

Alliance Workforce Committee Meeting

**Alliance
Workforce Committee Meeting**

Friday, June 2, 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, Deb Darmata, Gordon Clay, Marielena McWhirter, Meghan Crane, Sarah Spafford, Stephanie Willard, Tanya Pritt

Committee Members not in Attendance: Angela Perry, Jill Baker, Kirk Wolfe,

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

Guests: Erin Weldon, Linda Hockman

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Time	Agenda Item	Notes
9:30	Introductions, Announcements, Consent Agenda Julie Scholz	
9:40	Revisit Committee Scope and Focus	<p>Proposal to expand beyond monitoring and advocacy for behavioral health and health legislation.</p> <p>Please see and review attached committee description. We will edit together. See draft for comments made on suggested changes. Additional comments: Here's an example of something AFSP is doing that we might be able to modify/use here in Oregon for a specific sector</p> <p>What are we missing that will make this more accessible and appealing to boys and men?</p>
10:00	Informal Discussion with Galli Murray re needs around training for suicide prevention treatment	<p>Note—as we discuss this, let's consider how this should/could inform our legislative advocacy.</p> <p>Clackamas County has invested in and made many changes to how they do suicide prevention in the county – training on risk assessments, training on suicidality, etc. What they don't have is the actual treatment available.</p> <p>Concerns:</p> <ul style="list-style-type: none"> - DBT (not really a doable modality for many agencies due to logistics and capacity issues) - CAMS (doesn't work with EHR and the team wanted something different) - CBT-SP (very well known modality, easy to learn)

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Beck Institute – only place that provides the SP specific training
They recommend that those supporting youth and young adults need to be trained differently than those who treat adults. Each training session is \$13,000. Due to needs and scheduling and logistics, it's around \$50,000. Part of logistics and difficulty: Crisis team sees across the lifespan so they would need to take both trainings but the adult team and youth team in outpatient would take their respective training.

Many clinicians don't know that there are evidenced based trainings / modalities for suicide prevention.

How do other counties do this?

Questions:

Q: Do they have a T4T?

A: Yes. Maria with AOCMHP has been the in between person between the county and CBT to find out the cost and to see if they could have a couple people in the state trained as a trainer.

Q: Has a cost analysis been run of all treatment options without taking into account preference by staff or IT? What would it look like to have a budget for the 3 different options with looking at attrition, IT, scope of work, etc.

A: No they have not done that. With CAMS, you have to see people for multiple sessions, like 8 times, which doesn't fall under the scope of the crisis team.

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		<p>Don thinks this would be a good next phase of HB 2315 implementation.</p> <p>Long-term goal: having suicide prevention training included in educational programs so they are aware of how to do this before they enter the field. Could we have a larger plan at a state level that would connect all counties together around this work?</p> <p>We need a trained and equipped workforce. We do a good job as a state with gatekeeper trainings but those all end with “get the person to a professional.” Yet, those professionals aren’t necessarily trained and it will take months to get into see them.</p> <p>Meghan: OHA (through Big River programming) is providing some support for advance training including CAMS and CBT-SP, but it is not at the level needed and is not sustainable funding. OHA is happy to provide the support we have been providing. We have trained many many folks in CAMS. It may just be helpful to understanding next steps and sustainability.</p> <p>Proposal: Small workgroup out of this committee that puts together the outline of what the next steps could be around looking at the behavioral health landscape. Bring proposals back to this group on how it can move forward. Yes – Don, Julie, Stephanie, Sarah. Jenn to send Doodle poll.</p>
10:20	<p>Next Steps: CMEs and Healthcare Providers</p>	<p>Do we want to continue to pursue legislation? If so, what are some key milestones we would like to identify between now and the 2025 session?</p> <p>Come back to this next meeting.</p>

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10:45	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> <p>Possible action: Write formal letter to OHA about wanted evaluation questions / measures.</p> <p>The group revisited the survey drafted by Sarah and Marielena. It was decided they would return to this next time we meet to give people a chance to review it again.</p>
11:00	Adjourn	<p>This committee will not meet in July and will reconvene in August.</p>