COLORADO
Department of Public Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

Office of Suicide Prevention Annual Report
Suicide Prevention in Colorado
2014 – 2015

Submitted to the Colorado Joint Budget Committee, the Health and Environment Committee of the House of Representatives, and the Health and Human Services Committee of the Senate by the Prevention Services Division Colorado Department of Public Health and Environment
November 1, 2015

Document Information

Title:	Office of Suicide Prevention Suicide Prevention in Colorado Annual Report 2014-2015
Principal Authors:	Jarrod Hindman, M.S. Violence and Suicide Prevention Section Manager Sarah Brummett, M.A., J.D. Suicide Prevention Commission Coordinator Shannon A. Breitzman, M.A., Branch Chief Violence and Injury Prevention-Mental Health Promotion Branch Prevention Services Division
Subject:	Report on suicide prevention programs and activities in Colorado in fiscal year 2014-2015 and the coordinating efforts of the Office of Suicide Prevention Recommendations from the Suicide Prevention Commission
Statute:	Section 25-1.5-101(1)(w)(III)(A), C.R.S. (House Bill 00-1432)
Date:	November 1, 2015
Content:	Executive Summary Pages 1-3 Full Report Pages 4-24

For additional information or copies of this report contact:

Jarrod Hindman, M.S.
Violence and Suicide Prevention Section Manager
Prevention Services Division
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, Colorado 80246-1530
303.692.2539
jarrod.hindman@state.co.us

Executive Summary

Pursuant to Colorado Revised Statute Section 25-1.5-101(1)(w)(III)(A), the Office of Suicide Prevention at the Colorado Department of Public Health and Environment is required to report annually on the status of program efforts to coordinate statewide suicide prevention services. This executive summary provides a brief overview of the office's suicide prevention initiatives during the 2014-2015 fiscal year, and includes recommendations from the Suicide Prevention Commission and important next steps for suicide prevention in Colorado.

Colorado has experienced increased suicide death rates and numbers since 2009, and unfortunately that trend continued in 2014 (1,058 deaths; rate of 19.4/100,000). The burden of suicide in Colorado is growing. While the Office of Suicide Prevention works diligently to maximize current resources and leverage strong partnerships, more resources are needed to move statewide suicide prevention efforts forward.

Recommendations from the Suicide Prevention Commission of Colorado

In its first year, the Commission identified the following priorities:

- Expanding and streamlining efforts to provide effective follow up care after emergency department discharge;
- Expanding efforts to provide effective follow up care after inpatient discharge;
- Promoting practices for reducing suicide risk among primary care patients;
- Improving and integrating training for members of specific professional groups.

Based on current state data trends, available resources to leverage, and existing momentum, the following year one recommendations have been identified by the Suicide Prevention Commission:

1. Adopt standardized protocols for following up with suicidal patients after discharge from emergency departments within Colorado.
2. Promote universal screening to identify suicide risk within emergency department settings.
3. Adopt minimum training requirements for mental health providers licensed in Colorado.
4. Adopt the *Zero Suicide* initiative within healthcare systems.
5. Develop and implement comprehensive suicide prevention strategies for first responders.
6. Support the legal community with gatekeeper training to identify those at risk for suicide and link them to care.
7. Fill data gaps and enhance data collection tools and systems in Colorado.

Additional Initiatives and Recommendations of the Office of Suicide Prevention

In July, 2012, the Office of Suicide Prevention, Cactus Marketing Communications and the Carson J Spencer Foundation partnered to launch www.mantherapy.org. The website is designed specifically to reach working age men, who account for the highest number of suicide deaths in Colorado annually. Man Therapy is designed to 1) change the way men think and talk about suicide and mental health; 2) provide men (and their loved ones) with tools to empower them to take control of their overall wellness; and, 3) long-term, to reduce the number and rate of suicide deaths among men. The Office recommends expanding the Man Therapy initiative to support ongoing website development, such as the inclusion of therapeutic tools and resources, and to market Man Therapy across the state in order to reach more Colorado men.

In Colorado, 78 percent of firearm deaths are suicides. Nearly half of all suicide deaths in Colorado involve the use of a firearm, which is the most common method of suicide death in the state. The Office of Suicide Prevention actively engages stakeholders in partnerships and meaningful conversations to reduce firearm suicides, an issue all Coloradans support regardless of which side of the polarizing gun control debate they endorse.

In fiscal year 2014-2015, the Office of Suicide Prevention piloted the Colorado Gun Shop Project in five Colorado counties with high percentages of firearm-related suicide deaths (Montrose, Delta, Mesa, Moffat and Routt). It is an education and awareness project that partners with firearm advocates, gun shops, firing ranges, and firearm safety course instructors to adopt and promote a firearm safety and suicide prevention message. The core message is that restricting a suicidal individual's access to firearms is a critical aspect of firearm safety. The Office recommends expanding the Colorado Gun Shop Project to more communities in Colorado, and evaluating the project for effectiveness.

The Office also partnered with the CDPHE Injury Prevention Program, Children's Hospital Colorado, the Colorado School of Public Health, and the Harvard Injury Control Research Center to develop and pilot a means restriction education training program at Children's Hospital Colorado. The training is online and is completed by emergency department staff in approximately one hour. The training teaches providers how to educate parents/guardians of suicidal youth about the techniques and importance of restricting access to lethal means in the home. Those who have attempted suicide are at an increased risk in the hours and days after discharge, and means restriction education is an evidence-based approach to reducing the risk of suicide death. The means restriction education training pilot showed a number of successful outcomes and the Office recommends expanding the pilot and evaluation to every emergency department across Colorado.

The Office of Suicide Prevention currently funds eleven community agencies for suicide prevention work in four priority areas: suicide prevention with high risk populations, such as LGBTQ youth; training the healthcare workforce to manage

suicide risk, implementing evidence based youth suicide prevention programming, and promoting behavioral health in men of working age, including the dissemination of the Man Therapy program. The Office recommends expanding the number of community grants so that more Colorado communities benefit, and funding grants at higher funding levels to support community driven suicide prevention efforts. Additionally the Office recommends implementation and evaluation of school-based suicide prevention programs in every community that promote resilience and positive youth development as protective factors from suicide.

The Office continues to implement efforts to support emergency departments in providing resources to patients and families following discharge for a suicide attempt. A complete report of House Bill 2012-1140 activities can be found at https://www.colorado.gov/cdphe/suicide-EMS-resources

Although the Office has utilized low-cost strategies which build upon strong community partnerships, such as with the Gun Shop Project pilot, Colorado needs more financial, human and political capitol dedicated to suicide prevention efforts. Prevention initiatives must focus on those Coloradans at highest risk for suicide, and on the parts of the state with the highest suicide rates. Data-driven and evidence based strategies must be utilized, and comprehensive evaluation of all initiatives must be conducted.

