

**Alliance**  
**Workforce Committee Meeting**  
Friday, May 14, 2021  
9:00 AM – 10:00 AM

<https://www.gotomeet.me/AnnetteMarcus/allianceworkforce>

Join the conference call: 866.899.4679, Access Code: 903-510-837

Committee Members in Attendance: Co-Chair Don Erickson, Co-Chair Julie Scholz, Sarah Spafford, Stephanie Willard, Tanya Pritt

Committee Members not in Attendance: Fran Pearson, Jill Baker, John Seeley, Liz Thorne, Kirk Wolfe, Deb Darmata

Staff: Annette Marcus (AOCMHP)

Staff not in Attendance: Jennifer Fraga (AOCMHP)

Meeting Attachments: YSIPP 2.0 Recommendations DRAFT

Time	Agenda Item	Action	Notes
9:00	Introductions, Announcements, Consent Agenda	Table items that have not been resolved	Members Checked In.
9:05	Review Action Items from Previous Month	Continue Advocacy for HB2315	<p>Don shared that DHS staff, understanding increase is consistent from staff who have been trained, but they note that referring to a BH professionals may be “false hope” because so few available. DHS going to modify material to acknowledge the lack of resources in our current workforce. This underlines the need for educating our BH staff.</p> <p>Discussed the workforce legislation moving through this year – Stephanie spoke of need for more psychiatrists and others who have expertise in youth and children. Discussed engaging with current legislation to add some child/youth specific incentives for folks in the workforce.</p> <p>Sarah asked about studies re BH workforce and need for suicide training – Don notes there have been national studies. Don, for example, spoke with the leader of KCREP (standards for bh accreditation schools)</p> <p>Sarah notes that in Australia they’ve done very specific needs assessment for the BH workforce and suicide prevention field. Not a similar process that she is aware of here. She sees us needing to get a really good lay of the land w needs of BH workforce. Also looking for number of BH folks who encounter someone who is suicidal.</p>
9:06	Update HB 2315 Annette Marcus		HB 2315 was passed unanimously out of the Senate committee to the floor. Annette, Don and Grey all testified in support of it.

9:15	Review YSIPP 2.0 Recommendation Survey Results		<p><b>The workgroup agreed on the following recommendations:</b>  Ensure that healthcare providers that serve with children, youth, and families and behavioral healthcare workforce are trained to identify, manage and treat suicidality. (SPRC Strategies: Identify and Assist/effective care and treatment/reduce access to means)</p> <p><b>Objective 1:</b> Support effective implementation of HB 2315.</p> <p><b>Objective 2:</b> Healthcare providers that serve children, youth, and families receive suicide risk assessment, safety planning, and intervention training with a focus on broad systems change using the Zero Suicide Approach (Measure: percent of healthcare workforce received training; evidence healthcare professionals feel more competent in identifying and managing suicidality)</p> <p><b>Proposed Sector:</b> General Workforce? Universal?</p> <p><b>Goal:</b> Suicide prevention information about recognizing the warning signs for suicide, knowing how to have the conversation and finding the right help at the right time are available to youth and young adults in Oregon. HERE OR IN ASIPP?</p> <p><b>Objective 1:</b> Provide materials and resources to employers of individuals 24 years of age and younger and guidance regarding how to create a suicide safer work environment.</p>
9:55	Review Meeting Action Steps Discuss Potential Agenda Items for next Meeting	Set Agenda	The group agreed to have an in-person meeting in July to more thoroughly sketch out the specific goals for supporting HB2315 implementation.
10:00	Adjourn		

## **Counselor Training in Suicide Assessment, Prevention, and Management**

**Dr. Garry R. Walz and Jeanne C. Bleuer. Sponsored by the American Counseling Association: *Ideas and Research You Can Use: VISTAS 2016***

### **Helping Professionals and Suicidal Clients**

Most helping professionals will work with suicidal clients during their careers. Knox and colleagues (2006), as well as McAdams and Foster (2000), identified suicide as a frequently occurring emergency for mental health professionals. Dexter-Mazza and Freeman (2003) indicated that 22% of psychologists experience the loss of a client due to suicide. Sawyer, Peters, and Willis (2013) stated that 71% of mental health professionals will work with clients who have attempted suicide, and 23% will work with a client who commits suicide. According to Schmitz et al. (2012), approximately one third of individuals who committed suicide met with a mental health professional within the year prior to committing suicide, and 20% received services within the previous month. Mental health professionals have identified client suicide as an “occupational hazard” that is the most stressful part of their job due to its increasing frequency and significant impact both personally and professionally (Feldman & Freedenthal, 2006; Knox et al., 2006). The lingering impact on therapists can include feeling guilty, angry, depressed, and self-blaming (Knox et al., 2006).

