



Deschutes County Health Services

SUICIDE COMMUNICATION AND RESPONSE POLICY AND PROTOCOL

Subject: Suicide and Sudden Death Protocol and Policy

Purpose: This policy provides a procedure for identifying community partners and local communication pathways for information sharing inclusive of mobilization of postvention responses. Suicide is the second leading cause of death among youth ages 5-24 in Oregon.

Policy: Deschutes County Health Services (DCHS) is committed to working collaboratively with the community to establish suicide prevention activities along with postvention and contagion/cluster-reduction protocols. DCHS, the Community Mental Health Program (CMHP), serving on behalf of the Local Mental Health Authority (LMHA), will provide oversight of the process for coordination of the community response for suicides that meet ORS 418.735, Oregon Senate Bill 561 (SB561) criteria (including amending Oregon Senate Bills 918 and 485), and postvention best practice for **people of any age**.

Roles:

Deschutes County Health Services (DCHS) Postvention Response Lead (PRL)	Responsible for leading the overall postvention response; typically, the Mental Health Promotion Strategist (CHS III), however, this may include the Prevention and Health Promotion Program Manager, Suicide Prevention Program Coordinator (CHS II), Deschutes County Health Services Crisis Team Supervisor or Deschutes County Health Services Crisis Team Program Manager (or designee).
General Postvention Response Lead [PRL]	Responsible for leading specific postvention activities at certain times during the postvention response, such as during the immediate, mid and/or long-term response period, operating as a coordination lead designee. This may include, but not limited to: school district crisis response team members, Tri-County response team members, indicated behavioral health professionals, etc.
Law Enforcement	Responsible for notifying the Community Crisis Response Team (CCRT) of all suicide deaths and providing any follow-up information the PRL may need.
Community Crisis Response Team (CCRT)	Responsible for notifying the PRL of all suicide deaths.
School Agency	Responsible for complying with Senate Bill 561, Senate Bill 918, Senate Bill 485.
Central Oregon Public Safety Chaplaincy	Chaplains are available for on-scene support for all crisis intervention and assistance when needed, including assisting with death notifications.
Medical Examiner (ME); Medical Death Investigator (MDI)	Responsible for investigating suicide deaths and submitting Suicide Consolidated Risk Assessment Profile (SCRAP) Form.
Therapeutic Support Mobilization Lead	Responsible for coordinating additional behavioral health support when requested. This role is indicated as the individual(s) who is coordinating therapeutic support within the community or system.
Data Monitor	Responsible for conducting rapid data surveillance when requested.



Survivor Support Liaison	Serves as the main point of contact for immediate survivor(s) for the postvention response team.
Communications Lead	Serves as the main point of contact for media on behalf of the postvention response team when requested.
Social Media Monitor Lead	Responsible for the monitoring of social media response to a suicide death.
Privacy Officer	Ensures PRL complies with privacy laws regarding protected health information and personal identifiable information.

Definitions: Postvention: A planned evidence-based response after a suicide to facilitate healing and reduce risk of additional suicide incidents (i.e. contagion, clusters).

Cluster: A group of suicides, suicide attempts, or self-harm events that occur close together in time, space or both that would normally be expected in a given community. The cluster may represent a greater-than-expected number of the three listed (e.g. suicide, suicide attempt, self-harm) within a time period in a specific location. Additionally, suicide clusters may represent a greater-than-expected number of suicides or suicide attempts spread out geographically in a time period.

Contagion: A phenomenon by which the suicide, or suicidal behavior, of one or more persons influences others to attempt suicide.

ORS 418.735: Local Mental Health Authorities (LMHA's) must share information with the Oregon Health Authority within 7 days of a suspected suicide involving individuals 24 years of age or younger and; LMHA's must create and act upon postvention plan that includes immediate, mid, and long-term interventions/activities.

Senate Bill 918: Local Mental Health Authorities (LMHAs) must provide notification of a suicide death or suspected suicide death of an individual 24 years of age or younger to systems that had contact with the deceased individual, (i.e. current and/or former school(s), juvenile department, employer, child welfare, etc.).

Senate Bill 485: Public school districts, public universities, and private education institutions must inform their LMHA of a suicide death or suspected suicide death of an individual 24 years of age or younger and any implemented activities to support local entities and individuals affected by the death.

OHA SRR: Oregon Health Authority (OHA) Suicide Rapid Response (SRR) is a state-level optional resource for postvention response in any Oregon community that needs added supports when responding to suicide death(s) of ages 24 and under.



Resources and supports vary per case and may not be utilized in every postvention case.

The Deschutes County Health Services Suicide Prevention Program alongside community partners and agencies utilize the OHA guidelines below to decide when this resource is needed.

OHA SRR can be accessed if:

- Community experiences suicide death of a young person (24 or younger)
- Community has reason to be concerned about contagion or a suicide cluster
- Community expresses not having enough resources necessary to activate a postvention response
 - Ex. Lack of trained personnel OR overwhelmed personnel
 - Ex. Lack of financial resources to pay for postvention-related services



