



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.”

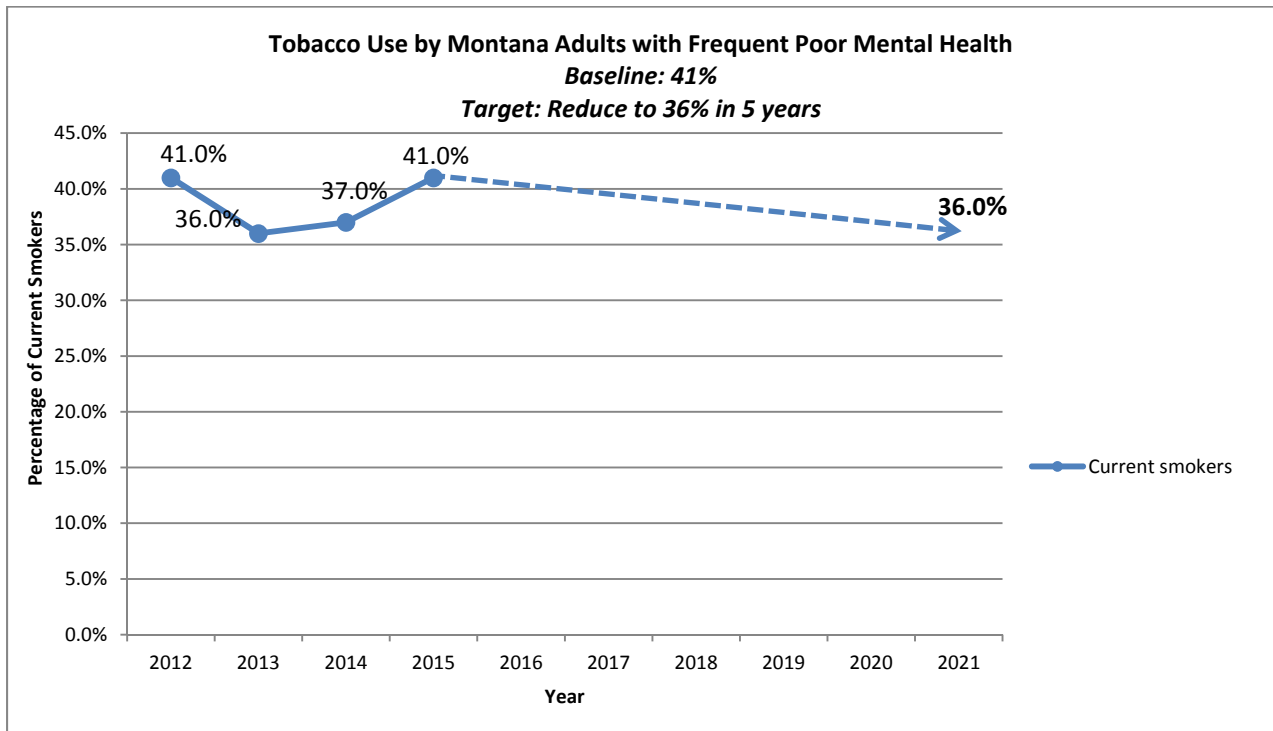
“We are making a commitment to make a difference.”

Where are we now? (Baseline)

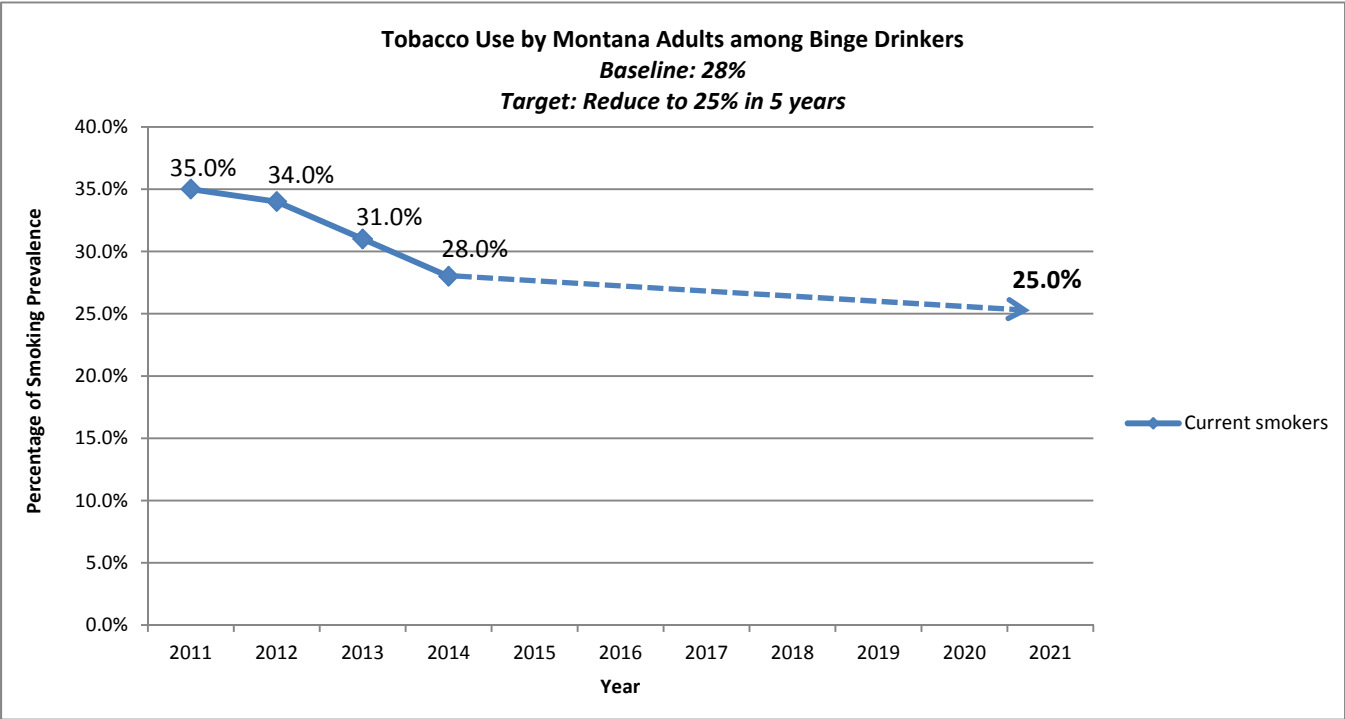
Recognizing that we are using the best available data (by no means the most comprehensive), Medicaid data was added to reflect the high number of smokers in that population.

