**NYS Cessation Center**

**or**

**Tobacco Control Specialist**

**County or state Health department**

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**On-site Counseling/Support Group**

**Brief Intervention – 5 a’s**

**Referral to Quitline**

**Recommends medication**

**Writes script**

**Prescription Assistance**

**Refers to on-site group**

**Education**

**Group Support/counseling**

**Medication discussed**

**Behavior modification**

**Refers to Healthcare Clinic**

**Facilitates weekly support group**

**Markets program on-site and community**

**Provides follow-up to clients between group sessions**

**Assists resident with Medicaid Benefit**

**Provides on-going technical assistance**

**Trains new champions**

**Provides flyers, posters and educational materials**

**Provides updates on Medicaid Benefit**

**Trains new healthcare providers**

**Assists with Prescription Assistance Program**

**Resident Who Smokes**

**Wants to quit smoking**

**Not ready to quit smoking**

**Rescue Missions: Evidence Based Tobacco Intervention for Homeless Residents**

**On-site**

**Champion**

**Healthcare Clinic**

**Initial Health care visit**

**Brief intervention**

**Quitline referral**

**Daily follow-up by Champion**