



Mississippi State Department of Health
Office of Tobacco Control



Institute for Disability Studies



The Mississippi Leadership Academy for Wellness and Smoking Cessation

Flowood, MS
May 1 – 2, 2013

ACTION PLAN

Background & Introduction

On the evening of May 1st and all day May 2nd, 2013, thirty-three leaders in public health, behavioral health, and tobacco control came together for a first-ever Mississippi initiative focused on reducing smoking prevalence among people with behavioral health disorders. The summit was held by the Mississippi State Department of Health Office of Tobacco Control (OTC) and the Institute for Disability Studies (IDS), with support from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Smoking Cessation Leadership Center (SCLC) as part of the [Leadership Academies for Wellness and Smoking Cessation](#). Mississippi is the eighth state to hold a Leadership Academy. The purpose of the summit was to generate an action plan for Mississippi to reduce cigarette smoking among Mississippians with behavioral health disorders.

The summit began with dinner and a Gallery Walk on May 1, 2013. Evelyn Walker, MD, MPH, Director of Health Promotion and Equity, Mississippi State Department of Health, welcomed the group and highlighted the main challenge of the summit, addressing the disparity between smoking prevalence between those with mental illness and those without. Stephanie McCladdie, Regional Administrator, SAMHSA Region IV, said Mississippi is ahead of the game and that SAMHSA has learned a lot about the state. She added, "We are committed to Mississippi and we are delighted to have the academy here. You are pioneers in tobacco, doing great work in outreach across the state."

Next, Jerri Avery, ABD, MEd, Director, Bureau of Alcohol and Drug Services, shared that while dialogue about smoking among behavioral health populations started some time ago, the agency has not yet done anything about tobacco dependence in this population. She stressed the importance of creating targeted strategies and connecting services with the Office of Tobacco Control.

Roy Hart, MPH, CHES, Director, Office of Tobacco Control, expressed excitement about the number of people and organizations represented by the summit partners. He said, "Normally we don't get to see the sheer number of people who have taken this issue to heart. The bottom line is changing behaviors to better people's lives."

At the end of the first evening, Royal Walker, Jr., JD, Executive Director, Institute of Disability Studies, reaffirmed the purpose of the summit and the magnitude of the work to be done. “Tomorrow, the real work starts. Roll up your sleeves and be present. There is nothing more important than saving lives.”

Participants represented federal, state, and local agencies, including mental health, addictions, community services, non-profits, quitline, health care, insurance, and independent living organizations (see Appendix A, participant list). 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 baseline, target, and strategies established at the summit. In a discussion led by seasoned facilitator, Jolie Bain Pillsbury, PhD, each partner shared their expected results from the Leadership Academy Summit. Themes that emerged from the group’s discussion were effective action plan, work with disparate populations, partnerships and collaboration, community level change and addiction and quitting (see Appendix B). Participants also shared their reactions to the Gallery Walk. Themes that emerged from that discussion were surprising, impactful data; progress and plateaus; and familiar information (see Appendix C).

During the summit, Mississippi partners answered the following questions that framed the Action Plan.

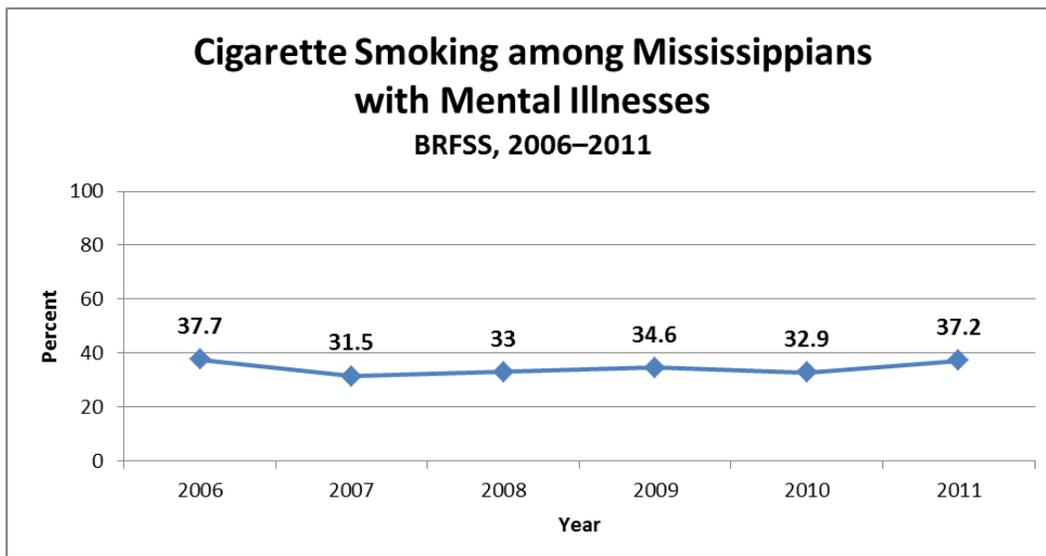
1. **Where are we now? (baseline)**
2. **Where do we want to be? (target)**
3. **How will we get there? (multiple strategies)**
4. **How will we know if we are getting there? (evaluation)**

The following Action Plan details the baseline, target, recommended strategies, and next steps.

