




**CROOK COUNTY HEALTH DEPARTMENT
POLICIES AND PROCEDURES**

SUBJECT: Administrative Policy	NUMBER: ADM195.01	Page 1 of 19
TITLE: <u>Suicide Prevention, Intervention, and Postvention Policy</u> Muriel DeLaVergne-Brown, RN, MPH 	EFFECTIVE DATE: 3/21	
INITIAL APPROVAL BY: Director	DATE: 3/21	
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APPLIES TO: All Staff Members	REVISED:	

POLICY

Crook County Health Department (CCHD) is committed to working collaboratively with partners, stakeholders, and the community to establish and implement suicide prevention activities along with postvention and contagion-reduction protocols. CCHD will provide oversight of the process for coordination of the community response for suicides that meet Oregon Senate Bill 561, Senate Bill 918 criteria, and postvention best practice for persons of any age. Suicide is the second leading cause of death among Oregonians aged 10 to 34 years, and the 8th leading cause of death among all Oregonians in 2017 (Oregon Health Authority).

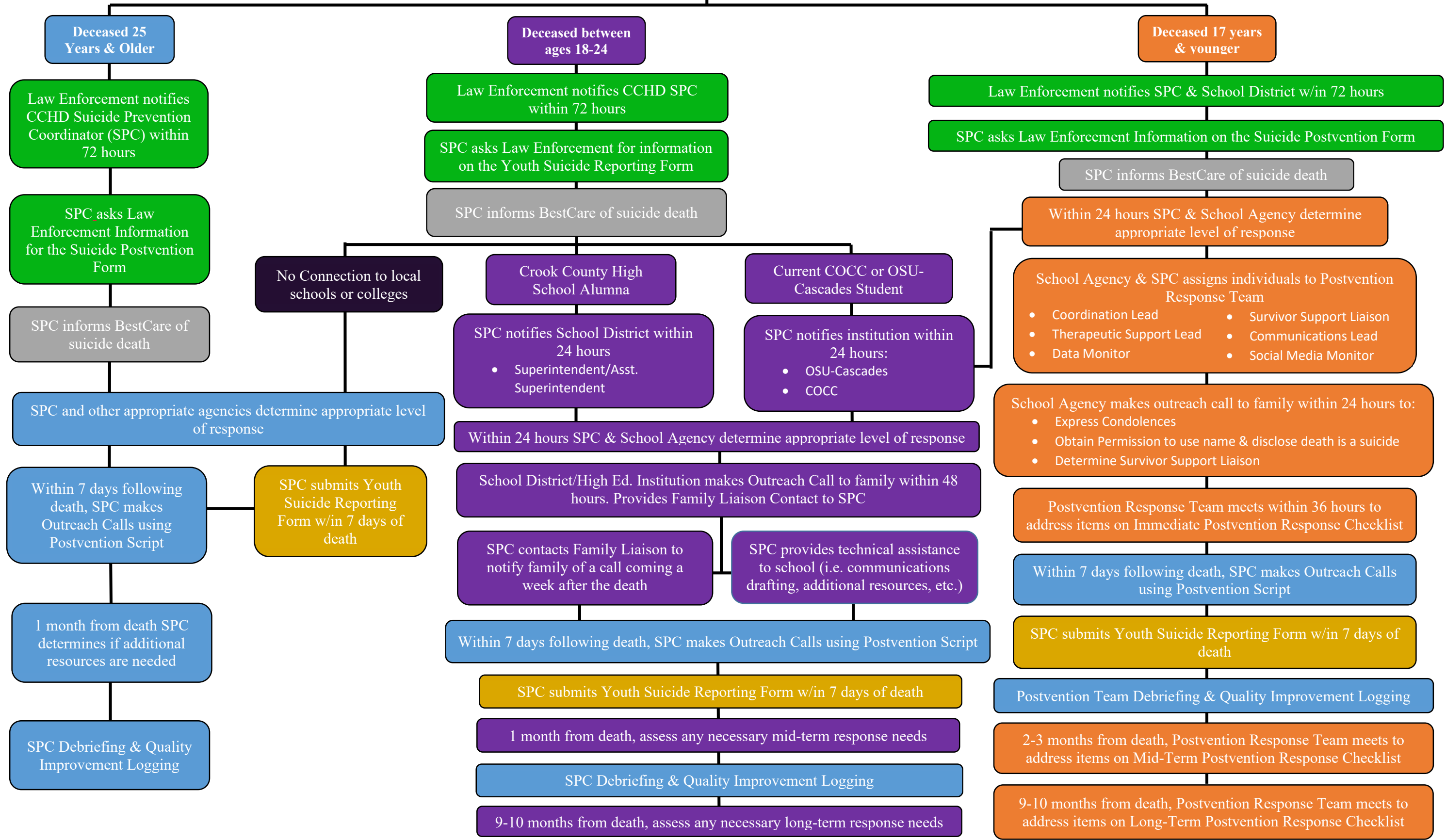
SCOPE

This policy provides a procedure for identifying community partners and local communication pathways for information sharing inclusive of mobilization of postvention responses.

Contents:

- Postvention Response Process Flow Chart
- Communication Protocol
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 - Decedents 17 and younger
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Suicide Loss



Communication Protocol

1. Crook County Health Department's (CCHD) [Suicide Prevention Coordinator \(SPC\)](#) will assume the lead communication role when an individual dies by suicide in Crook County.
2. Lead Communications Person backup – Prevention and Health Promotion Supervisor.
3. [Law Enforcement](#) entities, Medical Examiner, and/or the [School Districts](#) will notify CCHD within 72 hours and provide the following information, as available, from the Suicide Postvention Response Form¹:
 - a. Name of the decedent
 - b. School attended or facility where person worked and resided;
 - c. Location of the death
 - d. Race/Ethnicity of the deceased;
 - e. Gender of the deceased;
 - f. Age of the deceased;
