

2024 Nebraska Behavioral Health Facility Tobacco-Free Policy Survey

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Executive Summary

Purpose and Methods

The Nebraska Behavioral Health Facility (BHF) Tobacco-Free Policy Survey was conducted to assess the current landscape of tobacco-related policies, treatment efforts, and system-level barriers within behavioral health facilities across the state. The findings aim to identify gaps and opportunities for enhancing tobacco dependency treatment and policy implementation.

The survey was administered between August and November 2024 to behavioral health facilities across Nebraska. The sample included 381 facilities, with responses received from 64 facilities (17.1% adjusted response rate). The questionnaire covered key topics such as tobacco-free policies, cessation screening treatment integration, and staff training needs. Data collection methods included web-based and mailed surveys, with multiple follow-ups to maximize participation. Facilities from seventeen Nebraska counties and all six behavioral health regions were represented in the survey.

Key Findings

Tobacco-Free Policies

Number of facilities that responded to the survey	64
Percent of facilities with a formal tobacco-free policy in place	75%
Percent of facilities with a formal tobacco-free policy in place that is considered a “Comprehensive tobacco-free policy” (covering all indoor and outdoor areas)	82%
Percent of facilities with a formal tobacco free policy in place that have a designated outdoor smoking/tobacco use area on their property	34%
Perceived level of policy compliance – indoor areas	96% very compliant
Perceived level of policy compliance – outdoor areas	47% very compliant
Perceived level of policy compliance – vehicles located on the property	41% very compliant

Tobacco Cessation Screening and Dependency Treatment

Percent of facilities screening for tobacco use at intake	76%
Percent of facilities screening for tobacco use as part of ongoing clinical assessments	53%
Percent of facilities offering individual counseling for tobacco dependency treatment	71%
Percent of facilities offering FDA-approved medications for tobacco dependency treatment	42%
Percent of facilities offering group counseling for tobacco dependency treatment	33%

Top Three Barriers to Integrating Tobacco Dependency Treatment

Percent of facilities that identified “lack of interest by consumers” as a barrier	66%
Percent of facilities that identified “lack of tobacco cessation training for clinicians and staff” as a barrier	38%
Percent of facilities that identified “lack of reimbursement” as a barrier	36%

Promotion of Cessation Resources

Percent of facilities that promote the Nebraska Tobacco Quitline through brochures	51%
Percent of facilities that promote the Nebraska Tobacco Quitline by displaying resources	49%
Percent of facilities that promote the Nebraska Tobacco Quitline through direct referral to the Quitline	46%

Background and Introduction

Individuals with mental health and substance use disorders are disproportionately affected by tobacco use, with smoking rates among this population significantly higher than those in the general public. While only 25% of U.S. adults experience behavioral health conditions, they consume approximately 40% of all cigarettes sold in the country (Public Health Law Center, 2022). As a result, these individuals face an increased burden of tobacco-related illnesses and premature death, often at higher rates than from their behavioral health conditions themselves (CDC, 2018).

Despite these risks, behavioral health treatment facilities have historically lagged in integrating tobacco dependency treatment into their services, with fewer than half screening for tobacco use or offering cessation support (CDC, 2018). Tobacco-free policies in behavioral health settings provide a critical opportunity to reduce smoking-related harms by fostering environments that support cessation and recovery. Research indicates that integrating tobacco treatment into behavioral health care not only improves physical health outcomes but also enhances mental well-being and long-term recovery from substance use (Public Health Law Center, 2022).

However, the implementation of such policies remains inconsistent, often hindered by systemic barriers, staff hesitancy, and resource limitations (Wye et al., 2014). Strengthening tobacco-free policies and expanding evidence-based tobacco dependency treatments in behavioral health facilities are essential steps in addressing this often-overlooked public health issue.

The purpose of the Nebraska Behavioral Health Facility (BHF) Tobacco-Free Policy Survey is to better understand the needs, gaps, and opportunities that exist around tobacco dependency treatment, health systems, and current tobacco-free policies at behavioral health facilities in Nebraska.

Methods

Sampling Design

In collaboration with Tobacco Free Nebraska (TFN), Partners for Insightful Evaluation (PIE) gathered a list of mailing and email addresses for behavioral health facilities in Nebraska. Initially, PIE purchased a list of mental health and substance use treatment facilities from the Nebraska Department of Health and Human Services (NDHHS) Licensure unit, which included facility names and mailing addresses for 64 facilities. This list was then expanded by adding additional facilities and cross-checking it with a more expansive list provided by the NDHHS Division of Behavioral Health (DBH), which included individual counseling services and programs.

PIE reviewed the list to remove duplicate and ineligible records (i.e., facilities that did not provide either mental health or substance use services) and performed Google searches of facility names to find email addresses (either for the facility itself or for individuals with the titles of Director, Administrator, or Healthcare Provider). The final sample included a list of names and mailing addresses for 381 facilities in Nebraska, with email addresses found for 85 of those facilities.

Questionnaire Design

The questionnaire was designed by PIE and TFN in collaboration with The Bureau of Sociological Research (BOSR), the organization PIE contracted with to administer the BHF survey. The team utilized a questionnaire from a BHF survey that TFN administered in 2021. The questionnaire was formatted for both paper and web-based surveys. The web survey was built in Qualtrics for distribution. The surveys were distributed in English only. A copy of the paper questionnaire for the BHF survey can be found in Appendix A.

Data Collection Process

Data for the BHF survey were collected between August 21, 2024, and November 15, 2024. First, those with an email address were sent an email with web link to the survey. A reminder email was sent to non-responders on August 27, 2024, and September 3, 2024. A postcard with a QR code was sent on September 11, 2024, which was the first contact for those without a working email address. A survey packet containing a letter explaining the survey with web link, a paper survey, and a business reply envelope was sent to non-responders on September 30, 2024. An additional final reminder email was sent out on October 23, 2024, and a second postcard was sent on October 28, 2024. All surveys were presented in English.

Response Rate

A total of 64 respondents (14 via mail, 50 via web) returned the Behavioral Health Facility survey. The unadjusted response rate was 16.8%. Of the 381 facilities in the sample, 0.9% (n=1) were refusals. 0.3% (n=7) were determined to be ineligible (e.g., no such address; vacant). 9.2% (n=35) were undeliverable addresses with unknown eligibility. Thus, adjusting for known ineligible, the adjusted response rate is 17.1% which was calculated by BOSR using the American Association for Public Opinion Research's (AAPOR) standard definition for Response Rate 2.

Data Processing and Cleaning

Data entry was completed by professional data-entry staff at BOSR. Cases were de-duplicated across modes and the more complete response was taken. If both web and mail responses matched in amount complete, then the response that was received first was kept. The web and mail responses were merged into one dataset for each survey. Individual observations were screened for eligibility, and answers from participants who did not meet the survey criteria were recoded as missing, except for their responses to the screener questions, which were kept as indicated by the participant. No other validity checks were done.

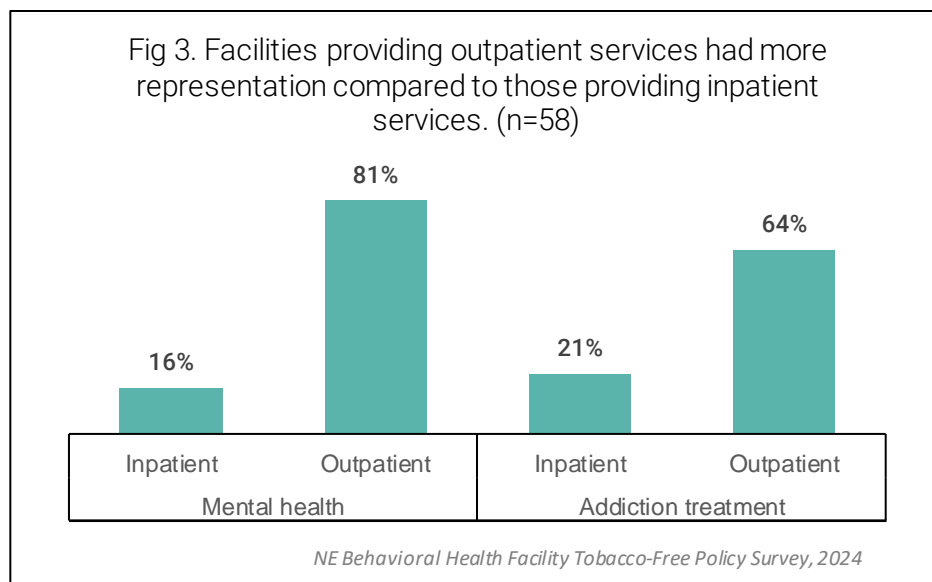
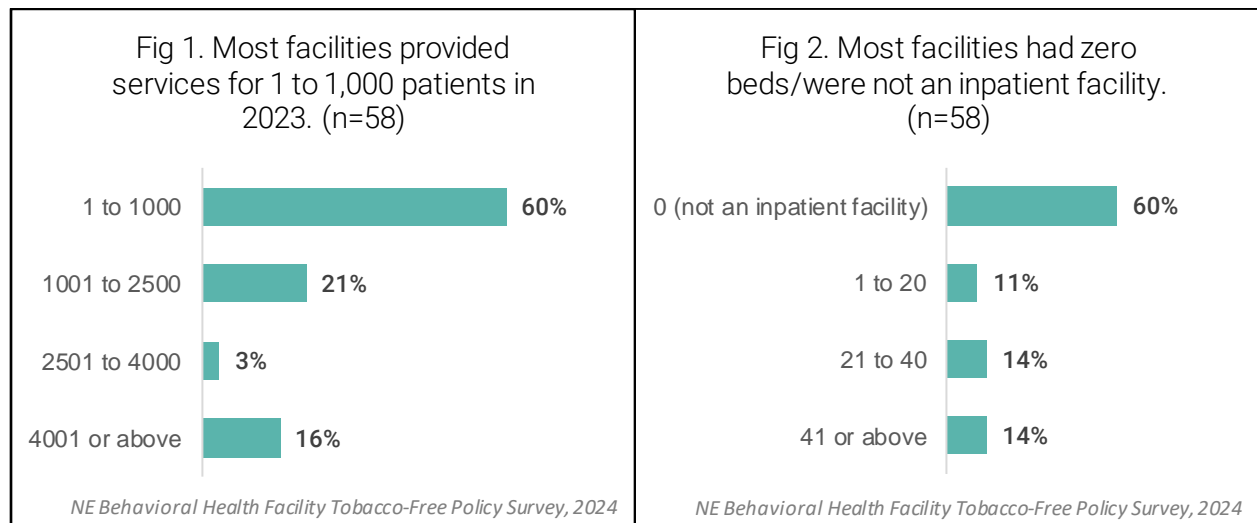
Due to the nature of mail surveys, respondents do not always follow the instructions for skip patterns within the survey. Inconsistencies, which are common in mail surveys, were cleaned so that responses to questions that should have been left blank were recoded as missing.

Results

Facility Information

Figures 1-3 Provide information on the patients and bed count as well as type of services offered by responding behavioral health facilities.

About sixty percent of the facilities that completed a BHF survey served 1,000 patients or less and had zero beds. There was more representation among facilities providing outpatient services compared to those providing inpatient services.



Other Services

In addition to mental health and addiction treatment services, facilities were given the opportunity to describe other services they provide. A total of 36 respondents provided an answer to this question on the survey, and results were categorized into the following eight service types:

1. Medical

- a. Basic clinic needs, medical primary care, dental services, pharmacy services, specialty services (optometry, podiatry, OB/GYN, mammography, pediatrics), laboratory services, dialysis unit, radiology, physical therapy, and diabetes education.

2. Additional mental health

- a. Outpatient mental health services (counseling, psychological testing), psychiatric residential rehab services, psychiatric services/ACT programming, short-term mental health counseling sessions, medication management (outpatient), mental health & substance abuse therapy, IOP (Intensive Outpatient Program), peer support, recovery support, community support (for mental health and substance abuse), day rehab, and day support.

3. Additional substance abuse and addiction support

- a. Substance abuse therapy, DUI classes, intensive addiction treatment, substance use/mental health residential treatment (including 3.1 and 3.3 level of care), and gambling addiction support.

4. Family and youth

- a. Foster care services, Mommy and Me programs, youth services/programs, youth activities & elders' program, parenting skills classes, and visitation supervision services.

5. Emergency and Crisis Services

- a. Crisis response program, emergency shelter, and domestic violence shelters.

6. Preventative and support

- a. Prevention education, information/referral services, professional partner program, and employee assistance services.

7. Community and outreach

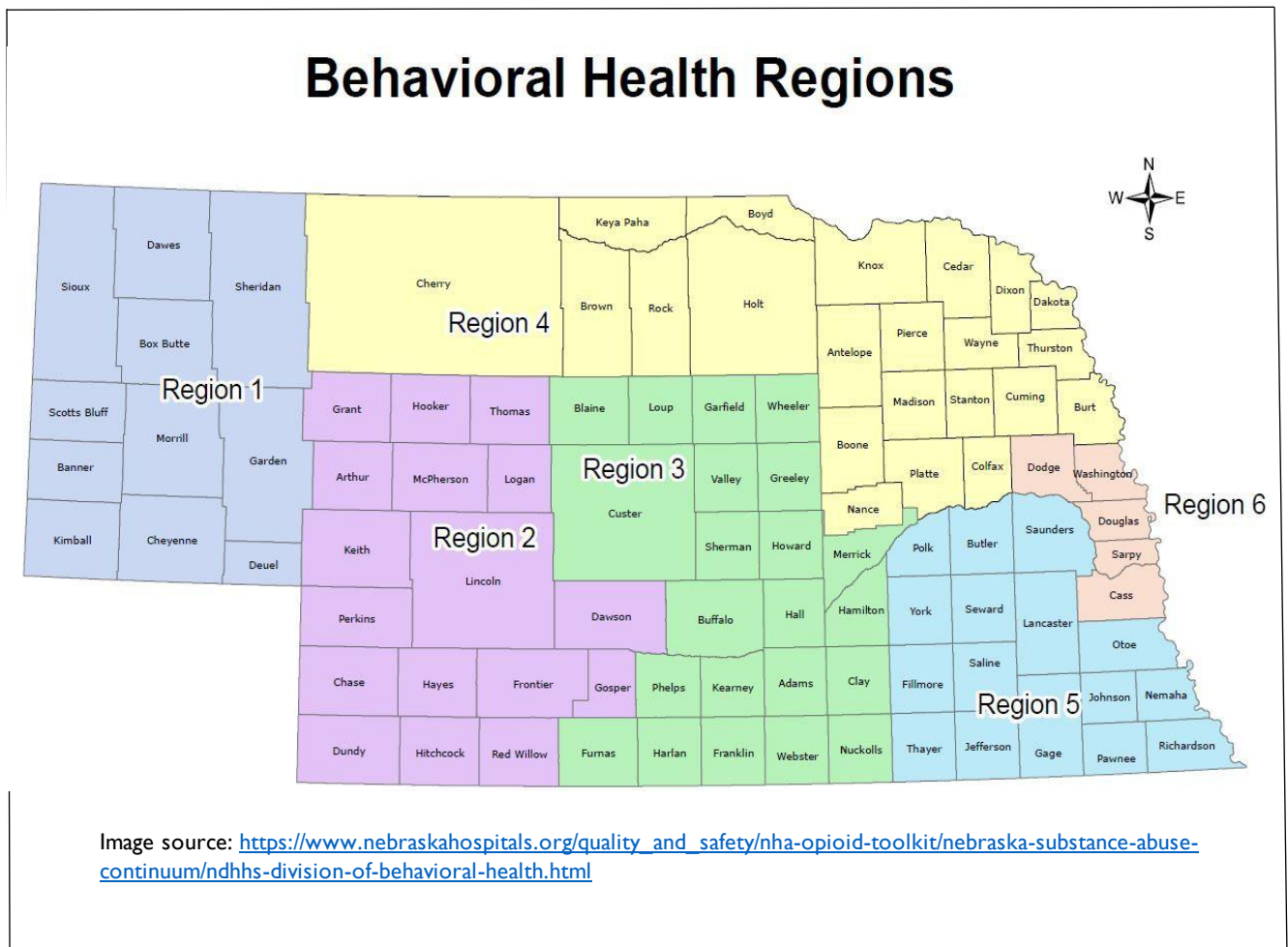
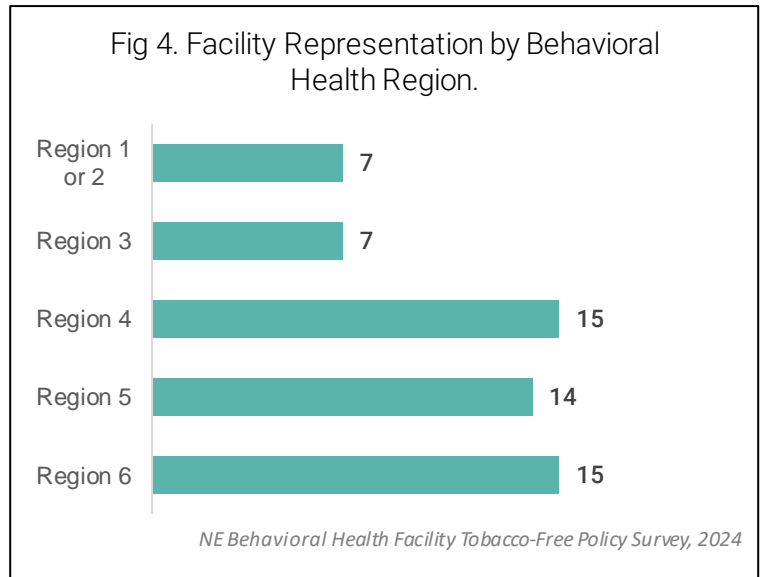
- a. Community Support program for behavioral health, Community Crops, WIC, Child Care Food Program, Housing supports, wellness services, community outreach programs, transitional living for justice-involved individuals, and halfway house services.

