Overall Aim & Objectives

The overall aim of this initiative is to integrate effective, brief evidence-based tobacco use and dependence interventions into routine services provided by a network of statewide interagency, community-based, collaborative initiatives (called Project LINK) that coordinate and enhance existing community services for substance using and at-risk pregnant, postpartum and parenting women and their children. A subsequent, secondary goal is a reduction in morbidity and mortality related to tobacco use during pregnancy through increasing quit attempts and cessation rates among this high-risk client population.

The key objectives of this initiative are to:

- Develop "Action Plans" tailored to each of the 8 Project LINK programs that focus on policy/procedure for establishing a cessation service as part of routine practice.
- Provide education and/or training to a minimum of 20 Project LINK staff and 10 helping professionals from other community organizations in the Project LINK networks.
- Provide education and/or training to a minimum of 120 healthcare providers from clinics/practices serving Project LINK clients and family members.
- Implement the individualized Action Plans at each of the 8 Project LINK lead agencies using a rapid cycle change model with 30-day target dates.
- Increase by 100% the number of referrals to and utilization of the state tobacco cessation quitline by perinatal smokers residing in the Project LINK regions.
- Assess and report on project results in a manner that facilitates replication by other agencies serving this high-risk population.

When met, these objectives will address the need for institutionalizing protocols for implementing USPHS clinical practice guideline recommendations for treating tobacco use and dependence within the current service structure of the Project LINK programs by facilitating tailored, systems-based policy and procedure changes at the local Community Services Boards (CSBs) that manage these regional projects. Without specific policies and procedures in place, activities related to reducing tobacco use among the high-risk client population served by Project LINK programs throughout Virginia may not be effective, consistent or sustained.

Because Project LINK programs are not all administered the same, this initiative will allow development of change plans that are specifically designed for the staffing, community setting, service structure and tobacco user characteristics of each region in order to maximize successful implementation. Developing staff education curricula that provide the knowledge and skills required by each Project LINK plan, as well as identifying resources to ensure adequate training is available to new staff, with a train-the-trainer component included to enable mentoring of partner organizations, will enhance the clinical efficacy of cessation interventions and reach a larger number of high-risk perinatal tobacco users.

Implementation of tailored change plans will result in not only integration of evidence-based cessation strategies into routine services provided directly by Project LINK, but also impact the broader community via interagency coordination and mentoring of other service organizations.

Because Virginia has very few community-based cessation programs or tobacco treatment specialists to which Project LINK programs can refer and staff will not be acquiring the high level of training required of the state quitline counselors, increasing referrals to and utilization of the quitline will increase provision of cessation interventions that have been proven effective, especially for pregnant smokers. Integrating quitline referral into routine cessation service plans will also reduce common staff barriers, including resistance to addressing tobacco use with a population experiencing multiple problems, including substance-abuse and depression.

By developing a final project report that includes tips and resources for replicating this initiative, other CSBs and community organizations will be able to use it as a self-study guide or toolkit to develop similar plans for reducing tobacco use among high-risk perinatal tobacco users in their communities. Being able to adapt/tailor action plans, use public access resources and focus on quitline referral as the main cessation service will enable other organizations to easily integrate a brief but effective intervention into routine practice, increasing reach among this population significantly.

The major impact of this project will be to elevate addressing tobacco dependence to a position of appropriate priority within the scope of practice of key public agencies providing and coordinating services to perinatal women who are especially at-risk for negative consequences caused by their tobacco use. The systems-based approach and agency policy/procedure focus will lead to an institutionalized, sustainable change that will immediately increase the reach of an effective cessation tool (the quitline), lead to a significant increase in quit attempts and subsequently reduce fetal morbidity and mortality caused by tobacco use. Through development and implementation of tailored Action Plans at each of the Project LINK programs, a minimum of 8 CSBs will have established policies and procedures that make tobacco use screening and cessation assistance part of routine services. A minimum of 20 CSB staff will receive training in providing an effective evidence-based cessation service as well as learn how to mentor partner organizations so they can more effectively promote and support cessation. To initiate mentoring activities, the Project LINK staff will identify at least one other community organization within each network to mentor and recruit 10 helping professionals to participate in training. In addition, education and resources will be provided to at least 120 primary care clinicians serving household and/or family members of Project LINK clients in order to increase cessation efforts among influential individuals and create a supportive environment.