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

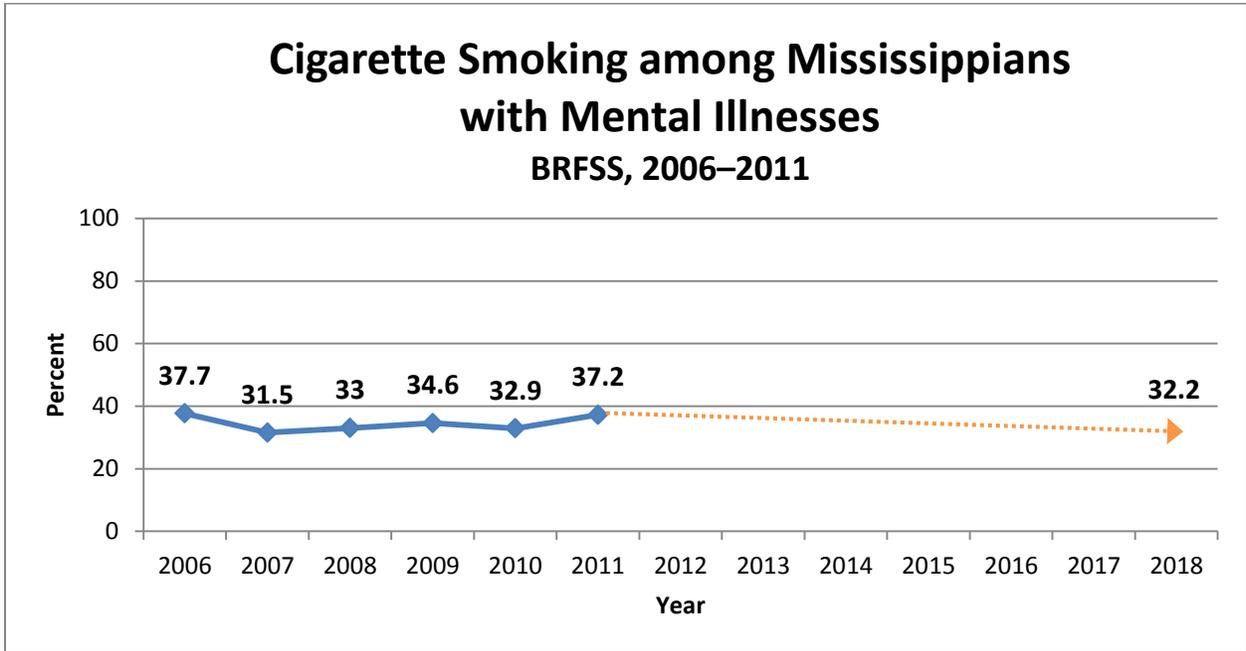
Partners adopted a baseline measure on the following data:

- The cigarette smoking rate (2011) among Mississippians with mental illnesses is 37.2%.
Source: Behavioral Risk Factor Surveillance System (BRFSS)



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

The partners agreed on a target to reduce the baseline measure by 5% by 2018:



Reduce cigarette smoking among Mississippians with mental illnesses by 5%, from 37.2% to 32.2%, by 2018.

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

Mississippi partners adopted seven strategy groups to develop collaborative approaches to achieve the target:

Adopted Strategy Groups
Data Development, Analysis and Dissemination
Legislation and Policy
Media and Messaging
Medicaid*
Outreach and Consumer Education
Provider Education
Youth Cessation

** The Medicaid strategy group will add their completed grid to the action plan as soon as possible since it was not finished during the summit. **UPDATED 7/16/13: Medicaid strategy grid added to action plan.***

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

Strategy: Data Development, Analysis, and Dissemination

(Committee Liaison: Tanya Funchess)

(Participants: Mina Li, Nell Valentine, Tanya Funchess)

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
<p>Data Development</p> <ul style="list-style-type: none"> Assessments of what data is needed based on the identified strategies outlined in the plan, and other partners' needs, based on emergent issues and the political climate 	Create assessments—state and local	SSRC, IDS, MSDH, DMH, and other partners as identified	As needed	Providing partners with necessary data to conduct programmatic activities	Survey instruments developed
<p>Data Analysis</p> <ul style="list-style-type: none"> Existing data and relevant data Analysis of new assessments Data comparison study (Longitudinal studies, other national and state data) 	Use existing surveys national and state survey, gathering existing data generate reports	SSRC, IDS, MSDH, and others as identified	As needed	The ability to do comparison study to see where we are in the upcoming years not just baseline	Results from surveys
<p>Data Dissemination</p> <ul style="list-style-type: none"> Providing data information to stakeholders in electronic format, meetings, publications, presentations, educational materials, and other sources 	Through the various methods utilizing identified existing or newly developed platforms	SSRC, IDS, MSDH, DMH	As needed	Provide information to partners with a tobacco control aim to make informed decision (To motivate consumers)	Publications (brochures, reports, presentations, education materials)
<p>Evaluation</p> <ul style="list-style-type: none"> Partners should consider evaluation on the front end. Evaluation plan development 	We need to collaborate with each strategy group of the institute to develop an evaluation plan.	MSDH	Within the next 3 months	Inform data development for program effectiveness and improvement	Evaluation process and outcome indicators

