

Alliance
Workforce Committee Meeting

Friday May 13, 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 Julie Scholz, Jill Baker, Stephanie Willard, Tanya Pritt

Committee Members not in Attendance: Co-Chair Don Erickson, Deb Darmata, Fran Pearson, John Seeley, Kirk Wolfe, Liz Thorne, Marielena McWhirter, Sarah Spafford

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

Guests: Allyssa, Cheryl Cohen, Gordon Clay, Trace Terrell

Time	Agenda Item	Action	Notes
10:00	Introductions, Announcements, Consent Agenda, Annette Policy Overview (See the 3 training related Policy Proposals)	June meeting date / time change	<p>Attachment: Alliance Policy Proposals</p> <p>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.</p> <p>Announcements:</p> <p><u>4:00 PM today</u>: Rally for Trans Youth at state capitol “Join Basic Rights Oregon's rally to affirm our support for trans kids, and all LGBTQ2SIA+ Oregonians, in the face of dangerous political attacks. Let's send a message to divisive politicians: In Oregon, we say gay, we protect trans kids, and we show up to stand against hate! Masks are encouraged and will be provided! We'll also have ASL interpreters and ADA accessible restrooms.”</p> <p>May is Mental Health Awareness Month: If you have events going on in your area, let us know so we can elevate it.</p>

			<p>Annette wants to celebrate the fact that WE (that is YOU!) the Alliance were awarded the Children's System of Care Advocates of the Year at the Children's Mental Health Day at the capitol.</p> <p>Trace shared that in the next coming weeks, there's going to be a new website for teens who want to be involved with youth mental health advocacy. It's called Evokate and I will be sure to share it with all!</p>
10:05	<p>HB 2315 RAC Definitions and Next Steps Annette Marcus & Don Erickson</p>	<p>Review proposed definitions Identify committee members who want to focus on 2315</p>	<p>Concern that came up from a rules advisory committee (RAC) for HB 2315 from peers / traditional healthcare workers (THW) is they feel we are asking them to go outside their scope of work. By creating / updating definitions for specific terms related to HB 2315, we can help address this concern.</p> <p>Jill is going to send definitions from OAR 309 so we can work from existing definitions. We can see if we can make slight changes to help this need. One hurdle is to make sure we are aligning work with MRSS (Mobile Response Stabilization Services) definitions / behavioral health workforce. There is a bit of tension between all these things to make sure we aren't asking the workforces to do things outside their scope of work and also meeting needs.</p>

Annette and Cheryl Cohen will work on definitions. If Jill can receive a first pass of definitions before she leaves next Wednesday for medical leave, that would be very helpful. Right now, there is a deadline to present definitions to THW board *May 23rd*. If we can't get definitions to Jill by end-of-day Tuesday, send to Jessie Eagan as she is taking over this work while Jill is out.

Definitions:

Suicide Screening: Suicide prevention experts usually use the term suicide screening to refer to a procedure in which a standardized instrument or protocol is used to identify individuals who may be at risk for suicide. Suicide screening can be done independently or as part of a more comprehensive health or behavioral health screening

Safety Planning: is about brainstorming ways to stay safe that may also help reduce the risk of future harm or suicide It can include planning for a future crisis, considering your options, and making decisions about your next steps. A safety plan is a prioritized written list of coping strategies and sources of support for those who have been deemed to be at

			<p>high risk for suicide can use before or during a crisis. Safety plans work best when collaboratively created with the client.</p> <p>Suicide prevention is a collection of efforts to reduce the risk of suicide. Suicide is often preventable, and the efforts to prevent it may occur at the individual, relationship, community, and society level</p> <p>Management of Suicidality - Treatment of Suicidality – clinical interventions to address and reduce suicide risk Assessment – an ability to identify suicidal risk and warning signs</p>
10:15	<p>Continue to Strategize for Healthcare CME Legislation Julie Scholz & Annette Marcus</p>	<p>Review list of boards Prepare for meeting with legislators Assign small groups to review and draft legislation</p>	<p>Due to workforce shortages and other issues, clients are experiencing longer wait times to connect with ongoing community support after being screened.</p> <p>Rep Lisa Reynolds is our champion for physical healthcare expansion legislation. She is a pediatrician and active in Mom’s Demand Action.</p> <p>OPS involvement is unknown at this time. OPS Advocacy Committee feedback provided so far, “trainings have to be meaningful and not just a box to check.” Make sure training has clinical applications within the training, like CAMS or YouthSAVE. The</p>

		<p>medical pain management requirement is prescriptive and specifically assigned and the cultural competency requirement is more open providing a wider variety of options for providers to take.</p> <p>From conversations, it seems that we need specific trainings ready to suggest / offer to the physical healthcare workforce before we propose legislation in order for us to find support.</p> <p>Proposal: Keep moving forward as if we are going to submit a legislative concept this year for the 2023 session. Continue research, find champions, etc. in August, pause and see if what we have is ready for legislative action.</p> <p>To Do:</p> <ul style="list-style-type: none">-Look into what trainings are available for doctors-Ask Meghan Crane to attend a future meeting as she leads ZeroSuicide in healthcare settings-Annette & Marielena are creating sample legislation that will be reviewed next meeting <p>Update on progress, list of boards, timeline</p> <p>Boards: Oregon Medical Board oversight by OHA:</p>
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11:00	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