Through use of a rapid cycle model of systems change, the CSBs will be able to immediately implement planned procedures and adapt/revise as needed when barriers are experienced. All 8 Project LINK lead agencies will register for Virginia's Fax to Quit program so that client contact can be initiated by the quitline and outcome reports sent to the CSBs, but they will also include verbal referral as an intervention strategy when fax referral is declined or when promoting the quitline to the client's household/family members. To maximize impact, CSBs will set a goal of screening 80% of their perinatal clients for tobacco use and referring 65% of those who use tobacco to the quitline (by fax or verbally). This should result in at least a 100% increase in calls to the quitline from perinatal tobacco users residing in Project LINK regions (i.e., about 8 per month), as well as generate an average of 6 fax referrals per month from the CSBs with 50% of

those clients accepting services from the quitline. Over a 12-month period, this initiative should reach a minimum of 130 perinatal women who are especially at-risk for negative consequences caused by their tobacco use, provide an effective evidence-based cessation service delivered by specially trained phone counselors, and establish tobacco use screening and intervention as standard practice for Project LINK programs.

Mentoring activities focused on encouraging partner organizations, especially health departments and social services, to reinforce and support cessation by also referring to or at least promoting the state quitline to perinatal populations, even when multiple issues are present, will also lead to an increase in quitline reach. Too often tobacco use is not seen by the helping professional as a priority when compared to other substance use or mental health problems. These pregnant women are not encouraged to quit smoking as strongly as they are to quit illicit drug use or continued smoking is tacitly accepted as a coping mechanism for depression, anxiety and stress. The Project LINK staff are uniquely qualified in their roles as case managers to facilitate a change in perspective among their partner organizations. These increased efforts by CSBs and partner organizations to connect perinatal tobacco users to easily accessed, effective phone-based cessation services will not only result in reduced tobacco use which is likely to lower rates of fetal/infant morbidity and mortality, but a significant amount of publicly-funded healthcare dollars can be saved as well.

Current Assessment of Need in Target Area

Women who are using alcohol/other drugs during their pregnancies present a special challenge to healthcare providers, with complex psychiatric, medical and social needs. Project LINK provides intensive case management to pregnant women who are either using substances or who are at risk of using substances that harm their unborn children. It utilizes a local interagency team consisting minimally of the local department of social services, local health department, and local CSB to engage pregnant women who present for services at any of these agencies by providing prenatal care, social services supports, substance abuse treatment and intensive case management. Project LINK typically provides services to Medicaid/uninsured clients, a population with higher smoking prevalence rates than the general population.

Data collected by CSBs on "pregnant substance users" does not include tobacco as one of the "substances," data collected by the Virginia Department of Health (VDH) Tobacco Use Control Project (TUCP) on "tobacco indicators by health district" does not specify pregnancy status, and data collected by VDH from the Pregnancy Risk Assessment Monitoring System (PRAMS) on "smoking during pregnancy by selected maternal characteristics" does not identify co-occurring substance use. However, according to a report published by the Break Free Alliance (*Smoking in Low Socioeconomic Status Populations*, downloaded from http://healthedcouncil.org/break freealliance/ADEPTreport_substanceabuse.html), national data indicates smoking prevalence among the substance abuse population is about 50%, with no evidence of significantly lower rates during pregnancy. It is likely, then, that half of the approximately 300 women served by Project LINK programs each year will be smokers. Intensive case management by Project LINK staff for alcohol/other drug use problems would normally involve referral to a licensed addiction treatment provider or program (often within the same CSB), but that is not an option

for tobacco dependence. An alternate referral resource would be to a local tobacco treatment specialist or cessation program but there are only a few available in Project LINK regions. Of those, only two are free (support groups provided by a health department and a hospital) while the other three charge fees up to $150 (a certified Tobacco Treatment Specialist-led group and two medical center outpatient programs). These resources are only available to Virginians residing in 7 of the 38 cities/counties served by Project LINK programs, do not provide counseling specifically for pregnant women, and only serve English-speaking tobacco users.

