Oregon Alliance to Prevent Suicide
Policy Guide

Our Mission

The Alliance advocates and works to inform and strengthen Oregon's suicide prevention, intervention and postvention policies, services and supports to prevent youth and young adults from dying by suicide.

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https://oregonalliancetopreventsuicide.org/?s=alliance+to&id=1714

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Introduction

The Oregon Health Authority (OHA) submitted the first Oregon Youth Suicide Intervention and Prevention Plan (YSIPP) to the legislature January 2016. It is a 5-year plan that focuses on preventing suicide among youth and young adults aged 10 – 24 and draws on four strategic directions in the National Strategy for Suicide Prevention. The four strategic directions are:

1) Healthy and empowered individuals, families and communities
2) Clinical and community preventive services
3) Treatment and support services
4) Surveillance, research, and evaluation

The YSIPP 2021-2025 Strategic Pillars align with these strategic directions. The first five-year plan established the Oregon Alliance to Prevent Suicide (Alliance) and charged it with advising the Oregon Health Authority on statewide youth suicide prevention and intervention strategies and implementation of the YSIPP. During the 2019 session, the legislature passed SB 707 which formalized the Alliance in state statute.

Our Mission

The Alliance advocates and works to inform and strengthen Oregon's suicide prevention, intervention and postvention policies, services and supports to prevent youth and young adults from dying by suicide.

Our Vision

In Oregon all young people have hope, feel safe asking for help, can find access to the right help at the right time to prevent suicide, and live in communities that foster healing, connection, and wellness.

Equity Statement

To achieve our vision, we acknowledge the impact of white supremacy, institutionalized racism, and all forms of oppression. The Alliance endeavors to make Oregon a place where suicide reduction and prevention is achieved for people of all ages, races, ethnicities, abilities, gender identities, sexual orientations, socioeconomic status, nationalities and geographic locations.

To realize our mission and vision, members, staff and partners of the Alliance advocate for policies that strengthen suicide prevention, intervention and postvention strategies across the state. We work together to foster strong communities and resilient families. At the heart of our work is the vision and wisdom and pain of people who have been directly impacted by suicide.

Purpose

This Policy Guide is a culmination of six months of research and thinking about how to align many moving parts to develop a shared understanding of the Oregon suicide prevention policy landscape. Alliance members are encouraged to view a webinar on how to use the guide and how it connects to the Alliance, its policy development decision making, and project management, See our website. https://oregonalliancetopreventsuicide.org/?s=alliance+to&id=1714

Purpose

- Provides an overview for shared understanding of national and state policy landscape
- Decision making screen for prioritizing and focusing Alliance suicide related policy
- Mirrors the foundation the YSIPP was built on and highlights proven strategies

The policy guide informs and support policy setting practices within the organization. Each year the members of the Alliance set an annual policy agenda to identify the focus of efforts for short term policy goals and inform longer term policy activities. This document serves as a guide for decision-making on short- and long-term policy work as well as supports our role in advising OHA, advocating for suicide prevention and intervention strategies, and building an energized statewide network of suicide prevention coalitions. This is a living document and overtime will be updated. The first update will be to apply an equity lens when the Equity Steering Committee provides recommendations to the Alliance.

Sometimes it is hard to focus efforts in the field of suicide prevention because it is a complex cross sector issue with deep cultural roots and variables. In this document we intentionally looked across multiple sources of information to give us an understanding of what is happening the field and draw on policy work and expertise at the national and state levels and considered implications for the Alliance. We highlight the Collective Impact model which is a proven approach for moving complex initiatives forward. It is also a foundational piece of the YSIPP 2021-2025 update. It was affirming to find that our work and the work of OHA aligns well with the national landscape.

There are many ways to achieve policy change. The Alliance and its partners actively engage in suicide prevention policy development through legislation and other policy levers such as working with rule making bodies, advising Oregon Health Authority and other state organizations on program policy, and working collaboratively with community advocacy groups. This paper focuses on the legislative policy lever.

Alliance Policy Development Process

Recommendations for policy or policy change come from Alliance members, committees, and advisory groups when they identify policy needs to address an obstacle to YSIPP implementation, a gap in programs or services, or implementation of prior legislation. During a legislative session, the executive committee may ask a time limited workgroup to advise on emerging bills and issues. External factors that inform policy or policy change decisions include:

- state and federal legislation
- Oregon Health Authority and other state agencies
- advocacy groups and individuals with lived experience
- national initiatives
- subject matter experts
- events including high profile suicides or a new movie/media

The Executive Committee is responsible for overseeing policy development. Annually policy priorities are reviewed and approved by the Alliance general membership. Executive committee is empowered to make decisions between quarterly meetings to respond to emergent issues in real time. The Alliance is starting to use a shared project management approach and will develop a project plan for each long-term policy priority.

History of Oregon's Suicide Prevention Legislation

The Oregon legislature has enacted suicide prevention, intervention and postvention bills over the last several years beginning in 2014 with the establishment of a Youth Suicide Intervention and Prevention coordinator at the Oregon Health Authority. Alliance members, past and present, were key advocates for legislation summarized below. The breadth of legislation is related to behavioral health, education/schools, child welfare and juvenile justice. While significant strides have been made, the Alliance will continue to advocate for strengthening systems and services to prevent Oregon youth and young adults from dying by suicide. Provided below are summaries of selected bills passed by the Oregon legislature since 2014. See Attachment A for a summary of Oregon suicide prevention laws.

Infrastructure

In 2014 with the passage of HB 4124 (2014), the Legislature required the Oregon Health Authority (OHA) to develop and oversee implementation of a five-year Youth Suicide Intervention and Prevention Plan (YSIPP), convene an advisory group (the Oregon Alliance to Prevent Suicide) and provide postvention (after a suicide) technical assistance to Local Mental Health Authorities. This milestone paved the way for SB 707 (2019) which formalized the Alliance's responsibility to:

- Oversee implementation of the YSIPP
- Evaluate the effectiveness of prevention programs
- Monitor risk factors for suicide
- Advise OHA on the development and administration of strategies to address suicide intervention and prevention for children, youth and young adults

Oregon is a national leader in postvention legislation and has passed bills to strengthen collaboration within the mental health providers community, improve data reporting, promote best practices and reduce contagion risks. The state infrastructure was also enhanced by SB 561 (2015) and SB 918 (2019, amended SB561) which requires OHA to develop a plan for communication among local mental health authorities and local systems to improve notifications and information-sharing when a death that is suspected to be a suicide involves an individual who is 24 years of age or younger. Additionally, the 2019-2021 Governor's Recommended Budget included dedicated funding for youth suicide prevention for the first time in Oregon's history. Key initiatives funded through this investment included:

- Suicide prevention, intervention and postvention programs
- Fully funded 24/7 crisis line
- Added suicide prevention staff including an adult prevention coordinator
- Peer-to-peer text/phone/chat service and youth development program.

In response to federal legislation (Public Law 116-172), the Oregon legislature passed SB 3069 (2021) during the 2021 regular session. This bill expands infrastructure, access and services provided in statewide coordinated crisis services system including 988 suicide prevention and behavioral health crisis hotline. The purpose is to remove barriers to accessing quality behavioral health crisis services and improve equity in behavior health treatment

Postvention

Oregon was the first state in the nation to pass legislation requiring every county to have a youth postvention plan with a mechanism for reporting to OHA on each youth and young adult suicide. As barriers to realizing the full vision of the SB 561 (2015) legislation surfaced, there was a need for additional legislative clarification. Three subsequent bills (SB 485 (2019), SB 918 (2019) and HB 3037 (2021)) each addressed postvention communication

structures and responsibilities. Implementation of this legislation, which has continued to evolve, provides an example of following legislation over time with an eye towards its effectiveness and identifying if there is need for legislative fixes.

