NYC TCTTAC

Tobacco Cessation Training & Technical Assistance Center

STEPS FOR

INCORPORATING TOBACCO TREATMENT

INTO YOUR PROGRAM

VERSION
8/15/2020

STEPS FOR INCORPORATING TOBACCO TREATMENT INTO YOUR PROGRAM

STEP 1	Leadership Involvement	Obtain leadership buy-in as early as possible and throughout implementation so that new practice is embedded in a sustainable way. The commitment and support of senior management is critical to ensure the success of implementing treatment for people who use tobacco and for policy changes that support that work.
STEP 2	Workgroup	Develop a workgroup of people who will, together, define and enact an implementation plan to increase capacity to treat tobacco use. The workgroup should include representation from staff members across the organization as well as service recipients, where possible.
STEP 3	Champion	Select a champion, a staff member who is dedicated to implementing treatment for tobacco use, and who can coordinate the program's efforts to make the changes necessary to ensure success.
STEP 4	Kick-off	Have a kick-off event for staff and people you serve that is interesting, informative and fun. Ideas include offering giveaways, refreshments, speakers who can attest to their own experiences with tobacco, and a demonstration with a carbon monoxide (CO) monitor to show the real and immediate impact of tobacco use.
STEP 5	Complete the TiSET	It is highly recommended that the workgroup complete the NYC TCTTAC Tobacco Integration Self-Evaluation Tool (TiSET) to identify program strengths and areas for possible improvement. For behavioral healthcare programs in NYC, NYC TCCTAC will provide, at no cost to programs, a detailed program-specific report with recommendations based upon that self-evaluation.
STEP 6	Implementation Plan	Develop an implementation plan that includes program goals, specific and measurable action steps to reach those goals, the person responsible for each action step, and the target date for completion. The implementation plan can be based upon recommendations following administration of TiSET or other goals identified by the workgroup. Build sustainability of the practice into the implementation plan.

STEP 7	Distribute Plan	Distribute plan to all staff. Seek their input to solidify the broadest possible buy-in and commitment throughout the program and agency.
STEP 8	Training	Select a core group of staff to attend intensive training. Include supervisors, clinic leaders, champions, program staff, and peer counselors if possible. Other staff would benefit from at least an introductory training to ensure buy-in from a broad group. Visit the TCTTAC website to learn more about dates and enrollment (see NYC TCTTAC *Treating Tobacco Toolkit* for additional training resources).
STEP 9	Supervision	Develop post-training supervision and coaching plan to be initiated within two weeks of end of training (see NYC TCTTAC *Treating Tobacco Toolkit* for additional suggestions and resources)
STEP 10	Outcomes	Select, collect and analyze performance indicators (see NYC TCTTAC *Treating Tobacco Toolkit* for additional suggestions and resources). The TiSET can be completed at one or more follow-up intervals as one outcome measure.
STEP 11	Monitor Plan	The workgroup should meet regularly to monitor the implementation plan.
STEP 12	Update Plan	The workgroup should update the implementation plan where and when necessary.

Addressing tobacco in mental health and addiction treatment settings is a systems change effort that includes the delivery of new clinical treatments, changing the environment of care, and rethinking policies that may have formerly enabled tobacco use in the treatment setting. Addressing tobacco also entails specific activities such as staff training, policy development, and implementation.

Systems change efforts are not trivial and can take months and even years to successfully implement. These efforts work best with leadership and administrative support, and ideally the buy-in of the entire organization. Systems change efforts may be necessary to affect the culture of behavioral health, which has historically supported or been ambivalent about tobacco. Taking steps that help service recipients and staff de-normalize tobacco use and rethink the risks and rewards of tobacco can tip the balance towards change. Systems change efforts can increase the availability of treatment services and the demand for these services from tobacco users, which can lead to more people quitting tobacco.

Program changes can occur in all kinds of setting and at all levels of care (outpatient, inpatient, residential, etc.), and can be implemented sequentially as part of an institutional change plan with specific goals, deadlines and dedicated staff. The changes may be limited or expansive, involving brief or easier steps to more comprehensive ones that provide a range of treatment services and place limits on staff and patient tobacco use. A program might consider the ultimate step of creating an entirely tobacco-free treatment environment that reinforces the message of health and hope to recipients of services.

Several models now exist for the recommended steps to address tobacco in a behavioral health program. One of the first was developed in New Jersey by John Slade, MD and colleagues in the 1990s. Since his focus was on helping addiction programs to address tobacco, he developed a "12 Step" model for organizational change (1). This has been adapted and used by many other groups in mental health and addictions settings (2-11). Variations of this model have also been shown to be successful in New Jersey and New York when implementing statewide tobacco-free policy initiatives in substance abuse services (3-5).

Here we present our version of the model that emphasizes incorporating tobacco treatment into a mental health program. A central feature of the TCTTAC model is the creation of the implementation plan. The purpose of the implementation plan is to identify the tasks and actions required to move the program toward fully integrated tobacco treatment. The format can be a working document or strategic plan that the organization uses to identify priorities and recognize areas that need improvement. The NYC TCTTAC *Treating Tobacco Toolkit* is a companion resource dedicated to creating the implementation plan and contains many specific documents and recommendations to support implementation.

Earlier change models focused on the steps needed to successfully implement a tobacco-free policy in a behavioral health setting but did not include information about sustainability, evaluation, monitoring compliance and other necessary efforts. More recent versions address these critical steps to ensure that the initial effort does not degrade over subsequent years and is maintained as part of usual practice. TCTTAC's *Steps for Incorporating Tobacco Treatment into Your Program* is an updated adaptation of these other models and calls attention to the necessary domains for sustaining the change effort. References to those other sources are included at the end of this document for additional study.

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