



OREGON SUICIDE PREVENTION

It's time for Lifespan Suicide Prevention in Oregon
and an Advisory Committee including Lived Experience

SB514 (2023R1)

*Please Vote YES and
Please Sponsor this bill*

*Appreciatively yours,
Laura Rose*



Summary:

Codifying the Adult Suicide Prevention Coordinator position in Oregon Statute along with a staffed Advisory Council having at least 20% Lived Experience membership in alignment with ORS 430.075

What's so special about this Oregon Senate Bill?



➤ It Prioritizes Oregon's Commitment to **SAVE LIVES** across:

- | | | | |
|------------|-----------------|--------------|---------------|
| ✓ Lifespan | ✓ Communities | ✓ Cultures | ✓ Workforce |
| ✓ State | ✓ Networks | ✓ Systems | ✓ Disciplines |
| ✓ Families | ✓ Intersections | ✓ Industries | ✓ Occupations |

➤ Promotes equity and inclusion

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- ✓ Occupations

➤ Promotes equity and inclusion

➤ Honors the voices of relevant lived experience & equity perspectives, with membership reflecting cultural, linguistic, geographic, and economic diversity, including but not limited to LIVED EXPERIENCE of:

- ✓ Grief, Trauma or Distress from Suicide Loss
- ✓ Surviving a Suicide Attempt
- ✓ Suicidality (e.g., thoughts, urges, plans, gestures, behaviors, and/or attempts)
- ✓ Supporting a Family Member Struggling with Suicidality
- ✓ Receiving Suicide Prevention or Intervention Programs or Services
- ✓ Having Disparities in Access to Services and Resources + Rates of Suicide

➤ Convenes membership with agency representatives, stakeholders, and experts

➤ Brings, builds, and maintains focus to implement:

Oregon's 5-Year Plan for Adult Suicide Prevention Known as the "ASIPP"

➤ Mirrors, dovetails, and builds upon current and future work of:

Oregon's 5-Year Plan for Youth Suicide Prevention Known as the "YSIPP"



SB514 Measure Info:

<https://olis.oregonlegislature.gov/liz/2023R1/Measures/Overview/SB514>

SB514 Introduced Text (PDF)

<https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB0514/Introduced>

Supporters:



SECTION 3. (1) There is created an Adult Suicide Prevention Advisory Committee to advise the Oregon Health Authority on the development and administration of strategies to address adult suicide prevention. The Director of the Oregon Health Authority shall appoint the members of the advisory committee and members shall serve at the pleasure of the director. The authority shall provide staffing for the advisory committee.

(2)(a) The director shall ensure that advisory committee membership reflects the cultural, linguistic, geographic and economic diversity of this state.

(b) No less than 20 percent of the members of the advisory committee must include members of the adult behavioral health system in this state. For purposes of this subsection, "members of the adult behavioral health system" includes, but are not limited to, adults with lived experience of:

- (A) Suicidality;
- (B) Surviving a suicide attempt;
- (C) Grief, trauma or distress from suicide loss;
- (D) Supporting a family member who is experiencing suicidality or who survived a suicide attempt;
- (E) Suicide prevention programs or services; and
- (F) The disparities in access to resources and services in populations with disparate rates of suicide.

(3) The remaining members must include:

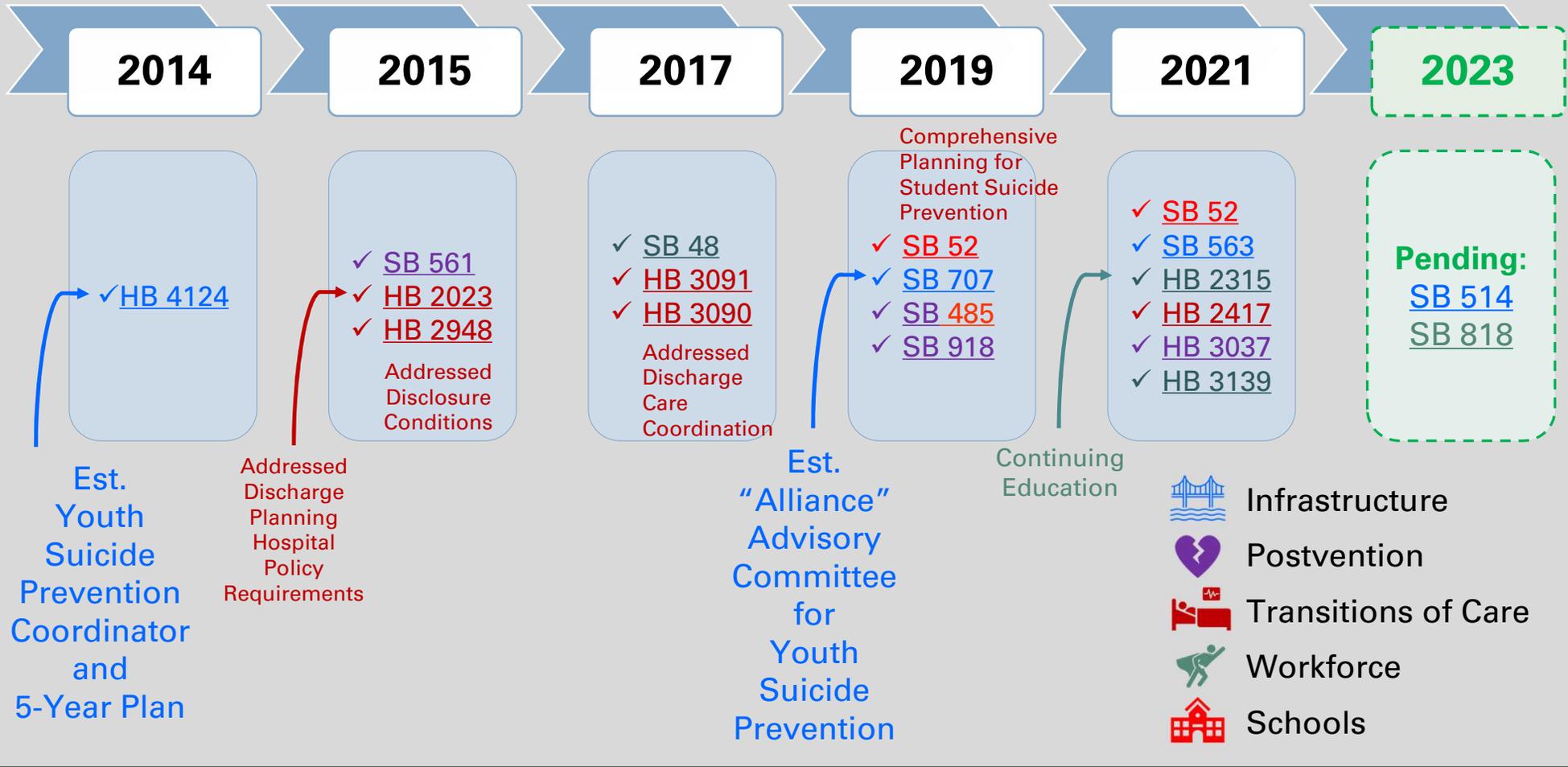
- (A) Representatives of state agencies, including but not limited to the Department of Human Services, the Oregon Health Authority and the Department of Education;
- (B) Representatives of Indian tribes in Oregon;
- (C) Representatives of colleges and universities;
- (D) Medical and behavioral treatment providers;
- (E) Representatives of hospitals and health systems;
- (F) Representatives of coordinated care organizations and private insurers; and
- (G) Suicide prevention specialists.

