OFFICE OF SUICIDE PREVENTION
ANNUAL REPORT
2018-2019

Submitted to the Colorado Joint Budget Committee; the Health, Insurance, and Environment Committee of the House of Representatives; and the Health and Human Services Committee of the Senate by the Prevention Services Division, Colorado Department of Public Health and Environment

November 1, 2019
Document Information

Title
Office of Suicide Prevention, Suicide Prevention in Colorado Annual Report FY 2018-2019

Subject
Report on suicide prevention programs and activities in Colorado in Fiscal Year 2018-19 and the coordinating efforts of the Office of Suicide Prevention

Statute
Section 25-1.5-101(1)(w), C.R.S. (House Bill 00-1432); Section 25-1.5-112, C.R.S. (Senate Bill 16-147), Section 25-1.5-113, C.R.S. (Senate Bill 17-272)

Date
November 1, 2019
Table of Contents

Highlights and Key Takeaways ........................................... 4
Map of State Suicide Prevention Initiatives ....................... 6
Part I. Introduction ......................................................... 7
  Part II. Impact of Suicide in Colorado ............................ 8
    Suicide Fatalities .................................................... 8
    Suicide Ideation and Attempts ................................. 12
    Self-Reported Youth Data ...................................... 12

Part III. Office of Suicide Prevention Fiscal Year 2018-19 Initiatives 13
  Health Systems Initiatives ......................................... 13
    Zero Suicide ...................................................... 13
    Colorado Follow-Up Project .................................... 16
    Suicide Prevention in Partnership with Colorado Hospitals 17
  Youth Suicide Prevention (Ages 10-24) ......................... 17
    Sources of Strength ............................................. 18
    Regional Youth Suicide Prevention Coordinators ........... 18
    Office of Suicide Prevention School Training Grant Program. 19
    Lethal Means Safety Through Collaboration and Message Sharing 22
      Colorado Gun Shop Project .................................. 22
    Provider Education on Means Safety ........................... 23
    Suicide Prevention for Working-Age Men ..................... 24
    Office of Suicide Prevention Community Grant Program .... 25
    Public Education and Awareness Efforts - Including Responsible Reporting and Proactive Messaging 28
    Mental Health First Aid ......................................... 29

Part IV. Office of Suicide Prevention Collaborations and Partnerships 31
  Suicide Prevention Commission of Colorado .................. 31
    Commission Priority: Support Integrated Health Care .... 33
    Commission Priority: Improve Training and Education .... 34
    Commission Priority: Build Resilience and Community Connectedness 36
    Commission Priority: Enhance Data Collection Tools and Systems 42
  Cross-sector State Collaborations ................................ 43
  Governor’s Challenge to Prevent Suicide Among Service Members, Veterans, and Their Families 45
  Colorado-National Collaborative for Suicide Prevention .... 46
  Collaboration with Other CDPHE Programs .................... 49

Part V. The Colorado Plan for Suicide Prevention .................. 54
Part VI. Conclusion ..................................................... 55
Highlights and Key Takeaways

This report highlights the evidence-based and evidence-informed suicide prevention programs statewide. The Office of Suicide Prevention continues to maximize resources, leverage strong partnerships, and secure additional funding.

During the 2018-2019 fiscal year, the Office of Suicide Prevention:

- Funded 12 grantees to support community-based suicide prevention in 21 counties.
- Supported suicide prevention awareness training for more than 5,000 community members across Colorado.
- Obtained a federal grant to help support Zero Suicide implementation in five counties.
- Partnered with six agencies to support the Gun Shop Project in 31 counties.
- Funded 17 schools and districts across Colorado to implement comprehensive crisis and suicide prevention strategies.
- Trained more than 400 mental and behavioral health clinicians in evidence-based care.
- Funded follow-up support services for 2,106 people after discharge from emergency department settings for a mental health or behavioral health crisis, including suicidal thoughts or behaviors.
- Supported Sources of Strength implementation in 83 schools and hosted two advanced skills training sessions for 64 youth-serving personnel.

And still, one suicide is one too many. Suicide is preventable. We can do more - and will do more - to prevent suicides in this state. We need to implement comprehensive strategies including prevention, intervention, and postvention to have measurable success. And there are still unmet needs requiring additional funding.

With additional resources, the Office of Suicide Prevention would prioritize the following strategies:

Expand implementation support for **Zero Suicide** across all Colorado counties.

- Annual allocation of $810,000 would support health systems implement the framework.

Support highly impacted counties by creating sustainable local infrastructure.

- An annual allocation of $510,000 would support six full-time positions (salary and fringe) within the counties participating in the Colorado-National Collaborative.

Increase the impact of HB 12-1140 by providing hospitals with training for staff that work with suicidal patients and families.

- An annual allocation of $1,135,000 to support statewide expansion of the Colorado Follow-Up Project to ensure that continuing, caring outreach is a standard of care available to all Coloradans after discharge from emergency and inpatient settings.
- An annual allocation of $105,000 to train emergency department staff on evidence-based clinical assessment and management skills.
The Office of Suicide Prevention is poised to continue leading statewide suicide prevention efforts. We are committed to expanding partnerships, implementing innovative data-driven initiatives, and decreasing the burden of suicide. The Suicide Prevention Commission will continue to promote and support the recommendations found in this report, and will continue to explore new and innovative recommendations in the coming year.

Next Steps

In January 2019, Governor Jared Polis stated that one of his one of his top priorities is reducing Colorado’s suicide rates, putting an important emphasis on addressing suicide in the state. Under the leadership of Executive Director Jill Hunsaker Ryan, CDPHE engaged in a comprehensive review of data and research on suicide and suicide prevention strategies. CDPHE reviewed and mapped current department efforts and identified new opportunities for engagement with other state agencies and local partners. As a result, the Office of Suicide Prevention developed the Colorado Suicide Prevention Framework that outlines a plan for how CDPHE, other state agencies, and local public health agencies can work together to reduce the burden of suicide in Colorado as directed by the General Assembly (Senate Bill 16-147).

The framework focuses on four key strategies:

- Improve health system readiness and response to suicide by expanding the Zero Suicide Model and the Colorado Follow-Up Project.
- Increase active analysis and dissemination of suicide-related data.
- Increase suicide prevention and interventions efforts for high-risk occupations (including first responding, construction, installation and maintenance).
- Increase suicide prevention efforts for special populations at higher risk for suicide (including LGBTQ+, youth, veterans, middle-aged men, older adults, and counties with highest rates).

Specific initiatives under these strategies build on best practices and key Colorado Suicide Prevention Commission recommendations. The framework prioritizes data-driven and evidence-based or evidence-informed programs and policies, and relies on continuing evaluation and data collection, analysis, and improvement.

In the coming year, CDPHE will continue to partner with other state agencies and local communities to expand the work and resources devoted to suicide prevention in Colorado. The Office of Suicide Prevention will update the Colorado Plan for Suicide Prevention to include the Colorado Suicide Prevention Framework when the Governor’s Task Force releases its recommendations and as new opportunities emerge.
SUICIDE PREVENTION INITIATIVES
Fiscal Year 2018-19

Funded County

Number of Initiatives in a County

Initiative by County

- Zero Suicide Grant Funding
  - Denver, El Paso, Larimer, Mesa, Pueblo

- Garrett Lee Smith Youth Suicide Prevention Grant Funding
  - Delta, El Paso, Jefferson, Larimer, Mesa, Montezuma, Pueblo, Weld

- Community Grants
  - Boulder, Cheyenne, Clear Creek, Delta, Denver, El Paso, Elbert, Garfield, Gilpin, Gunnison, Hinsdale, Jefferson, Kit Carson, La Plata, Lincoln, Mesa, Montezuma, Montrose, Ouray, San Miguel, Weld

- Colorado Gun Shop Project

- Colorado-National Collaborative for Suicide Prevention
  - El Paso, La Plata, Larimer, Mesa, Montezuma, Pueblo

- Office of Suicide Prevention School Training Grantees
Colorado Office of Suicide Prevention Annual Report 2018-2019

Part I. Introduction

Pursuant to Colorado Revised Statute Section 25-1.5-101(1)(w)(III)(A), the Office of Suicide Prevention at the Colorado Department of Public Health and Environment (CDPHE) is required to report annually on the status of program efforts to coordinate statewide suicide prevention services. This report includes the following:

- Details about the Office of Suicide Prevention’s initiatives throughout Colorado during Fiscal Year 2018-19.
- Progress on the recommendations from the Suicide Prevention Commission (formed via Senate Bill 14-088).
- Update on House Bill 12-1140 hospital outreach efforts.
- Progress on the Colorado Suicide Prevention Plan pursuant to Senate Bill 16-147.
- The status of Senate Bill 18-272, Crisis and Suicide Prevention Training Grant Program for public schools and districts.

The mission of the Office of Suicide Prevention is to serve as the lead entity for suicide prevention and intervention efforts in Colorado, collaborating with communities statewide to reduce the number of suicide deaths and attempts. In an effort to have a meaningful impact through state-level suicide prevention activities, the Office of Suicide Prevention emphasizes using state and federal grant funding to address strategic priority areas at the state and local level. These strategies include funding local initiatives, focusing initiatives on high-risk populations and highly impacted parts of the state, implementing primary prevention strategies to reach individuals prior to the escalation of a crisis, training individuals to recognize and respond to suicidal crisis, and leading collaborative partnerships.
Part II. Impact of suicide in Colorado

Many Coloradans will struggle with suicide at some point in their lives. The vast majority of those who have thoughts of suicide will not go on to make an attempt, and of those who do make an attempt and survive, more than 90% will not go on to die by suicide. When looking at the data, it’s important to remember that recovery is possible and happening every day across the state.

CDPHE acknowledges that generations-long social, economic and environmental inequities result in adverse health outcomes. They affect communities differently and have a greater influence on health outcomes than either individual choices or one’s ability to access health care. Reducing health disparities through policies, practices and organizational systems can help improve opportunities for all Coloradans. It is important to keep this in mind when reviewing the data below.

Each and every one of these statistics represents a profound loss to our Colorado communities. It is with honor and respect that the following data are presented with the full weight of our shared responsibility to take action in light of the pain of these deaths.

Suicide fatalities

As Colorado’s population continues to grow, so does the number of suicide fatalities among residents. The suicide rate in Colorado, like that of the nation, is on an upward trend; however, since 2013, the rate has not demonstrated a statistically significant variation. Although the rate is statistically stable, Colorado continues to have a suicide rate among the 10 highest in the U.S. In 2018, there were 1,246 suicides among Colorado residents resulting in an age-adjusted suicide rate of 21.2 per 100,000.
In 2018, suicide remained the seventh leading cause of death for all Coloradans. Adults ages 25-64 continue to have the highest rates and number of suicide deaths, representing nearly 70% of all suicide fatalities (859 in 2018). Additionally, males continue to represent a disproportionate number of suicide deaths at over 76% of suicide fatalities across all age groups. Since 2015 we’ve seen a concerning increase in suicide among younger populations, which holds true across the nation. Rates for female youth peak significantly in later adolescence.

![Age-Specific Rates and Counts by Age Group, 2014-2018](chart.png)

Methods of suicide

Nearly half of all suicide deaths in Colorado involve the use of a firearm, which is the most common method of suicide death in the state, and 78% of firearm deaths are suicides. According to emergency department and hospitalization records, poisoning and overdose are the most common suicide attempt method. Between 2014-2018, there were 37,657 suicide-related emergency department visits; 50% of them were due to drugs and other biological substances. During that same time, there were also 16,368 suicide-related hospitalizations; 72% of them were due to drugs and other biological substances.

Suicide Deaths by Manner, Colorado Residents, 2014-2018

Suicide deaths by industry

Data on the occupation of individuals who die by suicide from the Colorado Violent Death Reporting System indicate that a number of industries are at higher risk for suicide, including construction, first responders, oil and gas, agriculture and ranching, and mining.

