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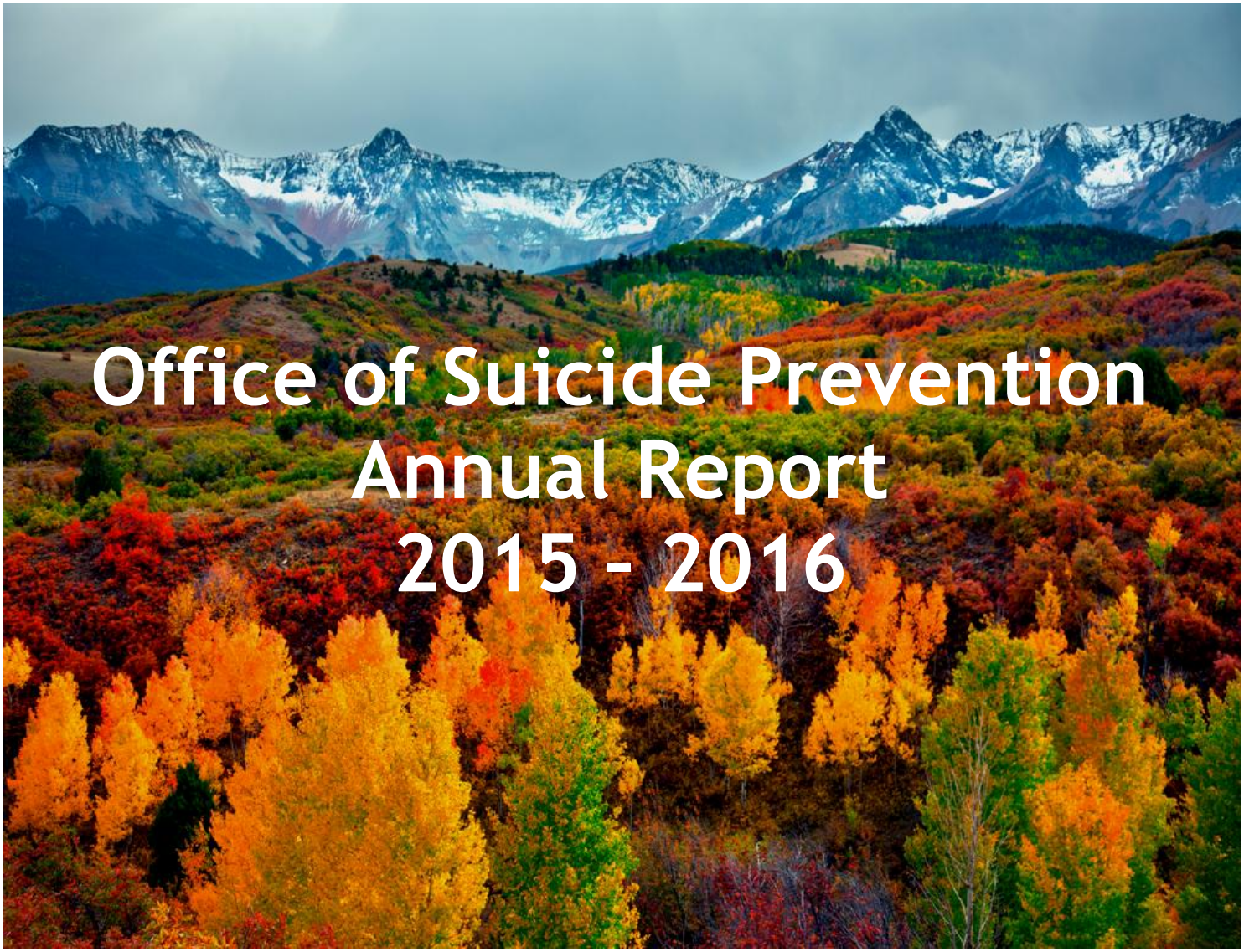

Office of Suicide Prevention Annual Report 2015 - 2016

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, 2016

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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 2015-2016 fiscal year, and includes an update on the previous recommendations from the Suicide Prevention Commission and important next steps for suicide prevention in Colorado.

The number of suicides in Colorado and the suicide death rate have been increasing since 2009. In 2015, Colorado recorded the highest number of suicide deaths to date (1,093 deaths; rate of 20.9/100,000). 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 to achieve our goal of becoming the healthiest state in the nation.

Recommendations from the Suicide Prevention Commission of Colorado

In its first year (FY 2014-2015), the Suicide Prevention Commission made specific recommendations for Colorado. During the FY 2015-2016 fiscal year, the Suicide Prevention Commission and its partners made progress toward implementing several recommendations.

Year One Recommendation	Brief Update on Progress
Adopt the *Zero Suicide* initiative within healthcare systems.	The Legislature passed SB 16-147 which encourages the adoption of *Zero Suicide* in a variety of settings. The Office of Suicide Prevention coordinated the first Colorado Zero Suicide Academy in June of 2016 and will assist attending agencies in implementing the system framework model over the next several years.
Adopt standardized protocols for following up with suicidal patients after discharge from emergency departments.	The Commission worked collaboratively to develop and pilot follow-up services to patients post-discharge delivered utilizing the Colorado Crisis & Support Hotline.
Promote universal screening to identify suicide risk within emergency department settings.	The Office of Suicide Prevention continued to utilize communication channels established through HB 12-1140 to disseminate both the Joint Commission and US Preventive Task Force's recommendations for universal screening within healthcare settings, including emergency departments.

Adopt minimum training requirements for mental health providers licensed in Colorado.	The Commission conducted a survey of Colorado's mental health provider community to help identify preferences and barriers to accessing clinical suicide prevention training. In the following year, the Commission and the Office of Suicide Prevention will respond to those results by offering a number of clinical training programs throughout the state.
Develop and implement comprehensive suicide prevention strategies for first responders.	The Commission supported the development and rollout of several first responder training events to provide agencies with a blueprint of culturally relevant, sustainable, and comprehensive suicide prevention.
Support the legal community with gatekeeper training to identify those at risk for suicide and link them to care.	The judicial system at large was included in SB 16-147 as a community to support with *Zero Suicide* implementation. Once health systems are up and running, the Office of Suicide Prevention and the Commission will explore tailoring the model to fit the unique characteristics and needs of the justice system.
Fill data gaps and enhance data collection tools and systems in Colorado.	The Office of Suicide Prevention partnered with a subgroup of the Child Fatality Prevention System State Review Team to develop a comprehensive suicide investigation form, which will be piloted within a few Colorado communities In FY 2016-2017.

