



Agenda Workforce Committee 12/14/18

Time: 3:00 p.m. – 4:30 p.m.

Please join meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/255120517>

	Topic/Who	How	Notes
I.	Welcome and Agenda Review Annette	Big View/Review/Preview John—check in re DHS training and working through the Making the Case Kristin-OPS- Linda Hockman-consulting Stephanie-loss survivor-make the case Don Erickson- Doug	Notes from Last Meeting Action Plan Update
II.	DHS Don	Update on progress developing a suicide prevention/intervention approach workers. Overview of approach being used and discussion.	Background: Looking at training for all of DHS staff. Had leadership staff go through two trainings—1)ASIST and 2)Safetalk. Sent out a follow up questionnaire to assess whether and which trainings to use and who they are appropriate for....There was a high level of satisfaction and engagement with the trainings. Recommendation: ASIST beneficial for supervisor staff and Safe Talk would be better suited for vast majority of line staff. Will also take a look at QPR. Will be developing a plan. The goal was to evaluate the trainings. Had managerial representation from all divisions of DHS: Voc Rehab, Child Welfare, Self Sufficiency, DD and Aging and People w Disabilities, Shared Services (support folks). DHS is looking internally at developing the capacity to provide the trainings.



			<p>Evaluation-ORAI will get involved with evaluation. The current surveys are really being used as a tool for choosing which next steps.</p> <p>Action: Don and John will meet to discuss evaluation and process and share thinking with the workgroup.</p> <p>Action: Don will share back the information gathered through the surveys.</p> <p>Kristin-OPS brought together a panel of experts or pediatric care providers. Took a look at screening and assessment tools—and ended up recommending the ASK Suicide Questions from NIMH rather than Columbia Severity Scale. Trainings are two hours and have CME.</p>
III.	Interfaith Convening Annette	Update on event held in November. Next steps if any?	Don-sees engaging the faith community as essential. They play a pivotal role in people’s lives.
III.	Focus of Workforce Committee All	<p>Discussion: Review previous action areas identified and progress.</p> <p>Proposal: Making the Case Paper</p> <p>Feedback on outline</p>	<p>Making the Case Outline</p> <p>John—help flesh out and provide tool for each of these steps, quality improvement etc.</p> <p>Kristin-having the “how” fleshed out in detail is very important.</p> <p>Stephanie-Use the “make the case” as a tool or a how-to form.</p> <p>Discussion of the very different training needs in different settings.</p>
IV.	Next Steps Don/Annette	Review Discussion, Clarify Next Steps	Second Monday at 9 -10 a.m.

Join the conference call: 888-585-9008 Code: 384-165-840#

On line: John, Doug, Kristin, Stephanie, Linda Hockman,



UPDATED December 13 2018: Oregon Youth Suicide Intervention and Prevention Plan: **WORKFORCE** Committee Objectives, Actions and Measures
 COLORS GUIDE: COMPLETE * ON TRACK * DELAYED * AT RISK * ACTION STEP REVISED

SIPP Objective	Suicide Prevention Alliance Action	Performance Measure/ Data Source New or Existing?	Notes	Timeline/Status
Strategic direction 2: Clinical and community preventive services				
Goal 5. Promote efforts to address means safety among individuals with identified suicide risk.				
Objective 5.1: Gather information needed to implement means safety programs as research becomes available.				
5.1.a. The Alliance will oversee a strategic plan for developing, implementing and evaluating means safety counseling and other programs that are research-informed, culturally relevant and respectful of community values.	<ul style="list-style-type: none"> Support HB 2526 means safety and suicide prevention education bill. <i>Died (Support SB 719?)</i> 	Bill enacted	SB 719 passed re: access to lethal means for person at suicide risk	Means Access January 2019 HB 2526
	<ul style="list-style-type: none"> Determine a standard of practice for means counseling and anyone who comes into contact with suicidal individuals or who are at risk are trained in CALM or another best practice. 		No progress on this yet; assess whether this is still priority for Workforce Committee	March 2018
	<ul style="list-style-type: none"> Recommend that OHA create a clearinghouse of means safety educational materials and training resources, using information gathered and endorsed by the Workforce Development committee of the Alliance. <i>(and distribute?)</i> 	Resource on websites	Pamphlet for gun owners developed and distributed by Susan Keys and Public Health. Resources will be on websites. No clearinghouse yet.	Committee needs to assess priority and timeline for clearinghouse.