<table>
<thead>
<tr>
<th>Industry</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction</td>
<td>63.34</td>
</tr>
<tr>
<td>Agriculture, forestry, fishing, hunting</td>
<td>54.98</td>
</tr>
<tr>
<td>Transportation, warehousing</td>
<td>49.80</td>
</tr>
<tr>
<td>Mining, Quarrying, Oil and Gas Extraction</td>
<td>42.44</td>
</tr>
<tr>
<td>Utilities</td>
<td>40.86</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>39.06</td>
</tr>
<tr>
<td>Other services, except public administration</td>
<td>37.74</td>
</tr>
<tr>
<td>Arts, entertainment, recreation</td>
<td>36.46</td>
</tr>
<tr>
<td>Public administration</td>
<td>34.63</td>
</tr>
<tr>
<td>Information</td>
<td>33.74</td>
</tr>
<tr>
<td>Retail trade</td>
<td>33.18</td>
</tr>
<tr>
<td>Real estate rental, leasing</td>
<td>30.00</td>
</tr>
<tr>
<td>Administrative and support and waste management and remedication services</td>
<td>27.03</td>
</tr>
<tr>
<td>Professional, scientific, technical services</td>
<td>25.38</td>
</tr>
<tr>
<td>Wholesale trade</td>
<td>25.13</td>
</tr>
<tr>
<td>Management of companies and enterprises</td>
<td>24.79</td>
</tr>
<tr>
<td>Accommodation, food services</td>
<td>23.44</td>
</tr>
<tr>
<td>Finance, insurance</td>
<td>23.03</td>
</tr>
<tr>
<td>Health care, social assistance</td>
<td>22.08</td>
</tr>
<tr>
<td>Educational services</td>
<td>11.87</td>
</tr>
</tbody>
</table>

Suicide ideation and attempts
Emergency department visits and hospitalizations for suicide-related events present another facet of the impact of suicide in Colorado. Data from 2016-2018 indicate a slight upward trend in medically treated suicide-related events. Emergency department visits increased from 7,132 in 2016 (age-adjusted rate of 130.8/100,000) to 9,069 in 2018 (age-adjusted rate of 162.93/100,000); hospitalizations decreased slightly from 3,461 in 2016 (age-adjusted rate of 62.66/100,000) to 3,245 in 2018 (age-adjusted rate of 58.20/100,000). Unlike fatality data, females account for a disproportionate number of suicide attempts and represent 63.1% of suicide-related emergency department visits and 59.6% of suicide-related hospitalizations between 2016-2018.

Self-reported youth data
According to the 2017 Healthy Kids Colorado Survey, youth also report thinking about or attempting suicide. In 2017, 17% of high school students reported seriously considering attempting suicide during the past 12 months (12.5% male students and 21.5% female students; 44.8% of gay, lesbian or bisexual students); 7% of high school students reported attempting suicide one or more times during the past 12 months (5.2% male and 8.8% female; 19.9% of gay, lesbian or bisexual students). These percentages are similar to national data (17.2% seriously considered suicide, 7.4% reporting one or more attempts during 12 months before the survey), although questions regarding sexual orientation are not asked nationwide.

Middle school students have similar results. In 2017, 18.8% reported seriously thinking about suicide (23% female, 14.8% male) and 7.7% reported ever attempting suicide (10% female, 5.4% male).

For more information on Colorado’s suicide data, please visit the Office of Suicide Prevention’s interactive dashboard located at www.coosp.org.

Priority Populations
Based on analysis of available data sources, the Office of Suicide Prevention has prioritized tailoring prevention efforts for the following populations: youth (0-18), transition-age adults (19-24), men in the middle years (25-64), older adults (65+), the LGBTQ+ community, veterans and service members, and those working in industries at higher risk for suicide such as first responders, construction, oil & gas, agriculture and ranching.

---

1 In October 2015 the national coding scheme for emergency department visits and hospitalizations changed from ICD-9CM to ICD-10CM, making it difficult to compare data before and after 2016. Increases in rates and number of events should be interpreted with caution. Due to the shift in coding, more suicide-related emergency and hospitalization visits are likely captured in data after 2015.
Part III. Office of Suicide Prevention Fiscal Year 2018-19 Initiatives

Under the Colorado Suicide Prevention Commission’s leadership and direction, the Office of Suicide Prevention uses a combination of state general funds, federal grant funds, and foundation money to implement an array of data-driven suicide prevention initiatives based on the best available research evidence. This section contains an overview of all the initiatives the Office of Suicide Prevention implemented during Fiscal Year 2018-19, including activities that meet the legislative requirements under Colorado Revised Statutes 25-1.5-101, 25-1.5-111, 25-1.5-112, and 25-1.5-113.

Health systems initiatives

Zero Suicide
Zero Suicide is built on the foundational belief that suicide deaths of individuals under the care of physical health and behavioral health systems are preventable. This system-level approach reflects a commitment to patient safety and clinical staff support. Zero Suicide is a conceptual framework that highlights the areas a health system must consider and address when developing a strategy tailored to meet the needs of their patients, their system and the realities of available resources. The key elements of Zero Suicide include leadership, training, screening and risk assessment, patient engagement, treatment, transition care and quality improvement. Health systems that have implemented Zero Suicide have seen as much as an 80% reduction in suicide deaths for patients in their care.²

In 2015, the Colorado Suicide Prevention Commission recommended that all Colorado health care systems adopt the Zero Suicide framework. By April 2019, the Office of Suicide Prevention ensured 32 Colorado organizations were trained in the framework, including all 17 community mental health centers, as well as large hospital systems, federally qualified health centers, managed service organizations and regional accountable entities, a school district, a substance use disorder treatment organization, and a youth residential treatment center. To date, the Office has hosted three two-day Zero Suicide Academies to orient health systems to the full framework. Although organizations have achieved notable success in identifying system-level priorities, full-scale implementation is a multi-year effort.

Key strategies and partnerships
In September 2018, Colorado received a five-year grant from the Substance Abuse and Mental Health Administration (SAMHSA) to support implementation of the Zero Suicide Framework within Colorado health care systems serving adults. The funding helps support evidence-based clinical trainings, formal Zero Suicide Academies and a statewide Learning Collaborative. It

² See www.zerosuicide.sprc.org to learn more about the international initiative and to access free resources, tools, and research.
also supports infrastructure to assist local health systems with implementation needs and electronic health record changes. Grant activities focus on five priority counties, as identified based upon attempt and fatality data for those ages 25+ (Denver, El Paso, Larimer, Mesa and Pueblo).

The key strategies in Colorado’s grant-funded approach include:

- Adopting and implementing the seven core components of the Zero Suicide Framework and supporting health systems statewide with a monthly Learning Collaborative.
- Conducting intensive Zero Suicide Academies to onboard health systems to the full framework.
- Supporting health systems in normalizing screening protocols and embedding them into electronic health records.
- Ensuring that those who screen positive for risk are provided with a full suicide safety assessment and suicide care management pathway, if necessary.
- Identifying and training clinical staff in the Collaborative Assessment and Management of Suicidality (CAMS) training and treatment framework.
- Encouraging behavioral health providers to take the Counseling on Access to Lethal Means\(^3\) (CALM) training. The training equips staff to counsel adults on how to temporarily ensure their home environment is safe during periods of crisis.
- Encouraging behavioral health providers to become proficient in patient-centered collaborative safety planning with clients who may be at risk for suicide.
- Identifying and training all non-clinical staff to recognize and respond to risk through evidence-based gatekeeper trainings.
- Expanding the Colorado Follow-Up Project. This evidence-informed program offers caring outreach, reassessment, and mobile crisis dispatch provided by the state crisis hotline\(^4\). This project offers this support to those being discharged from participating hospitals related to a mental or behavioral health crisis, or suicide attempt.

During Fiscal Year 2018-2019, the Office of Suicide Prevention awarded the following health systems grant funding through a competitive application process to implement the Zero Suicide Framework in the five priority counties:

- Centura Health (Denver, El Paso, Pueblo)
- Colorado Coalition for the Homeless (Denver)
- Denver Health and Hospital Authority (Denver)
- Health Solutions (Pueblo)
- Mental Health Center of Denver (Denver)
- St. Mary’s Hospital (Mesa)
- SummitStone Health Partners (Larimer)
- UCHealth Memorial Hospital (El Paso)
- UCHealth Northern Colorado (Larimer)

\(^3\) [https://www.sprc.org/resources-programs/calm-counseling-access-lethal-means](https://www.sprc.org/resources-programs/calm-counseling-access-lethal-means)

\(^4\) [https://coloradocrisisservices.org/](https://coloradocrisisservices.org/)
These systems will use funding to operationalize various elements of the Zero Suicide framework. This includes staff training elements and the cost of updates to electronic health record systems. Office of Suicide Prevention staff works with these health systems to align their efforts, provide technical assistance, and lead cross-system efforts to strengthen suicide prevention as a core component of patient care.

**2019 Zero Suicide Academy**

The Office of Suicide Prevention hosted its third Zero Suicide Academy on April 3-4, 2019, at Centura Health’s Porter Hospital in Denver. Seventy participants representing 14 health systems from across the state participated in the two-day training and leadership-building experience. Hospital administrators, clinicians and people with lived experience heard from national Zero Suicide faculty members, learned about successful implementation from other organizations, and started to formulate or continued to refine their plans for advancing the framework in their systems of care.

In suicide prevention, “lived experience” can refer to someone who has experienced suicidal thoughts, feelings and/or behaviors, who has survived one or more suicide attempts, or who has experienced a suicide loss. Individuals with lived experience must have a decision-making role in developing how a system will address and respond to suicide risk.

**Zero Suicide Learning Collaborative**

Every month the Office of Suicide Prevention and the Education Development Center organize a Learning Collaborative webinar or call featuring a topic of interest for systems working to implement Zero Suicide in Colorado. Representatives and leaders from nearly 40 health systems across the state participate in these monthly conversations, which focus on topics like the inclusion of people with lived experience, leveraging community partnerships, and celebrating successes during the often difficult work of implementation. The Office of Suicide Prevention uses the Learning Collaborative as a regular touchpoint with health systems engaged in this work and to help inform and align the Office’s work across the state.

**Training for the mental health and behavioral health provider community: Collaborative Assessment and Management of Suicidality (CAMS)**

CAMS is an evidence-based model for clinical care of people at risk of suicide that emphasizes relationship- and trust-building between participants and a shared plan for safety, treatment and problem-solving related to suicide prevention. In Fiscal Year 2018-19, the Office of Suicide Prevention supported five CAMS trainings in Denver, Fort Collins, Grand Junction, Greeley and Pueblo. Together, these trainings reached more than 400 clinicians.

---

5 AllHealth Network, Beacon Health Options, Center for Mental Health, Centura Health, Colorado Coalition for the Homeless, Fire Mountain Residential Treatment Center, Health Solutions, Mental Health Center of Denver, Mind Springs Health, Pagosa Springs Medical Center, SCL Health-St Mary’s Medical Center, Solvista Health, SummitStone Health Partners, West Mountain Regional Health Alliance including Mountain Family Health Centers
Colorado Follow-Up Project

The Colorado Follow-Up Project has received national attention as a proof of concept and relatively low-cost, replicable model for caring telephonic follow-up for suicidal patients after discharge from emergency departments. National data show individuals with a recent discharge from an emergency department are at increased risk for suicide, especially in the month following discharge. Approximately 70% of individuals discharged from emergency departments after a suicide attempt do not attend a follow-up appointment with a mental health provider. Continuity of care and follow-up services are both key components of the Zero Suicide framework.

The Follow-Up Project involves connecting patients who have been evaluated for a mental health or behavioral health crisis, including suicidal thoughts or behaviors, within an emergency department or inpatient setting with the statewide crisis services hotline prior to discharge. The hotline staff provide continuing caring contact via telephone with the patient for at least 30 days, or until the patient connects with services they need or declines further contact.

The goals of the project are 1) to facilitate patient connection to community services, 2) to encourage follow-through with discharge plans, 3) to reduce return visits to the emergency department, 4) to provide caring outreach during peak risk periods, and 5) to develop a blueprint of best practice for follow-up to be used in emergency departments statewide. Introducing patients to the Colorado Crisis System ensures patients are aware of the alternative to visiting an emergency department if services are needed in the future. This reduces the burden on emergency departments, which are often not set up to provide trauma-informed mental health care to patients at risk for suicide.

---

Rocky Mountain Crisis Partners (RMCP) provides hotline services for the statewide crisis system, and responds to calls to the National Suicide Prevention Lifeline for Coloradans. RMCP, as part of the Colorado Crisis System, is connected to the 24/7 walk-in clinics, community resources, and has the ability to dispatch mobile crisis services, when necessary.

8 Knesper, D. J. (2010). Continuity of care for suicide prevention and research: Suicide attempts and suicide deaths subsequent to discharge from the emergency department or psychiatry inpatient unit. Newton, MA: Suicide Prevention Resource Center.
In Fiscal Year 2018-19, CDPHE expanded the Follow-Up Project to include 34 sites. From July 1, 2018 through June 30, 2019, 2,106 people received follow-up services following discharge from an emergency department.

**Suicide prevention in partnership with Colorado hospitals**

In 2012, the General Assembly passed legislation allowing the department in its suicide prevention role to provide Colorado hospitals and associated organizations with materials related to suicide (HB 12-1140). The content includes information about risk factors and warning signs for suicide, treatment and care after a suicide attempt, and available community resources for suicidal individuals. Although not mandated, the statue encourages hospitals to provide the information and materials to individuals and families who are in the emergency department or hospital for a suicide attempt or for mental health crisis.

The resources guide individuals and families through the aftercare process. The resources also equip emergency department and hospital staff to effectively assess, manage and support suicidal patients. The Office of Suicide Prevention partners with the Colorado Hospital Association, emergency departments, psychiatric hospitals, and community mental health centers across the state to deliver resources to the most appropriate personnel serving patients appearing in emergency departments following a suicide attempt.

