

# Agenda

## Tobacco and Health Trust Fund Board

*Thursday, August 9, 2012*

*9:00 a.m. - 11:00 a.m.*

*Conference Room 2A*

*Office of Policy and Management*

*450 Capitol Avenue*

*Hartford, Connecticut*

- I. Welcome and Introductions
  
- II. Approval of July 2012 Minutes
  
- III. Discussion of 2012 Funding Recommendations
  - a. Review Draft Funding Proposals

Revised DOC Proposal	\$447,370*
Media Campaign	\$2,000,000
Quitline	\$1,600,000
Cessation Program at Community Health Centers	\$1,481,630
Evaluation	<u>\$486,000</u>
	\$6,015,000
	<u>\$441,300*</u>
	\$6,456,300

- IV. Next Meeting

Friday, September 21

\*Requested funding amount:

Year One	\$447,370
Year Two	<u>\$441,300</u>
Total	\$888,670

## D R A F T Meeting Summary

Tobacco and Health Trust Fund Board

July 13, 2012

9:00 a.m.

Room 2A

Office of Policy and Management

Hartford, Connecticut

Members Present: Anne Foley (Chair), Ellen Dornelas, Elaine O'Keefe, Patricia Checko, Geralyn Laut, Larry Deutsch, Andy Salner, Lisa Hammersley, Joel Rudikoff, Ken Ferrucci, Robert Zavoski, and Ellen Dornelas

Members Absent: Cindy Adams, Doug Fishman, Diane Becker, and Cheryl Resha

Item	Discussion/Action
Welcome and Introductions	The meeting was convened at 9:05 a.m. The chair introduced Joel Rudikoff, an appointee of the Senate Majority Leader replacing Robert Zavoski, who is now an appointee of the Governor. Members introduced themselves.
Approval of December 2010, March 2012, April 2012 and May 2012 Minutes	Robert Zavoski moved approval of the December 2010 and March 2012- June 2012 meeting minutes. The motion was seconded by Patricia Checko. The minutes were approved on a voice vote.
Amendment to the By-Laws	Larry Deutsch's motion to change the board's by-laws to allow members to vote by proxy or by conference calls was seconded by Joel Rudikoff. The motion was approved on a voice vote.

Discussion of 2012 Funding Recommendations

In response to the board's questions regarding the smoking cessation proposal submitted by DOC, Kathleen Maurer, Christine Fortunato, and Dan Bannish attended the meeting to provide clarification on the proposal.

After a detailed discussion on the specific aspects of the proposal, Robert Zavoski made a motion recommending funding the program for a two year period for an estimated amount of \$860,000. The motion was seconded by Andrew Salner with the following changes: (a) replace state positions with consultants (b) limit the subgroups to be served, and (c) initiate a competitive bidding process to secure an entity to provide training. The motion was approved on a voice vote.

DOC will revise and resubmit the proposal for the board's consideration.

The board reviewed funding proposals for a media campaign, quitline, cessation program-community health centers and evaluation. In light of the recommendation to fund DOC for a two year period other funding proposals must be adjusted to make up the difference in cost.

After a brief discussion Patricia Checko's motion to reduce the recommended funding amount for the cessation program at community health centers to make up the difference in cost was seconded by Andrew Salner. The motion was approved on a voice vote.

Next Meeting

The next meeting will be held on Thursday, August 9<sup>th</sup> at 9:00 a.m. in Conference Room 2A at the Office of Policy and Management.



STATE OF CONNECTICUT  
DEPARTMENT OF CORRECTION  
24 WOLCOTT HILL ROAD  
WETHERSFIELD, CONNECTICUT 06109

Cheryl L. Cepelak  
Deputy Commissioner

Phone 860-692-7871  
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August 3, 2012

Ms. Anne Foley, Chair  
Tobacco and Health Trust Fund  
Office of Policy and Management  
450 Capitol Avenue  
Hartford, CT 06106

Dear Ms. Foley,

The Connecticut Department of Correction (DOC) is pleased to submit this revised proposal for a two-year smoking cessation program for incarcerated inmates and offenders in the sum of \$888,670. Our proposal includes efforts to promote smoking cessation, to prevent the initiation of tobacco use among youth, and to reduce smoking-related disparities among the citizens of Connecticut.

