



Montana State Leadership Academy for Tobacco-Free Recovery

March 21-22, 2016

ACTION PLAN

Background & Introduction

On March 21 and 22, 2016, forty leaders and advocates in public health, behavioral health, and tobacco control came together for a first-ever Montana state initiative focused on reducing smoking prevalence among people with mental illness and substance use disorders. The Academy was hosted by the Montana Department of Health and Human Services, 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 2015 State Policy Academy on Tobacco Control in Behavioral Health, the purpose of the Academy was to design an action plan for Montana to reduce tobacco use addiction among individuals with mental illness and substance use disorders, and to create an environment of collaboration and integration among the fields of public health (including tobacco control and prevention), mental health, and substance use services.

The first day of the Academy consisted of introductions, and recognizing existing and new connections with fellow attendees of the Montana Leadership Academy. With an impressive Gallery Walk that provided empirical and comprehensive tobacco use data, attendees reviewed and discussed the display. The conclusion of the gallery walk led to a powerful welcome message by Gregory Holzman, MD, *Montana State Medical Officer*, explaining the importance of public health and going back to its historical roots and simplifying the message and ultimate goal in improving the health of the Montana population. In addition, he touted the significance of each attendee's contribution to the Academy in developing a comprehensive and sustainable action plan.

On the second day, speakers representing state and national program offices, treatment centers, and staff and clients shared stories. Charlie Smith, *SAMHSA Region 8 Administrator*, emphasized the importance of systems change and tobacco free institutions. Explaining employee buy-in as being the most effective approach in improving not only work productivity, but increasing cessation efforts and population health overall, "Think about the impact you will have on your clients and systems, but also think about yourself, your colleagues and how this is affecting your own behaviors." Additional speakers including Shelina Foderingham, *Director of Practice Improvement at NBHN* stated the importance of addressing vulnerable behavioral health populations who suffer from depression and anxiety and use tobacco, "We need to realize this disparity, and move the needle when it comes to tobacco and mental health." Betty Wilson, a Butte resident, former smoker and peer added, "Every now and then I think about smoking. This happens when I am sad. Then I remember they [cigarettes] smell horrible, and that they are not good for my health. If I had a cig, I would deal with my addiction all over again and I don't want to go through that again."

Participants of the Academy represented state, and local agencies, including mental health, addictions, clients/peers, community services, non-profits, 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 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.

After two days of collaboration, Montana 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.

“We are here to come up with strategies and a plan on how we can address some of these issues, and what will work uniquely for a rural and frontier state like Montana.”

“We have a unique opportunity, to address tobacco use with those with mental health and substance use disorders.”

“Speak up & challenge people.”

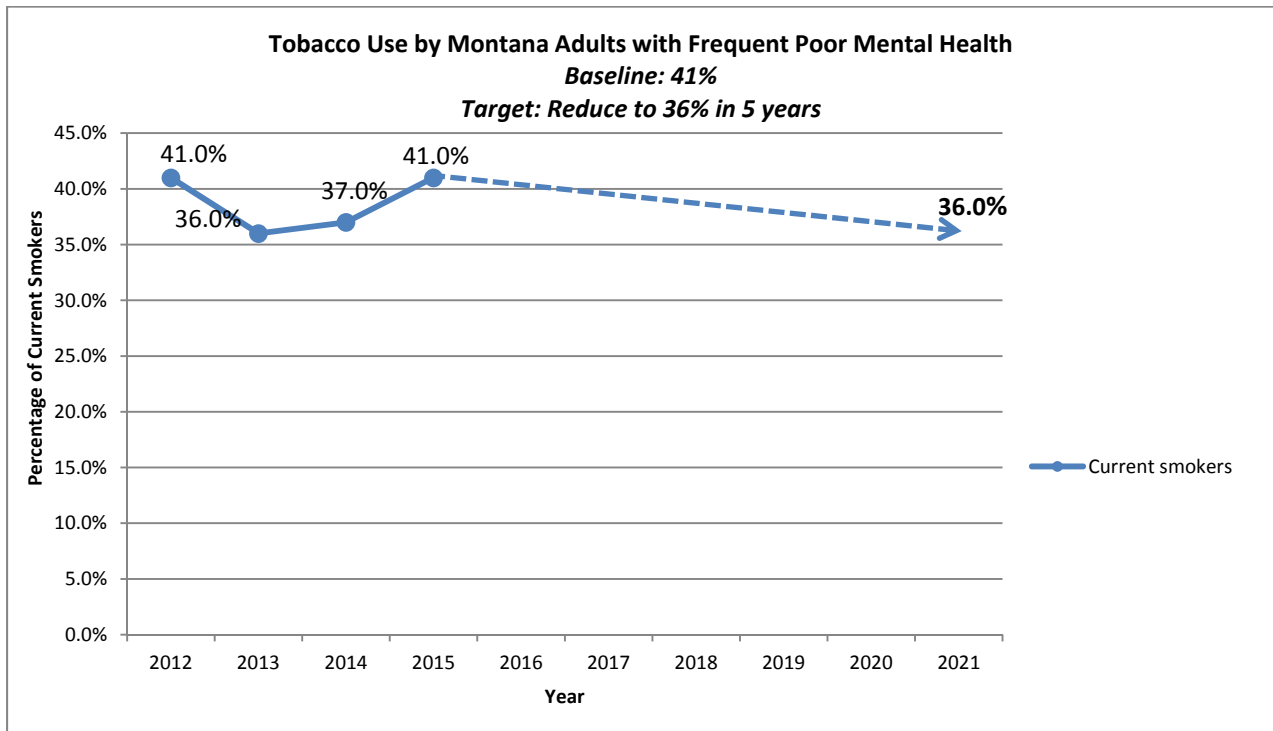
“We are making a commitment to make a difference.”

