NYC TCTTAC

VERSION
9/10/2026

TREATING TOBACCO ROADMAP

Practical tools and resources to help programs integrate tobacco treatment into services for people with behavioral health conditions.

Based on the domains of the NYC TCTTAC TiSET.

NYC TCTTAC

TiSET

Tobacco integration Self-Evaluation Tool (for Behavioral Health Programs)[1]

This tool is intended to stimulate goal setting as part of a quality improvement process for programs interested in implementing treatment for tobacco use. Program responses will not be shared with anyone outside NYC TCTTAC.

Please rate each item based on what you are doing now, not what you might have done or what you intend to do.

- Each element provides descriptive anchors to assist scoring the scale item.
- Items in this tool are rated on a 5-point response format, ranging from 1 (meaning no implementation) to 5 (meaning full implementation), with intermediate numbers representing progressively greater degrees of implementation.
- There may be times when anchors do not exactly reflect the response that a program would desire to choose. In those situations, programs may choose an anchor that best approximates the response.
- When a response falls between anchors on a baseline measure, programs may consider using the lower rating in order to provide more room for growth.
- Decision rules for rating items are embedded in the rating definitions.
- Community-based, tobacco-related peer supports such as self-help groups may be in early stages of development in many areas. As a result, there may be items where Anchor 1 reflects program responses until those supports become more established.

[1] *This document was inspired by the Dual Diagnosis Capability in Mental Health Treatment Scale (DDCMHT), developed by Mark P. McGovern, Ph.D. and was influenced by the Facility Tobacco Policy and Treatment Practices Self-Evaluation tool, developed by Jill Williams, M.D. This tool is an abridged and revised version of an expanded PROS-specific version created in partnership between the Center for Practice Innovations (Noah Lipton, LCSW, MPA and Nancy H. Covell, Ph.D.) and the NYS Office of Mental Health (Kelly Housler, LMSW).*

©2020 NYC TCTTAC

INTRODUCTION

IN THIS SECTION:

- Introduction to NYC TCTTAC
- How to Use This Roadmap
- Program Self Evaluation with the TiSET (Tobacco Integration Self-Evaluation Tool)

©2020 NYC TCTTAC

INTRODUCTION TO NYC TCTTAC

The New York City Tobacco Comprehensive Treatment and Technical Assistance Center (NYC TCTTAC) is an NYC Department of Health and Mental Hygiene (NYC DOHMH) initiative that establishes a free training and technical assistance center to address unacceptably high rates of tobacco use among the City's behavioral health population. For people with mental health and/or substance use conditions, tobacco-related illness remains the primary cause of death. Tobacco use rates for these populations have not declined, and rates are three times that of the general population.

TCTTAC is designed to address certain barriers to treatment by ensuring that providers have the necessary training and organizational support to use skills and knowledge of treatment of tobacco in their daily work. Our goals are to improve the capacity and expertise of behavioral health providers to treat tobacco use, and to encourage organizational investment in advocacy and education that lead to longer, healthier lives for all New Yorkers.

TCTTAC is the result of a NYC DOHMH partnership with the Center for Practice Innovations (CPI) at Columbia Psychiatry and the Research Foundation for Mental Hygiene, Inc., at the New York State Psychiatric Institute, and Jill Williams, MD from Rutgers University's Robert Wood Johnson Medical School (RWJMS).

As you go through this roadmap, keep the following questions in mind about your program:

- **What outcomes do we hope to see?**
- **What does our data tell us?**
- **How will we engage staff and program participants?**
- **What strategies will we use to take action?**
- **How will we ensure accountability to our plan and evaluate results?**
- **How can we reach more people with behavioral health conditions who use tobacco in order to increase demand for tobacco treatment services *and* to help more people to address their tobacco use?**

©2020 NYC TCTTAC

HOW TO USE THIS ROADMAP

The purpose of this roadmap is to offer practical tools and resources to help programs integrate tobacco treatment into services for people with behavioral health conditions who also use tobacco.