 - g. Gender identity of the deceased;
 - h. Sexual orientation of the deceased;
 - i. Survivor(s) Contact information
 - j. Circumstances preceding the death (if known)
 - k. Means of death; and,
 - l. When the deceased is under the age of 18, if the youth in the custody of a government agency (e.g., Department of Human Services [DHS], Oregon Youth Authority [OYA], etc.).
4. CCHD's [SPC](#) will notify the Local Mental Health Authority (LMHA) (BestCare) of suicide death.
5. CCHD's [SPC](#) will collect information and submit the required Oregon Health Authority (OHA) [youth suicide reporting form](#) to the OHA Suicide Intervention Coordinator via secure email within 7 days of the death.
6. As appropriate, CCHD's [SPC](#) will communicate the death to the applicable community partners to activate a [Postvention Response Team](#).
7. Upon request, [institutions of higher education](#), [school districts](#), private schools and other Crook County-based education options will provide contact information, per policy and Family Education Rights and Privacy Act (FERPA), to CCHD's [SPC](#).
8. Medical Examiner, or other identified agency/individuals, will notify CCHD's [SPC](#) of final disposition of the fatality review if not ultimately determined to be a suicide.

Response Protocol

CCHD's [SPC](#) will assume the Lead Response role for overall County and OHA communication and response processes when a person of any age dies by suicide in Crook County when there is no other Lead identified/available; and/or for the purposes of larger community coordination as needed. The [SPC](#) will serve as the Postvention Response Coordination Lead; backup is the Prevention and Health Promotion Team Supervisor (or designee).

In the event an individual's residence is in a county other than Crook, the CCHD's [SPC](#) will contact the LMHA in the county of residence for notification of the individual's death.

Capacity of Response

The capacity of response is dependent upon the age of the decedent. The following outlines the response protocol for decedents 17 years of age or younger, decedents between the ages of 18 to 24, and decedents 25 years of age or older.

