

# Kansas Behavioral Health Tobacco Project Mini-Grants Program: Request for Proposals

## What is the Behavioral Health Tobacco Project?

The Behavioral Health Tobacco Project (Project) is administered by NAMI Kansas and is funded through the Kansas Health Foundation's (KHF) Tobacco Treatment and Recovery Initiative. The Project aims to:

- Create statewide policy, practice, and culture change to support tobacco prevention and treatment in substance use and mental health settings.
- Support behavioral health and primary care providers in adopting and implementing the [Tobacco Guideline for Behavioral Health Care](#).
- Increase access to evidence-based treatment for individuals with SMI (severe mental illness) and SUD (substance use disorders), especially for KanCare members.
- Expand and increase utilization of insurance coverage for tobacco dependence treatment.

In 2016, KHF funded 7 organizations for a total of \$1.4 million under their Tobacco Treatment & Recovery initiative. Five mental health and addiction provider organizations were funded to address tobacco dependence in the context of their programs: Mental Health Association of South Central Kansas, CKF Addiction Services, Prairie View, DCCCA, and Breakthrough Episcopal Social Services. In addition, the University of Kansas School of Medicine was funded to provide training for Tobacco Treatment Specialists, and NAMI Kansas received funding for the Behavioral Health Tobacco Project.

As the lead organization for the Project, NAMI Kansas coordinates a multi-faceted collaboration involving more than 34 organizations that participate in the Behavioral Health Tobacco Working Group to jointly implement a work plan focused on systemically reducing the number of Kansans in the target population who use tobacco products.

Working Group members are engaged with provider training, client education, public awareness campaigns, policy research and advocacy, and enact tobacco awareness and cessation strategies in various behavioral health settings across the state. **Through the Tobacco Behavioral Health Mini-Grants Program, the Project seeks to support providers with identifying priorities and addressing gaps in their implementation of the [Tobacco Guideline for Behavioral Health Care](#).**

To learn more about the Working Group and the ongoing work of the Project, please see: <https://namikansas.org/resources/smoking-cessation-information/>

## **What has the Behavioral Health Tobacco Project accomplished to date?**

The Project's work is in constant motion, as members learn and refine strategies to reduce tobacco use among those experiencing mental illness and/or substance use disorders. A [2019 Project evaluation report](#) indicates substantial progress towards implementing strategies that make a positive difference for the targeted population and a larger network of service providers (e.g., KanCare and private insurance expansion of cessation benefits, training to build issue awareness and increase reimbursement among statewide associations, etc.). The Project shares valuable content and resources through its [Tobacco Dependence web page](#).

Among the Project's achievements are the [Tobacco Guideline for Behavioral Health Care](#), the [Tobacco Guideline Self-Assessment](#), and the [Implementation Toolkit for the Kansas Tobacco Guideline for Behavioral Health Care](#). Each is seen as a critical resource for reaching the Project's goals. Moreover, each is pertinent to the structure and function of the Mini-Grants Program.

## **What is the purpose of Behavioral Health Tobacco Project Mini-Grants?**

The Working Group understands that changing tobacco culture is difficult. Tobacco use disorder is the most prevalent substance use disorder in Kansas, and many served by behavioral health care providers have co-morbid tobacco dependence. Strikingly, people diagnosed with severe mental illness die from 8 – 25 years younger than the general population largely due to conditions caused or worsened by smoking (heart disease, cancer, and lung disease). The Project recognizes that there are actors in the behavioral health system that may sanction tobacco use as a "necessary evil" during treatment for other substance use disorders and mental health conditions. Moving to tobacco free policies and integrating tobacco treatment into routine clinical practice challenges this paradigm.

Respecting that changes to tobacco policies and behavioral health systems require resources, the Project has designated \$50,000 to support providers who implement one or more of the 12 strategies outlined in the [Kansas Tobacco Guideline for Behavioral Health Care](#).

More specifically, the Mini-Grants Program is designed to align with providers' [Tobacco Guideline Self-Assessment](#) results. The Self-Assessment identifies gaps in conforming to the Guideline strategies. **Mini-grants will provide resources to assist agencies with addressing gaps and implementing one or more of the 12 strategies.**

**Applicants are expected to: 1) Endorse the Kansas Tobacco Guideline for Behavioral Health Care; 2) Complete the Tobacco Guideline Self-Assessment; 3) Identify gaps from the Self-Assessment and prioritize one or more of the 12 strategies; and 4) Propose a project to address gaps and priorities using Mini-Grants Program funds.**

## How much will be awarded, and what is the Behavioral Health Tobacco Project Mini-Grants timeline and process?

The Project has allocated \$50,000 to be awarded to eligible organizations, with grants of up to \$5,000 designated to each award recipient. The application process is competitive. A Review Committee drawn from the Working Group will review applicant proposals and make the final grant decisions according to the following timeline. Those organizations approved for grants are expected to complete mid-year and end-of-year reports about their projects.

