

## 2025 Request for Applications (RFA) for Tobacco Free Recovery Providers

The Indiana Department of Health's Tobacco Prevention and Cessation (TPC) has partnered with the Family and Social Services Administration (FSSA) Division of Mental Health and Addiction (DMHA) to support providers with commercial tobacco treatment strategies. This RFA aligns with the objectives and strategies outlined in the following:

### 2025 Indiana Commercial Tobacco Control Strategic Plan

<https://www.in.gov/health/tpc/files/2025-IN-Tobacco-Control-Strategic-Plan.pdf>

### Indiana Leadership Academy's Commercial Tobacco Free Recovery and Wellness Action Plan

<https://www.in.gov/health/tpc/tobacco-free-recovery/>

#### Who May Apply:

- Priority to Residential Treatment Providers and Recovery Residences [designated by DMHA](#)
- Priority to [Certified Community Behavioral Health Clinics](#)
- DMHA Funded Addiction Providers
- Community Mental Health Centers
- Community Health Centers\*
- Federally Qualified Health Centers\*
- Hospital Systems \*

*\*Must provide services and treatment to the substance use disorder (SUD) and/or behavioral health populations.*

To avoid any potential or perceived conflict of interest between TPC grant recipients and tobacco-related entities, TPC has a grant funding condition that requires any grantee shall not accept any funding, grant, gift, or in-kind donation from any tobacco manufacturer, distributor, or other commercial tobacco-related entity during the grant period. TPC reserves the right to correct any errors in and/or omissions in the RFA. Submission of an application does not guarantee a grant with the applicant.

#### **Overall Requirement: Employee-Focused Healthy Workplace**

Employers play an important role in protecting the health and safety of their workforce and their patients. Before an organization embarks on the important work of commercial tobacco treatment and prevention, it is expected that an organizational structure is in place to foster an effective and sustainable commercial tobacco-free culture and environment.

As a part of this process, applicants must demonstrate a commitment to commercial tobacco prevention and cessation through employee-focused benefits to address and support commercial tobacco cessation. If the applicant does not have an employee tobacco-free (including e-cigarettes) benefit incentive or coverage, a commitment to form a benefit incentive and coverage along with an implementation timeline must accompany the application. Offering easily accessible cessation services to employees through onsite employee assistance programs and/or Quit Now Indiana or through health plans creates the expectation for staff that employee wellness is an agency priority. This healthy workplace commitment must include both an education and communication plan for employees to promote commercial tobacco-free living.

## **Overall Requirement: Trauma Informed Care Practices**

Applicants must be committed to the integration of trauma informed care practices into the overall tobacco use disorder treatment process. A trauma-informed approach seeks to acknowledge the role Adverse Childhood Experience (ACEs) and other forms of adversity play in a person's life. This approach is characterized by understanding that tobacco use, health risk behaviors, chronic disease, and poor health outcomes may be a result of ACEs and not individuals' personal choices. According to the American Journal of Preventative Medicine, trauma and adversity can lead individuals to engage in risky behaviors, such as tobacco use, as a means of self-medicating or as a coping strategy (1). According to SAMHSA, tobacco prevention interventions should be delivered with compassion and acknowledge individual, historical, and systemic trauma (2).

As a part of this process, applicants must be committed to the integration of trauma informed care practices into the overall tobacco use disorder treatment process. Trauma and adversity of any kind can lead individuals to engage in risky behaviors, such as tobacco use, as a means of self-medicating or as a coping strategy. Tobacco prevention interventions should be delivered with compassion and acknowledge individual, historical, and systemic trauma.

### **Agency Responsibilities**

- Identify a multi-disciplinary team to work closely with the designated technical assistance team. Additional team members may be asked to participate in technical assistance meetings periodically. Complete an organizational baseline/post assessment of the knowledge, attitude, and beliefs (KAB Survey) of employees approximately 30 days after the initiation of the grant and 30 days prior to completion of the grant period. This tool emphasizes the staff perspectives on the relevance and importance of commercial tobacco control and its impact on overall health outcomes. (An assessment tool will be provided). Utilize the pre- and post-findings of this survey instrument to inform further education.
- Complete Health System Assessment Tool to assess readiness of current practices, infrastructure, and capacity to implement tobacco control work within the first 30 days. This tool assesses the current commercial tobacco treatment policies and practices of your health system to identify strengths and gaps in treatment. (An assessment tool will be provided)
- Participate in grant cohort meetings and monthly 1-1 technical assistance meetings. These technical assistance meetings will assist you in implementing best practices through the development of your work. Grantees will be expected to implement these on a timeline with guidance and support. Grantees will be expected to use the workplan template provided to report progress.
- Respond to periodic information requests in a timely manner.
- Participate in all evaluation activities including monthly data collection (Redcap survey).

