

**The Arizona Leadership Academy for
 Wellness and Smoking Cessation Summit**

Tobacco Dependence Treatment for People with Behavioral Health Disorders
 Hyatt Regency Phoenix
 Phoenix, Arizona
 Friday, January 14, 2011

Purpose:

The purpose of the summit was to develop an action plan for Arizona State to reduce smoking prevalence among people with behavioral health disorders.

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

1. *Where are we now? (baseline)*
2. *Where do we want to be? (target)*
3. *How will we get there? (multiple strategies)*
4. *How will we know if we are getting there? (evaluation)*

Arizona’s adopted Baseline and Target

Where are we now? (Baseline)

- Tobacco use prevalence TBD (estimate 30-50%) in the AZ behavioral health system of care (SOC)

Where do we want to be? (Target)

- Reduce tobacco use in the AZ behavioral health system of care (SOC) by 40% by 2016. *(Strategies can have tighter goals.)*

How will we get there? (Multiple strategies)

Partners agreed to develop strategies to achieve access, support, and intervention goals for consumers and staff in different behavioral health settings. The following pages detail the group’s proposed strategies.

GROUP STRATEGIES
Provider Education
Tobacco-Free Facilities
Assessment
Treatment
Marketing/Myth Busters
Members – training and education
Policy

How will we get there? (Strategy development)

**Strategy: PEER INTERVENTION
(Treatment, Education, and Marketing)**

(Name of participants: Pat Penn, Mitch Klein, Dan Haley, Reason Reyes, Beth Stoneking, Martha Fankhauser)

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
Require all facilities to offer evidence-based behavioral health treatment services in the facilities.	Compile menu of evidence-based treatment. Get the word out on the web.	State	Begin initial steps asap	Resources disseminated	
Increase referral to treatment	Assess who was referred to treatment. At minimum, offer a type of service and help them understand what that help might look like. Train the providers on assessment and treatment options so they know the multiple choices.	Link with the assessment/policy group	Begin initial steps asap		
Increase access of available cessation aids	Provide quit kits that have lozenges, patches (non-Rx), FAQ cards. Assess peers on what would be helpful to them to know what can be put in quit kits	Beth Stoneking has an example of a quit kit.	Holiday or event, (i.e. birthdays, Great American Smokeout, or recognized holidays including January, 4 th of July, etc)		
Celebrate successes; include motivational incentives.	Feature stories. Reward participants on their efforts. Include families in motivational	Peers can develop support groups and motivational incentives.	Begin initial steps asap	Positive reinforcements and motivation.	

	<p>incentives</p> <p>Have support groups in addition to treatment groups.</p> <p>Incorporate “fun” whenever possible.</p>				
Build staff buy-in	<p>Incentives for staff or teams who have the most referrals to ASH. Highlight staff with the most referrals to ASH in a staff newsletter.</p> <p>Support groups led by peers can provide the aftercare</p>	Mitch Klein and Dan Haley	Begin initial steps asap	Follow up increases chances of goal implementation.	
Utilize follow-up treatment from inpatient to aftercare.	<p>Phone follow-ups can be used for those who go into inpatient treatment but not go into aftercare. “Friendly phone calls”</p> <p>ASH quitline can do the friendly phone calls. Have clients sign up to ASH before they leave hospitals so there could be a continuity of care system.</p>	Dan Haley			
Include consumers in curriculum or program development	Plan out the logistics needed – people, time, places	Reason Reyes can share curriculum samples from other partners.	ASAP		
Link with Nicotine Anonymous	Two NA locations in University Medical Center and a church in Tucson. A couple in Phoenix.	Dan Haley and Beth Stoneking	Contact local NA groups asap		
EDUCATION - Have a dedicated staff/champion in each facility	Dedicated champion can work with case managers to help design curricula, support groups, etc.	Peers/staff Dan Haley	Begin initial steps asap		
Partner with local NAMI	<p>Educate families on smoking cessation</p> <p>Participate in state NAMI conferences to links.</p>	<p>Martha Fankhouser</p> <p>Tap into state speakers’ bureau (Pat</p>			

