

Oregon Health Authority
Injury & Violence Prevention Program

Communications Guidance for Overdose Reporting



Last Updated: November 14,
2024



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INTRODUCTION

[House Bill \(HB\) 2395](#) was adopted in Oregon’s 2023 legislative session. Referred to as the Opioid Harm Reduction Policy Package, HB 2395 contains six distinct sections that collectively aim to respond to Oregon’s overdose crisis through a multisectoral, data-driven approach across the substance use continuum. Importantly, the statute acknowledges that drug use does not define a person and notes that Oregonians “*must remember to act courageously and compassionately....and must make conscious efforts to minimize and remove stigma*” toward people who use drugs.

As required by HB 2395, Oregon Health Authority (OHA) developed the following communications guidance for Local Mental Health Authorities (LMHAs). The purpose of this guidance is to improve local notifications and information-sharing when a person 24 years of age or younger dies of a suspected drug overdose.

This document is the first iteration of OHA’s HB 2395 communications guidance. OHA is committed to engaging LMHAs, Local Public Health Authorities, the nine Federally Recognized Tribes in Oregon, and other partners throughout 2024 to inform and iteratively improve this initial guidance. OHA will also explore partner interests and recommendations for developing future statewide overdose postvention guidance.

Please be advised that this document contains information related to youth and young adult drug overdose deaths. Oregon’s overdose crisis has impacted every community across the state, and the highly sensitive and tragic nature of these events may cause distress.

OVERDOSE NOTIFICATION REQUIREMENTS

HB 2395’s overdose notification requirements are exclusive to scenarios where a person who is 24 years old or younger (youth/young adult) dies of a suspected drug overdose.

The statute contains both *required* and *allowable* activities for medical examiners, LMHAs, and OHA. All the requirements described in this document are operative on January 1, 2024.

HB 2395 is modeled after current youth/young adult suicide notification requirements. However, HB 2395 only requires local notifications and does not require any postvention response activities. LMHAs may implement overdose postvention activities at their discretion as resources allow.

OHA recommends that LMHAs collaboratively develop processes and protocols with local partners to inform and mobilize youth/young adult overdose postvention responses. OHA also acknowledges the significant workforce constraints many LMHAs are currently facing and the mental and emotional burdens involved in overdose postvention response work. OHA is available as a resource to LMHAs to support protocol development and community overdose postvention response. LMHAs may contact OHA for support, as needed, at: IVPP.General@odhsoha.oregon.gov or (971)-357-8667.

Medical Examiner Requirements

Overview of Requirements

Beginning January 1, 2024, District Medical Examiners or Medical-Legal Death Investigators must notify the LMHA in the county where the youth/young adult suspected overdose death occurred. If the decedent was an enrolled member of one of the nine Federally Recognized Tribes in Oregon, District Medical Examiners or Medical-Legal Death Investigators must also notify the decedent's Tribe.

Refer to [Appendix A](#) for a notifications process flowchart.

Determining a Suspected Drug Overdose

The intention behind HB 2395's overdose notification requirements is to improve timely local communications. Accordingly, the county's District Medical Examiner, Medical-Legal Death Investigator, Assistant District Medical Examiner, Pathologist, or designee of the District Medical Examiner may confirm orally or in writing that they **reasonably believe** the cause of death was the result of an overdose. This means that these notifications **do not require confirmation from toxicology analysis**. District Medical Examiners or Medical-Legal Death Investigators may report **suspected** youth/young adult overdoses to LMHAs before toxicology reports confirm the cause of death.

Currently, there are significant gaps in accessing real-time overdose data. It can take six to eight months for OHA and county health officials to receive preliminary overdose death data. This makes it challenging for public health agencies to respond to rapidly evolving overdose trends. It is hoped that reporting suspected overdose deaths will help improve timely, coordinated community responses and help prevent future overdoses.

Notifying Local Mental Health Authorities

Once District Medical Examiners and/or Medical-Legal Death Investigators either determine or are notified that the cause of death is due to a **suspected** drug overdose, they must notify LMHAs within:

- **48 hours**, if the death occurred in a county with a population of 400,000 or more, or

- **72 hours**, if the death occurred in a county with a population less than 400,000.

Youth/young adult overdose death notifications to LMHAs must include the following information:

1. Decedent's name
2. Date of birth
3. Date of death
4. Suspected manner of death, and
5. Cause of death.

The youth/young adult overdose death notification may also include any additional information that may help preserve the public health that is otherwise not protected from public disclosure. Examples of additional information that may be shared include the decedent's school, workplace, extracurricular activities, and circumstances of death.

