Honorable members of the House Committee On Behavioral Health. My name is Christine Kirk and I work for the Oregon Youth Authority.

These comments are not intended to speak to the intent of the bill or the need for parental notification in a community setting. The questions are limited to a setting in which a youth has been committed to the care of the state, in particular a youth correctional facility or a residential program that is entrusted with the care and treatment of youth in out of home placements within the juvenile justice system.

The new language in HB 3139 indicates that medical/mental health staff as defined in law "(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." Within a youth correction facility, suicide risk assessments are done at intake and every 30 days. If the youth is on an enhanced level, a new risk assessment can be done as often as every day. We generally communicate that risk assessments occur regularly with engaged families, but not when a risk assessment is done. We do, of course, have policies on when to engage families based on risk level and interventions. As example, one can review our Suicide Prevention in OYA Close-custody Facilities policy. (https://www.oregon.gov/oya/policies/II-D-2.2.pdf) In addition, there are regular meeting with the supervision and treatment teams and families to discuss overall needs, issues and progress.

It is vitally important to us that youth committed to our care, disclose what they need so that we can build a trusting and caring support system to respond. While this bill was likely not intended to impact facilities that care for youth, it would have an impact and require notifications that are a result of normal business operations. Overall, our desire to have family connection and engagement with our youth, is a key goal that we strive to achieve. As most of our youth are over 14, part of our job is to meet the youth where they are at and help build that bridge to family and maintain it while the youth are out of the home. When youth refuse to allow us to share information with the parents, our job is to help build that bridge in a trauma and treatment informed way. Of course, clinical discretion remains in determining when to breach confidentiality.

Supporting youth and addressing suicide risks and interventions are paramount to the wellbeing of youth. Again, our questions and comments are limited to the impact to youth already committed to care and where suicide risk assessments are a regular and consistent component of the work to meet the standards of that care. As it is unclear if the notifications can occur prior to the end of treatment, or immediately or if an assessment occurs and there is no treatment needed if notification is required, we ask that an amendment be created to limit notifications to interventions in facilities such as ours, as risk assessment and services or treatment are normal course of practice.

We would be happy to join the work effort around this bill and continue this important discussion.