

STATE OF COLORADO



Colorado Department
of Public Health
and Environment

**Office of Suicide Prevention Annual Report
Suicide Prevention in Colorado
2008 – 2009**

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Office of Suicide Prevention

Suicide Prevention in Colorado Annual Report 2008-2009

Executive Summary

The Impact of Suicide in Colorado

Suicide is a public health problem that impacts all Coloradans, regardless of age, race, ethnicity, gender, religion or sexuality. Suicide is the second leading cause of death among Coloradans ages 10 to 34, and the seventh leading cause of death among all Coloradans.¹ Approximately 800 individuals die by suicide each year in Colorado, more than from homicide, diabetes, pneumonia, breast cancer, HIV, and in motor vehicle crashes.² In 2006, the most recent year for which national data are available, Colorado had the ninth highest suicide rate in the country.³ According to the Centers for Disease Control and Prevention, the cost of fatal and non-fatal suicide in the United States is \$33 billion annually. Modest estimates from the American Association of Suicidology suggest that there are between six and eight people left behind who are acutely impacted by the suicide death of a loved one,⁴ suggesting that the 801 suicide deaths in Colorado in 2008 left between 4,806 and 6,408 grieving individuals. These surviving family members and friends are faced not only with the tragedy of losing a loved one, but must navigate through their loss in a society that continues to stigmatize suicide. Further, research suggests that individuals with a history of family suicide are two and a half times more likely to die by suicide than those without a family history of suicide.⁵

According to the American Association of Suicidology, there is a clear and direct relationship between rates of unemployment and suicide.⁶ “Economic strain and personal financial crises have been well documented as precipitating events in individual deaths by suicide. Stressful life events, financial and others, have significant impact on those vulnerable to suicide where typical coping mechanisms are compromised by the effects of mental disorder, substance use, acute psychiatric symptoms, and a host of other risk factors associated with suicide.”⁷ Given the current recession and an unemployment rate of approximately seven percent in Colorado, increased proportions of Coloradans may be feeling over-burdened and experiencing thoughts of suicide. In times such as these, it is imperative that prevention programs are in place. The Colorado Office of Suicide Prevention (OSP) is charged by the state Legislature to serve as the lead entity for statewide suicide prevention and intervention efforts in Colorado. The importance of sustaining the efforts of the OSP to coordinate focused, data driven, research-based suicide prevention statewide is paramount.

The Impact of the Office of Suicide Prevention

The overarching goal of the OSP is to reduce the burden of suicide in Colorado by reducing the suicide rate. In assessing the impact of prevention efforts on death rates, it is important to review trends in death rates over a period of time. **The suicide rate in Colorado has decreased since the inception of the OSP nine years ago.** From 1990 through 1998, the suicide rate in Colorado was 16.8/100,000. From 1999 through 2007, the suicide rate dropped to 15.7/100,000, a **6.5 percent decline** in the Colorado suicide death rate since just prior to the creation of the OSP. Given these data, which indicate a statistically significant decline in Colorado’s suicide rate, efforts to coordinate suicide prevention and intervention statewide appear to be having an impact. The OSP is poised to continue coordinating and leading efforts statewide, and it is crucial that statewide efforts continue to evolve.

Prior to the creation of the OSP, suicide prevention efforts in Colorado were uncoordinated, unfocused, and were locally operated in only a small number of communities. With the OSP in place, suicide prevention efforts in the state are well coordinated through partnerships with local suicide prevention coalitions established in

¹ <http://www.cdphe.state.co.us/cohid/>

² Ibid.

³ <http://webappa.cdc.gov/sasweb/ncipc/mortrate.html>

⁴ <http://www.suicidology.org/web/guest/suicide-loss-survivors>

⁵ <http://www.ncbi.nlm.nih.gov/pubmed/12387960>

⁶ http://www.dmh.ca.gov/PEIStatewideProjects/docs/SuicidePrevention/AAS_StatementEconomySuicide.pdf

⁷ Ibid.

every region of Colorado. Coordinated efforts include a shared understanding of suicide data, an emphasis on data-driven and evidence-based prevention practices, and implementation of statewide goals and objectives through funding for community-based grantees.

