

# HB 2315 Policy Analysis Proposal

## *Introduction*

The Oregon Alliance to Prevent Suicide (Alliance) identified a gap in the number of mental and behavioral health professionals (MBHPs) who are trained to assess and treat individuals experiencing suicidal thoughts in Oregon. To address this need, the Alliance introduced HB 2315 in 2019, which is designed to increase the number of MBHPs equipped to assess, manage, and treat clients experiencing suicidality in the state of Oregon by requiring license based 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. Since the passage of HB 2315, we know that a higher percentage of licensees are taking suicide prevention training (CITATION), but 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 HB 2315 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 HB 2315 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. Currently, we have no way to assess these indicators.

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. To address this, the Alliance supported OHA's suicide prevention Policy Option Package (POP) introduced by OHA in the 2020 legislative session. Unfortunately, this POP did not receive funding. As resources may not be currently available to study all licensees who have taken suicide prevention training, we recommend that, at a minimum, OHA resources are allocated to survey and interview a subset of licensed individuals on their experiences with these trainings from a variety of licensures.

## *Proposed Survey Methodology*

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.

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 OHA and research and policy partners, we recommend developing a survey to gather information from MBHPs regarding their interactions with suicidal clients, their experience of suicide prevention trainings, whether they found the suicide prevention trainings useful in their work, and how they

have used the suicide prevention training in their practice. We recommend collaborating 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 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 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
- MBHP's level of competence and confidence in working with marginalized populations (LGBTQ+, BIPOC, people with disabilities, etc.)

In combination with statewide suicide prevention training evaluation data currently being collected, the data from these surveys is critical to determine the effectiveness of HB 2315 in training MBHPs to recognize, assess, and if needed, refer clients experiencing suicidality.

### ***Call to Action***

We would like to say, “Just Do It,” but simultaneously understand that there are resource and institutional barriers that need to be addressed for this to move forward. We are requesting that this proposal is reviewed and feedback regarding next steps and a path forward are provided. We are eager to work in partnership with OHA to ensure that this important legislation is evaluated so that we can effectively tell the story of creating a suicide safer Oregon and make data-based decisions moving forward. We urge OHA to include funding for this work in future POPs, to take a leadership role in bringing together the key stakeholders at licensing boards and OHA, and to develop a plan for how this legislation will be assessed and supported.

## Small Steps Workplan

Updated 7/24/2023

Strategy	Tasks	Who/When	Notes
<b>Supporting Documents</b>			
Finalize	<ul style="list-style-type: none"> <li>• 1 pager Small Steps</li> <li>• Employer’s Guide</li> <li>• Resource list</li> <li>• Contact sheet</li> <li>• 1 pager – Facts</li> <li>• PowerPoint presentations</li> <li>• Materials for distribution</li> </ul>	July 2023	<ul style="list-style-type: none"> <li>- Small Steps One pager: <b>DONE/FINAL</b></li> <li>- Employer’s Guide: draft/materials?</li> <li>- Resource list: draft/July 24th</li> <li>- Contact Sheet: <b>DONE/FINAL</b></li> <li>- Facts: <b>DONE/FINAL</b></li> <li>- PP presentations – draft completed; review and finalize by August 1<sup>st</sup>.</li> <li>- Materials: 988, warning signs, actions for helping, OSHA</li> </ul>
<b>Collaboration</b>			
Partners	<p>Set up meeting with AFSP,</p> <p>Host meeting by August 11th</p>	July 2023	<b>Draft Agenda</b> completed July 24 <sup>th</sup> ; purpose of mtg.: share about Small Steps, learn about partner’s workplace efforts/O & A and active locations, explore ways to collaborate including available materials, identify potential advocates and how to engage; brainstorm locations/counties for Small Steps rollout; seek their support for promoting Small Steps
Coalitions & Advocates	Send Small Steps 1 pager to coalitions/advocates; invite to webinar orientation on campaign.	<p>July 2023 information out</p> <p>August 2023 Orientation</p>	Need to identify coalitions/advocates interested in participating by August 4 <sup>th</sup> ; set orientation date (no later than August 18 <sup>th</sup> ) and mail sample packets one week before orientation.
<b>Workforce Committee</b>			
	<p>Presentation</p> <p>Ongoing Updates</p> <p>Final Report/Next Steps</p>	<p>August 2023</p> <p>Sept/Dec 2023</p> <p>January February 2024</p>	PP completed; send sample employer packets to committee members?
<b>Launch</b>			
	Distribute materials; set up feedback loop and T/A	Aug/Sept 2023	First week of August and ongoing as needed; TA ongoing as requested

Strategy	Tasks	Who/When	Notes
<b>Wrap-up</b>			
	<p>Tabulate Contact Sheets and summarize findings.</p> <p>Survey participating businesses and community orgs.</p> <p>Lessons Learned Convening Next Steps</p>	<p>November 2024</p> <p>January 2024</p>	<p>Mid-point tabulation to update partners and coalitions/advocates</p> <p>Develop, distribute survey (have option for phone survey?), summarize findings. Schedule Lessons Learned convening</p>

