

# STATE OF COLORADO

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Colorado Department  
of Public Health  
and Environment

## **Suicide Prevention in Colorado Programs and Activities**

Submitted to the Colorado Joint Budget Committee,  
the Health, Environment, Welfare, and Institutions Committee,  
and the Health, Environment, Children, and Families Committee  
by the Division of Health Promotion and Disease Prevention  
Colorado Department of Public Health and Environment  
November 1, 2002

## **Document Information**

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Office of Suicide Prevention Annual Legislative Report

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## Executive Summary

Suicide is Colorado's eighth leading cause of death, as well as the second leading cause of death in every age group from 10 to 34. In a year's time, about 600 Coloradans can be expected to die by suicide. More than four times that number are medically hospitalized every year due to suicide attempts. As many as 9,600 Coloradans are estimated to be seriously considering death by suicide. The total of direct and indirect costs to the state due to suicide deaths and attempts is estimated to be more than \$552 million annually.

In the 2000 legislative session, House Bill 00-1432 was passed establishing the Office of Suicide Prevention. This bill directed the Office of Suicide Prevention to act as the coordinator for suicide prevention programs throughout the state, and authorized the department to accept gifts, grants and donations to assist in performing its duties as the coordinator for suicide prevention programs. The charge of the office is to address suicide and suicidal behavior among Coloradans of all ages in order to reduce the suicide rate in Colorado.

Pursuant to 25-1-107, C.R.S., the Colorado Department of Public Health and Environment is required to report annually on or before the first of November on the status of the department's efforts to coordinate statewide suicide prevention services. The goal of this report is to consolidate in-depth knowledge about current activities at the state and local level, private and public partnerships and statewide programs that address the problem of suicide in the state.

### Strategies Successfully Completed

The Office of Suicide Prevention has noted success in coordinating suicide prevention efforts across the state. Progress and accomplishments of the Office of Suicide Prevention's suicide prevention and intervention plan include:

- **co-sponsoring** the first statewide **suicide prevention summit** drawing nearly **300 people**;
- **completing a statewide needs and resource assessment**, as well as recommendations for an effective suicide prevention program undertaken in partnership with The Colorado Trust;
- **directing a public awareness campaign** that includes statewide distribution of 35 types of informational material and the development and distribution of public service announcements;
- **providing outreach** to more than **3,000 people** in Colorado communities;
- **building capacity** through training to statewide regional representatives, who in turn provide community-based suicide intervention skills training;
- **training 40 trainers across the state** in suicide intervention skills at the community level, with more than **1,050 Coloradans trained**;
- **conducting** eight trainings across the state regarding **coalition building, program development** and suicide among special populations, with **over 300 people trained**;
- **facilitating** operation of a special task force, **Partners for Teen Suicide Prevention**;
- **managing** ongoing **surveillance and analysis of suicide deaths** in partnership with the Injury Epidemiology Program;
- **providing grants** to 14 local communities doing suicide prevention and education services, and two statewide gatekeeper training programs;
- **gaining national recognition** by professional presentation at the American Association of Suicidology national conference;
- **ensuring** the operation of a **statewide, toll-free suicide crisis number** handling all suicide crisis calls in Colorado; and
- **developing** a Web site linking county level data with community resources to provide information to citizens.

### Colorado Department of Public Health and Environment's Role as Lead Entity

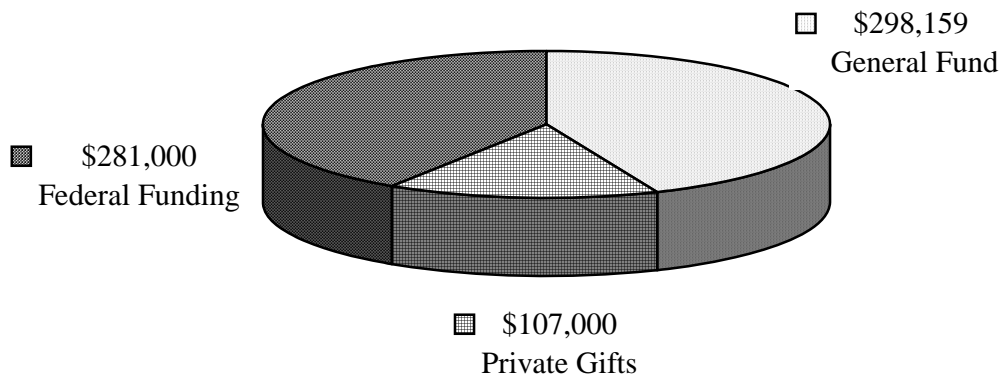
Following the work of the Governor's Suicide Advisory Commission, Governor Bill Owens took immediate action. The Governor directed the Colorado Department of Public Health and Environment and the Colorado Department of Human Services to submit a plan for implementing the recommendations from the advisory commission. The plan included the endorsement of the Department of Public Health and Environment to serve as the lead entity for coordination of the state's suicide prevention efforts, as suicide is a public health issue. This plan resulted in the passing of House Bill 00-1432 establishing the Office of Suicide Prevention to serve as the coordinator of statewide suicide prevention efforts.

Programs within the department, including the Injury Prevention Program, the Injury Epidemiology Program and the Maternal Child Health Program, work closely with the Office of Suicide Prevention to address program development and coordination of prevention activities.

The department also works closely with the Suicide Prevention Coalition of Colorado in an effort to strengthen public and private partnerships. Representatives from the department serve on the board of directors for the coalition. Representatives from the coalition serve on the Office of Suicide Prevention advisory board.

### Funding

**State Fiscal Year 01-02 Funding**  
(July 1, 2001- June 30, 2002)



#### General Fund:

The Office of Suicide Prevention received \$298,159 through state appropriation in the 2001-2002 fiscal year. This funding was used for grants to local communities, public awareness activities, operating expenses, personnel costs and training.

#### Private Gifts and Community Grants:

The department partnered with The Colorado Trust to complete a statewide needs and resources assessment for which The Trust provided funding. The Colorado Trust released the final report, *Suicide in Colorado*, in February 2002. A special briefing for legislators, the media and the public was held to discuss the findings of the assessment.

The Office of Suicide Prevention facilitated the donation of funds to the Suicide Prevention Coalition of Colorado for the hosting of the first annual statewide suicide prevention summit, Wings of Hope. Private contributions totaled \$107,000.

#### Federal Grants:

In its first year the office received a federal grant from the Substance Abuse and Mental Health Services Administration for two years of programming focusing on teen suicide prevention. Fiscal year 2001-2002 was the second year of operation under this grant. Total project funding was \$378,000. For fiscal years 2002 and 2003 a total of \$281,000 is available.

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## **Introduction**

Pursuant to section 25-1-107, C.R.S., the Colorado Department of Public Health and Environment submits this report describing the effectiveness of the Colorado Department of Public Health and Environment as the coordinator for suicide prevention efforts statewide and summarizing all suicide prevention programs in the state.

The charge of the Office of Suicide Prevention is to address suicide and suicidal behavior among Coloradans of all ages in order to reduce the suicide rate in Colorado. The goal of this report is to consolidate in-depth knowledge about current suicide prevention activities at the state and local level, private and public partnerships and statewide programs that address intervention and prevention to reduce suicidal behavior. It is required that this report be sent to the members of the Health, Environment, Welfare and Institutions Committee of the Colorado House of Representatives, the Health, Environment, Children and Families Committee of the Colorado Senate and the members of the Joint Budget Committee by November 1, 2002.

Jane E. Norton, the department's executive director, appointed the current director for the Office of Suicide Prevention in November 2000. The Office of Suicide Prevention staff developed a suicide prevention and intervention work plan, endorsed by the Office of Suicide Prevention advisory board, and was based on House Bill 00-1432. This Bill mandated that the Colorado Department of Public Health and Environment:

- create the Office of Suicide Prevention in the Colorado Department of Public Health and Environment;
- appoint the Office of Suicide Prevention to serve as the coordinator of suicide prevention activities throughout the state; and
- authorize the office to accept gifts, grants and donations to assist in performing duties as the state coordinator, creating the Suicide Prevention Coordination Cash Fund.

Serving as the lead agency coordinating suicide prevention programs, the Office of Suicide Prevention's strategic work plan includes the following program areas:

- technical support and capacity building;
- statewide needs and resource assessment;
- training;
- public awareness and education campaign;
- grant making to local suicide prevention efforts; and
- management of a cash fund of gifts, grants and donations.

The Office of Suicide Prevention has coordinated statewide suicide prevention activities and programs. Coordination of these services has been achieved by:

- 1) limiting duplication of suicide prevention efforts by serving as a resource clearinghouse of information and referring successful programs to other communities in Colorado for consultation and implementation;
- 2) canvassing the state to become familiar with specific programs and to provide information and training in coalition building and program development to communities with no existing program;
- 3) examining and reporting on the unique needs of Colorado's diverse population and, through its role as coordinator of suicide prevention efforts, meeting local needs effectively;
- 4) creating and maintaining a network of trainers in suicide intervention skills who collaborate with other prevention training program in the state;
- 5) organizing and co-hosting the first Colorado suicide prevention summit providing networking opportunities to attendees;
- 6) facilitating a multidisciplinary advisory board with statewide representation, appointed by the executive director (Appendix A);
- 7) ensuring that the 1-800-SUICIDE crisis hotline number is operational 24 hours per day, seven days per week;

- 8) responding to communities in the aftermath of a suicide, providing resources and referrals;
- 9) developing suicide prevention expertise within the Office of Suicide Prevention.

## **Part 1: Private and Public Partnerships**

### **Suicide in Colorado Report**

The Office of Suicide Prevention partnered with The Colorado Trust to complete a statewide needs and resource assessment. The Colorado Trust provided funding for this project in the amount of \$107,000. The Colorado Trust released this assessment report in February 2002.

The following is a summary of the issues addressed in the report:

- scope of the suicide problem in Colorado
- populations at risk for fatal and non-fatal suicidal behavior across the state
- patterns of help-seeking behavior among those planning suicide
- suicide prevention-related resources available in Colorado
- mental health shortage areas in the state
- recommendations for an effective suicide prevention strategy
- best practice models for suicide prevention
- culturally competent models of care addressing the needs of special populations

The *Suicide in Colorado* report included a compendium document addressing the prevalence of suicidal behavior and mental illness in each county and a county by county listing of suicide prevention-related resources. This compendium report is maintained and updated by the Office of Suicide Prevention and is available in both hard copy and electronically on the department's Web site (Appendix B).

The report makes clear that suicide is a major problem for our state. Every year there are about 600 suicide deaths and an estimated 9,600 suicide attempts. Suicide and suicidal behavior are estimated to cost the state \$557.32 million every year in direct and indirect costs. The highest numbers and rates for hospitalizations for suicide attempts are among young women. Among all men and women, the highest number of suicide deaths are among men between the ages of 35-44. Studies demonstrate that middle-aged men are the least likely to have sought mental health treatment prior to their suicide. The highest suicide rate is among men aged 85 and older. (Suicide death rates are the number of suicides divided by the number of people in that age group. Rates can give an indication of which populations are at greatest risk.) Depression was found in 71 percent of elderly suicide victims. Individuals most at risk for suicide suffer from depression, substance abuse disorders and other mental illnesses. At least half of those at risk for suicide are not seeking any type of professional services for their distress.

