

New Jersey State Strategy Session/Leadership Academy for Wellness and Tobacco-Free Recovery

ACTION PLAN

September 6-7, 2017
Mercer County Community College
1200 Old Trenton Road
West Windsor, NJ 08550



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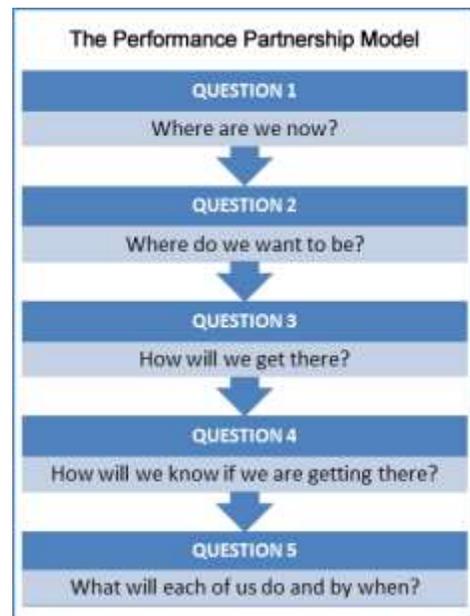
Introduction and Background

On September 6 and 7, 2017, the New Jersey Department of Human Services, Department of Health, and Department of Children and Families, in partnership with the CDC’s National Behavioral Health Network for Tobacco and Cancer Control (NBHN), the Smoking Cessation Leadership Center (SCLC) at the University of California, San Francisco, the Substance Abuse and Mental Health Services Administration (SAMHSA), and, held a summit to address the high prevalence of smoking among individuals with mental illness and/or substance use disorders in the state of New Jersey. This summit included a select number of leaders and stakeholders in behavioral health, Medicaid and insurance services, and cancer control (see *Appendix A*). There was also a strong representation of those working with at-risk youth, children, and families, which allowed much attention to be placed on tobacco prevention efforts in addition to cessation. The summit produced a state-specific action plan including practical strategies that aim to significantly increase cessation and quit attempts, increase tobacco use prevention, and ultimately reduce the tobacco use prevalence among the behavioral health population.

The purpose of the state strategy session was to convene a carefully selected group of public health leaders and stakeholders in New Jersey to work together to find applicable solutions to reduce tobacco use among individuals with behavioral health conditions. The day and a half format began with attendees viewing a comprehensive gallery walk that showed national and state represented data on tobacco-related use, policy, and quality of care for this vulnerable population. This led to the group establishing baseline data points that will be tracked over time to measure progress towards reducing the smoking prevalence. The participants then discussed specific strategies to overcome existing barriers to smoking cessation and prevention as well as ways to engage this vulnerable population.

New Jersey is in the midst of agency transition, as the Division of Mental Health and Addiction Services will be moved into the Department of Health from the Department of Human Services. The summit planning team recognized this merger as a unique opportunity for these groups to join forces to strengthen and align future efforts as they work to reduce the tobacco prevalence among the behavioral health population in New Jersey.

New Jersey’s action plan was created using the [Performance Partnership](#) model. Jolie Bain Pillsbury, the summit’s [results-based accountability](#) facilitator, guided participants through a series of questions that frame the action plan and produced the baselines, targets, and strategies.



Participating Organizations

- American Cancer Society Cancer Action Network (ACS CAN)
- American Lung Association (ALA)
- Bergen's Promise, Inc.
- Care Plus NJ, Inc.
- Cape Atlantic I.N.K.
- Capital County Children's Collaborative
- Catholic Charities
- CHOICES
- Easterseals New Jersey
- Freedom House
- Integrity House
- John Brooks Recovery Center
- Monmouthcares CMO
- National Council for Behavioral Health
- New Jersey Department of Children and Families
- New Jersey Department of Health
- New Jersey Department of Human Services
- New Jersey Division of Medical Assistance and Health Services
- New Jersey Division of Mental Health and Addiction Services
- New Jersey Prevention Network (NJPN)
- Oaks Integrated Care
- Robert Wood Johnson Foundation
- Rutgers University Behavioral Health Care
- Rutgers-RWJ Medical School
- RWJ Barnabas Health Institute for Prevention
- Smoking Cessation Leadership Center
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- WellCare Health Plans

Baseline and Target

Where are we now? Where do we want to be?

The baseline portion of the summit stirred a vigorous discussion among the attendees, as everyone wanted to ensure that appropriate and reliable data will be tracked to measure progress in tobacco use reduction among those with mental illness and/or substance use disorders. For mental illness, the group decided to track the *percentage of current adult smokers in New Jersey who report poor mental health* (reporting ≥ 14 days of poor mental health within the past 30 days, CDC BRFSS) with the understanding that efforts to reduce smoking among those with mental illness will be reflected in this proxy measure. A more refined data point will be provided later as the Department of Health disaggregates and analyzes newer data. For substance use disorder, the group decided to use an in-state tracking system, New Jersey Substance Abuse Monitoring System (NJSAMS), as a proxy to measure the smoking prevalence among adults in SUD treatment at discharge.