During Fiscal Year 2017-18, the Office of Suicide Prevention moved communication and outreach to a quarterly emergency services newsletter. There are currently more than 100 subscribers. In addition to available patient resources, the Office of Suicide Prevention provides information on funding opportunities, the Zero Suicide initiative, available trainings and helpful resources for hospital staff.

To sign up for the emergency services newsletter or view archived quarterly newsletters please visit [www.colorado.gov/cdphe/suicide-EMS-resources](http://www.colorado.gov/cdphe/suicide-EMS-resources).

**Youth suicide prevention initiatives (Ages 10-24)**

Given the increase in youth suicide in Colorado and across the nation in recent years, the Office of Suicide Prevention implemented several strategies during Fiscal Year 2018-19 focusing on young people ages 10-24. In 2017, SAMHSA awarded the Office of Suicide Prevention a Garett Lee Smith Youth Suicide Grant, which supports youth suicide prevention.

---

9 The 34 sites include: Children’s Hospital (Denver), Denver Health Psychiatric Emergency Department (Denver), Memorial Central (El Paso), Memorial North (El Paso), Grandview (El Paso), Penrose-St. Francis (El Paso), Medical Center of the Rockies (Larimer), Mountain Crest (Larimer), Poudre Valley (Larimer), St. Mary’s (Mesa), Parkview (Pueblo), St. Mary-Corwin (Pueblo), Northern Colorado Medical Center (Weld), McKee Medical Center (Larimer), Fort Collins Medical Center (Larimer), Harmony (Freestanding ED) (Larimer), Greeley ED and Surgery Center (Weld), and Centura Metro area hospitals covered by their psych team: Porter Adventist (Denver), Parker Adventist (Douglas), Littleton Adventist (Arapahoe), Castle Rock Adventist (Douglas), St. Anthony (Jefferson), St. Anthony North (Broomfield), Church Ranch (Free Standing ED) (Jefferson), Southlands (Free Standing ED) (Arapahoe), Golden (Free Standing ED) (Jefferson), Arvada (Free Standing ED) (Jefferson), Littleton West (Free Standing ED) (Arapahoe), Meridian (Free Standing ED) (Douglas), Indian Peaks (Free Standing ED) (Weld), Highlands Ranch (Free Standing ED) (Douglas), Lakewood (Free Standing ED) (Jefferson), Avon (Eagle), St Thomas More (Fremont).

10 Funded through federal grants and OSP Community Grant.
efforts in eight priority counties (Delta, El Paso, Jefferson, Larimer, Mesa, Montezuma, Pueblo, Weld) that have higher burdens of suicide deaths, emergency department visits and/or hospital admissions among youth ages 10-24. During the 2018 legislative session, the General Assembly passed Senate Bill 272 to provide funding for public schools and school districts to implement comprehensive crisis and suicide prevention strategies. The Office of Suicide Prevention’s key youth suicide prevention initiatives for Fiscal Year 2018-19 are listed below.

Sources of Strength
Sources of Strength is a universal suicide prevention program designed to build socio-ecological protective influences among youth to reduce the likelihood that vulnerable students become suicidal. The program empowers students as peer leaders and connects them with adult advisors at school and in the community. Peers and school staff select peer leaders to represent all subgroups within the school population. With support from adult advisors, peer leaders create messages and conduct activities intended to change norms that influence coping practices and problem behaviors for all students. Activities are designed to reduce the acceptability of suicide as a response to distress, increase the acceptability of seeking help, improve communication between youth and adults, and to develop healthy coping attitudes among youth.

The Office of Suicide Prevention works to expand the implementation of the program in Colorado by braiding funding streams and leveraging partnerships. In Fiscal Year 2018-19, the Office of Suicide Prevention supported 83 schools to implement Sources of Strength and trained 64 youth-serving personnel in the Sources of Strength Advanced Skills Training session (training for trainers).

Regional youth suicide prevention coordinators
The Office of Suicide Prevention funds seven regional youth suicide prevention coordinators who are embedded in local agencies serving the eight priority counties for Colorado’s youth suicide prevention grant from SAMHSA (Delta, El Paso, Jefferson, Larimer, Mesa, Montezuma, Pueblo, Weld). This initiative focuses on intensive community level change to strengthen linkages across youth-serving systems and improving the identification, referral, and follow-up supports for youth at risk for suicide. Grant funds also allow the Office of Suicide Prevention to hire a full-time youth suicide prevention coordinator to coordinate the grant.

Question, Persuade, Refer (QPR)
QPR (qprinstitute.com) is an evidence-based gatekeeper training program that teaches individuals the warning signs of a suicide crisis and how to respond. Trainees learn how to respond to a suicidal crisis by following three steps: 1) Question the individual’s desire or intent regarding suicide, 2) Persuade the person to seek and accept help, and 3) Refer the person to appropriate resources. Studies of QPR indicate trainees demonstrate improved gatekeeper preparedness and efficacy scores, greater knowledge of suicide prevention.
resources, and higher total gatekeeper skills. In Fiscal Year 2018-19 the Office of Suicide Prevention used federal grant funding to support training for 3,401 adults who work in youth-serving organizations, including schools.

**Gatekeeper training:** Non-clinical training helping attendees learn to 1) identify risk factors and warning signs for someone who may be struggling with suicidal thoughts, 2) approach and engage those who may be struggling, and 3) connect them with supportive resources and help.

**Office of Suicide Prevention School Training Grant Program**

During the 2018 Legislative Session, the General Assembly passed Senate Bill 272 “Concerning Suicide Prevention Training in Schools.” The purpose of this legislation is to provide funding for public schools and school districts to implement comprehensive crisis and suicide prevention strategies, with priority given to public schools or school districts who have not received suicide prevention training previously. The bill became effective July 1, 2018.

In July 2018, the Office of Suicide Prevention met with stakeholders from the Colorado Department of Education, the Colorado School Safety Resource Center, the Colorado Parent Teacher Association, and the Colorado Youth Advisory Council to gather input for the school grant program. Based on that input, the Office of Suicide Prevention structured a three-year grant cycle and released a Request for Applications in early September 2018. Twenty-one applicants submitted requests for funding. Broadly categorized, the types of requests from applicants centered around the following: funding to support additional staff, general suicide prevention awareness training for staff, general mental health awareness training (Mental Health First Aid/Youth Mental Health First Aid), crisis intervention training for mental health provider staff, support for policy improvement and development, supplies, travel for training and professional development, Sources of Strength implementation and training costs, coverage for staff time for training through substitute teachers and stipends, and Positive Behavioral Interventions and Supports training and resources.

The stakeholder group met again in November 2018 to review applications and provide funding recommendations to the office. The group approved 19 applicants for funding and 17 elected to proceed with contract negotiations. Information about the grantees for the first three-year grant cycle is in the table below.
### Fiscal Year 2018-19 Office of Suicide Prevention School Training Grantees

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Number of Pupils Enrolled</th>
<th>FY 19 Number of Staff Trained</th>
<th>FY 19 Grant Amount</th>
<th>Funded Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counties of Adams and Weld School District 27J</td>
<td>18,000</td>
<td>34</td>
<td>$34,997</td>
<td>Question, Persuade, Refer (QPR); PREPaRE Crisis Prevention and Intervention Training (PREPaRE); Applied Suicide Intervention Skills Training (ASIST); Sources of Strength; Signs of Suicide (SOS); policy development</td>
</tr>
<tr>
<td>Center Consolidated School District 26JT</td>
<td>622</td>
<td>43</td>
<td>$35,000</td>
<td>QPR, PREPaRE, Youth Mental Health First Aid (YMHFA), ASIST, Sources of Strength, policy development</td>
</tr>
<tr>
<td>Colorado Springs Charter Academy</td>
<td>665</td>
<td>151</td>
<td>$15,116</td>
<td>QPR, Safe2Tel (S2T), Sources of Strength, Restorative Practices, policy development</td>
</tr>
<tr>
<td>Creede School District</td>
<td>101</td>
<td>0</td>
<td>$14,015</td>
<td>SafeTALK, Assessing and Managing Suicide Risk, Child Trauma Academy, policy development</td>
</tr>
<tr>
<td>Denver Public Schools</td>
<td>92,331</td>
<td>20</td>
<td>$15,000</td>
<td>QPR, policy development</td>
</tr>
<tr>
<td>County of Fremont Custer School District RE-2</td>
<td>1,346</td>
<td>59</td>
<td>$32,585</td>
<td>QPR, PREPaRE, YMHFA, policy development</td>
</tr>
<tr>
<td>Global Village Academy-Northglenn</td>
<td>900</td>
<td>0</td>
<td>$10,000</td>
<td>Kognito, SOS, Comprehensive Health Education, Empowering Education, policy development</td>
</tr>
<tr>
<td>Mesa County Valley School District #51</td>
<td>22,000</td>
<td>27</td>
<td>$30,000</td>
<td>PREPaRE, Psychological First Aid, Sources of Strength, policy development</td>
</tr>
<tr>
<td>Mountain Valley School District RE-1</td>
<td>140</td>
<td>87</td>
<td>$35,000</td>
<td>QPR, policy development</td>
</tr>
<tr>
<td>North Routt Community Charter School</td>
<td>92</td>
<td>15</td>
<td>$10,000</td>
<td>QPR, Crisis Management, YMHFA, policy development</td>
</tr>
<tr>
<td>School</td>
<td>Students</td>
<td>Staff</td>
<td>Grant Amount ($)</td>
<td>Programs/Training</td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------</td>
<td>-------</td>
<td>------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Poudre School District</td>
<td>30,000</td>
<td>130</td>
<td>$10,829</td>
<td>QPR, Sources of Strength, policy development</td>
</tr>
<tr>
<td>Steamboat Springs</td>
<td>2,640</td>
<td>417</td>
<td>$17,500</td>
<td>QPR, YMHFA, Restorative Practices, policy development</td>
</tr>
<tr>
<td>School District RE-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRIVE Preparatory</td>
<td>318</td>
<td>1</td>
<td>$9,500</td>
<td>QPR, PREPaRE, policy development</td>
</tr>
<tr>
<td>School-Lake</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University Schools-Greeley</td>
<td>1,800</td>
<td>168</td>
<td>$14,999</td>
<td>QPR, Mental Health First Aid or Youth Mental Health First Aid, Sources of Strength, policy development</td>
</tr>
<tr>
<td>Weld County School</td>
<td>6,771</td>
<td>37</td>
<td>$14,921</td>
<td>QPR, Sources of Strength, policy development</td>
</tr>
<tr>
<td>District RE-4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woodland Park</td>
<td>2,387</td>
<td>12</td>
<td>$20,676</td>
<td>QPR, YMHFA, Columbia Suicide Severity Rating Scale Screener, PREPaRE, ASIST, Sources of Strength, policy development</td>
</tr>
<tr>
<td>School District RE-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**School Training Grant Program Highlights from Year 1 (through June 30, 2019)**
Most of the work on the school grants began late Spring 2019. Many schools have started implementing trainings, working on suicide prevention and referral protocols, onboarding staff funded through the grant, and planning for the next grant year (July 1, 2019 - June 30, 2020). The Office of Suicide Prevention will continue to provide technical support throughout the three-year grant cycle, with emphasis on supporting the development and improvement of school and district suicide prevention policies.

The schools and districts implemented training curricula, school climate programming, and Sources of Strength (three people attended the Sources of Strength Train-the-Trainer event in June 2019). Grantees trained 133 adults in restorative practices.

Schools and districts began implementing gatekeeper training, which teaches participants how to identify warning signs of suicidal despair and to connect identified students with appropriate resources. In Year 1 of the grant, grantees trained 438 adults in Question, Persuade, Refer (QPR) and 343 adults in Mental Health First Aid (MHFA) or Youth Mental Health First Aid (YMHFA).

Other trainings included the crisis intervention training PREPaRE (grantees trained 116 adults); Collaborative Safety Planning (6 school counselors trained) and the Columbia Suicide Severity Rating Scale (11 district mental health providers trained). Additionally, grantees trained 150 students in Safe2Tell protocols.
All schools and districts are working on developing or improving their suicide prevention, referral, intervention, and postvention protocols. The Office of Suicide Prevention will continue to support the development and improvement of these policies by providing resources, webinar trainings, and other tools. The following table illustrates the baseline for the grantees in working towards a robust set of policies and protocols that support students and staff across the prevention continuum.

<table>
<thead>
<tr>
<th>Status</th>
<th>No policy available</th>
<th>Standard Board of Education Policy Statement</th>
<th>Draft improvements started</th>
<th>Strong policy with room for improvement</th>
<th>Model policy that aligns with all evidence-based national standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of grantees</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

**Lethal means safety through collaboration and shared messaging**

As highlighted in the [National Strategy for Suicide Prevention](#), addressing access to suicide methods that are highly lethal and commonly used is a proven strategy for decreasing suicide rates. Reducing access to lethal means during periods of crisis can make it more likely that the person will delay or survive a suicide attempt. In either case, the person’s odds of long-term survival are improved. Of those individuals who have survived a suicide attempt, more than 90% will not go on to die by suicide.

