» Oregon Nicotine Treatment and Recovery:

Expert Panel Meeting



» Introductions

- Name
- Pronouns (optional)
- Organization
- Icebreaker question (optional): One thing you are looking forward to in 2023



Project timeline

Policy research/literature reviews

Monthly expert panel meetings



SPRING '21

FALL '21 WINTER '22 SPRING '22 SUMMER '22 FALL '22 WINTER '23 SPRING '23

- Convene
 Nicotine
 Treatment
 and Recovery
 expert panel
- Identify assessment questions
- Begin policy research/ literature reviews
- Conduct key informant interviews with other states

Survey SUD

facilities

- Collectively review and interpret SUD survey results
- Create a report with assessment results from SUD survey
- Begin CMHP assessment (through summer '22)

- Partner with Oregon groups to focus scope and identify focus group participants/
- Prepare for SUD facility interviews and focus groups

interviewees

- Conduct interviews/ provider focus groups with Oregon BH/ SUD providers
- Develop preliminary analysis of Oregon BH/ SUD provider interviews and focus groups. Collectively interpret results
- Develop recommendations for Oregon BH/ SUD facilities
- Identify and coordinate nicotine dependence treatment training
- Develop CMHP mini report

- Create a report with assessment results from Oregon BH/SUD interviews and focus groups
- Develop and implement a plan for bespoke training and technical assistance for OHA staff or partners, including engaging state and national trainers

» NiTR Expert Panel Agenda: 1.11.2023

Topic	How	Lead	Time
Welcome/ Introductions	Everyone shares their name, pronouns, and organization, optional icebreaker question	Elizabeth	12:00-12:15
Updates	Rede team share updates on current activities	Elizabeth	12:15-12:20
DSS Data Collection	EP provides feedback on further areas of focus for second round of data collection	Elizabeth	12:20-12:40
Onsite NRT project	Discuss status of onsite NRT project and review fact sheet for providers	Jill	12:40-1:00
Next steps for NiTR evaluation	Discuss hopes for the next year of work	Jill	1:00-1:20
Wrap Up	Review next steps	Jill	1:20-1:30

DSS Data Collection

- Review of first round of data collection:
 - two focus groups (one urban, one rural) Benton, Clackamas, Crook, Jackson, Multnomah and Lane Counties represented
 - thirteen total participants (peer mentors, counselors, leadership, "other")
- Asked questions around feelings about commercial tobacco use, organizational tobacco use policies, policy impact, alignment of policy and practice, culture around tobacco/nicotine use, staff training, treatment protocols, barriers to treatment, and recommendations for decreasing use

DSS Data Collection

- Decided to do another round of data collection using asynchronous focus groups to reach saturation and potentially go more in depth on some topics
 - We heard that it was harder to treat nicotine dependence in outpatient facilities why?
 - What recommendations do providers have to reduce barriers?
 - How is tobacco screening and treatment structured in their EHRs at the point of care?
 - How do we highlight the importance of cessation to BH providers?
 - Do providers have the time and resources to screen, treat, and follow up? May use some questions from the original SUD survey
- Is there anything missing?

Onsite NRT Project

- OHA has identified funding to move forward with an onsite NRT project
- Rede has been meeting with a group of TPEP coordinators to help with details
- NRT Fact Sheet

Continued Nicotine Treatment and Recovery in BH Work

- In this past year of work, what areas of the work have seemed most important?
- Looking forward: OHA has asked us to talk with you about priorities for next "year;" in this case, the year starts in May 2023 and goes through April 2024.

GOALs

Fewer people with BH conditions die from tobacco-related illnesses

People in treatment for SUD or BH conditions are supported in quitting nicotine and ongoing recovery from nicotine addiction

From July 2022 Expert Panel Meeting: Objectives

- 1. Recognition from administrators that treating nicotine addiction is important
- 2. Increase screening (everyone screened for nicotine and offered treatment)
- 3. Increase positive interactions with consumers (at multiple points in the scope of treatment) about quitting nicotine
- 4. Increase referrals including clients referring other clients
- 5. Create more flexibility for who can get reimbursement for providing treatment
- 6. Increase the number of commercial tobacco free facilities
- 7. Stay focused on youth prevention, especially around vaping

From July 2022 Expert Panel Meeting: Actions

- 1. Education for providers and administrators to change cultural beliefs around nicotine addiction and treatment
- 2. A plan and program to build awareness that people with BH conditions <u>can</u> quit/reduce and BH staff <u>can</u> support their clients to quit/reduce
- 3. Training and resources for providers to help them feel more ready to begin and continue treatment conversations
- 4. Support more tobacco free campuses
- 5. Treatment options for consumers in addition to the Quit Line
- 6. Programs for consumers in treatment that celebrate milestones and not just total victories
- 7. Integrating treatment at YRTs
- 8. Progress in payment structure to allow for more community-centered options

» Next steps

- Host training for DSS, LPHAs and OHA staff
- Collect more data from direct service staff
- Identify the scope of a 3-5 year evaluation plan
- Begin working with SUD programs to provide free NRT

