



Workforce Committee Agenda: Monday May 11, 2019 9:00 AM – 10:30 AM

Committee Members in Attendance: Tanya Pritt, Julie Scholz, Shanda Hochstetler, Fran Pearson, Jill Baker

Committee Members not in Attendance: Chair, Don Erickson, Stephanie Willard, Kirk Wolfe, Galli Murray, John Seeley, Sarah Spafford, Liz Thorne, Amber Ziring

Staff: Annette Marcus, Jennifer Fraga, Kris Bifulco

GoTo Meeting Information: <https://www.gotomeet.me/AnnetteMarcus/allianceworkforce>
 United States (Toll Free): 1 866 899 4679 Access Code: 903-510-837

Time	Topic/Who	How	
9:00 AM	Welcome Approve previous minutes	Round Robin Review April Notes	<p>Tanya talked about staffing concerns in the SUD workforce.</p> <p>Fran stated that she doesn't currently have anything to share with the group.</p> <p>Julie shared that things are going well in her area. She is finding that youth are enjoying Telehealth and that doctors are adjusting to using this as a way to meet with clients. Last week they had a Webinar on how to work with suicidal ideation via Telehealth. This was recorded and will be able to be shared on the OPS website. They may be able to do this again in the future as well. CMEs weren't offered for the first round at first and they still had a lot of sign-ups which is a great sign.</p>

			<p>Shanda shared that she enjoyed the Webinar that Julie mentioned. Sources of Strength Peer Leader of Oregon are coming out May 28th. An invitation will be sent out for a Zoom celebration for all the youth doing good work. OHA is partnering with BRO and will have an event May 26th from 6:00 PM – 7:30 PM. The next Queer Town Hall will be suicide prevention specific and is taking place virtual.</p> <p>Jill shared how things are going in her area.</p> <p>Kris introduced herself to the group for those they have not met yet.</p>
9:30 AM	Action Items from Last Meeting	<p>Previous Meeting Action Items:</p> <p>Think through how to send out the message of “we’ll get through this together” with something to back this message.</p> <p>Tanya suggested getting 1-2 paragraphs about what we want to share she can give this to the board so they are prepared before the next meeting in June.</p>	<p>Action Step: Annette, Jenn, & Kris to work together to create some talking points to share with licensing boards for consistent messaging. Have prepared before June Alliance Meetings. Will be sent to Committee for review / feedback when done.</p> <p>Alliance staff will work around the LC process / creation. Set-up a webinar for coalitions (loop in L4L to give a face to the organization) around the S-PPIP and to have a discussion for how they are supporting their communities and ideas for how they are working with their small businesses. Look at SB 48 & SPRC to see if there are existing things out there.</p>

<p>9:45 AM</p>	<p>SMART Goals Discussion</p>	<p>Refer to SMART Goals</p> <p>Legislative Concept</p> <p>Getting sponsors</p> <p>Create a standard email to have on hand for legislators</p>	<p>Jenn talked with YVEA Members about providing input for the CEU legislative concept and there are a few interested in helping with this.</p> <p>Julie shared that we are on the right track for the LC (Legislative Concept) that this committee is working on – work on the behavioral workforce first, anticipate some disagreements on the CEU LC,</p> <p>S-PPIP has a training for healthcare and BH providers document that is a compilation of resources available online that either OHA or someone else is sponsoring, with 2 being free to address what we are doing encourage people to be trained in suicide specific ideas and telehealth. Jill would like this workforce to vet this document and is going to be sent for approval soon.</p> <p>SB 48 report is due in August 2020. Jill has 2 lists of licensures that have said they have been trained in SP and others are coming out this week. U of O Lab is going to make this into a report for Legislature. This will show us a preliminary number to compare it to previous numbers to see what is working and what isn't working.</p> <p>Annette suggested that someone from U of O Lab could come to the next Workforce Committee to report on the above SB 48 Document.</p>
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			<p style="color: red;">Next Steps: Review S-PPIP document with this Committee & Executive Committee with a 24-hour timeline (what's missing), etc. Insert comments for recommendations.</p> <p>Julie suggested that we could spend some time now building relationships with those outside of BH fields (restaurants, etc.). Jill shared the idea of working with the unemployment office to train them as they are on the frontline.</p> <p style="color: red;">Annette said for us to get a process for how to figure out who to reach out to. Poll our own Alliance members for connections and do an informational / listening session about what they see as their needs.</p> <p>Business Oregon?</p> <p>Jill sent some emails out to folks to begin to lay the foundation work for relationships related to this.</p> <p style="color: red;">Next Steps: Annette reach out to legislators to keep that thread going. Put an ask out to see if this is a passion area for people from business sectors to join committee.</p>
10:03 AM	Adjourn		