Data sources, such as the Colorado Violent Death Reporting System (CVDRS), allow the OSP to make data-driven funding decisions and to set programmatic priorities. Data from the CVDRS were used to design outreach efforts to adult men, who account for the highest number of suicide deaths in Colorado. The OSP is working closely with the American Foundation for Suicide Prevention, the Carson J Spencer Foundation, and Cactus Marketing Communications to develop a social marketing campaign targeting working-age men in Colorado. The campaign garnered national attention from top researchers and scholars in suicide prevention, who are serving as the advisory committee for the campaign. No other state has adequately addressed the challenges of reaching working-age men, as these men tend to avoid seeking help and are less responsive to emotionally driven communication. Colorado’s marketing campaign will be tailored to effectively target this challenging population.

As a result of funding and coordination by the OSP, Colorado has the largest per capita network of trainers in the Applied Suicide Intervention Skills Training (ASIST) program in the United States. This training is the leading suicide prevention training program in the world, and prepares individuals to recognize and effectively intervene with anyone in suicidal crisis. Through *Project Safety Net*, OSP’s youth-at-risk suicide prevention initiative, 150 Coloradans were trained to recognize and intervene with suicidal youth in 2008-2009. Over the next three years, *Project Safety Net* will train eight additional Coloradans to become ASIST trainers, who will in turn contribute to training more than 800 individuals who work with youth through 2012. Phase one of *Project Safety Net*, (October 2006 through September 2009) included the training of 2,500 Coloradans, as well as the development of referral protocols across all youth serving agencies in funded communities. Referral protocols enable the efficient exchange of information about suicidal youth between youth-serving agencies. The OSP’s evaluation of the project has received national attention and is being used to strengthen the ASIST training.

There is evidence that the OSP and other partners have had an impact on raising awareness about suicide prevention, while decreasing stigma about seeking help for those who are suicidal. Since 2000, calls to the suicide prevention Lifeline (1.800.273.TALK), which is funded by the OSP, have gone up dramatically (see table below). At the same time, the suicide rate in Colorado remained steady; suggesting that awareness of this life-saving resource has increased considerably in Colorado. Concerted efforts to disseminate materials promoting the Lifeline statewide have increased the number of people utilizing this resource.

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008
# of Calls	318	1,516	2,018	3,287	3,232	3,641	4,667	6,089	7,457

In 2008-2009, the OSP worked closely with Colorado First Lady Jeanne Ritter, The Colorado Trust, and Mental Health America of Colorado to coordinate and write a new strategic plan for suicide prevention in Colorado entitled *Preventing Suicide in Colorado: Progress Achieved and Goals for the Future*. The first recommendation in the plan is to increase the OSP’s capacity to collect, analyze and report data, work more closely with communities throughout Colorado, and develop sources of support for suicide prevention efforts across the state.

By identifying and addressing strategic priorities, the OSP is making significant strides in preventing suicide. Unfortunately, suicide continues to be a problem in Colorado. The state has the ninth highest suicide rate in the country and more people in Colorado die by suicide than in motor vehicle crashes.⁸ Suicide is both a serious and costly public health problem. Fortunately, in the Colorado Promise, the Governor has shown his commitment to suicide prevention. The OSP remains well positioned to fulfill the Colorado Promise by continuing efforts to promote optimal mental health and reduce the tragedy of suicide across all populations in Colorado. The burden of suicide in Colorado demands that prevention and intervention efforts are maintained and expanded.

⁸ Colorado Health Information Dataset. Colorado Department of Public Health and Environment. <http://www.cdphe.state.co.us/cohid>.

