Volume I – Project Narrative
Maryland Quitting Use and Initiation of Tobacco (MDQuit) Resource Center
Technical Response to RFA Requirements and Proposed Work Plan

Capacity. The Applicant shall describe its capacity to serve as an effective resource center for technical assistance and training for Maryland tobacco control programs.

The Maryland Quitting Use and Initiation of Tobacco (MDQuit) Resource Center was established in 2006 by the Maryland Department of Health Center for Tobacco Prevention and Control to provide training and technical assistance to professionals and local community agencies as well as the Local Health Departments (LHD) in the twenty-four (24) jurisdictions in Maryland to enhance smoking cessation and prevention efforts. MDQuit aims to support and link providers to the Maryland Tobacco Quitline established in 2006 to support state tobacco control efforts, evaluate tobacco use and cessation data, provide evidence-based and effective resources and tools to local programs, create and support an extensive, collaborative network of tobacco prevention and cessation professionals, and provide a forum for sharing best practices throughout the state of Maryland. Over the last fourteen (14) years, Dr. DiClemente and his team have received multiple grants and contracts, including funding from the Maryland Department of Health, the Maryland Department of Health Behavioral Health Administration, and Pfizer, Inc. Medical Education Grants to assist with tobacco control efforts and examine smoking initiation and cessation using the framework of the Transtheoretical Model of Intentional Behavioral Change.

According to the 2018 Behavioral Risk Factor Surveillance System (BRFSS) survey, 12.6% of Maryland residents are current smokers. As such, addressing tobacco use through targeted control efforts remains necessary. MDQuit supports state tobacco prevention and control efforts in a variety of ways including disseminating up-to-date research and evidence-based best practices through a variety of avenues, providing technical assistance to individuals and agencies across the state, conducting trainings and conferences, updating and promoting the MDQuit website (www.mdquit.org), conducting community outreach to better serve vulnerable populations, and identifying areas of need among Maryland residents who use tobacco to direct local and state tobacco control efforts. MDQuit has had great success executing its various initiatives. For instance, the MDQuit website had one hundred and thirty-seven thousand five hundred and fifty (137,550) page views in the last fiscal year (July 1, 2018 - June 30, 2019). The trainings and annual Best Practices Conferences that MDQuit has conducted over the years have all received consistently positive feedback from attendees.

Since 2016, MDQuit has been able to expand its above efforts into the behavioral health community through funding from a Pfizer Medical Education Grant and a contract with the Maryland Department of Health Behavioral Health Administration. MDQuit has expanded capacity for substance use and mental health providers, administrators/staff, and agencies throughout Maryland to address tobacco cessation comprehensively using policy and programmatic tools through the development and provision of the Breaking the Habit in Behavioral Health (BH2) session training program. Supplemental technical assistance and logistical support for implementing cessation activities and building capacity have also been and continues to be provided. Overall, accomplishments include enabling agencies and providers to overcome barriers to tobacco control and enhancing the knowledge and skills of providers, staff, and administrators with an empirically-supported and flexible manualized multi-component cessation program that can be integrated into behavioral health programs.

Updates on trainings and other MDQuit initiatives are shared at MDQuit's annual Best Practices Conferences and advisory board meetings. MDQuit has an Advisory Board of eighteen (18) professionals, stakeholders, and leaders from various backgrounds across Maryland dedicated to reducing and preventing tobacco use. MDQuit holds meetings with the board every year to get feedback on ongoing initiatives and solicit ideas and recommendations for connecting with other professionals and organizations.

Project Narrative

Technical Assistance. The MTCRC shall provide technical assistance to LHDs and a variety of agencies and individuals during each fiscal year.

As the current Maryland Tobacco Control Resource Center, MDQuit continues to provide a wide range of technical assistance (TA) activities to numerous agencies and individuals. Types of TA requests are categorized below and are received through calls to the MDQuit office (410-455-3628), emails to info@mdquit.org, and direct contact with MDQuit's Director, Dr. Carlo DiClemente. MDQuit also initiates outreach to offer TA to specific groups in connection with targeted efforts and initiatives as determined in planning meetings with the Maryland Department of Health Center for Tobacco Control and Prevention (CTPC).

Training-related requests

Individuals and agencies interested in either attending a training hosted by MDQuit or having a training held on-site at their agency will contact MDQuit over the phone or through email. In some cases, training requests are made directly to Dr. DiClemente via email or through personal contact by interested parties at trainings, presentations, or other events where he is in attendance.

- Individuals interested in attending a scheduled centralized training at UMBC's South Campus location are referred to the appropriate registration link. Upon registration, trainee information is added to the training spreadsheet on record. Notice of trainings are distributed through our extensive contact list of professionals and others interested in tobacco control and through newsletters and website.
- Requests from agency representatives for on-site trainings are presented and discussed during MDQuit's weekly team meetings. Availability of trainers on requested dates is determined and alternate dates are proposed to agencies if needed. When an agreement has been reached about date and time, the training is formally added to the schedule and to the training spreadsheet on record.

Online training and website-related requests

Technical issues encountered by users within the Litmos online training platform and on the MDQuit website are reported by phone or email.

- A user who reports a password problem via email receives an acknowledgment of the report from MDQuit staff along with a plan for resolution. After completion of the planned resolution (typically initiation of a password reset), MDQuit will again contact the user to request that they make another login attempt, with instructions to get back in touch with MDQuit if the password problem persists.
- Higher level technical issues reported by users that are beyond the knowledge and expertise of MDQuit are referred to New Media Solutions, a company under contract with MDQuit for website management and maintenance.

Requests for assistance with community-based events

Community groups (e.g., faith-based organizations, educational institutions, HR departments, employers) sponsoring health-related events request MDQuit's participation and/or contribution of prevention and cessation materials. These types of requests are received via phone and email.

- Limited availability of staff typically precludes MDQuit from attending these events; MDQuit informs requesters of this fact and refers them to their respective Local Health Department Tobacco Coordinator for that purpose. In order to provide some level of support, MDQuit will send a variety of Quitline-branded promotional items along with prevention, cessation, and other informational materials to the event organizers. Contributions to these types of events are logged and reported in quarterly progress reports.

Quitline-related requests

MDQuit receives calls from current smokers who are interested in quitting and are seeking Quitline services.

- Calls of this nature are logged by MDQuit and callers are referred to the Maryland Tobacco Quitline. No identifying information is collected unless the request requires follow-up from the Maryland Department of Health and/or Quitline staff. In such cases, MDQuit contacts CTPC via telephone to relay caller information and explain the need for follow-up. Inasmuch as MDQuit is not a 24/7 operation, an outgoing voicemail message on the MDQuit office number refers callers interested in quitting to the Quitline.
- Emails of this nature are responded to by MDQuit and referred to the Quitline as appropriate. Emails sent during off-hours are also responded to when read/received by MDQuit. These email exchanges are archived and reviewed for quarterly reporting purposes.

MDQuit also receives calls from healthcare providers and other certified Fax to Assist professionals who are interested in outcomes for their patients/clients who have been referred to the Quitline via fax, email, or EHR.

- MDQuit contacts CTPC via email to request that they liaise with Quitline staff in order to assist providers in obtaining the requested information. These exchanges are archived and reviewed for quarterly reporting purposes.

Resource-related and other requests

Requests for other types of resources and technical assistance are received through email or over the phone from a variety of sources, including local health department personnel, hospitals and health centers, attendees of MDQuit's annual Best Practices Conferences, tobacco control and health care professionals (within Maryland and from other states), and students from middle and high schools in the State. MDQuit addresses these requests during its weekly team meetings to determine appropriate next steps and actions.