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) reduce the number and rate of suicide deaths among men. In February 2016, Man Therapy was re-launched on a new, user-friendly web platform, and information and resources were added specifically for veterans and active military and first responders.

In Colorado, 78 percent of firearm deaths are suicides. Nearly half of all suicide deaths in Colorado involve the use of a firearm, making it the most common method of suicide death in the state. The Office of Suicide Prevention continues to actively engage stakeholders in partnerships and meaningful conversations to reduce firearm

suicide, an issue all Coloradans support regardless of which side of the polarizing gun debate they endorse.

In fiscal year 2015-2016, the Office of Suicide Prevention expanded the Colorado Gun Shop Project from the original five counties (Montrose, Delta, Mesa, Moffat and Routt) to nine counties by adding Logan, Morgan, San Miguel, and Gunnison counties. The project is an education and awareness initiative 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. This project promotes the core message that restricting a suicidal individual's access to firearms is a critical aspect of firearm safety. The Office of Suicide Prevention recommends expanding the Colorado Gun Shop Project to more communities in Colorado and evaluating the project for effectiveness. CDPHE has allocated additional funding from the Preventive Services Block Grant to expand the project to include several urban counties in FY 2016-2017.

The Office of Suicide Prevention also continued to promote an online training for emergency department providers on how to deliver means safety counseling. The Emergency Department Counseling on Access to Lethal Means (ED-CALM) was developed in partnership with CDPHE, Children's Hospital Colorado, the Colorado School of Public Health, and the Harvard Injury Control Research Center. The training teaches emergency department 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. An initial pilot at Children's Hospital Colorado showed a number of successful outcomes, which were published in early 2016 in the *Western Journal of Emergency Medicine*. In 2016, the project partnership received a 3-year grant from the American Foundation for Suicide Prevention to expand the pilot implementation and evaluation to six additional Colorado emergency departments.

The Office of Suicide Prevention continued to support emergency departments in providing resources to patients and families following discharge for a suicide attempt. HB 2012-1140 efforts shifted from an annual survey to an open communication stream in which the Office can share resources, trainings, best practices, and other opportunities on an on-going basis with hospitals and providers. The survey will be moved to every other year to not overburden emergency departments and providers without first responding to their communicated needs.

The Office of Suicide Prevention currently funds ten community agencies to implement strategies in four priority areas: suicide prevention with high risk populations, such as LGBTQ and Hispanic 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 of Suicide Prevention 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 of Suicide Prevention recommends implementation and evaluation of school-based suicide prevention programs in every community to promote resilience and positive youth development as protective factors for suicide.

In FY 2015-2016, the Colorado-National Collaborative formed to build state and national partnerships focused on designing and implementing a comprehensive suicide prevention strategy for Colorado. The 13-member steering team is comprised of seven Colorado leaders and six national leaders and meets twice per month to develop priorities and strategies that are aligned with national suicide prevention recommendations, Commission recommendations, and Office of Suicide Prevention priorities that emphasize a comprehensive and community-based approach to suicide prevention.

Although the Office of Suicide Prevention has utilized low-cost strategies that build upon strong community partnerships, such as with the Gun Shop Project, 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. Efforts must also begin to focus on upstream approaches, designed to impact individuals and communities prior to the onset of suicidal thoughts and behavior. 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 2015-2016

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 2015-2016 fiscal year, and includes progress on the recommendations from the Suicide Prevention Commission (formed via Senate Bill 2014-088) and an update on House Bill 2012-1140 hospital outreach efforts.

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 2014, Senate Bill 088 created the Suicide Prevention Commission. Initial recommendations and priority areas were identified in the Office's Annual Report to the Legislature in November 2015.[1] Updates on the 2015 recommendations are included in this report.

The Impact of Suicide in Colorado

In 2015, there were 1,093 suicides among Colorado residents and the age-adjusted suicide rate was 20.9/100,000.[2] This is the highest number of suicide deaths ever recorded in Colorado (previously 1,058 in 2014), and the rate illustrates a continued upward trend in suicide deaths since 2009. For purposes of comparison, the number of suicide deaths in 2015 exceeded the number of deaths from homicide (205), motor vehicle crash (586), breast cancer (585), influenza and pneumonia (658), and diabetes (884).[3] In 2015, suicide was the seventh leading cause of death for all Coloradans. Coloradans ages 45 to 64 demonstrated the highest suicide rate (28.2/100,000) and highest number of suicide deaths (390) compared to all other age groups. Among youth and young adults ages 10 to 34, suicide was the second leading cause of death. In 2014, the most recent year of data available nationally, Colorado was tied for the

[1] https://www.colorado.gov/cdphe/suicide-prevention-commission
[2] Vital Statistics Program, Colorado Department of Public Health and Environment
[3] Ibid.

fifth-highest suicide rate in the United States,[4] 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 (the most recent data available).[5] According to the 2015 Healthy Kids Colorado Survey, 29.5 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.[6] Nearly seventeen and one-half percent reported considering suicide, and 7.8 percent reported making one or more suicide attempts in the previous twelve months.[7] For students who reported being gay, lesbian, or bisexual, 61.3 percent indicated feeling sad or hopeless, 46.3 percent reported considering suicide, and 25.4 percent reported attempting suicide in the previous twelve months.[8]

Key Office of Suicide Prevention Initiatives in Fiscal Year 2015-2016

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.[9]

The Commission believes successful suicide prevention can only be achieved with comprehensive and sustained effort across community groups and agencies; no one group or single intervention is sufficient. Further, the resources necessary to achieve

[4] Centers for Disease Control and Prevention, National Center for Health Statistics, 2014 on CDC WONDER Online Database, released 2015.
[5] Retrieved September 23, 2015 from http://www.cdphe.state.co.us/cohid
[6] Retrieved September 15, 2016 from http://www.chd.dphe.state.co.us/topics.aspx?q=Adolescent_Health_Data
[7] Ibid.
[8] Ibid.
[9] For a complete list of current serving Commissioners, please visit https://www.colorado.gov/cdphe/suicide-prevention-commission, under Commission Material, *Access the commission materials folder*

the Commission's aspirational goal of reaching a twenty 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 priority topic areas, as well as key recommendations for near-term prevention opportunities within Colorado. This report includes updates on progress achieved under each recommendation.[10]

The recommendations set forth by the Commission are:

- Healthcare systems should adopt the *Zero Suicide* initiative.
- Adopt standardized protocols for following up with suicidal patients after discharge from emergency departments within Colorado.
- Promote universal screening to identify suicide risk within emergency department settings.
- Suicide prevention training for professional groups and communities.
- Develop and implement comprehensive suicide prevention strategies for first responders.
- Fill data gaps and enhance data collection tools and systems in Colorado.

