Commonwealth of Kentucky
Cabinet for Health and Family Services

Kentucky State Leadership Academy for Wellness and Tobacco Cessation

November 18–19, 2015

ACTION PLAN

Background & Introduction

On the evening of November 18 and all day November 19, 2015, thirty-eight leaders and advocates in public health, behavioral health, and tobacco control came together for the first-ever initiative focused on reducing smoking prevalence among people with behavioral health disorders in the Commonwealth of Kentucky. This summit was held by the Department for Behavioral Health, Developmental, and Intellectual Disabilities, Department for Public Health, and Department for Medicaid Services, in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), the Smoking Cessation Leadership Center at the University of California, San Francisco, and the CDC National Behavioral Network for Tobacco & Cancer Control (NBHN). A continuation of the work from the SAMHSA 2015 State Policy Academy on Tobacco Control in Behavioral Health, the purpose of the summit was to design an action plan for Kentucky to reduce tobacco use among individuals with mental illness and substance use disorders, and to create an environment of collaboration and integration among the fields of public health (including tobacco control and prevention), mental health, and substance abuse services.

The first evening of the summit consisted of introductions, recognizing existing and new connections with fellow participants. With an impressive Gallery Walk that provided empirical and thorough data, participants viewed and discussed the display with each other. At the conclusion of the Gallery Walk, Mary Begley from the Department for Behavioral Health, Developmental and Intellectual Disabilities officially welcomed the group to the Leadership Academy. *"I say that proudly as a former smoker, it's been a long time. I picked up the habit in college, and both my parents died from having smoked starting at a young age."* After sharing her personal connection, she highlighted the importance of addressing the health disparity in the behavioral health population. *"It does my heart good to think about helping individuals with mental illness and substance use orders try to quit tobacco. Everyone should have the same opportunity to enjoy great lives."*

Participants represented state and local agencies, including mental health, addictions, consumer, community services, non-profit; the military, advocacy organizations, academic institutions, and managed care organizations (*see Appendix A*). Leaders at the summit were well-aware that people with behavioral health disorders are disproportionately burdened by the harmful effects of tobacco use, and each participant committed to strategies established at the summit. In a discussion led by the facilitator, Jolie Bain Pillsbury, each participant expressed his/her reaction to the Gallery Walk and in small groups, discussed what could be possible with this group of people working together (*see Appendix B*). In her Call to Action, Dr. Connie White from the Department for Public Health again

emphasized the severity of the health disparity adding, *"These people have a right to be healthy. These are their lives. They are numbers, but behind every number is a face."* She also noted the importance of collaboration and unique perspectives saying, *"Everybody, with a difference lens, will contribute to helping connect the right dots and complete an action plan; I look forward to seeing what the group produces tomorrow."* Dr. White closed by recognizing the challenges of high tobacco use in the state, while expressing her commitment to making change. *"Kentucky deserves this. As a life-long Kentuckian, I am proud of our state and what we can do. This is our alter call."*

On the morning of November 19, 2015, participants began the day by expressing what their contribution could be to reduce tobacco use in this population (*see Appendix C*). Stephanie McCladdie from SAMHSA described her personal connection to the harms of tobacco use by sharing the story of her brother, Jerry, affected by second-hand smoke exposure within treatment facilities. Doug Tipperman, SAMHSA Tobacco Policy Liaison, presented on addressing tobacco use in behavioral health. Following an overview of the tobacco epidemic, he shared data showing the high prevalence in the population, debunked common myths, described positive outcomes from cessation, and shared success stories from several states. He concluded by reviewing evidence-based treatment and best practices.

By the end of the summit, Kentucky partners answered the following questions that framed the Action Plan:

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)**

This Action Plan details the baseline, target, recommended strategies, and next steps for the partnership.

Question #1: Where are we now (baseline)?