Committee Tasks & Date Assigned	Action Items
Annette/Shanda/Amber – A team of two will go to Portland to meet with MACBO and discuss requirements for suicide prevention/intervention in April.	



Talking Points / Conversation Starter for CEU Legislative Concept

To speak in support of requiring that a broad range of professionals complete continuing education related to suicide risk assessment, treatment, and management.

Suicide death rates in Oregon are sobering. In 2018, deaths by suicide in Oregon rose from 825 in 2017 to 844 in 2018. Deaths for young people, age 24 and younger, to suicide also grew from 107 in 2017 to 129 in 2018. Oregon also saw an increase in youth that were hospitalized for self-inflicted injury or a suicide attempt with 750 hospitalizations occurring in 2017 and more than 900 in 2018. We now have the 11th highest rate of youth suicide in the nation, up from 17th in 2017, and suicide is the leading cause of death for young people in our state. As long ago as 2010 suicides cost Oregon over \$740,356,000 in lifetime medical and lost work. Costs to family and friends of those attempting or dying by suicide in Oregon are incalculable.

These numbers occurred before the COVID-19 Pandemic, the extent the impact that this will have on Oregonians is not fully known. What we do know is that, unemployment rates have risen leading to a loss of financial stability for many, and physical isolation meant that youth were unable to interact with friends and had a loss of routine as they were no longer able to attend school in-person. A loss of financial stability and isolation are two risk factors for suicide attempts.

The Oregon Alliance to Prevent Suicide was created to oversee the 5-year Youth Suicide Intervention and Prevention Plan which focuses on preventing youth suicides. Members of the Alliance to Prevent Suicide are appointed by the Oregon Health Authority and include subject matter experts from the public and private sectors, key leaders from state agencies, evaluators, legislators such as Sen. Sara Gelsler and Rep. Alissa Keny-Guyer, loss and attempt survivors, representatives of groups at higher risk for suicide, and young people.

Currently, there are no requirements for Oregon's workforce that most typically interfaces with those at-risk for suicide to receive training in suicide assessment and treatment and management. We can begin to address this gap by requiring licensing boards to document that their workforce had completed a designated number of continuing education requirements related to suicide. The Alliance is especially focused on ensuring that the behavioral health workforce has this training. We hear stories again and again from the public, and therapists themselves, about the lack of training and preparation they receive to deal with the most life-threatening problem they are likely to encounter in their professional lives. The lack of training, including updated knowledge and tools to address suicidal ideation, would be akin to an M.D. who never received training in CPR or had the expertise to address hypertension to prevent a heart attack. We must ensure that the behavioral health workforce able to assess risk, appropriately respond to and treat individuals at risk of suicide.



Online Trainings and Resources for Physical and Mental Healthcare Providers: Suicide Screening, Assessment, and Treatment

This document provides a list of online suicide intervention training for mental and physical healthcare professionals. This list does not necessarily indicate Oregon Health Authority endorsement or recommendation of these trainings. It is not an exhaustive list. It represents information about availability and cost that was available at the time of release of this document.

Some courses are currently being offered for free that may have charges associated with them in the future. Oregon Health Authority is sponsoring many of these trainings. Please reference the comparison chart that accompanies this document as well.