Commission Recommendation: Healthcare systems should 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.[11] 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* include: leadership, training, screening and risk assessment, patient engagement, treatment, transition care, and quality improvement. Health systems that have implemented *Zero Suicide* have seen up to an eighty percent reduction in suicide deaths for patients within their care.[12]

In the Office of Suicide Prevention's 2014-2015 Legislative Report, the Commission recommended that all healthcare systems within Colorado adopt the *Zero Suicide* framework. During the 2016 Legislative Session, the Colorado General Assembly passed Senate Bill 147, which encourages health care and other systems to adopt the *Zero Suicide* framework. The bill tasked the Office of Suicide Prevention with expanding the framework to serve a variety of Colorado settings including the justice system, faith community, school-based health centers, and higher education. The bill

[10] For the 2014-2015 Annual Report please visit https://www.colorado.gov/cdphe/suicide-prevention-commission
[11] http://zerosuicide.sprc.org
[12] www.zerosuicide.com

requires partnership with the Office of Behavioral Health to ensure consistent training and awareness of current mental health hold criteria and procedures.

Through partnership with the Office of Behavioral Health and The Anschutz Foundation, the Office of Suicide Prevention was able to hold Colorado's first *Zero Suicide* Academy in June 2016. The Community Reach Center donated meeting space and the Colorado Behavioral Healthcare Council and AllHealth Network provided meeting planning support. The *Zero Suicide* Academy is an interactive workshop where teams, including organizational leadership, learn about the framework and actively develop implementation plans for *Zero Suicide* within their agency. The Office of Suicide Prevention chose to prioritize supporting the mental health community with the first Academy. Thirteen of the 17 community mental health centers attended, as well as two teams from Centura Health, two teams from UC Health (including CeDAR), and one team from Salud, a Federally Qualified Health Center/integrated care facility in Northern Colorado that serves a largely Hispanic and Spanish-speaking population.

Plans for implementing *Zero Suicide* in the 2016-2017 fiscal year will focus on supporting the successful adoption and implementation of the framework within the 19 teams and systems that attended the June academy. The Office of Suicide Prevention will offer clinical trainings and regular communication and learning collaboratives, where agencies can share lessons learned and brainstorm solutions to shared barriers. Long term, the Office of Suicide Prevention will explore opportunities to host additional *Zero Suicide* Academies, targeting health care systems and other systems identified in Senate Bill 2016-147.

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

National data show individuals with a recent discharge from an emergency department are at risk for suicide, especially in the month following discharge.[13] Under current data-use agreements, CDPHE is not permitted to identify emergency department data for the purposes of linking to death certificates, so the exact number in Colorado is unknown.[14] However, using these national data, approximately 250 Coloradans per year who die by suicide may have visited an emergency department prior to death.

In 2014, there were 5,991 suicide-related visits to emergency departments in Colorado.[15] Based on national data, approximately 70 percent of individuals

[13] 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; Betz E, Boudreaux E. *Managing Suicidal Patients in the Emergency Department*. Annals of Emergency Medicine, 2015.
[14] See Data Improvement Recommendations Below
[15] Vital Statistics Program, Colorado Department of Public Health & Environment

discharged from emergency departments after a suicide attempt do not attend a follow-up appointment with a mental health provider.[16] Further, a prior suicide attempt is a leading risk factor for later death by suicide.[17] Based on this gap in continuity of care, within its first year, the Commission's 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 emergency department.

Rocky Mountain Crisis Partners (RMCP) provides hotline services for the statewide crisis system, and responds to calls to the National Suicide Prevention Lifeline for Coloradans. RMCP, as part of the Colorado Crisis System, is connected to the 24/7 walk-in clinics, community resources, and has the ability to dispatch mobile crisis services, when necessary.[18]

The emergency department follow-up pilot project involves connecting patients who have been evaluated for suicidal thoughts or behaviors within an emergency department with the hotline at the time of discharge. The hotline provides continuing follow-up contact 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 emergency department and the hotline to gauge referral and participation rates, as well as outcomes and patient satisfaction.[19]

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

After the Commission adopted the pilot project as a priority, a private donation allowed the pilot to begin in four sites covering seven emergency departments in both rural and metropolitan locations in July 2015. The Commission was also able to leverage the data collection infrastructure created through an existing grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to RMCP. The grant supported a similar program at several metro-area emergency departments. Support from the donation allowed RMCP to hire a dedicated staff person to

[16] 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.
[17] https://www.afsp.org/understanding-suicide/suicide-risk-factors
[18] See www.coloradocrisisservices.org for more information
[19] For a complete annual report, please visit the commission materials folder located at https://www.colorado.gov/cdphe/suicide-prevention-commission

coordinate the project, including the SAMHSA-funded emergency departments. The effort allowed for data from both projects to be pooled and analyzed together.

Year two of the pilot will focus on continued implementation and improvement of the project. The Commission's ultimate goal is to encourage hospitals to dedicate funding to sustain the project. Prior to FY 2016 close, the Commission was able to secure a commitment from one of the participating hospitals to use their Community Benefit dollars to continue implementation of the follow-up protocol with suicidal patients within their emergency department and expand the program to inpatient units.

The Commission recommends that each emergency department system serving suicidal patients have a standardized protocol for follow-up care. The Commission recommends sustaining and expanding the pilot project incrementally until all Colorado emergency departments have a protocol in place by 2024. The Commission is hopeful that evaluation data will support the recommendation that emergency department systems adopt the protocol as a quality of care improvement for patients. Additionally, continuity of care and follow-up services are both key components of the *Zero Suicide* framework, highlighted above.

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

During its first year, the Commission recommended universal screening for depression and suicide risk in the emergency department. The Office of Suicide Prevention transmitted this information to Colorado hospitals and emergency departments as well as the Joint Commission's release of Sentinel Event 56,[20] which encourages detecting and treating suicide ideation in all hospital settings, as well as the US Preventive Services Task Force recommendation[21] to screen adults and adolescents for depression and suicidality within health settings. Many screening tools are available for little to no cost on the Suicide Prevention Resource Center's website.[22] Additionally, organizations faithfully implementing *Zero Suicide* will also have consistent screening protocols identified and embedded within agency workflow and performance measures.