Our plan focuses upon three distinct populations of inmates within our facilities: jailed offenders, many of whom leave our custody and return to their home communities relatively quickly; youthful offenders; and women of childbearing age. We will provide smoking cessation and prevention services to our inmates as well as pharmaceutical supports as clinically indicated. This proposal will also enable the DOC to form linkages with healthcare providers in the community to reinforce cessation and prevention efforts at the local level.

The Department greatly appreciates the invitation by the Tobacco and Health Trust Fund (THTF) to attend your next board meeting and discuss this revised proposal which we believe addresses the Trust Fund's concerns. As you will note, we have opted to work through a contractor (University of Connecticut School of Social Work) to achieve our program objectives. We have also focused our efforts more precisely and limited our scope to include only three subpopulations of inmates rather than six. Our proposal envisions a two-year project.

Should we receive funding for this project, we would immediately begin working with our University of Connecticut partners to create an implementation plan including a memorandum of agreement outlining the responsibilities of the two organizations. We would expect to complete the detailed implementation plan by the end of the first month after receipt of funding.

Should you have any further questions or require additional information, please contact Christine Fortunato, grants and contracts manager at (860) 692-6292 or at [Christine.Fortunato@po.state.ct.us](mailto:Christine.Fortunato@po.state.ct.us) or Dr. Maurer at (860) 692-6888.

Sincerely,

  
Cheryl Cepelak  
Deputy Commissioner

***CT DOC Smoking Cessation Project***

For

Connecticut Department of Correction Inmates

Submitted August 3, 2012

By

Division of Health Services

Connecticut Department of Correction

Project Summary

Although the Connecticut Department of Correction (DOC) enforces smoke free policies for both staff and inmates in all of our facilities, the Department does not currently offer smoking cessation information, medication or programming for either entering offender smokers or inmates who are reentering the community. There is evidence that offender populations have a higher prevalence and greater intensity of cigarette smoking than the general population; indeed, recent research indicates that in the U.S., prevalence rates range from 64 to 92%. Women of childbearing age, youth and severely mentally ill are also high risk subsets of our state's inmate population for smoking. Overall, smoking cessation represents a public health need for our inmates. This proposal is designed to address this need by developing an ongoing program to address both the tobacco withdrawal issues for inmates entering our facilities as well as medically appropriate programming, medication, and related mechanisms for reducing the risk of habituation for inmates who are discharging back to their home communities.

To implement a smoking cessation program within our facilities, we have chosen to team with the University of Connecticut School of Social Work/DMHAS Research Division (RD), a number of the staff members of which are very familiar with our facilities and have worked with our staff and inmates since 2004. These researchers from the UConn School of Social Work/DMHAS RD are nearing completion of a federally funded grant project designed to implement change in several areas involving medical and behavioral health in the criminal justice environment, specifically in several of our jails. Staff members of the RD are familiar with the corrections environment, have spent a good deal of time working in our facilities and with our inmate population, and are eager to continue their collaborative work in our system. Their work involves implementation of new procedures, as well as process evaluation and re-design of organizational systems; the mechanisms they use include a "train the trainer" model (i.e., working directly to educate and train the staff who will be working with inmates both within DOC and in the community), as well as by engaging and empowering internal DOC staff to identify and implement change via the use of Implementation teams.

We have identified three high risk subgroups within our inmate population to which we will target our smoking cessation program. These three subgroups include:

1. The jail population
2. Youthful offenders
3. Women of childbearing age

We have chosen these three risk groups because together they represent a significant number of our incarcerated population and at least two of the groups, children and women of childbearing age, offer the opportunity to prevent the harmful effects of smoking on especially vulnerable populations.