Where are we now? (Baseline)

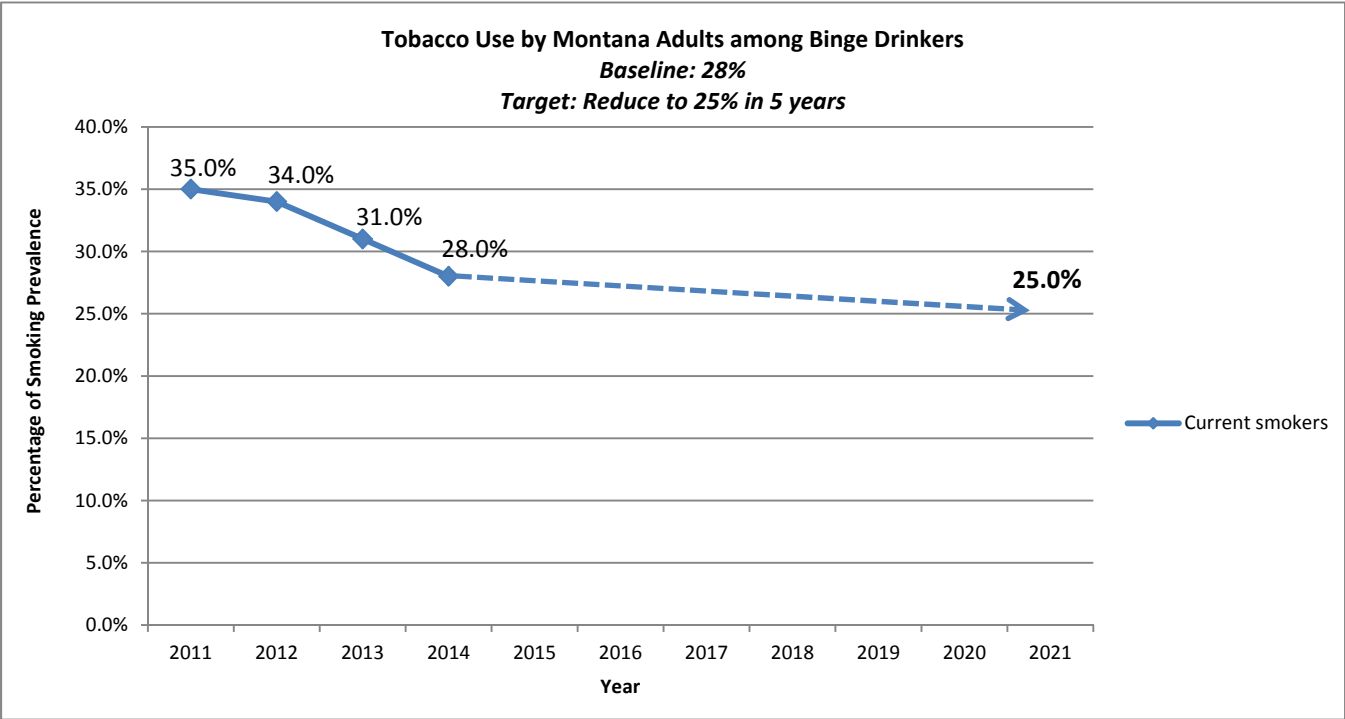
Recognizing that we are using the best available data (by no means the most comprehensive), Medicaid data was added to reflect the high number of smokers in that population.

