

January 2023

>> Suicide prevention training for medical and behavioral health providers

Data report to the Legislature



Oregon
Health
Authority
HEALTH SYSTEMS DIVISION

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Executive summary

Oregon's suicide rate remains above the national average. Workforce training in suicide prevention is an essential part of Oregon's overall strategy to reduce suicide.

Since 2017, Oregon has recommended behavioral healthcare and medical healthcare workforces receive training in suicide prevention. In July 2022, Oregon began requiring suicide prevention training for several behavioral healthcare workforces upon relicensure. Medical providers continue to receive a recommendation for this training, but not a requirement. Boards for the named workforces are required to submit data to OHA with information about how many licensees reported taking a suicide prevention course or training. OHA is required to maintain a list of course options for licensees to take regarding suicide prevention.

This report shows:

- Among the licensing boards reporting, 33.2% of licensees reported completed trainings in 2020 and 36.8% reported completed trainings in 2022.
- Among the licensing boards reporting, there was approximately a 23% increase in total reported completed trainings from 2020 (30,893) to 2022 (37,994).
- School Counselors had the highest percentage of licensees completing continuing education on suicide risk assessment, treatment, or management in 2022 (85.5%).
- The physical therapist board reported having the least percentage of licensees having taken a relevant course in 2022 (8.5%).
- While the chiropractic physician board reported having the least percentage of licensees having taken a relevant course in 2020 (6.1%), they reported the largest increase during the 2022 (30.2%) reporting period. This is likely due to a requirement for training that was added by this Board during this reporting period.

OHA recommends adding a requirement for medical healthcare providers to take suicide prevention training for relicensure. OHA also recommends increasing the evaluation efforts related to workforce training to determine which courses increase provider confidence and competence by provider role.

Introduction

The impacts of suicide in Oregon are profound and far-reaching. In 2020, there were 833 suicides in Oregon. Oregon remains above the national average for suicide deaths. Oregon's 2020 age-adjusted rate of suicide deaths was 18.3 per 100,000 people, while the national rate is 13.5. Oregon had the 18th highest youth suicide rate in the country that year. Suicide remains the second leading cause of death for Oregonians ages 10-24.

Since 2019, Oregon's suicide prevention leaders have made significant progress in prevention, intervention and postvention efforts – including in workforce training. While Oregon's suicide rate remains above the national average, the youth suicide rate decreased in 2019 and 2020. Based on preliminary data, OHA anticipates an additional decrease in youth suicide in 2021; finalized 2021 data will be available by March of 2023.

The following report details the self-reported suicide prevention related training by profession, workforce, and county in the license renewal period of January 1, 2019- December 30, 2021.

This report is presented to the legislature in compliance with ORS [676.860](#).

The authority, on or before August 1 of each even-numbered year, shall report to the interim committees of the Legislative Assembly related to health care on the information submitted to the authority under subsection (5) of this section. The authority shall include in the report information about initiatives by boards to promote awareness about suicide risk assessment, treatment and management and information on how boards are promoting continuing education described in subsection (2) of this section to licensees.

Included in this report is data from all boards listed in ORS 676.860, 675.140, 675.597, 675.805, 676.860 and 676.863. The data is gathered from licensees who self-report at license renewal having taken a course in suicide

An equipped workforce is an essential part of the larger strategy in Oregon for suicide prevention that is outlined in the Oregon Suicide Prevention Framework.

The findings from this report regarding training can help inform OHA's larger strategy.

More information about Oregon's Suicide Prevention Framework can be found in the [Youth Suicide Prevention and Intervention Plan](#).

assessment, treatment, or management in the previous period of licensure. This report does not include the additional workforces listed in [HB2315](#) (2021). The effective date for [HB2315](#) (2021) began after the period this data reports. Future suicide prevention workforce training reports, beginning in 2023, will include the additional workforces listed in [HB2315](#) (2021).

Training Recommendations and Requirements

In 2017, Oregon passed SB48, which recommended medical and behavioral health workforces receive training related to suicide prevention. This legislation did not require training related to suicide prevention.

In 2021, Oregon passed HB 2315, which required training for suicide risk assessment, treatment, and management for some behavioral health workforces starting July 1, 2022. These workforces and boards are listed on page 6 of this report. Training in suicide prevention for the medical health workforces listed in the 2017 legislation remains a recommendation and not a requirement.

The required suicide prevention trainings completed by the workforces listed in HB 2315 will be reported in odd-numbered years to the legislature. It is anticipated that the workforces required to take suicide prevention training will have greater reports of training completed compared to workforces who only have a recommendation for such training.

In Oregon, most medical providers do not currently have requirements for training related to suicide prevention for relicensure. People at risk for suicide are often seen in health care settings. Studies have shown that over 80% of those who die by suicide have been seen in a health setting in the prior year. (3)

Professions and boards recommended to receive training prior to July 1, 2022

Physicians	Oregon Medical Board
Physician assistants	Oregon Medical Board
Nurses and nurse practitioners	Oregon State Board of Nursing
Naturopathic physicians	Oregon Board of Naturopathic Medicine
Social workers	Oregon Board of Licensed Social Workers
School counselors	Teacher Standards and Practices Commission
Licensed counselors	Oregon Board of Licensed Professional Counselors and Therapists
Occupational therapists	Occupational Therapy Licensing Board
Physical therapists	Oregon Board of Physical Therapy
Chiropractic physicians	Oregon Board of Chiropractic Examiners
Psychologists	Board of Psychology

Professions and boards that remain recommended to receive training beginning July 1, 2022

Physicians	Oregon Medical Board
Physician assistants	Oregon Medical Board
Nurses and nurse practitioners	Oregon State Board of Nursing
Naturopathic physicians	Oregon Board of Naturopathic Medicine
Occupational therapists	Occupational Therapy Licensing Board
Physical therapists	Oregon Board of Physical Therapy
Chiropractic physicians	Oregon Board of Chiropractic Examiners

Professions and boards required to receive training per HB2315 (2021) beginning July 1, 2022

Qualified mental health associate	Oregon Health Authority
Qualified mental health professional	Oregon Health Authority
Certified alcohol and drug counselor	Oregon Health Authority
Social workers	Oregon Board of Licensed Social Workers
School counselors	Teacher Standards and Practices Commission
Licensed counselors	Oregon Board of Licensed Professional Counselors and Therapists
Prevention specialist	Oregon Health Authority
Problem gambling provider	Oregon Health Authority
Recovery mentor	Oregon Health Authority
Traditional health workers (8 workforces)	Oregon Health Authority

Course offerings

[ORS 676.863](#) requires OHA to develop a list of suggested courses that address suicide assessment, treatment, and management to support the workforce training recommendations and requirements. OHA posted the list on the OHA website on November 2, 2017. OHA makes annual updates. The current list is available on the Children and Family Behavioral Health – Youth Suicide Prevention [website](#).

OHA has current contracts for statewide access to the Big River [menu](#) of programming, which includes best practice trainings for suicide prevention, intervention, and postvention (response after a suicide death). Each of these training options are supported with OHA funding and are available statewide at low or no cost. There are currently 14 training options included in the Big River programming. Since the last report in 2020, OHA has added these training options:

- [Sources of Strength](#) Elementary program– A strengths-based curriculum for K-6 grade classrooms. OHA continues to support Sources of Strength programming in middle school, high school and postsecondary settings as well.
- [YouthSAVE](#) (Suicide Assessment in Various Environments) – A nine-hour training to screen for suicide risk, complete a risk assessment, and develop a collaborative and strengths-based safety plan. Currently this training is designed for youth ages 10-17. OHA has contracted for a young adult module to be developed in 2023.
- [Oregon CALM](#) (Counseling on Access to Lethal Means) – A six-hour training for healthcare and direct service providers is based on a nationally developed course, [CALM](#), and incorporates aspects of a training for medical providers called Addressing Firearm Safety with Patients at Risk for Suicide.
- [Advanced Skills trainings](#) – Various clinical trainings for behavioral health providers designed to increase competence and confidence in treating suicidality.

A three-hour training for Traditional Health Workers is under development through OHA and will be available on-demand online and free of charge in Spanish and in English in 2023.

Findings overview

During the 2020-2022 license renewal period, an additional response option of “Don’t know/unsure” was added to the surveys received by the Health Care Workforce Reporting Program (HCWRP) licensees when asked if they had completed any continuing education (CE) regarding suicide risk assessment, treatment, or management. Teacher Standards and Practices Commission (TSPC) is the only group that did not report 2022 data including the new response option. During the previous 2019-2021 license renewal period, the only available response options for boards were “Yes” and “No”, except for members of naturopathic medicine and medical board groups.

