D. Main Section of the proposal

1. Overall Aim & Objectives:

The overall aim for this initiative is to make evidence-based smoking cessation services available to Ohioans with behavioral health conditions (BH – including serious and persistent mental illness (SPMI) and/or substance use disorders (SUD)) to reduce death and disability from smoking related chronic disease. The overall aim will be achieved by expanding and enhancing the capacity of Ohio's healthcare providers and increasing tobacco cessation rates among SPMI consumers. The key goals and objectives include:

Goal (1): To expand and enhance the capacity of Ohio's healthcare professionals to provide evidence-based tobacco treatment
Objective: To provide training and consultation on evidence-based tobacco treatment to healthcare professionals in CBHOs. Reach: 1,000 healthcare professionals

Goal (2): To increase tobacco cessation rates among BH consumers
Objective (1): To assess and identify the number of BH consumers who use tobacco and/or are diagnosed with tobacco use related diagnoses. Reach: 12,500 BH consumers
Objective (2): To provide smoking and/or other tobacco use cessation intervention, counseling and/or pharmacotherapy to BH consumers. Reach: 6,000 BH consumers

This project will train healthcare professionals in Ohio to deliver smoking cessation services to people with BH conditions. The training content will focus on assessment, pharmacological, and psychosocial interventions – especially the unique needs and adaptations that need to be made to existing approaches for this population. The training curriculum will include key components of Ohio's Tobacco: Recovery Across the Continuum (TRAC). TRAC is an emerging best practice that incorporates the Treating Tobacco Use and Dependence Clinical Practice Guidelines; Integrated Dual Disorders Treatment; Motivational Interviewing; and Cognitive Behavioral Therapy evidence-based practices - adapted to include specific focus on the unique interplay between tobacco, smoking, and BH conditions and related treatments. This project is timed to coincide with the development of Health Homes (HH) for People with SPMI in Ohio. The target training audience is the healthcare professionals who work with BH consumers – including both prescribers (MDs, DOs, and APNs) and non-prescribing members of the treatment team (e.g. nurses, social workers, counselors, employment staff, housing/residential staff, peers and their families/social support members). While the priority target for trainings are the healthcare professionals working with HH members, regional trainings will be open to all interested professionals (including, for example, inpatient professionals). This project seeks to reach a total of 1,000 healthcare professionals.

Ohio currently has 170 CBHOs that are eligible to become SPMI HH. It is estimated that Phase I will have 13 SPMI HH service locations in 5 Counties, followed by 48 sites in 30 Counties in Phase II, and 61 sites in 53 Counties in Phase III. The current HH guidelines include the expectation of tobacco assessment and treatment of HH members. Based on the HH

applications received for Phase I, a total of 12,500 SPMI consumers will be enrolled in a HH and 100% will be assessed for tobacco use. Annually, Ohio's CBHOs serve 241,000 patients with BH conditions. Conservatively, approximately 181,000 patients (75%) are in need of tobacco intervention. With over half of them being eligible for HH membership, there are at least 90,000 people who could be impacted by this project.

2. Current Assessment of Need in Target Area:

It has been well established that individuals with BH conditions have much higher prevalence of smoking than the general population, increasing their morbidity and mortality and shortening their life expectancy by an average of 25 years. Research shows that up to 75% of individuals with serious mental illnesses or addictions smoke cigarettes compared with less than 20% of the general population (Centers for Disease Control and Prevention, 2007). In fact, people with mental illness and/or substance use disorders consume 44.3% of all cigarettes smoked in the U.S. (Lasser et al., 2000). Even so, people with BH conditions want to quit smoking, want information on cessation services and resources, and most importantly, can successfully quit.

Although smoking and other tobacco use is a significant health risk factor for individuals with BH conditions, it is frequently not assessed or included in the treatment plan. While approximately 241,000 Ohioans are active in the CBHO system, the state claims database showed that only 1,321 consumers (0.5%) received services for Nicotine Dependence SFY 2011.

In 2008, the Ohio Family Health Survey (OFHS) included a special population report that examined the smoking prevalence among persons with serious psychological distress (SPD) in the general population. This report indicated that while 71.9% of persons with SPD report having smoked, 52.7 % of the general population report a similar history. In addition, persons with SPD are more likely to be daily smokers: 58.1% smoke daily, compared to 37.8% of other Ohioans. Similarly, in 2007, the Ohio Department of Health Brief Risk Surveillance System (BRFSS) examined the smoking prevalence among persons with serious psychological distress (SPD) and found that about 49% of the adults with SPD in the general population were smokers compared to only 22% without SPD.

