Ohio Suicide Fatality Review Manual

OHIO CENTER of EXCELLENCE
FOR BEHAVIORAL HEALTH PREVENTION & PROMOTION

Ohio

Department of Health

Department of Mental Health & Addiction Services

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Acknowledgements

Through the process of local reviews, communities and the state recognize that the circumstances involved in most suicide deaths are complex, multidimensional, and require partnerships and multi-sector collaboration at all levels. The Ohio Department of Health (ODH) and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) convened state and local partners to work together to create robust guidance that can be used to ensure that important key factors are being considered when establishing and facilitating local suicide fatality reviews in Ohio.

This document was developed in collaboration with participants of Ohio's Suicide Fatality Review Advisory Committee, facilitated by faculty and professional staff affiliated with the Ohio Center of Excellence for Behavioral Health Prevention and Promotion: Dr. Matt Courser & Nancy Cluff (Pacific Institute for Research and Evaluation); Dr. Keith King (University of Cincinnati's Center for Prevention Science); and Sara Condrac, Jen Morel, and Dr. Holly Raffle (Ohio University's Voinovich School of Leadership and Public Service).

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Introduction

Suicide is a major public health issue which impacts individuals, families, and communities.[i] Suicide rates continue to rise in the US, increasing approximately 36% between 2000–2021.[ii] The number of individuals who think about, plan, or attempt suicide is even greater.[iii] In 2021, an estimated 12.3 million US adults seriously thought about suicide, 3.5 million planned a suicide attempt, and 1.7 million attempted suicide. In 2021, suicide was among the top nine leading causes of death for individuals aged 10-64 years and for individuals aged 10-14 or 20-34 years, suicide was the second leading cause of death.[iv] Data on suicide deaths and trends is available at SAMHSA National Survey on Drug Use and Health as well as the Centers for Disease Control and Prevention.

Ohio experienced an increase in suicide deaths throughout the past decade. In 2021, suicide was the second-leading cause of death among Ohioans 10-34 years of age and the twelfth-leading cause of death in Ohio overall.[v] In 2021, 1,766 Ohioans died by suicide, which was an 8% increase over 2020,[vi] compared to a national increase of 4.8%.[vii] Ohioans 25-44 years of age had the highest suicide rate in 2021, an increase of 13% from 2020, compared to an increase of 5% among Ohioans of other age groups.[viii] Five Ohioans die by suicide every day. One youth (ages 10-24 years) dies by suicide every 34 hours. Number and age-adjusted rates of suicide deaths based on county in Ohio is available from the Ohio Department of Health, Bureau of Vital Statistics.

Suicide has continued to increase in Ohio. Each day, five Ohioans die by suicide and every 34 hours one youth aged 10-24 dies by suicide.[ix]

History and Context

The legislation for Suicide Fatality Reviews (SFR) was enacted by HB 110 in the 134th Ohio General Assembly. HB 110 was the state operating budget for FY 2022-2023. The operating appropriations were effective June 30, 2021. Other provisions were generally effective Sept. 30, 2021; with some provisions subject to special effective dates.

In this legislation, the General Assembly authorized the creation of Overdose Fatality Review Committees and Suicide Fatality Review Committees. The Ohio Department of Health (ODH) released guidance for the Overdose Fatality Review and reporting guidelines.

Provisions for Suicide Fatality Review committees are similar to those described for Drug Overdose Fatality Review committees. The process for establishing and conducting suicide fatality review committees and their powers and duties regarding suicide deaths are the same as those described above that apply to drug overdose fatality review committees with regard to drug overdose deaths with a few exceptions which are noted in this document. ODH released the reporting guidelines for suicide fatality review committee This manual is designed to support local entities comply with the Ohio Revised Code and ODH reporting guidelines regarding suicide fatalities.

The legislation around the SFR process and requirements is ever evolving. As such, this manual is designed to be a living document. Please check the version date and ensure that you cross-check your work with the Ohio Revised Code and Ohio Administrative Code sections linked in this document. We also encourage you to do a quick search with key words “suicide” and “suicide fatality review” for new legislation within the ORC and OAC.

Purpose

This manual is offered to provide guidelines on how to develop, implement, and evaluate an effective Suicide Fatality Review. Suggestions are offered for conducting effective reviews as a means to prevent future suicide deaths. The manual is intended to serve as a guide and foundation which can be locally adapted to best meet the needs of each community. The structure of this manual is modeled after previous fatality review manuals, including: the Ohio Department of Health's Overdose Fatality Review Manual and the National Center for Fatality Review and Prevention Program Manual for Child Death Review.

What is a Suicide Fatility Review?

An important element of public health is to comprehensively and properly define the health issues that a community is attempting to address. Regarding suicide prevention, this involves attaining a thorough understanding of the individual and community risk factors, warning signs, and protective factors associated with suicide. In so doing, strategies can be developed based on the data and subsequently implemented to prevent suicide deaths.

A Suicide Fatality Review (SFR) is a critical component of a public health approach to community-based suicide prevention.[x] Data collected from SFRs is essential when planning, selecting, and implementing suicide prevention, early intervention, and treatment efforts. The purpose of a SFR is to more thoroughly understand factors and situations associated with suicide deaths throughout the community, provide suicide-related data, and formulate recommendations that can be used in developing future suicide prevention efforts.

According to the Ohio Department of Health, the purpose of a SFR is to effectively identify system gaps and innovative community-specific suicide prevention and intervention strategies. SFR committees shall establish a system for collecting and maintaining information necessary for the review of suicide deaths in the county. Maintaining records and collecting data are essential components of the SFR process. This allows the standardization of information collected for each case and contains the information that is aggregated and used to determine trends and make recommendations for prevention of future deaths.

Conducting a SFR requires the formation of a SFR committee with members who are committed to a multidisciplinary and collaborative approach in analyzing suicide deaths. SFR committees collectively discuss and assess factors and circumstances contributing to suicide deaths and then make recommendations for policy, systems, or environmental changes to prevent suicide. It is imperative that SFR committee members are committed to holding discussions that are confidential, nonjudgmental, and trauma informed.

Ohio Revised Code

Section 307.643 Purpose of suicide fatality review committee

The purpose of a suicide fatality review committee is to decrease the incidence of preventable suicide deaths by doing all of the following:

(A) Promoting cooperation, collaboration, and communication between all groups, professions, agencies, or entities engaged in suicide prevention, education, or mental health treatment efforts.

(B) Maintaining a comprehensive database of all suicide deaths that occur in the county or region served by the review committee in order to develop an understanding of the causes and incidence of those deaths.

(C) Recommending and developing plans for implementing local service and program changes and changes to the groups, professions, agencies, or entities that serve local residents that might prevent suicide deaths.

(D) Advising the department of health of aggregate data, trends, and patterns concerning suicide deaths.

SFR committees utilize multiple data sources when conducing a SFR; including (but not limited to) psychological autopsy findings, death certificate data, coroner/medical examiner scene investigations, toxicology reports, medical history, mental health and other treatment information, law enforcement reports, and interviews with individuals close to the decedent. Information discussed and presented at SFR meetings can be used to identify suicide trends in the community, needed policy and program refinements, and future community steps. Data from the SFR can assist the entire community involved in suicide prevention efforts.

SFR committees can assess and discuss data provided by a psychological autopsy (also referred to as a suicide death investigation) which is performed by a certified professional. A psychological autopsy helps to reconstruct factors contributing to a suicide death by conducting a thorough investigation into the decedent's life to develop robust recommendations for suicide prevention in similar situations. A psychological autopsy is a best practice postmortem data collection procedure for suicide deaths.

Objectives for Suicide Fatality Review Committees

SFR committees are developed to achieve the following objectives:

- Encourage active collaboration and cooperation among all agencies involved in suicide prevention, early intervention, treatment, and postvention.
- Assess suicide data to identify common risk factors, circumstances, trends, and patterns of suicide deaths.
- Analyze local system responses to suicide deaths within a community to more thoroughly understand the factors associated with suicide deaths.
- Promote ongoing communication among public health professionals, mental health providers, health educators, law enforcement, and all community professionals involved in suicide prevention, early intervention, treatment, and postvention.
- Develop and maintain a comprehensive database of local suicide deaths in the community which provides information on the risk and protective factors and circumstances associated with suicide deaths in the community.
- Synthesize collected data on local suicide deaths that can be used to inform decision makers on necessary systems changes at the community and state level.
- Formulate and recommend needed policy and program changes concerning suicide prevention and treatment efforts based on collected suicide data at the state and local levels.
- Ensure the consistent reporting of the factors and circumstances associated with local suicide deaths and the systems the decedents encountered prior to the suicide.
- Identify opportunities and needed refinements for improving suicide prevention, early intervention, and treatment policies and practices that may reduce suicide fatalities.
- Identify and optimize protective factors which assist in preventing suicide deaths.
- Determine cultural factors involved in suicide deaths to ensure that prevention strategies are culturally relevant.
- Share local suicide data, trends, and patterns with relevant local and state agencies.
- Improve delivery of support and postvention services to families and community members following a suicide death.
- Ensure that members of the SFR committee are aware of the signs and symptoms of secondary trauma and how to effectively support and care for one another.
- Develop recommendations to improve the reviews and investigations of the factors and circumstances associated with suicide deaths.

Guiding Principles for Conducting a Suicide Fatality Review

For a consistent and coordinated Suicide Fatality Review, the review should:

- Be conducted in accordance with the Ohio Revised Code and Ohio Administrative Code sections linked in this document.
- Require multidisciplinary participation and collaboration from members of the local community.
- Increase understanding of the risk factors and circumstances involved in suicide deaths. Detailed investigations and assessments of suicide deaths can lead to important insights concerning risks, interventions, prevention, and policy efforts.
- Lead to effective data-based recommendations to prevent future suicide deaths.
- Include results and recommendations for policy and program changes that are data driven.

To be successful in conducting reviews, SFR committees should:

- Be demographically representative of the population that they serve.
- Follow data sharing policies among agencies and acknowledge certain limitations with data access when conducting reviews.
- Employ culturally relevant practices.
- Employ systematic methods of inquiry to increase consistency in the process.
- Develop standardized data collection procedures, forms, and policies. A standardized approach will increase the likelihood that a consistent and systematic process is conducted. The use of such an approach will increase the validity of the SFR results and recommendations.

Establishing a SFR Committee

SPR committees are essential for this work to move forward. Following the specifications and guidelines in this section will ensure SFR committees have strong foundations and sufficient resources to operate effectively.

ORC Specifications for the Establishment of a SFR Committee

There are clear requirements in the Ohio Revised Code (ORC) that govern the establishment of a SFR committee and the allowance of hybrid committees.

Section 307.641 includes three sections that are important to note when establishing a SFR committee.

Section A speaks to the **establishment of a review by County Commissioners**:
(A) A board of county commissioners may appoint a health commissioner of the board of health of a city or general health district that is entirely or partially located in the county in which the board of county commissioners is located to establish a suicide fatality review committee to review deaths by suicide occurring in the county.

Section B speaks to the **allowance of a regional SFR committee**:
(B) The boards of county commissioners of two or more counties may, by adopting a joint resolution passed by a majority of the members of each participating board of county commissioners, create a regional suicide fatality review committee to serve all participating counties. The joint resolution shall appoint, for each county participating as part of the regional review committee, one health commissioner from a board of health of a city or general health district located at least in part in each county. The health commissioners appointed shall select one of their number as the health commissioner to establish the regional review committee.

Section C speaks to the provision of **allowing boards that pre-date the legislation to continue**:
(C) In any county that, on the effective date of this section, has a body that is acting as a suicide fatality review committee and is comprised of the members described in divisions (A)(1) and (B)(1) of section 307.642 of the Revised Code, including a public health official or designee, that body shall continue to function as the suicide fatality review committee for the county. The body shall have the same duties, obligations, and protections as a suicide fatality review committee appointed by a health commissioner.

Section 307.6410 permits localities to **establish a hybrid drug overdose and suicide fatality review committee**:
A board of county commissioners may appoint a health commissioner of the board of health of a city or general health district that is entirely or partially located in the county in which the board of county commissioners is located to establish a hybrid drug overdose fatality and suicide fatality review committee to review drug overdose deaths, opioid-involved deaths, and deaths by suicide occurring in the county. In such case, the board and hybrid committee shall follow the procedures described in sections 307.631 to 307.639 and 307.641 to 307.649 of the Revised Code. Any reference to a drug overdose fatality review committee or suicide fatality review committee shall be construed to include a hybrid committee described in this section.

ORC Specifications for the SFR Committee Membership

There are clear requirements in the Ohio Revised Code that describe the base membership of a SFR committee.

Section 307.642 has two parts. Section A details how members of a suicide fatality review committee are appointed under two conditions: single county SFR committees and regional SFR committees.

