

AGENDA ITEM FOR ADMINISTRATIVE MEETING () Discussion only
(X) Action

FROM (DEPT/ DIVISION): County Counsel

SUBJECT: Communications Protocol

<p>Background:</p> <p>Under Oregon law (SB561, HB2394, OAR 309-027-0030), each local mental health authority is to identify local pathways for information-sharing and establish a Communication Protocol to inform and mobilize postvention response. The county local mental health provider, Community Counseling Solutions, has prepared a protocol for communications in the event of suicide or overdose death of those younger than 25. The protocol is before the Board as the Umatilla County Local Mental Health Authority for review and adoption.</p>	<p>Requested Action:</p> <p>Adopt Communications Protocol</p>
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ATTACHMENTS: Proposed Protocol

*****For Internal Use Only*****

Checkoffs:

- () Dept. Heard (copy)
- () Human Resources (copy)
- () Fiscal
- (X) Legal (copy)
- () (Other - List:)

To be notified of Meeting:

Needed at Meeting:

Scheduled for meeting on: January 17, 2024

Action taken:

Follow-up:

Umatilla County

SB561 COMMUNICATION AND RESPONSE PROTOCOL

HB 2395 OVERDOSE COMMUNICATION AND RESPONSE PROTOCOL

Date: January , 2024
Subject: Communications Protocol

Purpose: This policy provides a procedure for identifying community partners and local communication pathways for information sharing inclusive of mobilization of postvention responses. In addition, this policy provides procedures for identifying community partners and local communication pathways for information sharing inclusive of a suspected death by overdose when an individual is 24 years of age or younger.

Policy: Suicide is the second leading cause of death among youth ages 10 to 24 years in Oregon. The Umatilla County Youth Suicide Response Team is committed to working collaboratively with each other and the community to establish suicide prevention activities along with postvention and contagion-reduction protocols. The team is also committed to establishing overdose reporting and response activities protocols. Community Counseling Solutions (CCS), 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 Oregon Senate Bill 561 criteria¹ and suspected youth overdose reporting requirements that meet Oregon House Bill 2395 criteria², except when the individual who died by suicide is a member of the Confederated Tribes of the Umatilla Indian Reservation (CTUIR). *If a member of CTUIR, the Behavioral Health Program at Yellowhawk Tribal Health Center will provide follow up care to the family/community in the manner they feel is most appropriate. CCS will provide support as needed to CTUIR.*

Communication and Response Protocol:

1. Law Enforcement, Medical Examiner, Higher Education or the School District will notify the CCS Director within 72 hours providing the following information as available:
 - a. School attended or facility where person worked and resided;
 - b. Race/Ethnicity of the deceased;
 - c. Gender of the deceased;
 - d. Age of the deceased;
 - e. Gender identity of the deceased;
 - f. Sexual orientation of the deceased;
 - g. Means of death; and,

¹ OARs 309-027-0010; ORS 418.735

² ORS 146.100

- h. Whether the youth was in the custody of a government agency (e.g., Department of Human Services [DHS], Oregon Youth Authority [OYA], etc.).
2. CCS will collect information and submit the required Oregon Health Authority (OHA) form to the OHA Suicide Intervention Coordinator via secure email within 7 days of the death³.
3. Once notified of a suspected youth suicide, CCS will convene the Umatilla County Youth Suicide Response Team (YSRT) that consists of:
 - a. Umatilla County Sheriff's Office (UCSO) designee
 - b. Law enforcement in the jurisdiction where the suicide occurred (if not the UCSO)
 - c. Umatilla County Medical Examiner
 - d. If attending school, representative from the school where the youth attended
 - e. Community Counseling Solutions Director and/or other relevant CCS staff
 - f. Umatilla County Juvenile Department designee
 - g. If enrolled in child welfare services, designated caseworker
 - h. Umatilla County Public Health Department designee
 - i. Umatilla County Postvention Response Lead
4. The YSRT agrees to meet within 48 hours of a suspected youth suicide, unless the suicide occurs on a holiday or weekend, in which case the team will meet within 72 hours. The team will strive to meet in person, but participation by phone is allowable.
5. The YSRT will identify a Lead Communication person. The person identified will vary from situation to situation. Factors to consider in determine the lead include age of youth, conflicts of interest, level of historical involvement (if any) with identified agencies, etc.
6. Upon request, institutions of higher education, school districts, and other Umatilla County based education options will provide directory information, per policy and Family Education Rights and Privacy Act (FERPA), to CCS.
7. Medical Examiner, or other identified agency/individuals, will notify CCS of final disposition of the fatality review if not ultimately determined to be a suicide.
8. In the event an individual's residence is in a county other than Umatilla County, CCS will reach out to the Community Mental Health Program in the county of residence for notification of the individual's death.