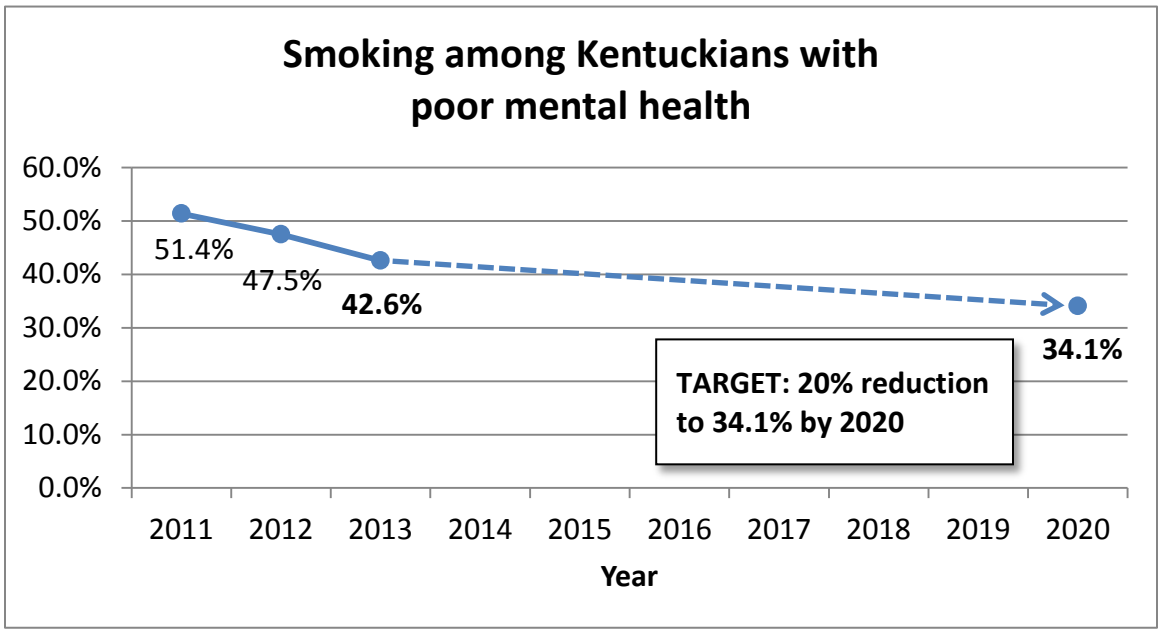
Partners adopted two baseline measures on the following data:

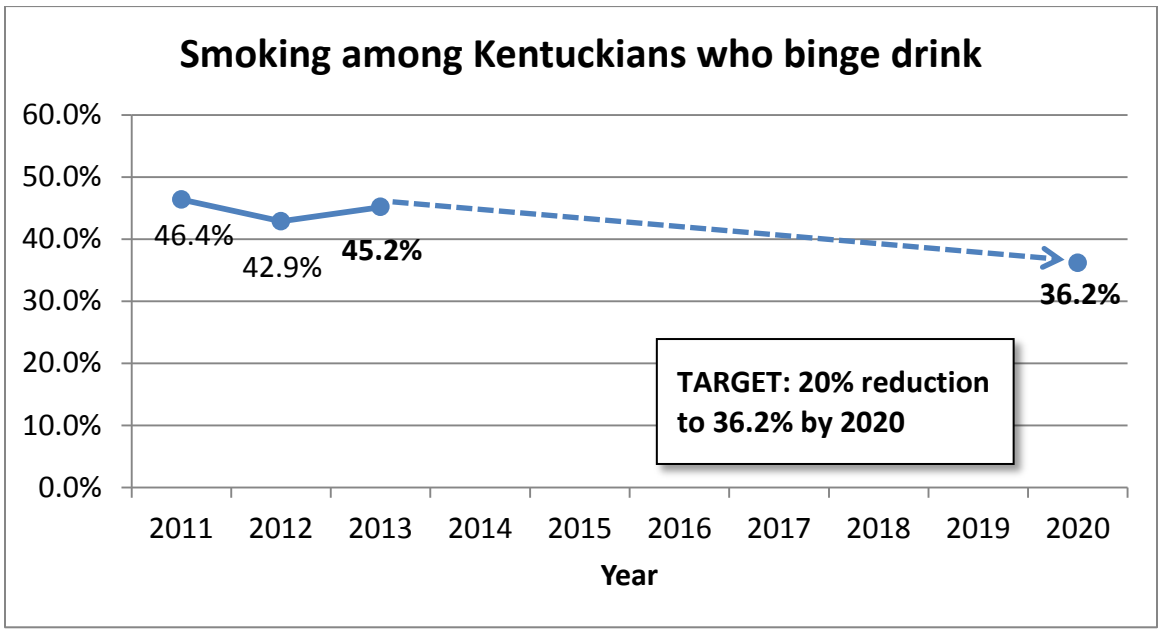
1. **The smoking rate (2013) among Kentuckians with poor mental health is 42.6%**.
    - Poor mental health – self report 15 or more days with poor mental health in the past month
2. **The smoking rate (2013) among Kentuckians who binge drink is 45.2%.**
    - Binge drinking – self report of 5 or more drinks on one occasion in the past month.

Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2013.

Question #2: Where do we want to be (target)?

The partners agreed on a 20% reduction by 2020 target for both the poor mental health and binge drinking measures.





Adopted: Commitment to continue

Participants agree to adopt these baselines, with the commitment to continue, acknowledging existing programs and efforts that focus on youth, with the opportunity of expanding and bringing in new partners in the future.

Question #3: How will we get there? (multiple strategies)

Partners agreed on and adopted the following strategies:

Adopted Strategies
1. Data
2. Education and Training
3. Media and Marketing
4. Peer Support
5. Policy
6. Provider Education
7. Treatment in Facilities

Question #4: How will we know we are getting there?

The following matrices outline each committee's proposed strategies, commitments, timeline, impact measurements and immediate next steps. Committees will use these grids to track progress.

Baseline data sources will be checked each year to gain understanding of progress. Data will be shared with the partners regularly and will be used to evaluate which strategies are working. Liaisons will provide leadership and direction with regards to next steps.

Committee Name: Data

Committee members: Andy Waters
Liaison: Andy Waters

1. WHAT

Establish core data set to measure Summit's progress and impact

HOW	WHO	WHEN	PROCESS MEASURE
Develop survey for Summit participants	Andy	Jan. 1, 2016	Survey developed
Send survey to Summit participants to compile list of varied data sources regarding smoking/tobacco use, mental illness, and/or substance abuse	Andy	Jan. 15, 2016	Sent survey; encourage knowledge building
Analyze and compile results of survey to send to Summit participants	Andy	Feb. 15, 2016	Report developed; core data set becomes more comprehensive
Solicit feedback on aggregate report/seek consensus	Andy	Mar. 15, 2016	Feedback gathered; stakeholders are engaged and empowered

2. WHAT			
Convene key stakeholder group of data owners to regularly monitor/assess data measures			
HOW	**WHO**	**WHEN**	**PROCESS MEASURE**
Identify key stakeholders/data owners for the group	Andy	April 1, 2016	Group identified; key stakeholders are engaged and empowered
Establish routine meetings of group to compile data measures for all Summit participants	The Group	April 15, 2016	Meetings scheduled
Collectively propose relevant questions to the BRFSS Data Committee for inclusion in the 2017 survey.	The Group	October 15, 2106	Questions proposed; core knowledge is expanded
3. WHAT			
Inform Summit annually on progress			
HOW	**WHO**	**WHEN**	**PROCESS MEASURE**
Develop annual report on data measures	Data group	November 1, 2016	Key stakeholders are more informed; "how's" are revised to be more targeted and impactful

4. WHAT			
Re-convene the Summit to revise measures/targets based on gathered data			
HOW	**WHO**	**WHEN**	**PROCESS MEASURE**
Schedule 2016 Summit	Planning group	November 15, 2016	Summit held; key stakeholders are re-engaged and Kentuckians are assisted in being smoke-free

Committee Name: Education & Training Teaming

Committee members: Mark Burress, Leslie Jones, Shannon Tipton, Floyd Hunsaker, Shannon Jones, Sam Castle
Liaison: Sam Castle

1. WHAT

Gather information on Tobacco and by-products from existing sources to distribute to others in Academy.