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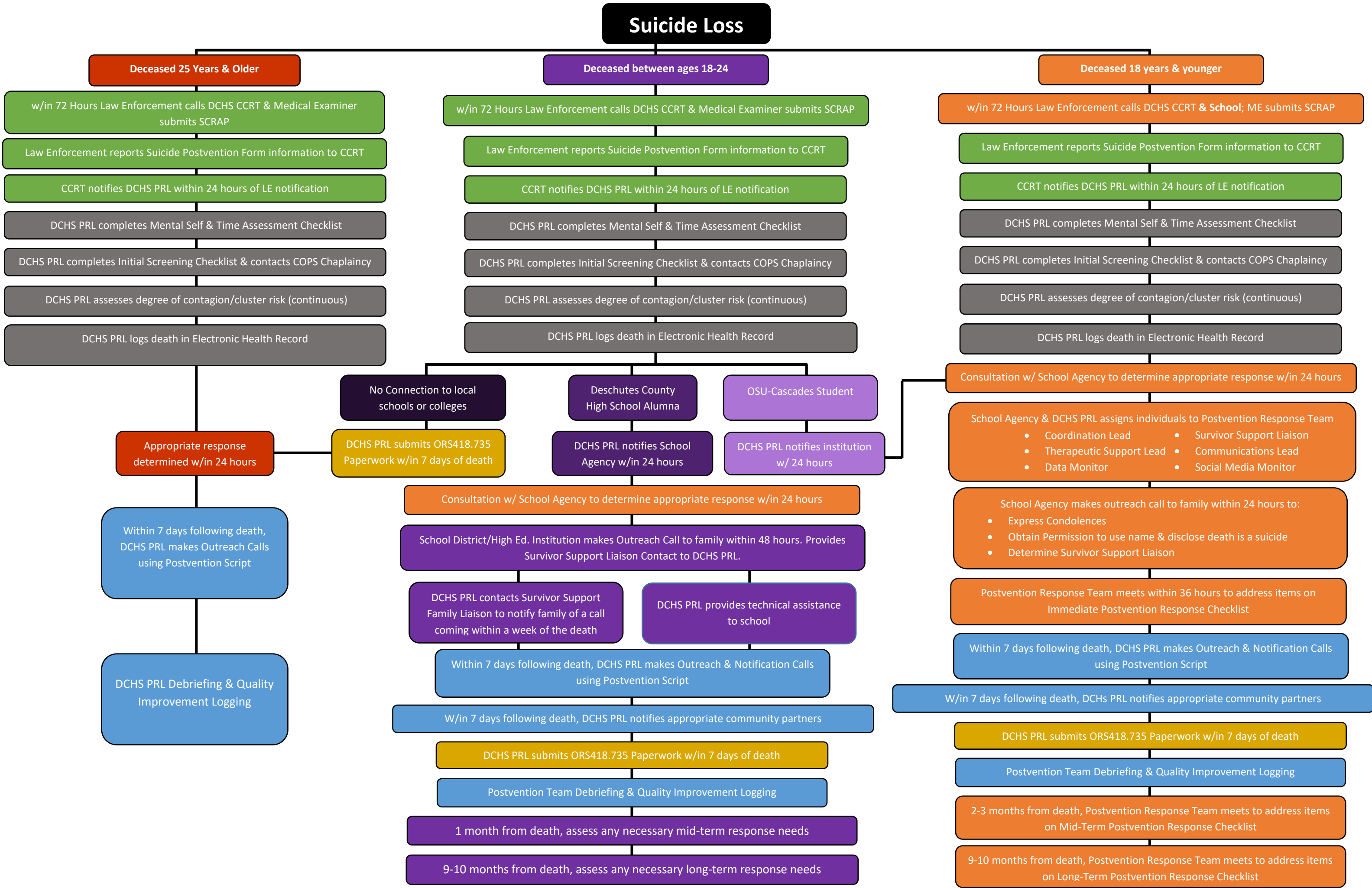
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Communication Protocol:

1. Deschutes County Health Services (DCHS), as the Community Mental Health Program (CMHP), will assume the lead communication role when an individual dies by suicide in Deschutes County.
2. Deschutes County Health Services (DCHS) Postvention Response Lead (PRL) will be the Lead Communication Person; backup is the Prevention and Health Promotion Program Manager, Suicide Prevention Program Coordinator (CHS II), Deschutes County Health Services Crisis Team Supervisor or Deschutes County Health Services Crisis Team Program Manager (or designee).
3. Medical Examiner or Medical Death Investigator will submit the Suicide Consolidated Risk Assessment Profile (SCRAP) form within 72 hours after completed death investigation. SCRAP form is submitted to the Deschutes County Mental Health Promotion Strategist (CHS III), Prevention and Health Promotion Program Manager, Suicide Prevention Program Coordinator (CHS II), Deschutes County Health Services Crisis Team Supervisor, and Medical Examiner.
 - a. Upon receiving the SCRAP, DCHS PRL saves the PDF submission into the shared drive.
4. Law Enforcement will notify DCHS CCRT team within 72 hours via phone call. A CCRT member will ask Law Enforcement to provide the following information from the Suicide Postvention Response Form (see Appendix B), as available.
 - a. Date of Death
 - b. Time of Death
 - c. Name of the decedent
 - d. Date of Birth
 - e. Location, Place, and Means of Death
 - f. For 24 years or younger, school attended or facility where person worked and resided
 - g. If 24 years or younger, other government agencies the decedent was involved
 - h. Race/Ethnicity
 - i. Sexual Identity
 - j. Gender of the deceased
 - k. Place of Employment
 - l. Survivor(s) contact information including the individual who found the decedent
5. The CCRT member will provide the Crisis Team Supervisor and/or Program Manager the collected information within 24 hours.
 - a. Crisis Team Supervisor and/or Program Manager check if deceased was a client of Deschutes County Health Services and completes necessary reporting if applicable.
 - b. The CCRT member will enter the encounter of the Suicide Postvention Form within the electronic health record.
6. The CCRT Supervisor or Program Manager will notify the DCHS PRL within 24 hours to provide the information gathered from Law Enforcement by routing the encounter in the electronic health record to the DCHS PRL.
 - a. If the DCHS PRL is notified of a death by a different entity, the DCHS PRL may contact the Crisis Team Supervisor, responding law enforcement agency, the medical examiner and/or the Central Oregon Public Safety Chaplaincy.
 - b. The DCHS PRL may contact any of the above listed entities if further information is needed to provide comprehensive postvention outreach.
7. Upon request, institutions of higher education, school districts, private schools and other Deschutes County based education options will provide contact information, per policy and privacy rules, to DCHS.



8. As appropriate, the DCHS PRL will communicate the death to the applicable community partners to activate a Postvention Response Team. Applicable community partners' contact information can be found in the "Local Postvention Contacts List" Excel document.
9. The DCHS PRL will collect information and submit the required Oregon Health Authority (OHA) form to the OHA Youth Suicide Prevention Coordinator via secure email within 7 days of the death.
10. The DCHS PRL will document the postvention outreach activities into the electronic health record for the purpose of confidential documentation, supporting care coordination activities for loss survivors when applicable, and to support efforts within the Zero Suicide framework.

