



TEXAS SMOKING CESSATION INTEGRATION PROJECT PFIZER IGLC EVALUATION REPORT

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December 2014

Texas Smoking Cessation Integration Project Final Report

Purpose: The purpose of the Association of Substance Abuse Programs (ASAP) Pfizer IGLC final report is to describe the activities implemented through grant funding and to examine the extent to which the Texas Tobacco Cessation Integration Project contributed to the positive health and outcomes of adults and youth receiving substance abuse treatment in Department of State Health Services (DSHS) –funded Substance Abuse Treatment Programs (SA Tx).

Overall Aim: Improve the health and wellness of Texans by increasing tobacco cessation among adults and young people diagnosed with a substance use disorder that are receiving services from DSHS-funded Substance Abuse Treatment Programs

1. Increase knowledge and awareness about tobacco cessation treatment and resources
 - a. Reach estimated 40,000 tobacco using clients entering treatment
 - b. Increase clinical referrals to Quitline by 100 year
2. Change administration and staff attitudes about the use of tobacco in the substance abusing population and increase provider receptivity to integrating evidence-based tobacco cessation practices
 - a. Increase SA Tx provider implementation of integrated smoking cessation treatment by 50% and increase interest in adopting a tobacco-free campus policy by 30% as measured by pre and post
3. Increase the number of DSHS-funded SA Tx clinical staff trained in evidence-based smoking cessation treatment
 - a. Conduct 4 regional TOT trainings and 6 clinician trainings
 - b. Produce 40+ qualified trainers on evidence-based tobacco cessation protocols
 - c. Reach 150+ clinicians with smoking cessation training and toolkits
4. Integrate effective tobacco dependence treatment into substance use treatment protocols
 - a. Involve stakeholders and peer leadership
 - b. Disseminate information and promotional messaging
 - c. Offer technical assistance
5. Create opportunities for persons in recovery from a substance use disorder to access smoking cessation information and assistance
 - a. Building relationships and distributing cessation information to local ROSC communities
 - b. Involve DSHS TRI in promoting smoking cessation programs
 - c. Contact 21 local ROSC communities to identify tobacco cessation point person in at least 50% of the ROSCs.

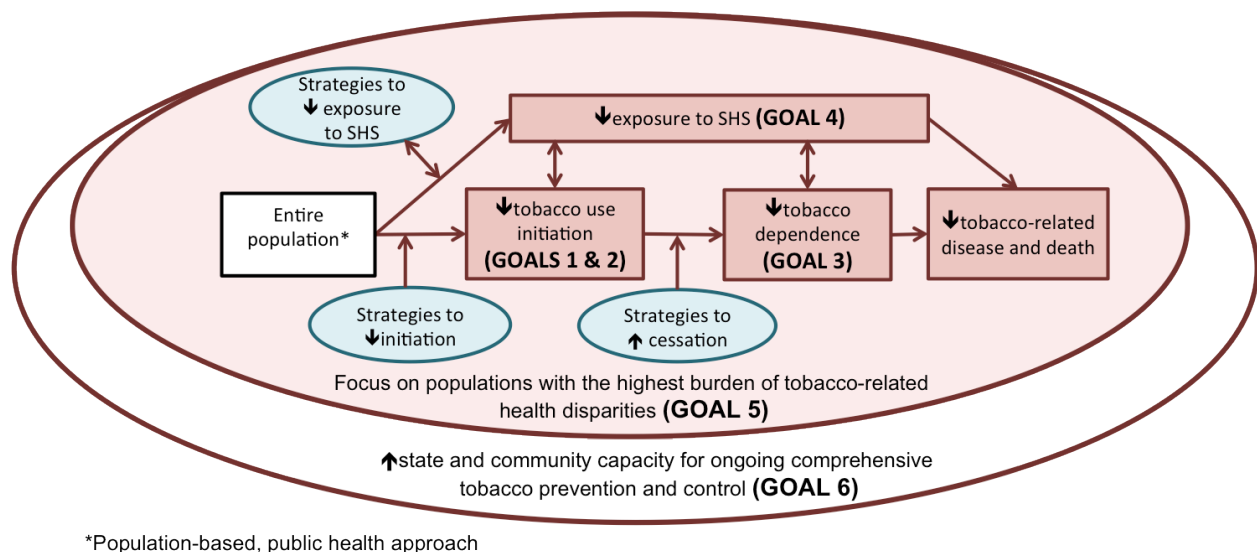
Dissemination: Findings from the Texas Tobacco Cessation Project evaluation will be distributed to current and ASAP members, DSHS SA Tx and Recovery Oriented Systems of Care (ROSC) providers as well as to representatives from DSHS's Substance Abuse and Prevention Services and Tobacco Prevention and Control Program staff and contracting partners.

