

Texas Recovery-Oriented Smoking Cessation Integration Project Pfizer Grant ID: 16969551

Collaborators:

- Association of Substance Abuse Programs (ASAP)
- Department of State Health Services (DSHS): Substance Abuse Services Unit (SA) and Tobacco Prevention and Control Program (TPCP)
- University of Texas-Austin: Tobacco Research and Evaluation Team (UT-Austin)

Abstract: ASAP was established in 1993 through the efforts of community based non-profit substance abuse service providers who recognized the need to come together to support the substance abuse service industry across the state of Texas. ASAP serves as a conduit for disseminating timely information and educational services to providers, facilitating communication, and advocating for effective drug and alcohol policies.

The Texas Recovery-Oriented Tobacco Cessation Integration Project aims to improve the health and wellness of the disparately affected population of adults and young people who are diagnosed with a substance abuse disorder and are being served in DSHS-funded outpatient, pregnant-post-partum intervention (PPI), Oxford House, or Recovery Oriented Systems of Care (ROSC) substance abuse treatment and recovery programs. The tobacco use rate of both adults and youth served in DSHS-funded treatment programs is at least triple that of the general population in Texas with only a minimal number of clients reporting that they have quit tobacco use when discharged from treatment. The need for training is obvious – only 1% of clinicians trained by ASAP in cessation integration strategies were identified within this target group of DSHS providers.

Through activities to disseminate information and create awareness about tobacco cessation integration and the Texas Quitline, develop a recovery coach cessation module, provide regional clinician educational workshops, and support DSHS and provider policies that support cessation integration, ASAP proposes to improve awareness and knowledge among providers, institutionalize cessation policy implementation, and increase cessation among substance abusers beginning the recovery process through DSHS-funded programs.

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C. MAIN SECTION

Overall Goal and Objectives

Through the use of tobacco, nicotine is one of the most heavily used addictive drugs and is the leading preventable cause of disease, disability, and death in the U.S. (NIDA) Nationally, 77 to 93 percent of clients in substance abuse treatment settings use tobacco, a range more than triple the national average (Richter et.al. 2001). In Texas, it is estimated that 56% of the individuals entering treatment are current tobacco users and 87% of Texas treatment clients continue to use tobacco products after treatment. (DSHS CMBHS FY14). Smoking tobacco causes more deaths among clients in substance abuse treatment than the alcohol or drug use that brings them to treatment (SAMHSA).

The overall goal of the Texas Recovery-Oriented Tobacco Cessation Integration Project is to improve the health and wellness of the disparately affected population of adults and young people who are diagnosed with a substance use disorder and are receiving services in a Department of State Health Services (DSHS)-funded outpatient, pregnant-post-partum intervention (PPI), Oxford House, or Recovery Oriented Systems of Care (ROSC) substance abuse treatment and recovery programs. The project, led by the Association of Substance Abuse Programs (ASAP), aligns with ASAP goals to support the substance abuse service industry and will focus on strategies to improve smoking cessation outcomes in these specific Texas treatment and recovery programs (SA Tx Recovery). The project aims to increase awareness and knowledge about tobacco dependence treatment and resources; improve administration and staff competence and support for integrated cessation services and policies; increase the number of targeted providers that are trained in evidence-based tobacco cessation treatment strategies; and increase use of the Texas Quitline through data collection systems improvement.

Key Objectives

1. Disseminate educational and promotional health communications materials to 162 DSHS-funded SA Tx Recovery programs
 - a. How Intended to Address the Need:
 - i. Promote the value of smoking cessation integration among SA Tx Recovery administration and staff to combat resistance.
 - ii. Promote smoking cessation among SA Tx Recovery administration and staff
 - iii. Provide evidence-based smoking cessation integration strategies
 - iv. Increase the number of SA Tx Recovery participants in ASAP training strategies
 - v. Increase awareness of the Texas Quitline services available to SA Tx Recovery