HOW	WHO	WHEN	PROCESS MEASURE
Well Care Quit Line	Shannon Jones	February 2016	
Pathways Regional Prevention Center E- cigarettes	Sam Castle	February 2016	
National Guard American Lung Association	Shannon Tipton Floyd Hunsaker	February 2016	
Ombudsmen American Cancer	Mark Burress	February 2016	
Protection and Advocacy National Institute of Health	Leslie Jones	February 2016	

2. WHAT

Effects of Binge drinking on overall health

HOW	WHO	WHEN	PROCESS MEASURE
Mother Against Drunk Driving NIAA General information	Shannon & Floyd Shannon Jones	March 2016 March 2016	
Pathway RPC Data from Intake of clients for substance abuse treatment who smoke	Sam Castle	March 2016	

Committee Name: Media and Marketing

Committee members: Wendy Morris, Rob Satterly, Stephanie McCladdie, Samantha Powell, Gil Lorenzo
Liaison: Samantha Powell

1. WHAT

Increase awareness of tobacco use disparity in BH population (geared toward general population)

HOW	WHO	WHEN	PROCESS MEASURE
Research and review current resources Send resources to committee	Samantha and Rob Stephanie	Jan 2016	
Determine the appropriate resources for each region (content and media outlet/format)	Rob	Jan 2016	
Target marketing – customize messaging according to region	Rob	Jan 2016	
Incorporate myths on smoking and behavioral health (Doug's slide) into existing materials/create new materials	Gil	Feb 2016	
Explore funding opportunities with public and private partners – connect with ALA	Rob	Feb 2016	
Solicit new partners for input and exiting resources	All	Feb 2016	
Prepare to leverage CDC Tips on BH regionally	All	*2016	

2. WHAT			
Support recovery oriented system of care that includes tobacco cessation (target audience: advocates, BH practitioners, peer groups)			
HOW	**WHO**	**WHEN**	**PROCESS MEASURE**
Reach out to NAMI KY, KMHC, PAR, KPRA, CMHCs – for assistance with target marketing	Wendy and Samantha		
Supplying media materials (from Stephanie) to these groups	Wendy and Samantha		
Provide quitline materials	Rob	Jan 2016	
3. WHAT			
Support integrated care model for BH population that includes tobacco (target audience, medical professionals and facilities)			
HOW	**WHO**	**WHEN**	**PROCESS MEASURE**
Reach out to KY hospital association, Substance Abuse branch, Kentucky medical associations	Wendy and Samantha		
4. WHAT			
Gain support for policy decisions and available education			
HOW	**WHO**	**WHEN**	**PROCESS MEASURE**
Understand the work of other committees, make sure the work we do is in line and in support of other	All		

Committee Name: Peer Support / Training

Committee members: Phillip Winchell, Holly Dye (Mike Barry), Whitney Powell, Tami Cappelletti
Liaison: Tami Cappelletti

1. WHAT:

Curriculum development and/or adaptation of existing content

HOW	WHO	WHEN	PROCESS MEASURE
Identify subject matter experts to act as advisors.	Tami	In progress, by Jan. 1, 2016	SMEs are identified and engaged.
Convene focus groups; recruit contacts in each CMHC region Locations may include: Bridgehaven/Seven Counties, PAR (+ Board member reach); 1+ per CMHC region Whitney will work with QI Director to reach appropriate individuals within each region	All	Begin Feb. 2016, ongoing. Longterm goal: end 2016.	
Curriculum development is VERY longterm goal			

2. WHAT

Identify existing programs willing to incorporate tobacco cessation into existing individuals served (consumers, clients, program participants, etc.)

HOW	WHO	WHEN	PROCESS MEASURE

3. WHAT			
Prepare peer support specialists for product dissemination			
HOW	**WHO**	**WHEN**	**PROCESS MEASURE**
Incorporate tobacco cessation into continuing peer support specialist education	Whitney to discuss w/ Missy Runyon	By Jan. 2016 (initial convo)	Meeting scheduled
Create cessation resource lists (including publications, toolkits, downloads, etc)	Seven Counties compiles regional contacts; Margaret to provide resource template; Holly contacts Rob S. to gather state resources	Seven Counties tbd on QMOT conference date; Margaret by December 15; Holly By December 15, 2015	Regional contacts compiled; resource template disseminated; Resources compiled and reviewed for appropriateness
Disseminate cessation resource lists / packages	Phillip & other PSS's as identified by regional contacts	Tbd based on resource list development	Peer support specialists equipped with resource lists for dissemination

