



TO: Senate Committee on Human Services, Mental Health and Recovery
FROM: Larry Conner MA LPC, COPACT President
DATE: May 4, 2021
SUBJECT: HB 2315

Dear Chair Gelser and members of the committee:

My name is Larry Conner. I am a Licensed Professional Counselor and the President of the Coalition of Professional Associations for Counseling and Therapy. COPACT advocates for the 6,300 Licensed Professional Counselors (LPCs), Marriage Family Therapists (LMFTs), and Registered Interns who provide clinical mental health diagnosis and treatment to over 100,000 Oregonians each week through their work in agencies, hospitals, universities, corrections, health clinics, rehabilitation, and private psychotherapy practices.

The Coalition of Oregon Professional Associations of Counselors and Therapists (COPACT) supports HB 2315A. The issue of suicidality is a continuing concern for the legislature and for mental health providers and thus we accept that some required Continuing Education is a good idea for mental health providers. However, the base bills requirements of six hours of repetitive training in suicide prevention is too much.

In conversations with the supporters of this bill, COPACT has stated that we mental health providers want to reduce the incidence of suicide, but what we think it most effective is that we focus our continuing education on up-to-date treatments for the underlying causes of suicide such as trauma, depression, bipolar, panic disorder, etc. Requiring us to repeat learning over and over the simple skills of suicide intervention reduces our opportunity to gather the clinical skills that get at the cause of suicidality. Thus, we requested of the supporters of HB 2315A that they limit the amount of time required for suicide prevention trainings. HB 2315A was amended in the house to limit the required training to two hours every two years. We support that amendment. We are also in support of this bill because it gives licensure boards the ability to exempt persons from having to take suicide CEUs if they have sufficient training or experience.

However, there is one aspect of suicide reduction that HB 2315A does not address. The vast majority of suicides we have heard about over the last ten years have been in persons who were prematurely terminated from hospital or out-patient treatment. Mental health professionals working in hospital and agency settings and sometimes even in private practice have told us they feel unethically pressured to terminate care prematurely. This pressure comes from insurers or management and is motivated by a desire to save money rather than to offer sufficient care to vulnerable clients. This bill will not address that issue.

COPACT is sponsoring HB 3046 which will address in part, premature terminations of vulnerable clients. We ask you to read that bill and support it when it is time to vote. We believe that passing HB 3046 will have a much more powerful positive effect on suicide reduction in Oregon.

That aside, COPACT is willing to support HB 2315A as it now requires that providers participate in 2 hours of suicide intervention training every two years and gives our licensure board the ability to exempt providers with extensive experience with suicide intervention.

Thank you for this opportunity to testify on HB 2315A. It is an honor to be involved in the political process with the committee to improve behavioral health care in Oregon.

Sincerely,

Larry Conner MA LPC
COPACT President