Alliance
Workforce Committee Meeting
Friday April 22, 2022
9:00 AM – 10:00 AM

Join Virtual Meeting:
https://us02web.zoom.us/j/89796541408?pwd=OGpPRVArcDhTS1MzWml3YUhaZHV3dz09

Meeting can also be joined by calling 6699009128,,89796541408#,,,,*651946#

Committee Members in Attendance: Co-Chair Don Erickson, Co-Chair Julie Scholz, Jill Baker, Marielena McWhirter, Sarah Spafford, Stephanie Willard

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

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

Guests: Danielle Grondin, Gordon Clay

Time	Agenda Item	Action	Notes
10:00	Introductions, Announcements, Consent Agenda, Annette Policy Overview (See the 3 training related Policy Proposals)		Attachment: Alliance Policy Proposals Annette, Julie, and Don are going to divide and conquer on the Workforce Committee work with Don taking point on HB 2315 implementation and Julie taking point on adding physical healthcare workforce to the requirement.
10:10	HB 2315 Assessment Don Erickson Update on HB 2315 RAC Jill Baker	Provide feedback to Marielena and Sarah on evaluation proposal for HB 2315	Attachment: Sarah and Marielena proposal Wonderful proposal! Don thinks it is important to measure workforce confidence pre and post-training in assessing suicidality. Summary of Sarah and Marielena's proposal: have a survey for either OHA or licensing boards to send out to licensees that will gather information on who is in compliance with HB 2315 requirements, if trainings are effective, how long they trained, what trainings they took, and additional information. Don asked about including a question about how many people professionals saw that experienced suicidality or had a suicide attempt within the last

			year. Verbiage around how they could word this question was discussed. Jill – we have 3 options: 1. There is an active audience that participated in OHA paid for advanced training through Big River programs, like TF-CBT. This could be a sample size of the state and wouldn't cover all licensees. 2. Ask for workforce survey that is connected to OHA to go to an external UO survey. Last time this happened, there were low response rates. 3. OHA Health Policy & Analytics can take on this project. This would have lower cost but would take a lot of time and we don't necessarily have full control over the survey. If this is an Alliance related project, this is something that could / should go to the Executive Committee and then John Seeley with UO Lab If the Alliance wants OHA to take this survey on, Jill would need to find funding for this project. Don asked about the Social Work Board survey that licensees have to complete (both CSWAs and LCSWs) have to complete in order to be re-licensed. Jill shared that many organizations want to add

			questions to this survey but only things that are legislatively mandated will be added. Example of a mandated requirement – SB 48. Question that will still be on the survey – did you take a suicide prevention training as mandated by HB 2315 (instead of SB 48). If we had it over to OHA doing this internally through Health Policy & Analytics, do we have control / access over the data? Jill does not know about this aspect. She can gather more information about this / their process if we'd like. Jill is going to ask if there can be a dropdown menu for people to specify what training they took. What trainings do we want to recommend for different workforces? How do we know what trainings are having the most impact to improve professionals practice? This question can't be fully answered by the training taken. There has to be the right policies and procedures in the person's workplace in order for trainings to really be effective. If an organizations or private practice professional's P&P is in opposition to a training, they may not be able to actually implement what they learn in the training.

			It would also be helpful to ask what further support do you need? Example Julie provided around ongoing support is a learning community / learning collaborative. Annette asked if there is a group that would be okay / would like to meet outside of committee meetings to continue work on this. volunteers: Sarah, Marielena, Annette, John, Jill. Danielle thoughts on survey: Can we make the language less Client facing and more of a “we” thing. This could help reduce “othering” by recognizing that this knowledge and these skills can be helpful for professionals and Clients alike. More language of “changes of practice.” Suicide prevention is not just for professionals to Client. How do we measure the competencies? Danielle, along with many others with lived experience, share that current practice is re-traumatizing and doesn’t look at the why behind wanting to die or the protective factors that people try to hold on to during a crisis.

			Ideal world – connect HB 2315 survey to participants pre and post-training surveys. Help us see sustainability and long-term impact of the training.
10:20	Strategize for Healthcare CME Legislation Julie Scholz	Review list of boards Prepare for meeting with legislators Assign small groups to review and draft legislation	Attachment: Overview of Washington legislation HB 2315 (2014) - Added the requirement healthcare professionals–nurses, doctors, PAs, DOs, etc. – complete one-time training in suicide assessment, treatment, and management. HB 2411 (2020) - Provides advanced suicide prevention training requirements for mental health professionals; adds a one-time training requirement for optometrists, acupuncturists, Eastern medicine practitioners, veterinarians; adds creation of training for construction industry. *Health profession mandatory suicide prevention training list go here. HB 346 (2017) – Funds psychological autopsy examiner who shall work with the medical examiner to compile data regarding suicide related deaths, maintain database of information, coordinate with the suicide prevention coordinator and the suicide prevention coalition.

			Julie and Annette shared that meetings with legislators will be happening this year. Marielena has volunteered to do a deeper dig into healthcare related suicide prevention legislation from across the country. Stephanie asked about lifespan – are we only going to include pediatrics? We can miss some youth focused doctors if we only focus on pediatric specifically as many doctors see lifespan and it will be difficult to parse through this if we don't do a general professional. Primary Care Providers (PCP) – 3 main groups in this category: Children: pediatrician / pediatric nurse practitioner Adult: Internal Medicine Family: Family practice doctor / family physician There are then specialists, like naturopaths or allergy doctors, that interacts with lifespan. If we just did pediatrics, we would exclude ER doctors and this is a big population of people to ensure are trained. If we don't do Lifespan, it could get so nitty gritty otherwise and also, if we include it,

			Marielena noted that all hospitals with ERs are currently required to have suicide prevention training. What is that training? Where does that requirement live? Julie noted that someone who is a pediatrician but only does research and doesn't interact with patients isn't a high need area for this training. It's important to note what professional's role is with patients – how often to they interact with them? Stephanie pointed back to Washington's set-up and how they specify "client care" in their legislation language. What would we like to do as a group – go for the lifespan at once or do like Washington to go slower, profession-by-profession. What has the best chances of passing next session?
11:15	Adjourn		New SB 48 report comes out in October.

Follow-Up Tasks for HB 2315	Updated Rules from Jill, Plan for TSPC engagement, Priorities for Jill: RAC then co-create a scope of sequenced recommended trainings by role followed by RFP. 1. RFP development advice for training (Don, Stephanie, David) Requested feedback from folks within 2 weeks on materials she sent to folks. 2. Co-create a scope of sequence of recommended trainings by role (Don, Cheryl C., Sarah) Staff to-do to help bring this meeting together with Jill & Shanda. Should be concurrent with RAC. 3. Review Rules to Determine RAC Need (Annette, Jenn and Stephanie) Rules around Traditional Healthcare workers (that OHA has control over) – these were updated but did not include suicide prevention. There needs to be a rules advisory council for this and Jill thinks she needs to ask for emergency rules process to make sure they are in effect in time. Stephanie, Annette, Marielena, Jill to meet. Timeframe – Jill will get back to the group on a timeline. Guess is to meet within the next couple of weeks. Stephanie says between now and March 31st and not May works for her. OAR 410 – Jill thinks these need a RAC OAR 309-027 – Jill does not think that these need a RAC