PROGRAM DESCRIPTION: TEXAS TOBACCO CESSATION INTEGRATION PROJECT

Background

In 2012, ASAP, in partnership with the DSHS Mental Health and Substance Abuse Division Tobacco Prevention and Control Program and Substance Abuse Services Unit, received a smoking cessation training initiative grant from Pfizer Independent Grants for Learning and Change in collaboration with the Smoking Cessation Leadership Center to help DSHS-funded treatment providers integrate tobacco cessation best practices into existing contractually required alcohol and other drug treatment protocols. The smoking cessation integration project was funded to train regional trainers who provided no cost regional trainings for DSHS – funded treatment program clinicians. Additionally, the grant provided educational materials and resources through regular communications.

Logic Framework for Tobacco Prevention and Control in Texas



*Population-based, public health approach

Figure 1: Logic Framework for Tobacco Prevention and Control¹

Figure 1 illustrates a conceptual approach to comprehensive tobacco prevention and control promoted by the DSHS Tobacco Prevention and Control Program. The red rectangles represent the key tobacco related behaviors, consequences, and outcomes in the general population. The three key outcomes include 1) reducing initiation of tobacco use (in youth), 2) reducing tobacco dependence (in youth and adults), and 3) reducing exposure to second hand smoke. These three outcomes combined lead to decreases in tobacco-related death and disease in the general population. The blue ovals represent key evidence based strategies used by local tobacco coalitions to directly impact the three key outcomes. As indicated in the logic framework, **these outcomes are not independent**. Increasing tobacco use cessation, for example, will also reduce exposure to second hand smoke. Conversely, efforts to reduce

¹ Adapted by UT Austin Tobacco Research and Evaluation Team and based on logic framework in *Hopkins et. al. Reviews of Evidence Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke Am J Prev Med 2001;20(2S)*.

exposure to second hand smoke may increase tobacco use cessation.

The interactions illustrate the potential for synergistic progress in the area of reducing tobacco dependence among the substance abusing population that has a higher burden of tobacco related disease (goal 5). The outermost oval represents the systems change outcomes (goal 6) necessary to sustain all of the outcomes depicted in the logic framework. The Texas Tobacco Cessation Integration Project played an important role in getting to statewide outcomes for reducing tobacco dependence.

Program Summary

In March 2013, key stakeholders and treatment leaders from across Texas met at DSHS in Austin to provide direction for the project, create a training plan, determine promotional messages targeting both clients and staff, and select a best practice for SA Tx education/training. This stakeholder workgroup chose a training model developed by Dr. Jill Williams, Division of Addiction Psychiatry at Rutgers/Robert Wood Johnson Medical School. Based on the success of Dr. Williams' training at Austin Travis County Integral Care (community mental health and substance abuse center) and subsequent systems change, the workgroup made this decision. The workgroup, led by UT-Austin Tobacco Research Team, revised a SA Tx provider tobacco cessation treatment and policy survey.

The impact of involving treatment leaders on this workgroup created a peer-driven conversation for change in the ASAP provider community. The messages discussed focused on healthy living and no more tobacco use. The final message and logo:



A *Go for Three* Kick-Off event and training at the July 2013 Behavioral Health Institute included a booth in the main hall and a day long training presented by Dr. Chad Morris, professor at the University of Colorado. Unfortunately, the smoking cessation integration training was not well attended by SA Tx clinicians, reaffirming ASAP's assessment of both provider and clinician resistance. The informational booth had much better reception of promotional materials by conference participants.

In November 2013, ASAP administered the SA Tx Provider *Smoking Cessation Policy Survey* to measure provider readiness and receptivity to adopting smoke-free tobacco policies and implementation of integrated tobacco treatment protocols. The questionnaire was sent out online to all SA Tx providers with a 38% response rate. Limited capacity and untrained staff were listed as barriers to implementation as well as resistance of clients.