The report examined suicide death rates to ascertain where the largest concentration of suicides was located geographically. The counties with the highest suicide death rates over the past 10 years were scattered throughout Colorado, with the largest concentration on the Western Slope. Counties with the lowest suicide death rates tended to be suburban counties and tourist destinations.

In the National Strategy for Suicide Prevention, the U.S. Surgeon General called for communities to institute strategies that included increased public awareness and education, the development of community-based suicide prevention programs, more effective clinical services and stronger linkages between community-based providers. The *Suicide in Colorado* report substantiates the strategies set forth in the Surgeon General's report. The evidence reflects that the strategies adopted must be broadly focused, multi-faceted and inclusive of the broad array of stakeholders.



The complete *Suicide in Colorado* report was sent to the members of the Joint Budget Committee, the House Environment, Welfare and Institutions Committee and the Senate Health, Environment, Children and Families Committee. The report also is available on the Web site of The Colorado Trust at <http://www.thecoloradotrust.org/> and the Office of Suicide Prevention at <http://www.cdphe.state.co.us/pp/suicide/suicidehom.asp>. An executive summary was provided to the members of the legislature and is distributed regularly by the Office of Suicide Prevention to interested parties.

### **Ongoing Training and Mobilization of a Statewide Suicide Prevention Infrastructure**

In August of 2002, the Office of Suicide Prevention again hosted a LivingWorks “training for trainers” in partnership with citizens from local health departments and community prevention programs.

- LivingWorks has a thoroughly evaluated and widely replicated training program in suicide intervention skills called Applied Suicide Intervention Skills Training.
- The “training for trainers” prepares individuals to train community members in suicide intervention skills.
- Forty individuals representing all geographic regions of the state now are trained to provide community based training in suicide intervention skills.
- There have been more than 1,000 community members trained to-date and post-evaluations measuring knowledge gain and comfort level regarding suicide risk assessment and suicide prevention and intervention strategies have reflected an average rating of 9.5 on a 10-point scale.
- Trainers are conducting three to five trainings per month, with an average of 20 people per training. This will lead to between 700 and 1,200 people trained in a year.

The Office of Suicide Prevention partnered with the Department of Human Services to provide training to county Departments of Social Services and Area Agencies on Aging in the metropolitan region, the Southwestern region, the Northeastern region, the San Luis Valley, the Northwestern region and the Southeastern region of the state.

- The attendees work with the highest risk individuals in the state on a daily basis.
- More than 273 people were trained in suicide prevention awareness.
- The average rating of this training was 4.5 on a 5-point scale.

### **Wings of Hope**

The Office of Suicide Prevention partnered with the Suicide Prevention Coalition of Colorado to co-host the first ever, statewide suicide prevention summit. The summit was held in Denver on May 10, 2002, and attracted over 230 people from around the state. Evaluations were completed at the end of the day-long event and provided valuable feedback for hosting a summit in 2003, as well as positive regard for the 2002 event. The following goals were achieved at the summit:

- representatives brought together from suicide prevention programs and efforts in Colorado;
- information offered to attendees on best fundraising practices; and
- information shared regarding suicide prevention efforts at the national, state and local level.

The following two goals were partially met:

- Face-to-face opportunities were provided to discuss how communities and programs can benefit from one another.
- It was determined how the Office of Suicide Prevention together with the Suicide Prevention Coalition of Colorado can reach Colorado communities through prevention efforts.

The Office of Suicide Prevention contributed \$4,900 toward the summit and secured funding from The Colorado Trust in the amount of \$6,000 and from the Bighorn Center for Public Policy in the amount of

\$1,000 to finance the event. A summit is now being planned for May 2003, for which the Office of Suicide Prevention again will partner with the Suicide Prevention Coalition of Colorado.

## **Part 2: State Funding**

### **Public Awareness and Education Campaign**

**\$26,000**

The office shared information through presentations and informational booths with more than 3,100 people from every region of the state and nationally regarding suicide and suicide prevention. Some of the organizations and groups that received information included attendees at the Colorado Public Health Association State Conference, the American Association of Suicide Prevention Conference, the Helping Kids Thrive Conference, the University of Colorado Health Sciences Center grand rounds, the Injury in America Conference, The Yellow Ribbon Conference, The National Tool Bag Conference, the Plea for Peace benefit concert, 11 9Health Fair Sites and Metropolitan State College.

The Office of Suicide Prevention continued to facilitate a public awareness work group to focus on public awareness materials and events. This work group further developed a media campaign utilizing the messages from the 14 posters designed last year, as well as advertising the national hotline number. The campaign included the creation and distribution of six new pieces of outreach material including:

- a booklet targeting family members of suicide attempters called *Suicide Prevention Resources for Your Family*;
- a booklet targeting suicide prevention among the elderly called *Got the Blues?*.

Six flyers and the *Suicide Prevention Resources for Your Family* booklet have been translated into Spanish.

Targeted statewide circulation of the posters and the two booklets is underway. The materials are being distributed by regions in order to track any increase in calls to the national hotline number or the local mental health crisis numbers.

The office has had interviews with state and local television, radio and print media. These venues have provided an opportunity for the Office of Suicide Prevention to share information about risk factors, warning signs and how and where to get help, as well as to share the state plan for suicide prevention.

During suicide prevention week in May of 2002, the Office of Suicide Prevention released several public service announcements that were aired on radio stations across the state. These public service announcements were targeted to all age groups and carried three main messages: suicide prevention is everyone's business; there is hope and help is available; and depression is a treatable illness.

### **Training**

**\$ 34,900**

The Office of Suicide Prevention provided training development funding to four Colorado communities to develop, enhance and implement training in those communities. The funding was provided to the following agencies for the following training projects:

- Frontier Health Network  
Funding was used to provide scholarships and support for three Applied Suicide Intervention Skills Training courses given for nine counties in the northeastern region of the state. A total of 41 scholarships were provided to community gatekeepers.

- San Juan Basin Health Department  
Funding was used to provide scholarships and support for three Applied Suicide Intervention Skills Training courses given for three counties in the southwestern region of the state. A total of 65 scholarships were provided to community gatekeepers.
- Suicide Crisis and Intervention Lifeline  
Funding was provided to contract with a prevention educator to focus on suicide prevention education in the schools, public safety center staff, law enforcement officers, clergy, hospital staff and emergency services staff in two northwestern counties, Routt County and Moffat County.
- Sheridan Health Services  
Funding was provided to educate all district staff in Sheridan School District regarding the early warning signs of suicide risk and steps to take with students for whom there is concern.

### **Administration of Local Grants**

#### Suicide Prevention and Education Services Grant Program

Ten grants up to \$10,000 each were awarded to local entities for suicide prevention and education services. This grant program is designed to support communities working on comprehensive suicide prevention programs, and to improve and expand suicide prevention at the local level.

#### Suicide Prevention and Education Grant Recipients

Suicide Prevention and Intervention Network, Arapahoe, Denver, Douglas, Elbert Counties  
\$9,650

The Suicide Prevention and Intervention Network (SPIN) used its funding to provide community education in suicide intervention skills, and for providing support services to survivors of loved ones lost to suicide. SPIN provided scholarships to 17 individuals for participation in training and provided three trainings.

Colorado Medical Society, Colorado  
\$10,000

The Colorado Medical Society used funds to develop a statewide databank of available resources and current research examining the link between violence and suicide. The goal of the project was to develop a more efficacious clinical and community-level prevention and intervention effort. The project is a first step towards development of a formal educational curriculum for health professionals.

Colorado Coalition for the Homeless, Denver metropolitan area  
\$10,000

The Colorado Coalition for the Homeless used the funding to provide comprehensive suicide prevention and risk reduction training to all staff and other homeless service providers in metropolitan Denver.

Yellow Ribbon Suicide Prevention Program, Adams County  
\$10,000

The Yellow Ribbon Program used funding to provide training to students, teachers, administrators and staff in Adams County School District 12. Funding was also used to provide training to mental health staff at Adams Community Mental health and to family members of elderly persons.

Mesa County Health Department, Mesa County

\$9,850

The Mesa County Health Department used funding to increase community awareness of the risk of suicide present in individuals over the age of 45, and to provide training to those gatekeepers working with the elderly. Applied Suicide Intervention Skills Training was provided to over 50 individuals who work with this population in Mesa County.

Suicide Education and Support Services, Weld County

\$7,000

Suicide Education and Support Services used the funding to expand public awareness and training efforts to Northern and Southern areas of Weld County. A weekly display ad was run on suicide prevention in the local newspapers. Four billboards displayed suicide prevention information during the grant cycle. An Applied Suicide Intervention Skills Training was held for north Weld County.

Suicide Resource Center, Larimer County

\$9,300

The Suicide Resource Center used funding to improve its speakers bureau by enhancing curriculum, developing a presenters manual with overheads and developing a short video to use with presentations. A flyer to market the speaker's bureau was created and distributed throughout Larimer County. The speaker's bureau has been an effective way to spread awareness and educate the community about suicide risk factors, warning signs and prevention.

Andy Zanca Youth Empowerment Program, Garfield County

\$10,000

The Andy Zanca Youth Empowerment Program used funding to support and enhance its services, which empowers youth through the media and arts. The program has developed a half-hour radio program on which they addressed suicide prevention issues. The program targets youth who are at risk for suicidal and related behaviors and focuses on enhancing protective factors.

Public Health Service, Hinsdale County

\$10,000

Hinsdale County Public Health Services used this funding to create a suicide prevention team. This team received suicide intervention and prevention training. The team provided suicide awareness presentations to local community groups and created an educational campaign fitting their community's unique needs. Outreach materials were mailed out to 400 post office box holders in the county. The team provided suicide prevention training to 20 community members. The team also assembled a local crisis response team and developed a critical incident plan based on skills learned in Critical Incident Stress Management Debriefing Training. The individuals who attended this training will cross train other members of the crisis team.

Mental Health Association of Colorado, Denver County

\$7,500

The Mental Health Association of Colorado used the funding to support the Colorado Link Project: Youth Violence/Suicide Prevention Program. The goal of this project is to reduce violent and suicidal behavior among youth in the Denver area by providing education, screening and treatment for targeted youth populations. The services currently are being provided at Denver North and Denver East high schools, and Urban Peak (serving homeless youth).

