

Alliance Workforce Committee Meeting

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Friday, April 5, 2024

9:30 AM – 11:00 AM

Note: This agenda is subject to change. Additional materials and documents related to agenda items will be provided prior to the meeting.

Join Zoom Meeting <https://us02web.zoom.us/j/84155037448>

Meeting ID: 841 5503 7448

One tap mobile+13462487799,,84155037448# US (Houston)

Committee Members: Co-Chair Don Erickson, Marielena McWhirter, Meghan Crane, Monica Parmley-Frutiger, Sarah Spafford, Stephanie Willard, Suzie Stadelman

Committee Members not in Attendance: Co-Chair Julie Scholz, Angela Perry, Deb Darmata, Tanya Pritt

Staff: Annette Marcus (AOCMHP)

Guests: Bret Lamont Bass (Forefront)

Please add any names you have on this – it's also a way to get a quick progress update as I keep notes on this document: Link to Google Sheet with Contacts:

https://docs.google.com/document/d/10kQ5IsBZbsfiguDDrg4JrHRom86JVGW_iJtCGLu37PI/edit

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Agenda Item	Notes
<p>1. Welcome - Don</p> <p>Welcome and greetings to new committee members (if applicable)</p>	<p>Small Group Meeting Tasks: Reach Out Rep Travis Nelson – Annette-Meeting Set April 5 Reach Out Forefront-Stephanie – Done will join us toda Engage Nursing Colleges: Lane-Sarah Umpqua-Suzie Key Names from Zero Suicide: Meghan – Done</p> <p>Conducted introductions.</p>
<p>2. Task Updates - Annette</p>	<p>For ongoing updates check this drive: https://docs.google.com/document/d/10kQ5lsBZbsfiguDDrg4JrHRom86JVGW_iJtCGLu37PI/edit</p> <p>Legislative Meetings - Meetings w Nelson and Reynolds Set Listening Session Progress - Interviews Set:</p> <p>Interviews Set: Medical Director Dr. Cortney Taylor, Lifeworks Dr. Mark Lewisohn, VP of Clinical Services Lifeworks, Corrina Hockman, Emergency Room Nurse OHSU, Bobbie Hildreth, BSN, RN Practice Leader at Doernbechers</p> <p>Sarah following up with them. Suzie’s sister is an LPN who knows several CNAs. She knows a lot of people who do hospice and nursing home care. She said that suicide doesn’t come up in her line of work. Her brother works for Veterans Hospital and may</p> <p>In Conversation to Schedule: Dr. Andrew Suchocki, Medical Director, Clackamas Health</p>

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	<p>Small Steps Progress: Erin Porter and All Care Health – All Care has implemented Small Steps throughout their org and Columbia Suicide Prevention Coalition</p> <p>Question: Seek support from organizations for this LC (example Oregon Public Health Association, Children’s Alliance, who else?)</p> <p>Meghan Crane: Death with Dignity annual report was released last month: https://content.govdelivery.com/accounts/ORHA/bulletins/391a813</p>
<p>3. Discussion with Forefront from Washington About their Legislation</p> <p>Bret Lamont Bass, Forefront</p>	<p>Brett: PowerPoint – Says that in framing the issue, it is useful to say “I don’t know anything about gun violence, but I do know about fatal firearm injuries.” He notes that fatal firearm injuries is a useful phrase in advocacy work.</p> <p>In order to have a good message, we need a good messenger. The aspirational frame is the way unintentional fatalities decreased. Broad body of work from DSPO has the gold standard for this work and the Air Force actually successfully brought their suicide rate down. We can address suicidal desire through clinical and cultural factors and capability to die. See attached PowerPoint for the Comprehensive Approach for Suicide Prevention.</p> <p>One thing Brett notes is that something like 97% of funding goes to youth efforts – when they are a small portion of the people who die.</p> <p>Brett co-chairs the state’s SAFER Homes Taskforce which was established. We were very intentionally bipartisan approach – and one strategy is to pair respected leaders from different “camps” to lead the effort. They have chosen to focus on areas where common ground can be found and drop other issues. Brett’s focus has been to look at policies that are barriers to getting help/suicide prevention. For example, the universal background check passed in WA</p>

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ended up being an obstacle to a firearm transfer for suicide prevention. Created a new policy regarding transfer. Check out Washington HB1181 → liability protection for retailers.

It is our perspective that policy is best used to remove barriers. Here's the training on lethal means: Free training: <https://uw.cloud-cme.com/course/courseoverview?P=5&EID=8489>

The provider training came out of one key advocate in Washington. Looking at hard outcome data, suicide rate has worsened. Have we fixed the issue with medical providers? The providers resisted because they are so overloaded with required interventions. One of the primary opponents was Dr. Sun who originally opposed the trainings. One problem is that the gatekeeper trainings are not really appropriate for providers.

He said we really need to focus on what is our desired outcome? What do we want to see from the training that is measurable and attainable.

Sarah asks us to think through our goal: Is it more empathic providers, cultural competence around interacting with suicidal clients, more confidence around having a conversation. We need to have appropriate and measurable goals for the training.

Stephanie: We hear across the board that people with ideation experience a lack of knowledge, care and empathy. We want to create opportunities for medical providers to check in around mental health. She notes we've tracked data since SB48 passed. Is there something you've come across besides gatekeeper trainings that would be beneficial to recommend.

Brett—resistance from providers is related to overwhelm of requirements for providers. Quality of clinical intervention even if it is required. Brett's view is that a policy area to work on is increasing the number of providers. How do we incentivize more people into the field.

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	Program development: Two models that have had statistically significant approach – Air Force and White Mountain Apache.
4. Guidance for Listening Sessions Suzie, Marielena and Sara	Susie provided a guidance document. Annette is setting up stakeholder interviews in April and May.