NARRATIVE SUMMARY

1. **Community Assessment Analysis (600-word limit): (REQUIRED AND SCORED)**
   The Community Assessment Analysis is to provide rationale and support for implementing the Wellness QIP in the proposed setting. Applicants will demonstrate the need for the intervention using information about the facility including a description of:
   - The current culture of tobacco use at the facility, including staff and/or patient smoking, observed tobacco-related litter, SHS exposure, number of smoking areas, frequency of smoking breaks, and if access to tobacco is used as a reward for positive behavior.
   - The current tobacco use policy (or lack thereof) at the facility, whether it is written or informal, as well as intake procedure as it relates to tobacco use.
   - Information about any current practices for providing patients with tobacco cessation treatment or referral for cessation counseling.
   - Any previous efforts to reduce tobacco use or increase wellness activities at the facility, if tobacco cessation classes or other health and wellness opportunities are available to patients.
   - The overall readiness of the organization to implement the Wellness QIP, including any organizational assets that may facilitate project success, and identify any expected barriers to implementation.

Sample Response:

This project will primarily address the following priority population of focus: Individuals with behavioral health disorders and/or substance abuse issues, many of which are either (1) Medi-Cal eligible or (2) recently incarcerated and unemployed. The number of inpatient beds at Project House Recovery and Wellness (PHRW) is 20. This project will primarily work in the following geographical community of Healthville, which is located within Sacramento County. Healthville has a population of 11,000 and an adult tobacco use prevalence rate of 17.0% - higher than the California average of 10.1%. (California Tobacco Facts and Figures 2019). PHRW sees 25 outpatient clients per day in addition to 20 inpatient clients whose average stay is 30 days.

At PHRW, the current culture of tobacco use includes six smoking breaks per day (one before/after meals) that are shared by clients and staff. Oftentimes staff will join the clients on their smoking breaks as a method of de-escalation; however, staff are then exposed to toxic secondhand smoke. Although the exact numbers are unknown it can be inferred that about half of PHRW staff and more than half of PHRW clients identify as tobacco-users, including the use of electronic smoking devices. Tobacco product waste, including wrappers and cigarette butts are often found near entryways and the bus stop on the PHRW campus. 20 ashtrays are currently placed around the campus; however, they fill up fast and are rarely emptied. There are no designated smoking areas although clients and staff typically congregate near the back entrance for smoking breaks where there is protection from inclement weather.

Currently there is no tobacco-free policy or Tobacco Use Identification Protocol in place, although the addiction specialists do inquire about nicotine use during sessions. When clients report tobacco use they are provided with a pamphlet about cessation resources, but PHRW is interested in establishing an ancillary cessation class that clients would receive credit for attending.

In regards to wellness efforts, PHRW has an on-site fitness room with minimal fitness equipment, but a Wellness Plan has not been officially adopted. PHRW hopes to eventually establish a community garden, meditation classes, and weekly wildlife refuge trail walk in the future. PHRW also hopes to establish a nutrition curriculum for clients to participate in cooking classes and learn about fresh produce via field trips to the farmers market where EBT and WIC cards are accepted.

In anticipation of participating in the Wellness Quality Improvement Project (QIP) PHRW expects staff may initially resist a tobacco-free campus policy due to perceived individual rights to smoke; however, staff who are not tobacco-users will likely support the effort. Three staff have already expressed their

interest in attending a smoking cessation group. Expected barriers include push-back from clients and staff who use tobacco and enforcement concerns over the policy. Organizational assets that will help implement the Wellness QIP include a new Executive Director who has a vision for a tobacco-free campus, a new training room that will house cessation classes, and a strong partnership with the local Sacramento County Tobacco Control Program who frequently share resources with PHRW staff.

PHRW is committed to implementing efforts to address nicotine addiction through establishing a Wellness Workgroup that will lead efforts to develop and adopt a comprehensive tobacco-free campus policy including a Protocol for Tobacco Use Identification and Treatment, establishing cessation classes and/or a referral system to the California Smokers' Helpline, and ensuring healthy alternatives in lieu of smoke breaks. Joining the Wellness QIP Community of Practice and partnering with the Smoking Cessation Leadership Center will greatly enhance the success of this project.