Transitions of Care and Notifications of Risk

Three bills, HB 2023 (2015), HB 3090 (2017) and HB 3091 (2017) set forth requirements for hospitals with emergency departments to adopt and implement discharge policies for those seen for a behavioral health crisis. Hospitals with emergency departments must report information about the adoption and implementation of policies to Oregon Health Authority and at a minimum include:

- Patient signature of a Release of Information (ROI)
- Requirement for a behavioral health assessment
- Assessment of long-term need of patient, capacity for self-care, and extent to which a patient can be adequately cared for where they live
- Case management and care coordination of behavioral health services and for these to be covered by both commercial health insurance plans and the Oregon Health Plan
- Follow-up appointment within 7 calendar days of release from emergency room services
- Publicly available discharge policies for those who have been hospitalized for mental health treatment

Two laws related to suicide and specific to notification are in place in Oregon. In 2015, the legislature passed HB 2948 (2015) "Susana Blake Gabay Act - Disclosure without Authorization Form". This act clarifies when, what and how Protected Health Information can be released with authorization from a patient or their representative. All released information must be the minimum necessary to provide care. The second bill, HB 3139 (2021) "Parental Notification Regarding Suicide Risk" passed in 2021. This bill requires mental health care providers who assess a minor to be at imminent and serious threat of attempting suicide to disclose relevant information to parent, guardian or other individuals to engage in safety planning. It also permits provider to disclose relevant information regarding minor's treatment and diagnosis to organizations providing minor's treatment support.

Schools

During the 2019 session, the Oregon legislature passed SB 52 (2019) which address suicide prevention on school campuses throughout the state. SB 52 (2019), also known as Adi's Act, requires school districts to adopt policies requiring a comprehensive district plan on student suicide prevention for grades K-12. Highlights of what the plans must include are:

- Procedures and activities to address the needs of groups at higher risk of suicide, reduce risk of suicide attempts, and promote healing after a death by suicide
- Identification of school personnel responsible for responding to reports of suicidal risk
- A procedure that someone can request a school district to review actions that a school takes when responding to suicidal risk
- A description of and materials for training to be provided to school employees
- Plans must be made available yearly to the community the school district serves and be available at the district office and on district website.

The Alliance participated in the Department of Education's roll out of the development of resources and guidance for school districts. Plans are to be in place by the 2020-21 school year.

During the 2021 session, SB 52 (2021) was passed. It directs the Department of Education to develop and implement a statewide education plan for students who identify as lesbian, gay, bisexual, transgender, queer, two-spirit, intersex, asexual, nonbinary or another minority gender identity or gender orientation. The education plan is known as LGBTQ2SIA+ Student Success. For more detail see https://www.oregon.gov/ode/students-and-family/equity/Documents/LGBTQ2SIA+%20Student%20Success%20Plan.pdf

As required by SB 485 (2019) (see Postvention above), the Oregon Health Authority is required to collaborate with certain schools when developing communication plans to improve notifications and information-sharing about suspected death by suicide of young adults 24 years of age or younger.

Training

The Oregon Health Authority (OHA) proposed a bill in 2017, supported by the Alliance, to require physical and behavioral health professionals to take continuing education units (CEUs) in suicide assessment, treatment and management. The final version of the bill made continuing education optional. The bill instructed OHA to report on results in September of each even-numbered year. The first biennial report in 2018 included limited data. It includes data from providers licensed by the Board of Medicine and Board of Naturopathic Physicians. However, based on the surveys to the professions and boards addressed in SB 48 (2017), 33% of all reporting licensing boards' licensees reported taking a course in suicide assessment, treatment or management. See https://oregonalliancetopreventsuicide.org/wp-content/uploads/2020/10/SB-48-Report-October-2020.pdf for the full report.

In 2019, the Alliance again introduced legislation to require training. After the bill's failure, the Alliance regrouped and decided to focus on training for the behavioral health sector. During the 2021 session, the Alliance introduced a bill to require licensed behavior health professionals and peer providers to receive suicide assessment, treatment, and management training. With support from Alliance members and partners at the local and state level, the bill passed and HB 2315 (2021) was signed into law requiring training for behavioral health providers. This bill directs OHA and specified professional regulatory boards to require licensees regulated by authority or board to complete continuing education related to suicide risk assessment, treatment and management at specified intervals (two hours per year for three years or three hours per year for two years).

Sources and Policy Implications

Several sources informed our thinking about the strongest pathways to achieving effective suicide prevention strategies across Oregon. Here is a snapshot of key sources and why they emerged as touchpoints both to inform this document and as reference points going forward.

Best Practices

Statewide Infrastructure

The Alliance concurs with the statewide infrastructure recommendations the national Suicide Prevention Resource Center (SPRC) put forward. The SPRC is the only federally supported resource center devoted to advancing the implementation of the National Strategy for Suicide Prevention. In 2018, the SPRC began development of a set of recommendations on the critical elements all states need to have in place for effective and sustained suicide prevention efforts. In Oregon many of these elements are in place and being strengthened each year. When developing policy, the Alliance will consider how its efforts promote, sustain and build on these elements.

> A strong state infrastructure serves as a solid foundation for effective, comprehensive, and sustained suicide prevention.
>
> *Suicide Prevention Resource Center*

The recommendations focus on six infrastructure elements below. For an interactive diagram of the infrastructure see https://www.sprc.org/state-infrastructure

- **Authorize** – identify and authorize a lead division/organization to provide centralized suicide prevention leadership to maximize coordination and contribute to a more comprehensive approach, secure resources, and maintain state suicide prevention plan.

- **Lead** – Maintain a dedicated leadership position, fund core staff positions, and develop capacity to respond to information requests from officials, communities, media and public. Build capacity to connect across divisions/organization, communicate with multiple audiences and develop interagency commitment for cross discipline collaboration including integrated programing and funding.

- **Partner** – Form a statewide coalition with broad public and private sectors. Adopt a shared vision and language across partners. Build capacity to integrate suicide prevention efforts into their structures, policies and activities. Develop written agreements with partners detailing each party's commitment.

- **Examine** – Allocate sufficient funding and personnel to support high quality, consistent, privacy-protected suicide morbidity and mortality data collection. Identify and strengthen existing data sources. Ensure high-risk and underserved populations are represented in data collection. Regularly analyze and use data to inform action at state and local level. Link data from different systems while protecting privacy.

- **Build** – Build a multi-faceted lifespan approach to suicide prevention across the state; designate sufficient funding to support this approach. Evaluate and share results; embed expectations for suicide prevention with state-funded contracts. Understand, develop and enforce policies and regulations that support suicide prevention. Promote protective factors for upstream prevention.

- **Guide** – Identify and allocate resources needed to support consultation and capacity-building training for state, county and local efforts. Maintain an updated list of trainings that meet state requirements or recommendations.

Centers for Disease Control Technical Package

The Alliance is familiar with the CDC technical package which is designed to help communities and states focus on activities with the greatest potential to prevent suicide. The strategies support the goals and objectives of the National Strategy for Suicide Prevention and the National Action Alliance for Suicide Prevention's priority to strengthen community-based prevention. The YSIPP also aligns with the CDC strategies. This information is included in the Policy Guide so we keep evidence based practices in mind as we develop policy. The three components of the technical package are:

a) the strategy or preventive direction or actions to achieve the goal of preventing suicide;
b) the approach which is specific ways to advance the strategy through **program, policies and practice**; and
c) evidence for each of the approaches in preventing suicide or its associated risk factors.