This roadmap serves as a compendium of resources that can be used in a comprehensive approach to addressing tobacco within behavioral health treatment and services. Although most of the emphasis is on treatment planning for people who use tobacco, policy and environmental strategies are also included, since these are also proven, effective methods for reducing tobacco use.

Addressing tobacco use in your program can be a major, systems-change effort that benefits from a stepwise approach. Important steps include involving leadership and gaining buy-in, forming a workgroup, identifying a staff champion, training and coaching staff, and monitoring progress. These are discussed in more detail in an accompanying resource, "Steps for Addressing Tobacco in Your Program."

Creating an implementation plan is perhaps the most important step in the process.
The purpose of the implementation plan is to identify the tasks and actions required to move the program toward fully integrating tobacco treatment into program services. The implementation plan can be a simple working document or a strategic plan that the organization uses to identify priorities and areas that need improvement. It should also include methods to measure and track outcomes that can be part of a successful quality improvement initiative.

Much is now known about best practices for implementing tobacco treatment in behavioral health settings. Drawing on this evidence, this roadmap is a road map of specific action steps. Your program may choose to implement just one or a few of these recommendations – or all of them.

A variety of resources are included in this roadmap, including archived webinar trainings, sample policies, and client education resources.

©2020 NYC TCTTAC

Before Planning Begins, Consider Completing a Program Self-Evaluation with the TiSET

Taking a program self-evaluation is an essential first step in identifying strengths, as well as obstacles, in a plan to address tobacco. The NYC TCTTAC Tobacco Integration Self-Evaluation Tool (TiSET) is a tool to assess a program's current capability to treat tobacco, and to identify areas of growth. The TiSET contains 20 specific items to assess proficiency across six different domains. Items in the TiSET are rated on a 5-point response format, ranging from 1 (meaning not yet implemented) to 5 (meaning fully implemented), with intermediate numbers representing progressively greater degrees of implementation.

The six domains for successful systems implementation include these major areas:

1. Policy/Administrative
2. Environment
3. Screening/Assessment
4. Treatment
5. Staffing
6. Training

For programs already engaged with NYC TCTTAC, the TiSET can be submitted to the TCTTAC team who will generate a detailed report with recommendations for next steps. This report can be used to assess what the program already does well in treating tobacco, and to prioritize and focus on areas of potential growth. The TiSET can also be repeated at intervals to assess improvements made over time.

This roadmap corresponds with the six domains of the TiSET. The two can be used together to provide the program with specific examples and recommendations for each domain, or area of need. Below are links to four documents to guide a self-assessment.