Dr. Jill Williams and Dr. March Steinberg facilitated a three day Training of Trainers (TOT) in January 2014. To make service delivery more manageable, Texas is divided into 11 Health and Human Services Regions. ASAP recruited trainers from SA Tx providers in each of the 11 regions

– executive directors recommended appropriate clinicians to participate and commit to providing one regional training in their HHSC region. Clinicians from nine of the 11 HHSC regions participated in the training. ASAP also asked the DSHS Regional Tobacco Coordinators to participate. The regional coordinators are experts in tobacco prevention and control and are responsible for outreach and training in their respective regions, thus enhancing sustainability of the training and technical assistance available to SA Tx providers. Dr. Williams and Dr. Steinberg provided PowerPoint presentations that were provided in training manuals to all participants. DSHS Tobacco Prevention and Control Program Manager and ASAP Executive Director and Project Manager also participated in the training. The intensive three day workshop provided the motivation and education needed for the trainers to effectively go forward with the regional training commitments.

Using materials from the three day TOT, a smaller group of those trained met by phone to revise the TOT to a six hour training for the regional workshops. (The *Go For Three* PowerPoints are available on Drop Box.)

The seven regional trainings were promoted through the ASAP e-zine, Weekly Digest, Tobacco FACTOIDS and by DSHS Substance Abuse Services provider email blasts announcing the training schedule. The trainings were hosted by DSHS SA Tx agencies and DSHS Regional Health Services Offices during April, May, and June, 2014. 125 participants from 35 of 85 SA Tx provider agencies attended the workshops. Each of the trainings were facilitated by both the clinician from that region who focused on the treatment issues and the DSHS regional tobacco coordinator who provided expertise in epidemiology and consequence, pharmacological treatments, and the Texas Quitline services. Trainers met prior to the workshops to prepare materials and define roles. Each participant was provided a training manual containing the PowerPoint presentations. The following topics were included in the agenda.

1. Epidemiology and Consequences of Smoking
2. Neurobiology of Tobacco Addiction
3. Addressing Tobacco in Addictions Programs
4. Assessment of Tobacco Dependence
5. Pharmacological and Counseling Treatments
6. Motivational Interviewing
7. Resources

The 2014 DSHS Behavioral Health Institute in Austin once again featured tobacco cessation workshops and the Texas Association of Addiction Professionals (TAAP) conference in San Antonio included a *Go For Three* presentation by the ASAP Executive Director. A final presentation at the ASAP sponsored DSHS contractor meeting in September provided SA Tx providers with an update on the regional trainings and progress ASAP has made in promoting smoking cessation integration.

Two posters were developed and distributed in November by ASAP to SA Tx providers using existing Austin Travis County Health and Human Services posters that were re-branded with the *Go For Three* logo and message. Five of each poster were provided to every SA Tx program in

both English and Spanish. (see attached) Each program was also provided with a treatment manual - the University of Colorado's *Tobacco Treatment for Persons with Substance Abuse Disorder (A Toolkit for Substances Abuse Treatment Providers* (November 2014) ASAP developed a Listserv go_for_three@utlists.utexas.edu

In planning for the sustainability of the Smoking Cessation Integration Project, the stakeholder workgroup recommended that ASAP apply for the new Pfizer Independent Grants for Learning & Change Application through a Letter of Intent. ASAP will continue to partner with the DSHS regional tobacco coordinators to promote smoking cessation in SA treatment agencies across the state. As outreach and training is a component of their job, the tobacco coordinators will be provided with updated contact lists and lists of participants in Go_for_Three trainings. ASAP has submitted a request to DSHS for Dr. Jill Williams and Dr. Marc Steinberg to provide cessation integration training at the 2015 Behavioral Health Institute.

Evaluation

Process Evaluation

The overarching goal of the **process evaluation** demonstrates funding accountability, achievement of ASAP's Cessation Integration Project goals through tracking the number of training events, participants, and promotional and educational materials distributed.

