

# **Tobacco-Free Recovery Driver Diagram**

*State Public  
Health Authorities*

# 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
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## 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**

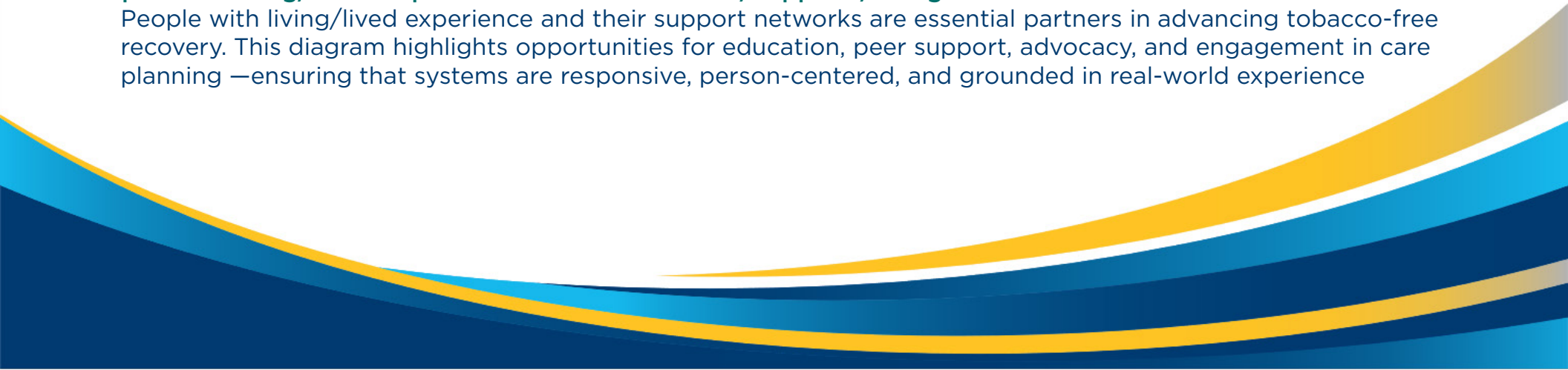
Outpatient health centers serve as ongoing touchpoints for individuals in recovery. This diagram outlines opportunities for these centers to embed tobacco use treatment into routine care, leverage technology and infrastructure, and build a trained workforce to deliver consistent, evidence-based TUT services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





## Drivers

### Leadership

Sets a clear vision, prioritizes tobacco-free recovery (TFR), and mobilizes systems to support access to tobacco use treatment (TUT) for individuals with behavioral health conditions.

### Funding and Resource Allocation

Sustainable and coordinated financing strategies support implementation, scaling, and long-term sustainability of tobacco-free recovery (TFR) efforts across systems.

### Measure, Monitor and Improve

Ongoing data collection, analysis, and feedback drive continuous improvement, accountability, and transparency of tobacco-free recovery (TFR) efforts.

### 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]

## Change Ideas – What Do We Do?

- ❑ Established a **statewide Tobacco-Free Recovery (TFR) Action Plan** using inclusive, cross-sector collaboration.
- ❑ Set **5-year, state-specific tobacco use reduction goals for people with behavioral health conditions**, informed by national surveillance (e.g., BRFSS, N-SUMHSS) and state/territory data systems.
- ❑ **Adopt CMS tobacco use treatment (TUT) measures** ([Tobacco Measurement Strategy](#)) to standardize tracking and accountability.
- ❑ Convene a **cross-department, cross-sector leadership body** to coordinate the development, resourcing, implementation, and ongoing improvement of TFR strategies across public health and behavioral health systems.
- ❑ **Integrate TFR priorities into statewide public health strategic plans**, such as the State Health Improvement Plan or Behavioral Health Transformation Framework.
- ❑ **Designate a senior-level champion** within the health department to oversee TFR implementation and promote visibility and accountability.
- ❑ **Regularly communicate progress and priorities** to stakeholders, aligning messaging with behavioral health goals.

- ❑ **Coordinate and align state budget resources across agencies** (e.g., Chronic Disease, Mental Health, Substance Use and Addiction) using **braided and blended funding** strategies to support integrated TFR implementation.
- ❑ **Pursue and leverage new and existing funding opportunities**—including grants, Medicaid waivers, and settlement or tobacco tax revenues—to support TFR strategies across all levels of the social-ecological model (policy, systems, community, and individual).
- ❑ **Promote awareness and use of TUT-related billing codes** among providers to maximize reimbursement for provision of TUT services.
- ❑ **Incentivize provider and organizational participation** in TFR efforts through performance-based contracts, payment reforms, value-based care models.
- ❑ **Include TFR funding requirements or incentives** in state-level procurement, RFPs, and grantmaking to ensure consistency and accountability.
- ❑ **Prioritize funding for people with behavioral health conditions with the highest tobacco use** through targeted investments.

