



**TEXAS RECOVERY-ORIENTED SMOKING CESSATION  
INTEGRATION PROJECT  
PFIZER IGLC EVALUATION REPORT**

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August 2017

## Texas Recovery-Oriented 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 Recovery-Oriented 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 Recovery-Oriented Substance Abuse Treatment Programs (SA Tx Recovery).

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

#### Key Objectives

1. Disseminate educational and promotional health communications materials to 162 DSHS-funded SA Tx Recovery programs
2. Increase DSHS–funded SA Tx Recovery implementation of integrated smoking cessation treatment strategies by 10% and increase program support for policies adopting tobacco-free campus policy by 8%
3. Increase the percent of DSHS-funded SA Tx Recovery clinical professionals and peer leaders trained in evidence-based tobacco cessation treatment by 20%
4. Increase DSHS-funded SA Tx Recovery referrals to the Texas Quitline by 10%.
5. Advocate for improvement in DSHS Clinical Management for Behavioral Health Services (CMBHS) tobacco measures and Quality Assurance measures for target.

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

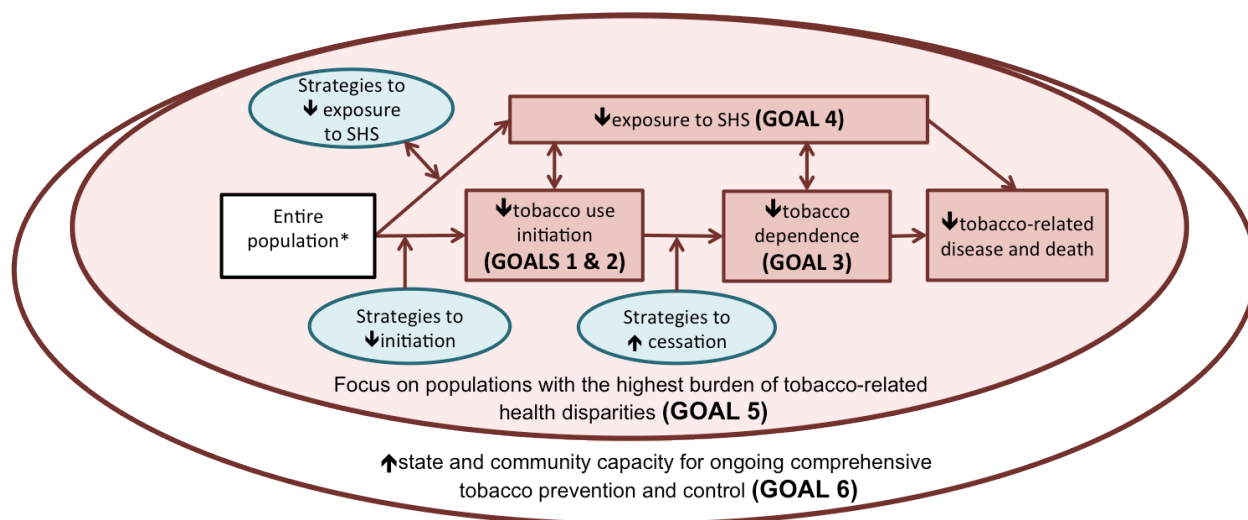
## PROGRAM DESCRIPTION: TEXAS RECOVERY-ORIENTED TOBACCO CESSATION INTEGRATION PROJECT

### 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 (IGLC) 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.

In 2015, ASAP in partnership with these same entities, DSHS Mental Health and Substance Abuse Division Tobacco Prevention and Control Program and Substance Abuse Services Unit, ASAP received another Pfizer IGLC with a target audience of recovery-oriented outpatient programs, pregnant post-partum intervention and PADRES intervention programs, Oxford House, and Recovery-Oriented Systems of Care collaboratives.

### Logic Framework for Tobacco Prevention and Control in Texas



\*Population-based, public health approach

**Figure 1: Logic Framework for Tobacco Prevention and Control**<sup>1</sup>

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

<sup>1</sup> 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)*.

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 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 Recovery-Oriented Tobacco Cessation Integration Project played an important role in getting to statewide outcomes for reducing tobacco dependence.