Treatment of Patients with Identified Suicide Risk

Collaborative Assessment and Management of Suicidality ([CAMS](#)) Online Training (4-hours, access for one-month to complete training): Funding is available for Oregon mental health providers who would need training to support clients in suicidal crisis. CAMS training is available online with cost covered by OHA for Oregon mental health providers for a limited time for the COVID-19 response. To access this resource, contact Maria Gdontakis Pos, mpos@aocmhp.org. CAMS is for mental health providers who provide individual outpatient therapy; mental health providers of in-patient, emergency department, and intensive outpatient programs; case managers; and emergency or crisis responders. If you already trained in CAMS, please see a free recorded [webinar](#) from CAMS creator Dr. David Jobes on *Treating Suicidal Risk Using Telepsychology*. CAMS has also recorded a [webinar](#) on *Treating Suicidal College Students Using Telepsychology: A CAMS Approach*.

Treating Suicidal Patients During COVID-19: Best Practices and Telehealth (1.5-hours, On-Demand): This [webinar](#) addressed the use of three best practices in caring for people at risk for suicide that can be delivered easily and effectively via telehealth: safety plans, treatment that directly targets thoughts of suicide, and DBT-based self-help skills and resources that clinicians can start employing in treatment immediately as well as share with patients.



QPRT Suicide Risk Assessment and Management Training Program (8-12 hours, On-Demand): This interactive [course](#) is for professionals responsible the care and safety of consumers at elevated risk for suicidal behaviors in all settings and across the age span. The training program includes the risk assessment and risk management of adult and/or youth suicide risk. An inpatient/residential assessment manual and risk monitoring protocols are available on request.

Screening Patients for Suicide Risk and Assessing Risk Level

Just In Time Behavioral Health in Times of Community Crisis (2-hours, [webinar](#)) Principles of behavioral health action, and the initiation of behavioral health action using the criteria of Psychological First Aid (PFA) during the COVID.19 pandemic. This course provides the fundamentals for delivering initial behavioral health response assistance during the Coronavirus. This abbreviated training provides best practices when working with any individual during the current situation of the pandemic. This curriculum is based on the SAMHSA 8-hour provider certification under the supervision of Dr. Ronald Glaus. Please note that completing the training does not qualify as a full PFA certification. All participants receive a CEU certificate of completion for each course. These free webinars are limited to health care professionals, first responders and SERV-OR volunteers in Oregon. Additional training dates will be added in May.

Columbia-Suicide Severity Rating Scale (C-SSRS) (1-hour, On-Demand): The C-SSRS supports suicide risk assessment through a series of simple, plain-language questions. The answers help users identify whether someone is a risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs. Addition information on the tool and how to use it can be found [here](#).

Preventing Suicide in Emergency Department Patients (2-hours, On-Demand): This [course](#) teaches healthcare professionals who work in an ED how to conduct screening, assessment, and brief interventions, such as safety planning and lethal means counseling. It also addresses patient-centered care for patients with suicide risk, patient safety during the ED visit, and incorporating suicide prevention into discharge planning.

Youth Suicide Prevention in Telemedicine (1-hour, On-Demand): This [webinar](#) is provided by Oregon Pediatric Society. Child psychiatrists Becky Marshall, MD, and Kyle Johnson, MD, along with Lines for Life, discuss screening for and responding to suicidal ideation when encountered by pediatricians in the context of a telehealth appointment. The webinar includes planning for safety at home, warm handoffs to Lines for Life, and when to refer to the Emergency Department.



Addressing Access to Lethal Means

Counseling on Access to Lethal Means ([CALM](#)) (1-hour, On-Demand): Reducing access to lethal means, such as firearms and medication, can determine whether a person at risk for suicide lives or dies. This free online course focuses on how to reduce access to the methods people use to kill themselves. It covers how to: (1) identify people who could benefit from lethal means counseling, (2) ask about their access to lethal methods, and (3) work with them—and their families—to reduce access.

Addressing Firearm Safety with Patients at Risk of Suicide: (1-hour, On-Demand) This [course](#) is based on research conducted in rural Oregon with rural firearm owners and videos created on how providers can support rural firearm owners that may be at risk of suicide. The videos that are embedded within the course are based on research findings with firearm owners, both the qualitative work we did in Central Oregon and the national survey we conducted. The St. Charles Hospital System is providing 1 CME free of charge for those who complete the course. Given its sensitive nature, it is password protected. Professionals interested in taking this course should contact (GeorgetteT@linesforlife.org) for the password.