		Penn has contacts)			
Increase education for peers, staff members, leadership /administration	<p>Training for RSS.</p> <p>Beth can work with CPSA to introduce in the curriculum and work with the state that sets guidelines for core curriculum of RSS training.</p> <p>Required training for NEO (new employee orientation) for RBHA and CPSA.</p> <p>Include information on medication and providers should not be afraid to refer medications.</p> <p>Educate members on tobacco-drug interactions. Train pharmacists with <i>Rx for Change</i> on these drug interactions. Include nurse practitioners, physicians, and physicians in this effort.</p>	<p>Beth Stoneking, RISE Dan Haley</p> <p>RBHA, CPSA</p> <p>Providers Martha Fankhauser. Consider Grand Rounds. Rx for Change faculty</p>	Begin initial steps asap		
Ask Joint Commission for requirements	Requirements for all hospitals with regard to smoking cessation.	Pat Penn, Reason Reyes			
Online blogs for staff and patients to discuss cessation.	ASH can host an online blog since already set up as online component	ASH			
Marketing	–Sponsor cessation poster contest for clients	Beth Stoneking			

Strategy: Educate providers on how to help members with tobacco cessation

(Name of participants: Cheryl, Rachel, Glenyss, Gaye, Christine
A.k.a. Provider/Staff Training Committee)

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
P/S training committee to meet with Gowri's department tobacco cessation	Convene meeting	Committee plus tobacco cessation department	March 2011	ID appropriate training	Training ID'ed? Yes/No
Meeting with RHBA training departments	Convene meeting	Committee plus Gowri's dept to convene	Before June 30	Prepare training depts. to roll out training	Number of staff trained

Strategy: Policy Change and Assessment

(Name of participants: Lisa Shumaker, Stephen Michael, Tiffany Booth, Howard Shore, Gowry Shetti, Courtney Ward, Steve Schroeder, Wayne Tormala, Nicole Harwell, Susan Murrell)

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
Develop a comprehensive cessation strategy at the DBHS level	Contract modification – 1) Prohibit use of tobacco as a patient reward. 2) Required availability of cessation services for staff and patients	ADHS/DBHS	1) June 2011 2) 2012	1) Change perception of acceptance – shifts cultural norm. 2) Increased patient access to services	1) Does the contract get modified? Yes/no 2) Existence in contract? Yes/no
	Create a policy that all new facilities must be tobacco free	ADHS/DBHS	2012	Limited access to tobacco	Existence of policy? Yes/no
	Require all inpatient facilities to have a tobacco free policy	ADHS/DBHS	2012	Limited access to tobacco	Existence of policy? Yes/no
	Disallow staff/client smoking interactions and combined smoking areas.	ADHS/DBHS	2012	De-incentivizes smoking	Existence of policy? Yes/no
	Change the system of care plans - every level of care must have at least one smoke free	ADHS/DBHS	2012	Limited access to tobacco.	Existence of policy? Yes/no

	facility, or if this is already met, every level of care must increase the number of smoke free facilities.				
Remove smoking triggers in behavioral health environment.	Staff is not allowed to smell of tobacco smoke while at work.	ADHS/DBHS? RBHAs?	2012	Reduced chance of patient relapse. Removal of triggers.	1) Existence of policy? Yes/no 2) Site visits and spot checks.
	Hire only tobacco free new staff at new or existing provider sites.	ADHS/DBHS? RBHAs?	2014	Removal of triggers. Reduced chance of relapse.	Existence of policy? Yes/no
Re-address AHCCCS legislation to allow psych doctors and nurses in the behavioral health system to write scripts for NRT.	Activate non-profit interest groups.	ADHS/BTCD	2011	Increases patient access to cessation medications.	Amendment of legislation? Yes/no
Expand AHCCCS to incorporate cessation medication and NRTs.	Activate non-profit interest groups.	ADHS/BTCD	2011	Increases patient access to cessation medications.	Amendment of legislation? Yes/no
ASHLine will provide technical assistance to behavioral health providers in creating smoke free facilities	Designate TA personnel to consult with behavioral health providers as needed.	ASHLine	2011	Limits access to tobacco products.	1) Designee will track activities. 2) Existence of smoke free facilities.
Increase the number of behavioral health facilities with staff and patient/client cessation programs.	1) Modify contracts requiring RBHAs to offer patient/client cessation resources at each provider network.	ADHS/DBHS	2012	Behavioral health organization employees and clients have greater access to cessation resources.	Contract modification? Yes/no
	2) Promotion of ASHLine services to				

