



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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**MINI-GRANT ANNOUNCEMENT FOR
INNOVATION GRANT FUNDING AVAILABLE TO
MENTAL HEALTH PROGRAMS AND SUBSTANCE USE DISORDERS (SUD)/CO-OCCURRING PROGRAMS
FOR TOBACCO RECOVERY FOR 2017/2018**

Behavioral Health Care Services (BHCS) is pleased to announce that one year awards in the amount of five thousand dollars (\$5,000) each will be available to fund Special Tobacco Interventions projects with the Mental Health Services Act - Innovation Grants. Awards will be given to selected agencies to implement tobacco policies, promote tobacco recovery/treatment activities and systematic interventions with consumers for the period of **February 1, 2017 to January 31, 2018**.

An Innovation project contributes to learning in one or more of the following three ways:

- Introduces new mental health practices/approaches including prevention and early intervention that have never been done before, or
- Makes a change to an existing mental health practice/approach, including adaptation for a new setting or community, or
- Introduces a new application to the mental health system of a promising community-driven practice/approach

Background:

MHSA – Innovation Grant funding will be used to fund up to eight Mental Health Programs and/or SUD/Co-Occurring Programs to promote more widespread Tobacco Policy development and implementation and more comprehensive tobacco treatment interventions for consumers. **This year we are especially encouraging agencies that have not yet implemented widespread Tobacco Policies and/or comprehensive tobacco treatment interventions to apply so these programs can assist their consumers to quit smoking. In that vein, BHCS intends to award six mini-grants to agencies that have not been recipients of Tobacco Treatment Intervention mini-grants in the past. Two mini-grants will go to agencies that have been prior recipients of these awards. BHCS reserves the right to change this ratio based on the makeup of the agencies that apply for the mini-grants.**

BHCS wants to expand the availability of all forms of medication assisted treatment (MAT) for BHCS consumers. MAT started when programs combined methadone with counseling for opiate treatment and it consists of medication plus recovery counseling. Currently, whenever medications plus recovery counseling are used to help a person stop substance use or abuse it is considered MAT. For tobacco treatment, MAT includes any of the seven Food and Drug Administration (FDA) approved tobacco treatment medications taken individually or in combination (Nicotine patch, gum, lozenge, inhaler or nasal spray; and bupropion/Zyban; Varenicline/Chantix) plus tobacco recovery counseling. This combination of tobacco recovery counseling and tobacco treatment medication is evidence-based treatment for tobacco. All those applying for these funds are expected to include ways to provide access to evidence-based treatment in some form.



Applicant Eligibility Criteria:

Applicants must:

- Be a BHCS operated or contracted mental health and/or SUD/co-occurring program serving consumers.
- Be compliant or actively working on becoming compliant with BHCS Provider Tobacco Policies and Consumer/Client Treatment Protocols OR include in your proposal a plan to implement tobacco policies.
- Have a program infrastructure that supports consumer tobacco use assessment, education and treatment.
- Have at least one staff who has been trained and possesses the skills to treat tobacco use disorder with consumers. If very few staff have been trained, the program must be committed to training all clinical staff within the first two months of receiving funding.
- Have the intention and plan that the Innovation Grantee tobacco intervention program will be integrated into a sustainable part of consumer care.
- Only submit one proposal per agency.

How to apply:

Applicants must submit a detailed Program plan (including a budget) of how they would promote more comprehensive, integrative and/or innovative tobacco interventions with consumers. These plans are to be developed to address one of the suggested LEARNING QUESTIONS listed below. Please see Learning Questions, Applicant Eligibility Criteria, and Provider Criteria and Planning Guidelines as guides to develop your plan and creative ideas.

To be considered for funding, **please submit:**

1. A brief plan with the following information:
 - a. A completed application (application attached).
 - b. Verification: that your agency is an BHCS operated or contracted mental health/SUD provider; that your agency is compliant, actively working on becoming compliant or committed to becoming compliant with BHCS Provider Tobacco Policies and Consumer/Client Treatment Protocols; and that your program(s) has an infrastructure that supports consumer tobacco use assessment, education and treatment.
 - c. How your agency will provide tobacco interventions with your consumers that includes a specific description of the activities/interventions to be provided, the frequency and the duration of these activities.
 - d. How the proposed project will answer and contribute to the learning questions listed on page one, of tobacco recovery interventions.
 - e. A budget showing exactly how the funds will be spent, including the specific program names that will benefit from the Special Project.