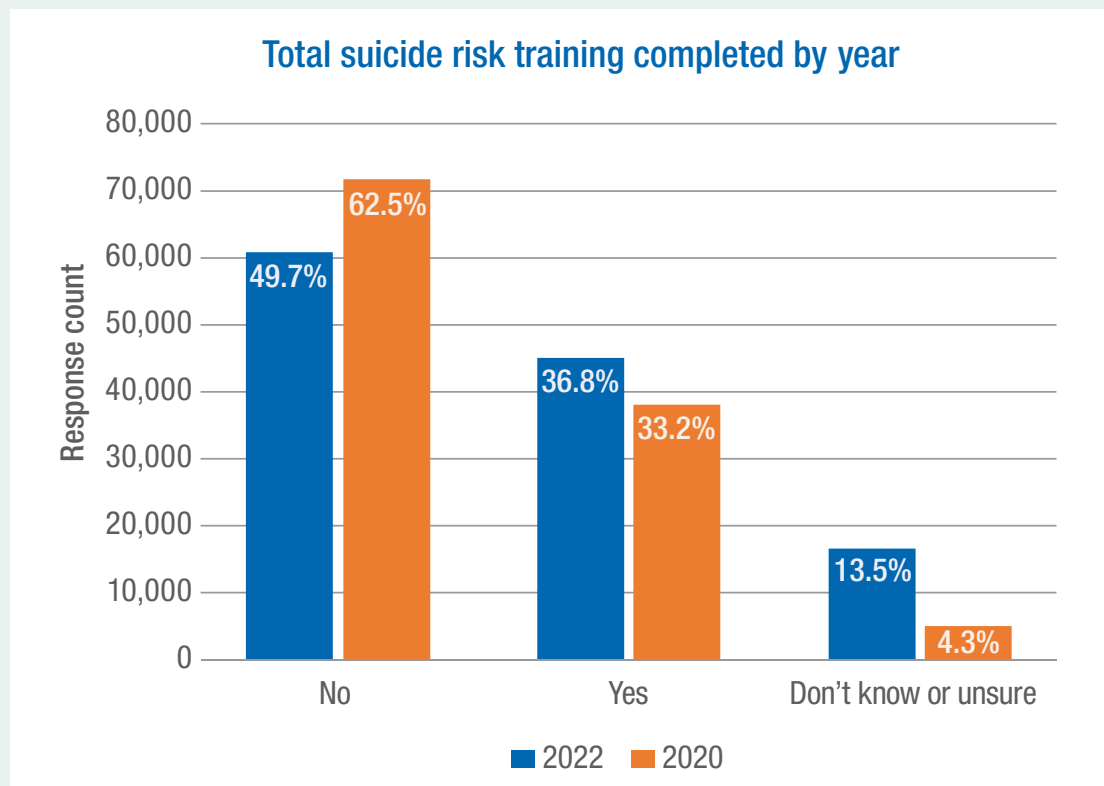
We urge caution in drawing direct comparisons between the 2022 “Don’t know/unsure” group and the 2020 responses. Although, it is likely safe to make comparisons between the “Yes” groups of 2022 and 2020, as they indicate an affirmative knowledge of having taken the training.

Findings overview

The following results provide an overview of all reporting professions and boards covered by SB 48 in 2022 compared to 2020, followed by each reporting board individually in 2022.

Based on the surveys to the professions and boards addressed in SB 48, 36.8% of all reporting licensing boards’ licensees (45,019 out of 122,361) reported that they took a course in suicide risk assessment, treatment, or management. Compared to the previous 2020 reporting period (38,060 out of 114,748), there was a 3.6% difference in “Yes” responses in 2022. There was also roughly a 22% difference in “No” responses in 2022, however, these observed differences may be skewed by the inclusion of the “Don’t know/unsure” response option for HCWRP licensees (see Figure 1).

Figure 1: Comparison of the total reported continued education in suicide risk assessment, treatment, or management by all licensing boards' licensees in 2022 and 2020.



The TSPC and Oregon Medical Board gathered and submitted their data to OHA in 2022. These data were not included in the collection of data during the 2019-2021 license renewal periods by the HCWRP. The professions and boards included in the HCWRP data are:

- » Chiropractic Examiners (DC)
- » Counselors and Therapists (COU)
- » Naturopathic Medicine (ND)
- » Nursing (CAN, CNS, CRNA, LPN, NP, and RN)
- » Occupational Therapy (OT and OTA)
- » Physical Therapy (PT and PTA)
- » Psychology (PSY), and
- » Social Work (CSWA, LCSW, and NonCl_SW)

Among the licensing boards reporting to the HCWRP, there was approximately a 23% increase in total reported completed trainings from 2020 (30,893) to 2022 (37,994). Between the 2022 reported trainings, 67% of all trainings were reported as a stand-alone training (see Figure 2). Additionally, 50% of all trainings were less than two hours long (see Figure 3).

Figure 2: Comparison of the total reported training type by licensing boards' licensees to the Health Care Workforce Reporting Program in 2022 and 2020. Participants were allowed to select all that apply on training type allowing for percentages to add up to more than 100% due to multiple responses.

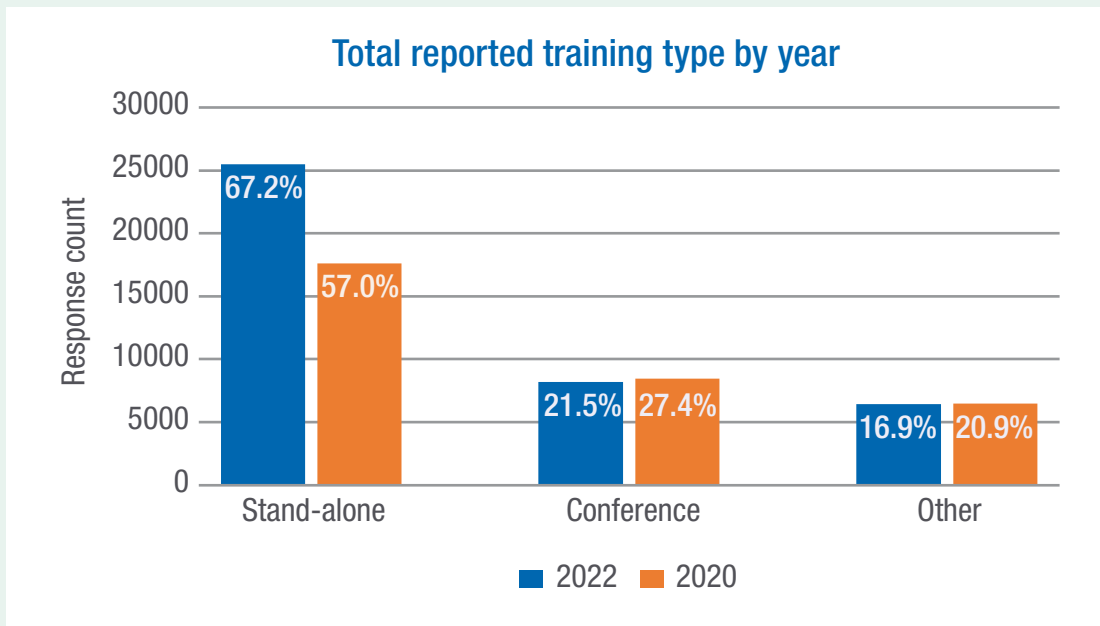
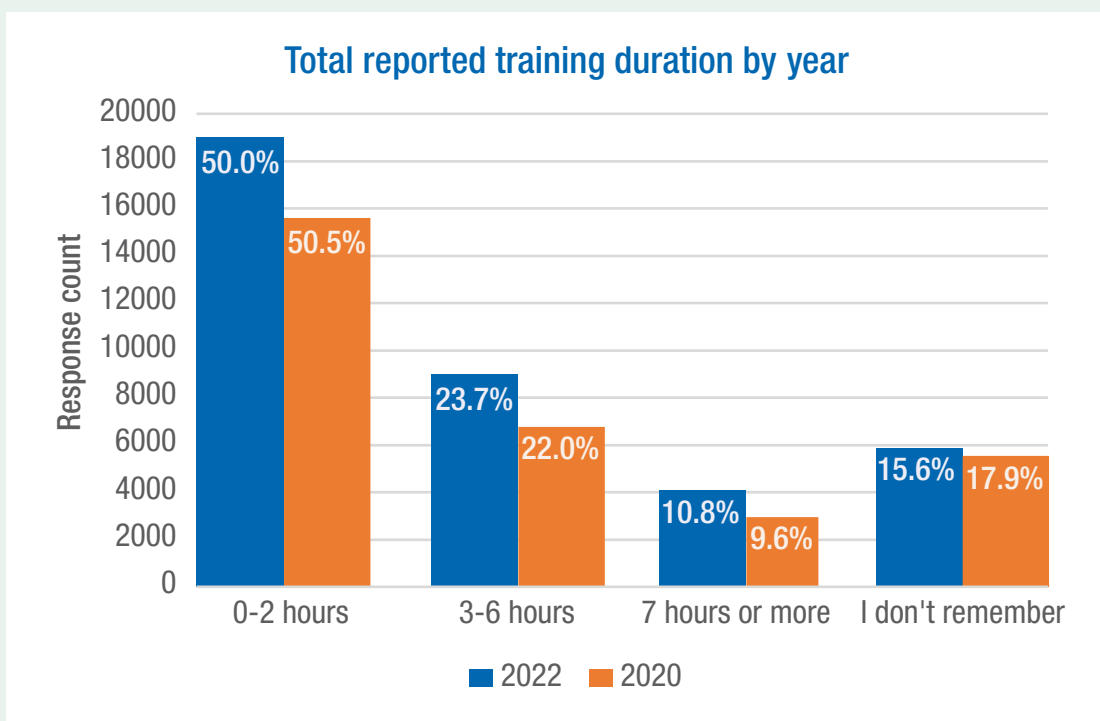


Figure 3: Comparison of the total reported training duration by licensing boards' licensees to the Health Care Workforce Reporting Program in 2022 and 2020.