Some examples include requests for:

- Presentations on trending topics (e.g., vaping)
- Resources from MDQuit-sponsored events
- Assistance with implementation of smoke-free policies (referral to and collaboration with the Maryland Tobacco Legal Resource Center)
- Referrals to evidence-based resources beyond those available on mdquit.org (assigned to team member/s in weekly team meeting)assistance with starting smoking cessation groups
- Interviews with project staff for school reports

Outreach to offer technical assistance

MDQuit initiates outreach to various agencies and groups in connection with targeted efforts and initiatives guided by MDH recommendations. Based on specified populations, MDQuit identifies and discusses prospective agencies and groups during its weekly team meetings and connects with the appropriate officials from selected agencies to schedule a call or site visit/meeting. MDQuit will discuss any existing tobacco/smoking-related needs and/or challenges within the agency with these officials and then present ideas for ways in which MDQuit can assist with addressing the identified needs (e.g., conducting trainings such as the Breaking the Habit in Behavioral Health (BH2), Fax to Assist, or SBIRT for tobacco cessation, providing prevention and cessation materials to patients/clients). Agreed-upon activities are scheduled and conducted and follow-up activities are provided as needed. Examples of recent outreach include:

- Consultation about tobacco control with Tuerk House program managers
- Outreach to substance abuse treatment programs for pregnant women (e.g., Safe Harbor, Chrysalis House)
- Vaping presentation to University of Maryland College Park Student Health Center Providers
- Outreach to Maryland State Department of Education health educators to offer Stanford Tobacco Prevention Toolkit Training
- Consultation with Dr. Janaki Deepak about including tobacco cessation in oncology clinic

Reporting of requests received and responses provided

Formal documentation of technical and Quitline-related requests received and assistance provided by MDQuit first appeared in the quarterly progress report for the period January 1, 2017 through March 30, 2017, and consisted of a general summary of the types of requests received and the actions taken by MDQuit in response. TA reporting has become slightly more detailed in subsequent progress reports and eventually began to include more specific information such as for Quitline-related requests and assistance. The current level of TA detail, which includes the date and source of each technical and Quitline-related request (with the exception of identifying information for potential Quitline clients, which is only collected by MDQuit staff if the caller is in need of a follow-up call from CTPC or Quitline), provided in quarterly progress reports began in April, 2019.

Over the proposed three-year period, MDQuit will continue to offer technical assistance in all these areas to fulfill up to one hundred (100) technical assistance requests each fiscal year. The number of requests received and actions taken in response will be reported quarterly with the same level of detail provided in MDQuit's current progress reports, unless and until additional reporting requirements become necessary.

Behavioral Health Smoking Cessation Training for Providers, Staff and Administrators. Provide regional and centralized trainings.

Between 2012 and 2014 the MDQuit Resource Center (MDQuit) developed a training program for behavioral health (i.e., mental health and substance use) providers across Maryland titled, Breaking the Habit in Behavioral Health: New Hope for Clients Who Smoke (BH2). BH2 trainings are designed to equip behavioral health providers with the knowledge, skills, and resources needed to assist their mental health and substance-using clients with smoking cessation. Through the provision of flexible provider and supportive administrator/staff trainings that can be tailored to the differing needs of behavioral health clientele and post-training technical assistance, the training program employs a comprehensive approach to address smoking cessation at all agency levels.

The BH2 provider training, offered in person at no cost to participants, includes a single session component and a multiple session group component. The single session training occurs over three (3) hours, for which participants earn three (3) Continuing Education Units (CEUs). Providers who can offer multiple session groups complete this single session component in the morning and then in the afternoon, complete an additional three (3) hours of training, for which they receive an additional three (3) CEUs. The Behavioral Health Administration's Office of Workforce Development and Technology Transfer have sponsored and will continue to sponsor CEUs for trainings until the end of the current fiscal year (June 30, 2020). MDQuit will explore other options to offer CEUs to future trainees for the trainings to be provided during the proposed three-year period under this agreement.

The single session focuses on the importance of smoking cessation, highlights why the behavioral health population is at greatest risk of morbidity and mortality from smoking, and examines how to assess a client's stage of change for smoking cessation. The physical and behavioral aspects of nicotine addiction, available medications, and trends in the use of electronic cigarettes/vaping are also covered. Trainees are taught how to

deliver the single session in a ninety-minute (90) one-on-one or small group format. In addition to the single session format, trainees can use the brief intervention and referral to the Maryland Tobacco Quitline approach, which is also covered in the training, to reach patients with whom providers have limited time and/or contact.

The second component focuses on how to run multiple session groups using a motivational-enhancing and cognitive-behavioral treatment approach. During this component of the training, trainees engage in small group activities that allow them to practice their communication skills, how to navigate around potential barriers, and how to exercise group leadership. Trainees are also shown how to deliver the training material in four (4) to ten (10) smoking cessation sessions depending on the stage of change and other characteristics of clients and the program, time, and resource constraints of the agency.

The BH2 single and multiple session trainings were constructed in a "plug and play" format that allows trainees to begin delivering sessions to their clients the next day. Trainees are given a supplemental package containing single and/or multiple session manuals that include step-by-step guides, client handouts, pamphlets for local resources such as the Maryland Tobacco Quitline, and videos on medication use and motivational testimonials. These materials and the presentations used by trainers during trainings are updated regularly to ensure that attendees receive the most current and up-to-date information on smoking cessation based on research and best practices recommended by national tobacco control organizations. Most recently, for instance, training materials were updated based on the Positive Language Guidelines issued by the Substance Use Disorders Institute and the 2020 Surgeon General's Report on Smoking Cessation. Trainees are given both electronic and hard copies of all materials so that it is readily accessible.

In addition to the BH2 provider trainings, briefer training sessions have been developed and offered to agency administrators and non-clinical staff who play a critical role in supporting smoking cessation among clients. These trainings address smoking and tobacco-related policy, cultural contexts, resource allocation, and providing support for providers, all of which are essential to effectively implement and sustain smoking cessation programming within behavioral health treatment settings. These trainings are offered as both a one-and-a-half-hour (1.5) in-person and a thirty-minute (30) self-paced online session to accommodate the time constraints and schedules of administrators and staff. Both the in-person and online sessions provide the same core content. Technical assistance is made readily available to those who take the online course to complement the discussion and problem-solving that takes place during in-person trainings.

This multi-pronged approach, encompassing provider and administrator/staff trainings, provides a comprehensive foundation to address smoking cessation among the behavioral health population that can be tailored to meet varying patient and agency needs, treatment schedules, and resource capacities. MDQuit began disseminating the BH2 program in 2014, conducting in-person trainings for providers working in mental health, substance use, behavioral health, primary care, private practice, and other community-based settings. Since then, one thousand and seventy-eight (1,078) providers from two hundred and ninety-one (291) agencies/organizations across Maryland have been trained through eighty-six (86) BH2 provider trainings. Supplementing this, twenty-seven (27) administrators and ninety-four (94) non-clinical staff persons have also been trained through seven (7) administrator/staff trainings. This reach has been accomplished through extensive outreach to various communities and jurisdictions across Maryland and collaboration with community stakeholders.