Section A(1) describes SFR committee **appointments for a single county**.

(A)(1) If a **health commissioner** is appointed under division (A) of section 307.641 of the Revised Code to establish a suicide fatality review committee, the commissioner shall select four members to serve on the review committee along with the commissioner. The review committee shall consist of the following:

(a) The **chief of police of a police department** in the county or region **or** the **county sheriff** or a designee of the chief or sheriff.

(b) A **public health official** or the official's designee.

(c) The **executive director of a board of alcohol, drug addiction, and mental health services** or the executive director's designee.

(d) A **physician** authorized under Chapter 4731 of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

Section A(2) describes SFR committee **appointments for a regional SFR committee**. In this section, the same members are specified as in A(1) with the following note: The members described in divisions (A)(2)(a) to (c) of this section shall be **representatives from the most populous county served by the committee**.

Section B details two additional topics: the role of the coroner and the inclusion of additional members on the SFR committee.

Section B(1) describes the **role of the coroner**.
The review committee shall invite the county coroner or, in the case of a regional review committee, the county coroner from the most populous county, to serve on the committee. The review committee shall extend the invitation each time a county coroner assumes the office. The coroner shall not be required to accept the invitation. If the coroner accepts the invitation, the coroner shall have the same authority, duties, and responsibilities as members described in division (A) of this section.

Section B(2) details the **inclusion of additional members on the SFR committee**.
The majority of the members of a review committee may invite additional members to serve on the committee. The additional members shall serve for a period of time determined by a majority of the members described in division (A) of this section. An additional member has the same authority, duties, and responsibilities as members described in division (A) of this section.

Section C details how **vacancies on the SFR are to be addressed**.
(C) A vacancy in a suicide fatality review committee shall be filled in the same manner as the original appointment.

Section D details that **SFR committee members may not receive compensation nor be paid for any expenses incurred beyond a member's regular employment**.
(D) A suicide fatality review committee member shall not receive any compensation for, and shall not be paid for any expenses incurred pursuant to, fulfilling the member's duties on the committee unless compensation for, or payment for expenses incurred pursuant to, those duties is received pursuant to a member's regular employment.

ORC Specifications for a SFR Chairperson

ORC Specification for a SFR Chairperson

There is a clear requirement in the ORC for a SFR Chairperson.

Section 307.642 describes that either the health commissioner or a representative of the health commissioner must convene meetings and be the chairperson of the review committee. Within this section, there is also specification for where SFR meetings should be convened for regional review committees.

Selecting a Chairperson:
If a suicide fatality review committee is established under division (A) or (B) of section 307.641 of the Revised Code, the board of county commissioners, or if a regional suicide fatality review committee is established, the group of health commissioners appointed to select the health commissioner to establish the regional review committee, shall **designate either the health commissioner that establishes the review committee or a representative of the health commissioner to convene meetings and be the chairperson of the review committee**.

Location of SFR Meetings for Regional Review Committees:
If a regional review committee includes a county with more than one health district, the regional review committee meeting shall be convened in that county. If more than one of the counties participating on the regional review committee has more than one health district, the person convening the meeting shall select one of the counties with more than one health district as the county in which to convene the meeting.

Practical Guidance for Recruiting Additional Members to the SFR Committee

In practice, SFR committees are typically comprised of 15 to 30 members.[xi] In addition to the members specified in the ORC, the committee should be multidisciplinary in nature because the aim is to identify as many details and factors potentially contributing to suicide deaths as possible. Diversity of the committee should be demonstrated with respect to:

- Individual perceptions and opinions.
- Professional expertise.
- Lived experience.
- Race, ethnicity, and cultural backgrounds.

SFR committees should strive for a balance of members that directly interact with individuals experiencing suicidal ideation and mental health issues, members with experience in policy, systems, and environmental change, and members with the authority to allocate resources such as funding, staff, and needed supplies to support recommendations. The Center for Community Health and Development at the University of Kansas has developed a Community Tool Box resource on how to include and meaningfully engage community members with lived experience.

SFR committees can effectively address community concerns by ensuring that additional members are invited to the table that have extensive experience and expertise in mental health and systems assessment. Examples of professionals to serve on the SFR committee include (but are not restricted to):

- Additional local law enforcement representative.
- Chamber of commerce representative.
- Child protective services representative.
- Community leader.
- Court representative.
- Crisis system representative.
- Emergency department physician.
- Emergency medical service provider.
- Faith-based representative.
- Higher education representative.
- Housing authority representative.
- Human resources specialist.
- Local health department officials.
- Local human services department official.
- Mental health prevention professional.
- Mental health provider.
- Patient advocate.
- Practitioner trained in trauma-informed care.
- Primary care provider.
- Probation and parole office.
- Prosecutor/district attorney.
- School counselor or superintendent.
- Substance use prevention professional.

SFR committees can be strengthened by including members of organizations that represent a potential population of focus, such as schools, representatives from local National Alliance on Mental Illness groups, and Veterans services. In addition, including representatives from industries overrepresented in suicide deaths (such as construction and agriculture) could be beneficial.

Keys to Developing a Successful SFR Committee

The following steps are critical to the success of developing and nurturing local SFR committees:

1. **Select a chairperson based upon guidance in the ORC.** The ORC mandates who the chairperson of the SFR shall be. However, the chairperson may or may not be the person who is organizing and facilitating the logistics of the SFR committee. It is expected that the chairperson will lead the meetings; however, in most cases, the chairperson must be supported by additional staff.
2. **Determine which agency will be primarily responsible for organizing and facilitating the logistics of the SFR committee**. In other words, determine who will serve as the Lead Agency for the SFR committee. The ORC does not provide definitive guidance on this decision point. Any organization with the time and resources necessary to establish and conduct the committee can serve as the Lead Agency.
3. **Develop guidelines for membership and governance**. With SFR organization partners, the Lead Agency should develop guidelines for membership and governance. The committee should be maintained at a size deemed manageable and conducive to productive discussions, reviews, deliberations, and recommendation development.
4. **Create a plan to recruit additional members to supplement the members required by the ORC**. Appropriate committee members should be recruited to provide a diverse and representative group of experts who will conduct reviews. SFR committee members may recruit and encourage additional professionals to serve on the review committee to add increased expertise and comprehensiveness. **Appendix A provides a sample recruitment letter**.
5. **Include at least one SFR committee member trained in trauma-informed care to ensure that committee members are prioritizing their own mental health throughout the process**. Participating on a SFR committee is a difficult and important role. With this role, there is the potential for secondary trauma and re-traumatization of individuals participating as SFR members. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach offers practical suggestions for how the six key principles of a trauma-informed approach can be implemented across ten domains to ensure that processes such as a SFR are trauma-informed.

Developing Confidentiality and Information Security Protocols

The issue of confidentiality and information security extends beyond how the SFR committee handles and protects the information, records and discussions that result from SFR meetings and case reviews. Issues of confidentiality information security also include how the SFR committee accesses information from outside sources. Confidentiality and information security are complex considerations for a SFR committee and during SFR review because both are covered in Ohio Revised Code and through the Health Privacy Rule of the Health Insurance Portability and Accountability Act of 1996. Suicide Fatality Review committees should develop policies to ensure the annual report developed and submitted to ODH does not contain any information that would permit a person's identity to be determined by the report. In addition, sources of information used in SFR case review may have additional policies related to confidentiality, disclosure, and information security. Finally, confidentiality also relates to the method by which information about the SFR committee's findings and recommendations are disseminated to stakeholders and the public.

Legal Disclaimer: The material in this document is for informational purposes only and does not constitute legal advice. The samples and templates in this toolkit were adapted and used with permission from various sources. We encourage SFR committees to have any confidentiality forms or statements reviewed locally for legal purposes in accordance with state and local laws.

ORC Specifications for Confidentiality and Information Security

When establishing a SFR committee, we recommend that committee members review the language around confidentiality and information security contained in the ORC. It also is important to reference section 121.22 which highlights that SFR meetings are not required to be public meetings and section 307.648 which details immunity.

Section 307.649 details the expectation of **confidentiality**.

Any information, document, or report presented to a suicide fatality review committee, all statements made by review committee members during meetings of the review committee, **all work products of the review committee, and data submitted by the review committee to the department of health, other than the report prepared pursuant to section 307.646 of the Revised Code, are confidential** and shall be used by the review committee, its members, and the department of health only in the exercise of the proper functions of the review committee and the department.

Section 121.22 details that SFR meetings are not required to be public meetings.
(C) All meetings of any public body are declared to be public meetings open to the public at all times. A member of a public body shall be present in person at a meeting open to the public to be considered present or to vote at the meeting and for purposes of determining whether a quorum is present at the meeting.

The minutes of a regular or special meeting of any public body shall be promptly prepared, filed, and maintained and shall be open to public inspection. The minutes need only reflect the general subject matter of discussions in executive sessions authorized under division (G) or (J) of this section.

(D) **This section does not apply to** any of the following:

(19) **Meetings of a suicide fatality review committee** described in section 307.641 of the Revised Code.

Section 307.648 focuses on **immunity**, which is an important consideration both for SFR members and for partners and others who may be asked to share information relevant to SFR reviews.
(A) An individual or public or private entity providing information, documents, or reports to a suicide fatality review committee is immune from any civil liability for injury, death, or loss to person or property that otherwise might be incurred or imposed as a result of providing the information, documents, or reports to the review committee.

(B) Each member of a review committee is immune from any civil liability for injury, death, or loss to person or property that might otherwise be incurred or imposed as a result of the member's participation on the review committee.

Federal Specifications for Privacy Rules and Public Health Inforamtion (PHI)

The Health Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 is often cited as a reason that information cannot or will not be shared. This often stems from a misunderstanding of HIPAA and a lack of knowledge or understanding of HIPAA exemptions and permissible disclosures. A "covered entity" under HIPAA is a healthcare provider, a health plan, or a healthcare clearinghouse that transmits any health information in electronic form in connection with a transaction.[xii] Most covered entities will be reluctant to readily share PHI with a SFR committee because of their concern that they may be violating the Privacy Rule and be subject to criminal and civil penalties. It will be up to the SFR committee to identify if and how covered entities can disclose PHI to the SFR committee and to ensure that if committee members are covered entities or business associates that they abide by the HIPAA rules. HIPAA allows for disclosure of PHI for public health, safety, and law enforcement purposes.

Always consult with the lead agency's legal counsel to ensure that SFR committee strategies are in compliance with the law.

Section 164.512 of the HIPAA Privacy Rule provides disclosures for public health activities that **permits covered entities to disclose PHI without authorization for specific public health purposes**. The Centers for Disease Control and Prevention (CDC) also published guidance on the HIPAA Privacy Rule and Public Health that may be helpful. For the public health exception and disclosures to apply, the **SFR must be conducted under the auspices of a public health authority defined under HIPAA** as, "an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency."[xiii]

It is also important to **ensure that the SFR is a public health activity**, because under HIPAA, "The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This would include, for example, the reporting of a disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions."[xiv]

Understanding these exceptions, both in terms of what they do and do not permit is essential to developing a clear idea of how a SFR will be affected.

Practical Guidance for Creating Confidentiality Agreements

Confidentiality of the SFR committee's handling of information, records and discussions can be addressed using a signed confidentiality agreement. All committee members should sign a confidentiality agreement before participating on the SFR committee. The issue of confidentiality can also be addressed through an Institutional Review Board (IRB). **For sample confidentiality and non-disclosure agreements refer to Appendix B**. A confidentiality agreement should include:

1. The purpose of the review process.
2. References to any statutes that pertain to SFR, especially those that address confidentiality.
3. References to the consequences of breaking the confidentiality agreement (e.g., removal from the committee or disciplinary action within the committee member's agency).
4. Circumstances under which it is permitted to share committee information.
5. The type of information that can be shared.

The signed confidentiality agreements should be kept on file. They can be signed once, or they can be renewed on an annual basis to remind members about their responsibilities of maintaining confidentiality. Committees may wish to include the confidentiality statement at the top of their sign-in sheets for each meeting to help ensure that all members are participating under current agreements, including ad hoc members that may be called in for one case only or on a sporadic basis. SFR committees may also require support staff to sign confidentiality agreements.

Practical Guidance for Information Security Protocols and Practices

Because SFRs often include personally identifiable information (PII) and other sensitive information, SFR committees and review processes should include protocols and procedures designed to keep the information used in the SFR process secure and confidential.