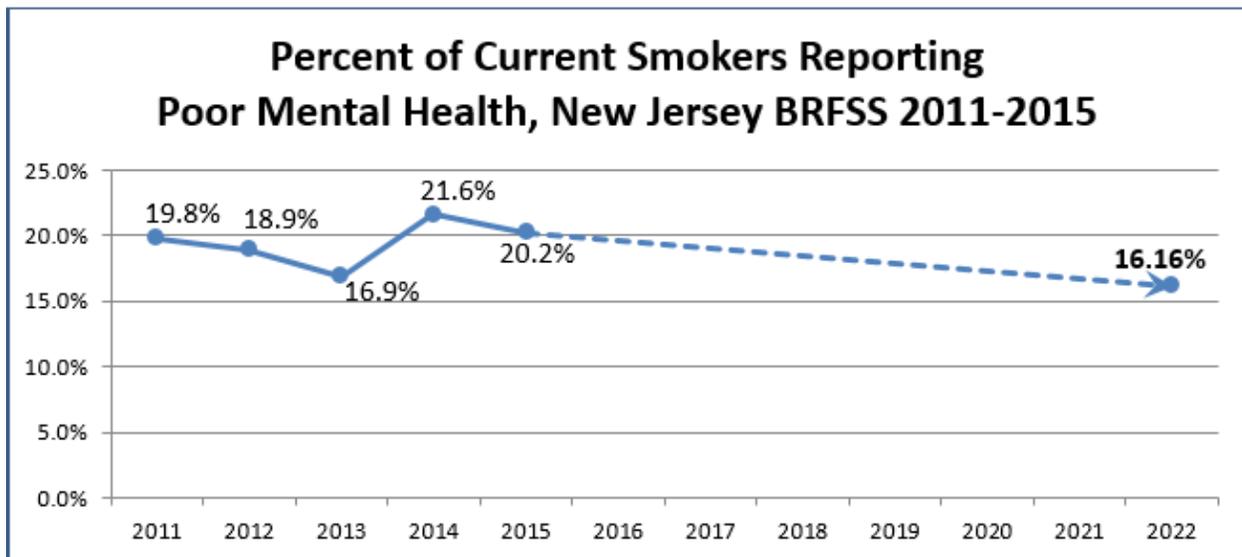


In addition, the smoking prevalence among adults who binge drink will also be tracked for adults with substance use disorder.

	Baseline	Target
Percent of Current Smokers Reporting Poor Mental Health*	20.2% (2015)	16.16% by 2022 (20%↓)
Tobacco Use by Clients in SUD Treatment, at Discharge**	64% (2017)	54.4% by 2022 (15%↓)

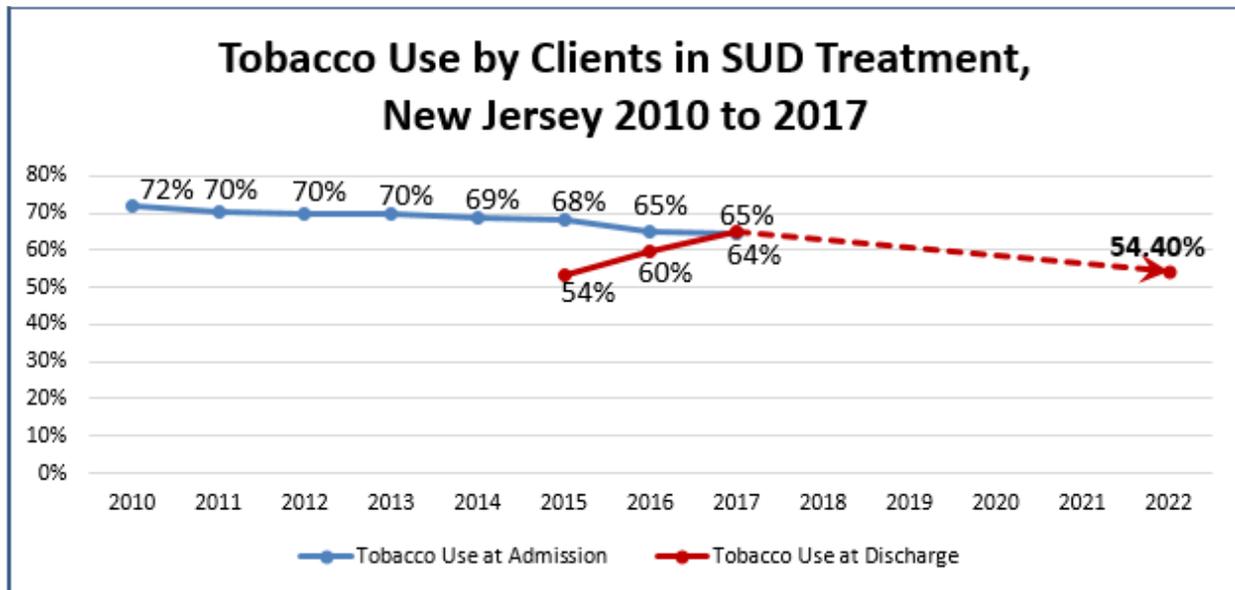
*Source: New Jersey Behavioral Risk Factor Survey, Center for Health Statistic, NJ Department of Health
 Poor Mental Health is defined as "14 or more of the past 30 days not good"

