



Office of Suicide Prevention

Annual Report

2017 - 2018

Submitted to the Colorado Joint Budget Committee, the Health, Insurance, 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, 2018



COLORADO
Department of Public
Health & Environment

Title: Office of Suicide Prevention
Suicide Prevention in Colorado Annual Report FY 2017-2018

Principal Authors: Sarah Brummett, M.A., J.D.
Director, Office of Suicide Prevention

Lena Heilmann, Ph.D., M.N.M.
Youth Suicide Prevention Coordinator

Michael Lott-Manier
Health Systems Specialist

Emily Fine
Suicide Prevention Commission Coordinator

Jarrold Hindman, M.S.
Deputy Branch Chief
Violence and Injury Prevention - Mental Health Promotion

Lindsey Myers, M.P.H.
Branch Chief
Violence and Injury Prevention - Mental Health Promotion Branch
Prevention Services Division

James Gallanos, M.S.W.
Colorado National Collaborative Coordinator

Kirstin Hoagland
Interpersonal Violence Prevention Coordinator

Subject: Report on suicide prevention programs and activities in Colorado in fiscal year 2017-2018 and the coordinating efforts of the Office of Suicide Prevention

Statute: Section 25-1.5-101(1)(w), C.R.S. (House Bill 00-1432; House Bill 12-1140); Section 25-1.5-112, C.R.S. (Senate Bill 16-147), Section 25-1.5-113, C.R.S. (Senate Bill 18-272)

Date: November 1, 2018

Content: Executive Summary Pages 3-8
Full Report Pages 9-39

For additional information or copies of this report contact:

Sarah Brummett, MA, JD
Office of Suicide Prevention
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, Colorado 80246-1530
303.692.2369
Sarah.brummett@state.co.us

Table of Contents

A Note from the Director	1 - 2
Executive Summary	3 - 8
Full Report:	9 - 39
Introduction:	9
Impact of Suicide in Colorado:	9 - 10
Key Achievements in 2017-2018:	11
Legislative Initiatives:	12 - 22
Senate Bill 14-088: Suicide Prevention Commission of Colorado	12 - 21
Senate Bill 16-147: The Colorado Plan	21
House Bill 12-1140: Suicide Prevention in Partnership with Colorado Hospitals	22
Senate Bill 18-272: Suicide Prevention in Partnership with Colorado Public Schools	22
Federal Grant Funding for Suicide Prevention in Colorado	23 - 24
Youth Suicide Prevention Grant: Ages 10-24	23
Zero Suicide within Health Systems Grant: Ages 25+	24
Additional Office Initiatives	25 - 36
Cross Departmental Collaborations	25
Colorado-National Collaborative for Suicide Prevention	26
Community Grants	27 - 29
Lethal Means Safety through Collaboration and Shared Messaging	30 - 31
Gun Shop Project	30
Provider Education on Means Safety	31
Suicide Prevention through Opioid Overdose Prevention	31
Man Therapy	32 - 33
Office of Suicide Prevention Priorities for Youth	33 - 34
Public Education and Awareness Efforts	35
Mental Health First Aid	35
State Innovation Model	36
Next Steps	37 - 38
Endnotes	39

A note from the Director:

To all of our partners working and volunteering across Colorado to reduce the impact of suicide and suicide attempts in your community, Thank You!

This thank you goes out to:

Office of Suicide Prevention Community Grantees stretching grant dollars to serve their communities;
Commissioners serving on the Suicide Prevention Commission and carrying prevention strategies back to their communities and organizations;
Local coalitions throughout the state dedicated to raising awareness within the community;
Nonprofits, foundations and community service organizations addressing wellness and violence prevention strategies;
Behavioral health providers, hotline staff, and peer support specialists;
Community mental health centers developing creative strategies to meet the needs of their community;
Sister state agencies aligning policies and initiatives;
Colorado Crisis System partners creating an open door to services;
Regional Youth Suicide Prevention Coordinators aligning efforts across communities;
Local public health departments convening partners, resources and data to inform prevention strategies;
First responders serving our communities during times of crisis;
Coroners and law enforcement ensuring that data is provided in a comprehensive and timely manner;
Advocates for mental health calling for policy development and change;
Media partners recognizing the importance of safe reporting and promotion of stories highlighting hope, recovery, and resources;
Health systems implementing Zero Suicide and committed to long term strategies for quality improvement;
Policy-makers supporting strategies for community wellness and suicide prevention at the local, state and national level;
Firearm retailers, ranges and safety instructors partnering with suicide prevention advocates to support their communities with firearm suicide prevention messaging and resources;
Veteran-serving organizations ensuring that veterans are supported and have avenues to give back to their communities;
Schools and districts implementing Sources of Strength and reviewing policies for improvement;
Coaches, bus drivers, teachers and any other adults showing up in meaningful ways in the lives of our youth;
Youth-serving organizations creating and supporting positive social activities for young people;
Survivors of suicide loss leading the charge in memory of their loved ones;
Survivors of suicide attempts or mental health crises paving the way for others to see that recovery is possible and working to improve systems to better support and respond to those in crisis;
Older-adult serving organizations dedicated to creating safe, inclusive spaces for older adults within our communities;

Faith leaders recognizing that addressing suicidal desperation within their congregation is within their scope;
And families and friends supporting each other every day throughout Colorado.

The work you do every day matters. Please keep showing up. There can be no success for suicide prevention in Colorado without you. It is my privilege to work with such passionate and dedicated partners.

To all of those impacted by suicide in our state, these partners are not giving up, and you are not forgotten.

Together we can. Together we will.



Sarah Brummett, MA, JD
Director, Office of Suicide Prevention



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 an overview of the Office's suicide prevention initiatives during the 2017-2018 fiscal year, and includes an update on the recommendations from the Suicide Prevention Commission, progress on the Colorado Plan, as well as important next steps for suicide prevention in Colorado. Additional information is available in the full 2017-2018 Colorado Office of Suicide Prevention Annual Report.

In 2017, Colorado recorded 1,175 suicide deaths, the highest number to date and 19 more than the previous high in 2016. Suicide prevention requires comprehensive approaches like ensuring access to treatment that facilitates recovery, hope, and resilience, strengthening positive social supports and community connections, and increasing awareness. The Office of Suicide Prevention works diligently to maximize current resources and leverage strong partnerships, while pursuing additional funding 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

During the 2017-2018 fiscal year, the Office of Suicide Prevention, the Suicide Prevention Commission and its partners made progress toward implementing several Commission recommendations.

Suicide Prevention Commission Recommendation	Brief Progress Update on 2017-2018 Activities
Adopt the Zero Suicide initiative within healthcare systems.	<p>To date, all 17 of Colorado's Community Mental Health Centers have been trained in the framework, as well as 11 other health care entities. The Office of Suicide Prevention facilitates monthly learning collaborative calls to share best practices and implementation strategies.</p> <p>The Office of Suicide Prevention is funding 3 grantees to work on this priority through June 2022.</p> <p>The Office of Suicide Prevention updated the Suicide Prevention Toolkit for Primary Care Practices to align with Zero Suicide and it is currently being disseminated statewide in hard copy and electronically.</p>

Adopt the Zero Suicide initiative within healthcare systems, Continued

Beginning September 30, 2018, Colorado received a five-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to help support implementation of the Zero Suicide model within Colorado health care systems (\$725,000 in Year 1 and \$700,000 for each subsequent year). This funding will help support evidence-based clinical trainings, Zero Suicide Academies and learning collaboratives, as well as infrastructure to assist local health systems with implementation needs and electronic health system build outs within 5 counties.

Support schools in implementing comprehensive protocols and evidence-based programming focused on enhancing protective factors.

This year the Office of Suicide Prevention expanded resources available for youth suicide prevention. Current initiatives include:

- State-funded community grants (4 grantees funded to work on youth organization/school-based suicide prevention through June 2022)
- On September 30, 2017, the Office of Suicide Prevention was awarded a five-year grant from SAMHSA in the amount of \$736,000 per year to support evidence-based youth suicide prevention efforts for those ages 10-24 in 8 counties.
- Partnering with the Attorney General’s Office to fund Sources of Strength at 50 schools in Colorado.
- Senate Bill 18-272, discussed below, created a new grant program for public schools and school districts to help support suicide prevention and crisis response.

Adopt standardized protocols for following up with suicidal patients after discharge from emergency departments.

The Office of Suicide Prevention leveraged state general funds and federal grant dollars to expand implementation of the Colorado Follow Up Project. The Office continues to seek sustainable funding for this initiative, which has received national attention as a best practice.

Promote universal screening to identify suicide risk within health settings.

One of the community grantees working on the Zero Suicide priority focused on implementing universal screening within their hospital system.

The [Suicide Prevention Toolkit for Primary Care Practices](#) highlights the importance of universal screening and provides tools and resources to allow this practice to expand to primary care.

Support training for mental health and substance abuse providers in Colorado.

Two community grantees working on the Zero Suicide priority are focusing on supporting clinicians with training on evidence-based treatments for suicide.

During June and July 2018, the Office of Suicide Prevention trained approximately 250 Colorado behavioral health providers to provide evidence-based assessment, intervention and treatment that directly targets suicide risk. The Office of Suicide Prevention will continue rolling out additional Collaborative Assessment and Management of Suicidality (CAMS) trainings for Colorado providers over the next several years.

Develop and implement comprehensive suicide prevention strategies for high risk industries.

The Office of Suicide Prevention collaborated with the Man Therapy Partnership to add resources to the website and develop collateral to support first responders and active-duty military and veterans.

CDPHE committed funding from its Preventive Health and Health Services Block Grant from the Centers for Disease Control and Prevention to support marketing and advertising of Man Therapy, which will begin rolling out in January 2019.

During 2019, the Office of Suicide Prevention plans to develop and disseminate Man Therapy resources and collateral for the construction industry.

Empower Primary Care practices to address suicide risk through patient care.

The Office of Suicide Prevention funded an update of a best practice [Suicide Prevention Toolkit for Primary Care Practices](#).

In May 2018, the updated Primary Care Toolkit was featured and distributed in two break-out sessions of a State Innovation Model (SIM) Learning Collaborative conference with 80+ attendees. Training webinars on the toolkit will be held in late 2018. The Office of Suicide Prevention has distributed over 350 toolkits to practices throughout Colorado to date.

The Office of Suicide Prevention continues to align with the State Innovation Model to support upstream prevention, including a partnership to produce Man Therapy materials for primary care settings.

Build capacity within the legal community 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. The Office of Suicide Prevention is exploring tailoring elements of the model to fit the unique characteristics and needs of the justice system.

The Suicide Prevention Commission's training and education work group supported the development of a Bench Card for Suicide Prevention for members of the Colorado Bench. The Suicide Prevention Commission debuted the Bench Card, and Zero Suicide, during the Colorado Collaborative Justice Conference in May 2018, which sparked discussion about making gatekeeper trainings available throughout Colorado judicial districts.

Fill data gaps and enhance data collection tools and systems in Colorado.

The Office of Suicide Prevention, in partnership with the Office of Vital Statistics transitioned data from the Colorado Violent Death Reporting System to an interactive data dashboard, providing a more usable interface to inform prevention efforts at both the local and state level.

