

Implementation Self-Assessment

Kansas Tobacco Guideline for Behavioral Health Care

Date Completed: _____

This self-assessment is a companion to the *Kansas Tobacco Guideline For Behavioral Health Care* (“Tobacco Guideline”: <https://namikansas.org/resources/smoking-cessation-information/>). The self-assessment identifies which Tobacco Guideline steps your program is, or is not, implementing. Completing this assessment will help identify strengths and targets for quality improvement in your program.

Please complete the following 12 items, which correspond to the 12 items in the Tobacco Guideline. Please choose one response for each item.

For assistance completing this assessment or implementing the Tobacco Guideline, please contact: kdads.prevention@ks.gov.

Promoting wellness by integrating evidence-based tobacco treatment into routine clinical practice

1. Our program has assessed tobacco use status among the following percentage of our current consumers/clients:

Evidence for level of implementation. Please describe how this was measured or evaluated. This may include actual data from medical records or staff estimates of the degree of implementation:

2. Our program has provided individual counseling, group counseling, or other behavioral support for tobacco treatment among the following percentage of our current consumers/clients who use tobacco:

Evidence for level of implementation. Please provide details on how this was measured. This may include actual data/descriptions of, what kinds of in-house, external support services clients are referred to:

3. Our program has facilitated access to tobacco treatment medication among the following percentage of our current consumers/clients who use tobacco:

Evidence for level of implementation. Please provide details on how this was measured. This may include actual data/descriptions of how medications were facilitated (i.e., medications could be provided on site, they could be prescribed on site, clients could be referred to an on-site prescriber or referred to off-site prescriber):

4. Our program has integrated goals for tobacco into the treatment plans of the following percentage of our current consumers/clients who use tobacco:

Evidence for level of implementation. Please provide details on how this was measured. This may include chart review, surveys of staff, or informal estimate of level of service.

5. Our program has integrated tobacco into broader wellness/recovery initiatives:

Evidence for level of implementation. Please provide details on how you have integrated tobacco into wellness and recovery policies/programs/practices:

6. Our program makes efforts to evaluate and improve the quality and extent of tobacco treatment:

Evidence for level of implementation. Please provide details on how you have integrated tobacco into wellness and recovery policies/programs/practices:

Building staff capacity to provide care

7. What percentage of your current staff has received training specifically in how to treat tobacco dependence?

Evidence of staff training in how to treat tobacco dependence (numbers attending, types of trainings). These could include Brief Tobacco Intervention training (kstobaccointervention.org), Tobacco Treatment Specialist (TTS) training (http://cttp.org/wp-content/uploads/2015/06/What-is-a-TTS-2011_12_1.pdf), or others:

8. Our program has billed for, or obtains other resources, to pay for tobacco treatment among the following percentage of our current consumers/clients who use tobacco:

Evidence of reimbursement or other resources leveraged/obtained for tobacco treatment:

9. Current program staff who use tobacco have easy access to free/low cost tobacco cessation medications and behavioral support:

Evidence for staff resources for quitting. This could include a copy of staff benefits for tobacco cessation or internal memos:

Adopting a tobacco-free environment

10a. What best describes where client tobacco use is permitted at your facility?

Please provide details. A copy of the policy is welcome. For example, does your facility have a written policy, or does it simply follow the Kansas Indoor Clean Air Act? Describe any specifics of your policy that differ from the above options. Describe evidence for policy adoption, implementation, and enforcement:

10b. What best describes where staff tobacco use is permitted at your facility?

Please provide details. A copy of the policy is welcome. For example, does your facility have a written policy, or does it simply follow the Kansas Indoor Clean Air Act? Describe any specifics of your policy that differ from the above options. Describe evidence for policy adoption, implementation, and enforcement:

11. Our program provides and or supports tobacco treatment to help youth/young adults quit while they're still young:

Evidence for level of implementation: Any examples or data depicting efforts to support youth tobacco cessation are welcome.

12. Our program conducts or supports youth tobacco use prevention efforts:

Evidence for level of implementation:

Scoring Instructions:

- Add the numbers circled for all items
 - Lowest score is zero (0)
 - Highest score is sixty (65)
- A program that scores 0 has implemented no steps in the Kansas Tobacco Guideline
- A program that scores 65 has implemented all steps of the Kansas Tobacco Guideline, to a high degree of quality and with nearly all of their clients
- A program that has implemented some steps, but not others, will score somewhere in between 0-65
- Your program may choose to strengthen implementation of some steps, and/or begin implementing other steps, to increase its score