- ❑ **Collect, report, and use standardized data** (e.g., BRFSS, SAMSHA) to monitor progress toward statewide TFR goals and guide strategic decision-making.
- ❑ **Implement and track TUT performance measures**, including treatment initiation, counseling, and medication utilization, to assess changes in practice within health and supportive service systems.
- ❑ **Develop and maintain a TFR performance dashboard** or other data visualization tools to display indicators/ trends over time for internal and external stakeholders.
- ❑ **Integrate TFR indicators into existing public health and behavioral health monitoring systems**, including Medicaid quality metrics and performance reports.
- ❑ **Use disaggregated data** (e.g., by geography, behavioral health status) to identify and inform targeted interventions.
- ❑ **Establish regular review and feedback loops** with program leaders, partners, and communities to ensure data is used for continuous quality improvement (CQI).
- ❑ **Share data findings broadly** to elevate transparency, support advocacy, and build momentum for systems change.

## Drivers

### Policies

Recovery-oriented policies establish the infrastructure and expectations needed to advance tobacco-free recovery (TFR) across systems and communities.



### Payers

Public and private payers adopt policies that expand access, remove barriers, and incentivize high-quality, equitable delivery of tobacco use treatment (TUT) for people with behavioral health conditions.



## Change Ideas – What Do We Do?

- ☐ Adopt **state-wide tobacco/nicotine-free grounds policy** in behavioral health treatment facilities.
- ☐ Adopt state-wide **tobacco/nicotine-limited policy** in behavioral health treatment facilities.
- ☐ Mandate **regular commercial tobacco use screening, and counseling** for people who screen positive for tobacco use in behavioral health settings.
- ☐ **Require offering of nicotine replacement therapy (NRT) and other cessation medications** in behavioral health treatment settings for people who use commercial tobacco products.
- ☐ **Expand scope of practice for providers** (e.g., pharmacists, psychologists, and nurses) to prescribe cessation medications (e.g., varenicline, bupropion).
- ☐ **Ensure Medicaid coverage for all FDA approved cessation medications** (e.g., nicotine patch, gum, lozenge, inhaler and nasal spray, and bupropion and varenicline).
- ☐ **Ensure access to cessation benefits for state employees** (e.g., selection of health insurance provider options, Employee Assistance Programs (EPAs), cessation resources, offering incentives and rewards for quitting, wellness programs, peer support networks).
- ☐ **Raise the cost of tobacco products** through tax increases and non-tax price related policies (e.g., banning price discounts).
- ☐ **Enforce restrictions at-point-of-sale** for youth (ages <18).
- ☐ Adopt and enforce policies that **reduce (or restrict) number, location, density**, and type of tobacco retail outlets.
- ☐ Adopt and enforce policies that **limit point-of-sale advertising and product displays**.
- ☐ Adopt and enforce policies that **restrict sale of all flavored tobacco products**.

- ☐ **Cover all FDA-approved tobacco cessation medications**, including combination therapies and over-the-counter NRTs.
- ☐ **Allow for unlimited quit attempts** per year, including multiple courses and combination treatments, to reflect the chronic and relapsing nature of tobacco use.
- ☐ **Reimburse a full range of qualified providers**—including peers, community health workers (CHWs), recovery coaches, nurses, social workers, psychiatric and medical providers, pharmacists, and certified addiction counselors—for delivering TUT services.
- ☐ **Increase reimbursement rates** for the provision of TUT services to reflect the time, skill, and impact involved.
- ☐ **Ensure reimbursement for TUT delivered via telehealth platforms**, including phone and video modalities.
- ☐ **Remove co-payment requirements** for all TUT services and medications.
- ☐ **Eliminate prior authorization** requirements for cessation medications and behavioral therapies.
- ☐ **Remove mandatory counseling prerequisites** before access to medications.
- ☐ **Reduce or eliminate step therapy requirements** (requiring patients to try and fail using less expensive treatments before more expensive medication options will be covered), ensuring timely access to the most appropriate cessation medications for everyone.
- ☐ **Incorporate TUT-related performance measures** into value-based payment and incentive programs to reward quality and outcomes.



## Drivers

### Partnerships

Strong, inclusive partnerships across systems, sectors, and communities drive co-creation, alignment, and collective action to support tobacco-free recovery (TFR).



### Administrative Practices

Administrative and contracting mechanisms reinforce the implementation, accountability, and sustainability of tobacco-free recovery (TFR) strategies across systems that serve people with behavioral health conditions.



### Trained and Competent Workforce

A competent workforce is equipped with the knowledge, skills, and confidence to deliver effective tobacco use treatment (TUT) and support tobacco-free recovery (TFR) across care settings.



## Change Ideas – What Do We Do?

- ❑ **Establish partnerships with external stakeholders and existing community coalitions, councils, advisory boards**—including people with lived and living experience (PWLE), their families, community-based organizations (CBOs), recovery support services, housing agencies, grassroots groups to inform and co-develop contextually relevant TFR strategies and allocate resources that reflect community priorities.
- ❑ **Engage external stakeholders in cross-departmental teams** to inform the development of strategies that address the intersection of tobacco use, behavioral health, and related health and social concerns (e.g., housing, chronic disease, mental health, substance use).
- ❑ **Co-create strategies and collective action** with ecosystem partners (considering multiple perspectives from across the ecosystem) to develop strategic plans that guide future collective action.
- ❑ **Foster shared ownership of TFR implementation**, including mechanisms for continuous partner input, feedback, and adaptation.
- ❑ **Create feedback loops** to demonstrate how community and partner input informs policy and program decisions, reinforcing trust and accountability.