Prepared by:

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Lived Experience / Survivor
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Highlights from
Oregon's
Timeline
of
Select
Suicide-Related
Legislative Initiatives
2014-2023





**Improving Access to Success:
Prevention, Intervention and Access
Through the Lifespan
Oregon Health Authority Initiatives 2019-2021**

Alliance to Prevent Suicide August 27, 2018

Contributors:

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Looking forward across the lifespan

- OHA can develop a comprehensive plan to address suicide for adults being served through our behavioral health system.
- OHA's Health System Division can implement adult behavioral health programs that overlap and address suicide, **with formal coordination** of these efforts.
- **State-led development and coordination of training can be offered for adult suicide prevention.**
- A designated position will ensure that a **strategic adult behavioral health suicide prevention plan is developed and implemented**, and that structured coordination of efforts across OHA public and behavioral health will result in the best possible outcomes.

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In 2019, \$13 Million ask by OHA for Suicide Prevention. ~\$11M+ invested. Position created to do 5-Year Plan.

In Nov 2020, Adult Suicide Prevention Coordinator began work on "ASIPP" with 100+ stakeholders. ASIPP = Oregon's 5 Year Adult Suicide Intervention / Prevention Plan

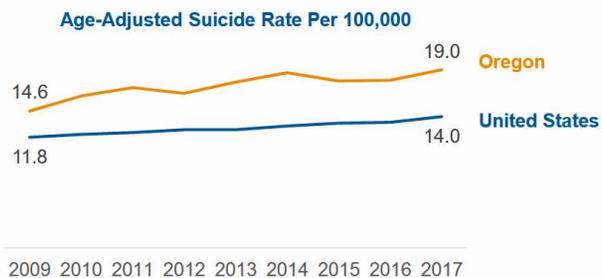
In 2021, [SB682](#) ask for Adult Suicide Prevention Coordinator position, unanimous support, but the was in committee at end of session.

5.1% of Oregon Adults had serious thoughts of suicide in the past year

[OHA Ways & Means Presentation 2019](#)

<https://www.oregon.gov/oha/Budget/OHA-2019-WM-Presentation-Behav-Health.pdf>

Challenge: **Suicide** Rate Above the National Rate



OREGON HEALTH AUTHORITY
Health Systems Division



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POP 402: **Suicide** Intervention and Prevention, and Mental Health in Schools

- Funds the 2016-2020 priorities outlined in Oregon's Youth Suicide and Prevention Plan.
- It also funds development of an Adult Suicide Prevention and Postvention Plan.
- For youth, early intervention for adults and youth improves learning outcomes and saves lives
- Expands School-Based Mental Health services
 - Mental health consultation and treatment services

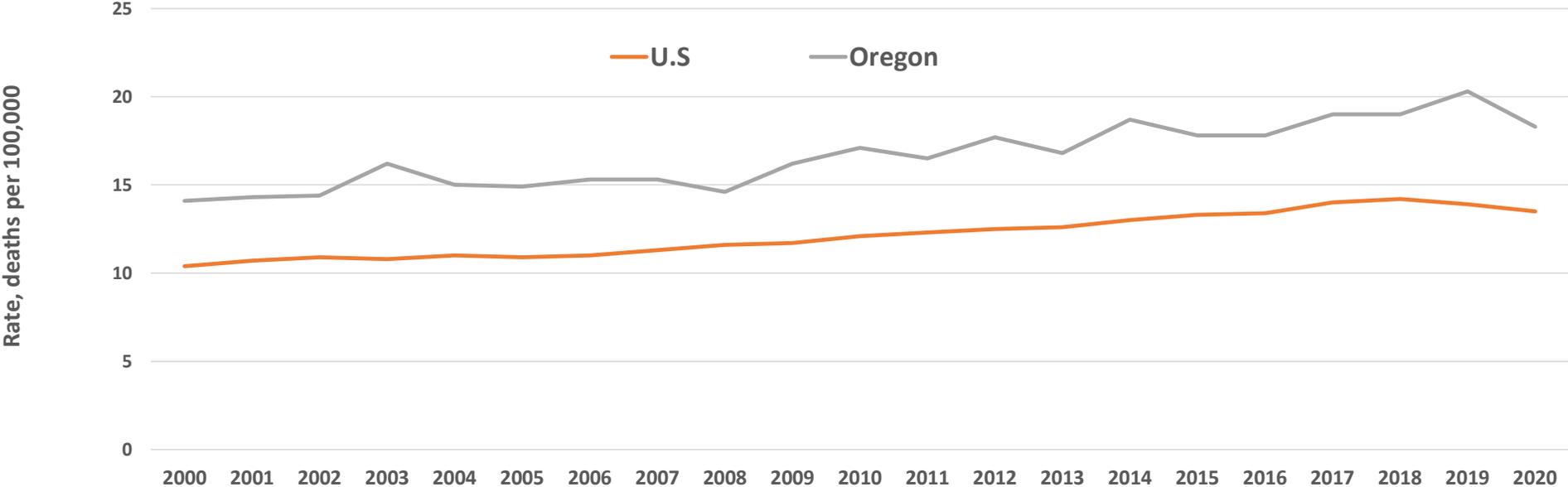
	General Fund	Total Funds	Positions
POP 402	\$13.1 M	\$13.1 M	3

