The North Carolina Leadership Academy for Wellness and Smoking Cessation Summit

Holiday Inn Raleigh-Durham
Morrisville, NC
August 17-18, 2011

ACTION PLAN

Background & Introduction

On the evening of August 17th and all day August 18, 2011, forty-two leaders in public health, behavioral health, and tobacco control came together for a first-ever North Carolina initiative focused on reducing smoking prevalence among people with behavioral health disorders. The summit was supported by 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. The purpose of the summit was to design an action plan for North Carolina to reduce smoking and nicotine addiction among behavioral health consumers and staff, and to create an environment of collaboration and integration among the fields of public health (including tobacco control and prevention), mental health, and substance abuse services.

The summit began with dinner and a Gallery Walk on August 17, 2011. Steve Jordan, MA, Director, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, and J. Luckey Welsh, FACHE, Director, Division of State Operated Healthcare Facilities welcomed participants to the Summit. Mr. Jordan stated, "It is a golden opportunity for us, North Carolina, to lead with an action plan. When the opportunity came for us to determine if we wanted to be part of the Leadership Academy, I said, 'Yes.'" He added, "We have to work with the providers, families and patients to provide better interventions and change the culture. Together, we can eliminate the isolation of people with mental illness that contributes to smoking."

Mr. Welsh stated, "I hope that we will put together an action plan that we can implement in our community and facility settings across the state. We can do it. On that note, let's get to work!"

Flo Stein, MPH, Chief, Community Policy Management Section, NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services, DHHS, also spoke to summit attendees. Flo added, "Thank you all for being here. I just got back from the SAMHSA Advisory Council Meeting, and a lot of people asked about North Carolina. They asked how we can do

the things we do. It's because we have excellent leaders. There are many of you in the room who are pioneers."

Participants represented federal, state, and local agencies, including mental health, addictions, consumer, community services, non-profit, academic, quitline, and chronic disease prevention 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 work, target, and strategies established at the summit. In a discussion led by seasoned facilitator, Jolie Bain Pillsbury, Ph.D., each partner expressed their interests in the Academy summit. Themes that emerged from the groups' interests in being at the summit were data, youth, action plan for change, training and education, networking, policy and systems changes, and consumer-focused strategies (*see Appendix B*).

On the morning of August 18, 2011, participants began the day with overnight reflections. They were excited to move forward and felt optimistic about the day ahead. One of the participants noted, "What I saw is that the leadership is here. That makes a big difference and that impresses me. I know that when we start with the leaders, we can easily trickle things down." Another participant said, "I was struck by the huge potential we have to make an impact on people's lives and reduce the prevalence rates."

Mr. Jordan and Mr. Welsh provided opening remarks as well. Their presence at the dinner and the following day showed their dedication to the cause. Mr. Jordan reflected, "This brings us back into why we went into the field. We want to help people live better and healthier lives." Mr. Welsh also offered this call to action, "As we look at where we are and where we want to be, I think first on, what can we do? We have the right people in the room with the competencies to do this. We have many people who represent different agencies. Then, I reflected back on the challenge Dr. Steve Schroeder gave to us last night, and I believe North Carolina *can* be a leader. If we move below the national average, we can show the nation that we can all do better."

Steven A. Schroeder, MD, Director, Smoking Cessation Leadership Center, presented on research on smoking prevalence, health effects, and innovations in the management of smoking cessation.

By the end of the summit, North Carolina 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 group's baseline, target, recommended strategies, and next steps.

