



The Massachusetts State Leadership Academy for Tobacco-free Recovery

Boston, MA
June 16, 2015

MEETING SUMMARY AND INITIAL ACTION PLAN

Background & Introduction

On June 16, 2015, forty-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 Massachusetts. The summit was held by the Massachusetts State Departments of Mental Health and Public Health, in partnership with Substance Abuse and Mental Health Services Administration (SAMHSA) and the Smoking Cessation Leadership Center (SCLC), continuing work from the SAMHSA 2014 State Policy Academy on Tobacco Control in Behavioral Health. The purpose of the summit was to design an action plan for Massachusetts to reduce smoking and nicotine addiction among individuals with mental illness and addictions, 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 morning of the Summit consisted of introductions, and recognizing existing and new connections with fellow attendees of the Massachusetts Leadership Summit. With an impressive Gallery Walk that provided empirical and thorough data on the tobacco epidemic attendees browsed and discussed the display among each other with the goal of understanding the population of smokers with mental illness(s) and addictions in Massachusetts. See Appendix C for the group discussion on reactions to the Gallery Walk.

In an official welcome, Joan Mikula, Commissioner of the Massachusetts Department of Mental Health, reminded the group why they were all there, "Consumers die on average 25 years earlier than the general population from tobacco related diseases. This Summit provides the perfect template to create strategies to get at the heart of the problem." Lea Susan Ojamaa, MPH, Director of the Division of Prevention and Wellness in the Bureau of Community Health and Prevention, in the Massachusetts Department of Public Health, reinforced the Commissioner's message by adding, "We have made incredible gains in decreasing the smoking prevalence in the general population. However there is almost no change in the smoking prevalence in the behavioral health population."

Participants represented state, and local agencies, including tobacco control, mental health, addictions, consumers, insurance, community services, non-profit, and academic 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 smoking and tobacco use, and each partner committed to the strategies they established at the summit. In a discussion led by facilitator, Beroz Ferrell, each partner expressed, given their role, what they could contribute to the Summit. Themes that emerged from this discussion are insurance- policy changes and support, education/integration, peer voices, policy changes and partnerships (see Appendix B).

Later that day, we heard a powerful story and message from Peer Specialist, Jeannie Bass. She told her story of how she began smoking at the age of 15 and that she was told that she was chronically mentally ill. She explains her “relationship” with cigarettes as “it was love at first drag” and how smoking was like a friend to her throughout her youth. She was able to quit through the help of her peers. She was once told by a Peer that, “I want to live more than I want to die”. Not only was she able to quit, now she has become a Peer Specialist at Tewksbury Hospital, helping others to quit. She ended by saying, “It is hard to call myself a non-smoker, even though I have quite for over three years” and “I am relieved that I am healthier but a piece of me will always miss smoking.” Her presentation really brought the humanity back to the discussion and showed the group how truly hard it is to quit this addiction.

Following Jeannie’s presentation, Dr. Douglas Ziedonis from the University of Massachusetts Medical School, presented on “*What Works*” with tobacco use and behavioral health populations. He began by recognizing the importance of real stories from former smokers like Jeannie Bass saying, “It reminds me of how important culture is; it has to be part of the equation. We need to change the culture in the behavioral health facilities. Smoking can’t be an accepted part of the day.” He also provided insight of other innovations in treatment, like using the CO monitors in order to show progress in quitting, for this population. He delivered an essential message, “tobacco dependence treatment needs to be part of the treatment plan for those with mental illness and/ or addiction.”

By the end of the summit, Massachusetts 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:

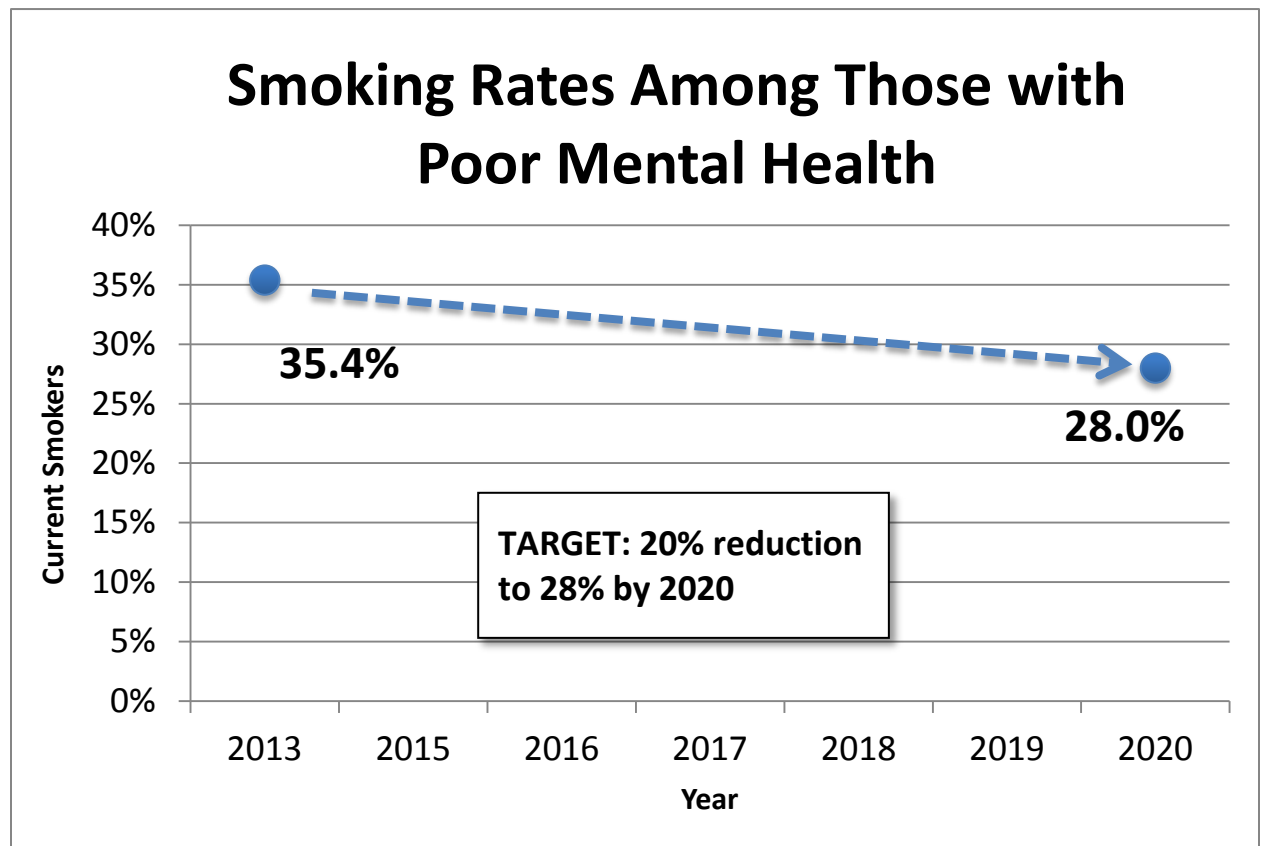
1. **The smoking rate (2013) of adult population in Massachusetts with Poor Mental Health is 35.4%*.**
 - Source: Massachusetts State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS), 2013

- Poor Mental Health is defined by having 15 days or more with poor mental health in the past 30 days; self-reported.
 - *This is an average of the trend data points from 2011-2013
2. **The smoking rate (2013) of adult population in Massachusetts with a Substance Use Disorder is 41.6%.**
- Source: Massachusetts State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS), 2013
 - Substance Use Disorder (SUD) – defined by the Diagnostic and Statistical Manual of Mental Disorders, fifth editions, (DSM-V) as patterns of symptoms resulting from use of a substance which the individual continues to take, despite experiencing problems as a result. Identifying with 2 of 11 possible criteria was defined as SUD; self-reported.