In addition to safely and securely storing firearms, medications, and substances, it is important to address other potential means of suicide death. Because most acute suicidal crises are temporary, putting time and space between an individual and a method of death can be life-saving. If an individual has shared that they are thinking about suicide, learning more about this despair and whether they have a plan and access to means (which might include asphyxiation, self-injury, falling from a height, etc.) can also provide important information on how to keep an environment as safe as possible. Because lethal means safety does not address the root causes of despair, temporarily securing environments is an important way to ensure that an individual can survive a crisis situation until they are able to receive support.

**Colorado Gun Shop Project**

The Gun Shop Project is an education and awareness project that partners with firearm advocates, gun shops, firing ranges, and firearm safety course instructors to adopt and promote a firearm safety and suicide prevention message. Educational materials include posters, brochures, fact sheets, and Colorado Crisis System wallet cards. The core message of the Gun Shop Project is that limiting a suicidal individual’s access to firearms is a critical aspect of firearm safety.
In addition to building awareness, relationship-building between local organizations has emerged as one of the unexpected benefits of the initiative. Too often mental health organizations and suicide prevention coalitions have been disconnected from the firearm community. In communities that have been engaged in the project for several years the project has become a bridge between the two worlds. Forging these relationships is critical to expanding community efforts at the local level.

During Fiscal Year 2018-19, 31 counties (Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Yuma, Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel, Jefferson, Eagle, El Paso, Garfield, Larimer, Pueblo, Weld, Archuleta, La Plata, San Juan, Alamosa, Costilla, Saguache, Rio Grande) implemented the project. Firearm advocates visited 218 shops, ranges, instructors, and other businesses to introduce the project.

Additionally, the Office of Suicide Prevention is an active partner on the **Colorado Firearm Safety Coalition**, which includes local retailers, ranges, safety instructors, and prevention professionals. The active collaboration has led to highly supportive and invaluable partnerships with metro-area gun ranges and retailers that continue to enrich the process and brainstorm additional avenues for outreach.

**Provider education on means safety**
Supporting providers with clinical skills to deliver lethal-means-safety counseling to patients remains a priority for the Office of Suicide Prevention. It is also a key element of the Zero Suicide framework. Means-safety education is an evidence-based approach to reducing the risk of suicide death.

Following a successful pilot at Children’s Hospital in 2014, the American Foundation for Suicide Prevention funded a research team to expand the study in Colorado with additional protocols. The SAFETY Study, a three-year trial of lethal means counseling combined with distribution of medication and gun lockboxes, concluded in 2019. The research team partnered with four Colorado hospitals operating six emergency departments for the study. The study looked at how counseling impacted parents of adolescents experiencing mental health concerns. The intervention phase ended in July 2019 and study results are expected by
the end of 2019. The Office of Suicide Prevention has made the free online training available statewide to all interested agencies and providers.

To access the free online training, please visit www.train.org/colorado and search for course 1076412 “Lethal Means Counseling: A Role for Colorado Emergency Departments to Reduce Youth Suicide.”

**Suicide prevention for working-age men**

Annually, men ages 25 to 64 account for the highest number and rate of suicide deaths among any demographic. The Office of Suicide Prevention partnered with Cactus Marketing Communication and the Carson J Spencer Foundation to create Man Therapy (www.mantherapy.org), which launched in July 2012.

The primary goals of Man Therapy are to:

- Create social change among men and the general population about mental health and overall wellness.
- Empower men to take action/ownership of their mental health and overall wellness by increasing help-seeking behavior.
- Reduce suicidal thoughts and deaths among men (long-term).

The website is designed specifically for working-age men and provides information on depression and suicide, substance abuse, anger, and anxiety. It includes statewide resources specific to finding support and services related to each issue. While designed for men broadly, in recent years Colorado developed specific content for veterans and first responders. With funding from the Centers for Disease Control and Prevention’s (CDC) Preventive Health and Human Services Block Grant, the Office of Suicide Prevention was able to support the creation of additional content, messaging, and resources for people working in the construction industry.

Since its launch in July 2012, there have been more than one million visits to www.mantherapy.org worldwide. From July 1, 2018 through June 30, 2019, there were 25,887 visits to the site from Colorado, and 100,908 total visits in the United States and other countries. Beginning July 1, 2017, the Office of Suicide Prevention awarded three community grantees five-year funding to enhance awareness and use of the resource within 12 counties, as mentioned later in this report.

In October 2015, a research team from the University of Maryland-Baltimore, Florida State University, and the Colorado School of Public Health received a four-year grant from the CDC to evaluate Man Therapy through September 2019. Initial results indicate positive results both in terms of engagement and increase in help-seeking behaviors. Formal results are expected late fall of 2019.
Office of Suicide Prevention Community Grant Program

In the spring of 2017, the Office of Suicide Prevention released a five-year funding opportunity for community-based suicide prevention partners interested in four priority areas: Zero Suicide implementation, Sources of Strength for schools and youth-serving organizations, dissemination of Man Therapy, and community-based initiatives. In July 2017, the Office of Suicide Prevention awarded a total of $200,000 from state general funds across 13 community agencies throughout the state. This funding supported the first year of their activities through June 30, 2018. The total amount awarded increased to $210,000 on July 1, 2018 for Year 2 of the grant program. Each grantee receives between $10,000 to $20,000 per year.

These 13 grantees are implementing prevention activities across 21 counties in Colorado. Below is a brief description of grantee activities occurring under each priority during Fiscal Year 2018-19.

<table>
<thead>
<tr>
<th>Priority: Zero Suicide</th>
<th>Grantees</th>
<th>Counties Served</th>
<th>Main strategies</th>
<th>Notable Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Center for Mental Health</td>
<td>Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel</td>
<td>Clinical staff training to improve confidence and competence to directly address suicide with clients (CAMS).</td>
<td>Follow-up workforce survey indicated that a majority of staff felt that leadership had made suicide prevention a priority and felt confident and comfortable addressing suicide directly. Numbers trained in CAMS: 19 this grant year, 55 since beginning of grant work in 2017.</td>
</tr>
<tr>
<td></td>
<td>Jefferson Center for Mental Health</td>
<td>Jefferson, Gilpin and Clear Creek</td>
<td>Staff training to address suicidality relative to their role within the organization (QPR and CAMS).</td>
<td>Trained all new employees in QPR; total of 860 individuals have been trained since the start of the grant in 2017. 58 clinical staff members trained in CAMS; total of 181 staff trained since the beginning of the grant.</td>
</tr>
<tr>
<td></td>
<td>St. Joseph’s Hospital</td>
<td>Denver</td>
<td>Improve services for patients at risk for suicide by coordinating services among intervention programs and providing clinical intervention and safety planning measures.</td>
<td>More than 125,000 clients were screened for suicide risk. 107 clients discharged from outpatient, emergency, and medical floors received follow-up services through the Colorado Follow-Up Project. This included more than 525 outbound calls to provide support, referral, and caring outreach during the 30-days post discharge.</td>
</tr>
</tbody>
</table>
Sources of Strength is an evidence-based program designed to build emotional resiliency, increase school connectedness and prevent suicide. The program is based on a positive youth development model and is an approach to suicide prevention that builds protective factors among participating students in the school community.

<table>
<thead>
<tr>
<th>Grantees</th>
<th>Academy District 20</th>
<th>Boulder County Public Health</th>
<th>Piñon Project</th>
<th>Ouray Voyager Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counties Served</td>
<td>El Paso</td>
<td>Boulder</td>
<td>Montezuma</td>
<td>Ouray</td>
</tr>
</tbody>
</table>

**Notable Achievements**

**Academy District 20**
- Adopted program as a District-wide priority.
- Leveraged the grant and a Colorado Springs Health Foundation grant to implement in 8 schools.
- Continue to track the positive impacts of the program on help-seeking behavior and overall school climate.
- Established an ASD20/Faith-Based Community Collaboration Group.
- 6 staff members attended Train-the-Trainer event; once certified, will increase the number of district trainers to 10.

**Boulder County Public Health**
- Leveraged the Office of Suicide Prevention grant and other resources to implement in 15 schools in the St. Vrain Valley School District and the Boulder Valley School District.
- Additional staff trained as Sources of Strength trainers in July of 2019.

**Piñon Project**
- Leveraged the Office of Suicide Prevention grant and funding from the Office of the Attorney General to support implementation in 3 schools and 1 tribal organization.
- Unfortunately, the Piñon Project experienced repeated staff turnover throughout the grant year, which impacted ability to support continued implementation of the program to fidelity.

**Ouray Voyager Youth**
- Implemented in middle and high schools in Ridgway and Ouray school districts.

**Numbers Trained**

<table>
<thead>
<tr>
<th>In grant year 1, more than 400 students served as peer leaders and 177 staff members served as adult advisors.</th>
</tr>
</thead>
<tbody>
<tr>
<td>In grant year 2, 635 students served as peer leaders and 151 staff members served as adult advisors across the district.</td>
</tr>
<tr>
<td>Boulder County Public Health trained 43 adult advisors and 148 youth leaders across all sites.</td>
</tr>
<tr>
<td>With support from the Office of Behavioral Health, the Office of Suicide Prevention is working with the community to fully re-train and support interested schools and tribal organizations within the county during fall 2019.</td>
</tr>
<tr>
<td>Ouray Voyager Youth trained 52 peer leaders and 8 adult advisors across both communities.</td>
</tr>
<tr>
<td>2 attended the Train-the-Trainer event; when certified, can provide onboarding training to additional schools at lower costs.</td>
</tr>
<tr>
<td>Priority: Man Therapy</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>Grantees</td>
</tr>
<tr>
<td>Counties Served</td>
</tr>
<tr>
<td>Strategies</td>
</tr>
<tr>
<td>Notable Achievements</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority: Community-based initiatives</th>
<th>Grantees selecting community-based initiatives had flexibility in identifying strategies which fit the needs of their community.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grantee</td>
<td>Buried Seedz of Resistance / Survivors Organizing for Liberation</td>
</tr>
<tr>
<td>Counties served</td>
<td>Metro Denver Region</td>
</tr>
<tr>
<td>Main Strategies</td>
<td>Provide increased community capacity to support positive youth development in the LGBTQ+ youth community.</td>
</tr>
<tr>
<td>Notable Achievements</td>
<td>Funding helped support leadership retreats and activities for LGBTQ+ youth of color as well as Mental Health First Aid and gatekeeper training for staff. Unfortunately, due to a shift in sustainable fiscal support, the organization closed its doors and ceased operations in June 2019.</td>
</tr>
</tbody>
</table>

Public education and awareness efforts - including responsible reporting and proactive messaging

Media coverage that includes information on how suicide is the result of complex contributing factors that exist on community, interpersonal, and personal levels can provide a richer representation of the reality of suicidal despair, suicide attempts, and deaths by suicide. By looking toward research and recommendations from national suicide prevention organizations and centering voices of lived experience (including those who have experienced suicidal despair as well as those who have lost loved ones to suicide), media outlets can cover suicide in respectful, thoughtful, sensitive, culturally appropriate ways, that are mindful of experiences of trauma and the resulting impacts on individuals.

Research shows that the way in which the media covers suicide can influence behavior negatively or positively. Exposure to portrayals of suicide that include graphic details and do not convey that suicide is the result of complex contributing community-level factors can negatively influence those already experiencing suicide risk factors.

If the media communicates stories of hope, resilience, recovery, and prevention it can ultimately save lives.

Media reports and portrayals can also promote help-seeking behavior, connect people to messages of hope and healing, and provide valuable community resources, like crisis center locations and phone numbers. Coverage that integrates important messages, including the fact that the majority of people who experience thoughts of suicide do not go on to attempt or die by suicide, can provide readers with narratives that there are ways to survive suicidal despair.

Media guidelines developed by leading national experts and organizations, including the Action Alliance for Suicide Prevention, the National Suicide Prevention Lifeline, the American Association of Suicidology, the American Foundation for Suicide Prevention, and the Suicide Prevention Resource Center, can be found at www.reportingonsuicide.org and suicidology.org/media/toolkits-and-briefs/.

How the suicide prevention community communicates on the topic of suicide can impact behaviors by challenging inaccurate norms and harmful myths. It can also ensure that the experiences of those impacted by suicide across the continuum (including, but not limited to, those who experience suicidal despair, have survived an attempt, or have lost a loved one) are visible and validated.

The Office of Suicide Prevention supports community suicide prevention events such as the annual Bridging the Divide: Suicide Awareness and Prevention Summit, the School Suicide
Prevention Symposium, and Elevating the Conversation conference. During Fiscal Year 2018-19, the Office of Suicide Prevention staff regularly gave presentations on suicide and suicide prevention throughout Colorado and the country.