	behavioral health providers.				
Require all intake assessments and ISPs to address tobacco use and cessation strategies.	Modify the covered service guide.	ADHS/DBHS	2012	1) Provides an accurate number of who is receiving services. 2) Systematic approach to assess and provide services	Audit reports/spot checks
	Check ISPs for the inclusion of tobacco use status.	RBHAs	2012	1) Improve tobacco assessment procedures. 2) Obtain accurate information on tobacco use by RBHA members. 3) Increase opportunity for intervention and access to cessation services.	Chart audits and annual compliance reports.
	Add tobacco use and frequency of use to list of information captured on demographic	ADHS/DBHS	2012	Obtain accurate information on tobacco use by RBHA members	Tobacco use & frequency of use listed on demographic? Yes/no
Sponsored conferences must be smoke free.	Include smoke free stipulation in contract with conference organizers.	ADHS/DBHS & RBHAs	2011	Reinforces Arizona's commitment to reduce smoking prevalence in behavioral health community.	Inclusion in contracts? Yes/no

Locate and appoint smoking policy 'champions' at each provider site.	<p>1) Providers identify staff or clients with an interest in cessation.</p> <p>2) <i>Collaborate with Peer Intervention Groups initiatives in this area.</i></p>	RBHAs	2012	1) Carry on cessation initiatives and relay new information throughout five year action plan.	1) Nomination of 'champions'? Yes/no
Offer non-smoking incentives	<p>1) Reward RBHAs and providers who demonstrate the largest decrease in tobacco use.</p> <p>2) <i>Collaborate with Peer Intervention Groups initiatives in this area.</i></p>	<p>ADHS/DBHS</p> <p>2) RBHAs</p>	2016	1) Increases motivation in cessation initiatives.	1) Use ASHLine to track referrals and cessation adherence to determine providers with largest decrease in prevalence.

How will we know we are getting there? (Evaluation)

- Included in assessment strategies, and the group will continue evaluation discussion as next steps

Commitments, Next Steps, and Appreciations

- At the end of the summit, partners made commitments with regard to immediate next steps, and provided final words of appreciation

First Name	Last Name	Commitments	Appreciation
Wayne	Tormala	Working with SM and ASHLine and Gowri; field needs to reach outside, ALA, ACS, Am heart, etc.	Thankful for the energy. Do his best to keep this on the dime. Do something if experience paralysis.
Gowri	Shetty	Na	Na
David	Covington	Na	Na
Mitchell	Klein	Work with staff and membership to revisit to get to smoke-free organization; work with other peer run agencies	Honored to have been invited. Met his goals and objectives and go home now and affect change.
Rachel	Peterson	Work on committee strategy	Excited for changes to come.
Glenyss	Lim	Proposal to CEO to hire TF staff and youth staff	Grateful to meet new people with tools and directions.
Susan P.	Murrell	Share info with guidance center and address problems at the front line	Very stimulating and appreciate being invited. Take info back to agency.
Steven A.	Schroeder	Nag as needed	Thanks for behind the scenes work by SCLC, Dawn, and Stephen Michael. Very impressed by all these ideas. Suggestion to group to prioritize great ideas.
Tiffany	Booth	Already have integration initiative; more emphasis on smoking cessation; move towards smoke free agency and staff	Appointed to come today. No experience in tobacco control before. After listening to the stories, am excited to take what I learned back to providers.
Reason	Reyes	Follow up with my group to see how SCLC can provide technical assistance	Thanks for inviting us
Dawn Ellen	Robbins	Happy to help facilitate future work groups, if needed	Grateful to be invited and to facilitate; awesome group
Martha	Fankhauser	Work with ASHline and SM	Honor to be here; cool to

