As+R and Cultural Humility/Sensitivity with CHW and Peer programs;</p> <p>2. Engage employers, and professional organizations.</p> <p><i>Track Progress: # of training provided</i></p>	3-6 months (September-December)	
Exploration and advocacy around an enhanced rate for evidence based best practices practice (for nurses, MHPs and peers.)	Margaret Meriwether Nominate: Policy Lead		Ongoing	

Objective 1 notes & things to consider:
 How do we systematize this through implementation?

Objective 2: (1) Expand messaging (to stakeholders) around the commitment, goals, and action plan; (2) Increase public marketing/messaging across South Carolina that “there is help, you can quit, and there are resources to support you in that effort.”				
Action Step	Lead & Support	Process Measure/Progress Indicator	Completion	Status

			Date	Update
Increase provider buy-in, engagement and utilizations of Medicaid benefits.	Nominate: DHHS	1. Provide information to providers around the new Medicaid benefit coverage	TBD	
Align communication strategies of the Health South Carolina committees that already exist	TBD DHEC		TBD	
Larger Public and Community Marketing and Outreach	TBD	1. Promoting the QuitLine to BH providers and smokers 2. Targeted marketing around health disparities 3. Review and adapt BH campaigns (Montana, Michigan, Optum)	TBD	
Increase consumer knowledge around access to free quit resources through NRTS and the Quitline.	DHEC		TBD	
<p>Objective 2 notes & things to consider: We need some expertise, volunteers and leadership around communications. Will connect with DHEC and also SCLC and NBHN.</p>				

Appendices

Appendix A: Participant Contact List

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Appendix B: Performance Partnership Model Characteristics, Reactions to the Gallery Walk, What Works, and Missing Data

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

Reaction to Gallery Walk
Holistic Wellness
South Carolina, they talk about obesity and clients that are living 20 years less. Those same people are linked to nicotine.
The data overlaps and there are ways we can look at this holistically.
Recognizing that people are looking at what is important to them. Feeling optimistic because we are looking at mental health and serious mental illness all together.
Tobacco Tax
Surprised about the taxation within the state.
The tax rates in the states, smoking prevention in the state.
The taxation data. Looking for good revenue for the state.
Tobacco tax and how low it is.
Comprehensive Data
Cross sectional data. Data shows variety of populations.
Love the data. Glad that we are looking at it together. Mortality data is worrisome and how much it is costing the health system.
Great set of data and will help for strategies tomorrow.
Excited to see Medicaid data and excited to incorporate it in our work.
Pleased that our data is here, information is out there on opioids and other issues, we need to put the focus on tobacco.
Taken back by the different sector data. Overwhelmed by substance abuse data.
The interrelatedness of the data, behavioral health settings and nicotine use. We all share the same clients and we see the same people. Makes sense we are all working together.
Rich set of data and represents all different fields. Surprised by the increase of quitline callers.
Inspired by this group because many are decision makers, love the data walk and the order of data.
South Carolina has good data. Did a great job getting the right people together. Behavior cause of death – tobacco- is very high.
Very interesting to see the cancer data statistics and the different percentages of each diagnoses.
Wealth of data.
Saw good data on the LGBT community. The county maps are similar to suicide rates.
The data related to screenings for people with cigarette use in facilities. Some facilities are stricter.
With Fairfield being a small county, there is 63% prevalence of tobacco use among our clients. Was different for me to see.
Opportunity for Data & Quality Improvement
It will not be hard to find people to help. DMH has many clients with mental illness and we can do something exciting.
Tremendous opportunity, data and improvements.
HUD also passed a smoke free housing rule for its Public Housing Authority; it broadens perspective in behavioral health. Partnerships would help with this issue. County map is the same for various issues.

So much information and so much opportunity to do something great. County data and workplace information. It can lend some opportunities for policy intervention.
The map on smoking prevalence struck me because four of the five counties within my area had some of the higher prevalence. Felt a sense of satisfaction regarding the leadership team in the center and is hopeful because this may contribute to quitline numbers.
Nationally you think North Carolina as a tobacco state. North Carolina has lower smoking prevalence than South Carolina.
25% of population smoking nearly 40% of all cigarettes. Optimistic that we can do something about that.
Community Health
Smoke-free communities and how to create a culture of health in a community. Good opportunity to make an impact.
Smoke free communities – 8 counties that have smoke free policies – 40% are protected
Help get us all in the same page and working together to work on the same goals.
The opportunities to screen more people and create more smoke free facilities.
One of the things I do not see here, is a map that show Faith based communities.