The Office of Suicide Prevention also partnered with the Child Fatality Prevention System to develop a standardized Suicide Death Investigation Form for coroners, law enforcement, and medical examiners to increase the quality of data available to inform prevention efforts. That form is available online at coosp.org.



Additional Office of Suicide Prevention Initiatives

The Colorado Plan for Suicide Prevention

In 2016, the General Assembly passed Senate Bill 147, directing the Office of Suicide Prevention to develop a Colorado Plan for suicide prevention, building on best practices and current initiatives and recommendations from the Suicide Prevention Commission. The Colorado Plan incorporates recommendations from the Colorado Suicide Prevention Commission, the Colorado-National Collaborative, and the Colorado Office of Suicide Prevention into one cohesive document setting forth the path that will move Colorado forward and reduce the impact of suicide. The full plan is expected to be formally released in January 2019.

House Bill 12-1140: Suicide Prevention in Partnership with Colorado Hospitals

The Office of Suicide Prevention continues to support emergency departments in providing resources to patients and families following discharge for a suicide attempt. HB 12-1140 provides an open communication stream in which the Office of Suicide Prevention can share resources, trainings, best practices, and other opportunities on an on-going basis with hospitals and providers. In fiscal year 2017-2018, the Office moved HB 12-1140 efforts to a more usable [quarterly online newsletter](#).

Senate Bill 18-272: Suicide Prevention in Partnership with Colorado Public Schools

During the 2018 Legislative Session, the General Assembly passed Senate Bill 18-272 to support comprehensive suicide prevention and crisis response for public schools and school districts. In July 2018, the Office of Suicide Prevention met with stakeholders from the Colorado Department of Education, the Colorado School Safety Resource Center, the Colorado Parent Teacher Association and Colorado Youth Advisory Council to gather

input for the school grants. Based on that input, the Office of Suicide Prevention released a Request for Applications in early September and anticipates awards will be in place beginning January 2019.

Colorado-National Collaborative for Suicide Prevention

Colorado was selected as the state with the necessary infrastructure, political support and momentum to lead the nation in creating a blueprint for comprehensive community-based suicide prevention sufficient to demonstrate a measurable impact on a state's suicide rate. Throughout the 2017-2018 year, state and national Colorado-National Collaborative partners met with stakeholders in El Paso, Pueblo, Larimer, Mesa, La Plata and Montezuma counties to discuss current local, state, and national priorities for suicide prevention and gain buy-in on next steps. In May 2018, the Office received \$200,000 from the American Foundation for Suicide Prevention to hire a full-time project coordinator and support travel and meeting expenses to bring county, state and national partners together for planning and partnership.

Community Suicide Prevention Grants

The Office of Suicide Prevention currently funds thirteen community-based suicide prevention partners engaged in four priority areas: dissemination of Man Therapy, Zero Suicide implementation, Sources of Strength, and community-based initiatives. Three grantees are engaged in Zero Suicide implementation, four are focused on providing Sources of Strength to schools and other youth-serving organizations, three are disseminating Man Therapy, and three are engaged in other community-based initiatives like gatekeeper training and coalition-building. All grantees receive between \$10,000-\$20,000 per year.

Colorado Gun Shop Project

The Office of Suicide Prevention continues to actively engage stakeholders in partnerships and meaningful conversations to reduce firearm suicide. During the 2016-2017 fiscal year, 21 counties implemented the project and firearm advocates visited 133 shops, ranges, and other businesses to introduce the project. Of those sites, 71 percent agreed to participate in the Gun Shop Project (for communities in their 3rd year of implementation, this rate was 90%). Of those who agreed to participate, 74% had materials present at follow up, and many asked for additional training for themselves or staff. In fiscal year 2017-2018, the Office of Suicide Prevention supported the project in 25 counties and evaluation results are expected in the fall.

Man Therapy

In July 2018, Man Therapy celebrated its sixth anniversary of the launch of 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. From July 1, 2017 through June 30, 2018, there were 15,023

visits to the site from Colorado, and 133,840 total visits in the U.S. and other countries. These metrics are up from last fiscal year, due in part to investment by Facebook into social media marketing of Man Therapy to their users, national and local media outlets highlighting the resource, as well as small scale advertising efforts within Colorado.

Conclusion

Successful prevention in Colorado requires two elements: targeted intervention and treatment for those at highest risk for suicide and universal upstream approaches designed to impact individuals and communities prior to the onset of suicidal thoughts and behavior. All initiatives should include data-driven, evidence-based strategies and must incorporate comprehensive evaluation. With the award of two federal grants, foundation funding and block grant dollars, 2017-2018 was a particularly successful year of growth for the Office of Suicide Prevention; however, more is still needed. Although the Office of Suicide Prevention has utilized low-cost strategies that build upon strong community partnerships, such as the Gun Shop Project, Colorado needs more financial, human, and political capital dedicated to suicide prevention efforts. The Office of Suicide Prevention will continue to explore opportunities for additional funding, while leveraging existing resources.



Office of Suicide Prevention Annual Report

Suicide Prevention in Colorado 2017-2018

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 of Suicide Prevention's initiatives throughout Colorado during the 2017-2018 fiscal year, and includes progress on the recommendations from the Suicide Prevention Commission (formed via Senate Bill 14-088), an update on House Bill 12-1140 hospital outreach efforts, progress on The Colorado Plan pursuant to Senate Bill 16-147, and the status of Senate Bill 18-272, Crisis and Suicide Prevention Training Grant Program for public schools and districts.

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 across the state. In an effort to have a meaningful impact through state-level suicide prevention activities, the Office of Suicide Prevention emphasizes using state and grant funding to address strategic priority areas at the state and local level. These strategies 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.

The Impact of Suicide in Colorado

In 2017, there were 1,175 suicides among Colorado residents and the age-adjusted suicide rate was 20.9/100,000. As Colorado's population continues to grow, so do the number of suicide fatalities for residents. The suicide death rate in Colorado has remained relatively stable since 2012, with no statistically significant variation. For purposes of comparison, the number of suicide deaths in 2017 exceeded the number of deaths from homicide (279), motor vehicle crash (672), breast cancer (638), influenza and pneumonia (576), unintentional drug overdoses (833),¹ and diabetes (1,017).²

The impact of suicide exists across a continuum. According to national data from the Centers for Disease Control and Prevention, for every 1 death by suicide, there are 3 attempts resulting in hospital admission, 9 attempts leading to an emergency department visit, 27 attempts that are not medically treated, and 228 individuals who experience thoughts of suicide. Understanding these varied experiences of loss and recovery is integral in crafting prevention strategies that address the full spectrum of suicide impact in Colorado.

In 2017, suicide remained the 7th leading cause of death for all Coloradans. Working-age adults ages 25-64 continue to have the highest rates and number of suicide deaths, representing 70 percent of all suicide fatalities (826). Additionally, males continue to bear a disproportionate burden for suicide, representing over 76 percent of suicide fatalities across all age groups. The increase in suicide among younger populations since 2015 is a concerning trend both in Colorado and nationally. Suicide rates for female youth peak significantly in later adolescence.

According to the 2017 Healthy Kids Colorado Survey, 31.4 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. Seventeen percent reported considering suicide, and seven percent reported making one or more suicide attempts in the previous twelve months. These figures mirror trends seen across the country.

Significant health disparities persist for students who reported being gay, lesbian, or bisexual; 62.6 percent indicated feeling sad or hopeless (42.5 percent for students who were unsure as to sexual orientation), 44.8 percent reported considering suicide, and 19.9 percent reported attempting suicide in the previous twelve months. Further, unacceptable disparities exist for transgender students, with 32.5 percent reporting an attempt in the past 12 months, compared to 6.3 percent of their cisgender peers.³ Transgender students are also three times as likely to report experiencing bullying at school, are over four times less likely to feel safe at school, and are less likely to report having an adult to go to for help.⁴

Inequities also exist across race and ethnicity demographics, highlighting the need for youth prevention activities to be inclusive of all students regardless of sexual orientation, gender identity, race or ethnicity.

The Healthy Kids Colorado Survey contains invaluable data informing the strength of protective factors for youth across many negative health outcomes. The Office of Suicide Prevention focuses on improving the health of Colorado communities by infusing the following protective factors: connection to caring adults; safe and inclusive school environments; and connection to school and community.

GENDER IDENTITY	BULLIED AT SCHOOL DURING LAST 12 MONTHS	ELECTRONICALLY BULLIED IN PAST 12 MONTHS	EXPERIENCED TEASING OR NAME CALLING DUE TO PERCEIVED SEXUAL ORIENTATION	EXPERIENCED TEASING OR NAME CALLING DUE TO PERCEIVED GENDER IDENTITY	DO NOT FEEL SAFE AT SCHOOL	DO NOT HAVE AN ADULT THEY COULD GO TO FOR HELP WITH SERIOUS PROBLEM
TRANSGENDER	53%	41%	48%	47%	41%	55%
CISGENDER	18%	14%	4%	1%	9%	26%

Office of Suicide Prevention Initiatives in Fiscal Year 2017-2018

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. Coordinating data-driven, research-based suicide prevention initiatives statewide is crucial to address the burden of suicide in Colorado. The Office of Suicide Prevention completes projects and initiatives in partnership with organizations throughout Colorado working to prevent suicide at the state and community level.

Momentum for suicide prevention continues to grow in Colorado, with additional partners and funding streams emerging. Although more resources are needed to match the statewide need, **key suicide prevention milestones** for Colorado in the 2017-2018 fiscal year included:

The Office of Suicide Prevention secured dedicated funding through a federal youth suicide prevention grant, which supports saturated youth suicide prevention strategies in eight Colorado counties and allowed the Office of Suicide Prevention to hire a full-time youth suicide prevention coordinator.

The Office of Suicide Prevention was awarded federal funding to support Zero Suicide beginning in fiscal year 2019, which will provide support for expanding implementation of Zero Suicide in health care systems in five Colorado counties and allow the Office of Suicide Prevention to hire a designated staff member to lead efforts.

The Colorado National Collaborative formalized local partnerships with six priority counties. Initial seed funding from the American Foundation for Suicide Prevention allowed the Office of Suicide Prevention to hire a coordinator to lead the effort and the Centers for Disease Control and Prevention Foundation accepted a proposal to solicit funding for the initiative over five years.

Promising preliminary results from a Centers for Disease Control and Prevention-funded research study may show that Man Therapy improves engagement with men around mental health issues and results in increased help-seeking behavior by men who visit the website.

- CDPHE allocated \$120,000 of Preventive Health and Health Services Block Grant funding to expand awareness of the Man Therapy website in Colorado in 2019.

The Office of Suicide Prevention improved communication with partners and stakeholders by developing and disseminating a monthly newsletter. There are currently 739 recipients of the monthly newsletter.

The Office of Suicide Prevention invested in training materials for evidence-based trainings to subsidize gatekeeper and Mental Health First Aid training for community partners.

The Colorado General Assembly passed Senate Bill 18-272, which increases available resources to support schools and districts in suicide prevention and crisis response.

