

House Bill 2643 Testimony

Chair Representative Courtney Neron
Vice-Chair Representative Zach Hudson
Vice-Chair Representative Boomer Wright

Dear Chair Neron and vice chairs Hudson and Wright,

My name is Justin Potts, and I am a school psychologist in my 24th year, a past president of the Oregon School Psychologists Association and the current co-chair of the Oregon Alliance for the Prevention of Suicide (OAPS) Schools Committee.

I carry great empathy and understanding around the concerns prompting the proposals in HB2643. However, as a long-time interventionist and advocate for comprehensive systems of support for mental health and suicide prevention efforts in schools, I have significant concerns about the impact of this legislation on existing efforts to prevent youth suicide.

First, the language of this bill would likely interfere with the ongoing efforts at implementation of Adi's Act, and the referenced individualized student plans are already inherent in the requirement under SB52 related to prevention, intervention and postvention plans.

Second, ODE has yet to even respond to the statewide scan of school plans as required under SB52 which would allow us to share the gaps and barriers to implementation, particularly in rural areas. ODE has also engaged in only minimal rule-making around the requirements covered in Adi's Act, which is a needed next step that could address the concerns presented in this bill.

Third, the various requirements of this bill (meeting requirements, mandated standardized forms, training access) conflict with existing work and create demands that are effectively untenable or unenforceable in schools without significant additional funding and workforce development efforts statewide. The language of the bill for OHSU study of "disruptive classrooms" seems only distally related to the current efforts, though certainly an important concern in its own right.

The current barriers to providing coordinated systems of care and mental health resourcing for youth are not going to be resolved by creating additional unfunded mandates of schools and can be addressed under current authorities of OHA and ODE without this particular legislative action. We have made significant progress in the training of school-based providers across the state since the adoption of Adi's Act, and additional work continues unabated. The gaps in medical and mental health supports in rural areas of Oregon are well known. It would be helpful for the legislature to focus on identifying ways to enhance programming outside of the greater Willamette Valley. It would also be helpful to ensure that ODE, OHA and the medical community are prioritizing this work going forward.

Thank you in advance for your consideration,

Justin Potts, Nationally Certified School Psychologist