**Source: New Jersey Substance Abuse Monitoring System (NJSAMS), DMHSAS, NJ Department of Human Services



Source: New Jersey Behavioral Risk Factor Survey, Center for Health Statistic, NJ Department of Health
 Poor Mental Health is defined as "14 or more of the past 30 days not good"

*A more appropriate data point will be provided later once the Dept. of Health disaggregates and analyzes the new data



Source: New Jersey Substance Abuse Monitoring System (NJSAMS), DMHSAS, NJ Department of Human Services

Strategies

How will we get there? How will we know if we are getting there?

The summit participants continued crafting their action plan by identifying common strategies that will need to be addressed in order to reduce the smoking prevalence among those with mental illness and/or substance use disorders. The group identified the following strategy themes:



From these common strategies, summit participants incorporated them into the following strategy groups:



Five strategy committees became the focus of the action plan: Education, Employee Wellness, Policy & Reimbursement, MAT (medication-assisted treatment) & Counseling, Communication, and Peers. These primary strategies will be the initial focus of the action plan, with common strategies being addressed as efforts continue. The following matrices outline each committee’s strategies, commitments, contributors, process measures and timeline, which will be updated regularly to include achievements and challenges based on benchmarks.

Strategy Committee: Education

Implementation Team: Kate Juzwiak-Thompson, Kim Belanger, Jenna Giaquinto, Erica Vasquez, Ronda Marrimon,
Robert Eliers, Catherine Saucedo
Committee Lead: Jenna Giaquinto

First phone meeting is September 29th, 2017 at 10AM EST

Objective 1: Educate Providers (behavioral health and primary care clinicians)

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Specific strategies to achieve objective	Specify who will take the lead	What does success look like? What metrics will you use to track progress?	Attainable and realistic	Where are you now?
Create/adapt provider education toolkit that addresses SMI and smokers with MI Review existing NJ quitline toolkit	Robert/Catherine	Revised toolkit and number distributed and downloaded	December 31	
Create/adapt an online curriculum which is accredited	Robert/Catherine	Created and downloads	January 2018	
Integrated Care (Motivational Interviewing)	Robert	Created and distributed	November 2017	
Identify and create a trainer the trainer (Peer and provider focus)	Catherine/Eric/Kate	Number of downloads	December 31	
Establish E-referral/EHR in health hospital systems which includes psych units/emergency etc.	Erica/Catherine	Number of hospital systems	September 2018	

Objective 1 notes & items to consider:

- Ronda (free CEU's 50 trainings for providers/treatment focused on youth prevention drug/alch/tobacco for at risk youth prevention)
- Providers should include all types of behavioral health treatment counselors, clinicians and physicians, primary care physicians and other frontline staff. Others to consider are Community Health workers. Brief intervention will be focus (5As, AAR, Provider toolkit)
- DMH and Addiction services can accredit programs that are approved – Bob can help facilitate this but will need extra time for this process to work.
- Connect with MAT/Motivational Interviewing committee to align trainings
- Make sure to note employees are eligible for QL Fax to quit
- Include facts about Chantix in training and bust myths with consumers/peers/providers
- Catherine to set up Ready talk and phone call for first call on September 20 10am EST.

