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Better Together: Engaging Stakeholders in Learning and Leadership to Guide Foundation Resources Toward Adaptive Systems Change

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Introduction

Cigarette smoking is the leading preventable cause of morbidity and mortality in the United States (U.S. Department of Health and Human Services, 2014). Smoking prevalence has reduced substantially in the general population, but this decline has been significantly slower among people with mental illness (Drope et al., 2018). Although people with mental illness can be effectively and safely treated for tobacco-use disorders (Peckham, Brabyn, Cook, Tew, & Gilbody, 2017), few people receiving treatment for mental illness also receive treatment for tobacco dependence (Royal College of Physicians & Royal College of Psychiatrists, 2013). Consequently, people with mental illnesses, especially those with serious mental illnesses, have high rates of tobacco-related illness and die, on average, 14.9 years earlier than people without serious mental illnesses (Tam, Warner, & Meza, 2016).

Due to these health and treatment disparities, smokers with mental illness, including substance use disorders, should become a priority population for tobacco control (Williams, Steinberg, Griffiths, & Cooperman, 2013). Tobacco control, mental health services, and advocacy organizations should work together to implement cross-cutting policies and practices to bring down smoking prevalence and tobacco-related mortality (Williams, Willett, & Miller, 2013). To that end, in 2014 the Kansas Health Foundation (KHF) launched an initiative to bring together state leaders from these and other stakeholder

Key Points

- In 2014, the Kansas Health Foundation brought together a group of knowledgeable stakeholders from a multitude of specialties to focus on reducing tobacco use specifically among Kansans with mental illness. Over 15 months, the group and the foundation worked to learn deeply about the issue and inform action that could be taken on individual, organizational, and systemic levels.
- The wealth of knowledge and experience brought by each participant to the discussion and learning about this complex issue, together from a range of perspectives, resulted in a more productive dialogue. The model proved very effective, as evidenced by the group's success in achieving a number of policy, system, and environmental changes — including expanding cessation benefits available under Medicaid in Kansas — and could be replicated by any foundation.
- The foundation continues to work collaboratively on this issue and discover more about what is effective in reducing tobacco use. What it learned alongside its community partners has powerfully informed the foundation's approach to this work and has resulted in meaningful change, at multiple levels, in the behavioral health system.

The KHF has long recognized the benefits of convening knowledgeable stakeholders and supporting them to act as catalysts for change. This was formalized in 1999 with the creation of the Kansas Health Foundation Fellows program.

groups to understand and address the high prevalence of tobacco use among people with mental illness in Kansas. The KHF, a conversion foundation created in 1985 with a mission to improve the health of all Kansans, focuses on increasing health equity within four impact areas; one of these is "healthy behaviors" and includes reducing tobacco use.

Since its inception, KHF has recognized the power of bringing stakeholders together to build capacity, strengthen networks, and leverage expertise. The combination of this focus on reducing tobacco-use disparities and engaging expert leaders from different factions resulted in a powerful process that has led to sustained and meaningful change for the behavioral health system in Kansas.

The Kansas Health Foundation Fellows Program

The KHF has long recognized the benefits of convening knowledgeable stakeholders and supporting them to act as catalysts for change. This was formalized in 1999 with the creation of the Kansas Health Foundation Fellows program. This intensive leadership-development experience took many forms over the years, but always focused on building the capacity of the KHF Fellows to exercise adaptive leadership in their organizations and communities to create a healthier Kansas.

In 2007, KHF created the Kansas Leadership Center (KLC), which began managing the Fellows program. The KLC integrates its principles of purposeful, provocative, and engaging civic leadership into the content and structure of leadership training (Chrislip & O'Malley, 2013). KLC trainings encourage participants to think of leadership as an activity and not a position, and challenges trainees to seek adaptive changes that require systemwide innovation and learning (Heifetz, 1994).

Between 1999 and 2013 there were seven cohorts of Fellows, which included 128 Kansans. The program evolved over time, and there was a shift after the fifth Fellows cohort away from discussions around more general health topics to narrowing in on a more defined health issue. The sixth class of KHF Fellows examined issues related to healthy community design, and the seventh class focused on access to healthy foods. Targeting specific health issues enabled the program to select Fellows with diverse perspectives on the selected issues, and gave them an opportunity to have more productive conversations about potential changes to improve outcomes in these defined areas.