Committee Name: Tobacco-free BH Policy

Committee members: Doug Tipperman, Kathe ("Katie") Cohagen, Erica Binder-Wooten, Brandon Hurley, Mary Meade-McKenzie, Christine Cheng
Liaison: Mary Meade-McKenzie

Next step: First call week of Dec. 14, 2015 (Christine will send Doodle poll to all to pick date/time)

1. WHAT

Incentives for community agencies to adopt TF policy, such as homeless agencies, soup kitchens, community mental health agencies

HOW	WHO	WHEN	PROCESS MEASURE
Find example from other states who have had TF policy language	Christine	In 2 weeks	Share info with committee
Use model language from other states for RFPs	Mary	In one month	
Add TF policy requirement to state RFPs	Mary	ongoing	

2. WHAT

Statewide smoke free policy, as it relates to BH population and other vulnerable populations

HOW	WHO	WHEN	PROCESS MEASURE
List of state, county, local level legislators on TF stance (Smoke Free KY)	Brandon	In one month	Share info with committee
Link with local, county level resources	Brandon (lead) Mary, Erica, Katie, Doug	ongoing	

3. WHAT			
Policy for removing coverage barrier to access NRTs and Rx meds – standardize requirements			
HOW	**WHO**	**WHEN**	**PROCESS MEASURE**
Determine if there are barriers	Katie		
What are the barriers	Katie		
Find out from MCOs and private insurers on what is covered	all		
4. WHAT			
Policy BH agencies to provide cessation services as part of treatment plan			
HOW	**WHO**	**WHEN**	**PROCESS MEASURE**
Make the case with CEO/ED, executive level approach	Mary		
Treatment plus counseling, CPT code/billing for cessation treatment	Mary		

Committee Name: Provider Education

Committee members: Rebecca Herbener, Margot French, Naze Assef, Terry Watson, Ron Easterly, Judy Baker, Peggy El-Mallakh, Brian Clark
Liaison: Judy Baker

1. WHAT

Educate Primary Care Providers, Behavioral Health Providers, Rural Health Providers, Outpatient Services – any providers who treat those with substance use issues and mental health conditions

HOW	WHO	WHEN	PROCESS MEASURE
Education at the graduate student level for primary care and psych. services	Peggy	Spring 2016	
Produce an MCO fact sheet/packet – including quitline numbers, MCO numbers, what medications are covered, mythbusters..join monthly CMS calls to discuss progress	Judy, Ron	Late Spring 2016	Completion of packet
Provide billing education (forms) – information on what providers can bill, charting, HEDIS	Margot, Naze, Terry, Rebecca	Spring 2016	Completion of forms
Motivational interviewing training for providers; incentive-CME…	Rebecca, Peggy	Fall 2016	Analysis of claims data
Tailor education to subpopulations (based on diagnosis) – evidence-based	Peggy	Summer 2016	

2. WHAT

Integrate smoking cessation into SBIRT

HOW	WHO	WHEN	PROCESS MEASURE
Education to providers statewide (PCP, psych/mental health, pediatrics)	Peggy	2017-2018	

3. WHAT			
Initiative to recognize provider "superstars" – those who excel in interventions, pairing counseling with treatment (possibly combine with what#1)			
HOW	**WHO**	**WHEN**	**PROCESS MEASURE**
Analyze patient claims	Judy	Summer 2016	
Provide incentive for excelling providers	Ron	Summer 2016	

Committee Name: Treatment in Facilities

Committee members: Zim Okoli, Bobbye Gray, Amanda Fallin
Liaison: Bobbye Gray

1. WHAT: Providing Tobacco Treatment in Behavioral Health Settings

Where are we now?

1. Smoking among adults with poor mental health 42.6% (goal is 34.1%)

2. Smoking among adults 45.2% who binge drink (goal is 36.2%)

HOW: Baseline assessment of capacity and attitudes	WHO	WHEN	PROCESS MEASURE
Assess tobacco treatment (including resources, training, brochures, tobacco treatment specialists, access to the phone)/tobacco policy in the residential substance abuse	Amanda	6 months	Report
Assess clinician attitudes toward tobacco treatment (target four state psychiatric facilities, N=600)	Zim	1 year	Report

2. WHAT

Where do we want to be and by when?

