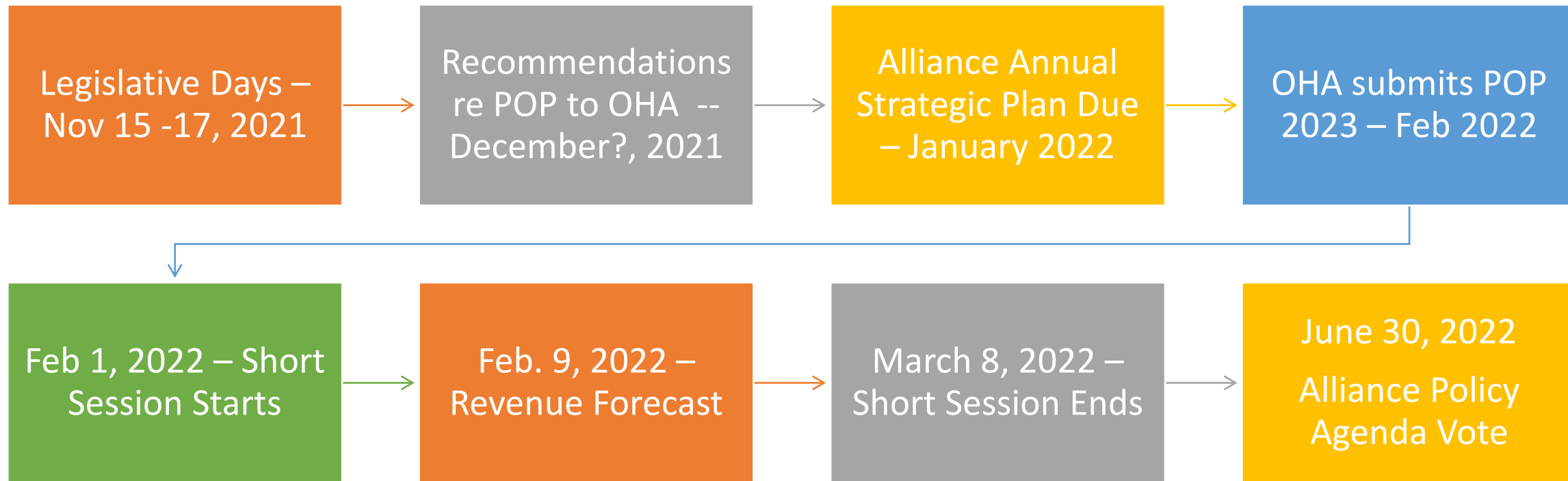
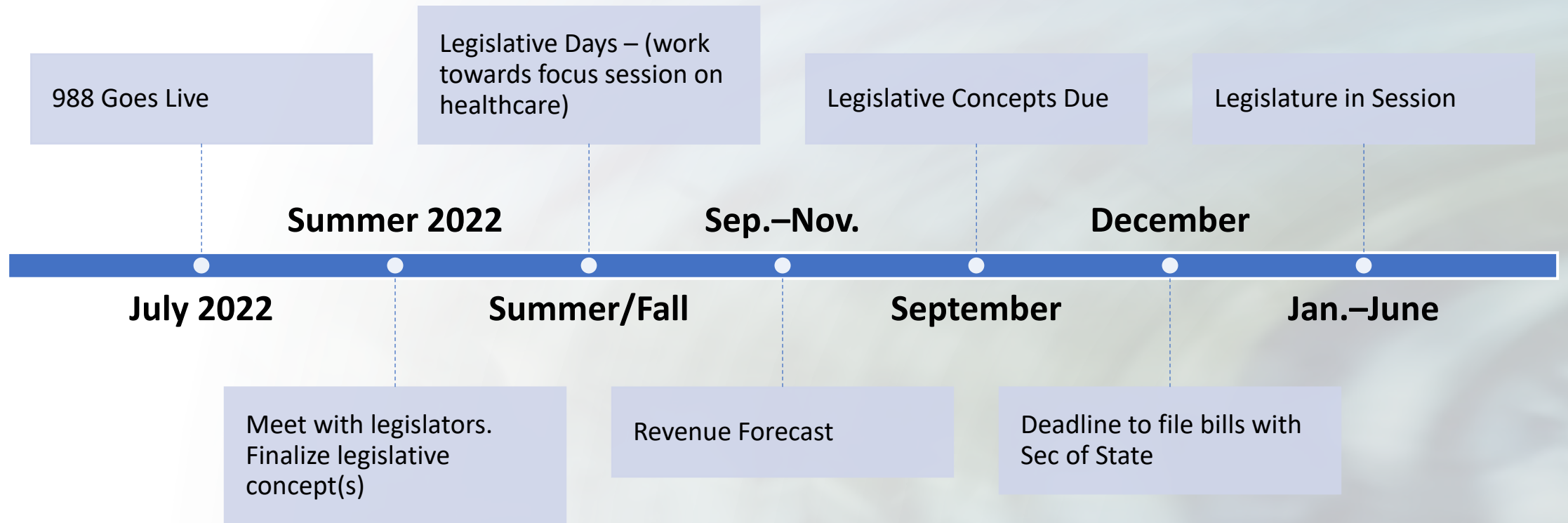


Projected Timeline Through July 2022



Projected Policy Timeline Long Session 2023



Workforce Committee Update-HB 2315

- **HB2315 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

- **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.