Office of Suicide Prevention Annual Report
Suicide Prevention in Colorado 2014-2015

Introduction

Pursuant to Colorado Revised Statute Section 25-1.5-101(1)(w)(III)(A), the Office of Suicide Prevention at the Colorado Department of Public Health and Environment is required to report annually on the status of program efforts to coordinate statewide suicide prevention services. This report details the office's suicide prevention initiatives throughout Colorado during the 2014-2015 fiscal year, and includes recommendations from the Suicide Prevention Commission (formed via Senate Bill 2014-088) and findings from the 2015 House Bill 2012-1140 hospital assessment.

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

In May, 2014, the 26-member Suicide Prevention Commission was created via the passage of Senate Bill 088. The Office of Suicide Prevention is the administrator of the Commission and the Suicide Prevention Commission Coordinator was hired in September 2014 to oversee all Commission activities. In its first year, all 26 members were appointed. Initial Commission recommendations were developed and are outlined in detail later in this report.

The Impact of Suicide in Colorado

In 2014, there were 1,058 suicides among Colorado residents and the age-adjusted suicide rate was 19.4/100,000.[1] This is the highest number of suicide deaths ever recorded in Colorado (1,053 in 2012), and the rate illustrates a continued upward trend in suicide deaths since 2009. For purposes of comparison, the number of suicide deaths in 2014 exceeded the number of deaths from homicide (172), motor vehicle crash (486), breast cancer (553), influenza and pneumonia (668), and diabetes (826).[2] In 2014, suicide was the seventh leading cause of death for all Coloradans. Coloradans ages 45 to 54 demonstrated the highest suicide rate (27.2/100,000) and highest number of suicide deaths (198) compared to all other age groups. Among youth and young adults ages 10 to 34, suicide was the second leading cause of death. In 2013,

[1] Retrieved September 23, 2015 from http://www.cdphe.state.co.us/cohid
[2] Ibid.

the most recent year of data available nationally, Colorado had the seventh-highest suicide rate in the United States,[3] and is consistently among the ten states with the highest suicide rates nationally.

Regarding suicide attempts, there were 5,991 emergency department visits and 2,487 hospitalizations for suicide attempts in Colorado in 2014.[4] According to the 2013 Healthy Kids Colorado Survey, 24.3 percent of Colorado high school students indicated feeling sad or hopeless almost every day for two weeks or more in a row during the previous 12 months. Fourteen and one-half percent reported considering suicide, and 6.6 percent reported making one or more suicide attempts in the previous twelve months. For students who reported being gay, lesbian or bisexual, 59.4 percent indicated feeling sad or hopeless, 48.5 percent reported considering suicide, and 28.2 percent reported attempting suicide in the previous twelve months.[5]

Key Office of Suicide Prevention Initiatives in Fiscal Year 2014-2015

The Colorado Office of Suicide Prevention is designated by the state legislature as the entity charged with leading statewide suicide prevention and intervention efforts in Colorado. The efforts of the office to coordinate data-driven, research-based suicide prevention initiatives statewide are crucial to address the burden of suicide in Colorado. Projects and initiatives are completed in partnership with organizations throughout Colorado working to prevent suicide at the state and community level.

I. Suicide Prevention Commission of Colorado – Activities and Recommendations

On May 29, 2014, Governor Hickenlooper signed Senate Bill 088 into law, which created the Suicide Prevention Commission of Colorado (Commission). The Commission is tasked with providing public and private leadership for suicide prevention efforts and making data-driven, evidence-based recommendations for Colorado. The Commission also serves in an advisory capacity to the Office of Suicide Prevention. Although funding for implementation of the recommendations was not included in the legislation, the fiscal note provided support for one full time employee to serve as the Suicide Prevention Commission Coordinator.

The CDPHE Executive Director selected appointments to the 26-member Commission in fall 2014. Appointees include representatives from the public and private sectors. Traditional partners from suicide prevention and state agencies are included, as are new partners from the business community, oil & gas industry, agriculture & ranching, military, the interfaith community, and a youth representative from the Colorado Youth Advisory Council.

[3] Retrieved September 23, 2015 from http://www.suicidology.org/Portals/14/docs/Resources/FactSheets/2013datapgsv3.pdf
[4] Retrieved September 23, 2015 from http://www.cdphe.state.co.us/cohid
[5] Retrieved September 23, 2015 from http://www.chd.dphe.state.co.us/topics.aspx?q=Adolescent_Health_Data

The Commission meets quarterly and, as of the date of this report, has held five full Commission meetings. At the inaugural meeting on October 17, 2014, the Commission adopted two of the four priorities identified through Convening for Colorado, and adopted the remaining two during subsequent meetings (priorities listed below).[6] Further priorities will be identified as the Commission evolves, and each Colorado recommendation aligns with the 2012 National Strategy for Suicide Prevention.

One theme that emerged through the work of the Commission is that successful suicide prevention will only be achieved with comprehensive and sustained efforts across community groups and agencies; no one group or single intervention is sufficient. Further, the resources necessary to achieve the Commission's aspirational goal of reaching a 20 percent reduction in the suicide rate in Colorado by 2024 requires contribution from both the public and private sectors. In its first year, the Commission identified the following priorities:

- Expanding and streamlining efforts to provide effective follow up care after emergency department discharge;
- Expanding efforts to provide effective follow up care after inpatient discharge;
- Promoting practices for reducing suicide risk among primary care patients;
- Improving and integrating training for members of specific professional groups.

As the Commission has progressed, workgroups have been formed surrounding priority areas and infrastructure for the organization. Workgroups are composed of both appointed Commissioners and non-commissioners and meet between quarterly Commission meetings. Based on current state data trends, available resources to leverage, and present state momentum, the following year one recommendations have been identified by the Commission and will be discussed further in detail below:

1. Adopt standardized protocols for following up with suicidal patients after discharge from emergency departments within Colorado.
2. Promote universal screening to identify suicide risk within emergency department settings.
3. Adopt minimum training requirements for mental health providers licensed in Colorado.
4. Adopt the *Zero Suicide* initiative within healthcare systems.
5. Develop and implement comprehensive suicide prevention strategies for first responders.
6. Support the legal community with gatekeeper training to identify those at risk for suicide and link them to care.
7. Fill data gaps and enhance data collection tools and systems in Colorado.

[6] Convening for Colorado was a multi-disciplinary effort funded by the Colorado Trust and led by the University of Colorado Depression Center, Office of Suicide Prevention, and Suicide Prevention Coalition of Colorado to identify realistic, strategic suicide prevention goals for Colorado utilizing state and national data.

Commission Recommendation #1: Adopt standardized protocols for following up with suicidal patients after discharge from emergency departments within Colorado.

National data show that nearly 25 percent of individuals who die by suicide visited an ED in the month prior to death.[7] Under current data use agreements, CDPHE is not permitted to identify ED data for the purposes of linking to death certificates so the exact number in Colorado is unknown.[8] However, based on the national data, we can estimate that per year, approximately 250 Coloradans who died by suicide visited an ED prior to death.