Proposed Trainings

In response to this request for application, MDQuit proposes to continue providing its Breaking the Habit in Behavioral Health (BH2) trainings in order to increase behavioral health smoking cessation. MDQuit will use trainers, and consultants as needed, with expertise in tobacco use, cessation, and prevention to conduct the trainings. MDQuit proposes that it will conduct at least four (4) trainings on a regional basis each fiscal year within the state of Maryland, for a total of twelve (12) regional trainings over the proposed three-year period

between July 1, 2020 and June 30, 2023. Using state-level data from the Behavioral Risk Factor Surveillance Survey (BRFSS) and the BHA Outcomes Measurement System (OMS) Datamart, MDQuit will consult with local programs and identify areas with higher smoking rates among adults with mental health and substance use issues to prioritize outreach efforts. MDQuit will conduct outreach over the phone and/or through emails to local health department tobacco coordinators, Core Service Agencies, Local Addiction Authorities, and Behavioral Health Agencies using its up-to-date lists of these contacts. The trainings will be offered to and delivered in different regions of the state that demonstrate both a necessity and interest in policy and programming efforts within behavioral health treatment settings. These regional trainings will be made open to providers, administrators, and staff in the respective regions. MDQuit will create and manage an online/phone registration process for trainees, secure venues, arrange catering as needed, and manage logistics for each training.

MDQuit proposes that it will also conduct at least six (6) centralized trainings each fiscal year at its UMBC South Campus location, for a total of eighteen (18) centralized trainings over the proposed three-year period between July 1, 2020 and June 30, 2023. These trainings will be open to providers, administrators, and staff from the state. MDQuit will create and manage an online/phone registration process for trainees, secure a training space at UMBC's South Campus location, arrange catering, and manage logistics for each training. MDQuit will advertise trainings through phone, email, its website (www.mdquit.org/), and MDQuit's annual Best Practices Conference. MDQuit will also send out an email blast to the one thousand three hundred and nine (1,309) contacts on the MDQuit Listserv, which includes personnel from local health departments, Core Service Agencies, Local Addiction Authorities, behavioral health agencies, and state addiction and mental health provider agencies.

MDQuit also receives training and information requests through its trainings@mdquit.org email. In the previous fiscal year (July 1, 2018 - June 30, 2019), twenty-one (21) such requests were received. MDQuit will continue to monitor training requests that it receives daily throughout the proposed project period to identify training needs. Trainings will be conducted by the Director, Project Assistants, and/or Training Consultants.

Evaluation of trainee attitudes, skills, and satisfaction

Trainings will continue to be evaluated using pre- and post-training surveys, which are administered to attendees on training days. The pre-training survey is used to gather information on demographic variables, beliefs and behaviors regarding smoking, smoking cessation knowledge, perceived importance of intervention activities, and self-efficacy/confidence to execute learning objective areas. The post-training survey, used to assess quality of the training, trainers, and materials provided along with perceived importance of intervention activities and self-efficacy/confidence to execute learning objective areas, is matched to the pre-training survey using identifiers unique to each trainee. These surveys will thus continue to be utilized to evaluate trainee attitudes, skills, and satisfaction.

The trainings MDQuit has conducted in the past have consistently received positive evaluations. Since 2014, average ratings on agreement to the statements that the overall quality of the training was good, trainers were effective, and provided materials were helpful have been high at 9.5, 9.5, and 9.7, on a scale of 1 (strongly disagree) to 10 (strongly agree), respectively. Similarly, average ratings on confidence with providing smoking cessation interventions in individual and group formats after taking part in trainings were also high, at 8.8 and 8.4, on a scale of 1 (not at all confident) to 10 (extremely confident), respectively.

Evaluation of post-training implementation

MDQuit assessed the implementation of the BH2 program for trainings conducted from February, 2014 to December, 2015 at the two (2) and six-month (6) follow-up points after the trainings through online surveys and phone interviews. The majority of respondents reported that they were currently taking steps, which varied from reviewing training materials to talking with clients to gauge interest to implementing the intervention, to conduct

BH2 groups sessions in their agencies at two (2) months (59.9%, n = 88) and six (6) months (54.0%, n = 47). Similarly, MDQuit evaluated post-training implementation in the fifty-four (54) behavioral health agencies that participated in BH2 trainings over the twenty-month time period from September 2017 to April 2019 through online surveys and follow-up phone interviews targeting survey non-respondents. The majority of respondents (76.7%, n = 33) were currently implementing smoking cessation interventions: eighteen (18) agencies (41.9%) were conducting brief interventions, twenty-nine (29) agencies (67.4%) were conducting individual sessions, and fourteen (14) agencies (32.6%) were conducting group sessions.

Currently, MDQuit sends out online surveys at the three-month (3) follow-up point after trainings to evaluate post-training implementation and follows up with trainees who did not respond to online surveys through phone interviews. During the proposed three-year period, MDQuit will continue to evaluate post-training implementation at the three-month (3) follow-up point after trainings through online surveys and follow-up phone interviews to target survey non-respondents. MDQuit proposes to provide information regarding the number of trainings conducted and individuals who have taken the training in its quarterly reports over the proposed three-year period.

Quitline Referrals. Conduct trainings and promote Quitline referrals that allow healthcare and non-healthcare professionals to refer tobacco and nicotine-using individuals to free services provided by Maryland Tobacco Quitline.

Trainings and Quitline Promotion

MDQuit offers several trainings, which are promoted on the 'Training' page of the MDQuit website (www.mdquit.org/) and at MDQuit's annual Best Practices Conferences. Interested providers, agencies, and other parties can discuss and request trainings through the trainings@mdquit.org email, over the phone, or by filling out a Training Request Form on the MDQuit website.

MDQuit offers four (4) in-person trainings. The Brief Intervention for Tobacco Cessation: A3C & Fax to Assist training provides a brief introduction on integrating stages of change and motivational interviewing techniques to address smoking cessation with clients using the Ask, Advise, Assess, Connect (A3C) model and connect them to local resources and the Quitline using Fax to Assist. The Preparing to Quit (PTQ) training prepares trainees to use a single group or individual session to help prepare clients to quit smoking. The Breaking the Habit in Behavioral Health (BH2) training, which includes the single session and multiple session group provider training and the administrative/staff training, provides a flexible, comprehensive approach to address smoking cessation at all agency levels. The Preventing Tobacco Smoke Exposure: The Role of Childcare Providers training targets individuals who are interested in providing training to childcare providers on tobacco prevention and cessation within childcare settings using a train-the-trainer model. MDQuit offers the Fax to Assist training and the Breaking the Habit in Behavioral Health (BH2) trainings for administrators and staff in an online training format, through Litmos, as well. A five-part training package for Medicaid and other healthcare providers to enhance their skills and approach in reaching and intervening with Medicaid enrollees who use tobacco is also available online through Litmos.

MDQuit promotes the Quitline and provides information on electronic referrals and fax referrals, and makes trainees aware of provider referral tools on quitnow.net/Maryland Tobacco Quitline website in all of its trainings. Of note is the Fax to Assist training offered as a stand-alone twenty-minute (20) online training as well as part of the longer Brief Intervention for Tobacco Cessation: A3C & Fax to Assist and Breaking the Habit in Behavioral Health (BH2) trainings. The first half of the Fax to Assist training covers an overview of the components of tobacco dependence and strategies for cessation, the Stages of Change model, motivational enhancement strategies, and Brief Intervention for tobacco cessation using the A3C clinical model. During the

latter half of this training, participants get an in-depth look at the Maryland Tobacco Quitline, including services offered by the Quitline, and the Quitline counseling process, and the Fax to Assist program.

MDQuit launched the Fax to Assist program in 2006, providing a platform for providers to directly connect clients who want to quit smoking to the Maryland Tobacco Quitline using MDQuit's fax-referral form, removing the burden on patients to make the first call to the Quitline, potentially increasing engagement in smoking cessation services. During the training, after an overview of the program is provided, participants are shown how to complete the fax-referral. This information is also available on the Fax to Assist manual, which offers a step-by-step guide for healthcare organizations on the fax referral process. Electronic referrals through secure emails and the electronic health record are also promoted during the training and participants are provided a link to the Healthcare Provider eReferral Training page (https://smokingstopshere.com/ereferral-training/) on the Maryland Tobacco Quitline website, where they can enroll in a free online training on Making Electronic Referrals to the Maryland Tobacco Quitline.