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%
 - a. How Intended to Address the Need:
 - i. Establish and promote acceptable rationale for equitable implementation of integrated evidence-based tobacco dependence treatment among SA Tx Recovery
 - ii. Advocate for DSHS Rule 448 tobacco-free facilities policy change
 - iii. Establish strong Stakeholder Workgroup with a strong peer voice for smoking cessation integration among SA Tx Recovery
3. Increase the percent of DSHS-funded SA Tx Recovery clinical professionals and peer leaders trained in evidence-based tobacco cessation treatment by 20%
 - a. How Intended to Meet the Need:
 - i. Develop a strong cadre of trained SA Tx Recovery clinicians and peer coaches to implement evidence-based cessation strategies and increase the number of clients who have quit tobacco use at discharge.
 - ii. Provide regional training workshops for SA Tx Recovery administration, staff, and recovery peer coaches
 - iii. Develop tobacco cessation module for DSHS ROSC Peer Coach trainings to create a synergy with DSHS provided trainings
4. Increase DSHS-funded SA Tx Recovery referrals to the Texas Quitline by 10%.
 - a. How Intended to Meet the Need:
 - i. Promote use of the eTobacco Protocol by SA Tx Recovery to increase referrals to the Texas Quitline by substance abusers
 - ii. Collaborate with DSHS to enhance Quitline data collection procedures to accurately report the number of SA Tx Recovery callers to the Quitline
5. Advocate for improvement in DSHS Clinical Management for Behavioral Health Services (CMBHS) tobacco measures and Quality Assurance measures for target.
 - a. How Intended to Meet the Need:
 - i. Capture tobacco use data from SA Tx Recovery to determine the intake and improved discharge outcomes.
 - ii. Improve SA Tx Recovery implementation of integration services through DSHS contract requirements for these services.

Technical Approach

Current Assessment of Need in Target Area

Baseline Data Summary

1. At intake, adult smoking rate in DSHS-funded outpatient programs is 56 % compared to the 16% adult smoking rate in the general population in Texas. (CMBHS FY14/BRFSS FY10)

2. At intake, youth smoking rate in DSHS-funded youth outpatient treatment programs is 38% compared to 11.2% of Texas youth in secondary schools. (CMBHS FY14/TX School Survey 2012)
3. 13% of adults who reported tobacco use at intake in DSHS outpatient treatment programs had quit tobacco use at discharge. While 2,766 adults had quit, 17,740 adults continued to use tobacco products after treatment. (CMBHS FY14)
4. 1% of youth who reported tobacco use at intake in DSHS outpatient treatment programs had quit tobacco use at discharge. While 235 youth had quit during treatment, 1, 171 youth continued tobacco use. (CMBHS FY14)
5. 5% of callers to the Texas Quitline report having a substance abuse problem. (Texas Quitline FY14)
6. Less than 1% of treatment clinicians that attended ASAP cessation training in 2014 identified themselves as working in target audience - SA Tx Recovery program. (ASAP FY14)
7. 27% of all DSHS-funded treatment providers responded to the ASAP Smoking Cessation Policy Survey. Up to 86% of those respondents reported that they would be interested in Technical Assistance on smoking cessation strategies. (ASAP Provider Survey 2014)

Data Sources: Data from the Clinical Management for Behavioral Health Services (CMBHS), Texas Quitline, Texas Behavioral Risk Factor Surveillance System (BRFSS), ASAP Evaluation and Provider Smoking Cessation Policy Survey (ASAP), Texas School Survey of Substance Use among Students (TX School Survey) was collected and reviewed by ASAP and a stakeholder workgroup for the assessment of need in the target area.

CMBHS is a web-based clinical record keeping system operated by DSHS for all community mental health and substance abuse service contractors. Providers are required to report client demographics, assessments, diagnosis, treatment plans, clinical progress notes and post-treatment follow-up for each client served. It provides a central database to gather and analyze client treatment and service delivery data for a comprehensive view of services delivered and an accurate client treatment history.

Texas Quitline Monthly Reports are provided to DSHS from their quitline provider, Alere Wellbeing Inc., and include aggregate data on quitline utilization including client demographics, client readiness to change, insurance coverage, client tobacco use, and identifies clinicians making referrals to the quitline. In addition, clinics who make referrals to the quitline will also receive feedback from Alere on the progress of clients referred.

