

STATE OF COLORADO



Colorado Department
of Public Health
and Environment

Suicide Prevention in Colorado Programs and Activities

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Office of Suicide Prevention Annual Legislative Report

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Executive Summary

In the *Colorado Promise*, Governor Bill Ritter highlighted the importance of suicide prevention and the promotion of mental health. The mission of the Office of Suicide Prevention is to reduce suicide and suicidal behavior among Coloradans of all ages. The Office of Suicide Prevention has identified the following strategic priorities to achieve this mission:

- Build community capacity to prevent suicide and promote help-seeking behaviors.
- Develop key partnerships to enhance and expand statewide prevention and intervention efforts.
- Create initiatives that are data-driven.
- Increase statewide awareness about the problem of suicide and strategies for prevention.

In alignment with the *Colorado Promise*, The Office of Suicide Prevention's key accomplishments in 2007 focused on suicide prevention and mental health promotion. Accomplishments include:

- Receiving \$1.2 million from the Substance Abuse and Mental Health Services Administration (SAMSA) for youth suicide prevention. "Project Safety Net", the Office of Suicide Prevention's initiative under this grant, is implementing suicide prevention and intervention efforts targeting children and adolescents in the juvenile justice and child welfare systems in El Paso, Larimer, Mesa, Pueblo and Weld counties and at the University of Colorado at Boulder. Project Safety Net is implementing strategies and trainings designed to ensure that youth at risk for suicide are identified, assessed, and referred to appropriate services. Prior to Project Safety Net, the Office of Suicide Prevention worked closely with all of the participating communities and agencies, allowing the project to begin and progress quickly and well.
- Awarding ten grants to communities across the state to enhance local suicide prevention efforts. Grantees include: the Carson J Spencer Foundation, Catholic Charities and Community Services, High Plains Community Health Center, the Jefferson Center for Mental Health, Mental Health America of Colorado, the Midwestern Colorado Mental Health Center, Parents Surviving Suicide of Metropolitan Denver, the Pinon Project Family Resource Center, Rural Solutions, and the Western Colorado Suicide Prevention Foundation. The populations targeted in these community-based efforts include: older adults, working-aged men, gay, lesbian, bisexual, transgender and questioning youth, construction workers, Native Americans, and people screened and diagnosed with depression throughout Colorado. Three-year grants allow communities to build and sustain capacity for suicide prevention efforts. Communities began year two of their projects in July 2007 and results of the evaluation component of the grants will be available in year three.
- Developing a strategic partnership with the American Foundation for Suicide Prevention to fund the creation of a statewide public awareness campaign to enhance help-seeking behavior in men ages 35 to 54, who account for the highest number of suicide deaths in Colorado each year. The American Foundation for Suicide Prevention is funding the development of this campaign, beginning with critical market research to better focus campaign resources. Market research efforts and campaign development will continue throughout the 2008 fiscal year.

- Sponsoring training for mental health and medical professionals to promote the use of a new diagnostic tool to identify youth at risk for non-ideation (impulsive) suicide. Recent research suggests that non-ideation suicide accounts for up to 30 percent of adolescent suicide deaths, making this research critical to suicide prevention efforts in Colorado. To date, one training for 62 participants was held at Regis University on September 22, 2007. Participant evaluations suggested the training fills a gap in suicide prevention knowledge and is very appropriate for medical and clinical professionals.
- Developing an evaluation of the Yellow Ribbon Program, a widely used school-based suicide prevention program. The evaluation, scheduled for completion in 2008, will measure how the Yellow Ribbon program impacts behavior change among those participating in the school-based training. If findings reveal that the Yellow Ribbon Program is successful when implemented with fidelity, it will help advance the evidence base for suicide prevention programs, which is currently lacking.
- Partnering with key stakeholders to update and enhance the *Colorado Suicide Prevention and Intervention Plan*, written in 1998. Suicide prevention stakeholders throughout Colorado are contributing to the development of the plan via regional stakeholder meetings. The new plan will also utilize new data, such as the Colorado Violent Death Reporting System, to inform and prioritize recommended strategies, and will be disseminated statewide in 2008.
- Integrating suicide prevention into other violence and substance abuse programs and initiatives. The Office of Suicide Prevention continues to work with other prevention programs at the Colorado Department of Public Health and Environment, including Child, Adolescent and School Health, sexual assault prevention, youth violence prevention, the Child Fatality Prevention Review Team, and the Colorado Children's Trust Fund. The Office of Suicide Prevention also began a dialogue with the Life Skills Training Program, a nationally recognized and implemented evidence-based substance abuse and violence prevention program, to measure the program's impact on suicidal behavior among children and adolescents. Evaluating the impact of evidence-based violence prevention programs on suicidal behavior will help expand the knowledge of what is effective suicide prevention.