Activities Conducted to Reach Key Objectives

- a. Increase SA Tx knowledge and awareness about tobacco cessation treatment and resources
 - i. Information Dissemination: Documentation of number of DSHS SA Tx providers receiving educational and promotional materials.
 1. Train the Trainer Workshop manuals
 - a. 20 *Go for Three – Drug, Alcohol, and Tobacco Free* manuals printed and distributed by ASAP were developed by Dr. Jill Williams and Dr. Marc Steinberg from Rutgers, Robert Wood Johnson Medical School, Division of Addiction Psychiatry
 - b. *Go For Three* Regional Provider Workshop manuals
 - i. 191 Manuals distributed
 2. Twitter Posts and Facebook Posts
 3. Listserv Communications
 - a. 106 Go_For_Three Listserv communications
 - b. 149 subscribers
 4. Promotion of the Texas Quitline resources
 - a. Texas Quitline was a detailed topic in seven regional workshops
 - b. Information on DSHS Texas Quitline and [Yes Quit](#) website resources distributed through Listserv and informational presentations

5. Promotion of E-Learning opportunity at Tobacco Recovery Resource Exchange through Listserv
6. Educational Materials
 - a. 200 Manuals (one for each program) to 85 SA Tx agencies - *Tobacco Treatment for Persons with Substance Abuse Disorder (A Toolkit for Substances Abuse Treatment Providers* (November 2014)
7. Promotional Materials
 - i. 2,020 posters distributed to 85 SA Tx providers for 200 programs (English and Spanish) (December 2014)
 - ii. *Smoking Stinks* 1,010
 - iii. *Say What You Want* 1,010
8. *Go for Three* educational presentation to Texas Association of Addiction Professionals (TAAP)
 - i. August 14, 2014
 - ii. Cynthia Humphrey
9. *Go for Three* educational presentations to general meeting of ASAP member agencies
 - i. September 5, 2013
 - ii. January 23, 2014
 - iii. June 5, 2014
 - iv. September 18, 2014
 - v. Penny Harmonson and Cynthia Humphrey
- ii. Outreach to 28 ROSC recovery communities through email and participation in one ROSC community Recovery Month activities (El Paso)
- b. Increase the number of DSHS-funded SA Tx clinical staff trained in evidenced-based smoking cessation treatment
 - i. Train the Trainer Workshop, January 15 – 17, 2014, Dallas, TX
 1. Dr. Jill Williams and Dr. Marc Steinberg from Rutgers, Robert Wood Johnson Medical School, Division of Addiction Psychiatry
 2. Topics:
 - a. Epidemiology and Consequences of Smoking
 - b. Assessment of Tobacco Dependence
 - c. Pharmacological and Counseling Treatments
 - d. Motivational Interviewing and Working with Low Motivated Smokers
 - e. Techniques for Teaching Others
 3. 11 clinicians participated were chosen by ASAP. Although the plan was to have a representative trainer from each of the 11 Health and Human Services Regions in Texas, there were two regions who did not participate.
 4. 6 of 8 DSHS Regional Tobacco Coordinators attended the TOT
 5. 3 Administrative participants: Barry Sharp, DSHS Tobacco

Prevention and Control Program; Penny Harmonson, ASAP project manager, and Cynthia Humphrey, ASAP executive director.

- ii. Regional Training Workshops *Go For Three Drug, Alcohol, and Tobacco Free*
 1. Curriculum developed by SA Tx treatment clinicians and DSHS regional tobacco coordinators in conjunction with ASAP. These trainers were participants in the Train the Trainer Workshop provided by Dr. Jill Williams. Dr. Williams gave ASAP permission to adapt the three day TOT training to a six hour workshop for DSHS SA Tx clinicians. ASAP did not receive permission to use the PowerPoint presentations for any other purpose.
 2. Topics:
 - a. Prevalence and Consequences
 - b. Neurobiology
 - c. Policy and Treatment Strategies for Addictions Programs
 - d. Motivational Interviewing
 - e. Resources
- iii. Seven regional workshops - April to June, 2014
 1. Workshops held in the following cities:
 - a. San Antonio (HHSC Region 8)
 - b. El Paso (HHSC Region 10)
 - c. Corpus Christi (HHSC Region 11)
 - d. Houston (HHSC Region 6)
 - e. Longview (HHSC Region 4)
 - f. Dallas (HHSC Region 3)
 - g. Lubbock (HHSC Region 1)
 - h. (one workshop is pending in Lufkin (HHSC Region 5) – trainer chose to train agency separately)
 2. One DSHS treatment clinician and one DSHS Regional Tobacco Coordinator presented each workshop, supported by Project Manager.
 3. 125 clinicians and administrators from 35 agencies participated in the workshops
 4. Participants' Years of Experience in Present Position
 - a. 7% 3 – 5 years
 - b. 19% 1 – 3 years
 - c. 32% less than one year
 - d. 41% more than 5 years
 5. CEU's (6 hours credit) were provided by DSHS
 6. Evaluation
 - a. 77% of participants said that the training was relevant to their job
 - b. 71% of participants said that the training stimulated their learning