Where do you want to be? (Target)

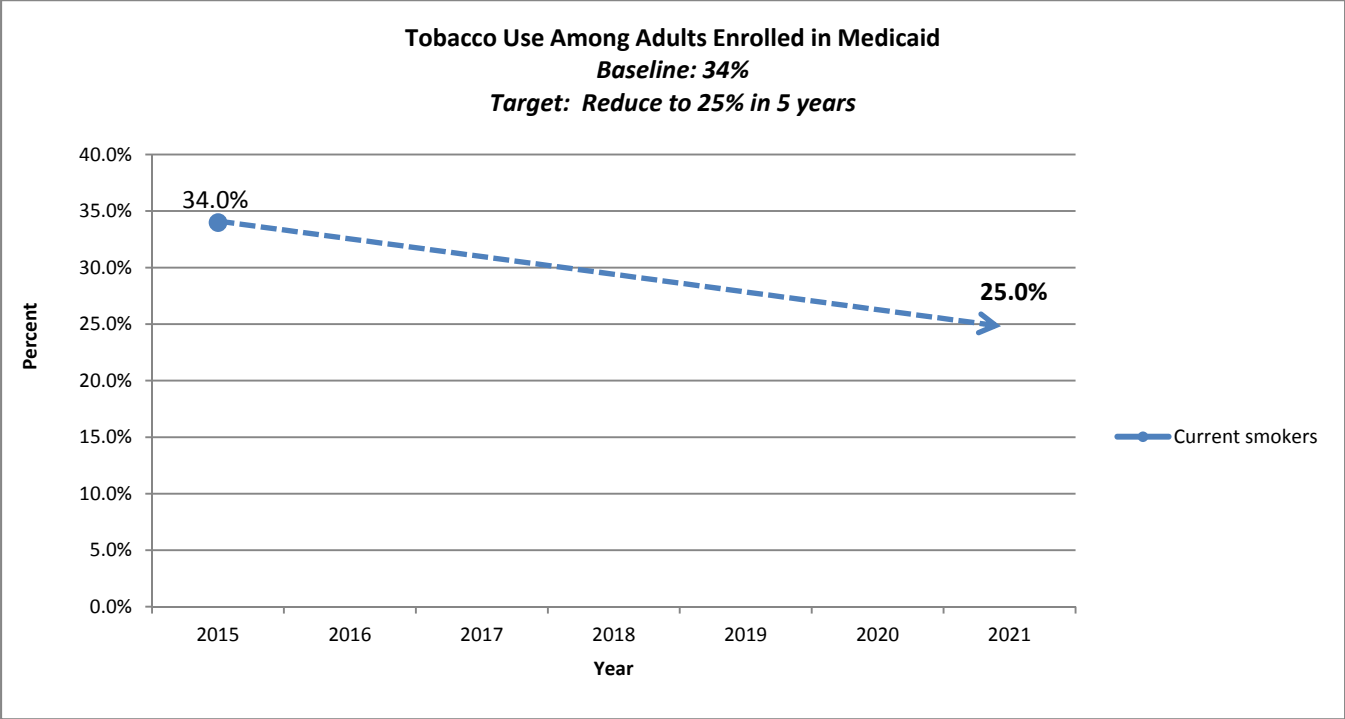
	Baseline	Target
Mental Health (Poor Mental Health) <i>BRFFS, 2014</i>	41%	Reduce to 36% in 5 years
Substance Abuse (Binge Drinking) <i>BRFFS, 2014</i>	28%	Reduce to 25% in 5 years
Adults Enrolled in Medicaid <i>Montana Medicaid Survey, 2015</i>	34%	Reduce to 25% in 5 years



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
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March 21-22, 2016

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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.