In 2014 there were 5,991 suicide-related visits to the emergency department in Colorado.[9] Based on national data, approximately 70 percent of individuals discharged from emergency departments after a suicide attempt do not attend a follow-up appointment with a mental health provider.[10] Further, a prior suicide attempt is a leading risk factor for later death by suicide.[11] Based on this gap in continuity of care, the Emergency Services Workgroup developed a pilot project protocol utilizing the Colorado Crisis & Support Line (hereinafter referred to as the "Hotline") to provide telephonic follow-up support to patients following discharge from an ED. Research indicates that telephonic follow-up for recently-discharged patients has positive effects for both patients and providers, improving patient motivation, reducing barriers to care, and even reducing risk for reattempt or suicide death.[12]

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

The ED follow-up pilot project involves connecting patients who have been evaluated for suicidal thoughts or behaviors within an ED with the Hotline at the time of discharge. The hotline provides continuing follow-up via telephone with the patient for at least thirty days, or until he or she connects with community mental health services or declines further contact. The pilot entails an evaluation component including data from both the ED and hotline to gauge referral and participation rates, as well as outcomes and patient satisfaction.

---

[7] Cruz D, Pearson A, Saini P, et al. *Emergency department contact prior to suicide in mental health patients*. *Emerg Med J*. 2010; 28:467–471; *Caring for Adult Patients with Suicide Risk, A Consensus Guide for Emergency Departments*. Newton, MA: Suicide Prevention Resource Center.

[8] See Data Improvement Recommendations Below

[9] Vital Statistics Program, Colorado Department of Public Health & Environment

[10] Knesper, D. J. (2010). *Continuity of care for suicide prevention and research: Suicide attempts and suicide deaths subsequent to discharge from the emergency department or psychiatry inpatient unit*. Newton, MA: Suicide Prevention Resource Center.

[11] https://www.afsp.org/understanding-suicide/suicide-risk-factors

[12] While et al., (2012); Fleischmann, 2008; Vaiva et.al 2006; Andrews & Sunderland, 2009

The goals of the pilot project are to facilitate patient connection to services within the community, to encourage follow through with discharge plans, to reduce return visits to the ED, to provide caring outreach during peak risk periods, and to develop a blueprint of best practice for follow-up to be used in all 88 EDs statewide. Further, it is hoped that by introducing patients to the Colorado Crisis System, patients will be aware of the alternative to visiting an ED if services are needed in the future, thereby reducing the burden on EDs, which are often not set up to provide trauma-informed care to patients at risk for suicide.

The Commission adopted the pilot project as a priority, and with funding received through a private donation the pilot is being implemented in FY 2016 in four sites covering seven EDs in both rural and metropolitan locations. Sites were identified utilizing the House Bill 1140 process described in greater detail below. RMCP will provide continuing evaluation data to the Commission as the project unfolds.

The Commission recommends that each ED system serving suicidal patients have a standardized protocol for follow-up. The Commission recommends sustaining and expanding the pilot project incrementally until all 88 EDs have a protocol in place by 2024.[13] The Commission is hopeful that evaluation data will support the recommendation that ED systems adopt the protocol as a quality of care improvement for patients.

Commission Recommendation #2: Promote universal screening to identify suicide risk within emergency department settings

The Commission also recommends universal screening for depression and suicide risk in the ED. Providers should explore and utilize available reimbursement protocols for depression and suicide risk. Recognizing the variance in resources across sites and locations, the most feasible tool may be a free resource for emergency departments recently released by the Suicide Prevention Resource Center, *Caring for adult patients with suicide risk: A consensus guide for emergency departments.*[14] The guide is designed to assist ED staff with determinations as to suicide risk for patients with the main goal to improve outcomes following discharge. The guide was developed with extensive input from a consensus panel of experts (including two Colorado Commissioners) and was provided to emergency departments via the HB 1140 outreach process in 2015. However, many other screening tools are available as well.

Recommendation in Development: ED-CALM

The Emergency Services workgroup also explored lethal means restriction counseling training for emergency department clinicians. As described later in this report, the Office partnered to develop and evaluate the Emergency Department Counseling on Access to Lethal Means (ED-CALM) program at Children's Hospital Colorado. In the

[13] The current cost to implement the follow-up project is $7,500 per year for small, rural EDs and $12,000 per year for large, urban EDs. If taken to scale statewide, the project would cost approximately $200,000-$500,000 per year.

[14] http://www.sprc.org/sites/sprc.org/files/EDGuide_fullversion.pdf

coming year, the Emergency Services Workgroup will explore recommendations to support the expansion, adoption and evaluation of ED-CALM in more Colorado EDs, and potentially in other healthcare settings.

Training

Although most professions would likely benefit from increased suicide prevention training, the top four training recommendations stemming from the expertise of this workgroup and aligned with current momentum and support within Colorado include:

1. Healthcare Providers
2. High Risk Industry: First Responders (Fire, EMS, Law Enforcement)
3. Legal Community (Judges, Attorneys, Probation)
4. In development: Education Community (PreK-12)

Two-thirds of individuals within Colorado who die by suicide are not engaged in mental health services at the time of their death, making the inclusion of other professional groups integral to suicide prevention and intervention efforts.[15] Key professions to target with suicide prevention training include both those where industry professionals have access to individuals at increased risk and those professionals who experience increased risk themselves. Access points to reach at-risk populations need to be expanded beyond the mental health community, which serving alone, cannot impact the bulk of Coloradans at risk. The recommendations of this workgroup also align with the National Strategy for Suicide Prevention.

Training for licensed mental health and primary care providers

National data indicate that over 30 percent of individuals are receiving mental health care at the time of their death by suicide, and 45 percent have seen their primary care physician within one month of their death.[16] These professionals therefore provide an invaluable nexus and intervention point for identification of individuals at risk and connection with supportive services. Unfortunately, both national and state surveys of these professionals indicate that training specific to suicide risk is generally lacking in both graduate-level and continuing education courses.[17]

Commission Recommendation #3: Adopt minimum training requirements for mental health providers licensed in Colorado

Data from the Colorado Violent Death Reporting System show that 33 percent (1,417 individuals) of those who died by suicide from 2009-2013 were engaged in some form of mental health treatment at the time of their death.[18] [19] This highlights the need for

[15] Colorado Violent Death Reporting System, Colorado Department of Public Health and Environment

[16] Reed, J. *Primary Care: A Crucial Setting for Suicide Prevention*; http://www.integration.samhsa.gov/about-us/esolutions-newsletter/suicide-prevention-in-primary-care#Feature

[17] Schmitz, W.M. Jr., et. al *Preventing Suicide through Improved Training in Suicide Risk Assessment and Care: An American Association of Suicidology Task Force Report Addressing Serious Gaps in U.S. Mental Health Training;* Suicide and Life-Threatening Behavior 42(3) June 2012; The American Association of Suicidology DOI: 10.1111/j.1943-278X.2012.00090; Marine, S. *Survey of Colorado's Mental Health Professionals Regarding Education Focused on Suicide Prevention.* 2013. Suicide Prevention Coalition of Colorado.

[18] Colorado Violent Death Reporting System, Colorado Department of Public Health and Environment, 2009-2013

mental health providers to be supported with training on both assessment and management of suicidal individuals. Currently, there is no requirement within Colorado for providers to demonstrate competency with suicidal risk management within their practice.

