

# Wellness and Recovery Learning Community:

Reducing Tobacco Use among Adults with Substance Use Disorders

## A. Cover Page

**Title.** Wellness & Recovery Learning Community: Reducing Tobacco Use among Adults with Substance Use Disorders

**Grant ID #:** 16980491

**Main Collaborators:** University of Colorado Department of Psychiatry, Behavioral Health and Wellness Program and the Bureau of Tobacco Free Florida (Tobacco Quitline Administrator), and the Florida Association on Alcohol and Drug Abuse

**Abstract.** The burden of tobacco-related illnesses, disability and death in America is disproportionately experienced by the most vulnerable populations. The 50<sup>th</sup> Anniversary Surgeon General’s Report on Smoking and Health shows great progress has been made in reducing tobacco use in the United States, yet people with substance use disorders have not benefited from the same advancement. In 2013, the Centers for Disease Control and Prevention reported that roughly 18.1% of the general population smokes<sup>1</sup>, while, alarmingly 77-93% of people receiving care in substance use treatment settings use tobacco<sup>2</sup>. In 2011, in the state of Florida, of the 617 substance use treatment settings, only 41.2% screened for tobacco use, 14.6% prescribed tobacco cessation medications, and 30.8% offered tobacco cessation counseling<sup>3</sup>. Although, Florida’s smoking rates in the general population are lower than the national average (16.8%)<sup>4</sup>, the high rate of tobacco use in people with substance use disorders combined with the low rates of screening and cessation services offered, demonstrates that disparities persist in tobacco cessation prevention and treatment for people with substance use disorders.

To address and eliminate these disparities, the National Council for Behavioral Health will lead the design, implementation and robust evaluation (using the Donabedian Model of Quality Improvement<sup>5</sup>) of the Wellness and Recovery Learning Community which will improve the overall health of people with substance use disorders in the state of Florida **by improving tobacco prevention and cessation efforts in ten substance use treatment agencies; and strengthening cross-systems collaboration.**

<sup>1</sup> Centers for Disease Control and Prevention. 2013. “Early Release of Selected Estimates Based on Data From the 2012 National Health Interview Survey.” Accessed January 28, 2015, <http://www.cdc.gov/nchs/nhis/released201306.htm#8>.

<sup>2</sup> Signal Behavioral Health Network. 2009. Tobacco Treatment for Persons with Substance Use Disorders: A Toolkit for Substance Abuse Treatment Providers. Colorado: Tobacco Use Recovery Now! (TURN).

<sup>3</sup> Substance Abuse Mental Health Services Administration. 2011. “State Profile – United States, National Survey of Substance Abuse Treatment Services (N-SSATS)”. Accessed October 12, 2014, [http://www.dasis.samhsa.gov/webt/state\\_data/US11.pdf](http://www.dasis.samhsa.gov/webt/state_data/US11.pdf).

<sup>4</sup> American Lung Association. 2015. “State of Tobacco Control 2015, Highlights: Florida”. Accessed February 4, 2015, <http://www.stateoftobaccocontrol.org/state-grades/florida/highlights.html>.

<sup>5</sup> Donabedian, Avedis, “Evaluating the Quality of Medical Care,” *The Milbank Quarterly*, 83(2005): 691-729, accessed February 1, 2015. doi: 10.1111/j.1468-0009.2005.00397.x

# Wellness and Recovery Learning Community:

Reducing Tobacco Use among Adults with Substance Use Disorders

## B. Table of Contents

<b>A. Cover Page</b> .....	1
Title.....	1
Abstract.....	1
<b>B. Table of Contents</b> .....	2
<b>C. Main Section of Proposal</b> .....	3
Overall Goal & Objectives.....	3
Technical Approach .....	4
<i>Current Assessment of need in target area</i> .....	4
<i>Project Design and Methods</i> .....	6
<i>Evaluation Design</i> .....	8
Detailed Workplan and Deliverables Schedule .....	11
<b>D. Organizational Detail</b> .....	15
Leadership and Organizational Capacity.....	15
Staff Capacity.....	17
<b>E. Detailed Budget</b> .....	18
<b>F. Staff Biosketches</b> .....	18
<b>G. Letters of Commitment</b> .....	25
<b>Appendix A. Wellness and Recovery Learning Community Work Plan Deliverables Schedule</b> ...	28

# Wellness and Recovery Learning Community:

Reducing Tobacco Use among Adults with Substance Use Disorders

## Grant ID 16980491: Wellness & Recovery Learning Community: Reducing Tobacco Use among Adults with Substance Use Disorders

### C. Main Section of Proposal

#### Overall Goal & Objectives

In alignment with the Healthy People 2020 Tobacco Use goal, the overall goal of the Wellness & Recovery Learning Community (WRLC) is to reduce tobacco-related illness, disability and death in adults with substance use disorders in the state of Florida.