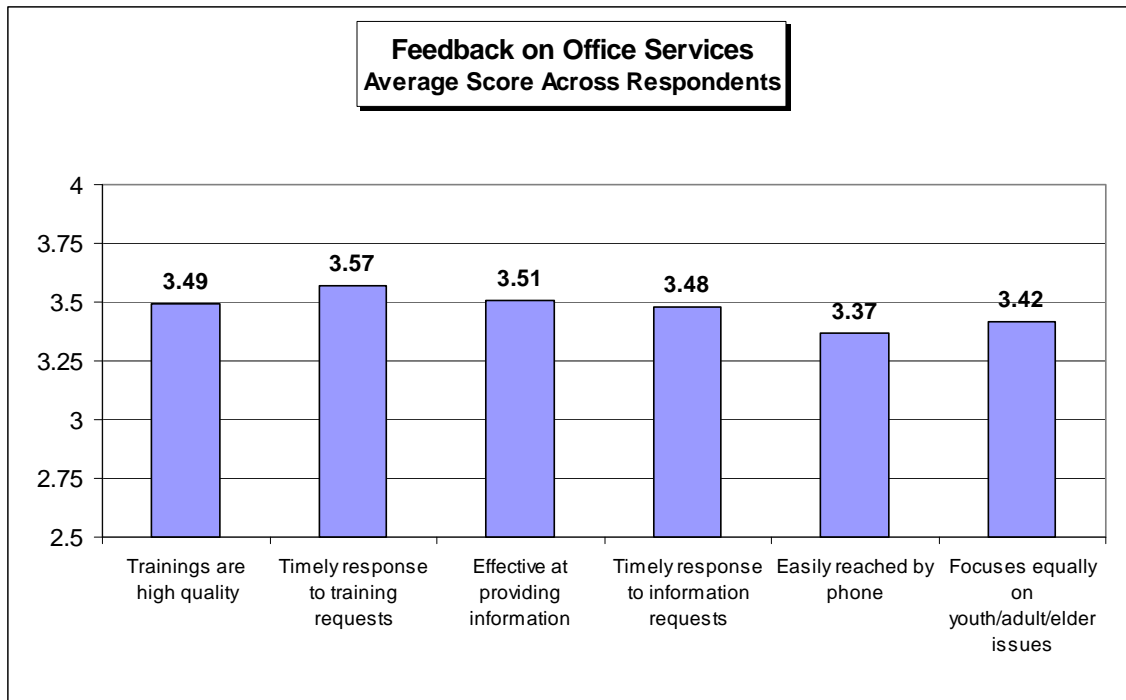
Erie Coalition of Concerned Citizens, Weld and Boulder Counties  
\$6,700

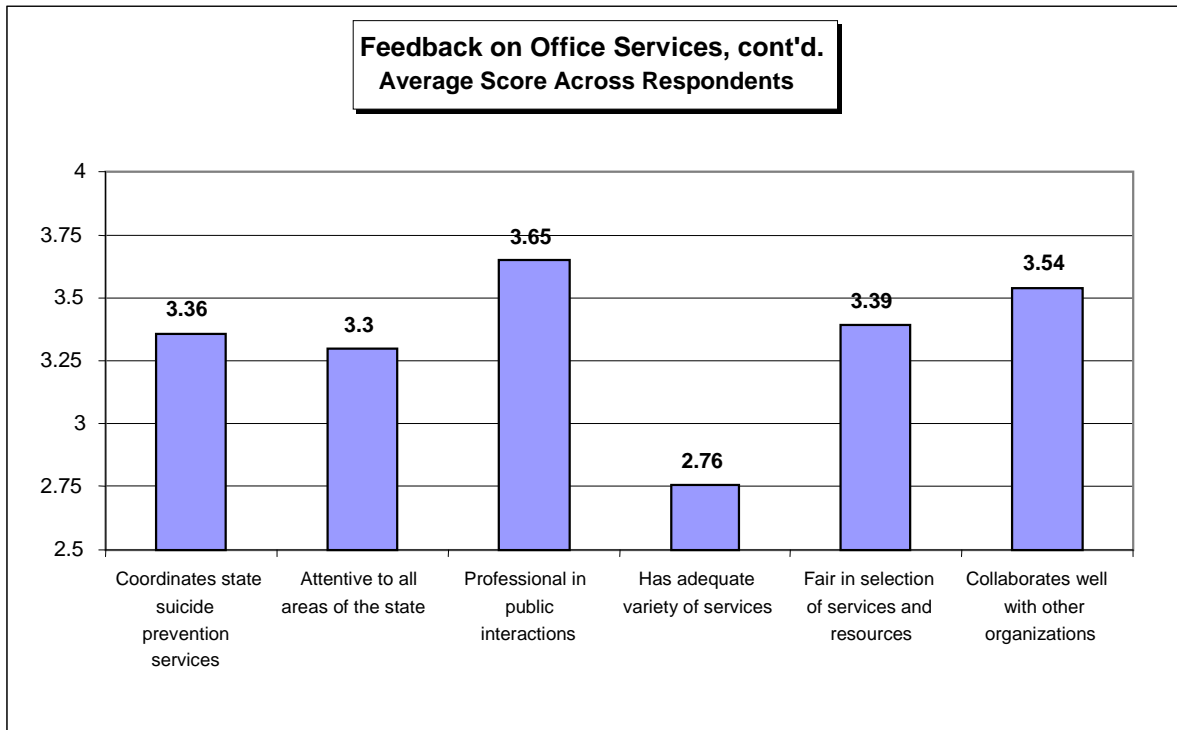
The Erie Coalition of Concerned Citizens used funding to print and mail a community resource booklet to all households in Erie. This booklet provides resources for individuals who may be at risk for suicidal or violent behavior, as well as providing resources on other related issues, such as substance abuse.

Assessment/Evaluation  
\$4,900

The Office of Suicide Prevention contracted with OMNI Research to conduct a survey assessing the service provision of the Office of Suicide Prevention. Stakeholders were questioned about the quality of training, information sharing, collaboration, service variety, leadership, vision and resources provided by this program. Furthermore, stakeholders were assessed to determine the degree to which the Office of Suicide Prevention was seen as the state coordinator of suicide prevention efforts. OMNI research analyzed the information collected and submitted a report that offered valuable feedback as the Office of Suicide Prevention continues to enhance the services provided. When questioned about the provision of services, respondents agreed or strongly agreed that the Office of Suicide Prevention provides “quality, responsive and effective services.” Overall the responses were favorable, however respondents often pointed to an inadequate level of funding for the program when asked various question related to carrying out the mission of the Office of Suicide Prevention (Appendix B).

Figure 1a. Feedback on Office Services





### **Part 3: Federal Funding**

Partners for Teen Suicide Prevention  
 Substance Abuse and Mental Health Services Administration Grant  
 \$378,000 for period 9/30/00 through 08/31/2003

The Partners for Teen Suicide Prevention project has continued to make great progress (Appendix C) in the past year. The Partners for Teen Suicide Prevention is charged with a number of goals established in the grant from the U.S. Substance Abuse and Mental Health Services Administration. The Partners for Teen Suicide Prevention is addressing the issue of youth suicide prevention and linking that effort to related issues of youth substance abuse, mental health and violence. The focus is on youth suicide prevention for children and youth ages 10-19. The project received an extension with carryover funding to continue work until August 2003.

## Appendix A

### Office of Suicide Prevention Advisory Board

Tom Barrett, Ph.D.  
Director, Colorado Mental Health Services, Denver

The Honorable Gayle Berry  
Colorado House of Representatives, Grand Junction

Carol Breslau  
Senior Program Officer, The Colorado Trust, Denver

Mike Cafasso  
Pueblo Bank and Trust

Dale Emme  
Executive Director, Yellow Ribbon Suicide Prevention Program  
Light for Life Foundation, Westminster

Eleanor Hamm  
Executive Director, Pueblo Suicide Prevention Center  
Colorado National Suicide Prevention Hotline

Andrea Hart  
Bighorn Center for Public Policy, Denver

Robin Jones  
Colorado Legislative Council, Denver

Paul Melinkovich, M.D.  
Director, Denver School-Based Health Centers  
Associate Director, Community Health Services, Denver

Reverend Yvonne McCoy  
Colorado Community Church, Denver

Anthony Olaiz, D.O.  
Coroner, Kit Carson County

Bill Porter, Ph.D.  
Assistant Director, Student Achievement Services  
Cherry Creek School District, Englewood

Diane Ryerson-Peake  
Creator, Suicide Awareness for  
Everyone  
Suicide Education and Support  
Services of Weld County

Joe Tenneson  
Media Relations, Greeley

## Appendix B

### Report on Stakeholder Survey

#### Introduction

In May 2002, the Office of Suicide Prevention requested the development of an effectiveness survey to gather feedback on its first two years of operation. A survey containing 33 scaled questions (Strongly Disagree to Strongly Agree) and eight open-ended questions was developed for this purpose. The scaled questions were divided into five distinct areas:

1. Services provided by the office (12 items)
2. General operations of the office (5 items)
3. Accomplishments of the office (6 items)
4. Relationships with other key groups (5 items)
5. Advisory board feedback (5 items)

Three opened-ended questions requested additional information on scaled items, while the remaining requested feedback and direction on key program areas, including:

1. Specific service and policy areas the office should focus on over the next year;
2. Ways to obtain greater community participation on suicide-related issues;
3. Recommendation on how the office could improve working relationships with mental health, substance abuse and violence prevention agencies and service providers; and,
4. How respondents would like to see the office evolve over the next five years.

Surveys were sent to 131 potential respondents based on a list provided by the office. Accompanying the surveys was a cover letter written by the director and a pre-metered return envelope addressed to OMNI Research and Training, Inc., the contracted research company. A follow-up postcard was later sent out in an effort to increase the response rate. A total of 52 surveys were received yielding a 40 percent return rate.