Office of Suicide Prevention Annual Report

Suicide Prevention in Colorado 2008-2009

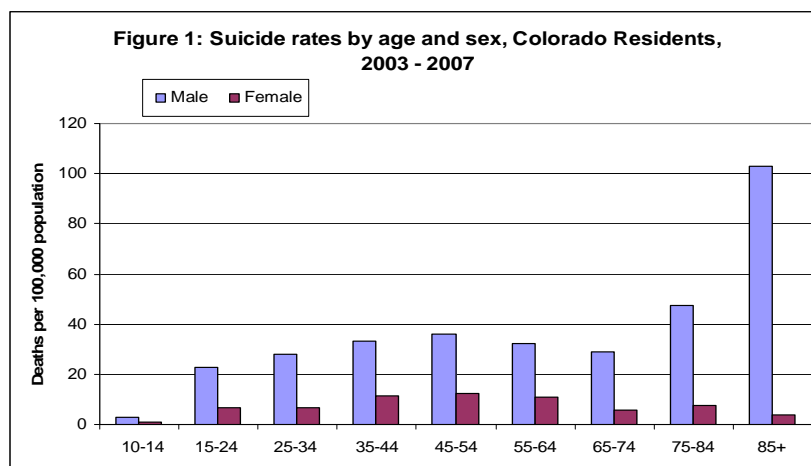
Introduction

Pursuant to Colorado Revised Statute Section 25-1-107, the Office of Suicide Prevention (OSP) at the Colorado Department of Public Health and Environment (CDPHE) is required to report annually on the status of program efforts to coordinate statewide suicide prevention services. This report details the suicide prevention initiatives the OSP led throughout Colorado during the 2008-2009 fiscal year, and highlights some of the accomplishments achieved since the OSP's inception in 2000.

The mission of the OSP is to serve as the lead entity for suicide prevention and intervention efforts in Colorado, collaborating with communities statewide to reduce the number of suicide deaths and attempts in Colorado. In an effort to broaden the reach and impact of state level suicide prevention efforts, the OSP targets state funding to address strategic priority areas. These priority areas include funding local initiatives, supporting a statewide crisis line, increasing knowledge about suicide risk and prevention resources, and training individuals to recognize and respond to suicidal crisis.

The Impact of Suicide in Colorado

Suicide is a public health problem that impacts all Coloradans, regardless of age, race, ethnicity, gender, religion or sexuality. There were 801 suicide deaths in 2008, which exceeded the number of deaths by diabetes (765 deaths in 2008), pneumonia (647), motor vehicle crashes (579), breast cancer (492), and homicide (191). Men ages 35 to 54 accounted for the highest number of suicide deaths in Colorado. Suicide was the *seventh* leading cause of death in Colorado in 2008. For young people ages 10 to 34, suicide continued to be the *second* leading cause of death.⁹ In 2006, the most recent year of data available nationally, Colorado had the ninth highest suicide death rate (15.40 deaths per 100,000 population) in the United States.¹⁰ As shown in Figure 1, a larger proportion of men die by suicide for every age group, and men ages 75 and older account for the highest rates of suicide in Colorado.



Suicidal behavior poses a significant financial burden to the state. Each suicide death in Colorado costs 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 costs an average of \$10,790 in direct costs and \$13,323 in indirect costs.¹¹

⁹ <http://www.cdphe.state.co.us/cohid/>

¹⁰ <http://webappa.cdc.gov/sasweb/ncipc/mortrate.html>

¹¹ Suicide Prevention Resource Center. *Colorado Suicide Prevention Fact Sheet*. http://www.sprc.org/stateinformation/PDF/statedatasheets/co_datashet.pdf.