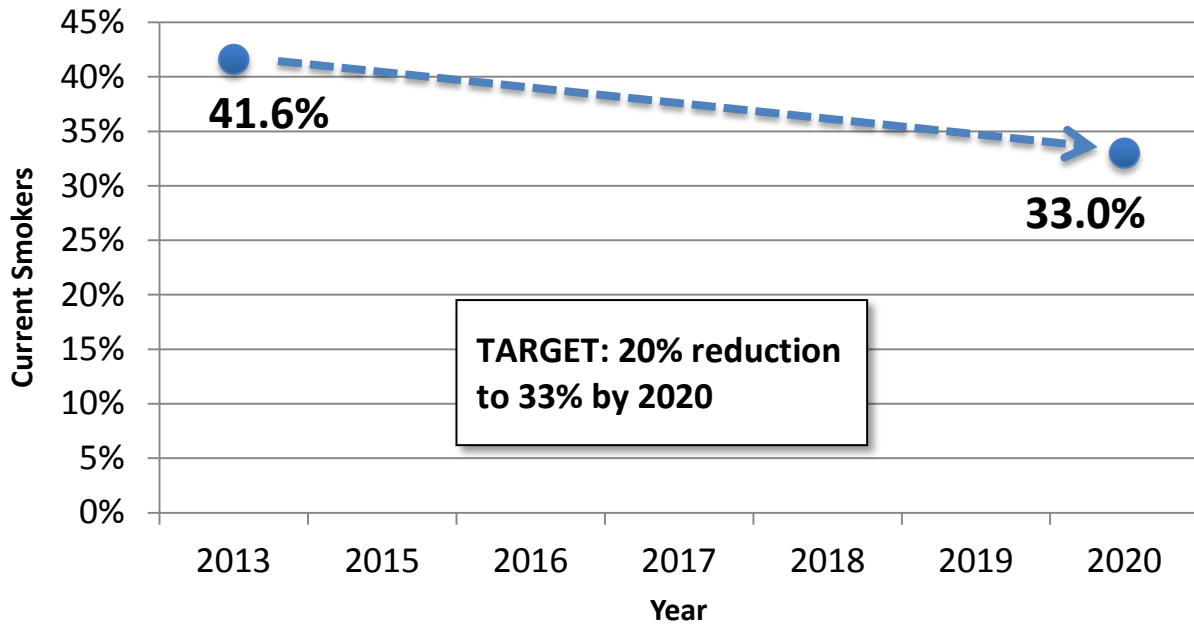
Caveat – Everyone agreed these data points were too low and therefore they would create a data development committee to research more accurate data points to represent the smoking prevalence in these populations.

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

The partners agreed on a 20% reduction by 2020 target for the Poor Mental Health and Substance Use Disorders measures.



Smoking Rates Among Those with Substance Use Disorders



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

In small groups, partners brainstormed possible strategies and identified common themes in a large group discussion:

Common Strategy Themes
Education and Training
Cultural and Organizational Change
Policy Change & Legislative Efforts
Advocacy
Funding
Data Development
Insurance Coverage
Youth Prevention
Peer Workforce
Communication

Partners then adopted the following strategies, acknowledging that any theme could be incorporated as part of a strategy group.

Adopted Strategies
1. Organizational Change through Education and Training
2. Payers
3. Peer Workforce
4. Policy & Legislation
5. Data

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 for the second half of 2015 and beyond. Committees will use these grids to track progress.

Baseline data sources will be checked each year to gain understanding of progress. Process measures will be shared with the partners regularly and will be used to share successes and to evaluate which strategies are working or need refining. Liaisons will provide leadership and direction with regards to next steps. The liaisons will reconvene on a quarterly basis to share progress from their committees.

Committee Name*: Organizational Change Through Education and Training

Committee members: Jeannie Bass, Susan Abbott, Greg Harris, Jim Cremer, Louise Katz, Janet Smeltz, Kathryn Power, Alexis Powell, Annette Hanson, Yadirys Collado, Erica Piedad, Hsila Bates, Christine Baratta, Dennis Dimitri, Susan Abbott, Jon Delman and Catherine Saucedo
 Co-Liaisons: Erica Piedad, Jim Cremer, and Jon Delman

*The original committee group Cultural and Organizations Change merged with the Training and Education committee to align strategies. The following is the comprehensive list of strategies of created by both groups.

1. WHAT:

Align incentives between Behavioral Health Constituents and Providers (Peers and Providers) around tobacco-free policies and tobacco dependence treatment

HOW	WHO	WHEN	PROCESS MEASURE
Create a group meeting of peers and providers to understand barriers to motivation to intervention vs intervention quit at MPS or DMH	Gregg Harris/Jeannie Bass	2 months	Group meeting hosted
Identify site to host the meeting that is peer and provider friendly	Gregg Harris	1 month	Site identified
Identify incentives for the peer/smoker to quit and understand the reasons behind tobacco-free Policy enforcement. Reference Toolkit for cultural change from Jon Delman	Jon Delman/Jeannie Bass	3-4 months	Incentives identified
Identify incentives for providers to want to assist peers with quitting and enforcement tools for enforcing tobacco-free policies	Gregg Harris	3-4 months	Incentives identified
Share incentives with Training and Education committee to integrate into related strategies	Gregg Harris/Jeannie Bass, Jon Delman	4-6 months	Information shared with all Leadership Academy related training and education strategies