3. Technical Approach, Intervention Design and Methods:

This project will provide training and consultation on tobacco interventions for healthcare providers working with people with behavioral health conditions.

Training: The CEBP will conduct a series of regional trainings throughout Ohio on the proper assessment, pharmacological, and psychosocial interventions for people with behavioral health conditions who use tobacco. The four regions were selected not only by the phase-in schedule for the SPMI HH initiative but also to facilitate participation by minimizing travel burden to participants. The training session consists of the critical components necessary for providers to deliver quality tobacco interventions to people with behavioral health conditions. The training session will cover the following topics:

1) *What is the impact of tobacco use* on people with behavioral health conditions?
   This section will address key topics in understanding the impact of tobacco use on individuals with BH conditions. Current research demonstrates this population is more significantly impacted by tobacco dependence than the general population. Nevertheless, the behavioral healthcare system generally has not focused on tobacco dependence in current treatments. This training will review existing information about the pervasive effects of tobacco use on people with BH conditions.

2) *Providing Stage-appropriate care*
   Behavior change occurs in stages. Consequently, tobacco treatment interventions must be consistent with the consumer's stage of readiness to change (pre-contemplation, contemplation, preparation, action, and maintenance). Inherent in a stage-based approach is a respect for consumer preferences and cultural differences. This section will expose participants to the stages of change and how to match interventions to the consumer's stage of readiness to change with the goal of helping individuals move progressively through stages toward tobacco cessation.

3) *Motivational Interventions*
   In this section, participants will be introduced to motivational interventions – a key component to a stage-based approach employed especially with people less ready to change tobacco use. Motivational Interviewing (MI) is a collaborative, person-centered, form of guiding to elicit and strengthen motivation for change. MI is a way of being with the consumer that is non-confrontational. It enables consumers to develop discrepancy between what they want in life and what keeps them from achieving their goals. MI for tobacco use are utilized by all members of the treatment team (e.g. physician, nurse, care coordinator, social workers, counselors, employment staff, housing staff, and peer supports). Consumer preferences must drive the recovery process.

4) *Pharmacological interventions*
   Nicotine Replacement Therapies (NRTs) and certain medications have been shown to be essential in helping people quit smoking – doubling the success rate. Participants will learn about the benefits and use of pharmacological interventions. BH providers play a pivotal role in prescribing medications and NRTs, increasing medication adherence, offering education, assessing and monitoring medication dosages and side effects as consumers reduce use of tobacco products. The section will reinforce the special consideration that needs to be paid to the unique cessation issues that exist for those with BH conditions.

5) *Psychosocial interventions*
   This section will explore the individual and group interventions appropriate for use with people with BH conditions: psychoeducation, skill building, coping techniques, and other strategies to quit tobacco use. In addition, participants will learn the value of individual and group implementation: groups offer an excellent setting for consumers to gain peer

support in their efforts; while individual sessions allow for a targeted approach tailored to the individual consumer's needs, preferences, and/or stage of readiness. This section reinforces that all interventions need to be offered on a time unlimited basis with intensity modified according to need and not based on arbitrary time lines for movement.

Each region will have a one-day training session held each year for a total of two trainings per region for the project period (overall total of eight training sessions throughout the project).

Consultation: Recognizing that training alone is not sufficient to change practice behavior, these trainings will be followed by opportunities for direct consultation on the information and implementation of these interventions. The consultation component of the project will consist of a series of group consultation sessions as well as use of the CEBP message board.

Group consultation: The CEBP will offer a minimum of four group consultation activities per year with a total of eight throughout the project period. These consultation sessions will be held in person with availability of telephone and videoconference access – again to facilitate participation by reducing travel burden of participants.

Message board: CEBP also maintains a message board on its website where providers can post questions or issues. CEBP staff as well as other message board participants will then respond to these posts. The CEBP also encourages involvement of providers – if a question or situation is posted that the CEBP knows a provider has developed an effective approach, CEBP staff encourage the provider to post the response or responds on their behalf. The message board is an open forum – accessible to anyone (not just project participants).

Specific roles each partner will undertake to meet the goals of this initiative.
The CEBP will conduct all training and consultation activity. CEBP will also evaluate post-test results and participant evaluation of the training and consultation provided.

ODMH and ODADAS will use existing data collection structures both within and outside of the HH requirements to track consumer tobacco use rates and changes over the course of the project. The state will use the mandatory Medicaid Health Home Learning Communities (not facilitated by the CEBP) to introduce and implement educational and quality improvement activities specific to the integration of tobacco treatment education and intervention within the community behavioral health organizations (CBHOs).