According to the American Association of Suicidology, there is a clear and direct relationship between rates of unemployment and suicide.¹² “Economic strain and personal financial crises have been well documented as precipitating events in individual deaths by suicide. Stressful life events, financial and others, have significant impact on those vulnerable to suicide where typical coping mechanisms are compromised by the effects of mental disorder, substance use, acute psychiatric symptoms, and a host of other risk factors associated with suicide.”¹³ Given the current recession and an unemployment rate of seven percent in Colorado (up from five percent a year ago), increased proportions of Coloradans may be feeling over-burdened and experiencing thoughts of suicide. In times such as these, it is imperative that programs and resources are in place to provide information, support and hope for those in crisis. The Colorado Office of Suicide Prevention (OSP) is charged by the state Legislature to serve as the lead entity for statewide suicide prevention and intervention efforts in Colorado. The importance of sustaining the ongoing efforts of the OSP to coordinate focused, data driven, research-based efforts to prevent suicide statewide is paramount.

The Impact of the OSP in Colorado

Ten years ago, the Colorado Legislature created the OSP within the Colorado Department of Public Health and Environment. Prior to 2000, suicide prevention efforts in Colorado were uncoordinated, fragmented, and were locally operated in only a small number of communities. While several community organizations were doing good work at the local level, the creation of the OSP provided local suicide prevention agencies with technical assistance, funding, and data analysis. Suicide prevention efforts in the state are now coordinated and partnerships have been established in every region of Colorado. Coordinated efforts include a shared understanding of suicide data, an emphasis on data-driven and evidence-based prevention practices, and implementation of statewide goals and objectives through funding for community-based grantees (see page 3 for implementation efforts and Appendix A for a description of OSP grantees).

Evidence of Impact

The overarching goal of the OSP is to reduce the burden of suicide in Colorado by reducing the suicide rate. In assessing the impact of prevention efforts on death rates, it is important to review trends in death rates over a period of time. **The suicide rate in Colorado has decreased since the inception of the OSP nine years ago.** From 1990 through 1998, the suicide rate in Colorado was 16.8/100,000. From 1999 through 2007, the suicide rate dropped to 15.7/100,000, a **6.5 percent decline** in the Colorado suicide death rate since just prior to the creation of the OSP. Given these data, which indicate a statistically significant decline in Colorado’s suicide rate, efforts to coordinate suicide prevention and intervention statewide may be having an impact. The OSP is poised to continue coordinating and leading efforts statewide, and it is crucial that statewide efforts continue to evolve.

Key OSP Initiatives 2000 to 2009

The Suicide Prevention Coalition of Colorado

In 1998, the Governor-appointed Suicide Prevention Advisory Commission examined the impact of suicide in Colorado and developed the first state plan for suicide prevention and intervention. When the Advisory Commission completed its work, many of the members joined to form the Suicide Prevention Coalition of Colorado (SPCC) to advise and support the work of the OSP. This multidisciplinary group of suicide prevention advocates and professionals has been a partner on a number of initiatives, including 20 town hall meetings held throughout Colorado to share suicide prevention information, and to provide technical expertise to the development of community based prevention programs; a speaker’s bureau and targeted distribution of materials to support the OSP’s education and awareness efforts; and support for the implementation of policies that improved access to mental health services, the provision of trainings for teachers, and communication about suicidal students on college campuses.

¹² http://www.dmh.ca.gov/PEIStatewideProjects/docs/SuicidePrevention/AAS_StatementEconomySuicide.pdf

¹³ Ibid.

Today, the SPCC is expanding with the recruitment of members in every region of Colorado through a regional liaisons program. To date, the SPCC has identified 10 stakeholders to serve as regional liaisons. With the support of the OSP, the SPCC is expanding its member agencies, creating an informative and easily navigated website (www.suicidepreventioncolorado.org), developing a statewide resource directory that identifies all agencies in the state engaged in suicide prevention, and is active in supporting all of the activities of the OSP. Because the OSP supports only two full-time employees, partnership with the SPCC board and membership enhances the OSP's capacity to improve its services and statewide impact.

