Tobacco-Free Recovery
Driver Diagram

Outpatient Health Centers

COE-TFR Driver Diagram

Advancing Tobacco-Free Recovery Through Systems Change

The National Center of Excellence for Tobacco-Free Recovery (CoE-TFR) developed this driver diagram to guide multi-sector efforts in transforming systems of care and support to advance tobacco-free recovery (TFR) for individuals with behavioral health conditions (mental health and/or substance use conditions). Tobacco use remains disproportionately high among people with mental health and substance use disorders, contributing to significant differences in health outcomes.

This tool is designed to help partners across public health, healthcare, behavioral health, and community systems identify shared goals, align strategies and coordinate sustainable action toward system change.

What is a Driver Diagram?

A driver diagram is a visual tool to help teams understand and communicate what "drives," or contributes to the achievement of a specific goal.

Key Components:

- **Aim (or Goal):** The overall objective or outcome you want to achieve. It should be specific, measurable, and time-bound.

- **Drivers of change:** The major factors or high-level influences that directly impact the aim.

- **Change ideas:** Concrete strategies, practices or interventions that can be implemented to advance the drivers and achieve the aim

The CoE-TFR driver diagram is organized by sector and outlines a shared goal and an example aim for the tobacco-free recovery initiative. Use these examples as a starting point and tailor them to align with your organization's or state's TFR goals.

Goal: Ensure access to tobacco use treatment (TUT) and evidence-based medications (over the counter or prescribed) and counseling for people with behavioral health conditions.

Aim: Reduce use of tobacco from [percentage] to [percentage] among [target population, e.g. people in treatment for substance use disorders or people in treatment for mental health conditions] by [year]

How to Use this Tool

Use the CoE-TFR Driver Diagram to:

- Align partners around a shared goal for tobacco-free recovery

- Identify and prioritize key drivers and change ideas relevant to each system

- Support strategic planning and implementation to embed TFR into practice, policy, and funding mechanisms

- Strengthen cross-sector collaboration and collective impact

- Center the voices of people with living/lived experience in design, implementation, and evaluation of your TFR efforts

How This Tool Was Developed

The Driver Diagram was created through a collaborative and inclusive process that reflects the strength of shared expertise across each sector. The CoE-TFR team partnered with subject matter experts, people with lived and living experience of mental health and substance use challenges, state departments of health, behavioral health authorities, and community-based organizations.

Together, these partners identified the key drivers and change ideas that help systems increase access to evidenced based tobacco use treatment and medications. Their insights ensured that the tool represents the strengths, creativity, and innovation already present across diverse systems of care.

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Support

Have any questions or need help using or implementing strategies in the Driver Diagram? Feel free to reach out to us today using our CoE-TFR TA form for tailored support, resources, and guidance

Sector Specific Focus Areas

Each sector-specific diagram is tailored to the unique roles, responsibilities, and opportunities within that system, promoting cross-sector alignment and collective impact.

- **State Public Health Authority**
  Public health agencies play a pivotal role in shaping the policy, funding, and infrastructure needed to advance tobacco-free recovery. This driver diagram is intended to support state health departments in aligning leadership, data systems, funding mechanisms, and strategic partnerships to embed TFR into public health priorities and behavioral health transformation efforts.

- **Residential and Inpatient Treatment Centers**
  Residential and inpatient settings are critical environments for initiating tobacco use treatment and reinforcing recovery-oriented norms. This diagram provides a roadmap for integrating TFR into organizational culture, clinical protocols, discharge planning, and staff training—ensuring that tobacco use is addressed as part of whole-person care.

- **Outpatient Health Centers**
  Outpatient health centers serve as ongoing touchpoints for individuals in recovery. This diagram outlines opportunities for these centers to embed tobacco use treatment into routine care, leverage technology and infrastructure, and build a trained workforce to deliver consistent, evidence-based TUT services and supports across diverse populations.

- **Supportive Service Providers**
  Recovery support services, housing programs, food pantries, and other community-based organizations are trusted spaces for individuals with behavioral health conditions. This diagram outlines change ideas for these providers to integrate tobacco use treatment into their programs, reduce barriers to access, and foster supportive environments that reinforce tobacco-free recovery.