Refer to [Appendix B](#) for an LMHA contact list and [Appendix C](#) for a Tribal Public Health Authority contact list. These lists contain contact information for the individuals designated to receive suspected youth/young adult overdose death notifications. OHA will maintain these contact lists and update them as needed on the [OHA Opioid Overdose and Misuse Resources webpage](#).

Refer to [Appendix D](#) for an optional template for suspected youth/young adult overdose death notifications. This template may be modified to accommodate existing communications processes and local needs.

Notifying Tribal Mental Health Authorities

OHA is working with the nine Federally Recognized Tribes in Oregon to determine their preferred process for Tribes to receive suspected overdose death notifications for youth/young adult Tribal members. Discussions with the Tribes on HB 2395 implementation will continue to occur within conversations about all OHA overdose-related work with the Tribes. Formal Tribal Consultation has been established to ensure the preferences of each sovereign nation are honored. OHA will continue to provide guidance for Tribal-related notifications.

Local Mental Health Authority Requirements

Overview of Requirements

Beginning January 1, 2024, District Medical Examiners and/or Medical-Legal Death Investigators must notify LMHAs when a **suspected** youth/young adult overdose death occurs in their county.

If the death occurred outside of the decedent's resident county, the LMHA where the death occurred must notify the LMHA in the decedent's resident county. This LMHA-to-LMHA notification must occur within 72 hours of the LMHA receiving the initial notice of death from the District Medical Examiner or Medical-Legal Death Investigator.

Notifying Resident Local Mental Health Authorities

Notifications among LMHAs must contain the following information, if permitted by state and federal law:

1. Decedent's name
2. Date of birth
3. Date of Death
4. Suspected manner of death, and
5. Cause of death.

The youth/young adult overdose death notification may also include any additional information that may help preserve the public health that is otherwise not protected from public disclosure. Examples of additional information that may be shared include the decedent's school, workplace, extracurricular activities, and circumstances of death.

LMHAs should consult with their own legal counsel about what information can be disclosed to the LMHA where the decedent lived. As a general matter, if the LMHA is just passing along the information that came from the district medical examiner or medical-legal death investigator, it likely is permissible to share all of the information described above. But again, LMHAs should consult with their legal counsel.

In making a determination about what information can be provided to the other LMHAs, a LMHA should consider whether disclosure is permissible under any of these laws, to the extent they are applicable to the LMHA:

- Federal law governing protected health information (HIPAA): 42 USC 1320d et seq., 45 C.F.R. parts 160 and 164.
- Federal law governing substance use records: 42 C.F.R. Part 2.
- State law governing protected health information: Oregon Revised Statutes 192.553 to 192.581.

Refer to [Appendix A](#) for a notifications process flowchart.

Refer to [Appendix B](#) for an LMHA contact list and [Appendix C](#) for a Tribal Public Health Authority contact list. These lists contain contact information for the individuals designated to receive suspected youth/young adult overdose death notifications. OHA will maintain these contact lists and update them as needed on the [OHA Opioid Overdose and Misuse Resources webpage](#).

Refer to [Appendix D](#) for an optional template for suspected youth/young adult overdose death notifications. This template may be modified based on the availability of information and the circumstances of the death.

Optional Overdose Postvention Activities

LMHAs may also complete the following activities in response to receiving notification of a suspected youth/young adult overdose death. These activities are considered [optional](#) and not required by HB 2395.

1. The decedent's resident county LMAH may notify LMHAs in any other counties where the decedent had significant contacts.

Although HB 2395 does not define “significant contacts,” this refers to individuals linked to the decedent through residency, employment, school attendance, family, or social ties. This may include but is not limited to parents, legal guardians, grandparents, siblings, children, other immediate or extended family, or family of choice; partners, spouses, or significant others; friends, classmates, neighbors, or coworkers; and individuals within shared community affiliations such as service entities, churches, clubs, leagues, or other organizations.

In addition to these notifications and depending upon available resources, LMHAs may also offer support and resources to LMHAs in other counties where the decedent had significant contacts.

Refer to [Appendix D](#) for an optional template for suspected youth/young adult overdose death notifications. This template may be modified based on the availability of information and the circumstances of the death.

2. LMHAs may implement activities to support individuals and entities affected by the death and to reduce the risk of future related deaths.

LMHAs may implement overdose postvention activities at their discretion based on agency capacity and local need. LMHAs may consider the following factors when determining the appropriate level of postvention response:

- Was the decedent enrolled in a K-12 school, college/university, or post-secondary educational institute?
- Was the decedent employed?
- Was the decedent in custody of a government agency?
- What was the decedent's living situation?
- What were the decedent's connection to their community at large or sub-communities?
- How many people are affected by the death (survivors)?

