

The Development of a Suicide Fatality Review Committee and Community Driven Suicide Prevention Strategic Plan

Presentation to the Task Force on Community Safety and Firearm Suicide
Prevention

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Health, Housing
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CLACKAMAS COUNTY

Clackamas County Suicide Fatality Review (SFR) Committee

- Created in 2021, the SFR functions as a sub-committee of the Clackamas County Coalition to Prevent Suicide which began in 2018.
- The committee consists of a multidisciplinary group of professionals and community members with lived experience.

The goal of the SFR is to:

- Identify specific barriers and systems issues involved with suicide deaths.
 - Identify risk factors and trends in suicide deaths for future prevention/intervention efforts as well as looking at the enhancement of potential protective factors.
 - Develop strategies for increased communication and coordination of delivery of services to survivors of suicide loss.
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Members on the SFR committee include:

- Clackamas County Disaster Management, Office of the Medical Examiner
- Oregon State Police, Office of the State Medical Examiner
- Clackamas County Health Centers
- Clackamas County Behavioral Health
- Clackamas County Social Services
- Clackamas County Public Health
- Clackamas County District Attorney's office
- Portland VA Health Care System
- Providence Hospital System
- Clackamas County Sheriff's Office
- Oregon City Police Department
- Lake Oswego Police Department
- West Linn Police Department
- State of Oregon Dept. of Human Services Depts. and Programs
- Trauma Intervention Program (TIP)
- Suicide Attempt Survivors
- Suicide Loss Survivors

Process

- The ME's office sends letters out to the next of kin of all age individuals who have died by suicide in Clackamas County, inviting their participation in the SFR process.
- Upon receipt of a signed release of information, the individual who died by suicide is scheduled to be reviewed at an upcoming SFR.
- The SFR committee only reviews those cases in which a release of information has been signed by the legal next of kin.

Year	Letters Sent Out	Letters Returned with Permission	Percent Returned	Cases Reviewed
2022	135	17	12.6%	5
2023	17	4	24%	6
2024	32	4	12.5%	5
Total	184	25	13.6%	16

Process

- SFR members receive case information via secure email and virtual meeting link for the individuals scheduled for case review only after receiving the SFR committee member's confidentiality form.
- If the release of information permits, we ask each SFR member to check to see if their agency/organization had contact with the individuals we are scheduled to review and to be prepared to share what is appropriate.
- If the agency does not have any information to share, we still want the representative's participation at the SFR in the discussion regarding risk factors, protective factors, and system recommendations.
- Each case is presented by the Chief Medicolegal Death Investigator followed by sharing of pertinent information by various agencies.
- At the end of each meeting, we do a small group exercise to help transition SFR committee members back into their day. The meeting is also purposefully planned to end at 12pm to allow for committee members to engage in self care.

SFR Process

- During the case presentation, SFR committee members take notes at the meeting on the events leading up to the individual's death as well as any life circumstances or experiences deemed relevant to the manner of death.
- Committee members are given the option of taking notes in this grid format that is intended to help members organize their thoughts.

	Protective Factors	Risk Factors	Notes on System Improvement
Clinical Care			
Lethal Means			
Community			
Family			
Relationship to Suicide			
Law Enforcement			
Other			

Analysis

Taken from the [2024 SFR Annual Report](#)

Risk Factors

All five decedents were not actively engaged in mental or physical health care, or were having difficulty accessing care (due to lack of insurance, inconsistent follow-up from care providers, etc.). Three out of five had known mental health disorders. All five had expressed suicidal ideation in the past, and three had prior suicide attempts. Four out of five cases lacked support from family or were estranged from family (i.e., a spouse, child, etc.). Three out of five decedents had mentions of substance or alcohol use disorder diagnoses. Three out of five were experiencing job or financial stress near the time of their death. Three out of five had died by firearm, and three out of five had a firearm in their possession that was not locked.