Steps to Completing the TiSET

TiSET Clinic/Program Director Questions

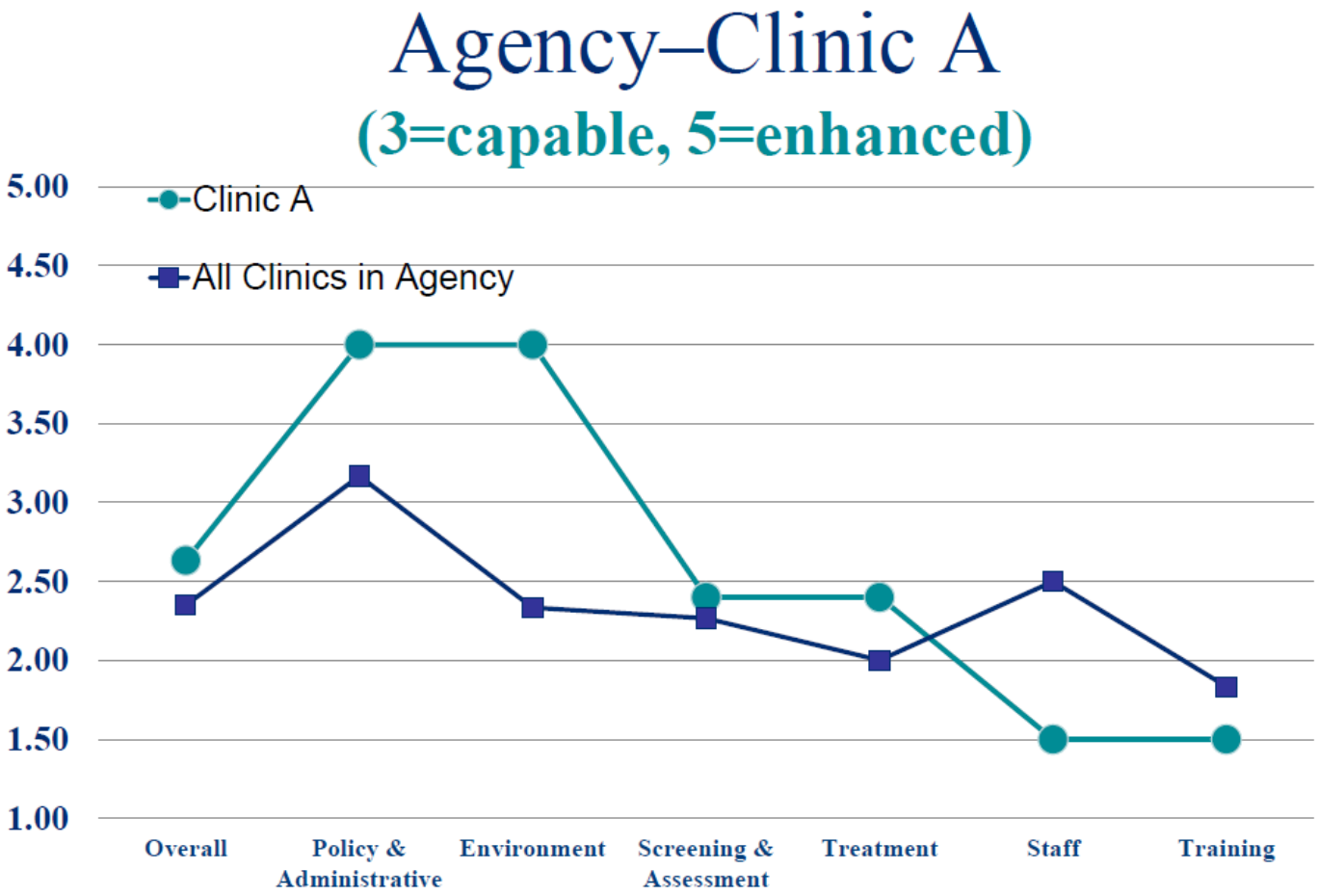
TiSET Clinician/Staff Questions

TiSET Chart Review Form

While we strongly recommend using the TiSET measure to establish a baseline and measure progress, programs can still use the suggestions in this roadmap to develop an implementation plan without the TiSET.

©2020 NYC TCTTAC

TiSET Report Sample Page
(Generated by NYC TCTTAC)



POLICY AND ADMINISTRATIVE
Overall Average Score: 4
Recommended Resources: NYC TCTTAC offers an archived webinar on tracking data outcomes that is available through CPI's LMS (the link will first prompt you to enter your username and password). Click HERE for an example tobacco policy.

Item	Recommendation
1. Tobacco Use Policy	Congratulations! Your program scored a 5 on this item. Keep up the great work!
2. Tracking Outcomes	Your program scored a 3 on this item. Congratulations on tracking both mental health and tobacco-related outcomes; consider ensuring that the program uses this data to identify program strengths and challenges, with the eventual goal of using this data to make program improvements.

©2020 NYC TCTTAC

CREATING THE IMPLEMENTATION PLAN

Addressing tobacco use throughout your program can be a major, systems-change effort that benefits from a stepwise approach. **Creating an implementation plan is perhaps the most important step in the process**. The purpose of the implementation plan is to identify the tasks and actions required to move the program toward fully integrating tobacco treatment into program services. The implementation plan can be a simple working document or a strategic plan that the organization uses to identify priorities and areas of growth. This plan can be similar to a treatment plan in that it includes goals, objectives, interventions, responsible persons, and projected target dates (see Sample Implementation Plan).