BRFSS is a federally funded telephone survey conducted by DSHS on a monthly basis of randomly selected adult Texans to collect data on lifestyle risk factors contributing to the leading causes of death and chronic diseases. Data from this system was used to determine the general population tobacco use rate for Texas adults.

ASAP conducted workshop evaluation at all regional trainings presented using prior Pfizer IGLC grant funds. ASAP Smoking Cessation Provider Survey is a tobacco use policy and practice survey administered to all DSHS-funded treatment providers by ASAP also using prior Pfizer IGLC grant funds.

The TX School Survey (grades 7-12) is conducted biennially by DSHS, in conjunction with the Public Policy Research Institute at Texas A&M University. Students in grades 7-12 from school districts across the State are asked to report on their use of alcohol, tobacco, inhalants, illicit drugs, and over-the-counter and prescription-type drugs, as well as student attitudes, extracurricular involvement, sources of information, and other related behaviors. Students are randomly selected from school districts throughout the State using a multi-stage probability design. Information from this survey was used to establish the youth tobacco use the general Texas population.

Gap Analysis: ASAP baseline data analysis in conjunction with the Stakeholder Workgroup revealed the following needs and practice gaps. There is a high tobacco use prevalence among clients entering DSHS funded treatment programs and that, although quit rates have improved over the past four years, there is a significant gap in evidence-based education and integrated cessation services in SA Tx Recovery programs. SA Tx Recovery providers are not prioritizing clinician education or tobacco dependence treatment needed to address the disparate use of tobacco among clients. Anecdotal information from ASAP indicates a high percentage of staff who smoke and are resistant to change. Knowledge and awareness about effective tobacco cessation treatment appears to be deficient. Substance abusing Texans are not accessing Quitline resources and Texas Quitline referral data from SA Tx Recovery is not collected. Additionally, ROSC communities, Oxford House, and PPI programs do not report tobacco use data through the CMBHS system and the Recovery Peer Coach training curriculum does not include tobacco cessation topic. With IGLC funding, ASAP developed the 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. Even with participation promoted through the ASAP eNewsletter and DSHS contractor email blasts, there was a minimal 38% response rate in 2013 and 27% response in 2014 showing a lack of interest in the cessation integration issue.

Primary Audience: DSHS-funded SA Tx Recovery substance abuse treatment and recovery programs and the youth and adults they serve is the proposed target audience. ASAP will target administrators, clinicians, and disparately affected clients of the DSHS- funded recovery programs - 87 Outpatient (Clients: 31,981 A and 4,322 Y), 20 PPI (Female Clients: 1925 A and 5484 Y, 27 Oxford House (421 residents) , and 28 ROSC recovery communities with 300 DSHS trained Recovery Coaches. ROSC is a community framework for coordinating multiple systems, services, and supports that are designed to readily adjust to meet an individual's needs and chosen pathway to recovery. Oxford House is a concept in recovery from drug and alcohol addiction. An Oxford House is a democratically run, self-supporting and drug free home.

Outpatient treatment programs and PPI intervention programs provide traditional substance abuse services.


Project Design and Methods

The Texas Recovery-Oriented Tobacco Cessation Integration Project will be constructed utilizing the peer credibility and capacity of the Association of Substance Abuse Programs (ASAP) and the expertise and resources of the Texas Department of State Health Services (DSHS) Tobacco Prevention and Control Program and Substance Abuse Services Unit, and The University of Texas – Austin Tobacco Research and Evaluation Team (UT-Austin). The alliance of ASAP, DSHS, and UT-Austin will strengthen access to key stakeholders and peer leaders; broaden information distribution and follow-up avenues; expand expertise; maximize data collection capability and leverage resources to accomplish the overall aim of improve the health and wellness of the disparately affected population of adults and young people who are diagnosed with a substance use disorder and are receiving services in DSHS-funded SA Tx Recovery agency. The implementation methods that will be used for this project include:

Stakeholder and Peer Leadership Engagement

Stakeholder Workgroup - Key stakeholders and key SA Tx Recovery treatment leaders will be identified and recruited to serve on a workgroup. This workgroup will provide overall direction for the project, create a training plan, and determine promotional messages targeting both clients and staff. The needs assessment revealed provider administration attitudes about tobacco use are outdated and/or resistant. By involving stakeholders at the planning stage, “buy-in” can be generated and administrative peer champions can be cultivated. It is anticipated the focus on involving SA Tx Recovery leaders will impact the outcome by creating a peer-driven commitment to change.

