Testimony HB 2381 – House Behavioral Health Committee

February 14, 2021

Dear Chair Sanchez, Vice Chairs Moore-Green and Nosse, and Committee Members:

I am submitting testimony in support of **HB2381** on behalf of the Oregon Alliance to Prevent Suicide. The Oregon Alliance to Prevent Suicide advises the Oregon Health Authority on implementation and development of the statewide Youth Suicide Intervention and Prevention Plan. Its 48 members are appointed by the director of OHA and include leaders from the public and private sectors, legislators, subject matter experts, suicide attempt and loss survivors, and young people from across the state of Oregon.

Oregon Alliance to Prevent Suicide

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

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.

HB2381 changes the statute relating to youth suicide to include all young people below the age of 24, rather than limiting it to ages 10 to 24. This will ensure that suicide prevention planning and intervention in Oregon will address the needs of children under 10 who will benefit from upstream prevention efforts to build resilience and social emotional skills that can prevent suicide. It is also important that our suicide prevention planning includes support for young children after a suicide occurs in their family or circle. This is a key prevention strategy as research shows that losing someone to suicide increases the long-term risk of the loss survivor dying by suicide.[1]

Sadly, this change is also needed because a small number of children under age 10 have died by suicide in recent years. HB2381 ensure that suicides of children under age 10 are reported to OHA and included in statewide data. This will help us to understand the scope of this issue. We urge you to support HB2381.

Sincerely,

Annette A. Marcus

Annette Marcus, MSW
Policy Manager, Oregon Alliance to Prevent Suicide
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[1] Guldin, M.-B., Li, J., Pedersen, H. S., Obel, C., Agerbo, E., Gissler, M., . . . Vestergaard, M. (2015). Incidence of suicide among persons who had a parent who died during their childhood: A population-based cohort study. *JAMA Psychiatry*, *72*(12), 1227–1234.

Testimony HB 3037-1 – House Behavioral Health Committee

February 20, 2021

Dear Chair Sanchez, Vice Chairs Moore-Green and Nosse, and Committee Members:

Oregon Alliance to Prevent Suicide

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

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.

I am submitting testimony in support of **HB 3037-1** on behalf of the Oregon Alliance to Prevent Suicide. HB 3037-1 builds on Oregon's pioneering legislation (SB 561, SB495, SB918) which outline protocols for cross-system communication and reporting after the suicide of a youth 24-years and younger. HB3037-1 clarifies the reporting mechanisms between medical examiners and local community mental health programs, and how to report and respond to a suicide death that occurs outside the county where the young person lives.

With passage of this bill, our data will be more accurate. More importantly, postvention planning and timely, accurate information support a coordinated and sensitive community response to the tragedy of a youth suicide. These planful postvention strategies are known to decrease the chance of contagion and promote healing.

The Oregon Alliance to Prevent Suicide advises the Oregon Health Authority on implementation and development of the statewide Youth Suicide Intervention and Prevention Plan. Its 48 members are appointed by the director of OHA and include leaders from the public and private sectors, legislators, subject matter experts, suicide attempt and loss survivors, and young people from across the state of Oregon.

We urge you to vote in favor of HB 3037-1.

On behalf of the Oregon Alliance to Prevent Suicide,

Annette A. Marcus

Annette Marcus, MSW
Policy Manager, Oregon Alliance to Prevent Suicide
amarcus@aocmhp.org

House Bill 3139

Sponsored by Representative NOBLE (at the request of Jason and Roxanne Wilson)

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.**

Requires parental disclosure when minor receives suicide risk assessment, intervention, treatment or support services.

A BILL FOR AN ACT

Relating to youth suicide; amending ORS 109.680.