Fellows VIII: Focus, Resources and Participants

In 2013, when planning for the eighth cohort began, there was a growing recognition at the KHF and in the field of the poor health outcomes being experienced by individuals with mental illness related to their extremely high levels of tobacco use. A planning team that included KHF staff, KLC team members, and several Fellows alumni developed a plan for the eighth class of Fellows to focus on reducing tobacco use among Kansans with serious mental illness. In terms of structure, there was a desire to take the model developed with previous Fellows cohorts a step further. For the first time, specific objectives were outlined for Fellows members around building trust and comfort with the KHF and previous cohorts of Fellows, developing and utilizing leadership skills, and contributing to the creation of intervention recommendations

for the KHF to consider to reduce tobacco use among people with mental illness.

In addition to the full-time, master's-level staff person hired to launch and manage the Fellows VIII program, other partners and resources necessary for successful implementation were identified in the planning phase. Those included the KLC, which provided expert facilitation and leadership coaching based on its model of civic leadership and its experience in building collaborative networks across Kansas communities. Funding was also set aside for evaluation, lodging, meals, and materials for in-person convenings, and for consulting with content-area experts in tobacco control and behavioral health for training and tools to address tobacco use among people with mental illness.

With the purpose, goals, and resources for the cohort established, recruitment of participants began. Planning team members reached out to a variety of state government actors who had a role in creating or implementing tobacco control or prevention initiatives, nonprofits and advocacy groups in the space, Community Mental Health Centers (CMHCs), substance-abuse treatment facilities, and other stakeholders who could engage in productive dialogue around this issue. Because no policy should be adopted without participation of members of the group(s) affected by that policy, the cohort adopted the "nothing about us without us" ethic. Fellows included patient advocates and mental health service consumers who contributed to the process their lived experiences and ideas for solutions. The group of participants also included primary care physicians, journalists, researchers, and the statewide association for CMHCs. Together, this group of 23 passionate Kansans with a variety of backgrounds and experiences with tobacco control and behavioral health was united by a common belief: It was possible for progress to made in reducing the use of tobacco products by individuals with mental illness.

Structured Learning, Discovery, and Initiative Development

Fellows VIII was designed to be a 15-month engagement where members met approximately every other month between May 2014 and August 2015, for a total of eight sessions. (See Table 1.) The work proceeded in three phases.

Phase I: Leadership Development

Issues affecting health are complex and adaptive by nature. To effectively tackle these complicated challenges, the KHF believes we should build the capacity of stakeholders to exercise leadership in a way that inspires a different kind of change: one that engages diverse voices, thinks in the long term, and utilizes a trustworthy process to build consensus. Building this leadership muscle has been at the crux of the KHF Fellows program since the beginning, and for the Fellows VIII cohort, this represented the first phase of the initiative.

For one week in July 2014, the Fellows attended a workshop at the Kansas Leadership Center led by four expert facilitators (one of whom was the ongoing facilitator at the subsequent Fellows meetings). During this time, they learned about the KLC's theory of leadership and competencies to create adaptive change: diagnose the situation, manage self, energize others, and intervene skillfully. Fellows practiced applying these competencies to their own individual leadership challenges and to the group's broader purpose of reducing tobacco use among those with mental illness.

In addition to building leadership skills, this phase was important for creating connections among the Fellows and giving them space and time to get to know one another. These bonding experiences solidified network connections in what proved to be a critical way for the group to make progress, allowing them to feel safe to have tough conversations and collaboratively brainstorm solutions. Moreover, the introspection that occurred as a part of this phase helped build trust within the cohort as well as a respectful understanding of the group dynamic and how this dynamic affected issue-area exploration and learning.