Strategies for Patients with Behavioral Health Needs

Making it Matter with Micro-Interventions (2-hours, On-Demand): This [course \(with free CME\)](#) completed over a week or more that is designed to provide a practical and effective approach to supporting individuals experiencing loneliness, stress, and mental health and substance-use struggles (including suicidal thoughts). Micro-interventions are brief, evidence-based strategies designed to provide immediate support. Maybe more importantly, this course is about improving our own ability to cope more effectively with stress and to manage our important relationships.

Telepsychology with Children and Teens in the Age of COVID-19* (1-hour, On-Demand): Sponsored by the National Register of Health Service Psychologists. During this unprecedented period of physical distancing, clinicians and school personnel have had to shift provision of services to video conference (VC) platforms. This [webinar](#) will focus on strategies aimed at engaging children and teens in psychotherapy, both individual and group, via VC. Dr. Alvord will provide strategies that build resilience in children and teens and will discuss essentials and ethical obligations required for telepsychology services pertinent to minors and families, highlighting key Practice Guidelines for Telemental Health with Children and Adolescents



(Myers et al., 2017). Dr. Alvord will also emphasize requirements for informed consent from parents, some of whom might be separated or divorced.

Ethical Considerations in Virtual School Counseling (1.5-hours, On-Demand): This [webinar](#) is sponsored by the American School Counselor Association. During natural disasters and crises such as COVID-19, schools may need to move to a virtual setting. School counselors are then asked to provide school counseling services online, often with little time to prepare or little experience in virtual school counseling. Learn about the legal and ethical issues that can arise when conducting your school counseling program in an online world, both in emergency cases and in regular practice. CEUs available for purchase.

Pragmatics of Telepsychology Practice in the Age of COVID-19* (1-hour, On-Demand): Psychologists whose practices are affected by COVID-19 may consider [telepsychology](#) as an alternative to in-person sessions. Dr. Mary Alvord discusses telepsychology during the age of COVID-19 and presents strategies for ethical and effective practice.

A Practical Guide to Providing Telepsychology with Minimal Risk (On-Demand, 3-hours): Recorded by the National Register of Health Service Psychologists, this [presentation](#) featured three of psychology's leaders in the practice, regulation, and risk management of telehealth: Drs. Mary Alvord, Alex Siegel, and Eric Harris. Note: CE credit is available for purchase.

Telehealth for Mental Health Professionals: Distance Therapy Training (On-Demand, 2 days): Providing distance therapy services will allow you to gain access to more clients and provide quality care for your clients wherever they are. By completing this [training](#), you'll obtain a complete walkthrough of the whole process. You'll learn: the key terminology, evidence, benefits and risks; the unique legal and ethical concerns associated, such as privacy, security and crossing state lines; the policies, procedures and best practices you need to know to get started and while protecting your professional liability; how to navigate challenging telehealth business questions involving marketing, payments, billing and insurance; and demonstrations of the technology options and strategies for how to use them effectively. CEs available. This course is usually offered at a cost but is currently being offered for free. Use the code TELEFREE at checkout.

Provider Self-Care and Wellness

Compassion Fatigue and Self-Care (2-hours, [Webinar](#)) Responding in a compassionate and caring manner, in any profession, can impact mental and emotional strength. Assess your own level of compassion fatigue and compassion



satisfaction and acquire new tools to strengthen your resilience to burnout. Participants will also put together their own self-care plan after learning about strategies for self-care. Please note that completing the training does not qualify as a full PFA certification. All participants receive a CEU certificate of completion for each course. These free webinars are limited to health care professionals, first responders and SERV-OR volunteers in Oregon. Additional training dates will be added in May.

Staying Resilient In the Face of Prolonged Adversity (1-hour, On-Demand): Sponsored by Oregon Pediatric Society. Portland State social work instructor and private therapist Wayne Scott, LCSW will provide concrete knowledge and tools to promote health during periods of overwhelm and toxic stress related to the COVID-19 pandemic. The [webinar](#) emphasizes increasing self-awareness and use of science-based mindfulness practices. While focused on supporting provider wellbeing, the tools provided during the training are appropriate for sharing with children and their caregivers. CME available.