The Attorney General's Office, in partnership with the Office of Suicide Prevention, generously funded youth suicide prevention efforts in the state by supporting implementation of Sources of Strength in 50 schools during the 2017-2018 school year. The Attorney General's Office also funded a qualitative community study on youth suicide in four Colorado counties.

The oversight of state funding for Mental Health First Aid transitioned to the Office of Suicide Prevention this year to better align suicide prevention and mental health promotion efforts in Colorado.

Legislative Initiatives of the Office

I. Senate Bill 14-088: Suicide Prevention Commission of Colorado - Activities and Recommendations

Colorado Senate Bill 14-088 created the [Suicide Prevention Commission of Colorado \(Commission\)](#) to provide public and private leadership for suicide prevention efforts and make 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 Commission's recommendations was not included in the legislation, the fiscal note provides the Office of Suicide Prevention funding to support one full time employee to serve as the Suicide Prevention Commission Coordinator.

The Commission acknowledges that 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. Sustained contribution from both the public and private sectors is necessary to achieve the Commission's aspirational goal of reaching a 20 percent reduction in the suicide rate in Colorado by 2024.

The Commission identified several key recommendations for suicide prevention opportunities in Colorado under four priority areas: Supporting Integrated Health Care; Improving Training and Education; Building Resilience and Community Connectedness; and Enhancing Data Collection and Systems.

Recommendations Set Forth By Commission

Support Integrated Health Care

- Adopt the Zero Suicide initiative within health care systems.
- Adopt standardized protocols for following up with suicidal patients after discharge from emergency departments.
- Promote universal screening to identify suicide risk within health care settings.
- Support Primary Care Practices in adopting suicide prevention protocols.

Improve Training and Education

- Support training for mental health and substance abuse providers in Colorado.
- Develop and implement comprehensive suicide prevention strategies for high risk industries.

Build Resilience and Community Connectedness

- Increase the prevalence of community-level programs supporting connectedness and positive social norms.
- Support schools in implementing comprehensive protocols and evidence-based programming focused on enhancing protective factors.

Enhance Data Collection and Systems

- Encourage coroners, medical examiners, and law enforcement to adopt a standardized suicide investigation form.
- Enhance information sharing between organizations.

The following section details the strategies and priorities under each recommendation set forth by the Commission as well as highlights Colorado’s progress on implementation.

Commission Priority: Support Integrated Health Care

1. Health care systems should adopt the Zero Suicide initiative

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. This system-level approach to quality improvement reflects a commitment to patient safety and the 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 80 percent reduction in suicide deaths for patients within their care.⁵

The framework is not prescriptive about how an organization implements the elements, or even what tools or trainings should be used. Rather, Zero Suicide is a conceptual framework highlighting the areas a health system must consider and address when developing their own strategy, tailored to meet the needs of their patients, the system, and the realities of available resources.

In 2015, the Commission recommended that all health care systems in Colorado adopt the Zero Suicide framework. By April 2017, the Office of Suicide Prevention ensured that all 17 community mental health centers in Colorado were trained in the framework, as well as 11 other health-serving organizations such as large health systems,

behavioral health organizations, managed service organizations, a school district, and one hospital.

The Office of Suicide Prevention supports teams that have completed an Academy through a learning collaborative process of monthly online/telephonic meetings where teams share lessons learned, opportunities for improvement, strategies, and national resources. While initial implementation efforts focus on the mental and behavioral health care organizations of Colorado, the Office of Suicide Prevention also continues to explore infusion of the framework into the State Innovation Model Program, non-integrated primary care settings, and the justice system. On September 30, 2018, funding to support Zero Suicide implementation in five counties began through a five-year federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). This grant is detailed later in the report in full.

Next Steps: The Zero Suicide framework should be the established standard of care for Colorado health care systems and agencies. Health care settings should be supported in receiving real-time data in order to fully adopt the quality-improvement initiative. In the coming year, the Office of Suicide Prevention will continue to support implementation of the model within health care settings and explore opportunities to expand the comprehensive philosophy to other Colorado systems.

2. The Colorado Follow-Up Project: an evidence-informed approach to support patients after discharge from emergency departments and inpatient settings in Colorado.

The Colorado Follow-Up Project has received national attention as a proof of concept for how telephonic follow-up for patients leaving the emergency department can be done with a relatively low-cost, replicable model. National data show individuals with a recent discharge from an emergency department are at higher risk for suicide, especially in the month following discharge.⁶ Further, 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.⁷ Continuity of care and follow-up services are both key components of the Zero Suicide framework.

The Commission recommends that each emergency department system and inpatient setting serving suicidal patients have a standardized protocol for follow-up care. Based on the importance of continuity of care, the Commission's Emergency Services Workgroup developed a pilot protocol utilizing the Colorado Crisis and Support Line to provide telephonic follow-up support to patients following discharge from an emergency department. The Office of Suicide Prevention has obtained additional funding from SAMHSA to continue the Follow Up Project within select emergency department and inpatient settings.

The Follow-Up Project involves connecting patients who have been evaluated for a mental health or behavioral health crisis, including suicidal thoughts or behaviors, within an emergency department or inpatient setting with the statewide crisis services hotline prior to discharge. The hotline provides continuing follow-up contact via telephone with the patient for at least 30 days, or until he or she connects with community mental health services or declines further contact. The project entails an evaluation

component including data from both the emergency department/inpatient facility and the hotline to gauge referral and participation rates, as well as outcomes and patient satisfaction.

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.

The goals of the 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.

Next Steps: The Office of Suicide Prevention will prioritize working with partners to identify and secure additional funding to expand the Follow-Up Project. Although both federal grants support the expansion of the Follow-Up Project in key communities, telephonic follow-up should be adopted as a standard of care at all emergency departments, inpatient units, and psychiatric facilities. Both public and private dollars are necessary to ensure that all Coloradans receive this service.

3. Promote universal screening to identify suicide risk within health care settings

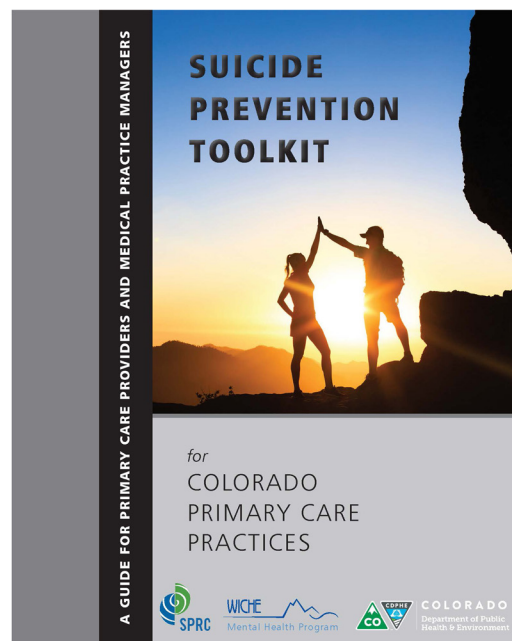
During its first year, the Commission recommended universal screening for depression and suicide risk in the emergency department. The recommendation has since expanded to all health care settings. This aligns with the Joint Commission's release of Sentinel Event 56, which encourages detecting and treating suicide ideation in all hospital settings. Many screening tools are available for little to no cost on the [Suicide Prevention Resource Center's website](#).

Additionally, organizations faithfully implementing Zero Suicide will adopt consistent screening protocols identified and embedded within agency workflow and performance measures. This recommendation also aligns with efforts of the State Innovation Model (SIM) Program to improve Coloradan's access to integrated health services. The Office of Suicide Prevention actively engages SIM partners to provide information, tools, and resources to empower primary care practices in adopting suicide prevention protocols for their practices.

Next Steps: Screening for suicide risk should be a standard of care for patients receiving care within all Colorado health settings. The Office of Suicide Prevention will continue to prioritize supporting health care agencies with resources to implement universal screening for depression and suicide.

4. Support Primary Care Providers in Adopting Suicide Prevention Protocols

Primary care is often the first line of contact for individuals who are hesitant or resistant to seeking out traditional mental health services directly, particularly men and older adults who are disproportionately represented in Colorado suicide deaths each year. During fiscal year 2016-2017, the Office of Suicide Prevention funded an update of a [toolkit for primary care](#) originally developed by the Suicide Prevention Resource Center and the Western Interstate Commission on Higher Education. The update aligns with the tenets of Zero Suicide and includes additional resources and tools developed since the original release of the toolkit in 2009. The toolkit is now specific for Colorado providers and highlights state-funded Colorado Crisis System services. The goal of the toolkit is to provide actionable steps and resources to empower practices to directly address suicide prevention within their practice and focuses on identification, risk assessment, safety planning, lethal means counseling, and follow-up care. In fiscal year 2017-2018, the Office supported dissemination of this free resource to support primary care practices with comprehensive suicide prevention. A free online webinar designed to orient providers to the toolkit is expected to be completed by December 2018.



Next Steps: The Commission and the Office of Suicide Prevention will continue to support dissemination of the toolkit through in-person orientations, recorded webinar presentations, and distribution of free electronic versions and hard copies of the toolkit. The Commission will leverage communication channels with the State Innovation Model, professional associations, and local community partners to promote the toolkit.

Commission Priority: Improve Training and Education

1. Support Training for Mental Health and Substance Abuse Treatment Providers

Data from the Colorado Violent Death Reporting System show that 28.7 percent of people who died by suicide from 2012-2016 were engaged in some form of mental health treatment at the time of their death. This highlights the need for mental health providers to be supported with training on both assessment and management of suicidal clients. Currently, there is no requirement in Colorado for providers to demonstrate competency with suicidal risk management within their practice. Mental health clinicians who have not received evidence-based training on treating suicide risk may rely on sending a patient who discloses suicidal ideation to involuntary inpatient hospitalization. This outcome is often more harmful than helpful to the person experiencing suicidal ideation, and involuntary hospitalization may ultimately increase an individual's suicide risk. Additionally, many mental health clinicians would prefer not to have to refer their patients to involuntary inpatient hospitalization, but, without having received evidence-based training on suicidality, they may feel this is their only option. Supporting mental health clinicians with evidence-based training on treating suicide risk supports both the clinician and the patient, and addresses the suicidal thoughts directly to help the patient recover.

A prior Commission survey revealed that evidence-based practices and training related to suicide prevention are gaps for Colorado mental and behavioral health providers. Results from the

survey highlight the need for clinical staff to be supported with clinical training on evidence-based suicide assessment and treatment practices.

Many suicide prevention training courses are available for free online, such as training on the Columbia Suicide Severity Rating Scale assessment tool, Counseling on Access to Lethal Means, and Collaborative Safety Planning.

However, many of the evidence-based trainings for treatment and management of suicidality are costly for providers and organizations. Beginning in July 2017, the Office of Suicide Prevention funded two community grantees to provide Collaborative Assessment and Management of Suicidality (CAMS) clinical trainings across their organization, and both federal grants received by the Office devote significant resources to this priority. In fiscal year 2017-2018, the Office of Suicide Prevention trained 250 mental and behavioral health providers in the CAMS model and has earmarked resources to train an additional 500 providers in 2019.

Next Steps: The Office of Suicide Prevention will continue to work with other state agencies and professional organizations to sponsor trainings in locations throughout the state and continue pursuing additional opportunities for funding to adequately support and expand this recommendation.

