The National Council for Behavioral Health (National Council) is pleased to announce a Call for Applications for the National Behavioral Health Network’s 2016 Community Behavioral Health Organization Tobacco & Cancer Control Community of Practice (CoP). This CoP is a 7-month initiative that will be comprised of up to ten (10) organizations (e.g., community mental health centers, addiction treatment organizations or programs, federally qualified health centers) that provide direct services to people with mental illnesses and substance use disorders and interested in developing or enhancing their skills and knowledge in tobacco and cancer control practices. Participating organizations will gain access to organizational change experts and educational materials to help them develop and implement evidence-based tobacco and cancer control and prevention practices among populations with mental illnesses and substance use disorders.

By participating in the CoP, organizations will:

- Explore how adopting tobacco and cancer prevention and control practices can support efforts to improve the overall health of people with mental illnesses and substance use disorders;
- Prepare your organization to meet quality metrics and standards related to healthcare transformation efforts such as Certified Community Behavioral Health Clinics (CCBHCs);
- Increase knowledge and skills in the following core areas:
  - Campus-wide tobacco-free policies (addressing both client and staff cessation);
  - Practice guidelines for addressing tobacco cessation (including counseling and use of FDA-approved pharmacotherapy) into clinical workflow;
  - Cancer preventive screening guidelines; and
  - Community-based cancer control and prevention resources.
- Have the opportunity for professional recognition. This initiative will receive local, state, and national attention through presentation(s) and/or paper(s) that will be used to disseminate successes and lessons learned; and

Participating organizations will participate in an in-person orientation and action plan development meeting in Denver, Colorado, webinars with national experts that cover the topic areas identified above, and group coaching calls facilitated by national experts. Throughout the course of the CoP, participating organizations will have the opportunity to develop action plans for tracking and monitoring their tobacco and cancer control goals. Participating organizations will be compensated $1500.00 for their data collection efforts ($750.00 given upon acceptance; and $750.00 to be given after your organization has submitted final report). NOTE: Compensation will be provided to the organization team lead for disbursement to the team.

**PROGRAM EXPECTATIONS & REQUIREMENTS**

Each participating organization will be responsible for creating a CoP Core Implementation Team (CIT) which should consist of a member of the organization’s senior management team; a healthcare professional; and a staff person/project manager who is able and willing to oversee the data collection. Teams from up to 10 community behavioral health organizations will participate in a 7-month CoP that will include:
• A Kick-Off Webinar, May 12th, 2016, 2p – 4p ET
• One (1) In-Person Meeting which will be held in Colorado on June 15th, 2016. *Note: Travel and meeting location details and logistics will be along with the Acceptance Letter.*
  o Sites are required to bring **at least two** (2) Core Implementation Team (CIT) members to the in-person meeting.
  o Travel expenses will be covered for up to three (3) members of the CIT Team.
• Group-based coaching calls, TBD during the following months: July 2016, August 2016, September 2016, October 2016, November 2016.
• Five (5) monthly webinars with national experts:
  o July 12th, 2016, 2p – 4p ET
  o August 2nd, 2016, 2p – 4p ET
  o September 6th, 2016, 2p – 4p ET
  o October 4th, 2016, 2p – 4p ET
  o November 1st, 2016, 2p-4p ET
• Regular pre-assignment and action plan reporting submissions
  o Participating organizations will be compensated $1500.00 for their data collection efforts ($750.00 given upon acceptance; and $750.00 to be given after your organization has submitted final report). **NOTE: Compensation will be provided to the organization team lead for disbursement to the team.**

**APPLICANT ELIGIBILITY**
Organizations are eligible for the Community Behavioral Health Organization Tobacco & Cancer Control CoP, if they provide direct services to individuals with mental illnesses and substance use disorders and are seeking to enhance their tobacco and cancer control practices.

**NOTE:** The National Behavioral Health Network is launching **TWO** Tobacco & Cancer Control Communities of Practice, one for community behavioral health organizations and one for **state, tribal and territorial agencies.** If you are a **state, tribal or territorial agency**, please apply to our 2016 **State, Tribal and Territorial Agency Tobacco & Cancer Control Community of Practice** at [http://bit.ly/1T462w8](http://bit.ly/1T462w8).

This program is only open to National Behavioral Health Network participants. **Click Here** to join the Network for FREE before you apply.

**APPLICATION SUBMISSION**
For consideration, please complete the **online application** by **8:00pm EDT on Tuesday, April 12th, 2016**. Questions about the application can be sent to **BHtheChange@thenationalcouncil.org**.
National Behavioral Health Network for Tobacco and Cancer Control
2016 Community Behavioral Health Organization Community of Practice Application

This application should be filled out by your Team Lead. However, the responses should be informed by a discussion with everyone who will be involved in enacting the tobacco and cancer control practices that will be discussed in the Community of Practice. Your team should include everyone who will be involved in making changes. These roles might include upper management, HIT staff, peer/consumer representation, clinical staff and evaluators/analysts.