Overdose postvention response activities may include but are not limited to:

- Notifying the local public health authority of the suspected youth/young adult overdose death and planning a coordinated response
- Identifying the community affiliations and impacted populations who are grieving the death
 - Contacting the decedent’s K-12 school, college/university, or post-secondary education institute to notify them of the death, provide local resources and supports, and offer support and technical assistance
 - Providing recommended messaging to the leadership of community affiliations and impacted organizations
 - Providing grief support and resources to survivors and impacted individuals
- Coordinating outreach through mobile crisis teams
- Creating a standard template to respond to social media posts and comments
- Preparing talking points that respect the wishes of the decedent’s family or survivors

Refer to the “Resources” section of this document for list of resources that may aid in overdose postvention activities.

OHA recommends that LMHAs collaboratively develop processes and protocols with local partners to inform and mobilize a youth/young adult overdose postvention response. OHA also acknowledges the significant workforce constraints many LMHAs are currently facing and the mental and emotional burdens involved in postvention response work. OHA is available as a resource to LMHAs to support protocol development and community postvention response. LMHAs may contact OHA for support, as needed, at: IVPP.General@odhsoha.oregon.gov or (971)-357-8667.

OHA will continue to engage with Local Mental Health Authorities, Local Public Health Authorities, the nine Federally Recognized Tribes in Oregon, and other local partners throughout 2024 to explore partner interest and recommendations for future statewide overdose postvention guidance.

3. LMHAs may report the suspected overdose death to the Oregon Health Authority, in addition to any postvention activities they completed.

Oregon’s overdose surveillance systems are imperfect and do not adequately capture overdose deaths in real time. It can take six to eight months for OHA and county health officials to receive preliminary overdose death data. This makes it challenging for public health agencies to respond to rapidly evolving overdose trends.

It is helpful for OHA to receive information on suspected overdose deaths. This enables OHA to improve statewide overdose monitoring, focus interventions and

resources based on emerging overdose trends, and support community responses to overdoses. As such, if permitted by law, OHA strongly encourages LMHAs to report suspected youth/young adult overdose deaths to OHA's Injury & Violence Prevention Program at IVPP.General@odhsoha.oregon.gov or (971)-357-8667. LMHAs may also request technical assistance, resources, and support from the Injury & Violence Prevention Program to aid in their community response.

Additionally, if permitted by law, OHA strongly encourages LMHAs to report suspected youth/young adult overdose deaths to their county's Local Public Health Authority. Local public health systems are equipped to support a community response to these events through existing infrastructure, processes, and partnerships. Many of Oregon's LPHAs have formal overdose emergency response plans in place that can be adapted for youth/young adult overdoses.

OHA will engage LPHAs in 2024 to determine how they can best support youth/young adult overdose response activities and how they would like to be involved in these local processes. OHA will provide additional guidance in a future iteration of this document.

BEST PRACTICES & RECOMMENDATIONS

OHA recommends the following best practices for suspected youth/young adult overdose death communications and postvention response:

1. **Engage with local partners** to collaboratively establish communication pathways and postvention protocols that can be quickly activated following suspected youth/young adult overdose deaths. Recommended partners include district medical examiner's offices, Local Public Health Authorities, school districts, colleges and/or universities, post-secondary educational institutes, youth-serving organizations, child welfare programs, local law enforcement, behavioral health service providers, and grief counseling organizations.
2. **Notify OHA and your Local Public Health Authority** when suspected youth/young adult overdoses occur. State and local public health agencies are well positioned to support community postvention response. Additionally, this information-sharing helps improve real-time overdose surveillance.
3. **Ensure the decedent's and their survivors' privacy and confidentiality.** Be mindful of what information you disclose to partners or publicly, only share information if permitted by federal and state law, and if you share information, always share it electronically through secure or encrypted emails. Provide community partners only the necessary information to support affected people and to reduce future overdose

risk. When discussing the decedent, do so with dignity and respect. Honor the survivors' wishes when conducting postvention activities.

