

Alliance Workforce Committee Meeting

**Alliance
Workforce Committee Meeting**

Friday, April 7, 2023

9:30 AM – 11:00 AM

Join Virtual Meeting: <https://us02web.zoom.us/j/82322000168>

Committee Members in Attendance: Co-Chair Don Erickson, Co-Chair Julie Scholz, Angela Perry, Deb Darmata, Gordon Clay, Jill Baker, Marielena McWhirter, Meghan Crane, Sarah Spafford, Stephanie Willard

Committee Members not in Attendance: Kirk Wolfe, Tanya Pritt

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

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Time	Agenda Item	Notes																
9:30	Introductions, Announcements, Consent Agenda Julie Scholz	Sarah: Congrats Doctor Spafford! Meghan: There is chance that HB 3513 (firearm time and distance legislation) may not be dead in the legislation process. There may be some amendments in the works. She is not completely sure but we will keep an eye on this. Rep. Tran may be a good fit for Alliance membership.																
9:40	Legislative Update on SB 818 Annette Marcus	Work session is finished and two legislators voted no. Staff are not sure as to why they are against it and said that advocacy to those Senators is very important now. Annette would like to plan to get meetings set-up for those on the Ways and Means Joint Committee which is where SB 818 will go at some point. The work session showed that the language of the bill seems to be easily confusing for legislators as to our exact ask so it would be important to clarify things before a vote takes place. Joint Committee On Ways and Means Subcommittee On Human Services <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> Overview Assigned Measures </div> <div style="background-color: #d3d3d3; padding: 2px 5px; margin-bottom: 5px;">Membership ▼</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">Co-Chair</td> <td style="padding: 2px 5px;">Senator Winsvey Campos</td> </tr> <tr> <td style="padding: 2px 5px;">Co-Chair</td> <td style="padding: 2px 5px;">Representative Andrea Valderrama</td> </tr> <tr> <td style="padding: 2px 5px;">Member</td> <td style="padding: 2px 5px;">Senator Sara Gelser Blouin</td> </tr> <tr> <td style="padding: 2px 5px;">Member</td> <td style="padding: 2px 5px;">Senator Cedric Hayden</td> </tr> <tr> <td style="padding: 2px 5px;">Member</td> <td style="padding: 2px 5px;">Representative Ben Bowman</td> </tr> <tr> <td style="padding: 2px 5px;">Member</td> <td style="padding: 2px 5px;">Representative Ed Diehl</td> </tr> <tr> <td style="padding: 2px 5px;">Member</td> <td style="padding: 2px 5px;">Representative Christine Goodwin</td> </tr> <tr> <td style="padding: 2px 5px;">Member</td> <td style="padding: 2px 5px;">Representative Hai Pham</td> </tr> </table>	Co-Chair	Senator Winsvey Campos	Co-Chair	Representative Andrea Valderrama	Member	Senator Sara Gelser Blouin	Member	Senator Cedric Hayden	Member	Representative Ben Bowman	Member	Representative Ed Diehl	Member	Representative Christine Goodwin	Member	Representative Hai Pham
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		<p>Work session 1: starts at 50:16 Work session 2: starts at 41:40</p>
<p>9:55</p>	<p>Traditional Healthcare Worker Training Update Sarah Spafford and Jill Baker</p>	<p>Contract with developers that work with problem gambling to build an on demand training for Traditional Healthcare Workers (THW). There was a request to have stronger presentation from THW workforce. Development has started and there has been an advisory group that has met twice in small group curriculum advisory meetings. OHA was contacted by the doula workforce expressing concern of an online, on demand training for the subject matter and concerns on how to meaningfully capture cultural adaptations in that format. Jill will meet with them next Wednesday to see how we can move forward and hopes to show that this online on demand training is just one option for the workforce to take and that this format was specifically requested through rules process from THW as it needed to be free and easily accessible. This was the lowest barrier option that could be offered. Depending on how the upcoming meeting goes, the release of the training may be about one month delayed.</p>
<p>10:10</p>	<p>New Suicide Prevention Training for Behavioral and Healthcare Providers Report Action Item</p>	<p>Key Themes: *Appreciation for the report and how much it informs our work and policy advocacy *Need for evaluation and investment in evaluation *Concerns re methodology; would like more active engagement by the boards? Don't know question. Suggestion for charts to include total number of licensees per county as well as the total number of trainees * Policy Advocacy: Ask OHA to actively support future legislation for mandates (cite impact made for behavioral health and chiropractors)</p>

