Alliance Workforce Committee

Purpose

The Alliance Workforce Committee advocates for policies and practices that ensure Oregon's workforce who serve children and youth are well equipped with skills to screen, assess, safety plan, treat and manage suicide risk. We also advocate for mental health promotion and suicide safer work environments an in the workplace.

What We Do

We are dedicated to increasing the understanding and benefits of suicide prevention in the workplace Our work centers on improving suicide risk assessment, safety planning, treatment, and management skills for physical and behavioral health providers, those serving people with mental health and substance use challenges, and school staff. We are also committed to collaborating with community partners and local businesses to provide information for employees about mental health promotion, suicide prevention, resources, and crisis supports.

Our work is aligned with the state's Youth Suicide Intervention and Prevention Plan (YSIPP) and is focused on policy and advocacy.

The Workforce Committee -

- Researches and promotes promising practices for suicide prevention in the workplace.
- Sponsors and advocates for legislation to support suicide prevention and intervention policies and practices.
- Participates in the rule making process.
- Monitors and advises on implementation of workforce training related to prevention, assessment, safety planning, treatment, and management of suicide risk, especially those included in the annual OHA report on health and behavioral health workforce training.
- Coordinates with Alliance executive committee and OHA on policies and practices related to workforce training.
- Builds collaborative partnerships with state, local, and community organizations to strengthen suicide prevention strategies in the workplace.

Highlights of Key Accomplishments and New Priorities

Legislation –sponsored key legislation and advocated for legislation sponsored by collaborative partners; provided both written and in-person testimony to support bills. Once legislation is passed, the committee advises on the rule making process and monitors implementation progress.

- SB 48(2017) Directs professional boards to report completion of CEUs on suicide risk assessment, management, and treatment to OHA. (sponsored)
- HB2315 (2021) Requires suicide assessment, management, and treatment CEUs for behavioral health providers. (sponsored)
- HB3139 (2021) Clarifies parental notification practices for behavioral health providers when a minor is at imminent risk of a suicide attempt. (supported)
- SB52 (2019) – Requires suicide prevention plan in every school district. (This bill primarily monitored by Schools Committee, but information on training school personnel is relevant to Workforce committee.)

YSIPP –works closely with OHA on items in the YSIPP that are related to workforce development. This includes input on training curriculum, training, mental health promotion, identifying gaps in workforce (i.e. linguistic and culturally specific health professionals, youth access to integrated health services, etc.).
Resource Materials – staff and committee members identify resources and develop materials related to suicide prevention in the workplace.
Proposed New Priority - collaborate with suicide prevention coalitions and advocates to promote a workplace suicide prevention campaign. The outreach and awareness effort will focus on local businesses especially those employing the 8-24 year old population.

Details

Workforce Committee meetings are held virtually on Zoom on the first Friday of each month from 9:30 – 11:00. We welcome new members and those interested in learning more about committee work. To receive meeting invitations, please contact Jennifer Fraga jfraga@aocmhp.org
Meetings are facilitated by co-chairs and supported by staff:

- Don Erickson, Oregon Department of Human Services
- Julie Schulz, Oregon Pediatric Society
- Annette Marcus, Alliance Suicide Prevention Policy Manager

If you are interested in learning more about the Alliance and the Workforce Committee, please visit our website https://oregonalliancetopreventsuicide.org

HB 2315 Policy Analysis Proposal

Introduction

HB 2315 is designed to increase the number of mental and behavioral health professionals equipped to assess, manage, and treat clients experiencing suicidality in the state of Oregon by requiring license-based mental and behavioral health professionals (MBHPs) to receive suicide prevention trainings prior to renewing their license of practice. Oregon needs more robust data to assess whether implementation of this new policy is positively impacting MBHPs and their clients. Although we have information regarding the percentage of licensees taking training by license category, we are missing critical data on the type of course taken, how that course is impacting professionals' competency in suicide care, and whether the trainings are addressing the needs of diverse populations. If HB2315 has been effective, we predict all license-based MBHPs will be trained in various degrees of suicide prevention by 2025. Long term indicators of success include a decrease in deaths by suicide in the Oregon as well as documented continuity of care for people experiencing suicidality. Short term indicators of success for HB2315 include increased efficacy of MBHPs in treating clients experiencing suicidality, and an increase of MBHPs trained in suicide assessment, management, and treatment in the workforce.

We are requesting that Oregon Health Authority (OHA) expands the requirements for data collection on required suicide prevention trainings beyond what is currently gathered by the licensing boards. At a minimum, we need to identify the types of trainings that MBHPs are taking, however, of utmost importance is understanding whether these trainings are effective in building MBHPs' capacity for suicide safer care. Below we propose a survey methodology, which would ideally be administered to all licensed MBHPs during license renewal.

