

## » Nicotine Treatment & Recovery in Behavioral Health

### Expert Panel Meeting

» May 11, 2022, 12:00pm-1:30pm

#### Attendees:

- Sam
- Margaret
- Jenny
- Amy
- Nirmala
- Jim
- Sari (OHA)
- Kaitlyn (OHA)
- Jill Hutson (Rede Group, co-facilitator)
- Beck Wright (Rede Group, co-facilitator)
- Elizabeth Paschal (Rede Group)

#### Agenda Items:

- Welcome and Introductions
- Review SUD facility policy
- Update on data collection and preliminary analysis
- Discuss barriers around nicotine dependence treatment billing
- Review next steps

#### Notes (high-level summary):

##### Review SUD facility policy:

- I. Nirmala was doing data collection of mental health facilities (inpatient). Top use was tobacco - nearly 80% reported they smoke. Smoking was the highest comorbidity in this research
- II. Clients/consumers seek facilities where they can smoke. Sometimes their stay is extended (in an acute mental healthcare facility/hospital) because they are refusing facilities
- III. Discussed how policies are implemented on the facility level - what happens on the grounds? How is the policy actually applied (for example: do people walk half a mile away to smoke?) answer: yes, and hide cigarettes in bushes
- IV. At a policy level, OHA can promote cessation policies more. Very few groups are aware of

what resources are out there, especially NRT. NRT is very useful for people with mental health disorders. Could provide a one-pager or treatment specialist - something available to both staff and clients at the same time to normalize the behavior of trying to quit

V. Clients/consumers in SUD facilities get very little money, the bulk of SSI goes to room/board and many spend the remaining money on cigarettes

Preliminary analysis:

- From the SUD facility survey - 13% of facilities felt that quitting tobacco/nicotine would threaten a clients' sobriety. This was surprising and discouraging to expert panel members

Barriers around nicotine dependence treatment billing:

- Substance use diagnosis codes can only be billed by credentialed clinicians (this includes tobacco) and credentialing is a huge issue
- Once someone is credentialed, there is confusion around whether or not everything in the system is functioning properly. There is specifically confusion around billing when a client has a primary mental health diagnosis first, along with a substance use as a secondary diagnosis
- Newer, unlicensed clinicians can't use the billing codes - when they ask questions about nicotine to clients, unlicensed clinicians have to record this information differently
- Some clinicians are using mental health code as primary. Peers have two codes they can use - substance use and mental health
- During this investigation, credentialing should be a big question

**Action Items:**

**Item Responsible party Timeline**

<b>Task</b>	<b>Responsible party</b>	<b>Timeline</b>
Post notes, slide deck to collab space	Rede Group	Within one week
Follow up with Margaret for cessation billing resources	Rede Group	ASAP
Circle back with Margaret about working with Lane County for CMHP assessment	Rede Group	As needed basis

**Attachments:**

[May 11, 2022 Expert Panel Meeting slide deck](#)

**Meeting:**

June's expert panel meeting will be canceled.

For more information about this project or meeting, contact Beck Wright at the Rede Group  
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