This information is included in this Policy Guide to inform policy work the Alliance may choose to pursue. The strategies and approaches are outlined in the table below. For a full discussion on the strategies and approaches see: https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf

Preventing Suicide	
Strategy	**Approach**
Strengthen economic supports	▪ Strengthen household financial security ▪ Housing stabilization policies
Strengthen access and delivery of suicide care	▪ Coverage of mental health conditions in health insurance policies ▪ Reduce provider shortages in underserved areas ▪ Safer suicide care through systems change
Create protective environments	▪ Reduce access to lethal means among persons at risk of suicide ▪ Organizational policies and culture ▪ Community-based policies to reduce excessive alcohol use
Promote connectedness	▪ Peer norm programs ▪ Community engagement activities
Teach coping and problem-solving skills	▪ Social-emotional learning programs ▪ Parenting skills and family relationship programs
Identify and support people at risk	▪ Gatekeeper training ▪ Crisis intervention ▪ Treatment for people at risk of suicide ▪ Treatment to prevent re-attempts
Lessen harms and prevent future risk	▪ Postvention ▪ Safe reporting and messaging about suicide

Strategies and Approaches – Implications for Alliance Policy Work

During 2020, the Arizona Department of Health Services conducted a 50-state review of suicide prevention strategies and identified a selection of practices, programs and policies across the nation. They referenced the CDC framework for the review to inform suicide prevention in Arizona. It is a useful resource for informing practice, programs and policy in Oregon. Highlights from their work are:

- Strengthen Economic Supports: Evidence suggests strengthening economic supports as an opportunity to reduce suicide risk. Several states are implementing home weatherization and small loans for housing improvements programs including removal of health and safety hazards. The impact of these programs shows that improvements to housing conditions and homes addressing warmth and energy efficiency are strongly associated with health benefits, particularly in general, mental and respiratory health. Housing improvements may also lead to reductions in school and work absenteeism.

Implications for Alliance policy work: Advocating for economic supports goes well beyond the scope of the Alliance. However, the Alliance may want to 1) explore the need for policy that addresses the intersections of suicide and specific times of economic stress such as eviction, job loss, or serious medical events, and 2) determine which organizations or partners are best positioned to advance policies that meet the need for economic support for Oregon families.

- Strengthen Access and Delivery of Suicide Care

  Access and delivery of care is critical to individuals experiencing a need for mental health services. Addressing a lack of access to mental health care includes support for health and behavioral health care systems. Federal and state laws are designed to ensure health insurance plans have equal treatment of mental and substance use disorders equally with physical health. According to Arizona's Community Prevention Services Task Force study, states with parity laws there was a 2.8% lower proportion of people with poor mental health compared to people in states without parity laws.

  Implication for Alliance policy work: In 2021 the Oregon legislature passed HB 3046 (2021) requiring parity of billing and access for health and behavioral health services. This applies to both private and public insurance. Concurrently, Oregon is beginning the process of implementing the 988-response system which is intended to increase access and support to behavioral health crisis response. The Alliance will need to advise OHA and other state agencies on implementation of these laws with special attention to effective suicide assessment and access to the right help at the right time. Additionally, Alliance members should be on the rule making committees.

- Create Protective Environments

  The CDC suggest three potential approaches to create environments that protect against suicide including **reducing access to lethal means** among persons at risk of suicide, setting organizational policies and culture to promote protective environments, and implementing community-based policies to reduce excessive alcohol use. The Arizona paper focused on access to lethal means and reviewed practices of several states. They found there is evidence to support safe storage of medications, firearms, and other household products to reduce the risk for suicide as these approaches increase the time interval between deciding to act and the suicide attempt.

  Implication for Alliance policy work: Gun safety: During the 2021 legislative session, SB 554 (2021) was passed. It requires an owner of a firearm or person with a firearm to secure the firearm with a trigger or cable lock, in locked container or in a gun room except in specified circumstances. This bill is a step towards greater gun safety. Proposed measures from the Lethal Means workgroup include: 1) ask the state Attorney General to clarify ORS 166.435 and what liability there might or might not be for returning firearms; 2) create messaging that is clear suicide can happen when you experience a crisis for the first time (direct messaging to firearm owners); 3) create firearms training that includes suicide prevention; and, 4) continue work with firearm owners on gun safety.

  The Alliance will continue to support the efforts of the Lethal Means workgroup on gun safety issues and policy work related to ORS 1666.435. The Alliance should also develop a long-term plan to assess harm reduction strategies and policies to reduce risk of overdose (such as availability of Narcan) and death by strangulation or jumping from a bridge or overpass.

- Teaching Coping, Problem-Solving Skills and Social Connectedness

  There is evidence to suggest benefits of peer social norms and community engagement activities to protect against suicidal behavior; however, it has not been evaluated to determine if this also translates into reduced suicide attempts and deaths. Another approach is coping and problem-solving skill training which has shown to improve resilience and reduce problem behaviors and risk factors for behaviors related to suicide. For children, youth and young adults, schools are a primary avenue for developing these skills. Funding programs such as Sources of Strength and emphasizing the importance of social emotional learning are two examples of how policy has been built to promote social connectedness.

  Coping and problem-solving skill building and social connectedness can take place in any setting and in a variety of ways. For example, California passed legislation in 2018 to establish the first voluntary mental health standards for the workplace in the U.S. to help combat stigma and encourage discussion of mental health in the workplace. For current status on this project, see https://mhsoac.ca.gov/what-we-do/projects/workplace-mental-health

  Implication for Alliance policy work: The Alliance policy work related to schools addresses teaching coping and problem-solving skills and social connections. The two policy mechanisms the Alliance has focused on are two separate bills: SB 52 (2019) Adi's Act which requires schools to develop and implement a suicide prevention plan and SB 52 (2021), requires the Department of Education to develop and implement educational plans known as LGBTQ2SIA+ Student Success Plan. Supporting effective implementation of these policies has been identified as a priority for the Alliance. This may be a multi-year effort and may be all the Alliance has bandwidth to address in this strategy.

  It is less clear how to reach youth/young adults who are not in school, college or trade school settings, particularly the 18 – 24 year olds. A better understanding of this issue is needed to identify appropriate strategies and policies to reach this population.

  Men and boys comprise the majority of suicide deaths. The Alliance is aware of the growing concern that programs and messaging may not be meeting their needs. The Alliance will continue to explore the policy implications for promoting problem solving and social connection for men and boys.

  The OHA funds trainings for behavioral health specialist that focus on treating and managing suicidality (e.g. Collaborative Assessment and Management of Suicidality (CAMS) Assessing and Managing Suicide Risk (AMSR), and Cognitive Behavior Therapy (CBT)). While these therapeutic interventions are important, they miss people who are not engaged in the behavioral health system. As we think about equity, the Alliance needs to identify non-traditional approaches to consider.

- Identify and Support People At Risk

  Many states, including Oregon, are implementing suicide prevention training for individual who are considered "gatekeepers". These are individuals in the community who have face-to-face contact with large numbers of people. Prevention training equips them with the skills to identify persons at risk of suicide and refer them to treatment and support services. Evidence suggests identifying people at risk of suicide and providing support can positively impact suicide.

Implication for Alliance policy work: The first area of focus for the Alliance is engagement in the rule making process for HB 2315 (2021) which requires those in the behavioral health field to receive suicide assessment, treatment and management. The Alliance needs to ensure the bill is fully and effectively implemented. The Workforce Committee is developing legislation to require others in the health care sector to have similar training as well. It is essential that policy champions be engaged throughout the process as past efforts met significant opposition. This in will be a big lift and has been identified as a top priority by the Alliance. Over time, the Alliance may consider sponsoring legislation related to required training for other sectors such as law enforcement and schools.

The Alliance will continue to advise OHA on the implementation of HB 3090 (2017), HB3091 (2017) and HB 2023 (2015) and engage in rule making for HB 3139 (2021) (parental notification).

- Lessen Harm and Prevent Future Risk

  Evidence suggests postvention can impact risk and protective factors for suicide, particularly for active postvention outreach to survivors. Active postvention is associated with intake into treatment sooner and greater attendance at support group meetings compared to passive postvention. There is also evidence to support changes in the quality and quantity of media reporting, reducing suicides through the use of safe reporting strategies.

Implication for Alliance policy work: The Alliance must devote time to determining the effectiveness of current postvention programs and policies in Oregon and be mindful of findings across the nation. Aside from supporting current legislation, the Alliance will explore effective data collection, reporting and sharing and work with fatality review boards to better understand the specific risk factors and relationship to suicide prevention.