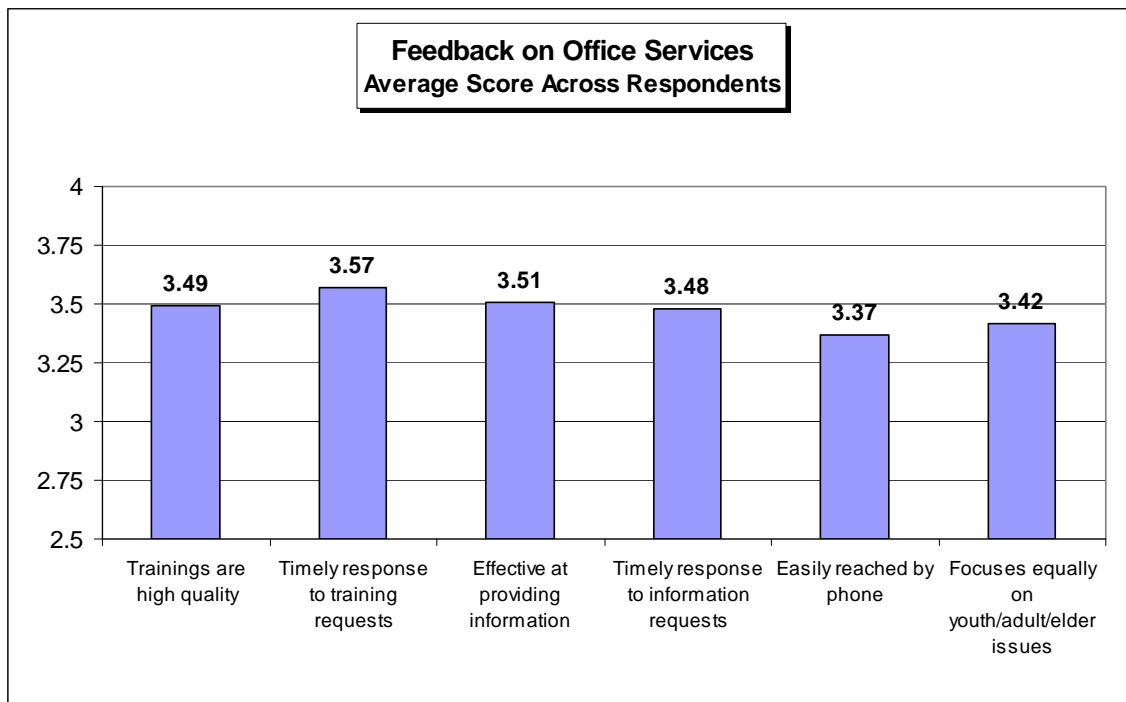


## II. Findings

### Quantitative Results

The first set of survey items asked respondents to rate services provided by the office along a variety of dimensions (e.g., quality, responsiveness, variety, etc.). Average responses to these items are provided below in Figure 1. With the exception of the *Variety of Services* item, average responses for items were 3.3 (out of a possible total of 4) or higher. This graph suggests that, in general, respondents largely agree or strongly agree that the office provides quality, responsive and effective services. The highest ratings were provided for *Professional in Public Interactions* (3.65) and *Timely Response to Training Requests* (3.57). Adequate Variety of Services was the lowest score item at 2.76, suggesting that people would like to see greater diversity in the services offered through the office.

Figure 1a. Feedback on Office Services

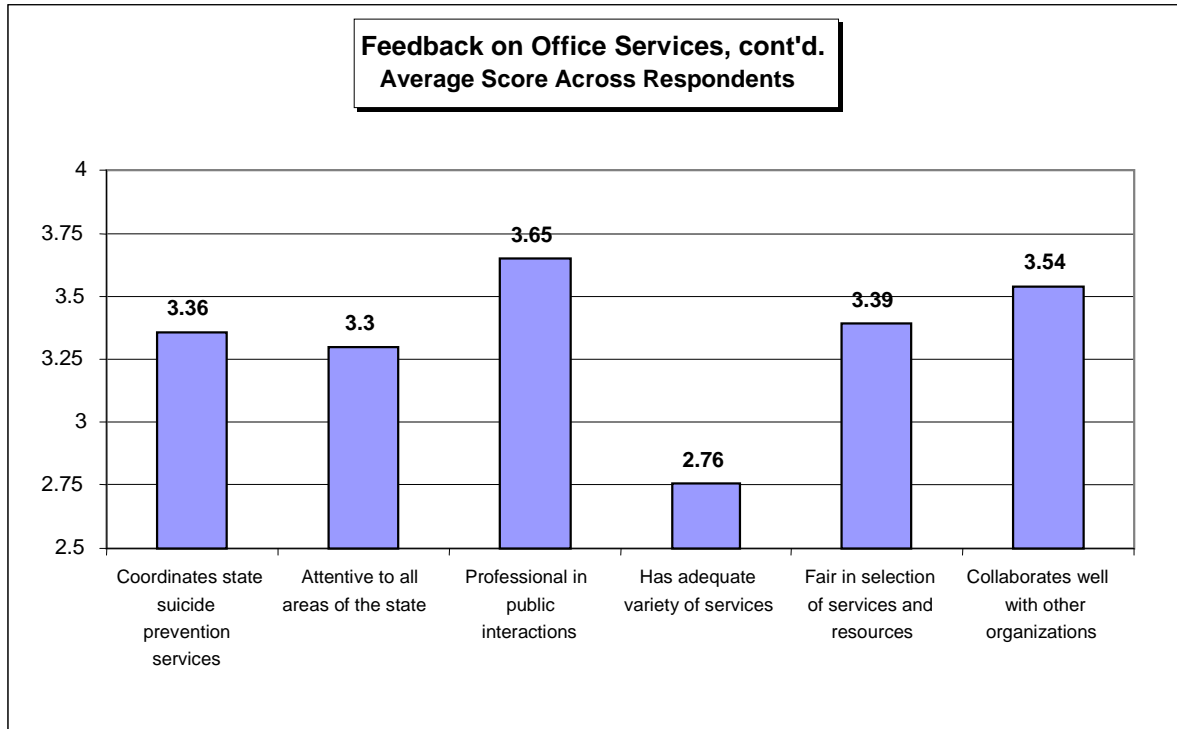


Following the forced choice items, respondents were requested to provide additional information that might help explain their ratings on office services. Upon analysis, it was found that these responses grouped into three general areas.

#### Area 1: Adequacy of Resources and Variety of Services

A number of respondents felt that the variety of training and other services was too limited for the diversity of issues the office could and should address. This was frequently discussed in relation to a perception respondents held that the office is under-funded or lacks the resources needed to provide services. For example: “OSP has an inadequate variety of prevention services because they are insufficiently funded,” or “Currently, because of limited resources, there cannot be an adequate variety of prevention services.”

Figure 1b. Feedback on Office Services



### Area 2: Focus of Services

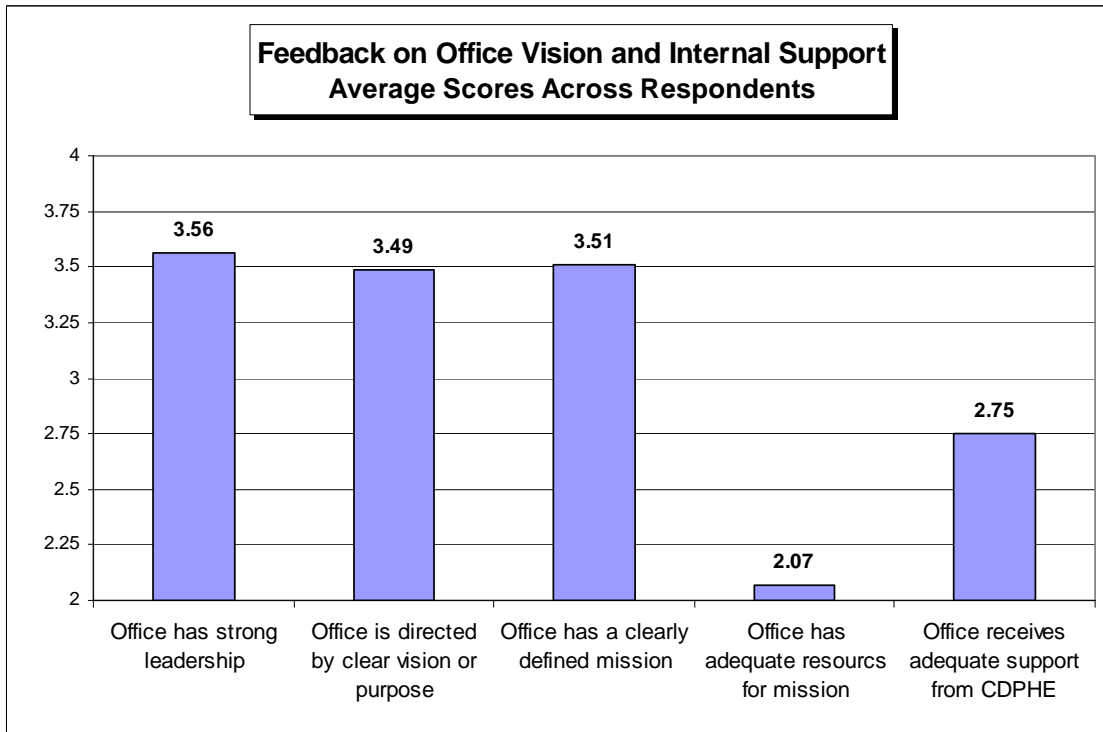
Several respondents stated that they believed the office was primarily and too focused on the youth population, and it expand to incorporate other groups, in particular adult and elderly populations, and individuals with mental health needs. While target population was seen as one aspect of the service issue, another had to do with where services *were not* being provided. A number of respondents expressed concerns that services and/or the office’s presence was lacking in rural areas of the state. This was largely related to an expressed desire to have more training opportunities provided in rural Colorado.

### Area 3: General Positive Comments

A number of individuals expressed feelings that the office staff was doing a great job and frequently mentioned staff by name. Illustrative examples included: “The office is doing a great job and is very involved with communities, and the Office of Suicide Prevention has done an EXCELLENT JOB producing written materials to be used” and “The Office of Suicide Prevention has been available and supportive in our county efforts to implement suicide prevention programs/activities. Cindy, Shannon and staff have been great!”

The next series of questions asked respondents to provide ratings related to their perceptions of the office’s vision and internal support to accomplish the vision. The average scores for these items are provided in Figure 2. The office received high positive marks for items related to leadership (3.56), vision (3.49) and sense of mission (3.51). Conversely, respondents provided lower scores on items that asked about the adequacy of resources (2.07) and the degree of support perceived to be coming from within the Department of Public Health and Environment (2.76).