Strategy: Legislation and Policy

(Committee Liaison: Melody Winston)

(Participants: Roy Hart, Ryan Brown, Amy Winter, John Sewell, Melody Winston)

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
Approach DMH and Department of Rehabilitation Services and other state service agencies to facilitate implementation of tobacco policies	Set up meetings with Boards of other state agencies and Executive Directors	Ryan Brown Melody Winston John Sewell	ASAP	Smoke free campuses	Number of policies implemented
Everyone entering TX/SA assessed (2AR) advise and referral	Start conversation with CMHC's and Tx centers about having certified TTS within their agencies	TTS Specialist Melody Winston Ryan Brown	Within 6 months	Everyone gets an assessment/referral to treatment	Referrals to tobacco cessation services
Hospitals extending zones for tobacco free campuses for Jackson	Roy to continue to meet with hospital board	Roy Hart Ryan Brown	Within next few months	Reduce exposure to second hand smoke on hospital campuses	Ordinance modified by city council
State-wide smoking smoke-free air law	Go to legislature yearly until law is passed	Roy Hart Amy Winter John Sewell Ryan Brown	Early fall	Reduce prevalence rates	Governor signs into law
Increase sales tax on all tobacco products	Continue to meet to get law passed	Roy Hart Amy Winter John Sewell	Year round	Increase revenue for the state. Some of funds to go to OTC.	Reduction in tobacco sales

Strategy: Media & Messaging

(Name of Committee Liaison: Alma Ellis)
 (Names of Participants: Becky Martin and Alma Ellis)

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
Determine target market	Utilize BRFSS and other data to better determine market areas of state	Becky and Alma with the collaboration of other participants, communication staff	Three months from initiation of action plan	Provide guidance for campaign	Outcome of resulting media campaign
Develop media slogan/message	Form a subcommittee of Leadership participants to assist	Becky, Alma and subcommittee members	Three months from initiation of action plan	Clear and defined message to be used for all media	Outcome of resulting media campaign
Create campaign	Press releases, fact sheets, feature stories, radio ads, PSAs, posters, social media, push texts out through voluntary cell phone number collection by agencies, utilize social media/websites of summit participants' agencies	Becky, Alma	Within two months of development of media slogan	Direction of targeted behavioral health clients to Tobacco Quitline and other cessation services	Media tracking done by Tobacco Quitline and other cessation providers
Create website	Use media slogan and campaign to fashion website that provides links to resources	Institute for Disability Studies	Within two months of development of media slogan and campaign	Serve as a resource for consumers, providers and agencies	Number of site hits

<p>Create event at Capitol Possibly Nov. 15 (Great American Smoke-Out)</p>	<p>Work with the Leadership Academy partners to host a day at the Capital during the 2014 Legislative session. Get proclamation from Governor</p>	<p>Becky, Alma and subcommittee partners</p>	<p>October 2013</p>	<p>Create awareness with policymakers and the public and further promote the media campaign</p>	<p>Media exposure, interest of legislators and public</p>
<p>Create speakers bureau</p>	<p>Utilize volunteers to provide professional speakers recruited from Leadership Academy participants and member agencies, in particular Community Outreach and Consumer Education Committee members</p>	<p>Becky and Alma and Leadership Academy participants</p>	<p>2014</p>	<p>Increased knowledge in communities</p>	<p>Number of requests for speakers</p>

Strategy: Outreach and Consumer education

(Committee Liaison: Rebekah Young)

(Participants: Vicki Burton, Christy Dunaway, Rashida Walker, Christy Lyle, Christine Woodell, Teresa Bass, Charles Hughes)