The full Arizona 50 State Review on Suicide Prevention is available at https://azdhs.gov/documents/operations/managing-excellence/50-state-review-suicide-prevention.pdf

Collective Impact

The Collective Impact approach is designed to "bring people together, in a structured way, to achieve social change" and is one the foundations of the YSIPP 2021-2025. The Collective Impact Forum describes the five elements of the approach as:

- Common Agenda – coming together to collectively define the problem and create a shared vision to solve it.
- Shared Measurement – agreeing to track progress in the same way, which allows for continuous improvement.
- Mutually Reinforcing Activities – coordinating collective efforts to maximize the end result.
- Continuous Communication – building trust and relationships among all participants.
- Strong Backbone - having a team dedicated to orchestrating the work of the group.

The Alliance approach to determining its annual and long-term policy goals is to work across systems and sectors and with communities to pursue policies that strengthen suicide prevention strategies in Oregon. The Collective Impact approach will continue to inform all we do, particularly our policy work.

It is important to acknowledge that our shared leadership with the University of Oregon Suicide Prevention Lab and the funding and partnership with Oregon Health Authority make the work of the Alliance possible. This partnership is an example of the collective impact approach to solving complex problems.

Collective Impact Principles of Practice

Design and implement with a priority placed on equity.

Include community members in the collaborative

Recruit and co-create with cross-sector partners

Use data to continuously learn, adapt, and improve.

Cultivate leaders with unique system leadership skills.

Focus on program and system strategies.

Build a culture that fosters relationships, trust, and respect across participants.

Customize for local context.

The Collective Impact Forum

Legislation – What We Learned from Other States

The Alliance reviewed bills in several states to assess areas that are consistent with Oregon and identify potential policy areas to consider for future work. We found common ground along the lines of training, school safety plans and behavioral health services on campus, suicide prevention designated lead agencies at the state level, community advisory groups and commissions, mental health services and crisis lines. There were also areas that were unique to states, for example gun safety, training mandates and workplace training standards. Here are highlights from our findings. We've primarily pulled from western states (Colorado, California, Washington State, Utah) although we also explored information from Canada and other states with lower suicide rates or ones that piqued our interest.

The items below offer a snapshot of enacted legislation from the review of other states. It is not an exhaustive list rather a highlight of policies that may be of future interest to Oregon. As the Alliance identifies policy priorities, we will reach out to other states to learn more about the impact and challenges of implementation of their legislation.

Here are a few examples of legislation enacted in other states that may be of interest to Oregon.

Behavior Health

In many states, funding for behavioral health services is being increased to improve access and reach underserved populations. Services are being expanded to include elementary schools and, in some instances, states are allowing medical billing for mental health services on school campuses. There is movement, too, to bring behavioral health coverage into alignment with medical health coverage. The funding for crisis lines has increased and legislative work is underway to ready states for implementation of the 988 crisis line and related services. A few examples are:

Colorado

- HB19-1129 (2021**)** The bill prohibits a licensed physician specializing in psychiatry or a licensed, certified, or registered mental health care provider from engaging in conversion therapy with a patient under 18 years of age.
- HB21-1085 (2021) Provides secure transportation other than police transport for an individual in a behavioral health crisis.
- HB19-1120 (2019) - The bill allows a minor 12 years of age or older to seek and obtain psychotherapy services with or without the consent of the minor's parent or guardian if the mental health professional determines the minor is knowingly and voluntarily seeking psychotherapy services and psychotherapy services are clinically necessary. The bill also requires the state board of education to adopt standards related to mental health, including suicide prevention.

Utah

- HB 265 (2016) – Created three refundable tax credits for psychiatrists and psychiatric APRN's for new and volunteer practitioners and to any practitioner that serves underserved populations including rural areas, veterans, Native Americans, etc.
- HB 346(2017) – Funds psychological autopsy examiner who shall work with the medical examiner to compile data regarding suicide related deaths, maintain database of information, coordinate with the suicide prevention coordinator and the suicide prevention coalition.

Washington State

- HB 1379 (2017) - Implements a comprehensive approach to suicide prevention and behavioral health in higher education including a statewide resource for curriculum and model protocols; provides grant funds to institutions for behavior health and suicide prevention efforts.

Schools/Higher Education

Suicide prevention programs and services on school campuses are in place in the states we reviewed. Requirements and funding varied across states and without looking much deeper it is difficult to assess how successful states have been with implementation.

In Oregon, we have 197 school districts representing rural, suburban, and urban populations. While we have a state department of education, each school district is governed by a school board that has a great deal of local autonomy. School boards operate in sometimes politically difficult environments. The Oregon Department of Education has limited ability to enforce state mandates including suicide prevention which presents challenges in consistently implementing enacted legislation. As a result, successful monitoring and advocacy requires collaboration and cultural humility.

California

- SB 972 (2018) and SB-316 (2019) - Requires student ID cards to include information for domestic violence support, the phone number for the National Suicide Prevention Lifeline and authorizes schools to include certain other suicide prevention and emergency response phone numbers.

Utah

- HB 298 (2013) - Requires school districts to hold annual parent seminars on a range of topics, include suicide prevention.
- HB 329 (2014) - Requires secondary schools to implement suicide prevention, intervention and postvention strategies and appropriated ongoing funding for school-based programs.
- HB 346 (2017) – Provided grants for peer-to-peer prevention, resiliency and anti-bullying programs in elementary schools; provides grants for prevention programs that focus on children who have been served by the Division of Juvenile Justice Services; and requires development of a 10-year statewide suicide prevention plan. (Oregon has legislation re: bullying, it does not have specific focus on Division of Juvenile Justice).

Colorado

- HB 19-1017 (2019) K-5 Social and Emotional Act - Requires department of education to select a pilot school district to ensure that an elementary school with high of poverty will have a social worker dedicated to every 250 students; pilot will be funded beginning 2020-21 and sunset July 2027. Pilot will be evaluated to determine effectiveness on health and well-being of students.

Washington

- HB 2513 (2018) - Implements a comprehensive approach to suicide prevention and behavioral health in higher education, with enhanced services to student veterans. The statewide resource created would provide and/or develop curriculum to train staff and students in suicide recognition, including the specific needs of student veterans.

Means Safety

Bills have been passed to increase safety through strategies such as lock boxes for guns, educational brochures and training on gun safety related to suicide, and outreach campaigns on medication safety. California, Colorado and Washington, like Oregon, have implemented “red flag” laws. A red flag law is a gun control law that permits police or family members to petition a state court to order the temporary removal of firearms from a person who may present a danger to others or themselves. Means safety in residential settings (jails, hospitals, youth treatment centers) is sometimes addressed through building codes and administrative rules which minimize the risk of strangulation.

More research is needed to identify policy implications to address increased safety with medication, substance use, trains/vehicles and suicide barriers at identified sites. Since the majority of suicides are by gun-shot many states have started with gun safety as the first line of defense. Here are samples of bills addressing means safety.

Utah

- HB 390 (2017) – Created a Suicide Prevention Education Program to fund suicide prevention activities by federally licensed retail firearms dealers that includes information on crisis intervention resources and how to identify persons who may be suicidal.

Washington

- HB 1612 (2017) – Creates a Suicide-Safer Homes Project to support prevention efforts and develop strategies for reducing access to lethal means. Safer Homes is a set of core messages and strategies designed to raise awareness about access to firearms and medications.

Training and Training Mandates

In Utah, primary care providers are required to complete suicide prevention training to renew medical licenses and it is mandatory that school staff receive suicide prevention training every three years. Oregon has a start on training for key workforces. While some states have taken a one size fits all, such as specifying QPR as fulfilling the requirement for professionals, non-professionals and lay people, other states have taken a more targeted approach. For example, the state of Washington requires healthcare professionals receive a one-time training in suicide assessment, treatment and management.

California

- AB 1808 (2018) –Requires the State Department of Education to identify one or more evidence-based online training programs that a local educational agency can use to train school staff and pupils as part of the local educational agency's policy on pupil suicide prevention.

Colorado

- HB21-1312 (2021) – Requires behavioral health training for educator license; of the required 90 hours of professional development, at least 10 of those hours must include some form of behavioral health training that is culturally responsive and trauma-and evidence informed.