Figure 2: Office Vision and Internal Support

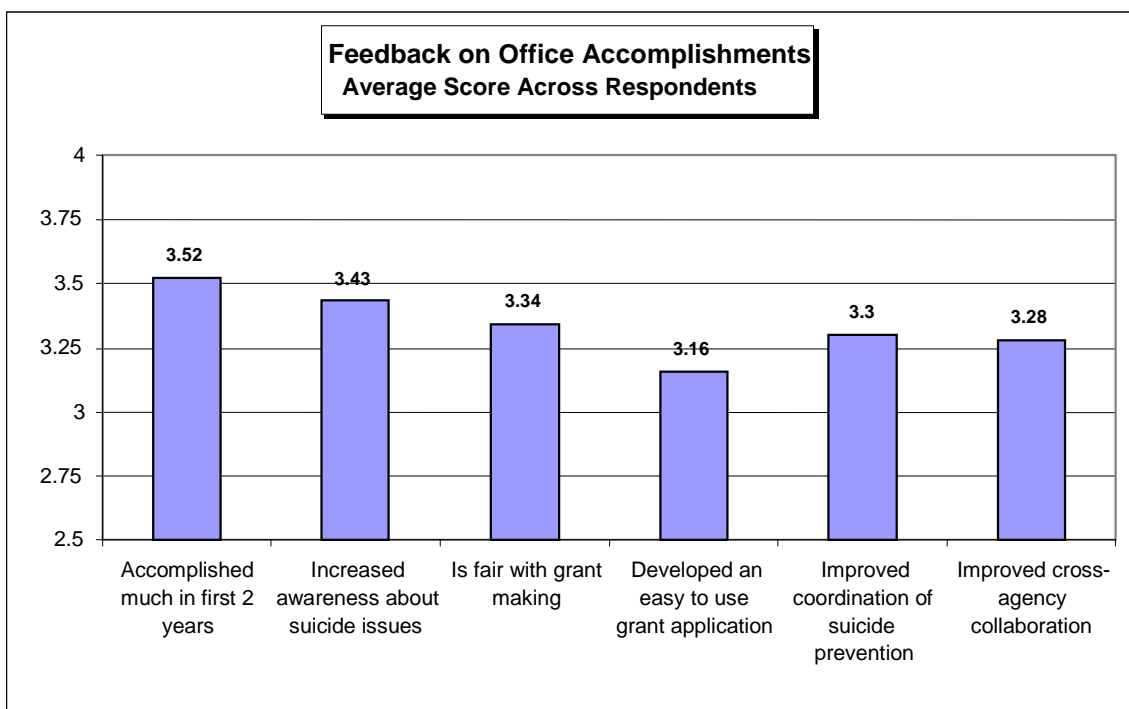
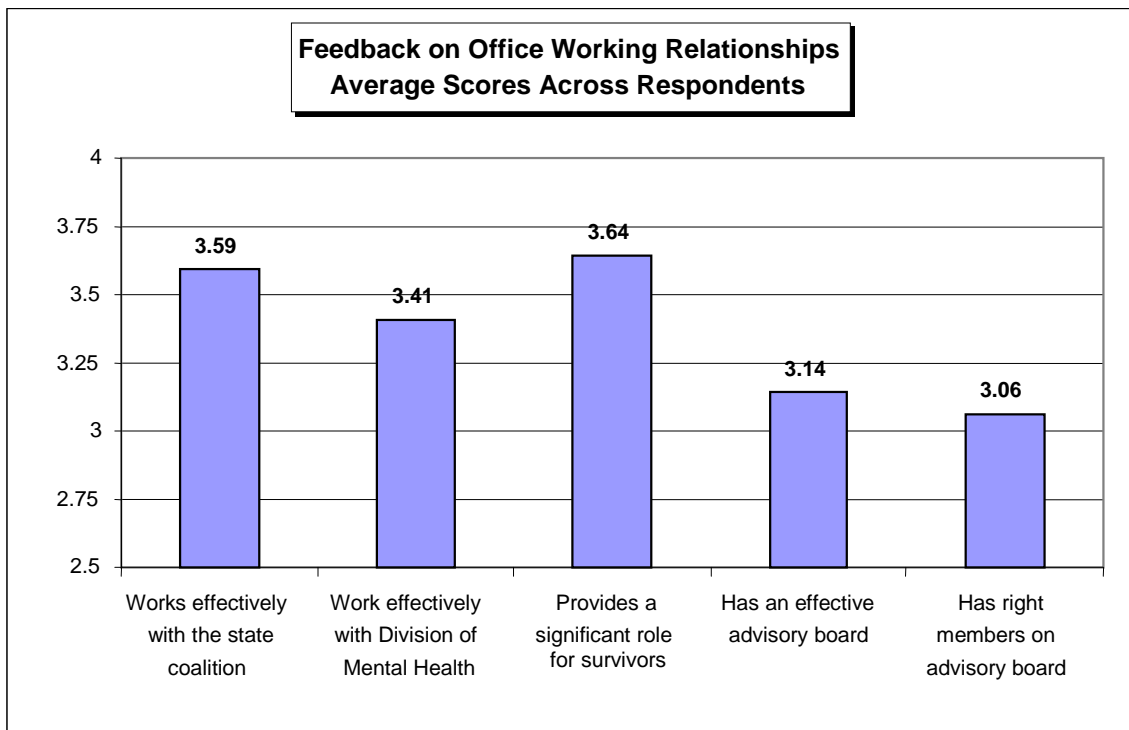


The third set of items asked respondents to provide feedback on the degree to which they felt the office had been successful in its effort over the past two years (Figure 3). The highest score (3.52) was provided to a general question about accomplishment, and scores for more specific questions were rated at 3.16 or higher. The lowest score was given in relation to the asking about the ease of their developed grant application.

Another set of items asked respondents to provide feedback on their perceptions of the office's relationship with other organizations and the effectiveness of the advisory board (Figure 4). Strong positive marks were given for the three questions that asked about working relationships with the state coalition and the Division of Mental Health (3.59 and 3.41, respectively), and the highest overall score was given to the role the office provides to survivors in their efforts (3.64). Slightly lower scores were given for the advisory group in terms of perceived adequacy of its membership and effectiveness (3.06 and 3.14).

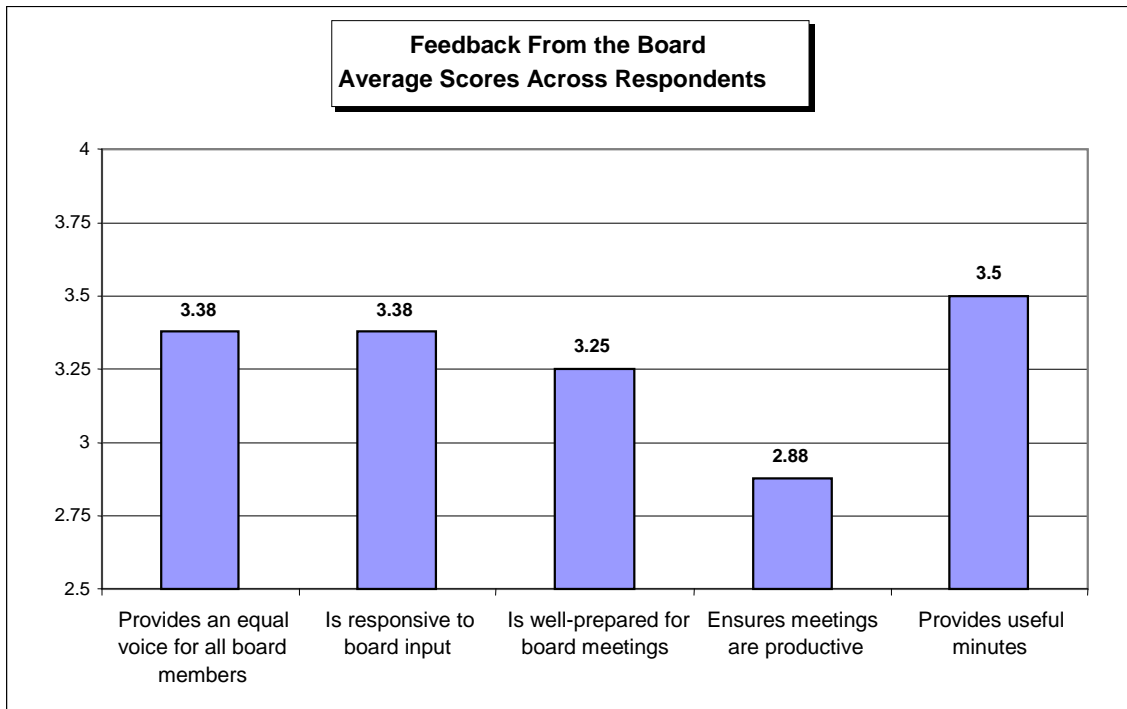
Figure 3: Office Accomplishments

Figure 4: Office Working Relationships



The final graph provides information about the office from the perspective of board members. Scores were generally good for these questions, ranging from 3.25 to 3.5 with the exception of perception about how productive board meetings are (2.88).

Figure 5: Feedback From the Board



### Qualitative Results

Also contained in the survey were open-ended questions that touched on a variety of issues. These included questions related to service and policy areas of focus, ways to improve collaboration and to obtain greater involvement from communities and other services agencies, and how respondents envisioned the office five years from now. Responses to these questions are summarized below.

#### 1. Service and Policy Areas

Many respondents discussed their desire to see continued or increased provision of Applied Suicide Intervention Skills Trainings and that these trainings be expanded to more areas of Colorado. Respondents also discussed their desire to see the trainings be targeted to specific groups or populations. These included law enforcement officers, physicians, corporate entities and school counselors and teachers. Other respondents discussed the need for a continued focus on youth, but wanted to see more attention paid to other populations including young adults, adults and the elderly.

Another service area in which respondents wanted to greater focus was in media and promotional activities. Ideas mentioned here included conducting more public service announcements, and developing and implementing additional formal public awareness campaigns. Related to this were requests to have the office do more prevention outreach to communities and individuals. Specific groups identified included churches and survivors' groups.

Fewer comments were provided to the question related to policy focus areas. Where responses were provided, these included promoting broader insurance benefits, which was seen as inadequate for serving individuals with depression; supporting school policies that would require more services and support regarding suicide prevention in the schools; and obtaining greater legislative support for suicide prevention in the state.

### **Obtaining Greater Community Involvement in Suicide Prevention Activities**

Respondents were asked to provide ideas about how the office could obtain greater community involvement. Some felt that this could be accomplished through increased awareness efforts. Specific approaches to awareness included expanded work with and through the media; gaining more exposure through public service announcements; enhancing public relations through local newspapers; and being more visible at local community events. Respondents also recommended increased sponsorship of local events and more education and outreach services provided to communities.

Increased networking with community and professional groups was seen as another way to increase participation. In this area, it was recommended that the office work to create stronger relationships with the medical community and state agency heads, and to increase its work with schools and professional organizations.

A final set of ideas centered on feelings that the office needed to acquire more resources and, correspondingly, expand services. Respondents felt that having more resources would allow the office to increase its presence, and many felt this was particularly important and needed in rural areas of the state. Some suggested that the office should work to obtain these resources through sponsorships from professional groups and to seek out funding from foundations.

### **Improve the way the Office of Suicide Prevention works with Mental Health, Substance Abuse and Violence Prevention Agencies and Service Providers**

Many respondents were not sure what advice to give the office to improve its relationship with other service providers. This seemed to be largely a function of not knowing what the quality of current relationships was like or the degree to which formal connections between the office and these organizations exist.

Those who did respond suggested that networking with these types of organizations would help, and that the office would likely need to take leadership in such efforts. Variants of networking included a recommendation to increase communication among organizations, convene a meeting to brainstorm how they could work together and increase information sharing across the organizations.

A final idea was to use cross-agency suicide prevention trainings as an avenue for greater involvement. This included working to develop requirements related to the training of agency staff, and the provision of training of trainers workshops to build internal agency capacity.

## **The Office of Suicide Prevention in Five Years**

Respondents were asked to think about their own vision for the office and how they would like to see the office change over the next five years. Many commented on wanting to see it grow in ways that would increase staff to include grant writers, trainers, technical assistance providers and policy advocates; obtain more funding; and have a greater community presence, perhaps with locally-based offices and personnel.

**Greatly expand gate-keeper trainings in a variety of settings including communities, state agencies, and provider organizations were also hoped for (related to this was a desire to see a much larger training staff).**

Others wanted to see the office become a much bigger leader in the area of suicide prevention focusing on policy changes. In this expanded role, they wanted to see it become the state clearinghouse for suicide related materials and develop newsletters, a website and greatly expand grant opportunities to communities.

