

D. MAIN SECTION OF THE PROPOSAL

1. Overall Aim & 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 70% of the individuals entering treatment are current tobacco users and 99% of Texas treatment clients continue to use tobacco products after treatment. (DSHS CMBHS) 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 aim for the Texas Tobacco Cessation Integration Project is to 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 in a DSHS-funded Substance Abuse Treatment Program (SA Tx).

The key objectives for the project include:

- Increase knowledge and awareness about tobacco cessation treatment and resources.
 - Address the need: By disseminating media, educational and promotional materials to 79 DSHS funded treatment programs
 - Impact: Reach an estimated 40,000 clients who enter treatment as tobacco users. Increase clinical referrals from SA Tx providers to the Texas Quitline for cessation counseling by 100/year.
- 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.
 - Address the need: Through education, training and by involving stakeholders and peer leadership in developing communication plans, technical assistance and promotional activities.
 - Impact: 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-post provider surveys.
- Increase the number of DSHS-funded SA Tx clinical staff trained in evidence-based smoking cessation treatment.
 - Address the need: By conducting 4 regional Training of Trainers (ToT) trainings and 6 clinician trainings.
 - Impact: Produce 40+ qualified trainers on evidence-based tobacco cessation protocols and reach an estimated 150+ clinicians with smoking cessation training and toolkits.
- Integrate effective tobacco dependence treatment into substance use treatment protocols.
 - Address the need: By involving stakeholders & peer leadership, providing clinical educational programming, disseminating information and promotional messaging, offering technical assistance.
 - Impact: Increase the number of substance abuse treatment clients who use tobacco at intake to being tobacco-free at discharge from 1% to 15%.
- Create opportunities for persons in recovery from a substance use disorder to access smoking cessation information and assistance.
 - Address the need: By building relationships and distributing cessation information to local Recovery Oriented Systems of Care (ROSC) communities. Involve the DSHS Texas Recovery Initiative (TRI) and Bringing Recovery Supports to Scale Technical Assistance (BRSS TAC) grant in promoting and including smoking cessation programs.
 - Impact: 28 local ROSC communities will identify tobacco cessation point persons in at least 50% of the ROSCs who will then reach members in recovery with the tobacco cessation message.

2. Current Assessment of Need in Target Area:

The target area for the Texas Tobacco Cessation Integration Project is DSHS-funded treatment providers and the clients they serve. Data from the Clinical Management for Behavioral Health Services (CMBHS), Texas Quitline, Texas Behavioral Risk Factor Surveillance System (BRFSS) and Texas School Survey of Substance Use Among Students was reviewed for the assessment of need in the target area.

CMBHS is a web-based clinical record keeping system operated by Texas Department of State Health Services (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 the Texas Department of State Health Services 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.

Texas Behavioral Risk Factor Surveillance System (BRFSS) is a federally funded telephone survey conducted by the Texas Department of State Health Services (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.

The Texas School Survey of Substance Use Among Students (grades 7-12) is conducted biennially by the Department of State Health Services, in conjunction with the Public Policy Research Institute at Texas A&M University. Students in grades 7-12 from 78 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.

Baseline Data Summary:

- At intake: 70% Adult Smoking Rate in SA Tx compared to 15.8% Adult Smoking Rate in Texas general population. (DSHS Clinical Management for Behavioral Health Services (CMBHS)/Behavioral Risk Factor Surveillance Survey (BRFSS))
- At intake: 39% Youth Smoking Rate in Youth SA Tx compared to 11.2% of Texas youth general population. (DSHS CMBHS/Texas School Survey)
- Less than 1% of both adult and youth clients who reported tobacco use at intake report they are not using tobacco at discharge. 99% continue to use tobacco products after treatment. (DSHS CMBHS)
- Quitline Callers: 5% of callers to the Texas Quitline report having a substance abuse problem.

The Baseline data reveals there is a high prevalence of tobacco users entering substance abuse treatment and that there is little change in their tobacco use status following treatment.