Utah

- HB 209 (2015) – Required an individual to complete a course in suicide prevention in order to obtain or renew a license in a behavioral health profession.

Washington*

- HB 2315 (2014) - Added the requirement healthcare professionals–nurses, doctors, PAs, DOs, etc. – complete one-time training in suicide assessment, treatment, and management.
- HB 2411 (2020) - Provides advanced suicide prevention training requirements for mental health professionals; adds a one-time training requirement for optometrists, acupuncturists, Eastern medicine practitioners, veterinarians; adds creation of training for construction industry.

**Health profession mandatory suicide prevention training list see:*
https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/SuicidePrevention/TrainingRequirements

Supports and Obstacles to the Legislative Process

It is no surprise that the most common support and/or obstacles all states encountered was from professional groups (e.g., training requirements/practice change), special interest groups (e.g. gun safety), advocacy groups (e.g. services/supports/education) or within the legislative (e.g. champions/opposition). In some instances, funding was a barrier and implementation impeded when partnerships were not developed early in the process and cultivated along the way. What we learned was consistent with our experience in Oregon: bills fair better when opposition is addressed early, legislative champions lead, engagement of supporters is critical, and partnerships built during the process and maintained help keep implementation on track. Timing is key. It is important to be strategic about when to pursue legislation and realistic about how long it may take to accomplish.

Aligning with State and National Efforts

Oregon

The Alliance believes in the strength of aligning efforts with state agencies and community partners to create a cohesive and sustainable approach to suicide prevention in Oregon. The primary driver for the Alliance policy work is the Youth Suicide Intervention and Prevention Plan (YSIPP). The Alliance is charged with advising the Oregon Health Authority (OHA) on implementation of the YSIPP and works closely with OHA to secure policies that advance suicide prevention, intervention and postvention across the state. Alliance members and its connection with local suicide prevention coalitions has proven to be successful in informing, supporting and proposing suicide prevention, intervention and postvention legislation.

The Garret Lee Smith (GLS) grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) , was a catalyst for current suicide prevention, intervention and postvention efforts. The strategies and lessons learned through the GLS grants provided a foundation for suicide prevention policy and programs across the state. Project goals for the most recently funded GLS grant (2019) are to:

1. Increase capacity of counties with higher-than-average rates of youth suicide to implement sustainable, evidence-based youth suicide prevention strategies;
2. Increase the number of youth-serving organizations able to identify and refer youth at risk of suicide;
3. Increase capacity of clinical service providers to assess, manage, and treat youth at risk of suicide; and
4. Improve the continuity of care and follow-up of youth identified to be at risk for suicide. The Alliance will stay abreast of GLS grant implementation to inform policy work.

Another project that informs Alliance policy work is Zero Suicide, which is also funded by SAMSA and coordinated through OHA/Public Health. The original focus of Zero Suicide was on hospitals and healthcare systems and is now being adopted by other systems as well. Participating organizations voluntarily commit to reducing suicide and engage in developing detailed protocols and culture change to reach that goal. This is an example of how system change comes about through collaboration and leadership at the local and state level. The Alliance will follow implementation and provide policy support if there are elements of the Zero Suicide that need legislation to resolve challenges. One example of potential policy work is how confidentiality laws may be compromising care coordination and safety planning.

The Alliance reviewed several state level documents related to suicide prevention. Two important Secretary of State Audits: 1) *Oregon Health Authority: Chronic and Systemic Issues in Oregon's Mental Health Treatment Leave Children and Their Families in Crisis* and 2) *Oregon Can More Effectively Use Family Services to Limit Foster Care and Keep Children Safely at Home.* The review also included the Behavioral Health Policy Paper, Oregon Health Authority State Health Improvement Plan (SHIP) and a look back at suicide prevention legislation in Oregon. The purpose of the review was to find points of alignment for the Alliance Policy Guide. We found common themes for improvement areas and promising approaches to address short falls.

Here is brief summary of areas of alignment across sectors and areas the Alliance will consider in future policy development. When considering what policy changes to pursue and how to craft policy to improve suicide prevention outcomes in Oregon, the Alliance will continue to seek input and support from its members, suicide prevention coalitions across the state, partners at state agencies, community and youth, and those with lived experience.

Common Themes – Areas for Improvement

The following themes emerged as areas for policy consideration.

1. Services – there is a need for suicide prevention services that:
   - are culturally responsive and linguistically appropriate;
   - provide a full spectrum of behavioral health services and family supports from prevention through intensive care;
   - use universal screening paired with meaningful safety planning; and,
   - address service availability, access and quality which are limited and vary by geographic area.

2. Practice – build on promising practices and innovation, and embrace the concept that culture is a protective factor. Services are grounded in equity and inclusion and are:
   - family and child focused;
   - trauma informed;
   - family driven and youth guided (family participation);
   - attentive to means safety and safety planning; and,
   - collaborative in approach to care transitions.

3. Community – social isolation is strongly correlated with suicide and while an individualized response to crises is important, community and culture are significant to suicide prevention. Protective factors include:
   - affirming environments;
   - safe messaging;
   - a community of mutual support;
   - addressing historical exclusion, oppression and assimilation is part of the community work to prevent suicide; and,
   - means safety

4. Cross system collaboration and integration – establish and sustain ties across agencies and community partners to:
   - improve communications and maximize impact of resources;
   - increase family engagement and participation;
   - help families navigate the disparate service array; and
   - enhance community involvement especially with historically excluded populations and organizations with broader goals of social connection and safety net services.

5. Data – improve access and availability to data to help quantify service needs and:
   - measure and evaluate outcomes;
   - ascertain effectiveness and quality of programs and services;
   - help with planning and performance management; and,
   - quantify service needs such as what type, availability and resources.

Aligning Areas for Improvement with YSIPP

The Alliance recognizes the collective efforts to improve services, practice, community engagement, collaboration and integration, data gathering/reporting and healthcare equity. The work of continuous improvement on the part of agencies and organizations, coupled with legislative policy, is notable. The Alliance is invested in supporting a cohesive statewide system to keep children, youth and young adults safe from self-harm and prevent suicide. We will work hand in hand with others on policies that increase suicide prevention, intervention and postvention.

The YSIPP strategic objectives provide actionable pathways to address the areas for improvement and meet the goal of improving outcomes for children, youth and families. For example, the YSIPP strategic goal of "Integrated and Coordinated Activities" provides a pathway to **improve cross system collaboration and integration across agencies and community partners** (see #4 above). The strategic objective "Coping and Connection" is pathway to address **social isolation** and **community engagement** (see #3 above)**.** Each of the improvement areas will be aligned with the YSIPP to help prioritize Alliance policy work. When YSIPP 2021 -2025 is completed, it may reveal additional improvement areas and possible policy considerations for the Alliance and will inform the Alliance policy agenda. See Attachment C, YSIPP Framework.

National Level

One of the key federal legislative policies to track and inform policy work in Oregon is S.2661, the National Suicide Hotline Designation Act of 2020 (Public Law No: 116-172 (10/17/2020). The bill requires the Federal Communications Commission (FCC) to designate 9-8-8 as the universal telephone number for a national suicide prevention and mental health crisis hotline. States are now in the process of passing legislation to facilitate changes at the state level. Implementing the 988 crisis line is complex and Oregon has begun the process by passing SB 3069 (2021) to expand infrastructure, access and service systems including the 988 suicide prevention and behavioral health crisis line. The purpose of the legislation is to remove barriers to accessing behavioral health services and improve equity in treatment. The Alliance will watch implementation and participate in implementation policy development.

The following organizations are significant leaders in the suicide prevention field. Staying apprised of their efforts helps the Alliance align with innovation and federal direction. For more information about these organizations and their policy work, see Sources at the end of this document.

The American Foundation for Suicide Prevention (AFSP) has chapters throughout the US that advocate for suicide prevention and intervention at the federal and local level to prevent suicide. They have had many legislative successes including landmark legislation like the National Suicide Hotline Improvement Act, mandatory suicide prevention training and policy for schools, and mental health parity in insurance coverage.

