

# Task Force on Community Safety and Firearm Suicide Prevention

September 15, 2025

## Legislative Report Introduction

### Introduction

The Task Force on Community Safety and Firearm Suicide Prevention (the “Task Force”) was created by SB 1503 in the 2024 legislative session. The Task Force first met in October 2024 and has met monthly since.

This report is subject to ratification by the Task Force.

### Task Force Purpose

The purpose of the Task Force is to coordinate with the Department of Justice, the Oregon Health Authority, sheriff departments that provide for voluntary storage of firearms, federally recognized Indian tribes in this state, faith-based groups in this state and the Oregon Alliance to Prevent Suicide to study best practices for reducing deaths from community safety threats and for suicide prevention. The Task Force brings together representatives with diverse experiences and areas of expertise to accomplish this purpose and is staffed by Oregon Department of Justice (DOJ). More specifically, the Task Force was directed to study:

- How to better support youth experiencing suicidal ideation;
- How to better support rural Oregonians experiencing suicidal ideation;
- How to reduce stigma on suicidal ideation;
- Barriers to suicide prevention support;
- Current community safety protocol across this state, including at hospitals and behavioral health facilities, and recommendations for improvement of the protocol;
- Locations and events most targeted in community safety threats;
- Rates of success for extreme risk protection orders and barriers to implementation and capacity for police stations or other entities to implement voluntary surrender or holding of firearms;
- Barriers to implementing best practices for community safety and suicide prevention;
- How domestic violence is a risk factor for community safety threats and suicide; and
- Risks to first responders.

### Legislative History

The legislative history of SB 1503 can be viewed at the following link:

<https://olis.oregonlegislature.gov/liz/2024R1/Measures/Overview/SB1503>

The text of SB 1503 can be viewed at this link:

<https://olis.oregonlegislature.gov/liz/2024R1/Downloads/MeasureDocument/SB1503/Enrolled>

### **Task Force Members**

The following individuals are currently serving on the Task Force:

Non-voting members:

Sen. Floyd Prozanski	Democrat Senate member
Sen. David Brock Smith	Republican Senate member
Rep. Jason Kropf	Democrat House member
Rep. Rick Lewis	Republican House member

Voting members:

Dean Sidelinger	A representative of a state public health agency
Valerie Colas	A public safety policy advisor to the Governor
Donna-Marie Drucker, Co-Chair	A representative of a nonprofit organization focused on suicide prevention with experience in lethal means safety
Paul Kemp	A representative of a community-based firearm safety and protocols program
Kathleen Carlson	A representative of the public health research field
Vanessa Timmons	A behavioral health professional or provider
Emmy Ritter	An adult behavioral health provider
Matthew Crabtree	A medical provider who has worked with firearm violence victims
Andrew White, Co-Chair	A psychologist who works with youth
Andy Leonard	A tribal representative from a suicide prevention program
Jerome Sloan II	A person with lived experience with community safety threats or suicidal ideation
Chris Burley	A representative of law enforcement
James Dixon	A professional who works in veterans' mental health

## **Research**

SB 1503 allocated \$250,000, which could be expended for the purpose of paying a third party for research ordered by the Task Force.

A solicitation for research proposals was sent to the following Eastern Oregon University, Oregon State University, Portland State University, University of Oregon, Oregon Health & Science University, and the Oregon Council of Presidents (Oregon's voluntary association for public universities). The Task Force moved forward with projects from Oregon Health and Science University and University of Oregon. Research prepared for the Task Force includes topics of risks to [first responders](#), the [intersections of DV](#) and firearm access, mass violence, and suicide risk, [Community Safety Best Practices](#), [Methods to Prevent Access to Firearms During Times of Increased Risk](#), recommendations for [suicide prevention](#) programming, scan of suicide prevention [programs in Oregon](#).

The Task Force continues to engage with the research provided by the two universities. In future meetings, membership will further explore the research and recommendations.

## **Website and Agendas**

The Task Force website can be viewed at: [Task Force on Community Safety and Firearm Suicide Prevention - Oregon Department of Justice](#). An agenda for each meeting can be found online. Below are the titles of the presentations given to the Taskforce.

**January:** "Statewide Community Violence Prevention Efforts", Oregon Health Authority

**February:** "Firearms, Injury Prevention, and Suicide". A perspective on why a public health approach has not been effective in addressing firearm injury. Presentation by Jeffery Sung, University of Washington

**March:** "The Armory Project (TAP): Firearm Suicide Prevention for Veterans and Communities". Presentation by Dr. Gala True – the Richard A. Culbertson and Susan A. Leary Endowed Professor in Community and Population Medicine at the LSU School of Medicine and an Investigator with the VA's South Central Mental Illness Research, Education, and Clinical Center (MIRECC).