Outcome Evaluation

The outcome evaluation used available DSHS program data and results of the SA Tx Provider Smoking Cessation Policy Survey. The outcome evaluation relied on the compilation of currently available secondary data from the following sources:

- Texas DSHS: CMBHS SA Tx Provider data (Intake and Discharge data, Client Demographics, Provider Contacts, Philander Moore)
- Alere Wellbeing: Texas Tobacco Quitline data (Quitline Monthly Reports, Barry Sharp)
- ASAP: SA Tx Provider Smoking Cessation Policy Survey data (Survey data, Penny Harmonson)

Impact Information Dissemination

The Smoking Cessation Integration Project information dissemination strategies impacted approximately 9300 clients reported to be served in DSHS treatment programs monthly in 2014. In FY14, there were 33, 886 unique clients served and 65% of those clients were tobacco users.

Calls to the Texas Quitline from persons self-reporting Drug or Alcohol Abuse increased from 506 callers in 2011 to 925 callers in FY14. The 82% increase cannot be attributed to the work of the Smoking Cessation Integration Project alone, but the awareness activities conducted by ASAP surely increased the number of clinical referrals from SA Tx providers. 5% of all callers to the Quitline reported a substance abuse problem in FY14. (Texas Quitline data is not able to track referrals from individual SA Tx providers specifically.)

Impact of Education and Training

Prior to the start of the grant, in July 2012, DSHS conducted a tobacco survey among SA Tx providers with a 22% response rate (19 of 85 agencies) indicating lack of interest in tobacco cessation services in the overall treatment community. With IGLC funding, ASAP developed another survey, *Smoking Cessation Policy Survey*, with expertise from University of Texas – Austin tobacco research team and Stakeholder Workgroup members. This survey was conducted in November, 2013 and 2014. Again the response rate was minimal, even with participation promoted through the ASAP e-zine – 38% response rate in 2013 and 27% response in 2014. Change in administration and staff attitudes about the use of tobacco in the substance abusing population and increase provider receptivity to integrating evidence based tobacco cessation practices from 2013 to 2014 are shown in the chart below:

Survey Question	Answer Choices	2013	2014	Outcome
Does Clinical Staff Actively Educate Clients About the Risks of Smoking?	Screening and Assessment	56%	65%	16% increase
	Treatment Planning	60%	85%	42% increase

Survey Question	Answer Choices	2013	2014	Outcome
What kind of policy changes do you intend on making?	Prohibit Smoking Altogether	43%	67%	56% increase
	Smoke-free facility grounds	57%	50%	12% decrease
Interested in Technical Assistance on the Following?	Implementing Smoke-free Environment	28%	57%	56% increase
	Dealing with Contraband	28%	36%	29% increase
	Dealing with Staff Smoking	45%	29%	36% decrease
What kinds of educational resources are available to clients?	Referral to Texas Quitline	84%	91%	8% increase
	Referral to Quit Smoking Websites	53%	57%	7% increase

The Smoking Cessation Integration Project was successful in providing training that led to increased SA Tx provider implementation of treatment planning smoking cessation treatment strategy by 42% - just short of the proposed 50% increase. All DSHS treatment providers are required by DSHS contract to screen and assess tobacco use at intake.

The provider survey showed a decreased interest among SA Tx providers regarding adopting a tobacco-free policy. The survey showed a 12% decrease in planned smoke-free policy changes.

Significantly, DSHS SA Tx data indicated an increase in the number of substance abuse treatment clients who used tobacco at intake to being tobacco-free at discharge from 1% in FY12 to 12% in FY14. 5,582 SA Tx treatment clients reported being tobacco-free at discharge in FY14.