ODMH and ODADAS will identify key staff to participate in all meetings and act as the department's liaison to the CEBP and other partners. These staff members have been involved with previous tobacco cessation activities and implementation committees over a period of several years. These staff act as a conduit to senior staff, and other divisions within ODMH and ODADAS and assure that critical information about the objectives is disseminated to our

partners and the field through electronic media. These staff will continue involvement in the tobacco work of the Departments after the grant ends.

Describe how the approach will be sustained after the funding period.
The SPMI HH is a current and ongoing CMS approved service category through the CBHO system. The CEBP, ODMH, and ODADAS remain committed to addressing tobacco needs of BH consumers and will continue the focus on tobacco intervention after the project ends.

Evidence of feasibility for program implementation is required
This initiative builds on the existing training and implementation methods employed by the CEBP. CEBP has been providing training and implementation supports for tobacco interventions for people with behavioral health issues since 2007. In addition to tobacco, ODMH and ODADAS have a long working relationship with the CEBP to provide training, consultation and fidelity monitoring for evidence based and emerging best practices including: Integrated Dual Disorder Treatment; Supported Employment; Motivational Interviewing; Cognitive Behavioral Therapy; Stages of Change; and TRAC. CEBP has a long track record with technical assistance, training and consultation surrounding implementation of best practices within this system and with this population.

4. Evaluation Design:
The evaluation plan for this project is based on the goals.
Goal 1: To expand and enhance the capacity of Ohio's healthcare professionals to provide evidence-based tobacco treatment
Evaluation design: CEBP will conduct training evaluations for each training event. In addition, each participant will complete a post-test at the end of each event to evaluate the knowledge gained as a result of the training.

1) Conduct eight training events over the course of the project.
    a. How many healthcare professionals participated in the training events?
    b. How many training events occurred between December 2012 and December 2014?
    c. What were the results of the training post-test?
    d. What were the results of the training evaluations?
2) Provide a minimum of eight consultation activities over the course of the project.
    a. How many healthcare professionals participated in the consultation activities?
    b. How many consultation activities were provided?

Goal 2: To increase tobacco cessation rates among behavioral healthcare consumers
Evaluation design: ODMH will be the recipient of data for the tobacco use, assessment and intervention of people with BH conditions served by Ohio's CBHOs via mandatory reporting measures. The evaluation will address the targets of this project goal.

1) How many HH members were assessed for tobacco use?
2) What is the tobacco use at initiation of the project?

3) How many HH members received tobacco intervention?
4) How many HH members showed cessation or decrease in tobacco use by the end of the project?

E. Detailed Work Plan and Deliverables Schedule:
The CEBP will conduct a total of eight training events in four regions across the state. In addition we will conduct a minimum of eight consultation activities. Finally, the CEBP will respond to questions, comments and requests posted through the message board.

Deliverable:	Target completion date:
Training dates for each region will be determined	January 18, 2013
Venues for training events will be secured	February 4, 2013
Dissemination of training event 1 details to all healthcare providers via CEBP, ODMH, ODADAS and other partner contact lists	February 5, 2013
Targeted dissemination of training event 1 details to all Health Home providers and partners	February 5, 2013
Existing training curriculum will be reviewed and adapted to address elements specific to Health Home implementation	March 15, 2013
Post test developed	March 20, 2013
Training materials finalized and printed for handout distribution	March 22, 2013
Training event 1 Region 1 held	March 31, 2013
Training event 1 Region 2 held	March 31, 2013
Dissemination of message board availability and instructions	April 1, 2013
Training event 1 Region 3 held	June 30, 2013
Training event 1 Region 4 held	June 30, 2013
Dissemination of consultation activity details to all healthcare providers via CEBP, ODMH, ODADAS and other partner contact lists	April 1, 2013
Targeted dissemination of consultation activity details to all Health Home providers and partners	April 1, 2013
Respond to message board posts	Ongoing thru Dec 2014
Dissemination of training event 2 details to all healthcare providers via CEBP, ODMH, ODADAS and other partner contact lists	February 5, 2014
Targeted dissemination of training event 2 details to all Health Home providers and partners	February 5, 2014
Training event 2 Region 1 held	March 31, 2014
Training event 2 Region 2 held	March 31, 2014
Training event 2 Region 3 held	June 30, 2014
Training event 2 Region 4 held	June 30, 2014
Consultation activity 1 held	May 1, 2013
Consultation activity 2 held	August 1, 2013
Consultation activity 3 held	November 1, 2013

