

**PROPOSED AMENDMENTS TO
SENATE BILL 561**

1 In line 2 of the printed bill, after the semicolon insert “creating new
2 provisions; amending section 2, chapter 99, Oregon Laws 2014;”.

3 Delete lines 4 through 19 and insert:

4 **“SECTION 1. (1) As used in this section, ‘local mental health au-**
5 **thority’ has the meaning given that term in ORS 430.630.**

6 **“(2)(a) The following entities shall immediately report a death that**
7 **is determined or suspected to be a suicide to the local mental health**
8 **authority in the area where the entity is located:**

9 **“(A) A public school district;**

10 **“(B) A public university listed in ORS 352.002, if the death involves**
11 **an individual who is 24 years of age or younger;**

12 **“(C) A private post-secondary institution of education, if the death**
13 **involves an individual who is 24 years of age or younger;**

14 **“(D) A residential treatment facility as defined in ORS 443.400;**

15 **“(E) A long term care facility as defined in ORS 442.015; and**

16 **“(F) Any facility that provides services or resources to runaway or**
17 **homeless youth.**

18 **“(b) The report required under this subsection must be made:**

19 **“(A) By the close of business on the same day that the entity ob-**
20 **tains knowledge of the suicide or suspected suicide; or**

21 **“(B) By noon of the next business day if the entity obtains knowl-**
22 **edge of the suicide or suspected suicide outside of normal business**

1 **hours.**

2 **“(3) Upon receiving the report required under subsection (2) of this**
3 **section, the local mental health authority shall immediately report the**
4 **suicide or suspected suicide to the Oregon Health Authority.**

5 **“(4) Upon receiving a report from a local mental health authority**
6 **under subsection (3) of this section, the Oregon Health Authority and**
7 **the local mental health authority that made the report shall collab-**
8 **orate to provide inpatient or outpatient community resources, crisis**
9 **intervention or other appropriate services to youth and individuals in**
10 **the community where the suicide or suspected suicide occurred.**

11 **“(5)(a) The Oregon Health Authority shall prescribe a form to be**
12 **used by the entities described in subsection (2) of this section to make**
13 **the report required by that subsection.**

14 **“(b) The report form shall provide demographic information that**
15 **does not include personal identifying information about the suicide or**
16 **suspected suicide as follows but in no case shall include the name of**
17 **the individual who committed the suicide or suspected suicide:**

18 **“(A) Age;**

19 **“(B) Gender;**

20 **“(C) Race;**

21 **“(D) Primary spoken language;**

22 **“(E) Sexual orientation;**

23 **“(F) The existence of any physical, mental, intellectual or emo-**
24 **tional disability;**

25 **“(G) If applicable, foster care status;**

26 **“(H) The method used to commit the suicide or suspected suicide;**
27 **and**

28 **“(I) Known prior attempts to commit suicide in the preceding 12**
29 **months.**

30 **“(6) The Oregon Health Authority shall annually compile the data**

1 **and information obtained from the reports submitted under this sec-**
2 **tion. To the extent that the reports involve suicides or suspected sui-**
3 **cides by individuals 24 years of age or younger, the authority shall**
4 **provide the compiled data and information to the Youth Suicide**
5 **Intervention and Prevention Coordinator for inclusion in the Youth**
6 **Suicide Intervention and Prevention Plan required under ORS 418.704**
7 **and section 2, chapter 99, Oregon Laws 2014.**

8 **“SECTION 2.** Section 2, chapter 99, Oregon Laws 2014, is amended to
9 read:

10 **“Sec. 2.** The Youth Suicide Intervention and Prevention Coordinator
11 shall update the Youth Suicide Intervention and Prevention Plan under ORS
12 418.704 a minimum of once every five years. Updates must include, but are
13 not limited to:

14 “(1) An assessment of current access to mental health intervention,
15 treatment and support for depressed or suicidal youth, including
16 affordability, timeliness, cultural appropriateness and availability of quali-
17 fied providers;

18 “(2) Recommendations to improve access to appropriate mental health
19 intervention, treatment and support for depressed or suicidal youth, includ-
20 ing affordability, timeliness, cultural appropriateness and availability of
21 qualified providers;

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

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

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

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

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

5 [*and*]

6 “(8) A comparison of Oregon’s youth suicide and self-inflicted injury rates
7 with those of other states[.]; **and**

8 “(9) **The compilations of data and information from reports to local**
9 **mental health authorities of suicides and suspected suicides of indi-**
10 **viduals 24 years of age or younger that are submitted by the Oregon**
11 **Health Authority pursuant to section 1 of this 2015 Act.**

12 “**SECTION 3. This 2015 Act being necessary for the immediate**
13 **preservation of the public peace, health and safety, an emergency is**
14 **declared to exist, and this 2015 Act takes effect on its passage.”.**

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