The two targets set to (a) reduce smoking rates (currently 42.6%) by 20% in the mental health population by 2020 and (b) reduce smoking rates in the substance abuse population (binge drinkers) from 45.1% to 36.0% by 2020.

HOW:	WHO	WHEN	PROCESS MEASURE
Expand the Kentucky Center for Smoke-free Policy services to include providing technical assistance for residential treatment facilities interested in adopting tobacco treatment (tobacco policy)	Amanda, Zim, (Ellen), Bobbye	1 year	Develop a sub-team for technical assistance
Create a toolkit with potential services to tailor to facilities' stage of readiness and other characteristics	Amanda		

Apply for funding	Zim	1 year	Receiving funding
Maintain QuitLine services	Bobbye	2 years	Competitive bid, write the scope of work (including BH and substance abuse); put the RFP out, award the contract, maintain behavioral health services within the contract
3. WHAT			
3. How will we get there? **Increased knowledge of the dangers of tobacco use, attitudes against tobacco use, and support for policies to reduce tobacco use initiation.** **Short-term: Increased knowledge of, improved attitudes toward, and increased support for the creation and active enforcement of tobacco-free policies**			
HOW	**WHO**	**WHEN**	**PROCESS MEASURE**
Quit & Win programs for behavioral health; incentive if it goes tobacco-free	Bobbye (secure funding)	1 year	Deliver six Quit & Wins (3 in MH and 3 in SA)

Moving to Action & Commitment

Committees agreed to a first committee call in the coming weeks. Liaisons from each committee agreed to hold one group meeting in three months, to exchange notes and collaborate to effectively move strategies forward.

STRATEGY GROUP	LIAISON	NEXT STEPS
Data	Andy Waters	(no conference call needed, committee of one)
Education and Training	Sam Castle	Schedule conference call for March
Media and Marketing	Samantha Powell	• Stephanie will share list of available federal/HHS resources • Identify liaison from each committee to join committee (Tami, Andy, Becky) • Schedule conference call
Peer Support	Tami Cappelletti	Email sent; schedule conference call
Policy	Mary Meade-McKenzie	Conference call to be scheduled week of 12/14
Provider Education	Judy Baker	Call with CMS, 3–4pm on 12/1
Treatment in Facilities	Bobbye Gray	Face to face meetings third Thursdays, 8:30–9:30am

Closing Comments

Name	How do you feel?	What is your individual commitment?
Sam	Anxious but now excited	Pass information to my superior and work with her
Shannon	Informed	Gather information to send
Mark	Have clarity now	Gather materials for our group
Leslie	Optimistic that the state can sustain effort	Work on group action; incorporate information learned into our organization
Shannon	Leaving challenged	Work on getting info for education purposes
Floyd	Appreciate the effort	Connect with the right people in the military to for approval
Ron	Appreciate the effort	Look forward to continuing progress
Judy	Excited	Work with new people in CMS group, using their expertise and guidance and learn from other states

Peggy	Feeling hopeful about getting good outcomes	Develop case studies for a variety of diagnoses and have a students work on motivating patients to call the quitline and learn how to prescribe NRT and refer to counseling
Brian	Motivated	Join calls and provide resources
Becky	Enthusiastic	Take information back to teammates with MCOs
Margot	Excited to work with other MCOs	Take what I learn back to the team at Passport
Naze	Re-energized	Excited to work with other MCO's, take it what I learn back to the team at Passport
Terry	Motivated and optimistic	Make every effort to attend monthly meetings; re-delegate out BH services; meet with BH vendor about what expectations will be to include them in their efforts in smoking cessation
Whitney	Empowered and committed	Share information with CEO, enthusiastic about involved; identifying appropriate contacts in each region to compile resource list
Tami	Have a clearer understanding, excited	Contact national ALA about grant timeline; how we can subcontract; get back to CEO and meet get buy-in and support
Margaret	Tired but excited	Start thinking about promoting use of peers in cessation; utilize the work that comes out of this group on a national platform, such as a webinar
Phillip	Optimistic	Take info back to staff and members
Stephanie	Met high expectations for Kentucky	Email resources, conference line for January call, put out request to all other HHS regions for innovative practices that we may not know about
Samantha	Excited that western KY is included	Share with CMHC and get ball rolling on research
Rob	Pleased	Communicate with other strategy groups
Bobbye	Humbled	Share Quitline resources
Andy	Excited	Develop a more comprehensive data set to really know what's going on in Kentucky
Zim	Very expectant	Get buy in from psychiatric facilities and other behavioral health settings
Amanda	Re-energized	Continue working on this issue, committed to assess cessation resources for residential treatment facilities
Doug	Appreciative	Include Kentucky in presentations on what states are doing about tobacco
Katie	Excited to know the myths and how to debunk them	Learn more about the pre-authorization policy and process in Anthem
Erika	Validated	Help Andy survey on data; talk to colleague about what we've done with data, offer Foundation for Healthy Kentucky's facilities for trainings