The Office of Suicide Prevention disseminates suicide prevention information and materials statewide including Man Therapy, House Bill 12-1140 hospital resources, Gun Shop Project materials, and materials geared toward adolescents, older adults, and Spanish-speaking Coloradans. The Office of Suicide Prevention developed a toolkit to aid local public health departments in identifying strategies and resources at their disposal. Additionally, the Office of Suicide Prevention operates a monthly newsletter to highlight new resources, community-level work, funding opportunities, and upcoming events. Currently the newsletter has more than 900 subscribers. To sign up for the newsletter, view archived newsletter editions, or access any of the Office of Suicide Prevention resources please visit www.coosp.org.

**Mental Health First Aid**

On July 1, 2018, the state funding to support Mental Health First Aid training in Colorado transitioned from the Department of Human Services to the Office of Suicide Prevention at the Department of Public Health and Environment. The goal over the coming years is to expand Mental Health First Aid training in Colorado to increase mental health literacy within community settings. Mental Health First Aid is an 8-hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The evidence behind the program demonstrates that it builds mental health literacy, helping the public identify, understand, and respond to signs of mental illness.

The Office of Suicide Prevention partners with the [Colorado Behavioral Healthcare Council](https://www.colorado.gov/pacific/cdphe/suicide-provider-resources) (CBHC) to support Mental Health First Aid in Colorado. Since 2008, CBHC has spearheaded the statewide collaborative Mental Health First Aid Colorado (MHFA CO). MHFA CO helps guide the strategic dissemination and growth of the program statewide. Key activities under the funded initiative included a train-the-trainer course to increase the number of individuals in Colorado certified to provide the full 8-hour curriculum as well as support for community-led MHFA training events.

---

12 Available for download on https://www.colorado.gov/pacific/cdphe/suicide-provider-resources
During Fiscal Year 2018-19:

- 30 individuals received the train-the-trainer course to become MHFA facilitators. Seven of the new instructors are bilingual in Spanish, including one that is also fluent in four other languages including Arabic, and one that is fluent in Farsi. The course included representation from the Denver Metro Area, Colorado Springs, Pueblo, Canon City, Rifle, Montrose, Eagle, Wellington, Springfield, New Castle, Greeley, and Del Norte. In addition to several Community Mental Health Centers represented, there were individuals from the Department of Corrections, Denver Human Services, Grand River Health, the Arapahoe County Sheriff’s Office, Montrose County Health and Human Services, Regis University, Pueblo Department of Public Health, Southeast Colorado Hospital District and Long Term Care Center, the Regional Transportation District, Celebration Community Church, and two independent instructors, including one that works closely with Garfield Public Health.

- 1,860 Coloradans received MHFA training from this funding stream. (CBHC also obtained funding support from the Office of the Attorney General to train an additional 17 individuals as Public Safety Instructors and an additional 646 officers in MHFA).
Part IV. Office of Suicide Prevention Collaborations and Partnerships

Suicide Prevention Commission of Colorado
Colorado Senate Bill 14-088 created the Suicide Prevention Commission of Colorado (Commission) to provide public, private, and nonprofit leadership for suicide prevention efforts and to make data-driven, evidence-based recommendations for Colorado. The Commission serves in an advisory capacity to the Office of Suicide Prevention. Although funding for implementation of the Commission’s recommendations was not included in the legislation, the fiscal note provides the Office of Suicide Prevention funding to support one full-time employee to serve as the Suicide Prevention Commission Coordinator.

The Commission acknowledges that successful suicide prevention can only be achieved with comprehensive and sustained efforts across community groups and agencies; no one group or single intervention is sufficient. Continuous contribution from both the public, private and nonprofit sectors is necessary to achieve the Commission’s aspirational goal of reaching a 20% reduction in the suicide rate in Colorado by 2024.

The Commission has adopted several key suicide prevention recommendations under four priority areas: Supporting Integrated Health Care; Improving Training and Education; Building Resilience and Community Connectedness; and Enhancing Data Collection and Systems.

---

13 For information on the Commission and to access a list of current appointed Commissioners, please visit www.coosp.org
The Commission voted to support smaller topic-specific workgroups, which are responsible for developing and operationalizing key recommendations. During Fiscal Year 2018-19, the Commission convened work groups dedicated to the following topics:
- Resilience and community connectedness
- Youth-specific Initiatives
- Training and Education
- Service Members, Veterans, and their Families
- Investigating the Use of Forced Treatment on People Experiencing Suicidal Thoughts
Commission priority: Support integrated health care

1. Health care systems should adopt the Zero Suicide initiative. In 2015, the Commission first identified Zero Suicide as a priority. While initial implementation efforts focused on behavioral health care organizations, the Office of Suicide Prevention also continues to explore support for the Zero Suicide Framework in integrated and non-integrated primary care settings, faith communities, the justice system, education settings, and local coalitions.

2. Adopt the Colorado Follow-Up Project as standard protocol for following up with suicidal patients after discharge from emergency departments and inpatient settings. The Commission recommends that each emergency department and inpatient setting serving patients experiencing suicidality have a standardized protocol for follow-up care. Continuity of care is important. The Commission’s Emergency Services Workgroup (now sunsetted) developed a pilot protocol using the Colorado Crisis and Support Line to provide telephonic follow-up support to patients following emergency department discharge. Although two federal grants support the expansion of the Follow-Up Project in key communities, all emergency departments, inpatient units, and psychiatric facilities should adopt telephonic follow-up as a standard of care.

3. Promote screening to identify suicide risk within health care settings. During its first year the Commission recommended screening for depression and suicide risk in the emergency department. This has since expanded to all health care settings. This aligns with the Joint Commission’s release of Sentinel Event 56, which encourages detecting and treating suicide ideation in all hospital settings. Many screening tools are available for little to no cost on the Suicide Prevention Resource Center’s website (www.sprc.org).

Additionally, organizations implementing Zero Suicide embed consistent screening protocols within agency workflow and performance measures. This recommendation also aligned with the efforts of the State Innovation Model (SIM) Program to improve Coloradan’s access to integrated health services. The Office of Suicide Prevention actively engaged SIM partners to provide information, tools, and resources to empower primary care practices in adopting suicide prevention protocols.

4. Support primary care providers in adopting suicide prevention protocols. Primary care is often the first line of contact for individuals who are hesitant or resistant to seeking out traditional mental health services directly. This is particularly true for men and older adults who are disproportionately represented in Colorado suicide deaths each year. During Fiscal
Year 2018-19, the Office of Suicide Prevention funded an update of a **toolkit for primary care** originally developed by the Suicide Prevention Resource Center and the Western Interstate Commission on Higher Education. The Commission’s Primary Care Work Group (now sunsetted) provided feedback on content, training, and dissemination. The toolkit aligns with the tenets of Zero Suicide and includes additional resources and tools developed since the original release in 2009. The toolkit is now specific for Colorado providers and highlights state-funded Colorado Crisis System services. The goal of the toolkit is to provide actionable steps to empower practices to directly address suicide prevention within their practice. The toolkit focuses on identification, risk assessment, safety planning, lethal means counseling, and follow-up care. In Fiscal Year 2018-19, the Office continued to disseminate this free resource to support primary care practices, leveraging relationships with SIM Regional Health Coordinators throughout the state.

**Commission Priority: Improve training and education**

1. Support training for mental health and substance abuse treatment providers. Data from the Colorado Violent Death Reporting System show that nearly one third of people who died by suicide were engaged in some form of mental health treatment at the time of death. This highlights the need for mental health provider training on assessment and how to support people experiencing suicidal thoughts and behaviors. There is no requirement in Colorado for behavioral health treatment providers to demonstrate competency with suicidal risk management. Additionally, a prior Commission survey revealed that Colorado behavioral health treatment providers have gaps in knowledge of evidence-based practices and training related to suicide prevention.

Some suicide prevention training courses are available for free online: [Columbia Suicide Severity Rating Scale assessment tool](http://zerosuicide.sprc.org/toolkit/identify), [Counseling on Access to Lethal Means](http://training.sprc.org/enrol/index.php?id=20), and [Collaborative Safety Planning](http://zerosuicide.sprc.org/toolkit/engage).

However, many of the evidence-based trainings for treatment and management of suicidality are costly for providers and organizations. Beginning in July 2017, the Office of Suicide Prevention funded two community grantees to provide Collaborative Assessment and Management of Suicidality (CAMS) clinical trainings across their organization, and two subsequent federal grants received by the Office devote significant resources to this priority. In Fiscal Year 2018-19, the Office of Suicide Prevention trained more than 400 behavioral

---

14 To access the assessment tool and other resources, please visit [http://zerosuicide.sprc.org/toolkit/identify](http://zerosuicide.sprc.org/toolkit/identify)
15 To access the training, please visit [https://training.sprc.org/enrol/index.php?id=20](https://training.sprc.org/enrol/index.php?id=20)
16 For more information on safety planning, please visit [http://zerosuicide.sprc.org/toolkit/engage](http://zerosuicide.sprc.org/toolkit/engage)
health providers and has earmarked resources to train an additional 1,300 providers per year through 2022.

Treatment providers in Colorado may send a patient who discloses suicidal ideation to involuntary inpatient hospitalization. They may do this because of training gaps in addressing suicidality directly, liability concerns, and a scarcity of other community-based options designed to keep someone safe. This outcome is often more harmful than helpful to the person experiencing suicidal ideation. Involuntary hospitalization may increase an individual’s suicide risk. In January 2019, the Commission voted to form a work group to examine how involuntary treatment impacts people experiencing suicidal thoughts. In May 2019, the work group began a year-long process to examine research, create clear and actionable recommendations about the use of involuntary interventions, prioritize and incentivize least restrictive interventions, and create support for providers to effectively implement the recommendations.

2. **Develop and implement comprehensive suicide prevention strategies for high-risk industries.** Data from Colorado highlight a number of industries at higher risk for suicide, including construction, first responders, oil and gas, the legal community, agriculture and ranching, and mining. We should support each with a comprehensive approach to suicide prevention, inclusive of education and awareness, family-friendly workplace policies with comprehensive health benefits and livable wages, lethal means safety, and postvention practices. In 2017, the Office of Suicide Prevention helped move this priority forward by adding first-responder-specific content and resources to www.Mantherapy.org. In 2019, the Office of Suicide Prevention supported the development of resources and collateral for the construction industry. The Department of Agriculture and the Office of Behavioral Health also developed materials and partnered with the state crisis line on cultural competency training for supporting agriculture families. The Office of Suicide Prevention leverages these materials by disseminating them to local partners.

3. **Build capacity within the legal community to identify those at risk for suicide and link them to care.** The legal community, comprising of judges, attorneys, and probation departments, represents another access point outside of the health care system to reach individuals at risk for suicide.

The Colorado Violent Death Reporting System 2013-2017 provides several data points relevant to the legal system regarding circumstances present in an individual’s life prior to suicide: intimate partner problem (39%), problem with alcohol (31%) or another substance (22%), contributing criminal legal problem (17%), financial problems (16%) and contributing civil legal problem (7%). These data indicate that there opportunities for intervention within the judicial system, especially for those facing issues such as divorce and parental responsibility matters, domestic violence, alcohol or substance-related criminal charges, bankruptcy actions, and evictions.
The legal profession is also disparately impacted by suicide. A Colorado study in partnership with the National Institute of Occupational Health and Safety found that the suicide rate within the legal community is nearly twice the state rate.\textsuperscript{17}

The legal system is a critical access point for those in crisis. There is an opportunity to train gatekeepers within each judicial district. The Office of Suicide Prevention is leading efforts to develop a framework for the legal community in alignment with Senate Bill 16-147. One step is to empower the judiciary to identify at-risk litigants, attorneys, and peers and to connect them with support. The Commission’s Training and Education Workgroup supported the development of a bench resource card for suicide prevention for use by the members of the Colorado judicial community. The Commission debuted the Bench Card, and the concept of Zero Suicide, during the Colorado Collaborative Justice Conference in May 2018. This sparked ongoing discussions on how trainings and Colorado Crisis Services could be made available throughout Colorado judicial districts. The office partnered with Colorado’s problem-solving courts to lead a gatekeeper training for Veteran’s Court Mentor Training in March 2019.

Commission Priority: Build resilience and community connectedness

1. Strengthen economic stability and supports, including food security, affordable housing, livable wages, and other family-friendly workplace policies. Most suicide prevention strategies focus on supporting individuals already in crisis, but a comprehensive approach requires efforts that help create healthy, thriving, and resilient communities. Research shows that focusing on protective factors such as economic stability and supports, behavioral health, positive social norms, and connectedness can reduce the onset of suicidal behavior, and have the broadest impact on preventing multiple forms of violence.\textsuperscript{18}

Risk factors increase the likelihood of a problem behavior, while protective factors buffer individuals or communities from the risks of a problem behavior.

