Minnesota State Leadership and Policy Academy Summit

October 13-14, 2015

Minnesota Humanities Event Center

987 Ivy Avenue East, St. Paul, MN

ACTION PLAN

Background & Introduction

On the evening of October 13 and all day October 14, 2015, fifty-two leaders and advocates in public health, behavioral health, and tobacco control came together for a first-ever Minnesota state initiative focused on reducing smoking prevalence among people with mental illnesses and substance use disorders in the State of Minnesota. The summit was hosted by the American Lung Association in Minnesota with grant support from the Center for Prevention at Blue Cross and Blue Shield of Minnesota, in partnership with the Smoking Cessation Leadership Center (SCLC) at the University of California, San Francisco, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the CDC's National Behavioral Health Network for Tobacco and Cancer Control (NBHN). 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 Minnesota to reduce tobacco use addiction among individuals with mental illness(s) 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 use services.

The first evening of the Summit consisted of introductions, and recognizing existing and new connections with fellow attendees of the Minnesota Leadership Summit. With an impressive Gallery Walk that provided empirical and comprehensive tobacco use data, attendees reviewed and discussed the display among each other. The conclusion of the gallery walk lead to a powerful welcome message by Janelle Waldock, *Director of the Center for Prevention, Blue Cross and Blue Shield of Minnesota* affirming the importance of each attendee and their contributions in creating quality and sustainable strategies for this population. Losing her own father to lung cancer at an early age, Director

Waldock noted that this issue is personal for her, and that her father was not able to meet her son or most of his grandchildren, “These personal stories give us the passion and drive to keep doing what we are doing.”

Following Janelle, Jennifer DeCubellis*, Assistant Commissioner of the Community Supports Administration, Minnesota Department of Human Services (DHS)* added that this is an opportunity for all of the attendees to figure out what the summit means to them personally and to their organizations. Assistant Commissioner DeCubellis concluded, “With Minnesota often being the leader in health, we can stand out as leaders in mental health, chemical health, and addiction health.”

Participants represented state, and local agencies, including mental health, addictions, consumer, community services, non-profit, law, policy, academic, health insurance, and chronic disease prevention organizations (*see Appendix A*). All participants at the summit were well-aware that people with mental illness(s) and substance use disorders are disproportionately burdened by the harmful effects of smoking and tobacco use, and each came prepared to commit to implementing the strategies established at the summit.

The following day, October 14, 2015, participants began with overnight reflections and personal commitments. They were excited to move forward and felt optimistic about the day ahead. One of the participants stated, “Urgency, we need to start planning together to prepare for change, that’s my sense of urgency.” Another added “Excited for the outcome, I am going to work hard to shoe horn the idea of housing stability as a platform for treatment.” The morning continued with Edward Ehlinger, MD, MSPH*, Commissioner, from the Minnesota Department of Health,* giving his insight on this issue stating that the tobacco industry takes advantage of vulnerable populations and that we are at the forefront of changing the narrative, we have to be bold and take advantage of every opportunity, for this is a disparity issue. --“Social justice, where everyone should get their needs met, and no one should benefit over the expense of someone.”

After a day and a half of collaboration, Minnesota 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)**

The following Action Plan highlights the work and commitment of each attendee and details the baseline, target, recommended strategies, and next steps for the partnership.

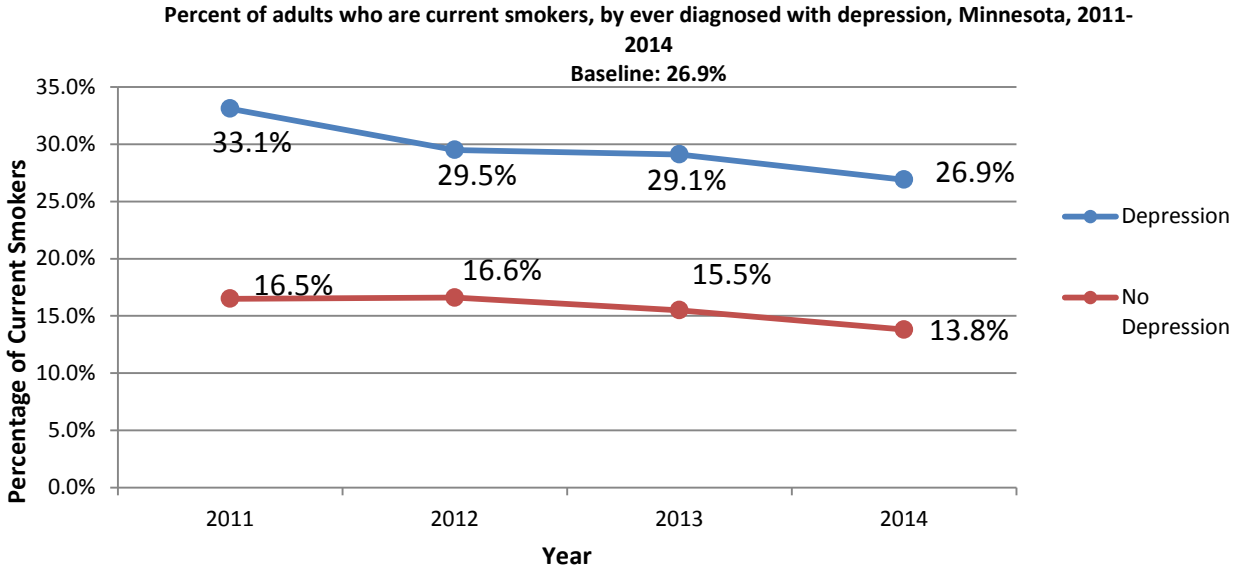
Questions #1 and #2:
Where are we now? (Baseline)
Where do you want to be? (Target)

