

February 8, 2023

» Oregon Nicotine Treatment and Recovery:

Expert Panel Meeting

A SOCIAL IMPACT COMPANY
»redegroup

» Introductions

- Name
- Pronouns (optional)
- Organization
- Icebreaker question (optional): What is the #1 activity on your bucket list right now?



» NiTR Expert Panel Agenda: 2.08.2023

Topic	How	Lead	Time
Welcome/ Introductions	Everyone shares their name, pronouns, and organization, optional icebreaker question	Beck	12:00-12:15
Program updates	Provide update on project activities	Beck	12:15-12:25
DSS Data Collection	Review DSS data collection plan, share recruitment flyer	Beck	12:25-12:45
TPEP Funding	Discuss TPEP funding, M108 grants	Ophelia/Beck	12:45-1:05
Future NiTR work	Discuss ideas for next year of project	Beck	1:05-1:15
Wrap Up	Review next steps	Beck	1:15-1:20

Project timeline

**WE ARE
HERE**

Policy research/literature reviews

Monthly expert panel meetings

**SPRING
'21**

- Convene Nicotine Treatment and Recovery expert panel
- Identify assessment questions

**FALL
'21**

- Begin policy research/literature reviews

**WINTER
'22**

- Survey SUD facilities
- Conduct key informant interviews with other states

**SPRING
'22**

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

**SUMMER
'22**

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

**FALL
'22**

- 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

**WINTER
'23**

- Develop recommendations for Oregon BH/SUD facilities
- Identify and coordinate nicotine dependence treatment training
- Develop CMHP mini report

**SPRING
'23**

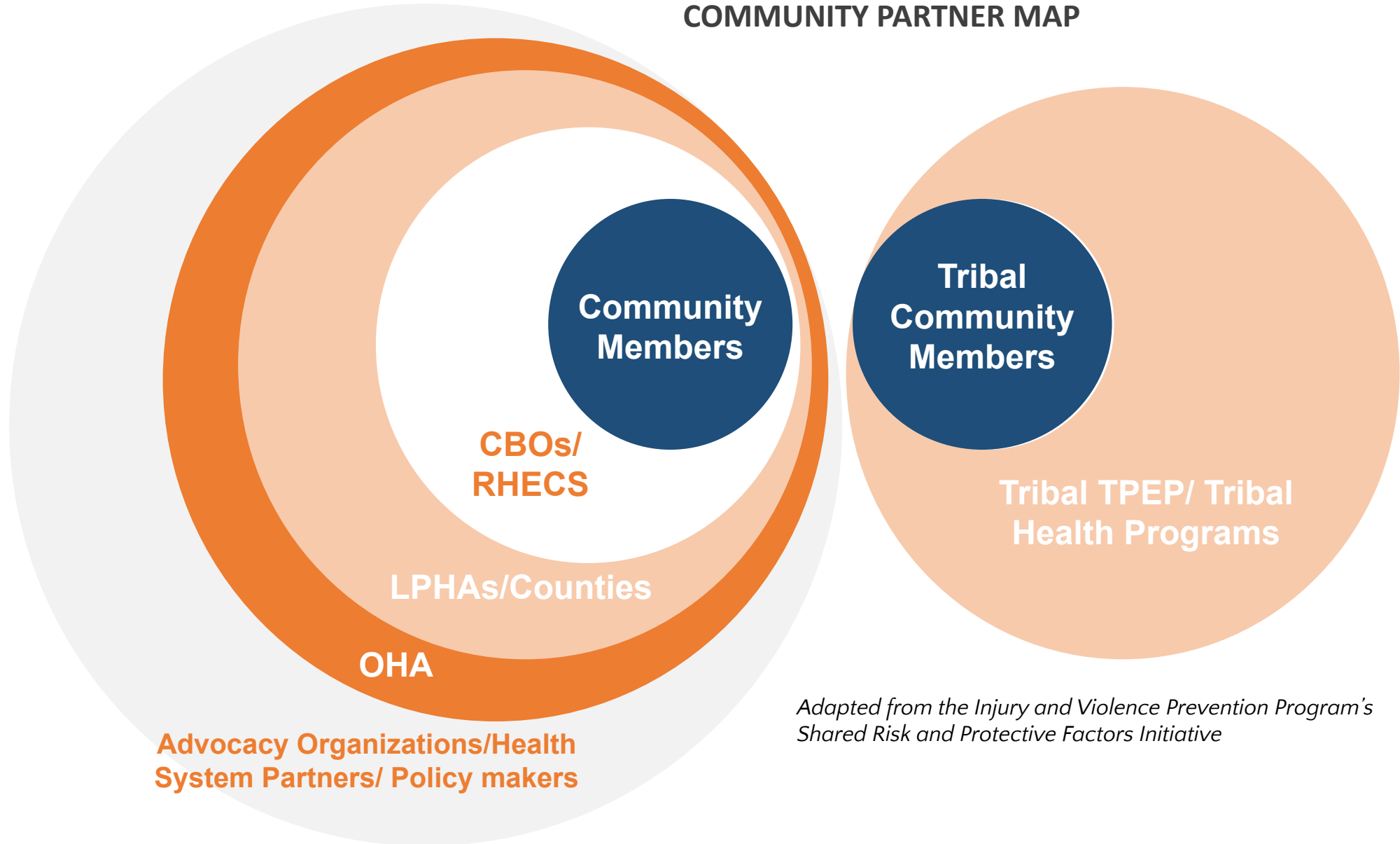
- Create a report with assessment results from Oregon BH/SUD interviews and focus groups
- Develop and implement a plan for bespoke training and technical assistance for OHA staff or partners, including engaging state and national trainers

