



Governor Tina Kotek  
Office of the Governor  
900 Court Street NE  
Salem, OR 97301

Dr. Sejal Hathi and Ebony Clarke  
Director, Oregon Health Authority and Director Behavioral Health Division (OHA)  
500 Summer Street NE  
Salem, OR 97301

Dear Governor Kotek, Dr. Hathi, and Director Clarke,

On behalf of the Oregon Alliance to Prevent Suicide, we write to express our deep concern that dedicated funding for comprehensive, culturally specific suicide prevention was not forwarded to the governor or legislature for the 2025 Oregon Legislative session. Given the urgent nature of this public health crisis, we believe that the lack of state support, particularly as Oregon’s suicide rate remains among the highest in the nation, sends a concerning message about the state’s commitment to supporting meaningful suicide prevention.

Despite suicide prevention being listed as a priority within the agendas of the Governor, the Oregon Health Authority (OHA) Director, and the Director of Behavioral Health, **there has been no new commitment of state funding for suicide prevention since the initial investment in youth suicide prevention made in 2019**. We urge you to consider the significant progress that could be made by aligning agency resources with these stated priorities, especially as behavioral health funding flows to other critical areas such as crisis response and stabilization but does not include the broad-based public health approaches needed for upstream suicide prevention, intervention (the right help at the right time), and postvention (individual and community healing after a suicide loss). For these efforts to be culturally responsive and equity-focused, investment is needed that allows targeted and creative approaches at the state, regional, and local levels.

## **Oregon’s Suicide Landscape and Emerging Disparities**

Oregon’s youth suicide is the 12th highest in the United States. Suicide is the second-leading cause of death among youth and young adults in Oregon, with the most recent data showing an increase from 95 deaths in 2021 to 109 in 2022. While the overall youth suicide rate has declined among white-identified youth, rates for youth of color, including Black, Indigenous, Latino/a, Asian, and multi-racial youth, have increased.

Oregon's suicide rate across the lifespan is significantly higher than the national average, according to the Centers for Disease Control and Prevention (CDC). Oregon ranks among the top states for suicide rates, with this tragic loss of life affecting all age groups across the state. This highlights the urgent need for targeted, sustained funding and the establishment of a comprehensive, lifespan approach to suicide prevention. State funds are currently only dedicated to youth suicide prevention, and, despite inflation, the amount allocated for youth suicide prevention has not increased since the initial investment made in 2019.

Alarming, high rates of suicide occur in many of Oregon’s rural counties. For example, in 2021, 119 Oregonians aged 55+ living in rural counties died by suicide; of these, 77 percent were males, one-third were veterans, almost all were non-Hispanic White and most of the suicides involved the use of a firearm. (Oregon Health Authority, presentation to OHSU, Suicide Prevention in Rural and Remote Areas, Debra Darmata). This illustrates the need for approaches that are culturally specific, such as the work undertaken in Oregon to engage firearm owners in leading efforts to promote safe storage of firearms and the development of Oregon’s first Black Youth Suicide Prevention Coalition. Diverse approaches are needed to reach and support the varied populations across Oregon that are at higher risk of suicide.

**As Ebony Clarke and Sejal Hathi have each noted, the disparities in suicide rates across racial demographics are unacceptable, and we must do better.** The Oregon Alliance to Prevent Suicide is tasked with advising OHA on matters related to youth and young adult suicide. While this is our priority population, we believe that to reduce suicides in Oregon it is essential the state supports a lifespan approach. Our recommendations regarding funding are the result of input from community advocates, subject matter experts and people who have been personally impacted by suicide loss or struggle themselves with thoughts of suicide. These advocates’ input is vital, and we hope to see their efforts and insights reflected in the agency’s commitment to dedicated funding.

### **Underfunded Youth Suicide Intervention and Prevention Plan (YSIPP)**

Oregon’s YSIPP is currently only 50% funded, undermining its ability to provide comprehensive suicide prevention services. Full funding for the YSIPP would require \$11 million of new investment. The Alliance recommends allocating an additional \$11 million to launch the newly developed Adult Suicide Intervention and Prevention Plan. At the very least, fully funding the YSIPP is essential for maintaining the impact of Oregon’s suicide prevention work.

### **Essential Components of Suicide Prevention Funding**

The suicide prevention Policy Option Package originally developed by OHA staff, but not sent forward to the legislature, requested \$22 million for the 2025-27 biennium, and was crafted to expand culturally specific suicide prevention services including those for LGBTQ+ youth and adults and to reduce suicide disparities for Oregon’s communities of color. Specifically, it seeks to address the unique needs of Black, Indigenous, Latino/a, Asian, and multi-racial youth who continue to experience stable or increasing suicide rates despite declines among white-identified youth. The funding would support suicide prevention among adults, including those in remote and rural counties. Key aspects include:

- Expanding and culturally adapting the Youth Suicide Intervention and Prevention Plan (YSIPP);
- Funding the Adult Suicide Intervention and Prevention Plan (ASIPP);
- Supporting culturally specific organizations in delivering tailored suicide prevention services;



- Strengthening initiatives like the Black Youth Suicide Prevention Statewide Coalition and replicating this approach with other culturally specific groups.
- Promoting community-based interventions that foster greater connection and support for at-risk youth and their families.

### **Broad Coalition Support and Coordination with Emerging Efforts**

This funding recommendation comes from a diverse coalition of subject matter experts, community leaders, advocates with lived experience, and representatives of underserved communities. It is especially concerning that, while the newly established Task Force on Community Safety and Firearm Suicide calls for targeted investments to address Oregon’s high firearm suicide rate—more than half of Oregon’s suicides are by firearm—it appears that the Governor’s office and OHA are deprioritizing essential suicide prevention funding.

In the OHA’s own words, as noted in the July 2024 YSIPP (?) report, “We have made some progress to create a system of suicide prevention that is better connected and better resourced. Yet, the tragedy of youth suicide remains. We need to do more, particularly for young people of color.” We believe that your leadership can ensure this vital work is reflected in the agency’s financial priorities. Fully funding this dedicated allocation would not only affirm OHA’s commitment but would help realize meaningful progress toward eliminating Oregon’s tragic loss of life from suicide.

Our request to Governor Kotek and OHA leadership is to strongly advocate with legislators to allocate \$22 million during the 2025 state legislative session for dedicated suicide prevention funding.

Sincerely,

Charlette Lumby  
Chair, OR Alliance to Prevent Suicide

Donald Erickson,  
Vice-Chair, OR Alliance to Prevent Suicide

For Follow Up: Contact Annette Marcus, Suicide Prevention Policy Manager  
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