8. Specialized care

- a. Marriage & family therapy, chiropractic services, in-home services, specialty clinic for depression treatment.

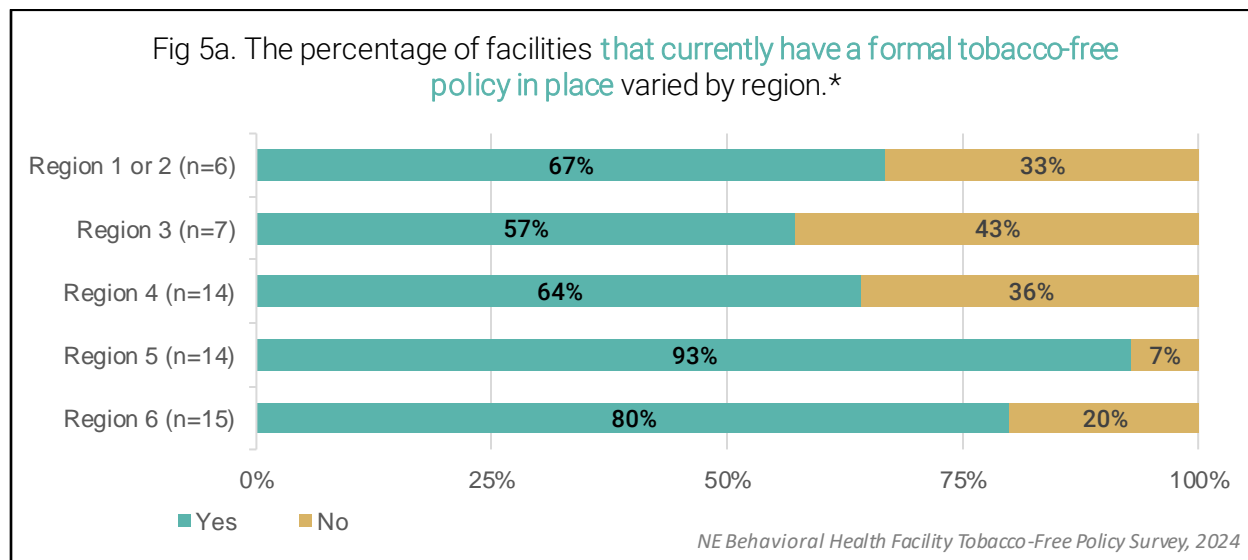
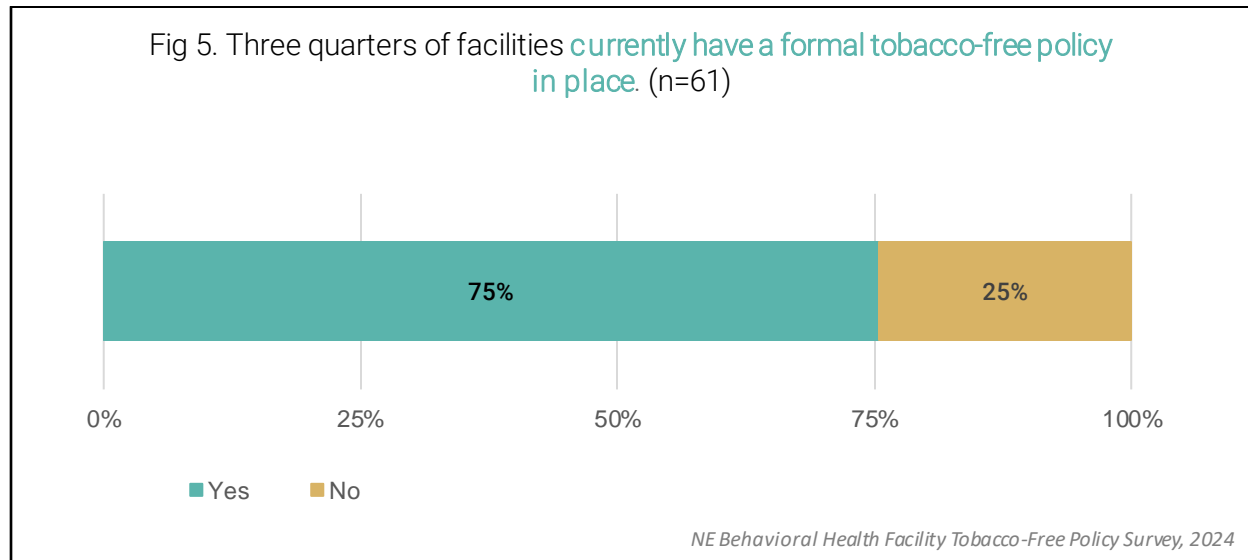
Facility Location

Facilities from seventeen Nebraska counties and all six behavioral health regions (Figure 4) were represented in the survey. Facilities from behavioral health Regions 1 and 2 are combined due to small numbers. Roughly half of the facilities were located in either Douglas or Lancaster counties, and behavioral health regions in the northern and eastern parts of the state (Regions 4, 5, and 6) were more represented in the survey than regions on the western and central parts of the state (Regions 1, 2, and 3). For context, the image below shows which counties are included in each of the six behavioral health regions.



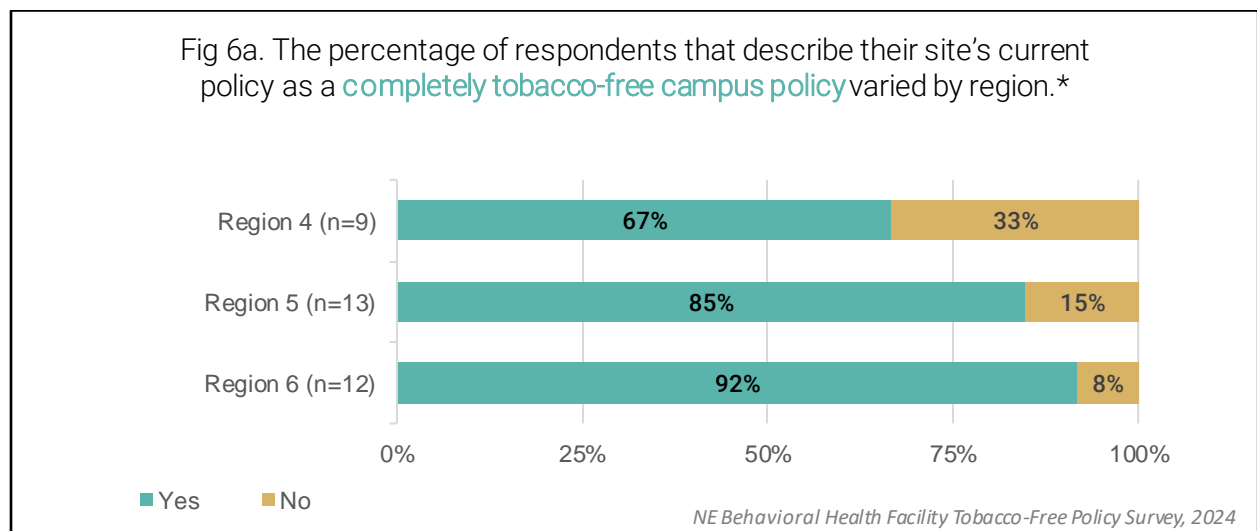
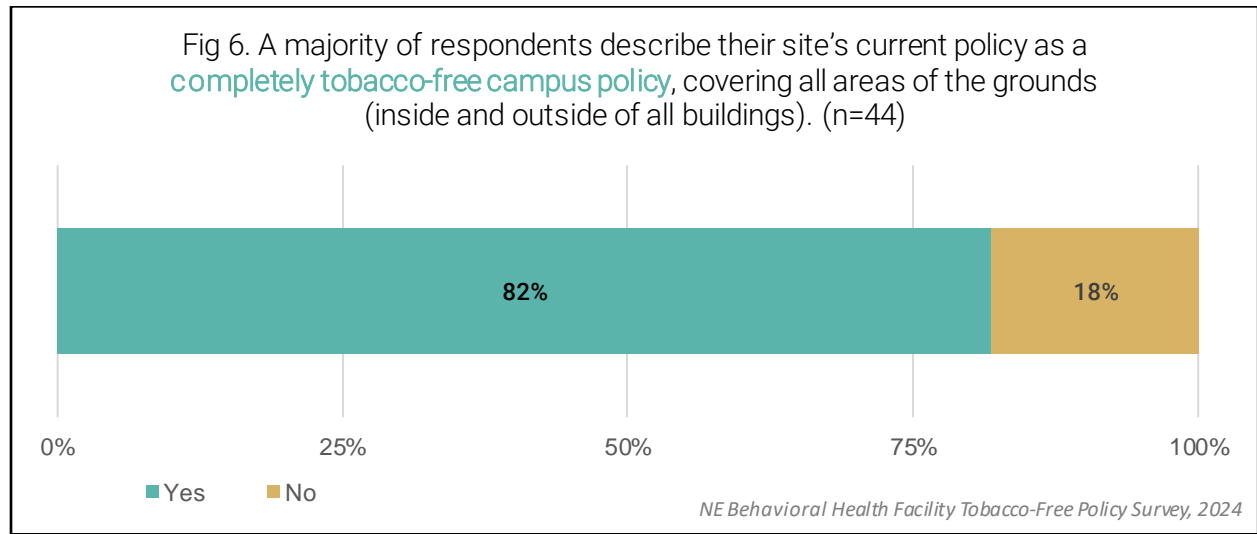
Tobacco-Free Policies

Figure 5 shows the percent of respondents who said their facility currently has a formal tobacco-free policy in place (provided a “yes” response) vs those who did not (provided a “no” response), and Figure 5a shows the percent of facilities with formal tobacco-free policies in place broken down by behavioral health region. As shown in Figure 5a, Regions 5 and 6 have a higher percentage of facilities with formal tobacco-free policies in place compared to regions 1-4; however, regional differences should be interpreted with caution as results are not statistically significant.



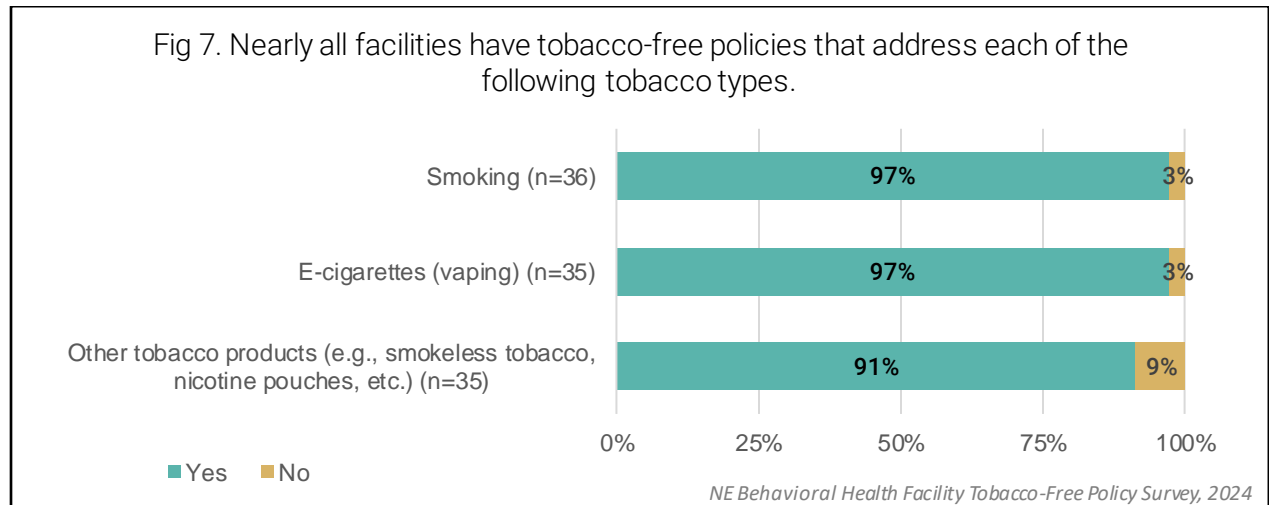
*Regional differences should be interpreted with caution as the results are not statistically significant.

Of the 44 facilities with a formal policy in place, 82% identified their policy as “completely tobacco free,” meaning the policy covers all grounds, inside and outside of all buildings (Figure 6). Figure 6a shows the percentage of facilities with formal tobacco-free policies in place whose respondents describe the policy as “completely tobacco free,” broken down by behavioral health region (Regions 1, 2, and 3 are excluded due to small numbers). As shown in Figure 6a, region 6 has the highest percentage of facilities with “completely tobacco free” campus policies in place (92%). Additionally, 100% of those with a formal policy (n=44) said that their facility’s policy applies to all consumers, visitors, and staff.