Best practices for SFR committees and SFR policies and procedure documents include:

- Training for all SFR members on how to keep data and information used as part of SFRs secure and confidential.
- Establishing a point person or lead for information security and confidentiality. Often this might be the chair of the SFR committee.
- A system for storing, processing, indexing, retrieving, and destroying information obtained in the course of reviewing a suicide death. In practice, this should include keeping paper information in locked offices or locked filing cabinets, ensuring that electronic information is stored and shared securely (on well-protected servers and/or on removable media that is encrypted, and password protected.
- Considering establishing a chain of command for information sharing and security and ensuring that SFR information is destroyed at the meeting location, and/or returned with the people who brought it to the meeting.
- Clear procedures detailing who has access to SFR files and information and how the committee's information will be turned into aggregate data for wider distribution.
- Security measures should be in place to prevent unauthorized access to records containing information that could reasonably identify any person.
- Working with the backbone organization supporting the SFR committee and/or the county government to identify additional information security protocols and practices.

SFR committees cannot do an effective SFR without access to information about the decedent and the circumstances surrounding the death. Agencies and individuals, however, may be hesitant to share information or even discuss the case if the SFR is open to the public or information collected for or from the SFR is subject to litigation. These concerns do not have to impede the SFR process if they are appropriately addressed.

While these sections provide important protections for the SFR review process, the need to ensure information security and confidentiality remains.

Practical Guidance Regarding Public Access and Sharing

The ORC §307.649 states that any information, document, or report presented to a SFR committee, all statements made by review committee members during meetings, all work products of the committee, and data submitted by the review committee to ODH, are confidential and shall be used by the review committee, its members, and ODH only in the exercise of proper functions.

An individual or public or private entity providing information, documents, or reports to a SFR committee is immune from any civil liability for injury, death, or loss to person or property that otherwise might be incurred or imposed as a result of providing the information, documents, or reports to the review committee. Each member of a review committee is also immune from any civil liability that might be incurred or imposed as a result of the member's participation on the SFR committee.

Once the SFR committee has met, reviewed cases and made recommendations, stakeholders and the public may have an interest in the process. They may want access to the meeting minutes or other written information, or they may want to attend meetings. There are various ways that confidentiality can be maintained while meeting a request for information. Steps to determine whether any agency or individual is entitled to or restricted from accessing SFR information should be identified up front. A SFR committee should turn to their state, local and agency statutes, regulations, policies, case law, court rules, and memorandums of agreement. There are statutes that may give the public access to review information, and SFR committees should be sure to consult with participating agencies to be sure the SFR is not subject to these.

The ORC §307.635-307.639 addresses information regarding the appropriate collection and maintenance of sensitive records. Ohio's open meeting laws make the meetings of government organizations open to the public. These laws often include a listing of exceptions for certain types of meetings, of which SFR meetings may be a part. Statutes may also restrict the access of others to SFR committee information. The law may even stipulate with whom SFR committee information can be shared. There are four groups that might be entitled to access:

- Committee members.
- Other government officials or agencies.
- Media Press
- Public.

The SFR committee may consider potential approaches to gaining or restricting access. For example, the committee can consider if state statutes or regulations should be amended to allow certain people to have access to the committee's identified information or to protect the disclosure of the committee's identified information. Confidentiality agreements remind committee members to keep confidential the information that is not to be shared beyond the committee. Court orders can identify the information that is available to the public and that which is not. If the information the SFR maintains is de-identified, PHI will not be at risk of being disclosed. De-identified information and prevention approaches should be shared with the public. If people or agencies are hesitant to become involved in the SFR due to confidentiality concerns, connect them with a person or organization similar to theirs that has already been involved with SFR.

The SFR committee must also determine if meeting minutes can be subpoenaed in any litigation involving the death. State confidentiality laws need to be considered in the types of information discussed at the meeting and the information that goes into the meeting minutes. Many committees specifically choose not to record minutes.

In summary, public access and data sharing involve more than policies, they also involve processes. **To integrate best practices for operations and safeguards for maintenance of committee documents, a tool is provided in Appendix C.**

Developing Meeting Protocols and Procedures

Suicide prevention requires a comprehensive approach The SFR committee play a critical role in this effort by examining the circumstances surrounding suicide deaths and identifying opportunities to prevent future tragedies. This section outlines the key steps involved in planning and implementing effective SFR committee meetings in your community.

Planning Phase

Building a successful Suicide Fatality Review (SFR) committee requires careful planning and a strong foundation. The planning phase focuses on establishing the policies, procedures, and collaborative spirit that will guide the committee's work. This section will walk you through the steps involved in this crucial initial stage, from holding organizational meetings to developing a governing protocol.

One or more organizational meetings should be held before scheduling an initial meeting to review cases. The goal of this planning phase is to develop a protocol that includes developing the local policies and procedures that will govern the SFR committee and guide the review process. Organizational meetings should only be held if most of those invited are able to attend. Depending on community context, meetings may be held face-to-face, virtually, or hybrid.

If a single organization meeting is held, it is anticipated that the meeting will be longer in nature and could span a full day. Organizational meetings may also be held as a series of shorter meetings spanned over a few months. The culture of the community and the time available for meetings will dictate the meeting format.

To support you in developing meeting agendas during the planning phase, we have provided some suggested content. During all meetings, each person attending should be provided with time to ask questions, express concerns, raise issues and participate.

Meeting One: Building a Collaborative Approach: Introduction to Suicide Fatality Review (SFR) in [Your Community]

- Introduction of members.
- Overview of the purpose for and the history of SFRs in Ohio.
- Description of other review processes that may be occurring in the community or state such as Overdose Fatality Reviews and Child Fatality Reviews.
- Description of how a SFR committee operates. (Note: Consider inviting a representative from another jurisdiction that has a successful SFR committee to attend this meeting to offer insights and answer questions.

Meeting Two: Understanding Suicide Fatality Review: Resources, Collaboration, and Benefits for Your Agency

- Presentation of suicide fatality statistics for the jurisdiction.
- Discussion of the community's current response to suicide deaths from the time a 911/988 call is initiated, or a person arrives at the hospital to when the person dies. This is a good way to help member agencies understand their different roles and the systems that respond to a suicide death.
- Description of the current resources available in the community related to death investigation.
- Description of the current resources available across the continuum of care: prevention, early intervention, treatment, and postvention.
- Discussion of the benefits of SFR committee involvement for participating agencies.

Meeting Three: Developing an Initial Governing Protocol for the Suicide Fatality Review Committee

The Suicide Fatality Review committee must develop a governing protocol containing the policies, procedures, and assurances of confidentiality. To expedite this process, the SFR chairperson and/or facilitator may bring a draft of governing protocol to the meeting for review and discussion. It is important for the SFR committee to be made aware of any part of the protocol that is governed by the Ohio Revised Code. To aid in succession planning and to support sustainability, governing protocols can be used to create a local SFR committee manual.

As communities deem appropriate, the governing protocol may include:

Committee Formation

- Mission Statement (defines the committee's purpose).
- Committee Structure and Membership (describes the structure and lists members with affiliations).
- New Member Induction (details the protocol for appointing, training, and providing materials to new members).
- Resignation Procedure (outlines the process for leaving the committee).

Policies and Procedures for Ensuring Confidentiality and Privacy

- Development of an Interagency Agreement and Confidentiality Agreement: All members must sign both agreements before conducting a SFR.
- Addressing Legal and Institutional Barriers: Develop solutions to potential legal and institutional barriers that could hinder the signing of these agreements.
- Data Management System: Establish a secure system for storing, processing, indexing, retrieving, and destroying information obtained during SFR reviews.
  - " Storage: Information can be kept in locked offices or filing cabinets.
  - " Disposal: Consider options like destroying information at the meeting location, returning it to those who brought it, or following specific retention and destruction schedules.
- Data Access and Reporting: Clearly define who has access to case files and how the committee's information will be aggregated and anonymized for wider distribution.
- Death Scene Viewing Protocol: Establish a protocol for viewing death scenes or other sensitive media, ensuring respectful and limited access.

Committee Operations

- Establish Meeting Schedule.
- Establish Meeting Structure (Ground Rules).
- Develop Group Decision-Making Process.
- Incorporate Surviving Family & Others in Review Process.
- Develop Support System for Committee Members (e.g., trauma-informed approach, debriefing, time-out protocol).
- Develop Media Relations Plan.

Case Review Process

- Identifying and Selecting Cases for Review.
- Notifying Committee Members of Cases and Required Information.
- Determining Psychological Autopsy Need and Timing.
- Data and Metric Collection Procedures.
- Reviewing Multi-Jurisdictional Cases.

Recommendation Development and Implementation

- Formulating recommendations for intervention and prevention strategies, changes in existing policies and procedures, or other systems changes aimed at suicide prevention.
- Implementing these recommendations, including communicating them to relevant agencies, institutions, or groups and collaborating with them to achieve successful implementation.

Over time, and as cases are reviewed, it is anticipated that the SFR committee will determine what methods work best for the committee and the governing protocol will likely need updated. Copies of all rules, procedures, reports, and recommendations that are generated during the review process should be kept for reference and integrated into the governing protocol as deemed appropriate by the group.

Implementation Phase

Effective Suicide Fatality Review (SFR) committees rely on the active participation and dedication of their members. This section outlines key practices that will help SFR committees achieve optimal participation and investment in the review process. These practices include maintaining a regular meeting schedule, fostering a collaborative and trauma-informed environment, and ensuring clear communication and information exchange. We'll also explore considerations for virtual meetings, administrative costs, compensation, and meeting preparation.

SFR Meeting Logistics: Maintaining optimum membership, participation and investment in the process will best occur if review committee members commit to:

- Meeting on a regular, scheduled basis with dates set in advance. (Note: If a jurisdiction has very few deaths, the committee can decide to meet only in the event of a death, in which case, one person should be designated to call meetings as needed.)
- Facilitating meeting location or virtual platform and ensuring meetings begin and end on time.
- Ensuring relevant agencies and groups are continuously represented.
- Encouraging attendance and involvement in the committee's work.
- Emphasizing routine information exchange and updates pertinent to the reviews.
- Ensuring the tone of discussions avoids blaming and finger-pointing and instead focuses on practical improvements that can be made to prevent future suicide deaths.
- Conducting the meeting with a trauma-informed approach to minimize secondary trauma to committee members.

Virtual Meetings: SFR committee should develop specific guidelines and protocols for potential virtual meetings. The use of secure platforms which ensure confidentiality is critical.

Administrative Costs: Some administrative costs may be associated with SFR committee meetings, such as for mailing meeting notices and requests for records, meeting space and time needed by the committee coordinator to prepare for a review. Costs may also be incurred related to any subsequent recommendations or other subcommittee meetings. Normally, these costs are contributed in-kind by the participants, usually by the committee coordinator's agency or organization.

Compensation: In accordance with the Ohio Revised Code, SFR committee members do not receive any compensation for, nor are they paid for, any expenses incurred while participating in a SFR unless compensation for, or payment for expenses incurred, is received as part of the committee member's regular employment.

Meeting Preparation: There is some preliminary work that must be done prior to a SFR meeting. The SFR should be held in a secure setting, and members of the committee should be limited to those who can provide additional data points. The committee coordinator should send a confidential letter to all committee members reminding them of the date, time, and location of the meeting along with the name(s) of the person(s) whose cases will be reviewed. The committee members should be asked to bring all pertinent information about any services or contacts they or their agency had with the person(s) to be reviewed. Case reviews are only effective if committee members come to meetings and bring all pertinent information with them. Some committee members may prefer to provide the committee coordinator with the information before a review. Refer to Appendix D: Pre-Meeting Letter for an example template.

Meeting Protocol: To open each meeting, the committee coordinator should welcome members and review the mission, goals, and objectives of the SFR. It should be ensured that confidentiality statements have been signed by all members present. Those who do not have a signed confidentiality statement on file should sign one before moving forward with the meeting. Old business should be reviewed, as there may be cases that were not completed at previous meetings that need to be re-reviewed. Time should also be made at every meeting to discuss past recommendations and prevention actions. At the conclusion of the meeting, there should be a check-in where committee members are reminded that participating on a SFR committee can be emotionally taxing and suggestions for self-care and/or resources for support should be offered. Refer to Appendix E: Sample Meeting Agenda for examples on flow and items to include for discussion during a SFR meeting.

Conducting Case Reviews

SFR committees play a vital role in preventing future suicides by reviewing the circumstances surrounding these deaths. This section outlines key factors for establishing case selection criteria, including meeting frequency and information sharing protocols. It also details legalities around accessing information and best practices for data collection, including the use of psychological autopsies. By following these guidelines, SFR committees can maximize their effectiveness in preventing suicide.

Case Selection Criteria

SFR committees use the information about the circumstances surrounding suicide deaths to determine trends and develop prevention strategies. The more cases reviewed, the better the data available for these activities. Small jurisdictions may be able to review all suicide deaths, while larger jurisdictions may have to decide on a method to determine the number of cases to review. The following points should be followed when determining case selection criteria:

- The method for choosing cases should be documented in the SFR committee's policies and procedures.
- The committee's decision on the frequency and length of meetings will impact the number of cases that can be reviewed. Thus, the committee should determine how often and how long they should meet for case reviews.
- Meeting schedules should be planned and structured to maximize the number of cases the committee is able to review.