### **TPC Responsibilities**

- Provide technical assistance and training throughout the grant via site visits, telephone, office hours, written communication, webinar, virtual meetings, electronic materials and resources.
- Provide management support through assigned TPC program staff.
- Communicate current commercial tobacco control events at the international, national, state, and local levels.

## **Three -Tier Cessation Systems Strategies**

Applicants must select at least one tier but have the option to select up to three. The purpose of the grant is to develop and expand the applicant's current capacity to promote commercial tobacco treatment. Therefore, applicants should not select strategies that are already established within their center/clinic practices. The tiers are sequential and progressive, intended to be building blocks toward a fully operational commercial tobacco prevention and treatment environment.

## **TIER 1: PROMOTING TOBACCO-FREE ENVIRONMENTS, INCLUDING E-CIGARETTES**

### **Tier 1 Funding: \$10,000**

Tobacco-free/Smoke-free air policies not only reduce secondhand smoke and secondhand aerosol exposure; they help encourage commercial tobacco recovery among those who use tobacco. Strong, comprehensive clinic/center policies protect everyone and can further decrease all forms of commercial tobacco including smokeless tobacco and vaping products.

### **The following strategies must be addressed:**

- Indoor and outdoor tobacco and e-cigarette free signage throughout the clinic/center and grounds.
- Identify staff or commercial tobacco free taskforce/committee responsible for developing and implementing the tobacco free policy.
- Provide a minimum level of tobacco treatment to employees and clients including nicotine replacement therapy and counseling services through Quit Now Indiana or other resources.
- Build capacity to educate new staff during onboarding and annually during staff trainings on the benefits of tobacco free policies.
- Build capacity to educate patients during visits on the benefits of commercial tobacco free living.
- Coordinate messages and activities within the clinic/center to support a commercial tobacco free environment.
- Provide a copy of the current policy with the proposal if there is a plan to update it. An updated copy of the policy must be provided at an identified time in duration of this grant work.
- If no currently policy exists, development of a comprehensive tobacco free grounds policy. Guidance for the development of this policy will be provided during ongoing technical assistance meetings.



**Smoke free (SF)** - the use of cigarettes, pipes, and other lit, heated or burning products is prohibited on the property by staff, clients and visitors



**Tobacco Free (TF)** - the use of cigarettes, pipes, cigars, ENDS (e-cigarettes, smokeless tobacco, snus and other tobacco products are prohibited by staff, clients and visitors



**Secondhand smoke (SHS)** - smoke inhaled involuntarily from tobacco being smoked by others



**Secondhand aerosol (SHA)**- involuntarily inhaled from vapor (e-cig) being vaped by others

## TIER 2: ASSESSMENT AND TREATMENT INTERVENTIONS FOR TOBACCO USE

### Tier 2 Funding: \$20,000

Addressing commercial tobacco use is one of the best ways to improve overall health. Receiving treatment for commercial tobacco use and dependence approximately doubles individuals' chances of quitting. Commercial tobacco use screening and brief intervention for treatment are effective preventive services with respect to health impact and cost-effectiveness. This brief intervention, Ask-Advise-Refer (AAR) involves the following steps:

**Ask:** Asking all clients about their commercial tobacco and nicotine use, including vaping, is essential to addressing overall substance use dependence. Establishing a workflow that will identify all clients who use commercial tobacco is a crucial strategy. Asking about commercial tobacco use should be considered as important as evaluating vital signs or obtaining a medication history. Screening for commercial tobacco/nicotine use and providing commercial tobacco dependence treatment are positively associated with client satisfaction.

**Advise:** Clients identified as someone -who uses commercial tobacco should be strongly advised to quit. At the very least, these clients should be advised to consider quitting. The message should be clear and strong, yet personalized and sensitive. Advising clients to quit should be done in a way that shows concern for their well-being and overall treatment needs.