Objective 2: Educate Stakeholders (policymakers, funders)				
Action Step	Lead	Progress Indicator/Process Measure	Completion date	Status Update
Create an advocacy cheat sheet and a sign on letter from partnership	Jenna/Erica/Bob	Advocacy sheet	October 31, 2017	
Getting buy in with other stakeholders to share with representative	Jenna/Erica et al	Letter signed	November 2017 (may change based on best political timing)	
Identify potential champion policy makers	Jenna/Erica and other policy committee members	Reach out to multiple new policy makers and funders	November (may change based on best political timing)	
Set up a meeting with champions to gain new support	all	2 new champions identified	February/March 2018	
<p>Objective 2 notes & items to consider:</p> <p>Politics will affect timing with new governor coming in Connect with Communications Committee on messaging on cheat sheet/talking points and getting a letter from this partnership in place and to garner new stakeholders. Consider working with MAT committee to get potential buy-in from CEO</p>				

Objective 3: Educate at-risk family and children				
Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Expand existing educational services by promoting and coordinating with other providers groups and trainers to identify gaps in service <ul style="list-style-type: none"> • create one sheet with existing resources/training opportunities to share statewide and with summit partners 	All	Coordinated services are active in all high prevalence counties	Sept 2018	
Utilize youth peer cessation curriculum from ALA called NOT (Not On Tobacco)	Erica	Increase utilization by 10% each year	September 2018	
Utilize Vaping 101 curriculum which includes all tobacco products	Jenna	Increase utilization by 10% each year	September 2018	
Children’s System of Care (TBD)	Ronda		September 2018	
Educate providers and coaches who work with all families enrolled in Children Behavioral Health Homes to provide tobacco use intervention to both parents and youth Work with leadership to see if AAR can be integrated into intake database	Kate/Erica	Number of nurses and wellness coaches providers trained in AAR (utilize train the trainer) Intake includes AAR measures	September 2019	

Objective 4 Notes & items to consider:

Policy for HUD is fast approaching. Efforts began February 2017 and tobacco free policy deadline for all residence is July 31, 2018. Be sure to time efforts in accordance to July 31, 2018 deadline.

Consider approaching both housing authorities (Healthy Homes) and WIC in NJ as potential stakeholders that need to be educated and brought on board.

When educating smokers and helping them quit, remember to take every opportunity including educating those who violate the tobacco-free policy.

Discussion notes & items to consider:

Group decided to focus on educating the broad continuum of folks in NJ that we in the education committee could influence. Stakeholders (ALA/ACS), Providers, Children & families, and smokers in the behavioral health areas. The committee noted it is important for our liaison to link back to all of the committees to leverage each other's work.

Remember to promote trainings to FQHC's and consider piloting or working with state to identify clinics since they have to provide Tobacco cessation services

Employee Wellness

Implementation Team: Stacie Ruloff, Jan Schlaier, Shelley Samuels and Margaret Rinkhoff, Taslim van Hattum

Committee Lead: Stacie Ruloff and Jan Schlaier

Objective 1:

Increase the number of organizations that utilize a smoking cessation program to support staff reduction in tobacco use

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Specific strategies to achieve objective.	Specify who will take the lead.	What does success look like? What metrics will you use to track progress?	Attainable and realistic.	Where are you now?
Establish a baseline around staff smoking rates	Stacie Ruloff	Identifying/creating a survey Distribute it to Catholic Charity sites across region Distributing the tool across partner organizations so that it can be utilized more widely	September 30 th , 2017	
Expand educational opportunities	Margaret Rinkhoff	Develop a toolkit of recommended evidence based programs Dissemination of the toolkit to statewide mental health organizations engaged in the state strategy summit	January 2017 February 2018	
Identify non-fee-for-service resources	Shelley Samuels	Identify employee wellness funding opportunities Develop a list of funded priority areas and create a spreadsheet that will be disseminated to the state strategy summit organizations.	January 2018	

Develop a position paper/white paper around a non-smoking/preferred employee policy and hiring practices	Jan Schlaier	Conduct feasibility research around smoke-free/non-smoking preferred employee hiring practices	March 2018	
		Establish tobacco free/preferred hiring practices	July 2018	
		Advocate for recruitment around non-smoking employees	December 2018	

Objective 1 notes & items to consider:

Any organization that receives funding, fee for service and licensing, CSoC or has a contractual relationship with DMHAS is the target group of employees.

Policy & Reimbursement

Implementation Team: Francine Cirelly, Jill Williams, John White, Paul Albilal, Janice Mayer, Erica Vasquez (Deborah Brown), Brian Shott, Steven Tunney, Diane Litterer
Committee Lead: Francine Cirelly

Objective 1: To reduce smoking among adults reporting poor mental health by 20% by 2022

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Specific strategies to achieve objective.	Specify who will take the lead.	What does success look like? What metrics will you use to track progress?	Attainable and realistic.	Where are you now?
Allow Medicaid reimbursement of quit line services through waiver authority.	Janice Mayer	Create dialogue and bring decision makers to the table.	July 2018	Gathering data and information
Expand psychotherapy services to include smoking secession for all ages.	Steve Tunney (Thomas Lind).	Medicaid to realign diagnostic reimbursement guidelines. Increase in service utilization and claims in Medicaid data.	Six months from today	Not reimbursable now
Eliminate prior authorization for smoking secession medications by Medicaid.	Jill Williams	Successful promulgation in NJ Administrative Code. Increase in service utilization and claims in Medicaid data.	1 year from today	Limited access but too many barriers.
To establish licensure standards for all substance use disorder/behavioral health facilities to be tobacco free.	John White	Form DMHAS committee	Six months from today	Research and plan
To develop a centralized data collection tool and program to capture tobacco use by adolescents utilizing behavioral health services.	Ruby Goyal-Carkeek (helped by: Janice Mayer and Jill Williams)	Assess internal capacity of CSOC to collect this data.	January 2018	Researching and planning.