Immediate Postvention Response:

Youth Suicide Response Team

1. Verify the death and cause as available from the Medical Examiner, Law Enforcement or school personnel.

³ See Appendix A

2. Coordinate with affected organizations (law enforcement, schools, etc.) to determine who will take the lead within that organization after a confirmed suicide- if not already identified.
3. Coordinate with local chaplains to provide resource information to families and families of choice.
4. As appropriate, mobilize the full CCS crisis team to respond as needed under the direction of the CCS Clinical Director or the CCS Director.
5. During response process, collaborate with community partners to identify “at risk” individuals in order to prevent contagion;
6. CCS will provide psychoeducation resources on grieving, depression, PTSD, and suicide to those “at risk” and others in the community.
7. Collect information on “at risk” individuals and provide or coordinate outreach as needed;
8. As appropriate, link impacted parties to resources.
9. As appropriate, disseminate information regarding safe reporting best practices for the media.
10. As appropriate, disseminate information regarding best practice postvention procedures (for example, how to communicate with school staff and family members appropriately, how to help siblings re-introduce themselves into the school setting).

Intermediate postvention response:

1. As requested, CCS, schools and/or other community providers will provide services to impacted individuals including family members and peers of the deceased.
2. On-going risk assessment of impacted individuals will occur through natural organizational contacts, i.e. higher education counseling, school counseling, etc., as available.
3. Additional psychoeducation on suicide prevention and dissemination of information and other suicide prevention resources will be provided as requested.

Long Term postvention response

1. As requested, the identified Lead Communication person will continue to maintain contact with individuals at higher risk.
2. The YSRT will meet as needed to further evaluate risk and determine continued areas of concern or need. Appropriate agencies will provide follow up response.
3. CCS will provide suicide prevention, intervention & postvention training as needed/requested.
4. Impacted organizations will continue to monitor for the risk of contagion.

Communication and Response Protocol (Suspected Youth Overdose):

1. District Medical Examiner or medical-legal death investigator will notify CCS, and if the decedent was a member of a federally recognized Indian tribe in Oregon that tribe's mental health authority shall also be notified, within 72 hours providing the following information:
 - i. Decedent's name;
 - j. Date of birth;
 - k. Date of death;
 - l. Suspected manner of death;
 - m. Cause of death; and
 - n. Decedent's resident county.

Additional information to be provided if available:

- o. School attended or facility where person worked and resided;
 - p. Race/Ethnicity of the deceased;
 - q. Gender of the deceased;
 - r. Gender identity of the deceased;
 - s. Sexual orientation of the deceased; and
 - t. Whether the youth was in the custody of a government agency (e.g., Department of Human Services [DHS], Oregon Youth Authority [OYA], etc.).
2. Once notified of a suspected overdose death, CCS may collaborate with community partners and provide resources and support to individuals and entities affected by the death and to prevent the risk of future related deaths.
3. If the decedent is a member of CTUIR, CCS will work with and provide support as requested.
4. The suspected youth overdose post intervention response may be similar to the youth suicide postvention response and be used as a guide as appropriate to preserve public health.
5. In the event an individual's residence is in a county other than Umatilla County, CCS will reach out to the Local Mental Health Authority in the county of residence for notification of the individual's death within 72 hours upon notification of death.