2. **Major Intervention Activities: (NOT SCORED)** The Major Intervention Activities section does not need to be edited by the Applicant. The below text will be pre-populated in the Online Tobacco Information System (OTIS) application.

This Wellness Quality Improvement Project (QIP) seeks to improve the wellness of clients and staff at the Residential Treatment Center by reducing tobacco use and promoting other wellness policies and activities. The project seeks to create a tobacco-free campus for all clients and residents and to improve the identification and treatment of nicotine addiction. Additionally, the project may enhance wellness of its clients and staff by addressing other wellness policy, system, and environmental changes such as implementing exercise breaks, improving access to healthy foods, and promoting socialization and activities as alternatives to participating in gambling. The project will participate in intensive tobacco-control-related training and technical assistance provided by the Smoking Cessation Leadership Center (SCLC) and seek assistance with other wellness policies and activities from other local and state resources.

An organizational champion will be appointed to lead the Wellness QIP. A needs assessment will be conducted with clients and staff to inform the development of a wellness plan. An organizational work group will be formed to identify objectives, activities, timelines and responsible parties and to help implement the plan.

Communication strategies such as newsletters, staff and client meetings, presentations, bulletin boards and displays will be used to communicate the Wellness QIP and to create organizational buy-in.

A tobacco-free campus policy will be either improved or developed and implemented. A protocol to identify and treat nicotine addiction will either be adopted or improved. Final policies and protocols will be electronically disseminated to the California Tobacco Control Program (CTCP) via the Online Tobacco Information System Progress Report. Activities will be implemented to facilitate the adoption and implementation of a tobacco-free campus, identification and treatment of nicotine addiction and other wellness activities. Specific training will be provided to staff on the identification of tobacco use status and implementation of a treatment protocol for tobacco use.

The project will collaborate with Dr. Joe Guydish and his evaluation team to evaluate the project by assisting with the identification and scheduling of data collection, which will include annual surveys and key informant interviews of residential treatment clients, staff, and directors, the review of adopted tobacco control and other wellness policies and protocols, and site visits.

3. **Theory of Change: (NOT SCORED)** The Theory of Change section does not need to be edited by the Applicant. The below text will be pre-populated in the OTIS application.

This Wellness QIP intervention incorporates several theories of change. It applies concepts of Community Organizing to engage clients and staff at the residential treatment center to identify readiness for policy adoption and implementation, or improvement in existing policies related to a tobacco-free campus and other wellness-related policies, and the identification and treatment of tobacco users. A needs assessment will be used to inform the development of a plan, and an internal work group will be formed and maintained to develop and guide the plan. A variety of communication strategies will be incorporated into the process to create buy-in and transparency.

The intervention also incorporates Social Cognitive Theory, which acknowledges the influence of personal factors and the environment on behavior. By identifying and treating tobacco use, creating a tobacco-free campus and incorporating other wellness strategies such as exercise breaks, increased access to healthy eating, and alternative activities to gambling, this intervention seeks to make the healthy choice an easier choice and to break unhealthy habits.

Finally, this intervention incorporates Stages of Change Theory, which recognizes that quitting tobacco use and other addictions is a process, not an event. Community engagement, communications, and other activities will be conducted to move both staff and clients along the continuum of change towards quitting tobacco use and other unhealthy behaviors.

4. **Evaluation Summary Narrative (NOT SCORED)** The Evaluation Summary Narrative section does not need to be edited by the Applicant. The below text will be pre-populated in the OTIS application.

A Final Evaluation Report will be prepared which describes the facility, staff and client needs assessment findings, policy and educational intervention activities conducted, policies and protocols adopted and implemented, challenges and barriers, and how tobacco use reduction and other wellness policies will be sustained in the future. An additional outcome evaluation of this project will be conducted by Dr. Guydish and his evaluation team.