

**NOTES Workforce Committee (Action items in red. Responsible person highlighted.)**

Meeting Tuesday, Dec. 12, 2017 3:00 p.m. – 4:30 p.m.

In Person: 544 Ferry St SE, Ste 3, Salem, OR 97301 or Phone 888-585-9008, Participant Code: 384-165-840#

Members: (Chair) Deborah Martin, Stephanie Willard, John Seeley, Richie Thomas, Julie Scholz, Kirk Wolf, Ann Kirkwood Thomas, Julie Scholz, Kirk Wolfe

Absent: Camron Smith, Nan Waller, Phaedra Whitty Staff: Annette Marcus

- Objective: 1. Review goals and progress on action plan.  
 2. Determine next steps, roles and responsibilities to move action items forward.

	Topic	Meeting Action Items	Relevant Action Item (References Action Plan Dated June 2017)
II.	Update on SB 48 and CEU Listing	Send new link for SB48 materials to Alliance members and Workforce Committee.	<p><i>Item: 5 Develop a training list to help behavioral and other health workforce to complete CEUs and provide list of endorsed trainings to OHA.</i></p> <p>The list on the OHA webpage compiled by Annette and Ann addresses this action item. This list is in response to <b>SB48</b>—a bill about physical and behavioral health providers which requires licensing boards to report on whether they took any suicide assessment, screening or management courses. Survey due to OHA March 1<sup>st</sup> and goes to legislature in August.</p> <p>John asks if any assistance is needed re tabulating the survey. Ann notes that the state has an established procedure, so no.</p>
III.	Role Clarification and Endorsement	<p>Action: Summarize the OPS process for evaluating which tool to recommend to pediatricians. Bring back to committee to determine whether this is a framework to share with other professionals regarding determining best trainings/and or screening tools to recommend in their field. Annette and Julie S. are meeting in January to take next steps on this.</p> <p>Action: Consider finding or develop a check list of things to consider when deciding which suicide prevention/intervention training to attend or invest in. Follow up at next committee meeting. Annette to look online for any existing criteria.</p>	<p><i>Refer to Action Items 1, 2, 3, 4 and 6 on June 6<sup>th</sup> action plan</i></p> <p>We discussed whether the Alliance simply catalogs different trainings or if the Alliance actually endorses specific trainings. Deborah asks what the criteria should be to endorse a specific curriculum or screening tool? Ann wonders if there should be some kind of check list.</p> <p>Julie shared Oregon Pediatric Society’s work around updating some trainings related to suicide prevention and screening in clinics around the state on adolescent mental health. OPS has been building a new training module addressing suicide assessment, management, and safety means counseling. OPS brought subject matter experts to make a recommendation regarding the</p>

		<p>Action: Continue discussion regarding evaluation of assessment tools. John take the lead on this.</p>	<p>best suicide and depression screening tool for pediatric providers. The screening tool they recommend is being developed by the National Institute for Mental Health is specifically designed for pediatric work. Oregon may be a model for implementing this new tool. Until now, the PHQ9 has generally been used for screening for depression/suicide, but there is evidence that suicide risk is missed about 28% of the time.</p> <p>John would be happy to provide expertise regarding the screening tools. Ann notes that in Washington there's a whole process to determine which trainings they share on the web page.</p> <p>Proposing Sharing the Process for Endorsing for a specific population and a check list of things to look at...</p> <p>If gathering is the first step, how do we do that and where do we distribute it?</p> <p>Ann suggests we discuss which professional groups we should be prioritizing. Take a look at training people who work with populations at higher risk.</p> <p>Julie suggests that we take a look at action list and see if we can make it more clear. Concentrate on the ones that the state has backed and see if there is anything missing.</p> <p>John thinks that in addition to gatekeeper trainings we should be looking at evaluating assessment tools and once we assess the risk what do I do?</p>
IV.	Training DHS staff?	<p>Action: Meet with DHS to develop a plan and approach to training child welfare workers in prevention, screening, management of suicide. Deborah, Ann and Annette responsible for this item. Progress: As of the writing of these notes, a first meeting has occurred. See notes below for summary of next steps.</p>	<p>Item 1: Determine a standard of practice for means counseling and training in CALM or another best practice for behavioral and other health care providers, and anyone who comes into contact with suicidal individuals, or who are at heightened suicide risk.</p> <p>Ann and Deborah are meeting with someone from DHS to do some research about what is actually recommended by DHS</p>

Summary by Molly Miller of Child Welfare/Alliance discussion regarding suicide prevention training and skill building.

1. Reviewing the intersectionality with DHS Child Welfare and suicide by conducting a review of cases
2. Developing/customizing training for staff, families and foster parents based on what we learned in our case review, and integrating that information into what we already know
3. Identifying services and resources for families including finding providers with specific knowledge related to this topic (DMHP, mental health providers in the office, community outreach including family support specialists, etc.)
4. Unifying this issue with an overall effort to provide better mental health services to children
5. Operationalizing this plan by discussing messaging to staff, working with community partners who enhance efforts already in place, creating procedure, and agreeing on a mission statement (purpose) and discussing time frames
6. Creating a method to measure change