The Trevor Project is another example of a national organization supporting policy change at the federal and state level. Their efforts focus on policy change to enhance the mental health and well-being of LGBTQ young people through targeted interventions that address risk factors for suicide.

The American Association of Suicidology's National Center for the Prevention of Youth Suicide (NCPYS) works with national leaders and grassroots organization to address youth suicide at a national level. They are advocates for changing how schools and communities address youth suicide. The NCPYS is invested in engaging youth in the effort build strong communities, safe schools and supportive families and have a history of working with different groups, schools, and youth service organizations. This group may help us to develop policy levers for funding and strategic relationships with foundations and the federal government.

Determining Policy Focus

Where do we want to put our energy?

The Policy Prioritization Questions below are a tool to help evaluate whether the Alliance pursues development of a new policy or initiating policy change. It is not an exhaustive list of what to consider rather it is a starting point for a discussion and to reach agreement on what to take on in the policy arena.

In addition to guiding the decision-making process for Alliance policy work, the questions will help determine what larger topics to tackle and when to use our influence in areas not obviously suicide prevention. A handout of the following Policy Prioritization Questions, is attached (Attachment B, Policy Prioritization Questions).

Policy Prioritization Questions

General

- ☐ Does it help prevent suicide or help heal after a suicide?
- ☐ How do we know if it helps prevent suicide or help heal after a suicide?
- ☐ Does it address the needs of population(s) at high risk of suicide?
- ☐ Does it address the needs of historically targeted and/or under resourced communities?
- ☐ Is it strategic for us to align with another organization or go it alone? Is there another group pushing something where we can be a visible partner/advocate?
- ☐ Is this a lifespan or youth focused issue? Does that make a difference in how much energy we expend here?
- ☐ Does the proposed new policy or policy change require legislative action? Or, does it make to use other policy levers to change a policy that is in place but is not legislatively required?

Prior Legislation

- ☐ How is implementation of passed legislation progressing?
- ☐ Is additional legislation required to achieve desired outcome of the bill?
- ☐ What is standing in the way of full implementation? Will the proposed policy support implementation of passed bills or clear roadblocks? What will be required in terms of staff time, resources, collaboration with partners, etc.?
- ☐ Is it an initiative that has gotten stuck that needs a legislative or rules fix?

What is the ease/impact of the proposed policy?

Ease

- ☐ Does it require additional funds and/or resources? If so, what will it require to secure needed funds and/or resources?
- ☐ Is there organized opposition?
- ☐ Are we developing something new or replicating something that has been done/is working?
- ☐ Is there an existing effort we can partner with and/or champion?
- ☐ Are there sufficient staff and/or volunteer resources to handle the workload of initiating a new policy or a policy change?

Impact

- ☐ Will it help us achieve YSIPP goals?
- ☐ Is the effort going to achieve the desired outcome?
- ☐ Is the proposed policy something that will have a statewide impact? How?
- ☐ Will the proposed policy require multiple systems to shift and/or change? Is it feasible and reasonable to expect that shift and/or change to occur?
- ☐ Is the proposed policy addressing a need of a high-risk group?
- ☐ What will be required to implement and sustain the policy change?
- ☐ Are we the best people to advocate for a particular issue (such as housing) or would either partnering or being a champion for the cause be more effective?
- ☐ Is the proposed policy a recommended priority from Alliance advisory groups and/or workgroups?
- ☐ Is it a short-term effort or long-term goal?
- ☐ Does it require a legislative fix or can the outcome be achieve through other policy avenues such as a rule change or collaborative agreement reached with a state department and/or advocacy group?

Policy Areas for 2021 – 2025

There are bills from past legislative sessions currently in the implementation phase. The Alliance will engage with partners to identify potential policy supports for successful roll out of mandates. These supports may include participation in legislative remedies for areas not addressed by the original bill, rule changes and activating policy levers for problem-solving. Bills that remain at the forefront are SB 52 (2019) and HB 3090/91 (2017).

The bills below passed during the 2021 legislative session. As an active partner in Oregon's suicide prevention, intervention and postvention initiatives, the Alliance will advise, support and seek policy avenues to ensure implementation success. This includes active involvement in rule making and/or monitoring implementation for:

- HB 2315 (2021) – Training for the behavioral health field; next step is participation in the rule making process and monitoring implementation
- HB 3069 (2021) – This bill begins the 988 crisis line implementation; it is on the Alliance "watch" list for possible future policy and systems change activities
- HB 3037 (2021) – Clarifies communication between medical examiners, Local Mental Health Authorities (LMHA), coroners and OHA; the Alliance will request periodic updates from OHA
- HB 3046 (2021) – Healthcare and behavioral health and substance use parity
- SB 554 (2021) – Means safety, gun locks and storage
- HB 3139 (2021) – Parental notification
- SB 52 (2021)– LGBTQ2SIA+

No new suicide prevention legislation passed in the 2022 short session, however, significant investments in behavioral health were authorized. The Alliance will watch how these investments support suicide prevention efforts.

Conclusion

This guide is our reference point. As the Alliance moves forward on policy development our focus will be implementation of YSIPP, current legislation, recommendations from Alliance committees and advisory/workgroups and the equity initiatives.

This guide was written in the context of the pandemic, development of the next YSIPP, and the early stages of the Alliance engaging in addressing racism, equity and liberatory practice within the organization. We believe the guide broadly aligns with the 2021-2025 YSIPP. This is a living document that will be updated as we develop new

understandings from people with lived experience, our equity work and lessons learned from implementing the YSIPP. Stay tuned.

Sources

Action Alliance
The National Action Alliance for Suicide Prevention (Action Alliance) is the nation's public-private partnership for suicide prevention and works with more than 250 national partners to advance the National Strategy for Suicide Prevention.
https://theactionalliance.org/our-strategy/national-strategy-suicide-prevention

American Association of Suicidality – National Center for the Prevention of Youth Suicide
This program provides training and resources to equip school communities with the skills they need to recognize warning signs, help friends in need and know where to go for help.
https://www.preventyouthsuicide.org/

American Foundation for Suicide Prevention
AFSP is a national organization that funds scientific research, educates the public about mental health and suicide prevention, advocates for public policy, and supports survivors of loss and those affected by suicide. It has local chapters in all 50 states.
https://afsp.org/public-policy-priorities

State Public Policy Priorities - https://www.datocms-assets.com/12810/1609876825-14196afsppolicysynopsis20212022statem1.pdf

Federal Policy Priorities – https://www.datocms-assets.com/12810/1609876825-14196afsppolicysynopsis20212022statem1.pdf

Arizona 50 State Review on Suicide Prevention
This publication follows the structure of the 7 strategies and supporting approaches of the CDC Technical Package and identifies best practices from 50 states.
https://azdhs.gov/documents/operations/managing-excellence/50-state-review-suicide-prevention.pdf

Centers for Disease Control (CDC) – Technical Package of Policy, Programs, and Practices
The CDC technical package is designed to help communities and states focus on activities with the greatest potential to prevent suicide.
https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf

Collective Impact
Collective impact is an intentional way of working together and sharing information for the purpose of solving complex problems. The Collective Impact Forum supports the efforts of those who are practicing collective impact in the field. It offers tools and training and is a network of like-minded individuals from across sectors sharing experience and knowledge. https://www.collectiveimpactforum.org/what-collective-impact

Healthier Together Oregon: 2020-2024 State health Improvement Plan
https://www.oregon.gov/oha/PH/ABOUT/Documents/ship/2020-2024/Healthier-Together-Oregon-full-plan.pdf

Pediatrics Journal: *The Urgent Need to Recognize and Reduce Risk of Suicide for Children in the Welfare System*
https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/Policy-Vision.aspx

Secretary of State, Oregon Audits Division
Oregon Health Authority: Chronic and Systemic Issues in Oregon's Mental Health Treatment System Leave Children and Their Families in Crisis https://sos.oregon.gov/audits/Documents/2020-32.pdf

Oregon Health Authority - Draft Policy Vision Paper https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/Policy-Vision.aspx

