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| Policy/Systems Change  Becky 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 research  Increase awareness, educate, advocate with government leadership | Jennifer and Becky  All 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’s  Patient data from CAHPS survey  Behavioral 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 | Angela  KHF  Build 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 Directions  Data available in Kansas Health Insurance Information System (KHIIS) |
| Support through funding organizational policies for behavioral healthcare settings to:  a. Test innovative treatment strategies  b. Implement best practice for cessation treatment  c. Establish tobacco free grounds settings  d. Develop/research combination therapies for TCT and psychotropic medications reductions (State DUR and others) | KHF funding mechanism to support exploration and implementation of policy  Fellows help design and review RFP and proposals  Fellows help support exploration and implementation | Fellows  KHF  Peers | | Make grant opportunity available January 2016  Release RFPs by January 2016 | Increase number of healthcare settings that address tobacco use  Engage 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 approach  b. Use of peer counseling to address tobacco use  c. 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 policy  Fellows help design and review RFP and proposals  Fellows help support exploration and implementation | Fellows  KHF  Peers | | Make grant opportunity available June 2016 | Increase number of peer organizations promoting wellness | Number of peer organization  Number 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 | Becky  Peers  Corinna  KHF | | July 2016 | Increase number of BH consumers engaging in wellness activities | Number of $ available  Number of $ used |
| Fund Health Impact Assessments | Develop or adapt tool specific to tobacco use and mental health | KHF  KHI | | 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 policy  Fellows help design and review RFP and proposals  Fellows help support exploration and implementation | Corinna  KHF  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/Training  Baseline 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, Families  Mariann 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 place  Fall 2015  Fall 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 Illness  CAC  Breakthrough Club  Mental 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 Academy  Hold 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  /settled  June 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 trainings  Hold regional training(s) | Kim R share information on training available  Fellows serve as coordinating body  Christine share best practices for implementation  KHF help identify funding sources | | December 2015- 5/27 CMHCs have a TTS  June 2016- 15/27  December 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 & Messaging  Jason Verbeckmoes, Travis Rickford, Kim Neufeld, Jeff Usher | | | | | | |
| **WHAT** | **HOW** | **WHO** | **WHEN** | | **IMPACT** | **MEASURE** |
| Consumer Driven Social Marketing/ Messaging | Receive proposals and select ad agency  Ad agency conducts consumer focus groups  Determine communication platforms  Launch campaign | KHF, Fellows  Kansas Consumer Advisory Council for Adult Mental Health  Fellows review and evaluate all messages developed  Fellows, ad agency, KHF | 1st Quarter 2016  2nd quarter 2016  3rd quarter 2016  4th quarter 2016 | | Increase utilization of smoking cessation medications and counseling  Increase calls to Quitline | Claims data from KanCare managed care organizations (MCO’s)  Patient data from CAHPS survey  Increase calls to Quitline |
| Social marketing/ messaging to providers/Insurance providers | Receive proposals and select ad agency  Ad agency conducts provider focus groups  Determine communication platforms  Fellows as spokes persons?  Affordable Care Act requires Insurance providers offer smoking cessation  Launch campaign | KHF, Fellows  Fellows review and evaluate all messages developed  Fellows, ad agency, KHF  Fellows and Ad agency | 1st quarter 2016  2nd quarter 2016  3rd quarter 2016  4th quarter 2016 | | Increase number of health care settings that address tobacco use  Engage providers in smoking cessation benefits  Insurance 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 efforts  Secure Funding  If needed secure Ad agencies  Determine communication platforms  Launch campaign | Connect with RPCs/Behavioral Health Agencies – Jason? & Kim  KDHE??  KHF Role?? | Early June 2015 | |  |  |
| Communications to  General Population to raise the awareness of the problem | Research existing messages  Secure Funding  If needed secure Ad agencies  Determine communication platforms  Launch campaign | Travis would look at existing resources  Governor’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 Neufeld  WorkWell 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* | | | | | | |