

Senate Bill 52 (Adi's Act) Draft Guidance, October 2020

Senate Bill 52 (SB 52), also known as Adi's Act ([ORS 339.343](#) [OAR 581-022-2510](#)), requires that every school district adopts a Student Suicide Prevention plan (K-12) by July 1, 2020. Each school district school board shall adopt a policy requiring a Student Suicide Prevention plan, and SB 52 plans must be made available annually to students and the school district community.

The administrative rule implementing SB 52 (OAR 581-022-2510) is part of Division 22 Standards for Public Elementary and Secondary Schools. School district superintendents are required to report their compliance with all Division 22 standards as part of the annual Division 22 assurances process. The Division 22 assurances is an annual report and is due in the fall of the next school year. While having a plan is required for this school year, it is our hope and goal that these plans continuously improve over time.

Comprehensive school district Student Suicide Prevention Plans compliant with SB 52 provide procedural planning, equity and racial equity-centered supports, and a staff training process that includes when and how students and families will be referred to appropriate mental health and crisis services. Adi's Act operates alongside the Student Success Act to ensure supports for students including LGBTQ2SIA+ (lesbian, gay, bisexual, transgender/non-binary, queer/questioning, two-spirit, intersex, asexual, and the myriad other ways to describe gender identities) youth, BIPOC (Black, Indigenous, and People of Color) and tribal communities/members/students, youth in out-of-home settings, youth with disabilities, and historically and currently underserved youth.

The Oregon Department of Education (ODE) and Oregon Health Authority (OHA) are providing this Draft SB52 Guidance to assist school districts in developing suicide prevention, intervention and postvention plans. The Oregon Alliance to Prevent Suicide and additional stakeholders provided input into these guidelines. Under each section of the Draft Guidance, there is information to help districts understand SB 52 requirements, as well as recommendations and resources to assist with the writing of each component of the plan.

Sections 1-6 of this Guidance set forth the required elements of a school district SB 52 Plan. The seventh and final section is not required but is highly recommended. Section 7 allows school districts to include additional elements that are not required, but may be important to that particular school community.

The Guidance lists requirements, resources and recommendation for SB 52 implementation. A school district may adopt any plan that complies with the requirements listed in [ORS 339.343](#) and [OAR 581-022-2510](#). School districts will also be provided with a SB 52 Template Plan and Sample Plans in November 2020 and a Communications Toolkit in December 2020.

Adi's Act implementation is part of a broader collaborative project between ODE and OHA to develop the statewide School Safety and Prevention System (SSPS, Section 36 of the Student Success Act, [ORS 339.341](#); [OAR 581-029-0001](#); and SB 52). ODE is leading implementation of SSPS in 2020-21 with an equity and racial equity lens based on legislative intent expressed through Section 36 of the Student Success Act (ORS 339.341) and Senate Bill 52, Adi's Act (ORS 339.343), as well as prioritizing community-based engagement and consistent with the administrative rulemaking process ([OAR 581-029-0001](#); [OAR](#)

[581-022-2510](#)). The system includes equity and racial equity-centered student suicide prevention, behavioral safety assessment, and school culture and climate (including bullying, cyberbullying, harassment, and intimidation) prevention supports to school districts statewide.

1. Develop a Comprehensive Plan

School districts will develop comprehensive plans that include procedures related to student suicide prevention, intervention, and postvention. The intent of developing comprehensive plans is for school districts to develop student suicide prevention as a continuum of resources and supports—from equity and racial equity-centered universal training to crisis intervention including referrals to local mental health providers. School districts should use SB 52 plans to develop a coordinated staff training, risk identification, and intervention approach to student suicide prevention.

Required:

- [ORS 339.343](#)(3)(a) states plans must include procedures relating to suicide prevention, intervention and activities that reduce risk and promote healing after a suicide (postvention).

