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

Date & Time: December 5, 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: Julie Scholz

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: Q&A with Julie Scholz from OPS about trainings.

Notes:
Julie introduced Kelly Coates as the incoming OPS Executive Director, effective January 1st, and shared her own transition after 10 years with OPS. The group discussed training creation for suicide prevention in healthcare settings, with Steve inquiring about effective training approaches and scheduling challenges due to clinic stress.

Julie discussed the challenges of providing meaningful suicide prevention training to healthcare professionals, noting that while providers are engaged in behavioral health, they resist mandatory training but seek practical, comprehensive education. She explained that OPS previously offered in-person 2-hour CME trainings, which were adapted into an 8-hour virtual Youth Save training during the pandemic. 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. Linda inquired about the number of providers trained in Oregon, to which Julie provided an estimate of around 300 for the long training and noted that supplementary efforts have reached fewer medical providers but a more diverse audience.

The group discussed strategies for promoting suicide prevention training among healthcare providers, with Julie noting that pediatricians might have a higher adoption rate due to long-standing emphasis on the issue. Stephanie suggested amending reporting requirements to include more nuanced tracking of training hours, while Angela proposed using AFSP's partnership to overcome obstacles. 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.

The group discussed training approaches for medical providers, with Julie noting that conversations about firearms with patients and families have become more common and less uncomfortable over the past five years. Stephanie suggested creating self-guided training modules with 15-minute segments that providers must complete in full to earn credit, while Julie and Steve discussed the evolution from in-person, multi-hour training sessions to more flexible, modular approaches.

The group discussed challenges and potential solutions for training delivery, particularly in adapting to remote and hybrid learning environments. 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. The discussion touched on the need for flexible training approaches that accommodate different learning styles and the importance of case-based learning components.

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. Heather shared her experience with advanced skills training, particularly the CAMS suicide prevention training, which saw high interest from 80 mental health professionals, and mentioned previous success with QPR trainings tailored for specific audiences.

Julie and Heather discussed training programs for suicide prevention, including QPR and CAMS (Collaborative Assessment and Management of Suicidality). Julie noted that while behavioral health professionals are well-trained in suicide assessment, there are challenges with medical doctors' schedules and capacity. Steve raised concerns about healthcare providers' willingness to take on emotional and psychological work, but Julie observed a shift in attitudes, particularly with pediatricians who are often the only healthcare providers youth see. The American Academy of Pediatrics has adopted Oregon's lead on universal screening for suicide risk, using the ASQ tool, which Julie sees as a positive development in suicide prevention efforts.

The group discussed challenges and best practices in addressing behavioral health during medical appointments. Heather shared her positive experience with midwives who use a self-reported mental health questionnaire, allowing

patients more privacy and time to reflect. Stephanie highlighted the difficulty of referring patients to mental health providers due to limited availability. Julie explained that different providers and settings have varying approaches to asking about behavioral health, and emphasized the importance of having resources and a team available for referrals. The discussion also touched on the lack of inpatient beds for psychiatric care in Oregon and the need for better systems to support patients in crisis.

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.