The Emergency Services Workgroup also explored lethal means restriction counseling training for emergency department clinicians. As described later in this report, the Office of Suicide Prevention previously partnered to develop and evaluate the Emergency Department Counseling on Access to Lethal Means (ED-CALM) program at Children's Hospital Colorado. In April 2016, the ED-CALM partnership was awarded a

[20] https://www.jointcommission.org/sentinel_event.aspx
[21] https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/depression-in-adults-screening1?ds=1&s=depression
https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/depression-in-children-and-adolescents-screening1?ds=1&s=depression
[22] The Suicide Prevention Resource Center also recently released a free online training module for emergency department clinicians http://training.sprc.org/enrol/index.php?id=8

3-year grant from the American Foundation for Suicide Prevention to expand the implementation and evaluation of the project to an additional six emergency departments in Colorado.

Commission Recommendation: Suicide prevention training for professional groups and communities

Although most professions and communities would benefit from suicide prevention training, the top training recommendations set forth by the Commission during the first year included:

1. Healthcare Providers (including mental health, physical health, and substance abuse treatment providers)
2. Legal Community (Judges, Attorneys, Probation)
3. Education Community (PreK-12)

Each year, 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 and community groups integral to suicide prevention and intervention efforts.[23] 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.

National data indicate that over thirty percent of individuals are receiving mental health care at the time of their death by suicide, and forty-five percent have seen their primary care physician within one month of their death.[24] Therefore, these professionals 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.[25]

Mental Health Providers, including substance abuse treatment providers

Data from the Colorado Violent Death Reporting System show that 29.3 percent (1,297 individuals) of those who died by suicide from 2011-2015 were engaged in some form of mental health treatment at the time of their death.[26] This highlights the need for

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

[24] 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

[25] 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.

[26] Colorado Violent Death Reporting System, Colorado Department of Public Health and Environment, 2011-2015

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

Moving this recommendation forward, the Commission led the development of a survey of Colorado's mental health providers to determine: experiences with suicide, both professional and personal; confidence and competence in providing services to clients who may be experiencing suicidal desperation; familiarity with evidence-based interventions, treatments, and assessments; and training needs and desires. Notably, an overwhelming majority of respondents had either professional or personal experiences with suicide.[27] Most providers reported feeling comfortable and confident with addressing suicide within their practice, although a quarter of respondents indicated that they had not attended any suicide prevention training within the past five years (26.1%). Additionally, the vast majority indicated a lack of awareness of some of the best practices within suicide prevention within a clinical setting.[28] Respondents indicated a desire for additional training and resources, and identified existing barriers to accessing current trainings.[29]

In order to respond to the results of the survey, the Office of Suicide Prevention and the Commission's Training and Development Workgroup will utilize the additional funds the Colorado General Assembly authorized for suicide prevention work beginning in FY 2017 to bring clinical training programs to Colorado. Additionally, the Office of Suicide Prevention and the Commission will further refine the training recommendations for Colorado's mental health community and ensure providers have a centralized repository of best practices and available trainings within Colorado. This will also support the clinical training requirement for the implementation of *Zero Suicide* within agencies, as clinical training is a requisite element, and often one that is financially burdensome for most organizations and providers. The Office of Suicide Prevention will work with other state agencies and professional organizations to sponsor trainings in locations throughout the state.

Primary Care Providers

Local data regarding primary care visits prior to suicide death is not yet available in Colorado.[30] 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 directly, particularly men who are disproportionately represented in suicide deaths each year.

[27] 64.7% had initiated a mental health hold, 49.5% had a client attempt suicide, 37.4% reported losing a client to suicide, and 72.9% reported personal losses due to suicide.
[28] *Recognizing and Responding to Suicide Risk* – 74.2% unaware of training resource; *Counseling on Access to Lethal Means*- 73.7% unaware of training resource; *Assessing and Managing Suicide Risk*- 66.9% unaware of training resource; *Collaborative Assessment and Management of Suicide*- 69.3% unaware of training resource.
[29] To review the entire report please visit https://www.colorado.gov/cdphe/suicide-prevention-commission
[30] See Data Improvement Recommendations Below

In 2015, the Commission created a Primary Care Workgroup to explore best practices related to increasing earlier detection of distress and reducing suicide risk for patients within primary care settings. The Workgroup investigates opportunities to leverage ongoing work with the Colorado State Innovation Model project, build partnerships, align work and momentum statewide, and identify feasible and realistic recommendations for the primary care community that will remain effective in minimizing risk within these settings, while not overburdening practices. The *Suicide Prevention Toolkit for Rural Primary Care*[31] is a promising resource. Although developed prior to the *Zero Suicide* framework and notable improvements in reduction of access to lethal means, the *Toolkit* provides a roadmap for primary care providers in determining how to integrate suicide prevention into existing practices.

The Commission also supported twenty-one scholarships for healthcare providers (both physical health and mental health) to obtain training in assessing suicide risk within clinical settings. The Primary Care Workgroup provided support to create an application for the scholarships and select recipients, with priority given to those serving rural communities within Colorado. Providers were selected from a variety of professions including primary care, crisis services, domestic violence treatment, substance abuse treatment, school-based clinicians, and peer support service providers.[32]

Training for the Legal Community

The legal community, comprising judges, attorneys, and probation departments, represents another access point outside of the health care system to reach individuals at risk for suicide. The Colorado Violent Death Reporting System 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%).[33] These circumstances, when translated into contact with the judicial system include divorce and parental responsibility matters, domestic violence, alcohol or substance-related criminal charges, bankruptcy actions, as well as evictions. Further, the legal community itself is a high-risk industry for suicide. 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 state rate.[34]

The legal system is uniquely poised at a critical access point for those in crisis and represents an opportunity to train gatekeepers within each district. Although resources are not currently available to pursue this priority, there are a variety of gatekeeper training models available and the Commission's Training and Development

[31] http://www.wiche.edu/pub/12453

[32] Selected providers reported serving the following 29 counties: Alamosa, Archuleta, Boulder, Conejos, Costilla, Crowley, Eagle, Fremont, Garfield, Gunnison, Hinsdale, Lake, Las Animas, Logan, Mineral, Moffat, Montrose, Morgan, Otero, Pueblo, Rio Blanco, Saguache, San Miguel, Sedgwick, Summit, Washington, Weld, Yuma

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

[34] Ibid, 2008-2012.

Workgroup will continue to identify opportunities to leverage training forums for this profession.

This recommendation is highlighted in the *Zero Suicide* legislation, which names the judicial system as one to adopt the framework. The Office of Suicide Prevention will explore opportunities to tailor the health system framework to suit the needs and operations of Colorado's justice system.

Support for the K-12 Education Community

Suicide remains the second leading cause of death for Coloradans aged 10-24.[35] Additionally, data from the 2015 Healthy Kids Colorado Survey indicate that suicidal thoughts and behaviors impact a high percentage of Colorado middle and high school students.[36] While K-12 school settings were the initial focus of the Training and Development Workgroup, higher education will be included in future efforts as specified in the *Zero Suicide* legislation referenced above.

