

Agenda: Workforce Development Committee

07.09.2018

Oregon Alliance to Prevent Suicide

Objective: Review Workforce Action Plan, highlight progress and areas for work
Deborah, John, Stephanie, Ann. Christabelle.

Topic/Objective	Process/Key Questions	Pending Alliance Items in Green	Notes
Welcome/Check In			
5.1.a Strategic plan re means safety	Review progress Determine Next Steps	<p>* 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></p> <p>*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></p> <p>Develop content for website if needed?</p>	<p>OHA promoting CALM as a training. No staff working on this.</p> <p>John will assign a student to pull together all of the best practices.</p> <p>OPS had a panel highlighting lethal means access</p> <p>Christabelle, we're building the skeleton of the website. Christabelle will be supporting development of materials.</p> <p>3 URL's Purchased: ORSuicidePrevention.org There will be a members only portal and we need to determine what materials will be available.</p>

			<p>Our website focus's on Alliance efforts. Develop a process to ask Lines for Life/Public Health about content development/links that are in the YSIPP. Action: Meeting re process with key players. Annette coordinate.</p>
<p>6.1d Sustain/expand gatekeeper trainings</p>	<p>Review progress:</p> <p>Is the Public Health website being developed by Lines for Life doing this?</p> <p>Do we want to recommend investment in evidence-based gatekeeper trainings? Who will explore funding options? Do we need a better understanding of what/where gatekeeper trainings are already occurring?</p>	<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 trainings with exemplary outcomes identified by the Workforce Development committee of the Alliance. 	<ul style="list-style-type: none"> • Intention is to ensure that we get these trainings TO elements of the workforce that engage with people that are suicidal. • SB48 list can provide a foundation for this work and think through endorsing specific trainings. • May also want to think about which gatekeeper trainings are useful to specific sectors, e.g. those working with transition age youth. • We don't currently know who has received the workforce trainings. • Stephanie shared that the need for faith leaders to receive training is often mentioned at conferences. • Agreement to start with SPRC for recommendations along with opportunities to add Oregon innovations. OPS training is an example. • Brainstorm and prioritize

			sectors that need training. Criteria to include amount of contact with high risk youth. Next Alliance meeting brainstorm. Deborah and Stephanie will lead brainstorm.
6.2b OHA plan to meet training needs of health and behavioral health providers , to identify, intervene, assess, provide means safety counseling, treat and manage patients with suicidal thoughts and behaviors.	Review Progress Next Steps	<ul style="list-style-type: none"> Recommend standardized means safety counseling behavioral and other health care providers – CALM or other best practice. Gather and endorse means safety educational material and training resources to assist OHA in creating a clearing house <p>*Specifically ask for the Assess data in March 2019 regarding SB48.</p>	<ul style="list-style-type: none"> Licensing Boards are to report annually on who has taken SB48 classes. UO sent a survey to all who said they took a class. Response rate of less than 5%. Asking for information about the class they took including lethal means counseling. This should give some information on what professionals think they need. Naturopaths, Medical Board have submitted data. Perhaps need more complete data before going back to the legislature. Ann’s report to legislature is due in 2020. May want to ask for data for Alliance and Workforce Committee in March 2019
8.1 Model guidelines re peer support Guidebook for families	Review for addition to Workforce Committee Action Plan.	<ul style="list-style-type: none"> Develop and promote half-day meeting with faith-leaders to further develop support network 	

<p>8.2b OHA identify best practices and existing resources to id, develop and disseminate model Oregon policies, procedures re assessment and safety.</p>	<p>Review progress (see questions 6.1 above) Child welfare as model?</p>	<ul style="list-style-type: none"> • Review trainings for behavioral health and other workforce and make recommendations to invest in specified trainings. 	

Oregon Youth Suicide Intervention and Prevention Plan

Workforce Development Committee Objectives, Actions and Measures

Updated July 6, 2018

YSIPP Objective	Suicide Prevention Alliance Action Green: In process Black: Completed or Deleted	Performance Measure/ Data Source New or Existing?	Status	Timeline
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> 			March 2018
	<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. 			
	<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> 		Pamphlet for gun owners developed and distributed by Susan Keys and Public Health	
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.				
6.1.d. Funding options will be explored for ongoing sustainability of best practice	<ul style="list-style-type: none"> Recommend and support trainings for facilitators of support groups. 		Mental Health First	January 2017

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Strategic direction 2: Clinical and community preventive services				
<p>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"> 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 trainings with exemplary outcomes identified by the Workforce Development committee of the Alliance. 		<p>Aid training has continued to expand. SAMSHA proposal in for mor e funding for MHFA.</p> <p>Collaborating with DHS to train child welfare workers.</p>	(Start)
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. 			January 2017
<p>6.2.c. OHA will assess the needs of publicly funded health systems, clinics</p>	<ul style="list-style-type: none"> Support SB 0048 (CEUs for suicide risk assessment and intervention and offer revisions. (done) 	*List on web page	SB48 Passed List of	December 2019

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Strategic direction 2: Clinical and community preventive services				
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.	<ul style="list-style-type: none"> Develop training list to help behavioral and other health workforce to complete CEU requirements and recommend requirements to OHA. 	*Data collected for SB 48	trainings posted on OHA web page. To be updated annually	
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	CSAC suicide prevention committee will develop a guidebook for families in the E.R.	Resource posted on website/printing and distribution?	Finalized, Being Reviewed by OHA Communication	July 2018

YSIPP Objective	Suicide Prevention Alliance Action Green: In process Black: Completed or Deleted	Performance Measure/ Data Source New or Existing?	Status	Timeline
Strategic direction 2: Clinical and community preventive services				
and siblings of persons with suicidal 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.	Develop and promote half-day meeting with faith-leaders to address these issues.	Half-Day Conducted Evaluations Collected	In development	June 2019
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.				
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.	<ul style="list-style-type: none"> Review trainings for behavioral health and other workforce and make recommendations to invest in specified trainings. 			June 2017