IMPLEMENTATION PLAN DOMAINS

- Policy & Administrative
- Environment
- Screening & Assessment
- Treatment
- Staff
- Training

*For more information, see "Steps for Addressing Tobacco in Your Program."

©2020 NYC TCTTAC

POLICY AND ADMINISTRATIVE

Changing behavioral health care systems to address tobacco requires leadership and administrative support. Written policies are a highly cost-effective strategy to address tobacco use and existing norms around tobacco in the environment. Tobacco-free policies, although challenging for some settings, is the most restrictive and most powerful intervention that eliminates tobacco, electronic devices, and related paraphernalia from the environment and physical space. Even if a tobacco-free treatment environment is not an immediate program goal, many other kinds of policy changes can still be implemented to de-normalize the use of tobacco, encourage tobacco users to want to address their tobacco use and to prevent young people from starting. In addition, it is always better to have evidence that interventions are successful by measuring and tracking outcomes. Examples of sample policies and program outcomes are listed below. Include multiple perspectives (e.g., leadership, supervisors, direct care staff, program participants) when creating policies and identifying outcomes.

1. **Tobacco use policy:** There is a written policy prohibiting tobacco use on grounds and in vehicles; staff and people receiving services are informed of the policy.
   - Sample Tobacco Free Policy

2. **Tracking outcomes:** The program tracks tobacco-related outcomes along with mental health outcomes and uses the data to identify program strengths and challenges and make improvements.
   - The Tobacco Integration Self-Evaluation Tool (TiSET) is an example of a tool you may have completed already and can repeat at intervals as a primary outcome. See also the archived webinar, "Using the Tobacco Integration Self Evaluation Tool (TiSET) as a Measure for Quality"
   - **Process outcomes**: Develop a plan to track tobacco-related screening and assessment, medications prescribed, stage-wise treatment groups, or other tobacco-related services. Where possible, use existing data sources such as your electronic medical record. For example, questions 7-9 from **Table 1** (below) could be helpful in assessing process outcomes when tracked regularly.
   - **Program participant outcomes**: Develop a plan to track relevant program participant outcomes. These outcomes can be tracked by surveys or interviews with program participants, documenting new information (e.g., number of quit attempts for each person on your caseload who smokes), and using existing data from medical records. For example, questions 1-6 from **Table 1** (below) could be helpful in assessing program participant outcomes when tracked regularly.

     Supplemental resource for tracking outcomes: Review the archived webinar: "Data can be your friend: Ensuring quality when providing treatment for tobacco use disorders" (can be accessed through the TCTTAC website or via login to CPI's LMS; through the LMS with continuing education)

©2020 NYC TCTTAC

Table 1. Sample EMR Assessment that can be used to document and track client or process outcomes

1. 1a.	Have you smoked cigarettes in the past month? About how many cigarettes do you smoke per day?	Yes ↓ continue to 1a Numerical (1-99) _____ continue to 2	No ↓ skip 1a, continue to 2
2.	Have you used any electronic (also called e cigarettes) cigarettes in the past month?	Yes ↓ continue to 3	No ↓ continue to 3
3.	Have you used any other tobacco products in the past month (for example pipes, cigars, chewing tobacco)?	Yes ↓ continue to 4	No ↓ continue to 4
		If ANY of 1, 2 and 3 are Yes, go to 4	If 1, 2 and 3 are ALL No, skip 4 and continue to 5
4.	How soon after you wake up do you smoke your first cigarette (or use other tobacco or electronic cigarettes)?	_____0-5 minutes _____ 6-30 minutes _____31-60 minutes _____After 60 minutes (Choose only one) continue to 5	
5.	Have you stopped smoking (quit using tobacco) completely for a year or more?	Yes ↓ STOP/ END	No ↓ continue to 6
6.	In the past three months, have you made a serious attempt to stop smoking cigarettes (or using tobacco) entirely?	Yes ↓ continue to 7	No ↓ continue to 7
7.	Is tobacco use disorder/nicotine dependence listed on the Diagnosis or Problem list?	Yes ↓ continue to 8	No ↓ continue to 8
8.	Is tobacco use disorder/nicotine dependence listed on Treatment Plan?	Yes ↓ continue to 9	No ↓ continue to 9
9.	In the past three months, what treatments to stop smoking cigarettes (or using tobacco) have you received? (CHOOSE ALL THAT APPLY)	No Treatments/No Help Counseling Options • Telephone quitline • Individual counseling • Group Counseling • Internet or self-help pamphlet or booklet Medication Options • Nicotine patch • Nicotine gum • Nicotine lozenge • Nicotine inhaler • Nicotine nasal spray • Bupropion (Zyban or Wellbutrin) to quit smoking, not for depression • Varenicline (Chantix)	