The National Council for Behavioral Health (National Council) will lead the design, implementation, and ongoing support of the WRLC, in partnership with the University of Colorado Department of Psychiatry, Behavioral Health and Wellness Program (BHWP), while meeting the following objectives:

- Increasing tobacco screening in the WRLC participant sites;
- Increasing access to tobacco cessation counseling services and FDA-approved pharmacotherapy in the WRLC participant sites; Strengthen cross-system collaboration between WRLC participant sites and the Bureau of Tobacco Free Florida (Florida's Tobacco Quitline Administrator); and
- Increasing knowledge in both the substance use treatment and tobacco control fields on tobacco cessation evidence-based and best practices and care coordination for adults with substance use disorders.

*Overall Goal Alignment with Focus of RFP, Goals of the Applicant Organizations and Proposed Project.* The goal of the WRLC aligns with the focus of this RFP by improving evidence-based and best practice tobacco prevention and cessation efforts in the WRLC participant sites which will be ten (10) substance use treatment agencies (through training and technical assistance of healthcare professionals working in these treatment agencies); and strengthening cross-systems collaborations among these agencies and the Florida Department of Health's Bureau of Tobacco Free Florida (Tobacco Quitline Administrator). The WRLC will build off of the National Council's long-standing organizational portfolio of tobacco control and prevention which includes Pfizer-funded and CDC-funded tobacco control and prevention efforts: Pfizer-funded Tobacco Cessation grant (in partnership with BHWP); CDC-funded National Behavioral Health Network for Tobacco & Cancer Control (in partnership with BHWP and the Smoking Cessation Leadership Center) and the CDC-funded Preventing Chronic Disease & Reducing Tobacco Use in Persons with Disabilities: Understanding Policy, Systems, and Environmental Strategies; and a successful portfolio of virtual training and technical assistance (TTA). The WRLC's goal aligns with the National Council's mission of seeking to improve the health and wellness of all Americans.

# Wellness and Recovery Learning Community:

Reducing Tobacco Use among Adults with Substance Use Disorders

## Technical Approach

We have carefully designed the WRLC so that the interventions are aligned with the overall goals of the RFP and have chosen substance use treatment agencies in the state of Florida as the target population and geographic area, respectively, due to the significant disparities that persist in prevention and tobacco cessation treatment provided within these agencies and across the state of Florida. The National Council has successfully conducted over 50 quality improvement projects with over 3,000 organizations over the last 10 years and is able to apply its understanding and expertise in organizational and health behavior change to the WRLC. The National Council's quality improvement projects use the learning community model which is an adaptation of the Institute for Healthcare Improvement's model used to provide training and technical assistance to healthcare professionals in implementing evidence-based strategies and best practices to improve health outcomes.

The National Council will lead the design, implementation, and ongoing support of the WRLC which will include continuous monitoring and evaluation of WRLC participant sites' and the overall WRLC's progress towards its goals and objectives. The National Council will partner with the University of Colorado Department of Psychiatry, Behavioral Health and Wellness Program (BHWP) to provide monitoring and evaluation support to the WRLC. As outlined in the Organizational Capacity Section below, BHWP brings a wealth of evaluation expertise and currently conducts cutting edge research and evaluation in the area of tobacco cessation for people with mental illnesses and substance use disorders which is highly relevant and useful to implementation of the WRLC's evaluation plan. Further details about the WRLC are outlined in the Project Design and Methods section below.

### ***Current Assessment of need in target area.***

*Quantitative Baseline Data Summary of Target Area.* Current clinical guidelines recommend that tobacco cessation programs include medication assisted treatment combined with counseling [US Public Health Service, 2008]. Despite these recommendations, the Substance Abuse Mental Health Services Administration's (SAMHSA) National Survey of Substance Abuse treatment Services (N-SSATS) (2011) demonstrates that of the 13,720 substance use treatment settings surveyed: 6,830 (49.8%) screened for tobacco use; 2,133 (15.5%) offered non-nicotine smoking/tobacco cessation medications; and 4,699 (34.2%) offered smoking cessation counseling<sup>3</sup>. In the state of Florida, rates of tobacco cessation services being provided in substance use treatment settings are lower than the national rates: Of the 617 substance use treatment settings (serving 51,201 clients), 254 (41.2%) screened for tobacco use, 90 (14.6%) prescribed non-nicotine smoking/tobacco cessation medications, and 190 (30.8%) offered smoking cessation counseling<sup>3</sup>. According to the Florida Department of Children and Families, in 2013, 86,693 adults received substance use treatment services in community mental health and substance use treatment program<sup>6</sup>. However, based on the SAMHSA survey data less than half

<sup>6</sup> Florida Department of Children and Families. 2014. "State Unduplicated Data Numbers of Clients Receiving Substance Abuse and Mental Health Services". Accessed January 28, 2015 from <http://www.myflfamilies.com/service-programs/substance-abuse/reports/by-program>.

of people in treatment for substance use disorders were screened for tobacco use; one out of seven were prescribed tobacco cessation medications and less than one-third were offered smoking cessation counseling. This data reveals that healthcare professionals working in substance use treatment agencies across the state of Florida lack exposure to evidence-based and best practices around tobacco prevention and cessation for this population.