Brandon	Refreshing, proud	Follow up with resources at the state and link back with workgroup, encourage promoting connections
Mary	Very encouraged, excited	Steering adult community liaison policies; incorporating tobacco in addictions modalities and treatment plans
Christine	Pleasure to be a part of this	Start doodle poll for strategy committee; send information on free CME/CE credit for SCLC webinar series for providers in Kentucky
Vicki	Excited	Help with action plan; program support, help with calls and communications
Gil	Ecstatic	Send action plan; continue communication with planning team

Conclusion

Wendy Morris from the Department for Behavioral Health, Developmental and Intellectual Disabilities ended the summit expressing her appreciation for the meeting format. *"Without a doubt, the performance partnership model is a great way to move from talk to action."* She thanked the planning team, especially Andy Waters for creating the Gallery Walk slides, Vicki Greenwell for her detailed work with logistics and support, and Gil Lorenzo for keeping the planning committee organized and on task. She also thanked SCLC, SAMHSA, and NBHN for their contributions and participation. She shared her personal commitment of staying engaged in this area, and making it a priority on the agenda.

In the coming months, SCLC will be providing technical assistance to support the work of the summit and help bring the action plan to fruition. Lastly, SAMHSA, SCLC and NBHN would like to thank all the participants for their time and energy at the summit and during the ongoing collaboration.

Appendices

Appendix A: Participant List

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Appendix B – Reactions to the Gallery Walk

Priority on the Behavioral Health Population
This is matter of urgency for those with behavioral health issues
The behavioral health population has been ignored for too long
Shocked by much higher rates among those with mental illness
Emotional toll; it is taxing for those even with the best mental health, for those who are already distressed, it is motivating to prevent cancer risks
High rates among drinking and poor mental health subgroups
Those with mental illness or substance use disorders represent 24.8% of adults, yet smoke 39.6% of all cigarettes smoked by adults
The perceived challenge of quitting smoking in the behavioral health population makes this work even more important
The numbers hit hard; these are people I know and love, I had a friend who died of smoking, he smoked until he died
Geographic Disparities
Smoking rates are high in eastern Kentucky
Fulton county has high smoking rates and high childhood asthma rates, large African-American population
Frustrating to see high rates in eastern Kentucky
Regional differences; so many counties in the state
Difference in Utah, what they are doing differently?
Commitment to Action
Kentucky can make difference for people of Kentucky and show something to the country
It is exciting to go forward
I'm optimistic it's possible to make progress
Having done work in smoking cessation, I'm excited to be involved
Renewed passion, moving forward to action to reduce preventable death in Kentucky
Impressed and Impactful
Impressed – emotionally and intellectually
A lot of data – a gold mine
The statistics are alarming
How truly high the rates are, it is astronomical
Disheartening to not see as much of an increase in counseling compared to medication in Medicaid utilization
Challenges Ahead
Kentucky has a lot of work to do; smoking rates are not going down as quickly as needs to be

Magnitude of the problem in Kentucky
Preventable deaths – so many people are dying from things that are completely preventable
Smoking used as coercion/reward, very sad; that there are huge health consequences
Medicaid utilization has gone up; concerned about the future of those who may lose access
Youth, Prevention and E-cigarettes
Youth data is scary, especially having a 15 year old
We need to think about e-cigarette prevention campaigns
Curious about youth data for eastern Kentucky
Youth data shows very high smoking, starting as early as 6th grade
With e-cigarette use increasing in youth, there needs to be a prevention campaign in place
Shocked at the high percentage of 8th through 10th graders smoking
Concerned about the high use of e-cigarettes
We need to stop the transition of youth smoking to adult smoking

What Can This Group of People Do Together?

