

2021 INTERIM CALENDAR

JULY						
S	M	T	W	T	F	S
				1	2	3
4	5 4th of July Obs.	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

AUGUST						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25 Revenue Forecast	26	27	28
29	30	31				

SEPTEMBER						
S	M	T	W	T	F	S
			1	2	3	4
5	6 Labor Day	7	8	9	10	11
12	13	14	15	16	17	18
19	20 Possible Special Session	21 TF Day Possible Special	22 Leg Days	23 Leg Days	24 Leg Days	25
26	27 Redistricting Deadline Pursuant to SB259	28	29	30		

OCTOBER						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24/31	25	26	27	28	29	30

NOVEMBER						
S	M	T	W	T	F	S
	1	2 Election Day	3	4	5	6
7	8	9	10	11 Veterans Day	12	13
14	15 Leg Day	16 Leg Day	17 Leg Day/ Revenue Forecast	18 TF Day	19 LC Request	20
21	22	23	24	25 Thanksgiving	26 Holiday	27
28	29	30				

DECEMBER						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24 Christmas Obs.	25
26	27	28	29	30	31 New Years Obs.	

JANUARY						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10 TF Day/LC Return	11 Leg Day	12 Leg Day	13 Leg Day	14 Drop LC	15
16	17 MLK Day	18	19	20	21	22
23/30	24/31	25	26	27	28	29

FEBRUARY						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9 Revenue Forecast	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

MARCH						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8 Filing Day	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Legislative Days
Optional Task Force Days
State Holidays
Revenue Forecasts
Key Election Dates
2022 Session
LC Deadlines
Possible Special Session

PRACTICE Beginning Workplan SB2315

Big Vision (needs work): All healthcare providers are trained and competent in suicide assessment, tx and management. All trainings available in culturally specific ways

Why:

Problem Statement: BH Providers are not adequately trained in suicide intervention, management and treatment strategies, and legislative mandate beginning 2022 require the workforce to receive continuing education and there is not an existing structure to do that.

Strategic Link: Appropriate treatment and management of suicidality requires an equipped workforce, which is a strategic pathway in the YSIPP.

Ease/Impact: Med Difficulty/High Impact

Who:

Responsible: Jill Baker (Rules Process/Develop Structure and Resources)

Accountable: Jill Baker

Support: Debra Darmata
Alliance Staff
Committee Chairs (or named delegates)
UO Evaluation Team

Consult: Workforce Committee, licensing boards, BH professional organizations (list stakeholders e.g. CMHP's, peer orgs), Tribes

Informed: Health Policy and Analytics, Key legislators, OHA leadership, Alliance, Providers

Current State: Suicide prevention training opportunities exist, providers are required to report *whether* they have taken suicide prevention training, no clear list of what counts for each license or certification, no funding to develop Oregon specific training requirements, there are other models (e.g. Washington) to build on, there is limited funding for specific provider training available (CMHP;s, schools, etc), licensing boards have a process for continuing education credits and requirements, legislation has passed and is effective July 2022, OAR's need to be revised.

Big Picture/Future State: Every BH in Oregon provider has a baseline understanding of how to assess and support suicidal people. A list of appropriate and approved trainings that meet the requirement, the trainings are cost effective for providers, a process is in place to know which trainings providers have taken, a process to link this to providers confidence and efficacy in suicide treatment.

YSIPP 2.0 Recommendations

Workforce Development:

Suicide Prevention Strategy 5 Year Goal: 80% of behavioral health workforce that is prepared to competently work with suicide prevention

1. Support implementation of HB 2315
 - 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 - such as AMSR, ASIST, QPR
 - c. Partner with OHA to develop training resource page which identifies which type of training
 - 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
 - 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. Support rollout of suicide prevention, intervention, and postvention trainings in K-12 schools and higher education.
4. Work with employers of 24 and under to provide suicide prevention materials / resources to their staff (small steps initiative)
5. Broad goal is having an equity focus on the issue -- Ensuring equitable treatment and addressing disparity
 - a. Develop a panel of BIPOC providers with suicide prevention expertise. (DHS and EAP)
 - b. Include boys in the framing
6. Educate the workforce about what relevant laws have passed re suicide prevention
7. Pre-graduate requirement in college/university training of behavioral health workforce on suicide prevention
8. 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)