**April:** "The Development of a Suicide Fatality Review Committee and Community Driven Suicide Prevention Strategic Plan". Presentation by Galli Murray, LCSW – the Suicide Prevention Coordinator for Clackamas County Health, Housing and Human Services

**May:** "Best Practices for Suicide Prevention". Presentation by David A. Jobes, Ph.D., ABPP – Professor, Associate Director of Clinical Training at The Catholic University of America

**June:** “What to Do About Gun Violence”. Presentation by Jens Ludwig, Ph.D., Edwin A. and Betty L. Bergman Distinguished Service Professor at the University of Chicago; Pritzker Director of the University of Chicago’s Crime Lab; Pritzker Codirector, University of Chicago Urban Education Lab; Pritzker Director, University of Chicago Crime Lab; and Codirector of the National Bureau of Economic Research’s working group on the economics of crime.

**July:** “How Primary Care Providers Can Help Reduce Firearm Death and Injury in Oregon”, Steve Schneider, Alliance for a Safe Oregon

**September:** “Tribal Suicide Prevention and Treatment” Andy Leonard, Taskforce Member

## **Background**

The Task Force on Community Safety and Firearm Suicide Prevention was created via Senate Bill 1503, and has met monthly since October of 2024. This task force brought together individuals from the state of Oregon with expertise in areas such as suicide, lethal means management, violence prevention, tribal affairs, domestic violence, and mental health care. During the monthly meetings, the task force reviewed ways to collaborate in the area of policy related to suicide and firearms deaths, and heard from national experts in the areas of science-based suicide care, science-based community violence reduction, firearms cultural competence, lethal means management, tribal health and firearms storage. In addition, much of the testimony included the voices of individuals with lived experiences and the voices of diverse communities.

Firearm injury is a public health crisis impacting communities across Oregon, resulting in 642 deaths in Oregon in 2023 alone. The majority of these firearm-related deaths in Oregon were firearm suicides (76%). For every person killed by a firearm, more will suffer nonfatal firearm injuries. In 2023, there were a total of 761 firearm injury emergency department visits across Oregon.

Suicide continues to be a significant public health issue in Oregon, with multiple challenges to policy change. Additionally, while assessment, prevention, and treatment of suicide requires a comprehensive approach including primary prevention, the focus of the task force is on ensuring individuals who are currently at high risk both in terms of suicidal ideation and access to lethal means are adequately screened and treated. To this end, while there are findings and suggestions related to primary prevention in this document, the majority of findings and policy suggestions are focused around individuals currently falling into high risk of death.

The following are findings and policy suggestions related to suicide and firearms deaths:

## **Findings**

### *Firearms and suicide*

- Oregon remains above the national average with regards to suicide. The most recent data available shows approximately 939 suicide deaths per year, with a per capita rate of

22.2 deaths per 100,000 individuals. This is compared to the national rate of 14.2 deaths per 100,000 individuals.

- Oregon Violent Death Reporting System. Suicide Deaths. Oregon Violent Death Reporting System; 2025.  
<https://visual-data.dhsoha.state.or.us/t/OHA/views/Year-to-datepreliminarydeathw/ebtables/Manner?%3AisGuestRedirectFromVizportal=y&%3Aembed=y&%3Atoolbar=no>
- Suicide is the second leading cause of death for individuals 24 and younger in Oregon.
- Overall, suicide is the 8th leading cause of death in Oregon. Males aged 45-65 are the most likely age-group to die by suicide.  
<https://visual-data.dhsoha.state.or.us/t/OHA/views/LeadingCausesDash/LeadingDash1?%3Aembed=y&%3AisGuestRedirectFromVizportal=y>
- From 2018 to 2022, 77.6% of deaths from firearms were suicide (18.5% were homicide, .7% were unintentional, 2.5% were from legal (e.g. police) intervention, and .7% were unknown). The percent of suicide deaths from firearms is higher than the national average for the same timeframe (national rate was 56.8%). When looking at all suicide deaths in Oregon from 2018 to 2022, 53.6% of suicide deaths were from firearms.
  - <https://wisqars.cdc.gov/about/fatal-injury-data/>
- Black/African American and Native American/Alaska Native Oregonians experience the highest rates of fatal and nonfatal firearm injury in the state.
  - [Foci-4-Community-Safety-Best-Practices-Report-Updated.pdf](#)
- Firearm suicide risk disproportionately impacts rural Oregonians and Veterans. While this is driven in part by differential access to firearms, there are also various social determinants of health that contribute to these disparities in firearm suicide risk, including economic opportunity, education, housing and limited access to behavioral health providers.
  - [Foci-4-Community-Safety-Best-Practices-Report-Updated.pdf](#)
- Multiple science-based approaches to suicide treatment exist (e.g. CAMS, DBT, CBT-SP). These approaches have robust evidence for the treatment of individuals experiencing suicidal crisis and ongoing suicidal ideation, have been developed with the voices of individuals with lived experience, and have demonstrated effectiveness with at risk populations, across languages and cultural groups, and with stigmatized and marginalized groups. These treatments include:
  - For adults: CAMS (Collaborative Assessment and Management of Suicidality)
    - <https://cams-care.com/the-cams-framework/>
    - Tyndal, Zhang, & Jobes, 2022; <https://pubmed.ncbi.nlm.nih.gov/34410761/>
  - The only empirically validated treatment for teens is DBT (Dialectical Behavior Therapy)
    - Glenn, Esposito, Porter, & Robinson, 2019; <https://pubmed.ncbi.nlm.nih.gov/31046461/>
    - Kothgassner, 2021; <https://pubmed.ncbi.nlm.nih.gov/33875025/>
  - These treatments (e.g. CAMS and DBT) have demonstrated efficacy with linguistically diverse and ethnically diverse groups