2. Develop and Implement Comprehensive Suicide Prevention Strategies for High-Risk Industries

Data from Colorado highlight a number of industries at high-risk for suicide, including construction, first responders, oil and gas, the legal community, agriculture and ranching, and mining. Each of these professions should be supported in developing a comprehensive approach to suicide prevention. In 2017, the Office of Suicide Prevention helped move this priority forward by adding first responder specific information, content and resources to www.Mantherapy.org. In 2019, the Office of Suicide Prevention plans to develop resources and collateral to better engage and support the construction industry. The Department of Agriculture and the Office of Behavioral Health have also developed materials and partnered with the state crisis line on cultural competence training for supporting agriculture families. The Office of Suicide Prevention leverages these materials by disseminating them through local partners and networks.

The legal community, comprising of judges, attorneys, and probation departments, represents another access point outside of the health care system to reach individuals at risk for suicide. The legal community as a profession is also 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 is

nearly twice the state rate. The legal system is uniquely poised at a critical access point for those in crisis and represents an opportunity to train gatekeepers within each judicial district.

The Office of Suicide Prevention is leading efforts to develop a framework for the legal community in alignment with the requirements of Senate Bill 16-147. The first step in the process is to empower the judiciary to identify at-risk litigants, attorneys, and peers and to connect them with support. The Commission's Training and Education Workgroup supported the development of a Bench Card for Suicide Prevention for use by the members of the Colorado Bench. The Commission debuted the Bench Card, and concept of Zero Suicide, during the Colorado Collaborative Justice Conference in May 2018. This sparked additional discussion on how gatekeeper trainings could be made available throughout Colorado judicial districts.

Next Steps: The Office of Suicide Prevention will continue to explore opportunities to tailor the Zero Suicide framework to suit the needs and operations of Colorado's justice system. In the coming year, the Office of Suicide Prevention plans to develop Man Therapy content and collateral resources to better serve members of the construction industry.

Commission Priority: Build Resilience and Community Connectedness

1. Increase the prevalence of community-level programs supporting connectedness and positive social norms.

In order to be successful, Colorado's suicide prevention efforts must go beyond focusing solely on intervention and treatment services for those at risk for suicide. The Commission developed this recommendation in recognition that these are both essential elements for suicide prevention, but without upstream universal prevention on a community population level, Colorado will not achieve a fully comprehensive approach to suicide prevention. The Resilience and Community Connectedness Workgroup of the Commission has identified economic stability as an initial platform to explore. Historical trends within the United States have shown increased suicide rates during period of economic recession. Financial stress may increase risk for suicide as well as exacerbate related physical and mental health conditions.⁸

Strengthening economic supports and changing social norms are critical approaches to preventing many connected forms of violence and injury, including suicide.⁹ Food security, access to child care, and stigma related to help-seeking are also significant public health issues in Colorado. Colorado ranks 48th lowest in the United States for enrolling eligible citizens in the Special Supplemental Nutrition Program for Women, Infants, and Children

(WIC)¹⁰ and 45th lowest for enrollment in the Supplemental Nutrition Assistance Program (SNAP).¹¹ According to data from the Social Capital Project, the stigma related to asking for help may contribute to low emotional support in several Colorado communities.¹²

Colorado does not currently have a state paid leave policy to support families and children. By promoting family financial stability through paid leave, caregivers are more likely to have lower stress, improved mental health, healthier birth outcomes, receive preventative medical care, and manage mental health concerns, which have a known impact on reducing child abuse, neglect, suicide and intimate partner violence. Through paid leave, individuals are also more likely to take leave for preventative care and for illness, which protects communities against chronic illness and communicable disease.

Next Steps: The Office of Suicide Prevention will continue to prioritize and support upstream, evidence-based strategies, and will continue to work with local and national partners to design, implement and evaluate upstream strategies as critical to comprehensive suicide prevention efforts in Colorado.

2. Support schools and other youth-serving organizations in implementing comprehensive protocols and evidence-based programming focused on enhancing protective factors.

Suicide remains the leading cause of death for Coloradans aged 10-24. Additionally, data from the 2017 Healthy Kids Colorado Survey indicate that suicidal thoughts and behaviors impact a high percentage of Colorado middle and high school students. While K-12 school settings may be a natural starting point, higher education systems are also in need of comprehensive proactive policies and procedures. Importantly, youth suicide is not an issue relegated to schools to fix. Suicide is a community issue and requires that all community organizations, agencies, and members come together to address societal factors at play. However, as schools represent an important community setting, these recommendations are intended to support schools, while acknowledging that they are not solely responsible for youth suicide prevention activities.

In 2017, the Commission created a Youth Suicide Prevention Workgroup, with the initial focus of supporting the Colorado Youth Advisory Council in their identified efforts of convening stakeholders and developing a proof of concept web-based tool created by and for youth to highlight mental health resources and encourage help-seeking behavior and connection. The Youth Work Group currently has representation from the Department of Education, the School Safety Resource Center, Department of Human Services - Youth Development, CDPHE's Violence and Injury Prevention - Mental Health Promotion Branch, Colorado Youth Advisory Council, rural school districts, local public health agencies, community mental health centers, and other nonprofits serving youth.

The Commission maintains that all schools and youth-serving organizations in Colorado should implement a full spectrum of prevention programming starting with comprehensive protocols to address prevention, intervention, and postvention.

Further, all school staff should receive training

specific to suicide prevention. There are several in-person and online evidence-based training courses for schools to choose from. Schools should leverage House Bill 06-1098, which allows teachers and other designated staff to take suicide prevention training to fulfill continuing education requirements.

There are existing national resources and protocol development tools, as well as statewide support from the [School Safety Resource Center](#) to assist schools in developing and implementing protocols.

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 established referral protocols with resources like the [Second Wind Fund](#) and statewide crisis services system. Specifically, Colorado should expand implementation and evaluation of school-based suicide prevention programs, like Sources of Strength, which promote resilience and positive youth development as protective factors from suicide.

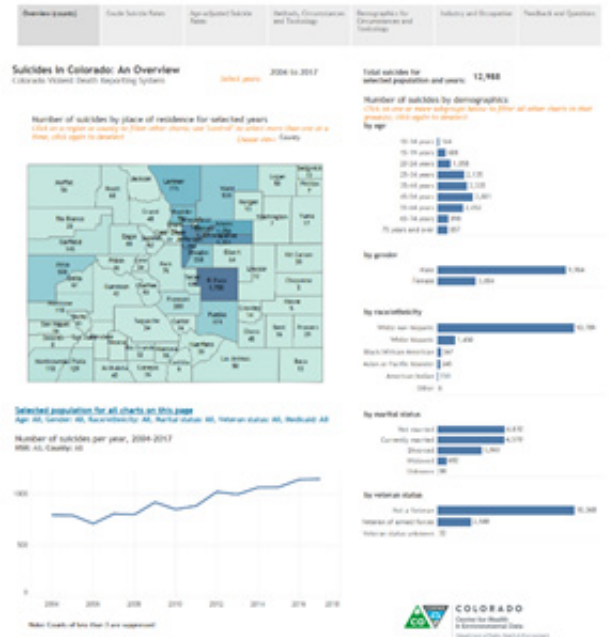
Additionally, primary prevention efforts aimed at increasing protective factors should be adopted within elementary schools, such as the Good Behavior Game, which focuses on early social/emotional learning. The Commission recommends additional funding for schools to ensure that every school district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

Next Steps: The Office of Suicide Prevention will continue to prioritize and support primary prevention efforts for all ages, including youth. Recent legislation, support from the Attorney General's Office, and a federal grant award will move this priority forward.

Commission Priority: Enhance Data Collection Tools and Systems

The Commission identifies gaps and needs related to data and surveillance tools in Colorado. Enhancing available surveillance sheds light on access points to reach those at risk for suicide, better inform prevention efforts and provide a baseline to track progress in Colorado. The Office of Suicide Prevention relies on data collected and reported by coroners, law enforcement, hospitals, emergency departments, and local partners in crafting priorities, funding, and future efforts.

In fiscal year 2016-2017, the Office of Suicide Prevention collaborated with the Office of Vital Statistics and the Office of Planning, Partnerships and Improvement to transition data from the Colorado Violent Death Reporting System to an **interactive data dashboard**, providing a more useable interface to inform prevention efforts at both the local and state level. The innovative tool has been highlighted in a number of venues, including on the national stage.



1. Encourage coroners, medical examiners, and law enforcement to adopt a standardized suicide investigation form.

COLORADO Department of Public Health & Environment

Suicide Death Investigation Form Clear Form

This Suicide Death Investigation Form can be completed by investigators from coroners' offices or law enforcement agencies for all potential suicide deaths. The purpose of the form is to capture risk factor and circumstance data in suspected or known cases of suicide, as well as general mortality information to be used in prevention efforts, not to determine possible negligence or accountability. This form can also serve as a template for gathering information to be submitted with the Death Certificate and Violent Death Reporting Form.

1. Administrative information:	
a. Date report completed (MM/DD/YYYY):	b. Date of incident (MM/DD/YYYY):
c. Reporting agency name:	
d. Agency number:	e. Person completing form: (enter zero for none):
f. Please indicate which types of sources were available (check all that apply):	
<input type="checkbox"/> Employment/Personnel record <input type="checkbox"/> Medical record <input type="checkbox"/> Autopsy report <input type="checkbox"/> Ballistics report <input type="checkbox"/> Financial (debt) report <input type="checkbox"/> Suicide note	<input type="checkbox"/> Investigative report <input type="checkbox"/> Interviews <input type="checkbox"/> School records <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/> Family <input type="checkbox"/> Friends of decedent <input type="checkbox"/> School <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-worker	<input type="checkbox"/> Faith community <input type="checkbox"/> Mental health professional <input type="checkbox"/> Other, specify: _____
2. Decedent information:	
a. Decedent name: First: _____ Middle: _____ Last: _____	b. Date of birth (MM/DD/YYYY): <input type="checkbox"/> Unknown
c. Date of death (MM/DD/YYYY): <input type="checkbox"/> Unknown	
3. Education:	
Highest education level completed:	
<input type="checkbox"/> High school <input type="checkbox"/> GED <input type="checkbox"/> Some college <input type="checkbox"/> Associate's degree	<input type="checkbox"/> Bachelor-level degree <input type="checkbox"/> Masters-level degree <input type="checkbox"/> Doctoral-level degree
<input type="checkbox"/> Unknown <input type="checkbox"/> Less than high school, specify highest grade completed: _____	
For youth suicides (under 18 years at the time of death, please be sure to complete school history section, Section 18)	
4. Race (check all that apply):	
<input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____	5. Hispanic origin:
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	
6. Relationship and family status:	
a. Current relationship status:	b. Marital status
<input type="checkbox"/> In a relationship <input type="checkbox"/> Not in a relationship <input type="checkbox"/> Unknown	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Legally separated <input type="checkbox"/> Widowed
<input type="checkbox"/> Remarried <input type="checkbox"/> Separated <input type="checkbox"/> Living together <input type="checkbox"/> Unknown	
c. If separated/divorced/widowed, date (MM/DD/YYYY):	e. Number of children:
d. Number of times married (including current):	f. Current child custody/Child support issues:
<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____

The Office of Suicide Prevention partnered with the Child Fatality Prevention System State Review Team's Data Work Group to develop a comprehensive suicide investigation form. The form is intended to streamline the data collection and submission process for death investigators as well as fill significant gaps in data available to guide prevention efforts. After a brief pilot in select counties, the form was updated based on feedback from partners to improve usability and reduce burden.