The Commission maintains that all schools in Colorado should implement a full spectrum of prevention programming starting with comprehensive protocols to address prevention, intervention, and postvention. There are existing national resources and protocol development tools,[37] [38] as well as statewide support from the School Safety Resource Center[39] to assist schools in developing and implementing protocols. Further, all school staff should receive training specific to suicide prevention.[40] There are several online training courses, including courses on the National Registry of Evidence-based Programs and Practices (NREPP) and the Best Practices Registry (BPR).[41] Schools may leverage House Bill 2006-1098, which allows teachers and other designated staff to take suicide prevention training to fulfill continuing education requirements.

The Commission recommends that every middle and high school have an evidence-based prevention program and its complements, such as gatekeeper trainings for all staff and referral protocols with resources like the Second Wind Fund.[42] Specifically, Colorado should expand implementation and evaluation of school-based suicide prevention programs, like Sources of Strength highlighted on page 25, which 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

[35] Colorado Violent Death Reporting System, 2011-2015.
[36] http://www.healthykidscolo.org
[37] http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf
[38] http://www.sprc.org/sites/default/files/migrate/library/AfteraSuicideToolkitforSchools.pdf
[39] http://cdpsdocs.state.co.us/safeschools/CSSRC%20Documents/CSSRC-Resources-for-Youth-Suicide-Prevention-Intervention.pdf
[40] such as Question, Persuade, Refer (QPR), safeTALK, or Applied Suicide Intervention Skills Training (ASIST)
[41] 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).
[42] http://www.sprc.org/bpr/section-i-evidence-based-programs ; http://www.nrepp.samhsa.gov/SearchResultsNew.aspx?s=b&q=suicide

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

In order to move this recommendation forward, the Office of Suicide Prevention continues to partner with the School Safety Resource Center to host the Annual School Suicide Prevention Symposium and the School Safety Summit, as well as a preconference workshop for the Colorado Association of School Executives conference on the impact of the Claire Davis bill, and a conference for special education administrators focused on mental health and suicide prevention.

In addition to lack of dedicated school funding for suicide prevention, Colorado's commitment to local control for school is a continued barrier for statewide implementation of comprehensive school-based suicide prevention. However, the Colorado Parent Teacher Association has identified suicide prevention within schools as a priority area of focus.

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

The Training and Development Workgroup identified a number industries at high-risk for suicide, including first responders, oil and gas, finance, construction, and mining. Each of these professions should be supported in developing a comprehensive approach to suicide prevention. Research indicates the approach to suicide prevention should entail more than a brief gatekeeper training and should focus on a top-down culture shift in how mental health can be supported within these professions.[43] Training 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.

Given indicated interest from the industry, the workgroup identified first responders as the initial industry of focus. First responders (including fire, EMS, and law enforcement) are more likely to come into contact with suicidal individuals in a variety of settings and circumstances and are also at higher risk for suicide themselves.[44] [45] A Colorado non-profit organization stepped in to develop and deliver the training to first responders throughout Colorado. The Carson J Spencer Foundation has existing relationships with first responder agencies and indicated a willingness and commitment to expand their work to include the Commission's recommendation, with the support of a private donation.

[43] 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.

The Carson J Spencer Foundation worked in collaboration with the Commission's Training and Development Workgroup to cultivate several trainings for the first responder community to support them in developing culturally relevant blueprints for sustainable prevention efforts. The hallmarks of the blueprints 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 also includes an overview of the different types of resources within Colorado that first responders can access. In delivering the trainings, The Carson J Spencer Foundation conducted a needs assessment for each profession, engaged in recruitment efforts, tailored training protocols and evaluation tools, and planned ongoing support and follow-up to engage first responder leadership in implementing protocols within stations after each training. Three "bootcamp" training events were scheduled for September 2016.[46]

The Office also helped move this priority forward by adding first responder specific information, content and resources to www.Mantherapy.org, as detailed later in this report.

Moving forward, the Training and Development Workgroup is exploring efforts to support the construction industry with suicide prevention resources, including assisting with mental health summits for the construction industry, which have been successful in other states.[47]

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

In its first year, the Commission and its workgroups identified gaps and needs related to data and surveillance tools in Colorado. Enhancing available surveillance may help shed light on more access points to reach those at risk for suicide, better inform prevention efforts and provide a baseline to track future progress in Colorado. The Commission's recommendations to improve data and surveillance for suicide prevention in Colorado are listed below with a brief overview of progress to date:

- *Encourage coroners, medical examiners, and law enforcement to adopt a standardized suicide investigation form.*
    - The Office of Suicide Prevention partnered with a subgroup of the Child Fatality Prevention System State Review Team to develop a comprehensive suicide investigation form, which will be piloted within a few Colorado communities in FY 2016-2017. The pilot process will allow the team to gather valuable feedback in order to further refine the tool for death investigators and complement voluntary data provision through the Colorado Violent Death Reporting System.
- *Enhance information reported to the Colorado Violent Death Reporting System from local coroners as well as other sources including behavioral health*

[46] September 20 in Lakewood, September 23 in Falcon, and September 30 in Edwards
[47] http://www.cfma.org/resources/content.cfm?ItemNumber=4638

organizations and community mental health centers, and public and private insurance providers:

- An element of faithful implementation of the *Zero Suicide* quality improvement framework involves collecting and tracking certain events such as attempts and suicide deaths. For optimal implementation, access to timely data is necessary at the agency, county, and state level. The Commission and the Office of Suicide Prevention will explore options to help organizations track this information, as well as develop data use agreements which would allow for the sharing of information in de-identified form.
- The Colorado Violent Death Reporting System coordinator attended several meetings with coroners and law enforcement to highlight the importance of the suicide circumstance data they collect and shared how it is used for prevention. The coordinator also works collaboratively with investigators to identify and address barriers that exist in regard to data submission.

- *Expand data use agreements between the Colorado Hospital Association and CDPHE to include permission to link emergency department and inpatient hospitalization discharge data with death certificate data to measure effect of emergency department follow-up protocols and other efforts.*
  - The Colorado Hospital Association continues to be an engaged partner in commission and workgroup activities. The Commission and its workgroups continue to identify options for these data streams to communicate, while protecting the confidentiality of individuals and concerns from reporting agencies.
- *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.*
  - As mentioned above, the Commission completed a survey of Colorado licensed mental health providers in FY 2015-2016. A report of the survey results is located at https://www.colorado.gov/cdphe/suicide-prevention-commission.
- *Develop a mechanism and resources to allow the Colorado Violent Death Reporting System to access public judicial filings to link any suicide deaths with contact with the legal system.*
  - The Commission continues to explore how to expand access to and link between data sources. Barriers to implementing this recommendation include lack of funding to acquire the data source, lack of personnel to manage and analyze the data, and not having the necessary platform for the data systems to communicate with each other.