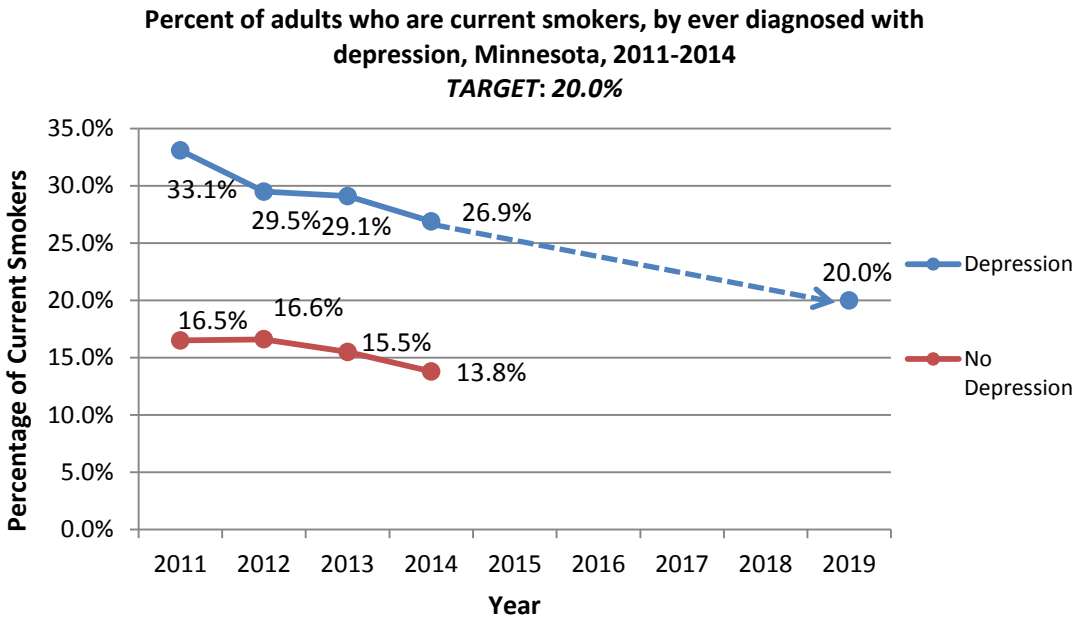
Partners adopted four baseline measures on the following data:

1. Adult Smokers with Depression

Baseline
Percent of adults who are current smokers, by ever diagnosed with depression, Minnesota is 26.9% (graph shown below)
Target
• Reduce disparities by 50% in 5 years • Reduce disparities by 100% in 10 years • Reduce rate of smoking to 20% in 5 years (graph shown below)

*Source: Minnesota Behavior Risk Factor Surveillance System, 2014.
*Ever depression: "Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?" (yes/no)