Lastly, many respondents hoped that in five years, the office would help realize a clear reduction in the rate of suicides in Colorado.

## **General Comments**

Respondents were given one last opportunity to provide comments about anything they felt were not covered in the survey. Most of the feedback provided in this section was very positive with regards to the work of the office and its staff. Some verbatim responses from this section are provided below.

*“My interactions (survivor) with OSP, Shannon, Cindy, Eileen, have been incredibly positive and supportive and strengthening personally. The work done to create this office – Romer’s initiative and then Gov. Owens’ support – has been rewarded by the activities conducted through OSP. OSP can be used as an example of the state government working for its citizens. Thanks.”*

*“I believe the OSP is working very hard and doing a good job of an impossible task. Just working locally I am overwhelmed with all of the many aspects of working in Suicide Prevention, so I would guess that it is extremely overwhelming to provide support for the entire state. I would like to thank Cindy, Shannon and Eileen for all they are doing!”*

*“This program has done a wonder job in its first 2 years. Its efforts have contributed to saving lives. You can’t ask for any more than that. This work must continue and expand for this single reason.”*

*“You are doing a great job with inadequate support. Look for ways to expand your political and PR connections and presence, to raise your profile. Court the media and legislators. If you get discouraged, take an honest look at all you have accomplished and consider, like Harry Bailey in *It’s a Wonderful Life*, how things would be without your efforts. Your efforts have saved lives, and will save many more. Thanks.”*

## Appendix C

### Partners for Teen Suicide Prevention

#### Substance Abuse and Mental Health Services Administration Grant (SAMHSA)

The Partners for Teen Suicide Prevention project has four primary goals throughout the two years of funding. A number of significant goals have been accomplished during the past 12 months. Additionally, a no-cost extension has been authorized by SAMHSA to allow for the continued use of the original funding through August 2003.

**Goal 1:** Convene a task force of key stakeholders to collaboratively address the goals of the grant.

The Partners for Teen Suicide Prevention Task Force has a membership base reflecting Colorado's geographic and ethnic diversity, as well as representation from major youth-serving agencies at both the state and local levels, and representatives from schools, faith communities, youth and family survivors. This task force includes representatives from the following agencies and organizations:

- Colorado Department of Public Health and Environment
- Colorado Department of Human Services-Division of Mental Health Services, Alcohol and Drug Abuse Division and the Division of Youth Corrections
- Colorado Department of Education
- Pueblo Suicide Prevention Center (Colorado's national hotline center)
- Suicide Prevention Coalition of Colorado
- Youth
- Family survivors
- Youth minister-Archdiocese of Denver
- Asian Pacific Development Center
- Resource counselor-Gay, Lesbian Bisexual, Trans-gendered youth center

The task force has met on a monthly basis since November 2000. The task force members actively guide all decision-making related to the grant. Participation has been consistent throughout the grant period.

**Goal 2:** Completion of a statewide needs assessment regarding youth suicide and related issues in Colorado.

Information and data has been gathered from a variety of sources including state death and hospitalization rates due to suicide or suicidal behavior, state drug and alcohol rates from the Alcohol and Drug Abuse Division, juvenile arrest rates for violent crimes from the Division of Youth Corrections, and state mental health data from the Department of Human Services. This data in conjunction with feedback provided directly from youth is being used to create a picture of youth suicide in Colorado. This needs assessment data will provide a picture of youth suicide and related youth issues in Colorado and will be an integral portion of the statewide strategic plan for youth suicide prevention.

**Goal 3:** Develop a statewide strategic plan to address youth suicide prevention.

The goal of the strategic plan as identified by the Partners for Teen Suicide Prevention task force members is to "equip communities with the knowledge, skills and resources to address suicidal behavior



for youth ages 10-19.” The strategic plan is currently being completed. This outline of this plan is included below.

- Introduction (Office of Suicide Prevention, purpose of SAMSHA grant)
- Youth Suicide: Nature of the problem (prevailing theories, national outlook)
- Youth Suicide in Colorado: a profile (Colorado indicator data)
- The Partners for Teen Suicide Prevention project (community and program selection, lessons learned, evaluation results, future needs)
- Recommendations including goals and objectives (addressing training, awareness, education in multiple settings)
  - Communities-including special populations
    - Schools
    - Institutions
    - State-community supports and policy issues
- Future needs (planning, funding, infrastructure, other support)

This plan will build upon the recommendations developed by the 1998 Suicide Prevention Advisory Commission, as well as more recent recommendations in the *Suicide in Colorado* report and the National Strategy of Suicide Prevention released by the Surgeon General’s office. The *Suicide in Colorado* report was completed by The Colorado Trust in conjunction with the Office of Suicide Prevention.

**Goal 4:** Review best practices in youth suicide prevention and select a model program to implement in three pilot communities.

The Partners for Teen Suicide Prevention task force selected LivingWorks, adapted for youth, as the model program to use to create the foundation of teen suicide prevention efforts in Colorado. The LivingWorks program focuses on providing community members with Applied Suicide Intervention Skills Training (ASIST). The ASIST training is appropriate for any person in a community who would have contact with youth in either a professional or a personal capacity. Examples of community “gatekeepers” for youth include teachers, bus drivers, probation officers, other teens, parents and youth ministers.

The three pilot communities, Jefferson County, Mesa County and the San Luis Valley, have been providing the ASIST community gatekeeper training program since January 1, 2002. To date, more than 200 gatekeepers for youth have received this two-day intensive skills training. This training is being implemented in conjunction with community coalitions in each site and with the assistance of a local facilitator, the grant project coordinator and the Office of Suicide Prevention. All sites continue to work on developing plans for sustaining the youth suicide prevention efforts after the end of the funding period.

Additional significant activities:

Information about all aspects of this project have been presented at the following national and state conferences since January 2002:

- American Association of Suicidology
- National Assembly of School-Based Health Centers
- Colorado Public Health Association

The Partners for Teen Suicide Prevention grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) is a two-year planning and development grant. The Office of Suicide

Prevention has utilized this grant to explore the linkages between suicide and related factors of violence, substance abuse and mental health for youth ages 10-19.

Although this project was originally scheduled for completion in August 2002, SAMHSA granted an extension for continued use of funds until August 2003. This extension will allow the three identified pilot communities to continue building on the activities and structure created in the initial two-year planning period. Additionally, the pilot communities continue to work toward sustaining efforts post funding period and applying for additional funds when appropriate. Additional SAMHSA funding has not been available due to federal budget cuts and the redirecting of funds, therefore increased time to secure future funding is key.

## Appendix D

### Suicide Prevention Programs in Colorado

#### Denver County

Colorado Link  
Mental Health Association of Colorado  
6795 East Tennessee Avenue, Suite 425  
Denver, Colorado 80224  
(303) 377-3040  
(303) 377-4920 *fax*

Contact: Jeanne Mueller-Rohner

The Mental Health Association serves as the lead agency, working in collaboration with the United Way, The Colorado Trust, OMNI Research and other community agencies, for the Colorado Link project. The Colorado Link is a violence and suicide prevention project located in Denver. The shared goals of this project are to reduce teen violence and suicide among youth. The Mental Health Association is piloting this project in two Denver high schools, East and North, and one homeless shelter for youth, Urban Peak.

There are three main components to the Colorado Link project: education, screening and treatment. The Yellow Ribbon Program provides the educational component of the project. This piece brings together stakeholders who might positively influence the life of an adolescent. These stakeholders are educated on how to react and what to say to an at-risk youth, as well as education about where to refer an at-risk youth. Students also are educated on warning signs and risk factors, and what to do if a friend is suicidal. The screening piece of the project includes the use of the Columbia TeenScreen Program on “screening days” at the two high schools. The Mental Health Association, Servicios de la Raza and CADREC, a substance abuse treatment agency, are providing the treatment component of the project. Access to quality and immediate treatment is essential as high-risk kids are identified.

The Shaka Franklin Foundation for Youth  
8101 East Dartmouth Avenue, Number 11  
Denver, Colorado 80231  
(303) 337-2515  
<http://www.shaka.org/>

Contacts: Les and Marianne Franklin

Les Franklin and community activists founded the Shaka Franklin Foundation for Youth in 1990 after the suicide death of 16-year-old Shaka Franklin, Les Franklin’s son. The foundation focuses on correcting the self-destructive behavior of young people ages 12 to 21 years and the various problems in their lives that precipitate negative feelings, which can lead to suicide. The foundation’s premise is that suicide is often the result of violent behavior towards oneself as well as towards others. The foundation also informs and educates young people and adults about the dangers and myths that surround suicide, depression and grief.

The Shaka Franklin Foundation is supported by individuals, corporations and private foundations that understand the importance of helping young people develop into healthy, responsible adults.

## **Eagle County**

The Andy Zanca Youth Empowerment Program  
1344 Barber Drive  
Carbondale, Colorado 81623  
(970) 963-1302  
[annmark@sopris.net](mailto:annmark@sopris.net)

Contact: Anne Marie Zanca

The Andy Zanca Youth Empowerment Program is a nonprofit organization dedicated to the empowerment of youth through media and the arts. Anne Marie Zanca created the program in memory of her brother, Andy Zanca, who committed suicide at age 21. The program funds a youth radio group called Identity Crisis Youth Radio, which has a weekly half-hour talk radio program produced by youth, ages 10 to 18, on issues important to youth. This group showcases young literary and musical talent in addition to conducting interviews with community members of all ages on youth-related topics.

Participants are recruited by word-of-mouth and by referral from schools and youth organizations. The professionals working with these youth have backgrounds in counseling, education, journalism and technology. Goals for the program include empowering youth by giving them a voice to express their opinions and creative interests in their own words, providing effective training in journalistic skills to assist them in possible educational or career pursuits, and breaking down cultural, socioeconomic, generational and geographic barriers that isolate youth from each other and the rest of the community.

## **El Paso County**

Suicide Prevention Partnership of the Pikes Peak Region  
P.O. Box 1692  
Colorado Springs, Colorado 80935  
(719) 573-7447  
(719) 572-0763 *fax*  
Hotline Number: (719) 596-LIFE (596-5433)  
[Prevent@codenet.net](mailto:Prevent@codenet.net)  
<http://www.codenet.net/suicideprevention>

Contact: Anne Sayers

The Suicide Prevention Partnership of the Pikes Peak Region is a nonprofit organization founded in 1992 to unite the community in confronting suicide as a preventable health problem. These community individuals represent the combined efforts of law enforcement, mental and public health, the military, government, business, the religious community, educators and local citizens.

The partnership educates the general public and community care providers on the dynamics and issues surrounding suicide prevention; intervention and postvention resources through a speakers' bureau; resource library (videos, pamphlets, books); frequently updated statistics; crisis response team

development; support resources for survivors of suicide in conjunction with a survivor group called Heartbeat; and workshops and awareness training. The partnership provides a suicide prevention hotline available to the entire region, staffed with trained volunteers. Volunteers assess each caller's situation and then provide information on resources for long-term problem resolution.