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

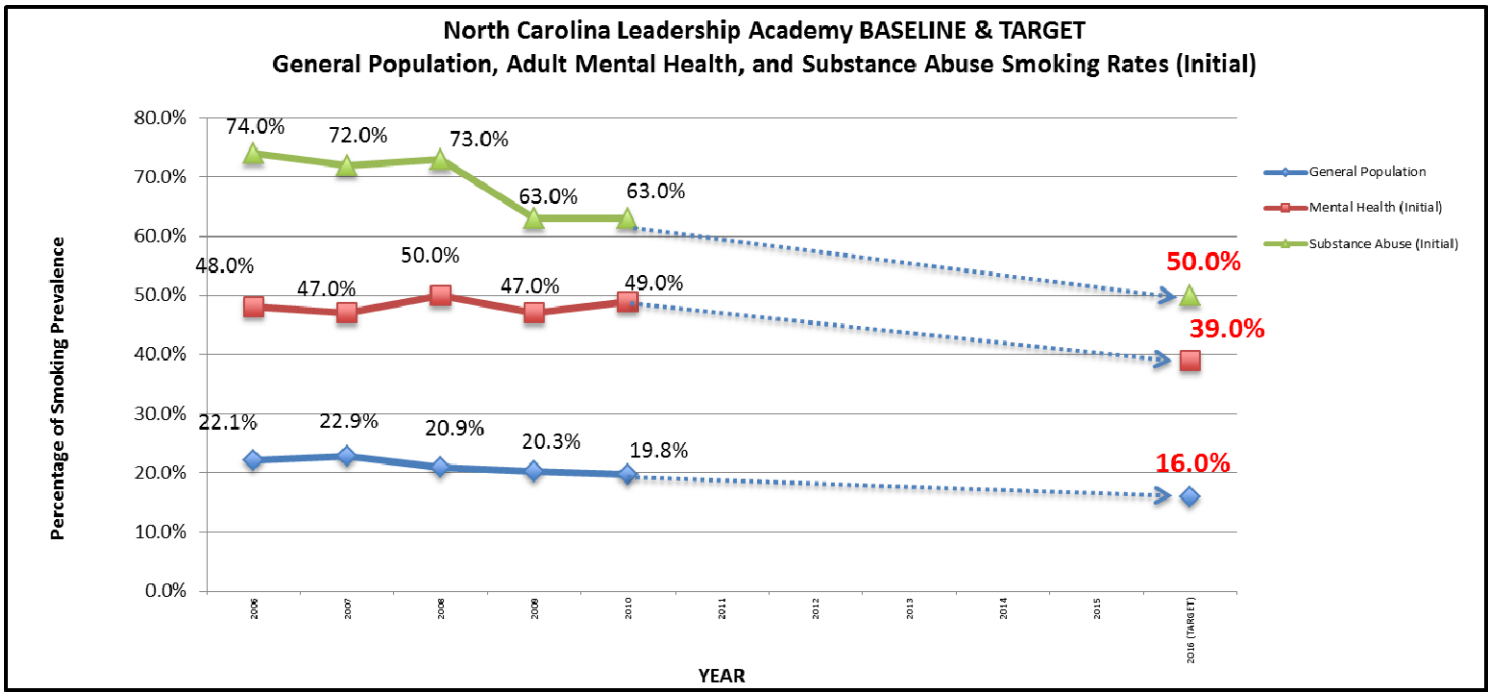
Partners adopted the baseline measure of smoking rate among North Carolina general population at 19.8% (*Source: North Carolina Behavioral Risk Factor Surveillance Survey)*; adult mental health clients at 49.0%; and 63.0% for adult substance abuse clients (*Source: DMHDDSAS NC Treatment and Outcomes Performance System*) *(See Appendix C).*

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

The partners adopted the **target to reduce smoking prevalence among the general population to 16%; adult mental health clients to 39%%; and adult substance abuse clients to 50%, each by end-of-year 2016**.The term "16% by 2016" was coined by participants.

North Carolina Clients	General Population (Ages 18 and Up)	Adult Mental Health Clients	Adult Substance Abuse Clients
Baseline (2010)	19.80%	49.00%	63.00%
Target (2016)	16.00%	39.00%	50.00%

Agreement: Mental health and substance abuse data are at initial interview. Consider using quitline referrals by providers to track strategy implementations. Consider a youth-focused summit in future; target for youth smoking rates in North Carolina Healthy People 2020.



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

North Carolina partners adopted six overarching strategies to reach the target:

Adopted Strategy Groups
Facilities
Provider Training & Education
Consumers & Community
Policy & Systems Performance Measures And Outcomes
QuitlineNC Sustainability Plan
Managerial focus, prioritization, and public messaging *(to be spearheaded by Steve Jordan)*

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

Strategy: **FACILITIES**

Committee members: Luckey Welsh, Theresa Edmondson, Connie Renz, Tom Mahle, Jim Martin, Ron Osbourne, Laura White

Liaison: Susan Saik

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
1) Implement system-wide tobacco free environment in NC State Operated Healthcare Facilities	-Finalize Rule Change -Establish timeline for implementation of TF campuses -Develop program	-DSOHF	-6 months (Feb. 2012) -5 months (Jan. 2012) -6 months (Feb. 2012)	TF Campuses on all 14 facilities	-PRN meds -patient aggression

	model, including off campus activities				
2) Program model should include staff smoking issues	-Develop specific smoking-cessation resources for staff -Develop HR policies	-OSP (for state facilities) -Public Health: technical assistance for private/contracted facilities	-6 months (Feb. 2012)	-decreases overall smoking rate -Supports smoking cessation for consumers	-employee absenteeism
3) Outreach to non-state facilities to share program model and lessons learned	-DSOHF/DMH collaborative to accomplish: -Regional community meetings -AHEC trainings -NC Council of Community Programs Conf. -NAMI/Advocacy Conferences -Web site containing all developed information on developing smoking cessation programming	-DSOHF and DMH/DD/SAS -Public Health for Tech. Assistance	1 year (Sept. 2012)	-facilitates consistent programming and core measures across system	-number of private/contracted MH/DD/SAS facilities that are tobacco free
4) Develop program model for use in MH/SA settings	-Review current assessment tools -Identify core concepts to include in model -	-DSOHF Facilities And Public Health	-6 months (Feb. 2012)		
5) Include tobacco free programming in 3-way contracted facilities and	-utilize TF programming models developed in State Operated	-DMH/DD/SAS and contracted providers	-TBD once State Operated Facilities implement TF	-expands TF environments to more	-number of contracted facilities that implement