Next Steps: The Office of Suicide Prevention will continue to work with the vital statistics team to expand the data dashboard and disseminate the investigation tool to partners statewide. The Office of Suicide Prevention will continue to work with local partners to highlight the value of data in addressing suicide at the community level.

2. Enhance information sharing between organizations.

A key element of the Zero Suicide quality improvement framework involves collecting and tracking internal processes related to patient care, and tracking suicide attempts and deaths among patients of the organization or system. For optimal implementation, access to timely data is necessary at the agency, county, and state level.

Next Steps: The Commission and the Office of Suicide Prevention will explore options to help organizations track key suicide-related data, as well as develop data use agreements to allow for the sharing of information in de-identified form.

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 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 be adopted and implemented widely. Full implementation of the recommendations requires greater human, political and financial capital. The Commission continues to explore opportunities to engage new partners and leverage current funding streams in the effort to reduce suicide in Colorado.

II. Senate Bill 16-147 - The Colorado Plan

In 2016, the General Assembly passed Senate Bill 147, directing the Office to develop a Colorado Plan for suicide prevention, building on best practices and current initiatives and recommendations from the Commission. The Office of Suicide Prevention completed the Colorado Plan, which will be formally released in early 2019.

The Colorado Plan incorporates recommendations from the Colorado Suicide Prevention Commission, the Colorado-National Collaborative, and the Colorado Office of Suicide Prevention into one cohesive document setting forth the path to move Colorado forward and reduce the impact of suicide in our state. The plan prioritizes data-driven and evidence-based/evidence-informed strategies, where available, and relies on continuing evaluation and data collection, analysis, and plan improvement. Where evidence-based strategies do not exist, Colorado is committed to supporting the development, implementation, and evaluation of innovative new initiatives to better serve Coloradans. The Colorado Plan also aligns with the [National Action Alliance for Suicide Prevention's Transforming Communities](#) and the [Centers for Disease Control and Prevention's Preventing Suicide: Technical Package](#). The plan is intended to become a living document, and will be updated based on data collection and evaluation results.

III. House Bill 12-1140 - Suicide Prevention in Partnership with Colorado Hospitals

In May 2012, Governor Hickenlooper signed House Bill 1140 into law, which requires the Office of Suicide Prevention to provide Colorado hospitals and associated organizations 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 mental health crisis.

The resources 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 resources. During fiscal year 2017-2018, the Office of Suicide Prevention moved communication and outreach to hospitals and organizations to a [quarterly emergency services newsletter](#). There are currently 110 recipients of the quarterly newsletter. In addition to available patient resources, the Office of Suicide Prevention provides information on funding opportunities, the Zero Suicide initiative, available trainings, and helpful resources for hospital staff.

Next Steps: The continued focus and strength of HB 12-1140 is opening communication channels with medical and behavioral health professionals serving in emergency departments, hospitals and community mental health centers throughout the state. The Office of Suicide Prevention initiates regular contact with these health care entities throughout the year to provide upcoming training announcements, best practice recommendations, and new resources once available. Additional resources are required to respond to the need expressed by hospital partners for additional training in suicide risk assessment and safety planning.

IV. Senate Bill 18-272: Suicide Prevention in Partnership with Colorado Public Schools

During the 2018 Legislative Session, the General Assembly passed Senate Bill 272 to support comprehensive suicide prevention and crisis response for public schools and school districts. The purpose of this legislation is to provide funding for public schools and school districts to implement comprehensive crisis and suicide prevention strategies, with priority given to public schools or school districts who have not received suicide prevention training previously.

In July 2018, the Office of Suicide Prevention met with stakeholders from the Colorado Department of Education, the Colorado School Safety Resource Center, the Colorado Parent Teacher Association and Colorado Youth Advisory Council to gather input for the school grant program. Based on that input, the Office of Suicide Prevention released a Request for Applications in early September and anticipates having contract awards in place beginning January 2019.

Federal Grant Funding for Suicide Prevention in Colorado

I. Youth Suicide Prevention Grant: Ages 10-24

On September 30, 2017, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the Office of Suicide Prevention a five-year Garrett Lee Smith (GLS) grant in the amount of \$736,000 per year to support evidence-based youth suicide prevention efforts for those ages 10-24.

The Office of Suicide Prevention is using the grant funding to support regional youth suicide prevention coordinators in each of the four Colorado Crisis System regions. The funding also supports the saturation of evidence-based strategies in select counties of focus.¹³ The evidence-based strategies include: implementation and expansion of Sources of Strength; evidence-based clinical trainings for mental and behavioral health providers; continuation of the Follow-Up Project in emergency and inpatient hospitals; gatekeeper trainings for those working in youth-serving organizations; coalition-building and alignment between systems; as well as coordination of Zero Suicide within the crisis system. Grant activities are intended to align, rather than duplicate, existing community work. For example, the local regional youth suicide prevention coordinators funded through the grant will explore alignment opportunities with the [Communities That Care](#) initiative, a community-based prevention framework that research has shown prevents youth substance use initiation and youth violence, which are risk factors for suicide.

In the first year of the GLS Youth Suicide Prevention grant, the Office of Suicide Prevention provided 5 clinical trainings free of cost to mental and behavioral health providers across the state; awarded 13 schools and one LGBTQ+ nonprofit youth-serving organization the funding to cover the costs of Sources of Strength implementation; sponsored a Sources of Strength Train-the-Trainer for 40 individuals who are dedicated to supporting the program in their communities and school districts; supported 7 regional youth suicide prevention coordinators to align youth suicide prevention work in the priority counties; and implemented the Follow-Up Project in hospitals across the priority counties. Grant funds also allowed the Office of Suicide Prevention to hire a full-time youth suicide prevention coordinator to coordinate the GLS grant. Over the coming years, this grant funding will help to reduce the incidence of suicide and suicide attempts for those ages 10-24 in Colorado communities.



II. Zero Suicide within Health Systems Grant: Ages 25+

Beginning September 30, 2018, Colorado has a new five-year federal SAMHSA grant to help support implementation of the Zero Suicide model within Colorado health care systems. The funding will help support additional evidence-based clinical trainings, formal Zero Suicide Academies and learning collaboratives, as well as infrastructure to assist local health systems with implementation needs and electronic health record build outs. Grant activities will primarily focus on Denver, El Paso, Larimer, Mesa and Pueblo counties and the health systems in those counties, including Mental Health Center of Denver, AspenPointe, Summitstone, MindSprings Health, Health Solutions, Centura (Denver, El Paso, Pueblo), Denver Health Psychiatric Emergency Department, Stout Street Health Center, UHealth (El Paso and Larimer) and SCL Health (Mesa).

Key health system partner strategies

Adopting and implementing the seven core components of the Zero Suicide Framework over the course of the five-year project.

Formalizing screening protocols and embedding into electronic health records.

Ensuring that those who screen positive for risk are provided with a full suicide safety assessment and suicide care management pathway, if necessary.

Identifying and training clinical staff in the Collaborative Assessment and Management of Suicidality (CAMS) training and treatment framework, which will include online, in-person and follow-up telephone components.

Promoting and encouraging behavioral health providers to adopt the Counseling on Access to Lethal Means (CALM) training. The training will equip staff to counsel adults on how to temporarily restrict access to lethal means in the home.

Promoting and encouraging behavioral health providers to become proficient in collaborative safety planning with clients who may be at risk for suicide.

Identifying and training all non-clinical staff to recognize and respond to risk through evidence-based gatekeeper trainings.

Participating in the Zero Suicide learning collaborative across Colorado.

Expansion of the Follow-Up Project.

Additional Office Initiatives

I. Cross Departmental Collaborations

Partnership and collaboration across state agencies is essential to success for Colorado. In addition to the designated seats on the Suicide Prevention Commission for key state agencies, examples of the Office of Suicide Prevention’s current collaborations include:

<p>Department of Health Care Policy and Finance</p>	<p>Partnership and alignment with the Department of Health Care Policy and Finance (HCPF) on quality improvement metrics which support the Zero Suicide framework and a data linkage effort tracking suicide indicators for Medicaid clients (soon to be added to Colorado’s interactive data dashboard). HCPF has a designated seat on the Suicide Prevention Commission.</p>
<p>Office of Behavioral Health</p>	<p>Coordination with the Office of Behavioral Health (OBH) and Colorado Crisis System on printing and dissemination of public awareness materials and campaign, including ensuring that all Colorado Gun Shop materials include information on how to access the crisis system resources. OBH has a designated seat on the Suicide Prevention Commission.</p>
<p>Department of Agriculture</p>	<p>Coordination with the Department of Agriculture on printing and dissemination of crisis system materials which resonate with Colorado’s agricultural and ranching families.</p>
<p>School Safety Resource Center and Department of Education</p>	<p>Continued partnership with the School Safety Resource Center (SSRC) and Department of Education to host two School Suicide Prevention Symposia highlighting national experts in keynote presentations. Collaboration with the Department of Education and School Safety Resource Center in crafting the school suicide prevention grant program (Senate Bill 18-272). The SSRC has a designated seat on the Suicide Prevention Commission.</p>
<p>Attorney General’s Office</p>	<p>Partnership with the Attorney General’s Office on key youth suicide prevention efforts including expansion of Sources of Strength and a qualitative exploration of youth suicide in four Colorado communities. The Attorney General’s Office also joined the Department of Education and SSRC as a cohost for the School Suicide prevention Symposium which occurred in September 2018.</p>
<p>Governor’s Office</p>	<p>Collaboration with the Governor’s Office to plan and organize a state-level suicide prevention convening in partnership with the National Governor’s Association. The convening took place in March 2018 in Denver. State leaders from 13 western states attended. The Governor’s Health and Human Services Policy Director also sits on the steering team of the Colorado-National Collaborative for Suicide Prevention.</p>

II. Colorado-National Collaborative for Suicide Prevention

In fiscal year 2017-2018, the Office of Suicide Prevention continued to partner with the Injury Control Research Center for Suicide Prevention and other national and Colorado partners (county/state) on the Colorado-National Collaborative (CNC).¹⁴ Colorado was selected as the state with the necessary infrastructure, political support and momentum to lead the nation in creating a blueprint for comprehensive community-based suicide prevention sufficient to demonstrate a measurable impact on a state's suicide rate.