#### Description of our Corrections System & Unique Populations

The Connecticut Department of Correction houses 17,000 inmates at any given time in 15 separate facilities. During a given year, approximately 30,000 inmates pass through our facilities. As a unified system, our facilities include both jails and prisons. Because of this, we manage two distinct populations, the characteristics of which are relevant to the design of a smoking cessation program. The turnover of the jail population is substantially faster than the prison population because many of the jailed offenders (approximately 50%) bond out within the first 30 days and, although quickly leaving our custody, do offer an opportunity for a smoking cessation intervention during their short stay with us. Our busiest jail, the Hartford Correctional Center (HCC), intakes on average 40 to 60 new offenders per night, five days per week. Assuming that approximately 40 % of the new entrants to HCC smoke, we would have the ability to offer smoking cessation programming to approximately 4,800 offenders per year at HCC alone. We have 6 separate jails, including facilities in New Haven, Bridgeport, Montville (Corrigan), Hartford, Niantic (York) and Cheshire, where our juvenile facility, Manson Youth Institution, is located. The remainder of our facilities largely house inmates who are convicted of crimes with sentences of more than two years.

Juvenile offenders make up the second unique population in our system. The male juvenile offenders are housed in Cheshire at the Manson Youth Institution and the females are at York Correctional Center in Niantic. Our correctional approach to this population is tailored specifically to the needs of youthful offenders. Likewise, the smoking cessation program envisioned in this proposal is designed to address the unique needs of adolescent and young adults and will be tailored to the behavioral and physical characteristics of our youthful male and female offenders.

Our York correctional facility (YCI) in Niantic houses all female adult offenders as well as youthful offenders. We consider adult females to be a separate group regarding their smoking cessation programming needs. The program design for York will take into account the unique characteristics of the female population and will accommodate those needs. In particular, we plan to focus our efforts on women of childbearing age since exposure to cigarette smoke is extremely detrimental to fetal development.

#### Description of the Problem

Although we do not have definitive data on the prevalence of smoking among our incarcerated population, data from other correctional populations shows that inmates smoke at greater than twice the baseline population rate. We recently reviewed a random selection of 36 health records at our Hartford Facility. Of those 36, 14 (39%) reported smoking cigarettes. Information on the intensity of smoking was not available. Given the prevalence of smoking reported in other studies, this may well be an underestimate. As previously stated, literature on the subject indicates that national smoking estimates for inmates range from 64 to 92%.

Juvenile and young adult offenders pose not only unusual challenges because of their youth and immaturity, but also offer perhaps the greatest opportunity for long term change should our program be successful. Finally, because of the impact of smoking on the unborn fetus, our program will also target women of childbearing age who are within our facility at York. There are other distinct inmate groups for which smoking cessation is an especially significant medical intervention. The DOC houses male and female individuals with chronic medical conditions such as hypertension, COPD, heart disease, for example, whose prevalence exceed that found in the community at large. There is also a significant cohort of severely mentally ill inmates who typically have a higher prevalence and intensity of smoking which contributes to reduced life expectancies as much as 20 years less than the non mentally ill population. Finally, those who have both substance abuse and smoking issues form a separate focus group. The aforementioned 3 groups, including the seriously medically and mentally ill populations and those who are dually addicted, will be represented within the three main foci populations of this project—jailed inmates, youthful offenders, and incarcerated women of childbearing age.

#### Proposed Program Approach

The fundamental concept of the targeted smoking cessation efforts proposed in this project is to integrate smoking cessation activities and efforts into the routine healthcare activities of our identified cohorts of inmates. In all cases, when appropriate, we will link our inmates to community health care providers when they are ready for re-entry into the community. The community provider will become a strategic component of the smoking cessation program which is intended to be a lifelong project for each inmate who chooses to stop smoking. The only cohort that we will treat differently is our youthful offenders who will be linked to family-based counseling services. In addition, our plan is to integrate smoking cessation into the educational program that we offer to these young offenders. In order to select the specific interventions that will best fit the needs of the target populations and how they can best be implemented within the specific settings; implementation teams drawn from existing staff at the involved agencies will be utilized. As previously mentioned, some of the involved facilities have existing teams, while others will need to be established. Research indicates that this model of implementation increases communication between and buy-in from all relevant stakeholders who are needed to make sure that the program is implemented with good fidelity and is sustained.