	other contracted MH/DD/SA facilities	Facilities		programming -contracts should include language that TF environment/programming to be required in next contract cycle	facilities and recipients of services -provides smoking cessation programming to individuals who require less restrictive environments that State Facilities.	smoking cessation programming and TF environment
6)	Transition Interventions for individuals being discharged to the community (including family education and recovery community)	-expand number of certified tobacco treatment specialist -develop resource list of community providers with special expertise in supporting smoking cessation in the MH/SA population -Collaborating with NAMI, NA CAARF and/or other advocacy groups to develop smoking cessation groups	-Public Health -DMH/DD/SAS -DMH/DD/SAS, NAMI, Recovery NC, etc.	-TBD -6 months (Feb. 2012) -TBD	-Reduces readmissions to facilities -increases community engagement	- number of certified tobacco treatment specialists -development of the list of smoking cessation providers with expertise in the MH/SA population -listing of resource groups

Strategy: **PROVIDER EDUCATION & TRAINING**

Committee members: John Bigger, Maria Fernandez, Carol Ripley-Moffitt, Janice Petersen, Michael Lancaster, Sara McEwen, Lynn Inman, Margaret Meriwether

Liaison: Donna Dayer

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
Train the Trainer groups using the Breathe Easy Live Well curriculum	6 all day trainings, $10 per person	John Bigger	Training sessions completed before December 31, 2011	Implementation survey results available Jan 31, 2012	Number of people trained
Effective communication for physicians including training on smoking as a chronic condition	Motivational Interviewing techniques as a skill to help people quit Include tobacco treatment resources in physician email blast (sent out 2x monthly) Include tobacco treatment button on SBIRT NC.org 6-10 Specialty care annual meetings include Smoking Cessation speaker, and/or resources at meeting	Carol Ripley Sara McEwen—email trainers about MI and tobacco treatment	First week of October for SBIRT NC website and physician email blast Specialty care meetings throughout the year Email to trainers by Dec. 31st	Increased awareness among physician groups and transfer of knowledge	Tobacco dependence treatment included in SA for docs, SBIRT NC.org Number of people who open email blast Number of participants receiving information
Primary Care Physicians	Lunch and Learn on tobacco treatment, discuss quitline and fax referral	Michael Lancaster	Oct 20th face-to-face meeting with presentation by an MD	Increase percentage of docs asking about smoking	19 psychiatrists and behavioral health coordinators
Residency training—train from the	Increase amount of time	Carol Ripley-Moffitt	Contact Wake Forest,	Future	Survey medical

bottom up	spent on training in tobacco dependence treatment and Medicaid coverage Research best contact at all 4 state medical schools for residency training programs	at UNC	(Dr. Spangler) by Oct 31	community practitioners who will integrate tobacco treatment into their daily practice	residency coordinators for NC medical schools on tobacco training in residency curriculums
Pre-service training and curriculum development for allied health, training to include tobacco treatment for SA and MH population, focus on community colleges	Training on billing codes for tobacco dependence treatment, pharmacotherapy, quitline	Governor's Institute Division of MH—Steve Jordan TPCB/TRW (develop contacts) Dept PH Donna Dayer	15 October—Donna will identify contact list for community colleges	Presence at community college events, health fairs, student health service	Initial contact with community college liaisons
Provide tobacco use treatment training to SA counselors	Practice Board shares information on numbers of people who choose tobacco for re-certification requirements	Lynn Inman, will request information from Practice Board	December 2011, meeting of Practice Board, Lynn will make request	Increase tobacco treatment availability in SA community	Increase of SUD counselors with tobacco Tx training
Smoking Prevention Education Trainings	Orientation and education sessions for prevention professionals	Div. MH Prevention team—Janice Petersen and Lynn Inman	Develop template for the plan by December 2011	Increase number of trained prevention professionals	Core competencies integrated into SAMHSA initiative
Medication Assisted Treatments 1. Tobacco Dependence Treatment 2. Substance Abuse	NC Accept grant	Michael Lancaster	December 31, 2011	Increased utilization of meds to assist withdrawal	Pharmacy tracking through CCNC for increased use of cessation products

Strategy: **CONSUMER & COMMUNITY**

Committee members: Margaret Brake, Missy Brayboy, Eva Eastwood, Barbara Pullen-Smith, Deby Dihoff, John Harris, Kymberlee Anderson, Kim Lesane Ratliff, Terrie Qadura

Liaison: Kimberly Alexander-Bratcher

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
Education/Awareness	Newsletters through consumer organizations, sharing information with other organizations, media, workshops, faith community, primary care, community based organizations, health departments, NAMI-collaboration with VA, social media that includes Twitter, Facebook	NAMI, provider agencies, CADCA, NC Council of Community Programs, Faith based, gender specific and ethnic group organizations, media campaign-PDFNC (Partnership for a Drug Free North Carolina)	Determine what resources are available and identify the gaps in 3-6 months	Education and empowerment on communities	Number of agencies receiving cessation information
Collaboration	Military (Reserves, Army) Military families, MOUs, MOAs, local agencies and faith community, community based organizations, health departments, NAMI-collaboration with VA, primary care, Tribal governments	NAMI, provider agencies, NC Council of Community Programs, Faith based, gender specific and ethnic group organizations, media campaign-PDFNC (Partnership for a Drug Free North Carolina)	Determine what resources are available and identify the gaps in 6-12 months	Broader partnerships and more resource availability	Number of agencies, providers that form partnerships to provide cessation training and services.
Training	Workshops, clubhouses, drop–in centers,	Train the trainer community based	Determine what resources are	More providers offering	Numbers of trainings and cessation

