



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
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**INNOVATION GRANT FUNDING AVAILABLE  
TO MENTAL HEALTH PROGRAMS AND SUBSTANCE USE DISORDERS/CO-OCCURRING PROGRAMS  
FOR  
TOBACCO TREATMENT INTERVENTIONS FOR FY 15-16**

**Background:** Behavioral Health Care Services (BHCS) is pleased to announce that one year awards in the amount of five thousand dollars (\$5000) will be available to fund Special Tobacco Interventions projects with Mental Health Services Act - Innovation Grants. 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

MHSA – Innovation Grant funding will be used to fund up to five Mental Health Programs and/or SUD/Co-Occurring Programs to promote more aggressive tobacco treatment interventions for consumers. Awards will be given to selected agencies to implement tobacco policies, promote tobacco cessation/treatment activities and systematic interventions with consumers **October 1, 2015 to September 30, 2016.**

**To apply,** applicants must submit a detailed plan (including a budget) of how they would promote more integrative and/or innovative tobacco interventions with consumers - plans will be developed to address a maximum of two of the suggested LEARNING QUESTIONS listed below. Please see Learning Questions, Applicant Eligibility Criteria, and Provider Criteria and Planning Guidelines to develop your plan and creative ideas.

**LIST OF LEARNING QUESTIONS: Please select one or two Learning Questions to guide development of your Program Plan**

1. How will implementing more comprehensive tobacco policies increase motivation of consumers to consider quitting smoking? (Provider will use the BHCS Tobacco Policies and Consumer Treatment Protocols as a guide for implementing tobacco policies in provider agency.)
2. How will assessing all consumers for tobacco use disorder; advising them to quit smoking; and offering a proactive tobacco cessation-motivational oriented intervention, increase the number of clients who make quit attempts and/or quit smoking? This may include helping eligible clients enroll in Medi-Cal, providing cessation counseling and/or helping clients go through the process of calling the CA Smokers Helpline (1-800-NO-BUTTS) and enrolling in Helpline counseling. Tobacco treatment medications including nicotine patch and gum are available to Medi-Cal patients when a patient gets a prescription for them from a provider.



3. How will integrating tobacco dependence into consumer treatment plans and groups (such as: chemical dependency, relapse prevention, anger management, and medication management), along with providing tobacco treatment medications, enhance your program's capability to provide more comprehensive co-occurring treatment for consumers? (See BHCS Tobacco Policies and Consumer Treatment Protocols for suggestions that reimbursements can include tobacco interventions in these groups.)
4. How will conducting a regular Wellness Program that includes tobacco in all aspects of the program, increase the motivation of consumers to consider quitting smoking? The Learning About Healthy Living curriculum is available on the BHCS website under Tobacco Treatment/Resources tab, and is a best-practice, easy-to-use example of a Wellness Program that integrates tobacco in all sessions. Provider shall record number of consumers who participate and write progress notes on sessions for the purpose of reporting.
5. How will providing peer-led tobacco cessation support groups to consumers in your program lead to more quit attempts by consumers? Providers who choose this Learning Question may use the Peer to Peer Tobacco Recovery Program, a six session open ended group format developed by the Behavioral Health and Wellness Program of the University of Colorado; training will be provided by the ATOD Network staff. Learning About Healthy Living curriculum may also be used. If the latter is chosen the budget should include money for training the consumer and for paying the consumer to lead the groups under applicant agency staff supervision.
6. How will expanding and/or enhancing an existing tobacco dependence interventions program, (that currently includes one-on-one counseling and/or tobacco cessation/treatment support groups), to include providing nicotine replacement therapy products (NRT), such as nicotine patches, gum and lozenges, motivate more consumers to make quit attempts? Part of the funding can be used to purchase NRT. NRT distribution to be documented, tracked and monitored. These programs will work with and receive a manual from the ATOD Network staff for this purpose. Consider offering incentives (such as gift cards and other incentives) for those who have quit for at least two months and who are willing to give a talk to peers in their program about their quitting process, i.e. what worked and how quitting smoking has changed their lives in terms of health, housing, finances, employment and relationships.

### **Applicant Eligibility Criteria**

Applicants must:

- Be a BHCS contracted mental health and/or SUD/co-occurring program serving consumers sixteen years and older.
- Be actively working on becoming compliant with ACBHCS Provider Tobacco Policies and Consumer Treatment Protocols, Have a program infrastructure that supports consumer tobacco use assessment, education and treatment;
- Have staff who have been trained and possess the skills to treat tobacco use disorder with consumers.
- Have the intention and plan that the Innovation Grantee tobacco intervention program will be integrated into a sustainable part of consumer care.

### **Provider Criteria and Planning Guidelines:**

If a provider is funded to provide tobacco treatment interventions, the provider must:

- Agree to work closely with BHCS and the ATOD Network staff, Dr. Cathy McDonald and Judy Gerard, who can provide on-site staff training and technical assistance to implement the program.

- Agree to attend two ATOD Network Roundtable Discussions and/or another meeting format to report/share your program progress with other grantees and attendees.
- Agree to make necessary, sustainable system changes within your agency in order to be successful.
- Agree to 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 if funding is used to purchase these products.
- Have two designated staff persons to 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 brief two-page Progress Report as requested half way through the project, summarizing activities performed including type of activities and the number of consumers participating in the intervention and their progress. Data tracking sheets will also be submitted.
  - Complete a two page Final Outcomes report using the Report Format provided by BHCS, and Data Tracking sheets, which will be due by the month following the end of the Innovation Grant contract.
- Demonstrate how 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 plan to refer consumers interested in quitting tobacco to the CA Smokers Helpline 1-800-NO BUTTS as an additional cessation 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 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:
  1. Participating for two weeks in a tobacco cessation, motivational support group
  2. Attending four sessions of a Wellness Program or Healthy Living group
- Larger incentives may be given to consumers who come to six to eight or more weeks of Wellness and/or other cessation/treatment support, or who complete intake and cessation counseling through the CA Smokers' Helpline, or who attend quit smoking groups, and/or have quit smoking. Incentives such as:
  1. \$5, \$10 or \$20 gift cards to stores that do not sell cigarettes, such as Trader Joe's, Whole Foods, and CVS Pharmacy etc.
  2. 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 a completed Wellness or cessation program.

**Selection Criteria:** A BHCS Selection Committee will evaluate each proposal meeting the criteria as outlined in this announcement. The Selection Committee may 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 Selection Committee decisions by **September 15, 2015**

**How to Apply:**

To be considered for funding, please submit:

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

**Submit application materials by Friday July 31, 2015 by 5:00 pm**

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