Analysis

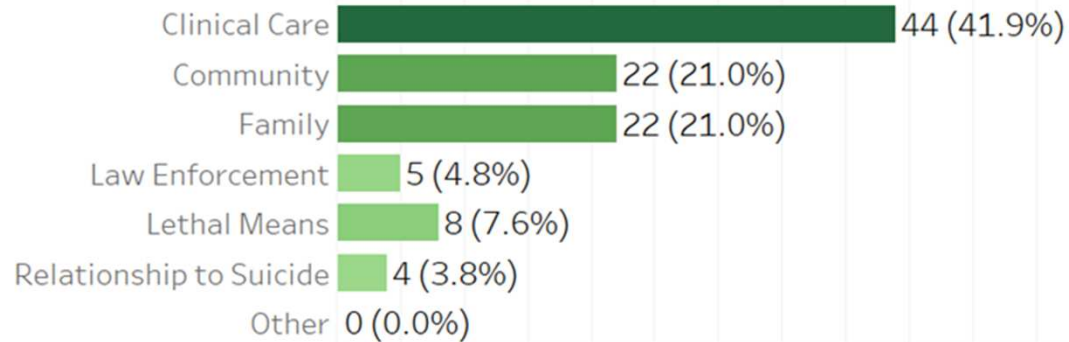
Taken from the [2024 Annual Report](#)

Protective Factors

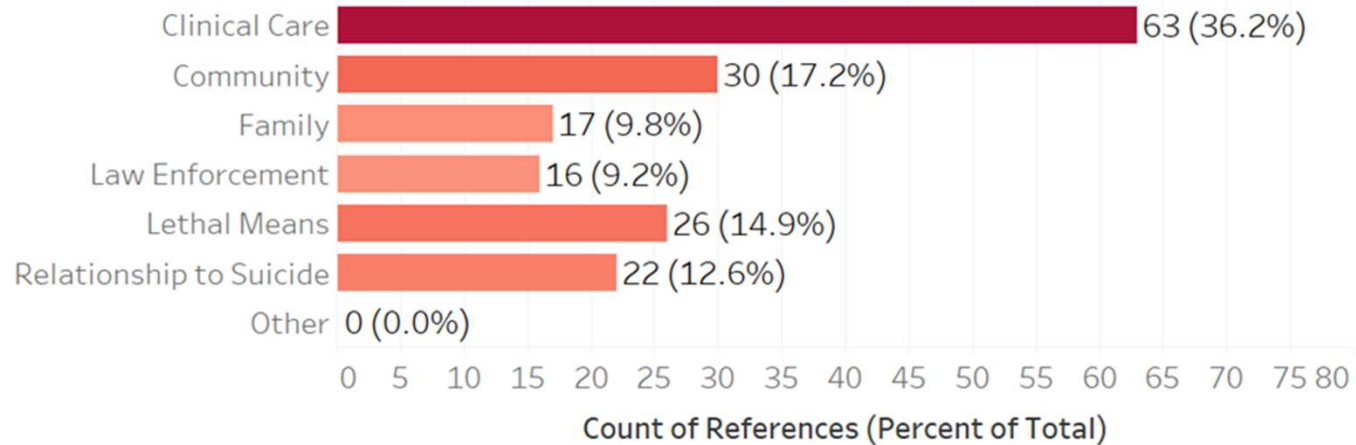
All five decedents were known to have relationships with family members. Four out of five were noted to have engaged with mental health care in the past. Four out of five were employed or enrolled in school at the time of death. Four out of five had police welfare checks due to a mental health crisis or expressing suicidal ideation.

2024 suicide fatality review qualitative analysis results

Protective Factors




Risk Factors



System Recommendations into Action

- Information is compiled into the annual report and shared with the larger Suicide Prevention Coalition of Clackamas County via the Suicide Prevention Coordinator.
- This information will help to direct the Coalition's areas of focus in a variety of areas. SFR committee recommendations will or have already led to system improvements in the community such as:
 - Increase care and support to individuals following presentation to an Emergency Department for a suicide related crisis to improve the likelihood of connection to treatment after discharge.
 - Increase education and awareness of how and when an eligible person or entity might consider filing an Extreme Risk Protection Order (ERPO) which prohibits an individual who is determined to be at imminent risk of harm to themselves or others from purchasing, possessing, or receiving firearms for a period of time.
 - Educate family members and natural supports about the importance of securing firearms in the home to prevent unauthorized access.