ORC Specifications Regarding Cases Under Investigation

A SFR committee "may not conduct a review of a death while an investigation of the death or prosecution of a person for causing the death is pending unless the prosecuting attorney agrees to allow the review. A prosecutor or district attorney should be consulted to determine if cases under civil or criminal litigation can be reviewed. The law enforcement agency conducting the criminal investigation, on the conclusion of the investigation, and the prosecuting attorney prosecuting the case, on the conclusion of the prosecution, shall notify the chairperson of the review committee of the conclusion" (ORC 307.645). The reasons for waiting until the close of all criminal legal proceedings are to ensure:

- The fatality review does not interfere with an investigation or prosecution by law enforcement.
- To allow law enforcement agencies to participate in the fatality review process while also abiding by their standard policies of not releasing information about an ongoing investigation.
- To achieve finality in the outcome of the criminal proceeding so that the review committee has all relevant information about the case.

Jurisdiction Inclusion

The SFR committee should consider all fatalities in their jurisdiction for review, regardless of the residency of the decedent. All SFR committees should consider developing cooperative relationships with other jurisdictions. This can be facilitated by proactively sharing information with relevant jurisdictions when requested such as when a resident dies in another jurisdiction.

Case Information

Case information and data collection begins before the SFR meeting and is a critical activity of the case review process. At a minimum, the following types of information when available are needed to conduct a comprehensive review:

- Death investigation reports (e.g., scene reports, interviews, information on prior criminal activity).
- Autopsy reports.
- Medical, physical health, and mental health information, including substance use history.
- Information on social services provided.
- Information from court proceedings or other legal matters resulting from the death.
- Social media accounts.
- Criminal history.
- Law enforcement incident documentation from closed cases (e.g., incident reports, dispatch records, witness reports).
- Coroner/medical examiner reports.
- Court records.
- Probation and parole information.
- Statements from friends, family and employers of the decedent. These may be obtained by the committee coordinator. Statements may include behavioral changes, emotional state, verbal statements, and recent stressful life events, such as divorce/separation, loss of a loved one, eviction, etc.
- Next of kin interviews.
- Psychological autopsy results (if deemed appropriate and resources available – see Psychological Autopsy section for more details).
- It is strongly recommended that there be a single point of contact for interviews to avoid repetition and re-traumatization of trauma survivors.

ORC Specifications Regarding SFR Committees Requesting Information

Section 307.647 details regulations for providing information to the SFR committee.

Section A(1) details that, upon request, individuals are to submit a summary sheet of information to the SFR committee for review. It is important to understand what information can be requested from specific entities and how that information can be conveyed to the SFR committee.
(A)(1) Notwithstanding section 3701.17 and any other section of the Revised Code pertaining to confidentiality, any individual, law enforcement agency, or other public or private entity that provided services to a person whose death is being reviewed by a suicide fatality review committee, on the request of the review committee, shall submit to the review committee a summary sheet of information.

(a) With respect to a request made to a healthcare entity, the summary sheet shall contain only information available and reasonably drawn from the person's medical record created by the healthcare entity.

(b) With respect to a request made to any other individual or entity, the summary sheet shall contain only information available and reasonably drawn from any record involving the person that the individual or entity develops in the normal course of business.

(c) On the request of the review committee, an individual or entity may, at the individual or entity's discretion, make any additional information, documents, or reports available to the review committee.

Section A (2) details permissible access to confidential information and the requirement that committee members preserve confidentiality.
(2) For purposes of the review, the committee shall have access to confidential information provided to the committee under this section or division (I)(4) of section 2151.421 of the Revised Code, and each member of the committee shall preserve the confidentiality of that information.

Section A (3) details the information that the county coroner shall make the full and complete record available to the committee.
(3) On the request of the review committee, a county coroner shall make available to the review committee the coroner's full and complete record as described in section 313.10 of the Revised Code that relates to the person whose death is being reviewed by the committee.

Section B is a reminder that deaths under investigation may not be reviewed.
(B) Notwithstanding division (A) of this section, no person, entity, law enforcement agency, or prosecuting attorney shall provide any information regarding the death of a person to a suicide fatality review committee while an investigation of the death or prosecution of a person for causing the death is pending unless the prosecuting attorney has agreed pursuant to section 307.645 of the Revised Code to allow review of the death.

Section 2151.421 details that, **in the case of a suicide death in a minor child, the SFR committee may request information from public children services agencies or peace officers.**

(4) If a report is made pursuant to division (A) or (B) (Note: Sections A and B are a long listing of who in Ohio is considered mandated reporters.) of this section and the child who is the subject of the report dies for any reason at any time after the report is made, but before the child attains eighteen years of age, the public children services agency or peace officer to which the report was made or referred, on the request of the child fatality review board, the suicide fatality review committee, or the director of health pursuant to guidelines established under section 3701.70 of the Revised Code, shall submit a summary sheet of information providing a summary of the report to the review board or review committee of the county in which the deceased child resided at the time of death or to the director. On the request of the review board, review committee, or director, the agency or peace officer may, at its discretion, make the report available to the review board, review committee, or director. If the county served by the public children services agency is also served by a children's advocacy center and the report of alleged sexual abuse of a child or another type of abuse of a child is specified in the memorandum of understanding that creates the center as being within the center's jurisdiction, the agency or center shall perform the duties and functions specified in this division in accordance with the interagency agreement entered into under section 2151.428 of the Revised Code relative to that advocacy center.

Section 4729.80 permits the **release of data from Ohio's Automated Rx Reporting System (OARRS) to SFR committees if there is a written agreement.**

(A) If the state board of pharmacy establishes and maintains a drug database pursuant to section 4729.75 of the Revised Code, the board is authorized or required to provide information from the database only as follows:

(25) On receipt of a request from a person described in division (A)(5), (6), or (17) of this section who is participating in a suicide fatality review committee described in section 307.641 of the Revised Code, the board may provide to the requestor information from the database, but only if there is a written agreement under which the information is to be used and disseminated according to the laws of this state.

Ohio Administrative Code Rule 3772-12-06 provides language under that rules governing Ohio's compulsive and problem gambling plan that facilities must submit quarterly updates and annual reports to the Ohio Casino Control Commission that includes any information about individuals participating in a voluntary exclusion program regarding suicide attempts or deaths related to gambling offered by an excluded entity or at an excluded facility. **In deaths where gambling is a risk factor, SFR committees may wish to contact the Ohio Casino Control Commission for more information.**

(B) Each excluded entity or facility must submit quarterly updates and an annual report to the Ohio casino control commission of its adherence to the plans and goals submitted under this rule. This report must include any information that the excluded entity or facility has received related to bankruptcy, divorce, crime, and attempted or died by suicide related to gambling offered by an excluded entity or at an excluded facility, including:

(1) The name and date of birth of any individual.
(2) How the entity or facility came to know of the incident.
(3) A brief description of the incident.

(C) A casino facility must apply the requirements of this rule to individuals participating in a voluntary exclusion program pursuant to rule 3772-12-07 of the Administrative Code.

Data Collection

Structured data collection forms and databases are essential components of the SFR process. This allows the standardization of information collected for each case and contains the information that is aggregated and used to determine trends and make recommendations for prevention of future deaths.

A structured data collection process comprised of specific procedures, needed information, and data collection forms is critical to ensuring consistency and accuracy in conducting suicide fatality reviews.

A SFR committee shall establish a system for collecting and maintaining information necessary for the review of suicide deaths in the county. In an effort to ensure confidentiality, each committee shall do all of the following:

- Maintain all records in a secure location.
- Develop security measures to prevent unauthorized access to records containing identifiable information.
- Develop a system for storing, processing, indexing, retrieving, and destroying information obtained in the course of reviewing a suicide death.

To collect comprehensive information from multiple agencies participating in the SFR, data collection must include:

- Demographic information (e.g., age, sex, race, and ethnicity).
- Year in which the death occurred.
- Geographic location of the death.
- Cause of death.
- Any factors contributing to the death.
- All other case-relevant information that the committee wants to obtain and review.

To support standardization of data collection, we have provided two forms in the appendix. In addition, the forms are available as stand-alone Microsoft Word and fillable Adobe PDF documents on the Ohio Department of Health website.

Proactively determining necessary data and data collection procedures will provide continuity and efficiency to SFR committee meetings and discussions.

The **Comprehensive Report Form** (Appendix F) is to be used by the SFR committee when a death by suicide has occurred to collect recommended data points. The appointed SFR committee members should consult all public records/respective professionals before the meeting and fill out the form with the information gathered. All the sections except "Meetings Barriers and Outcomes" can be filled out prior to the meeting. Sections of the form can be distributed to the SFR committee members or agencies most likely to be able to provide the information to the committee at the SFR meeting. If additional information is provided by committee members during the SFR meeting, the recorder will capture it and add it to the form.

The **Next of Kin Interview Form** (Appendix G) is to be used by the SFR committee when a death by suicide has occurred. These interviews are intended to be done with the next of kin, family, close friends, and other close relationships to the deceased. Please note this form should be used as part of the Comprehensive Report during the SFR process.

Psychological Autopsy

The SFR committee can assess and discuss data provided by a psychological autopsy to assist in providing a comprehensive fatality review.

SFR committees can assess and discuss data provided by a psychological autopsy (also referred to as a suicide death investigation) which is performed by a certified professional. A psychological autopsy helps to reconstruct factors contributing to a suicide death by conducting a thorough investigation into the decedent's life to develop robust recommendations for suicide prevention in similar situations. A psychological autopsy is a best practice postmortem data collection procedure for suicide deaths.

Should resources be available, and the community has access to a certified psychological autopsy investigator (PAI), a psychological autopsy can be performed. In addition, case selection for a psychological autopsy will depend on the willingness of family members as well as the availability of records. Some jurisdictions may perform Next of Kin interviews in place of a comprehensive psychological autopsy.

Psychological autopsies seek to attain information of the decedent via:

- Interviews with individuals familiar with the deceased (such as family, friends, next-of-kin).
- Interviews with persons who had contact with the individual at and around the time of the suicide.
- Interviews with individuals specific to the case.
- Death reports provided by the coroner, physical autopsy, law enforcement, witnesses, etc.
- Medical and healthcare records.
- Mental health status, history, and records.
- Substance use history.
- Legal history and records.
- Nature and quality of interpersonal, family, and marital relationships.
- Psychosocial and financial stressors.
- Behavioral and verbal communications.
- Writings or correspondence (examples include emails, texts, media reports, etc.).
- Other systems in which the decedent was involved (examples include Office of Aging, Veterans Administration, etc.).

The Case Review Process

In reviewing suicide deaths, it is important for the SFR committee to have a clear understanding of investigations that were completed. By creating a clear picture of the investigations, the committee can help identify systems gaps and successes. Some questions to consider include:

- **Who was the lead investigative agency?**
- **Was there a death scene investigation?**
- **What reports exist regarding the suicide death?**
- **Were other investigations conducted?**
- **What were the key findings of the investigation?**
- **Does the committee feel the investigation was complete?**
- **What additional information does the committee need to know?**

Introducing the Case: The committee chairperson or committee member(s) with substantial knowledge of the case should present the basic facts and circumstances of the case such as basic demographics and personal history, including medical, mental health, legal services obtained by the decedent before suicide and services rendered to family and any other affected persons after the fatality. A chronological timeline of the events that led to the death is the best format for describing the circumstances of the event. In some cases, no paper records are shared among committee members and all sharing is verbal. If a psychological autopsy of the suicide was conducted, then the results from the psychological autopsy should also be shared with committee members. Individual committee members leave with only their own records. All committee members should take the lead in presenting their own agencies' information.

Determining Information Gaps: Once all committee members have shared their case information, the committee may determine that there are gaps in information or that the case needs further exploring due to complexity. If this is the case, it may be best to table the discussion until the next meeting when information not able to be shared due to committee member absences or other reasons may be brought to the following meeting. To ensure that the needed information is available for the next meeting, it is important to assign a specific committee member to the task of obtaining it.

Procuring Needed Information: If information is needed from an agency not represented on the committee, a member should reach out to appropriate people with access to the pertinent information. These individuals can be invited to the meeting as an ad hoc member, or, for information that may be needed on a regular basis, such as medical records, relationships should be developed with these people. There may be laws or policies that make it difficult or impossible for the committee to access some needed information. Confidentiality may address some of these issues. If there is a restriction on access, the committee may consider if there are any methods that can be used to gain access such as legislation or a memorandum of understanding (MOU).