Virginia does provide, however, a free state quitline that is easily accessed by phone, available 24 hours a day, 7 days a week to any resident age 13 and older, staffed by Spanish-speaking phone counselors as well as English, and has no limitations on the number of times a tobacco user may call. Services include information (answering caller questions), tailored print materials (self-help guides), a web-based option, and individualized cessation counseling provided by highly trained Quit Coaches. The Quit Coaches receive 240 hours of training before taking calls, are supervised by a licensed provider and participate in monthly in-service trainings. The quitline also has a Medical Director on staff and, beginning in November 2012, TUCP is adding an enhanced service designed especially for pregnant callers. This service will include tailored intake and assessment, print materials focused on quitting while pregnant, and an extended, comprehensive 10-session protocol found to be more effective with pregnant tobacco users. Referral to the state quitline is, therefore, a resource offering a high quality, evidence-based cessation service provided by specially trained staff that any pregnant woman with a phone can use, without interference from common barriers to accessing healthcare such as schedule conflicts, lack of transportation and not having a babysitter. In addition, the quitline has provided their staff with training on assessing self-reported behavioral health issues (including substance abuse), taking those into consideration when assisting callers, and referring for treatment in the community as needed. A more comprehensive training curriculum is being developed by a national Quitline Behavioral Health Advisory Forum (in which APTNA is participating). The need for this was identified a few years ago by quitline vendors who reported increased calls from people with behavioral health disorders. TUCP added substance use/mental health issue screening questions to the quitline intake in July 2012 and data to date indicate over two-thirds of Virginia callers self-report having at least one behavioral health problem. Having quitline staff skilled in providing services in an empathetic, nonjudgmental manner, plus screening and referral to the type of treatment local CSBs offer makes this service an ideal resource for pregnant substance-abusing women.

The quitline has been providing this high-quality, effective service since November 2005 and TUCP has funded targeted promotion through education venues that reach healthcare providers serving patient populations with high prevalence/low cessation rates (uninsured, Medicaid, rural, behavioral health, etc.), especially Community Health Centers, Free Clinics, local Health Departments and local CSBs. There are 338 clinics/practices in Virginia registered to fax refer patients to the quitline and in FY11/12, over 5,000 tobacco users called the quitline. Of those, 94% were cigarette smokers, 85% were in the Preparation Stage (ready to plan a quit attempt) and the majority were women (66%). But only 4.4% of the women were pregnant or planning pregnancy (133 out of 3,000). Statewide data from PRAMS and TUCP indicate that

only 47 of the over 10,000 women who smoked during their pregnancies in 2009 called the quitline and between July 2011-June 2012, calls to the quitline from pregnant tobacco users residing in Project LINK regions totaled only 37, in spite of a major national media campaign that took place during that time, increasing awareness of this free resource not only among tobacco users throughout the state but healthcare providers as well. This clearly demonstrates significant underutilization by pregnant tobacco users of the state's most readily available cessation resource. But it is also evidence of a lack of effective quitline referral by the healthcare providers serving these women. Training evaluation and follow-up survey data gathered by APTNA over the past several years indicate that increasing provider awareness through education and promotion almost always results in increased willingness to refer to the quitline, significant changes in intentions to refer and self-reported referral activities by a majority of clinicians (two-thirds or more) 6-12 months later. However, when it comes to pregnant tobacco users, this is not reflected in the actual quitline call data. There is, therefore, a need in Virginia to develop systems-based policies that ensure clinicians/helping professionals receive training in *effective* screening and referral to cessation services tailored to pregnant tobacco users, delivered by specialists and accessible to high-risk pregnant women as well as a need for written procedures that integrate these functions into routine practice so they are consistently done on an ongoing basis. Focusing this initiative on Project LINK will address these gaps and not only reduce tobacco use among pregnant women per se, but among an especially underserved sub-group of high-risk perinatal women who use alcohol/other drugs.

Lacking a data collection tool at this time, the Project LINK program managers will be interviewed to establish anecdotal baseline estimates of tobacco use prevalence among the perinatal clients they typically serve and obtain details about what cessation service/assistance has usually been provided by the CSB staff (numbers served by type of cessation service) or referred out (numbers referred out and to which specific cessation resources). This will establish a starting point and will include an estimate of the number of perinatal women they verbally refer to the quitline during an average 3-4 month period. Baseline data for fax referrals is already known, it is zero as no Project LINK program has ever used the Fax to Quit protocol. We will, however, be able to collect relevant data beginning in January 2013. The Project LINK managers have recently agreed to implement a multi-risk Screening, Brief Intervention and Referral to Treatment (SBIRT) tool developed by the Department of Behavioral Health (DBHDS) in partnership with the Department of Medical Assistance Services (DMAS) and Virginia Department of Health (VDH). This tool screens for tobacco use, alcohol/drug use, depression and relationship violence. During the initial implementation of this tool, data will be collected for the period of July 2012 through December 2012, but only the total number of women served (case files opened) and percent of those screened using this SBIRT tool will be reported. The Project LINK Service Delivery form will be revised prior to January 2013 in order to add a data field for reporting on the number of women with positive tobacco use screening results who were provided with a cessation service or referred out for assistance (e.g., to the quitline or local health department, etc.) The Project LINK Outcomes form will also be revised to add a data field for reporting the number of women who had stopped or reduced their tobacco use at the time of discharge from the program. Both of these forms are sent to DBHDS semi-annually and will provide additional pre-implementation period data for January 2013-June 2013.