SIPP Objective	Suicide Prevention Alliance Action	Performance Measure/ Data Source New or Existing?	Notes	Timeline/Status
Strategic direction 2: Clinical and community preventive services				
Goal 6. Provide training to community and clinical service providers on the prevention of suicide and related behaviors.				
Objective 6.1: Provide training on suicide prevention to community groups with a role in the prevention of suicide and related behaviors.				
<p>6.1.d. Funding options will be explored for ongoing sustainability of best practice gatekeeper training programs to increase early recognition and build awareness of warning signs, risk and protective factors and to improve response to at-risk children, youth and young adults. Trainings should be held for a wide array of community groups and gatekeepers.</p>	<ul style="list-style-type: none"> Expand MHFA trainings statewide. Recommend and support trainings for facilitators of support groups. <hr/> <ul style="list-style-type: none"> Recommend that OHA create a clearinghouse of evidence based trainings for facilitators of support groups and for behavioral health clinicians and other health care providers to help assess for suicide risk, intervene in suicide prevention, and promote safety among people at risk for suicide, using information gathered and endorsed by the Workforce Development committee of the Alliance. Further recommend that OHA invest in certain evidence based 	<p>Data statewide rollout of Mental Health First Aid</p> <hr/>	<p>Mental Health First Aid training expands. SAMSHA proposal in.</p> <p>AFSP has groups around state. Committee has not prioritized this item. It needs additional attention.</p> <hr/> <p>Working with DHS to develop an approach for training child welfare workers.</p> <hr/> <p>List of SB49 courses on OHA website</p> <hr/> <p>Committee needs better understanding of OHA</p>	<p>January 2017 June 2018 June 2019</p> <p>Determine priority. Explore partnerships to achieve.</p> <hr/> <p>Timeline To Be Determined</p> <hr/> <p>November 2017 November 2018 November 2019</p>



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Strategic direction 2: Clinical and community preventive services				
	trainings with exemplary outcomes identified by the Workforce Development committee of the Alliance.		current investment in this. Currently using the recommendations of NREPP.	
Objective 6.2: Provide training to mental health and substance abuse providers on the recognition, assessment and management of at-risk behavior, and the delivery of effective clinical care for people with suicide risk.				
<p>6.2.b. OHA will develop a plan to meet the training needs for behavioral and health care providers, including an analysis of Washington State statutes, to identify, intervene, assess, provide means safety counseling, treat and manage patients with suicidal thoughts and behaviors.</p>	<ul style="list-style-type: none"> Recommend standardized means safety counseling behavioral and other health care providers – CALM or other best practice. 		Check in re OHA progress on this. Alliance working with legislators to amend SB48 to require training.	January 2017
<p>6.2.c. OHA will assess the needs of publicly funded health systems, clinics and hospitals to require training for health care workers to identify suicide risk, conduct means safety counseling, refer to care, treat and follow up with patients at risk of suicide.</p>	<ul style="list-style-type: none"> Support SB 0048 (CEUs for suicide risk assessment and intervention and offer revisions. (done) Develop training list to help behavioral and other health workforce to complete CEU requirements and recommend requirements to OHA. 	<p>*List on web page *Data collected for SB 48</p>	<p>SB48 Passed List of trainings posted on OHA web page.</p> <p>To be updated annually</p>	December 2019



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Strategic direction 2: Clinical and community preventive services				
Strategic direction 3: Treatment and support services				
Goal 8. Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.				
<i>Objective 8.1: Adopt and implement guidelines to effectively engage families and concerned others, when appropriate, throughout entire episodes of care for persons with suicide risk.</i>				
8.1a OHA, in collaboration with CSAC, will work with behavioral health and primary care health providers, peers, prevention specialists, faith-based communities and suicide prevention advocates to identify and establish model guidelines to provide peer support for parents, family of choice and siblings of persons with suicidal	CSAC suicide prevention committee will develop a guidebook for families in the E.R.	Resource posted on website/printing and distribution	CSAC Suicide Prevention committee wrote guide. Alliance reviewed. Currently being Reviewed by OHA Communication staff.	July 2018



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Strategic direction 2: Clinical and community preventive services				
<p>ideation or who attempt suicide. OHA will identify or develop a guidebook to assist families, families of choice, friends and siblings of children/youth/young adults who are experiencing suicidal ideation or who attempt suicide.</p>	<p>Develop and promote half-day meeting with faith-leaders to address these issues.</p>	<p>Half-Day Conducted Evaluations Collected</p>	<p>Meeting conducted. Follow up needed.</p>	<p>June 2019</p>
<p>Objective 8.2: Collaborate with behavioral health providers to identify policies and procedures to assess suicide risk and intervene to promote safety and reduce suicidal behaviors among patients receiving care for mental health and/or substance use conditions.</p>				
<p>8.2.b. OHA will identify best practices and existing resources, and convene a group of behavioral health and primary care providers to identify, develop and disseminate model Oregon policies, procedures and training programs that define how to assess for suicide risk, intervene and treat suicidal patients aged 10-24 years, and to promote safety among children, youth and young adults receiving care for mental health and substance use disorders.</p>	<ul style="list-style-type: none"> Review trainings for behavioral health and other workforce and make recommendations to invest in specified trainings. 		<p>Committee has not moved forward on this yet.</p>	<p>June 2017</p>