OREGON HEALTH AUTHORITY
Health Systems Division



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Age-adjusted rate of suicide, United States vs. Oregon, 2000-2020



N=493 (2000)

N=685 (2010)

N=833 (2020)

Source: CDC WISQARs

Excerpt(s):

<https://ktvl.com/news/local/suicide-now-leading-cause-of-death-among-oregon-youth-11th-highest-in-nation-cdc>
last viewed online 2023 Feb 01.

Governor Kate Brown included more than \$6 million for suicide prevention in her budget for the 2019-2021 biennium, marking the **first time this work has been funded by the state.**

The funding is being used to:

- ✓ Fully fund Oregon's 24/7 Suicide Prevention Lifeline.
- ✓ Create statewide access to proven suicide prevention programming.
- ✓ Provide funding to Oregon tribes for suicide prevention.
- ✓ Address higher risk groups (LGTBQ youth, veterans, people with lived experience).
- ✓ Support school districts to create and implement suicide prevention plans.
- ✓ Fund youth peer-to-peer crisis intervention, outreach and youth development through the Oregon YouthLine.
- ✓ Add capacity to support suicide prevention programs at the Oregon Health Authority.
- ✓ Additionally, the Oregon Department of Education and the Oregon Health Authority are collaborating to implement Senate Bill 52 – also known as Adi's Act – which requires school districts to have a suicide prevention, intervention and postvention response plan by the start of the 2020-2021 school year. The two agencies are also working together to support school safety (including suicide prevention), which is outlined in the Student Success Act (Section 36, pages 21 and 22).

Excerpt(s):

<https://oregoncapitalchronicle.com/2023/01/31/oregon-gov-tina-kotek-proposes-32-1-billion-2023-25-budget/> last viewed online 2023 Feb 01.

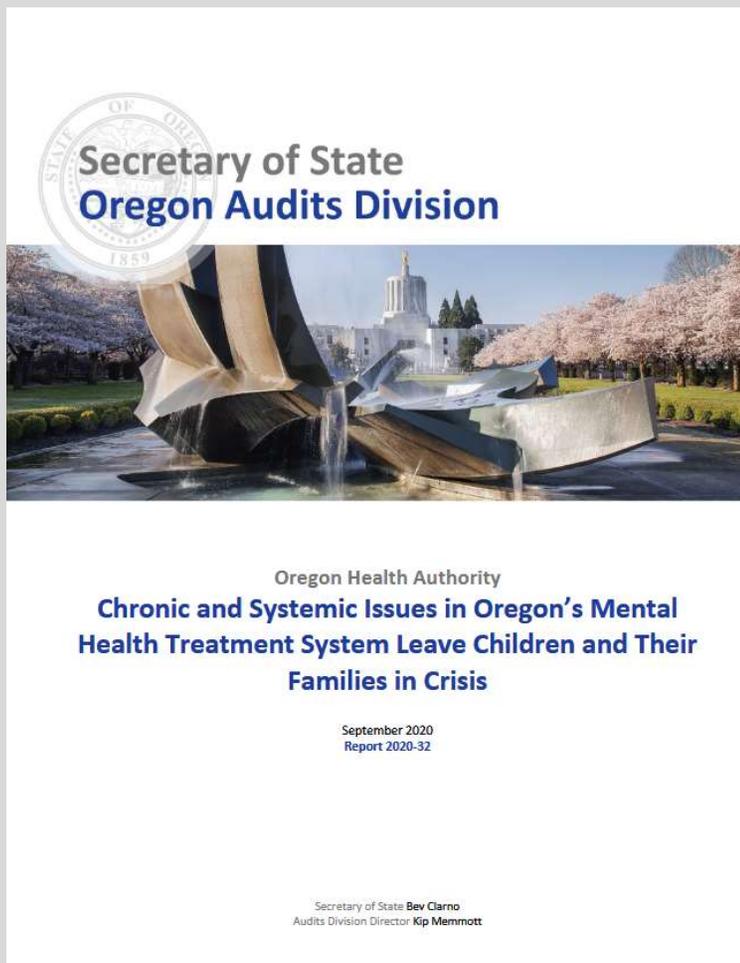
**Oregon Gov. Tina Kotek proposes \$32.1 billion 2023-25 budget
Kotek would redirect money intended for the state's reserve funds to housing, behavioral health and education**

There's also money earmarked for suicide and youth services, including \$18.4 million to operate the state's new 988 help line and **\$7.7 million to expand suicide prevention programs.**

Excerpt(s):

Page 63 of Governor Kotek's Recommended Budget 2023-2025 last viewed 2023 Jan 31.