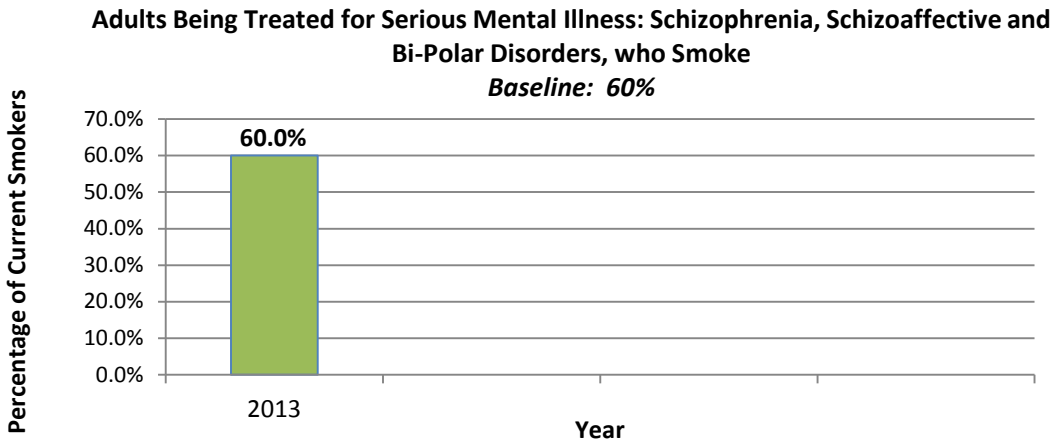


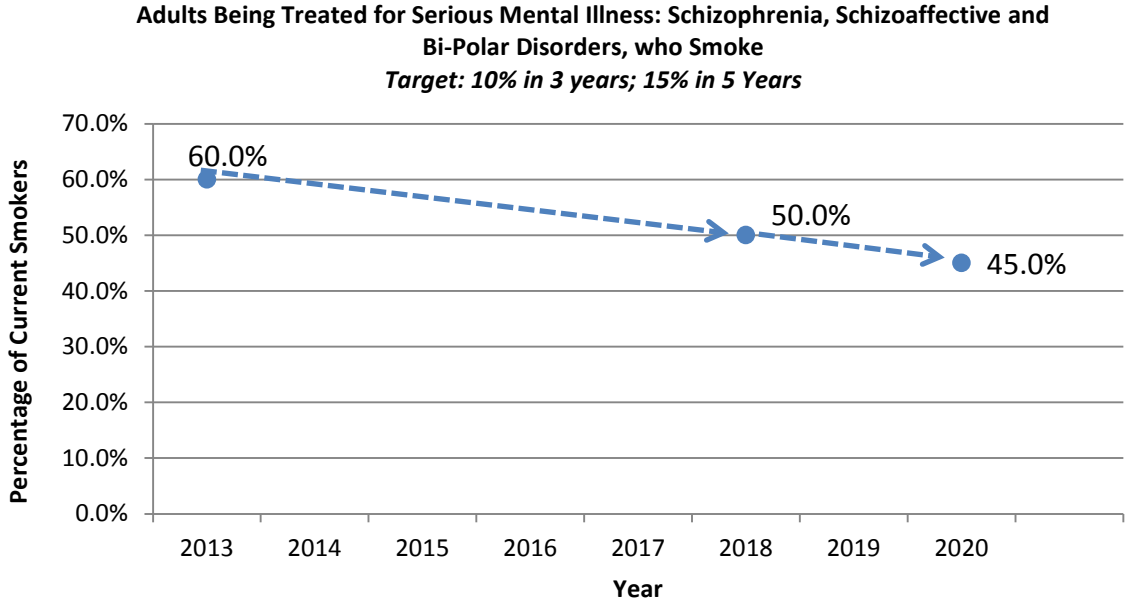


2. Adult Smokers with Serious Mental Illness

Baseline
60% people being treated for Serious Mental Illness: Schizophrenia, Schizoaffective and Bi-Polar disorders, who smoke (graph shown below).
Target
• Reduce prevalence by 10% in 3 years • Reduce prevalence by 15% in 5 years (graph shown below)

*Source: Minnesota 10x10 Assertive Community Treatment (ACT) Data, (2013-2014)

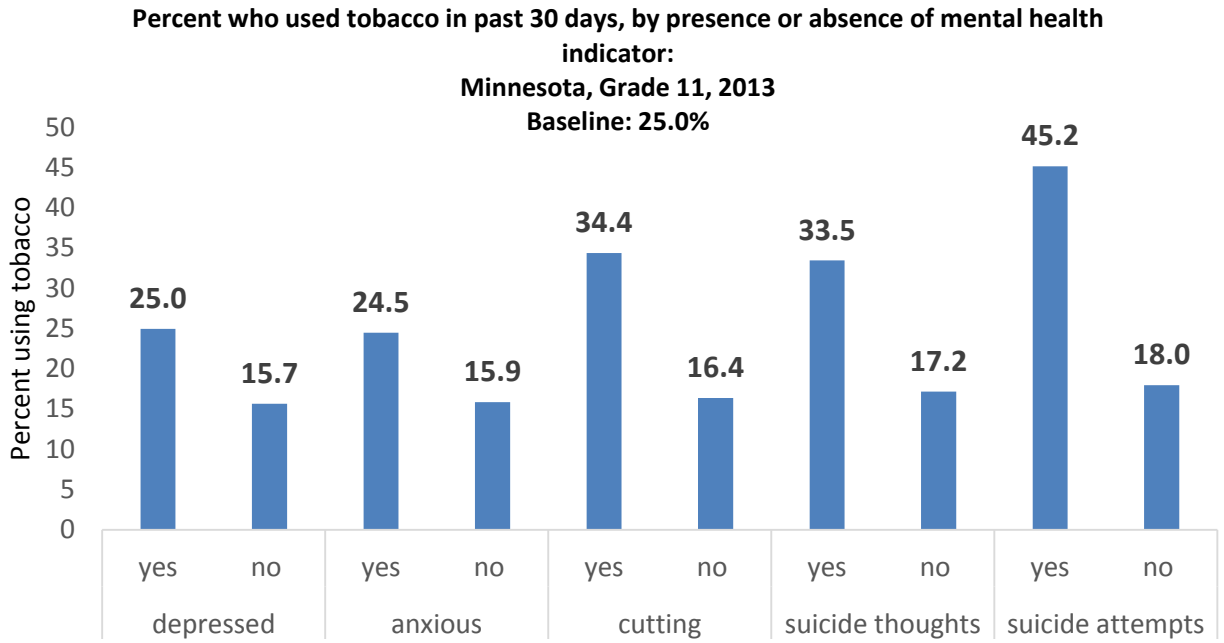

Adults Being Treated for Serious Mental Illness: Schizophrenia, Schizoaffective and Bi-Polar Disorders, who Smoke
Baseline: 60%
Percentage of Current Smokers
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
60.0%
2013
Year