Recommended:

- School districts should use the [Decision Tools for 2020-21](#) to guide in all forms of school community engagement, facilitation and decision-making.
- Districts should utilize the resources provided through [ODE](#), [OSBA](#), and [Lines for Life](#) to develop and implement comprehensive plans centered on trauma-informed, social emotional learning, racial equity, and strengths-focused, evidenced-based or field-tested multi-tiered prevention and intervention programs.
- Liaisons are available through [ODE](#), [OHA](#), [Lines for Life](#), and [Oregon Alliance to Prevent Suicide](#), to assist in coordinating these efforts, including developing staff training, response, and procedural plans, and utilizing the [Big Six](#) suicide prevention training programs (see training recommendations, Addendum A).
- The School Suicide Prevention and Wellness Program at [Lines for Life](#) offers mini-grant funds (up to \$1500/district, see Section 5e for more information). Districts should use these funds for staff stipends, substitute teacher pay, suicide prevention curriculum, and other needs identified by the school district to support the creation or improvement of their suicide prevention, intervention and postvention plans or activities.

2. Integrate Methods and Supports that Address Higher Risk Needs and are Culturally and Linguistically Responsive

To meet requirements in [ORS 339.343](#) and [OAR 581-022-2510](#), school district SB 52 plans must also include methods for addressing higher risk needs and supports that are culturally and linguistically responsive. The intent is to develop SB 52 plans that address situational student trauma, such as that experienced by students facing bereavement by suicide, or living in out-of-home settings ([ORS 339.343](#) [3(d)]). School District SB 52 plans will also integrate direction on engaging students of color and LGBTQ2SIA+ students on suicide prevention while providing information on culturally and linguistically

responsive trainings and mental health supports for Black, Native American, LGBTQ2SIA+, Latinx, and Asian students ([OAR 581-022-2510](#)).

School districts should use existing equity and racial equity leadership, resources, and support programs, and seek support from ODE, OHA, and ESD liaisons in their efforts to integrate methods for addressing trauma-based higher risk student needs and culturally and linguistically responsive supports in SB 52 plans.

Required:

- ORS 339.343(3)(d) and [OAR 581-022-2510](#)(3)(b) requires that districts develop and implement methods to address the needs of students who are at risk for suicide and suicidal ideation, and provide culturally and linguistically responsive resources and supports.
- School districts will include methods and supports for youth bereaved by suicide, youth with disabilities, youth with mental illness or substance abuse disorders, youth experiencing homelessness, those in foster care, those identifying as lesbian, gay, bisexual, transgender, queer, and/or having other minority gender identities and sexual orientations, and American Indian/Alaskan Native, Black/African American, Latinx, and Asian youths.

Recommended:

- School districts should engage the voices of students and youths, district equity directors, community-based organizations, school families, area mental health service providers and local community health workers in developing culturally and linguistically responsive suicide prevention and response methods and supports, and embed these resources along with appropriate referral information, into suicide prevention and student wellness training and resources.
- School districts should use the [ODE Decision Tools 2020-21](#) during each phase of school community engagement and decision-making.

3. Identify School Officials Responsible

School districts must develop a system of accountability that details schools' responses to reports of suicide risk. This includes identifying school officials responsible for responding to reports of suicide risk, and providing a procedure for reviewing each school's response. School districts should use this plan to develop and improve coordinated systems of staff training, risk identification, and response procedures.

Required:

- ORS 339.343(3)(b) provides for the identification of the school officials responsible for responding to reports of suicidal risk.
- ORS 339.343(3)(c) requires a procedure by which a person may request a school district to review the actions of a school in responding to suicidal risk.
- ORS 339.343(5)(a) state that Student Suicide Prevention Plans must be written to ensure that a school employee acts only within the authorization and scope and the employee's credentials or licenses.

Recommended:

- School districts should develop plans that identify the person(s) responsible for responding to reports of suicide risk, including identifying position, and contact information for each school.