Suicide Prevention / Intervention Services - **\$7.7 million General Fund** to expand the child and adult suicide prevention, intervention and postvention program to reduce suicide in Oregon.



Released September 2020 Report 2020-32

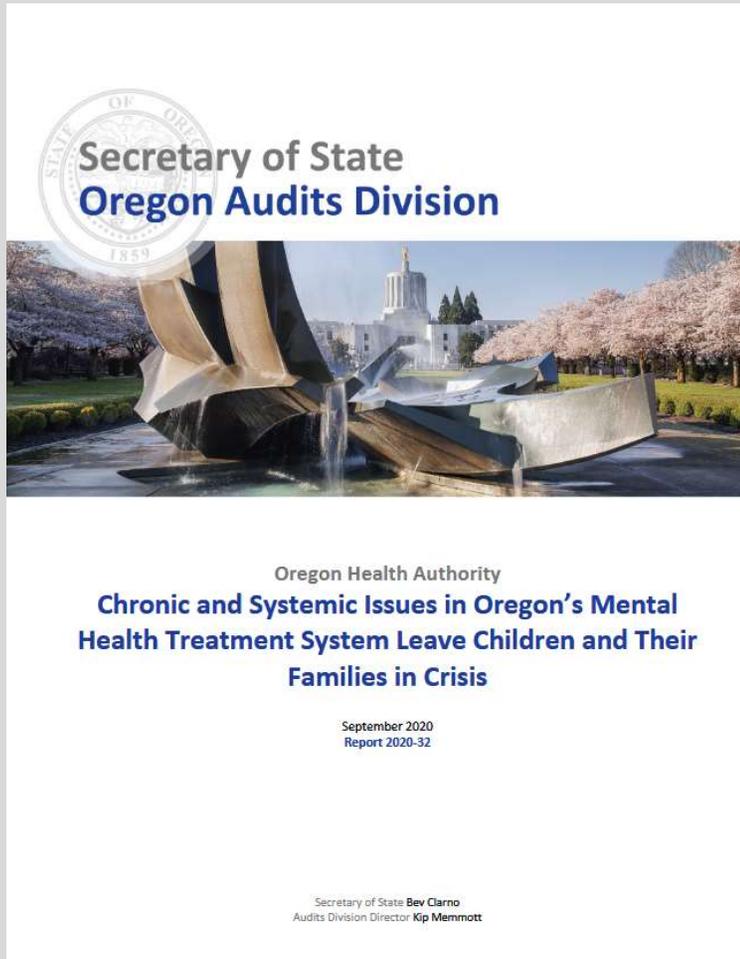
Excerpts

Page 2:

» Mental health and mental illness impact virtually every aspect of life, including homelessness, **suicidal ideation**, educational difficulties, and reduced workplace production.

» The Oregon Health Authority (OHA) estimates it will spend **\$3.2 billion** on behavioral health services for the 2019-21 period.

» Reports dating back 19 years identify state agencies and systems as **fragmented**, siloed, and not adequately serving the continuum of care.



Released September 2020 Report 2020-32

Excerpts

Page 12:

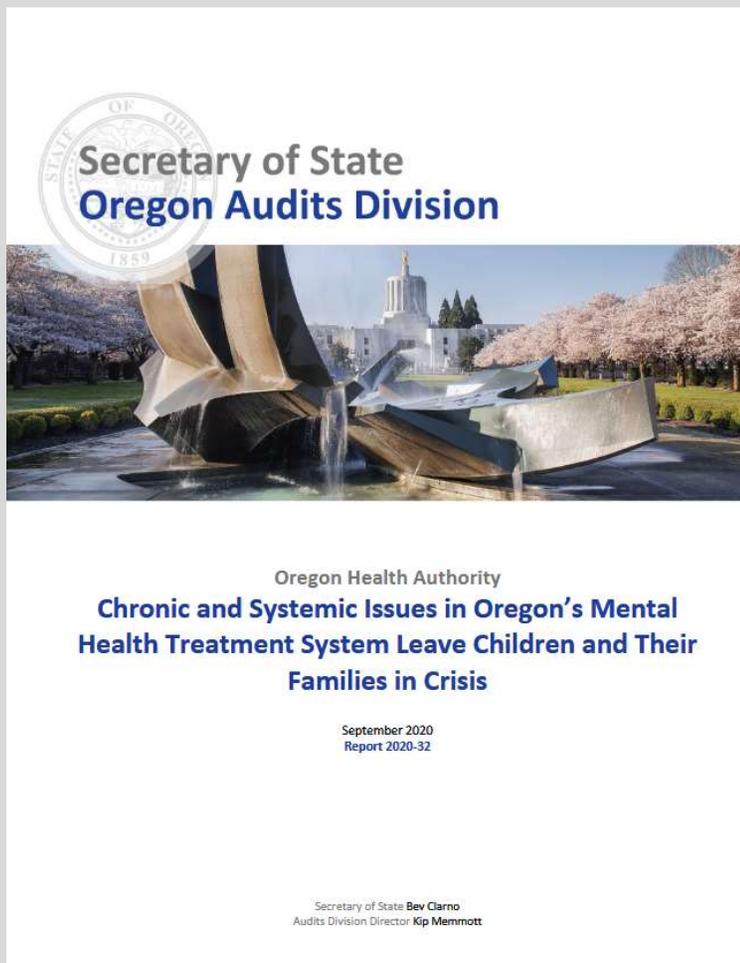
Oregon's fragmented and siloed mental health system **hinders** the **provision** of effective mental health treatment services

Page 13:

Fragmentation underscores the need for **effective planning** and oversight from OHA

Page 33:

Improving mental health system **stakeholder engagement is critically needed**



Released September 2020 Report 2020-32

Excerpts

Page 34:

Obtaining stakeholder input helps ensure objectives and strategies are recognized as the future of the organization. Drawing from the knowledge of a diverse set of stakeholders can help organizations **navigate and understand the external environment** and develop strategies for meeting the challenges those environments present.