Consultation activity 4 held	February 1, 2014
Consultation activity 5 held	April 1, 2014
Consultation activity 6 held	June 1, 2014
Consultation activity 7 held	August 1, 2014
Consultation activity 8 held	November 1, 2014
Evaluations entered into database	As collected
Post-tests entered into database	As collected
Evaluation results tabulated	December 10, 2014
Post-test results tabulated	December 10, 2014
Tobacco use of Ohio consumers tabulated	December 10, 2014
Final report completed	At termination of project

F. Detailed Budget:

Direct Labor Costs

Project Lead and evaluator – Debra Hrouda ($20,000)
The Project Lead is responsible for all operations related to the overall project. She will provide direct supervision of all CEBP staff in the performance of their duties related to this project. In addition, she will provide or oversee evaluation services including post evaluation data gathering, reporting, and analysis.

Trainer/Consultants ($35,000)
The Trainer/Consultants are highly trained BH clinicians employed by the CEBP. Their training includes but is not limited to tobacco cessation, the BH population, stage-appropriate interventions, and motivational interventions. They will provide the direct training and consultation activities as well as assist with adapting the existing materials to this specific project (Ric Kruszynski, Deborah Myers, Scott Gerhard, Deana George, and Jeremy Evenden).

Office Manager – Crystal Smith ($3,000)
The Office Manager is responsible for coordinating logistics related to the training events including securing and managing venue logistics, managing event registration, and processing all documentation related to continuing education credits for the various disciplines.

Communications Director – Paul Kubek ($5,000)
The Communications Director will work with project staff to disseminate information about this project and its deliverables to all relevant audiences as well as produce communications materials for this project: including marketing materials for the training and consultation activities, managing the message board, and writing and editing electronic newsletters that will introduce the services and report on its progress.

Direct Initiative Costs

Travel/mileage ($1,900)

CEBP staff will travel in-state by car. This line item includes a minimum of 3,455 miles of travel at the CWRU mileage reimbursement rate of $0.55 per mile for the 8 training events and 8 consultation activities.

Continuing Education Credits ($4,340)
Participants will earn continuing education credits toward their professional licenses and/or certifications. Each discipline requires an annual number of CEUs be earned by practitioners in order to maintain their credentials in good standing. Providing CEUs for training activities will increase participation. The CEU application ($90) will include the disciplines of nursing, social psychology, and counseling. The CME application ($2,250) will include physicians and certificate costs for 100 participants ($20 each for a total of $2,000).

Venue ($19,200)
Facility rental for training and consultation at $400/day. Food and beverage: at $20/person/day. CEBP experience shows this will help attract participants and maximize an efficient schedule for the day's activities.

Phone line ($1,560)
Though consultation will be provided at locations throughout the state of Ohio, a phone line will be reserved for those unable to attend in person.

Training and promotional materials ($5,000)
A variety of print and web-based media will be used to promote awareness of the problem for target practitioners and behavioral health consumers. All communications and resources will be made available through the CEBP website. Handouts and related training materials will be reproduced and distributed to participants.

Direct Initiative Sub-total Cost	$ 32,000
Total Other Indirect Costs	$ 5,000
Total Funding Request	$100,000

G. Organizational Detail:
The CEBP is a partnership between the Mandel School of Applied Social Sciences at CWRU and the Department of Psychiatry at the CWRU School of Medicine that employs a multidisciplinary staff of consultant/trainers. In its 12TH year as a technical-assistance organization, the CEBP promotes knowledge development and the implementation of evidence-based practices for the treatment and recovery of people diagnosed with mental illness or co-occurring mental illness and substance use disorders. Policymakers and leaders of service organizations, hospitals, community health clinics, and technical-assistance organizations from Ohio, 25 other states, and five countries have sought our consulting, training, and evaluation services for Integrated Dual Disorder Treatment (IDDT), Supported Employment/Individual Placement and Support (SE/IPS), Motivational Interviewing (MI), Tobacco: Recovery Across the Continuum (TRAC) and Integrated Primary Behavioral Healthcare (IPBH). The CEBP has built its technical-assistance

services upon the experiential-learning philosophies and practices of the schools of social work and medicine at Case Western Reserve University, which emphasize that human problems are best solved with expert knowledge and face-to-face human interaction.

Our goal is to help individuals, organizations, and service systems become independent and self-sufficient in the processes of implementing, delivering, supervising, and evaluating evidence-based practices and other innovations that improve quality of life and other outcomes for people with mental illness or co-occurring mental illness and substance use disorders. This includes developing and maintaining collaborations within local communities.