We understand that existing systems of data collection from licensees are limited by resource constraints, but urge OHA to explore workarounds or consider funding further study in this area. Even if the resources are not available to study all licensees who have taken suicide prevention training, it is recommended that intentional efforts are taken to survey and interview a subset of licensed individuals on their experiences with these trainings from a variety of licensures.

Purpose

The purpose of this study is to examine the effectiveness of HB 2315 to increase the number of MBHPs competent in suicide care. We need to gain a better understanding of what is working well and what needs improvement. For the purposes of this analysis, effectiveness of HB 2315 will be indicated by an increase in the number of MBHPs trained in suicide assessment, management, and treatment, and an increase in MBHP's confidence, competence, and comfort in providing suicide-related treatments.

Methods

To assess HB 2315's effectiveness in equipping MBHPs to successfully recognize, assess, and treat clients with thoughts of suicide, we plan to gather data from Oregon state licensing boards.

Surveys

Through collaboration with the Oregon Health Authority, the University of Oregon Suicide Prevention Lab, and the Oregon Alliance to Prevent Suicide (Alliance), we will develop a survey to gather information from MBHPs regarding their interactions with suicidal clients, their experience of suicide prevention trainings, and whether they found the suicide prevention trainings useful in their work. We will collaborate with Oregon licensing boards to collect this survey data from MBHPs at the time of license renewal. The waiting period between trainings and re-licensure may benefit our survey results, as professionals will have had the time to assess

whether the suicide prevention training/s they took were effective, useful, and sufficient for their specific practice. See Appendix for example questionnaires for trainees post-training.

The purpose of these MBHP-specific surveys will be to assess:

- Estimated number of clients experiencing suicidal thoughts and behaviors MBHPs have treated
- MBHP's perception of integration of the suicide prevention and intervention trainings into their daily practice
- MBHPs level of competence and confidence in utilizing skills gained from the suicide prevention trainings they received
- MBHP's perceived gaps in suicide prevention training for clinical practice

In combination with statewide suicide prevention training evaluation data, the data from these surveys will be utilized to determine the effectiveness of HB2315 in training MBHPs to recognize, assess, and if needed, refer clients experiencing suicidality.

Commented [SS1]: We currently do not have this as an item in the survey - do we want to add it?

Appendix – Survey Design

Commented [SS2]: I'd like to revisit these questions with the committee to see if this still aims at what we are interested in.

What training did you take? (drop down list)
When was this training taken?

Self-Efficacy (Scale: Disagree/Somewhat Disagree/Somewhat Agree/Agree)
1. I feel confident treating an individual experiencing suicidal thoughts.
2. I feel comfortable treating an individual experiencing suicidal thoughts.
3. I feel competent in providing culturally-responsive treatment to an individual experiencing suicidal thoughts.
4. I feel comfortable in providing culturally-responsive treatment to clients experiencing suicidal thoughts.

Knowledge (Scale: Disagree/Somewhat Disagree/Somewhat Agree/Agree)
4. I am knowledgeable about where to refer someone experiencing suicidality to receive treatment.
5. I am knowledgeable about how to appropriately respond to an individual experiencing a suicidal crisis.
6. I am knowledgeable about how to talk with and treat LGBTQ patients experiencing suicidality.
7. I am knowledgeable about how to talk with and treat BIPOC patients experiencing suicidality.
8. I am knowledgeable about how to talk with and treat patients with disabilities experiencing suicidality.

Fit (Scale: Disagree/Somewhat Disagree/Somewhat Agree/Agree)
9. The training resulted in new skills and knowledge being learned.
10. The training increased my ability to identify clients who are at an increased risk of suicide.
11. The training increased my ability to respond to clients who are at an increased risk of suicide.
12. The information and practices from the training will be useful in everyday clinical experiences.
13. In my practice, I have applied the information and skills from the training.
14. The information and practices covered in the training were relevant to my client population.
15. The information and practices from the training will assist in making *suicide safer care* changes in your practice.
16. The training was applicable to my client population.
17. The training was applicable to my specialty.
18. Trainings applicable to my specialty were accessible to me.
19. Trainings applicable to my client population were accessible to me.

Additional Information (Scale: Disagree/Somewhat Disagree/Somewhat Agree/Agree)
20. I would like to take more trainings on suicide prevention.
21. I would like to take a suicide prevention training specifically developed for my specialty.