Health Communication

Information Dissemination and Promotional Strategies - Stakeholders and peer leaders will develop a Texas Recovery-Oriented Tobacco Cessation Integration Project health communications plan that will include motivational messaging, project identity graphics and value proposition elements that are sensitive to the needs of the substance abusing population. To create continuity and “brand” recognition, ASAP will continue to use the logo designed for previous Pfizer tobacco cessation grant: . The plan will address the need to improve provider receptivity, knowledge and clinical skills for integrating tobacco cessation into SA Tx Recovery. A peer developed plan that couches messaging in terms of addiction, recovery and wellness and creates clear project visibility is anticipated to impact the outcome by elevating provider attention to the disproportionate prevalence of tobacco dependence in the substance abusing population and the need to integrate cessation protocols into SA Tx Recovery to improve health and well-being of clients.

Outreach messages/posters/websites/manuals/testimonials will be delivered to DSHS-funded SA Tx Recovery treatment facilities and ROSC community groups specifically. ASAP and its collaborators will also provide presentations at statewide conferences and contractor meetings. The needs assessment indicated that providers lack knowledge about evidence-based cessation treatment and policies. Via social media, parcel post, a Go_For_Three Listserv, ASAP E-newsletters & meetings and DSHS communiqués, the project will distribute educational messages, Smoking Cessation Leadership Center (SCLC) resources and opportunities, and SAMHSA recovery material. Existing DSHS “Yes Quit” and “Share Air” and “Quit for your Child” media and educational resources including a training video for implementing “Ask, Advise, Refer” will be promoted. This method will impact the outcome because best-practice materials will be directly delivered to providers and ROSC communities.

Special attention will be given to promotion of cessation resources. Association members and clients report that they cannot afford the cost of Nicotine Replacement Therapy. To help address financial barriers providers and individuals with a substance abuse history need to be fully aware of current resources that are available. In project communications and trainings, Texas Quitline services and the Medicaid Prescription Benefit for cessation will be highlighted. ASAP will collaborate with UT-Austin Tobacco Research and Evaluation Team and DSHS Regional Tobacco Coordinators to promote the use of the eTobacco Protocol (electronic medical record). The eTobacco Protocol provides a tobacco cessation referral process that can be integrated into a healthcare system’s EMR in order to electronically refer patients to the Quitline. A Quitline counselor will then call the patient within 48 hours. Information on the Texas Quitline secure referral cell phone app will be disseminated. It is anticipated that the promotional focus on these resources coupled with detailed access instructions will impact the outcome by increasing awareness and resource utilization.

E-learning strategies from existing resources such as The Tobacco Recovery Resource Exchange at tobaccorecovery.org will be promoted. This will address the need to educate clinicians on tobacco cessation best practices. Access to a cost effective, facility-based training mechanism will impact project outcomes by creating a venue for administrators to train and keep all clinical staff updated making integration of tobacco dependence treatment more budget-friendly and accessible. This method will also support sustainability.

Training

Eight Regional Go_For_Three workshops for SA Tx Recovery clinicians and administrators will address the need to change provider attitudes, increase knowledge and develop skills to integrate evidence-based tobacco cessation treatment into SA Tx Recovery. Experienced trainers will be sub-contracted to lead the trainings and content will be adapted from previously developed ASAP Pfizer IGLC grant smoking cessation integration workshop to address audiences in specific SA Tx Recovery program types. The previous workshop was developed using training materials provided in a three day, 2014 Train the Trainer presented by Dr. Jill Williams and Dr. Marc Steinberg of Rutgers University, Robert Wood Johnson Medical

School, Addiction Psychiatry department for 20 Texas treatment clinicians and tobacco staff. ASAP will convene an expert panel to adapt this previously developed workshop to meet the needs of SA Tx Recovery. Educational topics for the training include: Prevalence and Consequences/Neurobiology/Policy and Treatment Strategies for Addiction Programs, Motivational Interviewing, and Resources. The adapted curriculum will address disparities in tobacco use and corresponding inequities in tobacco-related health outcomes among SA Tx Recovery groups. A Train the Trainer workshop will be facilitated by ASAP and DSHS to ensure the sub-contracted trainers are prepared. Regional trainings on evidence-based tobacco cessation tailored for SA Tx Recovery will produce at least one best-practices trained clinician at each DSHS-funded provider increasing the likelihood of fully adopting an integrated approach to treatment.