Where do you want to be? (Target)

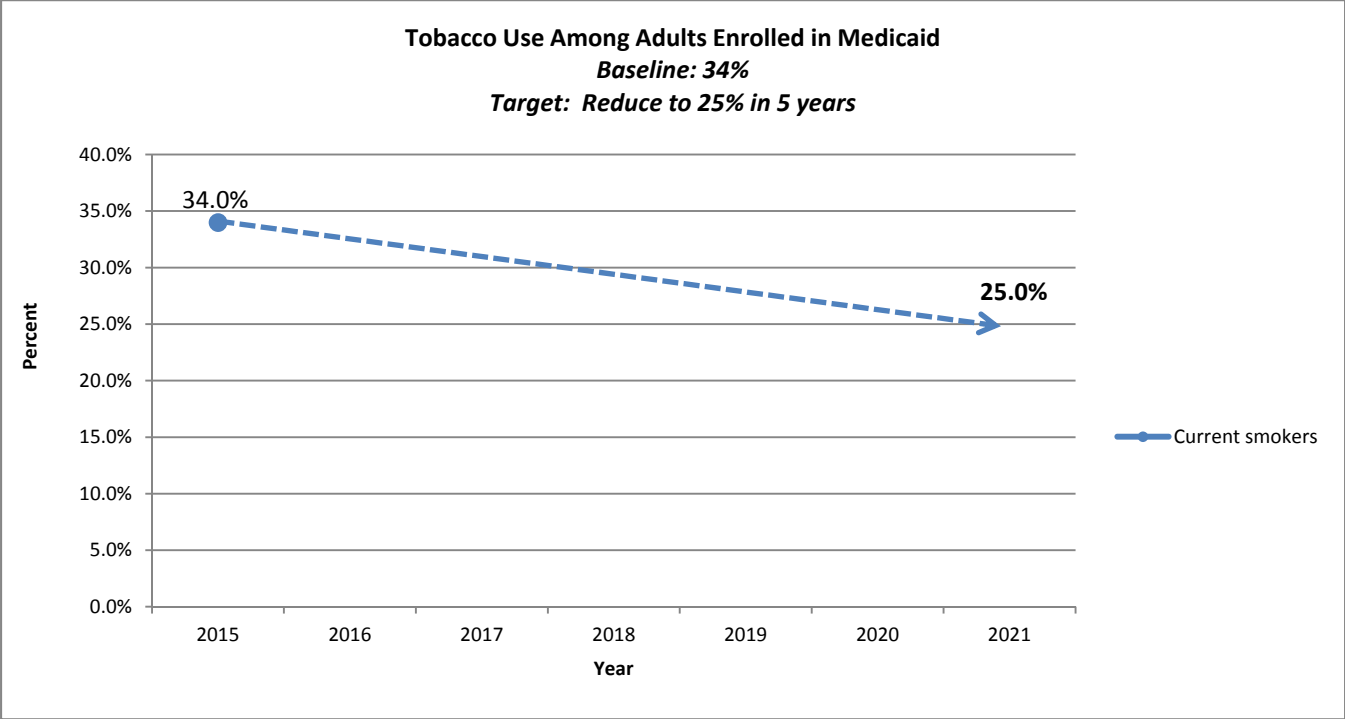
| | Baseline | Target |
|--|------------|---------------------------------|
| Mental Health (Poor Mental Health) <i>BRFFS, 2014</i> | 41% | Reduce to 36% in 5 years |
| Substance Abuse (Binge Drinking) <i>BRFFS, 2014</i> | 28% | Reduce to 25% in 5 years |
| Adults Enrolled in Medicaid <i>Montana Medicaid Survey, 2015</i> | 34% | Reduce to 25% in 5 years |



Source: BRFFS, 2014



Source: BRFSS, 2014



Source: Montana Medicaid Survey, 2015

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 |
|-------------------------------|
| Systems Change |
| Provider Education |
| Social Marketing |
| Public Education and Advocacy |
| Client Education |
| Comprehensive Plan |
| Coordination |
| Data |
| Quitline |
| Training |

Partners then adopted the following strategies, acknowledging that any of the above themes could be incorporated in a strategy group.

| Adopted Strategies Focus Groups |
|---------------------------------|
| 1. Training and Education |
| 2. Systems Change |
| 3. Coordination |
| 4. Data |
| 5. Advocacy and Marketing |

How will we know we are getting there?

The following matrices outline each committee's proposed strategies, commitments, timelines, impact measurements and immediate next steps for 2016. Committees will use these grids to track progress during future committee calls and are designed to be updated on a regular basis.

