



Testimony Narrative

May 10, 2017

SB 48: Directs Oregon Health Authority and certain professional regulatory boards to adopt rules requiring professionals to complete continuing education related to suicide risk assessment, treatment and management.

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Good afternoon, Representative Greenlick, Co-Chairs Hayden and Nosse, and members of the committee.

My name is Ann Kirkwood and I am the Suicide Intervention Coordinator for the Health Systems Division of the Oregon Health Authority.

I am here to testify in support of Senate Bill 48.

Senate Bill 48 with the -4 requires licensing boards governing certain physical and behavioral health professionals and school counselors to adopt rules to accommodate voluntary continuing education in suicide risk assessment, treatment and management. The rules would allow providers to report their completion of voluntary coursework and have the credits apply toward their overall requirement.

SB 48 further requires the licensing boards to provide their training statistics to OHA, which in turn is required to report progress to the Legislature each year as part of OHA's already required annual suicide intervention and prevention report.

The bill requires the Oregon Health Authority to establish a list of best practice courses the providers can take toward those continuing education credits.

In 2015, 762 Oregon residents died by suicide. Suicide is the second leading cause of death for Oregonians between the ages of 15 and 34. Over 2,000 state residents are hospitalized for suicidal behaviors each year.

In 2015, 16% of 11th graders reported seriously considering suicide in the past 12 months. This is alarming. Despite our efforts to help these young people, the youth suicide rate has been rising in Oregon each year since 2011.

Unfortunately, the very people that we task with intervening and treating people contemplating suicide have little or no training in suicide assessment, management and treatment of suicide risk.

SB 48 bill aims to provide professionals who work with youth and at-risk adults the skills that they need to feel confident and competent to identify suicide risk and deal with high-risk situations effectively.

A trained professional can intervene and address behaviors that signal someone is at risk of taking their own life.

If the public expects Oregon professionals to responsibly care for suicidal adults and children, we need to give them the training and support to do that. Continuing education can fill the gap between patients' need and providers' knowledge-- and ensure that our state's professionals have the competence and confidence to save lives.

A study published in the journal *Suicide and Life Threatening Behavior* reported that, among mental health providers, only 25% of social workers surveyed received training on suicide management and treatment in college. Only 6% of marriage and family therapists received training. Incredibly, only 2% of accredited counselor education programs offer this training. A lack of college-level education in suicide treatment and management leaves a significant gap that continuing education can fill.

Best practice training in suicide intervention, assessment and management is widely available at low or no cost throughout Oregon. Web-based and community-based trainings are also available.

Training for physical and behavioral health providers and school personnel is encouraged by the

- U.S. Surgeon General,
- National Action Alliance for Suicide Prevention,
- National Strategy for Suicide Prevention,
- the American Association of Suicidology,
- the American Foundation for Suicide Prevention, and
- it is an objective of the Oregon Youth Suicide Intervention and Prevention Plan, Our Oregon plan was developed by 100 Oregon stakeholders and includes continuing education for behavioral and medical providers.

Training has proven effective in preparing professionals to address a suicide crisis. A study in 13 states of 1,100 professionals who took a 7-hour training on suicide risk assessment, management and treatment showed that only 9-35% passed the 25-item pre-test. The pass rate increased dramatically to 95-100% post-training.

Multiple studies have shown that up to 75% of those who die by suicide saw a primary care provider in the previous year.

Nationally, there has been an increase in negligence-based lawsuits against school systems, alleging failure to respond to student suicide risk. School counselor training could reduce the liability that our schools face when staff are unprepared to deal with students in crisis.

According to the Substance Abuse and Mental Health Services Administration, 90% of Americans who die by suicide have a treatable mental illness, substance disorder, or both. These people are ill-served when they are referred to professionals who are unprepared to address suicide risk.

In addition, best practice interventions by trained providers in our emergency departments and health systems can reduce the risk of expensive return visits by patients with another suicide crisis.

The bill before you does not require behavioral and physical health providers to take the trainings. It directs the licensing boards to make training available so the behavioral and physical healthcare workforce may better serve safety needs of their patients and the public. It allows the Legislative Assembly to monitor progress of the voluntary training approach.

Every suicide is preventable if we know the warning signs and how to respond effectively. SB 48 is the first step toward making suicide prevention in Oregon a serious priority.

Thank you for the opportunity to testify. I'm happy to answer any questions.