Submit application materials by Friday, November 18, 2016 by 5:00 pm

Julie Mills, Program Specialist

Alameda County Behavioral Health Care Services

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For more information, please contact Julie Mills @ BHCS at 510-639-1325 or jmills@acbhcs.org

Selection Criteria: A BHCS Evaluation Committee will evaluate each proposal meeting the criteria as outlined in this announcement. The Evaluation Committee will be composed of County staff and other parties that have expertise or experience in tobacco policy development and delivery of tobacco treatment services.

Notice of Award: All applicants will be notified of the Evaluation Committee decisions by **December 23, 2016.**

List of Learning Questions:

Please select one Learning Question to guide development of your Program Plan.

1. How would implementing more comprehensive agency-wide tobacco-free policies, including tobacco-free outdoor areas and grounds, change consumers' willingness to try to quit and change mental health functioning?

Program design must include:

- Providing or collaborating to provide MAT.

Program design may include (but is not limited to):

- Choose tobacco policy activities that will work with existing program modalities and expectations. Examples are:
 - Implement a tobacco-free program where consumers don't smoke. Implement tobacco-free grounds - reduce and/or eliminate "smoke breaks," offer plenty of other activities and incentives. Include staff in tobacco policies by requiring no evidence of tobacco-use at work.
 - Include consumers in policy changes as appropriate.

Outcome measures must include:

- Number of consumers who cut down on smoking, make quit attempts and/or quit smoking, and use of MAT using data sheet provided by BHCS.
- Report anecdotally in progress report: changes in family relationships and socialization, changes in participation in alternative activities instead of smoking, or better financial circumstances from cutting down or quitting.
- Report anecdotally in progress report: stabilization of housing and/or increased housing options that is likely as a result of reduction of smoking behavior, and ability to comply with smoke-free housing rules. Please note any clients that express a desire for smoke-free housing in the future.

Additional outcome measures might include: (choose one or two from the list below or suggest one or two of your own measures)

- Changes in compliance with psychotropic or tobacco treatment medications.
- Changes in dose and/or number of psychotropic medications.
- Changes in one to two specific indicators on the Adult Needs and Strengths Assessment (ANSA), Adult Needs and Strengths Assessment-Transition to Adulthood (ANSA-T), or Child and Adolescent Needs and Strengths Assessment (CANS). (Examples of indicators could be changes in anxiety, interpersonal problems, etc.) For more info about these assessment tools see: <http://www.acbhcs.org/providers/CANS/resources.htm>
- Changes in attendance at individual or group sessions that include addressing tobacco use as part of the format such as Learning About Healthy Living.
- Attendance at Mental Health and SUD groups that include tobacco.
- Changes in use of other mood altering substances.

2. How will systematic, comprehensive screening for tobacco use at intake coupled with advice to quit and referral to treatment change percent of consumers who cut down on smoking, make quit attempts, quit smoking and/or improve mental health functioning?

Program design must include (but is not limited to):

- Utilization of a tobacco screening tool.
- A simple intervention approach to assist consumers who smoke and who express willingness to try to work toward quitting smoking, such as:

- Refer to California Smokers Helpline, 1-800-NO-BUTTS, and provide or refer for tobacco treatment medication (MAT).
- At every visit, use motivational interventions and assess progress in the stages of change related to tobacco.

Outcome measures must include:

- Number of consumers who cut down on smoking, make quit attempts and/or quit smoking, and use of MAT using data sheet provided by BHCS.

Additional outcome measures might include: (choose one or two from the list below or suggest one or two of your own measures)

- Changes in compliance with psychotropic or tobacco treatment medications.
- Changes in dose and/or number of psychotropic medications.
- Changes in one to two specific indicators on the Adult Needs and Strengths Assessment (ANSA), Adult Needs and Strengths Assessment-Transition Age Youth (ANSA-T), or Child and Adolescent Needs and Strengths Assessment (CANS). For more info about these assessment tools see: <http://www.acbhcs.org/providers/CANS/resources.htm>
- Changes in attendance, interactions and positive changes at individual or group sessions that include addressing tobacco, SUD, or mental health.

3. How will offering evidence-based tobacco treatment, supplemented by alternative treatment support, change consumers' willingness to cut down on smoking, make quit attempts, quit smoking and/or improve mental health functioning?

Program design must include:

- Providing or collaborating to provide MAT.

Program design must include at least one of the following or something comparable:

- Provide peer counseling, such as Tobacco Recovery groups (developed by University of Colorado behavioral and tobacco treatment specialist, Chad Morris, PhD). BHCS tobacco consultants can provide training in this model.
- Offer consumers alternative therapies and activities, such as: acupuncture, exercise, meditation, yoga, walk time, or art, etc.