Adults Being Treated for Serious Mental Illness: Schizophrenia, Schizoaffective and Bi-Polar Disorders, who Smoke
Target: 10% in 3 years; 15% in 5 Years
Percentage of Current Smokers
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
60.0%
50.0%
45.0%
2013
2014
2015
2016
2017
2018
2019
2020
Year

3. Youth Smokers with Depression

Baseline
Percent who used tobacco in past 30 days, by presence or absence of mental health indicator: Depressed, 25.0% (graph shown below).
Target
Continue downward trend *(no graph due to no trend data)*

*Source: Minnesota Student Survey, Grade 11, 2013



4. Adult Smokers Receiving Chemical Dependency Treatment

The Drug Alcohol Abuse Normative Evaluation System (DAANES).

Baseline and Target to be determined after DAANES data is reviewed.

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
Communication and Messaging
Policy Change and Development
Advocacy
Health Systems Change
Data Development
Funding Opportunities, Sustainability, Partnerships
Identify key players
Consumer Driven

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

Adopted Strategies Focus Groups
1. Decreasing Tobacco Use Rates for Adults with Serious Mental Illness (SMI)
2. Substance Use Disorders
3. Policy and Health Systems Change
4. Youth Mental Health/Substance Use and Tobacco Reduction Plan
5. Education
6. American Indian Population Education

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 2015/2016. Committees will use these grids to track progress during future committee calls.

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, and which need to be revised. Liaisons will provide leadership and direction with regards to next steps.

Committee Name: Decreasing Tobacco Use Rates for Adults with SMI

Committee members: Erica Sitton, Jerry Storck, John Schmitz, Alice Nichols, Erin Simmons
Liaison: Erin Simmons

1. WHAT

People with SMI are screened for tobacco use including electronic cigarettes

HOW	WHO	WHEN	PROCESS MEASURE
Broaden the pool of data by including tobacco use questions in all intake and assessment for ACT and ARMHS. Change reporting system (MHIS) to collect data on assessment and referrals for intervention.	Jerry Storck, Alice Nichols (DHS)		Policy created Questions have been added to existing intake and assessment tools and reporting system.
Health plans are required to share data that is already collected per contracts with DHS (NQF Hedis Measure about Tobacco Cessation for patients with SMI and Alcohol Use Disorders)	Jerry Storck, Alice Nichols (DHS)	2016 contract period	Contract language has been changed to reflect the change

2. WHAT

People with SMI receive services in an environment that is tobacco free. - Consider collaborating with Policy Committee on this strategy

HOW	WHO	WHEN	PROCESS MEASURE
Implement policies that prohibit staff tobacco use on worksite grounds including vehicles and off site representation of the organization (and support staff to quit if willing)	Erin Simmons (ALAMN)	By June 2016	An tobacco free ground policy tracking system

			has been developed
Implement policies that prohibit the purchase of tobacco for people with SMI by employees	Jerry Storck, Alice Nichols (DHS)	2016	DHS has developed an internal policy on employee tobacco use
3. WHAT			
Train peer support specialists in MI in order to intervene in tobacco use Consider collaborating with Education Committee on this Strategy			
HOW	**WHO**	**WHEN**	**PROCESS MEASURE**
Assess existing best practices for peer support programs. Assess where existing peer support programs are already in place in MN.	DHS: Alice	2016	Best practices identified A list of existing peer support programs exists
Celebrate those who have made quit attempts or have quit. DHS will provide technical assistance and funding for awards. (See if these folks would want to be a Peer Specialist and be potential trainees for Education Committee).	Alice Nichols (DHS) Erica Sitton	By June 2016 January 2016	Criteria, frequency of award and award are identified. (Procedure) MHR developed pilot program

4. WHAT			
People who are providing ARMHS or ACT services are aware of the data and need for tobacco cessation and prevention –link to Education committee for training opportunities			
HOW	**WHO**	**WHEN**	**PROCESS MEASURE**
Identify responsible organization who can provide technical assistance around tobacco cessation for ARMs and ACT staff. Require appropriate staff to attend trainings that are already being offered by ALAMN.	Jerry Storck, Alice Nichols (DHS) Erin Simmons (ALAMN)	2016	Agencies are reporting staff attendance at trainings
Prescribers have received education on tobacco cessation best practices for people with SMI. Systems are aware of cessation medication and counseling resources available in MN.	Erin Simmons (ALAMN) / Dr. Williams Summit partners	2016	Quarterly webinars
Training is provided for ACT teams throughout MN.	Dr. John Schmitz, (Centra Care) Erica Sitton (MHR)	2016	Pilot program has been implemented for 1 site in Central MN (Centra Care) and Metro Area (MHR)
Identify tobacco cessation champion in all agencies that provide services to people with SMI. Champions are utilized as a local resource. PharmD/MTM are engaged in the conversation.	Erin Simmons (ALAMN) and Jerry Storck, Alice Nichols (DHS) Dr. Triangle	Ongoing	Lists of known champions have been identified and shared

It is recommended that each committee provide the missing information related to "who", "when" and "process measure" during first committee call.

