



**Riverside County Suicide Prevention Coalition**  
**Postvention Sub-Committee**  
**2/22/21**

**In Attendance:**

Dr. Jill Miller, Co-chair  
Brenda Scott, Co-chair  
Diana Brown, Liaison  
Melissa Jacks, Clerical Support  
Sandra King  
Magda Stewart  
Bobbi Rich  
Donna Dahl  
Noah Whitaker, Presenter

**Minutes**

- I. Welcome & Introductions
- II. Presentation: Noah Whitaker - LOSS program
  - Noah shared branding for their Suicide Prevention plan in Tulare County. They used a sunflower for branding that symbolizes how one single seed can turn into a flower. That flower then makes seeds that can make an entire field of flowers.
  - They try to do a psychological autopsy after a suicide loss to evaluate what factors may have contributed to the suicide and it ultimately aids the LOSS team.
  - Discussed the guilt and shame survivors feel after a suicide and what they should have or could have done to prevent it. He noted that these feelings can be very challenging to work through.
  - Their LOSS team partners with schools to network and co-train staff
  - Communicated that individuals that have lost someone to suicide are statistically more likely to die by suicide and shared that each suicide death leaves at least one person that is greatly impacted. Although, not everyone will have the same level of affect compared to family members but there is always a connection with the outside world.
  - Detailed how after a suicide, an individual without support like a loss team (passive model) is left alone to figure out next steps, contact a therapist, or find what is available to them and it can take individuals on average 4 years before they end up with assistance in a clinical setting.
  - Showed how different that looks with an active postvention model. With an active postvention model, when a coroner learns of a suicide, they reach out to the loss team that includes: county staff, community volunteers, survivors of suicide loss, and clinical support.
  - Some loss teams come on scene 24/7 and this involves a lot of logistics and robust staff (The team in Tulare is approximately 30 individuals)



- Some teams have a delayed response time and are only available during certain hours. He did note that this may be a good place to start at the beginning of launching a loss team.
- Noah shared that most common time frame for calls are early evening or morning, very few calls are past 10:00pm.
- Once loss team is notified and they arrive on scene and if law enforcement is still on scene, team will need to check in with them to get direction on areas to avoid and direct them to the survivor. This then allows law enforcement to focus on their job (death by suicide is commonly treated as a homicide or death with suspicious circumstances initially until it can be ruled out). Your job may be guiding the survivor through this process and answering any questions that may be asked.
- When arriving on scene, they bring a loss kit. This kit includes:
  - Tri-fold folder with introduction to the team, helpful flyers, resources, services available, a list of who to contact (DMV, social security, cancel loved ones future doctor or dental appointments since this could be a trigger for trauma when you receive calls later on), flyers for grief support groups, self-care tips, and other printed materials.
  - Books: Surviving Suicide Loss, books for kids on grief and loss, Grief Land for Mothers, and others
  - Pen with pull out banner of resources
  - Sunflower seed packet with branding and suicide prevention hotline on back
  - Pin with a card that shares the symbolism to what the pin means. (If someone asks what their pin signifies, they can choose whether or not they share their story. If they share their story and the person they are sharing with also discloses they lost someone to suicide, they are instructed to give their pin to that person. They are welcome to request a new pin at no charge.)
- The loss team interacts with survivors and this also allows them to gather more information about the deceased that could assist law enforcement and coroner with their scene investigation. Noah stressed the importance of active communication between law enforcement/coroner and loss team.
- Loss team becomes primary support for survivor and makes it so they don't need to seek support on their own.
- Additionally, they have removed the barrier of insurance or cost for therapy by using PEI funds with local clinicians to provide therapy. Anyone effected by the death has access to therapy at no cost. They ask that clinicians leave last minute appointments available to get the bereaved into therapy faster.
- With the active postvention model, time between death and survivor in therapy is 2-4 weeks instead of 4 years.
- Noah stressed how challenging this work can be but it is incredibly rewarding as well. He added that grief and bereavement counseling is available to loss team as well.
- Noah also expressed how important it is to create a loss team in a very meaningful way and to ensure that you have a healthy support network and programs that are ready. He suggested to first look at community support and identify gaps. When you are ready to build a loss team, start with a delayed response and see how they work in real time and build up.
- Another topic Noah highlighted is that of a suicide of a first responder and how different that scene is and you must build a relationship with the law enforcement community before they will accept you in.
- The most difficult situation for Noah has been when he is asked to notify family members of a death.



- He advised to learn about volunteers and loss team members and what certain triggers they may have to avoid sending them to those calls.
- Noah shared a few examples of suicides in their county and who responded to the scene. In some cases where it was a high school student, school crisis team members or district psychologists were also present.

### III. Questions for Noah

- Jill asked how data is tracked
  - They have built a data base that gives each member of the loss team log in credentials. They enter data themselves into a spreadsheet which then links to a data base. Their data base was custom built for these purposes for them. He shared that some info can be hard to come by since loss teams are there to support and not collect data. They either need to memorize questions and responses or when wrapping up, ask if they can ask a few questions to better support their mission.
- Donna asked approximately how many people are seen each year
  - Average is 46 suicide deaths per year but over the last 3-years they have seen a decrease with approximately 30ish.
- Jill requested a sample of the tri-fold
  - Noah will send one
- Jill asked what the debriefing process is like for the loss team.
  - They will gather wherever they are able, sometimes it is on the side of the road and sometimes it is at a coffee shop. They talk through what occurred, what didn't occur, how they feel, and then plan to follow up. Also mentioned that one loss team specifically included a clinician during debrief to process feelings for the safety of response team.
- Brenda asked if they work with AFSP, if everything is county funded or receive funding from community.
  - Loss teams do not have a concrete model, look at your systems capacity. He suggested that since we have TIP, it is a great starting point if they are willing to support. Look at what can be done to educate the current team members and what community supports can you link them to. He shared that volunteers within their program are brought in through HR and given background checks. Additionally, they are reimbursed for gas and mileage.
  - Magda added that what she was hearing from his response that they should really build on what they have in place and combine instead of starting new. This way they can utilize existing volunteers and look at getting them additional training regarding suicide support.
  - Brenda added that we would still need coverage in the desert.
  - Magda shared she is willing to look into it and potentially expanding their reach.

### IV. What's next

- Since time ran out, Jill asked everyone to think about what they learned, write down and thoughts or questions and bring them to the next meeting.

**Next Meeting:** Monday, March 29<sup>th</sup>, 2021 at 10:00am – 12:00pm