Discussing the Case: Once the basic information has been reviewed, the committee should discuss the case. The discussion process is not meant to determine if a person or agency made mistakes in some way or to place blame. It is to determine if all pertinent questions have been answered about the circumstances of the death and to ensure that those who may be touched by a death receive needed support services. If not, it may be appropriate for the committee to recommend that further investigation is warranted or that the agency policy and protocol be examined to be sure that future suicide death investigations are as complete as possible.

Topics for discussion include:

Investigation

- Was there a death scene investigation?
- Were other investigations conducted?
- What were the key findings of the investigation?
- Does the committee feel that the investigation was adequate?

Background

- What was the person's mental health and behavioral health history?
- Who knew or suspected that the person had this history, including family, friends, co-workers, neighbors, the courts, etc.?
- What actions were or were not taken as a result of those contacts or awareness/suspicions of mental health issues?
- What information was available to each agency involved in the case?
- What risks and/or lethality indicators were present for the decedent?
- What was the person's medical history?

Agencies Involved

- Which agencies had contact with the decedent?
- Which agencies had contact with the family or anyone else affected in the case?
- Did any mental health provider, primary care provider, or other healthcare provider have contact with the decedent?
- Did any criminal justice agency have contact with the decedent?
- Detail the circumstances: 911, 988 hotline, and request for services.
- What was the extent of involvement (if any) of the parties involved with the mental health system, legal system and other related community services agencies?
- What interagency communication/collaboration was initiated in response to the case?

Policies and Protocols

- Was there any news or media coverage involving the decedent?
- What do reviews of various agency policies, protocols, trainings, records, and practices reveal?
- Are written policies and procedures in place?
- Were all the current written policies and procedures followed?
- What are the "best practice" procedures? How do these compare with those developed by other communities?
- Are current policies and protocols adequate? If not, how could they be improved?

Services Provided

- What services were offered/provided/declined to the decedent, family, or anyone else affected before and after the suicide?
- When did services and interventions occur?
- What does the event timeline tell the committee?
- What other services could have been used?
- Were services provided to responders, witnesses, or community members?
- Are there additional services that should be provided to anyone affected?
- Who will take the lead in following up on these service provisions?
- Does the committee have any suggestions to improve service delivery systems?

Risk Factors
The identification of both acute and chronic risk factors involved in each death inform the committee's findings. The findings are, in turn, used to generate recommendations for improved investigations, delivery of services, changes in systems, local ordinance, or state legislation or community or state prevention initiatives. These system improvements and prevention programming are the ultimate goal of a SFR process that is based on the public health model. Risk factors can be grouped into the following broad categories. This is not an exhaustive list.

- Health.
- Social.
- Economic.
- Behavioral.
- Environmental.
- Systemic (agency policies and procedures).

Protective Factors
Protective factors for suicide are characteristics associated with a lower likelihood of a suicide occurrence. Protective factors serve to prevent suicide. It is important to identify the protective factors that were absent in a suicide death. Absence of protective factors places individuals at elevated risk for suicide. Thus, determining protective factors which were absent in a case can be used to develop recommendations for needed enhancements. Protective factors can be grouped into similar categories as those listed above under risk factors.

Outcomes
As you consider the outcomes, consider the following questions:

- Why now?
- Why this method?
- What services are lacking in the community?
- What were the barriers to obtaining services for the decedent?
- What were institutional barriers (e.g., language, cultural, and social costs)?
- Were their legal barriers (statutes) to assistance or prevention?
- What were the barriers to interagency communications?
- What specific interventions could have resulted in better outcomes?
- What kind of prevention strategies flow from the interventions identified?
- Were there any other significant recommendations?
- Did the review committee have all pertinent information it needed to complete the review and if not, what recommendations are there to improve investigative practices and/or available information?
- Could this death have been prevented and if so, what changes in behaviors, technologies, agency systems, and/or laws could prevent another death?
- What recommendations are there for making changes?
- Who should take the lead in implementing the SFR committee's recommendations?

Other Topics

- Data on other suicide deaths; These data may show trends that will help the committee in advocating for necessary changes in state policies or procedures.
- Information on local and state resources, services, programs, and policies relevant to the prevention of this type of death and/or the delivery of services.

Concluding the Discussion: Through the investigation, there may be issues involving agency response that need to be addressed. The committee member representing that agency can explain the agency's protocols to the committee. Committee members learn more about other agency responsibilities and parameters as well as the legal purviews of the organizations that each member represents. The committee may identify gaps in policy and procedure in response to the death. If the agency does not have representation on the committee, the committee may have to make efforts to contact the agency regarding their recommendations. Phone calls or an invitation for an agency representative to attend the next meeting may be the best way to approach this.

If the SFR committee is making recommendations to an agency, it is important that it be handled in a diplomatic fashion. Comments should be limited to perceived gaps or barriers without too much direction on what the committee thinks should be done to correct this. The committee should request that the agency provide them with feedback regarding any decisions that the agency may make on the matter. This topic will be discussed further in the "Recommendations" section.

Recommending and Developing Plans to Prevention Suicide Deaths

Under the Ohio Revised Code Section 307.643(b), one of the purposes of the SFR committee is to decrease the incidence of preventable suicide deaths by: recommending and developing plans for implementing local service and program changes and changes to the groups, professions, agencies, or entities that serve local residents that might prevent suicide deaths.

The SFR process involves data-driven discussions and deliberations among committee members representing multiple agencies and organizations focused on individual care as well as those focused on policy, systems, and environmental change related to suicide prevention, brief intervention, and treatment. Important factors and circumstances identified in a SFR can create recommendations for preventing future deaths.

After a comprehensive review of several cases (the New York State Office of Mental Health and the Suicide Prevention Center of New York State recommends "roughly ten cases" in their toolkit), the SFR committee should formulate recommendations for needed programming at the individual level as well as for policy, systems, and environmental interventions at the population level. Recommendations could also include adjustments to the SFR process, including data collection and analytic efforts related to assessing and monitoring suicidal ideation and suicide in the community.

Identifying Recommendations During the SFR Review

It is important that SFR facilitators create an environment where problem solving occurs through a collaborative process that fosters accountability, transparency, and reduces duplication and information silos. While SFRs are focused on individual cases and circumstances, it is important for SFR committees to look for patterns across cases and develop a set of recommendations that address suicide at the population level. The CDC's Suicide Prevention Resource for Action offers broad categories of strategies to consider that prevent suicide or its associated risk factors:

- Strengthen economic supports.
- Create protective environments.
- Improve access and delivery of suicide care.
- Promote healthy connections.
- Teach coping and problem solving skills.
- Identify and support people at risk.
- Lessen harms and prevent future risk.

SFR facilitators may find it helpful to use these categories to frame conversations that use data gleaned from their local SFRs to create recommendations for action. It is important that SFR facilitators reinforce that recommendations can be identified at any time during the SFR. For this reason, having a way to document recommendations throughout the process is essential.

Documenting Recommendations

SFR committees may generate a variety of recommendations based upon the cases they review. The table provides an example of how to document recommendations and also provides space for elaborating on recommendations; including the audience for the recommendation, the connection to the CDC's Suicide Prevention Resource for Action, the type of recommendation, and the level of influence. If you find this table helpful to document recommendations, Appendix H provides a blank table for local use.

Recommendation	Audience	CDC Suicide Prevention Strategy	Type of Recommendation
Example: Make safe storage more available for caregivers with teenagers.	Local Health Departments/ Schools/ Pediatricians or Family providers	Reduce access to lethal means.	Population-specific

Ensuring Recommendation Lead to Action

Under the Ohio Revised Code Section 307.643(b), the SFR committee is also charged with participating in developing plans for implementing local service and program changes and changes to the groups, professions, agencies, or entities that serve residents that might prevent suicide deaths. Because suicide is a complex issue, it is unlikely that one agency or organization can fully address all the recommendations that are generated from a SFR. As such, it is important for SFR facilitators to determine who is tasked with creating and implementing the local suicide prevention plan and develop formal or informal pathways to ensure that the group has access to the recommendations made by the SFR committee.

If you are unsure who is charged with creating and implementing the local suicide prevention plan, a good place to start is the local County Behavioral Health Authority (sometimes known as the ADAMHs / MHRS / or 317 Board) and the local (city or county) Public Health Department. In some communities, there is a local suicide prevention coalition that is tasked with creating and/or actualizing the local suicide prevention plan. To find a suicide prevention coalition near you, please contact the Ohio Suicide Prevention Foundation.

Planning for Action

Cross-agency collaboration is important to ensure that recommendations are translated into action. To support this cross-agency work, this resource from the IBM Center for the Business of Government may be helpful. There are many ways for the SFR committee to engage with the community at large to support local suicide prevention plans.

The SFR committee may be a **standing sub-committee of the local suicide prevention coalition or other entity tasked with creating the local suicide prevention plan**. In this case, the SFR sub-committee conducts the SFRs and brings the recommendations back to the larger group to be incorporated in the local suicide prevention plan.

In cases where the **SFR committee and the local suicide prevention coalition or other entity tasked with creating the local suicide prevention plan operate independently**, one or more individuals may have dual service. In this case, individuals with dual service act as the conduit between the two groups and ensure that recommendations are incorporated in the local suicide prevention plan.

The **SFR committee may be tasked with creating the local suicide prevention plan**. In this case, it is important for the SFR committee to consist of the key stakeholders in the community who have the authority and resources to implement a local suicide prevention plan. The SFR committee must also include a diverse membership with those who with expertise in conducting SFRs as well as those with expertise in identifying, selecting, and implementing evidence-based strategies for suicide prevention.

Identifying, Selecting, Implementing, and Evaluating Suicide Prevention Efforts Based on Recommendations

The steps to integrating the recommendations from the SFR committee with local data, community readiness assessments, environmental scans, and other assessment data to identify, select, implement, and evaluate evidence-based strategies is beyond the scope of this manual. Oftentimes, those who are tasked with creating local suicide prevention plans are trained in assessing community needs, creating comprehensive suicide prevention plans, and evaluating their efforts.

There are web-based resources available to support the development and evaluation of a local suicide prevention plan:

- **CDC's Suicide Prevention Resource for Action**
- **Community Tool Box – Developing a Strategic Plan**
- **The Society for Public Health Education (SOPHE) Center for Online Resources and Education's Coalition Building Resources**
- **Promising Practices for Suicide Mortality Review Committees Toolkit**

If the local community does not have an existing group tasked with creating, implementing, and evaluating the local suicide prevention plan or the SFR committee is tasked with creating, implementing, and evaluating the local suicide prevention plan, it is important for the SFR facilitator to determine the best course for how recommendations translate into action.

Completing Annual Reporting Requirements

For guidance on annual report components and access to a REDCap submission link, please visit the ODH website.

If a community engages in a suicide fatality review, under Ohio Revised Code (ORC) Section 307.646, SFR committees must prepare and submit an annual report to the Ohio Department of Health (ODH) by April 1 of the following year. This section provides an outline of the required annual report format and key information that should be included. It also provides details on how to submit annual reporting to ODH.

Annual Report Content and Structure

The ORC specifies that the annual report must include data points and summary information from the previous calendar year on suicide deaths where the underlying cause of death is listed on an Ohio death certificate using any of the following ICD-10 codes: X60-X84; Y87.0, and U03.

ODH requires that the annual report includes the following essential components, data elements, and headings.

Cover Page: The cover page should include agency information, annual summary report title, and the appropriate date for the reporting period.

Table of Contents: The report should include a table of contents demonstrating an overview of the document's contents and organization.

SFR Overview: The overview should include a summary of your jurisdiction-specific SFR committee and should include the following sections:

- Purpose and objectives.
- SFR meeting frequency and structure.
- Committee members/partner agencies.
- Review process and utilization of specific data sources.

SFR Data & Findings: In this section, include narratives and data visualizations that represent important data and findings that came out of the SFR process. It is important to provide the annual suicide data for your SFR committee's jurisdiction and it can also be helpful to compare this to suicide data for past years as well. This section should include the following data points and information:

- Total number of suicide deaths in the county or region.
- Total number of suicide deaths reviewed by the committee.
- Total number of suicide deaths that were not reviewed by the committee.
- A summary of demographic information for the deaths reviewed, including age, sex, race, and ethnicity.
- Other important data the committee chooses to include. Additional information to consider including toxicology findings and decedent findings (i.e., factors contributing to the death, health factors, history, and qualitative interviews with next of kin).

Identified Trends: This section should include a summary of trends or patterns identified during the SFR review. Identifying trends among suicide fatalities allows SFR committees to discover systematic gaps, areas of improvement, and missed opportunities for prevention and interventions. Identifying and analyzing SFR trends can influence the creation or adaptation of recommendations.