4. **Be mindful of exposure and secondary trauma** by sharing the minimum amount of information that is necessary with only the people who need to know it. The focus of most communications should be the tragic loss of life, as opposed to the specific circumstances surrounding the death.
5. **Use postvention as an opportunity for prevention and to highlight resources.** Postvention communications and response activities present opportunities to share overdose prevention and harm reduction education and resources, to reduce stigma towards people who use drugs, and to promote pathways to substance use disorder treatment and recovery.
6. **Practice self-care.** The tragedy of youth/young adult overdose death can evoke a wide range of thoughts, feelings, and reactions. LMHA staff and other community partners involved in overdose postvention should practice self-care to reduce stress, cope with grief, preserve well-being, and avoid burnout. Self-care looks different for everyone but may include physical activity, breathing exercises, positive social interactions, and creative expression. LMHAs are also encouraged to implement time-limited duties (such as 2-3 years) for overdose notification and postvention response staff to rotate these responsibilities and support staff care.
7. **Evaluate and iteratively improve** notification processes and postvention response. As resources allow, convene local partners to debrief and assess the effectiveness of each youth/young adult overdose response. Adjust processes and protocols based on lessons learned to help improve future responses.

RESOURCES

OHA compiled the following list of resources to support LMHA communication and postvention activities. Please note that this list is not exhaustive. LMHAs are encouraged to engage their local public and behavioral health partners for county-specific resources. LMHAs may also contact OHA for support, as needed:

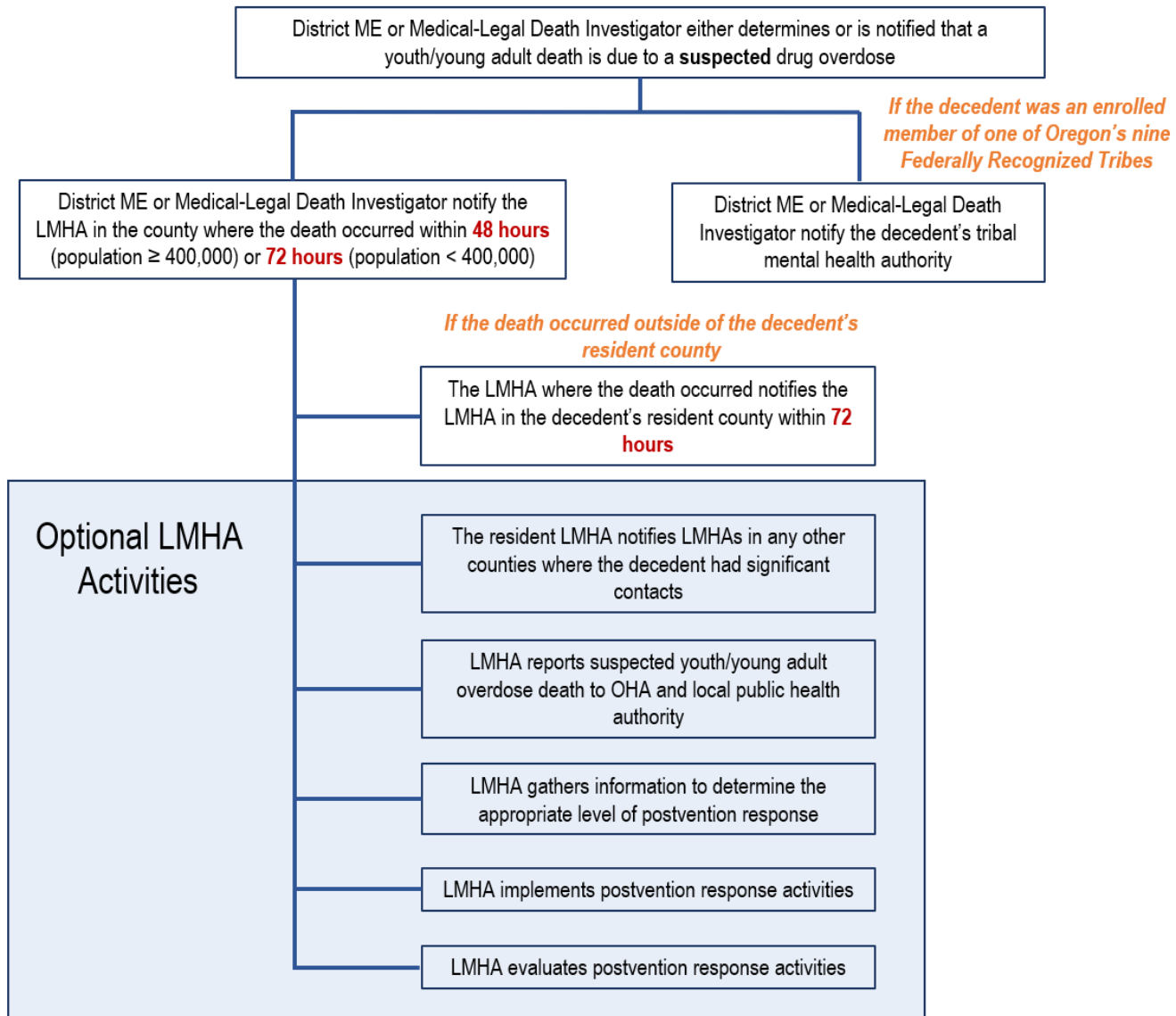
IVPP.General@odhsoha.oregon.gov or (971)-357-8667.