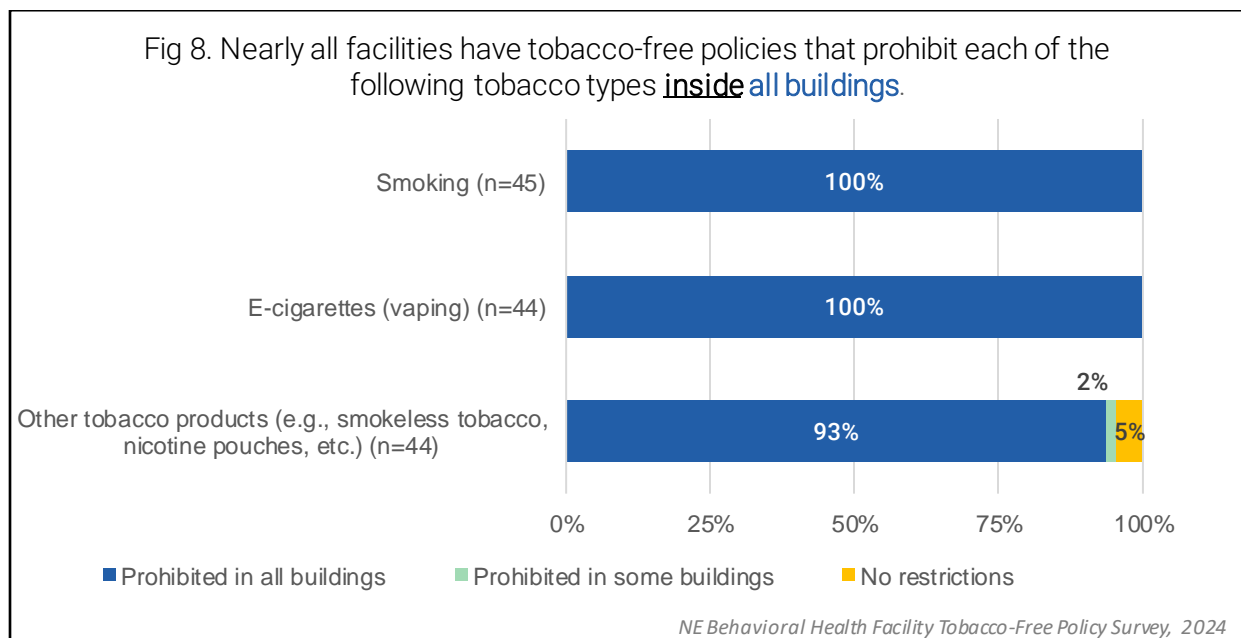
*Regional differences should be interpreted with caution as the results are not statistically significant. Regions 1, 2, and 3 are excluded due to small numbers.

Among the respondents who describe their facility’s current policy as completely tobacco free, more than 9 in 10 respondents said that their facility has a tobacco-free policy that addresses smoking, e-cigarettes/vaping, and other tobacco products like smokeless tobacco, nicotine pouches, etc. (provided a “yes” response) (Figure 7).

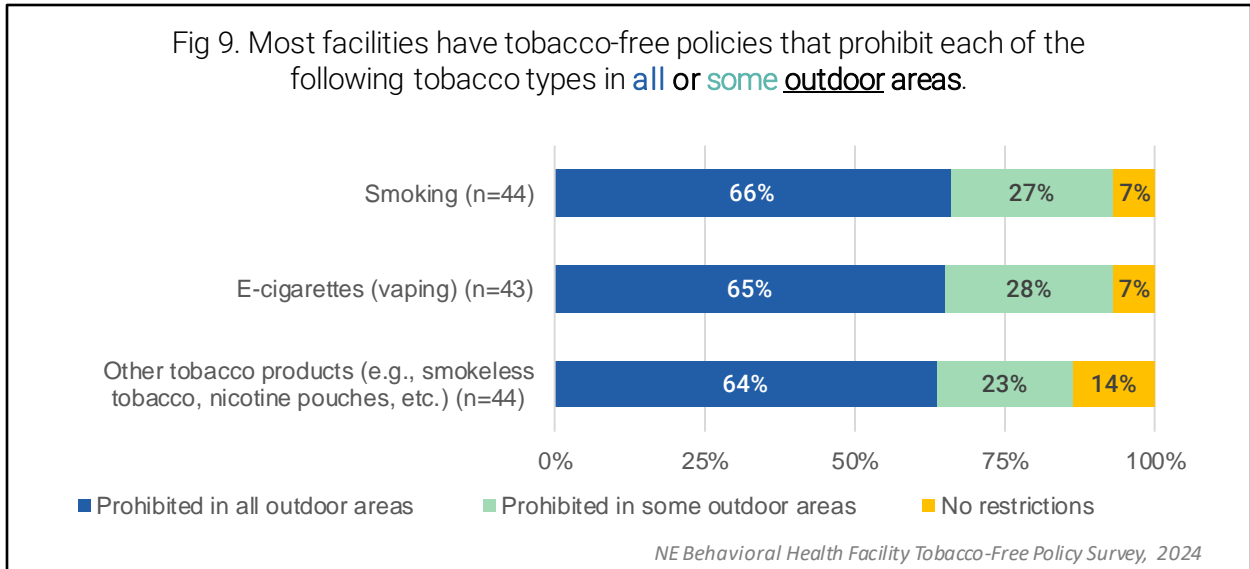


Types of Tobacco-Free Policies by Property Area

Among the respondents who said their facility has a formal tobacco-free policy in place, all said that the policy prohibits smoking and e-cigarette use/vaping in all buildings, but one respondent said their facility’s policy only prohibits other tobacco products in some buildings, and two respondents said that there were no restrictions on the indoor use of other tobacco products (Figure 8). The three respondents who said that their facilities prohibit other tobacco products in some buildings or have no restrictions for indoor use were located in Regions 5 and 6.



As shown in Figure 9, there were less restrictions on tobacco use outdoors compared to indoors. While about three fifth of facilities prohibit each of the three tobacco types in all outdoor areas, roughly one quarter prohibit each tobacco type in some outdoor areas, and a few have no restrictions on outdoor tobacco use.



Figures 9a-c show data on outdoor area policies prohibiting different tobacco product use by region. Facilities from Regions 1 or 2 and Region 6 had more facilities with tobacco use prohibitions in outdoor areas; however, regional differences should be interpreted with caution due to small sample size.

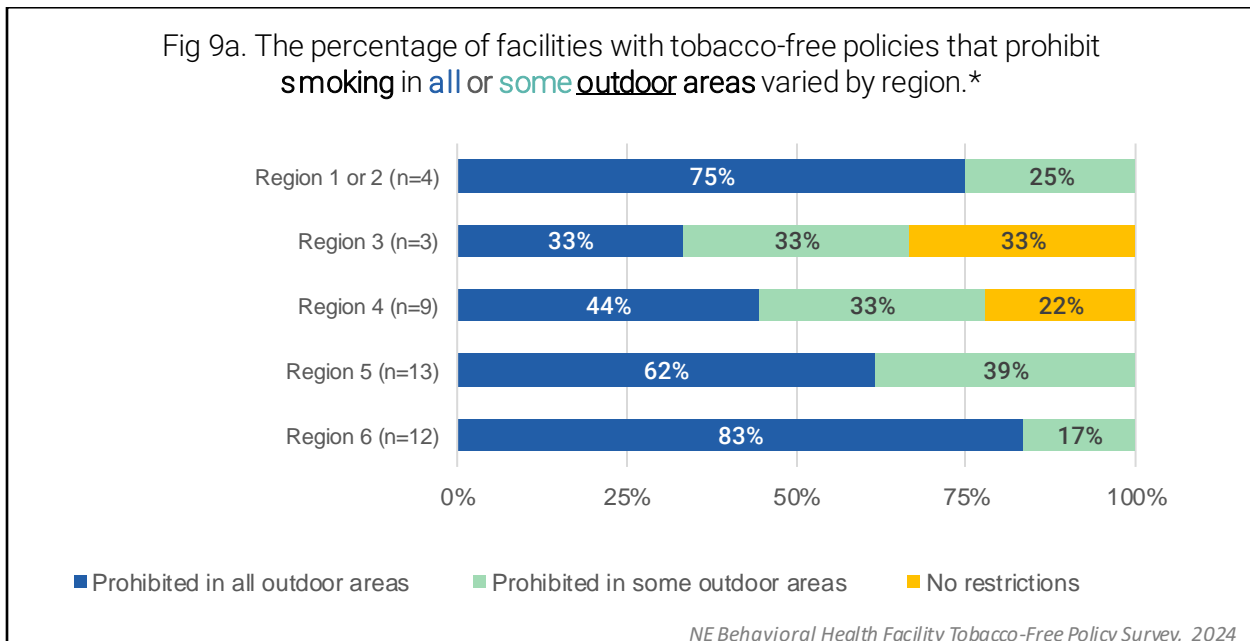
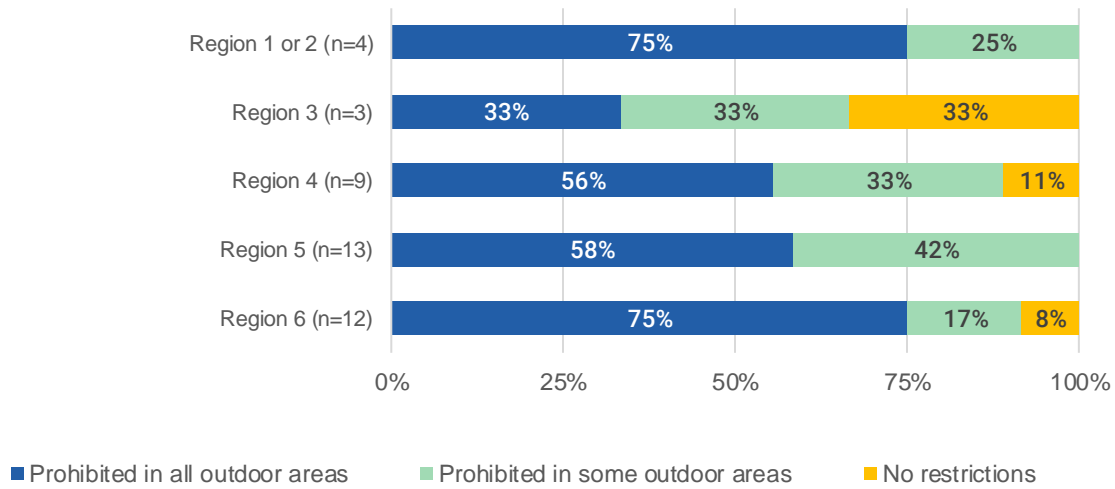
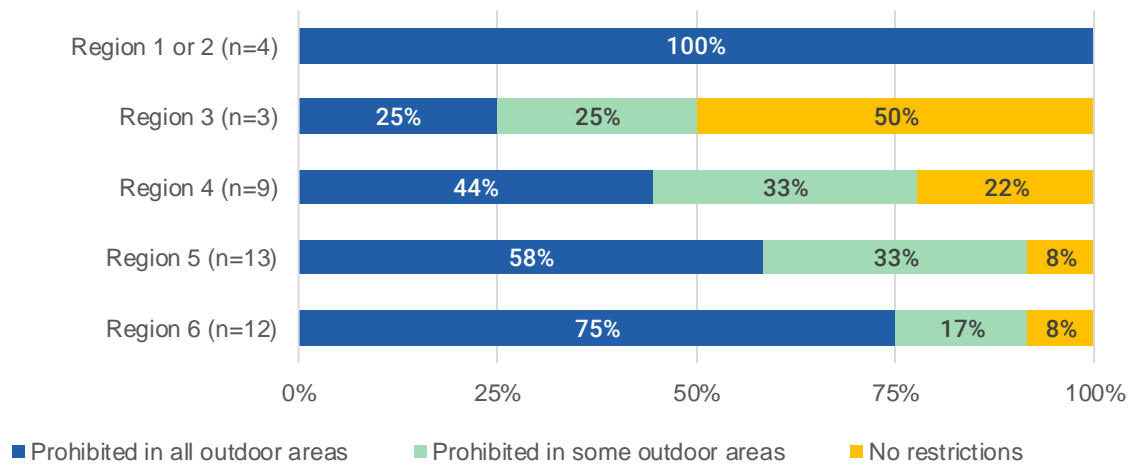


Fig 9b. The percentage of facilities with tobacco-free policies that prohibit e-cigarettes (vaping) in all or some outdoor areas varied by region.*



NE Behavioral Health Facility Tobacco-Free Policy Survey, 2024

Fig 9c. The percent of facilities with tobacco-free policies that prohibit other tobacco products in all or some outdoor areas varied by region.*



NE Behavioral Health Facility Tobacco-Free Policy Survey, 2024

*Regional differences should be interpreted with caution as the results are not statistically significant.

Figure 10 shows the percentage of facilities with formal tobacco-free policies in place that prohibit the use of the three tobacco types near building entrances (provided a “yes” answer).

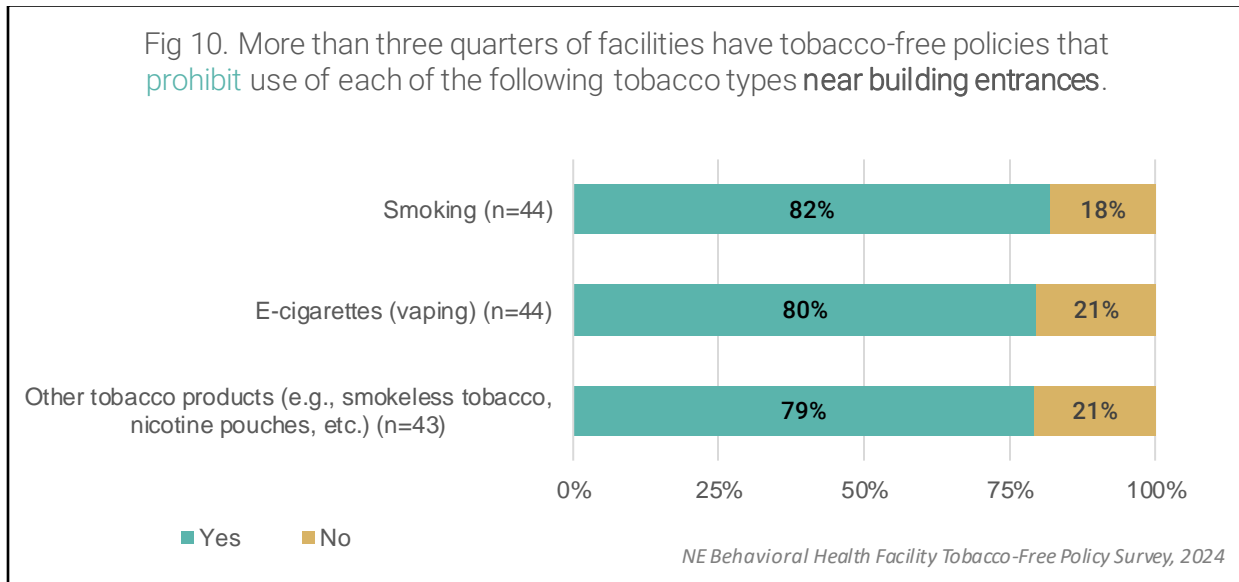


Figure 11 shows the percentage of facilities with formal tobacco-free policies that prohibit the use of the three tobacco types in vehicles located on the property (provided a “yes” answer).