As shown in in Figure 4, TSPC had the highest percentage of licensees completing continuing education on suicide risk assessment, treatment, or management in 2022 (85.5%). The physical therapist board reported having the least percentage of licensees having taken a relevant course in 2022 (8.5%). While the chiropractic physician board reported having the least percentage of licensees having taken a relevant course in 2020 (6.1%), they reported the largest increase during the 2022 (30.2%) reporting period.

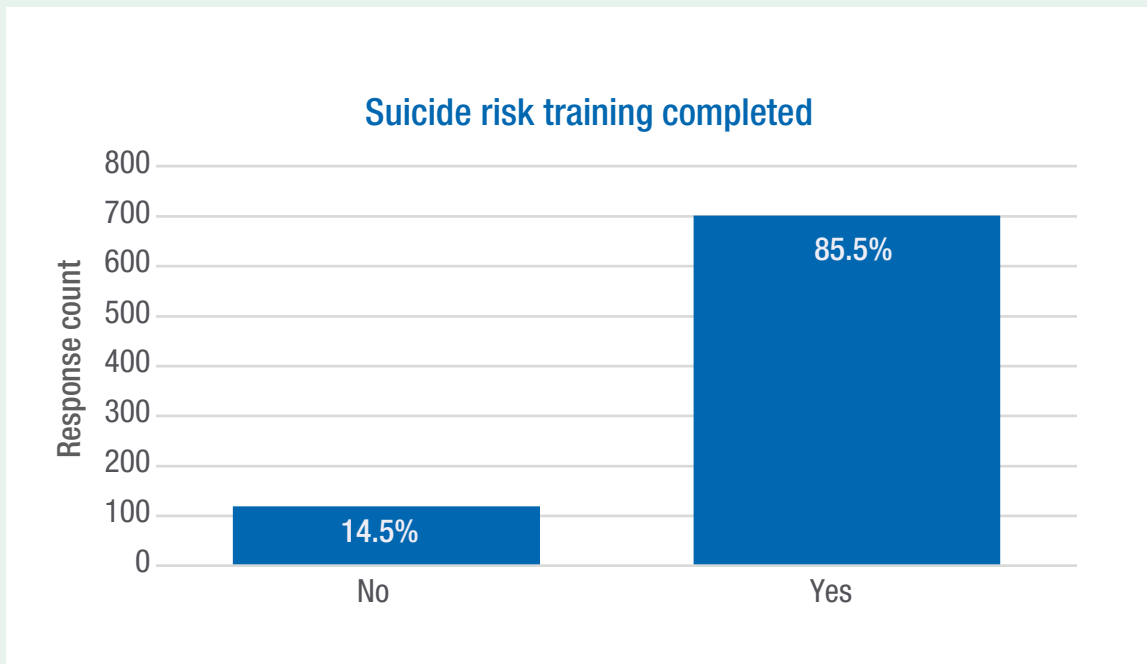
Figure 4: Percentage comparisons of licensees reporting completion of continued education in suicide risk assessment, treatment, or management by licensing board in 2022 and 2020.



Teachers Standards and Practices Commission (TSPC) School counselors

Approximately 85% of TSPC reporting (702 out of 821) said they had taken a relevant course in suicide risk assessment, treatment, or management (see Figure 5).

Figure 5: Total Teachers Standards and Practices Commission licensees reporting continued education on suicide risk assessment, treatment, or management.



TSPC from 31 counties reported taking trainings in suicide risk assessment, treatment, or management (see Table 1).

Table 1. Teachers Standards and Practices Commission trainees by county.

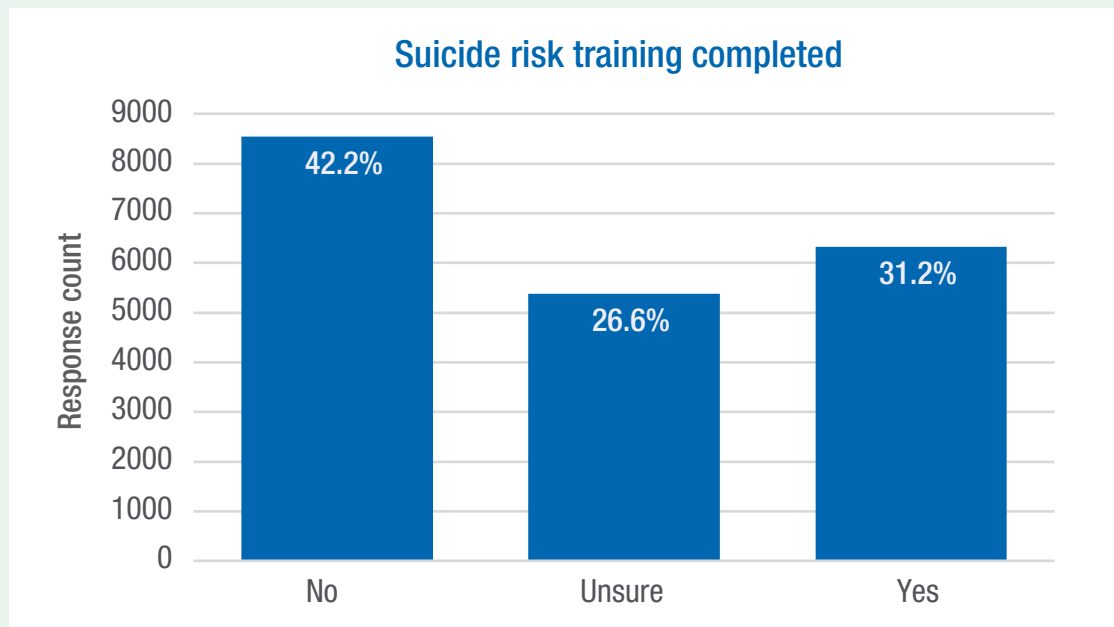
Country	Count
Baker	3
Benton	18
Clackamas	76
Clatsop	9
Columbia	11
Coos	3

Crook	6
Curry	3
Deschutes	53
Douglas	11
Hood River	4
Jackson	20
Jefferson	10
Josephine	11
Klamath	8
Lake	3
Lane	46
Lincoln	4
Linn	18
Malheur	8
Marion	74
Morrow	3
Multnomah	164
Polk	9
Tillamook	2
Umatilla	10
Union	5
Wallowa	1
Wasco	2
Washington	117
Yamhill	21
N/A	66
Out of State	14
Virtual - more than two counties	2
Foreign	6
Total	821

Physicians

Thirty-one percent of physicians (MD and DO, physician assistants and others licensed by the Oregon Medical Board) reporting (6,323 out of 20,254) said they took a course in suicide risk assessment, treatment, or management (see Figure 6).

Figure 6: Total physicians at 2021 license renewal reporting continuing education in suicide risk assessment, treatment, or management.



Physicians from 35 counties reported taking trainings in suicide risk assessment, treatment, or management (see Table 2).

Table 2. Physician trainees by county.unt.