- ❑ **Embed subcontract agreement requirements for screening**, TUT and recovery services with health, supportive service providers, and anywhere where people with BH conditions are receiving services.
- ❑ **Require collecting, reporting, and using TUT performance measure data** in all subcontract agreements.
- ❑ **Require role-specific TUT training** (e.g., clinician, peer, social worker) as a condition for contracting to ensure a trained and responsive workforce across provider types.
- ❑ **Require activities in RFA/PS that improve the quality of care** by promoting TFR strategies and approaches.
- ❑ **Provide model language, tools, and TA** to help providers and procurement teams meet administrative requirements.

- ❑ **Establish TUT training standards**, by provider role, unique to the needs of individuals with behavioral health conditions.
- ❑ **Require TUT training as part of certification for CHWs, recovery coaches, and peer specialists**, tailored to the supportive, trust-based roles they play in people's recovery journeys.
- ❑ **Formalize Social Worker/Case Manager scope of practice** to include TUT goals in treatment plans alongside other recovery objectives (e.g., 1:1 or group counseling sessions, motivational interviewing to encourage and sustain quit attempts).
- ❑ **Integrate TUT content into undergraduate and graduate curricula** for medical, advanced practice clinicians, and nursing, including screening and counseling techniques and pharmacotherapy.
- ❑ **Include TUT skill development in residency, fellowship, and continuing education programs** to ensure professionals sustain and advance competencies across their careers.
- ❑ **Enhance pharmacist training opportunities** in TUT-related behavioral counseling, pharmacotherapy, and patient education and support.
- ❑ **Promote access to Tobacco Treatment Specialist (TTS) certification** for all health and supportive service professionals to build a workforce with deep, specialized TUT expertise.



## Drivers

### Activate Structures and Process that Support Health Systems Transformation

Utilize system-level structures to embed, scale and sustainable tobacco use treatment (TUT) strategies across behavioral health and public health systems.



### Quitline

Tailor to ensure accessibility of nicotine replacement therapy (NRT) and integration with systems of care to effectively support people with behavioral health conditions in quitting tobacco.



### Strategic Communications

To promote awareness, shift norms, and build public and stakeholder support for tobacco-free recovery (TFR) among people with behavioral health conditions.



## Change Ideas – What Do We Do?

- ❑ **Utilize Medicaid Section 1115 waivers** to test and expand innovative models of delivering and financing TUT and tobacco-free recovery services for people with behavioral health conditions.
- ❑ **Implement Medicaid Performance Improvement Projects (PIPs)** focused on increasing access to and quality of TUT in behavioral health settings, with performance metrics and accountability structures.
- ❑ **Incorporate TUT improvement requirements into contracts and oversight processes** for Administrative Service Organizations (ASOs), Accountable Care Organizations (ACOs), Coordinated Care Organizations (CCOs), and other managed care or system support entities.
- ❑ **Include TUT access for people with behavioral health conditions as a standing agenda item** for Regional Community Advisory Boards or similar health governance bodies, ensuring ongoing dialogue, oversight, and community input.
- ❑ **Leverage Primary Care Associations (PCAs)** and their quality improvement infrastructure to drive adoption of TUT protocols, training, and technical assistance across federally qualified health centers and community health clinics.
- ❑ **Disseminate statewide communications (e.g., Letters to Providers)** to elevate TFR as a priority, reinforce expectations for provider engagement, and share tools, policy updates, and resources.

- ❑ **Customize Quitline services** based on best available evidence for people with behavioral health conditions.
- ❑ **Adopt web-based counseling and digital support tools** specifically designed for individuals with behavioral health conditions to enhance access and engagement.
- ❑ **Establish bi-directional referral systems** with health and supportive service systems that provide behavioral health services.
- ❑ **Feature real-world success stories** of Quitline users that motivate and inspire others with behavioral health conditions on their quit journey.
- ❑ **Adopt unlimited quit attempts/treatment courses and contingency management approaches** to support people in recovery as part of Quitline services.
- ❑ **Establish and track quality improvement and performance metrics**, including reducing tobacco use-oriented measures, to evaluate Quitline impact and ensure continuous improvement.
- ❑ **Ensure Quitline participation in TFR planning and evaluation efforts** as a core partner in behavioral health tobacco cessation infrastructure.

- ❑ **Disseminate surveillance data and impact reports** that highlight tobacco use trends and outcomes among people with behavioral health conditions, ensuring data is accessible and actionable for diverse audiences.
- ❑ **Share program outcomes and impact stories with community members and partners** to reinforce the value of their contributions and foster sustained engagement in planning and implementation.
- ❑ **Feature media campaigns that deploy affirming messages and tell real-life stories** of people with behavioral health conditions on their quit journey (e.g., CDC Tips from Former Smokers, MCRC for state-specific ads).
- ❑ **Leverage earned, or unpaid media strategies** that generate free coverage of a story or issue (e.g., PSAs, Letters to the editor, Op-Eds, social media).