As a part of this training, in addition to the manual, participants also receive a Fax to Assist kit which includes fax referral forms, 1-800-QUIT NOW brochure, A3C pocket guide, Tobacco Risk and Benefits of Quitting slider card, Quitline wallet cards, and an MDQuit "About Us" card. All participants who complete the Fax to Assist training, both in-person and online, are provided an account on the MDQuit website where they can access the manual and Fax to Assist kit materials at their convenience. After completing the Fax to Assist training, trainees become Fax to Assist Certified Providers. Since 2006, two thousand, one hundred and fifty-six (2156) providers in Maryland have completed MDQuit's Fax to Assist training and are Fax to Assist certified. In the previous fiscal year (July 1, 2018 - June 30, 2019), two hundred and sixty-eight (268) individuals were registered as Fax to Assist providers, of which eighty-eight (88) providers were trained online and one hundred and eighty (180) were trained in-person.

MDQuit promotes the Fax to Assist training, along with its other trainings, on its website and during its annual Best Practices Conferences. MDQuit analyzes Quitline data each year to identify agencies/organizations with exceptional records of fax and/or electronic health record referrals. During MDQuit's annual Best Practices Conference, these agencies/organizations are acknowledged and awarded plaques, further promoting referrals to the Quitline.

Presentations and Quitline Promotion

In addition to trainings, MDQuit promotes the Quitline, provides information on electronic referrals and fax referrals, and makes the audience aware of provider referral tools on quitnow.net/Maryland Tobacco Quitline website in the various presentations that the MDQuit Director, Dr. Carlo DiClemente, is asked to conduct all across the state. In the previous fiscal year (July 1, 2018 - June 30, 2019), Dr. DiClemente was asked to conduct six (6) such presentations. MDQuit proposes to continue promoting the Quitline and sharing information on referrals and provider tools available on the Quitline websites in all tobacco-related presentations that Dr. DiClemente conducts in Maryland.

Proposed Quitline Promotion and Referrals

In response to the request for application, MDQuit proposes to continue offering and delivering its trainings, particularly the Fax to Assist Quitline referral training both in person and online, as a standalone training and as part of BH2 and the Brief Intervention for Tobacco Cessation: A3C & Fax to Assist trainings, and manage logistics for each training. Through these trainings, MDQuit will provide information on electronic and fax referrals, connect trainees to provider referral tools on quitnow.net and the Maryland Tobacco Quitline website (https://smokingstopshere.com/), and promote Quitline referrals that allow healthcare and non-healthcare professionals to refer tobacco and nicotine-using individuals to the free services provided by Maryland Tobacco Quitline. MDQuit will train at least one hundred (100) providers each fiscal year and report the number of

individuals who completed the trainings during each reporting period, quarterly, and updated counts of total individuals trained, yearly.

In addition to this, MDQuit will work with the EHR Consultant, Dr. Khanna, to promote electronic referrals to the Maryland Tobacco Quitline. Dr. Khanna worked together with the Center for Tobacco Prevention and Control at the Maryland Department of Health to develop a modification in the Epic Electronic Health Record that links the Clinical Decision Support tool to the tobacco history section of the patient medical records. This Tobacco Clinical Decision Support tool in Epic enables providers to refer patients to the Maryland Tobacco Quitline, prescribe Nicotine Replacement Therapy, bill using a Common Procedural Technology (CPT) code, and populate the 'After Visit Summary' section of the patient charts. The CDS interface employs Health Level Seven (HL7) Version 2 to allow closed loop communication between Epic and the Maryland Tobacco Quitline. The provider can thus receive return messages from the Maryland Tobacco Quitline regarding whether the patient answered calls from the Quitline, received counseling and/or pharmacotherapy, or set a quit date. This two-way communication link between Epic and the Maryland Tobacco Quitline is cited as an example in the 2019 Centers for Disease Control Tobacco Change Package.

Dr. Khanna led the dissemination of the Tobacco Clinical Decision Support tool among providers at the University of Maryland Medical System. Prescribing clinicians and staff were provided with on-site coaching, live presentations, and web-based learning tools. Dr. Khanna will work with MDQuit as a consultant to reach out to other health systems to integrate and promote electronic referrals to the Maryland Tobacco Quitline from Electronic Health Record systems.

Annual Best Practices Conference. Hold an annual conference which highlights current best practices in tobacco control.

Beginning in 2007, MDQuit has hosted an annual conference that highlights best practices in tobacco control. These conferences have been widely supported over the years by providers and professionals in the tobacco control field. Since the development of the center, MDQuit has successfully hosted fourteen (14) annual Best Practices conferences and has addressed an array of tobacco use prevention related topics. These conferences are typically conducted in January and are attended by one hundred and fifty (150) to two hundred (200) individuals from various backgrounds, including providers and other health professions, community members, local health department personnel, and other tobacco control professionals.

Each conference is split into three parts: morning session, lunch sessions, and workshop sessions. During the morning session, the MDQuit Director provides updates on its recent completed and upcoming initiatives and promotes its in-person and online trainings, such as the Breaking the Habit in Behavioral Health (BH2) and Fax to Assist Quitline referral trainings. This is followed by presentations from invited keynote speakers. During the lunch session, the Legal Resource Center for Public Health Policy (LRC) provides legislative updates and the Center for Tobacco Prevention and Control (CTCP) at the Maryland Department of Health provides updates on state-wide initiatives in tobacco control. At the end of this session, MDQuit takes time to recognize agencies/organizations with exceptional records of referrals, including fax and electronic referrals, to the Maryland Tobacco Quitline. The final part of the conference includes break-out sessions conducted by invited tobacco control professionals. A catered breakfast and lunch is provided at each conference.

MDQuit's 14th annual Best Practices Conference was held on January 30, 2020 and was attended by one hundred and seventy-six (176) individuals from local health departments (30.83%), healthcare (18.80%), Maryland Department of Health/Behavioral Health Administration (12.78%), substance use agencies (5.26%), mental health agencies (3.76%), behavioral health agencies (4.51%), colleges/universities (6.02%), and other fields (8.27%). The theme for the conference was 'Youth and Special Populations: how to address initiation and cessation of nicotine addiction.' Two (2) keynote speakers, Dr. Rachel Grana Mayne and Dr. Suchitra Krishan-

Sarin, presented information on the current tobacco use landscape, particularly e-cigarette use among youth, during the morning session of the conference.

The lunch session included updates from LRC and CTPC and MDQuit presented its annual Fax to Assist awards to awardees. The breakout session options included two workshops and two panel sessions, one featuring Optum and Maryland Marketing Source and the other featuring Health Systems Initiatives grantees. The conference was well-received with attendees reporting that it met their expectations and offered useful ideas for their work.

MDQuit proposes to conduct the 15th, 16th, and 17th annual Best Practices Conference during the anticipated three-year period, using the key planning and implementation steps employed for the previous fourteen (14) conferences. Planning for each conference will begin several months in advance to allocate ample time to identify dates and secure venue contracts. MDQuit will work closely with CTPC to ensure that the best possible time is identified to host the annual conference. MDQuit has opted to work with the same conference venue, Turf Valley Resort, over the years due to the consistently positive feedback received from conference attendees. MDQuit anticipates hosting the proposed conferences in January of each year at this location barring unforeseen changes or circumstances. MDQuit anticipates arranging the catered breakfast and lunch for conference attendees with Turf Valley Resort, as has been done for previous conferences.