Although mandated continuing education hours for licensed mental health professionals are a relatively new requirement in Colorado, suicide prevention training is not mandated. In a state where suicide is the seventh leading cause of death for all ages, and the second leading cause of death for youth, clinicians (including substance abuse treatment providers) licensed to serve the mental health needs of Coloradans must be better equipped to competently assess, identify and treat those at risk for suicide, whether that be through graduate training, licensure testing, or continuing education requirements. Furthermore, community gatekeeper training modules instruct the public (or, "non-MH professionals") to identify suicidal individuals and connect them with mental health services. If our mental health workforce is not equipped to demonstrate and maintain competency, this community model fails to serve its purpose.

Recommendation in Development: Training for Primary Care Providers

Local data regarding primary care visits prior to suicide death is not yet available in Colorado.[20] However, based on the national data highlighted above, primary care providers must be supported and encouraged to screen and assess individuals at risk for suicide within their practice. Primary care is often the first line of contact for individuals who would be less likely to seek out mental health services, particularly men who are disproportionately represented in suicide deaths each year. The Commission recently created a Primary Care Workgroup to address this setting which will be comprised of stakeholders with expertise and leadership within this realm.

The Commission, through the Training and Development Workgroup, recommends that both mental health and primary care providers be trained in identifying and managing suicide risk. Washington and five other states (Kentucky, Louisiana, Utah, New Hampshire, and Nevada) have passed legislation requiring certain mental health professionals to take suicide-specific training (the Washington bill has also been amended to include primary care providers). Nine other states are considering similar legislation. Although support to mandate training for these groups may be presently absent, the Commission recommends resources be dedicated to training these groups. Such a model takes advantage of the national and state trends towards integrating physical and mental health services, such as the State Innovation Model. Efforts are already underway to establish an infrastructure for credentialed joint training opportunities utilizing existing training conferences and platforms.[21]

---

[19] See Data Improvement Recommendations Below

[20] See Data Improvement Recommendations Below

[21] For example, an annual certification training for assessment of suicide risk is being tailored to both mental health providers and primary care practioners (Elevate the Conversation)

Commission Recommendation # 4: Healthcare systems should adopt the *Zero Suicide* initiative

Because suicide is a primary public health concern in Colorado and included within the state health improvement plan, health systems should be encouraged, if not required, to adopt the *Zero Suicide* initiative. *Zero Suicide* is a key concept of the National Strategy for Suicide Prevention, a priority of the National Action Alliance for Suicide Prevention, and a project of the Suicide Prevention Resource Center. *Zero Suicide* is built on the foundational belief that suicide deaths of individuals under care within health and behavioral health systems are preventable, and has shown significant results at reducing suicide.[22] This system level approach to quality improvement reflects a commitment to patient safety and the safety and support provided by clinical staff. The key elements of *Zero Suicide* are leadership, training, screening and risk assessment, patient engagement, treatment, transition, and quality improvement. Health systems which have implemented *Zero Suicide* have seen up to 80 percent reductions in suicide deaths for patients within their care.[23]

Near term opportunities exist to encourage adoption of the initiative. The Commission recommends that each of the four regional crisis system organizations, the seventeen Community Mental Health Centers, and four Behavioral Health Organizations adopt and implement the *Zero Suicide* framework over the next three to five years. The Commission also recommends that practices receiving funding through the State Innovation Model adopt the Zero Suicide framework. Community health systems, HMOs, and private insurance companies serving Coloradans should also be supported in adopting the framework.

Commission recommendation #5: Develop and implement comprehensive suicide prevention strategies for first responders

A number of high risk industries have been identified by the Workgroup including First Responders, Oil & Gas, Finance, Construction, and Mining. Given the in-state momentum and current support, the Workgroup identified First Responders as the initial industry of focus. Not only are first responders (including Fire, EMS, and Law Enforcement) more likely to come into contact with suicidal individuals in a variety of settings and circumstances, these professions are also at higher risk for suicide.[24] The Workgroup also supports exploring efforts to expand year one training to include the Colorado National Guard, which are often disbursed within communities and generally do not have the extensive resources available to other branches of the armed forces.

[22] http://zerosuicide.sprc.org

[23] www.zerosuicide.com

[24] http://carsonjspencer.org/files/4314/4225/7835/20150817_LE_Video_Guide.pdf ; http://www.everyonegoeshome.com/2015/09/09/new-suicide-study ; http://www.emsworld.com/article/12009260/suicide-stress-and-ptsd-among-emergency-personnel

Each of these professions should be supported in developing a comprehensive in-house approach to suicide prevention. The approach should entail more than a brief gatekeeper training but should focus on a top-down culture shift in how mental health is supported within these professions.[25] This should include a gatekeeper training module to identify risk in peers, expanded access to industry-relevant mental health services, and the inclusion of internal policies aimed at reducing stigma within these male-dominated professions.

The Commission recommends supporting this initiative by working with existing community agencies to cultivate several training camps to guide and support the First Responder community to develop culturally relevant blueprints for sustainable prevention efforts. The hallmarks of such training include top-down support from leadership, development of sustainable peer-led support services, and protocols to decrease stigma and increase help-seeking behaviors. The training would also include an overview of all of the different types of resources within Colorado that First Responders can access. The annual cost of the training camps is estimated at $7,000 for two to three training camps (one or two Front Range – Denver and Colorado Springs, and at least one off the Front Range, such as Grand Junction). Cost would cover a needs assessment for each profession, recruitment, training protocols, evaluation, as well as ongoing support and follow-up to engage first responder leadership in implementing protocols within his or her station after the training.

The Commission also supports changes within First Responder culture to make it acceptable to discuss mental as well as physical ailments by incorporating resiliency, suicide prevention, and psychological first aid into the education responders receive in both training academies and continuing education contexts. First Responders should be supported within employee assistance programs and elsewhere in seeking out and receiving culturally competent mental health and substance use treatment without fear of punishment or losing career status.

Commission Recommendation #6: Support the legal community with gatekeeper training to identify those at risk for suicide and link them to care

The legal community, comprised of judges, attorneys, and probation departments, represents another access point outside of the healthcare system to reach individuals at risk for suicide. The Colorado Violent Death Reporting System provides several data points relevant to the legal system regarding circumstances present in an individual's life prior to suicide: intimate partner problem (35.7%), problem with alcohol (27.2%) or another substance (16.1%), and financial problems (19.7%).[26] These circumstances, when translated into contact with the judicial system include divorce and parental responsibility matters, domestic violence, alcohol or substance related criminal

[25] Using a sustained leadership-driven approach paired with training for all military and civilian personnel and clear protocols and practices, the Air Force was able to reduce suicide by 33 percent from 1997-2008. The model also cut incidents of domestic violence and homicide in half and reduced accidental deaths by 18 percent.

[26] Colorado Violent Death Reporting System, Colorado Department of Public Health and Environment

charges, bankruptcy actions, as well as evictions. Further, the legal community in and of itself is a high risk industry. A Colorado study in partnership with the National Institute of Occupational Health and Safety found that the suicide rate within the legal community was nearly twice the already high state rate.[27]

Because the legal system is uniquely poised at a critical access point for those in crisis, it represents an opportunity to train gatekeepers within each district. There are a variety of gatekeeper training models available and the workgroup will continue to identify opportunities to leverage training forums for this profession.