A critical component for implementation of any evidence-based practice is the existence of a competent and confident workforce. The workforce in substance use treatment settings consists of an array of healthcare professionals including social workers, nurses, physicians, and providers of recovery support services. Studies show that healthcare professionals working in these settings are willing to provide tobacco cessation services with adequate support and training. Several factors that influence implementation of tobacco screening and cessation treatment in substance use treatment settings are: (1) Support from supervisors (2) Healthcare professional awareness of current tobacco treatment guidelines (3) Healthcare professionals belief that a tobacco cessation intervention will improve the client's chance of recovery; (4) Staff training on how to provide tobacco screening and treatment within their own interactions with clients; and (5) Provider billing and reimbursement for tobacco cessation service provision<sup>7</sup>. The WRLC will address these factors through building capacity for WRLC participating agencies (including their healthcare professionals) to provide tobacco prevention and cessation services; as well as enhance these agencies relationships with the Bureau of Tobacco Free Florida, specifically through referral to the Florida Tobacco Quitline.

*Quantitative Baseline Data Summary of Primary Audience.* The 50<sup>th</sup> Anniversary Surgeon General's Report on Smoking and Health linked smoking tobacco with numerous chronic diseases including cancer, heart disease and diabetes; despite these 50 years of progress, people with substance use disorders have not benefited from the same advancement. In 2013, CDC reported that roughly 18.1% of the general population smokes<sup>1</sup>, while alarmingly 77-93% of people receiving care in substance use treatment settings use tobacco<sup>2</sup>. In the state of Florida, although smoking rates in the general adult population are lower than the national average (16.8%)<sup>4</sup>; the alarming rates of tobacco use in people with substance use disorders combined with the lack of tobacco cessation services offered in substance use treatment setting demonstrates that disparities persist in tobacco cessation prevention and treatment for adults with substance use disorders<sup>3</sup>.

*Source, Method and How Data Was Analyzed to Identify Gaps Existed, and the Target Audience.* The National Council obtained baseline information pertaining adults with substance use disorders and the treatment agencies that serve these individuals from the SAMHSA N-SSATS survey and the American Lung Association's (ALA) State of Tobacco Control 2014 profile for Florida<sup>4</sup>. We examined the aggregate-level state-specific and national reports to determine the

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<sup>7</sup> Knudsen, H.K. & White, W.L. (2012) Smoking cessation services in addiction treatment: Challenges for organizations and the counseling workforce. *Counselor*, 13(1), 10-14. Retrieved from: <http://www.williamwhitepapers.com/pr/2012%20Smoking%20Cessation%20in%20Addiction%20Treatment.pdf>

## Wellness and Recovery Learning Community:

Reducing Tobacco Use among Adults with Substance Use Disorders

tobacco cessation gaps that exist in substance use treatment settings in the state of Florida. This analysis revealed that tobacco prevention and cessation treatment disparities persist in adults with substance use disorders and substance use treatment agencies must play a larger role in providing and linking their clients to tobacco prevention and cessation treatment services. The WRLC's primary target audience will be the ten (10) substance use treatment agencies selected to participate in the WRLC. The WRLC recruitment and selection process is outlined in the Project Design and Methods section below.

### ***Project Design and Methods***

The National Council will implement a 12-month Learning Community using the following training and technical assistance (TTA) approach:

*WRLC Program Planning & Development, Implementation, and Monitoring & Evaluation.* In the first two months of the project, the National Council's WRLC project team (outlined in more detail in the Staff Capacity section below) will develop the WRLC program curriculum; evaluation plan; and recruit and select participant sites. The recruitment and selection process will consist of the release of a call for application process to solicit substance use treatment agencies that wish to improve their healthcare professional staff's competence in tobacco prevention and cessation treatment; and to enhance cross-systems collaborations with the Bureau of Tobacco Free Florida (including linkages to the Tobacco Quitline). The application will collect information on organizational characteristics and population demographics; organizational readiness for change; organization's goals for participating in the WRLC and process, structure and outcome measures as outlined in the Evaluation Design section below. The National Council will convene an expert panel to review and score eligible applications and will consist of representation from the National Council's WRLC project team, the Bureau of Tobacco Free Florida, Florida Association on Alcohol and Drug Abuse (FADAA) and national health experts identified through our existing networks of tobacco control and substance use experts. The Bureau of Tobacco Free Florida (Florida Quitline Administrator) and the Florida Association on Alcohol and Drug Abuse (FADAA - a Florida-based mental health and substance use trade association with a membership of over 100 community mental health and substance use treatment agencies) will assist with recruitment and selection to avoid selecting organizations that are involved in tobacco control efforts that are currently taking place in the state of Florida. The Bureau of Tobacco Free Florida administers the *3 Ways to Quit* program which provides Florida residents with three options to help them quit: Tobacco Quitline; an online tobacco cessation program; and face-to-face tobacco cessation services. FADAA serves a membership association and policy advocate to over 100 community mental health and substance use treatment organizations in Florida. FADAA is one of 94 of the National Council's state and local association member organizations. The National Council convenes the executives of all the member state associations twice a year to update them on national policy trends. This network of 94 state and local associations serves as a strong dissemination partner to the National Council with national reach into 47 states (including the District of Columbia). In addition to supporting the WRLC recruitment and selection efforts, FADAA will support our

## Wellness and Recovery Learning Community:

Reducing Tobacco Use among Adults with Substance Use Disorders

broader dissemination efforts of WRLC outcomes. Once selected, WRLC participant sites will be notified and will be required to sign a letter of commitment which will outline their roles, responsibilities and reporting requirements.