MDQuit will review suggested topics provided by previous conference attendees, input from the Advisory Board members, and current trends in the tobacco use landscape during MDQuit's weekly team meetings to identify a conference theme and relevant topics. MDQuit will continue to work closely with CTPC to finalize topics and identify speakers for the proposed conferences. As with previous years, the center will reach out to experts who have made significant contributions to the tobacco control field through emails and/or over the phone to serve as keynote speakers and conduct breakout sessions at the conference. MDQuit will manage the travel and stay arrangements of invited speakers. Ongoing updates on conference preparation will be shared with CTPC.

The conference will be promoted and advertised through the MDQuit website. The online event management platform Eventbrite will be used to create the registration for the conference. As with previous years, MDQuit will plan to host up to two hundred (200) conference attendees. Once the day-of-events have been finalized, an email blast will be sent to the one thousand three hundred and nine (1,309) contacts on the MDQuit listserv with registration information. Sign-in sheets and name tags for attendees will be prepared using the information provided by individuals at registration. MDQuit will also compile folders, containing the agenda, information on MDQuit trainings, speaker biographies, conference evaluation form and other handouts, to be disseminated to attendees at the conference. Additional promotional materials such as flyers, Quitline cards, posters, and calendars will also be made available at the registration table for attendees. After each conference, MDQuit will analyze the evaluations provided by attendees and provide a summary of the evaluation results including the number of attendees and their affiliations along with copies of final PowerPoint slides, handouts, and other materials used at the conference, as requested, to CTPC.

MDQuit has provided Continuing Education Credits (CEUs) to conference participants for attending and participating in the conference. Five (5) CEUs are typically awarded for each conference. The Behavioral Health Administration's Office of Workforce Development (OWDTT) and Technology Transfer sponsored CEUs for previous conferences. An application, which included the conference agenda, resumes of all speakers, and descriptions of each event to be conducted at the conference, was submitted to the OWDTT at least thirty days prior to the conference. Within a week after the conference, a sign-in sheet with attendee names and copies of conference evaluations completed by each attendee, was sent. Six (6) to eight (8) weeks after the conference, CEU certificates were sent out to attendees who requested CEUs at registration. OWDTT notified MDQuit that they can no longer provide these CEUs. Therefore, MDQuit will explore other options to offer certificates and/or CEUs to attendees of the 15th, 16th, and 17th conferences.

Advisory Board Meeting. Maintain and expand an Advisory board of at least 15 members and hold meetings with the Advisory Board at least twice per year.

Each year, MDQuit hosts an advisory board meeting at its UMBC South Campus location from 10 am to 1 pm. The meetings begin with a welcome and introduction of new board members by the MDQuit Director, who then provides updates on MDQuit Initiatives. The director of the Center for Tobacco Prevention and Control at the Maryland Department of Health then provides statewide updates on tobacco prevention and control. Other professionals in the tobacco control field have also previously given brief presentations/updates during MDQuit advisory board meetings. For instance, during the advisory board meeting on May 13, 2015, Dr. Niharika Khanna provided updates on the E-Referral Pilot conducted in Baltimore. Similarly, the Legal Resource Center for Public Health Policy provided updates on legislative initiatives during the advisory board meetings on October 20, 2016.

After this, MDQuit asks board members for their feedback and suggestions on various aspects of its initiatives, such as workshop ideas for MDQuit's annual Best Practices Conferences and recommendations for new board members and future advisory board meetings. During the most recent advisory board meeting, for example, MDQuit asked board members about recruiting teachers and educators for the Stanford University Tobacco Prevention Toolkit Training that will be conducted in April, 2020. Feedback from board members was used to contact appropriate individuals at the Maryland State Department of Education, who then helped MDQuit map out logistics of the training. At the end of every advisory board meeting, MDQuit provides a lunch to wrap up and provide board members opportunities for networking and sharing current activities.

The MDQuit Advisory Board currently has eighteen (18) board members from various professional backgrounds, such as medical providers, health department personnel, and representatives of numerous other organizations/entities, including the Legal Resource Center for Public Health Policy, Maryland State Department of Education, Truth Initiative and Spanish-speaking Health Leaders. At each advisory meeting, current board members are asked to provide recommendations for potential board members. MDQuit proposes to maintain an advisory board of at least fifteen (15) members over the anticipated three-year period.

While MDQuit advisory board meetings are typically held once a year, MDQuit has conducted more than one meeting in the same year, as was done in 2015. During the anticipated three-year period, MDQuit proposes to hold two advisory board meetings each fiscal year. The key planning and implementation steps employed to conduct the previous advisory board meetings will be used to guide the six (6) the advisory board meetings that will be held over the anticipated project period. These meetings will serve as informative brainstorming sessions to solicit ideas and recommendations from the Board about current and upcoming MDQuit initiatives.

Following the timeline of previous years, MDQuit will plan to conduct the first advisory board meeting of each fiscal year in October, to maximize the assistance and input of the board in preparing for the annual Best Practices Conference, held in January. MDQuit will plan to hold the second advisory board meeting of each year in April, which provides sufficient time in between meetings for MDQuit to make additional progress on its deliverables.

The MDQuit team will begin planning for each advisory board meeting approximately two months prior, in August and February, during MDQuit's weekly Monday meetings. MDQuit will first identify potential dates for the meeting and will reach out to the Maryland Department of Health Prevention and Health Promotion Administration Center for Tobacco Prevention and Control (CTPC) to narrow it down to a specific date. Once the date has been identified, MDQuit will secure a meeting space at UMBC's South Campus location and arrange catering for lunch. After this, an email blast will be sent out to advisory board members announcing the date of the meeting, along with a Doodle poll for board members to confirm whether they will be attending. After continued discussion during weekly Monday meetings, MDQuit will develop a meeting agenda that includes all advisory board members and their associated affiliations along with an outline of MDQuit's advances in

prevention and cessation efforts and Maryland Department of Health updates that will be discussed during the meeting. MDQuit will reach out to CTPC to finalize the Maryland Department of Health updates that will be provided before adding it to the agenda. Other items will be added to the agenda as needed.

The final agenda will be sent out as part of an advisory board meeting reminder email to board members. MDQuit will prepare slides for the meeting with current initiatives, updates on progress, and questions to solicit ideas and recommendations and prompt feedback from board members on current and upcoming initiatives. A sign-in sheet, nametags, and/or table name cards for board members will also be prepared. As with previous years, MDQuit will offer a call-in option using our conference call system for board members who cannot attend in person. The MDQuit team will facilitate and take notes at the advisory board meeting, which will be used to guide both its upcoming efforts in tobacco prevention and cessation as well as future advisory board meetings.

Website. Maintain and manage the existing website (www.mdquit.org) and/or have this existing domain roll over to a new site approved by the Department.

MDQuit has maintained its existing website (www.mdquit.org) since November 13th, 2006. The website provides professionals and community members throughout Maryland access to current information and best practices in tobacco cessation and prevention and is promoted in all MDQuit events, including trainings, webinars, and the annual Best Practices Conferences (e.g., link from www.mdhospitals.org). The website contains information about the mission and activities of MDQuit as well as staff members of the MDQuit team and the MDQuit advisory board. The homepage spotlights with relevant and up-to-date news and policies, upcoming events, and information on various MDQuit initiatives. Included on the website is a calendar that is regularly updated with upcoming trainings and other events, such as webinars and conferences.