Committee Name: Money talks, nicotine walks (Substance Use Disorders)

Committee members: Jill Petsel, Dr. Steven Schroeder, Christopher Markov, Dave Kulsrud, Bob Rohret, Dana Farley, Brian Zirbes, Louise Clyde, and Shelina Foderingham
Liaison: Jill Petsel, Minnesota Resource Center

1. WHAT. Recovery from nicotine addiction is treated and funded on par with substance use disorders

Baseline

- **66.6% entering treatment use tobacco**
- **27% of binge drinkers use nicotine/smoke**
- **MNSASU (30 day use and lifetime use for adults)**

HOW:	WHO	WHEN	PROCESS MEASURE
1. Public Policy (connect with Policy Committee) a. Non-smoking on grounds b. Assure proper reimbursement for ROSC – DHS, BCBS, Public Health c. Financial Incentives = better outcomes + improved treatment i. ACA – Accountability ii. Consolidated Fund of state dollars to pay for treatment (CCDTF) and Health Plans iii. CCBHCs d. CCDTF – enhancement or distinct unit of service e. Education for Providers (health care, chemical health)	Brian Zirbes (DHS), Louise Clyde, Christopher Markov (BCBS), Public Health, Dana Farley (MDH), Health Plans, MMA, Link to the MN Policy Academy's "Education Committee", Jill Petsel (MRC)	February 2016	TBD at first committee call
2. Education & Impacting Perception (World Café: Opening Round to gather information from the community around how they might envision nicotine treatment) (Share results with Education Committee for Awareness campaign and curriculum development) **a. Education for providers** i. Workforce ii. Start with staff/directors will see this happen	Brian Zirbes (DHS), Louise Clyde, Christopher Markov (BCBS), Bob Rohret (MARRCH),	February 2016	

b. Education of Recovery Community i. Public Health campaign ii. Collegiate recovery programs iii. World Café iv. Communication 1. Promote quitline program 2. Share stats 3. Encourage engagement v. Use of Peers in tobacco treatment 1. Peer Recovery Coaches/Navigators (talking about smoking cessation)	Public Health, Clearway		

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Committee Name: Policy and Health Systems Change

Committee members: Christine Godwin, Dan Kitzberger, Kathy Gregersen, Kerry Cork, Sue Abderholden, Laura Oliven, Nancy Houlton, Ruth Tripp, Carol Spector, Jennifer Matekuare
Liaison: Nancy Houlton

1. WHAT

Change Medicaid policies on access and reimbursement for smoking cessation and NRT.

HOW	WHO	WHEN	PROCESS MEASURE
Change the Medicaid policy to include reimbursement for mental health and substance use licensed professionals for NRT. Confirm that this is possible under federal regulations.	Carol / Laura	2 mos.	Policy changed
Get Amanda from Medicaid to help.	Carol	2 mos.	
Obtain evidence based research on NRT dosages for mental health and substance abuse clients.	Kathy / Sue	2 mos.	
Look at what other states have done with reimbursement for cessation.	Ruth	2 mos.	

2. WHAT

Embed Smoking cessation needs into Behavioral Health Homes and other new benefits.

HOW	WHO	WHEN	PROCESS MEASURE
Create incentives to make this happen.	Nancy / Sue	Oct. 2016	

3. WHAT			
Smoking cessation embedded in all DHS online training for mental health and substance abuse providers. (connect with Education Committee)			
HOW	**WHO**	**WHEN**	**PROCESS MEASURE**
Build smoking cessation into ARM certificate curriculum for mental health professionals. Talk to Carol Levine	Nancy/ Sue	June 2016	
ALA would be able to write the curriculum – ask Pat McKone	Nancy/ Laura	Jan. 2016	
4. WHAT			
Create Smoke-free campus			
HOW	**WHO**	**WHEN**	**PROCESS MEASURE**
Convening groups to discuss the specific needs – MDH community input process	Christine/ Ruth	Jan. 2016	
Research laws	Kerry	By Dec.	
Get a survey done to do what?	Ruth/ Sue	Feb. 2016	
See if MDH could offer grants to these facilities to help take steps in advance during a after implementation.	Laura	TBD	
Share existing toolkits and resources for mental health and treatment facilities to go tobacco-free	Jennifer (SCLC)	Next Week	
Look for overlaps with other committees' work	All	Ongoing	

5. WHAT			
Long-term planning (detail out during first committee call)			
HOW	**WHO**	**WHEN**	**PROCESS MEASURE**
Set the 5 year agenda with a focus on needs of behavioral health population who smokes, second hand smoke, cessation referral	Laura	June 2016	
6. WHAT			
Mandate smoke-free public housing when facilities are built and expand law to existing buildings/properties.			
HOW	**WHO**	**WHEN**	**PROCESS MEASURE**
Does the financial assistance exist?	Dan / Laura/ Kara	Dec. 2015	
Talking to the community developers -	Dan	Ongoing	
Find out what the language is in the policies – have other developers done this?	Dan/ Ruth	Dec. 2015	
Find out if there is support in the community.	Dan	Jan. 2016	
Worried about it being a barrier to people getting housing.	Nancy et. Al		
HUD about to launch a smoke-free (in-door) policy – 18 month plan – Pat McKone	Dan/ Pat	Dec. 2015 (?)	
Environmental scan – investigate this more	Dan/ Laura	Jan. 2016	

It is recommended that each committee provide the missing information related to "who", "when" and "process measure" during first committee call.