The partnership has developed crisis training response teams for the military; victim's assistance training for the El Paso County Sheriff's Department; recruitment and training for speakers' bureau participants; conducted school presentations; and participated in local health fairs.

The partnership recently entered into a memorandum of understanding with the El Paso County Health Department to support trainings in the Applied Suicide Intervention Skills Curriculum and training for first responders based on the manual created through the Office of Suicide Prevention grant received by the Suicide Prevention Partnership.

## **Jefferson County**

Jefferson Center  
5265 Vance Street  
Arvada, Colorado 80002  
(303) 432-5174  
(303) 431-0548 *fax*  
[jeanne@jcmh.org](mailto:jeanne@jcmh.org)

Contact:        Jeanne Oliver

The Jefferson Center has been a leader in the field of youth suicide prevention since the 1980s, recognizing suicide as a critical health issue for the community. The center helped start many grassroots suicide prevention efforts, including the Columbine/Chatfield Coalition for Youth. A group of Jefferson Center staff members meet monthly to plan the center's prevention efforts and collaborations. Center staff members often lead debriefings for school staff, students and families following a teen suicide. A suicide prevention coalition for Jefferson County has recently been working together focusing on training and program implementation.

Jefferson Center responds to requests from schools, businesses and community groups for presentations on suicide and other mental health issues. Its staff also attends various resource fairs throughout the year. Speakers' bureau ambassadors present information on mental health issues including mental illness, depression, suicide prevention, senior issues and parenting issues. The Jefferson Center has done segments on the local cable access channel for seniors on depression and suicide. In 1999, the center distributed more than 2,500 education booklets and handouts on suicide prevention. In 2000, additional Jefferson Center efforts have included the development of fact sheets, coordination with other local groups and in-house training on assessing suicide risks.

Jefferson Center for Mental Health will be the lead agency implementing the Partners for Teen Suicide Prevention project in Jefferson County, which was selected as a pilot community by the Office of Suicide Prevention.

## **Kit Carson County**

Suicide Risk Reduction Coalition-LIFESAVER  
528 Julian Avenue  
Flagler, Colorado 80815  
(719) 765-4064  
(719) 765-4064 *fax*

Contact: Kathleen Borden

LIFESAVER is a volunteer coalition dedicated to reducing suicide risk in the Kit Carson County Area through enhancement of support for those at risk of suicide and those whose lives have been touched by suicide; to increasing community awareness of suicide risk factors; to giving voice to those who struggle with suicidality or live in its wake, and thereby reducing the suffering of isolation; to providing education to community residents and to helping professionals in suicide risk reduction strategies; and to identifying and promoting the use of resources that help reduce suicide risk.

## **Larimer County**

Suicide Resource Center of Larimer County  
315 East 7<sup>th</sup> Street  
Loveland, Colorado 80537  
(970) 635-9301  
(970) 461-2426 *fax*  
[src@webaccess.net](mailto:src@webaccess.net)

Contact: Bev Thurber, Executive Director

The Suicide Resource Center, a grassroots, volunteer-driven organization, coordinates and develops suicide education, prevention, intervention and postvention in communities in Larimer County. Formed in 1989 as a result of growing community concern about the rising rate of suicide, its goals are to help reduce the suicide rate and improve the lives of those who have experienced a loss through suicide. The Suicide Resource Center provides resources and programs that complement other community agencies.

Many of the center's programs are educational with the belief that the first line of defense against self-destruction is knowledge. A speakers' bureau provides trained, experienced volunteers to speak to community groups on a variety of topics related to depression and suicide. The RAPP program, Raising Awareness of Personal Power, educates teens to help them identify suicide warning signs and access community services, in an attempt to build their personal power to make positive life changes for themselves and others. The Raising Awareness of Personal Power program is available upon request to schools and youth groups. The center also publishes the Youth Yellow Pages, a pocket-sized resource directory for Larimer County teenagers. The directory, which is distributed through schools and other youth-serving community agencies, provides information for teens dealing with a wide range of challenges including loss, violence and sexuality.

The Suicide Resource Center also provides support to those individuals who have suffered a loss due to suicide. The center holds monthly drop-in Heartbeat grief support groups for adults and teens.

Volunteers for the Survivors of Suicide support teams visit homes, schools, churches and businesses to meet with individuals, family members and friends. The volunteers listen and respond to questions and concerns; talk about different aspects of the grief and mourning process; offer an opportunity for survivors to talk with someone who has also survived the loss of a family member or friend through suicide; and provide information on support groups and other community resources.

### **Mesa County**

Mesa County Health Department  
515 Patterson Road  
Grand Junction, Colorado 81506  
(970) 248-6900

Contact: Sue Kiser

Mesa County Health Department is the lead agency implementing the Partners for Teen Suicide Prevention project in Mesa County, which was selected as a pilot site by the Office of Suicide Prevention.

The Mesa County Health Department also supports the Mesa County Suicide Prevention Coalition, a recently formed group of committed professionals and survivors of suicide working together to address the rates of suicidal behavior in Mesa County. This group has made Applied Suicide Intervention Skills training and participation in the teen suicide prevention project their priorities for the coming year.

### **Moffat County**

S.A.F.E. (Suicide Awareness: Facing the Enemy)  
Northwest Colorado Visiting Nurse Association, Inc.  
745 Russell Street  
Craig, Colorado 81625  
(970) 824-8233  
(970) 824-2548 fax  
[nwcovna@cmn.net](mailto:nwcovna@cmn.net)

Contacts: Marilyn Bouldin at the Northwest Colorado Visiting Nurse Association  
(970) 824-8233  
Barbara Seed at Craig Mental Health  
(970) 824-6541

Suicide Awareness Facing the Enemy is a broad-based community group dedicated to the prevention of suicide and suicide attempts in Moffat County. The group's main purpose is to gather information and educate the community on suicide and suicide prevention. Suicide Awareness Facing the Enemy makes presentations to service clubs, church groups and schools.

### **Pueblo County**

Pueblo Suicide Prevention Center  
1925 East Orman, Suite G25

Pueblo, Colorado 81004  
(719) 564-6642  
(719) 564-7976 *fax*  
Help Line: (719) 544-1133  
Teen Line: (719) 564-5566  
Statewide: 1-800-SUICIDE (1-800-784-2433)

Contact: Eleanor Hamm, Executive Director

Established in March of 1968, the Pueblo Suicide Prevention Center is believed to be the oldest suicide prevention program in Colorado and is involved in a comprehensive array of suicide prevention, intervention and postvention services. This organization is the only American Association of Suicidology-certified center in Colorado. Pueblo Suicide Prevention Center performs community education, provides a 24-hour help line and teen line and provides grief and trauma support for family and friends who have lost someone to suicide. Pueblo Suicide Prevention Center prints a Youth Yellow Pages, conducts Heartbeat meetings and works with a victims' support unit with the police and sheriff's departments. The Pueblo Suicide Prevention Center helped form a school crisis team, in addition to working with the Child and Adolescent Mental Health Consortium, Pueblo Council on Children and Youth and the 2010 Task Force.

The Pueblo Suicide Prevention Center provides the Senior Link, a senior mental health outreach program that includes free in-home, one-to-one counseling for seniors who are experiencing depression, feelings of suicide or who have been victimized. The Pueblo Suicide Prevention Center also provides a crisis support number for the local Alzheimer's disease support organization.

The Kristin Brooks Hope Center and the Hope Line Network, the national coordinators of suicide hotlines, have selected Pueblo Suicide Prevention Center as the site of the state's suicide prevention hotline. The hotline number is an important step in Colorado's enhanced efforts at intervention, as the calls to the 1-800-SUICIDE line, until recently, were going through a St. Louis center. Pueblo has one of the oldest local hotline operations in Colorado and in the nation.

The Pueblo Suicide Prevention Center worked as research coordinator on the Colorado Senior Suicide Study addressing suicide among older adults (60+ years). Funded by Comprecare and conducted by the Colorado Mental Health Coalition for Older Adults from 1983 to 1987, the findings were presented by the center's director, Eleanor Hamm, at the 1990 American Association of Suicidology.

As a certified center of the American Association of Suicidology, both the center's director and assistant director are qualified certification evaluators who help certify suicide prevention crisis centers in the western region of the United States. They also have served as consultants in establishing other suicide prevention programs throughout the state.

The Pueblo Suicide Prevention Center works with both the University of Southern Colorado and Adams State College in providing suicide prevention and crisis intervention training to students in the graduate and undergraduate levels. The Pueblo Suicide Prevention Center also has provided training for the Colorado Department of Corrections, Colorado Nursing Association, Colorado Mental Health Association, Fort Carson Military Base and both local U.S. Air Force bases. The center director also served as the consulting suicide prevention instructor for the Suicide Prevention and Crisis Intervention Team training at the U.S. NATO Military Air Force Base in Ramstien, Germany.



## **Routt County**

Suicide and Crisis Intervention Life Line  
P.O. Box 770417  
Steamboat Springs, Colorado 80477  
(970) 879-1632  
(970) 870-1326 *fax*  
[vna@steamboat.com](mailto:vna@steamboat.com)

Contact: Linda Mitchem, Coordinator

The Suicide and Crisis Intervention Life Line was formed in Steamboat Springs in 1998 in response to a level of suicide completion in Routt County that was well above the national and state averages for a county of its size. The Suicide Crisis Intervention Life Line implemented a suicide prevention plan, which directs services in the areas of prevention, intervention and postvention.

Its mission is to develop and offer educational programs and services to the communities of Routt County in the areas of suicide and crisis support.

## **San Luis Valley**

San Luis Valley Comprehensive Community Mental Health Center  
1015 Fourth Street  
Alamosa, Colorado 81101  
(719) 589-3671  
(719) 589-9136 *fax*

Contact: Marie Henderson

The San Luis Valley Comprehensive Mental Health Center developed a suicide education and awareness program this past year. This program included strengthening suicide prevention knowledge, researching best practice programs, developing a community- and school-based training curriculum, creating a brochure and resource card to share information about warning signs for suicidal behavior and educating the community about how to get help.

The San Luis Valley Comprehensive Mental Health Center also has made it a priority to support trainers. It uses the Applied Suicide Intervention Skills curriculum to train in the counties the center serves. The center is the lead agency in implementing the Partners for Teen Suicide Prevention project in the San Luis Valley.

## **Sedgwick County**

C-PACT (Community Pro-Active Crisis Team)  
P.O. Box 107  
Julesburg, Colorado 80737  
(970) 474-3397, ext. 13  
[Lisa.Ault@state.co.us](mailto:Lisa.Ault@state.co.us)

Contact: Lisa Ault

Community Pro-Active Crisis Team was formed in 2000 after the suicide of a 19-year-old male community member. The crisis team provides Sedgwick County residents with prevention, intervention and postvention services in any crisis, including suicide.