TABLE 1 Fellows VIII Group Sessions

	Date	Activities	Presenters
	Session 1: May 1, 2014	***Orientation*** Introductions to KHF, each other, Fellows program	• KHF Staff
Leadership Development	Session 2: July 21–25, 2014	Weeklong training session with KLC faculty; one-on-one coaching sessions with leadership coaches	• Kansas Leadership Center Faculty and Coaches
Leadership Development	Session 3: Sept. 11–12, 2014	Session with Seth Bate, certified Myers Briggs trainer, to dig deep on individual strengths	• KHF Staff • Seth Bate, Wichita State University Community Engagement Institute
Discovery	Session 4: Nov. 13–14, 2014	***Data Gathering*** Dr. Sarah Jolley reviewed data gathered from consumers at a local recovery conference; Christine Cheng and Shelina Foderingham shared what was happening at the national level and in other states with tobacco cessation efforts and behavioral health.	• Kansas Leadership Center Faculty and Coaches • Dr. Sarah Jolley, Wichita State University Community Engagement Institute • Christine Cheng, Smoking Cessation Leadership Center • Shelina Foderingham, National Council on Behavioral Health
Discovery	Session 5: Jan. 12–13, 2015	***Data Gathering*** Dr. Jill Williams presented data on tobacco use among individuals with behavioral health issues, and on efforts/recommendations for progress.	• Dr. Jill Williams, Robert Wood Johnson School of Medicine, Rutgers University
Initiative Delveopment	Session 6: March 10–11, 2015	***Strategic Action Planning*** Christine Cheng set up a gallery walk with relevant data and helped the group start working through first strategies for an action plan.	• Christine Cheng, Smoking Cessation Leadership Center
Initiative Delveopment	Session 7: April 27–28, 2015	***Strategic Action Planning*** Fellows had a focus group with Jennifer Avers and finalized the action plan for the group, including prioritizing strategies for KHF's consideration.	• Jennifer Avers, Evaluation Consultant
	Session 8: Aug. 5–6, 2015	***Graduation*** Celebrated the commitment from Fellows members and progress made as a group	• KHF and KLC Staff

Phase II: Discovery

At the fourth session, the pivot was made from the first phase, leadership development, to the second phase, discovery. Here, the goal was to spend time as a group gathering and analyzing data to build a collective understanding about the issue. This involved reviewing data, listening to experts, and tapping the collective expertise of the Fellows.

Two reports were commissioned to get accurate and updated data on tobacco use among individuals with mental illness in Kansas. The first report, *Tobacco Use Among Kansans With Mental Illness,* synthesized data from the Behavioral Risk Factor Surveillance System.[1] The primary findings in this report helped the group develop a sense of the scope of the disparity in tobacco use among this population: 37.8 percent, compared to 17.3 percent among adults without mental illness; those with serious mental illness in the past 30 days had a 45.7 percent smoking rate. The report also looked at the smoking rates among youth with a mental illness: 26.8 percent, compared to 10.9 percent among youth without mental illness. A second report was based on interviews with adults living with mental illness and examined their tobacco-use habits as well as interest in and attempts to quit tobacco. These findings were consistent with nationally available data, including that largely, these smokers started before age 18 and were interested in quitting.

Several national speakers were invited to share their knowledge with the Fellows. Christine Cheng, from the Smoking Cessation Leadership Center; Shelina Foderingham, from the National Council for Behavioral Health; and Dr. Jill Williams, of the Robert Wood Johnson Medical School at Rutgers University, presented at different sessions, sharing data and recommendations for the group to consider in formulating their own interventions.

In addition to outside experts, the knowledge of the individual Fellows was leveraged. Each brought a unique background and experience to the discussion, so time was spent having each Fellow describe their work and/or personal experience in terms of the collective purpose and what they had learned up to that point that might be beneficial to share.

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Phase III: Initiative Development and Recommendations

In March 2015 the shift was made to the third phase, initiative development. During this phase, Fellows applied their increased leadership capacity and content knowledge to formulate recommendations for initial steps to reduce tobacco use among Kansans with mental illness. Individually and collectively, the cohort created a comprehensive work plan whose collective goal was to sustain and amplify the cohort's efforts, support individual Fellows and subsequent work groups in change efforts, and hold one another accountable for progress. From the work plan and ongoing conversations between KHF program officers and cohort members, the KHF drafted a Request for Proposals (RFP): Tobacco Treatment and Recovery in Behavioral Health.

[1] See https://www.cdc.gov/brfss/index.html

TABLE 2 Kansas Health Foundation Fellows VIII Outcome Objectives

Objective 1	Fellows will develop a relationship with the KHF and among current and former Fellows, resulting in a network of influential individuals able to help drive health policy and environmental change in the state of Kansas to reduce tobacco use within the mental health community.
Objective 2	Fellows will develop the skills to exercise civic leadership that will contribute to their role as catalysts for change in reducing tobacco use within the mental health community.
Objective 3	Fellows will understand the competencies necessary to enhance their capacity for civic leadership and will engage more frequently and effectively in acts of leadership around the KHF's healthy behaviors focus areas.
Objective 4	Fellows will help plan future KHF initiatives to contribute to the reduction of tobacco use in the mental health community.