» DSS Data Collection

Recruitment:

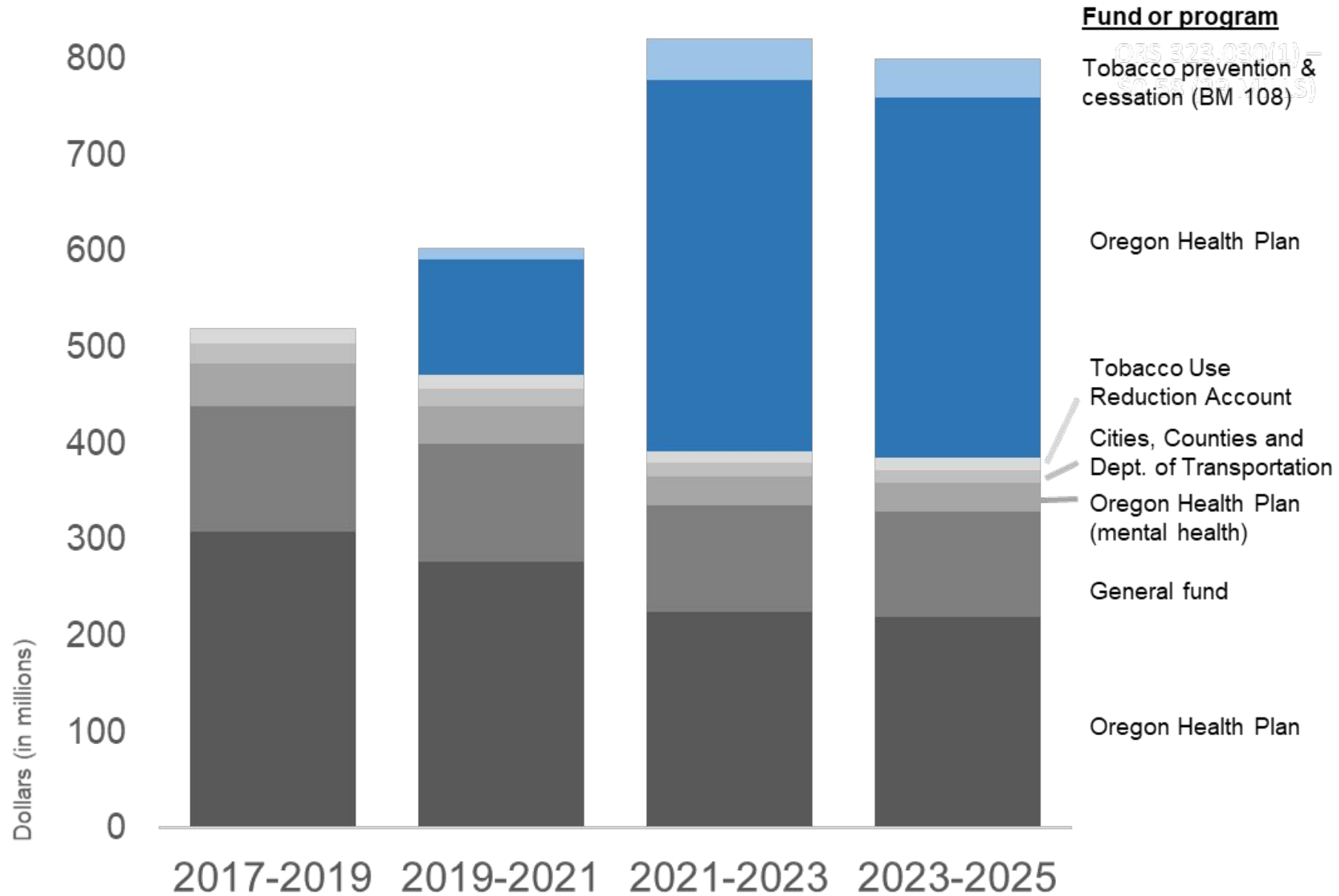
- Reaching out to providers who were interested in participating in our last round of data collection
- Sharing flyer via email with inpatient/outpatient facilities in our database that we have contact information for
- You all sharing with your networks
- HPCDP TPEP, ADPEP or m108 listservs
- Share with Mental Health & Addiction Association of Oregon and Oregon Council for Behavioral Health