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The report has charts that show how many were trained in each county. Could we also have graphs of how many people are licensed in each county so we can compare the number of those trained vs. those who are licensed. Stephanie shared that the acupuncture board has data on who is licensed per county and breakdown by gender.

We want to know – how many that are eligible for re-licensure that took the training. Last month, it was said that it's up to the boards what they do when people don't take the training however the law states that you need this course in order to be eligible for re-licensure.

Gordon is concerned about overwhelming licensure staff with requested data and information. Gordon remembers from the SB 48 process is that folks said that they aren't able to provide a lot of information due to work capacity.

Marielena pointed out that, if we don't have the data to show that what we are doing is effective, it will be difficult to get our needs / requests met. If we can gather significant data it will make a difference whether or not what we're doing is making a positive difference or we're still stuck. It gives us a good picture of what needs to change and what we need to continue.

Don asks what we would like to be able to measure outside of the decrease in the number of suicide rates. Sarah shared that it's important to know if people are feeling more knowledgeable / competent and we also need to be able to measure behavior changes. Examples of behavior changes include

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		<p>higher rates of completed safety plans, collaboratively created safety plans, etc.</p> <p>What questions are currently asked: Did you take a training? How long was it? What format?</p> <p>Story to tell with data – we are seeing changes, this is why we think it’s happening and here is how we can leverage it.</p> <p>National landscape: we can compare rates and things happening in other states to our rates and do a policy compare / contrast. This can help us show how some policy changes are dangerous and cause harm and help us make our case for our advocacy efforts here.</p> <p>ACTION STEPS: Follow-up with Data & Evaluation Committee on the report and data questions.</p>
10:20	<p>Telling the Story of Workforce Suicide Prevention Training in Oregon – Exploratory Conversation. Possible resources: Zero Suicide, DHS, CCOs</p>	<p>Propose: Goal is to help suicide prevention coalitions and mental health promotion folks and other training leaders to think about how to be strategic about building workforce capacity around suicide prevention.</p> <p>Examples: (case studies) from Oregon Tips or Tools to launch/support workforce initiatives</p> <p>Coalition grants provide us with the opportunity to help build capacity and connect the field among coalitions. Washington County did a good workforce</p>

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		<p>initiative that provided suicide prevention training for those who work at hotels / motels and among veterinarians. (Some people surrender or euthanize their pets before attempting suicide and also vets have high rates of suicide as a profession. Hotels / motels – some utilize them as a space to attempt suicide).</p> <p>Suggestion: Write up interviews around some of these initiatives and work done in the field to provide for others who are doing the work. This will both showcase the amazing work being done and can serve as a toolkit / road map for others who may want to do this work.</p>
10:30	Develop Next Steps for Committee YSIPP 2023 Initiative	<p>2.1.1.6 The Alliance will make a recommendation to OHA regarding evaluation for suicide prevention workforce training requirements listed in HB 2315 (2021)</p> <ul style="list-style-type: none">- Pain CEU Who is evaluating this course? What are they doing for evaluation? Meghan connected with folks around the pain CEU requirement. Oregon Pain Commission (OPC) has worked with organizations to get their training on lists. OPC and Alliance working together and collaborating could be useful as there is overlap with pain, substances, and suicide. <p>Links shared: <u>OHA Cultural Competence Continuing Education(CCCE) program</u> <u>last report from the CCCE program</u></p>

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		Pain Management: <u>Oregon Pain Commission training module to meet the requirement)</u>
11:00	Adjourn	