Vermont Tobacco Control Program

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Qualitative Evaluation of the Tobacco-free Mental Health Substance Abuse Initiative

Developed by JSI Research & Training Institute, Inc. for the Vermont Department of Health Tobacco Control Program

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Section I: Introduction

VTCP has worked closely with the Division of Alcohol and Drug Abuse Program (ADAP) and to implement tobacco-free campus policies and promote the integration of tobacco and behavioral health treatment. In late 2012, to increase awareness the tobacco use prevalence and health disparities staff began by making presentations to clinical meetings of leadership and directors. This work built on pilot grants made to a handful of treatment facilities; through these grants the Department of Health and the Department of Mental Health worked on increasing asking about tobacco use, referring to the state quitline and holding onsite group cessation classes.

With the number of states working on creating tobacco free facilities that are state owned or supported, the Department of Health wanted to set a similar expectation for its treatment centers. To facilitate adoption of supportive tobacco free policies and treatment of tobacco, VTCP provided information, training and technical assistance on policy development, integrating cessation activities into care plans, development of communications and media targeting the population of Vermonters with MH/SA issues, and providing NRT to residential facilities with qualified Tobacco Treatment Specialists. Over several years, the training and technical support was aimed to help implement grant expectations put into the master contracts for tobacco-free grounds and tobacco treatment integration into workflow.

The Tobacco-free MHSA Initiative is a multi-year effort that acknowledges the challenges of this work. The VTCP has planned for several phases of evaluation aided potentially in the future by additional data sources that may include audits, surveys, on-site visits, collaborative sharing, and aggregated clinical data.

This first phase of evaluation is designed to determine the barriers and facilitators to successful policy implementation with an emphasis on improving project implementation design. The evaluation examines administrative and clinical leader perceptions of the policy and policy implementation process and explores the organizational culture and context which facilitates or discourages policy adoption. The evaluation used key informant interviews performed in the fall of the 2015 to gain an understanding of:

- The process of implementing the policy
- Barriers or facilitators to the success of implementation
- Recommendations as to advancement of the policy implementation

A key informant interview guide was developed and revised with input from VTCP staff (See Appendix). The purpose of the guide was to design a set of questions and prompts to guide a conversation with representatives from Vermont's designated agencies. Four interviews were conducted, two with administrators, two with clinicians. Staffs interviewed were from Howard Center for Human Services, Lamoille County Mental Health Services and, Northwestern Counseling and Support Services. A summary of the findings and opportunities is presented below.

Section II: Summary and Themes

Culture of Health: Organizations for which overall health and wellness was part of the organizational culture indicated that the implementation of a tobacco-free campus did not receive significant opposition during implementation. For these organizations it was well accepted that tobacco use was not a healthy choice and cessation would have positive health impact for their clients. In some instances the culture of health had a longstanding history because of the nature of the physical location of the campus and relationship with other health and human service agencies. For example, organizations located in physical proximity with other health agencies may have already instituted a tobacco-free campus policy; specifically one organization reported having the policy in place since 1999. It was felt that the organizational culture played an important role in understanding the need for the policy. There was not, however, a consensus that this culture made the assessment of tobacco use and provision of supportive services easier to implement. Acceptance as a health issue was an important milestone and precursor to policy implementation.

Compliance: While compliance was not reported as an issue among staff, clients were sometimes found to not comply with the policy. Staff response to client use of tobacco on campus typically involved reminding the client regarding the policy and asking them to stop using tobacco or to use tobacco off the campus grounds. Interviewees reported that there were no significant implications for breaching the policy. There was not necessarily a report to the client's clinician and there were not necessarily ramifications in terms of discussing with the clinician or review of client treatment plan. Compliance was described as being "soft" and that it is not treated the same as would the use of alcohol or other substances on campus.

Residential Campuses: Residential campuses were not required to comply with the policy. Use of tobacco products indoor was not allowed however designated space outside the facility was allowed. One site expressed concern regarding their emergency short term facility where it was residential but for up to 6 days. In this instance it has been difficult to determine how or whether to implement the policy given the short stay as well as the need to have individuals highly supervised given the nature of their crisis and the limited utility of NRT during their stay.

Diversity: The designated agencies serve a very large and diverse group of individuals seeking behavioral health and substance use services. While the policy applies to all campus types and all populations, with the exception of residential campuses, interviewees wanted recognition from VDH that it is difficult to support cessation with such a diverse population. It was underscored that clients are dramatically different in ages – including adolescents, young adults, adults and elderly – and that their substance or mental health issues are similarly diverse, requiring tailored approaches. Clients have complicated behavioral health, physical health and a challenging social context within which they live. For implementation to be meaningful these organizations need additional resources and tailored supports.