What Works in Your State?
Taxes
Partnerships
Compliance and change
Cultural competency
Promote health and wellness
Evaluation
Geographical mapping of tobacco use
Community policy support
Socio-economic model
Taxes and economics
Leadership and time
Recovery
Cultural political climate
Deep dive data for specific factors
Quitline
Staff buy-in and behavioral health facilities
Services to help patients
Lobbying for tax
Training for behavioral health facilities
NRT
Overlay of data
Outcomes – cancer data and death

Missing Data	Action Commitment to Get Data
Specified data on demographics for baseline	Heather Kirby
Demographics for tobacco use	
• Race and ethnicity	Sharon Biggers in two weeks
• Gender	Sharon Biggers
• Age related - adolescent youth	Sharon Biggers
• Geography	Sharon Biggers
• LGBT Population	Alex Karydi
Strategies and evidence –effectiveness	
Linkages of suicide and smoking	Alex Karydi
Money spent on prevention	ALA/SCLC
Health disparities - population and marketing	
Private payer data	

Smoking rates for behavioral health staff - PEEVA	
Translating prevention outcomes into dollars saved	
Health ROI for cessation	
E-cigarettes use	Sharon Biggers
Quitline and influential data on increased rates	Sharon Biggers
Outcome data that shows impact on policy change	
Exposure to 2nd hand smoke at work	Sharon Biggers
Male represented data on smoking prevalence for BH pop	

What We Know About What Works – Common Themes
Combo Therapy
Peers and counseling and support
Health system improvement – removing triggers
Counseling
NRT
Tobacco-free environments
Higher prices for tobacco products
Less availability in retail stores
Fully funding tobacco programs
Brief intervention for adults and adolescents
Cognitive behavioral therapy
Policy – for accountability
Provider education
Policies for restricting use
Motivation interviewing
Readiness for change
Addiction issue
Access to cessation services
Smoke-free policies
Screening – adding to electronic health record
Increasing client education
Collaboration within the state
Treatment modalities
Prescriptions

Appendix C: Appreciation and Individual Commitments

NAME	What is your most powerful action commitment towards achieving the result?
Maudra	Identifying the gaps in the policy that we have already in place that can lay the foundational work that is to come. It is important to know where you are, so you know where you will go. I will be going through the policy and looking at the provider types that are currently covered. Those that are not, why that is so. Teamwork makes the dream work.
Sharon	Meeting with Maudra on Friday to plan the coordination with the provider and education training group to make efforts seamless between the two. This will be determining what systems level action from our team that will enable that team to complete their activity. I enjoyed meeting everyone, enjoyed hearing each other's input and experiences.
Hellen	Calling Ian on Monday to get going on some member identification. We are also working on policy assessment and my biggest piece will be technical assistance, working with the Department of Mental Health, and substance abuse sites to help them adopt policy. Enjoyed the dynamics of the room and the people with different backgrounds and what they have to contribute.
Doug	I am shepherding a publication in SAMHSA for promoting tobacco cessation in substance use disorder settings. It is a 12-page guide and tips on how to do this. It focuses on policy, tobacco-free workplace and how to integrate tobacco intervention in youth and substance use disorder settings. The excitement is the energy and collaboration in the group.
Reston	I hope that we can continue to collaborate and do some good things with our public treatment facilities, as well as expand our network. The most powerful action commitment is to try to provide that technical assistance to our public treatment facilities and help them have a unified vision for how they enhance their services in their location. Appreciate everyone's willingness and taking time out of their day to be here and be engaged.
Brian	Scheduling the monthly standing call and in addition to provide ongoing technical assistance for my group and in extension all the other groups as well. Invigorating because of the passion, the intelligence in this room, and with the ambitious objectives, we have a capable group here.
Veronica	When our group meets together to discuss on how to get their buy in for the tobacco policies in the work place. Enjoyed the whole process of the two days and learning from the different leadership.
Steve	Pledge to provide consultation as needed. I am impressed by how collegial the folks are here and their shared willingness to try to move things forward.
Ashley	Spending time in the research that supports tobacco cessation for those with substance use disorders and in treatment in order to articulate to the leadership. Appreciation to the different perspectives, but all working towards the same common goal.
Heather	Stratify the baseline data by age group, gender, and race by August so that we have more current, complete data. Optimistic that this group would work like other initiatives and it did.
Monty	Working with our legislative team to identify legislators who support tobacco policies. Appreciate everyone's willingness and enthusiasm. Our collaborative nature in our state is something to be proud of.
Dolores	Identify Faith based organizational leaders, advocates that will support our work that we are getting ready to move forward. It is good working with everybody.
Jenna	To review and request additional feedback regarding current policies and South Carolina tobacco FAQs prior to our conference call so that we can ensure call efficiency. Love being around smart people and enjoying the varying opinions.
Ian	Share more information to committee. Thanks to Raj for moderating and thanks to our national partners for bringing us together. Have not been this excited to where we are headed in a long time.
Jessica	Confirming our call for committee to make sure we are on track. Impressed how committed everyone is and dedicated to putting their piece forward and driving the tobacco policy.
Catherine	Provide talking points for behavioral health that are tried and true for the group. Small, but mighty committee.
Robert	Reach out to all the other MCOs this month to get their commitment to work with us on these projects. Impressed how everyone stuck out to the end.