Following selection of WRLC participant sites, the National Council WRLC project team will initiate an 8-month Learning Community with an in-person meeting that will consist of the WRLC participant sites (ten of the selected substance use treatment agencies including teams of healthcare professionals that will participate on behalf of the agency); the Bureau of Tobacco Free Florida; the Florida Association on Alcohol and Drug Abuse. The one-day kick off meeting agenda will include an introduction to the WRLC; didactic education and training on tobacco prevention and cessation for adults with substance use disorders; peer-to-peer sharing and learning; and developing of plans for improving competence among healthcare professionals with WRLC participating agencies; and strengthening the cross-systems collaboration between these agencies and the Bureau of Tobacco Free Florida (Tobacco Quitline Administrator).

Foundational to the WRLC is training and technical assistance provided to participants and continuous monitoring and evaluation process to ensure we maximize effectiveness, efficiency, and impact. During the 8-month Learning Community, WRLC activities will include the in-person kick-off meeting; monthly technical assistance calls with each participant site; monthly data collection, analysis and reporting activities (including baseline assessment and on-going aggregate data collection on measures indicated in the Evaluation Design section of this proposal); clinical quality improvement activities (including assessing provider workflow; and monitoring progress as a result of participation in the WRLC. Throughout the Learning Community, the WRLC project team will educate participants on how to use their data to inform their tobacco control and prevention programming and decision-making.

*Program Wrap-Up & Dissemination of Findings.* The Learning Community will wrap-up with a webinar and with participants reporting final data metrics and preparing reports for dissemination efforts that will include progress on action plans; successes, challenges and lessons learned throughout participation in the WRLC; and an opportunity for the National Council and the WRLC participant sites to disseminate findings to a broader audience. In an effort to sustain and scale these efforts up in the state of Florida, the WRLC will disseminate best-practices, lessons learned and policy recommendations to state decision-makers and public health and healthcare professionals through a multi-pronged communications approach. The National Council will develop and execute a comprehensive dissemination plan to share replicable best practices and facilitate a conversation among national and state substance use treatment and tobacco control field's leading players through the following communication mechanisms: 90-minute webinar featuring content experts and participating sites; an article in the National Council e-newsletter, the B-hive that is distribute to a listserv of over 75,000 emails; a National Council Conference 2016 workshop session (premier specialty healthcare conference with over 4500 attendees); and a toolkit detailing case studies of evidence-based and best practices around tobacco prevention and treatment for people with substance use

treatment providers. The National Council will also leverage its partnerships with the Behavioral Health and Wellness Program, Bureau of Tobacco Free Florida and the Florida Association on Alcohol and Drug Abuse to support further disseminate and scale this approach to their networks.

### **Evaluation Design**

*How Well Was the Practice Gap Addressed in the WRLC Participant sites?* The National Council will use the Donabedian Model of Quality Improvement<sup>5</sup> as a framework for evaluating the success of the WRLC. This model measures: (1) *Structure* which includes the factors that affect the context in which tobacco cessation services are delivered; (2) *Process* of how services are delivered, and (3) *Outcomes* regarding tobacco use and quit attempts among clients. Below, we provide a detailed description of how the project team will assess each of these domains of quality of care among WRLC participant sites.

*Structure Measures.* The WRLC participant sites will improve their organization's tobacco prevention and cessation services through training of healthcare professionals. In an effort to build cross-systems collaborations, the WRLC participant sites will also build relationships with the Bureau of Tobacco Free Florida, which will play a role in linking these agencies to tobacco cessation resources administered to 3 *Ways to Quit* program (which includes the Florida Tobacco Quitline, an online tobacco cessation program, and face-to-face tobacco cessation services). The WRLC participant sites will be required to provide agency-level data describing their current clinical structures, policies and protocols to support tobacco cessation such as clinical decision support tools embedded into the electronic medical record or how they are currently billing for tobacco cessation services.

The evaluation plan will also measure client and provider attitudes and willingness to change using such measures as provider attitudes about the importance of tobacco treatment within substance use treatment settings. The WRLC project team will use an assessment adapted from two questionnaires developed by BHWP. The adapted instrument uses a subset of Behavioral Risk Factor Surveillance System (BRFSS) (CDC, 2014) items to assess demographic information, tobacco use and previous quit attempts. It also includes items to identify the type of substance use treatment facility, as well as client attitudes toward tobacco use in substance use treatment facilities. In addition, we will adapt a Personal Progress Form to assess personal readiness to change, as well as confidence in one's ability to change. We will conduct a pre and post assessment of the WRLC participant staff attitudes towards tobacco use in substance use treatment facilities, as well as their client tobacco use and quit attempts. We will utilize a repeated measure design (i.e. selected staff within participating agencies will complete these assessments twice – once before the WRLC activities, and once after). This adapted instrument will also be used to assess client-level and provider-level outcomes (see Outcome Measures in [Evaluation Design section](#) below).