1. **[Fentanyl & Opioid Response Toolkit for Schools](#)**: OHA and the Oregon Department of Education co-developed this toolkit to support educators, students, and families in response to Oregon's overdose crisis.
2. **[Reverse Overdose Oregon](#)**: This OHA campaign offers information and resources on administering naloxone, an opioid reversal medication.
3. **[Save Lives Oregon](#)**: This OHA initiative serves as a harm reduction resource hub and offers communications tools for partnering organizations.

4. [OHA-Public Health Division Harm Reduction](#): This OHA webpage provides harm reduction information and resources and serves as a good jumping point to explore additional OHA substance use and overdose prevention webpages.
5. [Stop Overdose](#): The Centers for Disease Control and Prevention created this website to provide information on fentanyl and polysubstance risk, naloxone, stigma, and treatment and recovery options.
6. [Partnership to End Addiction](#): The Partnership to End Addiction offers a variety of grief resources for families how have lost children to overdose, including support groups, resources for siblings, videos, and recommended reading.
7. [Overdose Fatality Review](#): This US Department of Justice-sponsored webpage provides information, resources, and practitioner's guides for overdose fatality reviews

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the OHA Injury & Violence Prevention Program at IVPP.General@odhsosha.oregon.gov or (971)-357-8667 (voice/text). We accept all relay calls.

APPENDIX A: NOTIFICATIONS FLOWCHART



APPENDIX B: LMHA CONTACT LIST

This list includes the primary points of contact to receive suspected youth/young adult overdose death notifications. As of November 2024, OHA is still engaging local partners to identify the appropriate point of contact for several counties. OHA will be maintaining this contact list and will be updating it regularly on the [OHA Opioid Overdose and Misuse Resources webpage](#).

Please contact OHA’s Injury & Violence Prevention Program to revise your LMHA’s contact information: IVPP.General@odhsoha.oregon.gov or (971)-357-8667.

County	Program	Point(s) of Contact	Email(s)	Phone Number(s)
Baker	New Directions NW, Inc.	To be determined (TBD)		
Benton	Benton County Behavioral Health	TBD		
Clackamas	Clackamas County Mental Health	Galli Murray, LCSW, Suicide Prevention Coordinator	Gallimur@clackamas.us	(971)-201-8468
Clatsop	Clatsop Behavioral Healthcare	TBD		
Columbia	Columbia Community Mental Health, Inc.	Miriam Parker, Director of Clinical Operations	lefd@ccmh1.com ; miriamp@ccmh1.com	(503)-438-4178
Coos	Coos Health and Wellness	TBD		
Crook	Crook County Mental Health	Angela Cumming, Program Director Cynthia Bese, Community Support Services Program Manager	angelac@bestcaretreatment.org ; cynthiab@bestcaretreatment.org	Angela Cumming: (541) 323-5330 Cynthia Bese: (541) 323-5330
Curry	Adapt Integrated Health Care	Cherie Barnstable, LCSW, Chief of Community Mental	Cherie Barnstable: cherieb@adaptoregon.org	Joyce Bartkus: 541-671-7356

		Health Services JoAnn Rowan-Nichols, LCSW, Crisis Supervisor Joyce Bartkus, QMHA I, Protective Service Investigator	JoAnn Rowan-Nichols joannr@adaptoregon.org ; Joyce Bartkus: joyceb@adaptoregon.org	Adapt Integrated Health Care: 541-708-9582
Deschutes	Deschutes County Mental Health and Adult Treatment Services	TBD		
Douglas	Adapt Integrated Health Care	Cherie Barnstable, LCSW, Chief of Community Mental Health Services Cheryl McDonald, LCSW, Crisis Supervisor Joyce Bartkus, QMHA I, Protective Service Investigator	Cherie Barnstable: cherieb@adaptoregon.org Cheryl McDonald: cherylm@adaptoregon.org Joyce Bartkus: joyceb@adaptoregon.org The FIR Team; fir@adaptoregon.org	Joyce Bartkus 541-671-7356 Adapt Integrated Health Care 541-440-3532
Gilliam	Community Counseling Solutions	TBD		
Grant	Community Counseling Solutions	TBD		
Harney	Symmetry Care	TBD		
Hood	Mid-Columbia Center for Living	Al Barton, Executive Director Jamie Preston, Deputy Director	abarton@mccfl.org ; jpreston@mccfl.org	Al Barton: (541) 392-4159
Jackson	Jackson County Health & Human Services	TBD		
Jefferson	Best Care Treatment Services	TBD		

