

ITEMS FOR VOTE: JANUARY 20, 2022
POLICY OPTION PACKAGE RECOMMENDATIONS FROM OREGON ALLIANCE TO PREVENT SUICIDE TO THE OREGON
HEALTH AUTHORITY FOR THE 2023 LEGISLATIVE SESSION

Proposal 1: Funding the YSIPP and ASIPP

Proposal: Fully fund a lifespan approach for suicide prevention, intervention, and postvention including funding for the YSIPP and ASIPP, including funds to specifically address social determinants of health and culturally specific supports to populations with high rates of suicide.

Alignment: YSIPP 21-25— this funding is specifically to support this plan and an ask to support the five-year plan currently being finalized to address Adult Suicide Intervention and Prevention (ASIPP)

Rationale: These two plans have been developed with input from 100s of community members and groups to provide comprehensive suicide prevention, intervention and postvention services and community education. These plans layout a comprehensive statewide approach to address the public health crisis of suicide. In 2020, suicide was the second leading cause of death for youth aged 10-24 and is the overall 8th leading cause of death in the state. If appropriately funded and implemented, these plans hold promise to significantly reduce suicide and save lives. We also know that many of the prevention initiatives related to suicide prevention are designed to address risk factors such as social isolation, access to appropriate behavioral healthcare (right help at the right time), strengthening systems of family support, and reducing access to lethal means. There is evidence that addressing these risk factors can result in reduction of a broad range of negative health outcomes.

Resources Needed for the Ask: While it is difficult to calculate how much it will cost to implement these initiatives, we can say that originally the estimate was that the YSIPP would cost \$6 million a year, with \$12 million allocated per biennium. We have been successful in getting the YSIPP funded at \$5 million per year. With cost-of-living increases and the ongoing impact of the pandemic, and the pending implementation of 988/MRSS, we believe that the investment should be increased for the YSIPP. The adult plan, which addresses 75% of our population (18 years old and older), should receive at least this much funding. Our ask is for an investment of \$25 million per biennium that is dedicated to suicide prevention, intervention and postvention to support both the YSIPP and ASIPP. We believe this is a minimum, baseline to begin to achieve our goals.

Community Partners Involved in the Ask: The ask comes from the executive committee of the Oregon Alliance to Prevent Suicide. The two plans were developed with the input of 100s of stakeholders including those with lived experience, young people, groups disproportionately impacted by suicide, subject matter experts and representatives of both state, county and community-based organizations.

Equity: Both plans were developed with health equity as a central framing priority. Recommendations include initiatives to meet the needs of historically underserved communities and communities with higher rates of suicide or suicide attempts.

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Proposal 2: Funding 988 and Mobile and Crisis Stabilization Services

Proposal: Provide robust funding to mobile response and crisis stabilization services and for 988 implementation

How It Aligns to the 21-25 YSIPP

Strategic Pillars: Healthy and Empowered Individuals, Families, and Communities

Strategic Goal: Protective Programming, Appropriate Treatment and Management in Suicidality, Healthcare Coordination, Healthcare Capacity

Pathway: “Available support” Oregonians who need immediate access, Equipped and Resourced Communities, Coordinated Transitions, Accessible Services, Available Services **Initiatives:** This links to crisis response and access to services across all initiatives

Rationale: The Alliance recognizes that in Oregon, lifelines and county crisis call centers provide invaluable support at critical times and connect individuals to services that can save lives. A growing need to expand financial support of crisis line services, mobile response and support services in the State exists because of the (federal) National Suicide Hotline Designation Act (S.2661). Starting in July 2022, **988** will be the number people dial or text to get access to mental health crisis services – the suicide prevention lifeline as we know it today is being restructured and modernized which will result in an increased volume of calls and texts. In addition to support for the lifelines/988 services, the Alliance supports significant investment in crisis response services. As the advisory group to OHA on the Youth Suicide Intervention and Prevention Plan, we want to especially highlight the need for mobile response and crisis stabilization services, with language access for all, peer support from people with lived experience, and that is designed to meet the specific needs of children, youth and their families.

Details of the Ask: While 95% of current calls are to lifelines and are de-escalated, the remaining 5% represent individuals at high risk of suicide. Without additional funding for mobile crisis teams and crisis stabilization the 988 centers will not have appropriate services to engage for those in the most acute/critical need other than hospitals. We strongly support the development of a system in which hospital emergency rooms are used by people with a physical health emergency, and that alternative emergency supports are available to those experiencing an acute behavioral health crisis. Without additional funding, people in a suicidal crisis will not get the help they need when they need it.

Resources Needed: Adequate funding from diverse sources is needed to ensure that calls can be answered 24/7/365 by trained, in-state crisis counselors who can connect callers to in-person, mobile crisis response services as needed and other lifesaving follow-up care in all parts of Oregon, including rural areas.

Community Partners Involved in the Ask: This ask comes from the Alliance through our Executive and Transitions of Care Committees. We have members, including youth and people with lived experience, participating in many of the 988-MRSS planning groups.

Equity: The 988 and Mobile Crisis Response service are intended to be universal services and to ensure that behavioral health crisis is responded to by people with expertise in this area. In many cases, law enforcement is called to respond to these situations which can cause harm since they do not have the training or expertise in behavioral health. Additionally, many communities, especially communities of color and undocumented people, have a long history of negative interactions with the police. Bringing law enforcement into an already fraught behavioral health crisis, can in itself be a traumatic experience.