Providers are not focusing on treating tobacco dependence. Quitline data indicated that only 5% of callers to the Texas Quitline report having a substance abuse problem. Given the disproportionate prevalence of smokers in the behavioral health population, this number was considered very low. Substance abusers are not asking for help through the Quitline.

From the data analyses the following needs and practice gaps were identified and are the intervention focus for this project:

- Provider administration and staff attitudes about the use of tobacco are outdated and/or resistant. Update provider attitudes about smoking and change norms.
- Knowledge and awareness about effective tobacco cessation treatment appears to be deficient. Educate provider administration and staff about best practices for tobacco dependence treatment protocols.
- Clinicians are not fully addressing tobacco addiction in substance abuse treatment. Build clinical skills to effectively integrate tobacco dependence treatment into SA Tx.
- Texans with a substance abuse problem or history are not accessing available resources. Create opportunities in the recovery community to access smoking cessation information and assistance.

3. Technical Approach, Intervention Design and Methods:

The Texas 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 data collection unit. The alliance of ASAP and DSHS 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 improving 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 in a DSHS-funded Substance Abuse Treatment Program (SA Tx).

The implementation methods that will be used for this project include:

- Stakeholder and Peer Leadership Involvement: Key stakeholders and key 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, determine promotional messages targeting both clients and staff, and select a best practice for SA Tx education/training. The needs assessment revealed provider administration attitudes about tobacco use are outdated and/or resistant. By involving stakeholders at the inception and planning stages, “buy-in” can be generated and administrative peer champions can be cultivated. It is anticipated the focus on involving treatment leaders will impact the outcome by creating a peer-driven commitment to change.
- Communication and Promotional Strategies: Stakeholders and peer leaders will develop a Texas Tobacco Cessation Integration Project promotions plan that will include motivational messaging, project identity graphics and value proposition elements. The plan will address the need to improve provider receptivity, knowledge and clinical skills for integrating tobacco cessation into Sa Tx. A peer developed plan that couches messaging in provider-centric terms 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 tobacco cessation protocols into SA Tx to improve the health and well-being of clients.
- Information Dissemination. Media and outreach messages/posters/websites/will be delivered to DSHS-funded treatment facilities and Recovery Oriented System of Care (ROSC) community groups. The needs assessment indicated that providers lack knowledge about evidence-based cessation treatment and policies. Via parcel post, direct email, ASAP E-newsletters & meetings and DSHS communiqués, the project will distribute educational messages and SAMHSA recovery materials and 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”. This method will impact the outcome because best-practice materials will be directly delivered to providers and ROSC communities.
- Promotion of Cessation Resources: Association members and clients often share 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. It is anticipated that a promotional focus on these resources coupled with detailed

access instructions will impact the outcome by increasing awareness and resource utilization.

- **Training:** Two types of training will be implemented: 1) Training of trainers (ToT) on peer selected best practices and, 2) clinical staff skills training. These trainings will address the need to change provider attitudes, increase knowledge and develop skills to integrate evidence-based tobacco cessation treatment into SA Tx. Experienced trainers will be sub-contracted to lead the trainings and content will be adapted to address audiences in specific program types such as adult residential, outpatient, specialized female, and youth residential and outpatient. The training of trainer session is anticipated to impact the outcome by sustaining clinician training into the future. Regional trainings on evidence-based tobacco cessation in SA Tx 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.
- **E-Learning;** E-learning strategies will be investigated including Webinars and Web-based systems. 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.
- **Technical Assistance:** Trainers, experienced peers and DSHS Regional Tobacco Coordinators will provide ongoing 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. 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. Efforts will be made at DSHS to improve data collection for tobacco cessation activities and outcomes. Additionally, a pre/ post provider questionnaire will be developed to survey provider attitudes and status of integrated tobacco cessation protocols and policies. Both the questionnaire 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 the field and state public health authorities.