Evaluation of the Fellows VIII Program

To understand the extent to which the KHF was successful in designing a Fellows program that would lead to achieving the four objectives identified at the outset by KLC faculty and KHF program officers, an external evaluator, Jennifer Avers, was engaged. The evaluation was framed around these outcomes among the Fellows:

- comfort engaging with the KHF and other Fellow cohorts,
- leadership skills development,
- leadership engagement, and
- contributing to KHF plans to reduce tobacco use among people with mental illness.

The evaluator designed a methodology to address the four objectives and align with the three programmatic phases. Prior to the cohort's orientation session in May 2014, the evaluator interviewed the 23 participants accepted into the Fellows VIII program. In November 2014, midway through the program, the Fellows were asked to complete an online survey about their experiences in the program. The survey was organized into three sections: program effects on participants, comfort and interactions with the KHF, and issue-area and cohort formation. A Likert scale was used, with responses ranging from 1 (strongly disagree) to 5 (strongly agree).

In April 2015, the evaluator observed the sessions taking place at the KLC and facilitated a discussion with the Fellows about their efforts to develop a work plan that would live beyond the scope of the Fellows program. At the close of the program (December 2015), the evaluator conducted structured interviews to capture the Fellows' final reflections about their participation, the program, and their sense of next steps as individuals, as a cohort, and in relationship with the KHF. At the end of the program, the evaluator analyzed the qualitative and quantitative data collected throughout the duration of Fellows VIII; results are presented in order of the four outcome objectives. (See Table 2.)

Objective No. 1

Fellows will develop a relationship with the foundation — and among current and former Fellows — resulting in a network of influential individuals able to help drive health policy and environmental change in the state of Kansas to reduce tobacco use within the mental health community.

When the Fellows were surveyed midway through the program, average ratings were high overall. Responses related to relationship-centric items ranged from 4.11 to 4.63 (agree to strongly

agree) on the 5-point agreement scale. The items included the following:

- I know how to contact KHF staff.
- The KHF wants me to share my ideas and insights with them.
- I feel comfortable approaching KHF staff with small talk.
- I understand how the KHF's program areas support its mission.
- I feel comfortable letting KHF staff know about others in my community who might help the foundation with its work (e.g., as partners, grant recipients, advisors).
- To date, the KHF has provided sufficient opportunities for me to learn about its work.

Somewhat fewer Fellows (3.79) agreed with the statement, "I have told other people in my communities about grant opportunities from KHF." Qualitative data suggest there was some lack of clarity for some Fellows regarding the KHF's expectations of them over the longer term, specifically in terms of how they would function as ambassadors of civic leadership competencies and of the foundation's vision.

By the close of the program, participants expressed increased understanding of the KHF's expectations and interests, and many were actively sharing information about the foundation's resources with others in their communities. Among the factors cited by Fellows as increasing their comfort and motivation to share resources on behalf of the KHF were the following:

1. opportunities to talk with KHF staff through casual exchanges during program sessions,
2. experiences working alongside KHF program officers during action planning and work plan development,

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3. KHF program officer receptiveness to Fellows sharing their project ideas and funding interests,
4. KHF program officer transparency about what strategies (related to the issue area) aligned with the foundation's mission and program areas and what did not,
5. increased clarity about the KHF's interests and priorities as program officers shared the draft of the RFP, and
6. the KHF's willingness to adapt and revise the RFP based on Fellows' feedback.

As the initiative ended, cohort members had a deeper understanding of the KHF as a funder and as a community partner. As one Fellow remarked, "I appreciate the attention to personal relationships and developing personal relationships among the Fellows and between the Fellows and the foundation." Another noted, "We were encouraged to work collaboratively as a group of Fellows with the foundation to decide how things need to change to create opportunities and resources to make that change happen." Those who were initially reticent about approaching program officers with questions, concerns, ideas, or requests indicated they were comfortable doing so by the close of the program. For those with pre-existing comfort or history working with the KHF, they too

As the program ended, Fellows were optimistic about the ongoing evolution of the work plan. All were hopeful that cohort members would utilize their skills, and newfound relationships with one another and the KHF, to hold individuals and relevant groups accountable for progress

expressed increased ease and confidence in terms of approaching foundation staff. All cohort members said they were interested in working with the KHF on this issue in the future.