Harm Reduction Culture: While the culture of health was a prominent theme, interviewees recognize that the policy – and ultimate goal of the policy towards tobacco cessation – is at odds with the culture of harm reduction. Trainings provided by VDH outlined the value of quitting smoking while addressing other mental health or substance use issues however harm reduction focuses on prioritizing issues which have a more immediate impact on health and looks at recovery as a potentially incremental process. Within this cultural mindset tobacco cessation may be lower on the priority scale to address if addressed at all. Clinician judgment in whether to ask and address tobacco use is strongly supported

within the agency, profession and culture. In some instances, particularly in crisis scenarios, tobacco use may not be assessed at all. Interviewees indicated that this was not a reason to stop advancement of tobacco cessation work but something for VDH to consider as they engage with designated agencies further.

Data and EMRs: Collection of tobacco-related data varied by organization. While most all organizations had the ability to capture data regarding tobacco use status, others were more advanced and able to capture whether there was a self-management plan in place as well as capture the self-management plan. Data on tobacco use status was most often a check box that could be queried, presence of a self-management plan could also be queried however self-management plans themselves were in free text fields and unable to be queried. In addition, clinicians indicated that asking about tobacco use and treatment has improved however there is still much room to improve. Asking and recording tobacco use status is not uniformly or consistently done at this time.

Best Practice Policy Roll Out: Based upon interviewee responses, an effective policy roll out would include:

- Adoption of policy at board level
- Opportunity for staff and client questions and discussion in advance of policy implementation
- Provide training to staff
- Ensure availability of resources – referrals, written materials, quit supports
- Begin a public count down until policy implementation day
- Inform partners and adjoining businesses
- Post no smoking signs and other public announcements
- Eliminate public smoking areas including benches, disposals and maintain a clean area

Impact of Imminent Threat: One of the facilitating factors to policy implementation has been the ongoing perceived "threat" that the policy will become required. Each year for the past three years VDH has indicated that the policy will go into effect but it has not until July 2015. Interviewees felt that implementation of the policy was easier due to the fact that it has been looming. As a looming threat, staff and leadership have come to terms and become more comfortable with the idea of implementing the policy. As per one interviewee: "As clinicians our first reaction to change reflects a concern of greater impact on our practice and clients than what really happens." The use of the policy count down used by many organizations effectively created the same impact. While the countdown was often 30-60 days, it gave staff and clients time to think about and become settled with the idea of the policy before it came into effect. According to one administrator: "We did a countdown, with events and information given out each week. By the time we reached the end staff thought – I'm so thankful that is over and we don't have to hear about the countdown any longer – and didn't complain about the actual policy."

Section III: Needs and Opportunities

Resources: Lack of adequate resources to address tobacco cessation was consistently discussed with interviewees. Specific resources included the need for nicotine replacement therapies and medications, cessation specialists and clinician time to develop meaningful cessation plans integrated into client treatment plans.

Wellness Coaches: Given the orientation of sites to view tobacco use as a health issue, sites also underscored the need to put tobacco cessation in the context of overall wellness. The population utilizing services by designated agencies has a multiplicity of co-occurring health issues with their mental health needs and substance use behaviors. Health behavior change is difficult to manage and interviewees voiced the need for comprehensive approaches which are tailored to their population. From their perspective clients using their services had the multiplicity of health issues including asthma, diabetes and obesity however contrary to the general population with these health issues their clients health often devolved faster leading to higher incidence of morbidity and mortality because of the complexity of managing health and health behaviors.

Ongoing Training: Trainings provided by the Department of Health were held in very high esteem. Interviewees recognized that trainings which included behavioral health specialists speaking to the specific issues of clients was very valuable and validated the Department's work to advance tobacco cessation in this population. More trainings of this nature were recommended.
Incremental Approaches: Given the diversity of clients seen at designated agencies, the complexity and numerous diagnosis and the co-occurring health issues there are opportunities to promote incremental approaches to tobacco cessation. Whether pilot projects or collaborative approaches with other health and human service agencies, interviewees were optimistic that they could "push the needle" further but it would need to be incremental with small measureable successes.

Community and Partner Engagement: Communities and partners can be instrumental in assisting designated agencies in their tobacco cessation efforts. There was a desire for developing a systems based approach. Such an approach would require the collaboration of the state, the designated agencies and other partners to address the health and wellness needs of their clients. A systems-based approach would assure that whatever was built as part of these efforts would be able to be sustained.

Patience: Above all, interviewees recognized that while there has been progress since the implementation of the tobacco-free campus policy there is much more to do. Having said this, they also recognized that their organizational culture and resource deficits will continue to be challenging. They desire a partner in the Department of Health who recognizes that change will be difficult and it will take time. This barrier requires a collaborative approach, nurturing of a relationship and patience by both partners to find ways and continue this work.

Section IV: Next Steps

Findings of the evaluation provide a foundation for identifying future activities and programming to support further implementation of the policy. It is important however to identify next steps in the context of current VTCP activities, engagement of partners and stakeholders, critical success factors and, available resources. Next steps to consider include:

1. Convene internal working group to review evaluation results.

2. Identify opportunities for additional activities to promote policy implementation.

3. Inventory past and current programming.

4. Based upon needs and inventory, steps 2 &3, identify strategic opportunities to promote policy implementation.

5. Conduct SWOT analysis, considering potential for success and existing infrastructure and resources.

6. Further engage stakeholders, including designated agencies, to review and vet potential activities or initiatives.

7. Develop clear work plan identifying tasks, activities and individuals responsible.

Appendix: Key Informant Interview Guide

Behavioral Health Campus Tobacco Free Policy Key Informant Interview Guide

Introduction

Hello, my name is Craig Stevens and I am working with the Vermont Tobacco Control Program (VTCP) to evaluate the implementation of the Behavioral Health Campus Tobacco Free Policy (Policy). You were identified as an individual who may have insights regarding the implementation of the Policy which might help VTCP support and improve future work in this area. I'd like to ask a number of questions regarding your experience implementing the policy specifically aimed at:

Understanding the process of implementing the policy
Understanding any barriers or facilitators to the success of implementation
Understanding any recommendations as to how implementation of the policy might be improved

In addition, it will be helpful for me to understand how tobacco use is identified, tracked and information regarding treatment and referrals documented. Our conversation should take approximately 40 minutes. You will not be linked with any of your responses; I anticipate developing a report which summarizes comments across all those persons interviewed for this evaluation.

Before I begin do you have any questions for me?

Interview Questions

Research Question #1: What is the perception of the policy and policy implementation process?

- Can you please describe how the policy was implemented?
    - Prompts:
        - Who decided
        - How was this delivered to management and staff
        - What were the processes regarding implementation – change management approach

- What was the overall tenor during, and now after, implementation?
    - Prompts
        - Management, staff, consumers
        - Why did they perceive the policy implementation the way they did

Research Question #2: What causal, mitigating or confounding events were occurring within the organization that may have contributed to easier or more difficult implementation?

- What else was going on in the organization when the decision to implement the policy was given?
    - Prompts:
        - New initiatives
        - Influences at the state level
        - Changes in staff

- How did these impact the policy implementation?

Research Question #3: To what extent was the fidelity of the policy implementation adhered?

- What adjustments to the policy or accommodations for the site, staff or consumers have been made?
    - Prompts:
        - Are items not enforced as stringently as others
        - Were there changes to the scale or scope made

- Do you anticipate additional changes including implementation of additional policy components or strengthening (such as through enforcement approaches) policy components?

Research Question #4: Were there unintended consequences as a result of the policy implementation?

- Where there events, reactions or other attitudes regarding the implementation process and final policy which were unexpected?
    - Prompts:
        - Changes in waiting lists, early discharge/program non-completers.
        - Resistance by staff

Research Question #5: What are the critical success factors to policy implementation?

- Looking back at the process, were there approaches that were central in successfully completing this work?
    - Probes:
        - Looking back what might have you done differently or wish were able to do differently, what would you have done more

Research Question #6: To what extent are tobacco-related assessment, treatment and discharge planning occurring and what do they look like?

- Can you walk me through, from intake to discharge any tobacco related referral, interventions and data collection which occur?
    - Steps for interviewer:
        - Develop a flow chart to provide back to the interviewee to assure information is correctly collected
        - Include in flow chart the order of activities, person responsible, collaborative partners, information collected (where and in what form) and any temporal relationships
        - Is there a review of the processes or data – such as for CQI purposes

Research Question # 7: What additional supports are provided by the site or other entities which support cessation?

- Prompt:
    - These items should be included in the flow chart developed in Research Question #6 if they already exist

- Are there additional supports which are not offered, not available in the volume needed or aren't readily accessible that would be helpful to support cessation?