HEALTH SYSTEMS DIVISION

Kate Brown, Governor

Oregon Health Authority

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Testimony Narrative
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Relating to continuing education for professionals; declaring an emergency. (SB 48)

Presenter: Ann Kirkwood, Suicide Intervention and Prevention Coordinator, OHA Health Systems Division

Good afternoon, Senator Gelser, Vice Chair Olsen, 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 requires licensing boards to adopt rules for certain physical and behavioral health professionals and school personnel, requiring continuing education in suicide risk assessment, management and treatment.

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 kids, 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 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 might take 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. Providing continuing education will 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 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.

This bill is modeled after legislation passed in Washington State in 2012 (ESHB 2366) -- the Matt Adler Suicide Assessment, Treatment and Management Act. The law has been updated over the years, most recently in 2015. Washington advocates report that some providers initially opposed the legislation but have changed their minds since completing the mandatory training.

One of the Washington trainers, Paul Quinnett, said:

> *"Just this morning I spoke with a physician who took the mandatory training, and he said … that he did not like to be told what he should do with his continuing education requirements. But, after the training, he said he could see plainly why it was needed, both in his practice and for his family."*

The training requirement for behavioral health providers, including school counselors, is at least 3 and no more than 6 hours once every six years.

The training requirement for physical health providers is at least 6 hours, one time only.

The boards are authorized to determine if these hours are to be in addition to other continuing education requirements or instead of any other continuing requirements imposed by the board.

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.

While this bill is modeled after Washington State's law, other states have adopted similar legislation, including Nevada, Utah, Kentucky, New Hampshire, Pennsylvania, Montana, Illinois, and Louisiana.

The American Foundation for Suicide Prevention, advocates for such laws in all 50 states. Their report on training notes that training is (quote) "a crucial step toward reducing the rate of suicide among people in the U.S." (unquote).

Training for physical and behavioral health providers and school personnel is encouraged by the U.S. Surgeon General, the National Action Alliance for Suicide Prevention, the National Strategy for Suicide Prevention and the American Association of Suicidology, and is an objective of the Oregon Youth Suicide Intervention and Prevention Plan.

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 complete suicide had seen a primary care provider in the previous 30 days.

Nationally, there has been an increase in negligence-based lawsuits against school systems alleging failure to respond to student suicide risk. The implementation of systematic training could reduce the liability that our schools face when teachers and counselors 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 return visits by patients with another suicide crisis. The Henry Ford health system in Michigan started a suicide initiative and, across a decade, reduced its suicide rate among patients by 80%. In 2009, the number of suicides was zero. Their initiative mandated staff training.

Every suicide is preventable. 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.