Tobacco Cessation Module for ROSC Peer Recovery Coach Curriculum

DSHS Substance Abuse Program Services program developed the Recovery Coach Training of Trainers curriculum and is currently updating the curriculum. ASAP will collaborate with DSHS to add an additional tobacco cessation integration module. ASAP will recruit current Peer Coaches and other trainers to develop a module that incorporates best practice tobacco cessation education for Peer Recovery Coaches. Through the DSHS Substance Abuse Unit's Texas Recovery Initiative, Recovery Coaches have the opportunity to become certified as a Substance Abuse Peer Recovery Support Specialist through the Texas Certification Board of Addiction Professionals (TCBAP) upon meeting TCBAP requirements. The cessation integration module will provide a training opportunity that is anticipated to impact recovery coach knowledge and awareness into the future.

Technical Assistance

Trainers, experienced Peer Recovery Coaches and DSHS Regional Tobacco Coordinators will provide ongoing technical assistance (TA) to providers about how to plan and implement an integrated treatment program and smoke free campus policies. Technical assistance will address provider resistance and improve knowledge. It is anticipated the opportunity to consult one-on-one with peers and experts will impact the outcome by personally addressing concerns, suggesting solutions and ways to overcome barriers. Ongoing outreach to the recovery community in ROSC communities will be explored as a component of TA in the second year. This method will also help sustain the project going forward.

Data Collection

DSHS licensed and funded substance abuse service providers are required to report all of their client demographics and clinical services using the CMBHS system. Currently the information collected on tobacco use and treatment is minimal. ROSC communities, Oxford House, and PPI programs do not report tobacco use data through the CMBHS system. Efforts will be made at DSHS to improve data collection for ROSC, Oxford House, and PPI tobacco use screening and assessment and tobacco cessation treatment strategies and outcomes. Additionally, existing

pre/ post provider questionnaire will be adapted to survey provider attitudes and status of integrated tobacco cessation protocols and policies. Both the SA Tx Recovery provider survey and new CMBHS data sets will not only measure the project's success; it will draw provider attention to the emphasis and interest being placed on tobacco cessation by state public health authorities and the treatment field.

ASAP will work with the DSHS Tobacco Prevention and Control Program to enhance the Texas Quitline data reporting system to include DSHS-funded provider referrals by name rather than relying on self-report of callers regarding substance abuse to the Quitline. This will enable the project to more accurately report client quit attempts. Only aggregate data will be collected to protect confidentiality.

Sustainability

The project will be sustained after the funding period through the following strategies:

1. Continued TA provided by the DSHS Tobacco Prevention and Control Program and the Association of Substance Abuse programs.
2. Maintain an inventory of providers who are experienced with adopting smoke-free policies and integrating smoking cessation treatment into their SA Tx Recovery protocols.
3. Implementation of E learning opportunities
4. Adoption of proposed DSHS proposed smoke-free facilities rule change for substance abuse treatment facilities: Facilities Treating Individuals with Substance Use Disorder, Standards of Care, 25 Texas Administrative Code (TAC) Chapter 448 (status still pending DSHS final decision)
5. Continued focus by the SA Quality Improvement section of DSHS to review current compliance with DSHS contractor policy requirements regarding tobacco use:
6. Tobacco use is prohibited inside facility buildings and vehicles. Designated Smoking Areas are permitted outdoors. Staff cannot provide client access to tobacco products. Youth: Tobacco use is prohibited onsite by adolescents, staff, and visitors. (current TAC rule)
7. Requirement for integration of tobacco cessation into the treatment protocol and referrals to the Texas Quitline by the SA Tx Recovery DSHS contract Statement of Work.
8. Maintain a list of trained tobacco cessation treatment trainers for referral to local training events as well as regular annual educational opportunities at the DSHS Texas Behavioral Health Institute, ASAP Annual Member meetings, and Texas Association of Addiction Professionals Conference.
9. Continued use of ASAP communications for motivational messaging and highlight peer-to-peer experiences and successes.
10. Continued data collection on client tobacco use and treatment through CMBHS and callers from SA Tx Recovery to the Texas Quitline