Decedents 17 Years of Age & Younger

Immediate Response

1. Law enforcement notifies CCHD's SPC and School District within 72 hours of the death.
2. CCHD's SPC asks law enforcement information on the youth suicide reporting form.
3. CCHD's SPC notifies BestCare of suicide death.
4. CCHD's SPC and School Agency confirm facts of the death, and discuss individuals to be assigned roles for the Postvention Response Team, which include the following:

The following roles are assigned for every suicide death of individual 17 years of age and younger. Roles described in Appendix

 - a. Postvention Response Coordination Lead (if not CCHD's SPC)
 - b. Therapeutic Support Mobilization Lead
 - c. Data Monitor
 - d. Survivor Support Liaison
 - e. Communication Lead
 - f. Social Media Monitor
5. 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 decedents name and whether the agency may disclose the death was a suicide;
 - i. If the decedent's parent(s)/guardian(s) express a desire to not disclose manner of death, agree upon what messaging can be released following safe messaging guidelines
 - c. determine an appropriate Survivor Support Liaison for the family;
 - d. and notify the family that CCHD's SPC will be calling to describe resources available.
6. Postvention Response Team meets within 36 hours to address items on the Immediate Postvention Response Checklist⁴.
7. CCHD's SPC submits the Youth Suicide Reporting Form via secure email to OHA Association of Oregon Community Mental Health Programs (561Report.OHA@dhsosha.state.or.us) within 7 days of the death.
8. CCHD's SPC makes an outreach call to survivor(s) using the Postvention Outreach Call Script³ within 7 days of the death.
9. Impacted organizations will monitor for the risk of contagion.
10. Postvention Response Coordination Lead/SPC guides the Postvention Response Team throughout the Postvention Quality Improvement Form⁷.
11. Postvention Response Team determines applicable debriefing needs.

Mid-Term Response

1. Approximately 2-3 months following the death, the Postvention Response Team meets to determine Mid-Term Postvention Response plans and activities.

2. Postvention Response Coordination Lead/ SPC guides the Postvention Response Team through the Mid-Term Postvention Response Checklist⁵.
3. Postvention Response Team meets and communicates as necessary.
4. Postvention Response Coordination Lead/SPC guides the Postvention Response Team through the Postvention Response Quality Improvement Form⁷.
5. Postvention Response Coordination Lead/SPC provides the following information to CCHD's SPC if not involved in the postvention response, for the purpose of the Child Fatality Review:
 - 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.
6. Impacted organizations will continue to monitor for the risk of contagion.

Long-Term Response

1. Approximately 9-10 months following the death, the Postvention Response Team meets to determine the Long-Term Postvention Response plans, activities, and interventions.
2. Postvention Response Coordination Lead/SPC guides the Postvention Response Team through the Long-Term Postvention Response Checklist⁶.
3. Postvention Response Coordination Lead/SPC guides the Postvention Response Team through the Postvention Response Quality Improvement Form⁷.
4. CCHD's SPC will coordinate with community partners for provision of Question, Persuade, Refer (QPR), Mental Health First Aid (MHFA), and/or ASIST training to community at-large and community partners.
5. Impacted organizations will continue to monitor for the risk of contagion⁸.
6. Postvention Response Coordination Lead provides the following information to CCHD's SPC if not involved in the postvention response, for the purpose of the Child Fatality Review:
 - a. An assessment of the effectiveness of meeting the needs of grieving families and families of choice;
 - b. and friends or others with relationships with the deceased
 - c. and the wider network of community members impacted by the suspected youth suicide.
7. Impacted organizations will continue to monitor for the risk of contagion.

Decedents 18 to 24 Years of Age

Immediate Response

1. Law enforcement notifies CCHD's SPC and School District/local higher education institution within 72 hours of the death.
2. CCHD's SPC asks law enforcement information on for the Youth Suicide Reporting Form.
3. CCHD's SPC notifies BestCare of death within 24 hours of Law Enforcement notification.
4. CCHD's SPC and BestCare discuss appropriate level of response. Considerations in determining the appropriate level of response include:
 - a. If the decedent is an alumnus of a Crook County schools