COMMERCIAL TOBACCO PREVENTION & CESSATION COMMUNITY PARTNER MAP

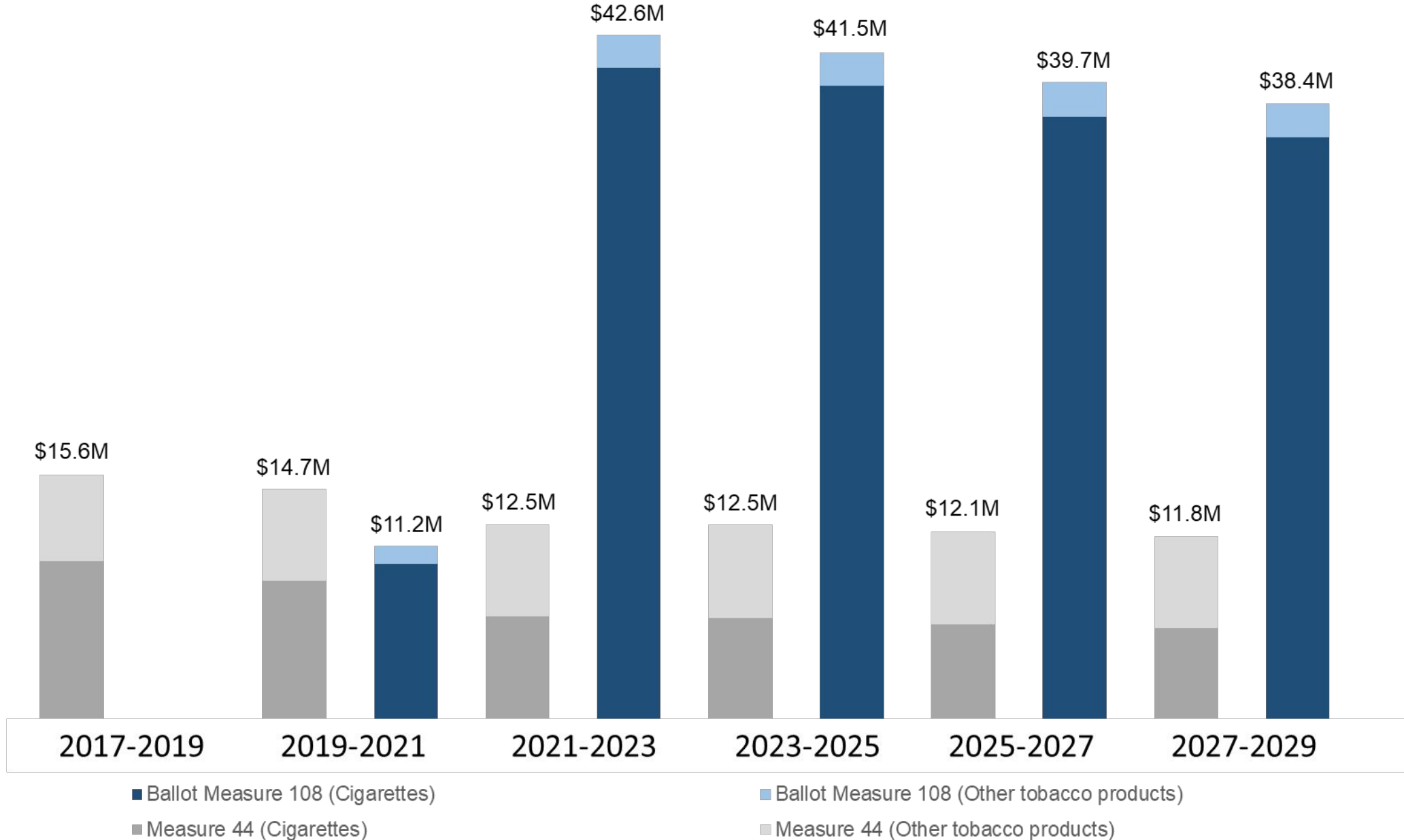


*Adapted from the Injury and Violence Prevention Program's
Shared Risk and Protective Factors Initiative*

Tobacco tax revenue by fund or program, Oregon, 2017-2025



Tobacco tax revenue by fund, Oregon, 2017-2029



» **Measure 108 Funding: prioritized applicants**

Prioritized applications from:

- Applicants addressing the disproportionate impact of commercial tobacco on Black, Indigenous, and people of color communities
- From smaller, new, and emerging organizations
- From cross-sector partners
- Those that work with community members with intersecting identities (for example, people with disabilities who also identify as LGBTQIA2S+)

» **M108 funding allowable activities**

Proposed activities could connect to the root causes of commercial tobacco use, commercial tobacco prevention and cessation, or both, such as:

- Initiatives directly addressing commercial tobacco use, including policy change, cessation supports, increasing health care provider/community health worker capacity to address commercial tobacco use, etc.
- Addressing root causes of commercial tobacco use, such as food insecurity, isolation and lack of mental health support, lack of safe housing, etc.
- Build opportunities for overall well-being

» **Priorities for NiTR next year**

1. Education for clients, 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 can quit/reduce and BH staff can support their clients to quit/reduce + Training and resources for providers to help them feel more ready to begin and continue treatment conversations
3. Treatment options for consumers in addition to the Quitline
4. Programs for consumers in treatment that celebrate milestones and not just total victories - and, what do we do if there is a setback?
5. Acknowledge the need for systemic changes to address problems with behavioral health provider caseloads and capacity.
6. Support more commercial tobacco/nicotine free campuses

» Next steps

- Conduct direct service staff asynchronous focus groups
- Analyze data and report for focus groups
- Develop work plan for next year