Table 1	Don't just walk away and don't correspond regularly – we need to reconnect quarterly or every six months. Share what's working on a regular basis. Considering the impact of CDC Tips from Former Smokers, more effort on media statewide. Uniform state laws.
Table 2	Two out of five of us represent the military. Incorporate tobacco when addressing substance use and alcohol in daily briefings. Incorporate tobacco in presentations on other substance use disorders.
Table 3	Synergy with payors and clinicians; what do clinicians need to be more successful with tobacco dependence treatment.
Table 4	Incorporating payor and front line sources, into education. Not only for providers, but also for those with behavioral health issues, what's available to them and at no cost. For providers, how to bill, what you can bill for, getting the right provider type into your practice.
Table 5	Share knowledge of information, what's working and not working, constantly staying in touch and keeping in touch for sustainability.
Table 6	Adding our voice to existing Smoke-free Kentucky and tobacco-free school efforts. The MH/MCOs are non-traditional partners. Commit to continue working together. Add non-traditional partners, like education, to grow capacity.

Appendix C – Overnight Reflections

What can you contribute to reducing tobacco use among people with behavioral health disorders?

- Provide quitline services to all Kentuckians; re-write contract to specifically include people with behavioral health issues
- Educate physicians and clinicians
- Work with students who are in violation of school tobacco policy
- Find ways to bring tobacco treatment to the areas where those with substance use disorders access treatment
- Broaden curriculum to place stronger emphasis on cessation
- E-cigarette/education piece; create ripple effect
- Bring national experience to Kentucky; share resources and lessons learned
- It's war!
- Reach out to families and support system, in addition to members
- Connect to community cessation resources
- Work with MCOs to develop education for behavioral health providers and members; education on what is available through Medicaid, how to access, how to bill; behavioral health is integrated with Medicaid
- Focus on policy level; education and resources
- Communication and education; provide technical assistance
- Awareness and access, how we can help having direct contact with residents in personal care homes
- Education; great data to take back to share and build awareness, put on forefront and not fizzle out, provide organization specific data
- Bring unique perspective of substance abuse, public health and tobacco experience
- Consider who else to bring who are not in the room today; the bigger the force/more diverse will make us more successful
- Get co-morbidity data; lung cancer and behavioral health; provider education and best practices; help physicians with treatment and interventions
- Help people who transition to a substance abuse facility from prison, bring resources
- Challenge substance abuse branch to integrate tobacco and push it up to the same level as alcohol and other substances and treat it as an addition that needs attention.
- Education and awareness; take information back to colleagues and raise awareness, work with provider relations to educate providers; counseling is a key component, promote quitline counseling services
- Take back what I learn with a focus on provider education. Give the behavioral health population more attention.
- Increase collaboration; add to existing programs to address behavioral health
- Make tobacco a priority among military population; educate on long-term effects
- Not overlook nicotine as part of the substance abuse cycle; treat nicotine as an addiction
- Develop conversation with population and also pregnant women as well as harm reduction conversation; readiness to change
- Kentucky leads the nation for smoking among adults; be realistic about the enormity of the problem

- Peer to peer sharing; bring what other states have done; promote the work Kentucky will do on a national platform
- Look at data; get the providers who are prescribing; match with education and available resources; partner with these providers to increase use of counseling services
- In eastern Kentucky, use 3-prong approach; make cessation a movement so it filters out to every department; make it priority. Address staff use and get them to buy in; broaden scope to get county-wide buy in.
- From the federal level, develop more resources and support for local programs and communities; raise awareness and profile of this issue to make progress
- Work together as a team to take additional information and implement in programs already in place; strengthen marketing; do the most with less
- Awareness of resources to those in group homes
- Get necessary tools for the front line help more people to stop smoking
- Program support for different mental health/public health/tobacco activities
- Share communication strategies from other states addressing the behavioral health population in rural areas
- Bring knowledge and expertise, improve access to the quitline for this population