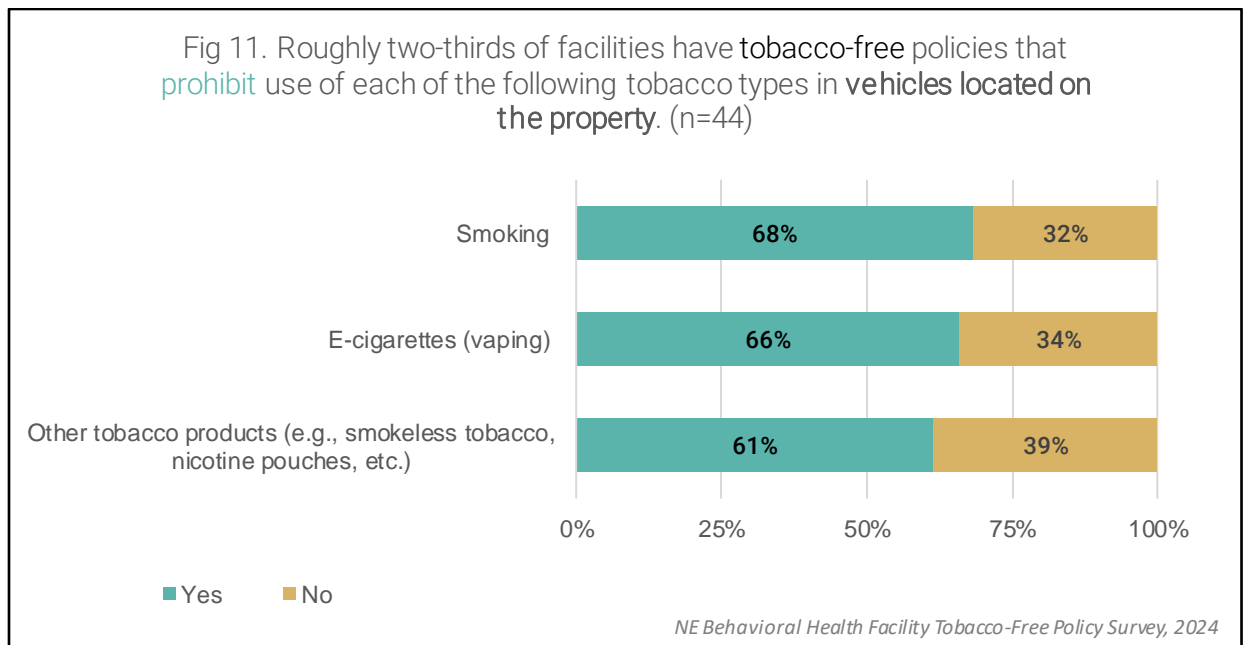
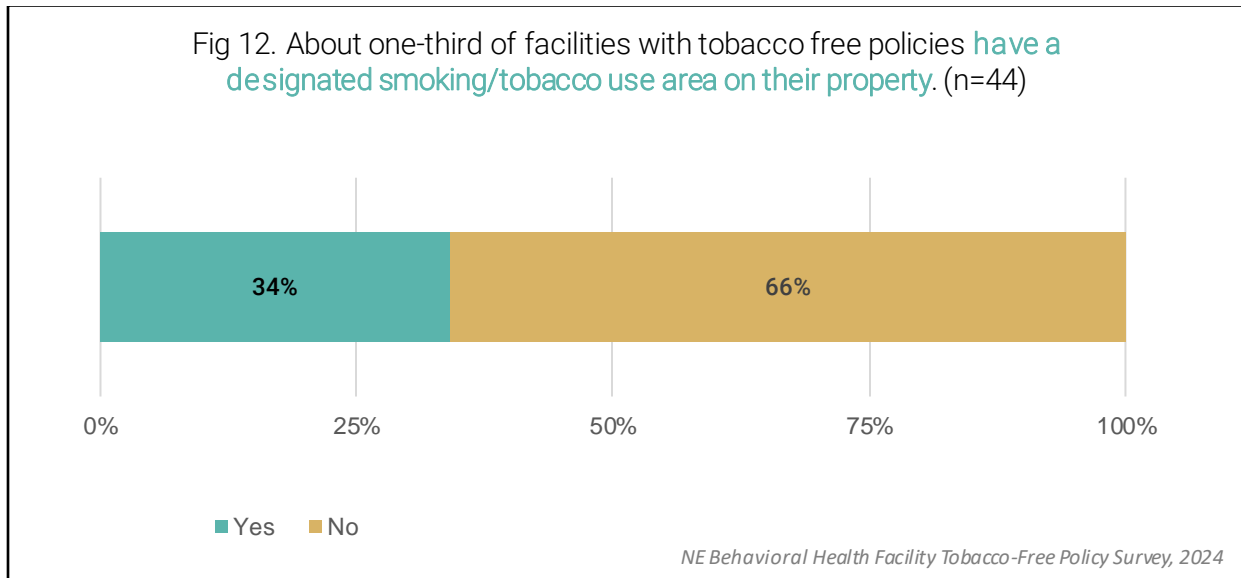
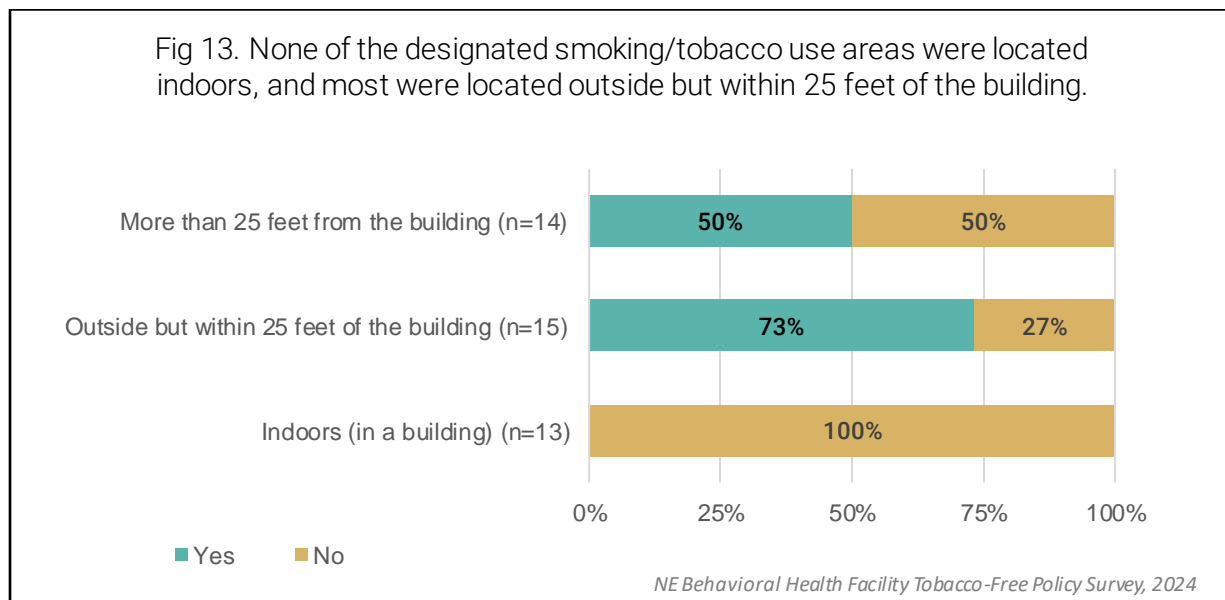


Figure 12 shows the percent of facilities with tobacco-free policies that have a designated smoking/tobacco use areas on their property (provided a “yes” answer).



Of the 15 facilities with a designated smoking/tobacco use areas on their property, when asked about where the smoking/tobacco use area was located, respondents said that none of the designated areas were indoors/inside a building, 73% were located outside but within 25 feet of the building, and 50% were located outside but more than 25 feet from the building (Figure 13).



Policy Communication and Violations

Figure 14 shows the percent of facilities with a formal tobacco-free policy that inform consumers, visitors, and staff members of the policy (provided a “yes” answer).

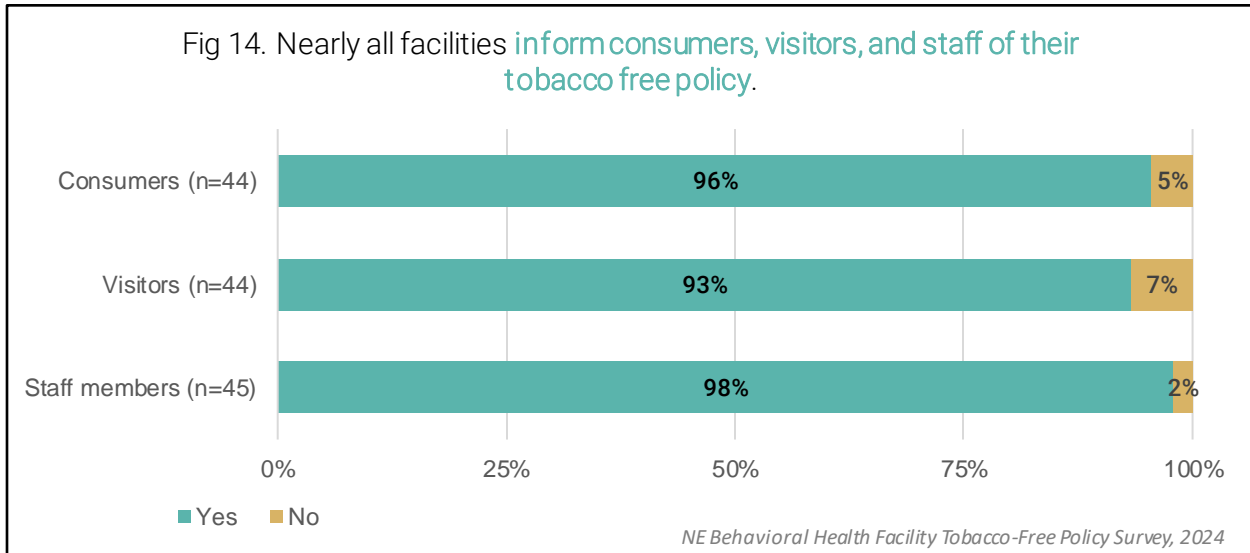
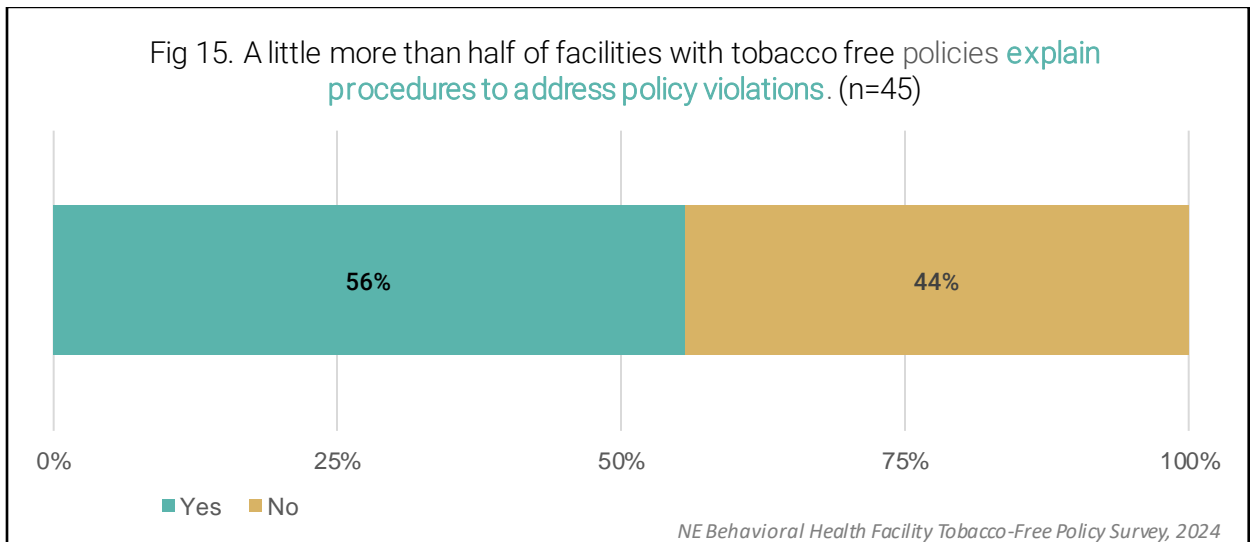
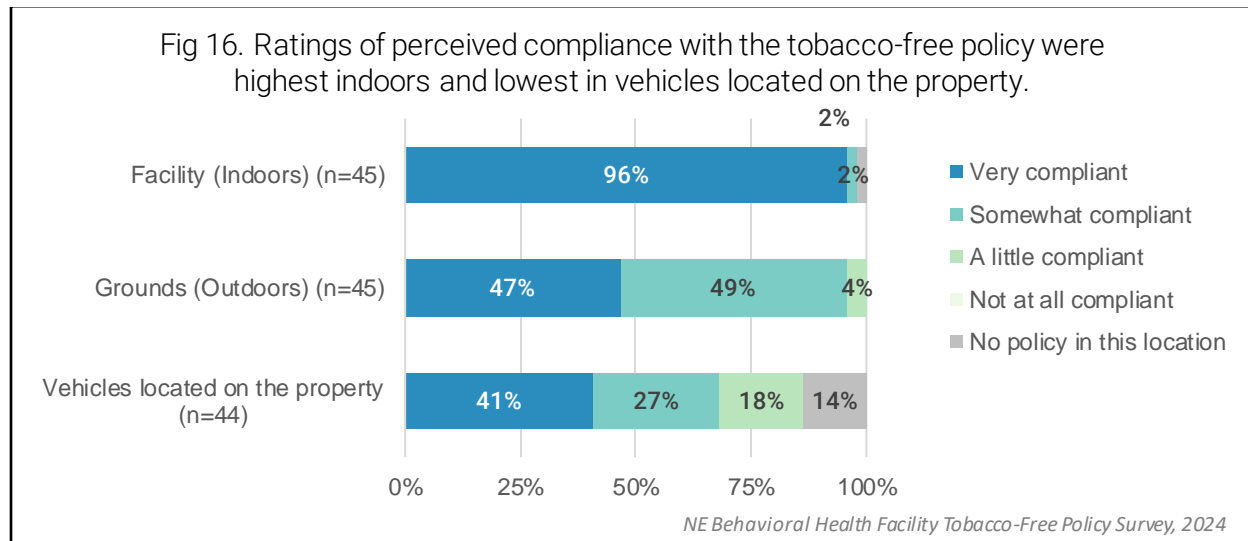


Figure 15 shows the percent of facilities with a tobacco-free policy that explains procedures to address policy violations (provided a “yes” answer).



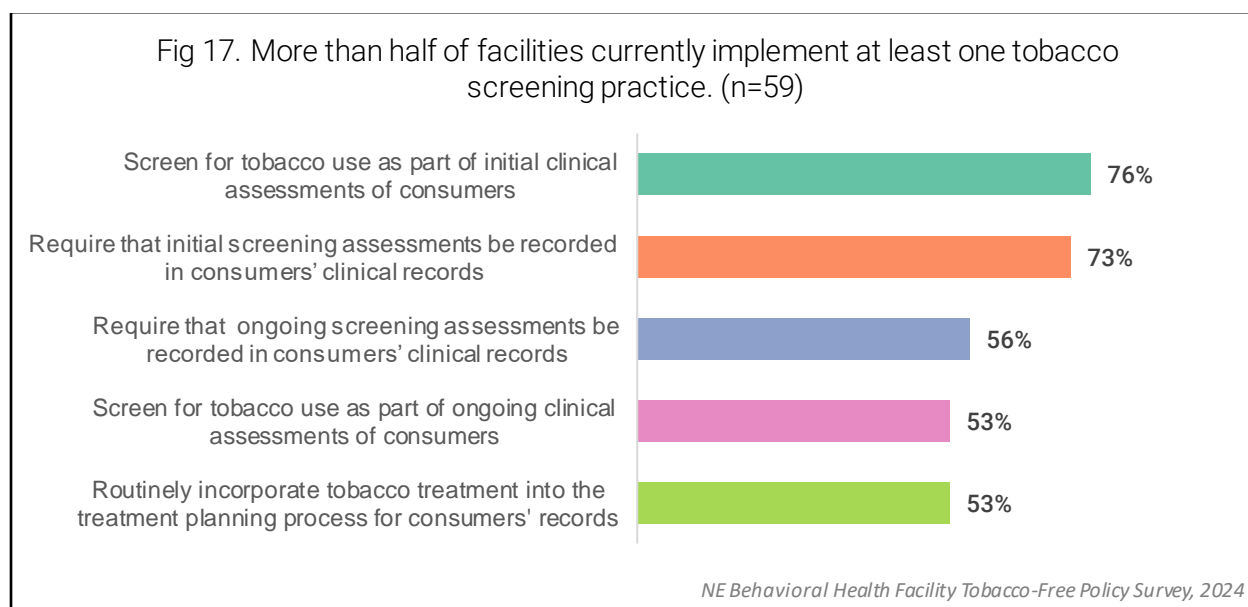
Policy Compliance

As shown in Figure 16, policy compliance ratings varied by facility location with 96% of respondents from facilities with a formal tobacco policy in place saying that people are “very compliant” with the policy indoors, but a lower percentage of respondents said people are “very compliant” with the policy outdoors (47%) or in vehicles location on the property (41%).