## **Program Summary**

Beginning in June, 2015, key stakeholders and treatment leaders from across Texas met in Austin for a quarterly Stakeholders Workgroup to provide direction for the project. Each meeting provided an update from stakeholders and their tobacco cessation strategies and a discussion and feedback regarding ASAP grant implementation strategies. Adaptation of the existing training to reach the targeted recovery-oriented programs' staff and clients, new health communications messages and design, and customizing the existing Provider Survey for the recovery-oriented programs were among the topics discussed. The impact of involving treatment leaders, Oxford House leadership, and ROSC program staff on this workgroup created a peer-driven conversation for change in the ASAP provider community. The positive messages decided upon focused on motivation for healthy living, financial cost of smoking, peer testimonials, and that cessation improves recovery. The stakeholders agreed to continue using this logo:



A *Go for Three* Kick-Off event at the August 2015 Behavioral Health Institute included a booth in the main hall and a round-table discussion facilitated by DSHS Tobacco program manager and the ASAP grant manager. Unfortunately, the recovery-oriented smoking cessation integration round-table was not attended by SA Tx Recovery clinicians, reaffirming ASAP's assessment of both provider and clinician resistance remaining in the recovery community. The informational booth had better reception of promotional materials by conference participants. ASAP facilitated exhibits at 2016 and 2017 DSHS Behavioral Health Institute in Austin and the Texas Association of Addiction Professionals (TAAP) conferences in San Antonio.

In 2016, two posters that were developed and distributed in November by ASAP to SA Tx Recovery providers using existing Austin Travis County Health and Human Services posters that

were re-branded with the *Go for Three* logo and message were distributed at the Institute and the TAAP conference along with DSHS developed push cards promoting the Texas Quitline. The 2017 ASAP exhibit distributed two newly developed posters in both English and Spanish and a new brochure developed to make the connection between smoking cessation and successful recovery. Both the posters and the brochure provide the Texas Quitline number.

ASAP collaborated with HHSC Substance Abuse Services Unit to incorporate a one-hour tobacco cessation module into the curriculum of a five-day HHSC Recovery Coach Training of Trainers. The purpose of the Recovery Coach TOT is to train and certify qualified participants as Recovery Coach Trainers. In turn, these qualified individuals can train other persons to become Recovery Coaches and thus perpetuate the presence of Recovery Coaches in their region. The Recovery Coach TOT did not previously include tobacco cessation. ASAP submitted the cessation module in 2016 and it was implemented by DSHS/HHSC in FY17. FY 17 Year to Date, 38 trainings were conducted across the state with 283 people trained in the 46-hour curriculum including the tobacco cessation module.

ASAP contracted with Sherry Matthews Advocacy Marketing to develop tobacco cessation materials designed for outreach at the SA Tx Recovery programs. The first poster targets pregnant or parenting women and fathers who are smoking and in recovery. The second poster targets people age 30 – 44 years old who are smoking and in recovery from SUD. A bilingual double-sided brochure was developed to target clients starting recovery in SA Tx Recovery programs who are smoking. All SA Tx Recovery Programs received the posters and brochures to assist the SUD programs to provide outreach in reducing tobacco use among the people served with an important message that continued smoking is associated with relapse. Both posters and the brochure provide the Texas Quitline phone number 1 – 877 – YES QUIT. (see attached)

ASAP recruited trainers with experience and a proven track record using DSHS recommendations and then provided cessation training for them. Two trainers attended and were certified through the Rocky Mountain Tobacco Treatment Specialist Certification program provided by DSHS in Austin in June 2016. Three others were trained by DSHS in El Paso facilitated by Dr. Jill Williams and Dr. March Steinberg during a three-day Training of Trainers (TOT) in February 2017 in El Paso.

Using the PowerPoint presentations developed during the first ASAP IGLC, the presentations for the Recovery-Oriented Smoking Cessation Integration regional workshops were revised to provide emphasis on recovery issues. (The new *Go For Three* PowerPoints have been uploaded on the Pfizer grant reporting website.)

Both of the trainings were facilitated by one of the trainers who became a certified tobacco treatment specialist and is a clinician. She also served on the stakeholder workgroup. The second workshop was co-facilitated by a second trainer who participated in the Rutgers TOT. Trainers met prior to the workshops to prepare materials and define roles.