Page 36: (recommendations)

...**develop and document a process for maintaining regular stakeholder input.** Once the plan for receiving input has been established, it should be communicated across the stakeholder spectrum to ensure coordination.

Consumer voice: Any strategic plans created for the behavioral health system must center consumers and be trauma-informed. OHA must devote time and resources to ensure that consumers can express



August 21, 2020

Kip Memmott, Director
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www.oregon.gov/OHA/HSD

Dear Mr. Memmott,

This letter provides a written response to the Audits Division's final draft audit report titled **Chronic and Systemic Issues in Oregon's Mental Health Treatment System Leave Children and Their Families in Crisis**.

The people of Oregon need and deserve a system of behavioral health supports and services that is simple to access, responsive to their needs and that leads to meaningful improvements in their lives. The Secretary of State's comprehensive audit of Oregon's behavioral health system paints an accurate portrayal of the longstanding shortcomings and failures of our current behavioral health system: lack of common vision, clear outcomes and measures, accountable performance-based contracts, robust data and collaborative stakeholder engagement and public education.

The failures of our behavioral health system to meet the needs of the people of Oregon come at devastating human and financial cost. These impacts are even worse for our Communities of Color because they experience an even deeper chasm between what they need and what there is. The Oregon Health Authority welcomes the Secretary of State's recommendations. As described in our Management Response below, we are taking steps to implement each of the recommendations as part of our broader efforts to reform Oregon's behavioral health system to fulfill our promise to consumers and families: to deliver a system that is simple, responsive and meaningful.

The path forward

Changing how we serve all of Oregon's communities is well within our grasp, but it will take all of us. Improving behavioral health requires addressing the whole person, whole families and whole communities. Treatment is not enough when people also need safety, food, shelter, employment and education to survive and thrive. And no one agency or entity can do all of that. It takes all of us working together.

The path forward from the systems we have to systems that are simpler to access and more responsive to what people need and that lead to meaningful improvements in their lives begins with engaging differently with the people we serve. The path forward requires those of us who design, deliver, oversee and support our systems of care to change how we view our roles and our responsibilities. We routinely make decisions for the people we serve without asking them what they need and what would lead to those improvements we are seeking to support. The people we serve are the true experts, and we need to elevate and amplify their voices at every level to build systems that deliver the kinds of care that works for them.

Simplicity: Negative impacts and costs are reduced, and outcomes are improved when people have access to the services and supports they need when they need them. Access can't be improved when we don't

needs and co-create solutions. We will include people with lived experience in planning from the beginning and embed their participation in processes and procedures.

As this audit stressed, we must take a trauma-informed approach to all of our work and planning as we create a more culturally and linguistically responsive system of behavioral health services.

OHA RESPONSE

Excerpts

Pages 3-4:

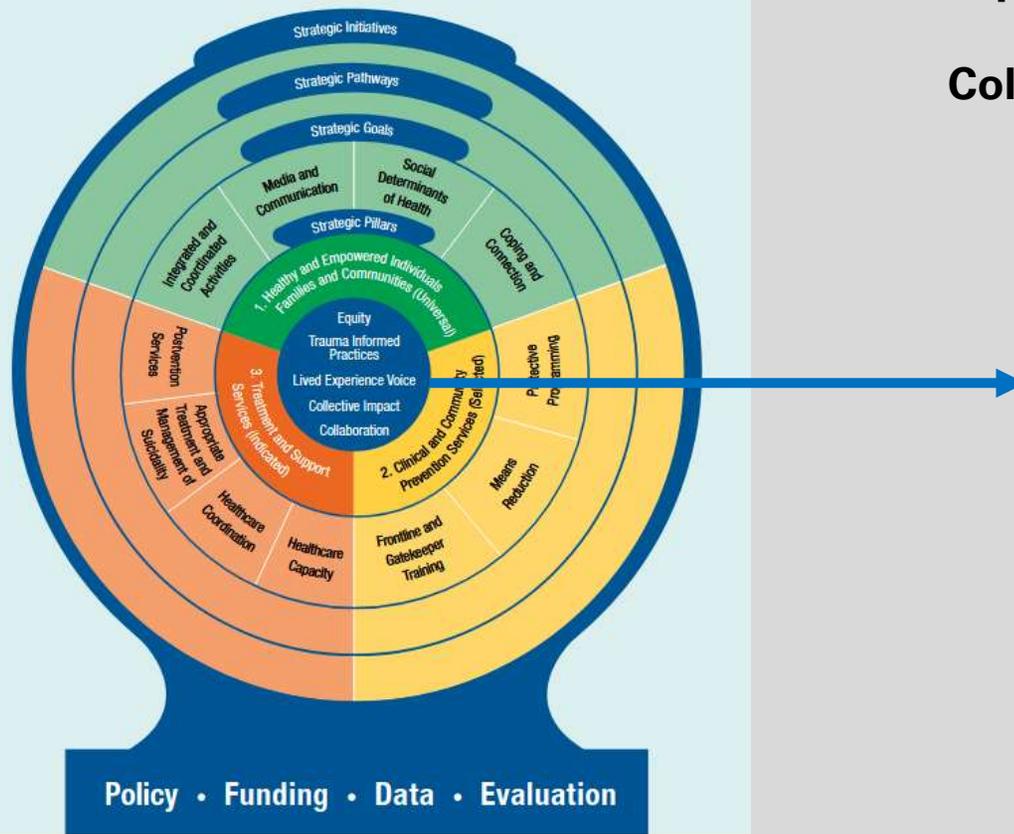
Consumer voice:

Any strategic plans created for the behavioral health system **must center consumers** and be trauma-informed.