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**PROPOSAL 3: FUNDING TO SUPPORT CONTINUING EDUCATION FOR BEHAVIORAL
HEALTHCARE PROVIDERS (HB2315)**

Proposal: Support development of infrastructure to support continuing education training for HB2315 similar to the way that OHA supports cultural competency training.

How It Aligns to the 21-25 YSIPP

Strategic Pillars: Treatment and Support Services, Clinical and Community Prevention Services

Strategic Goal: Appropriate Treatment and Management of Suicidality, Frontline and Gatekeeper Training

Pathway: Equipped Workforce, Supported Training Options **Initiatives:** HB 2315 and Beyond

Strategic Pillars: Treatment and Support Services, Clinical and Community Prevention Services

Strategic Goal: Appropriate Treatment and Management of Suicidality, Frontline and Gatekeeper Training

Pathway: Equipped Workforce, Supported Training Options **Initiatives:** HB 2315 and Beyond

Rational: In Oregon, HB 2315 passed creating a requirement for behavioral healthcare providers to take continuing education units in suicide treatment, management, and assessment. In order for this legislation to be effective, practitioners should have access to vetted courses that will meet the requirement. Our request is that similar to Oregon's requirements for cultural competency training, OHA or a designated contractor provides coordination and quality assurance to support HB 2315. This is a relatively modest ask when compared to our neighboring states: In 2020, California established an entire state department devoted to suicide prevention and Washington has invested in an extensive infrastructure and partnership with a university to develop and assess suicide prevention training for both the healthcare and behavioral healthcare workforce, including different levels of training and a process for trainings to be reviewed and approved for continuing education credit.

Details of the Ask: 1) Coordinate amongst licensing boards, professional organizations, and subject matter experts to ensure that Oregon's peer and behavioral health workforce receive suicide prevention continuing education. 2) Identify or develop culturally relevant and / or population specific training(s) with CEU's available for the behavioral health and peer workforce. 3) A centralized registry of trainings approved for suicide intervention, treatment, and management continuing education credit that is easily accessed online.

Resources Needed for the Ask: Provide funding to evaluate implementation of HB 2315 and for a position to coordinate and manage the related continuing education requirements for re-licensure of the behavioral healthcare workforce. Funding to support this should include at least 1 FTE for coordination, and support for evaluation. Effective coordination includes a central, easily accessible list of approved trainings and staffing an advisory group of subject matter experts including people with lived experience, youth and young adults, etc. This position can be through state staff or via a contract.

Community Partners Involved in the Ask : Alliance members and the workforce committee.

Equity: A well organized and easily accessible set of suicide assessment, intervention and management trainings will increase the ability of Oregon's diverse behavioral health workforce to comply with these new requirements. It also will provide a central place for coordination with organizations employing peers and behavioral healthcare workers to ensure they are receiving quality, culturally responsive training

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Proposal 4: Low barrier grants to county and regional suicide prevention coalitions

Proposal: Provide low barrier grants to suicide prevention coalitions across the state with coordination and support.

Strategic Pillars: Healthy and Empowered Individuals, Families and Communities

Strategic Goal: Integrated and Coordinated Activities

Pathway: Coordinated Activities, Suicide Prevention Policies, Coordinated Entities, Voices of Lived Experience Equipped Advisories, Resourced Coalitions

Initiatives: Organize the people, staff, and infrastructure of suicide prevention across the state

Rational The Alliance recognizes that state level suicide prevention infrastructure works best when there is a resourced local suicide prevention coalition in place and a statewide structure supporting local efforts. Coalitions across the state have a lifespan approach and, as such, will be essential in implementation of the both the YSIPP and the Adult Suicide Intervention and Prevention Plan (ASIPP) when it is completed.

Suicide prevention coalitions are an essential component of a larger change strategy. Regional and local suicide prevention coalitions (coalitions) are broadly representative of public and private sectors and are strategically positioned as a conduit for the dissemination of resources and best/innovative practices and become a hub for local subject matter expertise. In Oregon, these coalitions have emerged rather organically, and structures vary widely.

Details of the Ask Fund local and regional suicide prevention coalition's suicide activities, engagement in YSIPP/ASIPP initiatives, and support of local implementation of state policy through low barrier grants. Funding should be easily accessible to the coalition whether it is staffed and supported through public health, community mental health programs, community-based organizations, or educational institution. In addition to grants available to coalitions to use in alignment with YSIPP/ASIPP activities, we recommend funding one FTE at a contracted agency to support the work of suicide prevention coalitions through technical assistance, a centralized resource and communication mechanism, and management of low barrier grants for local/regional coalitions.

Resources Needed for the Ask The grants should be low barrier and address locally prioritized activities, including staffing, designed in alignment with the YSIPP and ASIPP. Additionally, we request 1 FTE to provide statewide coordination. Currently we have identified 16 coalitions in the state, although new coalitions keep emerging. The goal would be to ensure that coalitions are supported in all regions of the state.

Community Partners Involved in the Ask: This ask was generated in partnership with existing coalition leaders, the University of Oregon Suicide Prevention Lab,

How does it address Equity? A few coalitions are supported by local suicide prevention coordinators with support from public health departments and/or community mental health programs; however, most counties do not have funding for a full-time suicide prevention coordinator. Other coalitions have emerged as sub-groups of larger mental health promotion efforts or as a result of organizing by passionate community advocates. These low barrier grants will ensure that resources are shared more equitably throughout the state.