#### Establishing the Prevalence of Cigarette Smoking in our Population

Our first task will be to establish the prevalence of smoking in our inmate population generally, and in the subgroups that we have identified. We anticipate that this will be the first field-based task of the project and should be completed shortly after the start-up phase of the project. The prevalence study will be needed in order to establish a reference baseline that can be utilized to evaluate the success of our efforts. The prevalence study will be conducted at HCC and YCI, allowing us to measure smoking prevalence in both the female and male populations. We will utilize an established screening tool that will be administered with the initial intake assessment when the offenders enter HCC and YCI. To complement this tool, we will utilize a CO monitor to identify evidence of smoking and to confirm the intensity of smoking. The prevalence study will be completed both at the beginning and the end of our two-year grant period.

### Design of the Program

The Department of Correction will approach the challenge of smoking cessation programming within the following conceptual framework:

1. Whenever possible, the DOC will utilize existing cessation programs that are evidence based and meet the needs of our various subpopulations. An example is a smoking cessation curriculum that we have identified that was created by the National Commission on Correctional Health Care (NCCHC) in conjunction with the Break Free Alliance specifically for smoking cessation in the correctional environment. The materials consist of a workbook written at 3<sup>rd</sup> grade level as well as slides and handout materials. Members of the Implementation teams that UConn/DMHAS RD will be facilitating at each site will begin their work by evaluating the various evidence-based programs, one of which they will implement. Once a team decision has been made, DOC will purchase the needed materials in English and in Spanish, whenever possible, for each facility. These materials will provide the basis of the adult smoking cessation teaching and group intervention efforts in each of the facilities.
2. We will provide tailored programming to each of these three defined unique DOC populations listed below. Each of the groups constitutes a specific phase of our project as follows:
  - a. Phase I—Short Stay Jail Population
  - b. Phase II—Youthful Offenders
  - c. Phase III—Women of Childbearing Age
3. We will utilize nonproprietary programming whenever possible and endeavor to limit costs at every opportunity. We will utilize sources such as the Department of Public Health, The Centers for Disease Control and Prevention, and other sources as available. We will also attempt to secure pharmaceuticals such as Zyban or Chantix directly from the pharmaceutical manufacturer at reduced pricing.
4. We will utilize the “train the trainer” concept to further expand smoking cessation capacity within our facilities and to ensure sustainability once the period of this funding is over.
5. We will utilize existing staffing including behavioral health, nursing staff, and, where appropriate, addictions services staff to deliver smoking cessation programming to our inmates. We believe that we have identified at least one appropriate curriculum (NCCHC program), and we will need to train providers in the various facilities.
6. We will develop linkages to community healthcare providers and community health centers to provide follow up for our patients. This will be especially important for individual offenders within each target group who also have significant co-morbidities such as hypertension, diabetes, and heart disease and who need ongoing care. In addition, we will utilize our in house Department of Correction parole staff and probation staff where possible to provide follow up and linkages. The Gender Responsive Parole Unit will also be available for follow up and linkages with re-entering female offenders. A representative of these important stakeholder groups will be participating on the Implementation teams at each site to make sure that their perspective, experience, and knowledge is integrated into the established smoking cessation programs.

7. We will provide smoking cessation messages through brochures, pamphlets, posters, and video to inmates in all our facilities
8. We will develop and manage an internal data base that will enable us to document each smoking cessation intervention, the outcome of that intervention, and the impact and effectiveness of long-term community interventions. This database will also enable us to ensure internal consistency among providers in our various institutions and conduct internal provider quality reviews. We will also utilize this data to study the impact of smoking cessation on recidivism and to address other questions relevant to the corrections population
9. Based on the input received from the established Implementation teams, the Department of Correction will seek smoking cessation instructional materials and posters that are appropriate for the incarcerated inmate and offender from sources such as the Department of Public Health, the Centers for Disease Control and Prevention, and other states that have appropriate written materials and video materials. As previously noted, we will also purchase supplies of the NCCHC smoking cessation curriculum for each of our focus facilities.