Committee Name: Youth Mental Health/Substance Use and Tobacco Reduction Plan

Committee members: Warren Larson, Collin Frazier, Michelle Strangis
Liaison: Warren Larson

1. WHAT

1. Reduce the Youth Mental Health Baseline by 50% in 5 years:

- Baseline: 22.7% suicidal ideation (9th grade, 2013)
- Target: 50% reduction to 12% by 2019

2. Reduce Youth Substance Abuse Baselines – (set a target):

- 59.8% marijuana (11th grade, 2013)
- 63.5% prescription drugs (11th grade, 2013)

Source: Minnesota Student Survey 2013

HOW	WHO	WHEN	PROCESS MEASURE
MN Student Survey (suicidal ideation and tobacco, 9th grade) – TBD for first Committee Call			

2. WHAT			
Identify existing or create Resources for education in secondary school on primary prevention			
HOW	**WHO**	**WHEN**	**PROCESS MEASURE**
• State funding for pilot project (include criteria to apply with priority to high need communities)	Collin: talk with Brian, Children's MH Deputy Director (Bill Wyss)	Now (October 2015) (2017 Addiction)	RFP for youth in high need communities and Partnership/Pilot in place
See if RFP is an option? Partnership for pilot?	MH Deputy Director (Bill Wyss)	(October 2015)	
Talk with Children's MH Deputy Director, Bill Wyss, and meet with MDH Tobacco Control, Melissa Heinen (Suicide Prevention Coordinator) to see if an RFP is an option and/or if there is an opportunity to create a partnership for a	Collin: meet with MDH Tobacco Control, Melissa Heinen (Suicide Prevention Coordinator at MDH)	(October 2015)	
Encourage northern MN school districts to apply	Warren to encourage Northern MN school districts to apply	(October 2015)	

It is recommended that each committee provide the missing information related to "who", "when" and "process measure" during first committee call.

Committee Name: Education Committee ("Knowledge is Power!")

Committee members: Pat McKone, Emily Schug, Pam Pietruszewski, Jessica DeWolfe, Chris Matter, Dawn Williams, Sally Sales, Kathie Prieve, Sue Schettle, Alicia Bauman.
Liaison: Pat McKone

1. WHAT

Expand Train the trainer program / training (i.e., Mental Health First Aid), Rutgers model

HOW	WHO	WHEN	PROCESS MEASURE
Reach BH provider teams to gain insight into curriculum; access to a health systems perspective on navigating Connect with SMI, SA committees to gain input on curriculum and training participants	Alicia Bauman (CentraCare)		
Implementing ToT training curriculum, social workers important to target Leverage existing curriculum project from ALA 3-year grant focused on behavioral health; broad target audience	Pat McKone (lead)	Started Oct. 1, 2015; will continue over time	# of people trained; Pre-/post-test
Bring training curriculum forward to county leadership, tie into SHIP program	Emily Schug (county public health)	By end of 2016	# of leadership reached

2. WHAT			
Workforce training/development (system wide approach)			
HOW	**WHO**	**WHEN**	**PROCESS MEASURE**
Employee benefits for cessation (i.e., cessation discount promotional events); Target is systems change (example: Large biz (i.e., Chamber) promotes adoption)	Pat (lead)	ongoing	
Educating policymakers on importance of systems change (see "awareness" below)	Full team (dissemination of infographic)	Spring 2016	
Incorporation of tobacco screening measure into documentation protocol and clinical workflow; may need to change language from "smoking" to "nicotine addiction";	Systems change;	ongoing	Adoption of standard tobacco measure
Educate providers on ACA cessation coverage	Jessica (NAMI) is already doing similar; how can we expand?		
Additional systems wide efforts	Sally, All		
3. WHAT			
Develop Peer specialists			
HOW	**WHO**	**WHEN**	**PROCESS MEASURE**
Integrate tobacco cessation into the existing peer support specialists training curriculum (CHOICES) for those who have lived experience and have quit smoking.	Kathie to call Sheli (DHS); Jessica, Sally add'l support esp. group homes	By Nov. 1	Inclusion in training curriculum for peer specialists