Last, Fellows found great personal and professional value in their relationships with other cohort members. Fellows unanimously reported high degrees of comfort with one another, even when there were disagreements or points of contention between individuals or groups of people. They emphasized the importance of hearing from and working with diverse perspectives and actors in the behavioral health space. In several cases of tensions between individuals prior to participation in Fellows VIII, those tensions eased, and some disagreements were resolved through participation in the program. All Fellows described a high degree of respect and camaraderie.

At the close of the program, the majority of those in the cohort had already initiated shared efforts with some of their peers to address the issue of tobacco use, not only as specific to the Fellows VIII work plan, but also around other shared areas of interest and concern. Fellows were less clear about how they would engage with Fellows outside their cohort, or the role the KHF might play in convening Fellows across the various cohorts, but did understand and appreciate that they were part of a larger network of civic leaders. They valued being connected to one another and the foundation through a shared understanding of and commitment to using the civic leadership competencies to inform systems change.

Objective No. 2

Fellows will develop the skills to exercise civic leadership that will contribute to their role as catalysts for change in reducing tobacco use within the mental health community.

Fellows VIII was a successful strategy for equipping diverse professionals with civic leadership competencies. Fellows easily referenced how the program positively impacted their understanding of themselves and equipped them with tools and resources to effectively exhibit leadership behaviors in a number of settings (e.g., professional, civic, political, personal). Fellows also said they appreciated developing a shared civic leadership language and framework for understanding technical and adaptive challenges.

The program components cited most frequently as most supportive in reaching the program objectives were individual coaching, presentations by experts (including review of national and state data), and well-facilitated discussions within the diverse cohort.

Objective No. 3

Fellows will understand the competencies necessary to enhance their capacity for civic leadership and will engage more frequently and effectively in acts of leadership around the foundation's "healthy behaviors" focus areas.

Fellows expressed increased understanding of the issue area, a much better grasp on state and national data related to tobacco use and the mental health community, a richer understanding of the challenges and opportunities in terms of making progress on the issue, and an overall confidence that progress can and will be made by them and their cohort members, as well as with the KHF's continued leadership and funding in this area.

TABLE 3 Strategies and Selected Tactics to Reduce Tobacco Use Among Kansans With Mental Illness

Strategy	Tactic
Policy/Systems Change	State policy to expand Medicaid benefits and increase reimbursement rates for smoking-cessation services
	Establish tobacco-free grounds and/or integrate treatment for tobacco dependence.
Education/Awareness	Help more CMHCs offer tobacco cessation treatment.
Communications/Messaging	Consumer-driven social marketing/messaging
	Social marketing/messaging to providers

Fellows indicated numerous ways they were acting as catalysts for change. They referenced their ongoing additions and revisions to the cohort work plan and were excited to see the KHF draft the RFP for ongoing funding in this area. Fellows described a variety of efforts, including leading tobacco-free campus campaigns, opening cessation support centers, integrating and adding mental health strategies and resources to existing cessation programs, navigating Medicaid and educating community members about access and program types, and intentionally and strategically developing relationships with a range of power brokers and mental health providers across the state. As the program ended, Fellows were optimistic about the ongoing evolution of the work plan. All were hopeful that cohort members would utilize their skills, and newfound relationships with one another and the KHF, to hold individuals and relevant groups accountable for progress. As the formal evaluation of the Fellows program closed, the KHF and cohort members continued to develop and refine the work plan, as well as build the required capacity to implement it.

Objective No. 4

Fellows will help plan future KHF initiatives to contribute to the reduction of tobacco use in the mental health community.

Strategic Planning and Work Plan Development

The Fellows conducted strategic action planning over the course of two meetings, initially guided by staff from the Smoking Cessation Leadership Center who encouraged the group to develop a useful plan that would clearly lay out goals, actions, and who was responsible for moving it forward. To build the final work plan, Fellows developed baseline measures and goals, agreed on key strategy areas, broke into working groups, and developed tactics for each strategy.

The final work plan focused on three main strategies: policy/systems change; education/training; and communication/messaging. While many ideas were brainstormed about possible approaches to advance the group's purpose within those strategies, ultimately five tactics were prioritized as the most important for first steps. (See Table 3.)

RFPs in Two "Tracks"

To advance these priorities articulated by the group, the KHF issued an RFP, Tobacco Treatment and Recovery in Behavioral Health. The RFP was approved by the KHF board and included just over $1.5 million in grants to organizations, with another $167,000 allocated for evaluation, technical assistance, and other supports for the project, including convenings.