## Wellness and Recovery Learning Community:

Reducing Tobacco Use among Adults with Substance Use Disorders

*Process Measures.* WRLC participating agencies will be required to regularly document their progress over the course of the project using the DIMENSIONS Action Plan--an interactive tool used to document rapid improvement strategies for tobacco cessation. Participating agencies will further assess their stage of organizational readiness for implementing identified rapid improvement activities. We will then reassess the agencies at the end of the project to determine if DIMENSIONS Action Plan goals had been achieved and will re-measure organizational stage of change. These qualitative outcomes will complement quantitative findings.

The WRLC project team will use the information collected in the baseline assessment and ongoing evaluation survey tools to conduct statistical process analyses to determine the extent to which participating agencies meet the goals of the WRLC. Specifically, pre and post assessment of each participating agency will include:

- Percentage of clients screened for tobacco use at intake and all subsequent clinic visits
- Percentage of adult tobacco users offered FDA-approved tobacco cessation medications
- Percentage of clients offered tobacco cessation counseling
- Percentage of clients referred to the Bureau of Tobacco Free Florida Quitline
- Percentage of clients referred to other community tobacco cessation services, such as support groups

*Outcome Measures.* To assess the success of the WRLC at the client-level, we will evaluate client attitudes towards tobacco treatment in substance use treatment clinics and client tobacco use and quit attempts through client surveys. The assessment of client attitudes will be a “point-in-time” examination (i.e. attitudes of clients who happen to be receiving care from the facility prior to participation in the WRLC will be compared to attitudes of clients who happen to be receiving care from the facility after participation in the WRLC). We will also work with the Bureau of Tobacco Free Florida to evaluate client engagement in the Florida Tobacco Quitline.

*Quantify the Amount of Change Expected from this Project in Terms of the Target Audience.* Success of the WRLC will be evaluated by comparing baseline structure, process, and outcome measures with those assessed post-WRLC participation.

*Structure Measure Evaluation.* After participating in the WRLC, we expect that staff attitudes about tobacco use at their facility will shift toward increasing support for tobacco prevention and cessation services. We further expect that at least 80% of participating agencies will accomplish DIMENSIONS Action Plan goals, and 80% will move at least one stage forward in their readiness to change.

## Wellness and Recovery Learning Community:

Reducing Tobacco Use among Adults with Substance Use Disorders

*Process Measure Evaluation.* By the end of the project, we expect a 10% increase in the percentage of staff who report screening clients for tobacco use, advising clients to quit, offering FDA-approved tobacco cessation pharmacotherapy, offering clients cessation counseling, and referring clients to the Florida Tobacco Quitline or other tobacco cessation support groups.

*Outcome Measure Evaluation.* We expect that a shift in attitudes among the WRLC participating agency staff will translate into shifting attitudes among clients regarding tobacco treatment. As well, clients will report increasing “readiness to change,” and increasing confidence in their ability to change their behaviors. Regarding tobacco use, we expect a 10% increase in the percentage of clients who report utilizing the Florida Tobacco Quitline and making a quit attempt after the facility at which they receive care participates in the WRLC.

*Method Used to Control for Other Factors Outside of this Project.* To allow for the possibility that other factors likely influence changes in outcome measures, we will statistically control for such factors. To this end, we will make use of non-tobacco related metrics available through either our own assessments (e.g. demographics such as gender, race/ethnicity, age), information provided by participating agencies (e.g. information related to client substance use and mental health disorders) and through publically available epidemiological datasets including the Behavioral Risk Factor Surveillance Survey , the N-SSATS, and the American Lung Association’s State of Tobacco Control profile for Florida.

*Quantify the Amount of Change Expected from this Project in Terms of the Target Audience.* Across pre-post measures we expect to find an average of 10% change. For instance we expect percentage of clients screened for tobacco use to increase ten percentage points; tobacco use to decrease and quit attempts to increase by a similar amount; at least 80% of participating agencies will accomplish DIMENSIONS Action Plan goals; and 80% will move at least one stage forward in their readiness to change

*Determining Whether the Target Audience was Fully Engaged in the Project.* As outlined above, the WRLC will continuously monitor and track the engagement of the WRLC participating agencies through the baseline assessment and ongoing evaluation survey tools. Engagement measures (including goals for each measure) are as follows:

- Average percentage of participating agencies completing all requested assessments and reports (Goal: 100%)
- Numbers of participating agencies who attend the WRLC kick-off meeting (Goal: 10)
- Average percentage of calls attended by each participating agency (Goal: 80%)
- Average percentage of participating agencies completing a Rapid Cycle Change Plan to address service delivery challenges (Goal: 100%)

