

**Improving Tobacco Cessation and Prevention for Behavioral Health
Populations
Advisory Group Meeting
Notes: March 31, 2021**

Attendees: Amy, Renee, Daniel, Miriam, Shane, Michele, Hilde
Rede Group: Jill Hutson, Beck Wright

Agenda:

1. Welcome and introductions
2. Project Background
3. Project Goal (1 slide)
 - a. Questions:
 - i. How does this goal align with your thoughts or energy around this project?
4. Question of the day:
 - a. If there was one thing you could change in Oregon's system or in your organization to make it easier for people with nicotine addiction and bh conditions to quit tobacco, what would that be?
 - i. Motivation for clients and providers when so many other complex issues exist
 - ii. Cap on tobacco marketing and advertising, restrict smoking. Only allow indigenous tobacco, not commercial tobacco. Restricting flavor, advertisements, POS, etc.
 - iii. Challenged by people with addictions but tobacco not primary diagnosis and billing. Find a way to simplify billing and diagnosis. Need parity with mental health billing
 - iv. Having cessation support available at all times, especially in congregate settings.
 - v. Peer support system/network who can help support clients. Peer services have been a game changer. Significant investment in peer support.
 - vi. Poverty standpoint. Focus on what else can be done with \$ spent on tobacco. Tool for motivational interviewing.
 - vii. Provide incentives to people to not smoke. Provide other activities/ways to connect to others. Social alternatives.
 - viii. Communicate better and more frequently. Provide more tools and resources.
 - ix. Limit/prohibit use of smoking as a way to connect/build relationships (peer support)
5. Workgroup role
 - a. Questions:
 - i. Does the composition of this work group seem adequate to meet the needs of the project? (facilitate to adding wg members if necessary- specifically ideas about culturally specific organizations)

1. Peers, people with lived experience - Michele might have additional ideas of who
 - a. Using stipends
 2. Health educator perspective
 3. Payers/CCO
 - ii. How would you like to structure this collaboration time in this project/in these meetings? (How often can you meet? What level of input?)
 1. Get meetings on calendars ASAP
 2. Email requests are ok, as well as being “voluntold” at end of meetings
 - iii. What, if any, additional information would you like to review as we start to look at the systems + opportunities for treating nicotine dependence with these consumers.
 1. Better understand treatment medications and other supports. Such as state level numbers of who is calling quitline, filling prescriptions, etc.
 2. What are other states/jurisdictions doing that has been helpful
 3. Focus on health disparities
 4. Understand who is wanting help and not getting it. Why people aren't finding success?
 5. best practices for treatment with behavioral health lens
6. Next steps:
 - Send dates for next meeting(s)
 - Share back notes
 - Work on identifying additional participants for the workgroup
 - Share draft treatment system map with workgroup for feedback
 - Start pulling together data/information requests