[1] These questions are part of a quarterly assessment of tobacco use and treatment that are conducted in New York State Office of Mental Health, state-operated facilities through their electronic medical record.

©2020 NYC TCTTAC

ENVIRONMENT

Making information visible in the environment of care is another way to address tobacco and to inform program participants. This can include a variety of messages that reinforce the dangers of tobacco use and the availability of staff to help. New policies should be clearly communicated with program participants through educational materials and signs. Additional resources such as brochures or posters can supplement treatment activities and will also educate people. Materials adapted for behavioral health populations are available and many are listed below. Include multiple perspectives (e.g., leadership, supervisors, direct care staff, program participants) when selecting and/or developing educational materials and signs.

3. **Availability of educational materials (e.g., waiting areas, welcome and orientation materials, family visits, etc.):** Tobacco and mental health related materials are available and routinely offered to all people who receive services who use tobacco products, regardless of current interest in quitting.
   - Talk to me about Smoking Posters: Let's Talk, Talk to Me, We Care About Your Health
   - Varenicline Educational Handout
   - Bupropion Education Handout
   - Nicotine Replacement Therapy Educational Handouts: Patch, Gum, Lozenge, Nasal Spray
   - Additional educational materials available from NYC on the Tobacco Treatment Action Kit site

4. **Signage:** Signage re: "tobacco free zone" is posted.
   - Tobacco Free Facility Signs

Supplementary educational videos:

- Becoming Tobacco Free
- Stages of Change
- Be Free with NRT

Supplementary educational posters:

- Real People Talk about Smoking- Rebecca didn't survive suicide to die from smoking
- Sending tobacco use up in smoke poster (for waiting rooms and other areas)
- Learning About Healthy Living (LAHL) Group Posters
- Talk to me about smoking posters (customizable mini posters for your office or waiting room)
- E-Cigarettes (Infographic)

Supplementary educational handouts and worksheets:

- You can quit smoking (creating a personalized quit plan)
- Did you know (infographic around money people spend on tobacco)
- Free poster, flyers and other materials you can order

©2020 NYC TCTTAC

SCREENING & ASSESSMENT (see Figure 1 below)

All program participants should be screened for tobacco at regular intervals and should include questions about all types of tobacco and electronic cigarettes. Assessments can be brief or comprehensive but should result in understanding how addicted the person is to tobacco and how they feel about changing their tobacco use, which is essential information for the treatment planning process. Clearly defined processes for documenting assessments can also ensure they are completed routinely.

5. **Routine screening methods for tobacco use:** Screen for current and lifetime tobacco use at intake and every six months for all program participants. Modify existing screening instruments to include other tobacco products such as electronic cigarettes or vaping.
   - Screen for tobacco use through open-ended statements such as, "Tell me about your current use of tobacco" (see example flowchart in Figure 1).
   - If no, document in the EMR and continue screening every six months.
   - If yes, conduct a full assessment (see Figure 1).

6. **Document tobacco use screening:** Tobacco use screening/rescreening is documented consistently.
   - **Table 1** above offers an example of how screening and assessment questions are documented in an electronic medical record.