The Association of Substance Abuse Programs (ASAP) and the Department of State Health Services (DSHS) will have clear roles regarding the collaborative effort. The Association will have

oversight, operations and management responsibility for the project incorporating the following tasks:

- Timeline and task management
- Stakeholder workgroup organization, meeting planning, implementation and site management
- Communications/Promotions, Sustainability and evaluation plan development
- Document and correspondence preparation and delivery
- Project identity graphics and messaging preparation
- Budget management
- Hiring and supervision of training subcontractor(s)
- Logistical arrangements and site management, program development, event promotions and registration for the Train the Trainer (ToT) and clinician trainings.
- Mailing list preparation, Material organization, mailing
- Outreach contacts to ROSC communities
- Sustainability plan research
- Development of evaluation documentations, tools and tracking

DSHS will be responsible for providing subject expertise, consultation and data management assistance. The Manager of the DSHS Tobacco Prevention and Control Program will be consulted on a regular basis regarding all tasks listed above. Specific task assignments include:

- Best practice protocol information presentations at the Stakeholder meetings
- Assistance in providing best practice information for trainers
- Identification of materials to be distributed to providers; supply if available
- Provide access to email and mailing lists for DSHS-funded and licensed treatment providers and ROSC communities
- Attend at least one Training of Trainer session and clinical training session
- Attend at least one Clinician Training
- Questionnaire development and administration
- CMBHS and Quitline Data access
- Additions to CMBHS data sets for tobacco use and treatment

The project will be sustained after the funding period through:

- Continue TA provided by the DSHS Tobacco Prevention and Control Program and the Association of Substance Abuse Programs.
- Utilize an inventory of providers who are experienced with adopting smoke-free policies and integrating smoking cessation treatment into their SA Tx protocols.
- Implement E learning opportunities.
- Create a focus for the Quality Improvement section of DSHS to review current compliance with DSHS contractor policies regarding tobacco use:

- 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.
 - The SA Tx contract Statement of Work requires integration of tobacco cessation into the treatment protocol and referrals to the Texas Quitline.
- Maintain a list of trained tobacco cessation treatment trainers for referral to local training events as well as regular annual educational offerings at the DSHS Texas Behavioral Health Institute and ASAP Annual Member meeting.
- Continue to use ASAP communications for motivational messaging and highlight peer-to-peer experiences and successes.
- Collect data on client tobacco use and treatment through CMBHS.

Please see letter of commitment appended to this proposal that serves as evidence of feasibility for project implementation and commitment to participate in and support this project and that funds will be spent as stated in this proposal.

4. 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. It is anticipated the following metrics will be used:

- Materials, promotional/educational message distribution numbers and TA encounters. To measure increased awareness, knowledge, and support for integrated tobacco cessation treatment the number and nature of promotional messages sent; material packets mailed and/or distributed at events; and number of Technical Assistance encounters will be tabulated. Source: Contact and Log Sheets

Success will be defined as having reached all DSHS-funded providers with information and promotional messages.

- Number of persons receiving trainings. To measure increases in the number of DSHS-funded SA Tx staff trained in evidence-based smoking cessation treatment, attendance at trainings will be tracked. A roster of trained trainers will be kept. Source: registration and sign-in sheets

Success will be defined by completing the specified number of training events; training at least one clinical staff person from each DSHS-funded treatment facility and training at least 40 trainers in evidence-based tobacco cessation treatment.

- Contact logs/ Smoking Cessation Point Persons. To measure opportunities for persons in recovery from a substance use disorder to access smoking cessation information and assistance in conducting cessation programs; documentation of Recovery Oriented Systems of Care contacts and Smoking Cessation ROSC Point Persons will be provided. Source: Contact Log, information distribution logs and point person roster

Success will be defined as having reached out to all 28 ROSC communities and recruited 14 smoking cessation point persons.

- SA Tx Provider Tobacco Cessation Treatment Survey. To measure both the increase of SA Tx provider readiness and receptivity to adopting smoke-free campus policies and implementation of integrated tobacco dependence treatment protocols, a provider questionnaire will be developed to survey all DSHS licensed treatment facilities. The questionnaire will address provider attitudes, readiness and status of tobacco cessation practices. The questionnaire will be administered in the first and last quarter of the grant period.

Pre and Post comparisons will be made. Success will be noted if improvements toward full implementation of integrated smoking cessation treatment increases by 50% and interest in adopting a tobacco-free campus policy increases by 30%.