Recommendations: This section should include recommendations for actions by appropriate local community partners that were developed by the SFR committee. It is important that SFR committees develop program and policy recommendations to improve coordination and collaboration between agencies and community conditions to prevent future suicide deaths. This section can include recommendations that have been created, those that have not yet been implemented, as well as status updates on the recommendation activities being implemented.

Next Steps: This section can include any plans or ideas to review, improve, or enhance the SFR committee moving forward. The plans and ideas can be related to changes in membership, documentation, processes, procedures, or other important components of the SFR committee.

Submitting the Annual Report to ODH

Report submission to the ODH happens through a REDCap survey, which can be found on the ODH website covering specific metrics and summary information to be pulled from the full annual report. The full annual report is uploaded as an attachment at the end of the survey.

Evaluating, Expanding, and Improving Upon Suicide Fatality Review Efforts

As SFRs are being established, it is important to consider evaluation. Changes and improvements to the process can positively impact the SFR committee by providing a clear path to a successful and efficient structure. Ongoing evaluation of the overall function of the SFR committee will provide information needed for making ongoing adjustments to the function of the committee that are best suited to meet the objectives.

Key questions to consider when evaluating a SFR committee and/or process may include:

- **ORC Specifications:** To what extent is the SFR committee operating in accordance with the Ohio Revised Code?
- **Goals, Documentation, and Procedures:** To what extent does the SFR committee's current goals, documentation procedures, and review processes effectively identify opportunities for improvement within the community to prevent future suicide deaths?
- **Committee Membership:** To what extent does the current committee membership reflect the diversity of the community served, including demographics, professions, and lived experiences (e.g., survivors of suicide loss, mental health professionals, educators, faith leaders, etc.)?
- **Data Collection and Analysis:** To what extent does the current data collection process capture the most relevant and comprehensive information on risk factors, circumstances, and potential interventions associated with suicide deaths in our jurisdiction?
- **Cultural Context:** To what extent did the committee consider cultural background, beliefs, and values in understanding the factors that may have contributed to the suicide?
- **Equity:** To what extent does the committee's review process consider and address the social determinants of health that disproportionately impact suicide risk in different racial/ethnic groups, socioeconomic backgrounds, sexual orientation, gender identity, and other marginalized populations?
- **Trauma-informed Care:** To what extent does the committee integrate trauma-informed practices into its review process to minimize secondary traumatic stress for members and ensure respectful interactions with families and communities impacted by suicide?
- **Recommendations:** To what extent did our committee recommendations identify evidence-based strategies that can be implemented by stakeholders within the community to reduce future suicide deaths?

There are web-based resources available to support the evaluation of a SFR committee and the work it undertakes:

- **Promising Practices for Suicide Mortality Review Committees Toolkit**
- **CDC Office of Policy, Performance and Evaluation**
- **BetterEvaluation**
- **Rural Health Information Hub**
- **Center for Community Health and Development at the University of Kansas Community Tool Box**

Appendix A: Sample Recruitment Letter

[Insert Agency Letterhead]

[Date]

[Name]

[Address]

[City, State, ZIP Code]

Dear [Name],

On behalf of [insert coalition name], I am writing to invite a member of [insert organization] to participate in the [insert county / counties] Suicide Fatality Review (SFR) Committee. Suicide fatality reviews are an evidence-based strategy to prevent suicide, and inform culturally responsive prevention, early intervention, treatment, and policy decisions. The Ohio General Assembly authorized the creation of Suicide Fatality Review committees in 2021 and the Ohio Departments of Health to provide guidance and support for local Suicide Fatality Review committees.

Research consistently shows that the factors and circumstances involved in suicide deaths are complex and multidimensional. Suicide fatality reviews are an innovative case review process that utilizes data to generate information about decedents and their interactions with the system to develop and implement strategies to prevent suicide deaths.

[insert organization] has been identified as an organization that may be able to enhance the case review process. Because of the sensitive nature of the committee's work, the coalition has prepared a confidentiality agreement [if applicable: and non-disclosure agreement] that all individuals must sign before joining the committee. The confidentiality agreement addresses confidentiality, data-sharing and non-disclosure. If [insert organization] is interested in being part of this work, I would be pleased to share a conversation to answer additional questions about [insert organization name here], SFRs, and the confidentiality agreement [if applicable: and non-disclosure agreement].

Thank you for your consideration on this important community issue. I look forward to hearing from you.

Sincerely,

[Name]

[Organization]

[Role]

Appendix B: Sample Confidentiality Agreements and Non-Disclosure Agreement

[Insert SFR Committee Name Here]

[Insert Lead Agency Name Here]

Confidentiality Agreement [Sample 1]

All members of the [insert county/counties/region here] Suicide Fatality Review (SFR) Committee must abide by all local, state, and federal laws and regulations pertaining to the security, privacy, and confidentiality of medical records' information, also referred to as protected health information or PHI.

All information acquired or created by the SFR including all documents, reports, work products, and statements made by SFR members during meetings of the committee are kept de-identified and shall be used by the committee and its members in the exercise of the proper function of the review. No member nor any person assisting the committee shall disclose or provide access to identified information to the public nor to any third party who are not subject to this policy.

This policy shall be applicable to SFR members, any persons providing staff services to the committee, and any guests invited to attend meetings. Each such person shall sign and date a copy of this policy statement prior to participation in case review. The signed agreement shall be permanently kept on file by [insert Lead Agency here].

Printed Name	Agency
Signature	Date

Adapted from the Ohio Department of Health Overdose Fatality Review Manual.

[Insert SFR Committee Name Here]

[Insert Lead Agency Name Here]

Confidentiality Agreement [Sample 2]

The purpose of the Suicide Fatality Review Committee is to conduct a thorough review of all suicide deaths in the community in order to better understand how and circumstances around suicide deaths and what is needed to prevent future suicides.

In order to assure a coordinated response that fully addresses all systemic concerns surrounding suicide deaths, all relevant data should be shared and reviewed by the committee, as permitted by law, including historical information concerning the deceased person, his or her family, and the circumstances surrounding the suicide. Much of this information is protected from public disclosure by law.

In no case will any committee member disclose any information regarding committee discussion outside of the meeting other than pursuant to the mandated agency responsibilities of that individual. Failure to observe this procedure may violate various confidentiality statutes that contain protections and penalties, including ORC Sections 307.648 and 307.649. Public statements about the general purpose of the suicide mortality review process may be made, as long as they are not identified with any specific case.

The undersigned agree to abide by the terms of this confidentiality policy.

List names and signatures:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Adapted from the Montana Suicide Mortality Review Program Manual.

[Insert SFR Committee Name Here]

[Insert Lead Agency Name Here]

Nondisclosure Agreement

This Nondisclosure Agreement is entered by and between [insert party here] and [insert party here] for preventing the unauthorized disclosure of Confidential Information as defined below. The parties agree to enter a confidential relationship with respect to the disclosure of certain proprietary and confidential information.

1. **Definition of Confidential Information:** For purposes of this Agreement, "Confidential Information" shall include all information or material that has or could have medical, legal, and other personal identifying information. During Suicide Fatality Review (SFR) Committee meetings, all written and oral communication pertaining to the individuals named as "fatalities" or "near-misses" is constituted as Confidential Information.

2. **Explanation of Purpose for Disclosure:** The SFR Committee will collect, consolidate, and catalog information obtained through a multi-pronged process of investigation, assessment, treatment and counseling of individuals involved in suicide cases in [insert county here]. By collecting data and sharing information from de-identified patients, the SFR Committee can analyze and discuss the potential trends, commonalities, and antecedent issues associated with each case in order to inform the development of more effective modalities of prevention, intervention, and education in order to reduce suicide fatalities.

3. **Exclusions from Confidential Information:** Receiving Party's obligations under this Agreement do not extend to information that is: (a) publicly known at the time of disclosure or subsequently becomes publicly known through no fault of the Receiving Party; (b) discovered or created by the Receiving Party before disclosure by Disclosing Party; (c) learned by the Receiving Party through legitimate means other than from the Disclosing Party or Disclosing Party's representatives; or

4. **Obligations of Receiving Party:** Receiving Party shall hold and maintain the Confidential Information in strictest confidence for the sole and exclusive benefit of the SFR Committee. Receiving Party shall carefully restrict access to Confidential Information to employees, contractors and third parties as is reasonably required and shall require those persons to sign nondisclosure restrictions at least as protective as those in this Agreement. Receiving Party shall not, without prior written approval of Disclosing Party, use for Receiving Party's own benefit, publish, copy, or otherwise disclose to others, or permit the use by others for their benefit or to the detriment of Disclosing Party, any Confidential Information. Receiving Party shall return to Disclosing Party any and all records, notes, and other written, printed, or tangible materials in its possession pertaining to Confidential Information immediately if Disclosing Party requests it in writing.

5. **Time Periods:** The nondisclosure provisions of this Agreement shall survive the termination of this Agreement and Receiving Party's duty to hold Confidential Information in confidence shall remain in effect until the Confidential Information no longer qualifies as protected or until Disclosing Party sends Receiving Party written notice releasing Receiving Party from this Agreement, whichever occurs first.

6. **Federal Protections for Information Disclosed from Records of Client Receiving Addiction Services:** Client-identifying information disclosed to the Committee by providers of addiction services is protected by the federal regulations governing the confidentiality of such information, 42 C.F.R. Part 2. Therefore, in addition to all other protections provided for under this Agreement, such information shall not be disclosed by Receiving party to any third parties, aside from the members of the Committee at a meeting of the Committee, in a manner that identifies a person as having or having had a mental health disorder either directly, by reference to publicly available information, or through verification of such identification by another person, unless such disclosure is expressly permitted by 42 C.F.R. Part 2.

This Agreement and each party's obligations shall be binding on the representatives, assigns and successors of such party. Each party has signed this Agreement through its authorized representative.

THEREFORE, based on the requirements of the IRB approval through [agency] on [date], I have set forth my signature and will abide by these statutory requirements. I will not release this information to a third party (with myself being the second party).

Printed Name	Printed Name
Signature	Signature
Agency	Agency
Address	Address
Phone	Phone
Date	Date

Adapted from the Ohio Department of Health Overdose Fatality Review Manual.

Appendix C: Tool for Integrating Best Practices for SFR Committee Operations and Safeguards for Maintenance of Committee Documents

Tool for Integrating Best Practices for Suicide Fatality Review (SFR) Committee Operations and Safeguards for Maintenance of Committee Documents

Because SFR reviews involve personal health information and other sensitive data, it is important that SFR committees and Chairs integrate key best practices and safeguards into reviews and committee operations. The table below includes key best practices with space for the SFR committee to detail how these practices can be integrated into SFR operations.

Best Practices	How We Will Implement This Best Practice
Work with the backbone organization supporting the SFR committee and/or the county government to identify local information security protocols and practices.	
Train all SFR members on how to keep data and information used as part of SFRs secure and confidential.	
Establish a point person or lead for information security and confidentiality.	
Create procedures detailing who has access to SFR files and information and how information can be turned into aggregate data for wider distribution.	
Create or use a system for storing, processing, indexing, retrieving, and destroying information obtained while reviewing a suicide death. In practice, this should include practices for keeping both paper and electronic information secure.	
Establish a chain of command for information sharing and security, to ensure that SFR information is destroyed at the meeting location, and/or returned with the people who brought it to the meeting.	
Ensure security measures are in place to prevent unauthorized access to records containing information that could reasonably identify any person.	

Appendix D: Pre-Meeting Letter

[Insert Agency Letterhead]

[Date]

Dear Colleague/Partner,

You are invited to participate in the next Suicide Fatality Review (SFR) meeting on [date and time] at the [location].

The authority to conduct case review through data sharing is detailed [information here] in [statute, MOU, regulations]. Your agency has signed and submitted an interagency agreement, and attached is a copy of the confidentiality agreement that you must sign and submit prior to or at the beginning of the meeting. Copies will be made available for your signature at the meeting.

We will be reviewing the following case(s) at the review. Keep this and all information you prepare about the case confidential.

Case 1.

- Name, aliases.
- Date of birth, date of death.
- Demographics (age, race, sex).
- Address of residence.
- Incident location, date, and time.

Case 2.

- Name, aliases.
- Date of birth, date of death.
- Demographics (age, race, sex).
- Address of residence.
- Incident location, date, and time.

Please be prepared to share any information you have about the individual, the community, and your services as it relates to the suicide death. See the attached guide to collecting case information and agency-specific data elements to summarize the information.

If you need additional information about the decedent for identification in your records, feel free to contact me at [phone number].