OHA must devote time and resources to ensure that consumers can express needs and **co-create solutions**. We will include people **with lived experience in planning from the beginning and embed their participation in processes and procedures**.

As this audit stressed, we must take a trauma-informed approach to all of our work and planning as we create **a more culturally and linguistically responsive system** of behavioral health services.

Oregon Suicide Prevention Framework



Policy • Funding • Data • Evaluation

Oregon Suicide Prevention Framework

centers:

Equity, Trauma Informed Practices,
Lived Experience Voice,
 Collective Impact and Collaboration



Excerpt:

https://www.woodburnindependent.com/news/adis-act-state-invests-to-save-students-lives/article_9c0422cf-4854-5abd-92c8-03eaf219caac.html last viewed 2023 Feb 01. Woodburn Independent, 2019.

The Alliance to Prevent Suicide, meanwhile, provides input from health care professionals, [suicide survivors](#) and others.

"The suicide alliance, without a big budget, has made an enormous difference," Gelser said.

Oregon is ranked high in the nation for its suicide rate.

In Oregon, suicide is the:
2nd leading cause of death for ages 10-44

More than 5 times as many people died by suicide in 2019 than in alcohol related motor vehicle accidents.

76.7% of communities did not have enough mental health providers to serve residents in 2020, according to federal guidelines.

5.1% of Oregon Adults had serious thoughts of suicide in the past year

Sources:

American Foundation for Suicide Prevention (AFSP)
& Suicide Awareness Voices of Education (SAVE)
Oregon Health Authority Ways & Means [Presentation](#) (2019)

Suicide

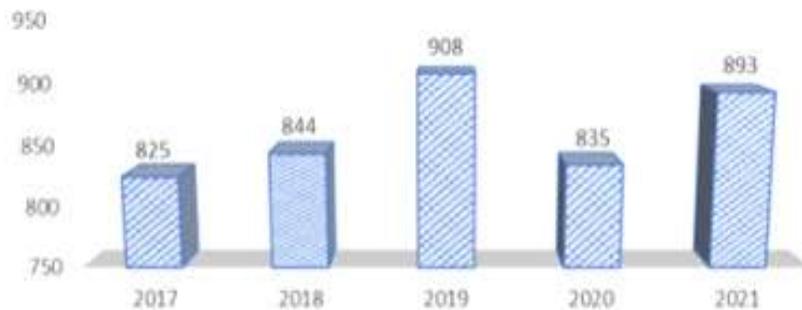
When all hope is lost.

When one's pain exceeds one's ability to cope.

Suicide is the 10th Leading Cause of Death in Oregon

Each suicide loss directly impacts 135 persons on average.
That would be ~120,555 persons in 2021 alone.

**OREGON RESIDENT SUICIDE COUNT
2017-2021**



Oregon's population changes from year to year.
Count per 100,000 persons is a better way to compare.

**OREGON RESIDENT SUICIDE COUNT
PER 100,000 PERSONS
2017-2021**

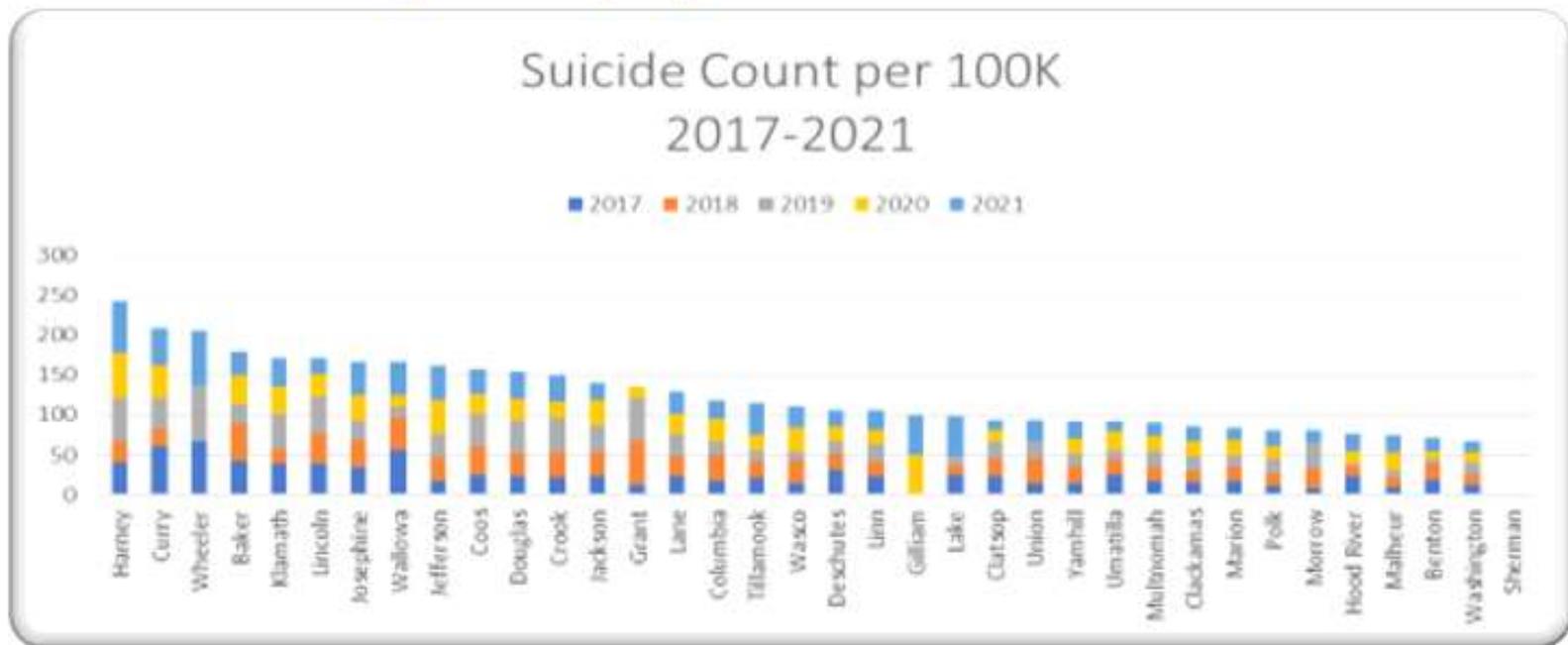


Years of Productivity Lost (below age 75) adds up to be a big loss.
Over 22,000 years' worth lost annually on average.

