



To: Members of the House Committee on Behavioral Health

From: State Representative Maxine Dexter, M.D., House District 33

Date: February 22, 2021

Subject: HB 3037

Chair Sanchez, Vice-Chairs Moore-Green and Nosse, and Members of the Committee,

For the record, my name is Maxine Dexter, M.D., State Representative for House District 33. I am grateful for this opportunity today to request your full support for House Bill 3037.

In 2018 (the most recent data that we have), suicide was the number one cause of death for youth in Oregon according to the Oregon Health Authority (OHA).¹ That same year Oregon had the 11th highest youth suicide rate in the country.² Despite significant work that has been done by this body as well as countless organizations and governmental agencies throughout the years to address the challenge of youth suicide, we are falling farther behind. Our children need our help, and HB 3037 seeks to assist in this endeavor.

The bill makes four main changes to the current process regarding youth death by suicide reporting:

1. Requires the OHA to create a statewide post-youth-suicide intervention plan to apply best practices to this issue across the state.
2. Creates deadlines for counties to report youth suicides to Local Mental Health Authorities (LMHAs) in a way that is tailored to meet the capacity of counties.
 - a. 48 hour deadline for counties with populations of 400k or more (Washington, Multnomah, and Clackamas Counties)

¹ Oregon Health Authority, Public Health Division; Health Systems Division. (2019). *Youth Suicide Intervention and Prevention Plan Annual Report*. Retrieved February, 2021, from https://sharesystems.dhsoha.state.or.us/DHSForms/Served/le8874_19.pdf

² Oregon Health Authority, External Relations Division. (2020, March 4). *New CDC data shows suicide was leading cause of death among Oregon youth in 2018* [Press release]. Retrieved February, 2021, from <https://www.oregon.gov/oha/ERD/Pages/NewCDCDataShowsSuicideLeadingCauseDeathAmongOregonYouth2018.aspx>

- b. 72 hour deadline for counties with populations less than 400k (the rest of Oregon counties)
3. Enables cross-county communication for deaths that occur outside the county where the youth resided, including extracurriculars if known to provide better support for those impacted by the loss.
4. Requires LMHAs and schools to report to OHA what supports and services were provided to the community following a youth suicide.

HB 3037 is also likely to prevent future youth suicides in a community. We know that suicide, particularly among youth, has a significant contagion factor.³ This means that without intervention, a community is more likely to experience subsequent youth suicides following one death in the community.⁴

By creating a plan and requiring the institutions who have seen the unthinkable occur in their population to report what steps were taken to care for the community, we create a level of awareness of the problem and an accountability for taking proactive action to avoid further harm that will help save lives.

One last thing I would like to flag for the committee is that there is a -1 amendment that has been filed. This is purely a technical tweak that was requested by a county to ensure that they had authority to report information regarding the school attended and extracurriculars to LMHAs if known.

Sincerely,



Representative Maxine Dexter, M.D.
House District 33 (NW Portland and NE Washington County)

³ Cutler, D. M., Glaeser, E. L., & Norberg, K. E. (2001). Risky behavior among youths: An economic analysis. In 1207513396 900333823 J. Gruber (Author), *Risky behavior among youths: An economic analysis* (pp. 219-270). Chicago, IL: University of Chicago Press.

⁴Gould, M. S., & Lake, A. M. (2013). Papers and Commentary from Speakers. In *The Contagion of Suicidal Behavior* (pp. 68-72). Washington, DC: National Research Council. Retrieved February, 2021, from <https://www.ncbi.nlm.nih.gov/books/NBK207262/>