County	Count
Baker	29
Benton	166
Clackamas	465
Clatsop	48
Columbia	24
Coos	63
Crook	9

Curry	28
Deschutes	287
Douglas	94
Gilliam	1
Grant	8
Harney	6
Hood River	49
Jackson	250
Jefferson	19
Josephine	48
Klamath	68
Lake	7
Lane	366
Lincoln	51
Linn	79
Malheur	65
Marion	300
Morrow	8
Multnomah	2062
Not Applicable - Do not practice in Oregon	972
Polk	28
Sherman	2
Tillamook	31
Umatilla	56
Union	17
Wallowa	5
Wasco	20
Washington	515
Yamhill	77
Total	6323

Chiropractic physicians

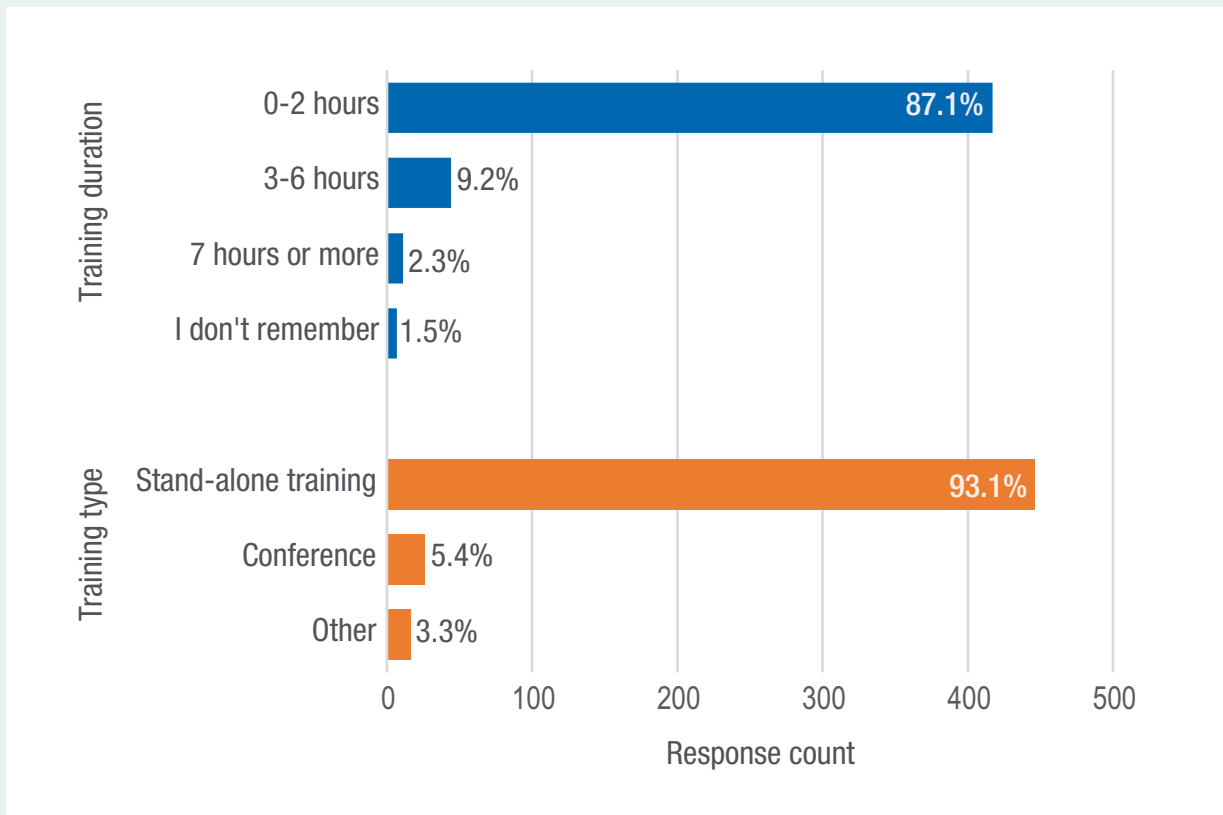
Thirty percent of chiropractic physicians reporting (479 out of 1,586) said they took a course in suicide risk assessment, treatment, or management (see Figure 7).

Figure 7: Total chiropractic physicians reporting continuing education on suicide risk assessment, treatment, or management.



About 91% of chiropractic physicians reported their trainings were a stand-alone training. Eighty-seven percent reported the trainings they had taken lasted two hours or less (see Figure 8). Trainings were taken at a conference about 5% of the time.

Figure 8: Chiropractic physician training type and duration. Participants were allowed to select all that apply on training type allowing for percentages to add up to more than 100% due to multiple responses.



Chiropractic physicians from 26 counties reported taking trainings in assessment, treatment, or management (see Table 3).

Table 3. Chiropractic physician trainees by county.

County	Count
Benton	7
Clackamas	48

Clatsop	3
Columbia	3
Coos	5
Crook	2
Curry	1
Deschutes	30
Douglas	6
Harney	1
Hood River	6
Jackson	33
Josephine	4
Klamath	1
Lane	20
Lincoln	3
Linn	3
Malheur	1
Marion	35
Multnomah	128
Polk	3
Tillamook	2
Umatilla	5
Union	1
Washington	75
Yamhill	6
(blank)	47
Total	479

Counselors and therapists

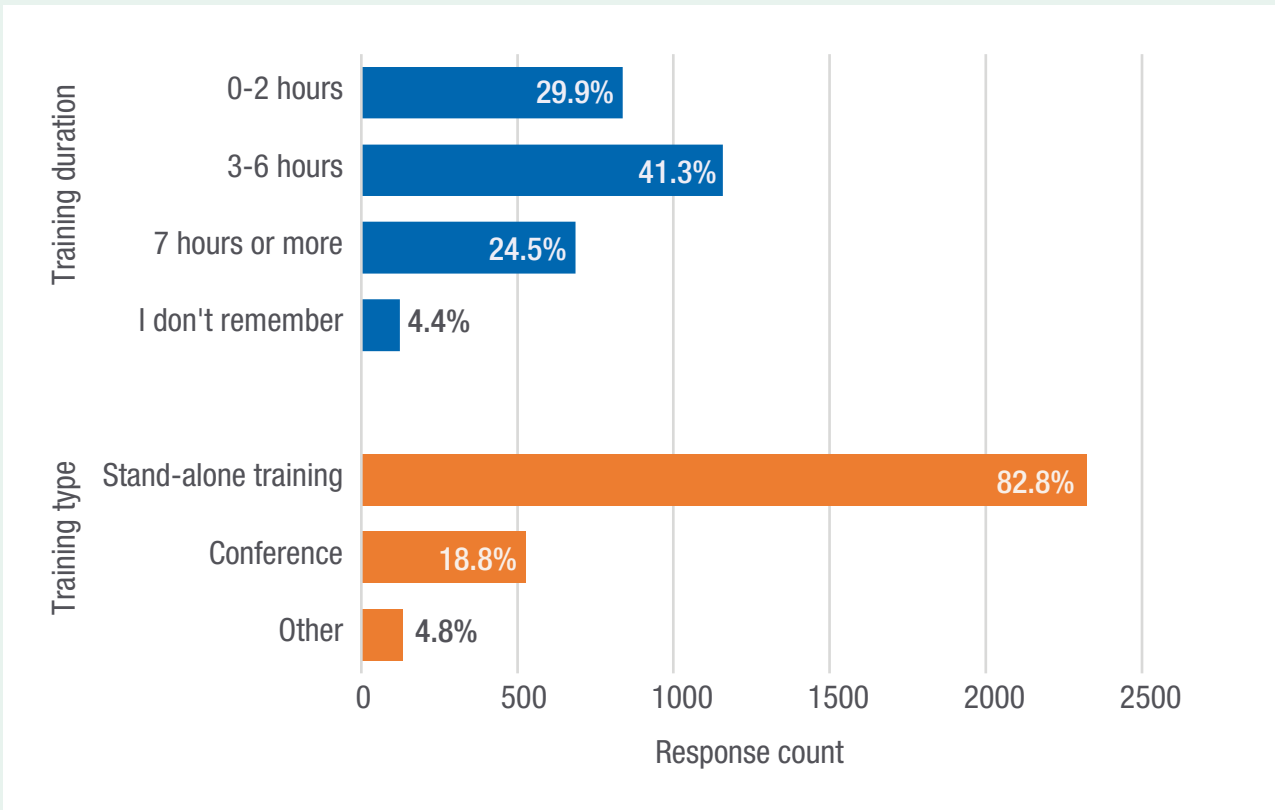
Fifty-four percent of counselors and therapists reporting (2,806 out of 5,155) said they took a course in suicide risk assessment, treatment, or management (see Figure 9).

About 78% of counselor and therapists reported their trainings were a stand-alone training. Forty-one percent reported that the trainings they had taken lasted three to six hours (see Figure 10). Trainings were taken at conferences about 18% of the time.

Figure 9: Total counselors and therapists reporting continuing education regarding suicide risk assessment, treatment, or management.



Figure 10: Counselor and therapist training type and duration. Participants were allowed to select all that apply on training type allowing for percentages to add up to more than 100% due to multiple responses.



Counselor and therapists from 33 counties reported taking trainings in suicide risk assessment, treatment, or management (see Table 4).

Table 4. Counselor and therapist trainees by county.