The CNC steering team identified the primary goal of formalizing partnerships with six priority counties. Throughout the year, state and national CNC partners attended stakeholder meetings in El Paso, Pueblo, Larimer, Mesa, La Plata and Montezuma counties. Attendees included health agencies, school administrators and educators, counselors, law enforcement, emergency responders, clergy, survivors of suicide loss and attempts, and other community members. The goals of these face-to-face meetings were to:

- Discuss available suicide data and other indicators of premature mortality and morbidity
- Identify populations being reached and those being missed (e.g., older adults, veterans)
- Discuss current local, state, and national priorities for suicide prevention
- Identify overlap with other prevention efforts (e.g., opioid use; sexual and intimate partner violence)
- Discuss shared priorities and explore partnership opportunities
- Define and agree on the next steps to move CNC work forward within the community

In October 2018, CNC partners, including county teams, state agencies, and national organizations, converged in Denver to finalize the selection of CNC strategies that will be implemented across

all six counties. In the coming months, action and evaluation plans will be developed for each county, which will assist teams in reaching full implementation of priority strategies, with the aim of formalizing a data-driven, comprehensive and integrated approach to suicide prevention across the six participating counties.

In May 2018, the Office received \$200,000 from the American Foundation for Suicide Prevention to hire a full-time project coordinator and support travel and meeting expenses to bring county, state and national partners together for planning and partnership. The project coordinator is responsible for overseeing and coordinating all CNC initiatives and partnerships, and will organize efforts to identify and solicit the additional funds necessary to implement the comprehensive strategy across all six counties.

Additionally, the Office and CNC steering team crafted a proposal to the Centers for Disease Control and Prevention (CDC) Foundation to solicit funds for CNC efforts in Colorado. The CDC Foundation accepted the proposal and is currently actively pursuing funding partners from foundations in Colorado and across the nation. Additional funding from both the public and private sector is necessary for implementation and evaluation of the comprehensive strategies identified by the CNC. However, until funding arrives, the Office of Suicide Prevention and the CNC will continue working with county, state, and national partners to move priorities forward in a comprehensive and coordinated way.

Next Steps: The Office of Suicide Prevention is committed to the success of the Colorado-National Collaborative. Key to success is the investment of public and private dollars to fully implement the strategies identified and agreed upon by national, state, and local experts.

III.

Community Grants

In the spring of 2017, the Office of Suicide Prevention released a five-year funding opportunity for community-based suicide prevention partners interested in four priority areas: dissemination of Man Therapy, Zero Suicide implementation, Sources of Strength, and community-based initiatives. In July 2017, the Office of Suicide Prevention awarded a total of \$200,000 across 13 community agencies throughout the state for their first year of funding through June 30, 2018. The total amount awarded increased to \$210,000 in July 1, 2018 for Year 2 of the grant program. The funding is modest and each grantee receives between \$10,000 to \$20,000 per year. Three grantees are implementing Zero Suicide in health care settings, four are providing Sources of Strength to schools and other youth-serving organizations, three are disseminating Man Therapy, and the remaining three are engaged in other community-based initiatives. These 13 grantees are implementing prevention activities across 21 counties in Colorado. Below is a brief description of grantee activities occurring under each priority.

1. Zero Suicide

Community grantees that selected this priority are focusing resources on internal strategies to improve care delivery within their health system.

Grantees and Notable Activities:

- **The Center for Mental Health (Center)** is implementing the Zero Suicide model throughout the six counties of Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel. Through this project, the Center trains staff within the organization to respond effectively to clients and individuals at risk of suicide. Clinicians trained in the evidence-based Collaborative Assessment and Management of Suicidality (CAMS) training confidently treat suicidal thoughts and behaviors directly. The Center is in the process of creating policies and procedures to follow clients through every transition of care with wrap-around services and continual contact. While applying data-driven quality improvement, the Center assesses the organization's fidelity to the Zero Suicide model, evaluates quality, and identifies opportunities for improvement. Results from workforce surveys indicate that staff confidence and comfort addressing suicide with patients is increasing. Additionally, Office of Suicide Prevention grant funding has allowed the Center to better support area primary care practices with suicide prevention resources and referrals.
- **Jefferson Center for Mental Health** utilizes Office of Suicide Prevention grant funding to train their workforce to identify and treat suicide risk of individuals residing in Jefferson, Gilpin, and Clear Creek counties. The project promotes components of the Zero Suicide model by training staff members to address suicidality, relevant to their role within the organization. With this funding, Jefferson Center offers both Question, Persuade, Refer (QPR) and CAMS trainings to support staff skill in recognizing and treating suicidal risk among Jefferson Center patients. In Year 1 of the grant, all 690 Jefferson Center employees were trained in QPR. Each new hire now receives this training as part of Jefferson Center's orientation process, and QPR is a required component of annual trainings for existing staff. Jefferson Center began providing CAMS trainings in October 2017. Since then, Jefferson Center's managers and directors have been introduced to the methodology and have prioritized providing the training to clinical manager and employees. By the end of the first grant year, 130 clinical staff were trained in CAMS.

- **St. Joseph’s Hospital** uses the Office of Suicide Prevention’s community grant to improve services for patients at risk for suicide by coordinating services among intervention programs and providing clinical intervention and safety planning measures. During Year 1 of the grant, St. Joseph’s Hospital trained 10 staff in screening protocols and improved screening for suicide risk for patients in the emergency department and inpatient units. Individuals identified to be at risk receive telephonic follow-up and coordinated care through the Colorado Follow-Up Project. In Year 1 of the grant, 144 patients were provided telephonic follow up throughout the month post-discharge from St. Joseph’s Hospital.

2. Sources of Strength

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. Sources of Strength is discussed more in depth later in this report.

Grantees and Notable Activities:

- **Boulder County Public Health** leveraged the Office of Suicide Prevention grant and other resources to implement Sources of Strength in the St. Vrain Valley School District and the Boulder Valley School District. Boulder was able to support implementation in 14 schools and 1 organization supporting LGBTQ youth. Across all sites, Boulder County Public Health trained 105 adult advisors and 405 youth leaders.
- **Piñon Project** in Montezuma County leveraged the Office of Suicide Prevention grant and funding from the Attorney General’s Office to implement Sources of Strength in 3 schools and 1 tribal organization. Across those sites, the Piñon Project trained 83 adult advisors and 378 peer leaders. Additionally, the grant provided support to train 118 community members in suicide awareness gatekeeper training.
- **Ouray Voyager Youth** implemented Sources of Strength in middle and high schools in Ridgeway and Ouray school districts. Across both communities, Ouray Voyager Youth trained 56 peer leaders and 10 adult advisors. Additionally, two individuals attended a Sources of Strength Train-the-Trainer event, and when certified, can provide the Sources of Strength onboarding training to additional schools at lower costs.

3. Suicide prevention and wellness promotion among men ages 25 to 64 through the implementation of Man Therapy.

Grantees provided training to men and organizations that work with men and disseminated Man Therapy public information and awareness materials throughout their county/region.

Grantees and Notable Activities:

- **Centennial Mental Health Center** utilized Office of Suicide Prevention grant funding to provide evidence-based gatekeeper trainings and Man Therapy information and outreach to communities in Cheyenne, Elbert, Kit Carson, and Lincoln counties. Over the course of the year, Centennial trained 72 community members in gatekeeper training protocols, 26 individuals in Mental Health First Aid and highlighted Man Therapy throughout their coverage region.

- **Garfield Public Health Department** focused the grant on community advertising strategies and supporting first responders in the county. Garfield provided trainings to 60 community members and held a Family Night in partnership with the Glenwood Springs and Colorado River Fire Departments.
- **North Range Behavioral Health** focused efforts on community trainings and has been successful leveraging relationships with community organizations including the area Boards of Cooperative Educational Services, funeral homes, United Way, Sheriff's departments and other first responders. Over the course of the year, North Range trained 1,386 community members in gatekeeper skills and highlighted Man Therapy throughout Weld County.

4. Community-based initiatives

Grantees selecting community-based initiatives had flexibility in identifying strategies which fit their community.

Grantees and Notable Activities:

- **Buried Seedz of Resistance (BSeedz)** uses Office of Suicide Prevention grant funding to provide increased community capacity and competence to support positive youth development in the LGBTQ+ youth community. Specifically, the funding helps to support leadership retreats for LGBTQ+ youth of color as well as Mental Health First Aid and gatekeeper training for their hotline staff.
- **Mesa County Public Health Department** leveraged Office of Suicide Prevention grant funding with other funding streams to improve agency coordination and data collection in the county. Additionally, over the course of the first grant year, Mesa County Public Health Department trained 14 individuals as gatekeeper trainers and 352 community members in gatekeeper protocols.
- **Southern Colorado Community Action Agency, Inc. (SoCoCAA)** (Formerly Southern Ute Community Action Program, SUCAP) focused Office of Suicide Prevention grant funding on gatekeeper trainings and community coalition-building. Over the course of the first grant year, SoCoCAA trained 143 community members in gatekeeper protocols.

Next Steps: The Office of Suicide Prevention will provide ongoing technical support and guidance to community grantees, and will track grantee progress, successes and challenges, and grant expenditures throughout the course of the grants. The Office of Suicide Prevention recommends continuing to expand the number of community grants at higher funding amounts so that more Colorado communities benefit from enhanced community-driven suicide prevention efforts.

IV. Lethal Means Safety through Collaboration and Shared Messaging

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.

Colorado Gun Shop Project

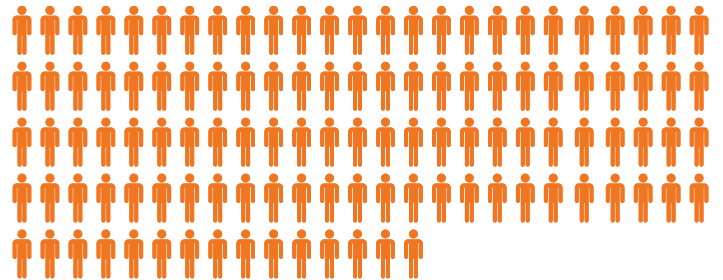
The Gun Shop Project is an education and awareness project that partners with firearm advocates, gun shops, firing ranges, and firearm safety course instructors to adopt and promote a firearm safety and suicide prevention message. Educational materials include posters, a brochure, fact sheets, and Colorado Crisis System wallet cards. 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. In addition to the awareness aspect of the project, relationship-building between local organizations has emerged as one of the unexpected benefits of the initiative. Too often mental health organizations and suicide prevention coalitions have been separated from the firearm community. In communities that have been engaged in the project for several years, the project has become a bridge between the two worlds. Forging these relationships is critical to expanding community efforts at the local level.



For every 1 unintentional firearm death,



there were 28 homicides...



and 115 firearm suicides.

Colorado Vital Statistics Program, CDPHE 2013 - 2017

Colorado's efforts align with efforts on the national stage, such as the formal partnership between the [National Shooting Sports Foundation](#) and the [American Foundation for Suicide Prevention](#).

During the 2016-2017 fiscal year, 21 counties implemented the project and firearm advocates visited 133 shops, ranges, and other businesses to introduce the project. Of those sites, 71 percent agreed to participate in the Gun Shop Project (for communities in Year 3 of implementation, this rate was 90 percent). Of those who agreed to participate, 74 percent had materials present at follow up, and many asked for additional training for themselves or staff. In fiscal year 2017-2018, the Office of Suicide Prevention supported the project in 25 counties and evaluation results are expected in the fall.¹⁵

Next Steps: The Office of Suicide Prevention will continue to collaborate with the firearm community to support firearm suicide prevention efforts. The Office of Suicide Prevention aims to expand partnerships with gun ranges and retailers to implement the Colorado Gun Shop Project in more communities in Colorado and to continue to evaluate and improve the project.