Sincerely,

[your name/role here]

Appendix E: Sample Meeting Agenda

SFR Meeting Agenda

Date, Time, Location

1. Opening Remarks and Introduction.
   a. Members' introduction.
   b. Updates from previous meeting.
   c. Upcoming events.
   d. Local data presentation.
   e. Other announcements.
2. Goals and Ground Rules (Optional).
   a. Read goals and ground rules.
   b. Ask for any additional ground rules.
3. Confidentiality.
   a. Read confidentiality statement.
   b. Confirm all signed forms have been collected.
4. Case Presentation.
5. Member Report-Outs (reverse chronological).
6. Group Discussion.
7. Case and Timeline Summarized.
8. Formulate Recommendations.
9. Summarize and Adjourn.
   a. Members reflect on how the meeting went.
   b. Collect any paperwork with confidential information.
   c. Remind members of confidentiality.
   d. Encourage members to take time for self-care and provide support resources.

Next meeting: date, time, and location

Meeting Facilitator:
Minutes prepared by:

Adapted from: Overdose Fatality Review: A Practitioner's Guide to Implementation

Appendix F: Comprehensive Report Form

Comprehensive Report

This form is to be used by the Suicide Fatality Review (SFR) committee when a death by suicide has occurred to collect recommended data points. The appointed SFR committee members should consult all public records/respective professionals before the meeting and fill out the form with the information gathered. All the sections except "Meetings Barriers and Outcomes" can be filled out prior to the meeting. Sections of the form can be distributed to the SFR committee members or agencies most likely to be able to provide the information to the committee at the SFR meeting. If additional information is provided by committee members during the SFR meeting, the recorder will capture it and add it to the form.

If you are struggling to find information, below are suggestions of professionals who could help you.

- The coroner for the case should have information.
- Toxicology: the coroner for the case.
- Prescription History: the pharmacist or general practitioner of the deceased.
- Drugs at the Scene of Suicide: the police officer(s) who reported to the scene.
- Factors Contributing to Suicide: the coroner for the case, legal reports, etc.

Having a coroner as part of your SFR committee can help in gathering this information in a timely and accurate manner.

The Meeting Barriers and Outcomes section is used during the SFR committee meeting to summarize the information and record the results of the meeting.

Comprehensive Report

Suicide Fatality Review Data Form

Date of SFR meeting:	County code:	Unique ID:

Sources of data used for this SFR (check all that apply)

- ☐ Clerks of Courts.
- ☐ Coroner/Medical examiner.
- ☐ County Auditor.
- ☐ Death certificate.
- ☐ EMS reports.
- ☐ Medical records.
- ☐ Mental health records.
- ☐ Municipal court records.
- ☐ News stories.
- ☐ Obituaries.
- ☐ Personal interviews from "Next of Kin interview form.
- ☐ Police reports.
- ☐ Other Specify:

SFR meeting attendees (check all that were present/represented for this review)

- ☐ Advocacy organization.
- ☐ Coroner/Medical examiner.
- ☐ EMS.
- ☐ Health department.
- ☐ Hospital.
- ☐ Local community group.
- ☐ Mental health agency.
- ☐ Other healthcare provider.
- ☐ Physician.
- ☐ Mental health provider.
- ☐ Prosecutor/District attorney.
- ☐ Substance misuse provider.
- ☐ Other, Specify:
- ☐ Other, Specify:
- ☐ Other, Specify:
- ☐ Other, Specify:

Official manner and mechanism of death from the death certificate

Manner:

- ☐ Suicide.
- ☐ Homicide.
- ☐ Accident.
- ☐ Undetermined.
- ☐ Pending.

Mechanism:

- ☐ Firearm.
- ☐ Poisoning.
- ☐ Suffocation.
- ☐ Other.

If other mechanism of death, please specify:

Toxicology

Was a toxicology screen performed?

☐ No. ☐ Yes, single drug toxicology. ☐ Yes, poly drug toxicology. ☐ Unknown.

Was a toxicology screen performed?

☐ No. ☐ Yes. ☐ Unknown. ☐ Not applicable.

Toxicology Results (check all boxes that apply)

	Positive	Contributed to Death
Alcohol.	☐	☐
Hallucinogens (PCP, LSD).	☐	☐
Marijuana.	☐	☐

Antidepressants	Positive	Contributed to Death
Amitriptyline.	☐	☐
Bupropion.	☐	☐
Citalopram.	☐	☐
Fluoxetine.	☐	☐
Sertraline.	☐	☐
Trazodone.	☐	☐
Venlafaxine.	☐	☐
Other Antidepressant. **Specify:**	☐	☐

Opioids	Positive	Contributed to Death
Opioids, not specified.	☐	☐
Buprenorphine.	☐	☐
Codeine.	☐	☐
Heroin.	☐	☐
Hydrocodone.	☐	☐
Hydromorphone.	☐	☐
Meperidine.	☐	☐
Methadone.	☐	☐
Morphine.	☐	☐
Oxycodone.	☐	☐
Tramadol.	☐	☐
U47700.	☐	☐
Fentanyl.	☐	☐
Carfentanil.	☐	☐
Acryl fentanyl.	☐	☐
Furanyl fentanyl.	☐	☐

Sedatives. anxiolytics, muscle relaxants, anticonvulsants	Positive	Contributed to Death
Benzodiazepines, not specified.	☐	☐
Alprazolam.	☐	☐
Clonazepam.	☐	☐
Diazepam.	☐	☐
Lorazepam.	☐	☐
Butalbital.	☐	☐
Carisoprodol.	☐	☐
Cyclobenzaprine.	☐	☐
Gabapentin.	☐	☐
Zolpidem.	☐	☐
Other sedative, etc. **Specify:**	☐	☐

Stimulants	Positive	Contributed to Death
Amphetamines (e.g., Adderall).	☐	☐
Caffeine.	☐	☐
Cocaine.	☐	☐
Methamphetamines.	☐	☐
Nicotine.	☐	☐
Pseudoephedrine.	☐	☐
Other stimulants (e.g., Ritalin). **Specify:**	☐	☐

Other Drugs	Positive	Contributed to Death
Antihistamines/sleep aids. **Specify:**	☐	☐
Blood pressure medication.	☐	☐
Cardiac medication.	☐	☐
Dextromethorphan.	☐	☐
Other 1. **Specify:**	☐	☐
Other 2. **Specify:**	☐	☐
Other 3. **Specify:**	☐	☐

Prescription History

Did the decedent have a valid prescription within 90 days of death for any controlled substance(s) found in the toxicology screen?

☐ No. ☐ Yes. ☐ Unknown. ☐ N/A - no controlled substances found in the toxicology screen.

If yes, please list the fields below:

Drug 1:		Drug 4:	
Drug 2:		Drug 5:	
Drug 3:		Drug 6:	

How many different prescribers/providers prescribed controlled substances to the decedent in the 90 days preceding the death?

☐ 0. ☐ 3 to 4. ☐ 11 to 20. ☐ Unknown.
☐ 1 to 2. ☐ 5 to 10. ☐ More than 20.

Was there any indication that prescription drugs were NOT being taken as prescribed?

☐ No. ☐ Yes. ☐ Unknown. ☐ N/A - not taking prescription drugs.

If prescription drugs were not physician-prescribed, what was the source? (check all that apply)

☐ Bought on the street. ☐ Stolen.
☐ Bought from a friend/relative. ☐ Other Specify: _____
☐ Free from a friend/relative. ☐ Unknown.
☐ Internet/dark web. ☐ N/A - not taking prescription drugs.

Prior to illicit drug use, was the decedent ever prescribed opioids?

☐ No. ☐ Yes. ☐ Unknown. ☐ N/A - decedent did not use drugs illicitly.

Was the decedent ever prescribed naloxone along with an opioid prescription?

☐ No. ☐ Yes. ☐ Unknown. ☐ N/A - decedent never had a prescription for opioids.

Did the decedent ever access naloxone from a source independent of his/her medical provider, such as from a pharmacy without a prescription or from a Project DAWN?

☐ No. ☐ Yes. ☐ Unknown.

Drugs at the Scene of Suicide

Were illicit drugs found at the scene/on the decedent's person? (check all that apply)

☐ No. ☐ Yes, at the scene. ☐ Yes, on the decedent. ☐ Unknown.

Was drug paraphernalia found at the scene/on the decedent's person? (check all that apply)

☐ No. ☐ Yes, at the scene. ☐ Yes, on the decedent. ☐ Unknown.

Were prescription drugs found at the scene/on the decedent's person? (check all that apply)

☐ No. ☐ Yes, at the scene. ☐ Yes, on the decedent. ☐ Unknown.

Were the prescription drugs found at the scene in their own properly labeled container(s)?

☐ No.
☐ Yes, some of them.
☐ Yes, all of them.
☐ Unknown.
☐ N/A - no prescription drugs found at the scene.
☐ N/A - unknown if prescription durgs found a the scene.

Where were the prescription drugs found at the scene stored? (check all that apply)

☐ Open area.
☐ Open cabinet, unlocked.
☐ Closed cabinet, locked.
☐ On the decedent.
☐ Other Specify: _____
☐ Unknown.
☐ N/A- no prescription drugs found at the scene.
☐ N/A- unknown prescription drugs found at the scene.

Were opioid antagonists (e.g., naloxone) administered? (check all that apply)

☐ No.
☐ Yes, by a bystander(s) at the scene.
☐ Yes, by EMS at the scene.
☐ Yes, by law enforcement at the scene.
☐ Yes, at the hospital.
☐ Unknown.
☐ N/A – not an opioid overdose.

Did drug intoxication contribute to other situations/injuries leading to the death?

☐ No. ☐ Yes. ☐ Unknown.

If yes, check all that apply:

☐ Choking/asphyxiation.
☐ Drowning.
☐ Fall.
☐ Fire/burn.
☐ Motor vehicle crash.
☐ Other Specify: _____

Factors Contributing to Suicide

What factors may have contributed to suicide? (check all that apply)

- ☐ Chronic pain .
- ☐ Death of a family member or friend.
- ☐ Death of a spouse.
- ☐ Divorce/separation.
- ☐ Family problems.
- ☐ Family reports of hopelessness.
- ☐ Gambling problems.
- ☐ Health issues.
- ☐ History of physical abuse/assault.
- ☐ History of rape/sexual abuse.
- ☐ Job problems.
- ☐ Lack of access to drug treatment.
- ☐ Loss of a family member or friend.
- ☐ Money problems.
- ☐ Problems with the law.
- ☐ Recent stressful life events.
- ☐ Relationship problems.
- ☐ Sexual orientation.
- ☐ Suicide by a family member or friend.
- ☐ Unknown.
- ☐ Other Specify: _____

Meeting Barriers and Outcomes

Barriers to an effective review (check all that apply)

- ☐ None.
- ☐ Confidentiality issues prevented full exchange of critical information.
- ☐ HIPAA regulations prevented access to or exchange of PHI.
- ☐ Inadequate investigation.
- ☐ Meeting was held too long after the death.
- ☐ Meeting was held too soon after the death.
- ☐ Necessary team members were not present.
- ☐ No access to OARRS reports.
- ☐ Records or information were needed from another locality.
- ☐ Team disagreement on circumstances.
- ☐ Team members did not bring adequate information to review .
- ☐ Other factors. Specify:
- ☐ Other factors. Specify:
- ☐ Other factors. Specify:
- ☐ Other factors. Specify:

Meeting Overview

How can information from this death review assist prescribers in preventing future overdoses/deaths?
How can information from this death review assist law enforcement in preventing future overdoses/deaths?
How can information from this death review assist public health/mental health in preventing future overdoses/deaths?

Prevention strategies/Recommendations

Media campaign/public education:	
Provider education:	
Public forum:	
Other education:	
New policies:	
Revised policies:	
New services:	
New law/ordinance:	
Amended law/ordinance:	
Enforcement of law/ordinance:	
Other, specify:	
Other, specify:	

Narrative

Use this space to detail the circumstances of the death and to describe any other relevant information not captured by the questions. Do not include identifiers in the narrative.

Narrative:

Completed by:

Name:	Phone:
Title:	**Email:**
Agency:	**Date entered:**

Appendix G: Next of Kin Interview Form

Next of Kin Interview Form

This form is to be used by the Suicide Fatality Review (SFR) committee when a death by suicide has occurred. These interviews are intended to be done with the next of kin, family, close friends, and other close relationships to the deceased. Please note this form should be used as part of the Comprehensive Report during the SFR process.

As this can be a sensitive topic, this form has been created to ensure important and appropriate questions are asked. Please use this form as a guide for the information that should be collected. Ideally, all the questions are answered to give a full picture of the particular situation. There may be instances where including additional questions would be appropriate. This can be a difficult situation for those who were close to the deceased and extra care should be taken by the interviewing party in addressing these questions.

If there is conflicting information given by the interviewees, please make notes on the last page in the “Other Information” section.

