Frequently asked questions about the Matt Adler Suicide Assessment, Treatment and Management Act of 2012 (ESHB 2366)

Who's covered?

Members of the following professions, including those with retired active licenses

- Chemical dependency professionals
- Marriage and family therapists
- Mental health counselors
- Occupational therapists & occupational therapy assistants
- Psychologists
- Advanced social workers and independent clinical social workers

Who is Exempt?

The following employees when their employer provides at least 6 hours of training in suicide assessment, treatment & management every 6 years; training may be spread among shorter sessions at employer's discretion.

- State or local government employees
- Employees of community mental health agencies and CD programs

What is the actual training requirement?

- Professionals must complete at a minimum the first 6-hour training in suicide assessment, management & treatment during the first full continuing education period after January 2014 or the first full continuing education reporting period after initial licensure or certification, whichever occurs later.
- For licensed professionals engaged only in screening and referral activities (not management & treatment), the training requirement is 3 hours;
- Professionals applying for initial licensure on or after January 2014 may delay completion of their first training in suicide assessment, management and treatment for 6 years – after initial licensure – if they can demonstrate successful completion of a 6hour training program in suicide assessment, management and treatment.

What is the role of the disciplinary authorities (i.e., social work, mental health counselor, etc.)?

- Develop a model list of training programs in suicide assessment, treatment and management, and submit it to the Legislature by December 15, 2013
- Consider programs of at least 6 hours in length that have been peer- reviewed and placed on the Best Practice Registry, and contain these elements: suicide assessment, including screening and referral, suicide treatment and suicide management

Of special note:

- The board of occupational therapy practice may exempt OTs from the training requirements by specialty, if the specialty has only brief or limited patient contact
- Any disciplinary authority may, by rule, specify minimum experience and training that is sufficient to exempt a professional from the requirements

• A disciplinary authority may exclude one of the required elements if that element is inappropriate for that particular profession

How will this new requirement be evaluated?

- The Department of Health will conduct a study evaluating the effect of these training programs on the ability of licensed health care professionals to identify, refer, treat and manage patients with suicidal ideation. The study must be submitted to the Legislature no later than December 15, 2013. The study will include:
 - A review of available literature and research regarding the relationship between professionals completing training and suicide rates
 - Assess which professionals are best suited to positively influence the mental health behavior of individuals with suicidal ideation;
 - o Evaluate the impact of training on veterans with suicidal ideation
 - Review curriculum of health profession programs offered at Washington State institutions regarding suicide prevention