			involve pharmacist; thank Dr. Schroeder for coming
Nicole	Harwell	Follow up with management	Nice to be part of group, to share ideas and have a product to take home. To move forward and make changes.
Patricia Eileen	Penn	Involve admin adult services	Glad to be invited and meet everyone face to face.
Christine P.	Cheng	SCLC TA	Thanks
Courtney	Ward	Work with Wayne to address ACHESSE benefits re: NRTs, TA to RBHAS and peer programs	Thanks for being invited. Feel honored to be working for this population. Look forward to working with all.
Howard	Shore	Summary of meeting for CEO and CMO and get their commitments	Thankful for MLK day. Pleased to have met all.
Daniel Lee	Haley	Work with Beth Stoneking, peer movement	Thankful for having action plan to take home.
Beth	Stoneking	Work with peers	Met lots of new folks and will follow up with the state wide curriculum
Cheryl	Glass Keith	Student and staff and social marketing to change social norm	Looking forward to changes to come.
Gaye	Tolman	Work on billing codes	Glad to take Bob's place. Issue close to her heart. And will move ahead at Magellan.
Lisa	Shumaker	Report back and update plans, update SA plans to increase tobacco cessation	Thanks to all. Appreciated all efforts.
Stephen	Michael	Develop communication links so thing don't fall apart post summit	Thanks SCLC for recognizing AZ. Honored to be asked. Leadership saw this as important issue and sent people and thank all for showing up. Wanted to walk away with action plan. And making commitment to continue.

Appendices

Appendix A – Welcome Remarks

Welcome Remarks

Mitch Klein, Wayne Tormala, and Dr. Laura Nelson

Dawn Robbins, Facilitator

Laura Nelson, deputy director of AZ dept of health services, welcomed everyone to launch the day. Laura expressed excitement to have Arizona participate in this opportunity and be chosen by SAMHSA and the Smoking Cessation Leadership to participate in the Leadership Academy for Wellness and Smoking Cessation.

“We are among the few states to have this opportunity and hope to come out with an action plan for steps moving forward. We have organized ourselves for this common effort. I’m happy that our state hospitals have gone smoke-free. One of the biggest challenges has been working with staff who smoke and bring cigarettes. How do we change that culture? We have our challenges as we move toward a big leap for big change. Dr. Wilson has launched quarterly health initiatives to engage communities to increase physical health care. One of our first systems was around tobacco, so we have done a good job so far in this effort. One of the things I’m excited about is the provision of our healthcare format. I hope to see more people in preventions, integrating behavioral health care and physical health care. We already have our peer-run agencies that are taking on tobacco. How can we use our teachable moments for our efforts? Additionally, I’m pleased we have representatives from all of our RBHA. However, we don’t have representatives from our tribal groups, but consider them in our action plan. Through the work we’ll do today, we will have tangible, concrete action plan. We have an incredible moment that we can take advantage of.”

Wayne Tormala, bureau chief, Bureau of Tobacco and Chronic Disease, spoke to the group after Dr. Nelson.

“We are sixth in lowest prevalence in the nation, and hope to catch up to California soon. We have the lowest exposure to second-hand smoke in the home. There are things we can be proud of, but with regard to smoking and behavioral health, we hope to improve in this area. There are 100,000 people in our behavioral health system who are systematically killed by tobacco. This is a huge issue. Therefore, we are excited with this opportunity. In Arizona, we have public health and behavioral health in the same building, so a natural partnership is born. We have a state-of-the-art quitline and stimulus funds to push our efforts. We have a sense of what we know what works, but now, how do we apply that to the people we serve? What can we do about the fact that people with mental illness are dying 25 years earlier, not because of their mental illness, per se, but because of other chronic diseases? We’re also working on system change. We have a sense of working in the ground level. What are the channels of communication that people trust and we can use? My guess is that this is going to be another boost forward in our state. Last night, we heard from Mitch about challenges. Certainly, there are going to be a lot of setbacks. Today’s smokers are entrenched and agitated. So it’s good to know there are people in this room to move things forward and get things done.”

