

TO: Chair Gelser and members of Senate Human Services
FR: Andrea J. Wright Johnston, President, COPACT
DA: April 2, 2019
RE: SB 808, Suicide assessment CEUs



Coalition of Oregon Professional
Associations for Counseling & Therapy

Chair Gelser and Members of the Committee.

The Coalition of Oregon Professional Associations for Counseling and Therapy (COPACT) advocates for Licensed Professional Counselors (LPCs) and Licensed Marriage and Family Therapists (LMFTs) across Oregon. I am writing to express concerns about Senate Bill 808 which would define required continuing education requirements for suicide assessment and intervention.

We are grateful the Legislature is focusing on mental health services in Oregon. We are concerned that SB 808, which is a well-meaning attempt to decrease suicidal behavior in Oregon, is actually not helpful when applied to licensed mental health providers. As a general rule, continuing education requirements are not a good solution to problems identified in the health care space.

As licensed mental health professionals, we are responsible to treat all of the hundreds of conditions contained in the Diagnostic and Statistical Manual of Psychiatric Disorders. We need to get educated on the up-to-date approaches to treating those conditions, in part to keep those patients from falling into despair and suicidal behavior. If the Legislature insists on defining what it thinks we need to study, the quality of the care we provide will decline.

Currently, all LPCs and LMFTs are required every two years to have an Ethics training of 6 hours and a Cultural Competency training of 4 hrs. If we add another 3-6 hours of Suicide Assessment and Intervention, that means from 32-40% of our continuing education will be required and repeated every two years. That means we will be studying 32-40% less of what our current clients may need. Furthermore, the coursework requirements for LPCs and LMFTs in graduate school now includes suicide assessment and intervention, and we don't need to repeat that over and over every two years. Please let us, as responsible licensed professionals, determine what we need to study to serve the patients we have. We are required to be ethical in providing services and we know that quite well.

Additionally, most LPCs and LMFTs are self-employed sole practitioners. Every hour they must spend away from their practice is an hour they do not get paid. Therefore, we do not expect our members to be able to afford to go above and beyond the basic hourly requirements for CMEs in order to take continuing education that is relevant to their practice.

The tragic suicides the Legislature is rightfully concerned about have all occurred, as far as we have heard, with poorly handled transitions of suicidal patients from hospitals or community mental health agencies. Many of those personnel would not be covered by SB 808. For example, unlicensed Qualified Mental Health Professionals (QMHPs), have no statutorily defined board oversight.

Additionally, LPCs and LMFTs report occurrences of facility staff overriding their recommendations for a psychiatric hold (keeping a patient in a facility for monitoring), whether that's ER hospital staff, county supervisors and managers, and hospital administrators. Their decisions to override a recommendation from the mental health provider often are based on lack of beds or staffing capacity, or concern over a patient's ability to pay or because the patient's insurance has refused to pay, with no concern for the patients' well-being or state of mind, and no emphasis put on suicide risk assessment in making those determinations.

If the Legislature wants to address suicides like the ones that have happened in the recent past with premature transitions from agencies and hospitals, we ask that you hold facilities accountable for training all their staff who may come into contact with or make decisions about suicidal patients. We also recommend the committee look into ensuring that all behavioral health providers have statutorily defined board oversight, the caseloads they are required to carry are reasonable, and they receive good quality supervision. And finally, the committee should also examine insurance practices that force facilities into premature and inappropriate transitions, and whether their "utilization management" in these instances is a violation of mental health parity by refusing to pay for medically necessary mental health treatment.

We ask that you **do not pass SB 808** out of committee and that instead you focus your attention on the issues surrounding community mental health and hospital services.

Thank you for giving COPACT an opportunity to weigh in on this important issue.

Sincerely,

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