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

SECTION 1. ORS 109.680 is amended to read:

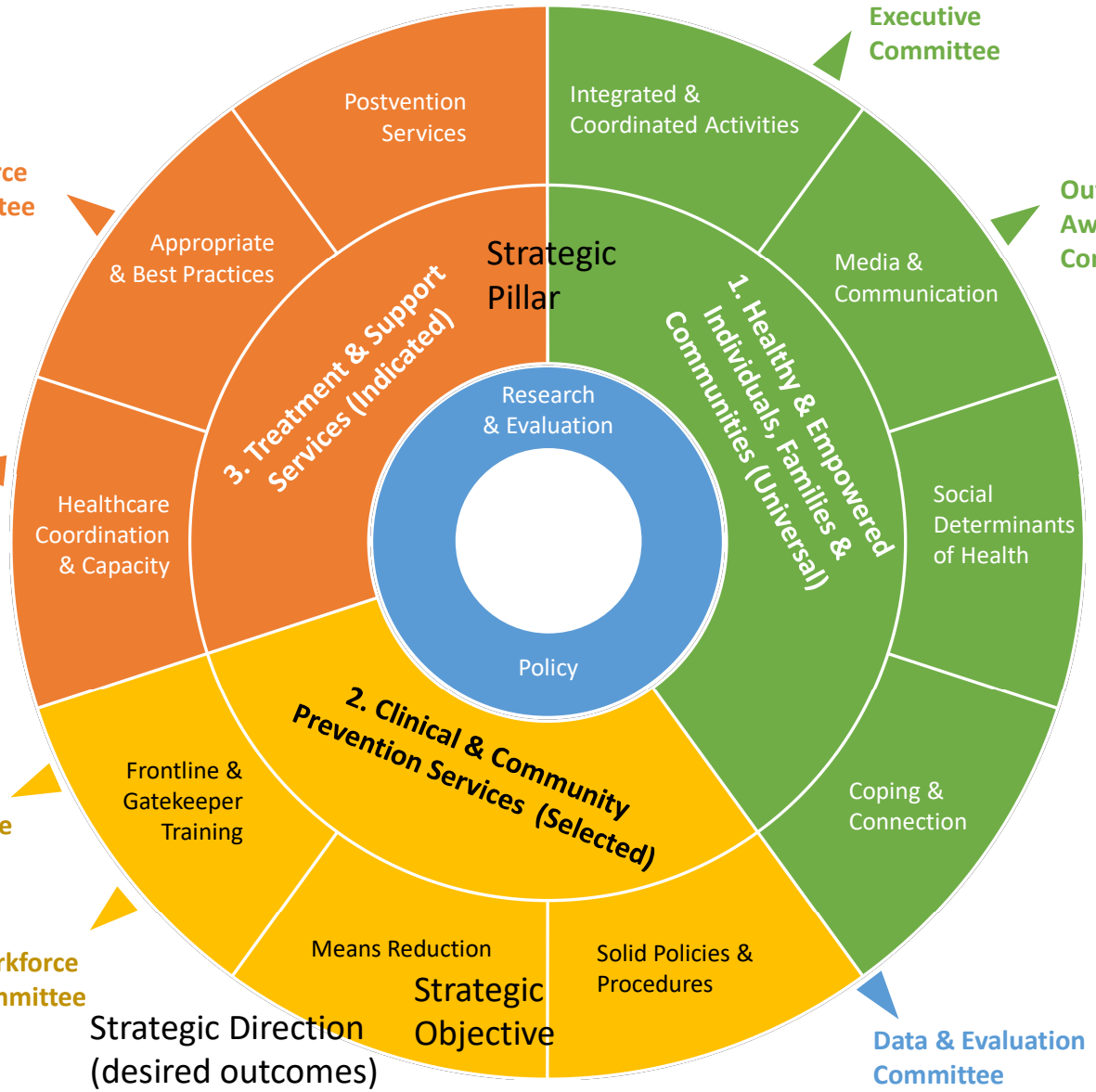
109.680. **(1)** A physician, physician assistant, psychologist, nurse practitioner, clinical social worker licensed under ORS 675.530, professional counselor or marriage and family therapist licensed by the Oregon Board of Licensed Professional Counselors and Therapists, naturopathic physician licensed under ORS chapter 685 or community mental health program described in ORS 109.675**:**