Suicide Prevention Commission Next Steps

Colorado is a leader in creating public/private partnerships, and creating a formal state commission modeled after the National Action Alliance positions Colorado to impact real change. The Suicide Prevention Commission's 26 appointed suicide

prevention experts, stakeholders, and advocates are actively working to implement the Commission's recommendations to elevate suicide prevention efforts in Colorado. To move toward the Commission goal of a 20 percent reduction in the Colorado suicide rate by 2024, recommendations must next be adopted and implemented widely. Full implementation of the above recommendations requires greater human, political and financial capitol. The Commission continues to explore opportunities to engage new partners and leverage current funding streams in the effort to reduce suicide within our state.

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 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.[48] 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. Man Therapy removes traditional mental health language from the conversation 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.

In February 2016, www.mantherapy.org was updated and moved to a new, user-friendly web platform. The new version feeds content and resources to visitors based on site navigation and responses to the 20-point Head Inspection (self assessment). Visitors are now able to create a user-profile, which allows the site to feed content and resources with more specificity, and entices men to visit the site on an ongoing basis. In addition, the site now has specific content and resources for active-duty military and veterans, and first responders (police, fire and ambulance), which are sub-populations at an elevated risk for suicide. The updated site also includes additional general tools and resources. Man Therapy partners leveraged new marketing strategies, including social media, to promote the website statewide.

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

The Man Therapy team developed new project messages and collateral in partnership with military/veterans and first responders, and designed and disseminated new project posters and stickers specifically targeting these populations in Colorado. In 2015, the Man Therapy team received a grant from the Community First Foundation to develop tools and resources specific to first responders. Grant funds supported the development and dissemination of "first responder kits" to police stations, firehouses, and EMS stations throughout Denver in summer 2016. Kits included Man Therapy challenge coins, coffee mugs, playing cards, posters, stickers, and a flash drive with information about how to use the kit and how to promote Man Therapy agency-wide. Feedback was excellent, and the Man Therapy team is exploring funding options to produce additional kits to disseminate more broadly in Colorado.

In October 2015, a research team from the University of Maryland Baltimore, Florida State University, and the Colorado School of Public Health received a four-year grant from the Centers for Disease Control and Prevention to evaluate Man Therapy through September 2019. The Office of Suicide Prevention and the Man Therapy partnership are working with the research team to focus the evaluation on the state of Michigan, which has not previously licensed or heavily exposed to Man Therapy prior to the study. The evaluation will measure the impact of Man Therapy on men ages 25 to 64 who are experiencing depression and/or suicidal thoughts, and will measure changes in attitudes and behavior before and after visiting www.mantherapy.org. While full study results will not be available until 2019, the team expects to report year one results by September 2017.

Since its launch, there have been more than one million visits to the Man Therapy website worldwide. From July 1, 2015 through June 30, 2016, there were 11,865 visits to the site from Colorado, and 110,334 total visits in the U.S. and other countries. Visitors spent an average of over three minutes on the site, which is good for industry standards, but down from last year.

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 prevention. 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.

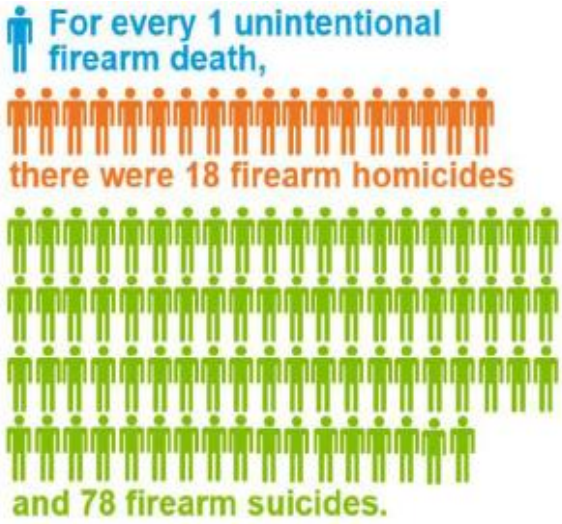
Because men often do not self-identify as having depression, the aim of this goal is to raise awareness and help-seeking behavior among men, resulting initially in higher self-reports of depression. The Office of Suicide Prevention is addressing the goal related to the suicide risk of working aged adults 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.[49] 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.

Recommendation: 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 broadly across the state in order to reach more Colorado men.

III. Means Restriction Education: Colorado Gun Shop Project and Emergency Department-Counseling on Access to Lethal Means

In Colorado, 78 percent of firearm deaths are suicides.[50] 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.



Colorado Gun Shop Project

In fiscal year 2015-2016, the Office of Suicide Prevention expanded the Colorado Gun Shop Project to include projects in Montrose, Delta, Mesa, Moffat and Routt counties (the original five counties), as well as Logan, Morgan, San Miguel, and Gunnison counties.[51] The Gun Shop Project is an education and awareness project that partners with firearm advocates, gun shops, firing ranges, and firearm safety course instructors to adopt and promote a firearm safety and suicide prevention message. Educational materials include posters, a brochure, fact sheets, and Suicide Prevention Lifeline wallet cards. The Office of Suicide Prevention updated materials and messaging for FY 2015-2016 based on feedback from shops and ranges and included information to align with temporary firearm transfer requirements contained within C.R.S. §18-12-112.

[49] "Ranking America's Mental Health: An Analysis of Depression Across the States". Prepared for Mental Health America by Thomson Healthcare. November 29, 2007.
[50] Violent Death Reporting System, Colorado Department of Public Health and Environment, 2010-2015
[51] For a full report, please visit https://www.colorado.gov/cdphe/gun-safety-suicide

The core message of the Gun Shop Project is that restricting a suicidal individual's access to firearms is a critical aspect of firearm safety. CDPHE allocated additional funding from the Centers for Disease Control and Prevention's *Preventive Services Block Grant* to expand the project to include several urban counties in FY 2016-2017, including Larimer, Pueblo, and El Paso counties. The expanded budget for FY 2016-2017 will also allow the Office of Suicide Prevention to explore partnership opportunities with the Department of Defense Suicide Prevention Office and the National Behavioral Health Innovation Center at the University of Colorado Denver to refine project materials for active duty and veteran populations and pilot the materials in areas surrounding Colorado's military installations.