**OREGON RESIDENT SUICIDE
YEARS OF PRODUCTIVITY LOSS < AGE 75
2017-2021**

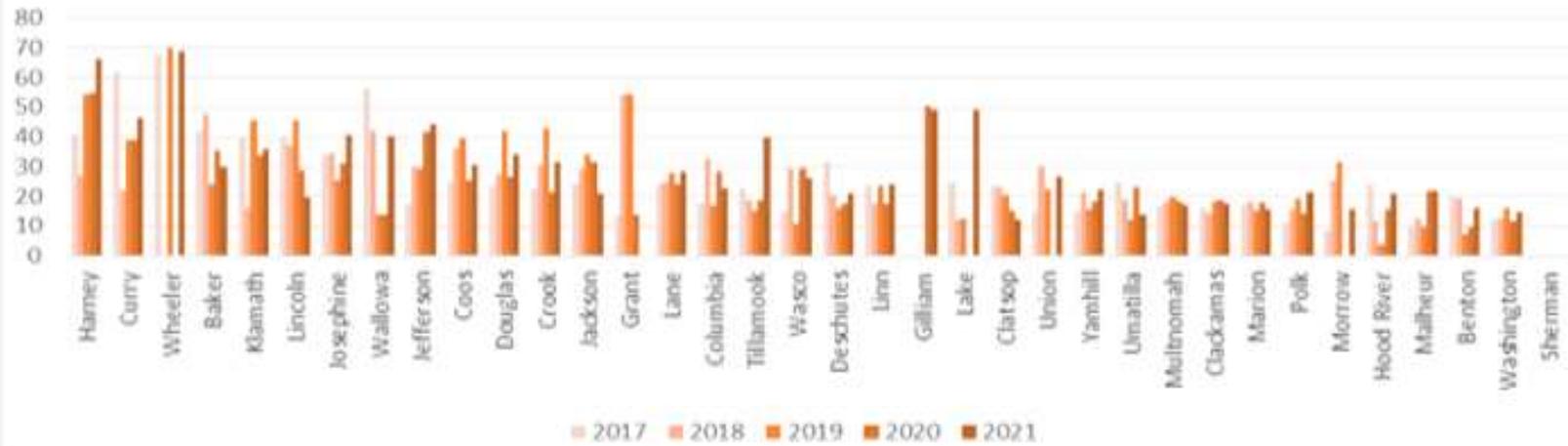


Across Oregon's counties, the rate of suicide per 100,000 varies. Added up over 5 years, based on available data, the rate is significantly higher in some rural counties.