Our consultants, trainers, and evaluators work closely with service systems and organizations to adapt each innovation to the unique culture of their communities and organizations, while maintaining fidelity to each service model, practice, or approach. We utilize comprehensive strategies to inspire, facilitate, and help sustain the

Our staff members know that individuals in organizations, communities, and systems of care translate and integrate knowledge into daily practice most effectively by actively engaging in focused conversations and other problem-solving activities with their peers, supervisors, and managers and by actively reflecting upon those processes with each other. This method of teaching and learning supports and promotes self-awareness, creativity, and flexibility, which are necessary for achieving and sustaining excellence.

Deb Hrouda: Project Lead is Director of Quality Improvement at the Center for Evidence Based Practices at Case Western Reserve University in Cleveland, Ohio. The Center operates the Ohio Substance Abuse and Mental Illness and Supported Employment Coordinating Centers of Excellence in addition to the Tobacco: Recovery Across the Continuum (TRAC) and Integrated Primary and Behavioral Healthcare (IPBH) projects. Ms. Hrouda is the lead on both the TRAC and IPBH initiatives. She has more than 25 years experience in both practice and research focused on people with severe and persistent mental illnesses, including those with co-occurring substance use disorders and/or criminal justice system involvement. She has provided/managed both case management services and a partial hospitalization program in the community mental health arena. Ms. Hrouda has published and presented regionally, nationally and internationally on her work. Her specific focus is on the use of implementation (program-level) and intervention (individual-level) outcomes in providing quality services. Her research has included examination of facilitators and barriers to treatment among various groups (including public behavioral health services recipients; incarcerated women with co-occurring mental illness and substance use disorders; and people with schizophrenia who were violent). Ms. Hrouda (a graduate of the Mandel School of Applied Social Sciences, Case Western Reserve University) is an adjunct faculty member and a doctoral candidate there as well as a part time instructor in the Department of Psychiatry at Case Western Reserve University's School of Medicine.

Afet Kilinc: ODMH Liaison: currently holds the Integrated Clinical Care Director position at Ohio Department of Mental Health. She is also a Supervising Professional Clinical Counselor in State of Ohio. She holds a Nursing degree in Turkey and worked as a critical care nurse for several years at the Cukurova University Research Hospital. Dr. Kilinc received her doctorate degree in Counselor Education at the Ohio State University in 2001. She has practiced as an SMD therapist, Outpatient AOD/MH counselor and Assessment Specialist at community mental health centers in Ohio. Dr. Kilinc has taught as a part-time professor at the Ohio State University, University of Dayton and Columbus State Community College. She currently serves as a CARF surveyor in the Behavioral Health division. Dr. Kilinc is one of the ODMH co-leads on the design and implementation of the SPMI health homes. She also oversees ODMH Coordinating Centers of Excellence for implementation of various evidence-based practices including Tobacco cessation programs and workforce development initiatives.

Drew Palmiter: ODADAS Liaison: is a Regional Coordinator for Treatment and Recovery with the Ohio Department of Alcohol and Drug Addiction Services. Drew provides technical assistance to funding and auditing Boards and treatment programs on issues including: co-occurring disorders; evidence-based practices; suicide homicide violence risk assessment, grant management and NOMS outcomes reporting. Drew is a licensed independent chemical dependency counselor and clinical supervisor and has worked in alcohol and drug inpatient, detox, residential, intensive outpatient, non-intensive outpatient and driver intervention programs. Drew is also a certified co-occurring disorders professional and licensed psychiatric social worker and has worked in mental health facilities conducting hospital pre-screening, intake and assessment; field based assessment; in home stabilization and crisis stabilization. Drew served on the workgroups that developed the Ohio Suicide Prevention Plan and Ohio's Policy Committee on Restraint and Seclusion.

Karen Kimbrough: ODADAS Liaison: is the AOD Program Specialist at The Ohio Department of Alcohol and Drug Addiction Services. She is a Licensed Chemical Dependency Counselor. One of her lead responsibilities at ODADAS is Tobacco Prevention: serving on several state-wide committees and workgroups addressing Tobacco Control, Policy and Prevention around the state of Ohio. She has served as a member of the Cross-Cultural Tobacco Control Group that addressed health disparities among minority populations of people. She is a Board Member at Large for the African American Communities for Optimum Health (AACOH). She has served as a member with the Prevention workgroup to address one of the goals of the Ohio Comprehensive Tobacco Use Prevention Strategic Plan (developed by various organizations with an interest in tobacco control) to reduce tobacco use in Ohio.

I. Letter(s) of Commitment (attached through Pfizer Grant Management System)