Baseline data sources will be checked each year to gain an 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: Training and Education

Committee members: Annie Rechlin, Mark Wamsley, Kara Lemm, Jena Smith, Cindy Smith, Betty Wilson, F Miles Finlen, Jennifer Ullman, Shelina Foderingham
Liaison: Annie Rechlin

1. WHAT

Staff training

| HOW | WHO | WHEN | PROCESS MEASURE |
|---|--|---------------|--|
| Disseminate Draft Webinar/Webinar Series Agenda to attain feedback from the field to ensure we're meeting the audience needs | State MTUPP | by 9/30/2016 | Webinar/series agenda # of staff trained |
| Finalize Webinar/Webinar Series Program Curriculum. Potential topics include: MI training, Medicaid reimbursements, prescribing FDA-approved meds, adopting healthy lifestyles – health coaching, continuity of care, etc.) | State Tobacco Control Program (Annie, Jenn, Dr. Holzman) | by 12/31/2016 | Webinar series program curriculum |
| Shelina F. to send WRLC Program Curriculum & Webinar Resources | Shelina | by 3/25/2016 | Resources sent to Annie |
| Ensure that there's a strong planning and development phase Activities to ensure that we're consciously involving all key stakeholders (marketing, MMA, MTUPP, etc.) | Liaison from Coordination Committee | On-going | Plan for coordinating all staff training efforts |

2. WHAT

Train the trainer

| HOW | WHO | WHEN | PROCESS MEASURE |
|--|------------------------------------|------------------|----------------------|
| Explore and identify current projects/programs (i.e., ECHO, WRAP) to identify opportunities AND gauge interest for training/train-the-trainer on tobacco cessation resource needs and/or to piggyback on these projects/programs through survey monkey (or other online survey tool) | Cindy & State MTUPP – Annie & Jenn | by July 15, 2016 | Survey developed and |

| | | | |
|---|---------------------|--|---|
| | | | disseminated # of respondents (by type – staff type or sector (primary care, mental health, addictions, etc.)) |
| 3. WHAT | | | |
| Making sample tobacco cessation resources publicly available | | | |
| HOW | WHO | WHEN | PROCESS MEASURE |
| Create sample policy page on the MTUPP website to include tobacco-free campus policies, smoke-free park policies, smoke-free housing policies, etc. | State MTUPP - Annie | by June 30, 2016 | webpage |
| Archive and make staff training webinar recordings publicly available on the Montana Medical Association website | Jena, MMA | Following completion of training webinar | Archived webinar recordings |

Committee Name: Systems Change

Committee members: Clare Lemke, Kevin Stewart, Pete Sutherland, Glenda Oldenburg, Catherine Saucedo, Margaret Jaco
Liaison: Bobbi and Isaac

1. WHAT

Implement screening protocols for tobacco use and appropriate intervention as standard of care at the facility-level

| HOW | WHO | WHEN | PROCESS MEASURE |
|--|--------------------------------|------|-----------------|
| Education & outreach to key leadership groups (ex: provider groups, MASP, regional MH directors) | All | | |
| Identifying and utilizing champions as “shining stars” / success story highlighting organizations who have successfully incorporated tobacco into standard practices | All, via resource hub (see #3) | | |
| Identifying champions within the organization to make the case | All | | |
| Develop & promote resource hub (see #3) | All | | |
| Utilize Leadership support & statements as recommendation supporters (National: SAMHSA, CDC, National Council) & (State: MT Medical Director, AMDD, DPHHS) | All | | |

2. WHAT

Position tobacco-free campus policy as best practice

| HOW | WHO | WHEN | PROCESS MEASURE |
|---|--|----------------------------|---|
| Showcase shining star who has successfully gone tobacco-free via eNewsletters, listserves, other written materials (via NBHN, SCLC, other state-wide listserves?) | NBHN (Margaret), SCLC (Catherine), State-wide media outlets? | Ongoing, starting May 2016 | Story disseminated that generates interest from orgs to go tobacco-free |

| | | | |
|--|---|-------------|-------------------------|
| Develop tobacco-free facility designation/recognition (seal, letter?) for marketing materials | | | |
| Utilize Leadership support & statements as recommendation supporters (National: SAMHSA, CDC, National Council) & (State: MT Medical Director, AMDD, DPHHS) | | | |
| Utilize resource hub (see #3) | | | |
| 3. WHAT | | | |
| Compile and provide resource hub re: research, protocols, and policies | | | |
| Question: <i>Where should the resource hub live?</i> | | | |
| HOW | WHO | WHEN | PROCESS MEASURE |
| Compile, organization & categorize available resources (BHWP Dimensions toolkit, sample tobacco-free policies, QuitLine, webinar) | Margaret (NBHN), Catherine (SCLC); reach out to Training/Ed group | | Resources identified |
| Include Montana-specific resources (to be developed) | Group – reach out to Advocacy group | | Resources identified |
| Include training, TA, and resources from NBHN (BHtheChange.org) and SCLC (toll free 877-509-3786) | NBHN, SCLC | | |
| Include list of recognized tobacco-free best practice agencies (those with recognition seal / banner) within hub | | | List created |
| 4. WHAT | | | |
| Facilitate readiness for change among staff | | | |
| HOW | WHO | WHEN | PROCESS MEASURE |
| Assessments of staff attitudes and beliefs | See existing state behavioral health provider survey for tool in agency use | | Survey results compiled |