County	Count
Baker	8
Benton	53
Clackamas	223
Clatsop	17
Columbia	10
Coos	22

Crook	11
Curry	5
Deschutes	177
Douglas	26
Grant	1
Harney	3
Hood River	12
Jackson	144
Jefferson	9
Josephine	42
Klamath	21
Lake	4
Lane	221
Lincoln	27
Linn	32
Malheur	11
Marion	192
Morrow	2
Multnomah	717
Polk	32
Tillamook	10
Umatilla	10
Union	7
Wallowa	2
Wasco	16
Washington	288
Yamhill	36
(blank)	415
Total	2806

Naturopathic physicians

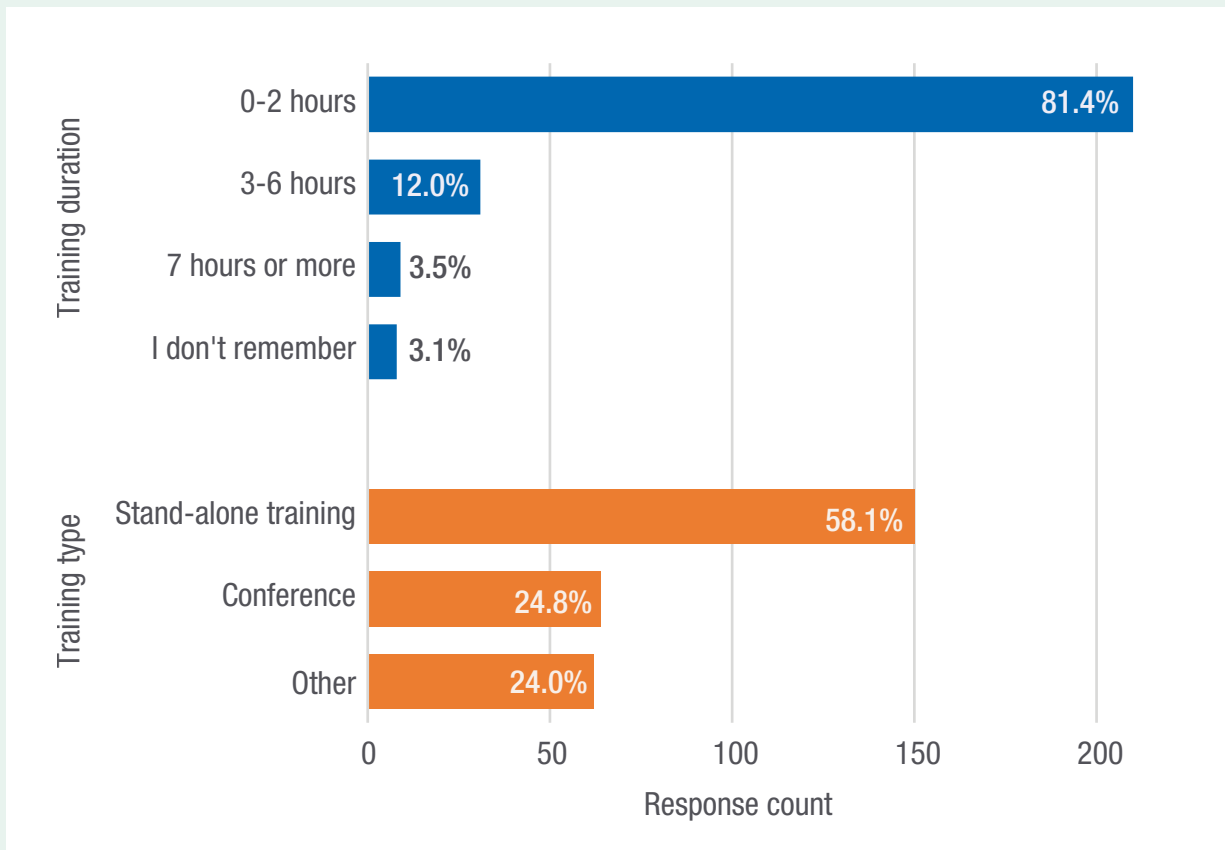
About 23% of naturopathic physicians reporting (258 out of 1,134) said they took a course in suicide risk assessment, treatment, or management (see Figure 11).

Figure 11: Total naturopathic physicians reporting continuing education on suicide risk assessment, treatment, or management.



About 54% of naturopathic physicians reported their trainings were a stand-alone training. Eighty-one percent reported that the trainings they had taken lasted two hours or less (see Figure 12). Trainings were taken at conferences about 23% of the time.

Figure 12: Naturopathic physician training type and duration. Participants were allowed to select all that apply on training type allowing for percentages to add up to more than 100% due to multiple responses.



Naturopathic physicians from 17 counties reported taking trainings in suicide risk assessment, treatment, or management (see Table 5).

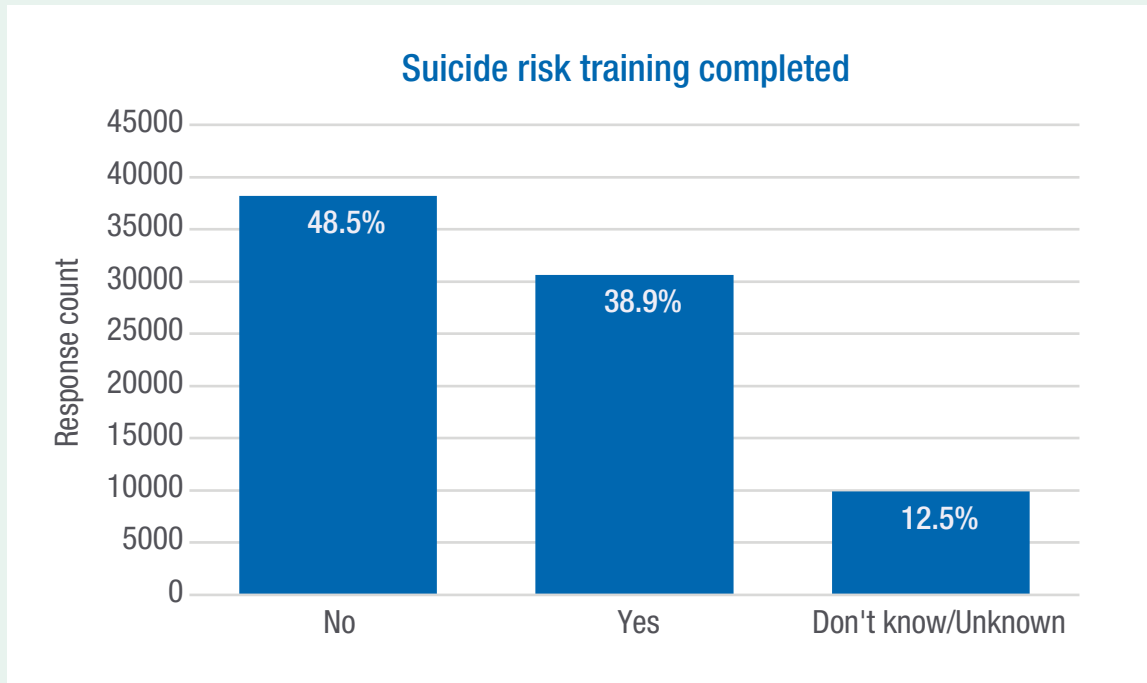
Table 5. Naturopathic physician trainees by county.

County	Count
Benton	1
Clackamas	20
Clatsop	6
Columbia	1
Deschutes	7
Douglas	3
Hood River	2
Jackson	5
Lane	6
Lincoln	2
Linn	1
Marion	4
Multnomah	107
Umatilla	1
Wallowa	1
Washington	30
Yamhill	5
(blank)	56
Total	258