2. WHAT:			
Connect with APA national efforts and volunteer to pilot effort			
HOW	WHO	WHEN	PROCESS MEASURE
Join APA national committee/volunteer to pilot effort (specific focus on cultural change)	Catherine Saucedo to recommend Gregg Harris join to APA leadership	1-3 months	APA/MAPA are partnering and sharing resources to state chapter
Bring effort to MA	Gregg Harris/Doug Ziedonis	3 months	"
Identify other national efforts that could play out at chapter organizations in MA (APNA, APA, AAFP etc.)	Catherine Saucedo	1-3 months	1-3 chapter /national collaborations
3. WHAT			
Create and Pilot a Peer-led Tobacco Wellness 101 Workshop for smokers, providers, administrators and executive leadership			
HOW	WHO	WHEN	PROCESS MEASURE
Speak with folks from Tewksbury hospital who could be willing to participate	Jeannie Bass/Susan Abbott	1 month	Tewksbury Hospital or equivalent agency agrees to collaborate
Identify existing toolkits that offer motivational techniques that focus on wellness rather than how to quit tobacco.	Catherine Saucedo/Susan Abbott	1 month	Toolkits and curriculum shared with committee members

Customize materials (see strategy # 1) to fit needs in MA and pilot at Tewksbury hospital or equivalent agency	Jeannie Bass	6 months	Workshop implemented, materials shared
4. WHAT			
Identify Additional Stakeholders to Align with Committee Goals and Objectives			
HOW	WHO	WHEN	PROCESS MEASURE
Reach out to other stakeholder organizations that are willing to join this effort either the cultural change committee or others like AACAP, New England Council on Child and Adolescent Psychiatry committees.	Jim Cremer	1-2 month	
Ask leaders from these associations to make commitment to push cultural change (signed commitment letter by leadership)	All committee members	ongoing	
5. WHAT:			
Identify current tobacco dependence treatment curricula and disseminate to committee liaisons for distribution			
HOW	WHO	WHEN	PROCESS MEASURE
Obtain list of available existing tobacco dependence treatment curricula and compile resource list (include UMass Basic Skills Training and TTS training)	Janet Smeltz (Louise Katz), SCLC-Catherine Saucedo	Next 3 months	Create Resource list and Share with Partnership members
Identify marketing strategies for different sectors (specialized for specific organizations)(Note: Contact/distribute to Dolores Mitchell GIC)	Erica Piedad – SCLC-Gil Lorenzo	Next 3 months	Create Resource list and Share with Partnership members

6. WHAT			
Begin educating clinical case managers, physicians, utilization reviewers on tobacco dependence treatment issues			
HOW	WHO	WHEN	PROCESS MEASURE
Write article for providers newsletter	Hisla Bates	Within 3 mos.	Article written -
Write article for consumer newsletter	Hisla Bates	Within 3 mos.	Article written
Identify provider and consumer newsletters that agree to run newsletter	Hisla Bates and other committee members	Within 3 mos.	Article published in at least 3 provider e-newsletters and/or printed provider publications
In-service training for clinical case managers, physicians, utilization reviewers	Hisla Bates	Within 3 mos.	In-service completed for a minimum of 50 providers
Create a discount code and promote free CME/CEU webinar opportunity offered by SCLC	SCLC Jennifer Matekuare working with Erica Piedad and Jim Cremer	Within 2 mos.	Promotion sent through E-mail, listserv, website promo, and other social media outlets

7. WHAT			
Spread the word about existing social media campaigns regarding tobacco treatment and compile a list to distribute to liaisons (IHR, smokefree.gov, etc.)			
HOW	WHO	WHEN	PROCESS MEASURE
Research existing social media campaigns and compile a list to distribute to committee liaisons	Yadirys Collado – Gil Lorenzo	Within 3 mos.	List distributed
4. WHAT			
Provide information and elicit buy-in from MA physicians regarding tobacco dependence treatment issues			
HOW	WHO	WHEN	PROCESS MEASURE
MPS (Mass Psychiatric Society) will collect and evaluate information from the APA smoking cessation task force to MA psychiatrists	Greg Harris, MD	3 months	Info will be obtained
MPS will disseminate info through newsletter articles, CME activities, hosting materials on MPS website	Greg Harris, MD	6 months	Info disseminated as indicated
MMS (Mass Medical Society) will write a “Presidential Message” on front page of the MMS newsletter (“Vital Signs”) emphasizing the significance of the problem and identifying what physicians can do	Dennis Dimitri, MD	6 months	Article published
MMS will ask their committee on public health to make this a priority issue (that might include a public health forum event in the future).	Dennis Dimitri, MD	3 months	Committee meets and agrees
MMS will incorporate this issue in state and national lobbying	Dennis Dimitri, MD	Over the next year	Efforts will be recorded
MMS will ask public relations staff to consider producing a segment for “Health Matters” (a state-wide cable TV show)	Dennis Dimitri, MD	Over the next year	Efforts will be reported back to committee
MMS will ask committee on communications to assess the possible use of MMS social media strategies to address this issue	Dennis Dimitri, MD	Over the last year	Efforts will be reported back to committee