7. **Assessment of severity of tobacco use disorder (upon positive screen for tobacco use):** Assessment/reassessment of severity of tobacco use disorder is documented. Time to first cigarette (upon waking) is from the Heaviness of Smoking index and yields useful clinical information regarding the severity of tobacco use disorder.
   - Heaviness of Smoking Index

1. On the days that you smoke, how soon after you wake up do you have your first cigarette?
   A. Within 5 minutes (3 points) B. 6- 30 minutes (2 points) C. 31-60 minutes (1 point) D. After 60 minutes (0 points)

2. How many cigarettes do you typically smoke per day?
   A. 10 or fewer (0 points) B. 11-20 (1 point) C. 21-30 (2 points) D. 31 or more (3 points)

   SCORING:
   0-2: low addiction
   3-4: moderate addiction
   5-6: high addiction

- A more complete two-page Self Report Tobacco Assessment can also be helpful, time permitting.
- See also the questions NYS OMH uses to track client outcomes (**Table 1** above).
- Some programs may also adopt the longer Fagerstrom Test for Nicotine Dependence.

©2020 NYC TCTTAC

8. **Tobacco-related diagnoses in relevant records:** Tobacco-related diagnoses are made and documented in the problem list or the treatment plan.
   - See sample flow chart (**Figure 1** below).
   - See also the questions NYS Office of Mental Health uses to track client outcomes (**Table 1** above).

9. **Assessment of Stage of Change for both mental health disorders and tobacco use:** Assessment of Stage of Change using formal measures is routinely documented and focuses on the motivation for addressing both mental health disorders and tobacco use.
   - Contemplation Ladder
   - You can also ask a client to rate themselves on stage of change for tobacco use (see **Table 2**):

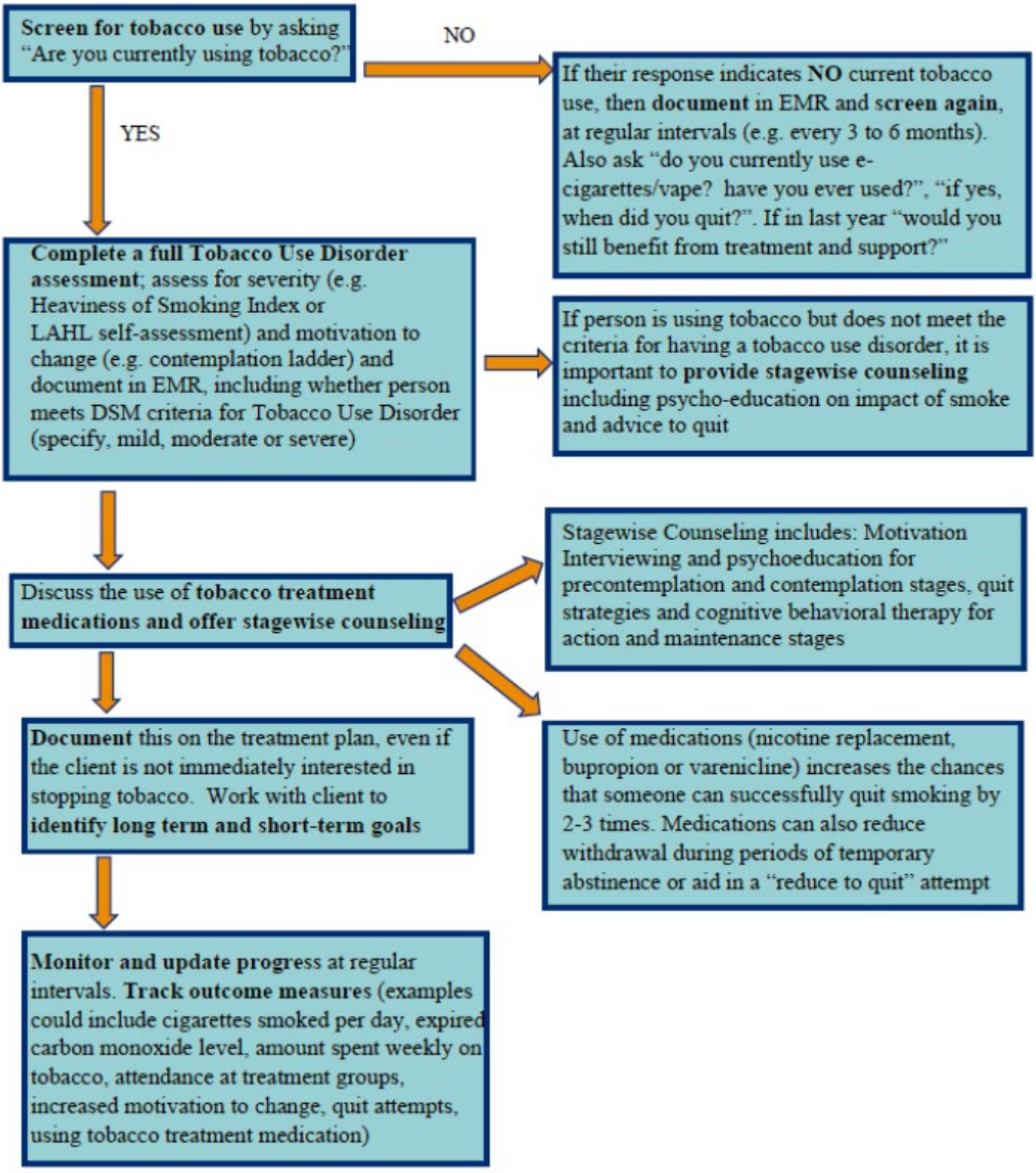
Table 2. Self-assessment of stage of change for tobacco use[2]