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
Identify all consumer advocacy and services organizations (mental health and substance abuse) in the state (NAMI, LIFE, ARC, Mississippi council development disabilities, etc.) for purpose of dissemination of fact sheet and resource directory and future resources.	Reach out to provider and advocacy to obtain list and make sure tobacco is included	Charles and Christy	September 30 – list complete, committee obtains list by end of calendar year	Wider, statewide distribution	Track number of agencies receiving information
Create consumer focus group to gain buy-in on materials and education strategies. “Nothing About us Without Us” is the byline for involving consumers in the development process.	Each member of this committee will recruit 2-3 from each of their own organizations to review materials. Other consumers can be added as needed.	Rashida, Teresa, Rebekah, Christy D, Christy Lyle Christine Woodell, Vicki Burton, Charles Hughes	12 weeks	Buy-in and consumer represented materials, effective materials	Piloted materials approved for readability (5 th grade reading level), easily understood by consumers
One–page fact sheet	Use existing SCLC/SAMHSA document	Catherine Saucedo send document to Rebekah for customization and committee review	6 weeks	Immediate education and awareness	Track printed copies, downloads if possible, community sites, and websites
Develop online resource directory for consumers and administrators	Identify top 10 state resources; include name, number, brief description, eligibility requirements, NRT and pharmacotherapy, cost.	Rebekah – draft, committee review	9-12 months	Education, awareness increase resources	Track printed copies, downloads if possible, community sites, and websites

	Consider working with State Information and Referral agency and/or quitline to use as a portal to services.				
On-Site Training: Educate administrators and Consumers	Work with Provider Training committee to create an education session for consumers and staff that addresses the 101 of tobacco.	Teresa and Christy to make contact. Catherine Saucedo can provide link to 101 recorded webinar with CME/CEU attached for online training option	6-12 months	Educate consumers and service agency staff and administrators	Number of trainings and trained participants (pre-post)
Expand dissemination other agencies that do not fall into consumer advocacy category, for example; through non-profit associations, State Department of Mental Health, Mental Health Center, Fellowship of International	Talk with executive directors and pastors from region and invite	Teresa Bass and Rashida Walker	1-6 months	Wider, statewide distribution	Number of organizations reached
Provide annual consumer education through newsletter, Facebook, Twitter and distribution to consumer organizations and others	Create a template for each organization including others on Academy, to get approval Committee reviews and gains approval Distributes through own org channels	Rebekah, Christy Lyle(will reach out to ALA), Vicki Burton, Rashida Walker, Christy Dunaway, Charles Hughes	3 months	Increased awareness for this target population	Number who disseminate and receive. Reported by each agency

Strategy: Provider Education

(Committee Liaison: Tom Payne)

(Participants: Tom Payne, Jefferson Parker, Cindy Widdig, Susan Cox, Molly Portera, Alisha Parker-Cummins, Kimalesha Brown, Margaret Meriwether)

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
Pharmacotherapy training through ACT	Conferences, onsite, telehealth, train-the-trainer	Prescribing disciplines (MDs, some RNs) Jefferson— contact other VAs, Molly— DMH. Tom	1 year	Training for at least 16 people	How many people trained
AAR training for all providers, as possible, in community MH, VA.	Providers travel to training, use online modules, trainers travel to facilities. Also use train-the-trainer model by OTC.	Susan, Alisha (contact for Pamela), Molly— help with logistics	1 training by August, 15 MH regions within 1 year	Up to 5000 people trained 15 MH regions have multiple training opportunities	Number of people trained, number of training sessions, provider evaluation for all trainings
CEUs for AAR trainings for counselors, social workers	Look into CEUs through online Rx for Change AAR module	Margaret	By September	AAR online training opportunity with CEU	CEU available and Rx for Change downloaded
Tobacco Dependence Treatment training for private and non-DMH centers	Annual meetings, MS Addiction Professional Conference, direct onsite trainings for larger agencies, MS Medical Assoc. conf, Rural Health Assoc. conf, all state health conf	Alisha, Kimalesha, Cindy. Susan talk to Donna Young about Addiction Professional Conf.	Susan—Talk to Donna Young by mid-June. 20 providers contacted by November	At least 20 non DMH providers contacted	Number of people contacted (as tracked by comm. members)
Intensive training, TTS (5As) for 1-2 people from each MH region, VA	ACT center	Tom	October is first available training date, 1 year for all regions	At least 15 people trained	Number of people trained

Strategy: Youth Cessation

(Committee Liaison: Glenda Crump)

(Participants: James Tyson, Walley Naylor, Marshae McNeal, Glenda Crump)

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
Identify an evidence-based youth cessation program that could be implemented with adolescents diagnosed with mental illness.	Consult with SAMHSA and CDC's Registry of Evidence-based programs and practices	Glenda Crump	By early June	Proven outcomes	The number of evidence-based programs implemented
Determine what data is available on the rates of tobacco use among adolescents diagnosed with mental illness	Consult with data group	James Tyson	By early June	Establish baseline	Decrease in the number of adolescents diagnosed with mental illnesses who use tobacco products
Research what is currently being done to address tobacco cessation among youth diagnosed with mental illness	Consult with the MS Department of Mental Health	Marshae McNeal	By early June	Know areas where improvement is needed	The number of facilities providing youth cessation
Provide tobacco cessation tools and resources for at-risk youth who are in alternative schools and other such facilities	Encourage the Department of Education to adopt a policy to implement a youth tobacco cessation program in schools	Walley Naylor	May 2014	Decrease tobacco use among this population	The number of schools that adopt the program
Develop a campaign that would raise awareness of tobacco use among adolescents with mental illnesses about the various resources available	Consult with the media group	Glenda Crump	May 2014	Increased awareness	Number of youth who call the Quitline after viewing awareness campaign materials