- **People with Living/Lived Experience and Their Families/Supports/Caregivers**
  People with living/lived experience and their support networks are essential partners in advancing tobacco-free recovery. This diagram highlights opportunities for education, peer support, advocacy, and engagement in care planning —ensuring that systems are responsive, person-centered, and grounded in real-world experience
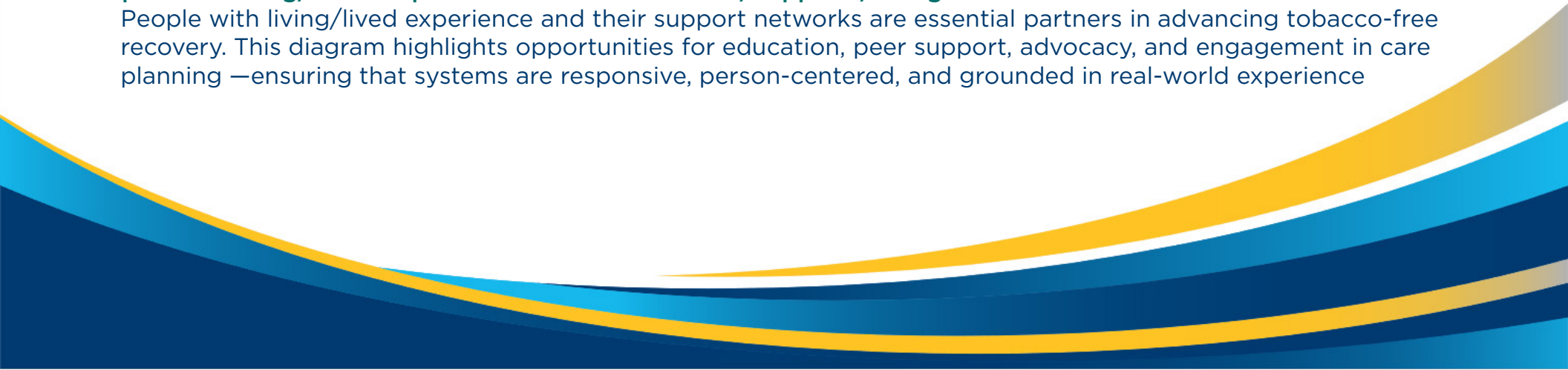
Goal
Ensure access to tobacco use treatment (TUT) and evidence-based medications (over the counter or prescribed) and counseling for people with behavioral health conditions.

Aim
Reduce use of tobacco from [percentage] to [percentage] among [target population, e.g. people in treatment for substance use disorders or people in treatment for mental health conditions] by [year]

Drivers

Change Ideas – What Do We Do?

Leadership Commitment and Organizational Culture

Sets a clear vision and establishes a culture that prioritizes tobacco-free recovery (TFR) and mobilizes systems to support access to tobacco use treatment (TUT) for individuals with behavioral health conditions as part of whole- and -person centered care.

- ☐ Designate tobacco-free recovery as an **organization-wide priority.**
- ☐ Conduct an **organizational assessment** to identify strengths and barriers to TUT implementation.
- ☐ Identify and **empower internal champions** to advance TUT integration across teams and departments.
- ☐ Create **cross-disciplinary implementation teams** that meet regularly to support integration and resolve challenges.
- ☐ Provide **TUT services for staff** to reinforce tobacco/nicotine-limited or -free norms.
- ☐ **Recognize and reward staff contributions** toward successful TUT implementation (e.g., award programs, internal recognition).
- ☐ **Establish partnerships** (e.g., Quitline and other health/supportive service systems) that support comprehensive coordination of care.
- ☐ **Engage local and state health authorities to advance policies** that support integrated TUT in residential care.
- ☐ **Implement intentional, multi-channel strategic communication** to ensure staff, clients, and community stakeholders are consistently informed, engaged, and motivated around the significance of TFR as a critical component of holistic health, recovery, and wellness.

Integrate TUT Workflow with Mental Health and/or Substance Use Treatment

Establishes processes where tobacco is treated alongside other conditions.

- ☐ Implement **universal screening** for tobacco/nicotine/vaping use at intake to identify people who use nicotine.
- ☐ Adopt **opt-out approaches for TUT**, ensuring that all clients who use nicotine products are automatically enrolled in cessation programs unless they decline.
- ☐ Prescribe **evidence-based and FDA-approved TUT medications** as part of the standard treatment protocol.
- ☐ Deliver **stage-matched tobacco use interventions, including proactive initiation of evidence-based TUT medication during the pre-contemplation stage** to reduce barriers and support readiness for change.
- ☐ Integrate tobacco **"tapering" treatment strategies** coupled with access to NRT.
- ☐ Provide **combined TUT approaches utilizing pharmacotherapy alongside behavioral interventions** to improve cessation success rates.
- ☐ Incorporate **contingency management approaches** (including sufficient incentives) to reinforce tobacco cessation efforts.
- ☐ **Incorporate TUT into patient treatment and case management plans** to address tobacco use as part of overall recovery.
- ☐ Integrate **peers or CHWs into TUT workflow** to provide motivational support, counseling, and post-discharge follow-up.
- ☐ Integrate **TUT into discharge planning** (including NRT provision or Rx and warm linkage to community-based provider) ensure continuity of care post-discharge.
- ☐ Ensure **continuous support and coordination through follow-up appointments**, ongoing counseling, and connections to community resources.

Drivers

Change Ideas – What Do We Do?

Policies and Protocols

Standardizes routine identified and treatment for tobacco use, resulting in consistent, evidence-based care for all clients.