- Quitline Referrals. Information on the number of people who report having a substance abuse problem and the number of clinical referrals from SA Tx providers will be requested from the Quitline. These data points will be used to measure the effectiveness of education and promotional strategies regarding available cessation resources. Source: Quitline statistical data

Comparisons to the baseline data will be made. Success will be measured by an increase of 100 clinical referrals from SA Tx providers per year.

- CMBHS Intake/Discharge data: To measure effective implementation of tobacco dependence treatment into substance use treatment protocols, SA TX intake and discharge data regarding tobacco use will be used. Source: CMBHS

Comparisons to the baseline data will be made. Success will be determined if a 10% increase is attained in the number of substance abuse treatment clients who use tobacco at intake to move to being tobacco-free at discharge.

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 Integration Project is targeted only to 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. Distributing the identical SA Tx Provider Tobacco Survey at the beginning of the project to

treatment providers that are only licensed but not funded by DSHS, will provide feedback from a control group and some contrasts with the impact of the project interventions.

State public health departments and the substance abuse treatment field/industry can benefit from the experience of the Texas Tobacco Cessation Integration Project. Upon completion of the project a case study will be prepared. The report will highlight: interventions/methods used; outcomes achieved; partnership development and planning processes; challenges and lessons learned. In addition, a preliminary briefing on the project's results will be presented at the DSHS Behavioral Health Institute in year two.

E. Detailed Work Plan and Deliverables Schedule:

The first 6 months of the grant period will focus on general organization, baseline provider survey completion and convening the provider workgroup who will set important direction for accomplishing the project's objectives.

Once the workgroup has met and selected the best practice tobacco cessation protocol for training and finalized communications/promotional plans, the next 6 months will be concentrated on producing project materials and messaging, kicking off the project, selecting training subcontractors, completing the training of trainers (ToT) sessions and distributing tobacco cessation resources and materials. An evaluation of the first year's progress will be conducted as the final task of year one.

The first 6 months of the grant's second year will focus on completion of regional clinician training and reaching out to the recovery community through Recovery Oriented System of Care (ROSC) community contacts. The education and training components of the Grant should be completed by the end of the first 6 months paving the way for the final project tasks which include evaluation and sustainability planning and implementation.

<u>Deliverables</u>	<u>Schedule for completion</u>
YEAR 1 12/12 through 11/13	
Stakeholder Workgroup selected and confirmed	First Quarter
Provider questionnaire developed and delivered to all DSHS licensed treatment facilities to establish a baseline	First Quarter
Evaluation Plan developed	First Quarter
Convene Stakeholder workgroup - roster, meeting agenda and minutes	Second Quarter
Communication/Promotions plan developed	Second Quarter
Smoking Cessation Best Practice Protocol selected	Second Quarter
Logo, project graphic identify and promotional messaging determined	Third Quarter
Project "Kick-Off" at DSHS Behavioral Health Institute	Third Quarter
Sub-contractors selected to conduct Training sessions	Third Quarter
Media/Outreach/Educational Materials Distributed	Fourth Quarter
Convene Stakeholder workgroup meeting - roster, meeting agenda and minutes	Fourth Quarter
Complete 4 Training of Trainers Trainings	Fourth Quarter

Complete Year 1 evaluation	Fourth Quarter
YEAR 2 12/13 through 11/14	
Recovery Oriented System of Care (ROSC) communities phone contacts and smoking cessation point persons identified	First Quarter
Media and outreach materials delivered to ROSC communities	First Quarter
Complete 3 Clinical Training Sessions	First Quarter
Complete 3 Clinical Training Sessions	Second Quarter
Convene Stakeholder workgroup meeting - roster, meeting agenda and minutes	Second Quarter
Sustainability plan developed	Second Quarter
Conduct workshop at the Behavioral Health Institute on preliminary findings of the project	Third Quarter
Research and develop E learning opportunities	Third Quarter
Baseline Provider questionnaire sent to all DSHS licensed treatment facilities	
Conclude evaluation, prepare and disseminate evaluation findings to SA Tx field	Fourth Quarter
Implement Sustainability Plan	Fourth Quarter