Objective 1 notes & items to consider:

Objective 2: To reduce tobacco use by clients in SUD Treatment at discharge by 15% by 2022

Action Step	Lead	Progress Indicator/Process Measure	Completion date	Status Update
To establish licensure standards for all substance use disorder/behavioral health facilities to be tobacco free including grounds.	John White	Develop planning committee of licensing reps and legal (Lisa Ciaston) who have authority to establish licensing standards.	One year from today.	Planning.
Create provider summit to get input and support for policy in this area.	John White and Planning Committee	Convene appropriate stakeholders.	Six months from today.	Planning

Objective 2 notes & things to consider:

MAT and Counseling

Implementation Team: Nick Armenti, Tom Lusch, Connie Greene, Suzanne Borys, Leslie Karpf, Alan Oberman, Jennifer Matekuare

Committee Lead: Nick Armenti

Goal: Implement Tobacco Cessation Services (MAT and Counseling/ Quitline) in Behavioral Health Settings

Objective 1: To implement MAT & Counseling/ Quitline for tobacco cessation within the 7 Certified Community Behavioral Health Clinics

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Specific strategies to achieve objective.	Specify who will take the lead.	What does success look like? What metrics will you use to track progress?	Attainable and realistic.	Where are you now?
National Council and CCBHCs – webinars to educate about MAT and counseling. Talk to NBHN/ SCLC about hosting a webinar	Leslie Karpf/ Jennifer Matekuare	Have the discussion and webinar. Post recording on SCLC and NJ websites	9-29-17	
Initiate a discussion with CCBHCs on MAT / Counseling	Leslie Karpf	Schedule a call and share outcomes with committee	10-31-17	

Objective 1 notes & items to consider:

Objective 2: Adding tobacco cessation to all fee for service addiction initiatives.				
Action Step	Lead	Progress Indicator/Process Measure	Completion date	Status Update
Present at Utilization Management meetings for consideration	Suzanne Borys	Share at the meeting. See if we can get this adopted.	9-30-17	
Objective 2 notes & items to consider:				

Objective 3: Education for medical staff/prescribers/ Counseling and support staff regarding MAT and Counseling/ Quitline in all Behavioral Health settings.				
Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Add to BH treatment protocols at intake: If there is a positive screen for tobacco, then there will be a brief intervention. Tom is doing this at Integrity House so he will share with our committee how this is done at his facility.	Tom Lusch/ All	See if other agencies can add this to their protocols.	Tom to share info by 9-30-17; spread to other agencies by 12/31/18.	
Get CEO buy-in at the PAC	Alan Oberman	Get consensus with CEOs to start talking about making changes in their agency's policies.	1-1-18	
Contact Diane Litterer NJAMHAA regarding training – re: including adding a workshop at her conferences, etc.	Connie Greene	Have the call and add this cessation education to the NJAMHAA conferences	9-30-17	
Contact the Methadone agencies that Connie works with to discuss this issues	Alan Oberman	Have the conversation with the Methadone agencies and see if they are able to make any policy/treatment changes	12-31-17	
Collaborate with state partners via email to spread the word about this initiative.	Tom Lusch	Have the conversation and see if the partners can join these efforts and make changes at their agencies.	1-1-18	
Talk to Medical staff about the EAGLES study and the myths about Varenicline	Alan Oberman	The medical staff will be prescribing Varenicline more to people who want to quit.	12-31-18	
Objective 3 notes & items to consider: Thomas Lusch – Explore funding opportunities for a dedicated employee to cessation services at Integrity House.				

Objective 4: Developing data strategies: Requiring mental health programs to report at admission and discharge tobacco use status.				
Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Create and send out a survey to MH and addictions providers to report who is providing cessation services and tobacco free grounds	Suzanne Borys	Draft in mid-November 2017; Send out Survey by March 2018; Have all MH and Addiction providers complete the survey.	3-1-18	
At Quarterly Provider meetings – tell them about the survey and the goal of it.	Suzanne Borys	Speak at the meetings; see if the providers at the meeting are gathering this data already.	12-31-17	
Explore work done by Jill Williams, MD with NY state.	Leslie Karpf	Have the conversation; see if there is any steps that can be implemented in NJ	12-31-17	
Talk to Doug Tipperman at SAMHSA re: state survey	Nick Armenti/ Suzanne Borys	See if they have a template for NJ to use	9-30-17	
Jennifer (SCLC) will send the committee a similar survey that the State of Montana sent out to their providers.	Jennifer Matekuare	Use the survey as a template for the NJ survey.	9-30-17	
Objective 4 notes & items to consider:				