**Refer:** Direct clients to internal commercial tobacco dependence treatment providers and/or trained tobacco specialist (TTS) and to the Quit Now Indiana services (Quitline). Quit Now Indiana services (formerly Quitline) is a free and confidential suite of services that help those who use commercial tobacco quit all forms of commercial tobacco, including vaping/e-cigarettes. To further support the behavioral health population, Quit Now Indiana services has a comprehensive program where participants with behavioral health conditions receive enhanced services.

**Treatment:** Integrating commercial tobacco dependence treatment into the clinical setting is essential to promoting overall health. This builds on the strength of engagement and assessment processes, with the hope that creating strong workflows to achieve the systems change necessary. Effective commercial tobacco dependence treatment includes a combination of counseling and medications.

### The following strategies must be addressed in the application:

- Identify staff responsible for commercial tobacco treatment intervention. Create a multi-disciplinary team that will be responsible for creating and implementing systems change (i.e. creating clinical workflows, order sets and protocols as well as to review and monitor the clinical workflows and outcomes. The team can be comprised of clinical staff, quality improvement/assurance team, unit director, nurse care manager, medical assistant, tobacco treatment specialist, etc.)
- Assist in developing, organizing, and implementing a training plan for clinical staff to use the AAR best practice model (including training on the Quit Now Indiana services.) Training plan should be submitted for approval prior to implementation.
- Implement a referral system (fax, electronic, and/or online) to Quit Now Indiana services or internal TTS as a commercial tobacco treatment extender.
- Create a monthly AAR metric based on the center/clinic's census of patients. Implement a protocol that ensures every commercial tobacco user is identified, offered evidence-based

treatment (pharmacotherapy and counseling, including Quit Now Indiana services) and include documentation of identification and treatment.

- Develop a training plan for staff who make referrals. Specifically, train on the Ask-Advise, Refer (AAR) best practice model, Quit Now Indiana Services Suite, Quit Now Indiana website, and the process of making referrals electronically.
- On at least an annual basis, and during onboarding of new staff, offer training/technical assistance on evidence-based commercial tobacco dependence treatments, current protocols and available resources, and provide continuing education (CE) credits and/or other incentives for participation.
- Provide and promote resources such as ready access to Quit Now Indiana services and other community resources, and information about effective commercial tobacco dependence treatment and nicotine treatment medications.
- Pharmacological treatment such as nicotine replacement therapy must be included in your treatment plan and budgeted in this grant application. A portion of the provided Tier 2 funding may be expended upon on-hand nicotine replacement therapy products. Additional guidance will be provided at the onset of grant work.
- Dedicate staff and or a multi-disciplinary team to support commercial tobacco dependence treatment and recommend assessing the delivery of this treatment in staff performance evaluations (if applicable).