Each participant at the workshop was provided a training manual containing the PowerPoint presentations. Each participant also received a Behavioral Health Supplement to the *Dimensions: Tobacco Free Toolkit for Healthcare Providers* by the University of Colorado, Anschutz Medical Campus School of Medicine Behavioral Health and Wellness Program.

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 regional trainings were promoted through the ASAP e-zine and Weekly Digest. The ROSC programs were engaged to promote the trainings. The trainings were hosted by DSHS SA Tx Recovery agencies in December 2017 and April 2017. 65 participants from 17 of 92 SA Tx Recovery agencies attended two regional workshops compared to 125 participants from 35 of 85 SA Tx provider agencies that attended during the previous ASAP IGLC regional workshops. Three workshops were cancelled due to lack of registration despite intense promotion at the local level. Three were not scheduled due to lack of interest.

Over the last four years, ASAP, DSHS, and HHSC staff collaborated to promote the adoption of proposed HHSC proposed smoke-free facilities rule change for all substance abuse treatment facilities in Texas: Facilities Treating Individuals with Substance Use Disorder, Standards of Care, 25 Texas Administrative Code (TAC) Chapter 448. After the final DSHS/HHSC public hearing in Austin in August 2016, the language of the tobacco-free campus rule was changed to allow “designated smoking areas” at the facilities. Since that time, when the providers were no longer expecting to be required to implement tobacco free policies, interest and support for tobacco cessation integration training has drastically diminished among the treatment providers. ASAP assessment concludes that DSHS/HHSC maintaining the status quo disincentivized attendance at the cessation integration trainings by providers and clinicians.

In November 2015, ASAP administered the SA Tx Recovery *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 Recovery providers with a 22% response rate among outpatient programs and 9% among PPI, PADRES, and Oxford Houses. Limited capacity and untrained staff were listed as barriers to implementation as well as financial costs. The July 2017 *Provider Smoking Cessation Policy Survey* received an increase in responses from the Oxford Houses, PPI, and PADRE programs to 17% and remained much the same among Outpatient programs at 16% responding. Resistance from clients who smoke and financial costs were listed as barriers to implementation of smoking cessation services in 2017.

ASAP developed a Listserv [go\\_for\\_three@utlists.utexas.edu](mailto:go_for_three@utlists.utexas.edu) in 2013 and continued providing information to the listserv for the duration of this IGLC.

## 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

- I. Disseminate educational and promotional health communications materials to 162 HHSC/DSHS-funded SA Tx Recovery programs
  - a. Information Dissemination: Documentation of number of DSHS SA Tx Recovery providers receiving educational and promotional materials.
    1. Train the Trainer Workshop manuals
      - a. Two trainers participated in four-day Rocky Mountain Tobacco Treatment Specialist Certification program in Austin in March 2016.
      - b. Three trainers participated in three-day workshop presented by Dr. Jill Williams and Dr. Marc Steinberg from Rutgers, Robert Wood Johnson Medical School, Division of Addiction Psychiatry in El Paso, TX – February 2017
    2. *Go For Three* Regional Provider Workshop manuals
      - a. 69 manuals distributed
    3. Listserv Communications
      - a. 173 *Go\_For\_Three* Listserv communications
      - b. 169 subscribers
    4. Promotion of the Texas Quitline resources
      - a. Texas Quitline was a detailed topic in the regional workshops
      - b. Information on DSHS Texas Quitline and [Yes Quit](#) website resources distributed through Listserv and informational presentations
      - c. Quitline Outreach to 194 Oxford House residences
    5. Educational Materials
      - a. 69 Manuals to each participant in the regional workshops/17 SA Tx Recovery agencies - *Dimensions: Tobacco Free Toolkit for Healthcare Providers by the University of Colorado, Anschutz Medical Campus School of Medicine Behavioral Health and Wellness Program.*
    6. Promotional Materials
      - a. 1,100 posters developed and then distributed to 91 SA Tx Recovery providers/137 programs (English and Spanish) (May 2017) (double sided English Spanish)
        - i. *Trigger 1100*
        - ii. *Baby 1100*

