

**Alliance**  
**Workforce Committee Meeting**

Friday June 17, 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, Marielena McWhirter, Stephanie Willard, Tanya Pritt

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

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

**Guests:** Gordon Clay

Time	Agenda Item	Notes
10:00	Introductions, Announcements, Consent Agenda	
10:05	HB 2315 Implementation	<p data-bbox="789 415 1913 581">Small group of this committee met with the Oregon Medical Board and explored if there was a way to enact this through rules and not legislation. The response was maybe but they thought it would be best to make it a requirement through legislation.</p> <p data-bbox="789 643 1934 716">The Oregon Medical Board covers a large number of professionals, 80,000 – 100,000 nurses and 22,000 for the medical board.</p> <p data-bbox="789 777 1923 943">Stephanie received a quarterly packet from the Oregon Medical Board which included a multi-page article focused on wellness for providers and touches on suicide prevention. She thinks this could be something for us to build on when we talk more with the board.</p> <p data-bbox="789 1005 1892 1216">A small group also met with Meghan Crane to discuss the Zero Suicide landscape in the state. While the original focus of zero suicide was in the physical healthcare space, in Oregon there has been a lot of engagement from behavioral health organizations. Meghan will give us a list of organizations that are engaged in this across the state.</p> <p data-bbox="789 1278 1923 1390">Julie wants us to figure out – who we are specifically wanting to target with the expanded legislation. We will need specific professions to have listed in the legislation and when we do outreach. How do we narrow the field of</p>

who this impacts? We may have to figure out specific licenses because they may not track PCPs but they track MDs, Physicians, Nurses, etc.

Options for us:

1. Doing more background support of what this legislation expansion needs to have in order to be successful. Example of background support is funding.
2. Put forward a bill and be okay going back multiple years to try to pass it.
3. There are courses out there, share those.

Do we propose a bill with infrastructure up front or do we propose one without that and say that we'll come back later with infrastructure ideas? Julie believes that this is a group that will want to know everything up front so the more detailed and throughout our plan is, the better it will go from the beginning.

Annette thinks it would be beneficial to look at what Marielena found from other states first to see what has been successful in other areas.

Gordon thinks it would be best to target one specific group of physical health professionals first and then branch. They think it would be best to start with General Practitioners (PCPs) because they are seen most often. Julie agreed and said that this was our original idea but the Oregon Medical Board said that they are unable to break the professions out like this.

		<p>Annette said we could also ask for a more limited proposal and label it as a pilot project and expand out from there.</p> <p>Marielena asked if there are ways we can frame these conversations for training not just around how to spot signs in patients but also in their co-workers.</p> <p>Extra meeting scheduled for June 30<sup>th</sup> from 9:00 – 10:00. Come to this meeting prepared with an idea or two for what we can do to expand the HB 2315 legislation.</p>
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 31<sup>st</sup> 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