To build support among leaders within the legal community, a team led by Commissioners presented at the annual Judicial Conference in September 2015. Approximately 15 percent of the judiciary in Colorado attended the session. Additionally, the workgroup is exploring and supporting contemporaneous efforts to reach this community including continuing legal education offerings with support from the Colorado Bar Association and the Colorado Lawyers Assistance Program.

Recommendation in Development: Education Community

Suicide is the second leading cause of death for Coloradans aged 10-24.[28] Additionally, data from the 2013 Healthy Kids Colorado Survey indicate that suicidal thoughts and behaviors impact a high percentage of Colorado middle and high school students.[29] While K-12 settings are the initial focus of the workgroup, higher education will be included as the Commission progresses.

The Commission recommendation is that all schools in Colorado implement a full spectrum prevention programming starting with comprehensive protocols to address prevention, intervention, and postvention. There are existing resources nationally[30] of protocol development tools as well as statewide support from the School Safety Resource Center to assist schools in developing and implementing protocols. Further, all school staff should receive training specific to suicide prevention.[31] There are online training courses, including courses on the National Registry of Evidence-based Programs and Practices (NREPP) and the Best Practices Registry (BPR).[32] Schools should leverage House Bill 06-1098 which allows teachers and other designated staff to take suicide prevention training to fulfill continuing education requirements.

Every middle and high school should have an evidence-based program and its complements.[33] Specifically, Colorado should expand implementation and evaluation

[27] Ibid, 2008-2012.
[28] Ibid.
[29] http://www.healthykidscolo.org
[30] http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf
[31] such as Question, Persuade, Refer (QPR), safeTALK, or Applied Suicide Intervention Skills Training (ASIST)
[32] Such as Kognito At Risk in PreK-12 settings, Elementary, Middle and High school. Costs for the program can be discounted based on the number of users, from individual schools or districts to statewide ($404,700 for 4 year program with unlimited users).
[33] http://www.sprc.org/bpr/section-i-evidence-based-programs ; http://www.nrepp.samhsa.gov/SearchResultsNew.aspx?s=b&q=suicide

of school-based suicide prevention programs, like Sources of Strength highlighted below, that promote resilience and positive youth development as protective factors from suicide. Annual costs for these programs range from $500 to $5000 per school. Additionally, primary prevention efforts aimed at increasing protective factors should be adopted within elementary schools, like the Good Behavior Game which focuses on Social/Emotional learning. The Commission recommends additional funding to ensure that every school district in the state has access to behavioral health staff who are fully trained in suicide assessment and prevention within schools, or available within communities where staff serve multiple schools or districts.

In order to build administration level support for these recommendations as well as inform school leaders of the resources already available to them within our state, a team led by the Workgroup presented at the annual Colorado Association of School Executive conference in July 2015.

Commission Recommendation #7: Fill data gaps and enhance data collection tools and systems in Colorado

In its first year, the Commission and its workgroups identified some gaps and needs related to existing data and surveillance tools in Colorado. Enhancing available tools and potentially creating additional tools may shed light on more access points to reach those at risk, and may better inform prevention efforts and provide a baseline to track future progress in Colorado.

The Commission recommends the following related to data and surveillance for suicide prevention in Colorado:

- Encourage coroners, medical examiners, and law enforcement to adopt an existing or adapted standardized suicide investigation form.
- Encourage the collection and confidential reporting of suicide death data to the Colorado Violent Death Reporting System from Behavioral Health Organizations and Community Mental Health Centers in regards to current clients.
- Encourage the collection and confidential reporting of suicide death data to the Colorado Violent Death Reporting System from public and private insurance providers to identify further access points for intervention and support.
- Expand data use agreements between the Colorado Hospital Association and CDPHE to include permissible data use to use emergency department and inpatient hospitalization discharge data to explore linkages with death certificate data to measure effect of ED follow up protocols.
- Survey all Colorado licensed mental health providers to assess level of experience and expertise with suicide prevention training and competency, and the frequency that providers experience suicide-related issues within their practice.

- Develop a mechanism or data use agreement to allow the Colorado Violent Death Reporting System to access public judicial filings to link any suicide deaths with the legal system.

Suicide Prevention Commission Next Steps

Twenty-six suicide prevention experts, stakeholders, and advocates have been appointed and are leading Suicide Prevention Commission initiatives. In short order, the Commission identified key recommendations to elevate suicide prevention efforts in Colorado. To move toward the Commission goal of a 20 percent reduction in the Colorado suicide rate, recommendations must next be adopted and implemented widely. Colorado is a leader in creating public/private partnerships. Creating a formal state commission modeled after the National Action Alliance positions Colorado to impact real change. That change demands more than the identification of recommendations, it demands that recommendations be adopted and implemented. To implement the above recommendations, greater human, political and financial capitol must be obtained.

II. Behavioral Health of Working Age Men: Man Therapy www.mantherapy.org

In July, 2012, the Office of Suicide Prevention, Cactus Marketing Communications and the Carson J Spencer Foundation partnered to launch www.mantherapy.org. The website is designed specifically to reach working age men, who account for the highest number of suicide deaths in Colorado annually. Men are far less likely than women to access available mental health services.[34] Traditional suicide prevention messages that encourage suicidal individuals to ask for help and talk about their problems have not been universally effective with men. Man Therapy is designed to empower men to take ownership of their mental health and overall wellness. The project uses humor and straightforward communication, an approach designed to resonate with men. The approach is based on data regarding the circumstances surrounding male suicides (from the Colorado Violent Death Reporting System) and on market research conducted through focus groups and in-depth interviews.

The three goals of Man Therapy are: 1) to change the way men think and talk about suicide and mental health; 2) to provide men (and their loved ones) with tools to empower them to take control of their overall wellness; and, 3) long-term, to reduce the number and rate of suicide deaths among men. Tools on the site include self-help tips, or "man therapies", that are every day suggestions to improve overall wellness;

[34] "Ranking America's Mental Health: An Analysis of Depression Across the States." Prepared for Mental Health America by Thomson Healthcare. November 29, 2007.

"gentlemental health", which provides information about suicide and men's mental health; "tales of triumph and victory", which are stories of Colorado men who are thriving after a suicidal crisis; and, an "18-point head inspection", which is a self-assessment to anonymously measure and identify individual needs related to emotional health. Additionally, the website suggests that it is "manly" to contact professional support when necessary. The Man Therapy campaign removes traditional mental health language and uses humor to help men feel welcome and at ease while visiting the site. The website provides information on depression and suicide, substance abuse, anger, and anxiety, and includes statewide resources specific to finding support and services related to each issue.