Public Awareness and the Suicide Lifeline (1.800.273.TALK)

On average, the OSP and its grantees disseminate more than 20,000 public education and awareness materials every year, including but not limited to information about older adult suicide and suicide prevention guidelines for schools. The OSP also created several public awareness television and radio spots, one of which was in partnership with the American Foundation for Suicide Prevention targeting teens that was disseminated nationally. Posters and materials developed by the OSP have been shared with other states, and were recognized by the U.S. Surgeon General and others for their innovative messages.

All educational resources disseminated by the OSP include information about the 1.800.273.TALK Lifeline number. There is evidence that the OSP and other partners have had an impact on raising awareness about suicide prevention, while decreasing stigma for those seeking help. Since 2000, calls to the suicide prevention Lifeline (1.800.273.TALK), which is funded by the OSP, have increased dramatically (see table below), suggesting that awareness of this life-saving resource notably increased.

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008
# of Calls	318	1,516	2,018	3,287	3,232	3,641	4,667	6,089	7,457

Suicide in Colorado Report

In 2002, the OSP partnered with The Colorado Trust to collect and analyze information about suicide in Colorado. The report was the first of its kind in Colorado, and provided a comprehensive overview of the data and statistics regarding suicide statewide. Publicly, the report revealed the severity of suicide as a public health burden in Colorado, and illustrated its impact on all Coloradans. This key partnership led to The Colorado Trust's Preventing Suicide in Colorado Initiative, which provided funding to 10 Colorado communities to implement suicide prevention programs at the local level, including training community members to recognize and intervene with suicidal individuals, providing counseling for suicidal individuals, and providing outreach to Hispanic communities through Spanish-language resources and cross-cultural training of Hispanic community leaders.

Public Awareness and Training through Community Grants

The National Strategy for Suicide Prevention released by the U.S. Surgeon General recommends raising awareness about suicide, reducing the stigma of being a consumer of mental health and substance abuse services, and implementing training for recognition of at-risk behavior.¹⁴ The OSP dedicates funding to implementing these recommendations. The stigma of mental illness and substance abuse prevents people from seeking assistance. The OSP's public awareness efforts focus on informing the public that suicide is preventable and on reducing the stigma of seeking help for mental or emotional distress. Additionally, researchers agree that suicidal individuals are seeking an end to their pain versus an end to their life. When individuals are in a suicidal crisis they feel there may be no solution for ending their pain. This point in time is a critical intervention opportunity. With this in mind, the OSP funds training for gatekeepers-people who come into contact with individuals who may be at risk for suicide and are in a position to help-so that these gatekeepers are able to

¹⁴ National strategy for suicide prevention: Goals and objectives for action. Rockville, MD: U.S. Dept. of Health and Human Services, Public Health Services, 2001.

recognize and intervene with a suicidal person. Gatekeepers connect the suicidal person to the helping resource he/she needs.

Since its inception, a key initiative of the OSP has been an annual community grant program. Between 2001 and 2005, the OSP awarded an average of 10 grants per year to support suicide prevention efforts in communities throughout Colorado. In 2006, the OSP implemented a three-year grant award period, and awarded 10 grantees up to \$10,000 per year through June 30, 2009. This move to a three-year grant cycle reflected the OSP's commitment to implementing and evaluating research driven and sustainable strategies which need longer term funding streams. Grants have been awarded statewide in urban and rural settings. Priority has been given to programs that target populations at high risk for suicide, such as older adults, working age men, Hispanic/Latino teens, college students, returning veterans, and first responders. Grantee activities have included gatekeeper training programs, education and awareness campaigns, providing support services for families that have lost a loved one to suicide, and screening services for identifying individuals who are suicidal and in need of life saving services. In the training programs alone, over 1,000 individuals were trained to respond to suicidal crisis during this three year grant cycle.