- b. 9250 brochures developed and distributed to 91 SA Tx Recovery providers/137 programs (May 2017)
  - c. 600 posters and 1000 brochures distributed at the Texas Behavioral Health Institute in 2017 in Austin
  - d. 300 posters and Texas Quitline push cards distributed at the Texas Behavioral Health Institute in 2016 in Austin
  - e. 600 SAMHSA Facts and Resources: *The Tobacco Epidemic Among People with Behavioral Health Disorders and Smoking Cessation Therapies Benefit Substance Abuse Disorder Clients* and Texas Quitline cards distributed at the 2015 Behavioral Health Institute in Austin
  - f. 3,000 Texas Quitline Push Cards with 300 business card holders distributed at the TAAP conference exhibit in San Antonio August 2017
  - g. Outreach to 28 ROSC recovery communities through email
  - h. Outreach to 194 Oxford House residences with 1468 beds: distributed 100 business card holders containing 100 Texas Quitline cards along with an explanatory letter to each house on processes for the Texas Quitline telephone counseling and NRT.
- b. Increase the number of HHSC (DSHS)-funded SA Tx Recovery clinical staff and peer leaders trained in evidenced-based smoking cessation treatment by 20%.
- i. Rocky Mountain Tobacco Treatment Specialist Certification (RMTTS) program provided by DSHS in Austin in June 2016.
    - 1. Dr. Chad Morris and Dr. Cindy Morris from University of Colorado, Anschutz Medical Campus School of Medicine Behavioral Health and Wellness Program.
  - ii. Train the Trainer Workshop, El Paso, in February 2017
    - 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. 5 experienced trainers who are also clinicians were chosen by ASAP to receive the TOTs.
    - 4. 8 DSHS Regional Tobacco Coordinators attended the RMTTS training
    - 5. 2 Administrative participants: Barry Sharp, DSHS Tobacco Prevention and Control Program and Penny Harmonson, ASAP project manager



- iii. Regional Training Workshops *Go For Three Drug, Alcohol, and Tobacco Free*
  - 1. Training Curriculum from previous ASAP IGLC was adapted with a recovery focus by the previous lead trainer in conjunction with ASAP project manager. This proven trainer was a participant in the 2014 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 Recovery clinicians. ASAP did not receive permission to use the PowerPoint presentations for any other purpose.
    - a. Topics:
      - i. Prevalence and Consequences
      - ii. Neurobiology
      - iii. Policy and Treatment Strategies for Addictions Programs
      - iv. Motivational Interviewing
      - v. Resources
- iv. Two regional workshops – December 2016 and April 2017
  - 1. Workshops held in the following cities:
    - a. Pharr (HHSC Region 11)
    - b. Fort Worth (HHSC Region 3)
    - c. San Antonio (HHSC Region 8) CANCELLED due to lack of registration
    - d. Abilene (HHSC Region 2) CANCELLED due to lack of registration
    - e. Austin (HHSC Region 7) CANCELLED due to lack of registration
  - 2. 69 clinicians and administrators from 17 agencies participated in the workshops
  - 3. CEU's (6 hours credit) were provided by DSHS
  - 4. Evaluation
    - a. 73% of participants said that the training was relevant to their job
    - b. 86% of participants said that the training stimulated their learning
- c. 38 HHSC Recovery Coach TOT workshops conducted statewide
  - i. HHSC Recovery Coach TOT incorporated a one-hour tobacco cessation module developed by ASAP
  - ii. 283 peer leaders were trained
    - 1. Recovery coaches will train local peer leaders in the curriculum including the tobacco cessation module.
- d. Total Percent of clinical professionals and peer leaders trained increased by 102% from previous grant.
  - i. 45% of targeted clinical professionals were trained.

## Outcome Evaluation

The outcome evaluation used available HHSC (DSHS) substance abuse services program data and DSHS tobacco branch data along with results of the ASAP SA Tx Recovery Provider Smoking Cessation Policy Survey. The outcome evaluation relied on the compilation of currently available secondary data from the following sources:

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

### Impact of ASAP Health Communication and Educational Training

The Recovery-Oriented Smoking Cessation Integration Project information dissemination and training strategies impacted approximately 18,603 adult clients reported to be served in DSHS/HHSC outpatient treatment programs in FY17. Of those 18,603 unique adult clients served, 9,487 (51%) of those clients were tobacco users. In FY17, there were 3,219 youth clients reported to be served in outpatient treatment at DSHS/HHSC. Of those 3,219 youth, 577 (22%) of those youth were tobacco users. Approximately 1468 residents of Oxford House were reached with information about the Texas Quitline.

