
Children, Youth & Families Committee

HB 1354

Brief Description: Concerning suicide review teams.

Sponsors: Representatives Mosbrucker, Orwall, Davis, Ramos, Callan, Berry, Valdez, Jacobsen, Bergquist, Dent and Pollet.

<p style="text-align: center;">Brief Summary of Bill</p> <ul style="list-style-type: none">• Establishes the Washington Youth Suicide Review Team to review the circumstances related to suicides occurring among youth up to age 24.
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Hearing Date: 2/1/21

Staff: Erik Olson (786-7296).

Background:

Suicide Prevention Plans.

The Washington State Suicide Prevention Plan, which was adopted in 2016, identifies goals in the following areas:

- healthy and empowered individuals, families, and communities;
- clinical and community preventive services;
- treatment and support services; and
- suicide surveillance, research, and evaluation.

In addition, Washington State's Plan for Youth Suicide Prevention, last updated in 2014, states the following goals for youth suicide prevention:

- suicide is recognized as everyone's business;
- youth ask for and get help when needed;
- people know what to look for and how to help;

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- care is available for those who seek it; and
- suicide is recognized as a preventable public health problem.

Child Mortality Reviews.

Local health departments are authorized to conduct child mortality reviews. A child mortality review is a process for examining factors that contribute to the deaths of children less than age

18. The process may include:

- a systematic review of medical, clinical, and hospital records;
- home interviews of parents and caretakers of children who have died;
- analysis of individual case information; and
- review by a team of professionals in order to identify modifiable medical, socioeconomic, public health, behavioral, administrative, educational, and environmental factors associated with the death.

Summary of Bill:

The Department of Health (DOH) must establish the Washington Youth Suicide Review Team (WYSRT) to review the circumstances related to suicides occurring among youth up to age 24.

The WYSRT consists of the following members:

- a psychiatrist who works primarily with youth;
- a psychologist who works primarily with youth;
- an advanced clinical social worker, or an independent clinical social worker, who works primarily with youth;
- a member of the clergy;
- an advanced registered nurse practitioner, a physician assistant, or an osteopathic physician assistant, who works primarily with youth;
- a representative of a tribal health department;
- a representative of an organization that advocates for persons with mental illness and their family members;
- a county coroner or medical examiner;
- a member of the educational community with experience related to existing and potential suicide prevention efforts for students in primary and secondary schools;
- a member of the law enforcement community with experience related to existing and potential suicide prevention efforts for youth who are involved in the law enforcement system;
- a member of the child protection system with experience related to existing and potential suicide prevention efforts for youth involved with the child protection system; and
- a family member of a youth who died from suicide.

The WYSRT must:

- perform an in-depth review of each instance where a person under age 24 has died by suicide during the 2020 calendar year, excluding any suicide that occurs within Indian reservations if the tribal government opposes the review;
- analyze circumstances affecting the lives of the persons who have been reviewed to

ascertain the existence of any common factors that may have contributed to their suicides, including a systematic review of medical records, mental health information, voluntary home interviews of parents and caretakers, individual case information, and the impact of the COVID-19 pandemic and the state's response to the pandemic; and

- compile statistics to establish a description of the lives of youths who have died by suicide and recommendations for targeting intervention programs to reach youth earlier in life.

The DOH must convene the meetings of the WYSRT and provide assistance as necessary. Health care providers are required to disclose, without a patient's authorization, health care information requested by the DOH to support the activities of the WYSRT.

All health care information collected by the WYSRT is confidential. Records collected by the WYSRT may be used only for supporting the WYSRT's activities. No identifying information relating to the deceased person, the person's guardians, or anyone voluntarily interviewed by the WYSRT may be disclosed, and any such information must be redacted from any records produced as part of the WYSRT's activities.

Witness statements, documents collected from witnesses, or summaries of those statements or records prepared by the WYSRT are not subject to public disclosure, discovery, subpoena, or introduction into evidence in any administrative, civil, or criminal proceeding related to the death of a person reviewed. This does not restrict or limit the discovery or subpoena from a health provider of records or documents maintained by the provider in the ordinary course of business, regardless of whether the records or documents have been supplied to a local health jurisdiction. The discovery or subpoena of documents from witnesses is not restricted simply because a copy of a document was collected as part of the WYSRT.

The WYSRT must report its findings and recommendations to the Governor and the Legislature by June 1, 2023. The report must include information regarding the feasibility of establishing locally based youth suicide review teams. Any compilation of data must be summarized in a manner to prevent the identification of information of any specific person who was the subject of review.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.