Tobacco Cessation Screening

Figure 17 shows the percent of facilities that implemented each of the following tobacco cessation screening measures shown in the figure. Screening for tobacco use as part of the initial assessment was the most implemented screening measure, with about three quarters of facilities reporting that they do this; however, fewer facilities reported that they screen for tobacco use as part of ongoing clinical assessment or routinely incorporate tobacco treatment into the planning process for consumer records.



Figures 17a-e show the percent of facilities that implemented tobacco cessation screening measures, broken down by behavioral health region.

The largest regional discrepancy is seen with the screening practice of requiring that ongoing screening assessments be recorded in consumers' clinical records. In regions 1 or 2 and 6, 83% of facilities implement this practice, while only 43% of facilities in region 4 implement it, a 40% difference (Figure 17c). Due to small numbers though, regional differences must be interpreted with caution.

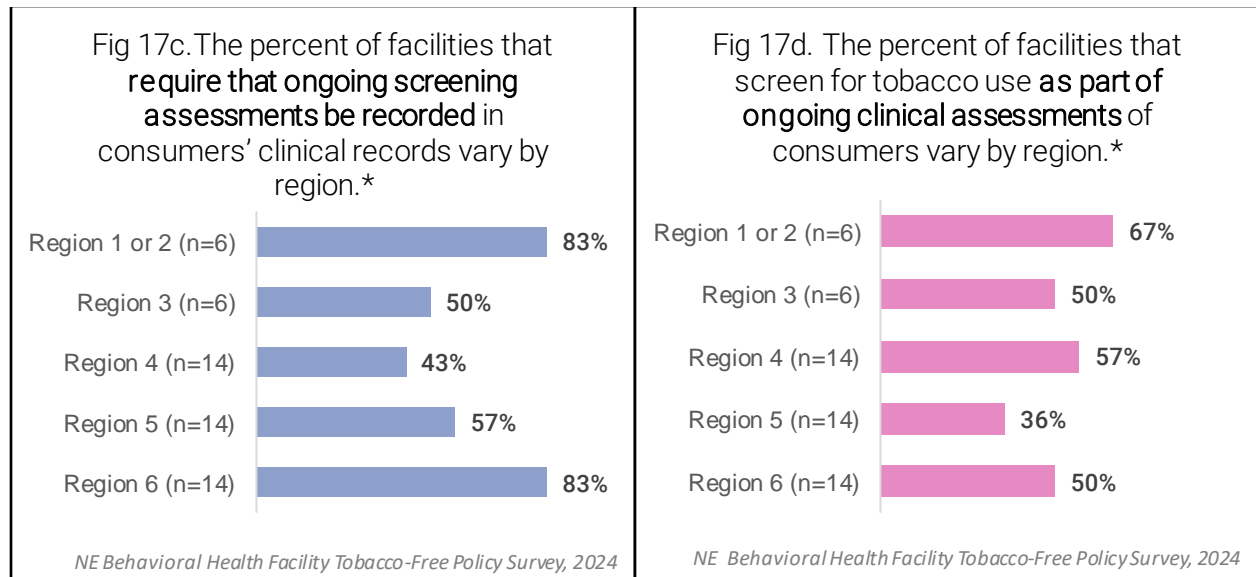
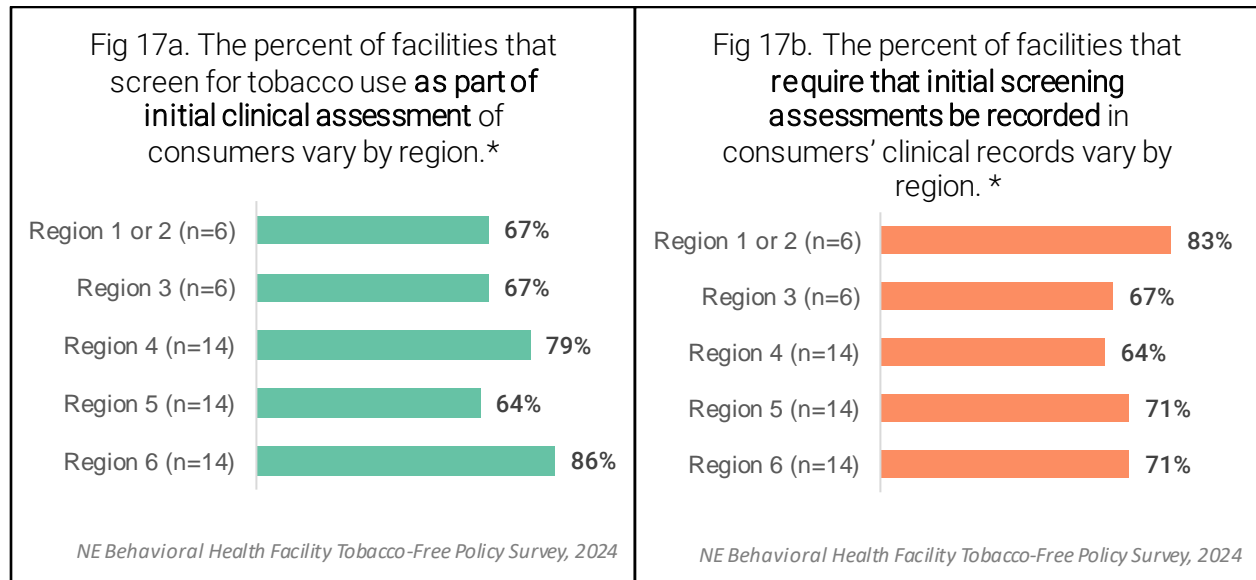
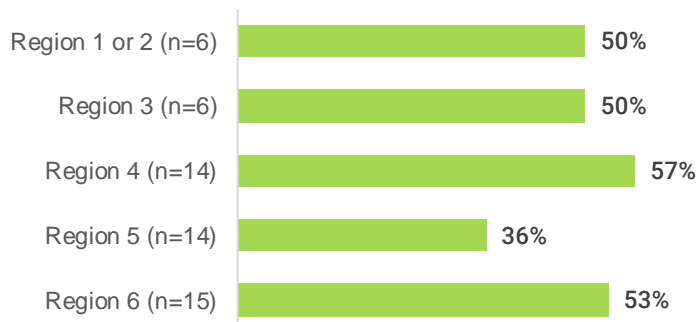


Fig 17e. The percent of facilities that routinely incorporate tobacco treatment into the treatment planning process for consumers' records vary by region.*



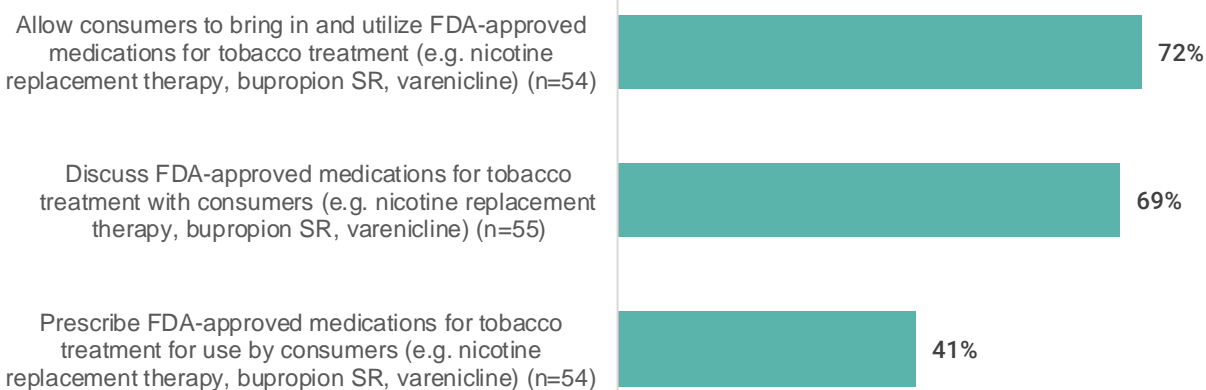
NE Behavioral Health Facility Tobacco-Free Policy Survey, 2024

*Regional differences should be interpreted with caution as the results are not statistically significant.

FDA Approved Medications

Figure 18 shows the percent of facilities that have policies regarding FDA-approved cessation medications.

Fig 18. Most facilities allow consumers to bring in FDA-approved cessation medications and discuss these medications with consumers, but fewer prescribe them.



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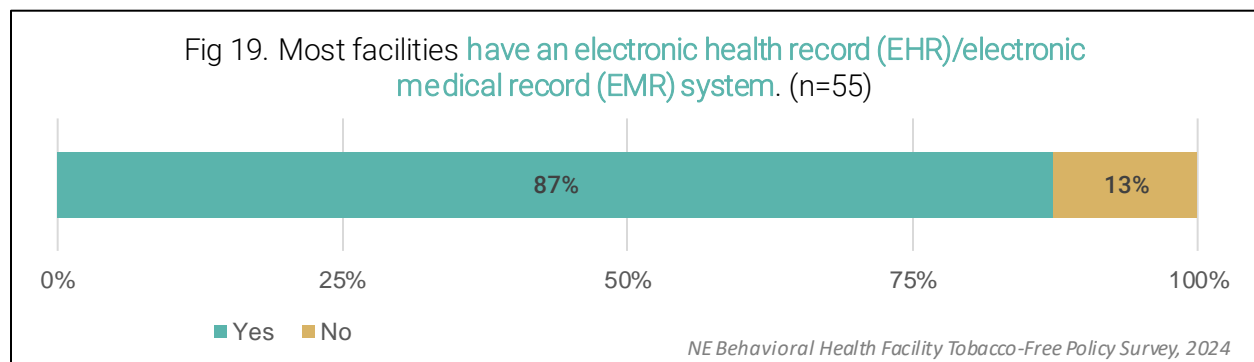
Incentives Offered for Quitting

Only 9% of the 55 respondents that responded to the question on incentives said that their facility currently offers incentives for consumers to quit using tobacco products. Of those few who said they offer incentives, each responded to a follow-up question asking which incentives they provide, and results are listed below:

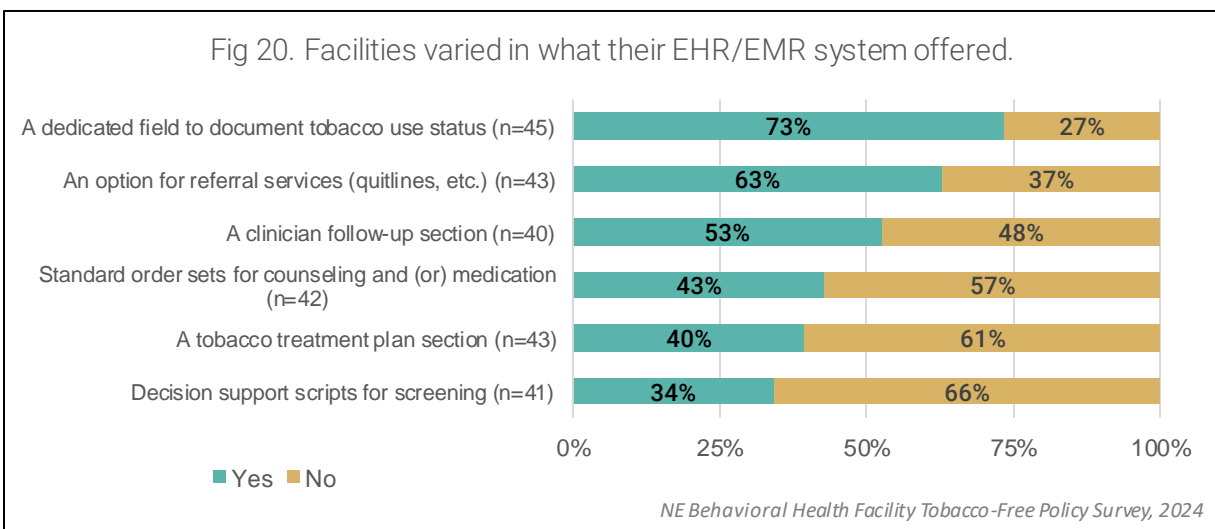
1. Depends on each client treatment plan & goals
2. Five-dollar gift cards
3. Offer to help them get into programs that offer other incentives and help them speak with outside providers about offering medical assistance for smoking cessation.
4. Offer help to employees & their family members regarding smoking/tobacco cessation to improve quality of life.
5. Quit line

Electronic Health/Medical Record Systems

Figure 19 shows the percent of facilities that have an electronic health record (EHR)/electronic medical record (EMR) system (provided a “yes” response).



Of the 48 facilities with an EHR/EMR, more than half had systems that offered the following: a dedicated field to document tobacco use status (73%), an option for referral services (to the quitline, etc.) (63%), and a clinician follow-up section (53%) (Figure 20).



Tobacco Dependency Treatment

Figure 21 shows the perceived level of effort that respondents said their facility puts into integrating tobacco dependency treatment into planning processes for their overall patient population.