The Commission previously endorsed recommendations related to the protective factors of behavioral health, positive social norms, and connectedness, but had not yet explored


economic stability and supports.\(^ \text{19} \) In Fiscal Year 2018-19, the Commission’s Resilience and Community Connectedness Workgroup examined data, research, and policy and collaborated with experts to create a new recommendation to address economic supports. Historical trends within the United States have shown increased suicide rates during period of economic recession. Financial stress may increase risk for suicide and exacerbate related physical and mental health conditions.\(^ \text{20} \)

Food security plays a significant role in health and wellness throughout the lifespan. According to the Colorado Blueprint to End Hunger\(^ \text{21} \), hunger is common and widespread in Colorado. Colorado ranks 48th lowest in the United States for enrolling eligible citizens in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)\(^ \text{22} \) and 45th lowest for enrollment in the Supplemental Nutrition Assistance Program (SNAP).\(^ \text{23} \)

Acknowledging that ending hunger is a suicide prevention strategy, the Commission voted to formally and publicly endorse the overall vision and five major goals of the Colorado Blueprint to End Hunger in April 2019, while continuing to examine other components of economic stability.

The number of Coloradans facing unaffordable housing is expected to increase over the next 10 years. According to a study of 16 states, suicides precipitated by home foreclosures and evictions increased more than 100% from 2005 (before the housing crisis began) to 2010 (after it had peaked). Most of these suicides occurred prior to the actual loss of the decedent’s home.\(^ \text{24} \) Additionally, individuals experiencing homelessness are at increased risk of dying by suicide and homicide.\(^ \text{25} \)

According to the 2018 Out of Reach report\(^ \text{26} \), a Colorado household must earn $23.93 per hour to be able to adequately afford a two-bedroom rental home, without paying more than 30% of their income. Research also shows that increases in minimum wages have been associated with slower growth in state suicide rates in recent years.\(^ \text{27} \)

---

\(^{19}\) Economic stability and supports refers to the level of economic resources and the degree of equity in the distribution of resources among individuals and communities.

\(^{20}\) See [https://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf](https://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf) for more information on how strategies to strengthen economic supports can promote suicide prevention.

\(^{21}\) To access the Colorado Blueprint to End Hunger and associated resources, please visit [https://www.endhungerco.org/the-report](https://www.endhungerco.org/the-report).


\(^{26}\) To access the report, please visit [https://nlihc.org/sites/default/files/oor/OOR_2018.pdf](https://nlihc.org/sites/default/files/oor/OOR_2018.pdf)

Colorado does not currently have a state paid leave policy to support families and children, but is working towards developing one with the passage of House Bill 19-1193\(^\text{28}\). By promoting family financial stability through paid leave, caregivers are more likely to have lower stress, improved mental health, healthier birth outcomes, receive preventative medical care, and manage mental health concerns, which have a known impact on reducing child abuse, neglect, suicide, and intimate partner violence. Through paid leave, individuals are also more likely to take leave for preventative care and for illness, which protects communities against chronic illness and communicable disease.

In July 2019, the Commission voted to adopt the recommendation to strengthen economic stability and supports, including food security, affordable housing, livable wages and other family-friendly workplace policies. In adopting this recommendation, the Commission made the following acknowledgements:

- Generations-long social, economic, and environmental inequities, including structural racism and discrimination, result in adverse health outcomes and have a greater impact than individual choices. Reducing health disparities through policies, practices, and organizational systems can help improve opportunities for all Coloradans.
- The intersecting challenges of hunger, housing insecurity, non-livable wages, and insufficient workplace policies contribute to suicidal despair. Strengthening policies related to food and housing security, livable wages, and equitable workplace policies support healthy, thriving, resilient communities.
- Communities will need to employ comprehensive strategies that maximize federal, state, and local programs, funding streams, and policy options to strengthen economic stability and supports.

2. Create supportive, inclusive and safe communities, especially for LGBTQ+ youth. In Colorado and nationally there are unacceptable health disparities for children, youth, and young adults (ages 0-24) who identify as lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+).\(^\text{29}\)

According to the 2017 Healthy Kids Colorado Survey (HKCS), LGBT youth\(^\text{30}\) are more likely to experience bullying, feeling unsafe at school, suicidal ideation and attempts, substance use, and sexual violence. The Gay, Lesbian & Straight Education Network’s (GLSEN) 2017 State Snapshot of School Climate in Colorado\(^\text{31}\) indicates that 53\% of transgender students were

---

\(^{28}\) [https://leg.colorado.gov/bills/hb19-1193](https://leg.colorado.gov/bills/hb19-1193)

\(^{29}\) Use of the LGBTQ+ acronym has evolved over time, and will likely continue to do so. The “+” symbol stands for all of the other sexualities, sexes, and genders that aren’t included in these few letters, including, but not limited to, intersex, asexual, pansexual, agender, bigender, and gender queer. The datasets linked in this document have defined specific identity categories.

\(^{30}\) The HKCS asks high school students to self-identify as gay, lesbian, bisexual, or heterosexual, and if they self-identify as transgender or cisgender, or not sure for each category.

\(^{31}\) [https://drive.google.com/file/d/1A7nv1AT5VehEveihoeg8fFl05oQEjPP/view](https://drive.google.com/file/d/1A7nv1AT5VehEveihoeg8fFl05oQEjPP/view)
unable to use the school restroom aligned with their gender identity. Additionally, nearly 23% of LGBTQ students and 44% of transgender students were prevented from using their chosen name or pronouns in school. The Williams Institute estimates that approximately 698,000 LGBT adults in the U.S. have been subjected to widely-discredited and harmful conversion therapy\(^{32}\) at some point in their lives, including about 350,000 who received it as adolescents.

These disparities persist because LGBTQ+ children, youth, and young adults often face discrimination, stigma, and bias, including rejection from family, friends, or community and limited access to LGBTQ+ informed health care.

Children, youth, and young adults who feel supported in their identity (including sexual orientation and gender identity), who have trusted adults in their lives, who feel connected to their school, community and peers, and who have access to culturally competent care are less likely to engage in suicidal behavior, substance use, bullying, and other types of violence and risky behavior.\(^{33}\)

In Fiscal Year 2018-19, the Commission’s Youth-Specific Initiatives Workgroup developed comprehensive recommendations to support LGBTQ+ children, youth, and young adults in Colorado. The workgroup examined data, research, and policy and collaborated with experts. These research-based recommendations align with the CDC’s Technical Package to Prevent Suicide\(^{34}\), GLSEN’s 2017 State Snapshot, and recommendations from One Colorado\(^{35}\). The Commission adopted the recommendation to create supportive, inclusive, and safe communities in July 2019, with the following acknowledgements:

- These recommendations can positively impact the whole community, especially LGBTQ+ children, youth, and young adults.

- These recommendations apply to individuals working and volunteering at organizations serving children, youth, and young adults including, but not limited to, K-12 schools and higher education, parent teacher organizations, child care settings, recreation centers, shelters and residential centers, faith communities, health care systems, emergency services, and the military.

The critical components of the comprehensive recommendations are as follows:

- Support children, youth, and young adults who have been subjected to conversion therapy, using trauma-informed approaches, and educate the public about the

---

\(^{32}\) Conversion therapy, sometimes known as “reparative therapy,” is treatment intended to change the sexual orientation, gender identity, or gender expression of LGBTQ+ individuals.

\(^{33}\) Sexual Orientation and Gender Identity Overview of 2017 Data report from Healthy Kids Colorado Survey accessed at: https://drive.google.com/file/d/11mBxAOyl2GTLLYytkEoHn6H6Ta175KmB/view.

\(^{34}\) To access the Technical Package, please visit https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf.

\(^{35}\) https://one-colorado.org/.
harm of conversion therapy. **HB19-1129** makes it illegal in Colorado for treatment professionals to engage in conversion therapy with a patient younger than age 18, but gaps remain for those age 18 and older, and for other types of professionals like faith leaders. Research shows that LGBT adolescents whose parents or caregivers engaged in conversion efforts were 2 times more likely to attempt suicide. Additionally, LGBT adolescents whose parents or caregivers engaged in conversion efforts and were brought by parents or caregivers to a professional or religious leader for conversion therapy were 3 times more likely to attempt suicide than LGBT adolescents whose parents did not engage in conversion efforts.

- **Encourage and incentivize evidence-based professional development in workplaces regarding LGBTQ+ inclusion.** Research from The Trevor Project shows that LGBTQ youth who report having at least one accepting adult were 40% less likely to report a suicide attempt in the past year.

- **Support the development and equitable enforcement of non-discrimination policies in workplaces and schools, explicitly listing protections for sexual orientation, gender identity, and marital status.** Research indicates that explicitly listing protections for sexual orientation and gender identity in anti-bullying policies is associated with less bullying and better health outcomes for LGBTQ+ youth.

- **Affirm an individual’s right to use their name, pronouns, and facilities consistent with their gender identity.** Research indicates that when transgender youth are allowed to use their chosen names, their risk of suicide and depression decreases.

- **Engage LGBTQ+ children, youth, and young adults in meaningful participation in their schools and communities.** Data from HKCS shows that feeling engaged and connected to school and community can protect children, youth, and young adults from unhealthy activities and risky behaviors.

- **Support Gay-Straight Alliances (GSAs) in schools.** Research from GLSEN shows that all students (not just LGBTQ+ students) who had a GSA in their school were:

---

36 To read the legislation, please visit https://leg.colorado.gov/bills/hb19-1129.
38 To read the full report, please visit https://www.thetrevorproject.org/2019/06/27/research-brief-accepting-adults-reduce-suicide-attempts-among-lgbtq-youth/.
Less likely to hear homophobic and negative remarks about gender expression and 2 times more likely to report that school personnel intervened when hearing homophobic remarks.

- Less likely to feel unsafe because of their sexual orientation.
- More likely to feel supported and connected to their school community.

- **Support comprehensive sexual health education in schools.** Students in states with a greater proportion of LGBTQ-inclusive sexual health education have lower odds of experiencing school-based victimization and adverse mental health.  

3. Support schools and other youth-serving organizations in implementing comprehensive protocols and evidence-based programming focused on enhancing protective factors.

Suicide remains a leading cause of death for Coloradans aged 10-24. Additionally, data from the 2017 Healthy Kids Colorado Survey indicate that suicidal thoughts and behaviors impact a high percentage of middle and high school students. While K-12 school settings may be a natural starting point, higher education systems also need comprehensive, proactive policies and procedures. Suicide is a community issue and requires that all community organizations, agencies, and members come together to address societal factors at play. Because schools are important in the community, these recommendations are intended to support schools, while acknowledging that they are not solely responsible for youth suicide prevention activities.

In 2017, the Commission created a Youth-Specific Initiatives Workgroup, with the initial focus of supporting the Colorado Youth Advisory Council to highlight mental health resources and encourage help-seeking behavior and connection. This workgroup has representation from the Department of Education, the School Safety Resource Center, Department of Human Services - Youth Development, CDPHE’s Violence and Injury Prevention - Mental Health Promotion Branch, Colorado Youth Advisory Council, rural school districts, local public health agencies, community mental health centers, and other nonprofits serving youth.

The Commission maintains that all schools and youth-serving organizations in Colorado should implement a full spectrum of prevention programming starting with comprehensive protocols to address prevention, intervention, and postvention.

---

There are existing national resources and protocol development tools and statewide support from the School Safety Resource Center (www.colorado.gov/cssrc) to assist schools in developing and implementing protocols.

Further, all school staff should receive training specific to suicide prevention. There are several in-person and online evidence-based training courses for schools to select. House Bill 06-1098 allows teachers and other designated staff to take suicide prevention training to fulfill continuing education requirements.

The Commission recommends that every middle and high school have an evidence-based prevention program and its complements, such as gatekeeper trainings for all staff and established referral protocols with resources like the Second Wind Fund (thesecondwindfund.org) and statewide crisis services system. Specifically, Colorado should expand implementation and evaluation of school-based suicide prevention programs, like Sources of Strength, which promote resilience and positive youth development as protective factors from suicide.

Additionally, elementary schools should adopt primary prevention efforts aimed at increasing protective factors, such as the Good Behavior Game, which focuses on early social/emotional learning. The Commission recommends additional funding for schools to ensure that every school district in the state has access to behavioral health staff fully trained in suicide assessment and prevention, or available in communities where staff serve multiple schools or districts.

Commission Priority: Enhance data collection tools and systems
The Commission identifies gaps and needs related to data and surveillance tools in Colorado. Enhancing available surveillance sheds light on access points to reach those at risk for suicide, better inform prevention efforts, and provide a baseline to track progress. The Office of Suicide Prevention relies on data reported by coroners, law enforcement, hospitals, emergency departments, and local partners in crafting priorities, funding, and future efforts.

In Fiscal Year 2016-17, the Office of Suicide Prevention collaborated with the Office of Vital Statistics and the Office of Planning, Partnerships and Improvement to transition data from
the Colorado Violent Death Reporting System to an interactive data dashboard.\textsuperscript{42} This provides a more usable interface to inform prevention efforts at both the local and state level. The innovative tool has been highlighted in a number of venues, including nationally. During Fiscal Year 2018-19, CDPHE updated the tool to include Medicaid enrollment.

