



Testimony in Support of SB52

Require Oregon School Districts to Have a Student Suicide Prevention Plan

Good Afternoon Chair Wagner and Committee Members,

I am testifying in support of SB52, or Adi's Act, on behalf of the Oregon Alliance to Prevent Suicide.

The Alliance advises the Oregon Health Authority on youth suicide prevention and intervention policy. Our 48 members are leaders from the public and private sectors, legislators such as Sen. Sara Gelsler and Rep. Alissa Keny-Guyer, subject matter experts, suicide attempt and loss survivors, and young people from across the state of Oregon. The Alliance was developed as a result of the state's 5-year Youth Suicide Intervention and Prevention Plan to monitor and coordinate statewide suicide prevention activities. SB52 aligns with the plan's Strategic Direction 1: Healthy and Empowered Communities.

In 2017 Oregon lost 107 youth, age 10 to 24, to suicide¹. When asked if they had seriously considered suicide in the past year, a sobering 17% of 8th graders answered yes. Due to stigma and discrimination, one-half of Oregon's lesbian, gay, bisexual and transgender 8th graders reported considering suicide.²

Each young person's death by suicide leaves a grieving family, friends and community. We can do better. The Alliance is part of a movement that is galvanized to help all young people embrace life. Schools are central to achieving this.

Adi's Act is one step toward creating an Oregon in which all students know they can reach out for help when they need it--with confidence that the *right* help and support will be available. Towards this end, the Alliance's School Committee has prioritized improving best practices in suicide prevention and response in every Oregon school. Unfortunately, Oregon is one of only three states in the country that does not require schools to have a suicide prevention and intervention plan in place.

In 2018, the Alliance and the University of Oregon surveyed Oregon's K-12 schools and found a quarter of schools responding have no protocol at all and more than a third rated themselves uncomfortable with how to address suicide. Tellingly, the more suicide prevention programs a school had in place, the higher schools ranked their comfort level around suicide prevention. While the sample was small, a worrisome 78% of frontier schools reported having no programming in place.

Yet, the survey also showed that schools are hungry for additional resources with almost 90% indicating they would like more information and support. These findings have provided us with a critical glimpse into the landscape of suicide prevention in Oregon public schools. Still, it should be noted that 70% of schools did *not* report their suicide prevention activities, which leaves us with the question: How are these schools addressing suicide?

¹ Oregon Health Authority data.

² Oregon Healthy Teen Survey 2017

Adi's Act would help address this gap by requiring all school districts in Oregon have a model suicide prevention plan. The plan would address policy and protocols related to suicide prevention, intervention and postvention, and address populations at higher risk for youth suicide—like LGBTQ students.

We are optimistic that with the passage of SB52, along with other legislation to strengthen behavioral health supports in schools, we can help all students know that there is hope, help and healing available.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Annette A. Marcus".

Annette Marcus, MSW

Liaison for the Oregon Alliance to Prevent Suicide

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