# Wellness and Recovery Learning Community:

Reducing Tobacco Use among Adults with Substance Use Disorders

- Average agency readiness to implement tobacco cessation services on-site (Goal: On average, participating agencies will report increased readiness to implement tobacco cessation services after participating in the WRLC.)
- WRLC participant satisfaction (Goal: On average, participants will report 100% satisfaction with WRLC)

*Describe How Project Outcomes will be Broadly Disseminated.* The National Council's membership spans more than 2,250 organizations in all 50 states, representing 750,000 staff working in community mental health centers, addiction treatment organizations, Federally Qualified Health Centers (FQHCs), managed care organizations, state and local health departments, and hospital systems. We will broadly disseminate the WRLC outcomes to a variety of audiences through the following existing national distribution channels: email communications using a distribution list of 75,000 + email addresses; webinars averaging 1,000 participants; social media outlets where we have 8,500 + unique Facebook followers and 9,300 + Twitter followers; and our National Council Annual Conference, attracting more than 4,200 participants annually; and Public Policy Institute, bringing over 1,000 participants annually. The WRLC outcomes will include the dissemination of best-practices and lessons learned to state decision-makers and public health and healthcare professionals through a multi-pronged communications approach; and plan for sustaining and scaling tobacco control efforts in substance use treatment settings. The National Council will develop and execute a comprehensive dissemination plan to share replicable best practices and facilitate a conversation among the addiction field's leading players through the following communication mechanisms: 90-minute webinar featuring content experts and participating sites; an article in the National Council e-newsletter, the B-hive; a Conference presentation; and a toolkit detailing best practices. The National Council will leverage its partnership with the Behavioral Health and Wellness Program, Bureau of Tobacco Free Florida and the Florida Association on Alcohol and Drug Abuse to further disseminate.

## Detailed Workplan and Deliverables Schedule

The Wellness and Recovery Learning Community (WRLC) will be a 12-month that will include a two month program design and planning phase; nine-month implementation phase; and one-month wrap-up and dissemination phase.

### ***Objective 1: Increase access to tobacco cessation counseling services and FDA-approved pharmacotherapy in substance abuse care settings.***

*Activity 1.a.* Develop WRLC program curriculum.

- ❖ Outcomes: curriculum for learning community

*Activity 1.b.* Develop WRLC evaluation plan.

- ❖ Outcomes: evaluation plan

## Wellness and Recovery Learning Community:

Reducing Tobacco Use among Adults with Substance Use Disorders

*Activity 1.c.* Recruit and select WRLC participant sites.

- ❖ Outcomes: RFP, press release

*Activity 1.d.* Host introductory call for WRLC participant sites.

- ❖ Outcomes: one call

*Activity 1.e.* Convene in-person kick-off meeting.

- ❖ Outcomes: Kick-off meeting logistics plan

*Activity 1.f.* Administer baseline assessment including DIMENSIONS Action Plan, organizational readiness assessment, staff and client assessments and workflow.

- ❖ Outcomes: baseline measures with quantitative and qualitative data

*Activity 1.g.* Host kick-off meeting for the ten (10) selected substance use treatment agencies which will include the Bureau of Tobacco Free Florida, Florida Alcohol and Drug Abuse Association and WRLC project team focused on introduction to evidence-based and best practices related to tobacco screening; tobacco cessation services and NRT; data collection; and federal, state, and local resources available for agencies.

- ❖ Outcomes: PowerPoint slides, redesigned workflow, fact sheets and resource list

*Activity 1.h.* Host a webinar to train agency staff in evidence-based modalities of tobacco cessation counseling and FDA-approved pharmacotherapy focused on how to integrate these modalities into routine clinical care and current clinical and documentation workflows.

- ❖ Outcomes: Webinar

*Activity 1.i.* Conduct monthly agency-specific TTA calls to track progress on goals identified in the DIMENSIONS Action Plan; monitor implementation; identify and address implementation barriers; support strategies to integrate tobacco cessation counseling and FDA-approved medication into routine clinical care; and to track progress on referrals to the Florida Tobacco Quitline.

- ❖ Outcomes: DIMENSIONS Action Plan progress report

*Activity 1.j.* Host a webinar focused on how to support sustainability and scalability of tobacco cessation efforts through addressing organizational level domains such as billing and financing and staff training on tobacco prevention and cessation services

- ❖ Outcomes: Webinar

### ***Objective 2: Increase tobacco screening in the ten (10) selected substance use treatment agencies.***

*Activity 2.a.* Administer a baseline assessment that will include creating an action plan using the DIMENSIONS toolkit and organizational readiness assessment.

## Wellness and Recovery Learning Community:

Reducing Tobacco Use among Adults with Substance Use Disorders

- ❖ Outcomes: Baseline assessment findings

*Activity 2.b. Host Kick Off Meeting. see activity 1.g.for more details.*

*Activity 2.c.* Host a webinar to train agency staff in evidence-based tobacco screening processes, validated tobacco screening tools, clinical skills required for effective screening, tobacco screening best practices, billing considerations, and techniques to integrate tobacco screening into routine clinical care and clinical/documentation workflows.