- ❑ Implement **comprehensive tobacco/nicotine-free or -limited campus policies** covering all indoor and outdoor areas.
- ❑ **Adopt TUT clinical protocols grounded in evidence-based clinical recommendations and/or emerging innovations**: universal screening, opt-out, stage-matched (including pre-contemplation), contingency management, tobacco tapering, 5A's (Ask, Advise, Assess, Assist, Arrange)/3A's (Ask, Advise, Act), and support groups.
- ❑ **Integrate TUT clinical protocols with other medical and support services**, integrating it into treatment planning and medication-assisted treatment (MAT) regimens.
- ❑ **Authorize nurse-initiated protocols (allowing nurses without needing a doctor's immediate approval under specific pre-approved guidelines) for prescribing tobacco use treatment medication** to support people on their quit/recovery journey and manage withdrawal symptoms.

Technology and Infrastructure Support

Systems and tools that support identification and provision of TUT follow-up services make it easier for staff to consistently provide tobacco use treatment.

- ❑ Embed **clinical decision support tools** for TUT within the electronic medical record (EMR), clinical records, and/or clinical workflows to enhance screening, assistance, prescribing, and treatment tracking for TUD.
- ❑ **Automate prompts for tobacco screening**, counseling, and prescribing using EMR, clinical records, and/or clinical workflows.
- ❑ Integrate **TUT billing codes** into EMR, clinical records, and/or clinical workflows.
- ❑ Medication **formulary includes all FDA-approved NRT and TUT medication options.**
- ❑ **Ensure on-site access to NRT options** including Patch, Gum, Lozenge, Spray, and Inhaler.

No Cost Barriers to Access to NRT and TUT-related Services

All clients—regardless of insurance or income—can access the TUT medications and services they need to quit.

- ❑ **Identify and utilize appropriate billing codes** for TUT services.
- ❑ **Negotiate contracts with payers** to maximize reimbursement rates for TUT services (cover unlimited treatment courses, allow combination treatment, remove prior authorization/co-pays, remove requirements that patients receive counseling before obtaining medication).
- ❑ Implement **"buy and bill" systems** to ensure NRT can be provided at point of care on-site.
- ❑ Establish partnership with state **Quitline** to ensure access to point of care NRT on-site and/or counseling services.
- ❑ Secure **"NRT samples" from pharmaceutical companies** (e.g., over-the-counter NRT products such as Patch, Gum, Lozenge) to provide bridge to regular source to fund NRT.
- ❑ Establish agreements and processes with **on-site pharmacies** to provide on-site NRT and TUT medications.
- ❑ **Negotiate contracts with payers and/or partners as part of "Value-Based Payment" agreements** to facilitate reimbursement for TUT-related services.

Drivers

Change Ideas – What Do We Do?

Trained and Competent Workforce

Equipped with the knowledge, skills, and confidence to deliver effective tobacco use treatment (TUT) and support tobacco-free recovery (TFR) tailored for clients.

- ❑ Provide **comprehensive and tailored training for all staff on addressing TUD** in behavioral health settings and impact on client outcomes.
- ❑ Provide **training for designated staff who identify need for and provided TUT services** on: screening for TUD; evidence-based clinical recommendations and practices for delivering TUT services; correct use of FDA-approved NRT and non-nicotine medications, emphasizing safety and efficacy.
- ❑ Providing **training to designated staff on the implementation and enforcement of tobacco/nicotine-free or -limited grounds** (TFG) policies.
- ❑ Provide **training to designated staff on the utilization of TUT billing codes** to optimize reimbursement processes.

Measurement and Continuous Improvement

Promotes continuous quality improvement and ensures activities are achieving desired effect, available to all, and sustained over time.

- ❑ Adopt **standardized set of performance measures (PM)**, including goals for performance, to monitor TUT services.
- ❑ Quality Improvement team(s) **adopt TUT-related services as a quality improvement initiative.**
- ❑ Leverage existing or establish new **systems to collect and report TUT performance** measure data.
- ❑ Regularly **report and use TUT-related data**, stratified by provider, site, and patient demographics, to identify gaps and inform targeted improvements.
- ❑ **Regularly communicate with staff and partners/stakeholders** (including people participating in services) successes and lessons learned to build buy-in and support.
- ❑ **Participate in multi-agency collaboratives or learning networks** focused on tobacco/nicotine-free or -limited behavioral health initiatives.

Engage Families, Supports, and Caregivers

Ensures clients receive support beyond the treatment setting—reinforcing tobacco-free recovery and long-term success.

- ❑ Provide **support to families and caregivers** and social alternatives (health breaks, walks, etc.) to reinforce tobacco/nicotine-free or -limited grounds (TFG) norms.
- ❑ Ensure access to **educational materials** providing information about how to use NRT and impact of tobacco on health outcomes.
- ❑ **Educate families and caregivers on non-judgmental support strategies**, evidence-based TUT options and how they can support their family members.
- ❑ Convene and **engage community advisory boards (CABs) and groups (CAGs)** to inform the design, delivery, and improvement of TUT and support services.
- ❑ **Involve individuals and their families in developing and implementing** tobacco/nicotine-limited or -free grounds policies.