In addition to building on the enhanced 10-session quitline counseling program and new SBIRT screening tool, both of which will be in effect by the end of December 2012, implementing this initiative in 2013 would be very timely as several other projects in Virginia will support this one and increase chances of success. With funding from Action to Quit, APTNA (as a member of the Virginia Partnership for Tobacco Cessation, VPTC) developed a database of education resources specifically for behavioral healthcare providers. This database will be uploaded to and freely accessible from the Mid-Atlantic Addiction Technology Transfer Center (ATTC) and Cease Smoking Today (a national provider education initiative) websites by 2013. APTNA has just completed Year 2 of a federally-funded (ACA) project focused on quitline referrals of mental health clients by CSBs and has established relationships with several key agencies. In addition, APTNA is collaborating with another nonprofit to implement a grant which funds part of the strategic plan developed by VPTC. This plan is also systems change-based and focused on CSB treatment settings. Although the work will mostly involve outpatient psychiatric services, including day support programs for people with mental illnesses, any effort to integrate addressing tobacco use/dependence within a CSB facilitates change in other CSB programs, like Project LINK and the drug treatment programs (including residential perinatal programs). Another recent initiative (October 2012) that is likely to support this project is the funding by TUCP of about half of the local Health Districts to implement a variety of tobacco use control activities, including referral of patients to the quitline. The Health District grantees serve Virginians residing in about 42% of the same cities/counties as Project LINK programs cover. Not all of the health departments provide prenatal care but they are often the source of primary care for Project LINK clients/family members. With both local CSB and health department staff promoting cessation and referring to the quitline, perinatal women will hear this message often during pregnancy and are more likely to call or accept a fax referral. With support from Project LINK, health departments are more likely to overcome reluctance to address tobacco use with patients who also use alcohol/other drugs. In turn, the tobacco-related negative health consequences health departments identify will reinforce with CSB staff the need to encourage clients to abstain from tobacco as well as alcohol/other drugs.

By focusing on Project LINK, using the strengths of the staff and interagency collaborations, this grant will provide opportunities to educate clinicians from multiple healthcare and social services settings, increasing the frequency and duration of cessation assistance provided to families they mutually serve. Frequency and duration, along with the additional support intensive case management provides, are key factors for increasing quit attempts and cessation rates among pregnant women, especially those who also abuse substances.

Technical Approach, Intervention Design and Methods

If funded, this project will utilize existing, no-cost clinical education resources and state cessation services along with support from DBHDS, the Single State Authority that oversees the Substance Abuse Prevention and Treatment (SAPT) Block Grant for *Required Services for Pregnant and Parenting Women*, in order to facilitate development and implementation of tobacco cessation intervention policies and procedures by the statewide Project LINK lead agencies (CSBs). This initiative uses a systems change approach aimed at establishing policies

and procedures that will make tobacco use SBIRT, screening, brief intervention and referral to effective treatment (i.e., the quitline), part of routine care provided by agencies serving perinatal substance-abusing women. Because both the SBIRT actions and quitline service are evidence-based with proven efficacy, ensuring that staff implement these regularly and consistently will lead to increased quit attempts and, over time, reduced tobacco use among the target client population (with some immediate improvements in birth outcomes and lower medical costs). It also takes a research to practice approach intended to maximize implementation by facilitating development of do-able action plans that incorporate required elements but are based on what each Project LINK Coordinator feels can be accomplished within the limits of the CSB staffing or other work priorities and in consideration of client characteristics that may influence their ability to use some of the resources. The project is designed to increase reach among a population of tobacco users who are at high-risk for serious negative consequences related to their use, especially smoking (i.e., fetal/infant morbidity and mortality), and who are less often offered effective cessation assistance due to co-occurring behavioral health disorders and lack of adequate training/education by treatment providers. It is also designed to increase cessation services provided by multiple agencies serving this target population through use of available tools and resources provided to the lead agency that coordinates service access among a network of community organizations through intensive case management by skilled and caring staff.