| | | | |
|--|--|--|--|
| Staff education & open discussion / feedback (roundtable) | | | |
| Offer menu of cessation resources to help staff make behavioral changes | | | |
| Enhance acceptance and compliance of staff before and during new policy implementation | | | |

Committee Name: Coordination

Committee members: Greg Holzman, Holly Mook, Joclynn Ware, Courtney Rudbach, Christine Cheng

Liaison: Holly Mook

1. WHAT

Create a coordinated message - State the same facts, statistics, and myth busters across the state, systems, agencies, etc.

| HOW | WHO | WHEN | PROCESS MEASURE |
|---|------------|-----------|-----------------|
| Ask summit participants to use infographic from packet and share with their agencies | All | Next week | |
| Ask for responses from summit participants on infographics and other data and send back to DPHHS | Greg/DPHHS | Next week | |
| Ask summit participants to answer 3 questions on the infographics and data; | Greg/DPHHS | Next week | |
| Send to summit participants to review talking points and contacts added to infographic; contact person is Annie Rechlin | Greg/DPHHS | Next week | |
| Continue to coordinate between PH and Medicaid | Holly | On going | |
| Bring back what I learned from MT summit to my agency/community | ALL | Immediate | |

Committee Name: Data

Committee members: Sydney Blair, Tammera Nauts, Lenette Kosovich, Carrie Lutkehus, Isaac Coy
Liaison: Carrie Lutkehus (interim)

1. WHAT

Develop data plans to meet the needs and support the data requirements of other strategies

| HOW | WHO | WHEN | PROCESS MEASURE |
|---------------------------------------|---------------------------------|------|-----------------|
| Collaborate with Montana stakeholders | State – MH – CD Primary Care | TBD | |

2. WHAT

Develop a repository for data

| HOW | WHO | WHEN | PROCESS MEASURE |
|--|---------------------------------|------|------------------------------|
| Integrate data from participating agencies | State – MH – CD Primary Care | TBD | Credible, L&W, SAMS, MMIS |
| Determine the Data Hosting | State? | TBD | Exchange |

3. WHAT

Identify the prevalence of tobacco use among individuals seeking treatment

| HOW | WHO | WHEN | PROCESS MEASURE |
|--|---------------------------------|---------|-----------------|
| Universal Screening (<i>Have you ever used tobacco? Y or N Are you currently using tobacco? Y or N When did you last use tobacco? Y or N How often are you exposed to cigarette smoke? Y or N</i>) | State - MH - CD Primary care | Ongoing | Tracked in EHR |
| Add additional questions to the Quit Line | State | TBD | |

| | | | |
|--|------------------------|-------------|------------------------|
| Add questions to the BRFFS | State | TBD | |
| 4. WHAT | | | |
| Track smoking cessation among clients over time | | | |
| HOW | WHO | WHEN | PROCESS MEASURE |
| Treatment/Recovery Plans, Progress Notes, Recovery Markers, Follow-ups | MH – CD – Primary Care | TBD | Tracked in EHR |
| Mobile Outreach | State and/or Providers | TBD | ? |

Committee Name: Advocacy and Marketing

Committee members: Dan Aune, David Campana, Stacy Campbell, Carl Eby, Gil Lorenzo, Bonnie Stewart

Liaison: Stacy Campbell

1. WHAT

Connect with other state and community agencies; develop comprehensive positive messaging and sound bites; tailor for populations

| HOW | WHO | WHEN | PROCESS MEASURE |
|--|--|------------|----------------------------|
| Conduct gap analysis; work with state media agency | Stacy | 2-3 months | Gap analysis completed |
| Gather messaging examples of what has been evaluated and worked with other Leadership Academy states | Gil | 1 month | Examples sent to committee |
| Initiate call, email or survey with people who are interested or could be influential | Stacy, Dan | 3 months | Input received |
| Develop communication work plan | AMDD, MTUPP, all 4 community mental health centers, primary care association | September | Completion of work plan |