Since its launch, there have been more than 610,000 visits to the website worldwide. From July 1, 2014 through June 30, 2015, there were 19,636 visits to the site from Colorado, and 125,334 total visits in the U.S. and internationally. More than 23,000 visitors completed the 18-Point Head Inspection, and more than 5,000 received information about crisis services. Visitors spent an average of just under four minutes on the site, which is good for industry standards, but down from last year. In 2014, the Office of Suicide Prevention funded the development of a comprehensive project evaluation plan. In 2015, Man Therapy partners teamed with the University of Baltimore at Maryland to respond to a Centers for Disease Control and Prevention evaluation grant. The team was awarded the grant in September 2015 and will conduct a comprehensive evaluation of Man Therapy through 2019, including measuring changes in attitudes and help-seeking behavior among working age men in the study.

In November 2015, through funding from the Anschutz Foundation and licensing partnerships in Massachusetts, Ohio, Idaho, Wisconsin and Pennsylvania, the Man Therapy website will be updated and moved to a new and more user-friendly web platform. The new version will feed content and resources to visitors based on site navigation. Specific content will be delivered to visitors that self-identify as first responders, veterans and active duty military. Visitors will also be able to create a user-profile, which will allow the site to feed content and resources with more specificity, and will entice visitors to visit the site on an ongoing basis. New tools and resources will also be added, and new marketing strategies, including social media, and resources will be disseminated statewide.

Healthy Colorado: Shaping a State of Health

In 2015, the Colorado Department of Public Health and Environment released *Healthy Colorado: Shaping a State of Health, Colorado's Plan for Improving Public Health and the Environment 2015-2019*. One of the two flagship priorities of the plan is Mental Health and Substance Abuse. The priority includes reducing the burden of depression in Colorado by improving screening and referral practices and reducing the stigma of seeking help for depression, particularly among pregnant women, individuals who are obese, and men of working age. Goals include increasing the number of Colorado

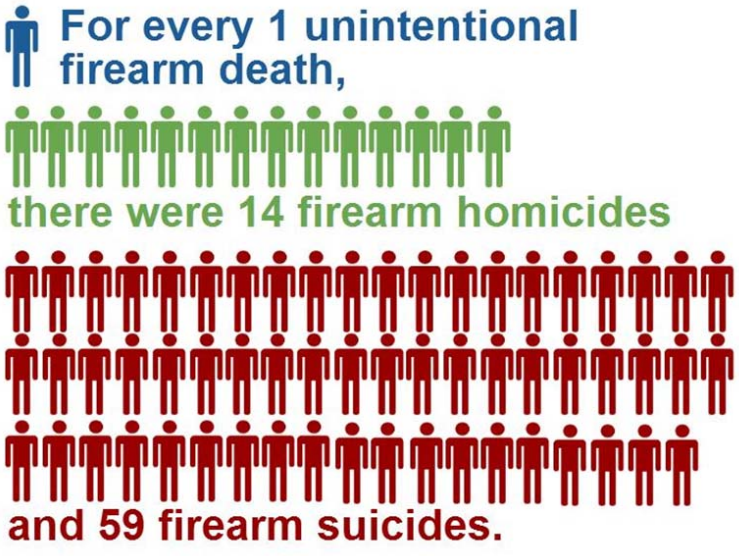
visitors to www.mantherapy.org and increasing the percent of men who self-report experiencing symptoms of depression.

Because men often do not self-identify as having depression, the aim of this goal is to raise awareness and help-seeking behavior among men, resulting initially in higher self-reports of depression. The Office of Suicide Prevention is addressing the goal related to the suicide risk of working aged adults through the Man Therapy project and website, described above, and through education and outreach efforts statewide. Men account for only one in ten *diagnosed* cases of depression, yet research suggests that between 50 and 65 percent of male depression goes undiagnosed.[35] It is imperative that Colorado focus mental health education and resources towards men. The website, www.mantherapy.org, is designed to empower men to take ownership of their mental health and to provide them with the tools to address depression, anger, anxiety, substance abuse and suicidal thoughts, and to find information on resources and referrals for professional support and services online and in their community.

Next Steps: The Office of Suicide Prevention recommends expanding the Man Therapy initiative to support ongoing website development, such as the inclusion of therapeutic tools and resources, and to market Man Therapy across the state in order to reach more Colorado men.

III. Means Restriction Education: Colorado Gun Shop Project

In Colorado, 78 percent of firearm deaths are suicides. Nearly half of all suicide deaths in Colorado involve the use of a firearm, which is the most common method of suicide death in the state. The Office of Suicide Prevention engages stakeholders in partnerships and meaningful conversations to reduce firearm suicides, an issue all Coloradans support regardless of which side of the gun control debate they endorse.



In fiscal year 2014-2015, the Office of Suicide Prevention piloted the Colorado Gun Shop Project (adapted from the New Hampshire Gun Shop Project) in five Colorado counties with high percentages of firearm-related suicide deaths (Montrose, Delta, Mesa, Moffatt and Routt). It is an

[35] "Ranking America's Mental Health: An Analysis of Depression Across the States". Prepared for Mental Health America by Thomson Healthcare. November 29, 2007.

education and awareness project that partners with firearm advocates, gun shops, firing ranges, and firearm safety course instructors to adopt and promote a firearm safety and suicide prevention message. The core message is that restricting a suicidal individual's access to firearms is a critical aspect of firearm safety. Educational materials include posters, a brochure, fact sheets, and Suicide Prevention Lifeline wallet cards.

The Western Colorado Suicide Prevention Foundation in Mesa County, Reaching Everyone Preventing Suicide in Routt and Moffat counties, and the Center for Mental Health in Montrose and Delta counties partnered with local firearm advocates to visit firearm retailers, including pawn shops, and gun ranges in person in all participating counties. Advocates introduced the project and invited retailers to display and disseminate Gun Shop Project materials.

The Office of Suicide Prevention partnered with Colorado Mesa University to oversee implementation of a survey with all willing retailer partners. The survey was designed to assess project buy-in, use of materials, and overall project feedback. Results help to evaluate the pilot and refine materials and outreach to best serve this community's needs.[36] Although responses are mixed, the Office of Suicide Prevention and program partners are pleased with the overall participation and feedback. The majority of respondents reported a positive experience with the project. The Office believes those that were hesitant about the project may come on board over time and after further and more in-depth conversations to better understand their concerns. All three local organizations will continue to implement the program in all five counties in fiscal year 2015-2016, and the Office of Suicide Prevention will expand the project to two or three additional counties.