Suicide Death Response Protocol:

Deschutes County Health Services (DCHS), as the Community Mental Health Program (CMHP), will assume the Lead Response role for all County and OHA communication and response processes when a person of any age dies by suicide in Deschutes County when there is no other Lead identified/available; and/or for the purposes of larger community coordination as needed.

The Mental Health Promotion Strategist (CHS III) will serve as the DCHS PRL; however, this role may include the Prevention and Health Promotion Program Manager, Suicide Prevention Program Coordinator (CHS II), Deschutes County Health Services Crisis Team Supervisor or Deschutes County Health Services Crisis Team Program Manager (or designee).).

In the event an individual's residence is in an Oregon county other than Deschutes, the DCHS PRL will contact the Local Mental Health Authority (LMHA) in the county of residence for notification of the individual's death.

In the event a Deschutes County resident dies by suicide in another Oregon county, the DCHS PRL will contact the Local Mental Health Authority (LMHA) & their PRL in the county that the death occurred. Portions or the entirety of the protocol below may be applied to youth sudden deaths (non-suicide related) and suicide attempts for individuals 24 years and younger dependent on the needs of the community and the profile of the case.

Tiered Response

Response is dependent upon the age of the decedent. The following outlines the response protocol for decedents 18 years of age or younger, decedents between the ages of 18 to 24, and decedents 25 years of age or older.

Decedents 18 Years of Age & Younger (current primary or secondary education student)

Immediate Response

1. Medical Examiner or Medical Death Investigator will submit the Suicide Consolidated Risk Assessment Profile (SCRAP) form within 72 hours after completed death investigation. SCRAP form is submitted to the Mental Health Promotion Strategist (CHS III), Health Promotion and Prevention Program Manager, Suicide Prevention Program Coordinator (CHS II), Deschutes County Health Services Crisis Team Supervisor, Deschutes County Health Services Crisis Team Program Manager and Medical Examiner.
 - a. Upon receiving the SCRAP, Deschutes County DCHS PRL saves the PDF submission into the shared drive.



2. Law Enforcement notifies Community Crisis Response Team (CCRT) and School District within 72 hours of the death.
3. Law Enforcement reports Suicide Postvention Form information to CCRT.
4. Deschutes County Health Services Crisis Team Supervisor, Deschutes County Health Services Crisis Team Program Manager check if deceased was a client of Deschutes County Health Services and completes necessary reporting, if applicable.
5. Crisis Team Member enters an encounter of the Suicide Postvention Form into the electronic health record.
6. CCRT notifies DCHS PRL of death via the Suicide Postvention Form within 24 hours of Law Enforcement notification through the electronic health record.
 - a. If further information is needed for the DCHS PRL to engage in postvention responses, the DCHS PRL will connect with the appropriate law enforcement agency directly.
7. DCHS PRL completes the Mental Self & Time Assessment Checklist.
8. DCHS PRL completes the Initial Screening Checklist.
9. DCHS PRL contacts Central Oregon Public Safety Chaplaincy to determine if a Chaplain co-responded to the death and could serve as a family support liaison.
10. DCHS PRL assesses the need for additional capacity to assess the degree of contagion risk with current information and community context.
11. DCHS PRL logs SCRAP demographic data and additional information into the encounter within the electronic health record.
 - a. The DCHS PRL will identify if any loss survivors are current DCHS Behavioral Health clients to support coordination of care to lower risk and increase supports.
12. DCHS PRL and School Agency confirms facts of the death, and discuss individuals to be assigned roles for the Postvention Response Team, which can include the following (roles are described in Appendix E):
 - a. General Postvention Response Lead (if not the DCHS PRL)
 - b. Therapeutic Support Mobilization Lead
 - c. Data Monitor
 - d. Survivor Support Liaison
 - e. Communication Lead
 - f. Social Media Monitor
13. School Agency makes an outreach call to the decedent's parent(s)/guardian(s) within 24 hours to:
 - a. express condolences;
 - b. obtain permission to use the decedent's name and whether the agency may disclose the death was a suicide;
 - c. determine an appropriate Survivor Support Liaison for the family;
 - d. and notify the family that the DCHS PRL may be calling to describe resources available.
14. Postvention Response Team meets within 36 hours to address items on the Immediate Postvention Response Checklist, see Appendix I.
15. DCHS PRL submits ORS 418.735 Paperwork to the Oregon Health Authority within 7 days of the death.



16. In accordance with Senate Bill 918, DCHS PRL notifies applicable agencies and organizations which the decedent had a connection using the Postvention Outreach Call Script within 7 days of the death. See Appendix F.
17. Once the death is confirmed by either the SCRAP or CCRT Suicide Postvention Form that the death is a suicide, the DCHS PRL makes an outreach call to survivor(s) using the Postvention Outreach Call/Text Script within 7 days of the death. See Appendix F.
18. To monitor risk for contagion, DCHS PRL notifies applicable community partners within 7 days of the death using Postvention Notification Email Template. See Appendix H. Applicable community partners' contact information can be found in the "Postvention Contacts List" Excel document.
19. DCHS PRL guides the Postvention Response Team through the Postvention Response Quality Improvement Form (see Appendix M).
20. Postvention Response Team determines applicable debriefing and response/outreach needs, which may include utilizing the OHA SRR resource.