To implement this initiative, APTNA will conduct initial consultations with the Project LINK Coordinators in order to complete an individualized needs assessment. Current procedures related to screening for tobacco use will be ascertained as well as how they plan to begin using the new DBHDS SBIRT screening form, if that is not already being done. Detailed information about how and when and by whom the screening tool is used, as well as circumstances in which it is not used (e.g., community health fairs), will be obtained. In addition, for cases in which the screening is positive for tobacco use, details about the type of intervention provided (e.g., brief advice, assessing motivation to quit, providing assistance with a quit plan, etc.) and specifics regarding referral out (e.g., to a local clinic, the quitline, a website, etc.) will be determined. The Coordinators will be asked to locate written policies/procedures that cite what is required of Project LINK staff as it relates to SBIRT type functions for alcohol/other drugs. Information about additional tobacco use screening opportunities or cessation intervention options will be provided to the Coordinators for consideration and resources for overcoming barriers discussed. The goal will be to identify gaps in providing an evidence-based, effective cessation service to as many of their clients as possible and develop a tentative plan for filling these gaps, including meeting staff training/education needs. Implementing the initial strategies of the plan using the NIATx PDSA Rapid Cycle change model (Plan-Do-Study-Act) will be discussed. By breaking the strategies down into small incremental steps that can be taken immediately, assessed for how well they worked, tweaked as needed and finalized when staff and partners are satisfied with them, the Coordinator will be able to obtain buy-in and cooperation from those needing to take the steps. This model also allows for timely adaptation when circumstances change, reducing chances of plans being abandoned. Change cycles will be as short as possible, most likely 30-day testing periods, and this PDSA process will be kept as simple as possible as well, without burdensome reporting or sharing outside of essential staff.

The Coordinator may choose to function as the project's Team Leader or delegate to staff. Based on the initial tentative plan developed during the consultation, the Team Leader will work with Project LINK staff to fine-tune and develop an Action Plan tailored to the CSB's capabilities and client population. The plan will include strategies for: routine screening of tobacco use by clients and subsequent documentation of cessation services provided; initial training and education of staff responsible for the screening and/or cessation service as well as establishment of a mechanism for accessing continuing education; protocols for data collection and reporting; inclusion of tobacco cessation intervention activities into job performance expectations, as appropriate; and establishment of written policies integrating USPHS-based clinical guideline recommendations into routine Project LINK program procedures. APTNA will provide technical assistance during the planning and regarding PDSA implementation.

Once a plan has been developed, APTNA will consult with the Team Leader to identify staff education needs and develop a tailored training. This will be provided onsite to accommodate staff schedules and be focused on effective screening and evidence-based cessation interventions for perinatal clients who abuse substances. Sample materials and information on where to obtain other free resources will be provided (e.g., USPHS clinical practice guideline, STEPP toolkit on *Tobacco Treatment for Persons with Substance Use Disorders*, National Partnership's *Smokefree Families* website resources). The Project LINK Team Leader will identify a suitable no-cost location and recruit staff to attend. In addition, the Team Leader will invite staff from at least one partner agency to attend this presentation as a means of mentoring them in coordinating cessation-related services provided to mutual clients and their family members. All training will be pre-approved for addiction counselor and prevention professional credential education credits, as per the Substance Abuse Certification Alliance of Virginia requirements. Guidance and resources will be available from APTNA to assist in establishing tobacco cessation in-service education that can be infused into current CSB training methods and in developing policies/procedures that are congruent with current CSB alcohol/drug regulations. Staff education resources will be made available on the ATTC website as well as the Virginia Association of Community Services Boards (VACSB) website.