Secretary of State, Oregon Audits Division
Oregon Can More Effectively Use Family Services to Limit Foster Care and Keep Children Safely at Home
https://sos.oregon.gov/audits/Documents/2020-32.pdf

Suicide Prevention Resource Center
The Suicide Prevention Resource Center (SPRC) is the only federally supported resource center devoted to advancing the implementation of the National Strategy for Suicide Prevention. SPRC is funded by the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA). SPRC developed a set of recommendations to help identify and strengthen key elements of suicide prevention infrastructure. https://www.sprc.org/state-infrastructure

Trevor Project
The Trevor Project is a national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and question (LGBTQ) young people under 25. Their model school policy can be found at https://www.thetrevorproject.org/education/model-school-policy/ and for general information about the Trevor Project see https://www.thetrevorproject.org/

Public Policy and Advocacy
https://www.thetrevorproject.org/wp-content/uploads/2017/09/Public-Policy.pdf

Suicide Prevention Summit 2021: Seeking Healing During COVID-19 for the Black and Native American Communities https://www.twelve6.org/

Washington State: Forefront Suicide Prevention – Suicide-Safer Homes Project
https://intheforefront.org/safer-homes-suicide-aware/

Attachments

Attachment A: Oregon Suicide Prevention Legislation

Attachment B: Policy Prioritization Questions

Attachment C: YSIPP 2021 – 2025 Framework

Oregon Suicide Prevention, Intervention and Postvention Legislation 2014 - 2021

HB 4124 (2014)– this bill establishes the Youth Suicide Intervention and Prevention (YSIPP) Coordinator in the Oregon Health Authority. The coordinator facilitates the development of the YSIPP statewide plan to address youth and young adult suicide and self-inflicted injury as well as develop strategies for intervention with youth who are suicidal, depressed and at higher risk of attempting suicide and self-injury.
https://olis.oregonlegislature.gov/liz/2014R1/Downloads/MeasureDocument/HB4124/Enrolled

SB 561 (2015) - Requires the Oregon Health Authority to develop a plan for communication among local mental health authorities and local systems to improve notifications and information-sharing when a death that is suspected to be a suicide involves an individual who is 24 years of age or younger. The plan must address community suicide response and post-intervention efforts to address loss and the potential of contagion risk.
https://olis.oregonlegislature.gov/liz/2015R1/Downloads/MeasureDocument/SB561/Enrolled

HB 2948 (2015) – Susana Blake Gabay Act: Disclosure with Authorization Form. Clarifies when, what, and how Protected Health Information can be released without authorization from a patient or their representative. All released information must be the minimum necessary to provide care. Any provider who releases information under these standards is not subject to civil liability.
https://olis.oregonlegislature.gov/liz/2015R1/Downloads/MeasureDocument/HB2948/Enrolled

HB 2023 (2015)– Discharge of patients receiving mental health treatment. Requires hospitals to have publicly available discharge policies in place for those who have been hospitalized for mental health treatment.
https://olis.oregonlegislature.gov/liz/2015R1/Downloads/MeasureDocument/HB2023

SB 48 (2017) – This bill requires professional behavioral health and healthcare licensing boards to report completion of continuing education units on suicide risk assessment, management and treatment to the Oregon Health Authority. https://olis.oregonlegislature.gov/liz/2017R1/Downloads/MeasureDocument/SB48/Enrolled

HB 3090 (2017)– This bill requires hospitals with emergency departments to adopt and implement policies discharge policies for those seen for a behavioral health crisis. Requires reporting information about the adoption ad implementation of policies be sent to Oregon Health Authority. At a minimum, policies to include: patient signature of ROI; requirement for a behavioral health assessment; assessment of long-term need of patient, capacity for self-care, and extent patient can be adequately cared for where they live; case management and/or follow-up services; and, follow-up appointment within 7 calendar days of release from ER.
https://olis.oregonlegislature.gov/liz/2017R1/Downloads/MeasureDocument/HB3090/Enrolled

HB 3091 (2017) – Expands the scope of emergency services covered by group health insurance policies to cover specified behavioral health services. Requires specified facilities to provide case management and care coordination of behavioral health services and for these to be covered by both commercial health insurance plans and the Oregon Health Plan.
https://olis.oregonlegislature.gov/liz/2017R1/Downloads/MeasureDocument/HB3091

SB 52 (2019) – Adi's Act. Requires school districts to adopt policies requiring a comprehensive district plan on student suicide prevention. The bill requires each school district to adopt a policy that requires a comprehensive district plan on student suicide prevention for students grades K-12.
https://olis.oregonlegislature.gov/liz/2019R1/Downloads/MeasureDocument/SB52/Enrolled

HB 3427 (2019)– Allocated funding for the School Safety and Prevention System, an integrated set of policies and practices designed to enact Section 36 of the Student Success Act and Senate Bill 52, Adi's Act. https://olis.oregonlegislature.gov/liz/2019R1/Downloads/MeasureDocument/HB3427 and https://oregonalliancetopreventsuicide.org/hb-3427-student-success-act/

SB 918 (2019) – Directs local mental health authority communication regarding suspected deaths by suicide for those 24 years of age or younger. Amends 561 to include: If a local mental health authority (LMHA) receives a third-party notification of a suspected death by suicide of those 24 years of age or younger, the LMHA will notify local systems that had contact with the individual as appropriate. https://olis.oregonlegislature.gov/liz/2019R1/Downloads/MeasureDocument/SB918/Introduced

SB 3069 (2021)–This bill expands infrastructure of, access to and services provided in statewide coordinated crisis services system including 988 suicide prevention and behavioral health crisis hotline. The purpose is to remove barriers to accessing quality behavioral health crisis services and improve equity in behavior health treatment. https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/HB3069/B-Engrossed

SB 707(2019) – Establishes the Youth Suicide Intervention and Prevention Advisory Committee. Amends HB4124 by adding the following elements. Youth Suicide Intervention and Prevention Advisory Committee is created to advise the OHA on development and administration of strategies to address suicide intervention and prevention for youth and young adults age 10-24. The Director of OHA will appoint members of the committee and provide staffing to support members and committee. The director will ensure the committee reflect the diversity of the state. https://olis.oregonlegislature.gov/liz/2019R1/Downloads/MeasureDocument/SB707/Introduced

SB 485 (2019) – Directs OHA to collaborate with certain schools and facilities when developing plan for communication following a suspected suicide. Requires OHA to create a communication plan with local mental health authorities and local systems to improve notifications and information-sharing when a suspected death by suicide of youth adults 24 years of age or younger. Communication plans must address community suicide responses and postvention efforts to address los and the potential of contagion. https://olis.oregonlegislature.gov/liz/2019R1/Downloads/MeasureDocument/SB485

HB 2315 (2021) – Directs Oregon Health Authority and specified professional regulatory boards to require licensees regulated by authority or board to complete six hours of continuing education related to suicide risk assessment, treatment and management every six years at specified intervals and to report completion of continuing education to authority or board. Allows authority and boards to establish minimum requirements that licensee must meet to be exempt from requirements to complete continuing education. https://olis.oregonlegislature.gov/liz/2021R1/Measures/Overview/HB2315

HB 3037 (2021) - Directs medical examiner or medical-legal death investigator to report deaths of decedents 24 years of age or younger to local mental health authority if district medical examiner, assistant district medical examiner, pathologist or designee of district medical examiner reasonably believes manner of death was suicide. Directs Oregon Health Authority to develop statewide suicide post-intervention protocol. Authorizes cross-reporting between local mental health authorities. https://legiscan.com/OR/bill/HB3037/2021

SB 554 (2021)- Requires an owner or person of a firearm to secure the firearm with a trigger or cable lock, in locked container or in a gun room except in specified circumstances. https://olis.oregonlegislature.gov/liz/2021R1/Measures/Overview/SB554

HB 2381 (2021)- Modifies laws relating to youth suicide intervention and prevention to include children under 10 years of age. Modifies laws relating to youth suicide intervention and prevention to include children under 10 years of age. https://legiscan.com/OR/bill/HB2381/2021