Other suggestions from group discussion: revisit ASPIRE, work with Data Development committee to collect data on smoking among youth with mental illnesses through SAMHSA (from TEDS data and Juvenile Justice)

Strategy: Expansion of Medicaid Reimbursement Services for Tobacco Cessation

(Committee Liaison: Vickie Tucker)
(Participants: Vickie Tucker)

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
Develop request to Division of Medicaid outlining need for expanded tobacco cessation coverage for Medicaid participants	Collaborate with OTC and MS Tobacco Control Advisory Council (TCAC)	Vickie Tucker	By late June	Assist in development of sustainable infrastructure for tobacco control	Request for expanded services submitted to Division of Medicaid
Address response from Division of Medicaid	Collaborate with OTC and MS Tobacco Control Advisory Council (TCAC)	Vickie Tucker	6 months	Assist in development of sustainable infrastructure for tobacco control	Identifying and submitting appropriate means of addressing Division of Medicaid's response
Form TCAC Medicaid Subcommittee	Collaborate with members of the TCAC to form a subcommittee focused on expanding Medicaid coverage for tobacco cessation services	Vickie Tucker	By late June	Organize group of individuals focused on expanding tobacco cessation coverage	Number of subcommittee members; number of committee meetings and conference calls; number of communications with Division of Medicaid administrators

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

See measurement plans identified under each strategy group above. Check baseline data sources each year to gain yearly understanding of progress. Data will be shared with the partners regularly. Data will be used to evaluate which strategies are or are not working, and to motivate partners whenever possible. Liaisons will provide leadership and direction with regards to next steps.

Next Steps Timeline

STRATEGY GROUPS	LIAISONS	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER
DATA DEVELOPMENT, ANALYSIS AND DISSEMINATION	Tanya Funchess			Evaluation plan developed		Committee input on draft evaluation plan
LEGISLATION AND POLICY	Melody Winston	Meeting with Mr. LeGrand on 6/26	Schedule meetings with mayor and city council staff		Start conversation with legislators on smoking ban	
MEDIA AND MESSAGING	Alma Ellis		Target market and media slogan		Media campaign created, website launched	Event at capitol during Great American Smoke Out
OUTREACH	Rebekah Young	Completed fact sheet	Newsletter goes out	Consumer committee identified	Non-profit identified, work to disseminate	
PROVIDER EDUCATION	Tom Payne			First provider training		Tobacco Treatment Specialist workshop
YOUTH CESSATION	Glenda Crump		Meet with Dept. of Education to revisit ASPIRE			

Closing Comments

Name	Appreciation and Progress Expectations
Amy	Teamwork and synergy; roadmap created
Vicki B.	Willingness to state opinions and compromise; I know what we're doing now after initially being skeptical
Rebekah	Teamwork, positive attitude; excited to have an action plan with dates
Charles	Meeting new people and forming collaborations; happy we are starting down a path to follow
Christine W.	Agenda was followed and a plan is now in place; I still do not understand how people with disabilities become addicted to tobacco, there is still more to learn
Christy L.	Leadership and facilitation helped focus and compromise; appreciated including consumers in decision making process
Teresa	Meeting new people, capturing mental health consumers, throwing a broader net
Stephanie	Dialogue and refreshing comments, encouraging, MS is the second state in Region IV to step up
Cindy	Teamwork and making progress on the action plan
Rashida	Appreciate summit logistics, being able to have a plan in hand before leaving
Catherine	Diversity and representation, I saw 100% ownership of the action plan
Becky	Impressive action plan, excited about the future and next steps
Alma	Everyone's energy, bright minds; let's move forward
Mina	Everyone's contributions, despite the short day we have documented a plan and methods to track progress, everyone is engaged
Nell	Appreciated the framework that was laid out, the opportunity to voice ideas; look forward to leaving with next steps and direction moving forward
Tanya	Appreciated the summit process and all of you, good to see the push through this morning. I am leaving with what I had hoped for: an action plan and ability to move forward.
Jeff	Appreciated how our time was respected; impressed with the quality and diversity of participants
Margaret	Diversity of people and ideas; concrete next steps
Kimalesha	Appreciated SCLC helping to understand the summit process; looking forward to the big picture and working on strategies
Alisha	Appreciated the opportunity to be on the planning committee, great experience; I can bring what I learned back to the office tomorrow; I have not felt this good moving forward at any previous conferences
Molly	Appreciated the process, the summit was well done and the action plan is do-able
Marshae	Appreciated identifying and filling gaps and having a plan in our hands as we walk out of the room
Walley	This has been the best all-day meeting, everyone did an excellent job; I now know why I am here and how important my role is
Glenda	Process and individuals; leaving with knowledge and commitment
Vickie	Facilitation, everyone's participation, suggestions and opinions; strengthened partnerships, everyone linked together by a joint effort to achieve goals
John	Opportunity to reconnect with old friends and make new ones; detailed plans on paper; progress is going to take a while but we have realistic expectations, we're going to make it happen
Ryan	Wealth of information in the room, I learned from everyone; we now have