Additionally, the Office of Suicide Prevention is an active partner on the [Colorado Firearm Safety Coalition](#), which comprises local retailers, ranges, safety instructors, and prevention professionals. The active collaboration has led to highly supportive and invaluable partnerships with metro area gun ranges and retailers that continue to enrich the process and brainstorm additional avenues for outreach.

Provider Education on Means Safety

Supporting providers with clinical skills to deliver lethal means safety counseling to patients remains a priority for the Office of Suicide Prevention and is also a key element of the Zero Suicide framework. Means safety education is an evidence-based approach to reducing the risk of suicide death.

Following a successful pilot of an emergency provider training course at Children’s Hospital in 2014,¹⁶ the American Foundation for Suicide Prevention funded a research team to expand the study in Colorado with additional protocols. Known as the SAFETY Study, the research team is partnering with six Colorado emergency departments for the study.¹⁷ The intervention phase will end in January 2019, at which time the Office of Suicide Prevention expects to be able to open the free online training statewide to all interested agencies and providers.

Next Steps: The Office of Suicide Prevention will expand the reach of the SAFETY Study training course throughout Colorado by disseminating the free course and materials throughout Colorado in 2019.

Suicide Prevention through Opioid Overdose Prevention

The close relationship and shared risk factors between substance abuse, prescription drug misuse, and suicide are well established. Of the 1,012 drug overdose deaths in Colorado in 2017, 152 were deemed to be suicide.¹⁸ Additionally, poisoning and overdose account for the method of injury in over half of emergency department visits and hospitalizations for those who have survived an attempt. Efforts to reduce problematic prescribing behaviors and increase treatment resources for the misuse of opioids helps to address access to lethal means.

The Office of Suicide Prevention is housed in the Violence and Injury Prevention-Mental Health Promotion Branch along with a grant-funded team dedicated to the reduction of prescription drug overdose deaths in Colorado. The Opioid Overdose Prevention Program currently has federal grant funding from the Centers for Disease Control and Prevention to prevent opioid overdoses. The Colorado Department of Public Health and Environment coordinates its efforts to address the opioid epidemic with the [Colorado Consortium for Prescription Drug Abuse Prevention](#), which includes key state, local and university partners. The Opioid Overdose Prevention Program has a number of projects aimed at making the Colorado Prescription Drug Monitoring Program easier for prescribers to use and access in order to reduce problematic prescribing. Additionally, the Opioid Overdose Prevention program funds 14 local grantees to promote the uptake of evidence-based opioid prescribing guidelines through provider education and maintain community opioid coalitions. These efforts aim to prevent prescription drug misuse and both unintentional and intentional overdoses by reducing access to lethal means.

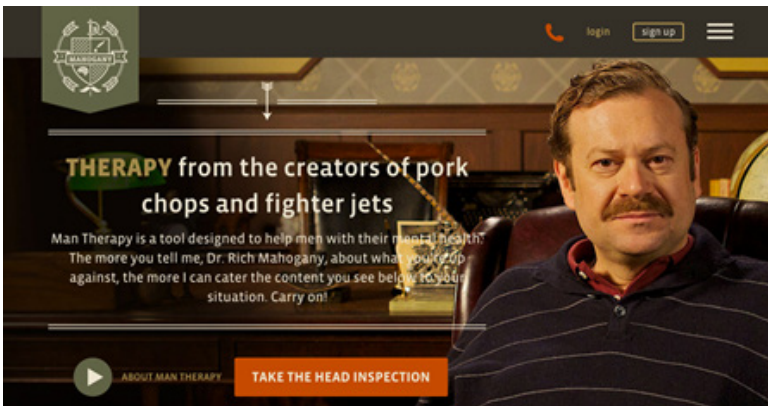
Next Steps: The Office of Suicide Prevention will continue to identify opportunities to align efforts to leverage existing resources for opioid overdose prevention at the state and local level.

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



Since its launch in July 2012, there have been more than 880,000 visits to www.mantherapy.org worldwide. From July 1, 2017 through June 30, 2018, there were 15,023 visits to the site from Colorado, and 133,840 total visits in the United States and other countries. Visits are up from last fiscal year, due in part to investment by Facebook into social media marketing of Man Therapy to their users, national and local media outlets highlighting the resource, as well as small scale advertising efforts within Colorado.

The website is designed specifically for working-age men and 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. Beginning July 1, 2017, the Office of Suicide Prevention awarded three community grantees five-year funding to enhance awareness and utilization of the resource within twelve counties as mentioned previously in this report.



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. Initial results indicate positive results both in terms of engagement and increase in help-seeking behaviors. Formal results are expected fall of 2019.

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. Currently, there are an average of 1,200 visits to www.mantherapy.org from Colorado each month, which is well below the target of 4,167. The department set a target of 50,000 Colorado visits per year (or 4,167 monthly) by 2019 based on observed increases in web hits for other department campaigns with moderate monetary investments. Although there were improvements in 2017-2018, without increased advertising and exposure, the program does not expect to reach its target number of monthly visits.

Since men often do not self-identify as having depression, the 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. During the 2018-2019 fiscal year, the Office of Suicide Prevention plans to increase supports and resources of Man Therapy to serve the construction industry and will utilize a small portion of Preventive Health and Health Services Block Grant funding to expand awareness of the Man Therapy website in key Colorado communities during 2019.

Next Steps: The Office of Suicide Prevention will continue to promote and disseminate Man Therapy statewide, and will continue to work with the project team to adapt, expand and improve www.mantherapy.org on an ongoing basis to keep the website relevant and engaging to working-age men. The Office of Suicide Prevention recommends expanding funding for 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.

VI. Office of Suicide Prevention Priorities for Youth

Upstream Prevention Efforts: Sources of Strength



Expanding implementation of the [Sources of Strength](#) program is an Office of Suicide Prevention priority. Sources of Strength is a universal suicide prevention program designed to build socio-ecological protective influences among youth to reduce the likelihood that vulnerable students become suicidal. The program empowers students as peer leaders and connects them with adult advisors at school and in the community. Peer leaders are selected by their peer groups and staff to represent all subgroups within the school population. With support from adult advisors, peer leaders create messages and conduct activities intended to change norms that influence coping practices and problem behaviors for all students. Activities are designed to reduce the acceptability of suicide as a response to distress, increase the acceptability of seeking help, improve communication between youth and adults, and to develop healthy coping attitudes among youth.

In fiscal year 2017-2018, the Office of Suicide Prevention expanded implementation of the program in Colorado through the four existing community grantees and a new federal youth suicide prevention grant, which also supported a train-the-trainer session to improve the sustainability of the program once grant funding ends. Additionally, the Office of Suicide Prevention welcomed the Attorney General as a fellow funder of the Sources of Strength program within key communities in Colorado.

The Colorado Department of Public Health and Environment's Sexual Violence Prevention Program is collaborating with the University of Florida and the University of Rochester on a four-year research grant from the Centers for Disease Control and Prevention. The study is evaluating Sources of Strength in approximately 20 schools across Colorado to measure the effectiveness of using a shared risk and protective factor approach on multiple violence outcomes including sexual violence, bullying, and suicide. Each participating school will implement the Sources of Strength program for up to two years. 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 factor for sexual violence. Researchers are assessing whether increasing youth-adult connectedness and school connectedness through this program results in decreasing youth suicide, sexual violence, and bullying.

Additional youth-focused strategies led by CDPHE:

The Colorado Department of Public Health and Environment's Violence and Injury Prevention-Mental Health Promotion Branch identified five priorities to address across program areas that have impact on multiple injury, suicide, and violence outcomes: strengthening economic supports, promoting and supporting good behavioral health, infusing positive social norms within communities, enhancing community connectedness, and fostering resilience at the individual and community level.¹⁹ All branch programs have committed to working across these priority areas in order to reduce suicide, unintentional injury, child maltreatment, sexual violence, intimate partner violence, and substance abuse. Specific upstream youth prevention strategies that help address risk and protective factors associated with suicide prevention are listed below.

Maternal Child Health Block Grant Priority: Youth Suicide and Bullying Prevention

Seven local public health agencies across Colorado prioritized bullying and youth suicide prevention and started implementing a research-based risk and protective factor approach in October 2016. In order to support the implementation of the bullying and youth suicide prevention priority, staff in the Violence and Injury Prevention-Mental Health Promotion Branch disseminated three technical assistance tools including: county asset profiles, [Positive School Climate Toolkit](#), and a program and policy matrix. The county asset profiles included county specific data related to protective factors such as: community and school connectedness, trusted adults, and life skills. The Positive School Climate Toolkit identifies opportunities for local public health practitioners to support school climate strategies that prevent bullying and youth suicide. The toolkit includes: a description of school climate, school climate data, populations with increased risk of bullying or youth suicide outcomes, policies and strategies for prevention, and an overview of positive youth development and the shared risk and protective factor approach. Lastly, the program and policy matrix identifies evidence-based and promising-practice programs and policy.

Communities that Care

The Colorado Department of Public Health and Environment received funding from the marijuana tax cash fund to prevent substance abuse among young Coloradans using the [Communities That Care](#) model. Communities That Care (CTC) is an evidence-based community prevention model shown to prevent youth substance use and violence. The goal of CTC in Colorado is to prevent substance use and promote positive mental health among youth within the community by addressing their needs individually, through their families, in the places they learn and play, and by assessing community laws that may impact them. Under this model, communities assess the specific risk factors (factors that increase the likelihood of a problem behavior) and protective factors (factors that buffer from the risks of a problem behavior) among the youth in their communities that impact substance use and violence, both of which contribute to suicide risk for youth. Communities then pick from a menu of effective, evidence-based programs and strategies to address the identified needs of their local youth. Communities form or partner with existing coalitions to mobilize the community, prioritize and then implement and evaluate the chosen strategies.

Essentials for Childhood

The Violence and Injury Prevention-Mental Health Promotion Branch has also received the second round of a competitive Centers for Disease Control and Prevention grant to support the reduction of child abuse and neglect through upstream prevention efforts geared at supporting safe, stable, nurturing relationships and environments for Colorado families. Notable achievements during the first grant period included the creation and dissemination of a [Family Friendly Workplace Toolkit](#) providing the most up to date information on family friendly workplace policies and practices. Strategies identified in the Essentials for Childhood grant impact early risk factors for child abuse and neglect at the community level. These risk factors are also risk factors for later mental health conditions and suicide.

Child Fatality Prevention System

The Office of Suicide Prevention partners with the [Child Fatality Prevention System](#) (CFPS), in setting forth data-driven and evidence-based recommendations to decrease youth fatalities for Coloradans under the age of 18. CFPS is a multidisciplinary, multi-agency team that makes prevention recommendations based on child fatality data in Colorado. The most recent CFPS report including the cross-cutting recommendations can be found [here](#).

Next Steps: The Violence and Injury Prevention-Mental Health Promotion Branch will continue to explore and support innovative strategies to improve the overall wellness of Colorado communities by targeting shared risk and protective factors across multiple forms of violence and injury.