Nursing

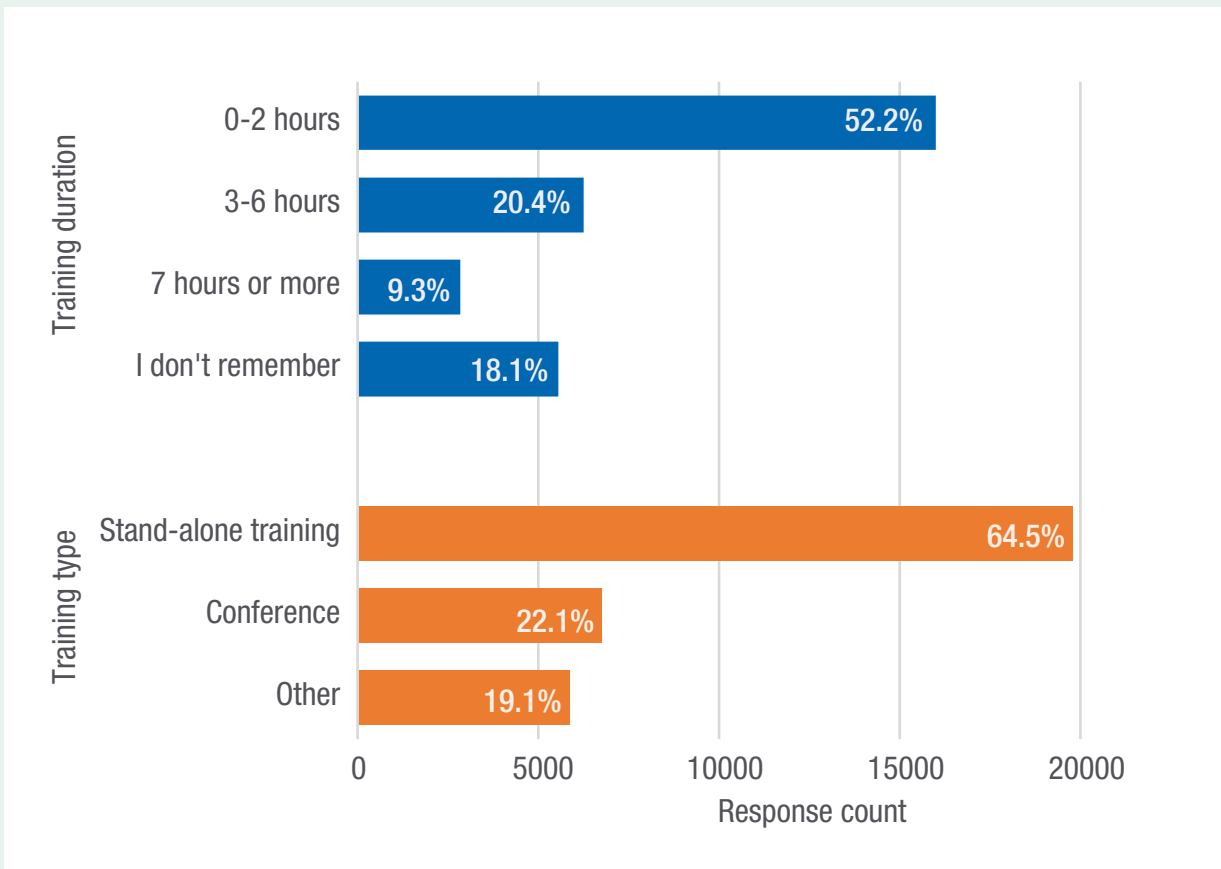
About 39% of nursing licensees reporting (30,655 out of 78,767) said they took a course in suicide risk assessment, treatment, or management (see Figure 13).

Figure 13: Total nursing licensees reporting continuing education regarding suicide risk assessment, treatment, or management.



Sixty-one percent of nursing licensees reported their trainings were a stand-alone training. Fifty-two percent reported the trainings they had taken lasted two hours or less (see Figure 14). Trainings were taken at a conference about 21% of the time.

Figure 14: Nursing training type and duration. Participants were allowed to select all that apply on training type allowing for percentages to add up to more than 100% due to multiple responses.



Nursing licensees from 36 counties reported taking trainings in suicide risk assessment, treatment, or management (see Table 6).

Table 6. Nursing trainees by county.

County	Count
Baker	239
Benton	600
Clackamas	1540
Clatsop	163
Columbia	90
Coos	354
Crook	71
Curry	80
Deschutes	1123
Douglas	541
Gilliam	2
Grant	43
Harney	16
Hood River	128
Jackson	1346
Jefferson	89
Josephine	317
Klamath	274
Lake	40
Lane	1910
Lincoln	213
Linn	529
Malheur	157
Marion	2152
Morrow	26
Multnomah	7138

Polk	149
Sherman	2
Tillamook	98
Umatilla	343
Union	108
Wallowa	30
Wasco	195
Washington	2570
Wheeler	5
Yamhill	390
(blank)	7584
Total	30655

Occupational therapists

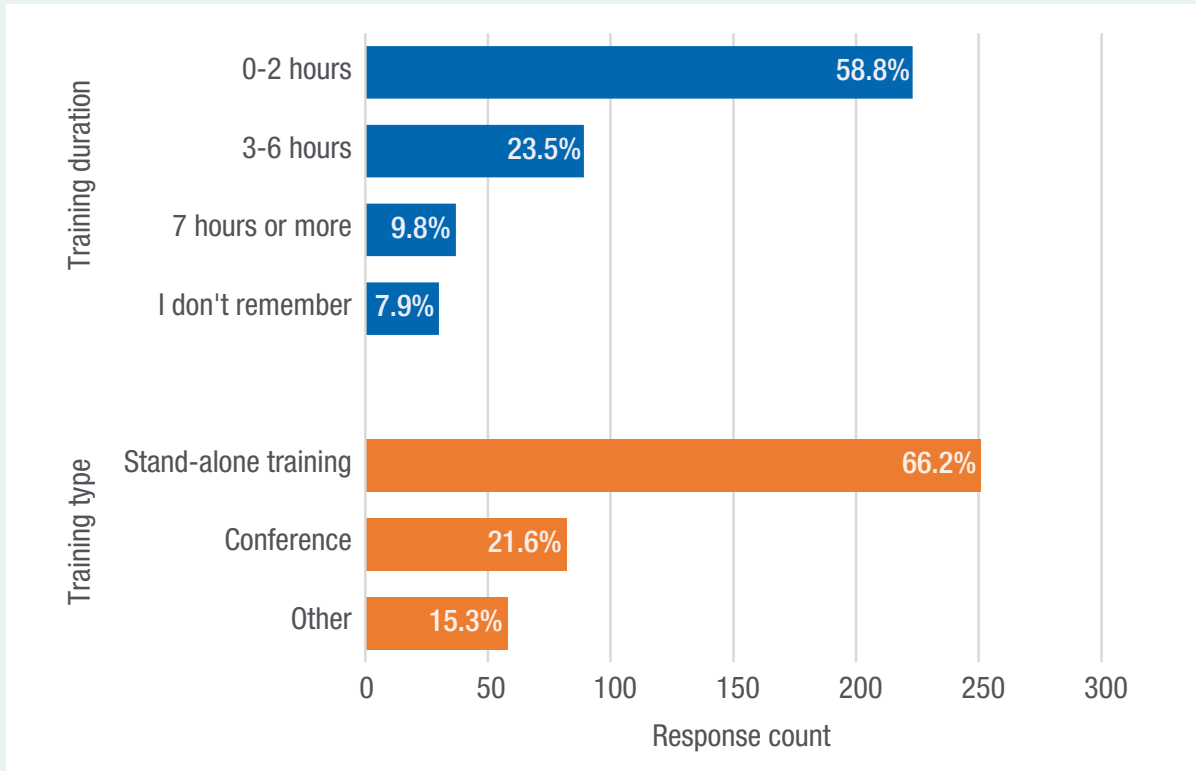
About 16% of occupational therapists reporting (379 out of 2,392) said they took a course in suicide risk assessment, treatment, or management (see Figure 15).

Figure 15: Total occupational therapists reporting continuing education regarding suicide risk assessment, treatment, or management.



About 64% of occupational therapists reported their trainings were a stand-alone training. Roughly 59% reported the trainings they had taken lasted two hours or less (see Figure 16). Trainings were taken at a conference 21% of the time.

Figure 16: Occupational therapist training type and duration. Participants were allowed to select all that apply on training type allowing for percentages to add up to more than 100% due to multiple responses.



Occupational therapists from 22 counties reported taking trainings in suicide risk assessment, treatment, or management (see Table 7).

Table 7. Occupational therapist trainees by county.

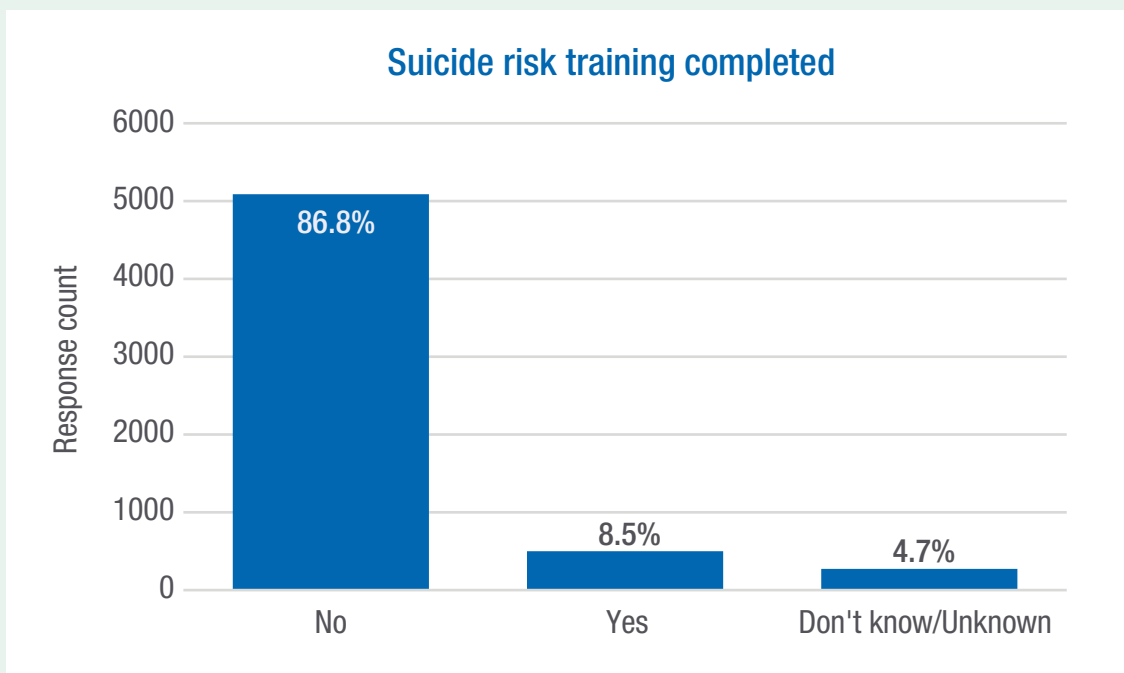
County	Count
Baker	1
Benton	1
Clackamas	28