Users can access information on various models, including the Transtheoretical Model (TTM) and Stages of Change, and measures, such as the Smoking Self-efficacy Scale and the Readiness Ruler, which is available in English and Spanish, on the website. PDFs of presentations from conferences and workshops, previous newsletters, and training materials are readily accessible on the website. Users can also various MDH-sponsored reports, data and articles on tobacco use and control efforts, Stages of change analyses using data derived from the Maryland Adult Tobacco Survey (MATS) and the Maryland Youth Tobacco Survey (MYTS), Maryland County profiles, and archives of various deliverables such as newsletters and videos.

A significant aim of the website is to promote MDQuit initiatives, such as the annual Best Practices Conferences, webinars, and trainings. The website provides information about MDQuit trainings, including both in-person and online trainings. In-person trainings include the Brief Interventions & Fax to Assist training which informs trainees on integrating stages of change and motivational interviewing to address client smoking cessation, the Preparing to Quit (PTQ) training which prepares trainees to use a single group or individual session, the Breaking the Habit in Behavioral Health (BH2) training for providers and administrators/staff, and the Preventing Tobacco Smoke Exposure: The Role of Childcare Providers which employs a train-the-trainer model. Online trainings, which are offered through Litmos, include the Breaking the Habit in Behavioral Health (BH2) training for administrators and staff, the five-module Tobacco Cessation Training for Medicaid Providers, and the Fax to Assist Training, which certifies trainees immediately upon completion to refer patients to the Maryland Tobacco Quitline through faxing, allowing providers to connect clients with the Quitline even when providing brief interventions. Detailed descriptions of each of these trainings are provided on the website to help visitors register for trainings that best meet their individual and agency needs. Trainings and services provided by the Maryland Tobacco Quitline are also promoted on the website, with information on how the Quitline works, who can use it, and available resources and services.

Presentations from conferences and workshops, previous newsletters, and training materials are available for download on the website. In addition to this, information on various models, including the Transtheoretical

Model (TTM) and Stages of Change, and measures, such as the Smoking Self-efficacy Scale and the Readiness Ruler, which is available in English and Spanish, is also provided on the website. Users can also examine various MDH-sponsored reports, data and articles on tobacco use and control efforts, Stages of change analyses using data derived from the Maryland Adult Tobacco Survey (MATS) and the Maryland Youth Tobacco Survey (MYTS), Maryland County profiles, and archives of various deliverables such as newsletters and videos.

Visitors can access additional information from other sources such as the Substance Abuse and Mental Health Services Administration (SAMHSA) and Centers for Disease Control and Prevention (CDC) through pages developed specifically for consumers, administrators, and various providers and professionals containing audience-specific information and links to resources. For instance, there are specific pages for dental professionals, employers, health departments, Medicaid & Managed Care Organizations (MCOs), mental health professionals, nurses, OB/GYN, pediatricians, pharmacists, physical therapists, physicians, respiratory therapists, school personnel, and substance abuse providers on the website. Visitors can also access information focused on special populations such as individuals with mental illnesses, ethnic groups, LGBTQ, light and intermittent smokers, those with chronic health conditions, military personnel, older adults, pregnant women, people who use substances, youth smokers, HIV, and individuals with intellectual and developmental disabilities.

The website was developed and is maintained with user-friendliness in mind. For instance, visitors can search for specific resources, reports, or other materials using the search function on the website which is linked to topic-specific tags. Since 2006, a steady flow of website visits and page-views has been maintained. Tracked through Google Analytics, as of February 26, 2020, there has been five hundred and fifty-seven thousand one hundred and four (557,104) visits/sessions and eight hundred and fifty-eight thousand eight hundred and thirty-six (858,836) page-views on the site since November 13, 2006.

The MDQuit team reviews the website daily to ensure that it is up to date with the newest policies, data, and reports and information on trainings and other MDQuit initiatives. For instance, with the ever-changing tobacco landscape, MDQuit recently updated the website with information on the newest tobacco products, vape products and heat-not-burn tobacco products. MDQuit team members are on various listservs of relevant agencies and partners and update the website with information found through this platform, as needed. MDQuit has a website committee, composed of the Project Director and Project Assistants, that meets weekly to maintain the website, update and remove outdated content, and address any problems or concerns involving the website. MDQuit communicates with its contractor, New Media Solutions, regarding technical difficulties that were not able to be resolved by the MDQuit team.

MDQuit will continue to manage and maintain this website based on current and upcoming trends in tobacco use and control during the proposed three-year period and will add enhancements for additional subgroups, specifically, videos targeting peer recovery specialists that are being developed currently, to the website. Information on upcoming trainings, annual Best Practices Conference, and other initiatives will also be added to the website. MDQuit will continue to promote the website in its trainings, conferences, presentations, and other initiatives and evaluate website usage. Quarterly updates on the website including content changes and usage as well as efforts to promote its utilization will be provided to CTPC.

Reports. The Applicant shall prepare quarterly reports for tracking progress toward key deliverables and for invoicing purposes. Quarterly reports are due with the quarterly.

MDQuit will prepare and submit quarterly invoices and quarterly reports tracking progress on key deliverables and will update reports with any required edits during the proposed three-year project period.

PROPOSED WORK PLAN

Goal I. Connect providers, professionals, and other stakeholders to best practices, tools, and resources that promote the prevention and reduction of tobacco use in Maryland

PROJECT OBJECTIVE(S) (Steps a program will take to attain its goals; Must be in S.M.A.R.T format)	ACTIVITIES (What will be done to accomplish this objective)	OUTCOMES/ RESULTS (Any tangible outcome produced by the activity)	PERSON(S)/ STAFF RESPONSIBLE (Who will perform activities)	DATA/PERFORMANCE MEASURES (How progress will be determined)
Objective I. MDQuit will conduct at least four (4) behavioral health smoking cessation trainings for providers, staff, and administrators on a regional basis by June 30 of each year in 2021, 2022, and 2023	Analyze state-level data from the Behavioral Risk Factor Surveillance Survey (BRFSS) and the BHA Outcomes Measurement System (OMS) Datamart	Areas that are most in need of behavioral health smoking cessation training will be identified	Project Assistants	-Smoking rates among adults with mental health and substance use issues across different jurisdictions tracked -Number of areas with higher smoking rates identified
	Conduct outreach over the phone and/or through emails to local health department tobacco coordinators, Core Service Agencies, Local Addiction Authorities, and Behavioral Health Agencies	Potential audience for whom the behavioral health smoking cessation training will be conducted and their training needs will be identified	Project Director and Project Assistants	-Number of calls and/or emails to potential training audiences -Number of potential training audiences identified
	Monitor training requests received over the phone and through email	Potential training opportunities will be identified	Project Assistants	-Number of training requests received -Number of calls and/or emails following up with individuals/ agencies that requested trainings
	Manage logistics for centralized training and set up online and/or phone registration for training	Arrangements required for training to be conducted properly will be made and interested providers, staff, and administrators will register for training	Project Managers and Administrative Coordinator	-Training date and location/venue selected for targeted areas -Catering arranged, when needed -Sufficient amount of training materials for trainees prepared -Registration set up
	Promote and advertise training over the phone, through email, MDQuit website, and at the annual Best Practices Conference	Potential attendees, including local health department tobacco coordinators and personnel from Core Service Agencies, Local Addiction Authorities, Behavioral Health Agencies, and state addiction and mental health provider agencies, will be recruited	Director, Project Director, Administrative Coordinator, and Project Assistants	-Number of potential attendees that receive email blasts and phone messages -Number of website visitors and number of page-views on trainings-related pages of website -Number of registrants for training -Number of training requests received
	Conduct Breaking the Habit in Behavioral Health (BH2) training	Attendees will be trained on the best practices, tools, and resources for providing and supporting the provision of smoking cessation activities to the behavioral health population	Director, Training Consultants, and Project Assistants	-Number of trainings conducted -Number of providers, staff, and administrators who attended training