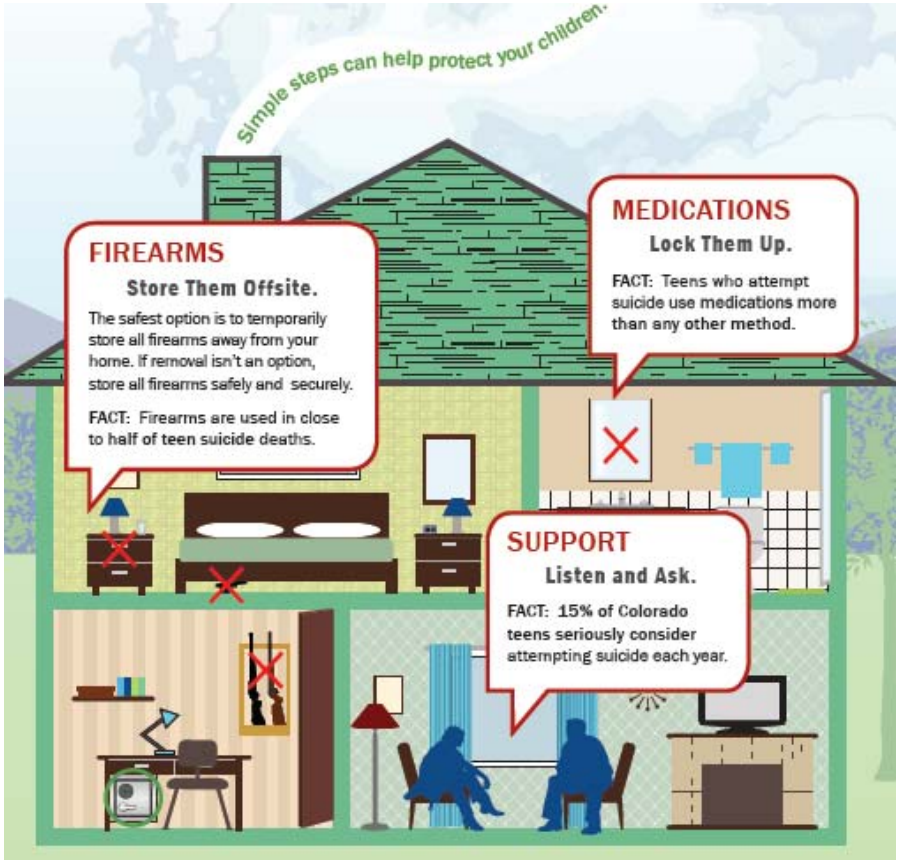
Next Steps: The Office recommends increased support and expansion of partnerships and relationships to improve the reach and success of the project. Further the Office recommends expanding the Colorado Gun Shop Project to more communities in Colorado, and evaluating the project for effectiveness.

IV. Means Restriction Education: Emergency Department Counseling on Access to Lethal Means (ED-CALM)

In 2014, the Office of Suicide Prevention partnered with the CDPHE Injury Prevention Program, Children's Hospital Colorado, the Colorado School of Public Health, and the Harvard Injury Control Research Center to develop and pilot a means restriction

[36] Forty-five retailers and ranges were contacted in the five project counties. Of those, 25 participated in the follow-up survey. Eighty-four percent of participants recalled the materials, and 60 percent provided a positive overall response to the project materials. Fifty-six percent had project posters on display, 48 percent had the safety brochure and 40 percent had Lifeline wallet cards available to customers. Those that chose to not participate responded that materials could potentially strike customers as "anti-gun", and a minority felt that there is "no way to help someone who is suicidal", or reported a fear of losing customers. Others reported a lack of counter space, uncertainty about what to do with materials, and a lack of time to review materials.

education training program at Children's Hospital Colorado. Means restriction efforts focus on the removal and/or safe storage of firearms and lethal medications in the home. The training is online and is completed by emergency department staff in approximately one hour. The training teaches providers how to educate parents/guardians of suicidal youth about the techniques and importance of restricting access to lethal means in the home. Those who have attempted suicide are at an increased risk in the hours and days after discharge, and means restriction education is an evidence-based approach to reducing the risk of suicide death.



The evaluation of the pilot, led by the Colorado School of Public Health, assessed the Children's Hospital staff response to the training as well as to the delivery of the intervention, and examined parent recall and response to the delivery of the means restriction counseling / intervention. All social workers and mental health staff in the Children's Hospital Psychiatric Emergency Department reported the training to be useful and staff appreciated having a script and protocol to talk with parents. Staff also reported that the training and protocol were an improvement over prior practice. Telephone interviews were conducted with 122 parents/guardians who received the means restriction counseling. Interviews were conducted approximately two weeks after the hospital visit. Almost all recalled receiving an informational brochure and the counseling about safely storing medication and firearms. More than 90 percent reported the counseling was respectful and clear, and that there was enough time to ask questions. While very few families reported unlocked firearms in the home, respondents showed improvement in locking medications after receiving the counseling from Children's Hospital staff.

In 2015, pilot results were submitted to scientific journals and are currently awaiting notification of publication. Children's Hospital adopted the Emergency Department Counseling on Access to Lethal Means training and continues to implement the

intervention with all families in the emergency department because of a suicide attempt. The Office of Suicide Prevention and the project team continue to explore funding opportunities to conduct a larger scale implementation and evaluation of the intervention. Because the training protocol is available for free on the state training website, the only resources necessary to expand this project would be allocated for additional evaluation.

Next Steps: The Office recommends expanding the pilot and evaluation to every emergency department across Colorado.

V. Community Grants

On July 1, 2014, the Office of Suicide Prevention awarded eleven community suicide prevention grants to agencies focusing on implementing the following four 2020 Office of Suicide Prevention priorities through June 30, 2017:

1. Evidence-based suicide prevention programs targeting high-risk populations, including older adults ages 65 and older, veterans and/or active duty military personnel, Hispanic female adolescents ages 10 to 24, or LGBTQ adolescents ages 10 to 24 in counties or regions of the state with suicide death and/or attempt rates at or above the Colorado rate. Grantees implementing this priority include the Colorado Anti-Violence Program in Denver (working statewide), the Jefferson Center for Mental Health (Jefferson, Gilpin, Clear Creek counties), and the Carson J Spencer Foundation in Denver (grant activities are focused on El Paso and Pueblo counties). In year one of the grant (July 1, 2014 – June 30, 2015), 81 suicide prevention workshops or gatekeeper trainings were conducted with 520 total participants across the three grantees.

2. Suicide prevention training for emergency department staff to assess and manage suicide risk and counsel parents and families on reducing access to lethal means in the home. Grantees implementing this priority include the Arapahoe/Douglas Mental Health Network and the Midwestern Colorado Mental Health Center (Montrose, Delta, Gunnison, Ouray, Hinsdale, San Miguel counties). Both grantees are working with multiple hospitals in their service region during the three year funding period. In year one, 13 suicide assessment workshops or lethal means counseling trainings were held with 111 total participants across the two grantees.

3. *Sources of Strength* youth suicide prevention program for high school aged youth. *Sources of Strength* is an evidence-based program designed to build emotional resiliency, increase school connectedness and prevent suicide. The program is based on a positive youth development model and is an approach to suicide prevention that builds protective factors among participating students in the school community. Grantees implementing this priority include Aurora Public Schools, Boulder County Public Health, and the Piñon Project Family

Resource Center in Montezuma County. In year one, 13 schools implemented *Sources of Strength* across the three grantees, and 76 adult advisors and 264 peer leaders took part in the program.