Clatsop	2
Columbia	1
Coos	4
Deschutes	16
Douglas	3
Hood River	1
Jackson	10
Josephine	2
Lane	11
Lincoln	1
Linn	8
Marion	34
Multnomah	86
Polk	1
Umatilla	2
Union	1
Wasco	3
Washington	27
Yamhill	6
(blank)	130
Total	379

Physical therapists

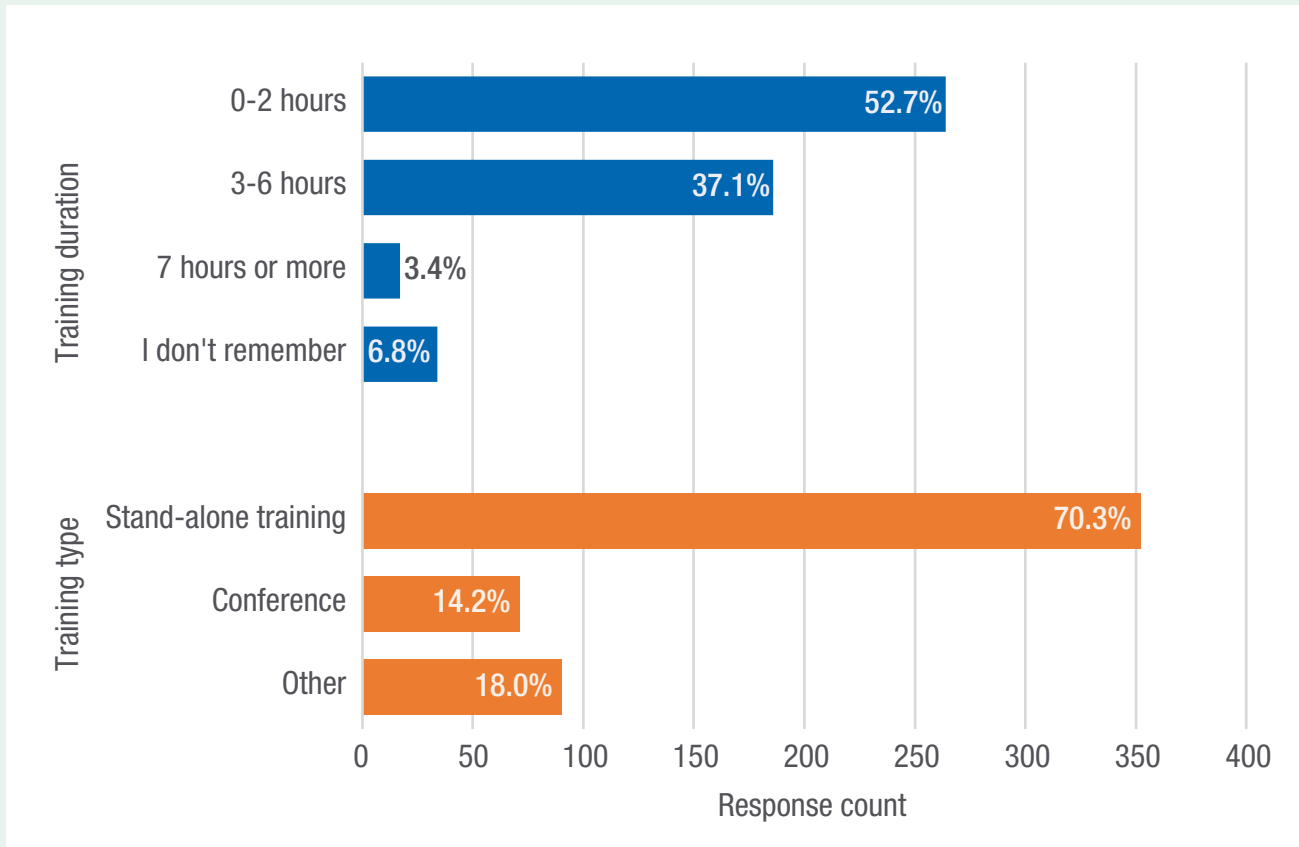
About 9% of physical therapists reporting (501 out of 5,867) said they took a course in suicide risk assessment, treatment, or management (see Figure 17).

Figure 17: Total physical therapists reporting continuing education regarding suicide risk assessment, treatment, or management.



About 69% of physical therapists reported their trainings were a stand-alone training and 53% reported the trainings they had taken lasted two hours or less (see Figure 18). Trainings were taken at conferences about 14% of the time.

Figure 18: Physical therapist training type and duration. Participants were allowed to select all that apply on training type allowing for percentages to add up to more than 100% due to multiple responses.



Physical therapists from 27 counties reported taking trainings in suicide risk assessment, treatment, or management (see Table 8).

Table 8. Physical therapist trainees by county.

County	Count
Baker	1
Benton	5

Clackamas	24
Clatsop	3
Columbia	6
Coos	5
Curry	3
Deschutes	26
Douglas	3
Hood River	6
Jackson	13
Jefferson	1
Josephine	3
Klamath	5
Lane	16
Linn	6
Malheur	2
Marion	29
Multnomah	102
Polk	4
Tillamook	1
Umatilla	1
Union	3
Wallowa	1
Wasco	5
Washington	33
Yamhill	6
(blank)	188
Total	501

Psychologists

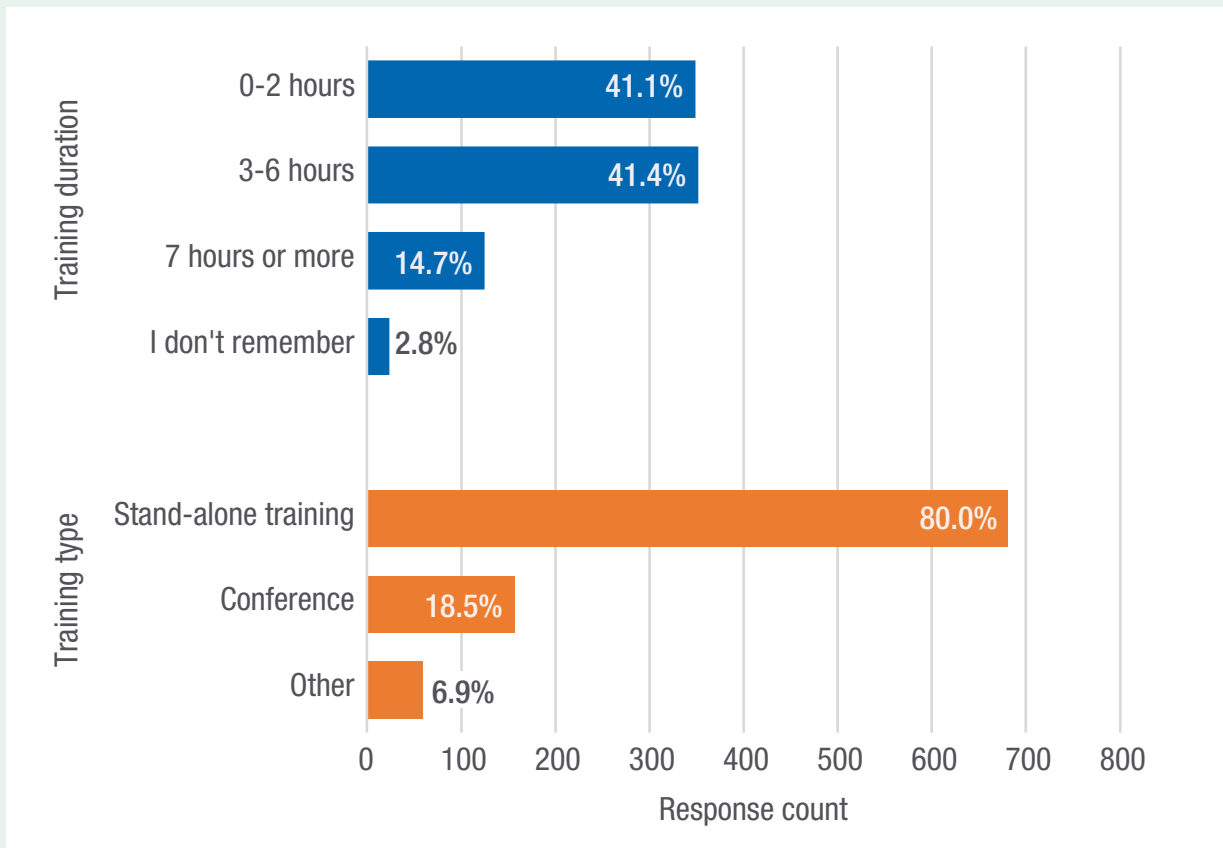
About 42% of psychologists reporting (850 out of 2,027) said they took a course in suicide risk assessment, treatment, or management (see Figure 19).

