



**Tobacco Cessation Services
Request for Proposals**

**Responses due Friday, January 31, 2023
For services provided February 1, 2023 through June 15, 2023**

Tobacco use is a risk factor for premature mortality in Kane County. According to the 2018 Community Health Needs Assessment Report, 13.7% of Kane County adults were current smokers, 8.1% of adults used vaping products, and 2.4% used smokeless tobacco. The Kane County Health Department is dedicated to supporting healthcare providers in their efforts to help their patients quit.

The Kane County Health Department (KCHD) is awarding Kane County health care providers up to \$3000 in support of smoking and vaping cessation promotion, referrals, and services taking place February 1, 2023 to June 15, 2023.

Deliverables for Smoking Cessation Funding

1. Initiate or enhance current tobacco cessation services to include:
 - a. Organization will become an Illinois Tobacco Quitline Referral Partner by completing a [one-page registration form](#) electronically and submitting it to the Kane County Health Department with this application via email to: kanequits@kanecountyil.gov
 - b. Those in your organization who have direct patient contact will participate in the American Lung Association's [Ask, Advise Refer to Quit Don't Switch online training](#). This one hour, on-demand online training is based on the CDC's Ask-Advise-Refer model and utilizes updated tools and strategies for conducting an effective brief tobacco intervention with patients identified as tobacco users, including e-cigarettes.
 - c. Refer patients to Illinois Quitline for one-on-one counseling and/or Nicotine Replacement Therapy, available at no charge to Illinois residents.
 - d. Order free handouts from the Illinois Tobacco Quitline for patient distribution.
2. Communication
 - a. Distribute monthly reminders to those in your organization with direct patient care to share cessation resources and the Illinois Tobacco Quitline with patients who use tobacco.
 - b. Promote your organization's cessation program and Illinois Tobacco Quitline to public and among community partners.

3. Outcomes/Evaluation

- a. Submit monthly data on number of patients referred to Illinois Tobacco Quitline.

- b. Submit program summary including evidence of communications described above by June 15, 2023.

Proposal Timeline

| | |
|---------------------------------------------------------------------------------------------|-----------------------------------|
| Proposals open | December 12, 2022 |
| Proposals close | January 31, 2023 |
| Applicants notified of decision and awardees are sent Project Agreement and New Vendor Form | February 10, 2023 |
| Awardees return Project Agreement, New Vendor Form, and invoice | February 17, 2023 |
| KCHD payout to awardees | March 17, 2023 (approximate date) |
| Progress update due | June 15, 2023 |

Electronic Proposal Submission

Email completed proposal along with the [Illinois Tobacco Quitline Referral Partner registration form](#) to kanequits@kanecountyil.gov by Friday, January 31, 2023 with the subject line: "Smoking Cessation Proposal"

For further information contact The Kane County Tobacco Control & Prevention Program by email at: kanequits@kanecountyil.gov



Tobacco Cessation Services Proposal

Contact Information

Organization Family Service Association of Greater Elgin Area
Contact name Bernadette May
Title Executive Director
Phone 847-695-3680
Email bmay@fsaelgin.org
Postal address 1752 Capital St, Suite 100, Elgin, IL 60124

1. Is the individual named above the person to lead the program in your organization?

- Yes
 No

2. Does your organization currently offer smoking/vaping cessation services? If yes, please describe.

- Yes
 No

Click or tap here to enter text.

3. Who will be providing direct patient contact, conducting brief tobacco interventions, and referring to the Illinois Tobacco Quitline?

Therapists

4. How will you communicate the availability of tobacco cessation resources to those who provide direct patient contact in your organization?

Via online training portal, all agency email, and announced at all staff meeting.

5. How will you promote the availability of tobacco cessation resources and the Illinois Tobacco Quitline to your community partners and the public?

Signage and resources available at our main location.

Signatures

Applicant

Name: Bernadette May

Signature:

A light blue rectangular box containing a handwritten signature in black ink that reads "Bernadette May".

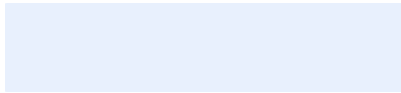
Role: Executive Director

Date: 1/13/2023

Organizational Leadership (if different from applicant)

Name: Click or tap here to enter text.

Signature:

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Role: Click or tap here to enter text.

Date: Click or tap here to enter text.