

## CHAPTER 341

AN ACT

SB 707

Relating to suicide prevention; creating new provisions; amending ORS 418.731 and 418.733; and prescribing an effective date.

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

**SECTION 1.** (1) There is created a Youth Suicide Intervention and Prevention Advisory Committee to advise the Oregon Health Authority on the development and administration of strategies to address suicide intervention and prevention for children and youth 10 through 24 years of age. The Director of the Oregon Health Authority shall appoint members of the advisory committee and members shall serve at the pleasure of the director. The authority shall provide staffing for the advisory committee.

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

- (a) Individuals who have survived suicide attempts;
- (b) Individuals who have lost friends or family members to suicide;
- (c) Individuals who have not attained 21 years of age;
- (d) Representatives of state agencies, including but not limited to the Department of Human Services, the Oregon Health Authority and the Department of Education, who provide services to individuals who have not attained 21 years of age;
- (e) Representatives of Oregon Indian tribes;
- (f) Representatives of colleges and universities;
- (g) Medical and behavioral treatment providers;
- (h) Representatives of hospitals and health systems;
- (i) Representatives of coordinated care organizations and private insurers;
- (j) Suicide prevention specialists; and
- (k) Representatives of members of the military and their families.

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

are subject to the provisions of ORS 292.210 to 292.288.

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

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

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

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

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

(a) "Youth" means a person 10 through 24 years of age.

(b) "Youth suicide" means a completed or attempted suicide by a person 10 through 24 years of age.

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

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

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

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

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

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

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

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

(c) The counties in which the completed and attempted suicides and self-injury incidents occurred;

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

(e) The number of completed youth suicides where the youth had previously been admitted to a hospital or emergency room for treatment of attempted youth suicide or self-inflicted injury or had been the subject of a request for intervention ser-

vices related to depression, suicidal ideation or self-injury within the prior 12 months; *[and]*

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

- (A) Age;
- (B) Gender;
- (C) Race;
- (D) Primary spoken language;
- (E) Sexual orientation;
- (F) The existence of any physical, mental, intellectual or emotional disability; and
- (G) Foster care status[.]; and

**(g) Recommendations for administrative and legislative changes to address service gaps in youth suicide prevention, intervention and post-suicide activities, developed in consultation with the Youth Suicide Intervention and Prevention Advisory Committee established in section 1 of this 2019 Act.**

**SECTION 3.** ORS 418.733 is amended to read:

418.733. The Youth Suicide Intervention and Prevention Coordinator, **in consultation with the Youth Suicide Intervention and Prevention Advisory Committee established in section 1 of this 2019 Act**, shall update the Youth Suicide Intervention and Prevention Plan under ORS 418.731 a minimum of once every five years. Updates must include, but are not limited to:

(1) An assessment of current access to mental health intervention, treatment and support for depressed or suicidal youth, including affordability, timeliness, cultural appropriateness and availability of qualified providers;

(2) Recommendations to improve access to appropriate mental health intervention, treatment and support for depressed or suicidal youth, including affordability, timeliness, cultural appropriateness and availability of qualified providers;

(3) Recommendations for best practices to identify and intervene with youth who are depressed, suicidal or at risk for infliction of self-injury;

(4) Recommendations for collaboration among schools, school-based health clinics and coordinated care organizations for school-based screening for depression and risk of suicide or infliction of self-injury among middle school and high school students;

(5) Recommendations related to the use of social media and the Internet to provide opportunities for intervention and prevention of youth suicide and self-inflicted injury;

(6) Recommendations regarding services and strategies to respond to schools and communities following a completed youth suicide;

(7) Identification of intervention and prevention strategies used by other states with the five lowest rates of youth suicide and self-inflicted injuries; and

(8) A comparison of Oregon's youth suicide and self-inflicted injury rates with those of other states.

**SECTION 4. This 2019 Act takes effect on the 91st day after the date on which the 2019 regular session of the Eightieth Legislative Assembly adjourns sine die.**

Approved by the Governor June 11, 2019  
 Filed in the office of Secretary of State June 13, 2019  
 Effective date September 29, 2019