Mid-Term Response

1. DCHS PRL assesses what level of response is needed for the timeframe approximately 2-3 months following the death, utilizing the Mid-Term Postvention Response Checklist (see Appendix J) and collaboration with others as needed, this may include collaborating with the General PRL with another system.
2. DCHS PRL and/or the General PRL (Coordination Lead designee) convenes, as necessary, a Postvention Response Team to coordinate Mid-Term Postvention Response plans and activities.
3. DCHS PRL and/or the General PRL (Coordination Lead designee) guides the Postvention Response Team through the Postvention Response Quality Improvement Form (see Appendix M).
4. The General PRL (Coordination Lead designee) provides the following information to the DCHS PRL, if not involved in the Postvention Response, for the purpose of the Child Fatality Review to identify preventive measures:
 - a. An assessment of the effectiveness of meeting the needs of grieving families and families of choice;
 - b. friends or others with relationships with the deceased;
 - c. and the wider network of community members impacted by the youth suicide

Long-Term Response

1. DCHS PRL assesses what level of response is needed for the timeframe approximately 9-11 months following the death, collaborating with others as needed.
2. DCHS PRL or the General PRL (Coordination Lead designee) convenes the Postvention Response Team, as necessary, to determine Long-Term Postvention Response plans, activities, and interventions and guides the Postvention Response Team through the Long-Term Postvention Response Checklist (see Appendix K) to appropriately address the handling of the anniversary of the death.
3. DCHS PRL or the General PRL (Coordination Lead designee) guides the Postvention Response Team through the Postvention Response Quality Improvement Form (see Appendix M).
4. DCHS PRL or the General PRL (Coordination Lead designee) will coordinate with community partners for provision of prevention, intervention, and postvention efforts to the community at-large and community partners.



5. Impacted organizations will continue to monitor the risk of contagion.
6. The General PRL (Coordination Lead designee) provides the following information to the DCHS PRL if not involved in the Postvention Response, for the purpose of the Child Fatality Review to identify preventive measures::
 - a. An assessment of the effectiveness of meeting the needs of grieving families and families of choice;
 - b. Friends or others with relationships with the deceased.
 - c. and the wider network of community members impacted by the youth suicide

Decedents 18 to 24 Years Old

Immediate Response

1. Medical Examiner or Medical Death Investigator will submit the Suicide Consolidated Risk Assessment Profile (SCRAP) form within 72 hours after completed death investigation. SCRAP form is submitted to the Mental Health Promotion Strategist (CHS III), Health Promotion and Prevention Program Manager, Suicide Prevention Program Coordinator (CHS II), Deschutes County Health Services Crisis Team Supervisor, Deschutes County Health Services Crisis Team Program Manager and Medical Examiner.
 - a. Upon receiving the SCRAP, DCHS PRL saves the PDF submission into the shared drive.
2. Law Enforcement notifies Community Crisis Response Team (CCRT) within 72 hours of the death.
3. Law Enforcement reports Suicide Postvention Form information to CCRT.
4. Deschutes County Health Services Crisis Team Supervisor and/or Deschutes County Health Services Crisis Team Program Manager check if deceased was a client of Deschutes County Health Services and completes necessary reporting, if applicable.
5. CCRT Team Member enters an encounter of the Suicide Postvention Form into the electronic health record.
6. CCRT notifies DCHS PRL of death via the Suicide Postvention Form within 24 hours of Law Enforcement notification through the electronic health record.
 - a. If further information is needed for the DCHS PRL to engage in postvention responses, the DCHS PRL will connect with the appropriate law enforcement agency directly.
7. DCHS PRL completes the Mental Self & Time Assessment Checklist.
8. DCHS PRL completes the Initial Screening Checklist.
9. DCHS PRL contacts Central Oregon Public Safety Chaplaincy to determine if a Chaplain co-responded to the death and could serve as a family support liaison.
10. DCHS PRL assesses the need for additional capacity to assess the degree of contagion risk with current information and community context.
11. DCHS PRL logs SCRAP and additional information into the encounter within the electronic health record.
 - a. The DCHS PRL will identify if any loss survivors are current DCHS Behavioral Health clients to support coordination of care to lower risk and increase supports.
12. DCHS PRL, Health Promotion and Prevention Program Manager, Suicide Prevention Program Coordinator (CHS II) and CCRT discuss appropriate level of response. Considerations in determining the appropriate level of response include:
 - a. If the decedent is an alumnus of a Deschutes County primary or secondary school



- b. If the decedent is a current Oregon State University-Cascades (OSU-C) student
 - c. If the decedent was employed
 - d. If the decedent was in custody of a government agency
 - e. The decedent's living situation
 - f. Decedent's connection to community at large or sub-communities
 - g. Volume survivors
- 13. IF decedent was **not** an alumnus of a Deschutes County public school and/or OSU-C student, follow response protocol outlined for decedents 25 Years of Age & Older.
- 14. IF the decedent was **a current** primary or secondary education, Oregon State University-Cascades student, follow response protocol outlined for decedents 18 Years of Age & Younger.
- 15. IF the decedent was an **alumnus** of a Deschutes County public school relevant agency (ies) assign the following roles as appropriate for the determined level of response. Roles described in Appendix E.
 - a. The General PRL (if not the DCHS PRL)
 - b. Therapeutic Support Mobilization Lead
 - c. Data Monitor
 - d. Survivor Support Liaison
 - e. Communication Lead
 - f. Social Media Monitor
- 16. The most appropriate agency, as determined by the DCHS PRL and/or the General PRL (Coordination Lead designee), makes an outreach call to the decedent's parent(s)/guardian(s) within 48 hours to:
 - a. express condolences;
 - b. obtain permission to use the decedents name and whether the agency may disclose the death was a suicide;
 - c. determine an appropriate Survivor Support Liaison for the family;
 - d. and notify the family that the DCHS PRL will be calling to describe resources available.
- 17. Postvention Response Team meets within 36 hours to address items on the Immediate Postvention Response Checklist, see Appendix I.
- 18. DCHS PRL submits ORS 418.735 Paperwork to the Oregon Health Authority within 7 days of the death.
- 19. Once the death is confirmed by either the SCRAP or CCRT Suicide Postvention Form that the death is a suicide, the DCHS PRL makes an outreach call to survivor(s) using the Postvention Outreach Call/Text Script within 7 days of the death. See Appendix F.
- 20. To monitor risk for contagion, DCHS PRL notifies applicable community partners within 7 days of the death using Postvention Notification Email Template. See Appendix H. Applicable community partners' contact information can be found in the "Postvention Contacts List" Excel document.
- 21. DCHS PRL Postvention Response Coordination Lead guides the Postvention Response Team through the Postvention Response Quality Improvement Form. See Appendix M.
- 22. Postvention Response Team determines applicable debriefing and response/outreach needs, which may include utilizing the OHA SRR resource.