Please check the statement that best describes your current situation:	
I currently smoke, vape, or use tobacco and do not want to quit in the next 6 months.	
I am seriously considering quitting in the next 6 months, but not in the next 30 days.	
I am interested in reducing how much I smoke or vape by half, but am not interested in quitting totally.	
I am interested in quitting in the next month, and I would be interested in any assistance I could get.	

[2] From the Learning about Healthy Living, Tobacco and You Manual. Edited and Revised 2024. Rutgers, Robert Wood Johnson Medical School, Division of Addiction Psychiatry:

©2020 NYC TCTTAC

Figure 1. EXAMPLE FLOWCHART FOR TOBACCO SCREENING AND ASSESSMENT



©2020 NYC TCTTAC

TREATMENT

Implementing evidence-based treatment is essential to help the many people addicted to tobacco. Although all people who use tobacco should receive tobacco treatment, strategies should be matched to their level of motivation, a practice that is consistent with treatment for other co-occurring disorders. Treatment should incorporate a range of strategies that includes counseling and medication. Tobacco interventions can be integrated into other treatments and may be cost and time effective for the program.

10. **Treatment plans:** Treatment plans routinely address both behavioral health disorders and tobacco use with equivalent focus. The treatment plan should include both the level of dependence and the motivation to change – these can be documented even if the person is not ready to stop using tobacco.
    - Documenting Tobacco Use Interventions and Services
    - The webinars below demonstrate treatment planning for tobacco based on stage of change (can be accessed through the TCTTAC website or via login to CPI's LMS where you can earn continuing education):
        - ✓ NYC TCTTAC Archived Webinar: Applying Motivational Interviewing to Treatment Planning for Tobacco Users in the Early Stages of Change
        - ✓ NYC TCTTAC Archived Webinar: Treatment Planning for Tobacco Users Who are Considering Quitting

11. **Interventions matched to Stage of Change for mental health disorders and tobacco use:** Documentation reflecting Stage of Change is routinely present; the awareness of matching services/interventions to Stage of Change is detailed and related to both mental health disorders and tobacco use. Both group and individual counseling are effective to provide stage-based treatment.
    - Documenting Tobacco Use Interventions and Services

12. **Group treatment for both mental health and tobacco use disorders:** People with a tobacco use disorder regularly attend an integrated mental health and tobacco use disorders group.
    - Menu of Strategies for Engaging People to Attend Tobacco Groups