2. WHAT

Create infographic on quitline benefits (for Medicaid members, American Indians, Veterans) for providers and patients

| HOW | WHO | WHEN | PROCESS MEASURE |
|--|-------|---------|--|
| Research into veteran benefits and what is available | Annie | 1 month | VA benefits analyzed and compared to QL benefits |

| | | | |
|---|--------------------|-------------------------------|---------------------------|
| Create infographic | State media agency | September | Completion of infographic |
| Review and give feedback on infographic draft | David, Gil | TBD | Revisions made |
| Give feedback for cultural considerations (American Indian, Veterans) | Carl | TBD | Revisions made |
| 3. WHAT | | | |
| Utilize Provider/Peer network (part of communication plan) | | | |
| HOW | WHO | WHEN | PROCESS MEASURE |
| Montana's Peer Network – Annual Conference | | Fall | |
| Montana's Behavioral Health Provider Association Conference; provide CME/CEUs | | Spring (end of April) Fall | |

Conclusion

The state of Montana is a paradigm for providing low cost/no cost cessation services and resources, however cessation efforts are limited by the systematic barriers including beliefs, lack of time, staff training and reimbursement. The Montana Leadership Academy for Tobacco-Free Recovery is a stepping stone building off of existing coalitions and leveraging tobacco cessation programs and initiatives within the state. The Academy brought together a distinguished group of Montana partners to work together and identify measurable goals and strategies to reduce the prevalence of smoking and nicotine dependence among people living with mental illnesses. Given the novel collaboration, the action plan resulting from this meeting is a thorough report indicating consensus on measurable goals, barriers and gaps, along with strategies and resources to address this epidemic in the state of Montana.

Appendix A
Participant List
Montana State Leadership Academy for Tobacco-Free Recovery
March 21-22, 2016

Dan Aune
Executive Director
Mental Health America of Montana
dan@mhaofmt.org
406-587-7774

Sydney Blair
CEO
Center for Mental Health
sydneyb@center4mh.org
406-791-9603

Catherine Bonniot Saucedo
Deputy Director
UCSF Smoking Cessation Leadership Center
catherine.saucedo@ucsf.edu
415-502-4175

David Campana
Medicaid Pharmacist
Medicaid
dcampana@mt.gov
406-444-5951

Stacy Campbell
Healthy Lifestyles Supervisor
DPHHS
stcampbell@mt.gov
406-444-3138

Christine Cheng
Partner Relations Director
Smoking Cessation Leadership Center/UCSF
ccheng@medicine.ucsf.edu
415-476-0216

Isaac Coy
Treatment Program Manager
DPHHS, AMDD
icoy@mt.gov
406-444-7922

Joseph D'Eufemia
Tobacco Prevention Program Manager
Wyoming Dept of Health
joseph.deufemia@wyo.gov
307-777-3744

Carl Eby

Associate Director
SCMR Mental Health Center
ceby@scrmhc.org
406-252-5658

W Miles Finlen

Manager Day Treatment
Western Montana Mental Health Center
mfinlen@wmmhc.org
406-497-9006

Shelina Foderingham

Director, Practice Improvement National
Council for Behavioral Health
ShelinaF@thenationalcouncil.org
504-296-2024

Greg Holzman

State Medical Officer
DPHHS
gholzman@mt.gov
406-444-1286

Maya Howell

Behavioral Health Director
Community Health partners
howellm@chphealth.org
406-823-6328

Margaret Jaco

Policy Associate
National Council for Behavioral Health
margaretj2@thenationalcouncil.org
202-774-1658

Lenette Kosovich

CEO
Rimrock
lkosovich@rimrock.org
406-248-3175

Clare Lemke

Tobacco Use Prevention Manager
Livingston HealthCare
clarelemke406@gmail.com
406-823-6639

Kara Lemm

Case Manager/Care Coordinator
AMDD/MCDC
klemm@mt.gov
406-496-5432

Gil Lorenzo

Marketing and Outreach Manager
Smoking Cessation Leadership Center, UCSF
gil.lorenzo@ucsf.edu
415-502-2148

Carrie Lutkehus

Community Resources Manager Addictive
and Mental Disorders Division
clutkehus@mt.gov
406.444.9344

Holly Mook

Medicaid Program Officer
State of Montana
hmook@mt.gov
406-444-6868

Kathy Myers
Kathy Myers
DPHHS
kmyers@mt.gov
406-444-3385

Tammera Nauts
Executive Director Recovery
Center Missoula
tnauts@wmmhc.org
406-532-9909

Bobbi Perkins
Chief, Chemical Dependency Bureau
DPHHS / AMDD
bperkins@mt.gov
406 444-6981

Dawn Robbins
Facilitator
Dawn Robbins + Associates
robbins_law@comcast.net
503-771-6451