Evaluation Design

A detailed evaluation plan measuring to what extent the project accomplished its objectives and helped to close practice gaps will be developed in the first quarter of the grant period. ASAP plans to follow CDC evaluation guidance documents to create a logic model for “Promoting Quitting Among Adults and Young People.”

ASAP will collect and analyze CMBHS, BRFSS, Texas Quitline, and Tx School Survey data from DSHS to determine process and outcome data. Intake and Discharge tobacco use data will be collected for Outpatient treatment. The overarching goal of the process evaluation demonstrates funding accountability, achievement of ASAP’s Recovery-Oriented Smoking Cessation Integration Project goals through tracking the number of training events, participants, and promotional and educational materials distributed. ASAP will collect data through the Provider Survey, project contact sheets, registration forms, sign-in sheets, and training evaluation forms to collect number of persons trained and participant evaluation, number of agencies reached, TA contacts,

Data will be reviewed by the Stakeholder Workgroup. Identifying a method to control for other factors outside of the intervention will be a challenge. Texas licenses all substance abuse treatment facilities in the state. The Texas Recovery-Oriented Integration Project is targeted only to certain DSHS-funded treatment providers. SA Tx providers who are licensed by the state but do not receive DSHS funding will not receive the project interventions.

ASAP will control for other factors influencing the project outcomes relying on anecdotal information provided by SA Tx Recovery in their target areas. No control group will be used. The ASAP Provider Survey will be conducted to determine if SA Tx Recovery administration and staff were fully engaged in the project. The level of participation in regional workshops by SA Tx Recovery will also be used to determine engagement. Outcomes will measure the increase from baseline in callers to the Texas Quitline, increased awareness, knowledge, and support for policies that support cessation integration and increased implementation of smoking cessation integration strategies using the ASAP Provider Survey data.

Sources of Data: CMBHS, BRFSS, Texas Quitline, TX School Survey, ASAP

Evaluation Measures:

1. Disseminate educational and promotional health communications materials to all 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 adults reporting tobacco use at intake in SA Tx Recovery – Outpatient who report quitting tobacco use at discharge by 10%.

4. Increase the percent of youth reporting tobacco use at intake in SA Tx Recovery – Outpatient who report quitting tobacco use at discharge by 5%.
5. Increase the percent of DSHS-funded SA Tx Recovery clinical professionals and peer leaders trained in evidence-based tobacco cessation treatment by 20%
6. Increase DSHS-funded SA Tx Recovery referrals to the Texas Quitline by 10%
7. Increase DSHS Clinical Management for Behavioral Health Services (CMBHS) tobacco measures and Quality Assurance measures for SA Tx Recovery by 100% for ROSC, PPI, and Oxford House programs.

Detailed Workplan and Deliverables Schedule

The first 3 months of the grant period will focus on general organization, baseline provider survey completion and convening the stakeholder workgroup who will set important direction for accomplishing the project's objectives and deliverables including the Communications Plan and the Evaluation Plan. The stakeholder workgroup will meet quarterly either in person or by conference call. The Peer Recovery Coach training module will be completed during the first quarter.

Once the workgroup has met to set the agenda for training and outreach to SA Tx Recovery, prioritized the best practice tobacco cessation training adaptation strategies, and finalized communications/evaluation plans, the next 3 months will be concentrated on choosing or producing project informational materials and messaging, kicking off the project, selecting training subcontractors, and convening the expert panel to adapt the existing training curriculum for SA Tx Recovery. The project will distribute tobacco cessation resources and materials during Quarter (Q)2. ASAP will begin work with UT Austin Tobacco Research and Tobacco Team and DSHS Regional Tobacco Coordinators to facilitate eTobacco Protocol outreach to SA Tx Recovery. ASAP and DSHS will begin discussions on ASAP recommendations for data collection improvement strategies.