#### Expert Support and Consultation

We have also identified an expert in this field who will be helpful to guide our efforts to establish effective and long lasting smoking cessation programs in corrections. Dr. Scott Chavez is the vice-president of the National Commission on Correctional Healthcare and has been consulting to corrections departments around the nation on smoking cessation since 2000. Dr. Chavez has agreed to provide a limited amount of expert consultation to our project. We would envision his visiting our state once to help to kick off the program and then to provide ongoing consultation and oversight as needed.

For more detail, please see the following:

1. Budget with written justification; and
2. Table entitled: "Population Subgroups & Planned Interventions—CT DOC Smoking Cessation Project."

**Smoking Cessation Project**  
**For**  
**Connecticut Department of Correction Inmates**

**BUDGET**

This budget supports the development and implementation of a two-year smoking cessation education and relapse prevention program for inmates housed in Connecticut's state-operated jails and at Manson Youth Institution and York Correctional Institution for women. During the project period a plan for continuation beyond these grant funds will be created.

**CONTRACTUAL SERVICES**

The Department of Correction (DOC) and University of Connecticut (UConn), School of Social Work, will enter into a Memorandum of Agreement (MOA) in the amount not to exceed \$447,370 year one, and \$441,300 for year two (contingent upon second year funding from the Tobacco and Health Trust Fund), to provide the personnel and expertise that will be needed to develop and implement a smoking cessation program for inmates and offenders. Indirect costs (F&A) will be paid to UConn at the rate of 20%.

**Project Personnel**

**Project Manager:** Budgeted at \$50,000 per year for a total of \$100,000 for salary to consult with DOC staff overseeing the project and responsibility for program development, implementation oversight, supervision of project staff, and to interface with DOC and CMHC staff in jails/prisons, as well as community agencies. The ideal candidate is envisioned to be a retiree with a background in corrections, inmate health care, and/or addiction treatment services to be hired on a durational basis as an employee of UConn.

**Facilitators:** Budgeted at \$80,000 for year one and increased to \$85,000 (reflects salary increase) for a total of \$165,000 for 3 personnel to lead building and managing 4 local change teams that will advise and support the project's implementation.

**Trainers:** Budgeted at \$80,000 for year one and increased to \$85,000 (reflects salary increase) for a total of \$165,000 for 3 personnel to deliver smoking cessation trainings.

**Data Collection and Management:** Budgeted at \$80,000 for year one and increased to \$85,000 (reflects salary increase) for a total of \$165,000 for 3 personnel (Ex: data analyst, record reviewer, interviewer) to coordinate evaluation of the program with DOC and the Tobacco and Health Trust Fund, and to work closely with CT DOC Management Information Services (MIS) and community agencies/contractors to create data sets/queries, etc. to look at the effects of this project on overall health.

**Peer Outreach Educators:** Annual stipend of \$5,000 each for two contracted peer educators at \$10,000 per year (\$20,000 total) for telephone support and community follow-up of project participants.

**Consultants**

DOC will contract with National Commission for Correctional Health Care \$10,000 in year one and \$5,000 in year two for expert consultation involving the design and implementation of smoking cessation programs and materials specifically focused on the incarcerated/offender population.

DOC will contract \$5,000 x 4 sites at \$20,000 per year (\$40,000 total) for community service linkages which may include social work services, case management, health management, and related smoking cessation/health promotion activities.

### **TRAVEL**

Mileage calculated at .55 (or current federal rate), or \$10,000 in year one and \$5,000 in year two (\$20,000 total) for travel by UConn project personnel.

### **EQUIPMENT**

DOC will purchase 2 MicroCO Monitors at the unit price of \$1,150 ea. and 6 SmokeCheck CO Monitors at the unit price of \$625 ea, 2 COBRA PC software packages at \$195 ea, 2 CO calibration gas units at \$85 ea, 2 CO calibration kits at \$165 ea, 8 CO connectors with value at \$5.00 ea, and 20 bags of CO mouthpieces (bag of 100) at \$15 ea for 2,000 pieces for a total cost of \$7,070 in year one. Carbon monoxide monitors will be placed in each jail, Manson CI, York CI and at community health centers. Monitors will be used for several purposes, one of which is to confirm whether or not individuals have stopped smoking, and for educational purposes for inmates and offenders who are smoking when they enter jail/prison. The educational purpose of the carbon monitoring will occur as project staff measure the decay of carbon monoxide over time with these offenders. We will also use the carbon monoxide monitors as verification for our prevalence study.