Christine	Get the call on the books for our committee. Terrific group.
Renaye	Virtual shared space and the opportunity for that real time collaboration information sharing. I hope that this will serve as a repository for onboarding in case there are leadership changes. Wonderful team and enjoying being with everyone and the positive energy.
Cheryl	To co-lead this committee. It has been such an enjoyable day and a half and to see everyone's perspectives.
Bonnie	Reach out to the other advocates and have them come along with this. In addition, another thing would be to schedule a peer advocacy support group to discuss this issue. Everyone is delightful, but it did not surprise me because we are southern.
Stuart	To begin the process of reaching out to FQACs. Linking in hospital smoking expert and tie her into this process to get her expertise on this. Lots of energy in here with this small, yet powerful group and excited with what is going on in here.
George	Reach out to these partners and come to collaborate within our efforts in smoking cessation. Looking forward to working with treatment facilities. Made new friends and look forward to these connections for a long time.
Christian	Reach out to key stakeholders who could not attend or stay the whole time and keep them up to speed on what we have worked on the last couple of days. We will assess their buy in with our action plan. Impressed with the skillset of SCLC, NBHN, and the knowledge and skillset of our participants.
Sarah	Provide ongoing support and resources for this committee and for this group at large. Fascinating and the level of intelligence and commitment in this room is fun to witness.
Margaret	To use the grant that I am working on regarding provider education and to try to get some tobacco cessation in there. I have been very proud of South Carolina the past few days.
Taslim	Will go back to review states cancer control plans. Will follow up with cancer prevention invitees and see their buy in and how engaged they are. Maybe to nominate some of their cancer coalition members to be more engaged. Love when adults get together and agree that they do not have all the answers and to work together to get the solution to their answers.
Jennifer	Setting up first call and help coordinate future correspondence. Enjoyed working with everyone and enjoy working with everyone in the future.
Katy	To ensure that there are treatment services with the Quitline by July 1 st and to meet again with this group. Excited to see tobacco cessation spread across the state and to see new partners pick it up. We are on the right track.
Roxana	To help finalize the action plan and get that out to you folks. This definitely has been one of the best summits that I have been a part of.
Jon Jovi	To get the action plan ready for you all. Thank you all for having SCLC and you all have been very welcoming. We are excited to see what is to come.
Raj	There is a tremendous amount of learning with working with you all. There is always a place to create quality improvement and I want to take what I learned here.

Appendix D: Planning Committee and Supports

Planning Committee and Sponsors for the South Carolina Leadership Academy for Tobacco-Free Recovery State Strategy Session June 26-27, 2018

Planning Committee Members

Robert Bank, MD, South Carolina Department of Mental Health

Christian Barnes-Young, Degree South Carolina Department of Mental Health

Sharon Biggers, MPH, CHES, South Carolina Department of Health and Environmental Control

Michelle Nienhus, MPH, Department of Alcohol and Other Drug Abuse Services

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Maudra Brown, MPH, CHES, APM, South Carolina Department of Health and Human Services

Heather Kirby, South Carolina Department of Health and Human Services

Bonnie Pate, South Carolina SHARE

George McConnell, MDiv, South Carolina Department of Mental Health

Logistics and Support

Joshua Shapiro, Rachel Ratel, Capital Consulting Corporation, Rockville, MD

National Partners/Sponsors

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Lea Simms / Taslim Van Hattum

[Smoking Cessation Leadership Center University of California, San Francisco \(SCLC\)](#)

Jon Jovi Bodestyne / Christine Cheng / Brian Clark / Jennifer Matekuare / Catherine Saucedo / Jessica Safier / Roxana Said / Steven Schroeder

[Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)

Douglas Tipperman

Facilitator

Raj Chawla / The OCL Group, LLC / Silver Spring, MD

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