The NAMI–Kansas Behavioral Health and Tobacco Initiative included the development of a working group to oversee and support grant activities and involved representatives of state health and behavioral health departments, behavioral health advocacy organizations, Federally Qualified Health Centers, CMHCs, substance use treatment facilities, consumer-run organizations, physician organizations, and local universities.

The RFP was designed to provide support to nonprofit organizations in Kansas through two tracks. Track One was designed to support behavioral health organizations in changing their culture and the culture of the behavioral health system around tobacco, as well as to strengthen approaches to reducing tobacco use among individuals with a mental health diagnosis. Among the eligible Track One activities were establishing tobacco-free grounds, integrating peer-to-peer programs, implementing best practices for tobacco dependence treatment, and piloting other policy/environmental changes that would contribute to a tobacco-free culture for consumers and staff.

Track Two was intended to support advocacy work with behavioral health insurance plans, providers, state government agencies, legislators, and others who could influence the strength of treatment coverage in Kansas. It was hoped that in addition to increasing insurance coverage for tobacco cessation services, the Track Two grantee would be able to increase utilization of existing benefits, which in Kansas at the time were very underutilized. Within this track, one agency was to be funded to implement and coordinate advocacy efforts for changes to tobacco dependence treatment coverage and usage.

Funded Proposals

Seven organizations were funded by the Tobacco Treatment and Recovery in Behavioral Health RFP. National Alliance on Mental Illness (NAMI)–Kansas was funded for the statewide Track Two initiative. The NAMI–Kansas Behavioral Health and Tobacco Initiative included the development of a working group to oversee and support grant activities and involved representatives of state health and behavioral health departments, behavioral health advocacy organizations, Federally Qualified Health Centers, CMHCs, substance use treatment facilities, consumer-run organizations, physician organizations, and local universities.

Five behavioral health service provider organizations, including a mix of mental health and substance use treatment facilities, were funded under Track One, along with the University of Kansas Medical School, which provided Tobacco Treatment Specialist (TTS) training for organizations across the state. Collectively, over the course of three years (2016–2019) Track One and Track Two initiatives achieved a number of successes.

Organizational Achievements

The initiative led by NAMI-Kansas in many ways took up the systems-change baton from Fellows VIII. It convened a multidisciplinary group of providers funded under Track One and other key stakeholders, and fostered high levels of engagement and collaboration in all its activities. NAMI-Kansas led successful efforts to develop the Kansas Tobacco Guideline for Behavioral Health Care[2]

[2] See https://2n07782zqf7l2608b679dk7e-wpengine.netdna-ssl.com/wp-content/uploads/sites/93/2018/04/Tobacco-Guideline-for-Behavioral-Health-Care-Current-Revision-1.pdf , or, for links to all NAMI resources listed here, see https://namikansas.org/resources/smoking-cessation-information.

in conjunction with many health associations, providers, and consumers. This guideline is an evidence-based, comprehensive set of actions that organizations can pursue to reduce tobacco use among their constituents in an effective and sustainable way. Accompanying the one-page guideline is a self-assessment questionnaire[3] to help programs measure progress toward full implementation and an Implementation Toolkit[4] that provides in-depth resources. To date, 30 organizations have endorsed the guideline and many others are in some stage of considering endorsement and adoption.

The guideline is considered an "aspirational" document — adoption implies that organizations are interested in change, not that they have achieved all of the steps in the guide. As such, it is a vehicle for encouraging culture change across organizations in the state. In line with theories of diffusion of innovations (Rogers, 1995), the growth in the number of adopters could create its own momentum toward adoption of the idea that treating tobacco dependence is an integral part of behavioral health care. In 2018, the Kansas Department for Aging and Disability Services (KDADS), which oversees behavioral health care in the state, indicated a willingness to house and promote the guideline. This ensures sustainability of the guideline and associated documents, and increases the likelihood of utilization by providers as KDADS encourages and supports implementation in future years.