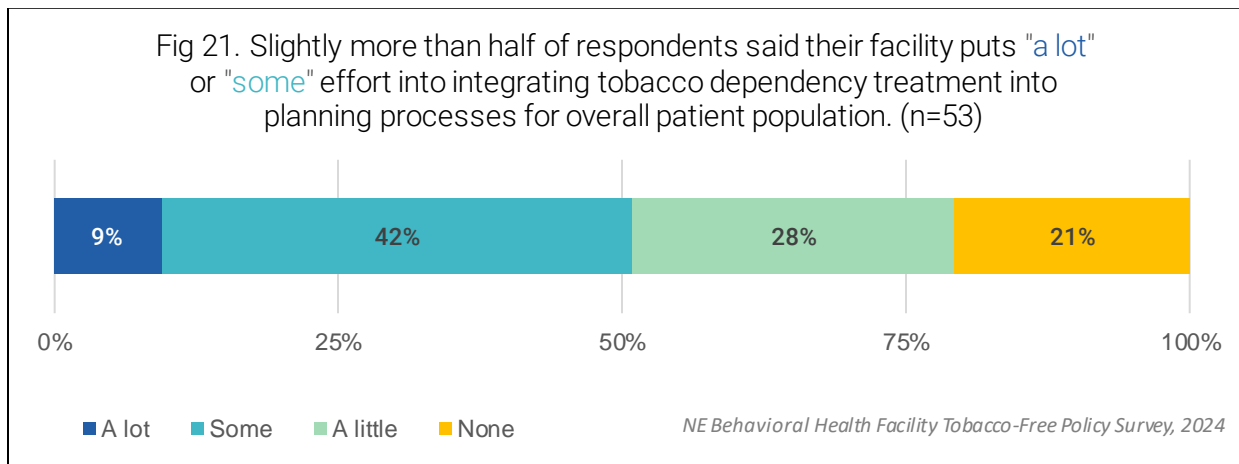
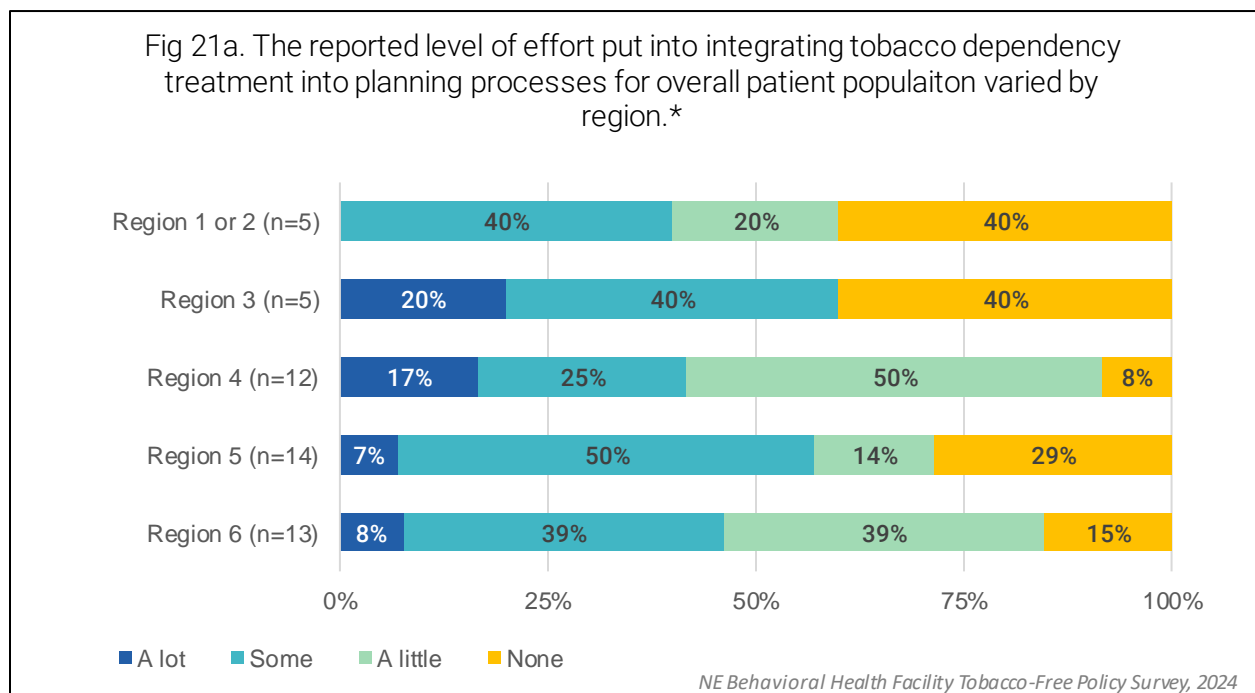


Figure 21a shows the perceived level of effort put into integrating tobacco dependency treatment into the planning process for overall patient population, by behavioral health region*.

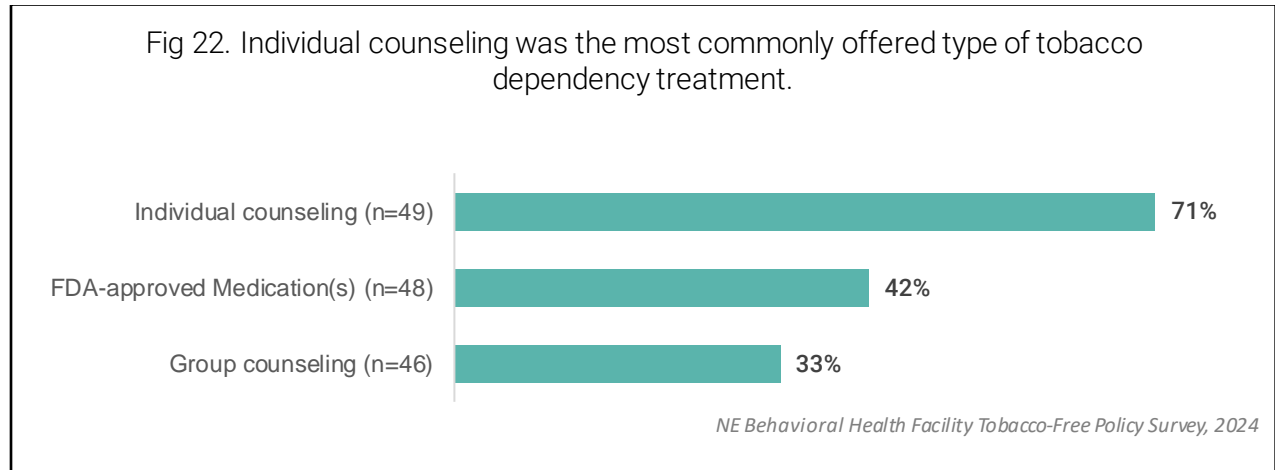
Regions 3 and 5 had the highest level of effort reported with more than half of respondents saying their facilities put "a lot" or "some" effort into integrating tobacco dependency treatment.



*Regional differences should be interpreted with caution as the results are not statistically significant

In terms of types of tobacco dependence treatments offered to consumers, most facilities (71%) offered individual counseling, but fewer offered FDA-approved medications and group counseling (Figure 22).

Other types of tobacco dependency treatment offered include: “referral to prescriber” and “client ability to request other types of treatment.”



Among the 20 facilities that reported offering FDA-approved medications for tobacco dependency (42% of the overall number of facilities), more than half offered nicotine gum (84%), nicotine patches (79%), Bupropion SR (72%), Varenicline (72%), and nicotine lozenges (61%) (Figure 23).

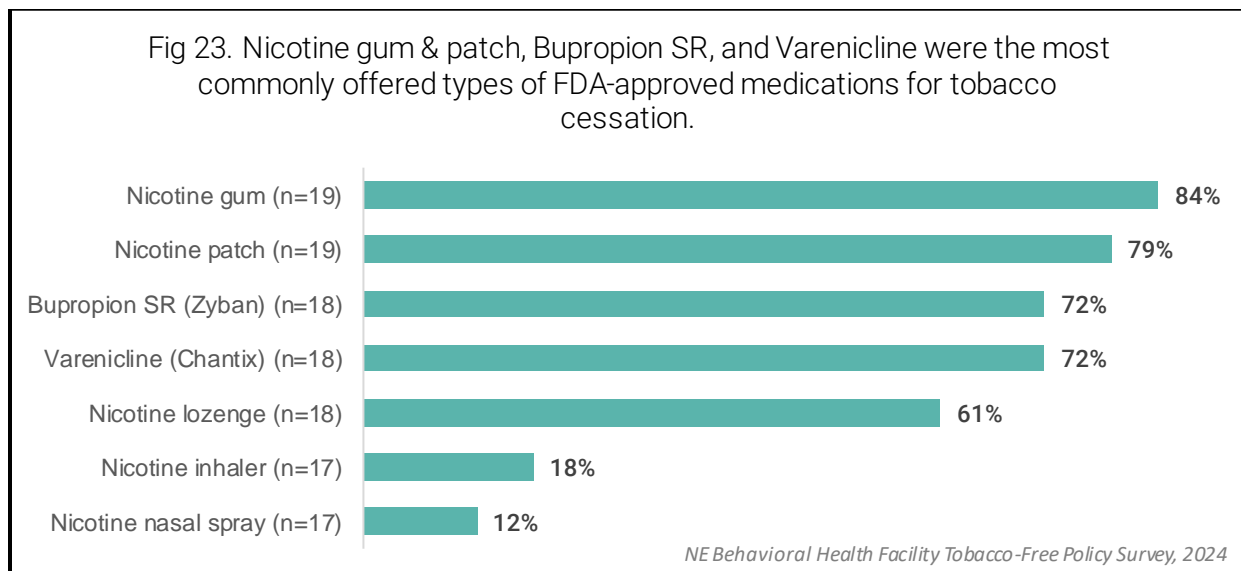
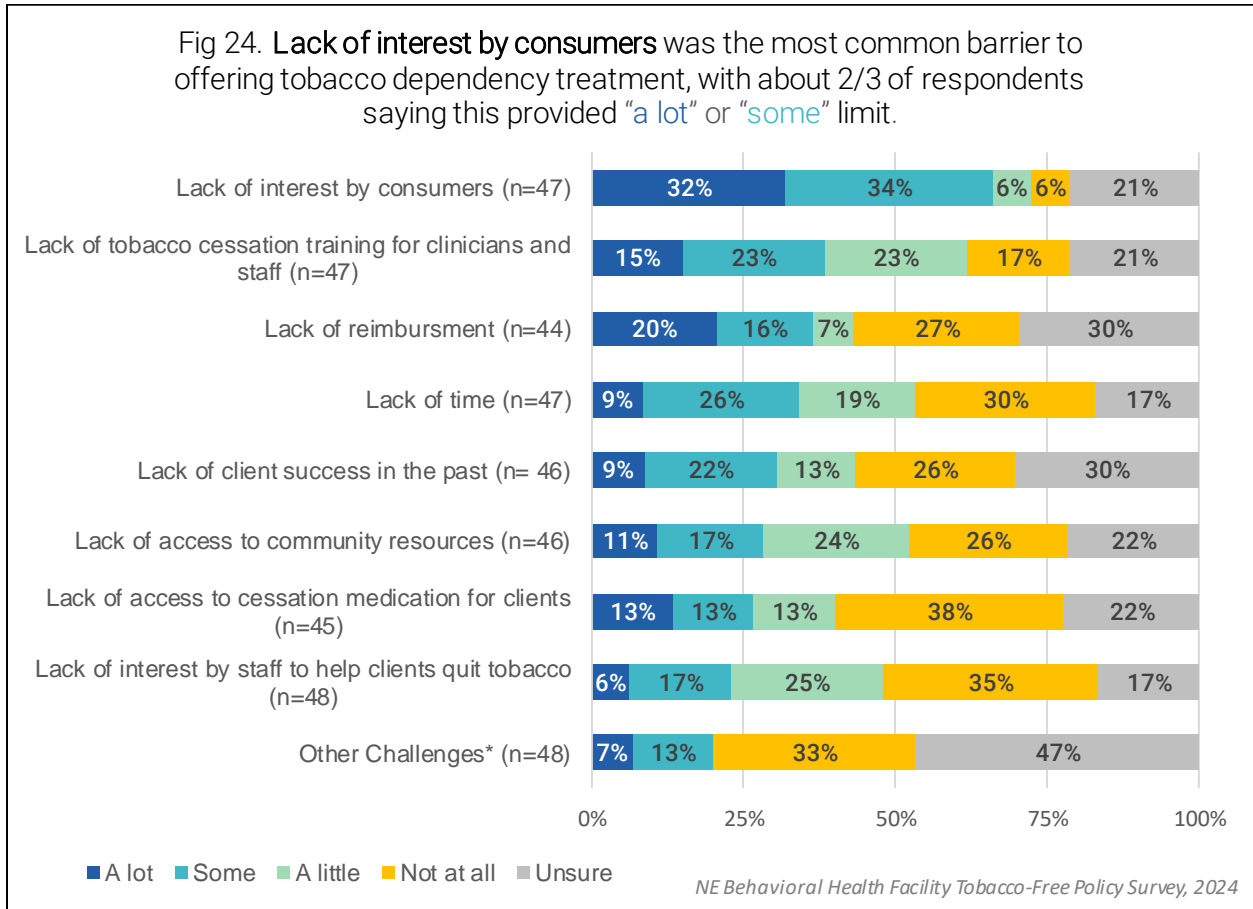


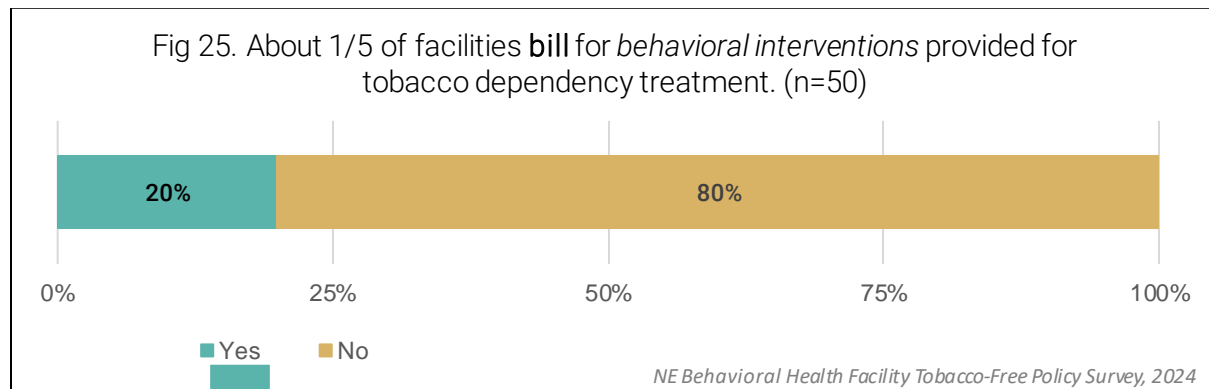
Figure 24 shows how much respondents reported that each barrier limited their facility’s ability to offer tobacco dependency treatment.



*Five respondents provided more information on “other challenges,” mentioning that tobacco dependency wasn’t a priority or function of their facility, that their facility does not address tobacco dependency unless the client identifies it as a goal, and that mental health was a challenge.

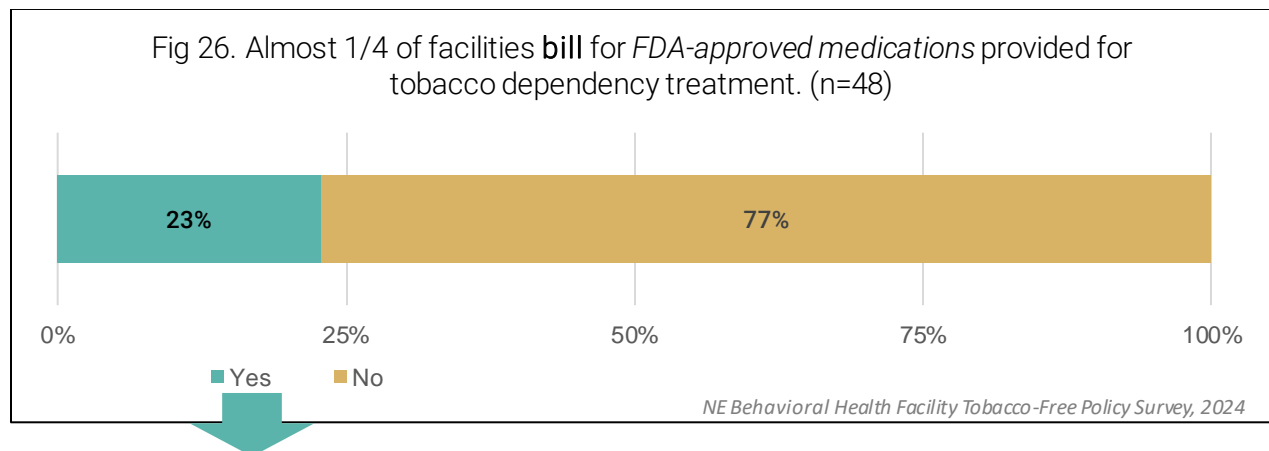
Billing & Reimbursement

Information on the percent of facilities that bill for tobacco dependency treatment or FDA-approved medications (provided a “yes” answer) is shown in Figures 25 & 26.



