OREGON HEALTH AUTHORITY

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@odhsoha.oregon.gov

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: Click or tap to enter a date.

Reporter's Information

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

Reporter 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.

Decedent's Demographic Information

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

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

Decedent'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.

Information reported on the Youth Suicide Death Reporting Form may be shared with services contracted with OHA to provide postvention support and retrospective suicide analysis for the purposes of public health in accordance with Oregon law.

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.

Decedent's Next of Kin (If Known)

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

Email or phone contact: Click or tap here to enter text.

Other individual(s) connected

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

☐ Disability services or Individualized Education Plan (IEP)

☐ Contacted crisis services or 988 within one month of death

☐ History of or current houselessness or runaway

Please describe any of the boxes checked above that are noteworthy: Click or tap here to enter text.

ORS 418.735 REPORTING CATEGORIES

If known, please indicate which youth-serving entities or individuals were notified in postvention response (per ORS 418.735). 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 Name: 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 ☐

☐ Child Welfare involvement Name: Click or tap here to enter text.

☐ Disability services Name: Click or tap here to enter text.

☐ Coordinated Care Organization (CCO) Enrolled Name: Click or tap here to enter text.

Last contact with health provider: Click or tap to enter a date. Check box if unknown ☐

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

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