Objective 5: Promotion and Communication				
Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Share information on the Initiative at Quarterly provider meeting	Suzanne Borys	Go to the meeting; see if any new partners can be added to this effort or new resources	12-31-17	
Bring up work done at LA summit at monthly PAC meetings – addiction providers	Alan Oberman	Go to the meeting; see if any new partners can be added to this effort or new resources	9-15-17	
<p>Discussion notes & items to consider: Talk to Policy Committee about :</p> <ul style="list-style-type: none"> - Mandating State BH facilities to go smoke free and add tobacco cessation services. 				

Communication & Media Committee

Implementation Team: Dara Spatola, Lillian Pfaff, Wyndee Davis, Jeff Carrick, Doug Tipperman, Margaret Manecke

Committee Lead: Jeff Carrick

OVERARCHING OBJECTIVE: Disseminate information and resources developed as a result of state summit

Objective 1: Define target audiences and associated branding/messaging for tobacco-free initiative

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Specific strategies to achieve objective.	Specify who will take the lead.	What does success look like? What metrics will you use to track progress?	Attainable and realistic.	Where are you now?
Identify data sources to drill down targeted efforts (e.g., who is smoking, where are they receiving services, in what settings)	Jeff & Wyndee to contact data points of contact	Jeff/Wyndee contact data points to retrieve existing information; Full data sets retrieved	Contact within 1 week; Data sets by Oct. 2017	
Brainstorm to develop branding/slogan for tobacco-free initiative	Full Committee with partner listserve feedback	Brainstorming session conducted; slogan identified	End of 2017	
Develop messaging strategy for different target audiences	Full Committee	Messaging/branding finalized and agreed upon by committee members	Jan. 2018	

Objective 1 notes & items to consider:

Objective 2: Facilitate resource sharing				
Action Step	Lead	Progress Indicator/Process Measure	Completion date	Status Update
Maintain and expand summit partners; host ongoing convenings/conferences with larger group on this issue	Full Committee (Doug to provide connection to NC experience)	Doug connects NJ group to NC (Breathe Easy NC) group; Partners list expanded; First convening planned and scheduled	Doug connects by Oct. 2017; Partner list ongoing;	
Collect information from other summit committees that may benefit target populations	All	Action plan shared and reflected upon	By Oct. 2017	
Gather list of (and links to) existing resources/information	Wyndee	List of resources developed	Initial list by end of 2017; Ongoing	
Develop hub to include links to partners, existing resources, etc.	Jeff/GCADA	Jeff to reach out to Exec. Director of GCADA; Further action TBD based on initial contact	Within 2 weeks	
Objective 2 notes & items to consider:				
Objective 3: Promotion, marketing, and application of campaign materials				

Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Draft and send out press release announcing tobacco-free initiative	Lillian	Press release drafted and sent out	TBD	
Other action steps TBD, will be determined on an ongoing basis (including but not limited to social media, flyers, etc.)	Full committee			
Objective 3 notes & items to consider:				

Strategy Committee: PEERS
Implementation Team: Margaret Molnar, Deidre Stenard, Trish Dooley, Elena Kravitz, Christine Cheng
Committee Lead: Elena Kravitz

Objective 1: peer-driven tobacco free recovery				
Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Specific strategies to achieve objective.	Specify who will take the lead.	What does success look like? What metrics will you use to track progress?	Attainable and realistic.	Where are you now?
Recovery Conference and Fall Fest – promote tobacco free recovery – use existing infographics	Elena, Deidre, Christine (send samples of BH flyers and infographics)	Attend the event to help promote	Sep. 28, 2017	
Create Invite list for the ad hoc committee to help to create survey for both MH and SA	Margaret, Deidre, Trish, Elena	Invite peer providers from each region of the state	Oct. 15, 2017	
Convene ad hoc committee to help to create survey for both MH and SA	Margaret, Deidre, Trish, Elena	Invite peer providers from each region of the state	Oct. 31, 2017	
Invite ad hoc member to 2-day training for BH providers with Jill W and CHOICES staff	Margaret, Deidre, Trish, Elena	Invitation sent	Nov. 15-16, 2017	
Objective 1: peer-driven tobacco free recovery				
Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update

