

## Agenda Workforce Committee 5/13/19

Attending: David Westbrook, John Seeley, Stephanie Willard, Don Erickson

	Topic/Who	How	Notes/Attachments
I.	Welcome and Agenda Review Don/Annette	Big View/Review/Preview	
II.	Legislative Session Annette	SB808	The bill the Alliance had proposed around continuing education for the behavioral health workforce didn't get a hearing; however, another advocate (Alexandra) had worked to get a bill introduced to require education for teachers. Alliance members (especially Jerry Gabay) jumped in to work on SB808 instead to address education for behavioral health workforce. It is now in the Rules Committee. Met with Frederick, Troy, Alissa Keny-Guyer and Alexandria to develop an amendment that is closer to our original vision for the bill.
			Don is a member of COPAC and noted that in Arizona a similar organization strongly supported suicide prevention training.
			Action: Need to be poised to testify on behalf of this SB808. Don will share article about why behavioral health workers should prioritize suicide prevention.
			Stephanie, (Jerry?), John, Annette – Connect with Washington State around their process for vetting courses. David recommends having them come here.
			Action: Propose bringing the team from Washington that vets ceu courses to an Alliance meeting. Follow up with Alliance members about this at the next quarterly meeting.
III.	DHS Workforce		DHS has trained 130 trainers on QPR and getting all of the DHS
	Initiative  Don		workforce trained. And will be offering the ASIST training to those interested. The timeline is to have all 8,000 DHS staff trained in two years. Don and DHS are working with Living Works and are considering piloting a web based training with DHS that has similar content to



		SafeTalk and QPR The web based training might be helpful when there is staff turnover. Don will also track turnover with trainers.
		John is interested in connecting with Living Works regarding the website.  Action: Don and John will connect next week to work on evaluation plans for DHS.
		Annette raises the concern that there may not be the capacity for the mental health community to respond when referrals are made from gatekeeper trainings. Don notes that the number of programs that offer any training on suicide counseling in graduate school are extremely limited across the country. Annette wonders if getting the behavioral health workforce better trained is part of our scope.
		Stephanie-supports thinking broadly about this issue. Notes that the schools committee is working on that workforce.
		David-the Alliance can have influence by highlighting the gap or nature of the problem and then getting that into the YSIPP. Also take a look at publicizing work such as Don's writing about the key role of training for behavioral health workforce. Gatekeeper trainings are crucial—they both offer support and highlight the issue and need.
III.	Setting Priorities for Ongoing Work Together	Don will reach out people in the construction agency and another large business group to get a better idea regarding demographics to help us think through which groups to identify.
	Don	Let's take a look at getting more specific workforce outreach goals.  Annette noted that we could also look at strategies other than training—such as working with Chambers of Commerce and restaurant associations to get Lines for Life etc. publicized in work settings.
		John notes that the Alliance has a gap for the 19 to 24 year old group. How do we approach this as an Alliance? He suggests that may be workforce can focus on vocational group and that the Schools committee can look at strategies to connect/support students enrolled in colleges.



## RED=Not Accomplished

BLACK=In Process, Well Underway

ORANGE=Public Health or some other entity responsible, more information needed

Strategic Direction 1: Healthy and empowered individuals, families and communities	Integrate and coordinate suicide prevention activities across multiple sectors and settings.	Implement research- informed communication efforts designed to prevent suicide by changing knowledge, attitudes and behaviors.	Increase knowledge of the factors that offer protection from suicidal behaviors and promote wellness and recovery.		
	Alliance Convened, Staffed and Meets Quarterly, Cross- Sector Membership	Alliance Communication Plan Developed	Sources of Strength		
	Legislative Agenda Developed Actively Supporting Key Legislation	Population Based Communication-Public Health Approach	Family Acceptance Project		
	Zero Suicide Academies Across State	Developed and distributed legislative advocacy piece-distributed to all state legislators and used as a tool by advocates	Annual Conference		
	Communication Hubs	Engaged key partners in shared legislative agenda-psychiatrists, doctors, private insurance, mental health, educators	Website being developed by OHA and Lines for Life		
		Partnered with non- profits to develop social media presence			



	Supported legislative agenda that identified fiscal asks		
	risear asks		

## YSIPP SUMMARY of PROGRESS



Strategic Direction 2: Clinical and Community Prevention Services	Develop, implement and monitor effective programs that promote wellness and prevent suicide and related behaviors.	Encourage community-based settings to implement effective programs and provide education to promote wellness and prevent suicide and related behaviors.	Promote efforts to address means safety among individuals with identified suicide risk.	Provide training to community and clinical service providers on the prevention of suicide and related behaviors.	
	Garret Lee Smith Data and Evaluation and Listserv	Assess availability of culturally and developmentally appropriate cross-system practices to prevent suicide	The Alliance will oversee a strategic plan for developing, implementing and evaluating means safety counseling and other programs that are researchinformed, culturally relevant and respectful of community values.		
	Published annual YSIPP update	CHIP's include suicide and self- inflicted injury			



	OHA collaborate with Tribes	Expand universal evidence based practice- Sources of Strength, Family Support Network, Mental Health First Aid, Good Behavior Game, Home Visiting (4.2d)				
	Supported implementation of SB561 through Connect Training, TA and active participation of AOCMHP					
Strategic Direction 3:  Treatment and Support Services	Promote suicide prevention as a core component of health care services.	Strengthen efforts to improve timely delivery of effective programs and continuity of care for individuals at heightened risk for suicide, including those with mental health and substance use disorders.	Promote continuity of care and the safety and well-being of all patients treated for suicide risk in emergency departments, hospital inpatient units and primary care.	Develop collaborations between emergency departments and other health care providers to pilot programs and disseminate results for alternatives to emergency department care and hospitalization when appropriate, and to	Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behavior.	Provide care and support to individuals affected by suicide deaths and attempts to promote healing and implement community strategies to prevent further suicides



			promote rapid follow up after discharge.		
Zero Suicide Initiative	Analysis of CATS	Passage of ED bills	CATS Program	Family Guidebook in ED's (Guidebook completed but not in all Eds)	OPS Training for preidatricians
WA County (7.1 a and b)	Trauma Informed Oregon Report on Early Childhood	Distribution of health literacy? (Public Health)	Recommend protocols for informing CCO/insurers after release of youth suicide attempt (7.4a)	HIPPA/FERPA focus group to develop guiding documents	Statewide website through public health/Lines for Life.
		Which suicide risk assessments being used across the state			TIO disseminate tools to help trauma survivors manage
		Advocacy for In Network level of benefits for risk assessment (NOT DONE)			Loss and Attempt Survivor training, Alliance, self- care
		Pilots Deschutes, Jackson, Josephine and Washington			



Strategic Direction 4: SURVEILLANCE, RESEARCH & EVALUATION	Increase the timeliness and usefulness of surveillance systems relevant to suicide prevention and improve the ability to collect, analyze and use this information for action.	Evaluate the impact and effectiveness of suicide prevention interventions and systems, and synthesize and disseminate findings.		
	Follow up John Seeley and Public Health	Reference communications plan and website		