HB 3139 (2021) - Requires mental health care provider who assesses minor to be at imminent and serious threat of attempting suicide to disclose relevant information to parent, guardian or other individuals to engage in safety planning. Requires parental disclosure when minor receives suicide risk assessment, intervention, treatment or support services. Permits provider to disclose relevant information regarding minor's treatment and diagnosis to organizations providing minor's treatment support. Permits provider to decline to disclose minor's treatment and diagnosis information if disclosure could endanger minor, is not in minor's best interest or would disclose information to individual who abused or neglected minor. Grants civil immunity to providers for making disclosures in good faith without minor's consent.
https://olis.oregonlegislature.gov/liz/2021R1/Measures/Overview/HB3139

HB 3046 (2021)– Specifies behavioral health treatment that must be provided by coordinated care organizations and covered by group health insurance and individual health plans and restricts utilization review criteria for behavioral health treatment. Requires carriers and coordinated care organizations to conduct analyses of compliance with mental health parity requirements and report specified data to Department of Consumer and Business Services and Oregon Health Authority respectively.
https://olis.oregonlegislature.gov/liz/2021R1/Measures/Overview/HB3046

SB 52 (2021) - Directs Department of Education to develop and implement statewide education plan for students who identify as lesbian, gay, bisexual, transgender, queer, two-spirit, intersex, asexual, nonbinary or another minority gender identity or gender orientation.
https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/SB0052/Introduced#:~:text=Directs%20Department%20of%20Education%20to,%2C%20effective%20July%201%2C%202021.

Attachment B

Policy Prioritization Questions

General

- ☐ Does it help prevent suicide or help heal after a suicide?
- ☐ How do we know if it helps prevent suicide or help heal after a suicide?
- ☐ Does it address the needs of population(s) at high risk of suicide?
- ☐ Does it address the needs of historically targeted and/or under resourced communities?
- ☐ Is it strategic for us to align with another organization or go it alone? Is there another group pushing something where we can be a visible partner/advocate?
- ☐ Is this a lifespan or youth focused issue? Does that make a difference in how much energy we expend here?
- ☐ Does the proposed new policy or policy change require legislative action? Or, does it make to use other policy levers to change a policy that is in place but is not legislatively required?

Prior Legislation

- ☐ How is implementation of passed legislation progressing?
- ☐ Is additional legislation required to achieve desired outcome of the bill?
- ☐ What is standing in the way of full implementation? Will the proposed policy support implementation of passed bills or clear roadblocks? What will be required in terms of staff time, resources, collaboration with partners, etc.?
- ☐ Is it an initiative that has gotten stuck that needs a legislative or rules fix?

What is the ease/impact of the proposed policy?

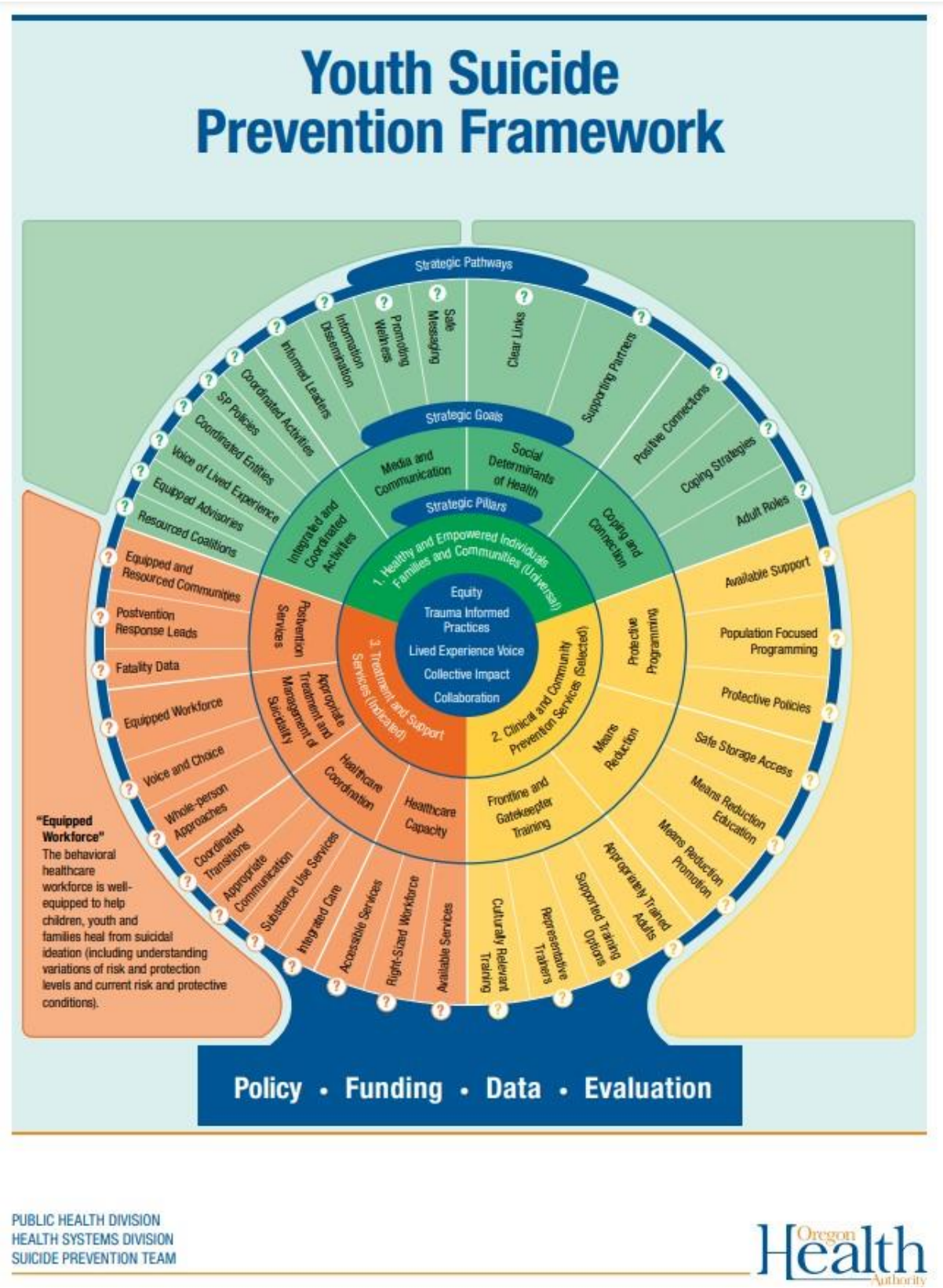
Ease

- ☐ Does it require additional funds and/or resources? If so, what will it require to secure needed funds and/or resources?
- ☐ Is there organized opposition?
- ☐ Are we developing something new or replicating something that has been done/is working?
- ☐ Is there an existing effort we can partner with and/or champion?
- ☐ Are there sufficient staff and/or volunteer resources to handle the workload of initiating a new policy or a policy change?

Impact

- ☐ Will it help us achieve YSIPP goals?
- ☐ Is the effort going to achieve the desired outcome?
- ☐ Is the proposed policy something that will have a statewide impact? How?
- ☐ Will the proposed policy require multiple systems to shift and/or change? Is it feasible and reasonable to expect that shift and/or change to occur?
- ☐ Is the proposed policy addressing a need of a high-risk group?
- ☐ What will be required to implement and sustain the policy change?
- ☐ Are we the best people to advocate for a particular issue (such as housing) or would either partnering or being a champion for the cause be more effective?
- ☐ Is the proposed policy a recommended priority from Alliance advisory groups and/or workgroups?
- ☐ Is it a short-term effort or long-term goal?
- ☐ Does it require a legislative fix or can the outcome be achieve through other policy avenues such as a rule change or collaborative agreement reached with a state department and/or advocacy group?

YSIPP 2021 – 2025 Framework



PUBLIC HEALTH DIVISION
HEALTH SYSTEMS DIVISION
SUICIDE PREVENTION TEAM

Oregon Health Authority