Committee Name: PAYERS

Committee members: Joel Rubinstein, Anna Landau, Nancy Schwartz, Duke Dufresne, Sally Reyerling
 Liaison: Anna Landau

1. WHAT:

A table of information about specific insurance benefits for tobacco cessation in each plan to give to consumers

HOW	WHO	WHEN	PROCESS MEASURE
Look at Harvard Pilgrim Plan's benefits	Joel Rubinstein		
Look at Tufts Plan's benefits	Duke Dufresne		
Look further into what is required and what is currently being provided	Nancy Schwartz and Anna Landau	2 weeks	

2. WHAT

Appropriate reimbursement of behavioral health providers for the treatment of smoking cessation by MassHealth

HOW	WHO	WHEN	PROCESS MEASURE
Collaborate with MassHealth to discuss reimbursement	Duke Dufresne and Sally Reyerling		
Explore commercial plans to see how they reimburse providers	Nancy Schwartz and Joel Rubinstein		

3. WHAT			
Commercial and MassHealth insurers should cover services of certified peer services			
HOW	WHO	WHEN	PROCESS MEASURE
Plan to address the details in future committee calls.			
4. WHAT			
Commercial insurers should cover alternative treatment (e.g., acupuncture) for tobacco cessation			
HOW	WHO	WHEN	PROCESS MEASURE
Plan to address the details in future committee calls.			
5. WHAT			
Enhanced smoking cessation benefits for major mental illness diagnoses			
HOW	WHO	WHEN	PROCESS MEASURE
Plan to address the details in future committee calls.			

Committee Name: PEER WORKFORCE

Committee members: Lea Susan Ojamaa, Anne Whitman, Laurie Martinelli (and Laurie’s intern, Tan Kobayashi), Deborah Delman, Catherine Quinerly, Christine Cheng
 Co-Liaison: Anne Whitman and Catherine Quinerly

1. WHAT

Expand smoking cessation services training for peers

HOW	WHO	WHEN	PROCESS MEASURE
Adapt or use basic skills for working with smokers from the full CTTS training from UMass for peers	Lea Susan Ojamaa	One year with quarterly updates	Number of peer training
Expand on smoking cessation module in WHAM (whole health and action management) for Certified Peer Specialist (CPS) and peer support specialists and recovery coaches– e.g. modeled after older Americans training (paid for no expense to CPSs)	Rob Walker from DMH and Deborah Delman with help from Catherine Quinerly		
Advocate for regional trainings – east and western MA	Laurie Martinelli		
Ask TRANSCOMM expand charge to include cessation training for peer specialists	Anne Whitman to reach out to Clara Carr, Marcia Webster, Steve Hahn		
Reimbursable service provided by CPS and peer support specialists by Mass Health and commercial insurers to pay peer specialists for cessation services	Laurie Martinelli		
Add smoking cessation to NAMI MA peer to peer program – 10 week wellness course	Laurie Martinelli		
Ask the RLC (Recovery Learning Communities) add to funding from DMH for smoking cessation support group	Anne Whitman and Catherine		

	Quinerly		
Being smoke free as a self-care and wellness and shift focus from being a right being taken away – any myths busting?	All		
Reach out to Howard Trachtman at MIT (HDT@MIT.edu)	Anne Whitman		
2. WHAT			
Help peer specialists to quit smoking themselves – joint effort with EDUCATION strategy group.			
HOW	WHO	WHEN	PROCESS MEASURE
Plan to address the details in future committee calls.			