## Small Steps *How Your Business Can Help Prevent Suicide*

### Small Steps - Raising Awareness about Suicide Prevention in the Workplace

Small Steps is an Alliance outreach campaign to engage community businesses and organizations in suicide prevention in the workplace. This campaign is based on the belief that suicide is preventable and involves everyone in the community. It is part of a movement to bring people and communities together to promote prevention, intervention strategies, and support healing in communities after a suicide (postvention). Small Steps is part of the Alliance's broader prevention strategy, supported by the Alliance Workforce Committee and its efforts to promote suicide safe work environments. This campaign will reach employers and employees to raise awareness about:

- Recognizing the warning signs for suicide
- Action steps for helping someone in emotional pain
- Reaching out – help is available

The purpose of this campaign is for employers and employees to have the information they need to support a person in the workplace who may be experiencing a mental health crisis. Materials and messages are designed to increase help-seeking by reducing stigma related to mental health and suicide. To encourage help-seeking, the materials provide examples of how to have the conversation with someone who may be in crisis and where to go for help. The Alliance is particularly interested in reaching out to young adults 18-24 years old.

For more information about the **Small Steps** outreach and awareness campaign and to join others in this effort, please contact Annette Marcus [amarcus@aocmhp.org](mailto:amarcus@aocmhp.org)

### Collaborative Partners

The Alliance is the information hub for the campaign. To maximize our reach, we are partnering with Oregon Chapter of the American Foundation for Suicide Prevention, and suicide prevention coalitions and advocates around the state. We will launch our effort during Suicide Prevention Month, our goal is to engage 50 businesses and organizations by December 31, 2023.

### Who We Are

The **Oregon Alliance to Prevent Suicide** is a statewide advocacy and advisory group in Oregon working to prevent youth suicide and strengthen suicide intervention and postvention services. It was established in 2016 when the Youth Suicide Intervention and Prevention Plan (YSIPP) was submitted to the legislature by the Oregon Health Authority (OHA). The Alliance is charged with advising OHA on statewide youth suicide prevention and intervention policy and implementation of the YSIPP. Members are appointed by the Oregon Health Authority and include leaders from the public and private sectors, legislators, subject matter experts, suicide attempt and loss survivors, and young people from across the state of Oregon. For more information about the Alliance, visit our website at <https://oregonalliancetopreventsuicide.org/>

*People often spend a large portion of their day at a workplace and, in doing so, get to know other employees over time. As a result, they may be in a good position to notice changes in behavior that could suggest risk for suicide or other mental health problems.*

*Suicide Prevention  
Resource Center*

If you are interested in joining the Alliance or the Alliance Workforce Committee, please contact Annette Marcus [amarcus@aocmhp.org](mailto:amarcus@aocmhp.org)



# Small Steps

Raising Awareness about Suicide Prevention in the Workplace

# Purpose

To disseminate information to businesses and organizations about:

- Recognizing the warning signs for suicide
- Action Steps for Helping
- Reaching out – help is available

To provide facts about suicide to employers and employees, particularly young adults 18-24 years old.




## Why Workplace Outreach and Awareness?

*People often spend a large portion of their day at a workplace and, in doing so, get to know other employees over time. As a result, they may be in a good position to notice changes in behavior that could suggest risk for suicide or other mental health problems.*

*Suicide Prevention Resource Center*





Workforce Committee is focused on training within big systems:

- Legislation
- Interviews
- Making the Case

**Small Steps Outreach and Awareness Campaign** is part of our broader approach to workplace suicide prevention and suicide safer work environments.

There is evidence that awareness can change behavior - Small Steps aims to increase help seeking by sharing information.



Background

# Potential Businesses and Community Organizations

Barber Shops and Hair Salons

Restaurants and Fast-Food Places

Coffee Shops

Bars

Grocery Stores

Tattoo Shops

Retail

Convenience Stores

Delivery Services

Community Centers

Bakeries

Construction Companies

Garages

Car Washes

Assisted Living

Landscape and Golf Courses

Recreation Programs

Vet Services/Humane Society

# People are Eager to Help but Unsure How

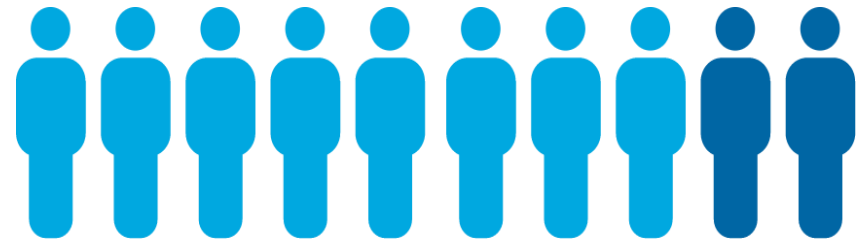
**2 out of 3**

Adults believe they don't have enough knowledge to tell if someone is considering suicide