Starting an SFR – What You Need

- Partnership with the ME's office
 - Dedicated FTE to lead the work
 - SFR protocol and all necessary forms developed
 - Legal team review
 - Commitments from partner organizations to regularly attend SFR meetings
 - Orientation of committee members to the SFR process
 - Coalition/workgroup/advisory body to receive and, if appropriate, implement SFR recommendations.
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Suicide Prevention Coalition of Clackamas County

Connection. Support. Community.



Clackamas County Suicide Prevention Strategic Plan

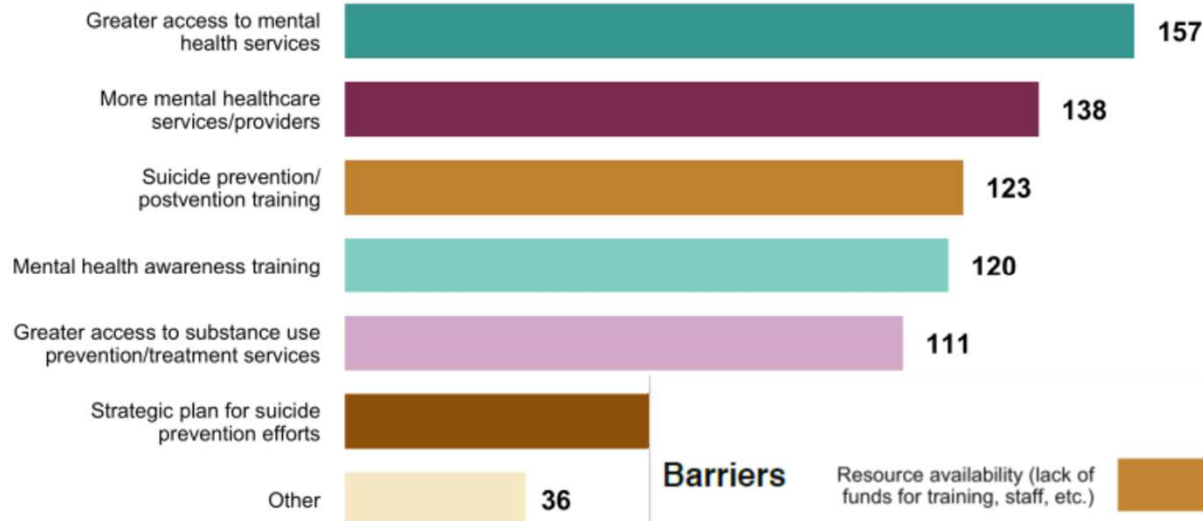
- Over a two-year period, we solicited input and feedback through individual interviews, community surveys and a needs assessment. A total of 19 listening sessions across Clackamas County, representing 260 people and 70 organizations, were held.
- Key themes were identified by our partners at the University of Oregon Suicide Prevention Lab.
- Using key themes, the Coalition identified draft strategic directions and possible action steps.
- Using an ease/impact process, the Steering Committee of the Coalition, with leadership and guidance from the University of Oregon Suicide Prevention Lab, determined which strategic directions would advance immediately and which would be reviewed again when the plan is next under evaluation.

