

## I. Workforce Committee

**Proposal:** Support development of infrastructure to support continuing education training for HB2315 similar to the way that OHA supports cultural competency training.

### How It Aligns to the 21-25 YSIPP

**Strategic Pillars:** Treatment and Support Services, Clinical and Community Prevention Services

**Strategic Goal:** Appropriate Treatment and Management of Suicidality, Frontline and Gatekeeper Training

**Pathway:** Equipped Workforce, Supported Training Options **Initiatives:** HB 2315 and Beyond

**Rational:** In Oregon, HB 2315 passed creating a requirement for behavioral healthcare providers to take continuing education units in suicide treatment, management, and assessment. In order for this legislation to be effective, practitioners should have access to vetted courses that will meet the requirement. Our neighboring state Washington has developed an extensive infrastructure and partnership with a local university to develop and assess suicide prevention training for both the healthcare and behavioral healthcare workforce. This includes different levels of training and a process for trainings to be reviewed and certified for continuing education. Our request is that, similar to Oregon's requirements for cultural competency training, OHA or a designated contractor provides coordination and quality assurance around HB 2315.

**Details of the Ask:** Require for suicide intervention, treatment, and management for continuing education for organizations contracted to provide suicide prevention, intervention, postvention work by OHA. Support development of trainings and curriculum to meet Oregon's peer and behavioral health continuing education requirements. Include developing culturally relevant and / or population specific trainings. Develop a centralized website with a training registry of existing and approved for suicide intervention, treatment, and management continuing education options.

**Resources Needed for the Ask:** Provide funding to support licensing board implementation of for suicide intervention, treatment, and management education for re-licensure. Either through state staff or via a contract, staff a standing suicide prevention committee for ongoing assessment of continuing education options Recommendations to Oregon's Health Professional Licensing Boards similar to the OHA Division of Equity and Inclusion Cultural Competency Training board

**Community Partners Involved in the Ask :** Alliance members, workforce

**Equity:** A well organized and easily accessible set of suicide assessment, intervention and management trainings will increase the ability of Oregon's diverse behavioral health workforce to comply with these new requirements. It also will provide a central place for coordination with organizations employing peers and behavioral healthcare workers to ensure they are receiving quality, culturally responsive training.

**Project Plan – 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.**

Define problem or project and why it is important • Clarify scope  
 • Support relevance by link to strategy • Estimate ease / impact  
[HELP](#)

**Problem statement and benefit:** 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..

**Scope:**

**Project excludes:**

**Strategic link:** Appropriate treatment and management of suicidality requires an equipped workforce

**Ease / Impact:** Med Difficulty/High Impact

**Who**

Assign responsible project leader and project team roles [HELP](#)

<b>[R]esponsible:</b>	Jill Baker (Rules Process/Develop Structure and Resources)
<b>[A]ccountable:</b>	Jill Baker
<b>[S]upport:</b>	Debra Darmata, Alliance Staff Committee Chairs , UO Evaluati
<b>[C]onsult:</b>	Workforce Committee, licensing boards, BH organizations, Tribes
<b>[I]nform:</b>	Health Policy and Analytics, Key legislators, OHA leadership, Providers

Define current and future state and identify current-state gaps •  
 Evaluate root-cause of gaps [HELP](#) • Reconsider ease / impact [HELP](#)

**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.

**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.

**Current-state gaps and their root-cause:** TBD

Develop action plan to address current-state gaps • Assign action steps to project team with agreed-upon due dates • Consider and measure SMART goals with targets.

Task (and Owner)	Date
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- Task 1: Assign members of Alliance, including youth and family members, to RAC (Rules Advisory Committee)
- Task 2: Partner with professional behavioral health organizations (e.g. NASW, MHACBO) to educate BH wTorkforce on requirements and help to develop standards for developmental levels of training - such as AMSR, ASIST, QPR
- Task 3: Partner with OHA to develop training resource page which identifies which type of training
- Task 4: Consider whether funding is needed to support training initiatives for BH workforce
- Task 5: Alliance will annually review SB 48 Report and make recommendations to OHA on professional development based on evaluation of results
- Task 6: Determine if current policy, 2 hours every 2 years, is working or needs to be adjusted through another policy ask
- Task 7:

Target
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