	attainable goals
Melody	Thank you to OTC, you were wonderful to work with, first in the planning stages, it was a smooth transition from beginning to end. We learned so much, focusing on alcohol and drugs, the summit gave us a real chance to look at tobacco and learn more about cessation programs. I've gotten more out of this than any previous strategic meetings. DMH is going to do whatever they can. Stephanie, we are glad you can be with us in Mississippi and be part of this. This has been the best strategy session, I learned a lot, learned who is out there and we are ready for our meeting with Mr. LeGrand. There is a lot of work to be done but it is doable.
Roy	I appreciate everyone's attention and brining experiences to the table. We don't know what you do day in and day out and how tobacco control activities affect what you do. This collaboration is surely beyond what we've experienced in any issue. You as stakeholders are making decisions on where to go; a statewide tobacco plan will allow us to drive our efforts, pull in additional resources and partners. We leave with a common road map and a goal in mind. Tobacco control is a significant issue that affects everyone, regardless of whether they smoke. We appreciate SAMHSA's and SCLC's support.

Conclusion

Royal Walker reminded everyone that at the beginning of the summit, many had expressed an expectation of an action plan that saw action. Now that the plan is in place and in everyone's hands as they leave, it is up to everyone to keep the action going. 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.

Appendices

Appendix A – Participant List

Mississippi Leadership Academy for Wellness and Smoking Cessation

Bass, Teresa
Region III Mental Health Center
2434 S. Eason Boulevard
Tupelo, MS 38804
Email: tbass@region3mh.com
Phone: (662) 790-3240

Brown, Kimalesha
Mississippi State Department of Health
Office of Tobacco Control
805 S. Wheatley Street
Suite 400A
Ridgeland, MS 39157
Email: Kimalesha.brown@msdh.state.ms.us
Phone: (601) 991-6059

Brown, Ryan
Planning and Policy Coordinator
Mississippi Department of Mental Health
239 North Lamar Street
1101 Robert E. Lee Building
Jackson, MS 39201
Email: ryan.brown@dmh.state.ms.us
Phone: (601) 359-6129

Burton, Vicki
Regional Manager
Mississippi Department of Rehabilitation Services
3895 Beasley Road
Jackson, MS 39213
Email: vburton@mdrs.ms.gov
Phone: (601) 898-7001

Cox, Susan
Information & Quality Healthcare
(MS Tobacco Quitline)
385 B Highland Colony Parkway
Suite 504
Ridgeland, MS 39157
Email: scox@iqhquitline.com
Phone: (601) 957-1575, x 253

Crump, Glenda
Executive Director
DREAM Inc.
310 Airport Road
Pearl, MS 39208
Email: gcrump@dreaminc.org
Phone: (601) 933-9192

Dunaway, Christy
Executive Director
LIFE of Mississippi
1304 Vine Street
Jackson, MS 39202
Email: lifeofms@aol.com
Phone: (601) 969-4009

Ellis, Alma
Institute for Disability Studies
The University of Southern Mississippi
3825 Ridgewood Road
Room 721
Jackson, MS 39211
Email: aellis@ihl.state.ms.us
Phone: (601) 432-6975

Funchess, Tanya
Mississippi State Department of Health
Office of Tobacco Control
805 S. Wheatley Street
Suite 400A
Ridgeland, MS 39157
Email: tanya.funchess@msdh.state.ms.us
Phone: (601) 991-6052

Hart, Roy
Mississippi State Department of Health
Office of Tobacco Control
805 S. Wheatley Street
Suite 400A
Ridgeland, MS 39157
Email: roy.hart@msdh.state.ms.us
Phone: (601) 991-6050

Hughes, Charles
Executive Director
Mississippi Council on Development
Disabilities
239 North Lamar Street
1101 Robert E. Lee Building
Jackson, MS 39201
Email: charles.hughes@dmh.state.ms.us
Phone: (601) 359-6242

Li, Mina
Institute for Disability Studies
The University of Southern Mississippi
3825 Ridgewood Road
Room 727
Jackson, MS 39211
Email: mli@ihl.state.ms.us
Phone: (601) 432-6166

Luckett, Pamela
Director
Information & Quality Healthcare
(MS Tobacco Quitline)
385 B Highland Colony Parkway
Suite 504
Ridgeland, MS 39157
Email: pluckett@iqhquitline.com
Phone: (601) 957-1575, x 212

Lyle, Christy
Program Review Nurse
Office of the Governor
Division of Medicaid
550 High Street
Suite 1000
Jackson, MS 39201
Email: christy.lyle@medicaid.ms.gov
Phone: (601) 359-5570