Specific strategies to achieve objective.	Specify who will take the lead.	What does success look like? What metrics will you use to track progress?	Attainable and realistic.	Where are you now?
Outreach to contracted MH agencies, identified by ad hoc committee, that hire peer providers with support from leadership	Margaret , Paula, Valerie, Deidre	Email sent to list of agencies	Dec. 10, 2017	
Outreach to contracted SA agencies, identified by ad hoc committee, that hire peer providers with support from leadership	Margaret , Paula, Valerie, Deidre	Email sent to list of agencies	Dec. 10, 2017	
Create a survey for MH peer providers to get a read of how interested peers are in being involved with tobacco free recovery	Margaret, Deidre, Trish, Elena, Christine (can help with SurveyMonkey)	Survey created	Feb. 28, 2018	
Create a survey for SA peer providers to get a read of how interested peers are in being involved with tobacco free recovery	Margaret, Deidre, Trish, Elena, Christine (can help with SurveyMonkey)	Survey created	Feb. 28, 2018	
Disseminate survey	Margaret, Deidre, Trish, Elena	Sent via email	April 30, 2018	
Objective 1: peer-driven tobacco free recovery				
Action Step	Lead & Support	Process Measure/Progress Indicator	Completion Date	Status Update
Specific strategies to achieve	Specify who will take	What does success look like? What metrics	Attainable and	Where are

objective.	the lead.	will you use to track progress?	realistic.	you now?
Review survey data	Margaret, Deidre, Trish, Elena		May 15, 2018	
Peer specific training to as many as possible	Margaret, Deidre, Trish, Elena		May 2018 for MH month	

Objective 1 notes & items to consider:

Possible invitees to join peers committee:

1. Ask Tom Lusch who is here at summit on MAT/counseling strategy group to help find others in SUD?
 2. Michael Lofton – Evelyn
 3. Peggy Swarbrick - Trish
 4. Yasmin Halim, CHOICES - Trish
 5. Lisa Evans, CHOICES - Trish
 6. Marie Verna – Trish
- First meeting/call – copy Suzanne Borys, Wed 9/20 at 2 pm ET – Christine will send conference line and pass code - *done*

Appendices

Appendix A: Participant Contact List

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Appendix B: Performance Partnership Model Characteristics & Reactions to the Gallery Walk

Performance Partnership Model – Unique Characteristics

1. This group has been selected to gather together as leaders and accomplish something significant
2. Importance to work across siloes to make a measurable difference
3. Aligning around baseline and measurable target
4. Using resources you already have in creative ways
5. Create an action plan that is a working document to execute and sustain efforts
6. Strategies created and implemented by everyone in the room
7. Guided by neutral facilitator

Reaction to Gallery Walk
Behavioral Health/Social Justice
Smoking prevalence among general population is 13% and yet behavioral health population smokes 2-3 times more – this is a social justice issue
Need to address this population with creativity and collaboration
Degree to which persons recovering from mental health condition or substance use disorder can be physiologically compromised by tobacco use
Concerned about correlation of anxiety and smoking
Surprised that 25% of those who call state quitline report being diagnosed with a mental health condition
Shocked that 50% of cancer patients also have a mental health disorder
For very long time, belief was that smoking is lesser of evils compared to substance use disorder; smoking is likely more deadly than the alcohol and drugs that people are recovering from
Shocked that mental health consumers die 10 years earlier than the general population due to smoking
Youth
Struck that 143,000 children will prematurely die from smoking
Thinking about families and secondhand smoke effect on children
Surprised by the number of those aged 18-34 who smoke
Shocked by high percentage of youth using electronic cigarettes, on upswing
Surprised to see high prevalence of smoking among pregnant mothers, when birth-related health issues are well known
Positive that adolescent tobacco use is going down
Excited to see how the Tobacco 21 law will effect youth population
NJ has high rate of quit attempts among young people, important to see what treatments they are not receiving that should be covered
Policy Change
Very hopeful about what Medicaid will cover in terms of NRT
A lot of data to validate our action; illustrates work that we need to do
This is data that we can incorporate into state health improvement plan