- ❖ Outcomes: webinar, redesigned workflow

*Activity 2.d.* Conduct monthly agency-specific TTA calls to develop tobacco screening protocols and integrate tobacco screenings into existing documentation processes (including paper-based and EHR systems).

- ❖ Outcomes: tobacco screening protocol, updated documentation processes

### ***Objective 3: Strengthen cross-system collaborations between the selected substance use treatment agencies and the Bureau of Tobacco Free Florida***

*Activity 3.a.* The kick-off meeting agenda will dedicate time to identify barriers to healthcare professionals in the ten (10) selected substance use treatment facilities referring to the Florida Quitline and other tobacco cessation services offered by the Bureau of Tobacco Free Florida; to identify opportunities for collaboration, develop cross-system collaboration goals, and create a process for shared decision-making.

- ❖ Outcomes: cross-system collaboration goals; updated clinical and documentation workflows; Memorandum of Understanding (MOU) that will include list of assigned responsibilities and process for shared decision-making

*Activity 3.b.* Conduct monthly agency-specific TTA calls to develop clinical and documentation workflows that foster ongoing collaboration, shared goals, feedback loops, and care coordination; support the development of an MOU; and monitor progress of cross-system collaboration goals, and assisting with barriers to meeting goals.

- ❖ Outcomes: revised cross-system collaboration goals, revised clinical and documentation workflows, MOUs

### ***Objective 4: Increase knowledge in both the substance use treatment and tobacco control fields around tobacco evidence-based and best practices and care coordination for adults with substance use disorders***

*Activity 4.a.* Develop WRLC evaluation plan.

- ❖ Outcomes: evaluation plan

## Wellness and Recovery Learning Community:

Reducing Tobacco Use among Adults with Substance Use Disorders

*Activity 4.b.* Develop and administer baseline survey tool to all participating site using findings to inform the WRLC

- ❖ Outcomes: baseline measures with quantitative and qualitative data

*Activity 4.c.* Develop additional webinar and learning activity content based on assessment findings and WRLC participant feedback.

- ❖ Outcomes: webinars and learning activities

*Activity 4.d.* Develop final project report.

- ❖ Outcomes: final project report,

*Activity 4.e.* Build and execute a multi-faceted education and dissemination plan among National Council membership, and leveraging the networks of the Behavioral Health and Wellness, Bureau of Tobacco Free Florida and the Florida Association on Alcohol and Drug Abuse.

- ❖ Outcomes: A 90-minute webinar featuring content experts and participating agencies; an article in the National Council newsletter, the B-Hive; a feature presentation on project outcomes at the National Council's Association Executive fall meeting; a toolkit detailing tobacco cessation best practices among agencies that service individuals with substance abuse diagnoses; workshops at relevant conferences.

See [Appendix A](#) for Table Format of Wellness and Recovery Learning Community Work Plan Deliverables Schedule

# Wellness and Recovery Learning Community:

Reducing Tobacco Use among Adults with Substance Use Disorders

<b>Appendix A. Wellness and Recovery Learning Community Work Plan Deliverables Schedule</b>						
<i>* X denotes completion</i>						
	April 2015			April 16		
	Q1	Q2	Q3	Q4		
Key Activities/Deliverables (Responsible Party)					Outputs/Outcomes	
<b>Objective 1: Increase access to tobacco cessation counseling services and NRT in substance use treatment settings.</b>						
Program design & planning	<i>Specific dollar amount associated with this category's deliverables and includes curriculum development and planning calls</i>					
Develop WRLC program curriculum (M. Venkatesh, Principle Investigator (PI); S. Foderingham, Project Director (PD))	X				Learning Community Curriculum	
Develop WRLC evaluation plan. (C. Morris, BHWP)	X				Evaluation Plan	
Recruit and select WRLC participant sites. (S. Foderingham, PD)	X				RFP, press release	
Host introductory call for WRLC participant sites. (S. Foderingham, PD)	X				1 Call	
Convene in-person kick-off meeting. (S. Foderingham, PD)	X				Logistics Plan	
Program planning and implementation	<i>Specific dollar amount associated with this category's deliverables and includes in-person meetings &amp; prep, group calls with WRLC participant sites, and ongoing check-ins with BHWP</i>					
Administer baseline assessments including DIMENSIONS Action Plan, organizational readiness assessment, staff and client	X				Baseline measures with quantitative and qualitative data	

# Wellness and Recovery Learning Community:

Reducing Tobacco Use among Adults with Substance Use Disorders

<b>Appendix A. Wellness and Recovery Learning Community Work Plan Deliverables Schedule</b>					
<i>* X denotes completion</i>					
	April 2015			April 16	
	Q1	Q2	Q3	Q4	
<b>Key Activities/Deliverables (Responsible Party)</b>					<b>Outputs/Outcomes</b>
assessments. (C. Morris, BHWP)					
Host kick-off meeting for WRLC participating agencies, Florida quitline provider, Florida Alcohol and Drug Abuse Association and WRLC program team focused on workflow redesign; introduction to evidence-based and best practices related to tobacco screening; tobacco cessation services and NRT; data collection; and federal, state, and local resources available for agencies. (S. Foderingham, PD; C. Morris, BHWP)	X				PowerPoint presentation slide deck; redesigned workflow, fact sheets and resource list
Host a webinar to train agency staff in evidence-based modalities for smoking cessation counseling, focused on how to integrate tobacco cessation counseling in routine clinical care and current clinical and documentation workflows.	X				Webinar