	Evaluate training using pre- and post-training surveys administered at training and three-month follow-up online surveys/interviews	Success, quality, and impact of the training will be determined	Project Director and Project Assistants	-Pre-training and post-training survey data -Three-month follow-up online survey and phone interview data
	Complete needed tasks for the provision of certificates and, if possible, CEUs	Attendees will be given certificates and, if possible, CEUs for participating in the training	Project Managers and Administrative Coordinator	-Number of certificates sent out
Objective II. MDQuit will conduct at least six (6) centralized behavioral health smoking cessation trainings for providers, staff, and administrators by June 30 of each year in 2021, 2022, and 2023	Monitor training requests received over the phone and through email	Potential training opportunities will be identified	Project Managers and Project Assistants	-Number of training requests received -Number of calls and/or emails following up with individuals/ agencies that requested trainings
	Manage logistics for centralized training and set up online and/or phone registration for training	Arrangements required for training to be conducted properly will be made and interested providers, staff, and administrators will register for training	Project Managers and Administrative Coordinator	-Training date selected -Secured training space at UMBC's South Campus location -Catering arranged -Sufficient amount of training materials for trainees prepared -Registration set up
	Promote and advertise training over the phone, through email, MDQuit website, and at the annual Best Practices Conference	Potential attendees, including local health department tobacco coordinators and personnel from Core Service Agencies, Local Addiction Authorities, Behavioral Health Agencies, and state addiction and mental health provider agencies, will be recruited	Director, Project Director, Administrative Coordinator, and Project Assistants	-Number of potential attendees that receive email blasts and phone messages -Number of website visitors and number of page-views on trainings-related pages of website -Number of registrants for training -Number of training requests received
	Conduct Breaking the Habit in Behavioral Health (BH2) training	Attendees will be trained on the best practices, tools, and resources for providing and supporting the provision of smoking cessation activities to the behavioral health population	Director, Training Consultants, and Project Assistants	-Number of trainings conducted -Number of providers, staff, and administrators who attended training
	Evaluate training using pre- and post-training surveys administered at training and three-month follow-up online surveys/interviews	Success, quality, and impact of the training will be determined	Project Director and Project Assistants	-Pre-training and post-training survey data -Three-month follow-up online survey and phone interview data
	Complete needed tasks for the provision of certificates and, if possible, CEUs	Attendees will be given certificates and, if possible, CEUs for participating in the training	Project Managers and Administrative Coordinator	-Number of certificates sent out

Objective III. MDQuit will train at least one hundred (100) providers through trainings that promote Quitline referrals by June 30 of each year in 2021, 2022, and 2023	Promote Quitline by including information on electronic referrals, fax referrals, and provider referral tools on quitnow.net/Maryland website in trainings and presentations that MDQuit and Dr. DiClemente conduct	Attendees/audience will have learned about the Quitline and electronic and fax referral process, and will be made aware of provider referral tools on quitnow.net/ Maryland Tobacco Quitline website	Director, Training Consultants, and Project Assistants	-Number of trainings conducted -Number of presentations provided
	Promote and advertise Fax to Assist trainings (standalone and as part of Breaking the Habit in Behavioral Health (BH2) and Brief Intervention for Tobacco Cessation: A3C & Fax to Assist trainings) over the phone, through email, MDQuit website, and at the annual Best Practices Conference	Potential attendees, including local health department tobacco coordinators and personnel from Core Service Agencies, Local Addiction Authorities, Behavioral Health Agencies, and state addiction and mental health provider agencies, will be recruited	Director, Project Director, Administrative Coordinator, and Project Assistants	-Number of potential attendees that receive email blasts and phone messages and are at annual Best Practices Conference -Number of website visitors and number of page-views on trainings-related pages of website -Number of training requests received
	Offer and manage the online Fax to Assist trainings (standalone and as part of Breaking the Habit in Behavioral Health (BH2) administrator/staff trainings) through Litmos	Online participants will have learned about the Quitline and electronic and fax referral process, will be shown in detail how to complete fax referrals, and will be made aware of provider referral tools on quitnow.net/ Maryland Tobacco Quitline website	Project Managers and Administrative Coordinator	-Number of providers who completed online trainings through Litmos
	Conduct in-person Fax to Assist trainings (standalone and as part of Breaking the Habit in Behavioral Health (BH2) and Brief Intervention for Tobacco Cessation: A3C & Fax to Assist trainings)	Attendees will have learned about the Quitline and electronic and fax referral process, will be shown in detail how to complete fax referrals, and will be made aware of provider referral tools on quitnow.net/ Maryland Tobacco Quitline website	Director, Training Consultants, and Project Assistants	-Number of trainings conducted -Number of providers who completed training
	Conduct outreach to health systems and promote electronic health record referrals to Quitline	Potential health systems into which electronic referrals to Quitline could be integrated and promoted will be identified.	Director, Project Director, EHR Consultant	-Number of health systems contacted -Number of health systems that integrate electronic referrals to the Quitline -Number of presentations and/or consultations provided to offer technical assistance

| Objective IV.

MDQuit will conduct one (1) state-wide conference that highlights current best practices in tobacco control by June 30 of each year in 2021, 2022, and 2023	Manage logistics for each conference and set up registration on Eventbrite	Arrangements required for conference to be conducted properly will be made	Project Director, Project Managers, and Administrative Coordinator	-Conference date selected -Secured conference space at Turf Valley Resort -Catering arranged -Speakers' travel and stay arranged -Number of attendee folders compiled with conference materials -Registration set up
	Discuss suggested topics from previous attendees, input from advisory board, and current trends in tobacco use landscape during weekly team meetings	Conference theme and relevant topics will be identified	Director, Project Director, Project Managers, Administrative Coordinator, and Project Assistants	-Meeting notes -Theme and topics identified
	Reach out to experts who have made significant contributions to tobacco control field through emails and/or over phone	Keynote speakers and workshop presenters will be selected and conference agenda will be set	Director, Project Director, and Administrative Coordinator	-Number of experts contacted -Number of speakers/presenters identified -Conference agenda finalized
	Promote and advertise conference through the MDQuit website and send email blast with Eventbrite registration to MDQuit listserv	Potential attendees from various backgrounds, including providers and other health professions, community members, local health department personnel, and other tobacco control professionals, will be recruited	Director, Project Director, and Administrative Coordinator	-Number of potential attendees that receive email blast -Number of website visitors and page-views on conference related pages of website -Number of registrants for conference
	Provide ongoing updates on conference prework to CTPC	CTPC will be made aware of conference date, time, location, draft agenda, proposed speakers and conference promotion	Director and Project Director	-Number of email, phone, or in-person conversations between MDQuit and CTPC
	Conduct MDQuit's annual Best Practices Conference	Attendees will learn about current and upcoming initiatives and best practices in tobacco control	Director, Project Director, Project Managers, Administrative Coordinator, and Project Assistants	-Number of attendees
	Analyze evaluation forms completed by conference attendees	Overall quality and usefulness of the conference will be evaluated and sent to CTPC along with information on number of attendees and their affiliations, presentations slides, and other handouts	Project Director and Project Assistants	-Attendee evaluation forms -Evaluation report
	Complete needed tasks for the provision of certificates and, if possible, CEUs	CEU application will be sent to sponsor and attendees who request CEUs will be given CEU certificates for participating in the conference	Project Director and Project Managers	-Number of CEUs, if possible, offered -Number of certificates sent out