Mid-Term Response



1. Approximately 1 month following the death, the DCHS PRL contacts School Agency to determine any necessary Mid-Term Response activities.
2. The General PRL (Coordination Lead designee) provides the following information to the DCHS PRL, if not involved in the Postvention Response, for the purpose of the Child Fatality Review to identify preventive measures:
 - a. An assessment of the effectiveness of meeting the needs of grieving families and families of choice;
 - b. friends or others with relationships with the deceased;
 - c. and the wider network of community members impacted by the youth suicide.

Long-Term Response

1. Approximately 9-11 months following the death, the DCHS PRL contacts School Agency to determine any necessary Long-Term Response activities.
2. School Agency, the General PRL (Coordination Lead designee), if applicable, and any other relevant agencies, provide the following information to the DCHS PRL, if not involved in the Postvention Response, for the purpose of the Child Fatality Review to identify preventive measures:
 - a. An assessment of the effectiveness of meeting the needs of grieving families and families of choice;
 - b. friends or others with relationships with the deceased;
 - c. and the wider network of community members impacted by the suspected youth suicide
3. DCHS PRL will coordinate with community partners for provision of prevention, intervention, and postvention efforts to the community at-large and community partners.
4. Impacted organizations will continue to monitor the risk of contagion.

Decedents 25 Years of Age & Older

Immediate Response

1. Medical Examiner or Medical Death Investigator will submit the Suicide Consolidated Risk Assessment Profile (SCRAP) form within 72 hours after completed death investigation. SCRAP form is submitted to the Mental Health Promotion Strategist (CHS III), Health Promotion and Prevention Program Manager, Suicide Prevention Program Coordinator (CHS II), Deschutes County Health Services Crisis Team Supervisor and/or Deschutes County Health Services Crisis Team Program Manager and Medical Examiner.
 - a. Upon receiving the SCRAP, DCHS PRL saves the PDF submission into the shared drive.
2. Law Enforcement notifies Community Crisis Response Team (CCRT) within 72 hours of the death.
3. Law Enforcement reports Suicide Postvention Form information to CCRT
4. Deschutes County Health Services Crisis Team Supervisor and/or Deschutes County Health Services Crisis Team Program Manager check if deceased was a client of Deschutes County Health Services and completes necessary reporting, if applicable.
5. CCRT Team Member enters an encounter of the Suicide Postvention Form into the electronic health record.



6. CCRT notifies DCHS PRL of death via the Suicide Postvention Form within 24 hours of Law Enforcement notification through the electronic health record.
 - a. If further information is needed for the DCHS PRL to engage in postvention responses, the DCHS PRL will connect with the appropriate law enforcement agency directly.
7. DCHS PRL completes the Mental Self & Time Assessment Checklist.
8. DCHS PRL completes the Initial Screening Checklist.
9. DCHS PRL contacts Central Oregon Public Safety Chaplaincy to determine if a Chaplain co-responded to the death and could serve as a family support liaison.
10. DCHS PRL assesses the need for additional capacity to assess the degree of contagion risk with current information and community context.
11. DCHS PRL logs SCRAP demographic data and additional information into the encounter within the electronic health record.
 - a. The DCHS PRL will identify if any loss survivors are current DCHS Behavioral Health clients to support coordination of care to lower risk and increase supports.
12. DCHS PRL, Health Promotion and Prevention Program Manager, Suicide Prevention Program Coordinator (CHS II), and CCRT determine appropriate response within 24 hours using the Initial Screening Checklist.
13. Once the death is confirmed by either the SCRAP or CCRT Suicide Postvention Form that the death is a suicide, the DCHS PRL makes an outreach call to survivor(s) using the Postvention Outreach Call/Text Script within 7 days of the death. See Appendix F.
14. DCHS PRL determines if additional response resources are needed and consults with CCRT Supervisor as necessary.
15. DCHS PRL logs information in the Quality Improvement Form. See Appendix M.

Youth Suicide Ideation & Attempt Surveillance Protocol:

Deschutes County Health Services (DCHS), as the Community Mental Health Program (CMHP), will acquire Electronic Surveillance System for Early Notification of Community-based Epidemics (ESSENCE) emergency room data for overall County youth suicide ideation and attempts from DCHS Epidemiologist on a regular basis. This emergency room data is acquired under strict security measures and is only used internally to support decision-making, as intended, for public health purposes. The purpose of surveilling the de-identified emergency room data for youth suicide ideation and attempt in Deschutes County is to identify suicide-related trends to inform preventive measures to lower suicide attempt and death rates for youth in the communities of Deschutes County. The DCHS Epidemiologist will provide regular reports, currently, weekly, of Deschutes County youth suicide attempt and ideation data to the DCHS Suicide Prevention Program Team, which includes DCHS Health Promotion and Prevention Program Manager, DCHS Mental Health Promotion Strategist (CHS III), and the DCHS Suicide Prevention Program Coordinator (CHS II). The DCHS Suicide Prevention Program Team will review any identifiable trends to support future programmatic development as needed.

Suicide Ideation & Attempts Surveillance for Youth 24 Years of Age and Under Protocol:

1. Deschutes County Health Services Epidemiologist will receive a report through ESSENCE every two weeks. This report will include the following:
 - a. Suicide Ideation;
 - b. Suicide Attempt;



- c. Sex;
 - d. Age;
 - e. Zip Code
- 2. The Deschutes County Health Services Epidemiologist will download report into a shared, secure folder for the Deschutes County Suicide Prevention Coordinator and the Prevention Team Supervisor to access.
 - a. The Deschutes County Health Services Epidemiologist with the support of the Deschutes County Suicide Prevention Coordinator will upload data into bar graphs for visual aid to view trends.
- 3. The Deschutes County Suicide Prevention Coordinator and Prevention Team Supervisor will track and review the data regularly to view county-wide trends and assessment of potential contagion/clusters related to suicide attempts.
- 4. The Deschutes County Suicide Prevention Coordinator and Prevention Team Supervisor will appropriately assess youth suicide ideation and attempts trends over a span of time to determine if the Deschutes County Suicide Prevention Program needs to enhance programmatic aspects to meet the community needs. If this is a necessity, the purpose of enhancing the program will directly focus on efforts that work towards lowering youth suicide ideation and attempts.



