

Oregon Alliance to Prevent Suicide  
Workforce Subcommittee Meeting Agenda & Action Planning

**Date & Time:** January 9, 2025 9:30 AM – 11:00 AM

**Zoom Link:** <https://us02web.zoom.us/j/89796541408?pwd=OGpPRVArcDhTS1MzWml3YUhaZHV3dz09>

**Subcommittee Voting Members:** Chair Angela Perry, Stephanie Willard

**Subcommittee Non-Voting Members:** Gordon Clay, Kelly Coates, Linda Hockman, Steve Schneider

**Staff:** Heather Stewart, Jenn Fraga

**Guests:**

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**Subcommittee Decision Making:** Each OHA appointed member is entitled to one vote on any matter referred to the Subcommittee. Votes will require a quorum. A quorum in Subcommittees, other than the Executive Subcommittee, will be three voting members of the Alliance, and must include a Subcommittee Chair or Co-chair. Decisions will be made by majority vote of the total number of members on that Subcommittee that are present.

**Agenda Item:** Talk through what we learned from Julie and see if people have ideas to move forward.

Notes from December:

While providers are engaged in behavioral health, they resist mandatory training but seek practical, comprehensive education.

More recently, OPS developed a 4-part, 1.5-hour skills booster series focused on assessment and intervention, though attendance has been challenging despite strong interest in the content.

Julie discussed the evolution of suicide prevention training programs in Oregon, noting a shift from formal, comprehensive trainings to more flexible, supplementary approaches due to lower attendance. She highlighted that while fewer providers are participating in the long training modules, supplementary sessions have reached a broader audience, including non-medical healthcare professionals.

Steve shared a successful example of adapting training delivery methods for law enforcement, emphasizing the importance of creating concise, accessible content.

The discussion highlighted the need for diverse training approaches and cultural competency, particularly regarding firearms, to better serve medical providers' needs.

Stephanie suggested creating self-guided training modules with 15-minute segments that providers must complete in full to earn credit.

Julie shared her experience with training clinics and noted that while individual providers often participate, it's difficult to track long-term practice changes and outcomes at the organizational level.

She highlighted a successful pilot with OHSU's pediatric residency program, where new residents received training and showed measurable changes in their practices.

Julie and Linda discussed the lack of data on organizational policy changes related to screening and assessments, with Julie noting that while individual

providers reported changes, they couldn't quantify or confirm the extent of organizational shifts.

The group discussed challenges in integrated behavioral health care, particularly around youth mental health and safety planning. The discussion highlighted how current healthcare systems are not well-equipped to handle mental health issues, with providers often avoiding difficult conversations due to time constraints and lack of resources.