



Agenda Workforce Committee 6/10/19

Attending: Stephanie Willard, Julie Scholz, Joanna Peterson (OPS), Don Erickson, John Seeley, Hilary Harrison

Staff: Annette Marcus, Linda Hockman

	Topic/Who	How	Notes/Attachments
I.	Welcome and Agenda Review Don/Annette	Follow up on Action Items from Last Meeting	<p>.</p> <p>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.</p> <p>(Annette-follow up)</p> <p>Action: Don and John will connect next week to work on evaluation plans for DHS.</p> <p>Action: 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 has left some messages and will report back at our next meeting)</p>
II.	Legislative Session- Implications for our Work Annette	SB808	<p>Action: Annette-contact the people at Washington on for next workforce committee meeting.</p> <p>Stephanie-let's talk with the Washington group about how they were able to move this work forward. Yes, this work belongs in this committee.</p> <p>Julie-thinks that it makes sense to a 2-year-plan. She thinks that we should think about really going for what we want. Get clear on the ask— if we think the real need is with health care folks, we should build toward that now. She notes that physician groups tend to resist requirements for CME's. It is possible that there could be a champion within the membership who would support this and she'd need to think through how to engage her board. Julie is connected with and can check</p>

			<p>in about whether other states have required. She needs to educate herself about the current requirements.</p> <p>Stephanie shared that acupuncturists are required to take trainings on pain management (related to the Opioid crisis). Acupuncturists have not been included in the bill.</p> <p>Hilary shared that this year—hospital inspections have been very focused around ligature risk. An output has been training for staff—trauma informed care and mental health.</p>
III.	<p>Workforce Development Tool Box-</p> <p>Linda Hockman</p>	<p>Workforce Making the Case Paper and future briefs</p>	<p>Reviewed the proposal which includes an outline for smaller steps for agencies that don't have the commitment to providing an actual trainer.</p> <p>This will be an initial tool box for us to share at meetings and with regional coalitions.</p> <p>Julie and Don both agreed to follow up interviews with Annette and Linda to get papers out.</p> <p>Annette asked Hilary to give an overview of her initiative: Samaritan Health covers three counties—trained 5 in each county to train QPR, for example, trained all of school employees and expanded out to service organizations. Inside the healthcare systems, Hilary is often asked in by healthcare providers it is to decrease referrals, but she ends up highlighting the need to take suicide risk seriously. She will respond anywhere in the community. She notes that CHIP seems to always call out education related to that. 3rd case study.</p> <p>Julie trains on the ASK (ask suicide questions) for the medical model. The OPS training is focused on the clinics.</p>
III.	<p>Check In on Workforce Action Plan</p> <p>Annette/Don</p>		<p>. Action: Annette, Don and Julie will review workplan and update for June Quarterly and end of year reporting</p>
	<p>Parking Lot</p>		<p>-How are we addressing the 19 – 24 year old age group? Workforce could look at vocational needs</p> <p>-Review workplan as relates to YSIPP by September Quarterly Meeting</p>



Workforce Development

Proposal

Suicide Prevention Papers

The Making the Case for workforce suicide prevention training provides guidelines on how to implement a suicide prevention program within larger service oriented organizations. Researching background for the paper lead to websites and resources that offer a wide range of information on suicide prevention in the workplace. Topics covered small steps to assist staff to formal training to comprehensive policy and practice change discussions.

Since the earlier draft of Making the Case paper first circulated to committee members, edits have been made to a) include language to recognize that every place of employment, no matter of the size, can offer assistance; b) incorporate information about small steps to support employees who may have suicidal thoughts, suicide attempts, or are coping with the aftermath of a suicide death; and, c) add additional web based resource references.

To complement the Making the Case paper, this proposal recommends constructing three short papers to round out the Alliance website section on suicide prevention within the workplace. For the website, with the inclusion of the papers in this proposal, in the near future the Workforce Development Resource section would include:

1. **Making the Case paper** – an overview of the steps and elements for an internal suicide prevention training program within larger service oriented organizations.
2. **Small Steps** – A one-page paper to describe some steps that can be taken to promote suicide prevention in the workplace and to inform employers of resources available within Oregon and other states/national level.
3. **Interviews** – two interviews for the purpose of sharing lessons learned from first experiences within Oregon. It is proposed that one interview be with Don at DHS and the other with Julie on the roll out of training pediatricians.

Potential Questions

- What got the ball rolling? What was the impetus behind launching a suicide prevention training program?
- How was the idea of suicide prevention training received by managers, supervisors, staff? Did you have staff who were resistance or expressed concerns? Were you successful in engaging staff and gaining support? About how many were trained and over what period?



- In terms of lessons learned - What went well? Any challenging situations that stand out? What suggestions/recommendations for an organization on how to approach the process would you like to share?
- Has implementing suicide prevention training changed organizational policy and practices?



Agenda: Workforce Development Committee
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>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>3 URL's Purchased: ORSuicidePrevention.org There will be a members only portal and we</p>



		<p>Develop content for website if needed?</p>	<p>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.



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