[Clackamas County Suicide Prevention Strategic Plan](#)

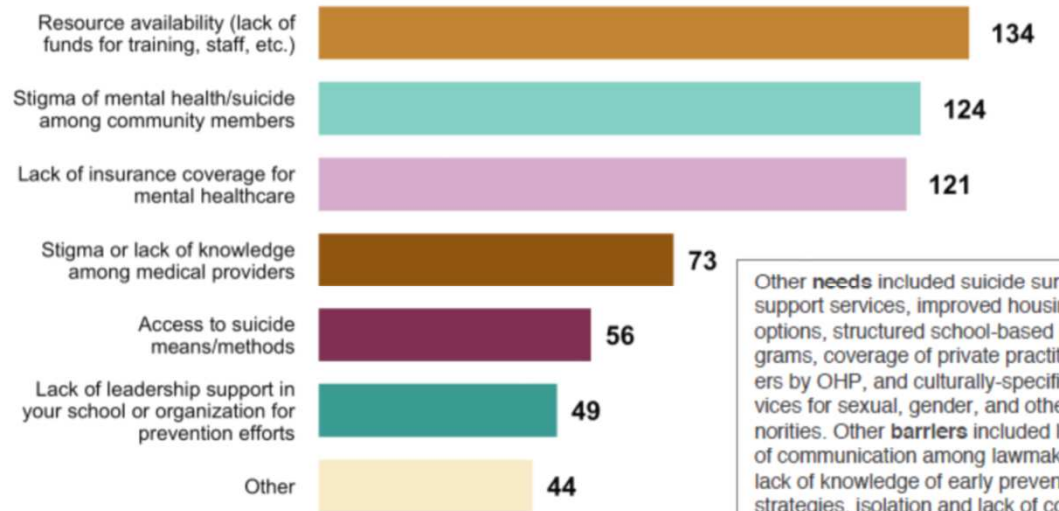


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Needs



Barriers



Other **needs** included suicide survivor support services, improved housing options, structured school-based programs, coverage of private practitioners by OHP, and culturally-specific services for sexual, gender, and other minorities. Other **barriers** included lack of communication among lawmakers, lack of knowledge of early prevention strategies, isolation and lack of connection for rural communities, stigma among law enforcement and criminal justice officials and systems, and lack of transportation services for patients.

School Initiatives

Increase student awareness of what to do and when (1, 2)

Increase school and district awareness and involvement (1)

Get youth involved and trained (1, 2)

Improve safe transitions from hospital to home (1, 2)

Work with ODE to hold districts accountable for Adi's Act (1)

Increase upstream prevention strategies (universal screening, curriculum that includes MH and suicide) (1, 2)

Increase parent awareness about warning signs and other areas of suicide prevention, intervention, postvention and how to navigate help (1, 2)

Means Safety Initiatives

Continue to make available at no cost items that assist with reducing access to lethal means (1)

Increase firearm cultural competence for individuals such as MH providers and others who are not part of the gun community (2)

Increase awareness about access to these items and why using them can save lives (1)

Engage the firearm community in this work by learning from them, hearing them, not telling them what do - let them lead (2)

Collaborate with community partners such as LEA, MH and SP training partners (to announce availability about items during training) and prescribers to increase awareness and distribute items. (1)

Explore ways to get this work supported and funded (2)

Increase awareness and availability of suicide prevention trainings within the firearm community (2)

Health Care Initiatives

Increase support groups

Increase awareness about peer support

Increase awareness of risk factors

Increase registration of health care providers in these trainings

Increase awareness of trainings

Leverage and collaborate with existing providers to increase screening and peer supports

Targeted outreach about trainings to parents/natural supports and others (1)

Community Initiatives

Get youth trained in suicide prevention and how to identify signs and symptoms (1)

Leverage existing relationships (groups, list serves, media, etc.) in the community to promote safe messaging and CLAS standards (2)

Increase trainer capacity and sustainability plan for the County (1)

Make information accessible to all (2)

Offer trainings other than standard "suicide prevention" or "MH awareness" that promote connection/resiliency/help seeking (1)

Increase awareness of availability of resources (2)

Make trainings accessible to all of Clackamas County (1)

