

Alliance Workforce Committee Meeting

Alliance Workforce Subcommittee Meeting

December 6, 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.

We are committed to ensuring accessibility for all participants. If you require language interpretation services, alternative formats, or any other accommodations to fully participate in this meeting, please contact Annette Marcus at amarcus@aocmhp.org or 530-570-5115 before the meeting. We will make every effort to accommodate your needs.

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

Committee Members: Co-Chair Don Erickson, Co-Chair Angela Perry, Marielena McWhirter, Meghan Crane, Monica Parmley-Frutiger, Sarah Spafford, Stephanie Willard, Suzie Stadelman, Tanya Pritt, Lindsay Wills, Gordon Clay

Committee Members not in Attendance:

Staff: Annette Marcus (AOCMHP)

Guests: Linda Hockman

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	How	Notes
<p>1. Welcome and Announcements Committee Chairs – Angela Perry/Don Erickson</p>	<p>Roundrobin</p>	<p>Announcement: Don will be stepping down from his role as Workforce Chair, so we are looking for a new person to co-chair with Angela Perry</p> <ul style="list-style-type: none"> • Angela is ready to go and we need more members of the Alliance attending this committee. Maybe we need some of the folks here to apply to become members • Angela: Newer to the committee and excited as this work overlaps so much with the work she is doing at AFSP. • OHB2315 – Angela was a powerful voice supporting this and moving this work forward
<p>2. Interview-Evaluation Update</p> <p>Suzie Stedelman</p>		<ul style="list-style-type: none"> • Research (interviews with HC providers) turning this into a position paper – expert advice to executive committee is to publish an annual paper and to narrow it down to specific recommendations. They start planning in the summer and by October re putting things forward so doing this now will load them up with info for moving forward <ul style="list-style-type: none"> ○ Themes: (Slides from Marielena) Interviews with 11 individuals, most nurse, some admin, between nursing to physician. Asked 3 questions (barriers and facilitators to SP trainings, reactions to policy requiring trainings – where should the burden of this requirement lie) ○ Really important info from these interviewees.

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		<ul style="list-style-type: none">▪ Balance of accessibility for overburdened staff with lack of time for trainings with the need for quality, meaningful training was a common theme▪ Needing supports beyond just the training (skills integrated into the workflow, opportunities for practice and integration, leadership support, community for impacted staff)▪ Where does the burden of providing, funding, requiring, supporting these trainings lie?○ Meghan Crane: Also aligns with a survey and focus group we did with providers last year in partnership with Oregon Rural Practice-based Research Network○ Annette: wonder if Zero Suicide addresses a bunch of these concerns--although many of the folks we were talking with were engaged with Zero Suicide.○ A lot of this is getting to a need for an organization to support training and implementation of skills (tools being built into EHRs, supervision, peer learning collaboratives, etc.) and policy/procedure development. These are key elements of ZS, but really health system quality improvement in general.○ Licensing Board Requirement vs Healthcare Institution requirement:<ul style="list-style-type: none">▪ CEU is a required part of getting a license so the burden should be lessened as much as possible and still providers have to do this and often have to spend their own money and time on it. This is what you must
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		<p>do! Eliminating barriers still matters to get people on board to pass legislation.</p> <ul style="list-style-type: none">▪ Newer generation really pushing back on doing things outside of what they are paid to do – in context of major overburden. If workers push back, boards are not going to be willing to do it because they can't lose anymore workers.▪ Have we run this by boards to get the temperature – The feedback we have had from them has been them NOT being on board. Hoping this paper will help open conversation with them. It is complicated! <ul style="list-style-type: none">• Steve – Pilot project in five counties Training to primary care physicians – informed by landscape analysis of access to HC for veterans.<ul style="list-style-type: none">○ Clear link between lack of access to HC and suicidality rates – how to increase access to HC for veterans.○ Pushing two-hour training for all PC providers requirement. including cultural competency around firearms, suicide, lethal means, safety planning as requirement for HC providers – coming at it from veteran lens to get bipartisan support – it is getting some support. Is everyone here in support or is their feedback<ul style="list-style-type: none">▪ So exciting to have a partner agency doing this policy work since we can't anymore at Alliance▪ Would love to see concepts – need to see them before giving specific input – very interesting strategy to focus on veterans to influence larger system.
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		<ul style="list-style-type: none">▪ OHA has several trainings that support this effort already developed○ Putting a legislative concept together – access to OHP even if they do not qualify – Taken up by Rep Tran○ American Academy of Pediatrics put out this great webinar. "History of Firearm Laws in the US". Also addresses the most successful legislation strategies.○ Balance of what level of training are we requiring for professionals? QPR does not cut it. Training and learning collaborative, and tool is in the electronic health record al of this together● OHA doing an ECHO on suicide prevention (1 hour on specific case studies to develop skills) for primary care providers (rural provider push) starts in January-March. Cohort of 40 and a second round. *See attached flyer● Linking up OPS and Steve to connect around similar themes –<ul style="list-style-type: none">○ OPS is helping to meet needs around skill development (balance of training length for quality and lack of time)○ Getting folks at one place to train together to build community around learning and using tools)○ Important for medical assistants to get these trainings● Let's keep working together so we don't overlap in ways that are not strategic!<ul style="list-style-type: none">○ Addressing Firearm Safety with Patients who are at Risk of Suicide<ul style="list-style-type: none">▪ Wonder if getting a big, regional healthcare org like St. Charles or Mosaic to support a statewide effort to
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		develop training geared towards different healthcare roles would be valuable.
3. Review Draft Policy Pathways Recommendation Annette Marcus/Linda Hockman	Review Draft PowerPoint and Discuss	<ul style="list-style-type: none"> Annette and Linda will work on the paper which will be very informed by this work and then share out a draft to the committee. Request that folks take some time with the draft so there can be a good discussion at the next meeting.
4. Set Agenda for Next Meeting		<ul style="list-style-type: none"> Review draft of paper
5. Adjourn		

Attendance: Annette M, Lucina AM, Stephanie W, Steve S, Lindsay W, Meghan C, Angela P, Lin H, Marielena M