Process	Timing
Request for Proposals: Eligibility Criteria and Proposal Package Distributed (Online and via the Behavioral Health Tobacco Project's Network)	June 24, 2019
Technical Assistance Call for interested applicants <i>Check Project Website for call-in details</i>	July 9, 2019: Noon – 1 p.m. central
Proposal Deadline: Applications and supporting materials due by end of business	August 2, 2019
Award Decisions Made & Grantees Notified	October 7, 2019
Start of Mini-Grants Program Year	November 1, 2019
Mid Year Grant Reports Due	May 1, 2020
Final Grant Reports Due	November 30, 2020

## What projects are eligible for Mini-Grants Program funding?

The purpose of the Behavioral Health Tobacco Project Mini-Grants is to financially support organizations with implementing one or more of the 12 strategies outlined in the [Kansas Tobacco Guideline for Behavioral Health Care](#), for the comprehensive integration of tobacco treatment into mental health and substance use treatment.

### To be considered for funding, applicants must:

1. Endorse the Kansas Tobacco Guideline for Behavioral Health Care;
2. Complete the Tobacco Guideline Self-Assessment;
3. Identify gaps from the Self-Assessment and prioritize one or more of the 12 strategies; and
4. Propose a project to address gaps and priorities using Mini-Grants Program funds.

As applicants design projects, the [Implementation Toolkit for the Kansas Tobacco Guideline for Behavioral Health Care](#) provides resources for implementing the Guideline strategies. Applicants are encouraged to refer to the Implementation Toolkit before preparing proposals.

Proposed projects must serve the target population: people with serious mental illness and/or substance use disorders. The following table provides more detail about the Guideline and eligible sorts of projects:

Guideline Category	Possible Eligible Projects
<p>Promote wellness by integrating evidence-based tobacco treatment into routine clinical practice.</p> <ol style="list-style-type: none"> <li>1. Assess tobacco use regularly and provide tobacco treatment until quit attempts are successful.</li> <li>2. Provide psychosocial treatment within whole person primary care and behavioral health care systems.</li> <li>3. Provide cessation medications and ensure access without barriers through state Medicaid and other third-party payers.</li> <li>4. Integrate tobacco treatment into assessment, treatment planning, and implementation.</li> <li>5. Incorporate tobacco treatment</li> </ol>	<p>Although direct mental health and direct medical services are <u>ineligible</u> for funding, <i>the Project will consider projects that support efforts to build provider capacity for any of the following:</i></p> <ul style="list-style-type: none"> <li>• Integrate tobacco use assessment into medical record;</li> <li>• Develop a workflow/protocol for tobacco counseling and staff who will implement it;</li> <li>• Develop a system for referring patients to the Kansas Tobacco Quitline or text message programs for improving rates of referral;</li> <li>• Monitor treatment plans to support clients through stages of change for cessation and phases of recovery;</li> <li>• Educate clients about tobacco cessation medications;</li> <li>• Assist clients with accessing tobacco</li> </ul>

<p>into ongoing efforts toward wellness and recovery.</p> <p>6. Conduct quality improvement to define outcomes, monitor progress and improve tobacco treatment services.</p>	<p>treatment through KanCare, employer-sponsored health insurance and individual marketplace coverage (e.g., demonstrate use of the group counseling code to support cessation groups, etc.);</p> <ul style="list-style-type: none"> <li>• Offer an evidence-based wellness and recovery model of care that focuses on the whole-person and provides behavioral strategies for successful cessation as part of the broader wellness/recovery initiatives;</li> <li>• Measure and periodically review the percentage of smokers receiving counseling and medications;</li> <li>• Conduct quality improvement to define outcomes, monitor progress, and improve tobacco treatment services.</li> </ul>
<p>Build staff capacity to provide care.</p> <p>7. Train staff on how to treat and/or prevent tobacco dependence.</p> <p>8. Bill for reimbursement and utilize other resources to pay for tobacco treatment.</p> <p>9. Help staff who use tobacco to access evidence-based treatment for tobacco dependence.</p>	<ul style="list-style-type: none"> <li>• Train staff on how to treat and/or prevent tobacco dependence, including brief intervention and Tobacco Treatment Specialist-level trainings;</li> <li>• Educate staff on the steps for confirming coverage and accessing tobacco treatment reimbursement for clients and themselves, and set up a system for billing for tobacco dependence treatment services;</li> <li>• Create or enhance employee health plan benefits for tobacco cessation;</li> <li>• Connect tobacco cessation efforts to existing workplace priorities, staff roles; and wellness initiatives;</li> <li>• Coordinate and educate with outside organizations and advocacy groups to build a network and increase buy-in, around tobacco prevention, treatment, and cessation strategies.</li> </ul>
<p>Adopt a tobacco-free environment.</p> <p>10. Enact a tobacco-free policy that includes buildings, vehicles, grounds and expectations for staff, visitors and clients.</p>	<ul style="list-style-type: none"> <li>• Develop and implement a comprehensive tobacco-free policy (<i>See Toolkit for component recommendations</i>).</li> </ul>

<p>Engage in tobacco cessation and prevention efforts among youth.</p> <ol style="list-style-type: none"> <li>11. Provide and/or support tobacco treatment for youth and young adults, especially high-risk youth and/or those in treatment for other conditions.</li> <li>12. Conduct and/or support tobacco prevention efforts and policies such as Tobacco “21” school programs, community-based programs, disseminating messages to promote prevention, and other efforts.</li> </ol>	<ul style="list-style-type: none"> <li>• Develop and offer model tobacco treatment programs for youth with serious mental illness and/or substance use disorders, or collaborate with schools to do so.</li> <li>• Spearhead or collaborate with other organizations to implement evidence-based tobacco/e-cig prevention programs such as "Tobacco 21", school-based programs, or other efforts.</li> </ul>
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### What organizations are eligible to apply for Behavioral Health Tobacco Project Mini-Grants?