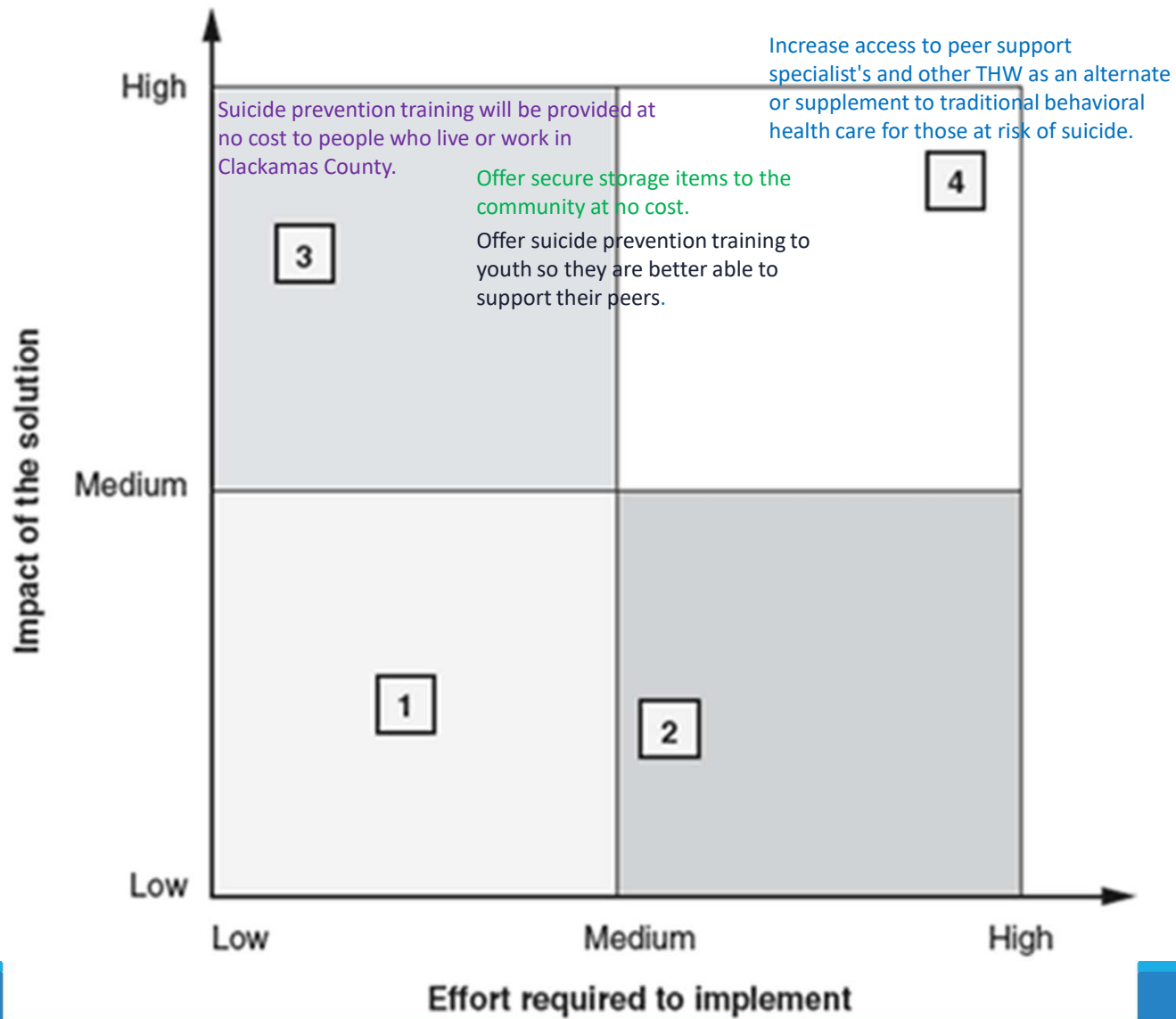
Increase feeling of connection in our community (2)

Messaging should reflect demographics of the community - one size does not fit all (2)

Get youth trained in these principles (3)

Leverage existing groups, list serves, media, etc. to serve as distribution "brokers" of messaging (3)