Appendix C: Appreciation and Individual Commitments

NAME	What are you excited about having accomplished today and what is your most powerful action commitment towards achieving the result?
Margaret Molnar	Committed to addressing tobacco, personal next step is to bring action steps for my workgroup back to my job and see if I can incorporate efforts
Beatrice Bernard	People came all the way from SF to be here, next step is to find ways to implement strategy steps.
Trish Dooley	Jolie's style of facilitation was awesome, kept us on task, getting stuff done; next step is to engage rest of CHOICES team and own network.
Christine Cheng	Appreciate all of the energy, persevered through baselines. Next step is to help prepare action plan.
Elena Kravitz	Tremendous effort, taking this back with me now, want to spread the word.
Margaret Manecke	Appreciate everyone's willingness to participate. Next step to send committee follow-up, will assist SCLC in telling folks about NJ work
Dara Spatola,	Appreciate all the different levels of representation here. Next step is to start researching all existing tobacco initiatives in NJ, compile all of the information.
Lillian Pfaff	All of the ideas, vast amount of expertise. Next step is to pull together resource document that outlines what happens with communication effort.
Wendy Davis	Patience and encouragement from everyone, helped with framing. Next step compile list of who to speak to and how to brand, link with other groups.
Jeff Carrick	Appreciate everyone's attendance. Next is addressing several action plan items.
Doug Tipperman	Appreciate that NJ is 15 th state to have action plan to address tobacco in behavioral health. Next step feel free to contact me, questions about federal level, service data, how many agencies have smoke free policies, SAMHSA has that by state every other year.
Suzanne Borys	Being exposed to diversity of ideas. Next step is attending unionization management meeting at DMHAS, propose idea of including smoking cessation package in all their other initiatives, start thinking about, can they carve money out of this to support smoking cessation, working on developing the draft survey re: agencies' smoking cessation practices and medications
Connie Greene	Remarkable process to go through, efficient, getting it done, federal government should go through process like this. Next step is collaborate and move ahead, going to call Diane Litterer to collaborate for NJAMHA conference.
Thomas Lusch	Enjoyed spending time with everyone. Will go back, re-ignite staff and get them involved.
Nick Armenti	Will walk out with a lot more information, was not thinking about tobacco cessation for a long time, New Jersey should be proud of this group.
Jennifer Matekuare	Appreciate meeting all of you, great experience with planning team. Next step will be to talk with National Council folks and Leslie about doing webinar to get word out.
Alan Oberman	Appreciate facilitation, meeting new people, and chance to be re-energized. Next step is NJ PAC meeting, will try to get on agenda, will communicate with medical staff, dispel myths about Chantix, see what we can do.
Brian Shott	Opportunity to discuss reflective goals and means by which we will achieve them. Next step is to go back and align steps with agenda
Ruby Goyal-Corkeek	Loved facilitation. Also appreciative of collaboration, helped us get to action plan. Next step is to bring this to executive director's meeting, help move pieces around this.
Janis Mayer	Bringing back the 'T' in AOD. Next steps include my commitment to action plan strategy, share with tobacco control advocates, pay it forward.
Steven Tunney	Appreciate the hard work by everyone at this gathering. Take information that we have, jobs assigned, get started on it.
John White	Appreciate committee members. We actually pulled it off. Hope third times a charm.
Paul Albilal	Learned tons, reaffirmed faith in relationship with people solving problems. Next step is working with Suzanne on tasks at hand, feel free reach out to me.
Francine Cirelly	Excited to be part of this team and work on this population, which suffers from such devastating health effects. Next step is going out to dinner!
Diane Litterer	Appreciate being here; two worlds came together, SUD prevention/training/education and tobacco side. Timely merger with DMHAS and DOH, potential for future collaboration. Next step is being involved in policy movement and make sure tobacco initiatives are infused and

	tapped into moving forward.
Jill Williams	Appreciate the time being here, takes a village. Especially appreciative of the work done by Bob Eilers and Janis Mayers. Look forward to working on formulary issues with Medicaid.
Jan Schlaier	No ashtrays here – pretty significant in my world. Notion that I can bring paradigm shift to population that is so deserving of it, excited to be involved.
Taslim van Hattum	Deeply appreciated with process. Next step is to support all the work and we are here if you want to reach out for technical assistance.
Shelly Samuels	Often do not spend a whole day learning about the issue and being involved. Next step services leadership team to be enthusiastic.
Margaret Rinckhoff	Very appreciative of sharing and learning with my colleagues. Will bring information back to peer review meeting; first step for them to learn about the myths.
Stacie Ruloff	Appreciative of Dr. Williams’ myths on Chantix. Next step is to shout from the rooftop, we all feel more comfortable with this medication.
Jenna Giaquinto	Collaboration and connections. Next steps to follow up on process.
Erica Vasquez	Such a collaborative effort. Excited to see what happens in 2022. Will bring this all back to leadership and see where we can go from there.
Catherine Saucedo	Really appreciate the back and forth on baseline and target – when you go that far you create more buy in. Next step is to create a ready talk toll free line for committee to meet. Want to provide free CEs for just NJ providers for live webinars.
Ronda Marrison	All of the interaction in the room. Goal is to move forward with the education committee on our steps.
Robert Eilers	Appreciate fact that now we have so many more partners working on this issue, have a plan. Way to move forward. We got there – next step take back to leadership in our division. Thank you to the SCLC staff and Jolie.
Kate Juswiak-Thompson	Appreciative for all of the gears that have been turning in this room. Next goal to decompress, a lot of information, will take info back to organization for buy in.
Kim Belanger	Appreciated the peer presentation. Next step to bring information back to agency and reach out to local groups.