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. Survey results help evaluate the pilot and refine materials and outreach to best serve community needs.[52] The majority of respondents reported a positive experience with the project. As anticipated last year, some shops that were initially hesitant came on board this year after further in-depth conversations. The evaluation report indicates that 76 percent of the businesses contacted agreed to participate in the project.[53] This represents a sizable increase from the initial project year.[54] The Office of Suicide Prevention and program partners are pleased with the overall participation and feedback, as well as progress achieved in year two. The Office recommends continuing to gradually expand the Colorado Gun Shop Project to more communities in Colorado, and evaluating the project for effectiveness.

In parallel with the project, a group of interested prevention professionals and gun shop owners began meeting in the Denver metro area around the issue of firearm suicide prevention. The active collaboration led to three highly supportive and invaluable partnerships with metro area gun ranges and retailers that continue to enrich the process and brainstorm additional avenues for outreach.

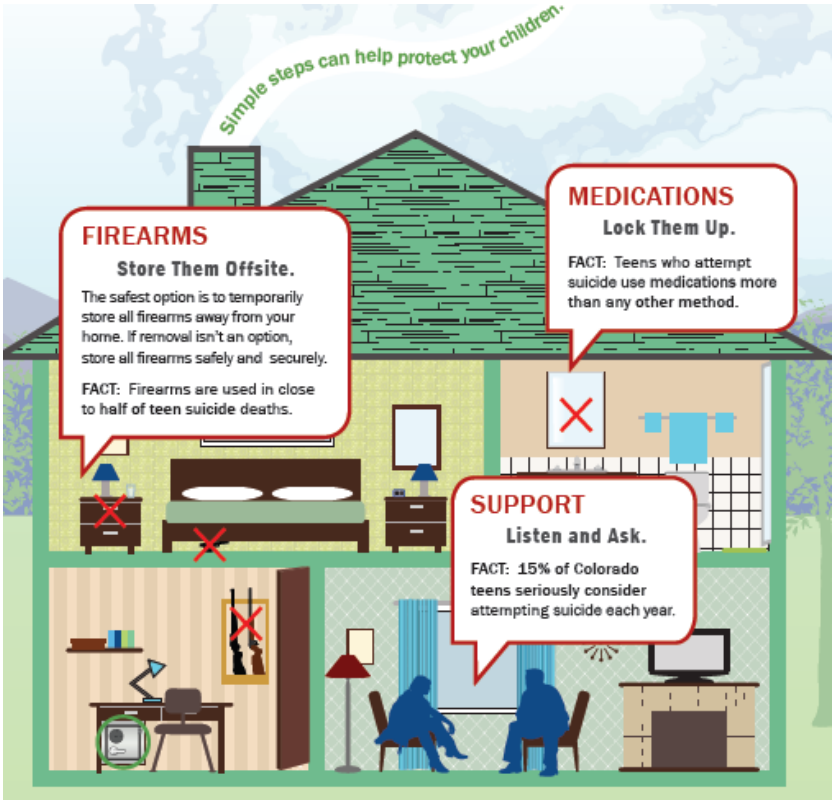
Recommendation: The Office of Suicide Prevention recommends expanding partnerships with gun ranges and retailers to implement the Colorado Gun Shop Project in more communities in Colorado and evaluating the project for effectiveness.

[52] See report located at https://www.colorado.gov/cdphe/gun-safety-suicide

[54] Increase of 12% for poster usage, 28% increase in customer rack card usage, 36% increase in Lifeline card usage

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 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 for suicide in the hours and days after discharge from an emergency department. Means restriction education is an evidence-based approach to reducing the risk of suicide death. Children's Hospital adopted the ED-CALM training and continues to implement the intervention with all families in the emergency department because of a suicide attempt. Results from the Children's Hospital pilot were published in the Western Journal of Emergency Medicine in January 2016.[55]

In 2016, the American Foundation for Suicide Prevention awarded the Colorado School of Public Health and Northeastern University a three-year grant to expand the ED-CALM implementation and evaluation to six additional emergency departments in Colorado. The Office of Suicide Prevention is partnering with the research team to identify and onboard eligible emergency departments and is working with the team to revise and update the online training based on the results and feedback of the Children's Hospital pilot. The research project will run from October 2016 to September 2019.

[55] *Lethal Means Counseling for Parents of Youth Seeking Emergency Care for Suicidality,* Western Journal of Emergency Medicine. Vol 17, Issue 1, January 2016. Accessible via: http://escholarship.org/uc/uciem_westjem?volume=17;issue=1

IV. Colorado-National Collaborative for Suicide Prevention

In FY 2015-2016, the Office of Suicide Prevention, the Commission, and partners from the Injury Control Research Center for Suicide Prevention at the University of Rochester, the Suicide Prevention Resource Center, the American Foundation for Suicide Prevention, and the National Action Alliance for Suicide Prevention formed a state-national partnership, called the Colorado-National Collaborative, focused on designing, implementing and evaluating a comprehensive suicide prevention strategy for Colorado. Throughout the fiscal year, partners held in-person strategic meetings in Colorado, Rochester, and Washington, DC, to identify initial priorities and organize a 13-member steering team. The steering team comprises seven Colorado leaders and six national leaders that meet twice per month to develop priorities and strategies that are aligned with national and Commission recommendations, and the Office of Suicide Prevention's priorities that emphasize a comprehensive and community-based approach to suicide prevention.

Collaborative priorities include: 1) the adoption of the *Zero Suicide* framework in health care systems; 2) upstream primary prevention strategies that target veterans, older adults, men in the middle years, and youth; and 3) engaging and partnering with the criminal justice systems and other prevention programs, like interpersonal violence prevention, positive youth development, and shared risk and protective factor programs working across Colorado[56]. In FY 2016-2017, the Colorado-National Collaborative will: 1) conduct a statewide inventory of suicide prevention and related organizations, programs and activities; 2) complete a data-mapping project; and 3) explore funding opportunities for moving priorities forward in a comprehensive way.

V. Community Grants

On July 1, 2014, the Office of Suicide Prevention awarded 11 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 two of the grant

[56] For more information on collaborative work across shared risk and protective factors, see the Colorado Violence and Injury Prevention –Mental Health Promotion Strategic Plan 2016-2020 here: https://drive.google.com/file/d/0B4u1qfqmSaHjYmI5RDhwaElDUFU/view

(July 1, 2015 – June 30, 2016), these grantees held a total of 62 suicide prevention workshops or gatekeeper trainings for 345 participants.

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 AllHealth Network (Arapahoe and Douglas counties) and the Center for Mental Health (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 two, these grantees held a total of 12 suicide assessment workshops or lethal means counseling trainings for 177 participants.