- <https://pubmed.ncbi.nlm.nih.gov/35420839/> ,  
<https://pubmed.ncbi.nlm.nih.gov/33998028/>)
  - Additionally, both CAMS and DBT have documented cost saving across systems in part due to lowering patient use of emergency and inpatient services.
    - For CAMS, individuals receiving CAMS versus care as usual had \$3,320 less health care costs in the year following treatment (<https://pubmed.ncbi.nlm.nih.gov/35113921/> )
    - Analysis of statewide implementation of DBT showed cost savings of between \$5,840 and \$14,682 per client per year, and a statewide benefit of saving \$38 for every \$1 spent on DBT (Meuldijk, McCarthy, Bourke, & Grenyer, 2017; <https://pubmed.ncbi.nlm.nih.gov/28249032/>, <https://www.wsipp.wa.gov/BenefitCost/Program/752>)
- While treatment access is not yet adequate, funding does exist for youth suicide primary prevention programs in Oregon. Adult suicide prevention continues to be underfunded and unfunded.
- Research shows separating individuals in crisis from access to lethal means (e.g., firearms) can save lives. Multiple strategies exist to prevent access to firearms during times of increased risk including voluntary out-of-home storage, extreme risk protection orders, secure firearm storage and voluntary gun removal.
  - [Methods to Prevent Access to Firearms During Times of Increased Risk](#)

#### *Current state-wide suicide treatment status*

- While Oregon has expanded screening for suicide, actual treatment for suicide remains unfunded and unevenly expanded across the state
  - <https://sos.oregon.gov/audits/Documents/2025-14.pdf>
- State wide science based interventions (Zero Suicide) are currently not funded, and when they were funded, were voluntary and did not have mechanisms for ongoing training, support, and implementation.
- There is continued incorrect messaging around inpatient treatment as being efficacious for suicide even though psychiatric hospitalization for suicidal individuals may increase the risk of death by suicide.
  - <https://psycnet.apa.org/doiLanding?doi=10.1111%2Fcpasp.12332>,  
<https://bmjopen.bmj.com/content/9/3/e023883>
  - This finding is true for adults as well as teens, and appears to be more pronounced for teens with chronic suicidality. (Czyz, Berona, & King, 2016; <https://pubmed.ncbi.nlm.nih.gov/26725287/>). Theories for these findings include:
    - Hospitalization may act as an unintended reinforcement of self-harmful behaviors”.
    - “Hospitalization may disrupt the positive aspects of some suicidal adolescents’ lives”.
    - “Hospitalization may also unintentionally exacerbate hopelessness (failed outpatient treatment) or contribute to an identity as an “ill” person”.

- Hospitalization may prevent learning more adaptive skills in the community
  - For some patients, immediate hospitalization after a suicide attempt reduces risk, but not for all patients. “for patients with suicidality other than in the immediate aftermath of a suicide attempt, hospitalization is not a justifiable default approach, as hospitalization is associated with an increased risk of subsequent suicide attempts in 20.0% to 40.0% of patients and decreased risk in another 20.0% to 40.0%” (Ross et al, 2024; <https://pubmed.ncbi.nlm.nih.gov/37851457/>)

### *Existing Oregon gun suicide prevention policies*

Oregon has existing laws around gun violence prevention that are shown to increase community safety and reduce suicide but community education and access to these protections are limited. Those include universal background checks (ORS 166.412), Extreme Risk Protection Orders (ORS 166.527), secure storage law (ORS.166.395), and permit to purchase (Measure 114).

