

House Bill 2381

Sponsored by Representative PRUSAK (Pre-session filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Modifies laws relating to youth suicide intervention and prevention to include children under 10 years of age.

A BILL FOR AN ACT

1
2 Relating to youth suicide; amending ORS 418.726 and 418.731.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1.** ORS 418.726 is amended to read:

5 418.726. (1) There is created a Youth Suicide Intervention and Prevention Advisory Committee
6 to advise the Oregon Health Authority on the development and administration of strategies to ad-
7 dress suicide intervention and prevention for children and youth [*10 through*] **who are** 24 years of
8 age **or younger**. The Director of the Oregon Health Authority shall appoint members of the advi-
9 sory committee and members shall serve at the pleasure of the director. The authority shall provide
10 staffing for the advisory committee.

11 (2) The director shall ensure that advisory committee membership reflects the cultural, linguis-
12 tic, geographic and economic diversity of this state. The members of the advisory committee must
13 include, but need not be limited to:

14 (a) Individuals who have survived suicide attempts;

15 (b) Individuals who have lost friends or family members to suicide;

16 (c) Individuals who have not attained 21 years of age;

17 (d) Representatives of state agencies, including but not limited to the Department of Human
18 Services, the Oregon Health Authority and the Department of Education, who provide services to
19 individuals who have not attained 21 years of age;

20 (e) Representatives of Oregon Indian tribes;

21 (f) Representatives of colleges and universities;

22 (g) Medical and behavioral treatment providers;

23 (h) Representatives of hospitals and health systems;

24 (i) Representatives of coordinated care organizations and private insurers;

25 (j) Suicide prevention specialists; and

26 (k) Representatives of members of the military and their families.

27 (3) Members of the advisory committee other than members employed in full-time public service
28 may be compensated for their services and may be reimbursed by the authority for the member's
29 actual and necessary expenses incurred in the performance of the member's duties. Members of the
30 advisory committee who are employed in full-time public service may be reimbursed by the member's
31 employing agency for the member's actual and necessary expenses incurred in the performance of

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 the member's duties. Reimbursements under this subsection are subject to the provisions of ORS
2 292.210 to 292.288.

3 (4) The advisory committee shall meet no less than once every three months.

4 (5) The advisory committee may recommend potential members for appointment to the advisory
5 committee.

6 (6) The advisory committee shall consult with the Youth Suicide Intervention and Prevention
7 Coordinator on updates to the Youth Suicide Intervention and Prevention Plan under ORS 418.733.

8 **SECTION 2.** ORS 418.731 is amended to read:

9 418.731. (1) As used in this section and ORS 418.733:

10 (a) "Youth" means a person [*10 through*] **who is** 24 years of age **or younger**.

11 (b) "Youth suicide" means a completed or attempted suicide by a person [*10 through*] **who is** 24
12 years of age **or younger**.

13 (2) There is established a Youth Suicide Intervention and Prevention Coordinator within that
14 part of the Oregon Health Authority that works with mental health and addiction issues. The coord-
15 inator shall:

16 (a) Facilitate the development of a statewide strategic Youth Suicide Intervention and Pre-
17 vention Plan to address youth suicide and youth self-inflicted injury, and develop strategies for
18 intervention with suicidal, depressed and at-risk youth;

19 (b) Improve outreach to special populations of youth that are at risk for suicide and self-inflicted
20 injury;

21 (c) Identify barriers to accessing intervention services for suicidal, depressed and at-risk youth;
22 and

23 (d) Provide technical assistance to state and local partners and coordinate interagency efforts
24 to establish youth suicide and youth self-inflicted injury prevention and intervention strategies.

25 (3) The coordinator shall review data and prepare an annual report to interim and regular
26 committees of the Legislative Assembly with subject matter jurisdiction over child welfare, mental
27 health and addiction issues, and to the Oregon Health Authority, regarding:

28 (a) The number of emergency room admissions for completed and attempted youth suicides and
29 incidents of youth self-inflicted injury;

30 (b) The manner and method of completed and attempted youth suicides and incidents of youth
31 self-inflicted injury;

32 (c) The counties in which the completed and attempted suicides and self-injury incidents oc-
33 curred;

34 (d) The number of middle schools and high schools with completed youth suicides among the
35 student body;

36 (e) The number of completed youth suicides where the youth had previously been admitted to
37 a hospital or emergency room for treatment of attempted youth suicide or self-inflicted injury or had
38 been the subject of a request for intervention services related to depression, suicidal ideation or
39 self-injury within the prior 12 months;

40 (f) Demographic information regarding youth who completed or attempted youth suicide or who
41 had self-injury incidents, including but not limited to:

42 (A) Age;

43 (B) Gender;

44 (C) Race;

45 (D) Primary spoken language;

1 (E) Sexual orientation;

2 (F) The existence of any physical, mental, intellectual or emotional disability; and

3 (G) Foster care status; and

4 (g) Recommendations for administrative and legislative changes to address service gaps in youth

5 suicide prevention, intervention and post-suicide activities, developed in consultation with the Youth

6 Suicide Intervention and Prevention Advisory Committee established in ORS 418.726.

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