Goal II. Serve as an efficient resource center to provide a forum for sharing capacity and resources that assist providers and programs in reducing tobacco use among residents across Maryland

PROJECT OBJECTIVE(S) (Steps a program will take to attain its goals; Must be in S.M.A.R.T format)	ACTIVITIES (What will be done to accomplish this objective)	OUTCOMES/ RESULTS (Any tangible outcome produced by the activity)	PERSON(S)/ STAFF RESPONSIBLE (Who will perform activities)	DATA/PERFORMANCE MEASURES (How progress will be determined)
Objective I. MDQuit will fulfill up to 100 technical assistance (TA) requests to LHDs and a variety of other agencies and individuals, by June 30 of each year in 2021, 2022, and 2023	Discuss requests from agency representatives for on-site trainings at their facility at weekly team meetings, determine availability of trainers on requested date, and schedule and conduct training	Agency staff receive requested training and attendees will be trained on best practices, tools, and resources for providing and supporting provision of smoking cessation activities based on training subject matter	Director, Project Director, Project Managers, Administrative Coordinator, and Project Assistants	-Number of training requests received -Number of trainings conducted -Number of training attendees
	Provide the registration link for scheduled trainings at UMBC's South Campus to individuals and agencies who have expressed interest in attending	Interested individuals will register for MDQuit trainings and attendees will be trained on best practices, tools, and resources for providing and supporting provision of smoking cessation activities based on training subject matter	Administrative Coordinator, Program Managers, and Project Assistants	-Number of individuals who request and are provided registration link -Number of these individuals who register for training -Number of these individuals who attend training
	Resolve technical issues encountered by users within Litmos training platform and on the MDQuit website, or otherwise refer higher level technical issues to website contractor for resolution	Users will be able to access to online resources and/or trainings	Administrative Coordinator, Project Managers, and Project Assistants	-Number of technical issues reported and solved/referred for resolution
	Monitor requests for tobacco control-related materials	Quitline-branded promotional items and prevention/cessation/other materials will be provided to requestors in support of community-based events	Administrative Coordinator and Project Assistants	-Number of material request received -Number of events supplied with Quitline and prevention and cessation materials
	Provide other types of assistance as requested (e.g., presentations, referrals to additional evidence-based resources beyond website; guidance on starting smoking cessation groups or implementing smoke-free policies)	Individuals seeking assistance will either be provided the requested assistance from MDQuit or referred to a more appropriate source	Director, Project Director, and Administrative Coordinator	-Number of requests received and addressed by MDQuit -Numbers of requests received and referred to other sources
	Initiate outreach to identified agencies and groups in connection with targeted efforts and initiatives guided by MDH recommendations	Hard-to-reach populations will be engaged in prevention and cessation efforts	Director and Project Director	-Number of calls and/or emails to outreach contacts -Number of consultations provided
	Refer current smokers who are interested in quitting and receiving Quitline services to the Maryland Tobacco Quitline	Smokers who are connected with the Quitline and accept Quitline services may be successful in their quit attempts	Administrative Coordinator and Project Assistants	-Number of current smokers who reach out to MDQuit and are referred to the Maryland Tobacco Quitline

	Assist healthcare providers seeking outcomes for patients/clients that they have referred to the Quitline by connecting them with CTPC who will contact Optum on behalf of the provider	Healthcare providers will receive requested outcome information on patients/clients from Optum staff	Administrative Coordinator and Project Assistants	-Number of healthcare providers who reach out to MDQuit and are connected with CTPC
Objective II. MDQuit will promote and maintain a public website that provides access to current information and best practices in cessation and prevention throughout the anticipated project period	Promote MDQuit Trainings (e.g. Breaking the Habit in Behavioral Health (BH2), Fax-to-Assist) and Events (e.g. Best Practices Conference) on the website	Potential attendees from various backgrounds, including providers and other health professions, community members, local health department personnel, and other tobacco control professionals, will be recruited	Administrative Coordinator and Project Assistants	-Number of training requests received -Number of registrants for trainings -Number of registrants for events -Number of page-views on relevant training and event pages
	Conduct general website maintenance to ensure access and functionality to all interested parties	Dead links and trainings and events that have passed will be removed, and connecting links between pages will be checked	Project Managers, Administrative Coordinator, and Project Assistants	-Number of dead links removed -Number of old training/event information removed
	Update the website and add most recent and relevant material affecting smoking prevention and cessation, including reports, research, policies, presentations, and training materials	Website visitors will be able to access the most up-to-date information about smoking prevention and cessation	Project Director and Project Assistants	-Number/frequency of additions/updates to website
	Promote MDQuit website at conferences, trainings, and other events	Tobacco control professionals, providers, and other relevant stakeholders will be made aware or reminded of the MDQuit website	Director, Project Director, and Project Assistants	-Number of website visitors
Objective III. MDQuit will conduct two Advisory Board meetings by June 30 of each year in 2021, 2022, and 2023	Manage logistics for each meeting and set up Doodle poll for board members to confirm attendance	Arrangements required for advisory board meeting to be conducted properly will be made	Project Managers and Administrative Coordinator	-Meeting date selected -Secured meeting space at UMBC's South Campus location -Catering arranged -Number of board members who responded to Doodle poll
	Prepare materials for meeting	Agenda with board members and their associated affiliations, presentation slides, and attendee materials will be prepared	Director, Project Director, and Administrative Coordinator	-Agenda and presentation slides completed -Sign-in sheet and nametags and/or table name cards for attendees created
	Provide ongoing updates on prework to CTPC	CTPC will be made aware of date, time, location, draft agenda, and proposed speakers	Director and Project Director	-Number of email, phone, or in-person conversations between MDQuit and CTPC
	Conduct MDQuit Advisory Board meeting	Ideas and recommendations for current and upcoming MDQuit initiatives will be solicited from board members	Director, Project Director, Project Managers, and Administrative Coordinator	-Number of board members who attended -Feedback received from board on initiatives -Meeting minutes/notes

PROPOSED TIMELINE

PROJECT DELIVERABLES	YEAR 1 July 1, 2020 – June 30, 2021				YEAR 2 July 1, 2021 – June 30, 2022				YEAR 3 July 1, 2022 – June 30, 2023			
	July-Sept.	Oct.-Dec.	Jan.-Mar.	Apr.-June	July-Sept.	Oct.-Dec.	Jan.-Mar.	Apr.-June	July-Sept.	Oct.-Dec.	Jan.-Mar.	Apr.-June
Conduct at least four (4) trainings on a regional basis and at least six (6) centralized trainings each fiscal year.	X	X	X	X	X	X	X	X	X	X	X	X
Fulfill at least one hundred (100) providers taking part in trainings each fiscal year; provide quarterly updates with the number of participants who complete the training.	X	X	X	X	X	X	X	X	X	X	X	X
One (1) statewide conference with projected attendance of at least 150-200 persons each fiscal year; provide a summary of evaluation results including number of attendees and affiliations; copies of final PowerPoint slides, handouts and other materials as requested by the Department.			X				X				X	
Two (2) local Advisory Board Meeting each fiscal year.		X		X		X		X		X		X
Maintain and promote a public website. Provide quarterly updates on website including content changes and usage, as well as efforts to promote its utilization.	X	X	X	X	X	X	X	X	X	X	X	X
Submit quarterly reports for tracking progress toward key deliverables.	X	X	X	X	X	X	X	X	X	X	X	X
Submit quarterly invoices.	X	X	X	X	X	X	X	X	X	X	X	X