	CABHAs, civic clubs and groups, CST, ACT, group homes, SAIOP, SACOT, primary care	programs, Governor's Institute, DPH, population specific programs such as Hearts and Minds, Breathe Easy Live Well, Catherine Saucedo-SCLC can offer cessation and wellness two curricula for peer to peer smoking	available and identify the gaps in 3-6 months	cessation services and making referrals for services	services offered, number of individuals that stopped smoking
Quality Improvement and Assurances	PCP, monitoring, collaboration with provider groups	Consumer organizations, training and advocacy by consumers, MH monitoring, review of outcomes, make part of PCP	Ongoing	Consumers would be empowered to drive their own recovery Improvement of services	number of individuals that stopped smoking and that continue to be smoke-free
Advocacy/Policy/Consumers	Marketing campaign, posters, churches, smoke free grounds, leadership, homeless shelters, CADCA	Consumer organizations, training and advocacy by consumers, leadership,	Ongoing	Policy changes around tobacco, changes social norms and attitudes	number of individuals that stopped smoking and that continue to be smoke-free

Strategy: **POLICY & SYSTEMS PERFORMANCE MEASURES AND OUTCOMES**

Committee members: Nena Lekwauwa, Flo Stein, Christine Cheng

Liaison: Susan Robinson

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
1) Establish a standard performance requirement regarding smoking cessation and tobacco use prevention with any sub-recipient of the DMHDDSAS.	1.1 - Check will attorneys general office regarding legal way to word and establish this requirement 1.2 - LME performance contracts will be modified (include LME care coordinators working with effective transitions from state and community facilities to community based services.) 1. 3 - way LME & hospital contracts (include screening and beginning NRT prior to discharge and work with LME care coordinators in achieving effective transitions from state	Dr. Nena, Flo, Rick Slipsky	1.1 - Tues, AUGUST 23, 2011 1.2 - Begin work to include in next SFY 2013 1.3 - Completed for implementation in SFY 2013	All sub-recipients work to achieve contract performance measure	Measure to be determined by the measure Frequency at least annually or by audit frequency

	and community facilities to community based services.) 1-4 - CABHA Medical Directors				
2) Write the DMHDDSAS policy for the Division, for the LME and the providers/CABHAs regarding this requirement (in particular attend to promoting the use of medication assisted therapies as practice guidance).	2.1. - Workgroup will be established and draft the policy. 2.2.- Bill Bullington, LME Team will draft modifications to LME contract 2.3. - Executive Leadership Team (ELT) will review for approval. 2.4. - ELT will vet with the LMEs	Dr. Nena, Flo, PEI Team LME Team, ELT ELT, LME Directors Dr. Nena & CABHA Medical Directors	Complete by November 2011	Policy is in place. Practice will be changed. Medication assisted therapies will be considered.	Measures TBD Frequency – at least annually or per audit timeframes
3) Draft the indicators and measures for this requirement and include in all data collection and reporting systems for sub-recipients.	3.1. - Quality Management Team with the QM Committee will complete and vet with ELT. 3.2. - ELT with QM Forum will promote these & plan		Complete by Dec 2011 (with QM mtg attached to NC Council)		Measures TBD
4) Work to align policy with training recommendations with special focus on the division/DHHS staff (in particular reimbursement of Medicaid and other payers,	4.1 - Agenda the Medicaid/3rd party payer policy/practice item for discussion on Friday morning DMA-DMHDDSAS	Steve with Flo and Dr. Nena will lead this discussion. Complete by Nov 2012			Measures TBD

	esp. nicotine replacement therapy-NRT), LMEs, at large for providers, consumers, and other medical practitioners to promote policy, awareness education, and improve health outcomes.	4.1.a.- Begin with an update about this institute with 4.1.b.- Meet with FQHCs, Office of Rural Health & Development & Latino/Hispanic Health representatives 4.2 Dr. Nena will work with UNC-CH in their work with medical directors and physicians	Complete update at the next Friday meeting August 26 Begin next week and continue Dr. Nena & John Gilmore, UNC-CH work with other medical directors			
5)	Review DHHS Excels to be certain that this priority is included and comprehensive enough to	5.1 - ELT will review DHHS Excels goals, objectives and strategies and make recommendations for revisions as needed.	ELT, DHHS Excels work groups representatives	Begin to see if comprehensive enough Complete by Nov 2011		Measures TBD
6)	Work with partners to coordinate our policy together and develop complementary strategies for implementation.	6.1 – establish ongoing forum or mechanism and use all informal opportunities to	Core workgroup will plan next steps, including SCFAC, NC MH Planning & Advisory Council to the Block Grants, SA Federation, FQHCs, community health providers, consumer, youth and family groups, among others.	Plan completed by October 2011 for sfy2012		Measures TBD