During Q3 of the first year, selected training subcontractors and Regional Tobacco Coordinators will participate in a Train the Trainer workshop on the adapted smoking cessation integration curriculum. ASAP will provide outreach to the SA Tx Recovery administration and staff to establish a commitment to hosting and participating in the regional trainings. Five trainings will be scheduled for five of the eight Health Services Regions for completion during Q3 and Q4. An evaluation of the first year's progress will be conducted as the final task of year one.

Q1 and Q2 of the grant's second year will focus on completion of regional SA Tx Recovery training in the remaining three Health Services Regions, continued TA, and reaching out to the recovery community through Recovery Oriented System of Care (ROSC) communities. The education and training components of the Grant should be completed by the end of the second quarter paving the way for the final project tasks which include the provider survey, final evaluation, reporting, and sustainability planning. Final reports will be disseminated to through the ASAP eNewsletter and meetings and through DSHS communications

<u>Deliverables</u>	<u>Completion Schedule</u>
YEAR 4/15 through 4/16	
Stakeholder Workgroup selected and confirmed	First Quarter
Convene Stakeholder Workgroup – meeting agenda, minutes	First Quarter
Hire Project staff, ongoing project organization	First Quarter
Evaluation Plan finalized	First Quarter
Communication Plan finalized	First Quarter
Provider Survey adapted for DSHS SA Tx Recovery and conducted for all agencies to establish project baseline	First Quarter
Peer Recovery Coach smoking cessation training module complete and submitted to DSHS	First Quarter
Convene Stakeholder workgroup - meeting agenda and minutes	Second Quarter
Initial Data Improvement Meeting – ASAP, DSHS, UT Austin	Second Quarter ONGOING
Conduct Health Communications plan to distribute informational materials, promote Quitline, update Listserv, social media, Tobacco Factoid for ASAP weekly e-newsletter	Second Quarter
Project “Kick-Off” at DSHS Behavioral Health Institute – presentation and booth	Second Quarter
Select subcontractor trainers to conduct regional workshops	Second Quarter
Conduct Train the Trainer Workshop for subcontracted trainers	Third Quarter

Deliverables	Completion Schedule
Conduct Train the Trainer Workshop for subcontracted trainers	Third Quarter
Develop and Disseminate Go_For_Three Smoking Cessation Integration Workshop Training Manuals	Third Quarter ONGOING
Conduct 2 Regional Go_For_Three Smoking Cessation Integration Workshops	Third Quarter
Provide TA to SA Tx Recovery training participants as requested	Third Quarter ONGOING
Outreach on <i>eTobacco Protocol</i>	Third Quarter ONGOING
Conduct 3 Regional Go_For_Three Smoking Cessation Integration Workshops	Fourth Quarter
Convene Stakeholder workgroup meeting - meeting agenda and minutes	Fourth Quarter
Complete Year 1 Evaluation	Fourth Quarter
YEAR 2 4/16 through 4/17	
Conduct 3 Regional Go_For_Three Smoking Cessation Integration Workshops	First Quarter
Convene Stakeholder Workgroup Meeting – meeting agenda and minutes	First Quarter
Convene Stakeholder Workgroup – meeting agenda, minutes	Second Quarter
Provide TA to SA Tx Recovery training participants as	Second Quarter

requested and explore additional strategies to provide outreach to recovery community.	
Deliverables	Completion Schedule
Conduct workshop at the Behavioral Health Institute on preliminary findings of the project	Third Quarter
Conduct Health Communications plan to distribute informational materials, promote Quitline, update Listserv, social media, Tobacco Factoid for ASAP weekly e-newsletter, training manuals	Third Quarter
Convene Stakeholder Workgroup – meeting agenda, minutes	Third Quarter
Sustainability Planning	Third Quarter
Conduct Provider Survey	Third Quarter
ASAP Data Collection	Third Quarter
Convene Stakeholder Workgroup – meeting agenda, minutes	Fourth Quarter
Conclude evaluation, prepare and disseminate evaluation findings to SA Tx field	Fourth Quarter
Implement Sustainability Strategies	Fourth Quarter
Provide Final Reports for Pfizer and SCLC	Fourth Quarter