

# Tobacco-Free Recovery Driver Diagram

## *Supportive Service Providers*

*(Recovery Support Services, Recovery Community Centers,  
Housing Programs, Food Pantries, Employment Programs)*

# 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**

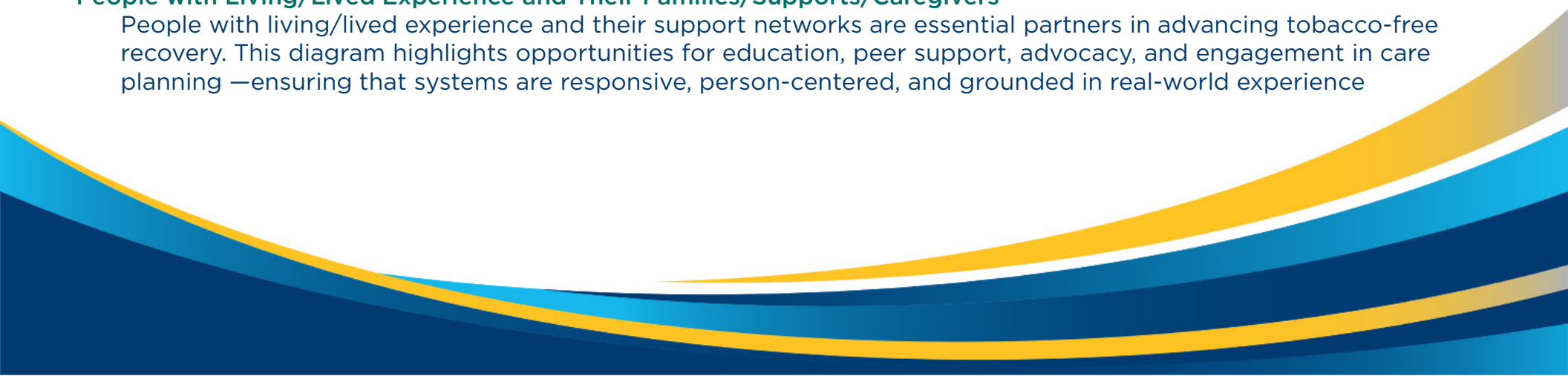
Outpatient health centers serve as ongoing touchpoints for individuals in recovery. This diagram outlines opportunities for these centers to embed tobacco use treatment into routine care, leverage technology and infrastructure, and build a trained workforce to deliver consistent, evidence-based TUT services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



# Supportive Service Providers – Driver Diagram

(Recovery Support Services, Recovery Community Centers, Housing Programs, Food Pantries, Employment Programs, etc.)

National Center of Excellence for  
Tobacco-Free Recovery



## 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

### 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.



### Integrate Access to NRT and TUT-related Services as Part of Program Activities

Increases clients access to NRT and TUT services and support in trusted spaces.



## Change Ideas – What Do We Do?

- ❑ 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 tobacco use treatment 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 all care settings for people with behavioral health conditions.
  - ❑ **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.
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- ❑ **Universally screen** all clients for nicotine use, including cigarettes, vapes, chewing tobacco, nicotine pouches (e.g., Zyn).
  - ❑ Provide **free NRT** (i.e., Patches, Gum, Lozenges) on-site for clients that use nicotine products.
  - ❑ Provide **education to clients on how to use NRT correctly** to maximize benefits.
  - ❑ Provide **alternate and health options to “smoke breaks”** (e.g., “NRT breaks” and “wellness breaks”).
  - ❑ Provide **TUT support groups**.
  - ❑ Integrate **contingency management intervention** (with sufficient incentives) to support Quit attempts.
  - ❑ **Integrate TUT** into patient treatment/case management plans.
  - ❑ Provide **bi-directional referrals, coordinated care, and ongoing support** with the Quitline and health systems partners to support people with BH conditions on their quit journey.
  - ❑ **Integrate peer-driven approaches** (peers, CHWs trained as TTS) to provide ongoing motivation and support to patients.

## Drivers

### Policies and Protocols

Guide staff in how to make addressing tobacco use part of everyday practice.



## Change Ideas – What Do We Do?

- ❑ Implement **tobacco/nicotine-free or -limited** (covering tobacco/smoke/nicotine/vaping) grounds policies.
- ❑ Establish **policies and protocols for universal screening** for tobacco/nicotine/vaping use, using evidence-based/informed tools.
- ❑ Establish **protocols for providing evidence-based TUT services** (e.g., NRT dispensing, prescribing TUT medications, opt-out and stage-matched treatment, including treating in pre-contemplation, contingency management).
- ❑ Establish **protocols for referring and linking** clients with TUT services (e.g., MOUs, linkage agreements, partner agreements to provide coordinated TUT treatment and support).

### Technology and Infrastructure Support

Basic systems to collect data will support identifying changes in practice, impact on clients' lives, and guide continuous improvement activities.



- ❑ Embed **decision support tools** for TUT and support within the electronic records systems, clinical records, and/or clinical workflows to enhance screening, provision of NRT and TUT medications, quit attempts, and referrals, and monitoring.
- ❑ Adopt **paper-based intake or tracking tools** (including iPad or tablets) to monitor TUT-related service provision (e.g., screening, providing education, provide NRT, groups, referrals)
- ❑ **Ensure on-site access to NRT options** including Patch, Gum, Lozenge.

### No Cost Barriers to Access to NRT on-site and TUT-related Services

Removes a key barrier to ensuring everyone has a fair chance to access medication and support to quit, regardless of income or insurance.



- ❑ Include expenses associated with purchase of **NRT in program budgets**.
- ❑ **Leverage funding from other state/local programs** to purchase NRT.
- ❑ Establish partnership with state **Quitline** to ensure access to on-site NRT.
- ❑ 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 **local outpatient and residential treatment centers** to provide on-site NRT as part of continuum of care.



## Drivers

### Trained and Competent Workforce

Staff that understand how to talk about and support tobacco treatment make it more likely that people feel supported, not judged — and more likely to try quitting.



## Change Ideas – What Do We Do?

- ❑ Provide comprehensive **training for all staff on addressing tobacco use** for people with behavioral health conditions and impact on client health outcomes.
- ❑ Provide **training for staff** on: screening for tobacco use; correct use of FDA-approved nicotine replacement therapy (NRT), emphasizing safety and efficacy.
- ❑ Providing **training to staff on the implementation and enforcement of tobacco/nicotine-free or -limited grounds** (TFG) policies.

### Measure, Monitor and Improve

Tracking what is working — and where more support is needed — helps programs improve services, sustain efforts, and celebrate impact over time.



- ❑ **Adopt standardized set of performance measures (PM)**, including goals for performance, to monitor TUT and support activities.
- ❑ Leverage existing or establish new **systems to collect and report TUT performance** measure data.
- ❑ Regularly **report and use TUT-related data**, stratified by site, client demographics, to identify gaps and inform targeted improvements.
- ❑ **Regularly communicate staff and stakeholder's** successes and lessons learned to build buy-in and support.
- ❑ **Participate in multi-agency collaboratives or learning networks** focused on tobacco-free recovery initiatives.

### Engage Families and Caregivers

When families and support networks are informed and involved, they can reinforce healthy choices and encourage lasting tobacco-free recovery.



- ❑ Provide **support to families and caregivers** and social alternatives (health breaks, walks, etc.) to reinforce tobacco/nicotine-limited or -free 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.