Strategy: **QuitlineNC SUSTAINABILITY PLAN**

Committee members: Olaunda Green, Catherine Saucedo, Leah Tilden, Ann Rollins, Steven Schroeder, Steve Jordan
Liaison: Joyce Swetlick

WHAT	HOW	WHO	WHEN	IMPACT	MEASURE
1) Identification of mental health and substance abuse status of quitline callers	**1.1** work with quitline vendor to ask them to add questions to brief assessment **1.2** will ensure questions are sensitive to callers' privacy	**1.1** Joyce Swetlick, Catherine Saucedo and vendor	• September 2011	• knowledge of percentage of quitline calls that have MH/SA disorder • more effective treatment	• how many calls come in from people with MH/SA issues • more quit attempts from MH/SA callers
2) Funding for NC quitline to help sustain services	**2 .1** advocate the importance to agencies like SAMHSA **2 .2** create a business plan for short/long term funding for quitline	**2.1** Steven Jordan, Flo Stein, SCLC **2.2** form a planning committee including Randi Lachter, Steve Jordan, Flo Stein and UNC Kenan Business School	• September 2011-November 2011 • January 2012(draft); February 2012 (final)	• immediate sustainability of quitline until long term funding is secured • tangible resource to advocate for more funding	• More money available
3) Create provider	**3.1** Bring Donna	**3.1** Joyce	• April 2012	• Sustainable	• More providers

advocates	Warner from MA State to learn new strategies to create provider advocates	Swetlick		promotion	advocating for quitlines
4) Promotion of quitline	**4.1** promote service to Federally Qualified Health Centers (FQHC's), CCNC's Hospitals **4 2**. promote service to NAMI Chapter **4.3** promote to CADCA, LMEs **4.4** promote to NC Medical Society Alliance **4.5** add 800#s to checks (public health) **4.6** make sure # is on all state and academy partner websites and everyone at summit **4.7** promote quitline to MH treatment guilds (psychiatrists, psychologists, etc.)	4.1 Joyce Swetlick, Leah Tilden and summit participants **4.2 .** Deby **4.3** Ann Rollins **4.4** Joyce and State health plan **4.5** Joyce **4.6** SCLC/QL to email logo and link to summit participants **4.7** summit provider committee	• Immediately • Immediately • November 2011 • September 2011 • immediately • immediately • September 2011	• quitline will help FQHC's achieve new tobacco measures • create equal access to services to NAMI members • equal access to services	• Increased referrals from all agencies promoting quitline • Increased referrals from all agencies promoting quitline
5) Provide free NRT	**5.1** partner w/ all	**5.1- 5.4**	• January 2012	• increased calls	• Free NRTs

to MH/SA population **Strategy 5) continued…** **Provide free NRT to MH/SA population**	hospitals, incl. FOR Profit MH/SA hospitals & treatment agencies **5.2** partner w/ insurance brokers to provide NRT **5.3** partner with NRT companies, (i.e. Novartis) for promotion of free NRTs **5.4** partner with pharmacies, (i.e. CVS, Rite Aid, Walgreens) for generic NRTs	Leah Tilden, Catherine Saucedo, Joyce Swetlick and Donna Dayer **5.1- 5.4** Leah Tilden, Catherine Saucedo, Joyce Swetlick and Donna Dayer	• January 2012	to quitline • increased quit rates • increased quit rates	• Free NRTs
6) Regularly convene quitline committee	Maintain communication on a monthly basis	Catherine Saucedo, Leah Tilden, Ann Rollins, Joyce Swetlick, Steven Schroeder, Steve Jordan	• first call is September 17	• Keeps momentum, maintains groups energy. Provides effective platform to implement strategies	• 6 calls/meetings by April 2012

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

Each task force identified process measures for each strategy. See measurement identified under each strategy above. Data will be shared with the task force members regularly. Data will be used to evaluate which strategies are or are not working, and to motivate partners whenever possible.

Next Steps Timeline

STRATEGIES	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
PROVIDER EDUCATION & TRAINING		Breathe easy live well will occur from Sept through December.	By Oct. 15th identify contact in Community College.	Follow-up call of Breathe Easy.	
POLICY & SYSTEMS		Draft policy and vet it. Begin meetings with partners regarding Facilities transition	Continue meetings with partners regarding Facilities transition	Determine and complete quality improvement measures.	Policy in place
QUITLINES	By the end of next week, Aug. 26th, have quitline # on everyone's website.	Talk with quitline Vendor to add intake questions, specific to behavioral health callers. Meet with SAMHSA agencies.	Continue to meet with SAMHSA agencies.	Continue to meet with SAMHSA agencies.	
FACILITIES			Meet with hospitals, NADAC, and key staff. Work on consistent program model.		
CONSUMERS & COMMUNITY			Locate resources for media campaign. Develop resources for health and wellness plan.		

