

Health Department

Date February 22, 2021

TO: The Honorable Tawna Sanchez, Chair
House Committee on Behavioral Health

SUBJECT: HB 3037 Directs medical examiner to report suspected suicides involving decedents 24 years of age or younger to the local mental health authority. Directs Oregon Health Authority to develop statewide suicide post-intervention protocol. Authorizes cross-reporting between local mental health authorities

Chair Sanchez and members of the committee -- for the record, Nimisha Gokaldas, Medical Director of Behavioral Health Division at Multnomah County here on behalf of Multnomah County's Health Department -- which strongly supports House Bill 3037 as a reasonable and necessary step to ensure the prompt reporting of youth suicides to the county where a suicide actually occurred rather than the location of medical treatment.

The State took a big step toward a more straightforward approach to improve information sharing regarding youth suicide in 2015 with the passage of SB 561. In the five years since rollout, we have recognized improvements are needed to clarify how local mental health authorities (LMHAs) can work across county lines to pass on information about the suicides of their residents when the death happens outside of their jurisdiction.

Multnomah County is fortunate to have top notch trauma centers that can provide higher levels of medical intervention. That often means that someone who attempts suicide in their own county is flown to our trauma centers for treatment where, unfortunately, many subsequently die. Under the current system, the Multnomah County Medical Examiner's (ME) office reports the cause of death to Multnomah County Behavioral Health as the LMHA, as if the patient was a Multnomah County resident. The way the law is written now, we would be responsible for postvention work back in the county in which the person lived - and attempted suicide.

We believe the most effective entity to do this postvention work, including notification of the family and provision of other survivor services, is in the county where the resident lived. That resident's LMHA has ties to the community, a better sense of their

community culture and support services, and can better meet the needs of its community members. This is the major change that HB 3037 seeks to make.

In addition, the current reporting method creates inaccurate data since often the county where the death occurred is not actually the one where the death was caused. The changes called for in HB 3037 will promote a more accurate picture of suicide attempts and completions, which will help counties guide their prevention and intervention planning, and hopefully prevent more deaths.

HB 3037 provides concrete steps to improve these reporting mechanisms and will enhance regional coordination of suicide response and intervention. HB 3037 improves upon the good work already begun, opening up lines of communication between agencies which should lead to better services and cleaner data so we can understand the true nature of youth suicide and its broader impacts in our State.

I would also like to draw your attention to the -1s, which allow LMHAs and MEds to disclose specific information, such as school attended, to regional partners when reporting a youth suicide. This amendment was the result of recent stakeholder engagement on this bill and we urge your support for the -1s as well.

Thank you, Chair Sanchez and Committee members, for this opportunity to testify. We at Multnomah County Behavioral Health are happy to be a further resource if you have questions.

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