Outcome measures must include:

- Number of consumers who cut down on smoking, make quit attempts and/or quit smoking, and use of MAT using data sheet provided by BHCS.

Additional outcome measures might include: (choose one or two from the list below or suggest one or two of your own measures)

- Changes in compliance with psychotropic or tobacco treatment medications.
- Changes in dose and/or number of psychotropic medications.
- Changes in indicators on the Adult Needs and Strengths Assessment (ANSA), Adult Needs and Strengths Assessment-Transition Age Youth (ANSA-T), or Child and Adolescent Needs and Strengths Assessment (CANS). For more info about these assessment tools see: <http://www.acbhcs.org/providers/CANS/resources.htm>
- Changes in attendance at individual or group sessions that include addressing tobacco use as part of format such as Learning About Healthy Living.

- Positive changes and interactions within group and individual session attendance that assess mental health functioning.
- Changes in use of other mood altering substances.

Provider Criteria and Planning Guidelines:

Providers funded to provide tobacco treatment interventions must:

- Work closely with BHCS and the Alcohol, Tobacco, and Other Drug Provider (ATOD) Network staff, Dr. Cathy McDonald and Judy Gerard, who will provide on-site staff training and technical assistance to implement the program.
- Attend two ATOD Network Roundtable Discussions and/or another meeting format to report/share your program progress with other grantees and attendees.
- Make necessary, sustainable system changes within your agency in order to be successful.
- Track and document the number of consumers who receive any and all interventions, including progress and movement toward quitting smoking. A simple, easy to use Tracking Data Sheet will be provided to all funded Innovation Grantees by the ATOD Network staff and technical assistance provided on how to use it.
- Agree to document and track distribution of NRT products administered to consumers. For agencies that do not have medical providers on site, a simple BHCS protocol for screening and distribution of over the counter NRT by ATOD staff will be provided to agencies that are funded.
- Have two designated staff persons (one needs to be the Executive Director) serve as contact persons and/or tobacco champion/coordinators for the Special Project and/or NRT Best Practices Protocol program who will:
 - Maintain communication with BHCS and contracted ATOD Network staff through email and/or phone as requested. Be available to meet with ATOD Network staff two times to check in and/or receive technical assistance to ensure that provider meets requirements of the project.
 - Complete a two page six month and final Progress Report using the report format provided by BHCS, summarizing activities performed including the type of activities and the number of consumers participating in the intervention and their progress. Data tracking sheets will also be submitted. The reports will be submitted in August 2017 and February 2018.
- Provide a five minute report on project impact at a meeting of Mental Health or SUD providers during the second half of the project.
- Present a workshop at a Learning Conference in spring 2018 to share information about the project and what was learned so other programs can gain from your experience.
- Determine if helping consumers quit smoking decreased stigma, improved general health and wellness, improved finances and housing opportunities. (This can be reported anecdotally in provider reports by including comments from consumers and provider observations.)

*** In addition to providing tobacco interventions services in your program, applicants are also encouraged to refer consumers interested in quitting tobacco to the CA Smokers Helpline 1-800-NO-BUTTS as an additional recovery counseling resource. Helpline counselors are skilled in motivational counseling and techniques to help people with mental illness and substance use problems. Counseling is available in English, Spanish and several Asian languages.

Suggestions for Client Incentives:

Incentives may help entice consumers to participate in the intervention and may help to reward their progress. Incentives may include, but are not limited to, the following:

- Providing small incentive rewards for consumer activities, such as:
 - Participating in a tobacco recovery group, motivational support group or other tobacco-free activity.
 - Attending four sessions of a Tobacco Oriented Wellness Program or Healthy Living group.

- Larger incentives may be given to consumers who come to six or more weeks of Wellness and/or other recovery/treatment support, who complete intake and recovery counseling through the California Smokers' Helpline, who attend quit smoking groups, and/or have quit smoking. Incentives such as:
 - \$5, \$10 or \$20 gift cards to stores that do not sell cigarettes, such as Trader Joe's, Whole Foods, and CVS Pharmacy, etc.
 - Gift certificates to restaurants, movies and other entertainment activities, craft classes and/or gym or yoga classes.
- Using part of the incentive funds to purchase alternative activities equipment, such as an art cart. Other ideas could include a basketball hoop, or other simple exercise equipment to encourage movement in group activities. Consider a tobacco-free group outing as a reward for clients who participated in or completed a Tobacco Oriented Wellness or recovery program.