- b. If the decedent is a current student of a local higher education institution, including Central Oregon Community College (COCC), or Oregon State University-Cascades (OSU-C)
 - 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 of survivors
5. IF decedent was **not** an alumnus of a Crook County school **nor** a student of a local higher education institution, follow response protocol outlined for decedents 25 Years of Age & Older.
6. IF the decedent was **a current** student of a local higher education institution, follow response protocol outlined for decedents 17 Years of Age & Younger.
7. IF the decedent was an **alumnus** of a Crook County school, relevant agenc(ies) assign the following roles as appropriate for the determined level of response. Roles described in Appendix B.
 - a. Postvention Response Coordination Lead (if not CCHD's **SPC**)
 - b. Therapeutic Support Mobilization Lead
 - c. Data Monitor
 - d. Survivor Support Liaison
 - e. Communication Lead
 - f. Social Media Monitor
8. The most relevant agency 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 and appropriate Survivor Support Liaison for the family;
 - d. and notify the family that CCHD's **SPC** will be calling to describe resources available.
9. Postvention Response Team meets within 36 hours to address items on the Immediate Postvention Response Checklist⁴.
10. CCHD's **SPC** submits [Youth Suicide Reporting Form](#) via secure email to OHA Association of Oregon Community Mental Health Programs (561Report.OHA@dhsosha.state.or.us) within 7 days of the death.
11. CCHD's **SPC** makes an outreach call to survivor(s) using the Postvention Outreach Call Script³ within 7 days of the death.
12. Postvention Response Coordination Lead guides the Postvention Response Team throughout the Postvention Quality Improvement Form⁷.
13. Postvention Response Team determines applicable debriefing needs.
14. Impacted organizations will monitor for the risk of contagion.

Mid-Term Response

1. Approximately 1 month following the death, CCHD's **SPC** contacts **School Agency** and/or survivor(s) to determine any additional response/resource needs.
2. Postvention Response Coordination Lead provides the following information to the CCHD's **SPC** if not involved in the postvention response, for the purpose of the Child Fatality Review:
 - 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. Impacted organizations will continue to monitor for the risk of contagion.

Long-Term Response

1. Approximately 9-10 months following the death, the CCHD's **SPC** contacts **School Agency** and/or survivor(s) to determine any additional response/resource needs.
2. **School Agency**, and any other relevant agencies, provide the following information to the CCHD's **SPC** if not involved in the postvention response, for the purpose of the Child Fatality Review:
 - 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. CCHD's **SPC** will coordinate with community partners for provision of Question, Persuade, Refer (QPR), Mental Health First Aid, and/or ASIST training to community at-large and community partners.
4. Impacted organizations will continue to monitor for the risk of contagion.

Decedents 25 Years of Age & Older

Immediate Response

1. **Law enforcement** notifies CCHD **SPC** within 72 hours of the death.
2. CCHD **SPC** asks law enforcement information that will support in the postvention response.
3. CCHD **SPC** makes outreach calls using the Postvention Script within 7 days following the death.
4. CCHD **SPC** and other relevant agencies determine resource needs and level of support for survivor/s and works to connect survivor(s) to supports.
5. Impacted organizations will monitor for the risk of contagion.

Mid-Term Response

1. Approximately 1 month following the death, **SPC** contacts survivor(s) and/or relevant agencies to determine any mid-term response/resource needs.
2. Impacted organizations will continue to monitor for the risk of contagion.

Long-Term Response

1. Approximately 9-10 months following the death, **SPC** contacts survivor(s) and determines any long-term response/resource needs.
2. Impacted organizations will continue to monitor for the risk of contagion.
3. CCHD's **SPC** will coordinate with community partners for provision of Question, Persuade, Refer (QPR), Mental Health First Aid, and/or ASIST training to community at-large and community partners.

Appendices

Appendix A

Crook County

Suicide Postvention Response Form

NOTE:

Suicide Prevention Coordinator/Postvention Response Lead will only ask officers for this information. Officers are not being asked to fill out this form.

1. Name of decedent: Click here to enter text.
2. Date of death: Click here to enter a date.
3. Location of death: Click here to enter text.
4. Means of death: Click here to enter text.
5. City and County of residence: Click here to enter text.
6. School attended or facility where person worked: Click here to enter text.
7. Race/Ethnicity of deceased: Click here to enter text.
8. Sexual orientation of the deceased (if known): Click here to enter text.
9. When the deceased is under the age of 18, was the youth in custody of a government agency (e.g. Department of Human Services (DHS), Oregon Youth Authority (OYA), etc.) Click here to enter text.
10. Survivors & Contact Information Click here to enter text.
11. Circumstances preceding the death (if known): Click here to enter text.

