

**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@dhsoha.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.

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**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.