Josephine	Options	TBD		
Klamath	Klamath Basin Behavioral Health Care	Makenzie Folsom, Klamath Basin Behavioral Health Care Prevention Outreach Coordinator Jennifer Little, Klamath County Public Health Director	mfolsom@kbbh.org jlittle@klamathcounty.org	Makenzie Folsom: (458) 243-4318
Lake	Lake District Wellness Center	TBD		
Lane	Lane County Behavioral Health Services	Alexander LaVake, MPH, Overdose Prevention Coordinator (Lane County Public Health)	Alexander.LAVAKE@lanecountyor.gov	(458) 217-4805
Lincoln	Lincoln County Mental Health Program	Callie Lamendola-Gilliam, Overdose Prevention Coordinator	clamendola-gilliam@co.lincoln.or.us	(541) 270-9648
Linn	Linn County Health Services	TBD		
Malheur	Lifeways	TBD		
Marion	Marion County Behavioral Health	Teri Morgan, Addiction Treatment Services Program Manager Carol Heard, Addiction Treatment Services Division Director	thmorgan@co.marion.or.us ; cheard@co.marion.or.us	Teri Morgan: (503) 361-2643 Carol Heard: (503) 576-4683
Morrow	Community Counseling Solutions	TBD		
Multnomah	Multnomah County Behavioral Health Division	Clair Raujol, Supervisor of Prevention Services	gmincidentreporting@multco.us	(971) 337-5463
Polk	Polk County Behavioral Health	TBD		

Sherman	Mid-Columbia Center for Living	Al Barton, Executive Director Jamie Preston, Deputy Director	abarton@mccfl.org ; jpreston@mccfl.org	Al Barton: (541) 392-4159
Tillamook	Tillamook Family Counseling Inc.	TBD		
Umatilla	Community Counseling Solutions	TBD		
Union	Center for Human Development	TBD		
Wallowa	Wallowa Valley Center for Wellness	TBD		
Wasco	Mid-Columbia Center for Living	Al Barton, Executive Director Jamie Preston, Deputy Director	abarton@mccfl.org ; jpreston@mccfl.org	Al Barton: (541)-392-4159
Washington	Washington County Health & Human Services	Naomi Hunsaker, Addictions Senior Program Coordinator	Naomi_Hunsaker@washingtoncountyor.gov	(503) 846-4927
Wheeler	Community Counseling Solutions	TBD		
Yamhill	Yamhill County Mental Health Program	Jason Henness, MS LMFT, Behavioral Health Director	hennessj@co.yamhill.or.us	(503) 434-7523

APPENDIX C: TRIBAL PUBLIC HEALTH AUTHORITY CONTACT LIST

This list includes the primary points of contact to receive suspected youth/young adult overdose death notifications. OHA will be maintaining this contact list and will be updating it regularly on the [OHA Opioid Overdose and Misuse Resources webpage](#).

Please contact OHA's Injury & Violence Prevention Program to revise your Tribal Public Health Authority's contact information: IVPP.General@odhsoha.oregon.gov or (971)-357-8667.

Medical Examiner Contacts for Reporting Youth Suicides & Youth Overdoses to Tribes			
Tribe Name	Medical Examiner Contact	Email	Phone
Burns Tribe	James St Martin Social Services Director	james.stmartin@burnspaiute-nsn.gov	541-573-3800
	Michelle Bradach	michelle.bradach@burnspaiute-nsn.gov	541-413-0023
Klamath	Susan Lawlor	susan.lawlor@klamathtribalhealth.org	541-882-1487 ext409
	Chanda Yates Health General Manager	chanda.yeates@klamathtribalhealth.org	541-892-2896
Siletz	Miranda Willams Health Director	mirandaw@ctsi.nsn.us	541-444-9655
	Dee Butler BH Health Director	DeeN@ctsi.nsn.us	541-270-2612
Grand Ronde	Patty Henry Clinical Supervisor	Patricia.Henry@grandronde.org	503-879-1399
Cow Creek	Sharon Stanphill Chier Operating Officer	SStanphill@cowcreek-nsn.gov	541-672-9405 541-580-5517