Mitch Klein followed Wayne in a brief introductory remark.

“Last night, I had an opportunity to talk about the challenges we’ve had at CHEEERS, Phoenix. The effort we put together didn’t work and even backfired, which was the opposite effect we were looking for. People who come to CHEEERS experience a great deal of stress and triggers. So when it comes to cigarettes, we have to think of something else. I want to say that I haven’t given up. We will try this again and again until it does stick. The fact that people with mental illness live 31 years less doesn’t scare

them a bit, and that is scary and frustrating. It's more about helping people understand their true goals and helping them get closer to their goals."

Dawn Robbins, facilitator, provided an overview of the day.

"Last night we had people share stories. Some of the big "ah-has" is that all people here have a connection with the impact of tobacco. We're talking about a dramatic culture change. Our system has created a system that uses cigarettes as a reward, and it is an issue of social justice. We have some challenges in terms of developing empathy with people who are addicted. We need to nurture that empathy and know what helps. We need to listen to our language to become strength-based. We talked about the challenges and importance of staff modeling. There was a sense of excitement to make a difference through collaboration. We are working on a model today that is built around collaboration, called the Four Questions Model. By the end of the day, we will have a common baseline, target, and action plan."

Appendix B – Participants’ desired results by the end of the summit

Desired Results
ACTION PLAN
Have an action plan in hand that will move us forward in our common work.
Common goal that will start in the direction for people with mental illness live a longer life
Ability to sit and walk away knowing that other people in the state will work with me to carry the work forward
Take a quantum leap today in this effort. Even small gains save many lives.
Have a gang-buster plan and have Wayne’s goal come true to surpass CA
Look at barriers, but also tools. What kind of tools can we replace this habit with? When you take something away, you have to give a choice or multiple alternatives.
Come up with an action plan to better serve the population
Realistic action steps we can take. Raise ideas I can take to my organization. Also look at research ideas.
Come up with an action plan with clear steps but also commitment from this group to implement that action plan. Not sit on a shelf, but make things happen.
Hope to take advantage of this opportunity.
TANGIBLE TOOLS
Get the tools and strategies to take back to the agency and match specific needs of my agency. We have talked about people who are multi-challenged and come a few hours a day. So how can we get their attention and keep their motivation?
Identify tools that will help our network organizations. Identify how to impact workforce.
MOTIVATE STAFF
Ask for forgiveness for a program that went wrong. Ways to motivate staff and help members understand what their goals are and how to help themselves.
COMMITMENT to IMPLEMENTATION
Commitment from this group to work on an action plan to integrate in our systems in the long term and sustainable.
Not just learn from the experts in the room, but how to move from assessment phase to implementation and change, and how to approach that in a strategic way.
Provide technical assistance from SF to help get the work done.
An action plan is great, but we also should have an opportunity to come back and track progress to see if we need to readjust as we move forward in our implementation.
SYSTEM-WIDE CHANGE
Develop concrete way to use in RBHA
Ability to move beyond the niche of resource to a sustaining system-wide change. What can help us make the big leap to the next level?
Identify elements in the system that are barriers to changes, and changes that will facilitate access to smoking cessation programs. As part of the intake that is done, identification doesn’t address the issues in a consistent way. Hope to develop more consistent ways of care
Look at further questions we should be asking; not only barriers and tools, but can we approach a social marketing campaign?
PROVIDER ENGAGEMENT
Realistic strategies for engaging providers
Go back as a RBHA and work with providers in concrete ways to work with the population. We don’t really tell our providers how and provide concrete technical assistance.
SMOKE-FREE CAMPUS
Hope that ultimately all campuses will be smoke-free.

Appendix C – Participant List

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