1. Encourage and incentivize coroners, medical examiners, and law enforcement to adopt a standardized suicide investigation form. The Office of Suicide Prevention partnered with the Child Fatality Prevention System State Review Team’s Data Workgroup to develop a comprehensive suicide investigation form (available on www.coosp.org). The form is intended to streamline the data collection and submission process for death investigators and fill significant gaps in data. After a brief pilot in select counties, the form was updated based on feedback from partners to improve usability and reduce burden. Over the next year, the Office of Suicide Prevention plans to create a small grants incentive program to support coroner’s offices in using the form during suicide investigations.

2. Enhance information-sharing between organizations. A key element of the Zero Suicide quality improvement framework involves collecting and tracking internal processes related to patient care, and tracking suicide attempts and deaths among patients of the organization or system. For optimal implementation, access to timely data is necessary at the agency, county, and state level. Although the interactive dashboard provides accessible data to many of our partners, the Office of Suicide Prevention continues to explore additional opportunities. For instance, recent federal funding from the Centers for Disease Control and Prevention will improve the timeliness of overdose-related and suicide-related emergency department visits.

**Suicide Prevention Commission next steps**

Colorado is a leader in creating public, private, and nonprofit partnerships. Creating a formal state commission modeled after the National Action Alliance positioned Colorado to impact real change. The Suicide Prevention Commission’s appointed experts, stakeholders, and advocates are working to implement the Commission’s recommendations to elevate suicide prevention efforts in Colorado. To move toward the Commission goal of a 20\% reduction in the suicide rate by 2024, Colorado must adopt and implement the Commission recommendations widely. Full implementation of the recommendations above requires greater human, political, and financial capital. The Commission continues to explore opportunities to engage new partners and leverage current funding streams to reduce suicide in Colorado.

**Cross-sector state collaborations**

Although the Office of Suicide Prevention is charged by the legislature as the lead entity for suicide prevention efforts in the state, partnership and collaboration across state agencies is essential to success for Colorado. In addition to the designated seats on the Colorado Suicide Prevention Commission for key state agencies, the Office of Suicide Prevention collaborates

\textsuperscript{42} To view the dashboard, please visit www.coosp.org.
with multiple state agencies to reduce Colorado’s suicide rate. Examples of the Office of Suicide Prevention’s Fiscal Year 2018-19 collaborations are included in Table 3 below.

Office of Suicide Prevention State Agency Collaborations

<table>
<thead>
<tr>
<th>Organization</th>
<th>Current Activities</th>
</tr>
</thead>
</table>
| **Department of Health Care Policy and Finance** | Office of Suicide Prevention (OSP) partners and aligns with the Department of Health Care Policy and Finance (HCPF) on quality improvement metrics that support the Zero Suicide framework. This partnership also linked data to better track suicide indicators for Medicaid clients on Colorado’s interactive data dashboard.  
HCPF has a designated seat on the Suicide Prevention Commission and Governor’s Task Force Executive Committee. |
| **Office of Behavioral Health** | OSP coordinates with the Office of Behavioral Health (OBH) and Colorado Crisis System to print and disseminate public awareness materials. OSP ensures that all Colorado Gun Shop Project materials include information on how to access the state crisis system resources.  
An interagency agreement between OBH and OSP aligns upstream youth suicide prevention activities in Colorado through OBH’s Substance Abuse Prevention Block Grant.  
OBH actively participates with the Colorado Governor’s Challenge to Prevent Suicide Among Service Members, Veterans, and Their Families.  
OBH has a designated seat on the Suicide Prevention Commission and the Governor’s’ Task Force Executive Committee. |
| **Department of Agriculture** | OSP collaborates with the Department of Agriculture to print and disseminate crisis system materials that resonate with Colorado’s agricultural and ranching families.  
The Department of Agriculture and OBH supported the development of a cultural competency training module for providers servicing the Colorado Crisis and Support Hotline.  
CDA has an Ex-Officio seat on the Governor’s Task Force. |
| **School Safety Resource Center and Department of Education** | OSP has an ongoing partnership with the School Safety Resource Center (SSRC) and Department of Education (CDE) to host annual School Suicide Prevention Symposia highlighting national experts in keynote presentations.  
OSP collaborated with the Department of Education and SSRC to craft the school suicide prevention grant program (Senate Bill 18-272).  
The SSRC has a designated seat on the Suicide Prevention Commission and the Colorado Department of Public Safety has an Ex-Officio seat on the Governor’s Task Force.  
CDE has representation on the Governor’s Task Force. |
### Office of the Attorney General

OSP partners with the Office of the Attorney General on key youth suicide prevention efforts including expansion of Sources of Strength and previously partnered on a qualitative exploration of youth suicide in four Colorado communities.

The Office of the Attorney General is actively supporting Sources of Strength implementation within Colorado with an Interagency Agreement with OSP.

The Office of the Attorney General joined the Department of Education and SSRC as a cohost for the School Suicide prevention Symposium that most recently occurred in September 2018.

### Governor’s Office

The Governor’s Office has been a staunch advocate for pushing innovation in the field of suicide prevention and encouraging all state departments to pursue an “all hands on deck” approach to collaborations.

The Governor’s Office is actively participating with the Colorado Governor’s Challenge to Prevent Suicide Among Service Members, Veterans, and Their Families.

### Department of Military and Veterans Affairs

DMVA is actively participating with the Colorado Governor’s Challenge to Prevent Suicide Among Service Members, Veterans, and Their Families.

DMVA has a shared goal to reduce the stigma of seeking mental health assistance, which will be measured by increasing all types of mental health requests for assistance by 25% by June 20, 2022. OSP partnered with DMVA to host a Mental Health First Aid training at their annual training in September 2019 to move forward with this goal.

DMVA serves Ex-Officio on Governor’s Task Force.

Additionally, in an effort to more closely collaborate and align departments supportive of the Governor’s priority to reduce suicide in Colorado, CDPHE’s executive director has committed to regularly convening cabinet-level leadership in dialogue for mutual support.

**Governor’s Challenge to Prevent Suicide Among Service Members, Veterans, and Their Families**

In an effort to meaningfully implement the 2018-2028 National Strategy for the Prevention of Veteran Suicide, the United States Department of Veterans Affairs (VA), Veterans Health Administration (VHA) teamed up with the Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA) to convene and support state interagency leaders in Arizona, Colorado, Kansas, Montana, New Hampshire, Texas, and Virginia.

---

43 To access the full strategy document, please visit https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf.
The Colorado Governor’s Challenge to Prevent Suicide Among Servicemembers, Veterans, and Their Families formed in November 2018, and includes representation across state departments, veteran-serving organizations, and provider agencies. The Colorado Suicide Prevention Commission voted to formally endorse the Governor’s Challenge by providing infrastructure and continued support after the federal partners formally ended the project in August 2019. The Colorado Governor’s Challenge team convened in December 2018 to evaluate current opportunities and gaps for prevention, traveled to Washington D.C. in February 2019 to attend a Policy Academy, established smaller workgroups to investigate key near-term priorities in March of 2019, returned to D.C. in May to attend an Implementation Academy, and will continue to develop implementation plans for the select strategies based on short-term and long-term activities.

Colorado-National Collaborative for Suicide Prevention
In Fiscal Year 2018-19, the Office of Suicide Prevention continued to partner with the Injury Control Research Center for Suicide Prevention and other national and Colorado partners (county/state) on the Colorado-National Collaborative (CNC). Following establishment of the Suicide Prevention Commission, national partners selected Colorado as the state with the necessary infrastructure, political support, and momentum to lead the nation in creating a blueprint for comprehensive community-based suicide prevention sufficient to demonstrate a measurable impact on a state’s suicide rate. Six priority counties in Colorado joined the effort in 2017, based on similar criteria (El Paso, La Plata, Larimer, Mesa, Montezuma, Pueblo).

In May 2018, the Office received $200,000 from the American Foundation for Suicide Prevention (afsp.org) to hire a full-time project coordinator and travel and meeting expenses to bring county, state, and national partners together for planning and partnership. The project coordinator is responsible for overseeing and coordinating all CNC initiatives and partnerships, and will organize efforts to identify and solicit the additional funds necessary to implement the comprehensive strategy across all six counties.

In October 2018, approximately 60 CNC partners, including county teams, state agencies, and national organizations, converged in Denver to build a consensus on six CNC pillars to implement across all six counties. Several months of continuous planning followed to identify the constellation of strategies (i.e. policies, programs, practices) under each pillar that support the comprehensive approach.

44To access resources and information related to the Injury Control Research Center, please visit https://suicideprevention-icrc-s.org/.
CNC Pillar 1: Connectedness

Connectedness is the degree to which an individual or group of individuals are socially close, interrelated, supportive, or share resources. Social and structural connectedness can be formed within and between individuals, families, schools, neighborhoods, workplaces, faith communities, cultural groups and society as a whole. Communities must support connectedness comprehensively on each of these levels to be effective, and can include:

- trust in one’s community,
- neighborhood walkability and livability,
- increased availability of, access to, and participation in social organizations.

CNC Pillar 2: Economic stability and supports

Economic stability and supports refers to the level of economic resources and the degree of equity in the distribution of resources among individuals and communities. These supports may include the benefits resulting from laws and policies; improving available childcare and school options; adequate employment and living wages; access to housing, transportation and education.
Strategies in this category address financial stress, which is a risk factor for suicide, and include policies and practices for increased food security; affordable housing; family-friendly employment; and access to affordable, quality child care.

**CNC Pillar 3: Education and awareness**
By implementing education and awareness efforts, community members, providers and other professionals will increase their knowledge and skills and improve their beliefs and attitudes about suicide, including that suicide attempts and deaths are preventable.

Key focus areas for training include high-risk industries, social service organizations, the legal and judicial community, faith organizations, veteran-serving organizations, LGBTQ+-serving organizations, youth-serving organizations, and older adult-serving organizations. Work will also include leveraging existing messaging and awareness campaigns, and partnering with local community organizations to develop robust and comprehensive policies and protocols to promote wellness and address intervention efforts.

**CNC Pillar 4: Access to safer suicide care**
By implementing best practices for safer care, health care systems and organizations will see improvement in quality of patient care and reduction of suicide risk, attempts, and deaths for those within their system.

Strategies include the seven Zero Suicide elements described previously and additional strategies for primary care, mental health centers, behavioral health and substance use disorder treatment agencies, hospitals, and emergency departments.

**CNC Pillar 5: Lethal means safety**
Common across all six communities is the commitment to data-driven strategies, including those that address the means most frequently used in suicide deaths and attempts. Strategies include reinforcing safe storage practices (of firearms and lethal medications and poisons) through public messaging, expansion of the Colorado Gun Shop Project, and provider training.

**CNC Pillar 6: Postvention**
Postvention is the response to and care for individuals and communities affected in the aftermath of a suicide attempt, crisis, or death. Examples of postvention include safe reporting and messaging about suicide by the media and by or within affected organizations. It also includes caring follow up contacts after a suicide attempt or mental health crisis, such
as the Colorado Follow-Up Project. Key strategies will ensure that communities are mobilized to support survivors of suicide loss, that positive messaging is guided by lived experience, and that safe messaging resources are available to a variety of organizations.

**CNC next steps**

The next steps include efforts to facilitate and strengthen coordinated comprehensive suicide prevention efforts across the counties and communities that align with the Colorado Plan for Suicide Prevention. As a condition, CNC local partners have identified local capacity-building and adequate funding as a priority to implement and evaluate CNC strategies across all six counties. To be comprehensive, each of the six pillars must be fully funded and implemented throughout the community.

As strategies are funded and implemented, the CNC will also systematically evaluate the methods and community-based processes that support quality improvement efforts. This will require assessment of partnership and capacity development, community readiness, education and awareness, and other local community team and coalition-led efforts that demonstrate saved lives.

**Collaboration with other CDPHE programs**

Although not led by the Office of Suicide Prevention, a number of programs within the Violence and Injury Prevention-Mental Health Promotion Branch are aligned with suicide prevention efforts.

CDPHE’s Violence and Injury Prevention-Mental Health Promotion Branch identified five priorities that impacts multiple injury, suicide, and violence outcomes: strengthening economic supports, promoting and supporting good behavioral health, infusing positive social norms within communities, enhancing community connectedness, and fostering resilience at the individual and community level. All branch programs have committed to working across these priority areas in order to reduce suicide, unintentional injury, child maltreatment, interpersonal violence, sexual violence, intimate partner violence, and substance abuse. Specific upstream youth prevention strategies that help address risk and protective factors associated with suicide prevention are listed below.