By identifying and addressing strategic priorities, the Office of Suicide Prevention has made progress in enhancing community capacity for suicide prevention and in increasing public awareness of the issue. In 2006, there were 71 fewer suicide deaths in Colorado than in 2005, and adults ages 75 and older saw reductions in suicide death rates. However, suicide continues to be the second leading cause of death for young people ages ten to 34 in Colorado. The state continues to rank seventh in the nation for suicide deaths and more people in Colorado die by suicide than in motor vehicle crashes.¹ Estimates from the Suicide Prevention Resource Center suggest that each suicide death costs an average of \$3,327 in direct costs and \$1,356,828 in indirect costs,² illustrating that suicide is both a serious and costly public health problem. The Office of Suicide Prevention remains well positioned to continue strategic efforts to promote optimal mental health and reduce the tragedy of suicide across all populations in Colorado.

¹ Colorado Health Information Dataset. Colorado Department of Public Health and Environment. <http://www.cdphe.state.co.us/cohid>.

² Suicide Prevention Resource Center. *Colorado Suicide Prevention Fact Sheet*. http://www.sprc.org/stateinformation/PDF/statedatasheets/co_datasheet.pdf.

Introduction

The Office of Suicide Prevention at the Colorado Department of Public Health and Environment aims to reduce suicide and suicidal behavior among Coloradans of all ages. Suicide is a public health problem that impacts all Coloradans, regardless of age, race, ethnicity, gender, religion or sexuality. A low estimate suggests that six people are directly affected by every suicide death, meaning that in 2006, the lives of 4,344 Coloradans were dramatically altered by the suicide death of a loved one. Identifying suicide as a public health problem allows the Office of Suicide Prevention to share the message that suicide impacts everyone, and that suicide prevention efforts are integral to the overall health of the people of Colorado.

In 2006, the suicide death rate in Colorado dropped from 16.8/100,000 (2005) to 15.0/100,000. There were 71 fewer suicide deaths than in 2005 (724 in 2006; 795 in 2005). Adults ages 75 and older, who account for the highest rates of suicide in Colorado, saw significant death rate reductions from 2005 to 2006. The rate for Coloradans ages 75 to 84 dropped from 28.7/100,000 to 15.0/100,000, and those ages 85 and older dropped from 41.4/100,000 to 24.0/100,000. Despite these promising decreases in the suicide death rate of Coloradans, the state ranked seventh in the nation in 2004 for suicide deaths. In Colorado, suicide is the second leading cause of death for young people ages ten to 34, men ages 35 to 54 account for the highest number of suicide deaths each year, and older adults ages 65 and older have the highest suicide death rates in Colorado. For all ages combined, more Coloradans died by suicide (724) than those who died in motor vehicle crashes (570) in 2006.³

There is a significant financial impact to the state resulting from suicidal behavior. Each suicide death in Colorado is estimated to cost an average of \$3,327 in direct costs (health care expenses, autopsies and criminal investigations) and an average of \$1,356,828 in indirect costs (estimate of productive life lost). Each hospitalization for a suicide attempt is estimated to cost an average of \$10,790 in direct costs and \$13,323 in indirect costs.⁴

Pursuant to 25-1-107, C.R.S., the Office of Suicide Prevention at the Colorado Department of Public Health and Environment is required to report annually on or before the first day of November on the status of program efforts to coordinate statewide suicide prevention services. This 2007 report details the strategic priority areas and the suicide prevention initiatives the Office of Suicide Prevention is leading throughout Colorado. The Office of Suicide Prevention successfully implemented collaborative and integrative approaches in order to leverage state resources in the accomplishment of its priorities. Strategic priorities include: community capacity building, collaboration and creative leveraging of resources, data driven decision-making, and raising awareness for suicide prevention and mental health resources.

³ Colorado Health Information Dataset. Colorado Department of Public Health and Environment.
<http://www.cdphe.state.co.us/cohid>.