13. **Group curricula:** There is a standardized group curriculum for tobacco use disorder treatment which is customized for the serious behavioral health population and includes adaptation of evidence-based addiction treatment (e.g., motivational interviewing, relapse prevention, stage-based treatment, etc.).
    - Learning About Healthy Living (LAHL) Group Manual

©2020 NYC TCTTAC

14. **Medications to treat tobacco use disorder:** Program offers *routine* prescriptions for tobacco use disorder treatment medications.
    - Smoking Cessation: A report of the surgeon general 2020

Supplemental group resources:

- Learning About Healthy Living (LAHL) Group Poster
- NYC TCTTAC Archived Webinar: Motivational Approaches to Tobacco Treatment through Group and Individual Counseling

Supplemental medication resources:

- FDA Modifications to Labeling Nicotine Replacement Therapy Products
- Letter from OMH and DOHMH describing unrestricted Medicaid Coverage for medications to treat tobacco use
- Eagles Study

STAFF

It is important to build up a critical mass of staff who feel equipped and confident to treat tobacco use disorder. Everyone on the treatment team should contribute to supporting program participants on becoming tobacco-free. Clinical staff need supervision and support from administrators to implement new treatment initiatives. Staff who prescribe medications are needed to provide access to evidence-based medications. Peer counselors can enhance and extend the efforts of treatment providers, and those who have quit provide essential modeling. Staff who use tobacco should be assisted and linked to appropriate resources.

15. **Availability of a prescriber to treat tobacco use disorder (e.g., with options including tobacco use disorder therapies and medications):** Program staff include an on-site prescriber who prescribes medications to treat tobacco use disorder**.**

16. **Access to clinical supervision/consultation:** Clinical staff have routine access to tobacco clinical supervision or consultation by a staff member (on-site); there is a focus on interventions specific to stage-wise treatment, such as motivational interviewing and CBT.

17. **Tobacco-related support for staff:** The agency/program provides routine, on-site tobacco use disorder treatment or referrals for interested staff who use tobacco or vape. Employee healthcare benefits include access to tobacco use disorder therapies and medications.
    - Guide for Addressing Employees Who Use Tobacco
    - NYS Quitline provides free, confidential, telephone supportive counseling (1-866-NY-QUITS).
    - NYC Quits lists resources and supports throughout the five boroughs of NYC.

©2020 NYC TCTTAC

18. Peer employees: Program provides peer employees with formal training in working with both behavioral health and tobacco related conditions as co-occurring disorders.

- NJ Choices is a peer-led initiative based in New Jersey for communicating the message of tobacco-free recovery for people with behavioral health conditions.

TRAINING

Many behavioral health professionals have not received formal training in tobacco use disorders. Given their experience in counseling and treating other substance use disorders, there is a need to include learning about tobacco as an addiction and its effective treatments. A key message of training is that tobacco use is an important issue that warrants treatment in the behavioral health setting. Free resources now exist for training, and many provide continuing education credits.

19. Tobacco use disorder treatment training for clinical staff: Training is systematically provided to most clinical staff, including new hires, and is monitored by the agency's strategic training plan.

- NYC TCTTAC offers in-person training, with continuing education, for both clinical and community support staff. Both trainings cover the prevalence, health risks and impacts of tobacco use, behavioral health comorbidities, neurobiology of addiction, pharmacology, treatment planning, best practices, motivational interviewing, and the role of peers. Contact the TCTTAC Project Director to enroll staff from your program.
- Self-paced training resources, organized by topic area, can be accessed through CPI's LMS (continuing education is available for most)

20. Tobacco use disorder treatment training for prescribers: Training is systematically provided to most prescribers, including new hires, and is monitored by agency strategic training plan.

- NYC TCTTAC offers in-person training, with CME, covering the prevalence, health risks and impacts of tobacco use, behavioral health comorbidities, neurobiology of addiction, pharmacology, treatment planning, best practices, and motivational interviewing.
- Self-paced training resources, organized by topic area, including pharmacotherapy, can be accessed through CPI's LMS (continuing education is available for most)

©2020 NYC TCTTAC