4. Suicide prevention and wellness promotion among men ages 25 to 64 through the implementation of Man Therapy. Grantees are providing training to men and organizations that work with men, and are disseminating Man Therapy public information and awareness materials throughout their county / region. Grantees implementing this priority include North Range Behavioral Health in Weld County, the Pueblo Suicide Prevention Center, and the Western Colorado Suicide Prevention Foundation in Mesa County. In year one, more than 50 gatekeeper trainings or suicide prevention workshops were held with over 1,000 participants, and more than 3,500 Man Therapy materials were disseminated across the three counties.

Next Steps: The Office recommends expanding the number of community grants so that more communities benefit, and funding grants at higher funding levels to support community driven suicide prevention efforts.

VI. Sources of Strength

As described above, *Sources of Strength* is an Office of Suicide Prevention priority through 2020. In addition to three Office of Suicide Prevention community grantees implementing the program, in fiscal year 2014-2015, the Office of Suicide Prevention partnered with the Sexual Violence Prevention Program and the Child Fatality Prevention System to design a pilot implementation of *Sources of Strength* to measure impact on sexual violence indicators. Research already shows that *Sources of Strength* increases participating student's school connectedness and connectedness to caring adults, both of which are protective factors for suicide, teen dating violence and youth violence. School connectedness is protective for sexual violence.[37]

In May, 2015, seven schools were selected to participate in the pilot. Schools from Adams, Boulder, Denver, El Paso, Fremont, and Las Animas counties agreed to implement the program and to administer the Sexual Violence Prevention Program project

[37] Wilkins, N., Tsao, B. Hertz, M., Davis, R., Klevens, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Oakland, CA: Prevention Institute.

evaluation tool over the next two years. In June 2015, 21 Colorado participants attended a four-day training of trainers program and all seven schools will begin program implementation in fall 2015.

Next Steps: The Office recommends implementation and evaluation of school-based suicide prevention programs in every community that promote resilience and positive youth development as protective factors from suicide.

VII. Public Education and Awareness Efforts

The eighth annual Bridging the Divide: Suicide Awareness and Prevention Summit was held at Regis University in Denver on May 14-15, 2015. The Office of Suicide Prevention participated in the planning and was a co-host sponsor of this year's summit attended by 130 suicide prevention stakeholders from across Colorado. Office staff regularly present on suicide and suicide prevention throughout Colorado and nationally, including as part of a Centers for Disease Control and Prevention Grand Rounds, at the American Public Health Association annual conference, the American Association of Suicidology annual conference, and Public Health in the Rockies. The Office continues to disseminate suicide prevention information and materials statewide including Man Therapy, House Bill 2012-1140 resources, and Gun Shop Project materials, and materials geared toward adolescents, older adults, and Spanish speaking Coloradans.

Next Steps: The Office recommends continued public outreach to raise awareness of the public health impact of suicide in Colorado.

VIII. House Bill 2012-1140 – Suicide Prevention and Follow-up in Colorado Hospitals

In May 2012, Governor Hickenlooper signed House Bill 1140 into law, which amended Colorado Revised Statute 25-1.5-101(1)(w)(III)(A) concerning the duties of the Colorado Department of Public Health and Environment as coordinator of suicide prevention programs throughout the state. The amendment requires the Office of Suicide Prevention (Office) to provide Colorado hospitals with information and materials about risk factors and warning signs for suicide, treatment and care after a suicide attempt, and available community resources for suicidal individuals. Although not mandated, hospitals are encouraged to provide the information and materials to individuals and families who are in the emergency department or hospital for a suicide attempt or for making a suicidal gesture.

A prior suicide attempt is the number one risk factor for suicide death, and appropriate after-care in the hours and days following hospital discharge is critical.

These materials are designed to guide individuals and families through the after-care process, and to better equip emergency department and hospital staff to effectively assess, manage and treat suicidal patients. The Office partners with the Colorado Hospital Association, emergency departments, and community mental health centers statewide to ensure that materials are delivered to the most appropriate personnel serving patients appearing in emergency departments following a suicide attempt.

The Office also conducted a survey of these systems to determine protocols, practices, and training opportunities to better guide future outreach efforts. For a full report on the HB 1140 survey please see https://www.colorado.gov/cdphe/suicide-EMS-resources .

There are currently no statewide standards for what information and materials hospitals provide after a suicide attempt. The survey helped identify common practices and needs across the state. Findings from the survey will inform the implementation and priorities of HB 1140, the Office, and the Suicide Prevention Commission. Moving forward, outreach and survey activities will be expanded to inpatient discharge procedures and staff, assuming appropriate contacts can be identified.

Next steps: The Office recommends increasing the impact of HB 1140 by providing hospitals with training for staff that work with suicidal patients and their families.

Prioritizing Suicide Prevention in Colorado – Next Steps

The burden of suicide in Colorado is great and requires statewide leadership for prevention and intervention efforts. The Office of Suicide Prevention and the Suicide Prevention Commission are committed to providing that leadership through innovative prevention programs, strategic statewide partnerships, and advancement of prevention science.

Colorado has experienced increased suicide death rates and numbers since 2009, and unfortunately that trend continued in 2014 (1,058 deaths; rate of 19.4/100,000). The burden of suicide in Colorado is disproportionate to the available resources. While the Office of Suicide Prevention works diligently to maximize current resources and leverage strong partnerships and additional funding, more resources are needed to move statewide suicide prevention efforts forward.

Although the Office has utilized low-cost strategies which build upon community partnerships, such as with the Gun Shop Pilot Project, Colorado needs more financial, human and political capitol dedicated to suicide prevention and intervention efforts. Prevention initiatives must focus on those Coloradans at highest risk for suicide, and on the parts of the state with the highest suicide rates. Data-driven and evidence based strategies must be utilized, and comprehensive evaluation of all initiatives

must be conducted. This is why the Suicide Prevention Commission identified seven key recommendations in its first year of existence. It is also why initiatives like Man Therapy, means restriction education, House Bill 2012-1140, and Sources of Strength are priorities of the Office of Suicide Prevention. These initiatives are innovative and experiencing success, but more must be done.

With additional resources, the Office of Suicide Prevention would prioritize the following to address suicide in Colorado:

- Implement the recommendations of the Suicide Prevention Commission;
- Support the comprehensive evaluation of www.mantherapy.org and expand project implementation through increased marketing, adding new mental health tools for men, and including resources specific to veterans, military and first responder men;
- Expand the Office of Suicide Prevention statewide community grant program to more counties and at higher funding levels;
- Expand the implementation and evaluation of the Emergency Department Counseling on Access to Lethal Means training to hospitals statewide;
- Increase the impact of HB 1140 by providing hospitals with training for staff that work with suicidal patients and families;
- Statewide implementation and evaluation of school-based suicide prevention programs that promote resilience and positive youth development as protective factors from suicide; and,
- Increase and provide more coordinated training for gatekeepers on recognizing and responding to suicide risk among older adults, active duty military personnel and veterans, working age men, LGBTQ youth, Hispanic/Latina youth, and other high risk populations.

The Office of Suicide Prevention 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. The Suicide Prevention Commission will continue to promote and support the recommendations found in this report, and will continue to explore new and innovative recommendations in the coming year. By focusing on suicide and suicide prevention, the state of Colorado can cement its status as the healthiest state in the nation.