Committee Name: Policy and Legislation

Committee members: Casey Harvel, Carolyn Langer, Gil Lorenzo, Karina Patino Mazmanian, Kathy Sanders, Katherine Record, Connie Peters
Liaison: Kathy Sanders

1. WHAT:

Review and clarify EHS tobacco-free campus policy for behavioral health programs

HOW	WHO	WHEN	PROCESS MEASURE
Obtain copy of policies successfully adopted in other states (e.g. New York)	Connie Peters	End of July	
DMH/DPH Commissioners arrange meeting with Secretary (using Leadership Academy Action plan and highlighting efforts by other public programs to initiate)	Kathy Sanders	Mid-July	

2. WHAT

Know which plans cover for smoking cessation, including Medicaid

HOW	WHO	WHEN	PROCESS MEASURE
Clarify tobacco cessation coverage as it relates to ACA (send ALA report and State of Tobacco Control report)	Casey Harvel	Tomorrow	
Collaborate with DOI			

3. WHAT

Advocate funding through legislature for strategic plan; adopt state-wide smoking cessation plan for BH population

HOW	WHO	WHEN	PROCESS MEASURE
Establish steering group representing different sectors represented in the room (Tobacco-Free MA)			
Identify cost of training of BH staff	Carol (DMH)		

Committee Name: Data

Committee members: Cori Cather, Jonathan Delman, Daniel Breslin, Ken Mayer

Liaison: Cori Cather

1. WHAT:

Obtain data on tobacco/nicotine use for DMH clients

HOW	WHO	WHEN	PROCESS MEASURE
Assess feasibility of assessing smoking status among DMH clients	Jonathan Delman		
Plan consumer/stakeholder information sessions to develop assessment tool	Jonathan Delman and Dan Breslin		

2. WHAT

Obtain data on tobacco/nicotine use for BSAS clients

HOW	WHO	WHEN	PROCESS MEASURE
Facilitate completion of current EDS admission procedure	Ken Mayer		
Facilitate development of a reporting mechanism of data	Ken Mayer		

3. WHAT

Obtain best source of data of tobacco/nicotine use for all Massachusetts with Mental Health and/or Substance use challenges

HOW	WHO	WHEN	PROCESS MEASURE
Identify options for obtaining population data	Cori Cather		

Moving to Action & Commitment: What will each of us do and when?

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

STRATEGY GROUP	LIAISONS	NEXT STEPS
Organizational Change Through Education and Training	Erica Piedad, Jim Cremer, and Jon Delman	Meet monthly – 1 st conf. call July 15 th
Payers	Anna Landau	First meeting on phone in 2 weeks, figure out after that how to move forward
Peer Workforce	Anne Whitman and Catherine Quinerly	Doodle poll first call after July 19 th – monthly calls
Policy & Legislation	Kathy Sanders	Call on Friday July 10 th – 11am – meet monthly after that
Data	Cori Cather	Meet in two weeks; by phone on the 30 th – meet monthly after that

Closing Comments

NAME	What are you excited about having accomplished today? What is your most powerful Action Commitment towards achieving the result?
Connie	The issue of BH clients and high rates of smoking: they need a level playing field and now they will have it. Will try to get current state policy to be applied to BH policy.
Casey	The potential of everyone addressing this issue. To be a voice for this room (with the ALA) in that coalition and start talking about how this community has been overlooked for too long.
Kathy	I'm excited about the commitment. We are not working alone anymore. We are getting down to reviewing policy and being specific.
Carolyn	You gathered a diverse group and really pulled it off. It is amazing how much was accomplished including concrete action plans. I will follow up with DOI and other groups to review coverage policies against payers.
Katherine R.	Looking at why people smoke is a good approach. Interagency collaboration with the health policy commission; will hold providers accountable.
Karina	Raising awareness and taking back what I have learned, and report to the legislature
Gil	Start of collaboration; assisting Kathy in establishing communication within his committee
Laurie	Collaboration; this committee is big; important role of peers
Anne	All different players in the same room. It's a big commitment. I will talk to Howard Trachtman at MIT about putting this on their priority list; peer workforce
Catherine Q.	I'm a smoker and hearing what I heard; it was great to see the process and how it works in the community; and personally it's a choice; I'm excited to help others quit as they will walk through this process in her community