Among the ten facilities that bill for *behavioral interventions* provided for tobacco treatment; the following **reimbursement** methods are used (along with number of facilities using that method for reimbursement):

- Medicaid – 8
- Medicare – 5
- Private insurance – 8
- Self-pay – 5
- Other: grant funding – 1

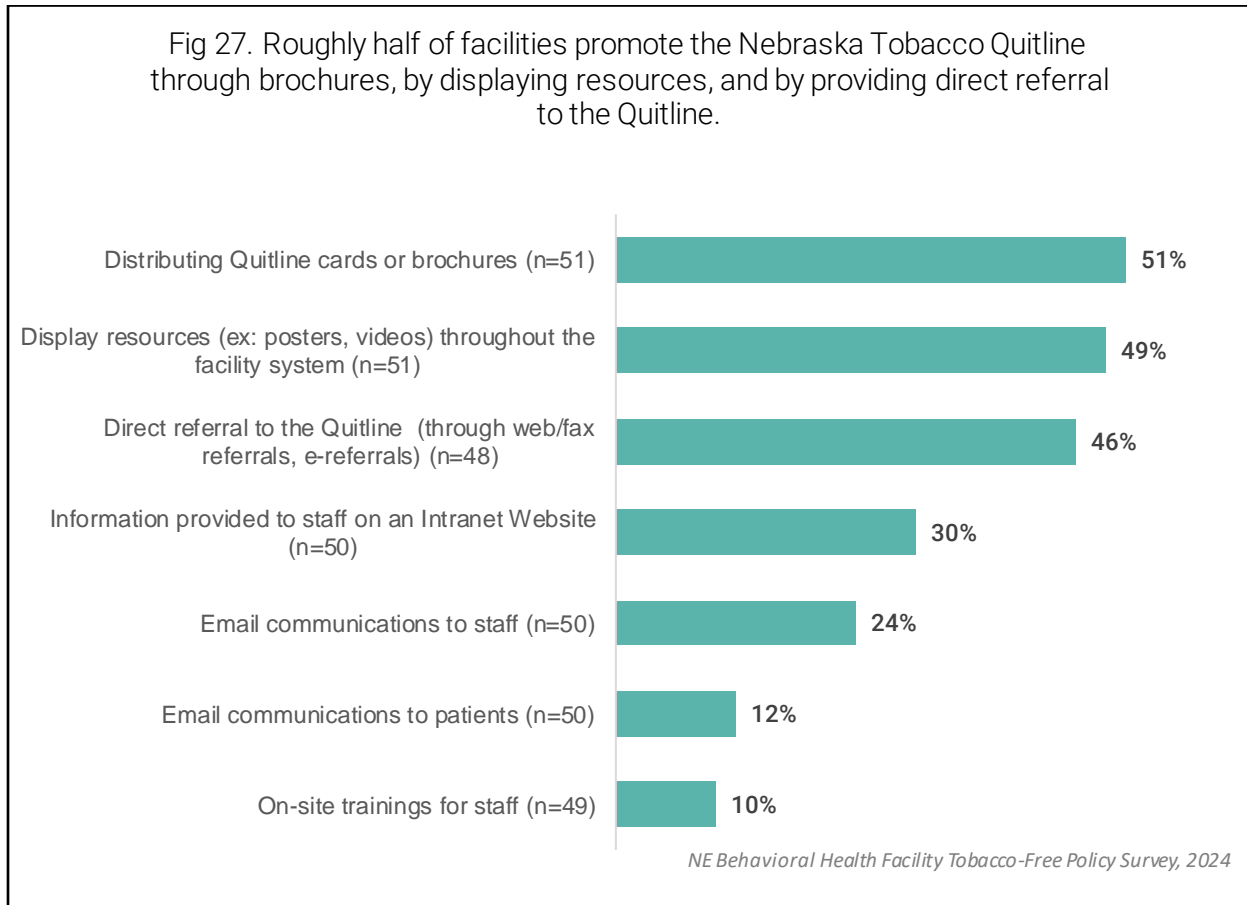


Among the eleven facilities that bill for *FDA-approved medications* for tobacco treatment, the following **reimbursement** methods are used (along with number of facilities using that method for reimbursement):

- Medicaid – 7
- Medicare – 4
- Private insurance – 7
- Self-pay – 3
- Other: grant funding – 1

Promotion of the Nebraska Tobacco Quitline

Figure 27 shows the percent of respondents who said their facility promotes the Nebraska Tobacco Quitline through different ways.

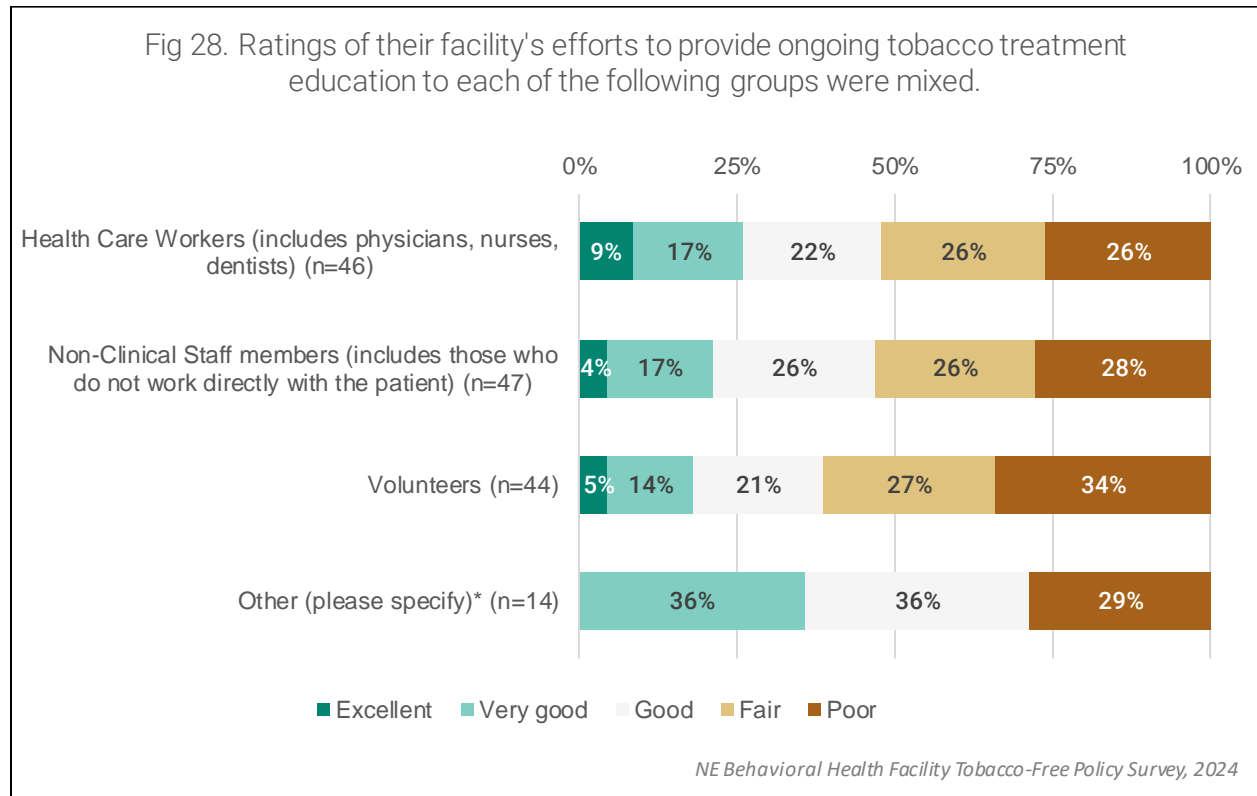


Four respondents provided information on other ways their facility promoted the Nebraska Tobacco Quitline, providing the following responses:

1. Asked upon intake and information provided if requested.
2. Case managers help client to call the Quitline.
3. Consider it as part of their programming schedule for clients.
4. Promoted the Nebraska Tobacco Quitline at the annual Health Fair but have not done anything beyond that.

Education, Training, and Resource Needs

Ratings of their facility’s efforts to provide ongoing tobacco treatment education varied depending on the group type; however, more than half of respondents felt that for each group (health care workers, non-clinical staff members, and volunteers), their facility had either a “fair” or “poor” effort at providing ongoing tobacco treatment education. Only around one-fifth to one-quarter of respondents felt that their facility had an “excellent” or “very good” effort at providing ongoing tobacco treatment education (Figure 28).



* When asked to specify individuals in the “other” group, respondents specified clients, consumers, patients, guards, and anyone else involved in their agency.

Figure 29 shows the percentage of respondents who said that they or staff at their facility would be interested in each of the following tobacco control trainings, resources, etc. provided by TFN (provided a “yes” response). More than 6 in 10 respondents were interested in participating in webinars and/or with receiving information, while fewer expressed interest in more involved offering such as participating in a workgroup or a tobacco treatment specialist training/certification.

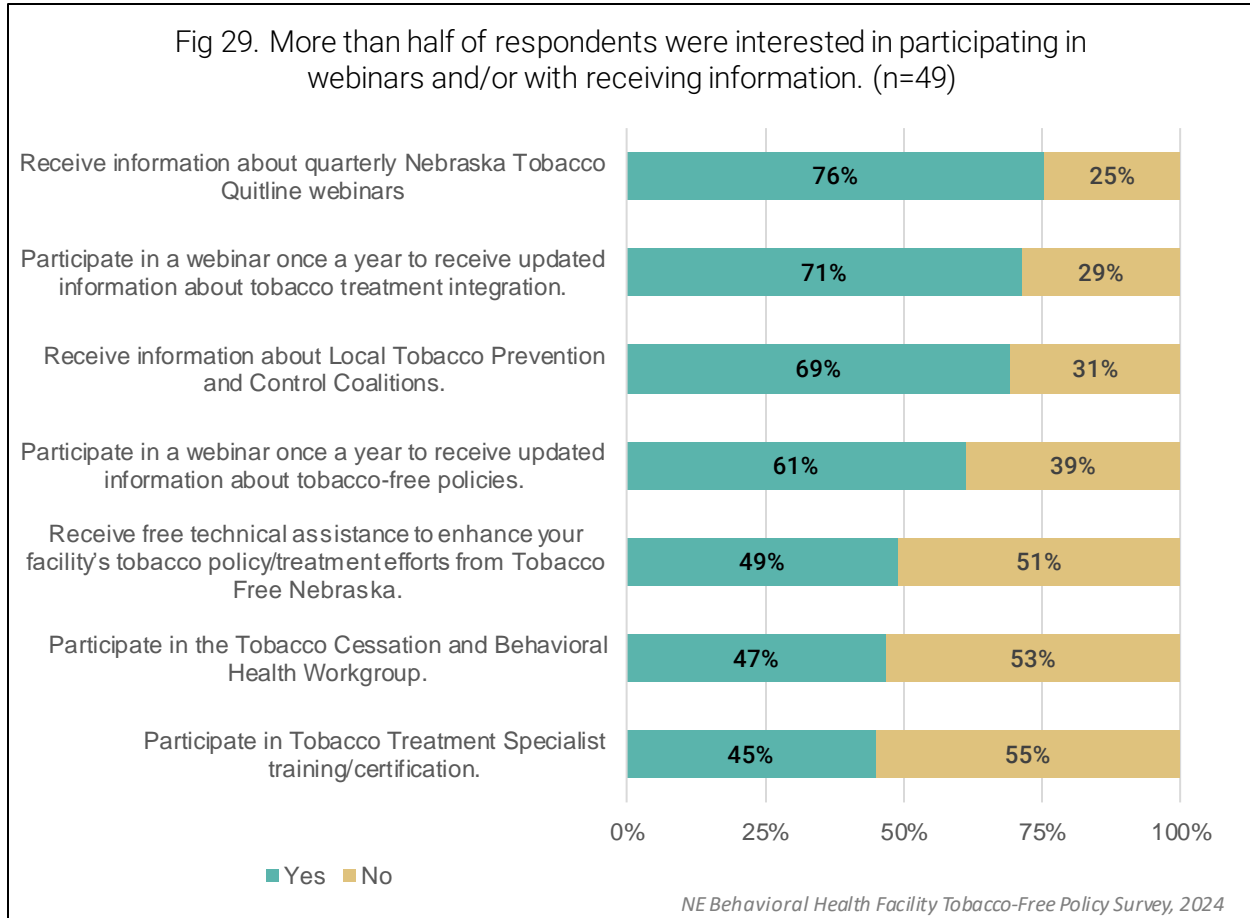
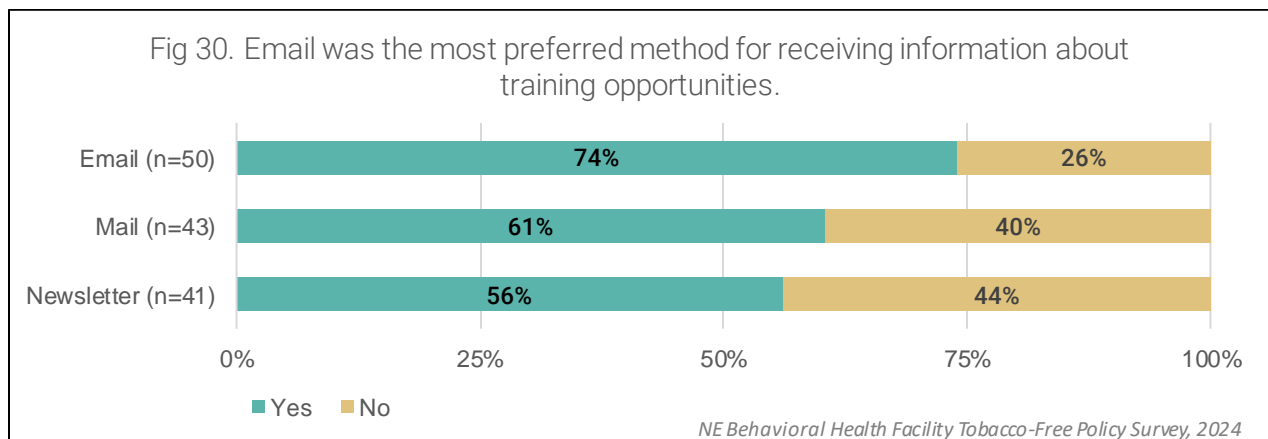


Figure 30 shows the methods that respondents prefer to receive information about training opportunities (provided a “yes” response).



When asked to list resources needed to enhance tobacco treatment efforts, the following resources and needs were specified by 11 respondents:

Resources

1. **Educational Materials:** Brochures, flyers, pamphlets, and videos were frequently mentioned as necessary tools to educate clients about tobacco treatment.
2. **Incentives:** Suggestions for incentives provided by external providers to encourage participation in tobacco treatment programs.
3. **Additional Support Information:** Resources for additional support, such as access to medication without cost, were highlighted as a need.
4. **Visual Aids:** Materials like Quitline cards, posters, and information for waiting areas to increase visibility and awareness.

Specific Needs

1. **Resource Lists:** Comprehensive lists of available resources to support treatment efforts.
2. **Success Stories:** Sharing success stories from treatment centers and behavioral health facilities to inspire and motivate others, along with insights on overcoming challenges to offer nicotine replacement therapy (NRT) onsite.
3. **Specialized Resources:** Resources tailored for Native American communities that respect cultural significance while addressing the harm of long-term tobacco use as well as help in creating a smoke-free campus while supporting clients new to substance use recovery, balancing the challenges of quitting smoking.

Conclusion and Recommendations

The Nebraska Behavioral Health Facility Tobacco-Free Policy Survey highlights both successes and challenges in implementing tobacco-free policies and cessation support across the state. 75% of facilities have formal tobacco-free policy in place, with 82% reporting to have a comprehensive tobacco-free policy covering all areas of their campus. Additionally, 100% of facilities prohibit smoking and e-cigarette/vaping indoors, while 93% prohibits other tobacco products such as smokeless tobacco and nicotine pouches inside all buildings. However, only about 60% of facilities restrict the use of all three tobacco types in all outdoor areas.