### **TIER 3: INTEGRATING REFERRALS TO THE INDIANA TOBACCO QUITLINE INTO THE ELECTRONIC HEALTH RECORD**

#### **Tier 3 Funding: \$15,000**

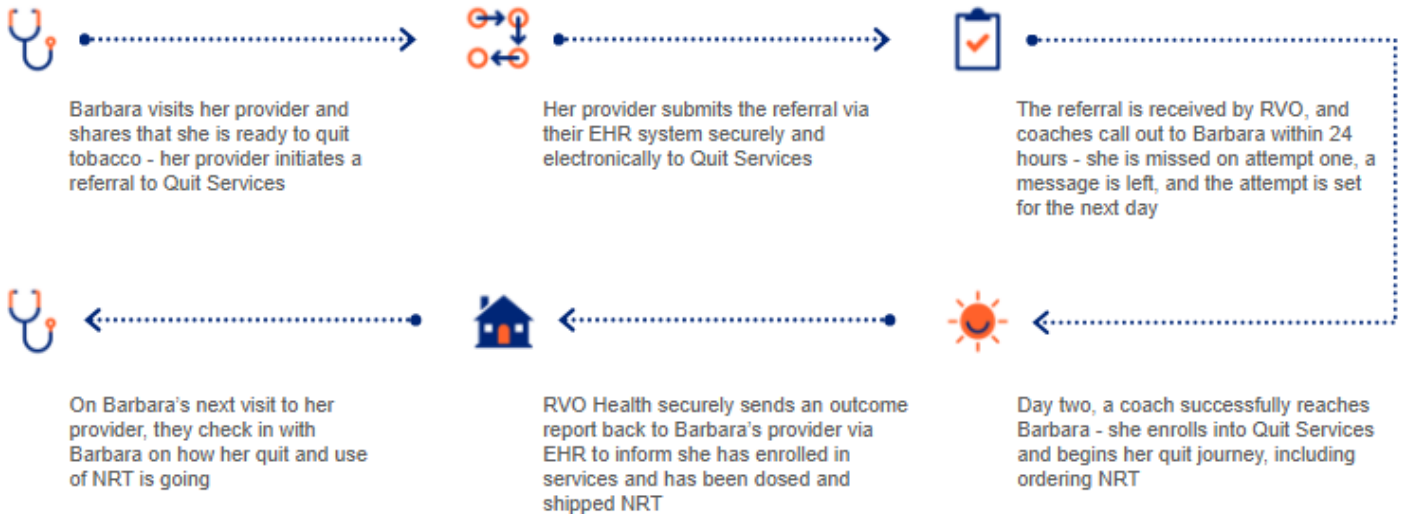
Indiana's Quit Now Indiana services/Quitline service provider provides Quitline EHR (electronic health record) integration, for clinical treatment settings such as clinics and hospitals. Indiana's Quit Now Indiana service provider has the capacity to receive electronic referrals from a variety of EHR systems, provided that referring entities have the technology to support the sharing of data using HIPAA approved methods. The integration process supports referrals from EHR systems via fax, secure email, or secure FTP site. The integration of the Quitline can be accomplished through either the HL7 or SFTP file formats. The benefit of integration is to provide less touch points and fewer referral errors by securely making a client referral via the agency's EHR.

#### **The following strategies must be addressed:**

- Establish an integration support team to include the agency's IT staff and clinicians to work with the Quit Now Indiana services service provider to select the compatible pathway to build a portal in the EHR. This team will work through the building, testing, and production phases of integration.
- Develop a training plan for staff who make referrals. Specifically, train on the Ask-Advise-Refer(AAR) best practice model, Quit Now Indiana Services Suite, Quit Now Indiana website, and the process of making referrals electronically.
- Establish a SMART goal for monthly referrals after the integration process is complete.
- Create a follow up and monitoring plan after the integration is completed.

## Round Trip – Electronic Referral

Barbara has been smoking for 20 years. After a recent COPD diagnosis, she is ready to make changes and quit tobacco to improve her health.



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### Training: \$3000

Training is for applicants who present a plan to have staff trained as tobacco treatment specialists (TTSs) and/or with evidence-based quality improvement training that focuses on sustaining systems change i.e., lean daily improvement or lean practitioner training. TTS training participants must successfully pass the TTS exam prior to the end of the grant cycle. A recommendation that a minimum of two staff should be trained if the Training option is selected. For additional information on the TTS Training, please visit <https://rethinktobaccoindiana.org/tts-trainings/>.

A portion of the training funds can be used to purchase FDA approved nicotine replacement therapy (NRT) to support trained tobacco specialists or other treatment program.

Additional training opportunities and resources, will be discussed and provided during ongoing technical assistance meetings.

### Funding Information:

The project period is from February 1, 2025 - September 30, 2025. The total funding allocation for each applicant will be based on the tier(s) selected. As a reminder, the tiers are intended to be progressive. If you have current polices that fit the description for the tier, they must be submitted with your application for review. Applicants may submit strategies for 1-3 tiers. If an agency has achieved a tier previously then their proposal must include documentation demonstrating the completion of that tier according to the strategy descriptions provided. Also, an applicant can request funding for a tier to reach the level of efficacy as described in the desired strategy

descriptions.

**Funds will be paid to the Lead Agency during the life of the grant upon receipt of invoice and submission of program reports. It is the intention of TPC to award several grants with this call for applications.**

### **Meetings and fiscal accountability**

The selected organizations will identify a multi-disciplinary team to work closely with the designated technical assistance team; there will be monthly 1-1 technical assistance meetings and bi-monthly grant cohort meetings within 30 days of the beginning of the grant period. Grantees will be expected to use the workplan template provided to report progress each month. More frequent 1-1 technical assistance will be available on an as needed basis. Additional technical assistance office hours will be provided during each month of the grant duration.