**8 out of 10**

Adults are open to learning how they can do more to help someone in need



# Employer Packets

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Recognizing the warning signs for suicide

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Action Steps for Helping

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Reaching out – help is available when help is needed

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Fact Sheet

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Guide and Tips for Employer

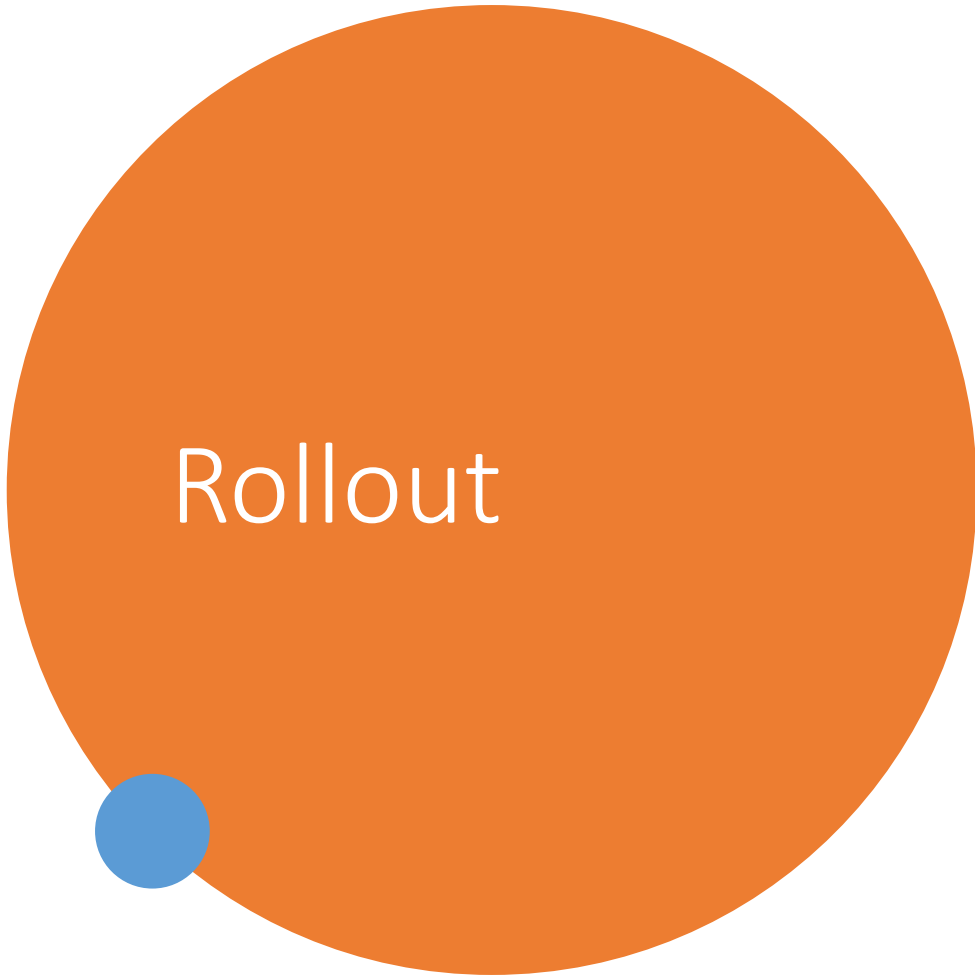


# Anticipated Outcomes

Businesses and organizations receiving outreach and awareness materials will make information available and accessible to employees.

Employers and employees, particularly young adults 18-24 years old, will have the information they need to support a person in the workplace who may be experiencing a mental health crisis.

Resource information will help more people access the right help at the right time.



# Rollout

## Next Steps



Partners – Alliance, AFSP, Coalition Members and Advocates

Orientation

Launch September. 2023

Provide T/A – Alliance and AFSP

Lessons Learned Roundtable – January 2024

OHA is trying to make a variety of trainings available for free to clinicians –

Commitment of time – Beck Institute – how many people did it

CAMS/DBT

Could OHA be the gate for the advanced trainings? OHA is working on a data repository regarding the trainings.

Sarah – we're not appropriately scaffolding the trainings. Follow up with Jill's list.

Julie: How do we collate and convene for information, all the different places doing the training have independent systems, but how do we target and really help people understand where they are in the train. People don't even know these trainings exist.

Don: Many clinicians don't know that advanced trainings exist, which impacts clinicians

Outline Pros and Cons of each different training – Need an Easily Accessible

Get OHA to fund a technical package with intensive review of the advanced

Sarah – Key question how has it impacted your practice? How do we look at behavior change.

Stephanie—we can change our messaging, what is different about the way you approach your patients, what feedback have they had?

Oregon Board of Professional Counselors – social workers, licensed professional counselors and clinical psychologists – have the mailing list for all of the entities.

Meet again with Galli – bring some thoughts to her, we've come up with this list, is this what we were hoping for?

How does Zero Suicide fit into this picture?

September or October next year – here's what we're rethinking about

## 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.

### 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](mailto: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>