- Organizations must be incorporated within the state of Kansas as a 501(c)(3), or 509(a)(1), or 509(a)(2), or as government entity with a Federal Employer Identification Number (FEIN).
- Organizations must have endorsed the Kansas Tobacco Guideline for Behavioral Health Care. An [Endorsement Form](#) as a fillable PDF can be downloaded at the link provided. **Adherence to all 12 strategies is not required for endorsement.** Rather, endorsement is meant to signify a commitment to implement the strategies on the agency’s own timeline. The Tobacco Guideline Self-Assessment will also help to identify an organization’s tobacco-related priority areas as it commits to implement the Guideline strategies.
- Organizations must complete the [Tobacco Guideline Self-Assessment](#), and funding requests must respond to gap areas identified within the applicant’s Self-Assessment.
- Organizations must serve clients with serious mental illnesses and/or substance use disorders.
- Applicant goals should complement those stated in this RFP, and the proposed efforts must support implementation of the [Behavioral Health Tobacco Guideline](#).

### What projects are INELIGIBLE (Funding Exclusions)?

- Medical research
- Direct mental health services, including payment for therapeutic sessions and peer counseling
- Direct medical services, including medication procurement and payment (e.g., NRT acquisition and distribution are ineligible)
- Medical equipment

- Contributions to capital campaigns
- Operating deficits or retirement of debt
- Construction projects, real estate acquisitions, or endowments
- Lobbying as defined by the U.S. Internal Revenue Code (IRC), section 4945(d)(1)
- Vehicles, such as vans or busses
- Grants to individuals
- Annual fund drives
- Fundraising events
- Activities supporting political candidates or voter registrations drives, as defined in IRC section 4945(d)(2)
- Exclusively staff-focused projects: Projects that integrate staff tobacco use prevention and treatment into tobacco-cessation efforts will be considered, but staff projects must explicitly link to and benefit the target population: individuals with serious mental illness and/or substance use disorders.

### **How will applications be reviewed and awards determined?**

A sub-committee of experienced members of the Working Group will review applicant proposals and consider the following as they make award decisions:

- Extent to which the proposed project aligns with the applicant organization's Tobacco Guideline Behavioral Health Care Self-Assessment;
- Extent to which the applicant organization effectively articulates a strategy for meeting proposed project goals and effectively identifies indicators for understanding progress and outcomes;
- Feasibility of the proposed budget given the planned activities;
- The applicant organization's relevant experience and capacity to effectively implement the proposed project;
- The applicant's understanding of needs and experience working with the target population: individuals with serious mental illness and/or substance use disorders;
- Identified staff members' capacity to implement the proposed project;
- Applicant organization's consideration of how project funding will leverage its *ongoing* efforts to implement the Behavioral Health Tobacco Guideline;
- Whether and how the applicant organization has considered ways to partner with other providers and/or funders to amplify the impact of the Tobacco Project Mini-Grant; and
- How the proposed project ranks when compared to other applications received.

## How does my organization apply for a Behavioral Health Tobacco Project Mini-Grant?

The following are the steps for applying for a Mini-Grant. A technical assistance call will be offered to applicants on July 9, 2019 from noon – 1 p.m. central time. To RSVP for the call, please reach [minigrants.namikansas@gmail.com](mailto:minigrants.namikansas@gmail.com)

- 1) Complete and sign the [Tobacco Guideline for Behavioral Healthcare Endorsement](#).
- 2) Complete the [Tobacco Guideline for Behavioral Health Care Self-Assessment](#).
- 3) Review the [Mini-Grant Proposal Outline](#) to prepare for your online submission. Only online submissions will be considered. Use this template to prepare for your online submission.
- 4) Go to the online proposal: <https://www.surveymonkey.com/r/BHMiniGrants> and complete each section of the application and submit **by August 2, 2019**.
- 5) Send the following attachments to [minigrants.namikansas@gmail.com](mailto:minigrants.namikansas@gmail.com) **by August 2, 2019** and use the Subject Line: *[Name of Your Organization] Mini-Grants Attachments*.
  - a. Signed Tobacco Guideline for Behavioral Healthcare Endorsement
  - b. Completed and Scored Tobacco Guideline for Behavioral Health Self-Assessment
  - c. IRS Determination Letter indicating proof of Eligible Nonprofit Tax Status or the FEIN for governmental entities.
  - d. If you are requesting supplies of over 10% of your grant request, send estimate(s).