⁴ Suicide Prevention Resource Center. *Colorado Suicide Prevention Fact Sheet*.
http://www.sprc.org/stateinformation/PDF/statedatasheets/co_datasheet.pdf.

Building Community Capacity to Prevent Suicide and Promote Help-Seeking Behavior

Project Safety Net

In October 2006, the Office of Suicide Prevention received \$1.2 million from the Substance Abuse and Mental Health Services Administration, through the Garrett Lee Smith Memorial Act. This three-year grant is being used to build a safety net for adolescents in the juvenile justice and child welfare systems in Mesa, Larimer, Weld, Pueblo, and El Paso counties. Adolescents in these systems are at high risk for suicidal behavior, so Project Safety Net is implementing strategies and trainings designed to ensure that youth at risk for suicide are identified, assessed, and referred to appropriate services. The five communities selected for implementation of Project Safety Net have high suicide death and hospitalization rates among youth, the existence of an established suicide prevention agency, and the presence of an active suicide prevention coalition. Having an existing agency and an active coalition in a community increases the likelihood that suicide prevention efforts will be sustained beyond the three-year grant period.

Project Safety Net focuses on training adults who work with adolescents in the juvenile justice and child welfare systems to function as “gatekeepers.” A gatekeeper is defined as an individual who may interact with a person at risk for suicide and who can serve as a “gatekeeper” to life-saving help. Each community is also building referral protocols to identify and share information regarding at-risk youth across youth-serving agencies. Protocols will create a seamless delivery of services to at-risk youth who are involved in multiple systems. Project Safety Net also incorporates a bilingual public awareness campaign targeting all adults in the five communities. The campaign’s key message is: “Suicide Prevention - It Is Your Business,” reinforcing the role that all community members play in suicide prevention.

In addition to the five communities, Project Safety Net is also being implemented campus-wide at the University of Colorado at Boulder. Faculty, student leaders, athletic department staff, residence hall monitors, and representatives from the Greek system are being trained to recognize suicide risk factors among students.

Project Safety Net is being evaluated at both the state and national level. Data gathered from the project will determine the effectiveness of community-based suicide prevention efforts. Specifically, Colorado’s evaluation will illustrate the impact of prevention strategies focused on suicidal behavior among youth in the juvenile justice and child welfare systems. Data from Colorado will be aggregated with information from other funded states, enhancing the knowledge of evidence-based suicide prevention efforts nationwide.

Community Grants

After providing one-year suicide prevention grants since 2000, the Office of Suicide Prevention made the strategic decision to move to a three-year funding cycle. This change empowers community grantees to build their capacity, evaluate their activities, and to develop a plan for sustainability. Ten grants totaling \$63,500 per year were awarded throughout Colorado, increasing services to 25 counties, 19 libraries, and statewide via the Internet. The following agencies are currently funded:

1. ***Carson J Spencer Foundation*** – Based in Denver and targeting working-aged men statewide with online suicide prevention information and resources.

2. ***Catholic Charities and Community Services*** – Targeting older adults for depression assessment and suicide prevention training in Denver, Weld, Larimer and Mesa Counties.
3. ***High Plains Community Health Center*** – Providing active case management for all patients presenting to primary care providers with symptoms of depression in southeastern Colorado. Active case management includes assessment, treatment and follow-up.
4. ***Jefferson Center for Mental Health*** – Providing suicide prevention training, education and resources to gay, lesbian, bisexual, transgender and questioning youth ages 13 to 21 in Jefferson, Gilpin and Clear Creek Counties.
5. ***Mental Health America of Colorado*** – Targeting older adults, gay, lesbian, bisexual, transgender and questioning youth, and teens at risk of dropping out of high school by providing educational programming and support group opportunities for suicide prevention in Denver County.
6. ***Midwestern Colorado Mental Health Center*** – Targeting men with depression screening and suicide prevention information in Montrose and Delta Counties.
7. ***Parents Surviving Suicide of Metropolitan Denver*** – Providing books on suicide prevention and the aftermath of suicide to libraries throughout Colorado.
8. ***The Pinon Project Family Resource Center*** – Targeting the Ute Mountain Ute Tribal community with suicide prevention training and education in Montezuma County.
9. ***Rural Solutions*** – Targeting older adults for suicide prevention training, resources and education in Logan, Morgan, Cheyenne, Kit Carson, Lincoln, Phillips, Sedgwick, Washington, and Yuma Counties.
10. ***Western Colorado Suicide Prevention Foundation*** – Targeting construction and oil and gas workers through suicide prevention training, resources and education in Mesa County.