COVID-19 and Mental Health: Caring for the Public and Ourselves (1-hour, On-Demand): With the novel Coronavirus (COVID-19) outbreak, there are many who may be feeling emotional distress given the uncertainty around the impact, spread, and scope of the disease. Psychiatrists play an important role in supporting patients' management of any psychosocial issues and responses that may arise from the disease's impact on them, their families, and community. This free [presentation](#) will outline how psychiatrists can support patients, communicate with family members and children, and be a resource to other providers during the COVID-19 outbreak. CME available.

Caring for Yourself & Others During the COVID-19 Pandemic: Managing Healthcare Workers' Stress (1-hour, On-Demand) - In this [webinar](#) from the [Schwartz Center](#), Patricia Watson, PhD, of the National Center for PTSD, discusses ways that health care workers can manage stress—theirs and others'—during COVID-19. It is accompanied by handouts for health and mental health care providers on managing stress and on using the seven steps of Stress First Aid for self-care and peer support.

COVID-19 Resources

- [OHA COVID-19 Website](#): Includes Behavioral Health resource section
- [OHA COVID-19 Healthcare Partner Resources](#):
 - [Telehealth Tips: Clients with Suicide Risk](#)
 - COVID-19 Information Sessions for Oregon health care providers each Tuesday and Thursday, noon – 1pm
 - COVID-19 Project ECHO Sessions for Clinicians each Thursday, noon-1:15pm
- [Health Evidence Review Commission \(HERC\) Novel Coronavirus ICD10 Coding](#): ICD10 codes which may be commonly used for patients with suspected or confirmed COVID-19, along with their placements on the Prioritized List/other HSD files.



- OHA Rules changes and updates due to COVID-19 can be found [here](#).
- [OPAL-K and OPAL-A](#) (open 9 a.m. to 5 p.m. at 855-966-7255) lines operate for primary care physicians as a clinical resource. These lines are answered by physicians with expertise in behavioral health. Services are available for discussing the needs of individuals, assisting primary care providers in delivering care in their offices, conducting suicide assessments, and other behavioral health-related activities including prescribing. OPAL A serves 18 and older, and OPAL K serves ages 17 and under.



YSIPP Objective: Objective 6.2 Provide training to mental health and substance abuse providers on recognition, assessment and management of at-risk behavior, and the delivery of effective clinical care for those with suicide risk. (See also Objective 6.2c re requiring training)

Strategic Priority: By the end of June 2021, get legislation passed requiring the behavioral health workforce to take continuing education units on suicide assessment, intervention and management.

Action Steps	Who (Specific names will be added as tasks assigned)	Completed By	Measurable	Progress Notes
Review legislative concept submitted in 2019 session and revise if necessary	Workforce Committee	January 1, 2020	Legislative concept complete. Approval by Alliance members.	
Meet with key behavioral health providers and their organizations to gain support for legislation and address concerns.	Workforce Committee	September 30, 2020	Documentation of meetings and number of contacts	
Meet with legislators (starting with Alliance members) to	Workforce Committee	June 30, 2020	Bill sponsor obtained.	

present the concept and find sponsor(s) for the bill				
Work with legislative counsel on drafting the bill	Workforce Committee	September 30, 2020	Bill drafted	
Bill introduced.	Workforce Committee	February 1, 2021		



YSIPP Objective: 2.1 a Develop, implement and evaluate communication efforts designed to prevent suicide by changing knowledge, attitude and behaviors. And Objective 4.2 Encourage community-based setting to implement effective programs and provide education to promote wellness and prevent suicide.

Strategic Priority: Develop resource papers and case studies as a resource to employers (especially employers of youth in higher risk industries) to use in developing workforce suicide prevention training.

Action Steps	Who (Specific names will be added as tasks assigned)	Completed By	Measurable	Progress Notes
Research and write the papers	AOCMHP	Sept. 30, 2019	Papers completed and reviewed.	
Post papers on the Alliance website	AOCMHP	November 15, 2019	Papers posted on Alliance website.	
Disseminate as resource to regional coalitions	AOCMHP/Committee Members	June 30, 2020	Documentation of outreach and dissemination to coalitions.	
Share with employers in industries that employ young people and are known to be higher risk for suicide.	AOCMHP/Committee Members	June 30, 2020	Documentation of outreach and dissemination to employers and business associations.	