

» Behavioral Health & Nicotine Dependence Treatment

Work Group Meeting Notes

» May 25, 2021; 9-11am

» Meeting Attendees:

Daniel (Deschutes County Health Services), Amy (Deschutes County Health Services), Renee (Cascadia), Shane (NARA), Tanya (Milestones Family Recovery), Michele (NAMI Clackamas), Reina (MHAAO), Jenny (MHAAO), Hilde (OHA), David (OHA), Luci (OHA)

Jill & Beck (Rede Group)

» Meeting Topics

Topic	How	Lead	How long
Welcome/ introductions	Everyone shares their name, pronouns (if comfortable) and organization. Welcome new members!	Beck	10
Review Project Goals, Timeline, and Context	Quick overview of last meeting and what has happened since.	Jill	5 minutes

See slides 5-9 of presentation

Follow-up on Panel Requests from March 2021 meeting	Rede and OHA PHD will respond to requests for data, information, and panel recruitment made during the March meeting	Beck, Jill	25 minutes
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See slides 10-20 for data images

Discussion:

- What about youth under 18 and lack of access to NRT/medications to quit nicotine?
 - Not provided via QL due to FDA not approving for under 18
 - Clinicians can prescribe off label for youth
 - Keep pharmacology for youth on list of things to discuss/assess
- There is Native Quitline with great promotional resources. Shane is seeking advice on promotion/media. Billboards, social media, social media influencers as ways to promote Native Quit Line
 - Tanya is interested in Native Quit Line resources, will email Shane for some printed materials (slopez@naranorthwest.org)
 - <https://smokefreeoregon.com/native-quit-line/>
- It is very important to document need to nicotine treatment to show demand, need

- when funding opportunities come about
- What is the research behind high rates of use among low income or less education? (Rede Group will follow-up with some additional resources/research)
 - Robust conversation of social, financial conditions that may contribute
 - Social connection, lack of resources for recreation, jobs that encourage “smoke breaks,” control, stress management, etc.
 - Tobacco industry predatory marketing

Assessment Framework(s)	Rede will share tools for visualizing the system and focusing the assessment	Jill	15 minutes
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Discussion:

- Subsystems within behavioral health system (Payment, Referral, Diagnosis, Treatment, Environmental/recovery supports)
 - Missing insurance types- what types of insurance covers/encourages nicotine treatment/tobacco recovery
 - At what point in the clinical system are messages being provided and by who
 - Resource provided by Renee for helping quit attempts: https://www.cpha.ca/sites/default/files/uploads/resources/stopsmoking/sect_3_hand_e.pdf
- Systems map/all things needed graphics (slides 22-24)
 - Written for adults about adults - the piece is intended to support professionals, such as this work group, in understanding and conversing about the systems but could be reviewed for clarity and simplicity
 - At individual level, need an incentive of some sort - individualized- could be peer pressure, could be financial
 - Where does peer support fit in? Connecting, navigating
 - Where do CBOs fit in? Need resources/funding/time to engage in work
 - Example of organizational level barrier of only assessing tobacco use annually, which does not provide accurate data for providing population level strategies
 - No buy-in, competing priorities of data needed
 - Had a peer based pilot that showed that asking about tobacco use at every encounter increased movement through the stages of change, and adding a CO monitor generated even quicker movement through stages of change
 - Public policy - advocating for smoking cessation has lower priority if at all

Focusing the assessment	Discussion centered around Key Questions for the panel? -Why is this system not working (optimally) for BH populations -What do you want to know more about? -What are assessment priorities?		45
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-What data/information do you need to verify assessment priorities?		
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See [Jamboard](#) for discussion

Clarification:

- What are non-traditional partners (under Payment)?
 - Who else regularly works with the population? Who could support cessation?
 - Natural supports like family, friends
 - Churches
- What does access to payment/not enough payment mean?
 - Contracts determine what jurisdiction services can be provided/what services can be provided
 - Alternative payments to direct billing
- Recovery works
 - People need to know that help helps!
- Other - need to give people a reason to quit now, not later

Next steps/wrap up	Identify next steps. Discuss opportunities for collaboration moving forward.	Jill	10
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- Rede will work on an assessment proposal based on today's discussion
 - ◆ Any workgroup member who wants to work on that between meetings, please let us know
 - Will send a doodle to set a meeting in June, 90-120 minutes
https://doodle.com/poll/d35qsr87kbqx7ipz?utm_source=poll&utm_medium=link
 - Rede would love to know what works and doesn't work with these meetings, please provide feedback
 - Please review the graphics. Can you find your organization's role in it? What doesn't make sense? Remember the audience is not individuals seeking nicotine dependence treatment.
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