### **SUPPLIES**

#### **Office**

General office supplies budgeted at \$250 each year (\$500 total).

#### **Education Materials**

Purchase print and audio-visual materials (Ex: brochures, posters, bilingual materials), postage and photocopying. Purchase of curricula materials, including Tobacco Cessation for Correctional Populations: A Health Education Manual, 2<sup>nd</sup> Edition, (2010) 60 copies @ \$75 ea. (2 English/2 Spanish versions per facility). Amount budgeted \$8,000 for year one and \$2,000 for year two (\$10,000 total).

#### **Medical Supplies**

Nicotine patches 28 per package @ \$42.52 (CMHC cost) and pharmaceuticals (e.g. Zyban and Chantix). Amount budgeted \$10,000 each year (\$20,000 total).

#### **Incentives**

Debit or store gift cards of \$10 value for connecting to primary care providers in the community to advance process of behavior change related to smoking cessation. Amount budgeted \$20,000 each year (\$40,000 total).

**Year One Sub-Total \$ 447,370**  
**Year Two Sub-Total \$ 441,300**  
**TOTAL PROJECT COST \$ 888,670**

## BUDGET

Category	Year 1	Year 2	Total
<b>DOC/UCONN MOA</b>			
<u>Personnel</u>			
Project Manager	50,000	50,000	100,000
Facilitators	80,000	85,000	165,000
Trainers	80,000	85,000	165,000
Data Collection & Management (Ex: data analyst, record reviewer)	80,000	85,000	165,000
2 Stipend Peer Outreach Educators	10,000	10,000	20,000
Mileage	10,000	5,000	15,000
Office Supplies	250	250	500
Direct Sub-Total	310,250	320,250	630,500
Indirect (20%)	62,050	64,050	126,100
<b>Sub-Total</b>	<b>372,300</b>	<b>384,300</b>	<b>756,600</b>
<u>Consultation Fees</u>			
Community Service Linkage	10,000	5,000	15,000
<b>Sub-Total</b>	<b>20,000</b>	<b>20,000</b>	<b>40,000</b>
<u>Equipment</u>			
CO monitors and supplies	7,070	-0-	7,070
<b>Sub-Total</b>	<b>7,070</b>	<b>-0-</b>	<b>7,070</b>
<u>Medical Supplies</u>			
Patch and prescriptions	10,000	10,000	20,000
<b>Sub-Total</b>	<b>10,000</b>	<b>10,000</b>	<b>20,000</b>
<u>Education Materials</u>			
<b>Sub-Total</b>	<b>8,000</b>	<b>2,000</b>	<b>10,000</b>
<u>Incentives</u>			
Debit and gift cards of \$10	20,000	20,000	40,000
<b>Sub-Total</b>	<b>20,000</b>	<b>20,000</b>	<b>40,000</b>
<b>TOTAL</b>	<b>447,370</b>	<b>441,300</b>	<b>888,670</b>