Commitments & Appreciation

Name	Appreciation & Commitments
Nena	Got an email from the Center of Excellence. If I could allow them to contact physicians in North Carolina to spread what I just learned today, then they would have access to these physicians to this address. I said yes.
Ann Rollins	Promote QuitlineNC with North Carolina Medical Society Alliance
Leah	Work with hospitals one by one to promote the quitline. FYI, there is a webinar on 8/31/11.
Olaunda	Find out what the consumer and community strategy group will do. Committed to the work of that committee.
Catherine	Help maintain momentum and energy and get tasks for this committee. NC prevention, working with NY. Greg Miller was lead of this academy. Share SCLC CME/CEU webinar opportunities.
Joyce	Get Mental Health and Substance Abuse questions on our quitline intake
Steve S.	Make sure SCLC staff able to help you. Look forward to seeing progress.
Susan S.	Schedule meeting with the Program Model team and review the specific next steps.
Ron	I look forward to meeting with Susan and Laura regarding strategies on staff changes.
Jim	Making history!
Tom	Change my website to include the quitline # and help facilities to implement tobacco free pilots.
Connie	Continue to work on efforts on smoking cessation. Planning to have smoking cessation on the agenda in Spring 2012 annual conference.
Eve	By October, we will have the PSA info hosted on our website and all social medias. Last week in Sept, include smoking cessation activity in Recovery Week.
Barbara	Use resources available and make sure that they update their website.
Deby	Put quitline number on my website. Engage consumer council to take off with action items. We have 37 affiliates in the states. Put materials out at our conferences. Start a series of newsletters.
John H.	Invitation by Womack Army Medical Center at Fort Bragg, to do a presentation. Will update presentation to let them know that we have a strong initiative on smoking cessation.
Kymberlee	Talk to staff on the work we outlined. Implement new programs. Speak with sister agencies.
Kimberly	Speak with smokers outside of the office to get them to quit. Get the committee going as liaison of Community and Consumer group.
Kim	Work with substance abuse media campaign to include smoking

	cessation information.
Margaret B.	Make sure we have an action plan implemented. Coordinate with SCLC.
Missy	Coordinate awareness efforts and link with everyone to promote smoking cessation in my community.
Maria	Work with Terry and QM team to post data on tobacco use on the web. See how many have been referred through the Quitline on a quarterly basis, and other available information. Help measure changes in trend.
Donna	Create distribution list for PER group. Research on community college. Update info on quitline marketing materials (dates and times need to be updated i.e. 7am – 3am)
Janice	Connect with North Carolina Prevention Providers to make sure providers are aware of this initiative. Work with initiatives in the state PACCs to get them involved with training and other strategies.
Margaret M.	Look forward to keeping up with everybody and see the work move forward.
Carol	Get my medical director to speak to psychologists.
Sara	Integrate the action plan we just developed into initiatives.
Michael	Make sure Carol's medical director speaks at my meetings.
John B.	Finalize 6 meetings/trainings. Suggest creating statewide listserv.
Lynn	Continue training with Carol Ripley Moffitt. Incorporate cessation. Contact John B. regarding train the trainer opportunity. Go back and collect data, i.e. how many people smoke residing in group homes. See how to connect providers. Continue tweeting about quitlines. Already tweeted to Substance Abuse professional group on what we have talked about today.
Christine	Excited to see strategies roll out. Share other academies' action plans from SCLC website.
Susan Robinson	Check out the other states' action plans. Check out other contacts not available today (providers, families and consumers), and outreach youth. Thank my 13 year old son for not smoking.

Closing Remarks

Thank you all for being here. We were very honored to receive this invitation from SAMHSA and SCLC. We were worried, "Will everyone show up?" It's wonderful that you have participated in this summit.

I'm happy to announce that Margaret Brake will be leading this initiative to sustain the momentum. Dr. Janice Peterson is the President of the National Prevention Network for all states and she can help us to move the quality improvement team forward and talk about the action plan.

I would like to thank the planning team and members of the SCLC. Thank you to Luckey Welsh and Steve Jordan, as well as Dr. Steven Schroeder, distinguished professor at UCSF.

When we get the opportunity and the right people in the room, we do the right thing. We are committed and we've said what we will do. This is about low-cost, no-cost strategies, especially in times of our current economic environment. We have many, many things that we can do without money. We can share resources and also look for resources that need to be replaced.

Go back to your office tomorrow and get started.