In a national survey, 30% of college and university counseling centers reported that at least one student committed suicide in the 2000–2001 school year (Francis, 2003). In another study focused on the occurrence of suicide on college campuses, researchers found that 24% of a sample of 1,865 college students had experienced suicidal ideations and 5% had attempted suicide (Westefeld et al., 2006). According to the Suicide Prevention Resource Center (SPRC; 2014), suicide has become the leading cause of death for college students. Considering the high probability that mental health professionals will see a client considering suicide, counselors must be prepared to skillfully assess and manage suicide risks.

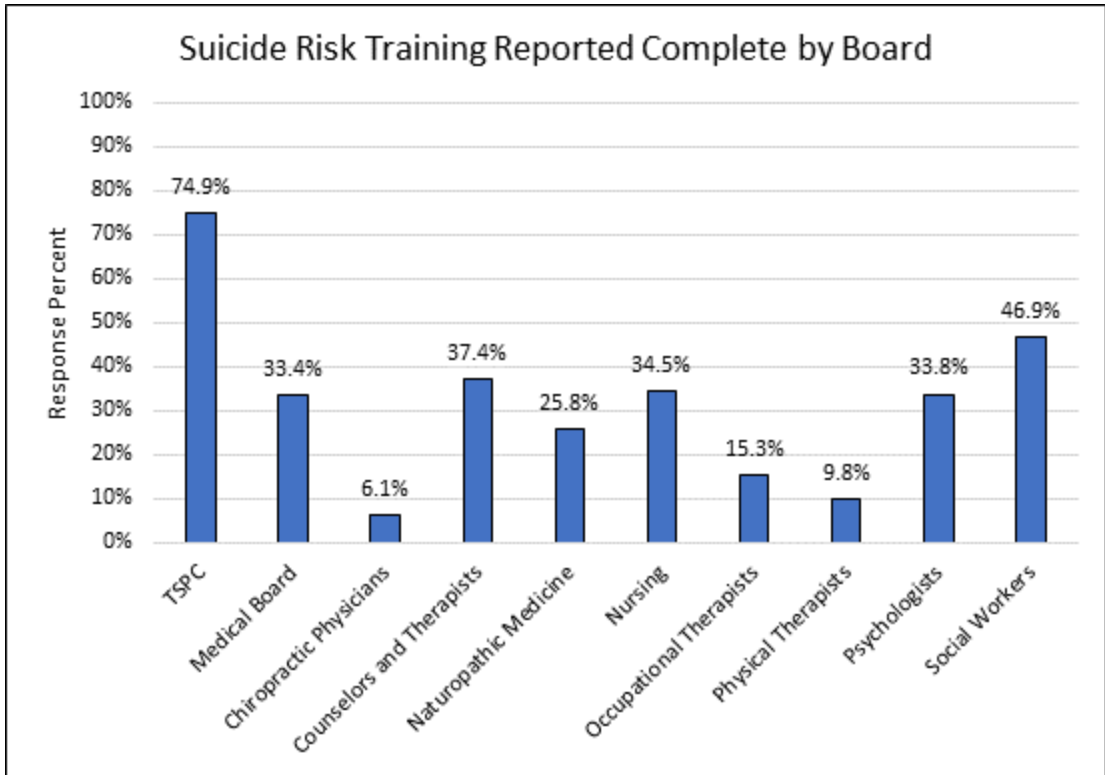
### **Graduate School Preparation**

It is the ethical duty of graduate programs to prepare counseling students to develop skills necessary to provide effective crisis interventions in the field (Morris & Barrio Minton, 2012). Wozny (2005) analyzed 50 Council for Accreditation of Counseling and Related Educational Programs (CACREP)-accredited programs and 50 Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)-accredited programs to determine whether each accredited program incorporated domestic violence and suicide in their curricula. Results showed that only 6% of COAMFTE-accredited programs and 2% of CACREP-accredited programs offered suicide assessment/interventions in their curriculum (Wozny, 2005). Wachter Morris and Barrio Minton (2012) studied 193 professional counselors, two thirds of whom graduated from CACREP-accredited programs. Results showed that 67% of these counselors indicated no crisis preparation course in their curriculum, and upon graduation, rated their self-efficacy as merely adequate in assessing suicide. Further, 31% of these counselors self-assessed only minimal self-efficacy in collaboration skills for crisis intervention, and 30% self-assessed similarly for suicide management/intervention (Wachter Morris & Barrio Minton, 2012). Thirty-two percent of the participants in this study recommended increased curricular attention to this important issue, advising graduate programs to increase instruction around suicide and crisis in their courses (Wachter Morris & Barrio Minton, 2012).

In Sawyer et al.'s (2013) study, 34 master's-level counseling students, enrolled in a Crisis Intervention preparation course for Mental Health Responders, were administered the Counselor's Self-Efficacy Scale to measure participant self-efficacy concerning crisis situations, basic counseling skills, therapeutic responses to crisis and post crisis, and unconditional positive regard. Results before training showed that, regarding crisis situations surrounding suicide, 15% reported no confidence at all; 38% reported little confidence; 29% reported a fair amount of confidence; 3% reported much confidence; 12% reported