Speak with Joan Cleary about Community Health Workers training focus on tobacco; Pam also mentioned inclusion of tobacco	Pam to speak with Joan about tobacco	By October 24	
Sharing additional existing options (ex: online peer-to-peer, BHWP, UCSF)	Catherine	By Nov. 1	
4. WHAT			
Awareness re: epidemic (campaign)			
HOW	**WHO**	**WHEN**	**PROCESS MEASURE**
Developing fact sheet (infographic) to distribute to lawmakers and other stakeholders to illustrate data specific to MI/SA populations and tobacco - Include state goals, call to action (what can you do?); - *Make it local* - Ability to tailor fact sheet to own localized data and logos (editable)	Pat (lead); Review & copy edit support from group; NBHN/National Council(Margaret) to provide templates as examples and design support	Spring 2016	
Gather up existing fact sheets, posters, and other resources	SCLC (Catherine)		
5. WHAT			
Culturally-appropriate outreach and resources			
HOW	**WHO**	**WHEN**	**PROCESS MEASURE**
Focus on largest cultural minority populations (Hispanic, Hmong, Somali), and utilize various community groups to deliver messages, training curriculum in culturally-appropriate manner	Pat, Sue, and Chris will outreach to existing	End of 2015	

	connections with identified cultural groups		
Several ClearWay Minnesota Community Engagement Initiative grantees have proposed creation of culturally specific materials	Contact Carole @ ClearWay to collaborate on development		
6. WHAT			
Work with professional associations for outreach support			
HOW	**WHO**	**WHEN**	**PROCESS MEASURE**
Compile list of larger national groups	Catherine (SCLC)		
Connect with Psych Association, Doctors	Sue		
Emily: Charged all to represent at large conferences focusing on tobacco work & cessation importance • Dawn to include tobacco info (needs stats support) in upcoming conference presentation (end of October)	Emily, Dawn, All	End of October; Ongoing	
Connect with Minnesota Association of Community Mental Health Programs (MACMHP) to leverage support and facilitate direct connections to service providers. SBIRT (National Council learning community) focused on adolescents but could work for tobacco and behavioral health	Kathy Gregersen, Pam Pietruszewski		

It is recommended that each committee provide the missing information related to "who", "when" and "process measure" during first committee call.

Committee Name: American Indian Committee

Committee members: Sarah Brokenleg, Melanie Plucinski
Liaison: TBD

1. WHAT

Educating colleagues on tribal sovereignty and its implications

HOW	WHO	WHEN	PROCESS MEASURE
Develop a list of key players in this subject area		November 2015	
Increasing awareness of disparities within this population			
Dissemination of more American Indian education			
Disseminate tribal tobacco use and prevalence survey (statewide)			

*It is recommended that each committee provide the missing information related to "who", "when" and "process measure" during first committee call.

Closing Comments

NAME	Closing comments/appreciation?
Sue	Appreciate how much we have accomplished. This has provided with the connections possible
Jessica	I would be able to take what we have done today back to NAMI, today was legitimacy to the populations we serve
Alicia	Excited to bring this back and continuing the momentum
Emily	Shared experience, energy, and looking forward to bringing this back
Jill	Looking forward to bringing this back to the provider network
Pam	Keep smoking cessation as a behavioral change
Chris	Committed to bringing back to Sanford
Margaret	Thinking thru ways on how NBHN can support you all
Melanie	Think more deeply about how we can connect on chemical dependency, different sectors and find ways to work together
Sarah	Thought processes and impressed with what has gone on today
Dawn	We are in the process of revising the MN cancer plan. Write this up as a listening session.
Michelle	Continue our work with other projects and partners keep this going
Colin	Looking forward to starting the momentum. Moving this initiative forward
Warren	Cancer alliance and moving this forward
Steve	This is such a talented and sophisticated group you can propel MN into a leadership position in tob control. Worry large group, execution is critical. SCLC will be here to help you every step of the way.
Louis	Nicotine addiction will be a major resource and way to approach this
Shelina	We operate the NETWORK with SCLC, we are funded thru NBHN. Offer you our website, BH the change.org. IF there is something missing, to serve as a connector to the community. Provider health tx providers and providing TA, and highlighting some of the lessons. Be part of your liaison calls.
Chris	Try to cultivate this culture of change. And make sure this gets the attention it deserves at Rutger.
Bob	Expertly facilitated, thank you. My hope is that I can play some role in helping with these efforts with nicotine dependence.
Dave	Collaborations with people I have worked with before.
Dana	Binge drinking with adolescents. Hope and fear. We have a lot of work to do. Do some service presentations. The train is moving fast today, and concerned it will slow down tomorrow at work.
Brian	Maintain momentum, a lot of passion in making a difference. Stakeholder groups in June, we need voices from various groups including providers, having your voice in the room is very important. We have comprehensive return package and well thought out governance system.
John	To keep the train moving, meeting with our CEO in two weeks. We have a large addiction program. We need more work in this. Population health.
Erica	Educating all audiences
Jerry	Improve our measurements, and data collection.
Alice	I am looking forward to challenge the beliefs and fear around tobacco addiction and MI. shift the culture.
Michael	Great to establish a listserv, a way to share information and create improvements. Be the liaison and figure out how to connect. We are collecting data. Customizing patients and smoking cessation, it won't happen. We need availability of data, feel a bit more pumped up.
Erin	I am excited to come back in 5 years and celebrate our successes.
Kathy	Being with a group of people that are CAN DO! No excuses. Everyone has been incredibly positive. Administration community of mental health programs, agenda items for working with tobacco dependence clients
Dan	Continue to be inspired and honored.
Christine	I promise to continue to think about the things that incurred today. And talk about more specific things that we have talked about.
Carol	Really excited to see the whole plan together. And bring it back to clearway and see where we can plug it in, and where we can offer resources. Bring this back to Medicaid see how we can reduce barriers.
Ruth	Meet all these new people, in these sectors. Looking to expand. Taking this back.