# Population Subgroups & Planned Interventions—CT DOC Smoking Cessation Project

Population Subgroup	Estimated Number of Inmates in Class	Facility Location of Most Members of Group	Proposed Staffing to Provide Smoking Cessation Services	Required Resources	Mechanism of Community Linkage
<b>PHASE ONE</b> Jail Population (Begin with 3 month pilot at Hartford CC to develop & implement effective process & then expand to one other jail)	400/month; 4,800/year at HCC	Hartford Correctional Center (HCC)	Assessment Staff, Addiction Services Staff, Orientation Staff, Prescribers, Implementation team	Nicotine patches, medications, community health center linkages, NCHC curriculum, incentives, pamphlets, brochures, CO monitors	Discharge planners with help from community health center providers, Peer educators, Probation supervision units
<b>PHASE TWO</b> Youthful Offenders	500	Manson Youth Institution (MYI), York Correctional Institution (YCI)	Services provided by education staff in both facilities, Implementation team, DCF Liaison	State DOE & DPH approved curriculum focused on "at risk" populations and supplemented with family counseling efforts, CO monitors, brochures, pamphlets	Efforts will be made to work with family unit to increase effectiveness, U of Miami Project, Peer educators, DCF Liaison
<b>PHASE THREE</b> Women of Childbearing Age	685	York Correctional Institution (YCI)	Prescribers, Nursing staff, Implementation team	NCHC curriculum; pamphlets, workbooks, brochures	Discharge planners; Gender responsive parole unit linkage, Probation supervision units, Peer educators

Funding from the Tobacco and Health Trust Fund for media campaigns has been utilized for several campaign components under both the prevention and cessation media campaigns. Components utilized includes: Hispanic media (television, radio, print, and grassroots), African American grassroots events, youth television, social media and grassroots events, and adult television, radio, social media, and grassroots events to try to better reach the target population for each campaign element, and both network and cable television stations are utilized to assure coverage statewide. Print media, press releases, and radio have been utilized to a lesser degree. The cost for these components has varied widely based on the target population (what channels/stations are utilized), the period of time, the amount of lead time, and the overall campaign value. Average costs incurred or anticipated for various campaign components are as follows:

General Television Market: Adults  Major network targeting adults over 18 Rate varies widely depending on station, show & time of day	\$ 48,000 for 400 spots	Cable Television Market: Adult  Focus on Fairfield, (only way to reach Fairfield market via television) (with 1,000 paid received 1,000 bonus)	\$50,000 for 1,000 units
Radio  Rate varies from \$20 to \$175 depending on station & time of day	\$15,000 for 750 spots over 4 weeks, variety of stations	Annual Social Media and Website Maintenance	\$65,000
Hispanic Television  Spots run from \$30 - \$50 apiece depending on program, time of day selected	\$ 12,000 for 250 spots over 4 week period	Digital Billboards	\$25,000 for two locations per flight
Transit Posters: Bus Stop Shelter Ads  167,000 DEC's over 4 week period	\$15,000 for one month, including production and printing costs, multiple locations such as Hartford, New Haven, and Bridgeport	Online Paid Search	\$15,000 estimated for one year (However actual cost depends on number of clicks)
Cost for Ads: Utilizing ads already developed: talent fees, usage rights fees, and tagging expenses	\$ 55,000 for up to three ads	Cost for Developing New Ads: Estimated \$	\$ 250,000
Quitline average billing prior to media campaign	\$ 94,000 per month	Quitline average billing during media campaign	\$ 185,000 per month  Includes 2 weeks of nicotine replacement therapy for insured, 8 weeks for uninsured
Tobacco Use Cessation Programs are now operated on a fee for service basis. Do not have a true baseline yet, but average billing per client served is expected to be up to \$900 per client with medications	\$45,000 per 50 clients served		

### Media Campaign Budget

*All funding to go towards media planning and placement for a series of campaign ads that have already been developed.*

<b>Media Campaign</b>	
<b>Television Advertising:</b>  Air 6,600 paid spots and an anticipated 2,112 bonus spots over the period of one year	\$ 960,000
<b>Radio Advertising:</b>  Air 3,200 spots and an anticipated 1,600 bonus spots over the period of one year	\$ 450,000
<b>Outdoor Advertising:</b>  Placement in various locations including shopping malls and bus shelters for two 8-week periods with a 45% frequency rate	\$ 250,000
<b>Online Advertising:</b>  Media cost for online ads to be placed over the course of one year	\$ 125,000
<b>Mobile Marketing:</b>  Includes proximity messaging at varying venues such as concerts, games and shows and media events	\$ 50,000
<b>Social Media and Marketing:</b>  Includes strategy development and public relations	\$ 100,000
<b>Project Management:</b>  General project oversight and product placements	\$ 65,000
<b>Media Campaign Total:</b>	<b>\$2,000,000</b>