Appendices

Appendix A – Participant List

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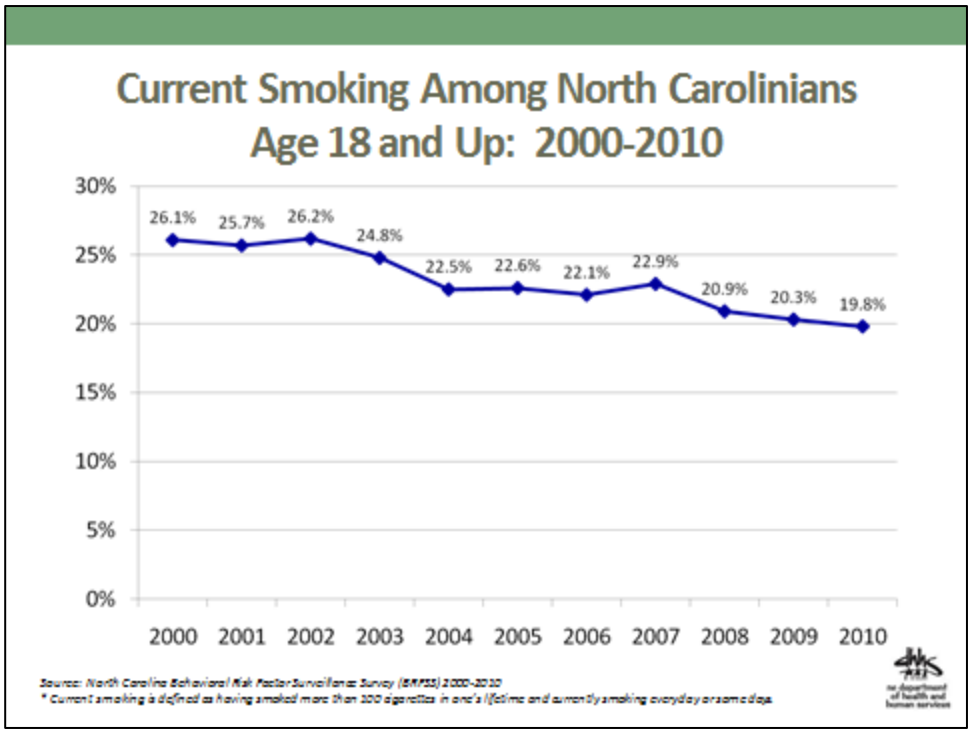
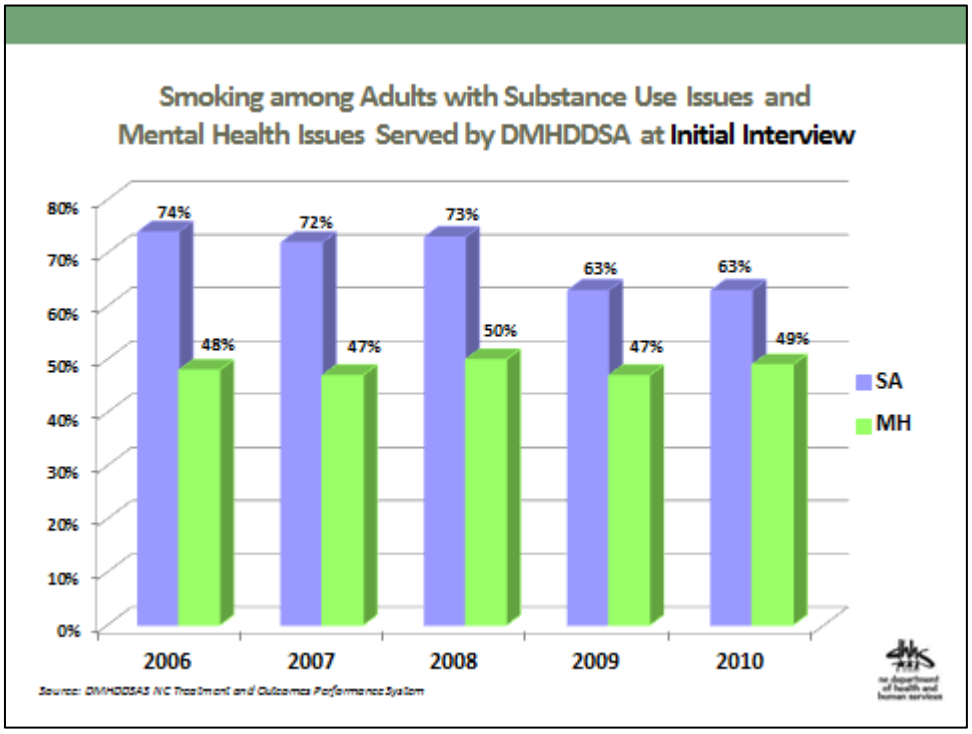
Appendix B – Interests