Next of Kin Interview Form

Case #:	Decedent's Name:

Interviewees

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

Other Sources

Check all that apply.

- ☐ Public Social Media.
- ☐ Public Records.
- ☐ News and Media.
- ☐ Obituary.
- ☐ Other Specify:

Demographics

Age:

Race:

- ☐ White.
- ☐ Black/African American.
- ☐ American Indian or Alaska Native.
- ☐ Asian.
- ☐ Multi-racial.
- ☐ Other Specify:

Ethnicity:

- ☐ Non- Affiliated.
- ☐ Hispanic.
- ☐ Somali.
- ☐ Other Specify:

Biological Sex:

- ☐ Male.
- ☐ Female.
- ☐ Intersex.

Gender:

- ☐ Male.
- ☐ Female.
- ☐ Non-Binary.
- ☐ Transgender.
- ☐ Other Specify:

Relationship Status:

- ☐ In a relationship.
- ☐ Not in a relationship.
- ☐ Unknown.

Sexual Orientation:

- ☐ Heterosexual .
- ☐ Gay/Lesbian.
- ☐ Bisexual.
- ☐ Questioning.
- ☐ Unknown.
- ☐ Other Specify:

Family History

If decedent had no children under age 18, please check the box below and skip to the next section.

☐ No children under age 18.

Marital Status: _____

Number of Biological Children: _____

Number of Non-Biological Children: _____

Age of child(ren) at the time of death: _____

What was the level of contact between decedent and children?

☐ Full Custody.
☐ Shared Custody.
☐ Visitation.
☐ Limited Contact.
☐ No Contact.
☐ Unknown.

Were the children living with the decedent at the time of death? _____

Occupation and Education

Highest Level of Education:

☐ Less than high school.
☐ High school diploma.
☐ GED.
☐ Trade School.
☐ Associate's degree.
☐ Bachelor's Degree.
☐ Post-Graduate.

Occupation: _____

☐ Employed Full-time.
☐ Employed Part-time.
☐ Unemployed.
☐ Disabled.
☐ Student.
☐ Retired.
☐ Homemaker.
☐ Illegal work (drug or sex).
☐ Unknown.

Approximate annual income: _____

Health History

Please check all the physical health conditions the decedent was diagnosed with in their lifetime.

☐ None.
☐ Cancer (specify): _____
☐ Chronic pain (specify): _____
☐ Diabetes.
☐ Fibromyalgia.
☐ Hepatitis C.
☐ Obesity.
☐ Respiratory disease.
☐ History of Traumatic Brain Injury (TBI) .
☐ Other (specify): _____
☐ Unknown.

Did the decedent have health insurance? _____

Did the decedent have barriers to medical care? _____

Recent Medical History:

Dx of Chronic Illness Specify: _____

Dx of Terminal Illness Specify: _____

Change in prognosis for terminal illness: _____

Substance Use History

Did the decedent have any alcohol-related problems?

- ☐ Binge drinking.
- ☐ Alcohol use disorder.
- ☐ Driving under the influence.
- ☐ Other alcohol arrest.
- ☐ Unknown.

Did the decedent use tobacco, including vaping?

☐ No. ☐ Yes. ☐ Unsure.

Did the decedent have a history of drug overdose?

☐ No. ☐ Yes. ☐ Unsure.

Any change in alcohol or drug use behavior within 2 weeks of death?

☐ Increase. ☐ Decrease. ☐ No Change. ☐ Unknown.

Substance use disorder history (check all the apply)

Non-prescription or illicit substances:

- ☐ Cocaine.
- ☐ Marijuana (including vaping CBD/THC).
- ☐ Methamphetamine.
- ☐ Heroin.
- ☐ Prescription opiates (not prescribed).
- ☐ Hallucinogen.
- ☐ Inhalants.

Prescription Drugs:

- ☐ Prescription Opiates.
- ☐ Benzodiazepines.
- ☐ Barbiturates.
- ☐ Muscle Relaxants.
- ☐ Over the counter.
- ☐ Steroids.
- ☐ Other: _____

Mental Health History

Please check all the mental health conditions the decedent was diagnosed within their lifetime.

- ☐ None.
- ☐ Anxiety.
- ☐ ADD/ADHD.
- ☐ Bipolar Disorder.
- ☐ Depression.
- ☐ Schizophrenia.
- ☐ Eating Disorder.
- ☐ Obsessive-Compulsive Disorder (OCD).
- ☐ Post-Traumatic Stress Disorder (PTSD).
- ☐ Borderline Personality Disorder.
- ☐ Other (specify): _____
- ☐ Unknown.

Did the decedent have a history of any of the following? (Check all that apply)

- ☐ None.
- ☐ Self-Harm.
- ☐ Suicidal Thoughts.
- ☐ Suicide attempts not requiring medical treatment.
- ☐ Suicide attempts requiring medical treatment.
- ☐ Unknown.

Number of prior attempts/most recent: _____

Access to weapons?

☐ No. ☐ Yes. ☐ Unknown. ☐ If yes, were they recently obtained? _____

Did the decedent recently express/demonstrate any of the following? (Check all that apply)

- ☐ A desire to die.
- ☐ Lack of interest in usual activities.
- ☐ Feelings of hopelessness/uselessness.
- ☐ Feelings of powerlessness.
- ☐ Feelings of failure.
- ☐ Running away/disappearing.
- ☐ Impulsivity.
- ☐ A desire to be free of all problems.
- ☐ Feelings of depression.
- ☐ Changes in usual sleep patterns.
- ☐ Agitation.
- ☐ Feelings of shame, guilt, or remorse.
- ☐ Changes in eating patterns.
- ☐ Change in usual mood.
- ☐ Feeling of being a burden to others.
- ☐ Feelings of anxiety.
- ☐ Weight gain/loss.
- ☐ Rejection by a loved one.
- ☐ Loneliness.
- ☐ Isolation.
- ☐ Self-deprecation.
- ☐ Self-mutilation/cutting.

Had the decedent been receiving mental health services?

Has the decedent been admitted to an inpatient psychiatric unit?

☐ No. ☐ Yes. ☐ Unknown. ☐ If yes, specify:

Did the decedent have a known crisis in the weeks preceding death?

☐ No. ☐ Yes. ☐ Unknown. ☐ If yes, describe:

Excluding the decedent, any family history of? (Check all that apply)

- ☐ Substance use disorder.
- ☐ Homicide.
- ☐ Domestic Violence.
- ☐ Depression.
- ☐ Suicide.
- ☐ Sexual Assault.
- ☐ Suicide gestures/attempts.
- ☐ Child abuse/neglect.
- ☐ Other:

Life Stressors

Relationship Stressors (Check all that apply)

- ☐ Intimate partner problem.
- ☐ Family relationship problems.
- ☐ Other relationship problem, specify:

Recent argument/timing of argument:

Additional Life Stressors (Check all that apply)

- ☐ Civil legal problems (eviction, divorce, bankruptcy).
- ☐ Criminal legal problems (arrest, probation, parole).
- ☐ Domestic Violence.
- ☐ Physical health problem.
- ☐ Job problem/dissatisfaction.
- ☐ Assault/Trauma.
- ☐ Financial problems.
- ☐ School problems.
- ☐ Suicide of friend/family member.
- ☐ Non suicide death of loved one.
- ☐ Disaster exposure (flood, fire, etc.).

Adverse Life Experiences

Had the decedent ever experienced any of the following as a child? (Check all that apply)

- ☐ Economic hardship or poverty.
- ☐ Divorced or separated parent.
- ☐ Death of a parent.
- ☐ Jailed parent.
- ☐ Witness to domestic violence.
- ☐ Victim of physical, mental, or sexual abuse.
- ☐ Living with someone who is mentally ill.
- ☐ Living with someone who abused substances.

Had the decedent ever experienced any of the following as an adult? (Check all that apply)

- ☐ Economic hardship or poverty.
- ☐ Divorce or separation.
- ☐ Death of a loved one (specify):
- ☐ Victim of physical, mental, or sexual abuse.
- ☐ Living with someone who abused substances.
- ☐ Living with someone who is mentally ill.

Incident Information

By whom was the body first encountered/discovered?

- ☐ Family member. Specify. relationship to decedent:
- ☐ Coworker.
- ☐ Friend.
- ☐ Emergency responder.
- ☐ Firefighter.
- ☐ Police officer.
- ☐ Other, specify:

Were grief/survivor resources offered to the person in range to intervene or to those who found the body?

☐ No. ☐ Yes. ☐ Unknown.

Injury Location

- ☐ Residence.
- ☐ Motor vehicle.
- ☐ Parking lot/garage.
- ☐ School.
- ☐ Natural area (state park).
- ☐ Supervised facility.
- ☐ Hospital/Medical facility.
- ☐ Hotel/motel.
- ☐ Other:

Was planning or preparation involved in this death?

☐ Yes. (apparent ritual, preparation, etc.) ☐ No. (no apparent ritual, preparation, etc.)

Any evidence that incident involved the following (Check all that apply)

- ☐ A suicide cluster (multiple suicides that within an accelerated time frame and within defined geographical areas).
- ☐ Death risk game (Russian roulette, playing chicken, or choking game).
- ☐ Suicide pact with another individual.
- ☐ No evidence.

Did the decedent communicate suicidal ideation or threats (days, weeks, or months) prior to death?

☐ No. ☐ Yes. ☐ Unknown.

If yes, describe how and when it was expressed:

Was a suicide note found on the scene?

☐ No. ☐ Yes. ☐ Unknown.

Suicide note format, if applicable:

☐ Paper/physical copy. ☐ On cell phone. ☐ Other Specify:

☐ On social media. ☐ On personal computer.

List of prescriptions or substances found on scene:

Was there evidence of substance involvement? (Check all that apply)

☐ No. ☐ Alcohol. ☐ Stimulants.

☐ Depressants. ☐ Hallucinogens. ☐ Inhalants.

☐ OTC products. ☐ Prescribed drugs. ☐ Illicit substances.

Other Information

Please use this section to indicate any other information shared about decedent. This includes any **discrepancies** and **conflicting information** given by the different interviewees:

Appendix H: SFR Recommendations Worksheet

SFR Recommendations Worksheet

Recommendation	Audience	CDC Suicide Prevention Strategy	Type of Recommendation

Modified from: Overdose Fatality Review: A Practitioner's Guide to Implementation

End Notes

[i] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (n.d.). *Suicide prevention*. https://www.cdc.gov/suicide/index.html

[ii] Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2021 on CDC WONDER Online Database, released in 2023. Data are from the Multiple Cause of Death Files, 2018-2021, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. http://wonder.cdc.gov/mcd-icd10-expanded.html

[iii] Substance Abuse and Mental Health Services Administration (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report

[iv] Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2021 on CDC WONDER Online Database, released in 2023. Data are from the Multiple Cause of Death Files, 2018-2021, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. http://wonder.cdc.gov/mcd-icd10-expanded.html

[v] Ohio Department of Health. (2021). Suicide and demographic trends, 2021. https://odh.ohio.gov/know-our-programs/violence-injury-prevention-program/media/2021-ohio-suicide-report

[vi] Ohio Department of Health. (2021). Suicide and demographic trends, 2021. https://odh.ohio.gov/know-our-programs/violence-injury-prevention-program/media/2021-ohio-suicide-report

[vii] National Center for Health Statistics. (2023). Provisional Multiple Cause of Death Data on CDC WONDER. https://wonder.cdc.gov/mcd.html

[viii] Ohio Department of Health. (2021). Suicide and demographic trends, 2021. https://odh.ohio.gov/know-our-programs/violence-injury-prevention-program/media/2021-ohio-suicide-report

[ix] Ohio Department of Health. (2021). Suicide and demographic trends, 2021. https://odh.ohio.gov/know-our-programs/violence-injury-prevention-program/media/2021-ohio-suicide-report

[x] Substance Abuse and Mental Health Services Administration (SAMHSA) Service Members, Veterans, and their Families Technical Assistance Center (SMVF TA Center). (n.d.) *Promising practices for suicide mortality review committees toolkit*. https://www.prainc.com/wp-content/uploads/2024/02/Mortality-Toolkit-Final-062023.pdf

[xi] Ohio Department of Health. May 2018. Overdose fatality review manual. https://odh.ohio.gov/know-our-programs/violence-injury-prevention-program/drug-overdose/ofr-manual-guidance

[xii] Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. (2003). *Selected privacy rule concepts and definitions*. https://www.cdc.gov/mmWr/preview/mmwrhtml/su5201a2.htm

[xiii] U.S. Department of Health & Human Services. (2003). *Health information privacy. Disclosures for public health activities*. https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-public-health-activities/index.html

[xiv] U.S. Department of Health & Human Services. (2003). *Health information privacy. Disclosures for public health activities*. https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-public-health-activities/index.html