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Key Activities/Deliverables (Responsible Party)					Outputs/Outcomes
(C. Morris, BHWP; S. Foderingham, PD)					
<b>Through monthly individual TTA calls:</b> TTA coaches will assist agencies in developing and adapting DIMENSIONS action plans, monitor implementation, identify and address implementation barriers, support strategies to integrate screening, smoking cessation counseling and NRT education into existing clinical and documentation processes. (C. Morris, BHWP S. Foderingham, PD)	X	X	X	X	DIMENSIONS Action Plan; redesigned workflow
Host a webinar to identify strategies to incorporate tobacco cessation efforts through addressing organizational level domains, including training protocols, job/program descriptions, and billing/financing	X				Webinar

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Key Activities/Deliverables (Responsible Party)					Outputs/Outcomes
strategies. (C. Morris, BHWP; S. Foderingham, PD)					
<b>Objective 2: Increase tobacco screening in substance abuse settings.</b>					
Administer baseline assessments including DIMENSIONS Action Plan, organizational readiness assessment, staff and client assessments. (C. Morris, BHWP)	X				Baseline measures with quantitative and qualitative data
Host kick-off meeting for WRLC participating agencies, Florida quitline provider, Florida Alcohol and Drug Abuse Association and WRLC program team focused on workflow redesign to include tobacco screening; introduction to evidence-based and best practices related to tobacco screening; tobacco cessation services and NRT; data collection; and federal, state, and local resources available for agencies. (S. Foderingham, PD)	X				PowerPoint presentation slide deck; redesigned workflow, facts sheets and resource list
Host a webinar to train agency staff in evidence-		X			Webinar, redesigned

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Key Activities/Deliverables (Responsible Party)					Outputs/Outcomes
based tobacco screening processes, validated tobacco screening tools, tobacco screening best practices, and techniques for integration into routine clinical care. (C. Morris, BHWP; S. Foderingham, PD)					workflows
<b>Through monthly individual and group TA calls:</b> TTA coaches will support agencies to develop tobacco screening protocols, and to integrate tobacco screenings into existing documentation processes (including paper-based and EHR systems). (C. Morris, BHWP; S. Foderingham, PD)		X	X	X	Tobacco Screening Protocol; updated documentation processes and protocols
<b>Objective 3: Strengthen cross-system collaborations between addiction professionals, primary care providers, the Florida quitline provider and the Florida Alcohol and Drug Abuse Association</b>					
Administer baseline assessments including DIMENSIONS Action Plan, organizational readiness assessment, staff and client	X				Baseline measures with quantitative and qualitative data

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assessments. (C. Morris, BHWP)					
Host kick-off meeting for WRLC participating agencies (substance use treatment settings, the Florida quitline provider and WRLC program team) to discuss barriers to collaboration, identify opportunities for collaboration, develop cross-system collaboration goals, and create a process for shared decision-making. (S. Foderingham, PD C. Morris, BHWP)	X				Cross-system collaboration goals; updated clinical and documentation workflows; MOUs that will include a list of assigned responsibilities and process for shared decision making
Conduct monthly agency-specific TTA calls to develop clinical and documentation workflows that foster ongoing collaboration, shared goals, feedback loops and care coordination; support the development of an MOU; and monitor progress of cross-system goals, and assisting with barriers to meeting goals. (C. Morris, BHWP; S.	X	X	X	X	Revised cross-system collaboration goals; revised clinical and documentation workflows; MOUs

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Foderingham, PD)					
<b>Objective 4:</b> Increase knowledge in both the substance use treatment and tobacco control fields around tobacco evidence-based and best practices and care coordination for adults with substance use disorders					
<b>Data Collection &amp; Toolkit Development</b>	<i>Specific dollar amount associated with this category's deliverables and includes data collection planning and implementation and toolkit development.</i>				
Develop WRLC evaluation plan (C. Morris, BHWP)	X				Evaluation plan
Develop and administer baseline survey tool to all participating site using findings to inform the WRLC (C. Morris, BHWP)	X				Baseline measures with quantitative and qualitative data
Develop additional webinar and learning activity content based on assessment findings and WRLC participant feedback (S. Foderingham, PD)			X	X	Webinars and learning activities
<b>Program Wrap Up &amp; Dissemination</b>	<i>Specific dollar amount associated with this category's deliverables and includes wrap up webinar and prep and toolkit development</i>				
Develop additional webinar and learning activity content based on assessment findings and WRLC participant feedback (C. Morris, BHWP)				X	Quantitative and qualitative data

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Develop final project report (S. Foderingham PD; C. Morris, BHWP)				X	Final project report
Build and implement multi-faceted education and dissemination plan (H. Cobb, Comm. Spec.)	X			X	90-minute webinar; B-Hive article; toolkit; conference presentation