Martin, Becky
Community Outreach Coordinator
Magnolia Health Plan
111 E. Capitol Street
Jackson, MS
Email: becmartin@centene.com
Phone: (601) 863-0704

McNeal, Marshae
Prevention Coordinator
Pine Belt Regional Mental Healthcare Resources
P.O. Box 18679
Hattiesburg, MS 39404
Email: marshae@pbmhr.com
Phone: (601) 264-2111, x1914

Naylor, Walley
Director, Division of Family Foundations and
Support
Mississippi Department of Human Services
750 North State Street
Jackson, MS 39202
Email: walley.naylor@mdhs.ms.gov
Phone: (601) 359-4861

Parker, Dr. Jefferson
Associate Chief of Staff/Mental Health
G.V. (Sonny) Montgomery VA Medical Center
1500 E. Woodrow Wilson Avenue (11M)
Jackson, MS 39216
Email: jefferson.parker@va.gov
Phone: (601) 364-1440

Parker-Cummins, Alisha
Information & Quality Healthcare
(MS Tobacco Quitline)
385 B Highland Colony Parkway
Suite 504
Ridgeland, MS 39157
Email: acummins@iqhquitline.com

Payne, Dr. Tom
Professor and Associate Director
ACT Center
350 W. Woodrow Wilson Drive
Jackson Medical Mall, Suite 611
Jackson, MS 39213
Email: tjpayne1@umc.edu
Phone: (601) 815-1180

Portera, Molly
Program Administrator
Mississippi Department of Mental Health
239 North Lamar Street
1101 Robert E. Lee Building
Jackson, MS 39201
Email: molly.portera@dmh.state.ms.us
Phone: (601) 359-5142

Sewell, John
Director, Corporate Communications
Blue Cross Blue Shield of Mississippi
P.O. Box 1043
Jackson, MS 39202
Email: jlsewell@bcbsms.com
Phone: (601) 664-5726

Tucker, Vickie
Mississippi State Department of Health
Office of Tobacco Control
805 S. Wheatley Street
Suite 400A
Ridgeland, MS 39157
Email: vickie.tucker@msdh.state.ms.us
Phone: (601) 991-6050

Tyson, James
Director, Substance Abuse Services
Region II Communicare
152 Highway 7 South
Oxford, MS 38655
Email: sadirector@bellsouth.net
Phone: (662) 234-7521

Valentine, Nell
Social Science Research Center
P.O. Box 5287
Mississippi State, MS 39762
Email: nell.valentine@ssrc.msstate.edu
Phone: (662) 325-7127

Walker, Rashida
New Horizon Church, International
1770 Ellis Avenue
Suite 200
Jackson, MS 39204
Email: bluechiprealestate@gmail.com
Phone: (601) 573-1866

Widdig, Cindy
Tobacco Project Director
Mississippi Rural Health Association
31 Woodgreen Place
Madison, MS 39110
Email: cindywiddig.mrha@gmail.com
Phone: (601) 842-1359

Winston, Melody
Director, Division of Preventive Services
Mississippi Department of Mental Health
239 North Lamar Street
1101 Robert E. Lee Building
Jackson, MS 39201
Email: melody.winston@dmh.state.ms.us
Phone: (601) 359-5198

Winter, Amy
Mississippi State Department of Health
Office of Tobacco Control
805 S. Wheatley Street
Suite 400A
Ridgeland, MS 39157
Email: amy.winter@msdh.state.ms.us
Phone: (601) 991-6050

Woodell, Christine
6201 J.F. Douglas Drive
Ocean Springs, MS 39564
Email: cwoodell5@aol.com
Phone: (228) 257-7003

Young, Rebekah
Institute for Disability Studies
The University of Southern Mississippi
118 College Drive #5195
Hattiesburg, MS 39406
Email: rebekah.young@usm.edu
Phone: (601) 266-5388

SAMHSA
Stephanie McCladdie, MPA
Regional Administrator, Region IV
Substance Abuse and Mental Health Services
Administration
U.S. Department of Health & Human Services
Sam Nunn Atlanta Federal Center
61 Forsyth Street SW, Suite 3M60
Atlanta, GA 30303-8909
Email: stephanie.mccladdie@samhsa.hhs.gov
Office: (404) 562-4125

Facilitator
Jolie Bain Pillsbury, PhD
Sherbrooke Consulting, Incorporated
1500 22nd Street North
Arlington, VA 22209
Email: jolie@sherbrookeconsulting.com
Phone: (703) 812-8774

Co-Facilitator
Royal Walker, Jr., JD
Institute for Disability Studies
The University of Southern Mississippi
3825 Ridgewood Road, Suite 729
Jackson, MS 39211
Email: rebekah.young@usm.edu
Phone: (601) 266-5163

SCLC
University of California, San Francisco
3333 California Street, Suite 430, Box 1211
San Francisco, CA 94118
Phone: (877) 509-3786