	Alicia McAuley Chief Operations Officer	Alicia.mcauley@cowcreek-nsn.gov	541-672-9405 541-580-5642
Coquille	Rajesh Ravuri Chief Medical Examiner	rajeshravuri@coquilletribe.org	541-297-5840
Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians	Iliana Montiel Assistant Director of Health Services	imontiel@ctclusi.org	541-888-7526 cell
Warm Springs	Darryl Scott BH Manager	darryl.scott@wstribes.org	541-553-3205
	Caroline Cruz Health Human Services Manager	caroline.cruz@wstribes.org	541-553-0497
Umatilla	Cindy Cecil BH Clinical Director	cynthiacecil@yellowhawk.org	541-240-8684

APPENDIX D: OPTIONAL COMMUNICATIONS TEMPLATE

District medical examiner offices and LMHAs may use this template to share information about the decedent and the circumstances of their death. This template may be modified to accommodate existing communications processes and local needs. This information should always be shared via secure email to protect the privacy and confidentiality of the decedent.

NOTE: This template should only be used when notifying LMHAs of a suspected youth/young adult overdose death. LMHAs should provide partners with only the necessary information to support impacted individuals and to reduce future overdose risk.

For example, Oregon Health Authority and local public health authorities would benefit from knowing the decedent's age, suspected manner of death, cause of death, the suspected substances involved in the death, and any additional circumstances of death that could help prevent additional overdoses. All other details may be omitted unless specifically requested.

Required Information

1. Name of decedent: Click or tap here to enter text.
2. Date of birth: Click or tap here to enter text.
3. Date of death: Click or tap here to enter text.
4. Suspected manner of death (e.g., *natural, accidental, suicide, homicide, undetermined*): Click or tap here to enter text.
5. Suspected cause of death: Click or tap here to enter text.

Additional/Optional Information (if known)

Circumstances of Death

6. Location of death (city/county): Click or tap here to enter text.
7. Place of death (e.g., *personal residence, non-personal residence, workplace, school, public location, public lands*): Click or tap here to enter text.
8. Suspected substance(s) involved in death (e.g., *fentanyl, heroin, methamphetamine, cocaine, prescription/counterfeit medication, alcohol, other, unknown*): Click or tap here to enter text.

9. Additional circumstances of death that may help preserve the public health and prevent additional overdoses (e.g., was there a nearby bystander, was the overdose recognized/witnessed, was naloxone administered, was the decedent aware they were consuming the suspected substances involved in the death): Click or tap here to enter text.

Decedent Demographics

Note: When possible, use Oregon's Race, Ethnicity, Language, and Disability (REALD) categories ([link](#)) to report the decedent's race and ethnicity.

10. Gender (male, female, transgender, non-binary, other): Click or tap here to enter text.
11. Race (e.g., *White, Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, other, unknown*): Click or tap here to enter text.
12. Ethnicity (e.g., *Hispanic, not Hispanic, unknown*): Click or tap here to enter text.

Additional Decedent Information

13. Schools, colleges/universities, post-secondary educational institutes attended by the decedent: Click or tap here to enter text.
14. Decedent's extracurricular activities: Click or tap here to enter text.
15. Decedent's place(s) of employment: Click or tap here to enter text.
16. Decedent's community affiliations (e.g., *service entities, church, clubs, recreational leagues, or community organizations*): Click or tap here to enter text.
17. Additional information about the decedent that may help identify significant contacts to offer support: Click or tap here to enter text.

Survivor/Significant Contacts Information

Please list the decedent's survivors and significant contacts, including the bereaved family, chosen family, friends, professionals, peers, and those with geographic, social, or social media ties. Please provide the survivor's name, their relationship to the decedent, and their contact information (if known). This information will help support local postvention response activities.

Click or tap here to enter text.

APPENDIX E: FREQUENTLY ASKED QUESTIONS

1. **Why weren't local mental health authorities, local public health authorities, or Tribal partners consulted during the development of this guidance?**

In accordance with HB 2395, OHA was required to provide this Communications Guidance by the statute's January 1, 2024, operative date. This timeline limited OHA's ability to adequately engage partners. OHA consulted representatives

from the Association of Oregon Community Mental Health Programs and the Association of Oregon Counties to inform the initial iteration of this document. Additionally, OHA surveyed Community Mental Health Program Directors and Suicide Postvention Response Leads to inform this document's development.

OHA is committed to engaging local mental health authorities, local public health authorities, Tribal partners, and other local partners throughout 2024 to inform and iteratively improve this initial Communications Guidance. OHA will also explore partner interest and recommendations for developing future statewide overdose postvention guidance.