Workforce Committee: HB2315

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

What

1. Support implementation of HB 2315 Activities FY 21-22
 - a. Assign members of Alliance, including youth and family members, to RAC (Rules Advisory Committee)
 - b. Monitor Gatekeeper and Advance Trainings currently funded
 - c. Baseline evaluation of current BH workforce?
 - d. Are there any recommendations for next POP related to HB2315?

LOOKING FORWARD →

- a. 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
- b. Partner with OHA to develop training resource page which identifies which type of training
- c. Consider whether funding is needed to support training initiatives for BH workforce
- d. Alliance will annually review SB 48 Report and make recommendations to OHA on professional development based on evaluation of results
- e. Determine if current policy, 2 hours every 2 years, is working or needs to be adjusted through another policy ask

Workforce: Pursuing Healthcare CEU Legislation

Healthcare CME Problem Statement (Add data)

Most people who die by suicide have seen a physician within 6 months of their death; however, physicians and other healthcare workers often have only a minimal understanding of suicide assessment, treatment and management. Healthcare workers are not currently required to have this training.

Strategic Links to YSIPP

- "Appropriately Trained Adults" - Youth-serving adults (including the peer support workforce) receive the appropriate level of training for suicide prevention (basic awareness, enhanced, and/or advanced) and are retrained appropriately.
- "Integrated Care" - Oregonian young people will receive integrated models of healthcare in primary care settings and schools (i.e. behavioral health is available and access through primary care or school-based health centers/ school based mental health).

Proposed Solution: Require CEU's

Next Steps:

Learn more about legislation in Washington, California and other places

Identify and engage key champions and potential opponents in healthcare sector and in legislature.

Determine “who” (nurses, doctors, primary care only, acupuncturists, everyone?) should be included in legislation

Are there exceptions to the requirement (e.g. grad school training, optometrists etc.)

Develop legislative concept and submit for 2023 long session

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)

YSIPP '21-'21 Initiative Committee Assignments

Initiative	Data & Evaluation	Executive	Healthcare / TOC
Big River statewide coordinators meet monthly to align work, give program updates, connect and learn.			X
Big River statewide coordinators are equipped to bridge interested organizations and people to related suicide prevention work including other Big River programs and statewide suicide prevention efforts.			X
Mental Health First Aid has a version created for youth-serving adults and training for trainers in youth curriculum is widely available.			X
New: HB 2315 Rulemaking process will include recommendations from OHA defining continuing education opportunities that are applicable and relevant to meet the suicide prevention training requirement for relicensure.			X
OHA will support Big River Programming by providing low or no cost access to Train-the-Trainer events, statewide coordination, evaluation support, and limited course support for the following programs:	X		X
Basic suicide prevention training options are available statewide and include Question, Persuade, Refer (QPR), Youth Mental Health First Aid, and Adult Mental Health First Aid.	X		X
OHA will support Big River Programming by providing low or no cost access to the following training programs:	X		X
Enhanced suicide prevention training options are available statewide for mental health providers including Youth Suicide Assessment in Virtual Environments (YouthSAVE), Collaborative Assessment and Management of Suicidality (CAMS), Cognitive Behavioral Therapy - Suicide Prevention (CBT-SP), and Assessing and Managing Suicide Risk (AMSR).	X		X
Behavioral health providers (including Peer Support workforce) in Oregon have access to low or no cost courses in evidence-based treatment of suicidality that address various levels of risk of suicide and teach interventions accordingly.			
Oregon Pediatric Society with OHA funding develops and delivers custom behavioral health and suicide prevention trainings for pediatricians and clinics			
Enhanced training options in Big River programming menu available statewide - Youth SAVE, Collaborative Assessment and Management of Suicidality (CAMS), Assessing and Managing Suicide Risk (AMSR)			X

Advanced training options in Big River programming menu available statewide - Cognitive Behavioral Therapy - Suicide Prevention (CBT-SP), Dialectical Behavioral Therapy - Skills and Suicide Prevention modules (DBT)			X
The University of Oregon Suicide Prevention Lab is funded to support data and research efforts of OHA's Suicide Prevention team and the priorities named by The Alliance's Executive Committee.	X	X	X

Schools	Workforce	Equity	Coalition Leaders	Lethal Means	LGBTQ+	Lived Experience	YYEA	Staff
X	X							
X	X							
	X							
	X							
X	X							
X	X							
X	X							
X	X							
	X							
	X							
X	X							

Unknown