In July 2009, the OSP awarded eight new community suicide prevention grants totaling \$85,000 to agencies throughout Colorado to implement and evaluate suicide prevention and intervention training programs. Using data from the Colorado Violent Death Reporting System and the Colorado Health Information Dataset, the OSP identified the following priority target populations, and/or those that work with the priority populations, to receive training: older adults, men ages 25 to 54, Native Americans, women ages 45 to 64, first responders, LGBTQ adolescents ages 18 to 24, and returning veterans. By the end of this funding period, a minimum of 525 people will be trained. The eight community grants were awarded to the following agencies: Catholic Charities and Community Services of the Archdiocese of Denver, Eagle River Youth Coalition, Jefferson Center for Mental Health, Midwestern Colorado Mental Health Center, Rural Solutions, San Luis Valley Comprehensive Community Mental Health Center, Southern Ute Community Action Programs, Inc., and Suicide Prevention Partnership Pikes Peak Region. For a description of these projects and communities served under this grant program see Appendix A.

In October 2006, the OSP began *Project Safety Net* 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. With *Project Safety Net*, the OSP implemented strategies and trainings designed to ensure that youth at risk for suicide were identified, assessed, and referred to appropriate services.

Project Safety Net focuses on gatekeeper training for adults working with adolescents in the juvenile justice and child welfare systems. More than 2,500 individuals in the participating counties were trained as gatekeepers during the first three years of *Project Safety Net*. Thirty-five percent of those trained identified someone who was suicidal within six months of receiving the training and referred them to appropriate services. A three month follow-up survey of trainees showed that of the youth identified as suicidal by trainees, 81 percent were referred for services. Evaluation results also showed that training participants would benefit from additional training to refresh and refine their skills. This information led the developers of the training to create “booster” sessions, which may increase the long-term effectiveness of the training. Colorado's efforts and evaluation under *Project Safety Net* are influencing changes to training programs used all over the nation.

In addition to the five counties listed above, *Project Safety Net* was implemented at the University of Colorado at Boulder. More than 300 faculty, student leaders, athletic department staff, residence hall monitors, and representatives from the Greek system were trained to recognize suicide risk factors among students.

Under *Project Safety Net* the OSP developed a bilingual public awareness campaign targeting all adults in the five-counties funded under this initiative (www.preventyouthsuicide.com). The “Start the Conversation – Suicide Prevention is Your Business” campaign reinforces the role that all community members play in preventing suicide. Included in the campaign are radio spots, posters, bumper stickers, buttons, and informational brochures. All materials are available in Spanish and English, including specific contact

information for each county. Additionally, the OSP distributed the materials statewide to promote youth suicide prevention.

In October 2009, the OSP extended *Project Safety Net* to enhance and expand the safety net in Colorado described above. Through 2012, *Project Safety Net* is continuing to target adults who work with adolescents in the juvenile justice and child welfare systems. Additionally, the OSP is targeting adults who work with Hispanic/Latino and lesbian, gay, bisexual, transgender and questioning youth. Participating communities include Weld, Pueblo, El Paso, Jefferson, Montrose, Delta, and Douglas counties, and the 10 counties in northeast Colorado, which will be served by Rural Solutions in Sterling. The “Start the Conversation” education and awareness campaign will be expanded to include radio and television spots.

Suicide Prevention Strategic Plan

The OSP, in collaboration with Colorado First Lady Jeanne Ritter, The Colorado Trust and Mental Health America of Colorado worked with statewide suicide prevention stakeholders to publish and disseminate *Preventing Suicide in Colorado: Progress Achieved and Goals for the Future*. This plan serves as an update to the original state suicide prevention plan published in 1998. Strategic goals presented in the updated plan include: 1) develop the full potential of the Colorado Office of Suicide Prevention; 2) promote mental health literacy in a variety of settings and formats, with an emphasis on increasing knowledge and changing attitudes about suicide; 3) expand and equalize access to mental health care, substance abuse treatment and crisis intervention services; and, 4) use data to guide planning, investment and changes in policy and practice.