Lea Susan	I'm glad I sat at this table committee on peer empowerment, and hope to help; taking part with this group; marry that into the network working with Anna
Christine C.	Being in this room and seeing how much we have accomplished; to help my strategy committee move forward
Nancy	This group will work and seriously help the health of individuals. I will provide information on commercial carriers.
Sally	Networking capabilities- having access to these people; I am going to call Carolyn Langer to talk about this coverage thing that has been on her list for ten years.
Anna	Excited about the people I have met. I am the liaison for the insurance group and will work with other committees.
Alison	Goals of the group are beneficial things to work on; I will take what I have learned back to my practice and patients.
Catherine S.	Power of the group in this room; I am excited to see what happens. Our center (SCLC) will promote what is going on in our communiqué and be here to help get things up and running: including administrative support, provide CEs for webinars and connection to national network on behavioral health and cancer (NBHN).
Greg	To get my CO monitor and integrate it into my practice. It is nice to be thinking on both tracks; utilize the capital in my association, and promote the educational resources that he will move through his organization.
Alexis	More than I expected but excited. Just started at the Health Policy Commission; I will be utilizing my skills as a social worker and in policy, to bring change to the work that I do.
Annette	I am excited about the CO monitor too and after 12 years – at Medicaid it didn't get lost entirely; #1 at being able to gather materials and disseminate to students, feeding my boss information and passing along to the members in this state and beyond
Hisla	Being here with these people; it's a great forum to be used with many different issues; glad to be here; go back to Blue Cross and educate case managers, reviewers and members; it's a powerful tool.
Yadirys	Excited to see changes moving forward. I will look into seeing how I can connect different social medias with different organizations.
Jim	Apparent disparity that it is finally being addressed; finally coming into focus; to do it in a collective way is great, exceptional; I will reach out to other organizations, really try to move the agenda forward; and keep focused on the issue.
Louise	Excited to be here; work directly with substance abuse staff in treatment programs; great to be around power players and to see the changes coming from the top down; I will be collecting resources for tobacco treatment; disseminating them and getting it out there; letting them know there is help.
Susan	We've all come together and after 30 years we are finally going to make a change; happy and hopeful for change with the people she has been working with; I will bring smoking back as a strategic initiative to focus on next year
Christine B.	24% of the behavioral health hospitals are not tobacco-free; it takes a great village and I will bring back what we did today and try and make the change with the providers
Erica	Really places this issue of smoking in substance abuse and mental health populations into focus in Public Health – these people have a right to the same health care as the general population; I will be the co-liaison of education

	committee; it's a big commitment
Cori	Combination of vision and action; I'm honored to be a liaison. It's a nice opportunity.
Jonathan	Great potential to achieve beyond our targets; with the policy drives in the wellness/holistic direction, now we can really make these changes; this meeting helped me to think about the issues: of recovery, about feasibility on measuring tobacco cessation; people may see it better now.
Ken	Good to be here. Reminded me of why we are here? We care about this population; I will be trying to work more with BSAS and getting more data out of them.
Dan	We have come a long way. I'm excited this is over and that we pulled it off. Why are we talking about tobacco cessation? We have so many problems but now I know we can make some changes and I hope it is happening in this group; thinking of tobacco in the concept of recovery; don't think is what is wrong with our clients but think about wellness for our clients; how can we make them better over-all; I will continue working with Data and DMH and working with Kathy on other issues.

Conclusion

"It takes a whole community to make change. Thanks for all stepping up for this."- Dr. Kathy Sanders, Deputy Commissioner for Clinical and Professional Services, Massachusetts Department of Mental Health

"In thinking of tobacco within the concept of recovery ... think about wellness for our clients. How can we make them better overall?"- Dr. Dan Breslin, Northeast Suburban Area Medical Director, Massachusetts Department of Mental Health

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. Also, SAMHSA and SCLC would like to thank all the participants for their time and energy at the summit and during the ongoing collaboration.

Appendix A



The Massachusetts State Leadership Academy for Tobacco-free Recovery

June 16, 2015

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Appendix B

Given your role, what will you contribute to the Summit?