To quantify the benefit of supporting Kansans with mental illness to quit tobacco, NAMI-Kansas partnered with the University of Kansas School of Medicine to estimate the economic impact of providing smoking cessation treatment. The report, *The Economics of Proactive Smoking Cessation Treatment for Individuals With Serious Mental Illness and/or Substance Use Disorder in the Medicaid Population,* has been used to support legislation to expand cessation benefits.[5]

NAMI-Kansas also successfully brought forward a bill in the state Senate to create a comprehensive and barrier-free tobacco cessation program within Medicaid; eventually achieved via a budget proviso, it expanded available benefits. Since July 1, 2018, individuals covered by Kansas Medicaid (KanCare) are eligible to receive up to four rounds of nicotine replacement therapy (NRT) each year and are also eligible to receive ongoing cessation counseling services with no lifetime cap, which was previously a covered service only for pregnant women.

In addition, the University of Kansas School of Medicine has trained 123 providers to serve as TTS. The Kansas Department of Health and Environment (KDHE) has made TTS training eligible under the KDHE Chronic Disease Risk Reduction grant mechanisms, which provide another sustainable source of funding.

The five other projects funded under Track One have strengthened their ability to assess and document tobacco use among consumers and have modified their infrastructure to incorporate cessation services that include counseling and dispensing NRT as appropriate. They have collectively screened more than 10,000 Kansans for tobacco use in just the first year and a half. Data reveal that consumers and staff at these organizations are making quit attempts, and all have made progress on adopting tobacco-free policies at their facilities.

Among these organizations, Episcopal Social Services, a local provider of mental health services that includes a Clubhouse International[6] structure that it refers to as the Breakthrough Club, now has a staff-led cessation group that follows the national "Breathe Easy, Live Well" model (Baker, Ranney, & Goldstein, 2016). In addition, Breakthrough Club members began their own peer-led cessation group, exhibiting an impulse that seems to bear out evidence seen in

[3] See https://2n07782zqf7l2608b679dk7e-wpengine.netdna-ssl.com/wp-content/uploads/sites/93/2019/06/Self-Assessment.pdf

[4] See https://publichealthlawcenter.org/sites/default/files/resources/Kansas-Tobacco-Guideline-Behavioral-Health-Care-Toolkit-Dec2018.pdf

[5] See https://namikansas.org/wp-content/uploads/sites/93/2018/01/The-Economic-Impact-of-Reducing-Smoking.pdf

[6] See https://clubhouse-intl.org

This collaborative learning environment was ideal for creating interventions that would align with KHF philanthropic strategy and would translate into meaningful action in the field, as they were informed by knowledgeable Kansas practitioners and stakeholders.

research that many consumers, despite outdated perceptions, want to quit and are ready to act to do so.

Prairie View, a community mental health center in Newton, Kansas, recently launched a partnership with the YMCA and Mirror Inc., a local substance abuse treatment facility, to expand available cessation groups for individuals in their service area. DCCCA, a behavioral health service provider, expanded its focus from an initial two planned substance abuse treatment facility locations in Wichita to infusing the tobacco cessation message throughout its mental health and substance abuse treatment programming at locations across the state. Both the Mental Health Association of South-Central Kansas and the Central Kansas Foundation have made strides in integrating seamless cessation services throughout their residential and outpatient infrastructures.

Although not an organization funded by the RFP, the KDHE participated in the Fellows VIII cohort, and as a key partner in several Track One and Track Two change initiatives turned out to be vital to the grantees' progress. The Kansas Tobacco Quitline, sponsored by KDHE, launched its Behavioral Health Program Support in 2017; as part of this free expanded service, callers who self-identify as having a behavioral health disorder receive calls from counselors who have enhanced training as well as extended counseling sessions and a free, two-week NRT starter kit.

These highlights represent only some of the successes that have been experienced by the Tobacco Treatment and Recovery in Behavioral Health grantees and their partners. Expectations have been far exceeded in terms of initial hopes for policy, system, and environmental changes for individual organizations as well as for the behavioral health system. These changes also have an exceptional outlook for long-term sustainability, resulting in impact that will only continue to grow.

Discussion

These significant successes in policy, program, and systems change are indicative of the strength of the foundation that was created by the Fellows VIII initiative. Investing in the capacity of the Fellows and giving them the time and space to bond as a cohort has created a sustained and powerful network of change agents. Fellows feel strongly that they can rely on each other for support in their efforts to create change related to tobacco use in behavioral health. This has contributed to the overall success of the Tobacco Treatment and Recovery in Behavioral Health RFP that resulted from the Fellows program.