Impact of Outreach to Recovery Oriented Systems of Care (ROSC) Communities

The project's outreach strategy to engage 28 ROSC communities saw limited response. Efforts to recruit cessation point persons were not well received and response was minimal. In one community, with personal involvement by project manager and DSHS Regional Coordinator, smoking cessation informational materials were successfully distributed at Recovery Month events in El Paso. ASAP and DSHS will partner on 2015 Pfizer Smoking Cessation grant application to focus on the recovery community in Texas.

Lessons Learned and *Recommendations*

Trainers should be skilled in presentation, communication, and organization. ASAP chose trainers based on DSHS SA Tx agency executive director recommendations which seem to have been based on leadership and clinical skills.

- *Use skilled trainers - future projects will select clinicians who are also skilled trainers. Trainers will be paid a stipend.*

Barriers to integrating smoking cessation into treatment listed by Texas workshop participants were the same as Dr Williams research revealed. Addressing each barrier with research findings and effective treatment strategies was effective in breaking down resistance and creating "buy-in."

- *Provide training strategies that elicit perceived barriers to integration of smoking cessation from training participants then use current research to address each barrier.*

Presenting the reasons and benefits for quitting smoking from a more recovery oriented approach is helpful in breaking down barriers. Focusing solely on negative physical health consequences of smoking are well known and substance abusers have not necessarily been keenly motivated to quit by that information. However, highlighting the negative consequences of tobacco addiction that directly impact daily living and are similar to the effects of alcoholism or drug addiction on their lives puts tobacco addiction and the need to abstain in a similar context to their current alcohol or drug addiction.

- *Focus on training strategies that identify tobacco use as an addiction.*

Staff resistance was found to be a significant barrier to adopting smoke free campuses and implementing a programmatic emphasis on treating nicotine addiction along with other substances of abuse. Since many staff are smokers and in recovery themselves, the training strategy to incorporate Motivational Interviewing that provided specific ways to motivate clients to quit smoking seemed to also be a persuasive approach for staff resistance.

- *Increase training in Motivational Interviewing specific to quitting smoking.*

There is a dangerous stigma that exists around smokers that includes the belief that "he/she could quit if they really wanted to" – that it's not a real addiction. This stigma presents another barrier to smoking cessation integration in DSHS-funded treatment facilities. Although science has confirmed nicotine is an addictive drug that lights up the same pleasure pathways, there seems to be a subtle stigma among clinicians and administrators around smoking that denies that the person is suffering from an addictive disorder and needs treatment.

- *Provide informational materials and presentations to present tobacco use as a "real" addiction.*

The major barrier identified by ASAP to effective smoking cessation integration in residential treatment services is that immediate access to Nicotine Replacement Therapy (NRT) is not available. At this time, the only way for residential treatment clients to receive free NRT is

through a referral to the Texas Quitline. This two week delay coupled with all of the other barriers including client's resistance present DSHS-funded treatment agencies with a difficult situation.

- *Advocate for funding for NRT in residential treatment programs as part of treatment protocols.*

DSHS - funded providers continue to be resistant to contractual requirements for implementation of smoke-free campus policies proposed by DSHS - Facilities Treating Individuals with Substance Use Disorder, Standards of Care, 25 Texas Administrative Code Chapter 448 citing inequity with privately funded treatment agencies and client resistance as primary objections.

- *Advocate and educate for tobacco-free facilities systems change*

Stakeholder Workgroup

ASAP Texas:

- Cynthia Humphrey, Executive Director
- Penny Harmonson, Smoking Cessation Integration Project, Manager

DSHS:

- Ross Robinson, Section Director, Substance Abuse Services
- Philander Moore, Manager, Substance Abuse Services Unit
- Penny Harmonson, Manager, Tobacco Prevention and Control Program (retired, 2013)
- Barry Sharp, Manager, Tobacco Prevention and Control Program

DSHS – funded Substance Abuse Treatment Executive Directors:

- Doug Denton
 - Homeward Bound
- Bill Wilson, PhD
 - Austin Travis County Integral Care
- Stevie Hansen (Julie Laughlin)
 - MHMR of Tarrant County
- Terry Cowen (retired) and Debi Ellison
 - Workers Assistance Program
- Ann Robinson (represented)
 - Montrose Counseling Center
- Samantha Patterson
 - Amarillo Council on Alcohol and Drug Abuse

University of Texas – Austin, Tobacco Research and Evaluation Team

- Shelley Karn, PhD
- Trina Robertson