APPENDICES




Appendix A

Deschutes County

SUICIDE CONSOLIDATED RISK ASSESSMENT PROFILE (SCRAP) FORM

NOTE:

Only Medical Examiner or Medical Examiner Deputies complete this [online](#) form within 72 hours of completing death investigations.



Deschutes County Suicide Risk Assessment Profile

[Welcome](#) [Decedent Demographics](#) [At Time of Death](#)

Welcome to the Deschutes County Suicide Consolidated Risk Assessment Project (SCRAP)


This form is suicide reporting only.
For drug overdose reporting (DOMS) [go here](#).

Medical Examiner Name*

Police Case Number

County Location of Death* ☐ Deschutes ☐ Crook ☐ Jefferson ☐ Unknown ☐ Other

[Proceed to Assessment](#)



[Assessment Definitions Document](#)



Appendix B

Deschutes County

SUICIDE POSTVENTION RESPONSE FORM

NOTE:

*CCRT Members will only ask officers for this information.
Officers do not need to fill this form out.*

INFORMATION

Date of Death: Click or tap to enter a date.

Time of Death: Click or tap here to enter text.

Deceased Name: Click or tap here to enter text.

DOB: Click or tap to enter a date.

Location of Death:

- ☐ Bend
- ☐ Redmond
- ☐ Sisters
- ☐ La Pine
- ☐ Terrebonne
- ☐ Alfalfa
- ☐ Tumalo
- ☐ Sunriver

Place of Death:

- ☐ Personal Residence
- ☐ Non-Personal Residence
- ☐ Vehicle
- ☐ Work Place
- ☐ School
- ☐ Public Location
- ☐ Public Lands
- ☐ Other

Means of Death:

- ☐ Firearm
- ☐ Hanging
- ☐ Sharp Instrument
- ☐ Poisoning
- ☐ Fall
- ☐ Motor Vehicle
- ☐ Other
- ☐ Unknown

1. For 24 years and younger, please list schools attended: Click or tap here to enter text.



2. If deceased is under the age of 24, were they involved in any government agency (e.g. Department of Human Services [DHS], Oregon Youth Authority [OYA], etc.)? [Click or tap here to enter text.](#)
3. If yes, please list point of contact: [Click or tap here to enter text.](#)

DEMOGRAPHICS

<p style="text-align: center;"><u>Ethnicity:</u></p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Not Hispanic</p> <p><input type="checkbox"/> Unknown</p> <p style="text-align: center;"><u>Gender:</u></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Transgender</p> <p><input type="checkbox"/> Non-Binary</p> <p><input type="checkbox"/> Other</p>	<p style="text-align: center;"><u>Race:</u></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black/African Amer.</p> <p><input type="checkbox"/> American Indian – Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian – Pacific Islander</p> <p><input type="checkbox"/> Some Other Race</p> <p><input type="checkbox"/> Multiracial/Biracial</p> <p><input type="checkbox"/> Unknown</p>	<p style="text-align: center;"><u>Sexual Identity:</u></p> <p><input type="checkbox"/> Heterosexual</p> <p><input type="checkbox"/> Homosexual</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Asexual</p> <p><input type="checkbox"/> Other</p>
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NOTES

4. Place of Employment:
5. Surviving family members (e.g. parents, significant other, siblings, children, etc.) & contact information (Please indicate any individuals under the age of 18): [Click or tap here to enter text.](#)
6. Please list who found the deceased individual and their contact information:
7. Are there any survivors or vulnerable individuals not listed above we should be aware of (please list contact information, if applicable):
8. Additional Notes:



Appendix C

Deschutes County

Mental Self & Time Assessment Checklist

Note: When preparing to address a suspected suicide attempt or death, consider these questions in order to determine when you're going to address the response.

- ☐ Am I in the middle of a tight deadline?

- ☐ Am I about to do something that requires my full attention?

- ☐ Am I okay to read this right now?

- ☐ How will I take care of myself today?

- ☐ Who can I lean on today? Who is going to have my back?

- ☐ **When am I going to address this?**
 - **If I am not able to address this today, who can?**



Appendix D

Deschutes County

Initial Screening Checklist

Note: After reading through the Suicide Postvention Response Form encounter in the electronic health record, use the following to determine the applicable incident command structure protocol.

1. Age of the deceased: Click or tap here to enter text.
2. Location of the death: Click or tap here to enter text.
 - a. Witness(es) to the death: Click or tap here to enter text.
 - i. Ages: Click or tap here to enter text.
3. Is there any known school connection, regardless of age?
4. Siblings of the deceased: Click or tap here to enter text.
 - a. Ages: Click or tap here to enter text.
5. Children of the deceased: Click or tap here to enter text.
 - a. Ages: Click or tap here to enter text.
6. Workplace connection: Click or tap here to enter text.
7. Youth-serving organization connection: Click or tap here to enter text.
8. Does the media know about this death: Click or tap here to enter text.
9. Anything known about social media in connection to this death: Click or tap here to enter text.
10. Is there an upcoming training for a school that was impacted by the death: Click or tap here to enter text.