Along with highlighting the above goals, the plan includes new data from the Colorado Violent Death Reporting System (CVDRS), housed at the Colorado Department of Public Health and Environment. The CVDRS provides more detailed information regarding life circumstances prior to death by suicide, such as financial issues, employment, history of intimate partner violence, substance abuse, and encounters with law enforcement. These data helped inform the strategies proposed in *Preventing Suicide in Colorado: Progress Achieved and Goals for the Future*.

Men’s Campaign

Men ages 35 to 54 account for the highest number of suicide deaths in Colorado. In an effort to address suicide risk within this population, the OSP is partnering with the American Foundation for Suicide Prevention, the Carson J Spencer Foundation and Cactus Marketing Communications to 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 among men.

The OSP convened an advisory board comprised of both Colorado and national suicide prevention experts to guide the development of campaign materials, and to ensure that the program achieves optimum success. The campaign, entitled *Heaven Can Wait*, uses provocative messages and humor to direct men and their loved ones to a website that includes suicide prevention information and resources. The campaign will launch in 2010.

Yellow Ribbon’s Elementary Wellness Curriculum

During the 2009 fiscal year, the OSP worked with the Yellow Ribbon Suicide Prevention Program to develop an emotional awareness and wellness curriculum for elementary schools. While data suggest that suicide deaths in children under the age of twelve continue to be relatively rare, it is clear that emotional wellness and the development of strong coping strategies are critical to suicide prevention efforts. Most work in suicide prevention is done at the point of intervention, when one is actively or acutely suicidal, and many lives are saved at this point of intervention. However, it is important to teach help-seeking skills early in a child’s life and to enhance protective factors for children before the development of suicidal ideation. The Yellow Ribbon Wellness Curriculum is designed with this goal in mind. The curriculum was completed during the 2009 fiscal year, and will be piloted and evaluated in fiscal year 2010.

Conclusion

The OSP is poised to continue leading statewide suicide prevention efforts in Colorado, and is committed to expanding partnerships, implementing innovative and data-driven initiatives, and decreasing the burden of suicide. Key initiatives over the next five years will include: the youth focused *Project Safety Net*, the community grants program, implementation and evaluation of the *Heaven Can Wait* campaign for Colorado's men, implementation of goals from *Suicide in Colorado: Progress Achieved and Goals for the Future*, partnering with the Colorado Violent Death Reporting System staff to collect and analyze suicide death data, partnering with the Suicide Prevention Coalition of Colorado to expand statewide partnerships at the community and regional level, and the integration of suicide prevention with other public health programs to address the risks shared across health issues.

Despite limited funding and a small staff, the OSP effectively develops and implements innovative and cost-effective initiatives throughout Colorado to help reduce the burden of suicide. Given the current recession and higher unemployment rates, an older adult population that will increase dramatically over the next 10 years, and high suicide rates among veterans and active military personnel, it is more important than ever that the state of Colorado provide strong suicide prevention and intervention services. The OSP leads these efforts, and it is vital that those who need help for suicidal crisis are supported by a system that recognizes their needs and is willing to maintain a small program that saves lives.

By identifying and addressing strategic priorities, the OSP made strides in 2008-2009 enhancing community capacity for suicide prevention and in increasing public awareness. Unfortunately, suicide continues to be the second leading cause of death for young people ages 10 to 34 in Colorado. The state has the ninth highest suicide rate in the United States and more people in Colorado die by suicide than in motor vehicle crashes.¹⁵ Suicide is both a serious and costly public health problem. Fortunately, the OSP remains well positioned to continue strategic efforts to promote optimal mental health and reduce the tragedy of suicide across all populations in Colorado. The burden of suicide in Colorado demands that prevention and intervention efforts are maintained and expanded, and the OSP is committed to initiating and sustaining innovative prevention programs, collaborating with partners statewide, and advancing the science of suicide prevention in Colorado.

¹⁵ Colorado Health Information Dataset. Colorado Department of Public Health and Environment. <http://www.cdphe.state.co.us/cohid>.