As the manager of the state quitline's Fax to Quit program, APTNA will also provide all information and materials required to access this resource: registration of each Project LINK and partner agencies, distribution of fax referral forms and instruction guide, provision of quitline materials, and monthly distribution of referral data reports. DBHDS will provide the SBIRT screening tool and instructions, the revised Service Delivery and Outcome forms, and instructions on data collection/reporting. APTNA will provide continuous TA by phone/e-mail, DBHDS will facilitate collaboration and communication as well as monitor Work Plan progress, Project LINK programs will receive stipends to facilitate implementation of their plans and/or offset the cost of additional materials, such as staff incentives for putting in extra effort on this project. The final task after Action Plans have been implemented and staff satisfied with the procedures they've developed is for the CSB to revise their policy/procedure manual to reflect integration of addressing tobacco use and dependence into the job expectations of Project LINK staff. The Letters of Commitment included in this proposal list responsibilities/roles in detail.

A systems change, policy-focused approach such as this is intended to be sustainable after the funding period. Integrating into routine practice an effective, tailored tobacco use SBIRT activity that was developed by the staff themselves, is backed by written policy and procedures, is supported by the state agency that funds Project LINK, and that utilizes readily available, no-cost resources should lead to continued use after the project is completed. In addition, the final report will be available online and usable as a toolkit to allow other CSBs to develop and implement similar plans.

Evaluation Design

The impact of this project will be evaluated by measuring the following, using data sources as cited for each:

- Percent of Project LINK CSBs that have implemented policies/procedures for tobacco use SBIRT as part of routine practice by August 2014. Target is 100%, data source is a follow-up survey conducted by APTNA with Project LINK Coordinators.
- Percent of perinatal Project LINK clients who have been screened for tobacco use. Target is 80% (similar to Virginia BRFSS data for females) and data source is the Service Delivery report collected semi-annually by DBHDS.
- Percent of perinatal Project LINK clients who screened positive for tobacco use and are provided with an appropriate cessation intervention. Target is 65% (similar to Virginia PRAMS data) and data source is the also the Service Delivery report collected by DBHDS.
- Percent of Project LINK clients who report cessation/reduction of tobacco use upon discharge from the program. Target is 40% (slightly higher than the overall quit rate for Virginia quitline callers) and data source is the Outcome report collected semi-annually by DBHDS.
- 100% increase, compared to baseline FY11/12 data, in the number of calls to the quitline in FY13/14 by pregnant tobacco users residing in Project LINK cities/counties. Data source is quitline vendor's Demographic Report for each FY, provided by APTNA.
- Minimum number of Project LINK clients fax referred to the quitline. Target is 48/month and data source is quitline vendor's monthly Fax Referral Report, provided by APTNA.
- Minimum number of Project LINK clients fax referred to the quitline who accept services. Target is 24/month and data source is quitline vendor's monthly Fax Referral Services Received Report, provided by APTNA.

In August 2013, the anecdotal baseline information will be compared to the Service Delivery data collected by DBHDS, which will be used as a pre-implementation benchmark. Surveys will be conducted with the Team Leaders in February 2014 to get feedback on plan activities and discuss the quitline call/fax referral data available at that time as well as the data reported to DBHDS on the revised Service Delivery form and the Outcome form. This will be compared to the pre-implementation data and form a basis for evaluating progress. Barriers and other issues will be elicited in order to identify resources for overcoming them. A second follow-up survey will be conducted with Team Leaders in June 2014 after providing the Team Leaders with updated data on quitline calls/fax referrals. Emphasis will be on identifying factors and strategies that facilitated success or prevented implementation, eliciting tips and lessons

learned from the Team Leaders and getting input on recommended actions or next steps, including additional resources they feel would be helpful. Team Leaders will be tasked with developing written policies/procedures that reflect the actions required to complete a tobacco use SBIRT function as part of routine Project LINK services in language congruent with current policy/procedure and revise staff job expectations/descriptions as needed. These will be shared among the Team Leaders as examples. A web-based meeting will be scheduled for July 2013 to present the results of this second survey to all Team leaders and provide them with an opportunity to share ideas with each other. Team Leaders will be asked to submit their final policy/procedure recommendations to the CSB for inclusion in the Project LINK regulation manual.

In August 2014, updated data from the Service Delivery form, the Outcome form, the quitline demographic report (with call data) and fax referral reports will be analyzed to assess accomplishment of the target measures. Team Leaders will be contacted to assess the status of the written policies/procedures and a final report will be developed that includes the outcomes, staff survey information and input, barriers experienced and overcome, samples of successful plans, and examples of policy verbiage. The report will include information on how to replicate this project and where to find the resources staff felt were most useful. The report will be disseminated to all Team Leaders, sent electronically to all CSB Executive Directors and posted online as a downloadable document.