Regarding tobacco cessation screening, 76% of facilities screen for tobacco use during initial assessments, but fewer facilities integrate it into ongoing clinical assessment or the treatment planning process for consumer records. With FDA-approved cessation medications, 72% of facilities allow consumers to bring in these medications, and 69% discuss them with consumers, but only 41% prescribe them.

In terms of tobacco dependency treatments, the majority (71%) of the facilities offer individual counseling while fewer provide FDA-approved medications (42%) or group counseling (33%). Among the facilities offering FDA-approved medications, nicotine gum (84%), nicotine patches (79%), Bupropion SR (72%), Varenicline (72%), and nicotine lozenges (61%) are the most commonly provided.

The survey also identifies key barriers to providing tobacco dependency treatment, with 66% of respondents indicating "lack of interest by consumers" (66%) as a major limitation, followed by "lack of cessation training for staff" (38%) and "insufficient reimbursement" (36%).

While many facilities have adopted tobacco-free policies, gaps remain in treatment integration, staff training, and resource availability. Addressing these challenges through expanded policies, improved training, and increased funding will be crucial in providing comprehensive tobacco dependency care for behavioral health patients across the state.

Recommendations

1. Expand Tobacco-Free Policies:

- a. Provide technical assistance to facilities lacking comprehensive policies.
- b. Encourage uniform enforcement and communication of tobacco-free guidelines.

2. Enhance Treatment Integration:

- a. Increase routine tobacco screening and treatment referrals.
- b. Promote the use of FDA-approved cessation medications.

3. Address Barriers to Implementation:

- a. Develop strategies to support staff in delivering tobacco cessation interventions.
- b. Explore funding mechanisms to improve reimbursement for cessation services.

4. Increase Training and Resource Availability:

- a. Offer webinars and training sessions on best practices in tobacco dependency treatment, ensuring that all staff, including healthcare professionals, non-clinical staff, and volunteers have access to trainings.
- b. Distribute educational materials tailored to behavioral health settings.

References

Centers for Disease Control and Prevention. (2018). *Tobacco cessation interventions and smoke-free policies in mental health and substance abuse treatment facilities — United States, 2016*. *Morbidity and Mortality Weekly Report*, 67(18), 519–523. Retrieved from <https://www.cdc.gov/mmwr>

Public Health Law Center. (2022). *Behavioral health & tobacco dependency: Integrating treatment into behavioral health facilities*. Retrieved from <https://www.publichealthlawcenter.org>

Wye, P., Gow, L. B., Constable, J., Bowman, J., Lawn, S., & Wiggers, J. (2014). Observation of the extent of smoking in a mental health inpatient facility with a smoke-free policy. *BMC Psychiatry*, 14, 94. <https://doi.org/10.1186/1471-244X-14-94>

Appendix A: Survey Questionnaire

Nebraska Behavioral Health Facility Tobacco-Free Policy Survey 2024

Want to take the survey online?

Go here: <https://go.unl.edu/smokefreebhf>
or

Scan the QR code!



The web survey will ask you for a unique identification number, which can be found on the invitation letter. We use this number to keep track of which households have completed the survey so we can remove them from our reminder list, it will not be linked to your individual survey answers!

1. What is the name of your facility/organization?

2. How many beds does your facility have?

- 0 (not an inpatient facility)
- 1 to 20
- 21 to 40
- 41 or above

3. How many patients did your facility provide services for between January 1, 2023, and December 31, 2023?

- 1 to 1000
- 1001 to 2500
- 2501 to 4000
- 4001 or above

4. Does your facility provide each of the following services?

	Yes	No
a. Inpatient mental health	<input type="radio"/>	<input type="radio"/>
b. Outpatient mental health	<input type="radio"/>	<input type="radio"/>
c. Inpatient addiction treatment	<input type="radio"/>	<input type="radio"/>
d. Outpatient addiction treatment	<input type="radio"/>	<input type="radio"/>

5. Please describe any other services your facility provides.

About Current Tobacco-Free Policy

6. Does your facility currently have a formal tobacco-free policy in place?

- Yes
- No → Go to #19

7. Does your tobacco-free policy apply to each of the following groups?

	Yes	No
a. All consumers	<input type="radio"/>	<input type="radio"/>
b. All visitors	<input type="radio"/>	<input type="radio"/>
c. All staff members	<input type="radio"/>	<input type="radio"/>

8. Would you describe your site's current policy as a completely tobacco-free campus policy, covering all areas of the grounds (inside and outside of all buildings)?

- Yes
 No → Go to #10

9. Does your campus policy address each of the following?

	Yes	No
a. Smoking	<input type="radio"/>	<input type="radio"/>
b. E-cigarettes (vaping)	<input type="radio"/>	<input type="radio"/>
c. Other tobacco products (e.g., smokeless tobacco, nicotine pouches, etc.)	<input type="radio"/>	<input type="radio"/>

10. Does your site's current policy prohibit the following types of tobacco use inside some or all buildings?

	Prohibited in <u>all</u> buildings	Prohibited in <u>some</u> buildings	No restrictions
a. Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. E-cigarettes (vaping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Other tobacco products (e.g., smokeless tobacco, nicotine pouches, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Does your site's current policy prohibit the following kinds of tobacco use in some or all outdoor areas?

	Prohibited in <u>all</u> outdoor areas	Prohibited in <u>some</u> outdoor areas	No restrictions
a. Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. E-cigarettes (vaping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Other tobacco products (e.g., smokeless tobacco, nicotine pouches, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Does your site's current policy prohibit the following types of tobacco use near building entrances?

	Yes	No
a. Smoking	<input type="radio"/>	<input type="radio"/>
b. E-cigarettes (vaping)	<input type="radio"/>	<input type="radio"/>
c. Other tobacco products (e.g., smokeless tobacco, nicotine pouches, etc.)	<input type="radio"/>	<input type="radio"/>

13. Does your site's current policy prohibit the following types of tobacco use in vehicles located on the property?

	Yes	No
a. Smoking	<input type="radio"/>	<input type="radio"/>
b. E-cigarettes (vaping)	<input type="radio"/>	<input type="radio"/>
c. Other tobacco products (e.g., smokeless tobacco, nicotine pouches, etc.)	<input type="radio"/>	<input type="radio"/>

14. Is there a designated smoking/tobacco use area on your property?

- Yes
 No → Go to #16

15. Are your designated smoking/tobacco use areas located at each of the following?

	Yes	No
a. More than 25 feet from the building	<input type="radio"/>	<input type="radio"/>
b. Outside but within 25 feet of the building	<input type="radio"/>	<input type="radio"/>
c. Indoors (in a building)	<input type="radio"/>	<input type="radio"/>

Go to #16

15a. *[If yes to indoors]* Describe the indoor designated smoking/tobacco use area(s).

16. Are the following informed of the tobacco free policy?

	Yes	No
a. Consumers	<input type="radio"/>	<input type="radio"/>
b. Visitors	<input type="radio"/>	<input type="radio"/>
c. Staff members	<input type="radio"/>	<input type="radio"/>

17. Does your tobacco-free policy explain procedures to address violations?

- Yes
 No

18. How compliant with the tobacco-free policy are people in each of the following locations of your property?

	Very compliant	Somewhat compliant	A little compliant	Not at all compliant	No policy in this location
a. Facility (Indoors)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Grounds (Outdoors)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Vehicles located on the property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tobacco Cessation Screening and FDA approved Medications

19. Does your facility currently do each of the following?

	Yes	No
a. Screen for tobacco use as part of <u>initial</u> clinical assessments of consumers	<input type="radio"/>	<input type="radio"/>
b. Require that <u>initial</u> screening assessments be recorded in consumers' clinical records	<input type="radio"/>	<input type="radio"/>
c. Screen for tobacco use as part of <u>ongoing</u> clinical assessments of consumers	<input type="radio"/>	<input type="radio"/>
d. Require that <u>ongoing</u> screening assessments be recorded in consumers' clinical records	<input type="radio"/>	<input type="radio"/>
e. Routinely incorporate tobacco treatment into the treatment planning process for consumers' records	<input type="radio"/>	<input type="radio"/>

20. Does your facility currently do each of the following?

	Yes	No
a. Allow consumers to <u>bring in</u> and utilize FDA-approved medications for tobacco treatment (e.g. nicotine replacement therapy, bupropion SR, varenicline)	<input type="radio"/>	<input type="radio"/>
b. <u>Discuss</u> FDA-approved medications for tobacco treatment with consumers (e.g. nicotine replacement therapy, bupropion SR, varenicline)	<input type="radio"/>	<input type="radio"/>
c. <u>Prescribe</u> FDA-approved medications for tobacco treatment for use by consumers (e.g. nicotine replacement therapy, bupropion SR, varenicline)	<input type="radio"/>	<input type="radio"/>

21. Does your facility currently offer incentives for consumers to quit using tobacco products?

- Yes
 No → Go to #22

21a. What incentives do you offer for consumers to quit using tobacco products?

About Electronic Health/Medical Record System

22. Does your facility have an electronic health record (EHR)/electronic medical record (EMR) system?

- Yes
 No → Go to # 24

23. Does your facility's EHR/EMR system include each of the following?

	Yes	No
a. A dedicated field to document tobacco use status	<input type="radio"/>	<input type="radio"/>
b. Decision support scripts for screening	<input type="radio"/>	<input type="radio"/>
c. A tobacco treatment plan section	<input type="radio"/>	<input type="radio"/>
d. An option for referral services (quitlines, etc.)	<input type="radio"/>	<input type="radio"/>
e. Standard order sets for counseling and (or) medication	<input type="radio"/>	<input type="radio"/>
f. A clinician follow-up section	<input type="radio"/>	<input type="radio"/>

About Tobacco Dependency Treatment

24. How much effort does your facility put into integrating tobacco dependency treatment into the planning process for your overall patient population?

- A lot
 Some
 A little
 None

25. In the last two years, how would you rate your facility's efforts to provide ongoing tobacco treatment education to each of the following groups?

	Poor	Fair	Good	Very good	Excellent
a. Health Care Workers (includes physicians, nurses, dentists)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Non-Clinical Staff members (includes those who do not work directly with the patient)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Volunteers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Other (please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Does your organization currently promote the Nebraska Tobacco Quitline in each of the following ways?

	Yes	No
a. Distributing Quitline cards or brochures	<input type="radio"/>	<input type="radio"/>
b. Display resources (ex: posters, videos) throughout the facility system	<input type="radio"/>	<input type="radio"/>
c. Information provided to staff on an Intranet Website	<input type="radio"/>	<input type="radio"/>
d. Email communications to patients	<input type="radio"/>	<input type="radio"/>
e. Email communications to staff	<input type="radio"/>	<input type="radio"/>
f. On-site trainings for staff	<input type="radio"/>	<input type="radio"/>
g. Direct referral to the Quitline (through web/fax referrals, e-referrals)	<input type="radio"/>	<input type="radio"/>

27. Please describe any other ways your organization currently promotes the Nebraska Tobacco Quitline.

28. Are each of the following type(s) of tobacco dependency treatment offered to consumers at your facility?

	Yes	No
a. Individual counseling	<input type="radio"/>	<input type="radio"/>
b. Group counseling	<input type="radio"/>	<input type="radio"/>
c. FDA-approved Medication(s)	<input type="radio"/>	<input type="radio"/>

29. Please describe any other types of tobacco dependency treatment offered to consumers at your facility.

30. [If Your Facility Offered FDA-Approved Medication(s) as a Type of Treatment] Do you offer each of the following FDA-approved medication(s)?

	Yes	No
a. Nicotine patch	<input type="radio"/>	<input type="radio"/>
b. Nicotine gum	<input type="radio"/>	<input type="radio"/>
c. Nicotine inhaler	<input type="radio"/>	<input type="radio"/>
d. Nicotine lozenge	<input type="radio"/>	<input type="radio"/>
e. Nicotine nasal spray	<input type="radio"/>	<input type="radio"/>
f. Bupropion SR (Zyban)	<input type="radio"/>	<input type="radio"/>
g. Varenicline (Chantix)	<input type="radio"/>	<input type="radio"/>

31. Does your facility bill for behavioral interventions provided for tobacco dependency treatment?

- Yes
 No → Go to #34

32. Is your facility reimbursed for behavioral interventions provided for tobacco treatment by each of the following methods?

	Yes	No
a. Medicaid	<input type="radio"/>	<input type="radio"/>
b. Medicare	<input type="radio"/>	<input type="radio"/>
c. Private insurance	<input type="radio"/>	<input type="radio"/>
d. Self-pay	<input type="radio"/>	<input type="radio"/>

33. Please describe any other methods your facility is reimbursed for tobacco treatment behavioral interventions.

34. Does your facility bill for FDA-approved medications provided for tobacco treatment?

- Yes
 No → Go to #37

35. Is your facility reimbursed for FDA-approved medications for tobacco treatment by each of the following methods?

	Yes	No
a. Medicaid	<input type="radio"/>	<input type="radio"/>
b. Medicare	<input type="radio"/>	<input type="radio"/>
c. Private insurance	<input type="radio"/>	<input type="radio"/>
d. Self-pay	<input type="radio"/>	<input type="radio"/>

36. Please describe any other methods your facility is reimbursed for tobacco treatment FDA-approved medications.

37. How much do each of the following limit your facility's ability to offer tobacco dependency treatment?

	A lot	Some	A little	Not at all	Unsure
a. Lack of interest by consumers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Lack of client success in the past	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lack of interest by staff to help clients quit tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Lack of tobacco cessation training for clinicians and staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Lack of time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Lack of reimbursement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Lack of access to cessation medications for clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Lack of access to community resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other challenges (please describe):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Information

38. Would you or your staff like each of the following?

	Yes	No
a. Participate in a webinar once a year to receive updated information about tobacco-free policies.	<input type="radio"/>	<input type="radio"/>
b. Participate in a webinar once a year to receive updated information about tobacco treatment integration.	<input type="radio"/>	<input type="radio"/>
c. Receive free technical assistance to enhance your facility's tobacco policy/treatment efforts from Tobacco Free Nebraska.	<input type="radio"/>	<input type="radio"/>
d. Participate in Tobacco Treatment Specialist training/certification.	<input type="radio"/>	<input type="radio"/>
e. Participate in the Tobacco Cessation and Behavioral Health Workgroup.	<input type="radio"/>	<input type="radio"/>
f. Receive information about Local Tobacco Prevention and Control Coalitions.	<input type="radio"/>	<input type="radio"/>
g. Receive information about quarterly Nebraska Tobacco Quitline webinars.	<input type="radio"/>	<input type="radio"/>

39. Would you prefer to receive information about training opportunities in each of the following ways?

	Yes	No
a. Email	<input type="radio"/>	<input type="radio"/>
b. Newsletter	<input type="radio"/>	<input type="radio"/>
c. Mail	<input type="radio"/>	<input type="radio"/>

40. Please add any other ways you would prefer to receive information about training opportunities.

41. What resources do you need while enhancing tobacco treatment efforts?

42. What is your name?

43. What is your job title?

44. What is your email address?

 @

45. Please return the completed survey with a copy of your tobacco-free workplace environment policy. You may also send the policy to DHHS.TFN@nebraska.gov. If you do not have one, please write "Not applicable."

Thank you!

We greatly appreciate the time you have taken to complete this survey. For your convenience, please use the postage-paid return envelope included in your survey packet to return your questionnaire.

Questions or requests from this survey can be directed to:

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