VII. Public Education and Awareness Efforts - Including Safe Reporting and Messaging

The Office of Suicide Prevention continues to support community suicide prevention events such as the annual Bridging the Divide: Suicide Awareness and Prevention Summit, the School Suicide Prevention Symposium, and Elevating the Conversation conference. During fiscal year 2017-2018, the Office of Suicide Prevention staff regularly gave presentations on suicide and suicide prevention throughout Colorado and the nation.

The Office of Suicide Prevention continues to disseminate suicide prevention information and materials statewide including Man Therapy, House Bill 12-1140 hospital resources, Gun Shop Project materials, and materials geared toward adolescents, older adults, and Spanish-speaking Coloradans. The Office of Suicide Prevention developed a [toolkit](#) to aid local public health departments in identifying strategies and resources at their disposal. Additionally, the Office of Suicide Prevention established a [monthly newsletter](#) to highlight new resources, community-level work, funding opportunities, and upcoming events. Currently the newsletter has 739 recipients.

Media reports on suicide can negatively or positively influence the behavior of its audience. Ideally, media reports promote help-seeking behavior, connect people to messages of hope and healing, and provide valuable community resources, like crisis center locations and phone numbers. Research shows there is a deep connection between how suicide is reported in the news and either increased or decreased risk in communities. The Office of Suicide Prevention continues to provide [media guidelines](#) that encourage safe and responsible reporting to community partners and to each media outlet requesting an interview.

These media guidelines, which were developed by leading national experts and organizations, including the Action Alliance for Suicide Prevention, the National Suicide Prevention Lifeline, the American Association of Suicidology, the American Foundation for Suicide Prevention, and the Suicide Prevention Resource Center, can be found at: reportingsuicide.org.

Next Steps: The Office of Suicide Prevention will continue to engage in community dialogue and outreach activities to raise awareness of the public health impact of suicide in Colorado as well as identify opportunities to partner with media outlets to promote stories of hope, resilience, and recovery.

VIII. Mental Health First Aid

On July 1, 2018, the state funding to support Mental Health First Aid transitioned from the Colorado Department of Human Services to the Office of Suicide Prevention at the Department of Public Health and Environment. The goal over the coming years is to expand [Mental Health First Aid](#) training in Colorado to increase mental health literacy within community settings. Mental Health First Aid is an 8-hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The evidence behind the program demonstrates that it builds mental health literacy, helping the public identify, understand, and respond to signs of mental illness.

IX. State Innovation Model

In 2014, the Centers for Medicare and Medicaid Services awarded the state of Colorado a \$65 million State Innovation Model (SIM) grant to model a new approach to the integration of mental and physical health in primary care and enhance upstream mental health promotion efforts. Since 2016, the Colorado Department of Public Health and Environment (CDPHE) has managed a portion of this grant dedicated to augmenting population health improvement efforts at the local level, partnering with eight local public health agencies and two behavioral health care collaboratives across the state. These efforts include suicide prevention outreach and education activities in rural and suburban communities, partnerships with school districts and youth organizations, and online provider education modules concerning men and depression.

For example, the Tri-County Health Department conducted a social marketing campaign using research on the effectiveness of message framing and social media interactions to reduce stigma associated with mental health and suicide called, [Let's Talk Colorado](#). As of August, 2018, this campaign has reached over 11 million individuals, and has been featured extensively in Colorado media and distributed through public health and health care channels.

SIM's Population Health workgroup, in collaboration with CDPHE staff, developed a [Call to Action for Boys' and Men's Mental Health](#) that includes a framework for collective action to address males as a high-risk population for mental health and substance use disorders and suicide. The Call to Action seeks to leverage groundwork SIM has laid in primary care practices and communities across Colorado to improve prevention, screening, and treatment among males of all ages.

While SIM will sunset in July of 2019, the work CDPHE has supported and engaged in at the local level has increased the capacity of local public health agencies and their partners in health care and community-based organizations to provide training, technical assistance, and strategic leadership around suicide prevention. As the state continues to emphasize suicide prevention as an essential public health service, SIM grantees will continue to serve as hubs for dissemination of resources, implementation of best practices, and bridges between the physical and behavioral health systems.²⁰



Prioritizing Suicide Prevention in Colorado - Next Steps

Colorado is engaged in a multitude of suicide prevention activities, and momentum is growing. While the Office of Suicide Prevention works diligently to maximize current resources, leverage strong partnerships, and has been successful in securing additional funding, more resources are needed to move statewide suicide prevention efforts forward in proportion to the burden. Even with all available funding streams, the Office of Suicide Prevention does not have sufficient resources to implement a single initiative statewide. Furthermore, no single initiative would be successful. Effective suicide prevention requires coordinated multifaceted strategies.

Successful prevention in Colorado requires two elements: targeted intervention and treatment for those at highest risk for suicide and universal 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. This is why the Suicide Prevention Commission continues to move forward with its identified recommendations. It is also why initiatives like Man Therapy, means safety education, and Sources of Strength are priorities of the Office of Suicide Prevention. These initiatives are innovative and experiencing success, but more must be done.

Although notable achievements have been reached for suicide prevention, gaps continue to persist for available funding. With additional resources, the Office of Suicide Prevention could prioritize the following strategies to address suicide in Colorado:

Better fund and resource the recommendations of the Suicide Prevention Commission.

Expand the Office of Suicide Prevention statewide community grant program to more counties at higher funding levels.

- The Office of Suicide Prevention recommends funding at least 15 community agencies at a level of \$50,000 or above to implement comprehensive community-driven suicide prevention work across all age groups, for a total of at least \$750,000 per year.

Increase the impact of HB 12-1140 by providing hospitals with training for staff that work with suicidal patients and families.

- HB 12-1140 outreach efforts continue to highlight the need for clinical training for staff. Unfortunately, current resources are insufficient to meet this identified need. Clinical assessment and management training for 1,000 emergency department providers would require an additional \$105,000 per year.

Increase Office of Suicide Prevention staff by one additional FTE (approximately \$85,000 per year including benefits).

- The Office of Suicide Prevention has a need for additional FTE to provide technical assistance and contract monitoring to school and district grantees funded under SB 18-272, coordinate gun shop project, coordinate education and outreach, ensure that communities have access to the tools and resources, and to engage in data improvement and linkage projects.

Increase the number of schools that have access to Sources of Strength.

- Annual support of \$970,000 would provide implementation and expansion support for the program to build sustainability statewide.
 - \$500,000 would support Implementation in 100 schools or community settings in (\$5,000x100).
 - Stipends for Sources of Strength teams to support events and marketing at schools and community organizations (\$2,000x100).
 - Train-the-trainer events for 80 new trainers a year (\$35,000x2).

Expand implementation support for Zero Suicide across all counties in Colorado.

- Annual allocation of \$810,000 would support health systems in framework implementation.
 - \$630,000 to support implementation grants for sites to train clinical staff, improve electronic health record systems, collect data and support staff time.
 - \$105,000 to support annual learning collaboratives and framework adaptations to serve community mental health centers, larger health systems, primary care practices, substance abuse treatment centers, residential retirement communities, etc.
 - \$85,000 for FTE to support implementation and adaptation activities.

Implement the Colorado Gun Shop Project statewide.

- An annual allocation of \$605,000 would support expansion and sustainability of the project across Colorado.
 - \$264,000 for local community grants to support staff time and mileage for outreach and partnership activities (urban counties \$10,000 x 17; rural and frontier counties \$2,000 x 47).
 - \$85,000 for FTE to coordinate implementation and evaluation.
 - \$6,000 for printing and shipping of materials.
 - \$250,000 full scale evaluation of the project.

Support the Colorado-National Collaborative by creating local infrastructure.

- An annual allocation of \$510,000 would support six full time positions (salary and fringe) within the counties participating in the Collaborative.

The Office of Suicide Prevention is poised to continue leading statewide suicide prevention efforts in Colorado, and is committed to expanding partnerships, implementing innovative 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.

Endnotes

1. In 2017, there were 1,012 total drug overdoses irrespective of intent, 152 of which were ruled to be suicides.
2. Colorado Vital Statistics Program, Colorado Department of Public Health and Environment.
3. Transgender refers to a person whose sex assigned at birth is different than the gender they know themselves to be on the inside. Cisgender refers to a person whose sex assigned at birth is the same as the gender they know themselves to be on the inside.
4. Health disparities experienced by gay, lesbian, bisexual, and transgender youth are not because of their sexual orientation or gender identity. Health disparities are impacted by the isolating and ongoing experience of bias, stigma, and discrimination that these youth experience every day.
5. See www.zerosuicide.sprc.org to learn more.
6. 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.
7. 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: Sui-icide Prevention Resource Center.
8. See Preventing Suicide: A Technical Package of Policy, Programs, and Practices. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention, 2017; available at <https://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf> for more information on how strategies to strengthen economic supports can promote suicide prevention.
9. Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2014. Available at https://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf.
10. National- and State-Level Estimates of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibles and Program Reach in 2015. United States Department of Agriculture, 2015. <https://fns-prod.azureedge.net/sites/default/files/ops/WICEligibles2015-Summary.pdf>.
11. Calculating the Supplemental Nutrition Assistance Program (SNAP) Program Access Index: A Step by Step Guide for 2016. United States Department of Agriculture. 2016. <https://fns-prod.azureedge.net/sites/default/files/ops/PAI2016.pdf>.
12. The Geography of Social Capital in America. U.S. Congress, Joint Economic Committee, Social Capital Project. Report prepared by the Vice Chairman's staff, 115th Cong., 2nd Sess. (April 2018), <http://lee.senate.gov/scp/socialcapitalindex>.
13. The 8 priority counties include Delta, El Paso, Jefferson, Larimer, Mesa, Montezuma, Pueblo, and Weld.
14. Current national partners include: Centers for Disease Control and Prevention, Injury Control Research Center for Suicide Prevention at the University of Rochester, National Action Alliance for Suicide Prevention, Substance Abuse and Mental Health Services Administration, and the American Foundation for Suicide Prevention.
15. Larimer, Mesa, Weld, Pueblo, El Paso, Teller, Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Yuma, Montrose, Delta, Hinsdale, Gunnison, Ouray, San Miguel, Jefferson, Moffat, and Routt counties are expected to participate in 2019.
16. 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.
17. Hospital sites included the Medical Center of the Rockies, Poudre Valley, Memorial Central, Memorial North, Lutheran, Penrose, and St. Francis.
18. Colorado Vital Statistics Program, Colorado Department of Public Health and Environment.
19. Please see the Colorado Violence and Injury Prevention-Mental Health Promotion Strategic Plan 2016-2020 for more information <https://drive.google.com/file/d/0B4u1qfqmSaHja3hmb1FMRjMydIE/view>.
20. Aurora Mental Health Center and the Health District of Northern Larimer County are the behavioral health collaboratives; the remaining grantees include El Paso County Public Health Department, Mesa County Public Health Department, Northeast Colorado Health Department, Ouray County Public Health, Pueblo Department of Public Health and Environment, Rio Grande Public Health, San Juan Basin Public Health Department, and Tri-County Public Health Department.