Interests & Desired Results
DATA
The result I want to get out of today results around data for veterans.
Interested in more data on American Indians and bringing down smoking rates.
When I do WRAP, there is discussion of wellness tools for consumers. The wellness tools should address smoking for consumers. We need more data and to change the culture.
Interested in better collection of data as it relates to American Indians to help tailor strategies for those with behavioral health issues, and to reduce use of commercial tobacco products.
YOUTH
Work in early intervention team, focus around children and adolescents with serious mental illness. Concerned about children and their heath related to experimenting with risky behaviors in response to peer pressure. Interested in how we can affect changes in the system in the community.
Interested in results for youth and prevention. Family members have passed away due to tobacco. Interested in healthier families.
ACTION PLAN for CHANGE
Interested in seeing concrete ways that behavioral health culture can change in NC.
Interested in finding more about interventions. We've been trying smoking cessation interventions actively in the last 4 years but have had difficulty in creating an impact.
Interested in an action plan that will lead to norm change with regard to smoking in the behavioral health population.
I'd like to walk out of here with a "clear" vision about how we can change the way we deliver services in our community and educate people
The result I'd like to see is the wedding of good interventions and ways to communicate that this treatment can be effective to providers and psychiatrists, as well as training other tobacco treatment specialists and effective messaging with family and community.
Very interested in health disparities issues specifically to what are the tools and resources we can use with our network of community providers. Interested in how we can be more creative to create a sense of urgency and make something happen.
I am appalled that the people we serve are dying earlier and are sicker than the general population. I'd like to develop a plan to see people live healthier lives.
Look forward to seeing the action plan to drive down prevalence in behavioral health population in NC.
We've been working with SAMHSA to develop these action academies in now the 5th state. NC can be a real national leader in reducing tobacco prevalence. Smoking rates in NC are less than people think they are, and if we can have more success here, we can motivate other states to do the same.
Interested in the technical assistance tools we can offer for NC moving forward.
TRAINING & EDUCATION
Focus on training. Interested in in how we can work to deliver training to those delivering smoking cessation interventions.
Interested in work with training on evidence-based practices for providers.
I want to teach my primary care doctors to use motivational interviewing and address smoking.

I would like to have a plan for additional training, and then have a resource list so that people can be linked effectively to resources to be successful.
NETWORKING
Interested in looking at how we can continue to collaborate, particularly among the people in this room, and how we can reduce tobacco prevalence.
Building on prior positive outcomes, especially with middle school and adolescents, we hope to have similar success in tobacco cessation for this population and to improve our program and efforts.
I'd like to see better connection between facilities and inpatient services and the community, whether it be the quitline and the community clinic, etc.
Interested in seeing how we can all work together to close the gap between smoking rate for this population and the behavioral health population.
Interested in networking and developing new and stronger partners to treat tobacco in this population.
Had a successful pilot at Broughton Hospital. I'm interested in continuing our momentum and sharing best practices so that we can provide leadership for the state.
POLICY & SYSTEMS CHANGE
Study health issues and find out more about how recent policy changes can progress in NC, despite not-so-positive changes in our current climate and budget challenges.
Interested in evidence-based processes & informed practices on how they can be integrated.
We went smoke free April 1 of last year. No joke. We have a tremendous issue on contraband on contraband. I would like ideas on how we can handle that issue and minimize the impact on the treatment milieu.
We have 14 facilities. Want to go campus-wide smoke free in all facilities and replicate the 2 successes we've had so far. Want to learn new tools to make this happen.
Advancement of policy is what I'm interested in. I'd like to see us build upon momentum in our state that would create significant benefit for the behavioral health population.
It is unfair that people in our institutions don't get the same treatment that those in community hospitals receive. I want to see how we can take the successes at Walter B. Jones and see it in other facilities.
CONSUMER FOCUS
I want to see consumers have the information to make better-informed decisions about smoking.
Our constituents die 25 years earlier than the general population. I am interested in providing the services, the support, and the advocacy to help them make informed choices and live healthier, longer lives.
Day 2 -- Additions
Hope to help shift polices to help shift the decrease in prevalence among people living with mental illness and substance abuse disorder.
Hope to incorporate what I get out of today into our hospitals.
One of the things I want to take back with me is, "How do we fully engage people who are suffering mental illness to separate them from tobacco addiction. They are more apt to get treatment for mental illness but not tobacco cessation.
Provide 24 hour services be able to help people become none smokers.

Appendix C –Baseline Data





Appendix C – Group Conversations on "Initial reactions to the North Carolina Gallery Walk?

TABLE 1

- Concerned about the leadership on the state level needed to push education and policy interventions to begin to make changes statewide.
- Need for more medical personnel, i.e. doctors to be involved in policy and interventions

TABLE 2

- Pleased with the prevalence in relation to the nation.
- Noted that prevalence among behavioral health population was high compared to the general population
- Concern re: Was positive trend due to funding? If funding ends, will that impact the trend? I.e. quitline cuts?
- How to sustain norm changes?
- Alarming high rate of smoking in American Indians
- Providers are not doing a good job to help patients quit smoking.
- Substance abuse prevalence going down after 3 months was nice to see, but mental Illness prevalence is holding steady. Could be changed with education.

TABLE 3

- Striking to see amount of money spent in Medicaid in NC. That # is going to increase. Many of us working in NC are cognizant. That number can be very frightening in the future.
- In terms of substance abuse, we need to do more education, as well as education for the recovering community. Change the education and philosophy.

TABLE 4

- Pleased that NC weren't as high as we thought we would be in terms of prevalence.
- Glad to see decline in adolescent prevalence.
- Not-so-positive side – sobering to see the high rates of smoking in the behavioral health populations. There is a disparity between the general population and the mental health/substance abuse population

TABLE 5

- Similar to table 4
- Surprised that rates both in mental health and substance abuse are lower than we expected.
- Noticed decline in the substance abuse prevalence but not in the mental health population, maybe due to lack of public service announcements and effective interventions.