

February 8<sup>th</sup>, 2023

To: Chair Neron, Vice-Chair and House Committee on Education

From: Claire Kille, Program Manager  
Oregon Alliance to Prevent Suicide, Co-Chair of the Schools Committee  
Lines for Life, School Suicide Prevention and Wellness

I am grateful to see the legislature addressing suicide prevention and intervention in Oregon schools. As someone managing a statewide program that supports schools and districts in suicide prevention, and as Co-Chair of OAPS Schools Committee, I have perspectives to share about HB 2643, and am simply raising concerns and questions that I request to be thoughtfully considered.

The idea of an individualized student suicide prevention (referred to as a suicide protection plan) is a good one. However, the application of this requirement and logistics surrounding how it would function in a school building are not realistic in the current state of our education system. I also have concerns about the impact this has on a student's education and mental health, especially if this bill is suggesting that there are requirements for a school personnel to meet annually, which we often have seen how a fragmented initiative or law impacts some of our most vulnerable persons (in this case our youth) if it's not considering all the many perspectives. I'm truly passionate about supporting Oregon Department of Education, Oregon Health Authority, and each individual county, district, and school in Oregon in addressing youth suicide prevention, intervention, and postvention. Many of the experiences that I have observed through providing technical assistance directly relating to Adi's Act (SB 52), are barriers and challenges that I foresee would apply to HB 2643.

The current formal methods utilized to monitor and guide Adi's Act, are through district school board self-reporting (Division 22), and guidance is provided through strategic partnerships such as the ODE's Safe and Inclusive School's Program, including School Suicide Prevention and Wellness Program and Student Safety and Prevention Specialists. These are people doing the work in Education Service Districts, districts, and K-12 school buildings, and even within the larger school community to address the challenges we see. HB 2643 does not identify where the guidance, technical assistance, funding to provide either of those resources, would come from.

Before we can expect re-occurring annual meetings to be provided by a school personnel, there needs to be a stable system in school districts to address training to recognize warning signs, know when to intervene, and a clear internal process for reporting, documenting, storing, and most importantly communicating about the intervention. Schools are struggling to find the funds to make sure all staff are trained, which requires professional development time, stipend money, trainer pay, and even someone to coordinate all of that. Adi's Act requires a "go to" person in a district relating to suicide prevention, intervention, and postvention plans, but HB2643 is stating an ask for many logistics that would need someone designated in every single school to be sure application is being followed. Schools are already struggling with staff retention, and many schools in Oregon still do not have a consistent counselor in their building. This initiative would fall on the school counselors, who are already tasked with so much, and would likely argue that

they need to spend more meaningful time with students to be implementing suicide prevention, not through a forced system where a student would have to talk with their guardian and school annually.

Another learned experience I want to share is the stigma that still exists in Oregon communities, pointing us all to the needed work to be done. Though this a separate issue, and does not solely fall on a school to address, some of requirements in HB2643 would certainly impact the incremental progress that school districts are working towards in school culture, being a welcoming and safe place for students and their families, and ultimately normalizing help seeking behaviors and interventions to suicidal behaviors. Each of our school communities is addressing suicide prevention in the their unique ways, and much of that takes relationship building with students and parents, building out a local system of supports in their town to access resources and mental health care, and focusing on upstream prevention and connection. I have concerns about a few points in HB2643 that could impact this progress, including the many mentions of “education progress”, the lack of emphasis on the individual student’s experience and encouraging them to lead what would keep them safe, and the requirement of school and parent meetings. I fully support the relationship that schools should strive to have with families, and believe that is a key component to suicide prevention, however, that takes intentional time, connection building, trust, FTE and funds to carry that out, and this bill does not address those necessities. This proposal needs to consider the varies ways to safety plan with a student of any age, demographic, traumas, school experiences, etc.

I’m dedicated to making the current laws surrounding suicide prevention in schools be successfully addressed by the state, and ultimately positively impacting students of all ages and their school communities before we can require any other additions to this work. There is clear good intent behind HB2643, and I’m appreciative of ideas relating to student intervention, but there are concerns regarding resources and supports that would need to be in place for success. Additionally, many of ideas mentioned in this bill, could be or already are being applied to a district’s Adi’s Act plan if they choose to do, and this would only cause greater confusion.

Thank you,

*Claire Kille*

Co-Chair of Schools Committee

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Lines for Life

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