4. Provide Reentry Procedures

To meet requirements in [OAR 581-022-2510](#) (3)(c), school district SB 52 plans also require procedures for student reentry into the school environment following a hospitalization or behavioral health crisis (as defined in [ORS 441.053](#)). The intent is to coordinate student safety and support planning following behavioral health crises. School districts should engage local area providers in this effort, and develop written agreements with these entities to facilitate information sharing and coordinate re-entry into learning environments.

Required:

- [OAR 581-022-2510](#) (3)(c) requires procedures for reentry into school environment following a hospitalization or behavioral health crisis.

Recommended:

- School districts should enter into written agreements with each hospital within their geographical area where students are likely to receive services to ensure that appropriate persons within the district be notified if a student has been seen in the emergency department, or has been treated as an inpatient for a behavioral health crisis so that the school may help provide a safe transition back to school for the student.
- School districts should consult sample [School Reentry Procedures](#) including sample school district MOUs (memorandum of understanding), transition protocols, and support plans in developing SB 52 plans.

5. Develop Staff Training and Referral Plan

School districts will develop staff training plans including referral information for local mental health providers. The intent is to train school district staff in identifying suicide risk, and in responding with appropriate referrals to mental health services as needed.

Required:

- ORS 339.343(3)(e)(A)(B) and [OAR 581-022-2510](#) (3)(d) state that Student Suicide Prevention Plans include a designated staff training process. School districts will provide training to designated staff in evidence-based suicide prevention programs, and offer materials on when and how to refer youth and their families to appropriate mental health services.

Recommended:

- School districts should make use of OHA-sponsored mini-grants for the [Big Six](#) suicide prevention trainings (from section 5a). These mini-grants have made training available at low or no cost to school districts, covering:

- A portion of implementation costs for some trainings
 - Purchasing curriculum (those listed here or other evidence-based curriculum)
 - A portion of implementation costs for building suicide prevention plans
 - Stipends for district staff to create or improve suicide prevention plans
 - Substitute teacher pay for attending training
 - Other costs identified by the district
- School districts should contact Kahae Rikeman at Lines for Life (KahaeR@linesforlife.org) to access these mini-grant funds.
 - School districts should coordinate with their Local Mental Health Authority ([Association of Oregon Community Mental Health Programs](#)), community-based mental/behavioral health and social service providers, and school district counseling networks to align procedures and protocols for identifying suicidal risk and making appropriate service referrals.
 - For districts with limited proximity to mental health services, schools should consider using the Student Suicide Assessment Line (SSAL) available through Lines for Life. The resource gives districts access to a master’s level, trained mental health specialist to assist in screening students for suicide risk and to provide referrals to appropriate services.

6. Communicate Plan to School Community

School districts will communicate and make publicly available, Senate Bill 52 plans per [ORS 339.343](#) (5)(A)(B). The intent is to increase school community knowledge regarding student suicide risk and prevention resources and to increase school district accountability for systematically responding to these risks through well-defined processes. School districts should communicate to their communities via written materials and public forums when possible.

Required:

- [ORS 339.343](#) (5)(A)(B) states that Suicide Prevention Programs be made available annually to the community of the school district, including students of the school district, parents and guardians of students of the school district, and employees and volunteers of the school district.
- Plans will also be readily available at the school district office and on the school district website, if applicable.

Recommended:

- ODE should communicate their referral plans and procedures for addressing and supporting students at risk for suicide annually during staff gatherings and/or in professional development meetings.
- School districts should include equity and racial equity-centered suicide prevention resources in Student Handbooks.

7. Engage School Community Networks (Optional)

Recommended:

- School districts should create ongoing and intentional processes and procedures for listening to, recognizing, and responding to the perspectives of students, community mental health providers, community-based organizations, and local suicide prevention coalitions, and ensure that culturally and linguistically responsive trainings are available for parents, guardians, and school communities.
- Districts should engage school community networks and resources in developing Student Safety Plans.