

# Wellness and Smoking Cessation Maryland's Partnership for Health

## *Living Well: Strategies for Tobacco Free Recovery*

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DEPARTMENT OF HEALTH  
& MENTAL HYGIENE

# KEY POINTS

- Leadership- the critical ingredient
- Catalyst for Change
  - Leadership Academy
- Comprehensive Strategy
- Maryland's Action Plan
- Emerging Partnership
  - Public Health and Behavioral Health



# Leadership

## The Critical Ingredient

- Leaders create sustainable change
- Leaders facilitate change
- Leaders institutionalize change
- Collaborative leaders create change across sectors
- Change is something we know how to do.



# Leadership Academy for Wellness And Smoking Cessation

- Significant pre-summit preparation
- Diverse participation from behavioral health, public health, academia, key stakeholders
- Defined and owned the problem
- Collaboration around a common goal and set of strategies
- Shared resources
- Action Plan
  - Follow-up and technical assistance



# Leadership Academy

## Diverse Participants

- PH Tobacco Control
- MH & SA Consumer Organizations
- Mental Health State Agency Prevention and Tx Staff
- Alcohol and Drug Abuse State Agency Prevention and Tx Staff
- Academia
- Local MH and SA Authorities
- SA Providers
- MH Providers
- National Tobacco Independence Campaign
- PH Chronic Disease Prevention
- MD Quitline
- PH Deputy Secretary
- BH Deputy Secretary
- DHMH Cabinet Secretary



# Select Quotes from Leadership Academy Participants

- “As a person in long term recovery, I acknowledge that programs for people who smoke and are in recovery is important; I want others to understand that tobacco is deadly”
- “Beforehand, worked in substance abuse and prevention, my interest is to formalize the working relationship between PH and BH”
- “We need to treat nicotine the same way as we do other drugs”
- “Get providers to quit themselves. Important for staff to model to their clients”
- “Maryland has pretty low smoking rates in the overall population. MD can get on the map with just a little more work”
- “I just lost a client who could not kick the habit”