Key Partnerships to Enhance and Expand Statewide Prevention and Intervention Efforts

Crisis Response

The Office of Suicide Prevention provides funding for a statewide suicide crisis line housed at the Pueblo Suicide Prevention Center. This center operates the 1.800.273.TALK and 1.800.SUICIDE crisis hotlines. The hotlines are staffed 24 hours a day, seven days a week with volunteers trained to respond to crisis calls. In 2002, the first year data were collected, 2,018 Coloradans called the hotline. By 2006 calls increased to 4,667, including callers from every county in Colorado. While the number of calls doubled between 2002 and 2006, the suicide rate decreased from 16.0/100,000 deaths in 2002 to 15.0/100,000 in 2006, suggesting that the crisis lines may be a valuable resource in reducing Colorado's suicide rate. However, other factors that may have also contributed to the lower rate, such as increased access to mental health care or a higher prevalence of suicide prevention programs, were not controlled.

Colorado is one of only a handful of states serving in an advisory capacity to the National Suicide Prevention Lifeline. The Office of Suicide Prevention serves on the National Suicide Prevention Lifeline steering committee and is part of developing innovative strategies to respond to suicidal crisis, including the use of web-based technology, making Colorado a leader in national suicide prevention efforts.

Suicide Prevention Coalition of Colorado

The Office of Suicide Prevention continues to partner with the Suicide Prevention Coalition of Colorado to enhance suicide prevention efforts statewide. Quarterly, regional town hall meetings are conducted to identify local needs, create connections between local service providers and state agencies, and develop strategies to advance suicide prevention efforts.

The Suicide Prevention Coalition of Colorado trains individuals to participate in the suicide prevention speaker's bureau. This effort expands the number of people available to provide suicide prevention education throughout Colorado.

A suicide prevention newsletter is distributed statewide four times a year to provide information on current suicide-related data, suicide prevention programming and activities, legislative initiatives related to mental health and/or suicide, and a calendar of events.

Screening for Impulsive Youth Suicide

Recent research published in the American Journal of Emergency Medicine indicates that up to 30 percent of adolescent suicide deaths are non-ideation, or impulsive in nature, meaning the adolescent did not have thoughts or signs of suicide prior to death.⁵ These findings suggest that traditional suicide prevention methods, such as creating plans with a suicidal individual to keep them safe until professional help can be obtained, are not effective for this population. Individuals without suicidal ideation are unable to control their impulsive behavior due to a neurological chemical imbalance.

In an effort to address the gap in what is known about non-ideation suicide, the Office of Suicide Prevention has partnered with Dr. Russell Copelan, a nationally recognized researcher and author of *Adolescent and Child Urgent Threat Evaluation*. Dr. Copelan created an assessment tool used to identify adolescents presenting with non-ideation suicidal behavior. His findings have been published in the American Journal of Emergency Medicine. This unique partnership has enabled the Office of Suicide Prevention to provide training to mental health professionals, physicians, and suicide prevention practitioners who work directly with suicidal youth, focusing on the screening and treatment of non-ideation suicidal adolescents.

Suicide Prevention and Intervention Strategic Plan

The Office of Suicide Prevention, in collaboration with The Colorado Trust, Mental Health America of Colorado, and the Suicide Prevention Coalition of Colorado is working with statewide suicide prevention stakeholders to revise the 1998 *Colorado Suicide Prevention and Intervention Plan*. In May 2007, The Colorado Trust committed funds to support the strategic plan and asked the Office of Suicide Prevention to help lead the initiative. This collaborative effort will evaluate the success of statewide efforts that have been implemented since the completion of the original plan, and will be incorporated into the new plan. During fiscal year 2008, regional stakeholder meetings will be held in Greeley, Grand Junction, Cortez, Pueblo, Alamosa and Denver to gather input for the plan (the meeting in Greeley was held September 5, 2007 and was attended by more than 60 people, including First Lady Jeannie Ritter). Upon completion in mid-2008, the new plan will be disseminated and marketed statewide.

⁵ Copelan, Russell I., Messer, Melissa A., & Ashley, David J. (2006). Adolescent violence screening in the ED, *American Journal of Emergency Medicine*, 24, 582-594.