INSURANCE: POLICY CHANGE & SUPPORT	
Nancy	Division of Insurance consultant – role as regulators in supporting wellness
Kevin	Division of Insurance - looking at ways to include wellness programs at the worksite; developing rewards programs for smoking cessation; come up with a strategy at the workplace
Joel	Harvard Pilgrim – learning a lot and contributing; looking at the programs and taking it back to wellness programs
	Support insurance programs in smoking cessation
	Blue cross – covering for Ken Duckworth – child adolescent psych. Remind everyone about children and that is where smoking starts; taking back to make policy change on tobacco cessation
	Public payer perspective – lessons that we can apply to membership; incorporate Lessons and takeaways to care delivery model
Duke	Tufts – Medical Director - Access to members and providers; partner with them to take action
EDUCATION/ INTEGRATION	
Erica	Public Health regulatory license Substance Abuse programs; including tobacco cessation In Substance Abuse programs
Cori	Researcher and clinician – bring smoking cessation to mental health clients; people don't deliver effective programs
Louise	Training with staff at addiction treatment centers; knowledge working with staff on the barriers, what has worked and not worked
Janet	Address & treat tobacco dependence; Bring experience and ability to change minds; move systems forward
Annette	Tufts – teaching of med. Pa. students; how best to teach them and encourage them to look at this aspect of their lives
Alison	Experience working with patients on tobacco cessation
Ken	Offers what Louise does; work with mental health and substance abuse clients; I see the difference in working with this population and it is a process that is possible
Dennis	Family Physician – clinical services integrated primary care with MH and SA clients and president of Ma Medical Society; access to all of the family physicians in the society- bringing the message to the members – how they can participate; and have them work on this problem
	MH provider interested in integration; primary and specialty care; so they can get access to the care; bring the knowledge back
Greg	MA Psych society – treat a lot of patients with smoking and MH; he has access to communicating with Psychiatrists;- education and draw them into this issue; Psychiatrists don't see this as their problem but it should be
Doug	Give a talk; best practices on this topic; excited

Dan	Psychiatrist in Private and state hospitals – involved in health and wellness; looking at tobacco cessation and wellness over all, should be the main goal in recovery; knowledge of MH clients and challenges in serving them; what we learn will help us move forward and develop tobacco Cessation programs
Jim Cremer	Glad there are providers here because we contract with them; good to have them at the table; they are providing the services; experience as a providers and incentive them; integrate tobacco Cessation in the system. Include wellness in the system as a public health issue
PEER VOICES	
Laurie Martinelli	NAMI – Mass. We don't have a policy on this and we should; many peers who look to NAMI and we can talk to them when others can't
	Perspective lived experience – put on agenda for educational
Jonathan	Bring a research perspective and a consumer; long time member of consumer movement
Jeannie	Peer specialist former client and smoker quit successfully; works with clients at Tewksbury hospital; work with young adults as well
POLICY CHANGES	
Kathy Sanders	Establish standards and push for wellness in all systems in the state
Lea Susan	Direct the division; help my staff set priorities on how we are going to use our limited resources – to move into this area
Anna	Bring a strong overview of the data; author of gallery walk; policy overview
Casey	ALA – Director of Public Policy for MA- on the board of MA
Joan	Two things: one as a role of commissioner I can push the message in everything I do; target the behavior; 2 nd – public admin – 3 strategies – this agenda could be one of those that I hold accountable for myself and my staff
Christine	Non-clinician – MA Hospital Association – Law says tobacco free for all hospitals. However only 76% are but the 24% is MH hospitals; they say it is impossible to go smoke free; deal with media and the public too
	Youth perspective to committee members, youth perspective to policies
Katherine Record	MA Health Policy Commission what we should be doing to help in this area; tobacco is the last thing but she wants this to change
Susan	Vinfen – provider services MA – insights to put policies into play
	Learn today and bring back to her group
PARTNERSHIPS	
Christine C.	Bring our partnerships and resources to you
Catherine S.	Resources available – curriculum, tools online, we will produce an action plan
Kathryn	SAMHSA – Region 1 – only NE state that has had a leadership academy; act as a connector to federal resources and showcase this effort to other NE states – only Fed in the room

Appendix C – Reaction to Gallery Walk

Table Discussions

Table #	INSIGHT OR REACTIONS TO GALLERY WALK
1	There is a health disparity between mental health and smoking. There is a culture of smoking and being accepted.
2	Interventions are successful. How do we adapt to young adults? How do we use peers and other strategies, to get at the addiction that leads to disease and damage of health?
3	Inclusion of e-cigarettes in policies and concern for kids/youth; What e-cigarettes are doing to the younger population
4	Surprised by the geography slide of Massachusetts and the different level of smokers by county
5	High prevalence of smoking in Mental Illness population over time
6	Focused on extremities – prohibition in housing; tolerated but it is an addiction; how do you reach a balance; not just throw them out? How do you move tobacco free?