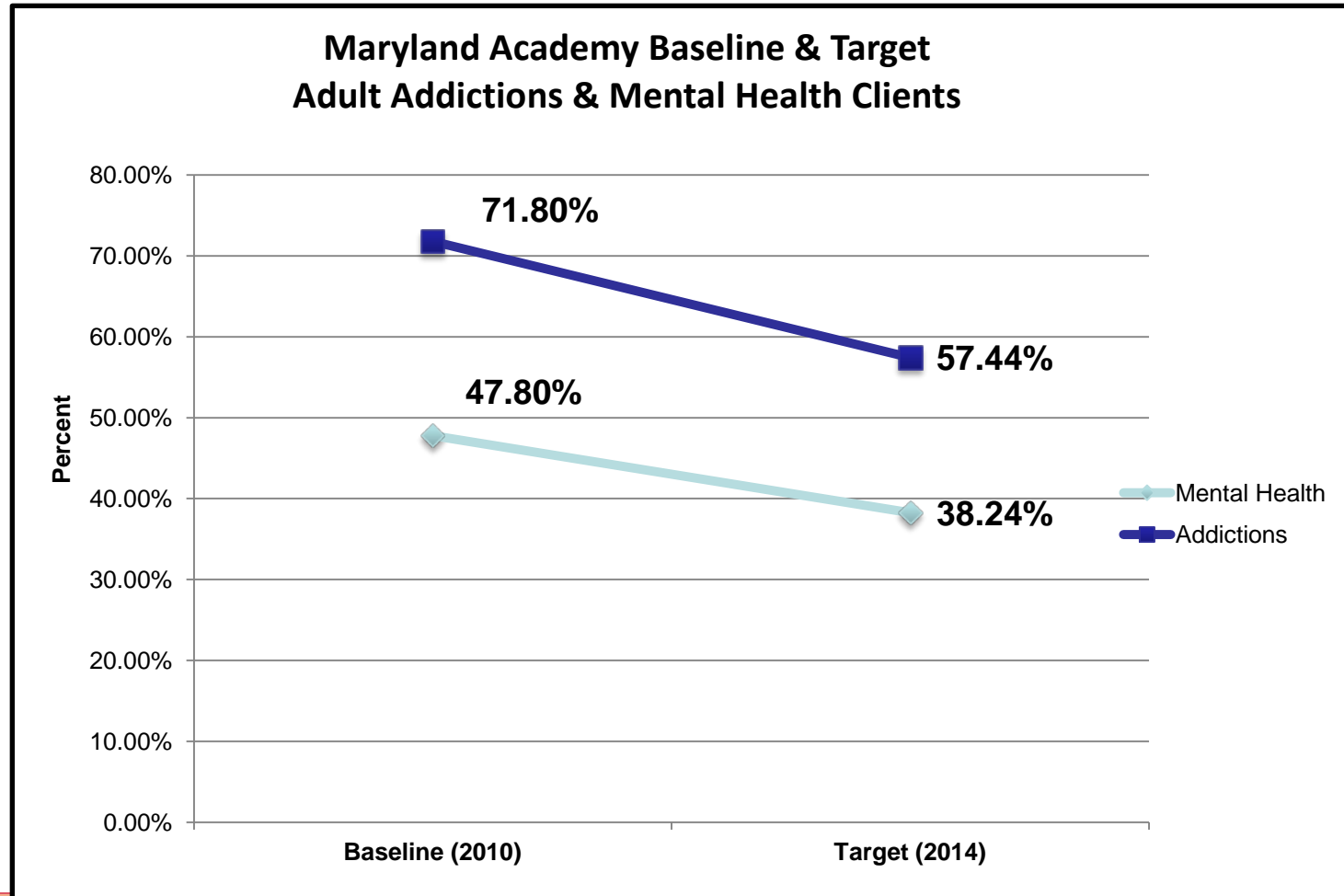
# Leadership Academy

## Common Goal

- Reduce smoking and nicotine addiction among behavioral health consumers and staff and to create an environment of cooperation and collaboration among the fields of public health, mental health, substance use prevention and treatment that will serve to improve wellness among behavioral health consumers



# Leadership Academy Defined the Problem and Set Target





# Comprehensive Approach

- Defined Problem
- Comprehensive state tobacco control programs
- Population interventions that are researched based
- Availability of FDA approved cessation medications
- Availability of individual, group, and telephone counseling
- State policy levers
  - Measurement/data are publically available
  - Funding agreements/incentives
  - Insurance coverage for cessation medications
  - Convening power



# Maryland's Action Plan

## How to get from here to there

### Multiple Strategies via Workgroups

- Peer Empowerment
  - Outreach, Educate, Train, Advocate
- Clinical and Staff Support
  - Provide EB tools for staff and consumers
- Regulatory and Structural Change
  - Policy, Funding, Mandates, Data
- Training and Education
  - Techniques, Resources,



# Key Benchmarks

- Inclusion of tobacco cessation measures in the Governor's StateStat Data Monitoring process.
- Provision of tobacco cessation services as a condition of award for all SA providers in Maryland
- MD Quit Conference on **Tobacco Cessation: Best Practices for Behavioral Health Patients and Staff**
- Promotion of local level tobacco control programming into substance abuse and mental health settings
- Inclusion of Tobacco Cessation evidence based practices for staff and patients into state training for behavioral health providers



# StateStat Measures

- Percentage of adolescents/adults discharged from substance abuse treatment who used tobacco in the 30 days prior to admission  
(SMART/monthly – 90 day lag)
- Percentage of adolescents/adults receiving mental health treatment who report smoking in their most recent interview  
(OMS/monthly – 30 day lag)



# Best Practices Conference

- Dr. Carlo DiClemente,  
**Keynote Address:** [A Decade of Data: Successes and Challenges in Tobacco Use in Maryland](#)
- Dr. Lillian Eby  
**Keynote Address:** [Implementing Smoking Cessation in Substance Abuse Treatment: Workplace Barriers and Facilitators](#)
- Dr. Judith Prochaska  
**Keynote Address:** [REACH, ENGAGE, HELP: Smokers with Mental Illness](#)
- <http://mdquit.org/event-archives/2012/january/mdquits-6th-annual-best-practices-conference>



# Emerging Partnership

- **Behavioral Health and Public Health**
  - Formalizing and strengthening the work that was already going on
  - Maximizing existing resources
  - Internalizing the value of smoking cessation for BH populations
  - Cross system communication and planning



# Next Steps

- Revise Action Plan strategies to ensure alignment with
  - Policy
  - Practice
  - Regulation/Enforcement
- Closer look at 8 counties identified as “fully engaged” to identify and evaluate outcomes



# Key Contacts

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# THANK YOU!!

## Maryland Action Plan

[http://smokingcessationleadership.ucsf.edu/Downloads/md\\_action\\_plan\\_DRAFT.pdf](http://smokingcessationleadership.ucsf.edu/Downloads/md_action_plan_DRAFT.pdf)

## Maryland StateStat

[www.dhmf.state.md.us](http://www.dhmf.state.md.us) (Click on DHMH StateStat)

## MDQuit.org