2. How can agencies request technical assistance or support from OHA or provide feedback on this communications guidance?

Contact OHA's Injury & Violence Prevention Program:
IVPP.General@odhsoha.oregon.gov or (971)-357-8667.

3. Can LMHAs list or include local public health authority staff as points of contact to receive suspected youth/young adult overdose death notifications?

Yes, local public health authority staff may also receive these notifications. Contact OHA's Injury & Violence Prevention Program to revise your county's point of contact: IVPP.General@odhsoha.oregon.gov or (971)-357-8667. LMHAs may list multiple individuals from multiple agencies to receive these notifications.

4. Why are LMHAs responsible for this work?

HB 2395's bill language was modeled after existing suicide postvention statute ([Senate Bill 561](#), [Senate Bill 485](#), and [Senate Bill 918](#)). This statute requires communications among LMHAs and local systems to improve notifications and information-sharing following suspected youth/young adult suicide deaths to address the loss and the potential risk of contagion.

5. Are LMHAs or medical examiners required to notify schools when a current or former student dies of a suspected overdose?

No. There are no current requirements to notify schools of youth/young adult overdose deaths. However, sharing this information with schools, local public health authorities, behavioral health providers, and other local partners may help support organizations and individuals impacted by the overdose death.

6. How should LMHAs respond when a youth/young adult suicide involves a drug overdose?

In these situations, LMHAs should activate their youth suicide communication and postvention response protocols.

7. How are LMHAs expected to implement these new requirements and recommendations without additional funding?

OHA acknowledges the significant workforce constraints many LMHAs are currently facing and the frustrations associated with unfunded mandates. OHA is available as a resource to LMHAs, as needed, to support process planning, communications, and community postvention response. Please contact OHA's Injury & Violence Prevention Program for support and technical assistance: IVPP.General@odhsoha.oregon.gov or (971)-357-8667

8. What is the purpose of the overdose death notifications?

The purpose of these notifications is to improve information-sharing in the event of a suspected youth/young adult overdose death. Currently, there are significant gaps in accessing real-time overdose data. It can take six to eight months for OHA and county health officials to receive preliminary overdose death data. This makes it challenging for public health agencies to respond to rapidly evolving overdose trends. Sharing information related to suspected overdose deaths will help improve timely, coordinated community responses and help prevent future overdoses.

9. How will district medical examiners/medical-legal death investigators and LMHAs be held accountable for adhering to HB 2395's requirements?

While HB 2395 includes *requirements* for district medical examiners/medical-legal death investigators, LMHAs, and OHA, it does not include *regulations*. Currently there is not regulatory authority enforcing the statute's requirements.

10. Do these requirements apply to all overdoses, or only fatal overdoses?

HB 2395's requirements only apply to suspected youth/young adult fatal overdoses. However, medical examiners/medical-legal death investigators, LMHAs, LPHAs, and other local partners are also encouraged to exchange information on nonfatal overdose events as systems and capacity allows to improve local surveillance and response.

11. What constitutes as a "suspected" overdose death?

District Medical Examiners, Medical-Legal Death Investigators, Assistant District Medical Examiners, Pathologists, or designees of the District Medical Examiner may confirm orally or in writing that they reasonably believe the cause of death was the result of an overdose. Deaths may be considered suspected overdoses based on the cause of death, the manner of death, and the circumstances surrounding the death, including scene findings.

LMHA notifications do not require confirmation from toxicology analysis. District Medical Examiners or Medical-Legal Death Investigators are encouraged to report suspected youth/young adult overdoses to LMHAs before toxicology reports confirm the cause of death.

12. What type of information is protected from public disclosure?

LMHAs should consult with their own legal counsel about the type of information

that is protected from public disclosure. As a general matter, if the LMHA is just passing along the information that came from the district medical examiner or medical-legal death investigator, it likely is permissible to share all of the information described above.

In making a determination about what information can be disclosed, a LMHA should consider whether disclosure is permissible under any of these laws, to the extent they are applicable to the LMHA:

- Federal law governing protected health information (HIPAA): 42 USC 1320d et seq., 45 C.F.R. parts 160 and 164.
- Federal law governing substance use records: 42 C.F.R. Part 2.
- State law governing protected health information: Oregon Revised Statutes 192.553 to 192.581.

13. How many youth/young adult overdoses occur in Oregon?

In 2022, 19 youth (ages 0-17) and 66 young adults (ages 18-24) died of an unintentional/undetermined overdose death in Oregon. Of the 1,289 Oregonians who lost their lives to unintentional/undetermined overdoses in 2022, approximately 7% were youth or young adults.