Appendix E

Deschutes County

SUICIDE POSTVENTION RESPONSE TEAM ROLES

DCHS Postvention Response Lead/ General Postvention Response Lead (Coordination Lead Designee)

- Responsible for leading the overall postvention response
- Assigns community partners to Postvention Team roles
- Facilitates Postvention Team Meetings through the Postvention Response Checklists
- Coordinates and facilitates immediate, mid-term and long-term postvention team meetings
- Gathers information and needs from affected agencies, including internal policies and protocols

Therapeutic Support Mobilization Lead

- Assemble a team of behavioral health providers to provide evidence-based therapeutic support. This could include:
 - Activating the DCHS Critical Incident Response Team (CIRT).
 - Activating other community Critical Incident Stress Management (CISM) trained clinicians. Such clinicians will operate under the direction of the Therapeutic Support Mobilization Lead
- Provide psychoeducation resources on grieving, depression, PTSD, and suicide to those at risk and to others in the community
- Work with team of behavioral health providers to screen the impacted population for depression, anxiety, and if appropriate provide referrals/link to services

Data Monitor

- Conducts rapid data surveillance which includes:
 - Calls to 911 or 24-hour Crisis Line related to suicide
 - Contacts to the Central Oregon YouthLine related to suicide
 - Number of visits to the Emergency Room and Urgent Care facilities
 - Visits to school-based health centers
 - Additional data sources identified by the Postvention Response Team

Survivor Support Liaison

- Serve as the main point of contact for family/survivor(s)
- Work with family/survivor(s) to commemorate the deceased appropriately and safely
- Gather information on any others at risk
- Provide referrals/link to services

Communications Lead

- Serve as the main point of contact for media on behalf of Postvention Response Team
- Disseminate information and safe reporting guidelines



- Monitor media outlets' communications to ensure safe messaging
- Work with affected agency on best practices for disseminating information
 - i.e. letters for staff to read to students, talking points for public information officers, etc.

Social Media Monitor Lead

- Assemble a team and coordinate with Law Enforcement for monitoring social media to ensure a healthy response to the suicide
- Ensure that Social Media Monitoring Team:
 - Provides accurate, appropriate information
 - Flags any risky posts or comments



Appendix F

Deschutes County

POSTVENTION OUTREACH CALL & TEXT SCRIPT

NOTE: Outreach calls/texts to be performed by the Deschutes County Health Services Postvention Responses Lead unless otherwise specified.

When Caller gets Voicemail:

Hello, my name is **[name]** and I'm a prevention specialist with Deschutes County. I am calling because it is standard protocol that law enforcement notifies me when there is a sudden loss in the community, like the one you may have experienced recently. I am very sorry for your loss of **[name of deceased]**. We wanted to take time and make sure you have information on resources available to you and others who may be affected by **[deceased's name]**'s sudden death. If you'd like to talk about the resources available to you please feel free to contact me at 541-668-0760. Otherwise please know that you or your loved ones can call the National Suicide & Crisis Lifeline at 988 (texting 988 is available as well) or visit the Deschutes County Stabilization Center, located at 63311 Jamison Street in Bend.

When Caller gets Survivor on the Line:

Hello, my name is **[name]** and I'm a prevention specialist with Deschutes County- do you have a moment to talk? I am calling because it is standard protocol that law enforcement notifies me when there is a sudden loss in the community, like the one you may have experienced recently. I am very sorry for your loss of **[name of deceased]**. **I wanted to let you know that I am not a licensed mental health professional**, however I'm calling to provide you with information on resources available to you and others who may be affected by **[deceased's name]**'s sudden death. Would you be open to hearing about some resources that can help you through this difficult time? I can also email them to you if you would prefer.

- **Deschutes County Stabilization Center:** If someone or their loved one is experiencing a mental health crisis individuals can visit the Deschutes County Stabilization Center. It is open 24 hours a day, 7 days a week and is located at 63311 NE Jamison Street in Bend. Provides immediate access to a Master's level therapist for individuals experiencing a crisis. Open to people of all ages, regardless of ability to pay, in a safe and confidential environment. No appointment necessary. Individuals will be connected with resources for their particular situation.
- **988, the National Suicide and Crisis Lifeline**, is a resource for someone who needs emotional and/or crisis support. The person can call or text 988, 24 hours a day, 7 days a week, and it is free and confidential.

You can find a complete list of resources at www.deschutes.org/suicideprevention. I'm also happy to email all this information to you. Thank you for taking the time to talk with me and take good care.



If Survivor is really upset/struggling:

- “I am not a licensed mental health professional, however when we hang up would you be comfortable if I had a mental health professional call you today?”
 - If yes – explain that you are going to call a mental health professional from Deschutes County Behavioral Health. Expect a phone call today.
 - If no – explain that that is completely fine and if they decide they do want to talk with a mental health professional to call the National Suicide & Crisis Lifeline:
 - **National Suicide & Crisis Lifeline:** If someone or their loved one is experiencing a mental health crisis, individuals can call the National Suicide & Crisis Lifeline which is reachable 24 hours a day, 7 days a week. The number to call or text is 988. It is free and confidential.

If Survivor asks for personal health information:

- “I am not able to confirm if I do or do not know that information, but I can put you in contact with Kayla Prisbrey, Deschutes County Health Services Privacy Officer, who can speak with you about your request. Her number is 541-322-7607.”

When needing to text the loss survivor:

Hello, my name is **[name]** and I'm a prevention specialist with Deschutes County. This text is to offer and share resources that are available to you. 988 is our national support lifeline available to anyone 24/7. It is free and confidential, you can call or text 988, and you can use it for any emotional support you may need. Please feel free to call or text back on this number for further resources. Take Care, **[name]**



Appendix G

Deschutes County

SURVIVOR RESOURCE EMAIL TEMPLATE

NOTE: Survivor Resource Emails are sent only when permission is granted during an outreach phone call. Attachments can include resource sheets, the Stabilization Center brochure, parent resources, etc.

SUBJECT LINE: Resources

TEMPLATE:

Hi [name],

Per our conversation, please see below and attached.

Take good care,
[name]

Resources:

- **988, the National Suicide and Crisis Lifeline**, is a resource for someone who needs emotional and/or crisis support. The person can call or text 988, 24 hours a day, 7 days a week, and it is free and confidential.
- **Deschutes County Stabilization Center:** If someone or their loved one is experiencing a mental health crisis individuals can visit the Deschutes County Stabilization Center. It is open 24 hours a day, 7 days a week, and it is located at 63311 Jamison Street in Bend. Provides immediate access to a Master's level therapist for individuals experiencing a crisis. Open to people of all ages, regardless of ability to pay, in a safe and confidential environment. No appointment necessary. Individuals will be connected with resources for their particular situation.
- **American Foundation for Suicide Prevention:** This national suicide prevention organization provides an opportunity for survivors of suicide loss the opportunity to speak with volunteers, who are themselves loss survivors through their Healing Conversations Program. Learn more here: <https://afsp.org/healing-conversations>



Appendix H

Deschutes County

POSTVENTION NOTIFICATION EMAIL TEMPLATE

Note: If it is determined that further communication to community partners is needed to adequately address a postvention response, this template is a sample format.

