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| Policy/Systems ChangeBecky Ross, Colin Thomasset, Laura Howard, Julie Griffin, Doug Wallace, Daniel Craig, Jeff Willett, Corinna West, Angela Hagen, Gina Brewer, Jennifer Church |
| **WHAT** | **HOW** | **WHO** | **WHEN** | **IMPACT** | **MEASURE**  |
| State policy to incorporate best practice provision of tobacco cessation products and add coverage of cessation counseling for all Medicaid beneficiaries | Submit proposal to KDHE leadership to expand Medicaid benefits Pool and share available data and researchIncrease awareness, educate, advocate with government leadership | Jennifer and BeckyAll members provide data, support, education, and advocacy | By end of 2015 submit proposal ongoing sharing data | Increase access and utilization of smoking cessation medications and counseling | Claims data from KanCare MCO’sPatient data from CAHPS surveyBehavioral Health KanCare member survey |
| Influence/educate insurers to cover tobacco cessation products and counseling | Develop a case for the HP’s to make tobacco cessation a priority | AngelaKHFBuild from Medicaid work #1 | By end of 2015 submit proposal ongoing sharing of data | Increase access and utilization of smoking cessation medications and counseling | Claims data from New DirectionsData available in Kansas Health Insurance Information System (KHIIS) |
| Support through funding organizational policies for behavioral healthcare settings to:a. Test innovative treatment strategiesb. Implement best practice for cessation treatment c. Establish tobacco free grounds settingsd. Develop/research combination therapies for TCT and psychotropic medications reductions (State DUR and others) | KHF funding mechanism to support exploration and implementation of policyFellows help design and review RFP and proposals Fellows help support exploration and implementation | FellowsKHF Peers | Make grant opportunity available January 2016Release RFPs by January 2016 | Increase number of healthcare settings that address tobacco useEngage providers in smoking cessation benefits | Number of behavioral health providers with tobacco-free policies |
| Support through funding policies at peer organizations for a. Complete wellness approachb. Use of peer counseling to address tobacco usec. Enhancing capacity of peer-run organizations to successfully compete for grant funding for wellness and tobacco cessation programs | KHF funding mechanism to support exploration and implementation of policyFellows help design and review RFP and proposalsFellows help support exploration and implementation | FellowsKHFPeers | Make grant opportunity available June 2016 | Increase number of peer organizations promoting wellness  | Number of peer organizationNumber of grants submitted by peer organizations Wellbeing impact assessment |
| Fund self-directed spending for consumers who wish to reduce tobacco use | Explore parameters with within Medicaid to accomplish Develop proposals for self-directed spending on wellness for BH consumers trying to reduce tobacco dependence | BeckyPeersCorinnaKHF | July 2016 | Increase number of BH consumers engaging in wellness activities | Number of $ availableNumber of $ used |
| Fund Health Impact Assessments | Develop or adapt tool specific to tobacco use and mental health | KHFKHI | July 2016 | Improved policy | Increased utilization for HIA’s |
| Research and pilot promising practices and strategies for youth related tobacco use | KHF funding mechanism to support exploration and implementation of policyFellows help design and review RFP and proposals Fellows help support exploration and implementation | CorinnaKHF Daniel | July 2016 | Increased number of communities implementing promising practices and strategies available | Decreased tobacco use in youth (Youth Risk Behavior Surveillance System- YRBSS)Perception by youth of tobacco use (Communities That Care Youth Survey- CTC) |
| Next Steps for the Policy Group:Liaison:  |
|  Education/TrainingBaseline Goal: Reduce % of people with SMI who smoke from XX% to XX%; Reduce % of people with MI who smoke from XX% to XX%Targets of Education/Training: Providers, Recovery Movement, Peers, Funders, FamiliesMariann Bardezbain, Rick Cagan, Marty Quy, Dave Ranney, Sue Crain Lewis, Kim Richter, Carol Manning, Nadine Long |
| **WHAT** | **HOW** | **WHO** | **WHEN** | **IMPACT** | **MEASURE**  |
| Reduce tobacco supporting behaviors where people with mental illness spend their time (Mariann B + Marty Q) | * Direct service provider training
* Positive messaging
* Coping skills and stress reduction
* Social development strategies
* Focus on wellness initiatives, ensuring they include tobacco control
 | * KHF or other to fund training or include in smoke-free campus plans
* Incorporate into existing structure
 | Start Fall 2015 | * Decrease smoking
* Increase wellness
* Increase coping skills
 | * Observation
* % reduction in smokers
* pre-post surveys of people who attend training
 |
| Encourage smoke free campuses and other cessation supportive policies in behavioral settings(Mariann B + Marty Q) | * Develop policies
* Include family and other support
* Assist employees to reduce their own smoking
 | * Christine Cheng’s group’s (SCLC) tool kit
* Find + support a policy academy approach to support and disseminate above
* Dr. Williams
* KHF Funded
* Policy academy type of activity
 | Already in placeFall 2015Fall 2015 | * Reduce smoking among employees
* Increase cleanliness
* Reduction in psych med dosage
 | * Reduce percentage of smokers
 |
| Integrate cessation into peer programs and vice-versa (Dave & Carol?) | Engage C-S-X population in dialogue conversations at each CRO and others | WSU Center for Community Support and Research (CCSR)National Alliance on Mental IllnessCACBreakthrough ClubMental Health Association of South Central Kansas |  |  |  |
|  | Connect C-S-X population to public health, KDHE through CRO network | CCSR KDADS | November 2015 | Connection to program development | # of groups in policy academy |
|  | Support peer specialists with cessation-relevant material | CCSR, others? | FY 2016 | Opportunity for people to quit | * # of providers, others committed to develop programs
* # of people who quit
 |
|  | KHF funds a planning process for TC providers to build in peer approaches to work | KHF | ASAP | * Innovation in service
* Increase access to cessation programs in communities in which they are most comfortable
 | * # of peer providers
* Improved outcomes
 |
| Increase # tobacco treatment specialists to work with people with SMI (Kim + Sue) | Develop coordinating body for: * selecting training curriculum
* convening advisory committee
* exploring mechanisms for funding for the training and initiative materials
* identifying lead agency