### **Metrics and Reporting:**

**Requirements to submit data at baseline (60 days within grant) and every month thereafter via a Redcap survey. (The data sample can be from the subset population in which the targeted tobacco efforts are focused.)**

- In the past month, **how many unique patients were served by your organization?**
- In the past month, **how many patients were screened for tobacco use at initial visit?**
- In the past month, **how many patients were identified as current tobacco users?**
- In the past month, **how many patients received a documented diagnosis of tobacco use disorder/nicotine dependence?**
- In the past month, **how many patients identified as tobacco users were provided tobacco dependence counseling services?**
- In the past month, **how many patients identified as tobacco users were offered or prescribed to FDA-approved tobacco treatment medication(s)?**
- In the past month, **how many patient referrals (fax, online portal, e-referral) were made to the Indiana tobacco Quitline?**

**Final Report: Requirement at the end of grant (report template will be provided). Report will cover the following:**

- Metrics improved, progress from the beginning to the end of grant
- Lessons learned, challenges
- Sustainability of change achieved and future strategies
- Report data on # of employees trained for various trainings
- Completion of post-Knowledge, Attitudes, and Beliefs survey and Health System Assessment
- Completion of patient/client case study, including timeline and treatment planning (as applicable).

### **How to Apply:**

**Applications should be submitted to TPC in accordance with the guidelines provided in this announcement.**

- **The due date for applications is January 20, 2025, by midnight EST.**
- **The application must be submitted electronically ONLY to [TPCApplications@health.in.gov](mailto:TPCApplications@health.in.gov)**

**Awardees are expected to attend the Awardee Kickoff on February 10, 2025, at 12PM EST**

## Technical Assistance with Applications:

Applicants should submit questions to [TPCApplications@health.in.gov](mailto:TPCApplications@health.in.gov) by 4:00pm on January 10, 2025. All questions and answers will be posted on January 13, 2025, on the TPC/ISDH website at <https://www.in.gov/health/tpc/grant-opportunities/>

### The application must include:

- Application Cover Sheet (Form available on website)
- Grant Narrative form outlining the two sections below (Organizational readiness and statement of need; Proposed plan. Form available on website)
- Scope of Work – Bullet pointed summary of project deliverables to address the tier strategy(ies) selected.
- Budget (template provided on [TPCApplications@health.in.gov](mailto:TPCApplications@health.in.gov). Provided on website)
- A limited number of items may be included in an Appendix including a letter of commitment from the CEO and relevant staff biographies and resumes.

## Grant Proposal

*The following **bolded** heads can be included as a single, separate attachment within the electronic submission in anyformat that is preferred (i.e., Microsoft Word, PDF, Excel spreadsheet).*

### Organizational Readiness and Statement of Need:

- Provide evidence of organizational experience and commitment to this project.
- Describe the organization’s client population.
- Include a review of current commercial tobacco cessation or prevention needs relevant to the proposed tiered strategiesand a description of the targeted population.
- Demonstrate the applicant's ability to implement the selected tiered strategies.

### Proposed Plan, Activities, and Dates

- Include a timeline of the tiered strategy and expected outcomes.
- Demonstrate organization’s current services and likelihood for a sustainable effort toward commercial tobacco cessation related strategies after the grant period.
- Provide copy of current tobacco free policies

### Review Process

All applications submitted will undergo a review process by TPC staff and a team of state andnational experts.

### Declaration

It is TPC policy that any organization or individual receiving funding from TPC must agree as a condition of receiving funds that they will not accept any funding from the tobacco industry.

The TPC may seek additional information from an applicant prior to or during the review of the application.

The TPC reserves the right to negotiate a modification of the proposed work plan and/or budget and will award funds after agreement has been reached.



## References

- 1) Campbell, J. A., Walker, R. J., & Egede, L. E. (2016). Associations between adverse childhood experiences, high-risk behaviors, and morbidity in adulthood. *American Journal of Preventive Medicine*, 50(3), 344-352. <https://doi.org/10.1016/j.amepre.2015.07.022>
- 2) Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma Informed Approach. [https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf)