

Email

Dear Behavioral Health Provider, Administrator, or Staff:

The Addictive and Mental Disorders Division of DPHHS is exploring ways to address the toll of tobacco for people with mental illness and substance use disorders. We are asking you to help us better understand what tobacco assessment, treatment practices, and policies are currently in place at behavioral health organizations in Montana. We are also very interested in your perspective about what might be effective for the populations with which you work.

The results of this survey will help us determine the next steps for implementing and sustaining tobacco use prevention and treatment strategies in behavioral health settings in Montana.

Your participation in this survey is confidential and anonymous. If you are interested in knowing more about this issue or being part of this effort, please contact \_\_\_\_\_

Please click on the following link to take you to this survey, which should take you only \_\_\_ minutes to complete. Thank you in advance for your time and thoughtful responses on this important issue.

Sincerely,

1. **Select all** services that apply to your site:
  - inpatient mental health
  - outpatient mental health
  - inpatient addiction treatment
  - outpatient addiction treatment
  - Other : (box to write in response)
  
2. What do you perceive as your **primary role** at this organization: (select one)
  - Program Manager or Administrator
  - Intake Counselor
  - Clinical Supervisor
  - Counselor / Psychologist
  - Social Worker/ Case Manager
  - Peer Support Specialist
  - Other: (box to write in response)
  
3. Please estimate the percentage **of clients** who currently use a tobacco product or vapor device: (select one)
  - Less than 20%
  - 20% to 40%
  - 40% to 60%
  - 60% to 80%
  - More than 80%
  
4. Please estimate the percentage **of staff** who currently use a tobacco product or vapor device: (select one)
  - Less than 20%
  - 20% to 40%
  - 40% to 60%
  - 60% to 80%
  - More than 80%
  
5. Please indicate your **personal tobacco status**: (select one)
  - never used tobacco
  - previously used tobacco and quit over 6 months ago
  - currently use a tobacco product or vapor device and interested in quitting
  - currently use a tobacco product or vapor device and not interested in quitting

**6. Please indicate your agreement or disagreement with the following statements:**

|   | <b>Agree</b> | <b>Disagree</b> | <b>Unsure</b> |
|---|--------------|-----------------|---------------|
| My clients are concerned about the effects of smoking or tobacco use.                             |              |                 |               |
| My clients who smoke have expressed a desire to quit or cut back.                                 |              |                 |               |
| Smoking impacts the effectiveness of many medications used to treat mental illness.               |              |                 |               |
| If a client is in recovery from alcohol or drugs, quitting tobacco would threaten their sobriety. |              |                 |               |
| Electronic cigarettes are safe and effective way for people quit smoking.                         |              |                 |               |
| Counseling by a clinician helps motivate people to quit tobacco.                                  |              |                 |               |
| Smoking is a personal choice and clinicians should not be expected to encourage people to quit.   |              |                 |               |
| Cigarettes and other nicotine products help my clients during recovery.                           |              |                 |               |
| It is almost impossible for people in recovery from mental illness or addictions to quit smoking. |              |                 |               |
| It fits with our mission to address tobacco use by clients and help them quit.                    |              |                 |               |

**7. Please indicate the tobacco assessment and treatment services that your organization routinely provides.**

|   | <b>Yes</b> | <b>No</b> | <b>Unsure</b> |
|---|------------|-----------|---------------|
| Clients are asked about their tobacco use   |            |           |               |
| Clients are advised not to use tobacco  |            |           |               |
| Documentation of tobacco status   |            |           |               |
| Tobacco treatment is part of the client's Treatment Plan  |            |           |               |
| Education about tobacco use and how it impacts mental and physical health                                     |            |           |               |
| Tobacco dependence addressed in mental health and/or substance use disorder recovery interventions            |            |           |               |
| The use of FDA approved cessation medications is encourage or prescribed                                      |            |           |               |
| Cognitive behavioral strategies are used to treat tobacco dependence  |            |           |               |
| Motivational interviewing techniques are used to enhance the client's desire to work towards quitting tobacco |            |           |               |

|  |  |  |  |
|--|--|--|--|
| Individual counseling for tobacco                    |  |  |  |
| Group counseling for tobacco                         |  |  |  |
| Peer-to-peer services for tobacco                    |  |  |  |
| Referral of clients to the Montana Tobacco Quit Line |  |  |  |
| Cessation assistance and support for staff           |  |  |  |

8. There are various **reasons that may limit the ability to offer tobacco dependence treatment** in your setting. Please rate the importance of each of the following items in your experience.

|  | Slightly or Not at all Important | Moderately Important | Very Important | Unsure |
|--|----------------------------------|----------------------|----------------|--------|
| Lack of interest by clients                            |                                  |                      |                |        |
| Lack of client success in the past                     |                                  |                      |                |        |
| Lack of interest by staff to help clients quit tobacco |                                  |                      |                |        |
| Lack of staff training                                 |                                  |                      |                |        |
| Lack of time   |                                  |                      |                |        |
| Lack of reimbursement                                  |                                  |                      |                |        |
| Lack of access to cessation medications for clients    |                                  |                      |                |        |
| Lack of access to community resources                  |                                  |                      |                |        |
|  |                                  |                      |                |        |

9. The Addictive and Mental Disorders Division of DPHHS is exploring ways to address the toll of tobacco for Montanans with mental illness and substance use disorders. Please rate what you think would be helpful to **improve tobacco treatment services** for clients within your organization.

|  | Slightly or Not at all Helpful | Moderately Helpful | Very Helpful | Unsure |
|--|--------------------------------|--------------------|--------------|--------|
| Staff training on the impact of tobacco use on mental health and addiction recovery        |                                |                    |              |        |
| Staff training including toolkits and guidelines on effective tobacco treatment strategies |                                |                    |              |        |
| Additional funding or reimbursement for these services                                     |                                |                    |              |        |
| Administrative support within your organization  |                                |                    |              |        |
| Organizational policies that support tobacco free living                                   |                                |                    |              |        |
| Availability of nicotine replacement therapy and other cessation medications               |                                |                    |              |        |
| Better linkage with community healthcare and social services                               |                                |                    |              |        |

Other: (box for comments)

10. Which of the following best describes your site’s current policy regarding tobacco use: (check all that apply)

- Smoking is prohibited inside all buildings
- Smoking is prohibited near building entrances
- Smoking is allowed in all outdoor areas
- There is a designated smoking area on our property
- The use of vapor devices (e-cigarettes) are prohibited
- A completely tobacco free campus policy has been implemented
- Staff are prohibited from smoking alongside of clients
- Staff are prohibited from using tobacco during paid time during their workday
- There is no organizational policy regarding tobacco use

11. Please rate the effectiveness of the following communication about your site’s tobacco policy.

|   | Slightly or Not<br>at all Effective | Moderately<br>Effective | Very<br>Effective | Unsure or<br>Have No Policy |
|---|-------------------------------------|-------------------------|-------------------|-----------------------------|
| Adequate signage is posted on the building or grounds |                                     |                         |                   |                             |
| Signage clearly explains the policy                   |                                     |                         |                   |                             |
| Communication to staff about the policy               |                                     |                         |                   |                             |
| Communication to clients about the policy             |                                     |                         |                   |                             |
| Communication to visitors about the policy            |                                     |                         |                   |                             |
| Measures to improve compliance to the policy          |                                     |                         |                   |                             |

12. Please provide your additional thoughts or suggestions about any of the topics included in this survey.  
(box to write comments)

Thank you for your time and thoughtful responses to the survey questions.