Roxana Said
Project Coordinator
SCLC/UCSF
roxana.said@ucsf.edu
415-502-4515

Jena Smith
Communications Director
Montana Medical Association
jena@mmaoffice.org
406-443-4000

Daniel Nauts
Medical Director Recovery
Center Missoula
dnauts@wmmhc.org
406-532-9900

Glenda Oldenburg
AMDD Administer
AMDD/DPHHS
goldenburg@mt.gov
406-444-3969

Anne Rechlin
Cessation Specialist
MTUPP
arechlin@mt.gov
406-444-5687

Courtney Rudbach
Clinical Supervisor Pathways
Treatment Center
crudbach@krmc.org
406-751-6419

Cindy Smith
CEO
Bullhook Community Health Center
smithc@bullhook.com
406-395-6903

Kevin Stewart
Clinical Director
Western Montana Addiction Services
kstewart@wmmhc.org
406-532-9815

Bonnie Stewart

Program Manager
WMAS/WMMHC/CGH
bstewart@wmmhc.org
406 532-8942

Pete Sutherland

Acting Clinical Supervisor White Sky
Hope Center
psutherland@rbclinic.org
406-395-4818

Jennifer Ullman

Program Manager MTUPP
jullman@mt.gov
406-444-3866

Mark Wamsley

Program Manager DPHHS
mwamsley@mt.gov
406-444-0063

Joclynn Ware

Grant Manager
Childrens Mental Health Bureau, DPHHS
jware@mt.gov
406-444-5979

Betty Wilson

Butte resident
Western Montana Mental Health Center
centervillestreet@gmail.com
406-490-2892

Appendix B Reaction to Gallery Walk

| Mental Health |
|--|
| The connection between mental health and the statistics of smoking is alarming. |
| I am learning a lot about the mental health disparities. It is exciting to me that we are in this room and working together to close the gap. |
| Provider survey and the mental illness population correlation. |
| I quit smoking for a year. I think these mental health statistics are alarming, the rates. |
| I was struck at the economic levels, and the correlations between the mental health population and tobacco use. |
| This population, persons with poor mental health days, has twice the death rates, so this is the population that we are failing at and we need to do a better job. |
| Nothing is surprising to me, other than the fact that we are missing the boat with the mental health population. I am hoping we can recognize this critical disparity. |
| The data is there and it is time that we look at this population and help them by working with providers and integrating tobacco cessation as part of treatment. |
| I was impressed by the data indicating a correlation of smoking and mental health and those who drink. When I was in the Marine Corp, and if there was a pack of cigarettes, you would smoke them if you got 'em. This is a very tedious habit. Montana has a large veteran population and vets have high smoking rates. |
| Medicaid Resources |
| Cessation materials are out there. I'm surprised that only 11% of these people asked for cessation medications. |
| Medicaid expansion, it is exciting to have these resources available to help people. |
| What struck me were the limitations in offering tobacco treatment, and the statement about reimbursement. I think that it's a matter of time in increasing awareness on resources. We should embrace health and wellness. |
| There are amazing data and resources. Medicaid benefits, counseling and treatment. Many resources to help reduce tobacco use. |
| Medicaid expansion, it is exciting to have these resources available to help people. |
| Going back to the gallery walk, I see a disconnect between the posters. Time, reimbursement, medication knowledge. The Medicaid slide and the percentage of those who are not using the available resources, including our quitline. We need to connect folks and partner effectively to help patients break the habit. |
| Systems Change |
| Many of the staff agrees with cessation counseling, but few do it. I feel like we can improve on this. |
| Training staff to increase ask in quitting. |
| The poster that got me the most: staff attitudes and beliefs. We need to address this. |
| There is a 93% ask rate and only 52% advised to quit. Small systems change that can take place easily. |
| I am struck by how we need to intervene at all levels, not just a patient problem but a systems problem. |
| I am surprised by the staff attitude and beliefs. |