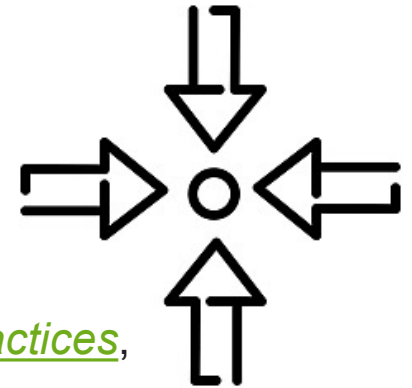
Offer training about safe messaging and CLAS standards to organizations (3)



Clackamas County Suicide Prevention Strategic Plan

Clackamas County's Strategic Plan aligns with the following:

- [National Strategy for Suicide Prevention](#),
- [CDC Preventing Suicide: A Technical Package of Policy, Programs and Practices](#),
- Oregon's [Youth Suicide Intervention and Prevention Plan](#),
- Oregon's Adult Suicide Intervention and Prevention Plan,
- [Blueprint for a Healthy Clackamas County \(CHIP\)](#)
- [Performance Clackamas](#).



Alignment with these national, state, and local plans helps to connect and leverage the work, allowing for an even greater impact.

Clackamas County Suicide Prevention Strategic Plan

The development of the strategic plan was organized around four priority areas generated from themes:

- ❖ Youth and Young Adults
- ❖ Means Safety
- ❖ Health Care
- ❖ Community


The plan includes the priority areas, strategic directions as well as examples of suggested action items.

Means Safety Priority Area

In collaboration with the firearm community, law enforcement agencies, community-based organizations, academic environments, health care providers and suicide prevention training partners, promote means safety as part of a comprehensive approach to suicide prevention.


Strategic Directions (listed in priority order)	Examples of Suggested Action Items
<p>2a. Engage the firearm community in this work and let them lead versus telling them what to do.</p>	<ul style="list-style-type: none"> • Collaborate with and regularly attend meetings with the Oregon Firearm Safety Coalition. • Generate a list of all Federal Firearms Licensees (FFL's) to understand location and number of firearm retailers located in Clackamas County. • Partner with Clackamas County Sheriff's Office to approach FFL's to, 1) distribute messaging with each sale; 2) display messaging in their business; 3) inquire as to whether or not the FFL would be a temporary storage location for firearms. • Identify temporary storage options for firearms. • Attend the Oregon Alliance to Prevent Suicide lethal means advisory group and partner as appropriate.
<p>2b. Increase awareness about access to secure storage items such as rifle cases, gun cable locks and medication lock boxes and why using them can save lives.</p>	<ul style="list-style-type: none"> • Continue to make available no cost secure storage items. • Ask the firearm community about where and who should be distributing secure storage items. • Collaborate with law enforcement agencies, academic environments, behavioral health, physical health, and substance use providers and suicide prevention training partners to announce availability about secure storage items and how to access. • Make secure storage devices and suicide prevention resources available to community members in all Clackamas County Health Equity Zones.

Clackamas County Suicide Prevention Strategic Plan

- In addition to the Steering Committee, the leadership body for the Coalition, and the Suicide Fatality Review Committee, the Coalition created four standing action teams (committees), each representing one priority area in the Suicide Prevention Strategic Plan.
 - These action teams are: **Youth and Young Adults, Means Safety, Health Care and Community.**
 - These action teams will meet monthly to advance the work of the Suicide Prevention Strategic Plan.
 - Quarterly Suicide Prevention Coalition meetings will provide an educational or training opportunity to keep our community abreast on the suicide prevention field as well as a provide a venue where updates about action team work and strategic directions will be shared.
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Clackamas County Suicide Prevention Strategic Plan

Looking back and ahead:

- Coalition work can be challenging. Community members are busy and have other commitments.
 - Community voice and data do not always align.
 - Although the plan is community driven, an entity that has resources/FTE has to provide the holding tank for the container in which the work can occur and be nurtured.
 - Creating ways to measure the success of the work is challenging.
 - If you create a strategic plan, create a budget.
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Questions?

For more information, please contact:

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