Figure 19: Total psychologists reporting continuing education on suicide risk assessment, treatment, or management.



Approximately 76% of psychologists reported their trainings were a stand-alone training. About 41% reported that the trainings they had taken lasted two hours or less. Forty-one percent also reported the trainings that they had taken lasting between three to six hours (see Figure 20). Trainings were taken at conferences about 18% of the time.

Figure 20: Psychologist training type and duration. Participants were allowed to select all that apply on training type allowing for percentages to add up to more than 100% due to multiple responses.



Psychologists from 26 counties reported taking trainings in suicide risk assessment, treatment, or management (see Table 9).

Table 9. Psychologist trainees by county.

County	Count
Baker	1
Benton	22
Clackamas	68

Columbia	1
Coos	1
Curry	3
Deschutes	20
Douglas	5
Hood River	5
Jackson	27
Jefferson	1
Josephine	3
Klamath	1
Lane	97
Lincoln	2
Linn	4
Malheur	1
Marion	61
Multnomah	270
Polk	5
Umatilla	3
Union	3
Wallowa	1
Wasco	1
Washington	106
Yamhill	20
(blank)	118
Total	850

Social workers

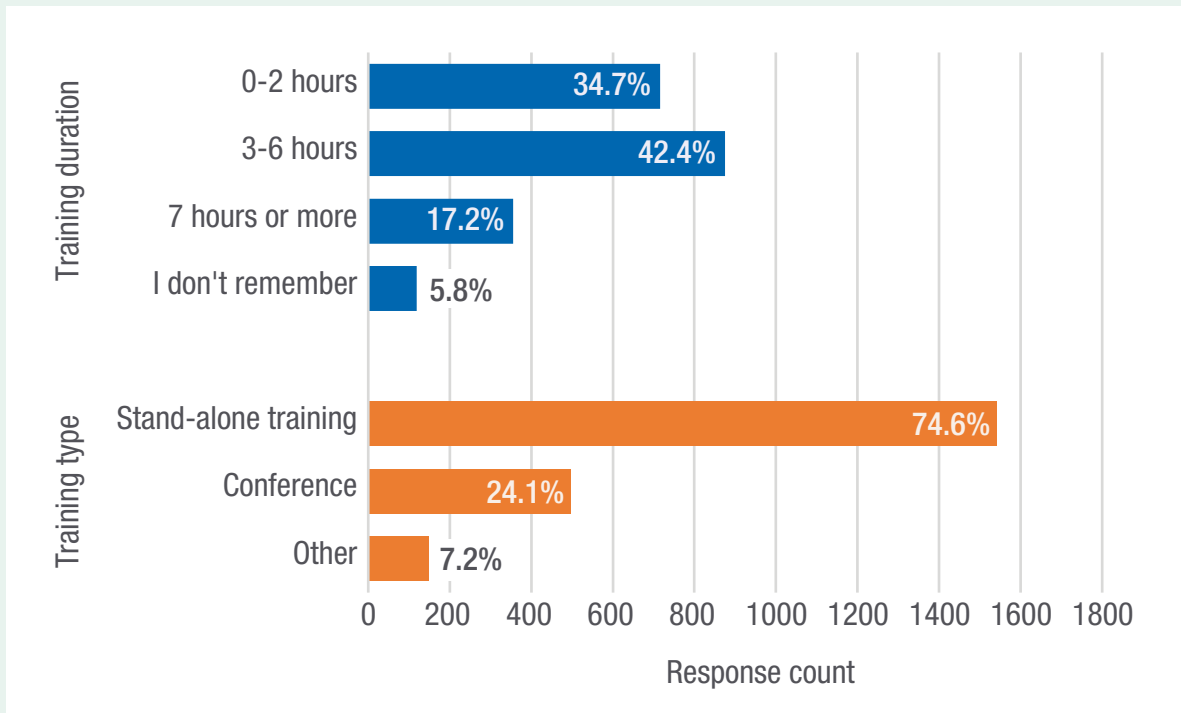
About 47% of social workers reporting (2,066 out of 4,358) said they took a course in suicide risk assessment, treatment, or management (see Figure 21).

Figure 21: Total social workers reporting continuing education regarding suicide risk assessment, treatment, or management.



About 71% of social workers reported that their trainings were a stand-alone training and 42% reported that the trainings they had taken lasted three to six hours (see Figure 22). Trainings were taken at a conference about 23% of the time.

Figure 22: Social worker training type and duration. Participants were allowed to select all that apply on training type allowing for percentages to add up to more than 100% due to multiple responses.



Social workers from 32 counties reported taking trainings in suicide risk assessment, treatment, or management (see Table 10).

Table 10. Social worker trainees by county.

County	Count
Baker	5
Benton	34
Clackamas	159
Clatsop	13
Columbia	11

Coos	13
Crook	1
Curry	1
Deschutes	90
Douglas	35
Grant	1
Harney	1
Hood River	13
Jackson	73
Jefferson	2
Josephine	23
Klamath	22
Lane	128
Lincoln	12
Linn	30
Malheur	8
Marion	110
Morrow	3
Multnomah	665
Polk	15
Tillamook	12
Umatilla	12
Union	8
Wallowa	2
Wasco	12
Washington	190
Yamhill	19
(blank)	343
Total	2066

Conclusion

A well-trained workforce is an essential part of Oregon's suicide prevention strategy. Legislation and policies requiring suicide prevention training are highly effective in increasing the amount of training providers receive. For example, the Oregon Board of Chiropractors amended their Oregon Administrative Rules regarding continuing education requirements in July 2021 to include a one-hour suicide intervention training. As a result, the percentage of Chiropractors who reported taking suicide intervention training rose from 6% in the 2020 report to over 30% in this reporting period. (See figure 7).

Adi's Act legislation, SB 52 (2019), has also increased suicide prevention training. Adi's Act requires school districts to have a suicide prevention, intervention and postvention plan including relevant training requirements for school staff. In this 2022 report, 85.5% of school counselors reported being trained, up from 74.9% in 2020.

While several behavioral health workforces are now required to receiving suicide prevention training, medical healthcare providers only have a recommendation for such training. Oregon needs healthcare providers who are confident, competent, and equipped to recognize warning signs, assess risk, create safety plans, and participate in treatment of suicidality.

This need is outlined in the Oregon Suicide Prevention Framework within the Youth Suicide Prevention and Intervention [Plan](#) and is widely supported by experts including American Academy of Pediatrics, the American Foundation for Suicide Prevention, and the National Institute of Mental Health (6). Many other states have this requirement in law.

OHA continues to recommend a legislative mandate requiring continuing medical education in suicide prevention best practices for re-licensure for medical health providers. With this requirement, all types of health providers could play a key role in saving lives.

OHA also recommends a more robust evaluation process to determine which trainings result in higher levels of competence and competence in the various workforces listed in this report

Endnotes

1. Broker Version 9.4 (Build 1366) [Internet]. Webappa.cdc.gov. 2020 [cited 9 October 2020]. Available from: <https://webappa.cdc.gov/cgi-bin/broker.exe>
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3. Ahmedani et al. Health Care Contacts in the Year Before Suicide Death., 2014. [cited 9 October 2020]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4026491/>
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5. Transforming Health Systems Initiative Work Group Washington, DC: Education Development Center, Inc. Recommended Standard Care for People with Suicide Risk: Making Health Care Suicide Safe. National Action Alliance for Suicide Prevention [Internet] 2018. [cited 2018 Aug 3] Available from: <http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/Action%20Alliance%20Recommended%20Standard%20Care%20FINAL.pdf>
6. Blueprint for Youth Suicide Prevention, American Academy of Pediatrics. (2021) <https://www.aap.org/en/patient-care/blueprint-for-youth-suicide-prevention/>



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