**Sexual Violence Prevention Program**

CDPHE’s Sexual Violence Prevention Program is collaborating with the University of Florida and the University of Rochester on a four-year research grant from the CDC. The study is evaluating Sources of Strength in approximately 20 schools across Colorado to measure the effectiveness of using a shared risk and protective factor approach on multiple violence outcomes including sexual violence, bullying, and suicide. Each participating school will implement the Sources of Strength program for up to two years. Research shows that Sources of Strength increases participating students’ school connectedness and connectedness to caring adults, both of which are protective factors for suicide, teen dating violence, and
youth violence. School connectedness is also a protective factor for sexual violence. Researchers are assessing whether increasing youth-adult connectedness and school connectedness through this program results in decreasing youth suicide, sexual violence, and bullying indicators. The research team will release the results of this study in 2020.

**Maternal Child Health Block Grant Priority: Youth Suicide and Bullying Prevention**

Colorado has prioritized bullying and youth suicide prevention within the federally funded Maternal and Child Health (MCH) program. In order to prevent both bullying and suicide, the MCH priority uses a shared risk and protective factor approach. Research has shown that school connectedness, community connectedness, and economic stability can be protective against bullying and youth suicide. Therefore, MCH funding supports the implementation of strategies which help build these factors. Eleven local public health agencies\(^4\), covering eighteen counties\(^5\), are using their MCH funding to prioritize bullying and youth suicide prevention. Some of the strategies implemented through MCH dollars in Colorado include: Sources of Strength, Gay Straight Alliances, restorative practices, and school policy development.

**Communities that Care**

CDPHE received funding from the marijuana tax cash fund to prevent substance abuse among young Coloradans using the Communities That Care\(^6\) model. Communities That Care (CTC) is an evidence-based community prevention model shown to prevent youth substance use and violence. The goal of CTC in Colorado is to prevent substance use and promote positive mental health among youth within the community by addressing their needs individually, through their families, in the places they learn and play, and by assessing community laws that may impact them. Under this model, communities assess the specific risk factors (factors that increase the likelihood of a problem behavior) and protective factors (factors that buffer from the risks of a problem behavior) among the youth in their communities that impact substance use and violence, both of which contribute to suicide risk for youth. Communities then pick from a menu of effective, evidence-based programs and strategies to address the identified needs of their local youth. Communities form or partner with existing coalitions to mobilize the community, prioritize, and then implement and evaluate the chosen strategies.

**Essentials for Childhood**

The Violence and Injury Prevention-Mental Health Promotion Branch has also received the second round of a competitive CDC grant to support the reduction of child abuse and neglect through upstream prevention efforts geared at supporting safe, stable, nurturing relationships and environments for Colorado families. The purpose of the Colorado Essentials for Childhood Initiative is to leverage multi-sector partnerships and resources to address child abuse and

---

\(^4\) Local Public Health Agencies: Bent, Boulder, Custer, Denver, El Paso, Gilpin, Gunnison, Jefferson, Northeast Health Department, Summit, and Tri County.


\(^6\) To learn more about the Communities that Care model, please visit https://www.communitiesthatcare.net/.
neglect using evidence-informed strategies outlined in the CDC’s technical package. The Colorado Essentials for Childhood Initiative is focused on three complementary strategies: food security and child care access, family-friendly work policies, and community norms focused on help-seeking for caregivers and collective prosperity which addresses the role of decision-makers and policy makers. These three strategies collectively work to decrease child abuse and neglect. Additionally, the risk and protective factors impacted are also risk and protective factors for later mental health conditions and suicide.

**Child Fatality Prevention System**

The Office of Suicide Prevention partners with the Colorado Child Fatality Prevention System (CFPS) in making data-driven and evidence-based recommendations to decrease deaths of Coloradans under the age of 18. CFPS is a statewide, multidisciplinary, multi-agency system that reviews deaths of infants, children, and youth younger than age 18 in Colorado, aggregates data from these case reviews to describe trends and patterns of the deaths, and makes prevention recommendations based on child fatality data to prevent future deaths. In the full report, each recommendation includes a short description of the rationale supporting the recommendation, including relevant CFPS, state and national data sources; the evidence behind the recommendation; and equity considerations, which explain the potential effects and impacts of the recommendation on certain populations. Data from the system from 2009 to 2017, the most recent data year, are available on the CFPS collaboration blogsite: [www.cochildfatalityprevention.com/p/reports.html](http://www.cochildfatalityprevention.com/p/reports.html).

**Overdose Prevention Program**

The close relationship and shared risk factors between substance abuse, prescription drug misuse, and suicide are well established. Of the 974 drug overdose deaths in Colorado in 2018, 135 were deemed to be suicide. Additionally, poisoning and overdose account for the method of injury in more than half of emergency department visits and hospitalizations for those who have survived an attempt. Efforts to reduce problematic prescribing behaviors and increase treatment resources for the misuse of opioids helps to address access to lethal means.

The Office of Suicide Prevention is housed in the same branch as a grant-funded team dedicated to the reduction of overdose deaths in Colorado. During Fiscal Year 2018-19, the Opioid Overdose Prevention Program and the Office of Suicide Prevention jointly funded a new coordinator to further link the two programs. The Opioid Overdose Prevention Program has federal grant funding from the CDC to prevent opioid overdoses. CDPHE coordinates with the [Colorado Consortium for Prescription Drug Abuse Prevention](http://www.corxconsortium.org/), which includes key state, local and university partners. The Opioid Overdose Prevention Program has a number of projects aimed at making the Colorado Prescription Drug Monitoring Program easier for prescribers to use and access in order to reduce problematic prescribing. Additionally, the Opioid Overdose Prevention program funds local grantees to promote the uptake of
evidence-based opioid prescribing guidelines through provider education. The program also funds local grantees to maintain community opioid coalitions. These efforts aim to prevent prescription drug misuse and both unintentional and intentional overdoses by reducing access to lethal means.

State Innovation Model
In 2015, the Colorado State Innovation Model (SIM) Office partnered with CDPHE to fund population health promotion activities in alignment with SIM’s focus on the integration of physical, mental, and behavioral health. The Colorado Department of Health Care Policy and Financing (HCPF) and CDPHE entered into an interagency agreement to oversee community investments in eight local public health agencies (LPHAs) and two behavioral health transformation collaboratives (BHTCs):

- Aurora Mental Health Center
- El Paso County Public Health
- Health District of Northern Larimer County
- Mesa County Public Health
- Northeast Colorado Health Department
- Ouray County Public Health Agency
- Pueblo Department of Public Health & Environment
- Rio Grande County Public Health
- San Juan Basin Public Health
- Tri-County Health Department

SIM’s contract with CDPHE also included the creation of online provider education modules on depression in men, and the relationship between obesity and depression in partnership with the University of Colorado School of Medicine (links to these trainings can be found on www.colorado.gov/cdphe/suicide-provider-resources).

Highlights from CDPHE’s SIM-funded work include:

- **SIM Call to Action for Mental Health** proposes a robust set of policy and practice recommendations focused on health promotion and mental health and substance use disorder prevention. One of the essential recommendations was for CDPHE to work with SIM population health stakeholders to develop concise documents aimed at particular audiences with specific action items they could take to advance health improvement goals. These documents (**SIM Call to Action: School Edition**, **SIM Call to Action: Local Public Health**, and **SIM Call to Action: Policymaker Briefing**) contain evidence-based policy and practice recommendations informed by CDPHE and diverse
local public health agency subject matter experts, providers, and people with lived experience.\textsuperscript{49}

- Tri-County Health Department, in collaboration with other Denver metro area LPHAs, developed the Let’s Talk Colorado\textsuperscript{50} campaign. Let’s Talk Colorado builds on the success of national and global mental health advocacy efforts that use social media to encourage the sharing of personal stories and positive social norms around help-seeking and self-care techniques.

- The Health District of Northern Larimer County’s Connecting Youth and Adolescents to Care (CAYAC) program has been tremendously successful in partnering with local school districts to provide direct mental health counseling and support to students and families and refer them to other appropriate treatment providers as needed. CAYAC staff have referred more than 4,400 youth to care during the grant, and in the process, have received an outpouring of gratitude and support from school faculty and staff, students, and their families.

While SIM sunset in July 2019, the work CDPHE has supported and engaged in at the local level has increased the capacity of local public health agencies and their partners in health care and community-based organizations to provide training, technical assistance, and strategic leadership around suicide prevention. As the state continues to emphasize suicide prevention as an essential public health service, SIM grantees will continue to serve as hubs for dissemination of resources, implementation of best practices, and bridges between the physical and behavioral health systems.

\textsuperscript{49} The SIM Call to Action documents can be accessed by visiting www.coosp.org
\textsuperscript{50} https://letstalkco.org/
Part V. The Colorado Plan for Suicide Prevention

In January 2019, Governor Jared Polis stated that one of his top priorities is reducing Colorado’s suicide rates, putting an important emphasis on addressing suicide in the state. Under the leadership of Executive Director Jill Hunsaker Ryan, CDPHE engaged in a comprehensive review of data and research on suicide and suicide prevention strategies. CDPHE reviewed and mapped current department efforts and identified new opportunities for engagement with other state agencies and local partners. As a result, the Office of Suicide Prevention developed the Colorado Suicide Prevention Framework that outlines a plan for how CDPHE, other state agencies and local public health agencies can work together to reduce the burden of suicide in Colorado as directed by the General Assembly (Senate Bill 16-147).

The framework focuses on four key strategies:

- Improve health system readiness and response to suicide by expanding the Zero Suicide Model and the Colorado Follow-Up Project.
- Increase active analysis and dissemination of suicide-related data.
- Increase suicide prevention and interventions efforts for high-risk occupations (including first responding, construction, installation and maintenance).
- Increase suicide prevention efforts for special populations at higher risk for suicide (including LGBTQ+, youth, veterans, middle-aged men, older adults, and counties with highest rates).

Specific initiatives under these strategies build on best practices and key Colorado Suicide Prevention Commission recommendations. The framework prioritizes data-driven and evidence-based or evidence-informed programs and policies, and relies on continuing evaluation and data collection, analysis, and improvement.

In the coming year, CDPHE will continue to partner with other state agencies and local communities to expand the work and resources devoted to suicide prevention in Colorado. Executive Director Hunsaker Ryan serves on the Colorado Behavioral Health Task Force, which Governor Polis tasked with evaluating and setting the roadmap to improve the current behavioral health system in the state. The Office of Suicide Prevention will update the Colorado Suicide Prevention Framework when the Governor’s Task Force releases its recommendations and as new opportunities emerge.
Part VI. Conclusion

This report highlights the evidence-based and evidence-informed suicide prevention programs statewide. The Office of Suicide Prevention continues to maximize resources, leverage strong partnerships, and secure additional funding.

This work has been successful because it includes two elements: 1) targeted intervention and treatment for those at highest risk for suicide, and 2) universal prevention approaches designed to impact individuals and communities prior to the onset of suicidal thoughts and behavior. We must use data-driven and evidence-based strategies and evaluate all initiatives.

This is why the Suicide Prevention Commission continues to move forward with its recommendations. It is also why initiatives like Zero Suicide, the Follow-up Project, means safety education, and Sources of Strength are priorities of the Office of Suicide Prevention. Colorado must empower and fund local communities to implement and evaluate the overarching and demographic-based strategies within communities.

We are making an impact.

And still, one suicide is one too many. Suicide is preventable. We can do more - and will do more - to prevent suicides in this state. We need to implement comprehensive strategies including prevention, intervention, and postvention to have measurable success. And there are still unmet needs requiring additional funding.

With additional resources, the Office of Suicide Prevention could prioritize the following strategies:

**Expand implementation support for Zero Suicide across all Colorado counties.**
- Annual allocation of $810,000 would support health systems implement the framework.
  - $630,000 to support implementation grants for sites to train clinical staff, improve electronic health record systems, collect data and support staff time.
  - $105,000 to support annual learning collaboratives and framework adaptations to serve community mental health centers, larger health systems, primary care practices, substance abuse treatment centers, residential retirement communities, etc.
  - $85,000 for FTE to support implementation and adaptation activities.

**Support highly impacted counties by creating sustainable local infrastructure.**
- An annual allocation of $510,000 would support six full-time positions (salary and fringe) within the counties participating in the Colorado-National Collaborative.
Increase the impact of HB 12-1140 by providing hospitals with training for staff that work with suicidal patients and families.

- An annual allocation of $1,135,000 to support statewide expansion of the Follow-Up Project to ensure that continuing, caring outreach is a standard of care available to all Coloradans after discharge from emergency and inpatient settings.
  - $700,000 to support direct services provided by the Colorado Crisis and Support Line contractor.
  - $200,000 to support hospital incentives and staff time.
  - $150,000 robust evaluation and data coordination.
  - $85,000 for FTE to support implementation, contract monitoring, outreach, and technical assistance to hospital partners statewide.

- An annual allocation of $105,000 to train emergency department staff on evidence-based clinical assessment and management skills. This is a highlighted need without sufficient resources.

The Office of Suicide Prevention is poised to continue leading statewide suicide prevention efforts in Colorado. We are committed to expanding partnerships, implementing innovative data-driven initiatives, and decreasing the burden of suicide. The Suicide Prevention Commission will continue to promote and support the recommendations found in this report, and will continue to explore new and innovative recommendations in the coming year.