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 two, these grantees helped 17 schools implement *Sources of Strength*, and 108 adult advisors and 354 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 originally funded to implement this priority included: North Range Behavioral Health in Weld County, the Pueblo Suicide Prevention Center, and the Western Colorado Suicide Prevention Foundation in Mesa County. In January 2016, the Pueblo Suicide Prevention Center closed, and therefore grant activities were discontinued in Pueblo County. In year two, Weld and Mesa counties held 24 gatekeeper trainings or suicide prevention workshops with 485 participants, and disseminated more than 2,500 Man Therapy materials.

Recommendation: The Office of Suicide Prevention 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 the three community grantees implementing the program, 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 also a protective for sexual violence.[57] Evaluation results from year one of the pilot provided promising data. The Sexual Violence Prevention Program (SVP) conducted both a pre- and post-test and compared results across general SVP grantees, and those receiving the Sources of Strength program. Overall, Sources of Strength youth scored more favorably than did SVP youth on measures related to lifeskills, conflict resolution, understanding of consent for sexual activity, as well as better attitudes about gender roles.

Additionally, CDPHE's Sexual Violence Prevention Program recently collaborated with the University of Florida and the University of Rochester to submit a successful application for a four-year research grant from the Centers for Disease Control and Prevention. This study will evaluate Sources of Strength in 24 schools across Colorado to measure the effectiveness of using a shared risk and protective factor approach on multiple violence outcomes, including youth sexual violence and suicide. Each participating school will implement the Sources of Strength program for up to two years. Researchers will assess whether increasing youth-adult connectedness and school connectedness through this program results in decreasing youth suicide, sexual violence, and bullying.

Recommendation: The Office of Suicide Prevention recommends every school implement and evaluate school-based suicide prevention programs that promote resilience and positive youth development as protective factors for suicide.

[57] 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.

VII. Public Education and Awareness Efforts

The Office of Suicide Prevention co-hosted the ninth annual *Bridging the Divide*: *Suicide Awareness and Prevention Summit* at Regis University in Denver on May 4-5, 2016. Over 140 suicide prevention stakeholders from across Colorado attended the Summit. The Suicide Prevention Commission also supported scholarship opportunities for rural health care providers to obtain suicide assessment credentialing training through the annual *Elevating the Conversation* event in metro Denver. During FY 2015-2016, the Office of Suicide Prevention staff gave multiple presentations on suicide and suicide prevention throughout Colorado and nationally. Key presentations included: the Centers for Disease Control and Prevention Grand Rounds, the American Public Health Association Annual Conference, the American Association of Suicidology Annual Conference, and Public Health in the Rockies. The Office of Suicide Prevention continues to disseminate suicide prevention information and materials statewide including Man Therapy, House Bill 2012-1140 resources, Gun Shop Project materials, and materials geared toward adolescents, older adults, and Spanish-speaking Coloradans.

Recommendation: The Office of Suicide Prevention 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 requires the Office of Suicide Prevention 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 aftercare in the hours and days following hospital discharge is critical. The disseminated materials are designed to guide individuals and families through the aftercare process, and to better equip emergency department and hospital staff to effectively assess, manage and treat suicidal patients. The Office of Suicide Prevention partners with the Colorado Hospital Association, emergency departments, psychiatric hospitals, and community mental health centers across the state to ensure the most appropriate personnel serving patients appearing in emergency departments following a suicide attempt receive the materials.

The Office of Suicide Prevention also regularly surveys these systems to determine protocols, practices, and training opportunities to better guide future outreach

efforts.[58] There are currently no statewide standards for what information and materials hospitals provide after a suicide attempt. The Office of Suicide decided to conduct a survey every other year so as not to overburden hospital partners, but continues to keep communication channels open throughout the year to provide upcoming training announcements, best practices recommendations, as well as new resources when they are available.

HB 1140 communication channels also helped to recruit hospital partners for participation in the American Foundation for Suicide Prevention-funded Emergency Department-Counseling on Access to Lethal Means project mentioned above, as well as the Commission's Emergency Department Follow-Up project. HB 1140 hospitals will also be invited to participate and attend *Zero Suicide* implementation framework training initiatives, where appropriate.

Recommendation: The Office of Suicide Prevention 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 2015 (1,093 deaths; rate of 20.9/100,000). 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 of Suicide Prevention has utilized low-cost strategies that build upon community partnerships, such as with the Gun Shop Pilot Project, Colorado needs more financial, human and political capital 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 continues to move forward with the identified recommendations. 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.

[58] For a full report on the 2015 HB 1140 survey please see https://www.colorado.gov/cdphe/suicide-EMS-resources

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

- Continue to implement the recommendations of the Suicide Prevention Commission;
- Support and expand implementation of *Zero Suicide* within health care systems, including behavioral health;
    - Collaborative Assessment and Management of Suicidality is a clinical training model in which the Office of Suicide Prevention is interested. The evidence-based model costs approximately $255 per provider. With current funding, the Office will be able to train approximately 300 providers during fiscal year 2016-2017.
- Continue formalizing the Colorado-National Collaborative, aligning priorities and initiatives with Commission recommendations and Office of Suicide Prevention priorities, and emphasizing primary prevention strategies and comprehensive community approaches;
    - One full-time employee is necessary to move Collaborative work forward at a faster pace. One FTE at CDPHE would be approximately $85,000 per year including benefits.
- Support the comprehensive evaluation of www.mantherapy.org and expand project implementation through increased marketing;
    - At minimum, annual social marketing costs for Mantherapy would be $60,000.00 per year. Adding other advertising (print, radio, television) would increase costs considerably.
- Expand the Office of Suicide Prevention statewide community grant program to more counties and at higher funding levels;
    - Current grant funding provides up to $15,000 per year to ten communities. The Office recommends funding at least fifteen community agencies at a level of $50,000 or above to implement comprehensive community-driven suicide prevention work, for a total of $750,000 per year.
- Increase the impact of HB 1140 by providing hospitals with training for staff that work with suicidal patients and families;
    - Clinical assessment and management training for 1,000 emergency department providers would require an additional $105,000 per year.
- Statewide implementation and evaluation of school-based suicide prevention programs that promote resilience and positive youth development as protective factors from suicide;
    - Implementation of the Sources of Strength Program is $5,000 per school or community setting. Although additional grant funding will help to increase the number of schools that have access to this resource, $100,000 would support implementation within 20 additional schools or community settings per year.
- 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.

- Gatekeeper trainings range in cost, with the least costly being under $3,000 for training up to 400 gatekeepers. Ideally, each year the Office would train 1,200 new gatekeepers within the community at a cost of $9,000.

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.