Catherine Saucedo
Deputy Director
Email: csaucedo@medicine.ucsf.edu
Phone: (415) 502-4175

Margaret Meriwether, PhD
Behavioral Health and Wellness Director
Email: mmeriwether@medicine.ucsf.edu
Phone: (415) 502-4515

Jennifer Matekuare
Operations Manager
Email: jmatekuare@medicine.ucsf.edu
Phone: (415) 502-8880

Gil Lorenzo
Project Coordinator
Email: glorenzo@medicine.ucsf.edu
Phone: (415) 502-2148

Appendix B – Expectations from the Summit

Mississippi Leadership Academy for Wellness and Smoking Cessation

EXPECTATIONS FROM THE SUMMIT
Effective action plan
<i>Develop an action plan we can embrace where everyone can see their role</i>
<i>Hoping this is realized – we actually implement the action plan</i>
<i>Looking forward to the plan after all of our hard work</i>
<i>Develop an action plan that is usable and does not sit on a shelf</i>
<i>Look forward to implementing this plan</i>
<i>Action plan that works</i>
<i>Follow through on action plan</i>
<i>Partners will lead to good strategic plan</i>
<i>Hoping everyone owns and commits to the action plan</i>
<i>Sustainable action plan</i>
<i>Summit is the snowball that starts the avalanche</i>
Work with disparate populations
<i>Better understanding of people with mental illness</i>
<i>Interested in using this model with other populations</i>
<i>Excited about plan, especially with mental health populations</i>
<i>Plan to address disparities in smoking of those who have mental illness</i>
Partnerships and collaboration
<i>Looking for opportunities for partnerships</i>
<i>Work with new partners</i>
<i>Collaborate with everyone here to support next steps</i>
<i>Unique perspective from everyone at the table – see how everyone can work together</i>
<i>Excited about the diversity of stakeholders</i>
<i>Continue partnerships after the summit</i>
<i>Want to share data so people can use it</i>
<i>Use the action plan in our own organization to improve current services and work with providers</i>
<i>Hoping to learn things to implement in our program</i>
Community level change
<i>Push progress in communities</i>
<i>Discover information to give rural providers</i>
<i>Strategies that impact systems as well as programs</i>
<i>Full commitment from health care providers at all levels</i>
<i>Excited we are doing this work in MS after seeing what other states have done</i>
<i>Have new material to give to life coaches to be more effective with this population</i>
Addiction and quitting
<i>Want everyone to quit smoking; personally don't like it</i>
<i>Better understand tobacco addiction and the emotional causes of smoking for those with disabilities</i>
<i>Get people with disabilities to take data seriously and quit smoking</i>
<i>Figure out why smokers start in the first place</i>

Appendix C – Reaction to the Gallery Walk

Mississippi Leadership Academy for Wellness and Smoking Cessation

REACTION TO THE GALLERY WALK
Surprising, impactful data
<i>Surprised at number of callers that completed the quitline process</i>
<i>Each poster created new questions</i>
<i>Student data is interesting – new generation not smoking as much, cause for optimism</i>
<i>Seeing all data in one place is eye-opening</i>
<i>Impressed with data on students</i>
<i>Motivated – to see the progress, how far we have come and how far we need to go</i>
<i>Interested in heart attack study</i>
<i>Fascinated, did not realize discrepancy with mental health populations</i>
<i>Interested in resources poster</i>
<i>Something as small as a cigarette has such big effects</i>
<i>Sometimes numbers don't add up</i>
<i>Surprised by some data; have questions</i>
<i>Interested in data from different geographic areas</i>
<i>Impressive data, 1 cigar = 1 pack of cigarettes, made me quit smoking cigars</i>
<i>Thoughtful, disappointed in data from quitline</i>
<i>Overwhelmed; usually see data snippets but all together the impact is powerful</i>
<i>Keep saying data but the information represents people- this is about saving lives</i>
Progress and plateaus
<i>Interesting where we have made progress</i>
<i>Plateaued, how can we improve?</i>
<i>Impact of smoking on chronic disease</i>
<i>Some communities are not yet as committed to smoke-free policy as others</i>
<i>Made a lot of progress over the years, plateau with adult smoking progress</i>
<i>Feel validated seeing this data</i>
<i>I notice what is missing and am motivated to produce progress indicators</i>
<i>What's going to happen in 5-10 years? We can do better</i>
<i>Collect missing data</i>
Familiar information
<i>Not totally shocked, coming from the field</i>
<i>Not surprising being in the field</i>
<i>Overall not surprised but expected mental health percentages to be higher</i>
<i>Not surprised by mental health data on how many want to quit</i>
<i>Mental health data shows a need; when it's not surprising it shows we have a problem</i>
<i>Sheds light on evidence that can be used as a road map</i>
<i>Survey of mental health consumers complements the BRFSS data</i>
<i>Comprehensive data is encouraging; great starting point</i>