(a) May advise the parent or parents or legal guardian of a minor described in ORS 109.675 of the diagnosis or treatment whenever the disclosure is clinically appropriate and will serve the best interests of the minor's treatment because the minor's condition has deteriorated or the risk of a suicide attempt has become such that inpatient treatment is necessary, or the minor's condition requires detoxification in a residential or acute care facility[.]**; and**

(b) Shall advise the parent or parents or legal guardian of a minor described in ORS 109.675 if the minor receives suicide risk assessment, intervention, treatment or support services.

(2) If [*such*] **parental** disclosure **under this section** is made, the physician, physician assistant, psychologist, nurse practitioner, clinical social worker licensed under ORS 675.530, professional counselor or marriage and family therapist licensed by the Oregon Board of Licensed Professional Counselors and Therapists, naturopathic physician licensed under ORS chapter 685 or community mental health program shall not be subject to any civil liability for advising the parent, parents or legal guardian without the consent of the minor.

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.



Initiatives will have:

- Smart targets
  - Meet the moment
- Change over time

Terminology around YSIPP 2.0

As the mighty team of dedicated suicide prevention champions from the UO Suicide Prevention Lab, OHA, and the Alliance to Prevent Suicide work on the development of the YSIPP 2.0, the need for a list of defined terms has become clear.

If there is a word or phrase that you have heard that you'd like to see added to this list, please email jill.baker@dhsoha.state.or.us

Please note: These are not necessarily defined terms in Oregon Administrative Rules or Oregon Revised Statutes. The purpose of this list of definitions is to have common understanding among stakeholders.

Date last revised: March 1, 2021

Cross Sector Themes or Strategic Directions

Themes or subsequent Strategic Directions that are shared between sectors. This is most likely to happen when a youth is multi-system involved or in spaces where sectors already naturally overlap. For example, for the Strategic Direction of:

> "*All Oregonian's experiencing behavioral health problems will have access to safe storage of lethal means."*

It is likely that education, healthcare, behavioral healthcare, youth-serving organizations, and juvenile justice would all share that Strategic Direction. The specific Strategic Initiative to achieve that Strategic Direction might be different depending on which sector was working on it.

Ease/Impact

This is in reference to a process by which a selected group of people and stakeholders will categorize and prioritize possible Strategic Initiatives by **ease** (How much work and resources will this take? Do we already have the talent/resources that we need for this, or will we have to obtain them?) and **impact** (What level of effectiveness will this have for Oregon? What amount of difference would this make to the big picture of suicide prevention?). While this is something we intend to do, the exact process is not yet clearly defined. We anticipate that this assessment will be an annual process and will result in a change in which Strategic Initiatives are the primary focus for the Alliance to Prevent Suicide and for OHA staff.

Framework or the OHA Suicide Prevention Framework

This is the visual model that the YSIPP 2.0 is structured within. The work that the OHA suicide prevention team, the Alliance to Prevent Suicide, and the staff of the Alliance should be able to be tied to the framework. This framework is endorsed by and used by both Youth and Adult Suicide Prevention Coordinators at OHA.

Levels of Interventions/Strategies:

Universal or Primary Level – these interventions have broad, community-wide reach. All Oregonians will receive/benefit from these interventions. Similar to Tier 1 in a Multi-Tiered Systems of Support (MTSS) model in education.

Selected or Secondary Level – these interventions are given to specific, targeted sectors or populations in order to maximize the benefit of them. Similar to Tier 2 in a MTSS model in education, these interventions happen in addition to the universal interventions.

Indicated or Tertiary Level – these interventions are given to a very narrow scope of sectors or populations, when risk or need for more intervention is indicated. These represent things like treatment for suicide thoughts, care coordination between levels of care, etc. Similar to Tier 3 in an MTSS model in education, these interventions are given in addition to all other levels of intervention.