very much confidence; and 3% reported complete confidence (Sawyer et al., 2013). After the training, 0% of the participants reported no confidence at all; 6% reported little confidence; 30% reported a fair amount of confidence; 18% reported much confidence; 36% reported very much confidence; and 9% reported complete confidence (Sawyer et al., 2013). These results suggest that suicide is an intense crisis management issue and that counseling professionals can benefit from continuous training even if they have taken a course in crisis preparation. Research has shown that those professionals who have taken at least one crisis training course indicate a higher confidence necessary to intervene if a client is experiencing suicidal ideations (Sawyer et al., 2013).

**Key Legislative Dates**

<b>Date</b>	<b>Legislative Activity</b>	<b>Alliance Action Needed</b>
<del>Wed. Sept 23, 2020</del>	<del>Revenue Forecast</del>	
<del>Friday Sept. 25, 2020</del>	<del>LC Deadline</del>	<del>Submitted LC sponsored by Rep. Salinas</del>
<del>Tuesday Nov. 3, 2020</del>	<del>Election Day</del>	
<del>Wed. Nov. 18, 2020</del>	<del>Revenue Forecast</del>	<del>Review</del>
<del>Monday Dec 7, 2020</del>	<del>Leg Counsel Returns Measures</del>	<del>Review LC</del>
<del>Monday Dec 7 – Wed Dec. 9</del>	<del>Legislative Committee Days</del>	<del>*Presentation on CEU LC *Possible 3090 Follow Up</del>
<del>Monday Dec 21, 2020</del>	<del>Final deadline to file bills with Chief Clerk of Secretary of Senate</del>	
<del>Monday Jan. 11 – Friday Jan 15, 2021</del>	<del>Legislative Organizational Days- New Members sworn in, committee assignments made</del>	<del>Track assignments to House Behavioral Health, Education, Health Care, Human Services and Senate Health Care, Human Services Education</del>
<del>Tuesday Jan. 19 – June 28, 2021</del>	<del>Legislative Session 2021 (specific dates to follow for committees as they are assigned)</del>	



**Figure 3.** Percentage of licensees reporting completion of continued education in suicide assessment, treatment or management by licensing board.

**NEW SMART GOAL FOR COMMITTEE**

STRATEGIC PRIORITY: 2021 Legislation to require BH workforce to take SP related CEUs

<b>STATUS</b>	<b>YSIPP Objective*</b>	<b>DEADLINE</b>	<b>TASK #</b>	<b>ACTION STEP</b>
In Progress - On Track	6.2	01.15.21	Task 1	Meet with key behavioral health providers, representatives of licensing boards to gain support for legislation and address concerns
In Progress - On Track	6.2	Ongoing through legislative session	Task 2	Meet with legislators to gain support for workforce LC submitted by Alliance and sponsored by Rep. Salinas
In Progress - On Track	6.2	1.15.2020	Task 3	Work with legislative counsel on updating LC for final proposed bill after presentation at Legislative Days
Not Started	6.2	Ongoing through 2021 Legislative session	Task 4	Introduce bill and testify at appropriate committees