Attendees:

Thais
Reina
Jenny
Jim
Amy
Margaret
Nirmala
Jasmine

Sharing preliminary analysis - DSS focus groups

- Nirmala - the Transformation center offers a free training on tobacco cessation. Doesn't know if its widely disseminated

It is interesting that participants were sharing a lot about smoking being an extension of autonomy - people die of tobacco use - not because of their mental illness

- Jim - dual issues about the harm and comfort. Might be of some benefit to clients/consumers in terms of calming them, etc.
- Jasmine - there is data/evidence about the benefit of quitting tobacco/nicotine and other substances at the same time
- Nirmala - people with no mental illness and people with mental illness are equally likely to want to quit
- Margaret - even knowing that there is robust research that co-treatment is effective, that's a blip in time - over the continuum of time of SUD treatment, the timespan we've had this evidence has been short - it might not be common knowledge
- Nirmala - incentivizing performance (like trainings) is common. Was that looked at?

Question missing - how is tobacco screening and treatment structured in their EHRs at the point of care?

Creating a new program for co-treating - get a grant to implement this

- Jasmine - there is a moral dilemma between autonomy and beneficence that's causing variation between providers. Might make sense to provide clarification on professional roles in this work. It seems there is a hierarchy of substances and what's acceptable, what substances do people deserve personal autonomy for? Are people trying to stay client centered and don't want to remove autonomy? Is it health centered?
- Bigger picture - people who are more likely to smoke are more likely to have lower income - look at the disparities. How are these allowed to perpetuate?

Next steps:

- Thais suggests interviews with more targeted questions and asking individuals to pose solutions.
- Margaret sees interviews as an opportunity to ask if they are doing things, do they have the time, do they have the resources to implement and follow up. Is it like ugh, but you don't even have time to deal with it right now? Implementing questions from the original survey

Feedback on NRT pilot:

- There are so many sites, most CMHPs have more than one location and that could be a barrier. SUD facilities might typically be one site or more easily implement something at

just one site. Those sites would then have to take a training about handing out medications, which is a lift for the facility.

NRT pilot logistics:

- Nobody had ideas to share