Data-Driven Decision Making

Evaluation of the Yellow Ribbon Suicide Prevention Program

The Yellow Ribbon International Suicide Prevention Program is a widely used school-based suicide prevention program. Like many prevention programs, it has not been rigorously evaluated. Because this program is implemented throughout Colorado and is a mainstay of suicide prevention efforts nationwide, the Office of Suicide Prevention made it a priority to evaluate its efficacy. The evaluation is designed to measure whether people who participate in the Yellow Ribbon Suicide Prevention Program are more likely to seek help when they or someone they know is suicidal compared to those who have not participated in the program. Outcomes of this evaluation, which will be available by the end of Fiscal Year 2008, will contribute significantly to the body of knowledge on effective suicide prevention programming.

Integrating Suicide Prevention

Suicide prevention is a relatively new field of study. Unfortunately, many of the programs that have been proven to effectively reduce interpersonal violence or substance abuse have not been evaluated for their impact on suicidal behavior. While there are many evidence-based programs designed to prevent interpersonal violence and substance abuse, there are few in the area of suicide prevention. As described above, the Office of Suicide Prevention is committed to evaluating current suicide prevention programs, but it is also imperative that programs identified as effective at reducing other high-risk behaviors are evaluated to measure their impact on suicidal behavior.

The Office of Suicide Prevention is exploring evaluation strategies that will demonstrate the impact of general prevention programs on suicidal behavior. Initial efforts are focused on expanding the evaluation of the Life Skills Training Program, an evidence-based and school-based substance abuse and violence prevention program for children and adolescents. An expanded evaluation will examine the program's effect on adolescent mental health and suicidality.

Increase Statewide Awareness

Men's Campaign

Men ages 35 to 54 account for the highest number of suicide deaths in Colorado each year. In an effort to impact this population, the Office of Suicide Prevention is partnering with the American Foundation for Suicide Prevention to research, design, and implement a statewide public education campaign. The goal of the campaign is to reduce the stigma associated with seeking help to improve mental and emotional health. The American Foundation for Suicide Prevention is funding the development of this campaign, beginning with critical market research to better focus campaign resources. Market research efforts and campaign development will continue throughout the 2008 fiscal year.

Statewide Public Education and Awareness Efforts

More than 20,000 pieces of educational materials were distributed to people and organizations from every region of the state regarding suicide and suicide prevention. Materials included: posters and bookmarks in both English and Spanish, suicide prevention resources for families and schools, and information on warning signs, myths and facts related to suicide, local resources, information on older adult suicide, and information on the work of the Office of Suicide Prevention.

Staff from the Office of Suicide Prevention presented on suicide prevention and related issues at the Colorado Public Health Association Conference, the Colorado Hospice Association Conference, the National Conference of Women Legislators, the Think Big Youth Forum, Safe Schools: the Next Generation Conference, and the Denver chapter of the National Alliance For the Mentally Ill. In addition, The Office of Suicide Prevention responded to numerous media requests by appearing on television newscasts, radio broadcasts and in newspaper articles.

The Office of Suicide Prevention was invited to lend expertise to a prevention conference in Rapid City, South Dakota. The focus was suicide prevention among Native Americans in Colorado, Arizona, Wyoming, Nebraska, South Dakota, North Dakota, and Montana. Over 250 Native Americans attended the conference, which addressed the unique cultural and spiritual aspects of suicide among Native Americans.

Conclusion

In the Colorado Promise, Governor Bill Ritter stresses his commitment to suicide prevention and the promotion of mental health. By identifying strategic priority areas, the Office of Suicide Prevention is advancing the Governor's agenda. Community capacity building, including the federally funded Project Safety Net and community grants to ten agencies in Colorado, helps communities throughout Colorado implement and sustain strong suicide prevention efforts. Key statewide partnerships with organizations including: the Suicide Prevention Coalition of Colorado, the Pueblo Suicide Prevention Center (24 hour crisis line), The Colorado Trust, and Mental Health America of Colorado enhance and expand statewide suicide prevention and intervention efforts. Evaluating suicide prevention programs and programs that target other high risk behavior for their impact on suicide enables the Office of Suicide Prevention to help advance and legitimize suicide prevention efforts statewide and nationally. Finally, distributing more than 20,000 pieces of educational materials, designing a campaign that targets men, providing expertise to the media, and participating in national conferences contribute to the Office of Suicide Prevention's ability to increase public education and awareness for suicide prevention.