Lead agency: coordinates recruitment and application process Identify at least 1 person per county or region to undergo training – some could come from Policy AcademyHold regional training(s), est - 6 | * Kim R share information on training available
* Fellows serve as coordinating body
* Christine share best practices for implementation
* KHF and Fellows help identify funding sources
 | Dec. 2015- have all training/logistics selected/settledJune 2016- 25/105 counties have a TTS in them December 2016- 50 counties have TTS in them | More clients will have the opportunity to access tobacco cessation treatment in their community. | # of sites serving consumers with SMI with TTSs |
| Increase # people with basic knowledge about evidence-based cessation programs to support cessation among people with SMI (Kim + Sue) | Same coordinating body as above, with goal of: develops quick and dirty 1-3-hour workshop in Tobacco 101 and motivational Intervention for people with SMI* selecting training curriculum
* convene advisory committee
* exploring mechanisms for funding for the training initiative materials identifies lead agency

Chooses lead agency: coordinate recruitment and application process Identify at least 1 person per county or region to undergo training – some could come from policy trainingsHold regional training(s) | Kim R share information on training availableFellows serve as coordinating bodyChristine share best practices for implementationKHF help identify funding sources | December 2015- 5/27 CMHCs have a TTSJune 2016- 15/27December 2016- 27/27 | More clients will have the opportunity to access tobacco cessation treatment at their local community mental health center | # of sites serving consumers with SMI referring to TTS |
| DEVELOP PROTOCOLS AND TRAIN HEALTH AND MENTAL HEALTH PROVIDERS IN HOW TO BILL FOR TOBACCO TREATMENT | KIM WILL COMMUNICATE WITH POLICY GROUP TO SEE IF THEY ARE WORKING ON THIS [MUST WORK WITH MEDICAID GROUP] |  |  |  |  |
| WE ARE MISSING TRAINING/EDUCATION FOR FAMILY MEMBERS | [RICK WILL FLESH OUT] |  |  |  |  |
| Next Steps for the Education Group:* Research best practices around TTS implementation
* Work with CMHC’s to help identify potential staff to be trained
* Research culture change regarding tobacco use behaviors (tobacco as reward) (Mariann B + Marty Q)
* Research positive messaging (Mariann B + Marty Q)

Idea: 2017 ACMC Conference – presentation by COMCARE and others on how to develop and implement smoke-free campus… lessons learned (Mariann B + Marty Q)*Liaison: Kim Richter and Mariann Bardezbain* |
|  Communications & MessagingJason Verbeckmoes, Travis Rickford, Kim Neufeld, Jeff Usher |
| **WHAT** | **HOW** | **WHO** | **WHEN** | **IMPACT** | **MEASURE**  |
| Consumer Driven Social Marketing/ Messaging | Receive proposals and select ad agencyAd agency conducts consumer focus groupsDetermine communication platformsLaunch campaign | KHF, Fellows Kansas Consumer Advisory Council for Adult Mental HealthFellows review and evaluate all messages developedFellows, ad agency, KHF | 1st Quarter 20162nd quarter 20163rd quarter 20164th quarter 2016 | Increase utilization of smoking cessation medications and counselingIncrease calls to Quitline | Claims data from KanCare managed care organizations (MCO’s)Patient data from CAHPS surveyIncrease calls to Quitline |
| Social marketing/ messaging to providers/Insurance providers | Receive proposals and select ad agencyAd agency conducts provider focus groupsDetermine communication platformsFellows as spokes persons?Affordable Care Act requires Insurance providers offer smoking cessationLaunch campaign | KHF, FellowsFellows review and evaluate all messages developedFellows, ad agency, KHFFellows and Ad agency | 1st quarter 20162nd quarter 20163rd quarter 20164th quarter 2016 | Increase number of health care settings that address tobacco useEngage providers in smoking cessation benefitsInsurance providers cover smoking cessation treatment | Number of behavioral health providers with tobacco-free policies Number of third insurance providers cover cessation treatment |
| Social marketing/messaging to youth | Research existing messages/Prevention effortsSecure Funding If needed secure Ad agenciesDetermine communication platformsLaunch campaign | Connect with RPCs/Behavioral Health Agencies – Jason? & KimKDHE??KHF Role?? | Early June 2015 |  |  |
| Communications toGeneral Population to raise the awareness of the problem | Research existing messagesSecure Funding If needed secure Ad agenciesDetermine communication platformsLaunch campaign | Travis would look at existing resourcesGovernor’s Behavioral Health Services Planning Council??KDHE??KHF Role?? | Discuss at August Fellows convening |  |  |
| Communications tools for providers initiating tobacco control policies | Research existing communications tools & design Kansas specific | Kim NeufeldWorkWell Kansas | Discuss at August Fellows convening |  |  |
| Communications assistance to Fellow working groups |  |  | Discuss at August Fellows convening |  |  |
| Next Steps for the Communications Group:*Liaisons: Jeff Usher and Kim Neufeld* |