

Testimony in Support of SB808-Senate Health Care Committee

April 3, 2019

Dear Chair Monnes Anderson, Vice-Chair Linthicum and Committee Members:

My name is Annette Marcus and I serve as staff to the Oregon Alliance to Prevent Suicide. I am here today, on behalf of the Alliance, to speak in support of SB808 which would require that a broad range of professionals complete continuing education related to suicide risk assessment, treatment and management.

Members of the Alliance to Prevent Suicide are appointed by the Oregon Health Authority and include subject matter experts from the public and private sectors, key leaders from state agencies, evaluators, legislators such as Sen. Sara Gelser and Rep. Alissa Keny-Guyer, loss and attempt survivors, representatives of groups at higher risk for suicide, and young people.

The suicide problem in Oregon is sobering. In 2017 Oregon saw the highest number of total suicides we have ever seen with 825 deaths. In 2017 we lost 107 young people, age 24 and younger, to suicide. An additional 750 youth were hospitalized for suicide attempts or serious risk. We have the 17th highest rate of youth suicide in the nation and suicide is the second highest cause of death for young people in our state. As long ago as 2010 suicides cost Oregon over \$740,356,000 in lifetime medical and lost work. Costs to family and friends of those attempting or dying by suicide in Oregon are incalculable.

There are no requirements for Oregon's workforce that most typically interfaces with those at-risk for suicide to receive training in suicide assessment and treatment and management. SB808 would begin to address this gap by requiring licensing boards to document that their workforce had completed a designated number of continuing education requirements related to suicide. The Alliance is especially focused on ensuring that the behavioral health workforce has this training. We hear stories again and again from the public, and therapists themselves, about the lack of training and preparation they receive to deal with the most life-threatening problem they are likely to encounter in their professional lives. The lack of training, including updated knowledge and tools to address suicidal ideation, would be akin to an M.D. who never received training in CPR or had the expertise to address hypertension to prevent a heart attack. We must ensure that the behavioral health workforce able to assess risk, appropriately respond to and treat individuals at risk of suicide.

We urge you to pass SB808.

Thank you. Sincerely,

Annette Marcus, MSW

Statewide Liaison, Oregon Alliance to Prevent Suicide

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