Appendix B

Crook County Suicide Postvention Response Team Roles

Crook County Health Department Suicide Prevention Coordinator (or Postvention Response Coordination Lead)

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

Therapeutic Support Mobilization Lead

- Assembles a team of behavioral health providers to provide evidence-based therapeutic support. This could include:
 - BestCare Crisis Team
 - 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 provide appropriate referrals/link to services as appropriate

Data Monitor

- Conducts rapid data surveillance, which includes:
 - Calls to 911 or 24-hour Crises Line related to suicide
 - Contacts to the Central Oregon YouthLine related to suicide
 - Number of visits to the Emergency Room or other 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
- The Social Media Monitoring Team notifies CCHD's SPC to address any potential risks or comments

Appendix C

Crook County Postvention Outreach Call Script

Outreach calls are to be performed by [Crook County Health Department Suicide Prevention Coordinator](#) unless otherwise specified.

When Caller gets Voicemail:

Hello, my name is **[name]** and I'm a prevention specialist with Crook County Health Department. I'm very sorry about your loss of **[name of deceased]** and I'm calling because it is standard protocol that police notify me when there is a loss like the one you have experienced. I'm calling to provide you with information on resources available to you and others who may be affected by **[deceased's name]**'s death. If you'd like to talk about the resources available to you, please feel free to contact me at [541-447-3260](tel:5414473260). Otherwise, please know that you or your loved ones can call the Crook County Crises Line 24/7 at 541-323-5330 (then press 2 for afterhours support) or visit BestCare which is located at 1059 NW Madras Hwy in Prineville. Thank you and take care.

When Caller gets Survivor on the Line:

Hello, my name is **[name]** and I'm a prevention specialist with Crook County Health Department. I'm very sorry about your loss of **[name of deceased]** and I'm calling because it is standard protocol that police notify me when there is a loss like the one you have experienced. **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 death. Would you be open to hearing about some resources that can help you through this difficult time?

- Crook County/BestCare Crisis Line 541-323-5330 (then press 2 for after-hours crisis support)
- Prineville Community Church – Grief Support Group 541-447-6315
- Individual Grief Support – Partners in Care 541-382-5882
- [Mental Health Provider Directory](#)

I'm happy to email all of 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 BestCare Treatment Services. Expect a phone call today.
- If no - explain that it is completely fine and if they decide they do want to talk with a mental health professional to call the Crook County BestCare Crisis Line: Crook County Crises Line: 1-541-323-5330 (then press 2 for afterhours crisis support)

Appendix D

Crook County

Immediate Suicide Postvention Response Checklist

Postvention Team Orienting:

- Suicide Prevention Coordinator/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 organizations(s)' internal policies and procedures related to postvention activities

Therapeutic Support:

- If the deceased was a primary or secondary education student, determine need for Crisis 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 CCHD [Suicide Prevention Coordinator/Postvention Response Coordinator](#)
- Determine outreach strategy

Social Media Monitor:

- 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(s)/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. crises phone line, Youthline contacts, ER visits, SBHC 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 E

Crook 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 as 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 F

Crook 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(s) 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 G

Crook County

Postvention Response Quality Improvement Form

1. What worked well? [Click here to enter text.](#)
2. Identify areas that need improvement: [Click here to enter text.](#)
3. Identify who else should be involved in the future: [Click here to enter text.](#)
4. What would we do differently in the future? [Click here to enter text.](#)

Appendix H

Crook County Monitoring Contagion

1. SPC/Postvention Response Lead compiles information to access for risk of contagion
2. SPC/Postvention Response Lead works with data monitor to evaluate increase in calls to:
 - a. Crisis Line
 - b. Police/Mental Health Crisis Support
 - c. Youthline
3. SPC/Postvention Response Lead evaluates and increase in visits to St. Charles Emergency Room
4. SPC/Postvention Response Lead compiles all other relevant data that is provided by community partners that may relate to contagion
5. SPC/Postvention Response Lead keeps Postvention Response Team informed of risk of contagion
6. Postvention Response Team determines plan of action to mitigate contagion risk

References

- X. Injury and Violence Prevention Section, Oregon Public Health Division. Suicides in Oregon: Trends and Characteristics. Oregon Health Authority, Portland, Oregon.