Appendix A



**Youth Suicide Death Reporting Form
(age 24 and younger)**

Please provide the most information possible in compliance with applicable confidentiality and privacy laws within 7 days of notification of a youth suicide death to: 561Report.OHA@dhsosha.state.or.us

Today's date: Click or tap to enter a date.

Date you were notified of the death: Click or tap to enter a date.

Date of death (if known): Click or tap to enter a date.

Reporters Information:

Reporter's Name: Click or tap here to enter text. Job Title: Click or tap here to enter text.

Reporter's Email Address: Click or tap here to enter text.

Agency/Organization: Click or tap here to enter text.

Please check this box if you are requesting technical assistance or Rapid Response supports from OHA. Preferred phone number, if TA is requested: Click or tap here to enter text.

Demographic Information:

Youth's Full Legal Name: Click or tap here to enter text. Check box if unknown

Youth's Preferred Name (if different): Click or tap here to enter text. Check box if unknown

Youth's Date of Birth: Click or tap here to enter text. Check box if unknown

Race/Ethnicity: Check box if unknown

Sex: Choose an item. Check box if unknown/other

Gender Identity: Choose an item.

Check box if unknown

City where death occurred: Click or tap here to enter text.

Check box if unknown

City/County of residence at time of death: Click or tap here to enter text. Click or tap here to enter text.

Check box if city unknown Check box if county unknown

Please list other impacted locations: Click or tap here to enter text.

Check box if unknown

Means of death: Click or tap here to enter text.

Is this suicide death known to be connected to another suicide death? Choose an item.

If yes, please explain: Click or tap here to enter text.

Have there been other traumas, deaths, or crises in the youth's community? Choose an item.

If yes, please explain: Click or tap here to enter text.

Was substance use a known factor in the death? Choose an item.

If yes, please explain: Click or tap here to enter text.

Was there social media involvement prior to the death? Choose an item.

If yes, please explain: Click or tap here to enter text.

Additional Information:

*****NOTE: The following information may not be immediately available. This section of the report may be submitted up to 45 days following the original report – and therefore may have some repetitious questions. *****

Please check this box if you would like an email reminder approximately 30 days after submitting your original report. Preferred email for reminder: Click or tap here to enter text.

Please indicate any known information for this youth:

- Substance Use/Abuse Bullying (online or otherwise)
- LGBTQ2SIA+ self-identified LGBTQ2SIA+ perceived by others
- Previous suicide attempt(s) Impacted by suicide of a family member or close friend
- Isolation or loneliness Mental health problems
- American Indian/Alaska Native Veteran or active duty

Please describe any of the boxes checked above that is noteworthy: [Click or tap here to enter text.](#)

SB 918 REPORTING CATEGORIES

If known, please indicate which youth-serving entities or individuals were notified in postvention response (per SB 918) – all may not apply in every case:

- Tribal affiliation Name: [Click or tap here to enter text.](#)
- School - Currently Attending Name: [Click or tap here to enter text.](#)
- School(s) – Previously attended Name(s): [Click or tap here to enter text.](#)
- Justice System Involved Probation Officer: [Click or tap here to enter text.](#)
- Substance Use Program Name: [Click or tap here to enter text.](#)
- Mental Health involvement Name: [Click or tap here to enter text.](#)

Last contact with Mental Health provider: [Click or tap to enter a date.](#) Check box if unknown

Did this youth have an active or open case with DHS – Child Welfare? Choose an item.

Case Worker: [Click or tap here to enter text.](#)

Other organizations (i.e.: other county mental health providers, Boys and Girls Club, faith or religious group) connected with the youth and/or were likely impacted by death:

Name: Click or tap here to enter text.

Connection with youth: Click or tap here to enter text.

Other individual(s) notified:

Name: Click or tap here to enter text. Relationship to youth: Click or tap here to enter text.

Postvention Response Plan

Please describe your immediate postvention response: Click or tap here to enter text.

Please describe your intermediate postvention response plan or activities (2-4 months after death): Click or tap here to enter text.

Please describe your longer term postvention response plan or activities (4+ months after death): Click or tap here to enter text.

(Optional) Please describe any lessons learned or self-recommendations for subsequent postvention work: Click or tap here to enter text.