## **Weld County**

Suicide Education and Support Services

3700 Golden Street

Evans, Colorado 80620

(970) 506-2737

(970) 506-2726 *fax*

[Lchase@endsuicide.org](mailto:Lchase@endsuicide.org)

Contact: Linda Chase, Executive Director

The Suicide Education and Support Services of Weld County was asked to be the lead Weld County suicide prevention entity in March 1999 after community activists involved with the Weld County's Citizen Advisory Committee to the Colorado Department of Public Health and Environment identified youth suicide as a top priority issue. Suicide Education and Support Services modeled its program after the same effort that led to establishing Colorado's new Office of Suicide Prevention.

Suicide Education and Support Services is a private, nonprofit organization with a board and committee membership representing a public and private partnership. Membership includes faith community leaders, mental health professionals and survivors. Suicide Education and Support Services has a diverse funding base of private and public resources and continues to develop funding necessary to provide prevention services. Suicide Education and Support Services currently monitors Weld County suicide rates and is developing a monitoring system for reported attempts. Suicide Education and Support Services is working with the University of Northern Colorado to develop other evaluation strategies, in addition to integrating prevention into schools, training for educators, medical staff and other professionals.

Since 1996 Suicide Education and Support Services has trained and helped support teams of volunteer victim's advocates who respond in the aftermath of suicide. In 1999, Suicide Education and Support Services began offering the Adolescent Suicide Awareness Program led by Diane Ryerson-Peake, the Colorado co-chair of the Suicide Prevention Coalition of Colorado, which trains school staff, parents and students in suicide prevention. Suicide Education and Support Services is entering its second year with Adolescent Suicide Awareness Program, and the two high schools that served as pilot programs last year are repeating the program with their own respective training teams. Suicide Education and Support Services also has introduced Adolescent Suicide Awareness Program to Greeley West and Valley high schools. Suicide Education and Support Services is providing educator training to the staff of North and South Valley middle schools, which means more than two-thirds of the RE-1 district staff will have received training.

Recently, Suicide Education and Support Services launched the Friend for Life program, training students from the University of Northern Colorado's Department of Community Health to deliver

suicide prevention training to students who live on campus. Suicide Education and Support Services also has co-sponsored seminars for medical professionals.

Suicide Education and Support Services is working with law enforcement personnel to better document suicide attempts, coordinating meetings with police, mental health staff, paramedics and the District 5 crisis team coordinator. It is hoped that a system can be developed to document reported suicidal behavior and improve the coordination of response from all of these groups. Suicide Education and Support Services also hopes to improve communications between schools and mental health services in order to support youth returning to school after a suicidal incident.

### **Statewide Programs**

Suicide Awareness for Everyone  
3700 Golden Street  
Evans, Colorado 80620  
(970) 351-6610  
(970) 506-2737 *fax*

Contact: Diane Ryerson-Peake

The Suicide Awareness for Everyone Program is a comprehensive suicide prevention program for schools teaching staff, parents and students to recognize and respond to the warning signs of a potentially suicidal youth. The Suicide Awareness for Everyone Program works with schools to train every member of the administrative, academic and support staff, including administrators, teachers, coaches, janitors and secretaries, among others, because a troubled child may turn to any adult for help. The Suicide Awareness for Everyone Program also works with schools to develop written policies and procedures for responding to suicidal behavior. The Suicide Awareness for Everyone Program educates parents to recognize warning signs for suicidal behavior and to support their child in getting help for a suicidal friend. Finally, the Suicide Awareness For Everyone Program educates students to take all suicidal talk seriously and to understand that suicidal talk should not be kept a secret. It is imperative that students know how to help since they are almost always the first to know of a friend's suicidal behavior.

Suicide Prevention Intervention Network  
5859 S. University Boulevard  
Greenwood Village, Colorado 80121  
(303) 770-1859  
(303) 770-1859 *fax*

Contact: Jan and Bob Burnside

Suicide Prevention and Intervention Network was formed in 2001 with the primary goal of educating the community on preventing suicide and supporting those who have lost loved ones to suicide. Suicide Prevention Intervention Network offers four distinct program areas, including Applied Suicide Intervention Skills Training, Heartbeat survivors support group, awareness presentations and consultation services.

Colorado Mental Health Services  
Department of Human Services  
3824 West Princeton Circle  
Denver, Colorado 80236  
(303) 866-7400  
(303) 866-7428 *fax*

Contact: Tom Barrett, Ph.D., Director

The public mental health system in Colorado includes 17 mental health centers that span the geographic regions of the state. All mental health centers play an active role in suicide prevention. Mental health centers are required to provide 24-hour emergency response including evaluation and risk assessment for individuals who experience suicidal ideation. Clinical techniques and interventions are utilized on an individual basis and address the specific needs of the individual, recognizing environmental resources. The interventions many include assessment for involuntary treatment, hospitalization, other 24-hour care, in-home services, psychiatric intervention that includes medication management, individual therapy and case management. Many mental health centers offer depression screening as a community education and outreach effort and also partner with other community agencies to address the issue of suicide education, prevention and intervention. Listed below are some examples of suicide prevention activities at mental health centers around the state:

- Colorado West Regional Mental Health in Mesa County has a 24-hour suicide/crisis hotline. Emergency service clinicians who are trained to assess for suicidal risk and to intervene if necessary handle the calls. Colorado West Regional Mental Health in Mesa County provides follow-up care to individuals with suicidal issues that do not require acute inpatient hospitalization.
- Centennial Mental Health Center has offices in 10 counties, providing suicide prevention services.
- North Range Behavioral Health provides extensive in- and outpatient treatment, a 24-hour mental health crisis line and services to families.
- San Luis Valley Comprehensive Community Mental Health Center has therapists in all 14 school districts in the San Luis Valley providing suicide prevention and intervention services. Staff provides suicide prevention presentations as well as serving as a member of the emergency services/access team.
- Colorado Health Networks is a partnership between ValueOption and eight community mental health centers in western, central and southern Colorado. This partnership provides mental health services to Medicaid-eligible individuals. Colorado Health Networks supports the development of consumer-run programs, believing these programs enhance the quality of care of consumers. Consumer-run drop-in centers house programs managed by people who have lived with, and overcome, serious and persistent mental illness. The programs consist of outreach, peer counseling, coaching, referral and other services.

## Local Health Departments

The San Juan Basin Health Department Prevention Programs developed and disseminated two different suicide prevention posters and distributed the Yellow Ribbon for Life cards and pins to teachers and peer educators in southwestern Colorado. San Juan Basin Health Department offers training on valuing diversity and fostering inclusive classrooms. Success has been achieved using True Colors, Star Power and other training programs. San Juan Basin Health Department is beginning a program called Colorado Classroom Prevention Connection that intends to include information on suicide prevention in the training.

The Boulder County Health Department has implemented a prevention/intervention program. Program services include counselors known as “interventionists” in middle and high schools who address substance abuse, depression and suicide, family and peer conflict, runaway and homelessness, grief and loss, interpersonal relationships and school issues such as expulsion, dropout, intimidation and harassment.

Heartbeat  
12 North Meade Avenue  
2015 Devon  
Colorado Springs, Colorado 80909  
(719) 596-2575  
[www.codenet.net/suicidprevention](http://www.codenet.net/suicidprevention)  
[ARCHLJ@aol.com](mailto:ARCHLJ@aol.com)

Contact: LaRita Archibald

Heartbeat was formed to support those individuals who have experienced a loss through suicide. The group was organized to help survivors absorb the impact of the self-inflicted death, to offer the comfort of empathetic understanding and acceptance and to support each other toward the healthy resolution of grief.

Heartbeat does not replace therapy. The group believes the healing achieved within these groups is the result of understanding, encouragement and caring among the participants. Heartbeat is facilitated through the efforts of volunteers who have all experienced the loss of someone close to them through suicide. These volunteers are not professionals, but share experiences.

Heartbeat is affiliated with the American Association of Suicidology, a national organization of mental health professionals and non-professionals who join efforts to study and reduce human self-destruction.

## Parents Surviving Suicide

Meeting Place: Bethany Lutheran Church, Activity Room 4500 East Hampden Avenue, Denver, Colorado  
[vsepublisher@earthlink.net](mailto:vsepublisher@earthlink.net)

Contact: Vivian Epstein  
(303) 322-7450  
Doris Walker  
(303) 988-3567

Vivian Epstein started Parents Surviving Suicide in 1989 after the suicide of her son. This is a group of parents who meet on the third Tuesday of each month for the purpose of supporting to each other. Speakers are invited several times a year and there is no charge to attend the meetings.

Suicide Prevention Coalition of Colorado  
6795 East Tennessee Avenue, Suite 425  
Denver, Colorado 80224  
(303) 377-3040  
(303) 377-4920 *fax*

Contact: Jeanne Mueller-Rohner

The Suicide Prevention Coalition of Colorado was formed in January 1999 following completion of the Governor's Suicide Prevention Advisory Commission. The coalition has representation from public and private organizations to provide leadership for the implementation of the state's plan for suicide prevention. The mission of the Suicide Prevention Coalition of Colorado is to develop and implement suicide prevention and intervention strategies focusing on public awareness, education and advocacy through cooperation among organizations, agencies, individuals, surviving family members and government.

Yellow Ribbon Suicide Prevention Program  
Light for Life Foundation International  
P.O. Box 644  
Westminster, Colorado 80036-0644  
(303) 429-3530  
(303) 426-4496 *fax*  
[ask4help@yellowribbon.org](mailto:ask4help@yellowribbon.org)

Contact: Dale, Dar or Becca Emme

The Yellow Ribbon Suicide Prevention Program began in September 1994 after Dale and Dar Emme's son, Michael, completed suicide just minutes before they arrived home. In the days following their son's death, many teenagers came to the family and asked what they could do in response. The Yellow Ribbon Suicide Prevention Program was formed out of the great desire of the teens to do something about the tragedy that had affected their lives.

This youth-focused program is involved in advocacy, education and support. Its goal is to bring into focus the high incidence of youth suicide; promote suicide prevention legislation by local, state and national legislators; distribute suicide educational help cards; and assist agencies and coalitions to develop and to implement suicide prevention strategies. It also provides curricula and in-service training and support for school staff and communities, along with presenting "gatekeeper" training of prevention, intervention and postvention programs for schools, organizations and the public.

The program works to teach suicide prevention, life skills, warning signs, risk factors and coping strategies in an effort to further empower youth and adults. Yellow Ribbon helps coordinate a Community Prevention Task Force that identifies community/school coordinators; establishes a community resource team; establishes ongoing Yellow Ribbon Suicide Prevention Program chapters for

youth and adults; implements annual evaluations and updates; develops crisis plans and intervention protocols; develops implementation strategies and recommendations; and conducts full school/community presentations and workshops that teach awareness and suicide prevention skills.

Yellow Ribbon reports that more than 1,500 lives have been saved through this program. More than 150,000 youth have been introduced to the program through presentations, with over two million cards having been distributed worldwide. More than 1,900 schools, colleges and universities have implemented this program.