

**Alliance  
Workforce Committee Meeting  
Agenda**

Friday October 8, 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, Deb Darmata, Fran Pearson, Jill Baker, John Seeley, Kirk Wolfe, Liz Thorne, Sarah Spafford, Stephanie Willard, Tanya Pritt**

**Committee Members not in Attendance:**

**Staff: Annette Marcus (AOCMHP), Jennifer Fraga (AOCMHP)**

**Staff not in Attendance: N/A**

**Guests: Gordon Clay**

Time	Agenda Item	Action	Notes
9:00	Introductions, Announcements, Consent Agenda	Table items that have not been resolved.	SB 48 report due March 2022
9:05	REVIEW: Idea of a Proposed Project Plan for HB 2315		
9:10	<p>DISCUSS:</p> <ol style="list-style-type: none"> <li>1. Support implementation of HB 2315 <ol style="list-style-type: none"> <li>a. Assigning members of Alliance, including youth and family members, to RAC (Rules Advisory Committee)</li> <li>b. Partner with professional behavioral health organizations (e.g. NASW, MHACBO) to educate BH workforce on requirements and help to develop standards for developmental levels of training - such as AMSR, ASIST, QPR</li> <li>c. Partner with OHA to develop training resource page which identifies which type of training</li> <li>d. Consider whether funding is needed to support training initiatives for BH workforce</li> <li>e. Alliance will annually review SB 48 Report and make recommendations to OHA on professional development based on evaluation of results</li> <li>f. Determine if current policy, 2 hours every 2 years, is working or needs to be adjusted through another policy ask</li> </ol> </li> </ol>	<p>OHA Update on HB 2315 RAC.</p> <p>Discuss timing for YSIPP recommendation action items B-D (to the left).</p>	

9:25	<p>DISCUSS Healthcare Continuing Education:  Overall goal is healthcare workforce has received appropriate level of suicide risk assessment, safety planning, and intervention training</p> <ol style="list-style-type: none"> <li>a. Assess current Oregon landscape of SP training for healthcare sector</li> <li>b. Support and build on existing initiatives to train healthcare workforce including zero suicide. Engage zero suicide folks to advise on education and policy advocacy and linkage to alliance work and regional coalitions</li> <li>c. Promote legislation to require health workforce to receive SP training</li> <li>d. Look at undergraduate and graduate behavioral healthcare programs to add a required suicide prevention course to their educational plans</li> </ol>	<p>Determine next steps for developing legislation and identifying champions.</p> <p>Prioritize sectors of healthcare workforce?</p> <p>Julie followed-up with the OHSU pediatric residency coordinator to ask about what kinds of curriculum the med school residents get in suicide prevention (and behavioral health).</p>	<p>What medical / physical health licensures were you able to successfully require suicide prevention training for? How did you accomplish this? What are lessons learned?</p> <p>Physical healthcare – how do we want to define this? Who does this include / what areas of focus do we want to look at for CME requirements? Do we want to try for all physical healthcare professions at once or do we want to stagger them out? Look up</p>
10:00	Adjourn		<p>Future action items:  Schedule review of SB 48 report.</p>

			<p>Sarah &amp; Jill – look at assessment piece of HB 2315</p> <p>Tanya – will get a list of what MHACBO requires for certification and connect Jill with Eric at MHACBO</p>
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