SUBJECT LINE: POSTVENTION NOTIFICATION

TEMPLATE:

Colleagues,

There has been a sudden death of an individual 24 years of age or younger. This death is affecting the communities of **[city name(s)]**. A postvention response is currently underway and **[name]** is the Postvention Response Coordination Lead for this incident. If you suspect this death is affecting your organization, please contact the Postvention Response Coordination Lead as soon as possible by email at **[email]** or phone at **[phone number]**. Please only share this information with others who can assess how the death is impacting your organization.

Please remember to use [safe messaging](#) when communicating about suicide. As a reminder some local suicide prevention resources can always be found at <https://www.deschutes.org/health/page/suicide-prevention>.

Thank you,
[name]

Please note, this notification serves two purposes:

1. To alert you and your organization to meet the needs of the population(s) you serve, and
2. To request that you communicate with the lead identified of any noticeable change in the population that you serve (e.g. increase in service volume, heightened mental health distress or any other information). This information assists the Deschutes County Prevention Program to monitor and address the situation appropriately to lower the risk of further suicide deaths.



Appendix I

Deschutes County

IMMEDIATE SUICIDE POSTVENTION RESPONSE CHECKLIST

Postvention Team Orienting:

- ☐ Postvention Response Coordination Lead to share Law Enforcement-verified facts about the suicide
- ☐ Discuss any possible risk factors and warning signs involved
- ☐ Identify survivors and vulnerable individuals
- ☐ Review affected organization(s)' internal policies and procedures related to postvention activities

Therapeutic Support:

- ☐ If the deceased was a primary or secondary education student, determine need for Tri-County School Response Team
- ☐ Determine need for community Critical Incident Stress Management (CISM) trained clinicians
- ☐ Determine clinicians to be part of the Therapeutic response
- ☐ Identify organizations and individuals in need of therapeutic support

Survivor Support:

- ☐ Verify if survivor(s)/family have received an Outreach Call from Suicide Prevention Coordinator
- ☐ Determine outreach strategy

Social Media Monitor (see Appendix L):

- ☐ Create a standard template as a response to social media posts and comments
- ☐ Determine individuals to be part of the Social Media Monitoring Team

Communications:

- ☐ Create agreed upon talking points that respect survivor/family wishes
- ☐ Identify media outlets in order to disseminate Safe Reporting Guidelines
- ☐ Determine organization/agency contacts to provide information on postvention best practice procedures

Data Surveillance:

- ☐ Identify data sources to track
 - ☐ i.e. crisis phone line, YouthLine contacts, emergency room visits, school-based health center visits, 911 calls, etc.
- ☐ Identify frequency for surveillance updates provided to Postvention Response Team

Mid-Term Postvention Planning

- ☐ Schedule Mid-Term Postvention Team Meeting 2-3 months from the death

Long-Term Postvention Planning

- ☐ Schedule Long-Term Postvention Team Meeting 9-10 months from the death

Quality Improvement

- ☐ Complete the Postvention Response Quality Improvement Form as a Postvention Team

Debriefing

- ☐ Determine appropriate debriefing resources for Postvention Response Team



Appendix J

Deschutes County

MID-TERM SUICIDE POSTVENTION RESPONSE CHECKLIST

Risk Assessment:

- ☐ Identify how on-going risk assessment of impacted individuals is being provided through natural organizational contacts (i.e. higher education counseling, school counseling, workplace-provided counseling, etc).

Survivor Support:

- ☐ Survivor Support Liaison provide update on survivor(s)/family
- ☐ Identify any additional supports or resources that need to be provided for survivor(s)/family

Data Surveillance:

- ☐ Review surveillance data
- ☐ Determine need of additional postvention activities or interventions are necessary based on data

Long-Term Postvention Planning

- ☐ Confirm scheduled Long-Term Postvention Team Meeting 9-10 months from the death

Quality Improvement

- ☐ Review the Postvention Response Quality Improvement Form as a Postvention Team, add any additional information as necessary at this point in the response



Appendix K

Deschutes County

LONG-TERM SUICIDE POSTVENTION RESPONSE CHECKLIST

Risk Assessment:

- ☐ Identify how on-going risk assessment of impacted individuals is being provided through natural organizational contacts (i.e. higher education counseling, school counseling, workplace-provided counseling, etc).

Anniversary of the Death

- ☐ Determine outreach to impacted organization and survivor(s)/family regarding best practice for anniversaries

Quality Improvement

- ☐ Review the Postvention Response Quality Improvement Form as a Postvention Team, add any additional information as necessary at this point in the response



Appendix L

Deschutes County

ONLINE SEARCH RECOMMENDATIONS

Postvention Response Leads and/or Postvention Response Coordinators should consider the following recommendations when searching for decedent information online. The purpose of this process is to identify impacted populations who are grieving the death and/or evidence of contagion. Team members are encouraged to limit their search to the most relevant information and involve others when necessary.

- Online Search Methods
 - Use Google to search for general decedent information – add key words such as “death”, “obituary”, “suicide”, “GoFundMe”, decedent address and/or hometown to ensure accurate identification
 - Use social media platforms to identify decedent and learn further information. Always search all known social media platforms regardless of decedent age as they often are linked. Relevant platforms to search - Facebook, Instagram, Tik Tok, etc.
- Initial Decedent Identification
 - Confirm spelling of decedent name and/or nicknames and attempt searches with various alternative spellings if unsure of accuracy
 - Confirm unique identity of decedent among others with the same name by matching of known information – age, race/ethnicity, residence, family members etc.
- Identification of Affected Populations or Contagion
 - General Guidance – Review photos and comments to gather information and explore related profiles as friends and families often comment publicly on deaths. Parents and caregiver profiles are particularly useful sources of information.



