

March 7, 2021

TO: Representative Tawna Sanchez
Chair Representatives Moore-Green and Nosse, Vice Chairs
Members of the House Committee on Behavioral Health

FROM: Jennifer Fraga, MSW

SUBJECT: Support for HB 2315 – Suicide Prevention training for the Oregon Behavioral Health Workforce

My name is Jennifer Fraga. My educational background is in social work, and I received my Master's in Social Work from Portland State University in 2019. In my previous job, I worked for an organization that provides intensive in-home services, such as Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and crisis response, for youth and their families. While there, I was part of a team that attended the Zero Suicide Academy and worked to implement initiatives from this model. Through this, we surveyed all staff and found that very few of them felt comfortable asking their clients if they were thinking about killing themselves, thinking about suicide. In fact, many would ask, "You're not thinking about killing yourself, are you?" as this prompts people to say the safe answer, "no."

When we dug deeper into this gap in care, we learned that these clinicians had never been taught how to work with someone experiencing suicidal ideation, either passive or active. They had never been taught how to ask the question, how to listen if the answer was yes, or how to appropriately respond.

These clinicians are not alone in their experience.

During my undergraduate program in social work and my Master's program, suicide was mentioned once. This is during 3 years of education in 2 different social work programs.

When I talk with others who are looking for a therapist or community supports, I hear the same story many times. They are not able to find someone who can work with them in their suicidality. They are scared to tell someone they are thinking of suicide for fear of an inappropriate response and being hospitalized. They feel that those they have worked with don't care about what they are experiencing due to how they are treated.

I share all of this not to point fingers at our Behavioral Health workforce. I share this because I know we can do better. The main reason I have heard from clinicians and professionals for not asking the question is that they *don't know how*.

They weren't taught what to say, how to ask the question, and how to respond if someone does say, "Yes. I am thinking about killing myself."

HB 2315 is an important first step to fixing this glaring gap in our Behavioral Health system by ensuring that professionals receive training.

Support for HB 2315 – Suicide Prevention training for the Oregon Behavioral Health Workforce

Licensed Clinical Social Workers (LCSW) are required to take 40 Continuing Education Units (CEUs) every 2 years to maintain their license, 6 of which need to be related to Ethics.

Licensed Master Social Workers (LMSW) are required to take 30 CEUs every 2 years to maintain their license, 6 of which need to be related to Ethics.

HB 2315 is only requiring that 2 CEUs be related to Suicide Intervention, Assessment, or Management for Behavioral Healthcare Professionals. These are the individuals we turn to when someone is experiencing suicidality. These are the people that we can put our trust in when seeking help. We owe it not just to those seeking services but also those providing the service to do what we can to ensure they are trained and prepared.

Currently, I am pursuing my CSWA (Clinical Social Worker Associate) so I can become an LCSW. I am prepared to take those 40 CEUs every two years to maintain my license and stay up-to-date on the changing field of social work. I believe that spending 2 hours every 2 years learning how I can safely work with someone experiencing suicidal ideation is a very small price to pay to ensure that I am competent enough to help save a life.

Thank you for your time.