- Research estimates that one suicide was prevented for every 13-17 ERPOs issued. Additionally, prohibiting individuals subject to domestic violence restraining orders from possessing firearms is associated with significant reductions in intimate partner homicide rates.
- Unsecure firearm storage has been associated with increased risks of firearm suicide (generally and among youth in particular), unintentional firearm injury among youth, and firearm theft.
- Interventions in healthcare and community settings that provide counseling on secure storage are associated with increased in secure storage practices, especially when firearm storage devices are distributed.

[Foci-4-Community-Safety-Best-Practices-Report-Updated.pdf](#)

### **Policy Suggestions**

*Policy suggestions have been developed in accordance with subject matter experts' presentation to the Task Force.*

#### *General Suicide Policy Recommendations*

- Creation of Mandatory Suicide Fatality Review board for each county with plan to implementing findings: [Subject matter expert presentation](#)
- Integrated evidence based suicide prevention trainings in standards for all Health Care education (counseling/therapy/psychology/nursing) programs across the state: [Subject matter expert presentation](#) & [Presentation](#) & [Presentation](#)
- Creating dedicated state funding for Adult Suicide Intervention Prevention Plan (ASIPP) as well as Zero Suicide
- Create central state repository where information on statewide suicide programming can be easily found by stakeholders
- Creation of state certification processes for evidence based suicide treatment to create incentives for programs to expand and rollout evidence based practices
- Inclusion of individuals with lived experience and from diverse populations

### *Suicide and Firearms Specific Policy Recommendations*

- Create a program to allow for the voluntary surrender of firearms to gun dealers for safe storage. [Partnering with Firearm Retailers to Promote Secure Storage](#)
- Recommendations related to the Extreme Risk Protection Order Law:
  - Create funding streams or requirements for public education and professional training on Oregon's ERPO law.
  - Require that courthouses have a navigator or support person available (or perhaps regional navigators) to support family/household members trying to petition for ERPOs (and other protection orders) and to provide follow up with petitioners and respondents (e.g., connections to services, checking up on firearm surrender/compliance, etc.).
  - [Methods to Prevent Access to Firearms During Times of Increased Risk](#)
- Pass legislation creating a "Voluntary Do-Not-Sell" list, as has been passed in Washington and Virginia, to allow individuals to confidentially put their own names into the federal firearm background-check system to prevent firearm purchasing.
- Provide funding to support the funding, infrastructure, resources, and personnel to create and implement the firearm purchaser licensing permitting system in a timely manner (e.g., funds for law enforcement agencies to develop and staff the permitting system, funds for the creation and staffing of the required training courses, etc.).
- Create and support educational campaigns on Oregon's secure storage law and to support secure storage device distribution (through tax credits, incentives, direct funds, etc.).

### *Primary Prevention and General Policy Recommendations*

- Reinstate state funding for community violence intervention (CVI) programs.
- Address social, structural, and economic drivers of violence (e.g., funding for education, welfare/public assistance programs, etc.)
- Expand primary suicide prevention programs beyond schools to reach all populations, including adults, older adults, and rural residents, through community-based initiatives addressing upstream risk factors such as housing instability, substance misuse, and trauma exposure.
- Implement universal primary prevention programs that promote protective factors—coping and emotional regulation skills, social support, and sense of belonging—across workplaces, community centers, housing programs, and other community settings.

### **Next Steps**

SB 1503 created the Task Force and keeps it in place until the end of 2026. The Task Force plans to continue to meet and further explore these recommendations. This will include focusing on the risk to first responders, the impacts of domestic violence on community safety and gun suicide risk, and community violence and homicide. This time will also allow members to delve

deeper into the above recommendations, to hear from more experts and programs about questions the originating bill wanted the Task Force to respond to and to collaborate with other entities exploring similar topics. We plan to update our report with additional findings and recommendations.

### **Conclusion**

While work is being done to expand access to behavioral health services and gun violence prevention policies, Oregon continues to have one of the highest rates of suicide in the nation. The evidence-based strategies shared with the Task Force and laid out in this report are working in other states, including states that have more firearms and yet significantly lower rates of suicide. By implementing some of these policies—and by increasing awareness of and access to existing programs—we can reduce suicide by firearms in Oregon.