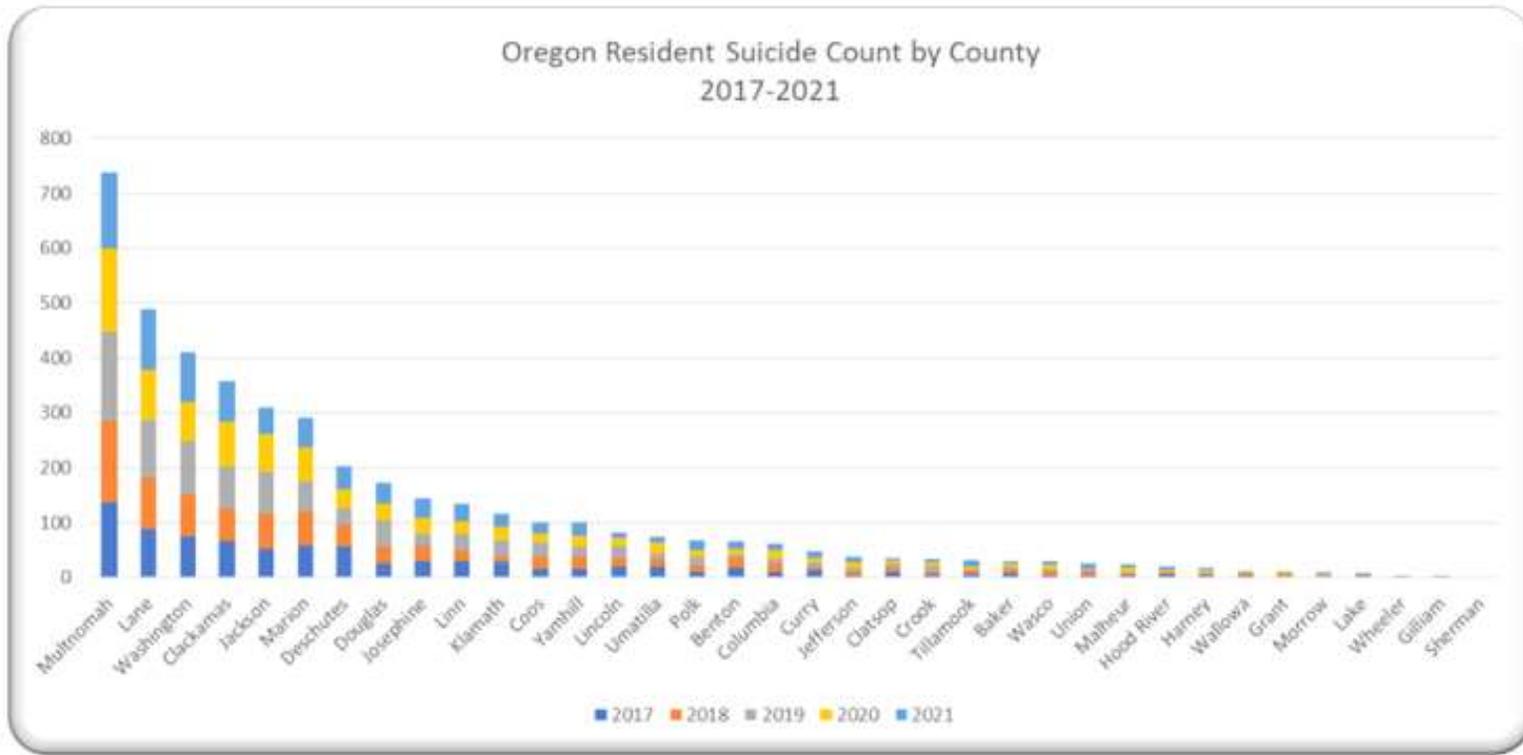


You can see how this compares year by year 2017-2021 for each county.

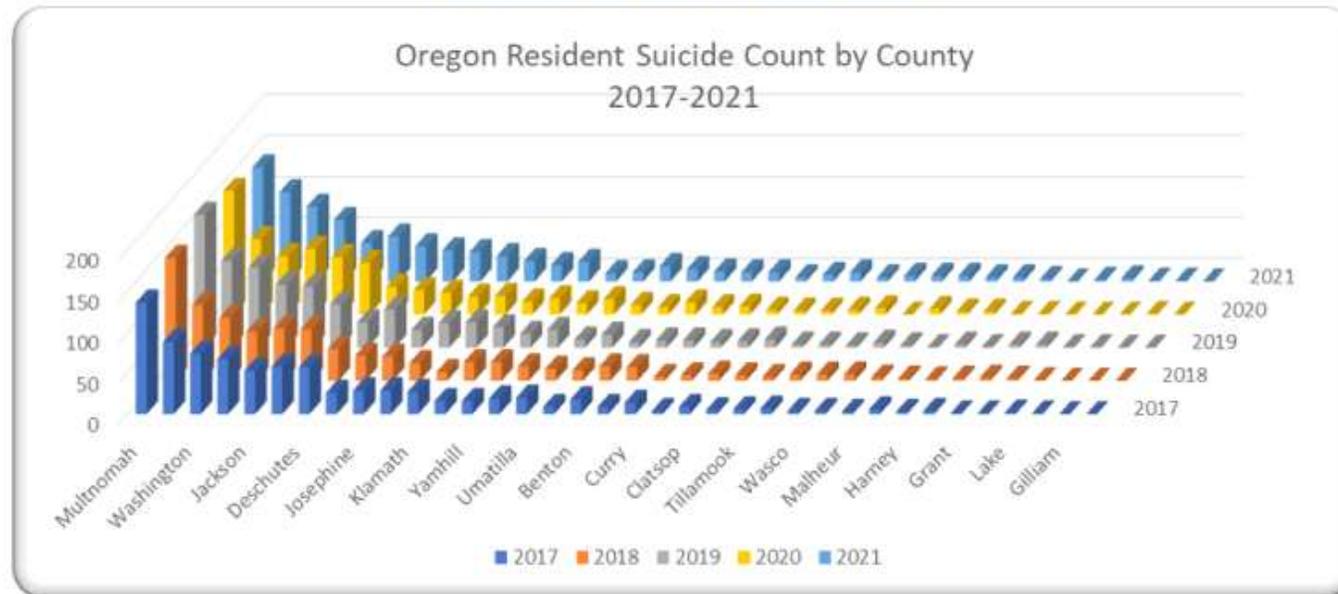
Oregon Suicide per 100K 2017-2021



Available data shows the count of suicides is higher in more populated counties.



Another data visualization view.



About the Data

Count Data Source: Oregon Death Certificate Data

Date: August 21, 2018

Population Data Source: National Center for Health Statistics (NCHS), Estimates of the resident population of the United States by year, county, age, bridged race, Hispanic origin, and [sex](#)

† Rates based on fewer than 12 events for the entire time period are considered unreliable.

* Rates based on a count < 5 or a denominator < 50 are not reported.

See also:

https://visual-data.dhs.oregon.gov/OHA/views/CountyDash/CountyDash_cause?%3AisGuestRedirectFromVizportal=y&%3Aembed=y&%3Atoolbar=no



World Mental Health Day 2019

Working together to prevent suicide

A day for "40 seconds of action"

World Mental Health Day, on 10 October, is a day for us to unite in our efforts to improve the mental health of people around the world. The theme selected for this year's Day is suicide prevention. We will begin our efforts to raise awareness of the scale of suicide around the world and the role that each of us can play to help prevent it on 10 September, World Suicide Prevention Day (#WorldSuicidePreventionDay), which has been observed for more than 15 years. Our efforts will continue throughout the following month, until 10 October.

Every 40 seconds someone loses their life to suicide.

#40seconds

On this year's World Mental Health Day, in addition to events and activities taking place on or around 10 September, we are encouraging you to prepare to take "40 seconds of action" on 10 October to help us:

- improve awareness of the significance of suicide as a global public health problem;
- improve knowledge of what can be done to prevent suicide;
- reduce the stigma associated with suicide; and
- let people who are struggling know that they are not alone.

Put simply, this is an opportunity to show you care.

Everyone can take part in whichever way makes most sense. Your activity may be private, for example, initiating a conversation with someone you are worried about or sharing a message of hope with someone who is struggling; or it may be public, for example posting a video message for local or national authorities about action you would like them to take on this issue.



World Health Organization



I A S P

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#40seconds

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World Health Organization



I A S P

Every 40 seconds #40seconds