Significantly, DSHS SA Tx Recovery data indicated an increase in the number of substance abuse outpatient treatment adult clients who used tobacco at intake, but reported being tobacco-free at discharge from 6% in FY16 to 27% in FY17 (YTD). 3,402 SA Tx Recovery treatment clients reported being tobacco-free at discharge in FY16 and FY17. There was also a significant increase in the percent of youth in outpatient treatment who used tobacco at intake and were tobacco-free at discharge. In FY16, .6% of the youth reported being tobacco-free at discharge while the percentage of youth who reported quitting increased to 1.7% in FY17. 245 youth were positively impacted over the two-year period.

Calls to the Texas Quitline from persons self-reporting Drug or Alcohol Abuse increased from 925 callers in FY14 to 1,373 in 2016 and for the first half of 2017, there were 765 callers. The 48% increase cannot be attributed to the work of the Recovery-Oriented Smoking Cessation Integration Project alone, but the awareness activities conducted by ASAP surely increased the number of clinical referrals from SA Tx Recovery providers. In 2016, there were 17,688 registered callers. Nearly 80% of registered callers enrolled in multiple call cessation counseling. Over 1300 callers reported being diagnosed or treated for drug and/or alcohol abuse in the past year. Among those callers, almost 92% enrolled in multiple call counseling. In 2017, nearly 91% enrolled in multiple call counseling.

In early 2016, HHSC Clinical Management for Behavioral Health Services (CMBHS) implemented a referral system for providers to the Texas Quitline. This implementation of the referral system in CMBHS was the result of a long-time collaborative between ASAP, the tobacco program and the substance abuse services program. There were 53 referrals made by HHSC (DSHS) treatment providers through CMBHS in 2016. Among those referrals, 18 (34%) enrolled in Quitline services. In the first half of 2017, from 16 referrals, 3 clients DSHS Clinical Management for Behavioral Health Services (CMBHS) tobacco measures (18.8%) enrolled in Quitline services. These referrals represent at least a 10% increase in referrals by the treatment providers.

There were 352 persons trained in evidence-based tobacco cessation strategies through ASAP efforts showing 182% increase from the 125 trained in 2015. ASAP did not meet the objective to increase the training of SA Tx Recovery provider clinicians by 20% as there were only 69 clinicians trained in two workshops (45% of the goal). However, ASAP saw a 100% increase in the percent of peer leaders trained in FY17 to 283 as compared to no peer coaches trained in the past year.

Prior to the start of ASAP's initial IGLC grant, in July 2012, DSHS conducted a tobacco policy survey among DSHS treatment 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. For the second ASAP IGLC grant in 2015, the response rate was again low - 22% among outpatient providers and 9% response rate among Oxford House and PPI/Padres providers. Responses among HHSC outpatient providers further declined in 2017 to 16%. However, the response rate among Oxford House, PPI/Padres providers showed 111% increase from 9% to 17%. Even though the response rate was still low, the survey provided ASAP a more accurate picture of policy and practices as well as staff attitudes in addressing tobacco use cessation among those in the recovery community.

## ASAP SA Tx Recovery Provider Smoking Cessation Policy Survey

The provider survey showed generally decreased interest among targeted recovery-oriented providers in implementation and integration of evidence based tobacco cessation policy practices from 2015 to 2017 as shown in the chart below:

Survey Question	Answer Choices	2015 OP	2017 OP	Outcome OP	2015 Oxford PPI/Padres	2017 Oxford PPI/Padres	Outcome Oxford PPI/Padres
Does Clinical Staff Actively Educate Clients About the Risks of Smoking?	Screening and Assessment	65%	57%	-10%	58%	11%	-81%
	Treatment Planning	74%	71%	-3%	67%	14%	-79%
What kind of policy changes do you intend on making?	Prohibit Smoking Altogether	0%	0%	0%	Low Response	0%	NA
	Smoke-free facility grounds	Low response	Low response	NA	Low Response	67%	NA
Interested in Technical Assistance on the Following?	Implementing Smoke-free Environment	25%	15%	-38%	63%	18%	-71%
	Dealing with Contraband	20%	8%	-62%	38%	9%	-76%
	Dealing with Staff Smoking	0%	38%	38%+	62%	18%	-71%
What kinds of educational resources are available to clients?	Referral to Texas Quitline	79%	88%	10%+	73%	15%	-80%
	Referral to Quit Smoking Websites	50%	69%	36%+	45%	21%	-55%
	Individual sessions with clinical staff	62%	31%	-50%	45%	9%	-81%
	Group Sessions	71%	69%	-4%	73%	15%	-80%
	Educational Pamphlets	92%	88%	-5%	73%	21%	-72%

It is ASAP's assessment that HHSC - funded providers were negatively impacted by HHSC's decision to remove requirements for implementation of tobacco-free campus policies that had been proposed by DSHS in 2015 in a revision of *Facilities Treating Individuals with Substance Use Disorder, Standards of Care, 25 Texas Administrative Code Chapter 448*. After a long process of public hearings in 2016, the tobacco-free campus policy remained in Chapter 448 revisions until the last hearing. When the final revision was published the proposed tobacco-

free campus rule had been changed to allow for designated smoking areas but with the addition of Tobacco-Free Campus signage requirements. However, no steps have been made at HHSC to formalize the Rule 448 changes. ASAP will continue to advocate for tobacco-free policy when the official process resumes.

2016 was a year of change for the Texas substance abuse treatment system by legislative direction moving SUD treatment out of DSHS into HHSC. SA Tx Recovery Providers had been preparing for the inevitable tobacco-free campus rule change, but when there was no change, interest in preparing for implementation dwindled dramatically.

Because the response rate was very low to the policy survey questions regarding implementation of integrated smoking cessation treatment strategies, ASAP was unable to determine the percent of increase among outpatient treatment providers for policy change. The Oxford House and PPI/Padres survey response was very low in 2015, but in 2017, 67% of those programs intend to make policy changes for a tobacco-free campus (facility and grounds).

## **Lessons Learned and *Recommendations***

Skilled trainers who are experienced and skilled in presentation, communication, and organization provide quality workshops and perform better on participant evaluation questionnaires.

*Use skilled trainers*

Policy change requirements such as the tobacco-free campus rule 448 proposed by DSHS impacts provider motivation and implementation. Provider interest in training and technical assistance was good when the policy change was expected; when the policy change did not happen, provider interest declined dramatically.

*Continue to advocate for HHSC Tobacco Free Campus Policy Change through future HHSC public hearing process.*

Anecdotal evidence shows interest among recoverees in quitting tobacco. They do want to quit using tobacco. However, access to Nicotine Replacement Therapy (NRT) remains a priority among those in recovery programs and funding for NRT is a major concern for treatment providers.

*Advocate for funding for NRT in treatment and recovery programs as part of treatment protocols.*

*Continue to promote health communications among persons in recovery.*

Legislatively mandated HHSC/DSHS re-organization process and changes in 2015 caused stakeholder distraction from ASAP grant participation. The level of commitment from the tobacco program and substance abuse services program was less than in past years due to the transformation obligations. Funder involvement in the grant project affects provider participation.

*Collaborate with partners and stakeholders as they are able in order to accomplish grant goals.*

## **Stakeholder Workgroup**

### **ASAP Texas:**

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

### **HHSC (formerly at DSHS):**

- Philander Moore, Manager, Substance Abuse Services Unit

### **DSHS:**

- Barry Sharp, Manager, Tobacco Prevention and Control Branch

### **University of Texas – Austin, Tobacco Research and Evaluation Team**

- Shelley Karn, PhD
- Trina Robertson

## **Stakeholders**

- Doug Denton
  - Homeward Bound
- Jackson Longan
  - Oxford House
- Julie Laughlin, Gina Hollis, Donnita Smart
  - MHMR of Tarrant County
- Debi Ellison
  - Workers Assistance Program
- Jason Howell
  - Soberhood
- Carol Kratochvil (trainer)
  - Alpha Home
- Jennifer Hicks
  - Behavioral Health Services of South Texas
- Susan Brown
  - Gulf Coast Center