| |
|--|
| Economics and Occupation Productivity |
| Overall the millions of dollars that are wasted and the productivity levels affected. |
| I was struck at the economic levels and productivity, and the correlations between the mental health population and tobacco use. |
| Loss of productivity among staff. |
| Productivity data, along with the fact that if you look specifically at Montana mental health deaths related to tobacco use, it really brings it home. |
| Enlightening Data |
| I was excited to see the comprehensive data, and that maybe we could have a different approach, along with attitudes, and assumptions. |
| One reaction I had is that the data are very enlightening. Hopefully we can do something to reduce the rates. |
| I also know these slides very well. If you are looking at the general population, rates are reducing; we still have work ahead of us. |
| I am trying to wrap my head around this data, in terms of overall recovery, we must do better. |
| I had an "aha" moment with all of the data. Those who smoke and those who use chew tobacco. |
| My reaction is I see we need to push forward with the data presented and do something about it. |
| Impression of walking through was that I already knew our statistics were higher than the national average, my impression of how well we are progressing is something I am excited to see. I saw the incidence of cancer in men seemed to be decreasing. I saw that as a positive. |
| I was struck by the data that showed the Medicaid population, 34% who are tobacco users and 23% statewide. |
| We have been to many other states. The longer we are out there doing this, we have been seeing more and more data. Congrats to this team. You have shown such comprehensive data. We just need to take it to the next level. |
| Thankful |
| I think everyone that signed up to be here, and our whole planning team is wonderful, thankful for that. |
| I am thankful and excited to finally see it all come together. |
| Thank you to the leadership team, and I think it's going to be a great day and a half. The one thing I have seen in this data is the changes in the incidence of lung cancer in men and women. Hopefully we continue to see a downward curve. |

Appendix C

Closing Comments

| NAME | What will be your next action commitment towards achieving the result? |
|------------------|--|
| Kevin | Champion spokesperson and I will do that when the invitation arrives. |
| Bobbi | I am willing to work collaboratively with colleagues at state level to advance what we are supposed to do. |
| Clare | I am going to go through tons of stuff at my office and help transition some of those materials to the state. |
| Joe | Take this stuff back to Wyoming to make our state academy successful as well. |
| Pete | I am going encourage the powers that be at my tribe to incorporate tobacco cessation into the treatment plan. |
| Catherine | I am going to make available free CEs to MT providers for accredited webinars that we have. |
| Joclynn | Debrief my current team with this event and consult with NBHN and see how we can integrate this work into the SAMHSA work that we have already. |
| Courtney | Go back to my community to see who the key players are in smoking cessation and keep the conversation going. |
| Holly | I am going to go back to my bureau, and talk to them everything that we talked about here and how we will continue to support public health. |
| Christine | I will help my committee by scheduling my committee's first phone and whatever else MT needs. |
| Greg | Central portal for provider education, promote this and get everyone familiar with this resource. |
| Dan | I am going to work with Stacy to see what avenues are available to do social work and who we can get at the table. Questions around tobacco use and chronic illness and get more information on our clients and interventions we can tailor. |
| Cindy | Check on data that we pull, can we look at MH/SA diagnosis and see if those fit together. Work with our program and pull data indicators for quality improvement. |
| Carrie | Introduce myself to the data guru and get familiar with BRFFS. |
| Isaac | Work with Bobbi, regarding systems change and continue to act as a liaison in our communities of care and bridge that gap. |
| Tammera | I am going to present this to all of our managers, 13 representing 21 counties in the state. |
| Carl | Talk with my program people. Chemical dependency and out-patient, and I think this is a real fit for cessation, day treatment programs, and recovery programs. I want to talk to some of the agencies and businesses that we interact with our region. Buy-in from community level and cultural. |
| Dave | I will be bringing this back to our bureau in Medicaid and go forward with advocacy and marketing. And come up with good statements for the public in MT, reduce smoking rates and improve health. |
| Gil | I am going to look back at previous state academies and gather messaging examples. |
| Stacy | I am going to move this communication work plan forward. |
| Jena | My first step will bring this to my CEO. Dr. Holzman mentioned we have an e base platform to see what other organizations have worked on and collaborate with them. |
| Miles | Continue the dialogue to see what people use our facilities. A priority is to implement a new program that Clare gave us. Three new programs to operate and sustain. Promote the willingness to look at systems change. Change some habits and behaviors we have around our mental health facility in Butte. |
| Betty | I am going to tell everyone that I met nice people here and everything else. |

| | |
|-----------------|--|
| Sydney | Show this information to our management team and behavioral health management team and come up with next steps and how we are using tobacco cessation in our programs. And see what other trainings are going on in our state. |
| Shelina | One of the things I am going to do, we have a learning community out of Florida and we will share curricula, webinars, and other resources, through NBHN. |
| Kara | I am going to give our administrator a hard time for not coming and present this information to the rest of our team, and see how we can improve our patient care. |
| Mark | Go back to my work and talk to my boss about it. |
| Kathy | I am going to continue to increase collaboration with other agencies and learn more and push the action plan forward. |
| Margaret | Start tracking progress in MT and see ways we can show case your work on a national scale and show you the available resources we have for you at NBHN. We are launching a COP that we are accepting applications for. We hope MT can form a team and apply. |
| Glenda | Look into and see what there is nationally as best practices, and look at our work with substance abuse providers and mental health providers for systems change. |