Additionally, the structure of the KHF Fellows program provided an opportunity for foundation staff to learn alongside cohort members. Learning shoulder to shoulder ensured that there was a shared understanding of the issue, a common vocabulary, and, most importantly, shared values. This collaborative learning environment was ideal for creating interventions that would align with KHF philanthropic strategy and would translate into meaningful action in the field, as they were informed by knowledgeable Kansas practitioners and stakeholders. The Fellows program served as a level playing field for everyone involved to be forthright with their concerns and suggestions, creating a true dialogue about what might best serve the goal of reducing tobacco use among individuals with mental illness.

In considering how the KHF Fellows program could best be replicated, it is important to note that the diversity of the cohort members was exceptional in some respects, but glaringly absent in others. In one regard, the diversity of the Fellows VIII cohort members was a critical asset: The Fellows planning committee was very successful in recruiting a strong mix of tobacco-control representatives and behavioral health providers and peers. A wide variety of professional stakeholders from both sides of the tobacco/behavioral health issue were engaged. Having consumers engaged alongside providers was also a powerful dynamic that served the process well. But in terms of demographics, as the Fellows articulated themselves during program, diversity was lacking. No young adults were included, and communities of color were underrepresented. While the current grantees funded through the resulting RFP are more representative of the state's population, diversity in a number of different respects should be considered in terms of engaging participants.

The Fellows program as a whole, and the eighth class in particular, provided the KHF with an effective vehicle to learn deeply about an issue while also vetting approaches to intervene effectively alongside key stakeholders. It is difficult to separate and highlight the outcomes of the Fellows VIII program from those achieved by grantees funded through the resulting RFP. The resulting collaborations between Fellows and KHF, and among the Fellows, have yielded impressive results that continue to contribute to the goal of reducing tobacco use among individuals with mental illness. Indeed, new achievements are being added to this growing list as the journey of the foundation and these Fellows continues to play out. For example, a Fellow was recently appointed Secretary for the Kansas Department of Children and Families as well as the KDADS. She has indicated a willingness to support the efforts of the grantees to reduce tobacco use among Kansans receiving the services of the departments she leads. This example, which is coming to fruition three years after the close of Fellows VIII, reinforces the importance of the networking and joint learning that occurred during the Fellows experience.

The Fellows initiative, and resulting RFP and funded programs, were proof positive for collaborative grantmaking.

KHF's Adaptive Changes

The Fellows initiative, and resulting RFP and funded programs, were proof positive for collaborative grantmaking. The KHF had previously sought out expertise and insights to inform initiative planning. With Fellows VIII, it collaborated with Fellows to co-create funding priorities and guidelines in a way that had been unprecedented for the foundation. This put the Fellows, and thereafter the initiative grantees, in the driver's seat in terms of where the work should be focused to have the biggest impact.

The tremendous success of this shared approach to designing interventions has been a powerful learning experience for the KHF and has impacted work in other KHF focus areas, like increasing educational attainment. With a deeper understanding of how meaningful engagement and investment in diverse stakeholders can have long-term payoff, the KHF recently brought together a group of thought leaders in education to further inform its efforts in this new area of focus. This group of stakeholders will work together and with the KHF to think critically about how to best support schools, families, and communities around the purpose of improving early literacy, with the hope that the resulting policy, systems, and environmental changes will be as successful.

The Fellows VIII evaluation underscored the importance of trust, relationships, and the authentic engagement of participants. It is critical to invest in their capacity to be change agents. The initiative also highlighted that by connecting people, building trust, and empowering them to take the lead, more meaningful, sustainable progress can be made. As an organization, the foundation continues to work on meeting communities where they are at and building capacity.

The Fellows experience has provided a model that works and will inform the KHF's philanthropic strategy into the future.

Key Takeaways

- Investing in the capacity and knowledge of the Fellows participants was essential to the group's success. Supporting the Fellows in developing their capacity for adaptive leadership, along with increasing the group's knowledge about this issue from both the behavioral health and tobacco-control perspectives, made dialogue more productive.

- Engaging an external evaluator to help the KHF understand the extent to which it was successful in meeting its own objectives was important to learn so that future engagements could be improved.

- Learning about the issue together (funder and grantee) was a key component of the success of this work. It created a foundation of shared understanding that was important when the group arrived at the third phase, initiative development, which is the phase that is often jumped to immediately.

- By partnering with the Kansas Leadership Center, the Fellows were exposed to civic leadership principles and competencies that helped them think differently about both the issue and potential interventions.

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