Alliance
Workforce Committee Meeting
Friday, August 12, 2022
9:00 AM – 10:30 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, Deb Darmata, Jill Baker, Kirk Wolfe, Stephanie Willard, Tanya Pritt

Committee Members not in Attendance: Marielena McWhirter, Sarah Spafford

Staff: Jennifer Fraga (AOCMHP)

Staff not in Attendance: Annette Marcus (AOCMHP)

Guests: Cherryl Cohen, Gordon Clay, Siche Green-Mitchell

Time	Agenda Item	Notes
9:00	Introductions, Announcements, Consent Agenda	Committee attendees introduced themselves.
9:05	Legislative Support Update and Follow-Up	Quick background: - Key area for success of legislation is having a strong champion in the legislature. We thought we had found one in the legislature but recently learned that they will not take a lead on our legislation. - Oregon Medical Board meetings (MD, DO, NP, Acupuncturists) showed us that it is hard to make exceptions through their CME (Continuing Medical Education) systems. - This attempt, we have not yet talked with OMA (Oregon Medical Association). Historically, there was some disagreement about what was included in the legislation between the Alliance and OMA. They support youth suicide prevention, the disagreement mentioned was directed towards mandating CMEs not the overall practice of youth suicide prevention. Oregon Suicide Prevention Pathways that pertain here: 3.3.1 "Equipped Workforce" - The behavioral healthcare workforce is well-equipped to help children, youth and families heal from suicidal ideation (including understanding variations of risk and protection levels and current risk and protective conditions). 3.1.4 "Integrated Care" - Oregonian young people will receive integrated models of healthcare in primary care settings and schools (i.e. behavioral

		health is available and access through primary care or school-based health centers/ school based mental health). ASIPP soon to be published reads under Equipped Workforce: 1) All physicians and other medical professionals will be required to complete continuing education in suicide prevention. And: 2) Equipped Workforce: Increase Safety Planning training among Health Care professionals Legislative Committees: Right now, not 100% sure who will be on what committee for the upcoming session and also what the committee structure will look like. There may be some restructuring of committees, with potentially Behavioral Health being absorbed into Healthcare with one day a week or month dedicated to Behavioral Health. Feedback from legislator that we tried to gain support as our legislative champion: - Providers don’t like mandated CMEs. - While I agree that (most) health care providers need to be better equipped to screen for and talk about suicide, I've come to the conclusion that statutory requirements for CME is not a tenable solution. I am incredibly concerned about the suicide crisis we're facing, but it's becoming clear to me that it would be very difficult to get this over the finish line in a meaningful way. - I will not be taking a lead on this issue.

		Next steps with this pivot in our work: - Write a letter to Reynolds asking for clarification on things we suspect: Do other legislators not support this? Are there physicians she is connected with that doesn't support this? What will she support? - Other states started with a recommendation and not a mandate. - Kirk suggests looking closer at the ONA (Oregon Nursing association) - When looking at other options, Chery mentioned support to have trainings available for providers especially when the training is required. Suggested looking at WA state and their model. - Gordon sent an email to Jenn and requested this be forwarded to the group. - Stephanie brought up the ethics requirement that licensees have. Could we wrap some suicide prevention mandates to be counted as ethics? This would be up to the boards so would need a different approach. What do we want to do as a committee? - Look for other champions? Change approach for this legislative session in what we put forward? Continue current trajectory and talk with other associations? Jenn can connect with Charlette about her hospital staff connections? Write an official response letter to Rep. Reynolds? Start mapping what the training we want them to take would look like? Make the issue more politically attractive? Link it to YSIPP and ASIPP while pointing out that these goals came from Oregonians /

		constituents? Connect with people with lived experience Incentivize CMEs in suicide prevention? Focus on training programs? Work towards a ballot measure? If we look at the emergency room requirement, we would have overlap with the transitions of care committee and the HB 3090/3091 work they are doing. Can a legislative concept (LC) be submitted without a sponsor? If not, connect with Gelser-Blouin. Committee to vote on options for next steps: - Option 1: move forward with current LC and look for a sponsor, would have a fiscal - Option 2: adapt bill to have it be more about creating capacity / trainings we want to see medical providers take, would have a fiscal - Option 3: ask Senator Gelser-Blouin to put a placeholder bill in for us (would help us get to option 2 if wanted) (Other options include Rep. Moore-Green, Nosse, Frederick, Sanchez) Committee decides to pursue option 3 and then option 2. Jenn will work on a draft to connect to Gelser-Blouin and work with Julie and Don to get this sent off as soon as possible.
9:40	Status Check on HB 2315	Options: - Offering selection of trainings to be developed for various professional levels

		RAC (Rules Advisory Committee) met twice. There was a lot of discussion around roles of traditional healthcare workers (THW) and QMHA / QMHP responsibilities. With the 988 / MRSS RAC that took place, there was some overlap in definitions with HB 2315 especially around defining different types of assessments. Because Jill had already opened the outpatient 309 rules, it was decided that the terms would be defined through her process and they will define the 5 different terms / types of assessments that had questions. Public hearing next Wednesday at 9:00 AM on these rules with time for public comment. Talked about putting out an Request for Proposal (RFP) around a training for THWs that would be a simulation with more than QPR but not as in depth as safety planning training. There is not funding for this, Jill said she would look in other areas for potential funding. OHA S-PIP Team put in funding request for a training coordinator through the POP (Policy Option Package). Cheryl shared roadblocks in implementation of HB 2315. She works for PacificSource Health Plans and is looking for a training / trainer to provide a 2-hour training that would meet the requirement. Want the training geared towards healthcare providers and prefer a lifespan approach, not just youth focus. Would like the training to be recorded so it can be used in future years.

		Jill suggested checking with Incite Agency for Change. Don asked if we know what the training requirements will be before the RAC process is complete? Jill said we do because the boards just have to approve CEUs for the trainings and it means it counts.
10:30	Adjourn	Jenn will send a Doodle to the group for our September meeting as it currently falls on our September quarterly. 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