RASCI Model

One identified area for improvement in YSIPP 2.0 is knowing what the roles and responsibilities are in implementing the Strategic Initiatives. The core YSIPP 2.0 team has agreed to assign the forthcoming Strategic Initiatives using this model, to the extent possible. Learn more here. While we cannot complete this step until or near the end of the YSIPP 2.0 process, we understand the importance of keeping it in mind as the Framework is filled in by sector.

Sector or Sector-based Approach:

A sector is an area where youth suicide prevention can happen, and a sector-based approach means that the Framework will include distinct Strategic Initiatives for certain sectors. Some sectors have multiple subsectors. While there are many more sectors that could be included in this work, the highlighted sectors are:

Education

- K-12
- Colleges/Universities/Community Colleges

Physical Healthcare

- Emergency Departments and Urgent Care Centers
- Hospitals
- Primary Care Providers/Clinics

Behavioral Healthcare

- Outpatient Services
- In-patient Services

Youth-Serving Entities

Community Based Organizations

Social Service Organizations

Juvenile Justice

Oregon Youth Authority

Juvenile Departments

Law Enforcement

Strategic Pillars

The first level of the suicide prevention framework. These match the National Strategy for Suicide Prevention and represent the four pillars of the YSIPP 1.0 and 2.0. These do not change over time. The strategic pillars in the YSIPP 2.0 are:

1. Healthy and Empowered Individuals, Families & Communities (Universal Level)
2. Clinical and Community Prevention Services (Selected Level)
3. Treatment and Support Services (Indicated Level)
4. Research, Evaluation and Policy (Universal, Selected, and Indicated levels)

Strategic Objectives

Each pillar has 3-4 strategic objectives embedded within it. These objectives are not likely to change over time, and are based on the National Strategy for Suicide Prevention, the CDC Technical Package for suicide prevention, and Oregon's suicide prevention landscape. Without the next level down (strategic directions), they are not easily measured – they are the "what" needs to happen, and the strategic directions are the "how" we will do this work.

Strategic Directions (derived from themes)

This is the measurable way we will know that we've achieved success for the Strategic Objectives. Each Objective will have 2-5 Strategic Directions. For example, under the Objective of "Means Reduction", one Direction might be "All Oregonian's experiencing behavioral health problems will have access to safe storage of lethal means." Strategic Directions may change over time, or new Strategic Directions may be added over time, based on success of implementation.

Strategic Initiatives

These are the "project plan" for how Oregon will achieve success within each Strategic Direction. What steps will we take? These are SMART (specific, measurable, achievable, realistic, and timely). These should reflect what's needed next – "meet the moment". And as such, these will change over time – likely they will be edited yearly based on implementation success, new needs/resources, etc. For example, a strategic initiative might be "Every Local Mental Health Authority will receive information on the availability of low or no cost medicine lock boxes and gun safes through AOCMHP by December 15, 2021."

Themes

These are the common areas of feedback that emerge through the stakeholder feedback done by the UO Suicide Prevention Lab. Stakeholder feedback has been in the form of surveys, focus groups, committee meeting feedback, and key interviews. Themes represent commonalities that were repeated across feedback types and groups. Themes will likely become recommendations to OHA for Strategic Directions in the framework.

Upstream or Upstream Prevention

This is a broad term meant to represent interventions or strategies that are put into place at the universal or primary level. The goal of "upstream prevention" is to equip people with coping skills, wellness supports, and opportunities to thrive ***prior*** to any warning signs of suicide risk.

YSIPP 1.0

The Youth Suicide Intervention and Prevention Plan written in 2015 for the timeframe of 2016-2020. A copy of this plan is here. And annual reports on the progress of this plan are here.

YSIPP 2.0

The Youth Suicide Intervention and Prevention Plan for the timeframe of 2021-2025. This is currently in development. The original release date was scheduled for Jan 2021, but due to COVID19 was revised to July 1, 2021.