YSIPP 2.0 Recommendations

Workforce Development: a workforce that is prepared to competently and confidently work with suicide prevention.

1. Support implementation of HB 2315 by (OHA: Treatment & Management of Suicidality; SPRC: Effective Care & Treatment; Jed: Improve Recognition & Respond to Signs of Distress & Risk)

   a. Assigning members of Alliance, including youth and family members, to RAC (Rules Advisory Committee)

   b. Partner with professional behavioral health organizations (e.g. NASW, MHACBO) to educate BH workforce on requirements and help to develop standards for developmental levels of training

   c. Partner with OHA to develop training resource page

   d. Consider whether funding is needed to support training initiatives for BH workforce

   e. Alliance will annually review SB 48 Report and make recommendations to OHA on professional development based on evaluation of results

   f. Determine if current policy, 2 hours every 2 years, is working or needs to be adjusted through another policy ask

2. Overall goal is healthcare workforce has received appropriate level of suicide risk assessment, safety planning, and intervention training (OHA: Treatment & Management of Suicidality & Healthcare Coordination & Capacity; SPRC: Effective Care & Treatment; Jed: Improve Recognition & Respond to Signs of Distress & Risk)

   a. Assess current Oregon landscape of SP training for healthcare sector

   b. Support and build on existing initiatives to train healthcare workforce including zero suicide. Engage zero suicide folks to advise on education and policy advocacy and linkage to alliance work and regional coalitions

   c. Promote legislation to require health workforce to receive SP training

   d. Look at undergraduate and graduate behavioral healthcare programs to add a required suicide prevention course to their educational plans

3. Work with employers of people aged 24 and under to provide suicide prevention materials / resources to their staff (small steps initiative) (SPRC: Increase Help Seeking Bheaviors; Jed: Help Seeking Behaviors; OHA: Media & Communication)

**Commented [1]:** What will be on this page? It may be helpful to define what this means a bit more.

**Commented [2]:** Do we know what metrics we will use to determine if this policy is effective?

**Commented [3]:** This may also be a place to partner with the data and eval committee

**Commented [4]:** Have we defined what this is or are there current recommendations for this?

**Commented [5]:** I think a part of this should also be working on developing an argument for healthcare workers to be trained - we know why it's beneficial, but people often want that quantified. (All that to say I think I just assigned my self a lit review)

**Commented [6]:** Should this be moved to number 7?

**Commented [7]:** should this also include postvention outreach when needed?

4. Broad goal is having an equity focus on the issue -- Ensuring equitable treatment and addressing disparity (Jed: Ensure Student Access to Effective Mental Health Treatment)

    a. Develop a panel of BIPOC providers with suicide prevention expertise. (DHS and EAP)

    b. Include boys in the framing

5. Educate the workforce about what relevant laws have passed re suicide prevention - *Annette thinks we don't need this.*

6. Pre-graduate requirement in college/university training of behavioral health workforce on suicide prevention

    a. Assess current requirements suicide prevention training requirements at Oregon colleges/universities

7. HB 2370 passed unanimously out of House BH, referred to Education Committee. Salinas one of chief sponsors. If it doesn't move forward, this could be an Alliance goal (Directs Higher Education Coordinating Commission to conduct needs assessment identifying current mental health provider education programs and curricula offered at community colleges and public universities)

**Formatted:** Outline numbered + Level: 1 + Numbering Style: a, b, c, … + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"