Nancy	Learning, and moving forward with the other liaisons and coming up with new plans as we move forward.
Laura	Unique challenges needs and barriers. It is important to understand those. Unique opportunities. With that we can leverage policies and interventions. Partners in this community that we don't have with other populations.
Jennifer M.	My role will be to help with group momentum.
Sue	Keep you funded. Lives of the people we are trying to help. The appropriateness of quitting smoking. Take people where they are at, and not enforce super strict anti-smoking policies.
Kerry	Honored and thrilled and excited.
Catherine	SCLC will be here to guide you and be here as a resource as you make strides in your progress.
Pat	I would like to thank BC/BS for making this possible, as well as the planning committee and my staff. I really appreciate all of the hard work and dedication that was put into this meeting.
Sarah	Review your notes from today
Jolie	Honored to work with you all today

Conclusion

The Minnesota Leadership Academy's goal was to bring together a select group of MN partners to work together and identify health inequity by developing strategies to reduce the prevalence of smoking and nicotine dependence among people living with mental illnesses. Given this comprehensive action plan, the result of the meeting was a success, consensus on measurable goals was decided upon, gaps and barriers were discussed, along with formulating strategies and resources to achieve these goals. Given the future work that was planned, the novel communication between colleagues, and objectives and strategies that were created to address this epidemic, *"Let's move forward and change the world. These people need love and care*." – Pat McKone.

Appendices

Appendix A – Participant List

Minnesota State Leadership and Policy Academy Summit
October 13-14, 2015
Updated Participant List

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Appendix B – Reaction to Gallery Walk

Reaction to Gallery Walk
American Indian population
Surprised at the high rates of smoking among the American Indian (AI) population.
Struck by the relationship between smoking and the AI population.
Struck by this prevalence among the AI population.
Want to see more data about the American Indian population.
AI data really disturbed me.
Data quality and representation
I see a lot of opportunity in our data.
Great data collected, now we have to drill down.
This data shows how much more there is left to do.
Great representation of data.
Impressed with the statistics and how they tell a compelling story.
What is not here, however, is data on the LGBT community and protective factors.
We need to be data driven in our decision making, and the depth of data we have in one room is pretty amazing.
Learn as much as we can, to help individuals one by one and on a larger scale. The information that we see tonight is more support on why we need to become more integrated in caring for people.
A lot of persistence in the data. It takes a lot. It's hard to be healthy. I see a lot of persistence in the room.
I know the data here. I have been feeling demoralized, things haven't changed much. I am hopeful to come up with ways to engage providers, and the general population to get people systemized and on the same page.
The data here, it proves the importance of our work.
It is startling to see all this data.
We need more strategies.
I was most struck by all these numbers; time to make some action.
Readiness to quit
The data shows a great sense of readiness and willingness to quit among the mental health population.
Willingness to quit, this can have a huge impact on smoking cessation.
How ready people with a mental illness are to quit smoking.
Mental health
Mental health diagnosis and tobacco usage.
Surprised at the smoking rates among the student population who have a mental illness.
Not surprised on MH stats, but surprised by how little we have done to avoid substance use, and

little focus on the MH system.
Knowing how little has been done for the MH population; we need to bring this statistic down.
Shocked by the data on binge drinking and high rates of use among the MH population.
The number of young people that smoke and have anxiety and depression.
Surprised at the percent of cigarettes sold in the US, especially among the MI population and those in poverty and how much it costs to smoke. Think about it in terms of expense.
Shocked at how much earlier smokers with a mental illness die compared to the general population that smokes.
Recovery
Voice of recovery, struck by alcohol and substance use, they go hand in hand.
Disparities in recovery.
So impressed, in particular with the rates in treatment and out of treatment.
I see the disparities within recovery of those who smoke.

Appendix C – What Can This Group Do Together

What Can this Group of People do Together?
Table 1: Leveraging one another, collective impact, ability and responsibility to elevate this conversation, and finding opportunities within our systems, and finding already existing processes to integrate tobacco into.
Table 2: Social responsibility and ability, no matter what our position is. We all need to work together at these various levels to make a difference and find a common language and unified voice.
Table 3: Align our resources, the positional power to lead the conversation within our agencies. Bring tobacco advocates into the conversation, and broaden existing coalitions.
Table 4: Key part is to create a sense of urgency that this is not acceptable. There are enough representatives here to bring this work back to the organizations.
Table 5: Maximize as a group by having the individuals in this room put their expertise and resources together to see what we can do state wide. On a more micro level, take this back to your organization and get them committed to this issue.
Table 6: Having that collective impact and achievable goal, and that we can be leaders in the nation.
Table 7: We talked about the need to push the easy button; there are a lot of resources, a large group with different viewpoints. We need an easy and standardized process that is customized for our population.

Participant Request:

I request that we not use the broader term of behavioral health and instead refer more specifically to mental illness and substance abuse disorders in order to avoid stigmatizing already vulnerable populations.