Section 1: Background Information
1. Do you work for a community behavioral health organization? (yes/no)
   a. If you are a state, tribal, or territorial agency, please complete this application: http://bit.ly/1T462w8
   b. If you are neither a community behavioral health organization nor a state, tribal or territorial agency, please contact BHthechange@thenationalcouncil.org.
2. Name of your organization:
3. Organization mailing address:
4. Organization HHS region (select one):
   a. Region I (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)
   b. Region II (New Jersey, New York, Puerto Rico, Virgin Islands)
   c. Region III (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia
   d. Region IV (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)
   e. Region VI (Arkansas, Louisiana, New Mexico, Oklahoma, Texas)
   f. Region VII (Kansas, Missouri, Nebraska)
   g. Region VIII (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)
   h. Region IX (Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, Republic of Palau
   i. Region X (Alaska, Idaho, Oregon, Washington)
5. Team Lead Contact Name:
6. Team Lead Contact email address:
7. Team Lead Contact telephone number:
8. Name(s) & Title(s)/Role of Team Members (who will be participating in the CoP):
9. What type of services does your organization provide?
   a. Mental health only
   b. Addictions treatment only
   c. Mental health and addictions treatment
   d. Mental health, addictions treatment and general medical services
   e. General medical services only
   f. Other, please specify:
10. Using the following scale, please rate the Team Lead’s ability to change policies and practices related to tobacco and cancer prevention and control at your organization:
   a. I have no impact on change
   b. I have little impact on change
   c. I am not sure if I can impact change
   d. I have some impact on change
   e. I have a lot of impact on change

Section 2: Where You are Now, Where You Want to Go, and What You Need to Get There

11. Does your organization screen for tobacco use? (yes/no)
12. Does your organization offer tobacco cessation services? (yes/no)
13. Does your organization have a tobacco-free campus policy?
   a. Yes
   b. No
   c. I don’t know
14. If no, how much interest does your organization have in implementing a tobacco-free campus policy?
   a. No interest
   b. Little interest
   c. Neither interested or disinterested
   d. Some interest
   e. A lot of interest
   f. Additional Comments:
15. What have you done/plan to do to implement tobacco-free policies?
16. What resources would you need to create or sustain a tobacco-free policies?
17. Does your organization screen for tobacco use in clients and/or staff?
   a. Yes, in clients only
   b. Yes, in staff only
   c. Yes, in both clients and staff
   d. No
   e. I don’t know
18. Does your organization offer clients tobacco cessation services (counseling and/or NRTs)?
   a. Yes, counseling only
   b. Yes, Nicotine Replacement Therapies only
   c. Yes, counseling and Nicotine Replacement Therapies
   d. No
   e. I don’t know
19. How much interest does your organization have in providing and/or offering tobacco cessation services to clients and/or staff?
   a. No interest
   b. Little interest
c. Neither interested or disinterested
d. Some interest
e. A lot of interest

20. What have you done/plan to do to implement or sustain tobacco cessation at your organization?

21. What resources would you need to implement or sustain tobacco cessation at your organization?

22. Does your organization screen for any type of cancer?
   a. Yes
   b. No
   c. I don’t know

23. If yes, what types of cancer screens have been implemented (select all that apply)?
   a. Mammography
   b. Clinical breast examination
   c. Pap test
   d. Colonoscopy
   e. Fecal Occult Blood Test (FOBT) and Fecal Immunochemical Test (FIT)
   f. Prostate-specific antigen (PSA) test
   g. Complete skin examination
   h. Other, please specify:

24. If no, how much interest does your organization have in cancer screening?
   a. No interest
   b. Little interest
   c. Neither interested or disinterested
   d. Some interest
   e. A lot of interest

25. What have you done/plan to do to implement or enhance cancer screenings at your organization?

26. What resources do you need to implement or enhance cancer screenings at your organization?

27. What have you done/plan to do to access community-based cancer prevention and control resources in your local community or state?

28. What additional resources do you need to access community-based cancer prevention and control resources in your local community or state?

29. During the course of the Community of Practice, participants will have the opportunity to share their experience (successes and challenges) in implementing the policies discussed in the Community of Practice on webinars. Select at least 1 topic below you would be interested in sharing your lessons learned, best practices and/or strategies for addressing tobacco and/or cancer control and prevention on a webinar to National Council members:
   a. Implement campus-wide smoke-free policies (addressing both client and staff cessation)
   b. Implement practice guidelines for addressing smoking cessation for youth and adults (including counseling and use of NRTs)
c. Implement cancer screening (both in integrated care settings and via referrals to local FQHCs)

d. Accessing community-based cancer control and prevention resources in your local community or state