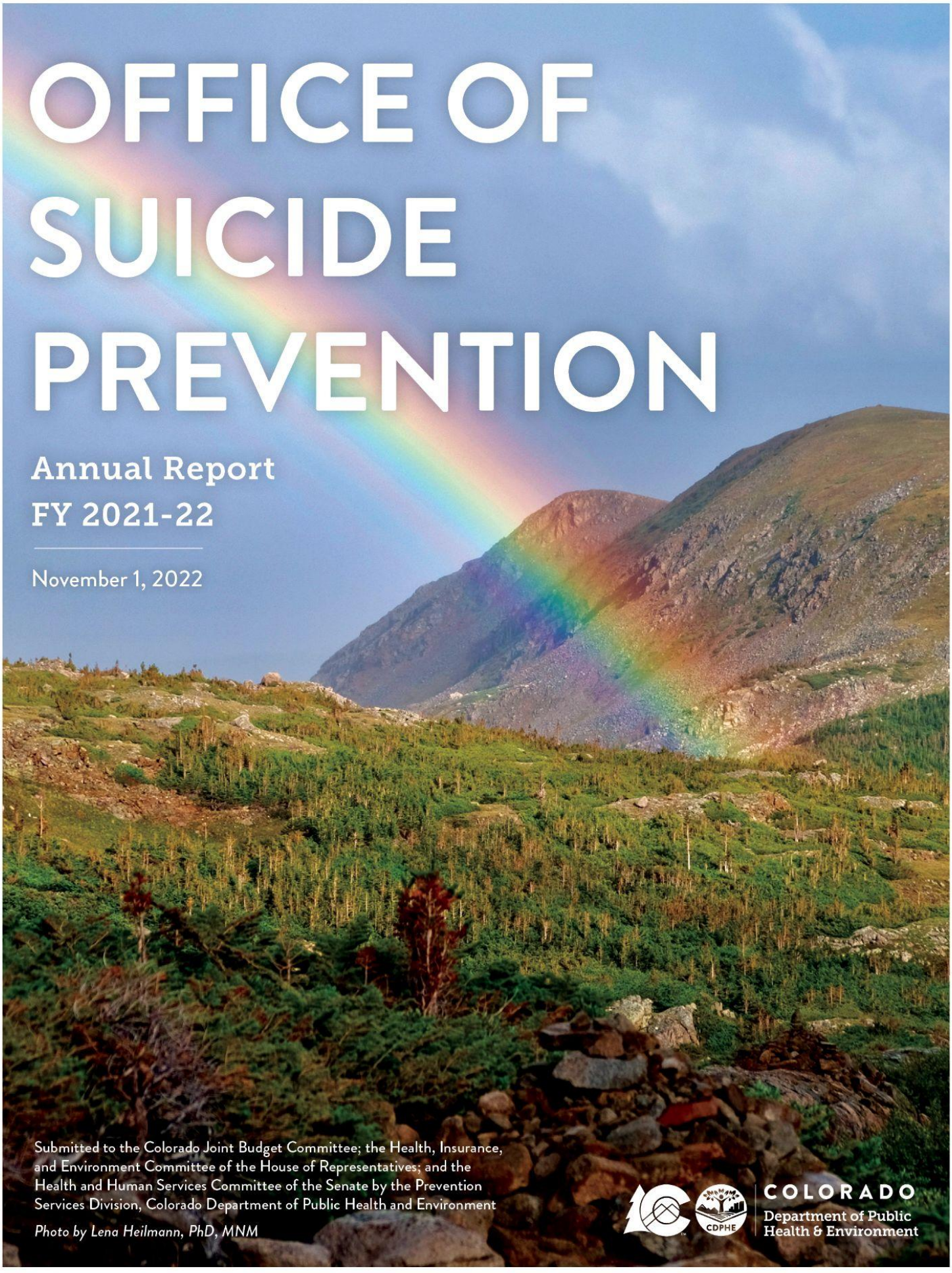

OFFICE OF SUICIDE PREVENTION

Annual Report FY 2021-22

November 1, 2022

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

Photo by Lena Heilmann, PhD, MNM

COLORADO
Department of Public Health & Environment

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The Office of Suicide Prevention: Executive Summary

Per §25-1.5-101(1)(w)(III)(a); §25-1.5-111(4); §25-1.5-112(5); and §25-1.5-113(4)(b) of the Colorado Revised Statutes, the Office of Suicide Prevention (OSP) in the Colorado Department of Public Health and Environment (CDPHE) is required to report on its activities by November 1 of each year.

OSP's mission is to serve as the lead entity for suicide prevention, intervention supports, and postvention efforts in Colorado, collaborating with communities statewide to reduce the number of suicide deaths and attempts.

Office of Suicide Prevention funding overview

OSP uses state General Fund and competitive federal grant awards to address strategic priority areas at the state and local level. In FY 2021-22, OSP's budget was approximately $6.5 million ($3.8 million of which were competitive federal grant funds).

Office of Suicide Prevention's approach to statewide, comprehensive suicide prevention

OSP's strategies include funding local initiatives; focusing efforts on priority populations and parts of the state where rates of suicidal despair, attempts, and deaths are high; implementing primary prevention strategies to reach individuals prior to the escalation of a crisis; training individuals to recognize and respond to suicidal crises; supporting individuals and communities that have been impacted by suicide, including suicide loss; and leading collaborative partnerships.

Suicide fatality rates in Colorado remain steady

In 2021, the suicide fatality rate (22.62 per 100,000) in Colorado remained statistically stable. While the number of suicide deaths has increased over time, **there has been no statistically significant change in Colorado's age-adjusted suicide fatality rate since 2016**. The suicide fatality rate for Colorado youth ages 10-18 has also remained stable; **since 2015, there has been no statistically significant change in the suicide fatality rate among youth ages 10-18 years.**[1] OSP is grateful to our partners for supporting our Colorado communities in implementing a statewide comprehensive approach to suicide, and we will continue to work together to start *reducing* the suicide fatality rate for all Colorado communities.

While some risk factors for suicidal despair increased in 2020 and 2021, especially in light of COVID-19 (isolation, anxiety, substance use, economic stress, relationship stressors, etc.), available Colorado data suggests that the suicide fatality rate has remained steady at the state level since the start of the pandemic. Calls to the Colorado Crisis Line and National Suicide Prevention Lifeline remained elevated since February 2020. However, increased calls

[1] More information on data trends in Colorado can be found later in this report and in the appendix. Suicide fatality data is publicly available at: cdphe.colorado.gov/colorado-suicide-statistics

may positively indicate that more people are reaching out for help and accessing more community resources.

Office of Suicide Prevention's FY 2021-22 highlights and successes

OSP accomplished the following in its work collaborating to implement crisis interventions and coordinating suicide prevention programs in Colorado during the reporting period.

- Obtained all available federal grants to support suicide prevention in Colorado. These grants support a comprehensive community-based public health approach to suicide prevention across the state.
- Made progress on cross-agency collaboration in order to expand the reach of suicide prevention activities.
- Supported suicide prevention education and awareness training for more than 9,500 community members.
- Trained more than 550 mental and behavioral health clinicians in evidence-based suicide-specific intervention treatment.
- Partnered with 12 agencies to support the Gun Shop Project.
- Funded 14 schools and districts to implement comprehensive crisis and suicide prevention training strategies.
- Funded follow-up support services for nearly 8,200 people after discharge from emergency department settings for a mental health or behavioral health crisis, including suicidal thoughts or behaviors and overdose events, regardless of intent.
- Supported Sources of Strength™ implementation in 141 middle and high schools and youth-serving organizations.
- Collaborated with the Colorado Department of Health Care Policy and Financing and the Colorado Hospital Association to increase implementation of the Zero Suicide framework within Colorado hospitals.
- The Suicide Prevention Commission approved and adopted recommendations to support spiritual communities and LGBTQ+ youth and young adults.

The Office of Suicide Prevention's commitment to equity

OSP aligns with leading national suicide prevention organizations that emphasize the need for equity-focused work and grounds its strategies in the research that recognizes that many kinds of injury and violence share the same systemic causes.[2] The Office works to reduce suicidal despair, attempts, and deaths by identifying and implementing solutions to dismantle oppressive systems. We envision a transformed Colorado that honors the intersectionality of race, ethnicity, gender and sex identity, sexual orientation, education, age, language, religion, ability, marital status, and geography. We work together with our community partners towards prioritizing equity in all of our programs and practices.

[2] American Association of Suicidology statement: suicidology.org/about-aas/equity-anti-racism/
Suicide Prevention Resource Center statement: sprc.org/news/black-lives-matter-suicide-prevention

Conclusion

OSP continues to lead statewide suicide prevention efforts. With limited resources, the Office is working to secure sustainable funding, expand partnerships, implement innovative data-driven initiatives, coordinate suicide prevention programs across the state, and decrease the impact of suicide. OSP, in partnership with the Colorado Suicide Prevention Commission, continues to promote and support statewide crisis and suicide prevention recommendations, which are included in this report.

Suicidal Despair, Suicide Attempts, and Deaths by Suicide: Colorado-Specific Data

OSP uses multiple data systems to understand the impact of suicide on Colorado communities. Each data system provides valuable insight into the reasons behind and the impact of suicide in Colorado. No one data system alone can track or represent the complicated truths of what drives suicidal despair. However, even with these inherent limitations, suicide-specific data that include critical information from people sharing their lived experiences provides us with crucial information on how we can support people across a continuum of suicidal experiences. Our goal is not only to prevent people from dying by suicide; we also work to prevent suicidal despair and suicide attempts. With information gleaned from our data systems, we can work on changing systems to help support lives worth living.

Many Coloradans will struggle with suicide at some point in their lives. The vast majority of those who have thoughts of suicide will not go on to make an attempt, and of those who do make an attempt and survive, more than 90% will not go on to die by suicide. Experiences of suicide exist on a continuum: from suicidal despair and thoughts of suicide (ideation), attempts, and death. Far more Coloradans have thoughts of suicide and survive a suicide attempt than die by suicide each year. When looking at the data, it is important to remember that most people survive suicidal despair, and we can learn about prevention from survivors who have found supports and treatment options already in our Colorado communities.

Each of these statistics represents a profound impact to our Colorado communities. It is with honor and respect that the following data are presented with the full weight of our shared responsibility to take action in light of the pain of these deaths.

Data equity

The Colorado Department of Public Health and Environment (CDPHE) acknowledges that long-standing systemic racism, including economic and environmental injustice, has created negative health outcomes for marginalized populations. When interpreting the data in this report, it is critical not to lose sight of the impact of systemic, avoidable, and unjust community-level factors. These factors perpetuate the inequities that we observe in premature deaths across populations in Colorado. Research is making progress in understanding how race and ethnicity, economic status, sexual orientation, and gender identity correlate with health. It is essential that data systems identify and help us to understand the life-long inequities that persist across groups in order to eradicate these injustices.

National research also highlights the need to improve data quality for demographic categories including race and ethnicity. At CDPHE, the Center for Health and Environmental Data (CHED), and OSP continue to prioritize better data collection and dissemination, especially regarding

race and ethnicity. More data specific to BIPOC Coloradans is included in the "Support Black, Indigenous, & People of Color" section of this report.

CDPHE's Center for Health and Environmental Data recently updated the Colorado Suicide Fatality Dashboard to better represent suicide fatalities regarding race and ethnicity demographics. We invite you to visit the dashboard to understand suicide fatalities in Colorado and to inform your prevention, intervention, and postvention work.

In order to better understand disparities and address the unique needs of LGBTQ+[3] people, we must gather complete and standardized data about sexual orientation and gender identity (SOGI). Unlike other demographic information, traditional mortality surveillance systems do not regularly ask about these identities. Colorado is working to address this through the use of a voluntary expanded standardized suicide death investigation form for coroners, law enforcement, and other death scene investigators, but the form is not yet widely used to permit a full report at the state level inclusive of these identities.

Suicidal despair through self-reports

Measuring suicidal thoughts and suicide attempts is difficult, because not all people report suicidal thoughts or receive medical attention after an attempt. Increases in calls to a crisis line or emergency room visits may or may not indicate an increase in suicidal despair; they may also point to *increased* trust of, knowledge of, or access to a resource in the community. Suicide is complex, as is collecting data regarding suicide. **Two surveys that provide crucial information about suicidal despair among Coloradans are the Healthy Kids Colorado Survey (HKCS) and the Colorado Behavioral Risk Factor Surveillance System (BRFSS).**

Self-reported youth data

According to the 2021 Healthy Kids Colorado Survey, the number of high school students feeling sad or hopeless increased from 2019 to 2021 (34.7% in 2019 vs 39.6% in 2021). There was not a significant change in the number of students who reported seriously considering attempting suicide during the past 12 months (17.5% in 2021 vs. 17.1% in 2021), nor was there a significant change for students reporting a suicide attempt in the past 12 months (7.6% in 2019 vs. 7.2% in 2021). Over 73.5% of high school students reported that they had an adult to go to for help with a serious problem, which can be one of the strongest protective factors in a young person's life.

There are significant disparities that persist across gender identities and sexual orientations and across races and ethnicities for respondents. The LGBTQ+ and the BIPOC priority sections of this report provide more detailed data regarding these populations.

[3] LGBTQ+ stands for: Lesbian, Gay, Bisexual, Transgender, Queer and Questioning, Intersex, Asexual, Two Spirit, and all other sexual orientations, gender identities, and intersex identities not named in the aforementioned list.

Self-reported adult data

According to the Colorado Behavioral Risk Factor Surveillance System (BRFSS), in 2021, 5.9% of surveyed adults ages 18 and older indicated that they had thoughts of suicide in the past year. Of those, 16.9% indicated they had attempted suicide in the past year. Additionally, life stressors, such as chronic disease, housing insecurity, and financial insecurity, appeared more often in people's self-reports about having thoughts of suicide and attempting suicide.

Suicide attempt data and limitations (emergency department visits and hospitalizations)

The majority of people who attempt suicide do not visit an emergency department of hospital; for this reason, hospital data provides a key, but incomplete, piece of information around suicidal ideation and suicide attempts in Colorado. OSP works with hospitals through the Zero Suicide initiative, partnerships, interagency collaboration with the Colorado Department of Human Services, Office of Behavioral Health (now in the Behavioral Health Administration), and the expansion of the Follow-Up Project.

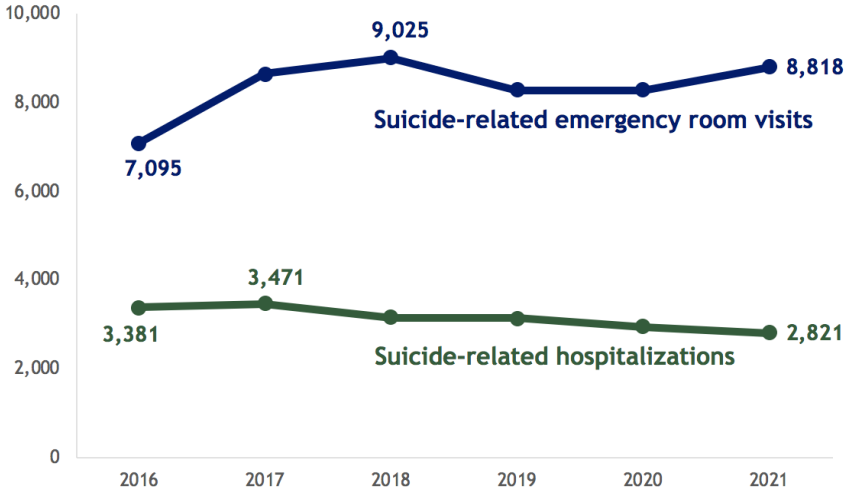
Hospital data

Although the number suicide-related emergency department visits fluctuated from year to year from 2017 to 2021, the rates were similar in 2021 compared to 2017. The age-adjusted rates for suicide-related emergency department visits (n=8,650) was 156.87 per 100,000 population in 2017 and was 157.95 per 100,000 in 2021 (n=8,818). Suicide-related hospitalizations showed a decreasing trend from 2017 to 2021. The number of hospitalizations decreased from 3,471 in 2017 (age-adjusted rate of 62.37 per 100,000) to 2,821 in 2021 (age-adjusted rate of 49.39 per 100,000). Unlike fatality data, females account for a disproportionate number of suicide attempts and represent 63% of suicide-related emergency department visits and 60% of suicide-related hospitalizations between 2017-2021. At this time, it is not possible to analyze the emergency department or hospitalization data by race or ethnicity due to wide variation in data quality and collection practices.

Definitions

- **Suicide-related emergency room visits** include only those who were treated and released in the emergency department and were not admitted to the hospital.
- **Suicide-related hospitalizations** include anyone admitted into the hospital, and may or may not have been initially treated in the emergency department.

Figure 1. **Suicide-related emergency room visits** increased slightly and **hospitalizations** decreased slightly in 2021.
The number of emergency room visits and hospitalizations between 2016-2021.



Data Sources: Emergency Department Visit Data, Hospital Discharge Data, Colorado Hospital Association.
Prepared By: Center for Health and Environmental Data, Colorado Department of Public Health and Environment.

According to emergency department and hospitalization records, poisoning and overdose are the most common *suicide attempt* methods. Between 2016-2020, there were 41,350 suicide-related emergency department visits; 50% of them were due to drugs and other biological substances. During that same time, there were also 16,126 suicide-related hospitalizations; 72% of them were due to drugs and other biological substances.

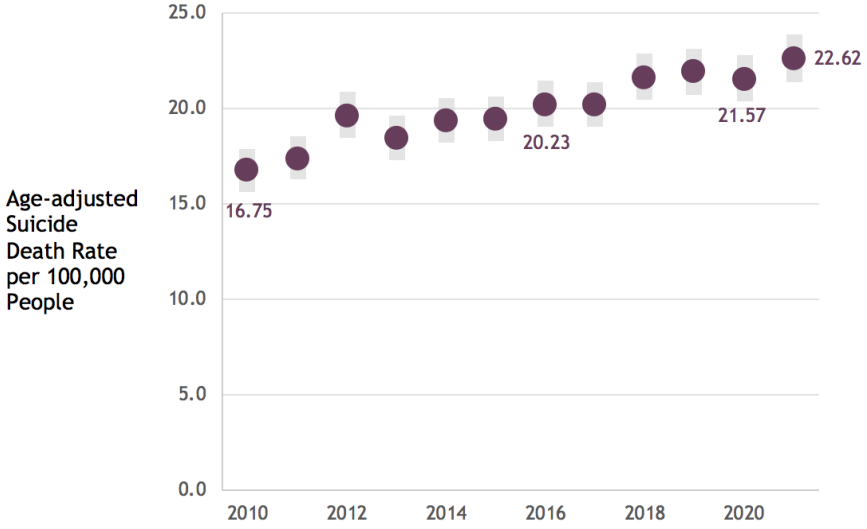
Since 2016, Colorado's suicide fatality rate has not demonstrated a statistically significant variation upwards or downwards.

Suicide deaths

As Colorado's population continues to grow, so too does the number of suicide deaths of residents. In recent years, Colorado has experienced tremendous population growth, earning a spot among the top ten states in the nation for population increases since 2010. Since 2016, Colorado's suicide fatality rate has not demonstrated a statistically significant variation upwards or downwards.[4]

[4] Confidence intervals measure statistical significance or the likelihood that the difference between two data points is due to chance or some other factor. When confidence intervals overlap, there is no statistically significant change in the data points because the change may be due to chance.

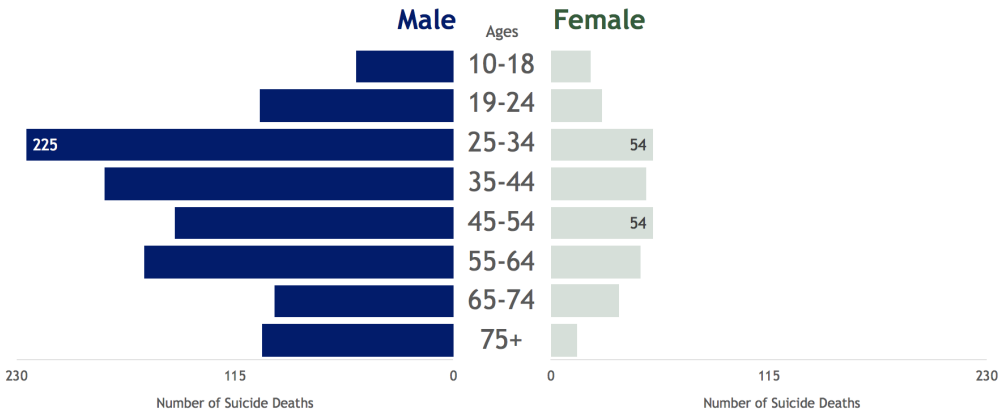
Figure 2. **The number of suicide deaths has increased over time, but there is no statistically significant change in the suicide fatality rate since 2016.**
Age-adjusted suicide death rate per 100,000 people between 2010-2021.



Source: Vital Statistics Program, Colorado Department of Public Health and Environment

Colorado's suicide fatality rate has been holding steady since 2016. In Colorado, the population that dies by suicide at the highest rates and with the highest counts is men ages 25-64. Older adult males aged 65 years and older have the next highest suicide rate followed by young adult males aged 19 to 24, and male youth aged 10-18 years. OSP works to prevent suicide among all Colorado populations.

Figure 3. **In 2021, men ages 25-44 died by suicide more often than women and other age groups.**
The number of deaths by suicide by sex and age group in 2021.

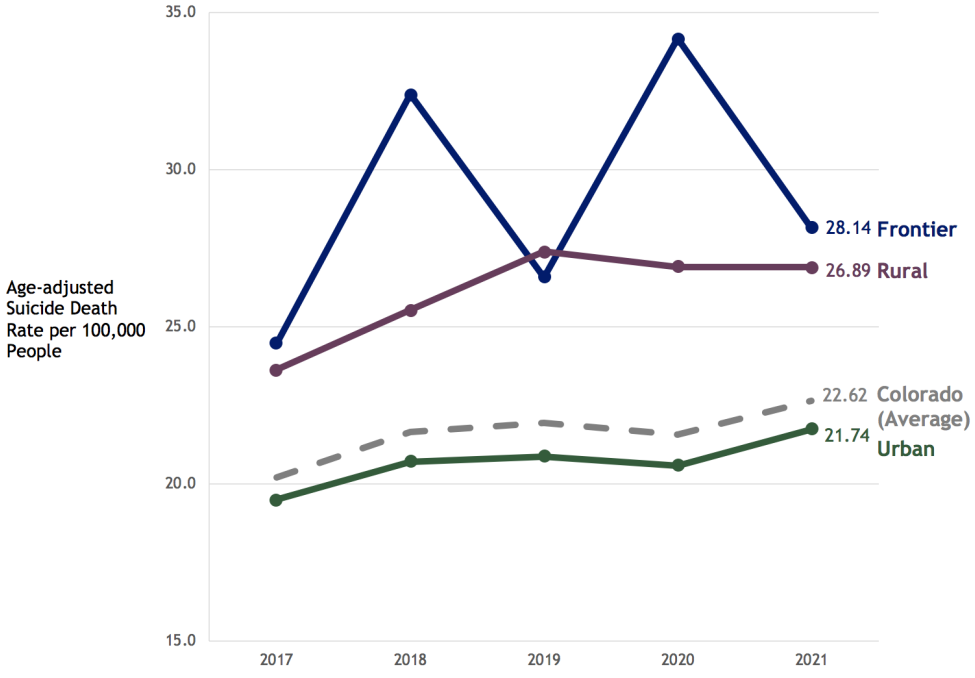


Source: Vital Statistics Program, Colorado Department of Public Health and Environment.

Although the state rate is statistically stable, Colorado continues to have a suicide rate among the 10 highest in the United States. In 2021, there were 1,370 suicide deaths among Colorado residents, resulting in an age-adjusted suicide rate of 22.6 per 100,000. Despite concerns that the effects of the COVID-19 pandemic would increase suicide deaths, Colorado's age-adjusted rate did not change in a statistically significant way.

Continuing with existing trends, counties in Colorado with smaller populations in more rural settings tend to have higher, but more variable suicide rates. These elevated rates may highlight differences in access to health resources, increased access to firearms, as well as a slightly older population. According to the Colorado Rural Health Center, the median projected age in rural Colorado is higher compared with urban counties and the state's 10 oldest counties are rural with a median age of at least 50.

Figure 4. **Frontier and rural communities have the highest rates of suicide.**
Age-adjusted suicide death rate per 100,000 people by geographic community type between 2017-2021.

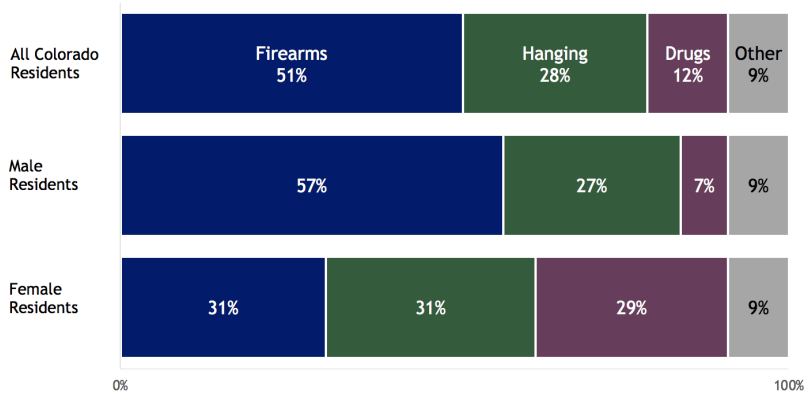


Source: Colorado Vital Statistics Program (Death Certificate Data), Colorado Department of Public Health and Environment.

Methods of suicide

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.

Figure 5. **Firearms are the leading method of suicide in Colorado.**
Percentage of suicide deaths by method and sex for the years 2017-2021 combined.



Source: Vital Statistics Program, Colorado Department of Public Health and Environment.

Data summary

In 2021, suicide was the eighth leading cause of death for all Coloradans.[5] Adults ages 25-64 continue to have the highest rates and number of suicide deaths, representing more than 67% of all suicide fatalities (924 in 2021). Additionally, males continue to represent a disproportionate number of suicide deaths at over 78% of suicide fatalities across all age groups. In Colorado, the suicide fatality rate among youth ages 10-18 has remained statistically stable since 2015.

Because of the variation geographically and between demographic groupings, we encourage those wanting to explore how suicide affects their community to visit the interactive data dashboard located on coosp.org, with the reminder that suicide deaths do not capture the full experience of suicidal despair, attempts, or recovery.

[5]In prior years suicide has been the seventh leading cause of death.

Colorado's Wildly Important Goal

Colorado's *Wildly Important Goal* to reduce suicide

In January 2019, Governor Jared Polis committed to reducing Colorado's suicide rates, tasking the Colorado Department of Public Health and Environment (CDPHE) with a Wildly Important Goal (WIG) of addressing suicide in the state. Under the leadership of CDPHE Executive Director Jill Hunsaker Ryan, CDPHE engaged in a comprehensive review of data and research on suicide and suicide prevention strategies and identified new opportunities for engagement with other state agencies and local partners. As a result, OSP deepened collaboration with other state agencies and community partners to reduce the incidence of suicide in Colorado.

Wildly Important Goal strategies

To support the Governor's goal of reducing suicide in Colorado, OSP leads a number of strategies in the following priority areas.

Prioritize cross-agency collaboration to leverage resources and efforts.

- State statute names OSP as the lead entity for suicide prevention efforts in the state. In addition to the designated seats on the Colorado Suicide Prevention Commission for key state agencies, OSP collaborates with multiple state agencies to reduce Colorado's suicide rate.

Improve health system readiness and response to suicide by expanding the Zero Suicide Model and the Colorado Follow-Up Project.

- Expand and support Zero Suicide model implementation within health care settings.
- Reduce risk and provide support for individuals in the aftermath of a mental/behavioral health crisis by sustaining and expanding the Follow-Up Project in emergency departments.
- Support the creation of tiered training requirements aligned with the Zero Suicide Model for behavioral health facilities.
- Support the Colorado Consortium on Prescription Drug Abuse Prevention's prescribing guidelines related to opioids and benzodiazepines.

Increase active analysis and dissemination of suicide-related data.

- Increase real-time data collection in emergency departments on suicide attempts and use data to inform prevention/intervention efforts.
- Incentivize coroner and law enforcement agencies to use the Colorado Suicide Investigation Form.

Increase suicide prevention and interventions efforts for priority occupations, *including emergency responders, construction, agriculture and ranching, and oil and gas.*

- Identify, implement, and evaluate strategies to engage people in priority occupations.

- Promote and disseminate resources and tools that support men in their workplaces with mental health promotion and help-seeking strategies and screening/referral protocols and tools.
- Support the Emergency Medical Services Peer Support Program, Path4EMS.

Increase suicide prevention efforts for special populations at higher risk for suicide, including LGBTQ+ Coloradans; Black, Indigenous, and Coloradans of Color; youth (ages 10-18), young adults (19-24), veterans, adults ages 25-64, especially men; older adults; and counties with higher suicide rates and numbers.

- Identify, implement, and evaluate strategies to engage people in priority populations.
- Improve data collection and reporting to inform prevention strategies and trends for LGBTQ+ populations.
- Sustain and expand the evidence-based program Sources of Strength™ in middle and high schools.
- Increase the availability of evidence-based gatekeeper training in veteran service organizations.
- Sustain and expand lethal means safety initiatives (provider training and the Colorado Gun Shop Project).
- Support suicide prevention infrastructure and capacity at the local level within disparately impacted counties.

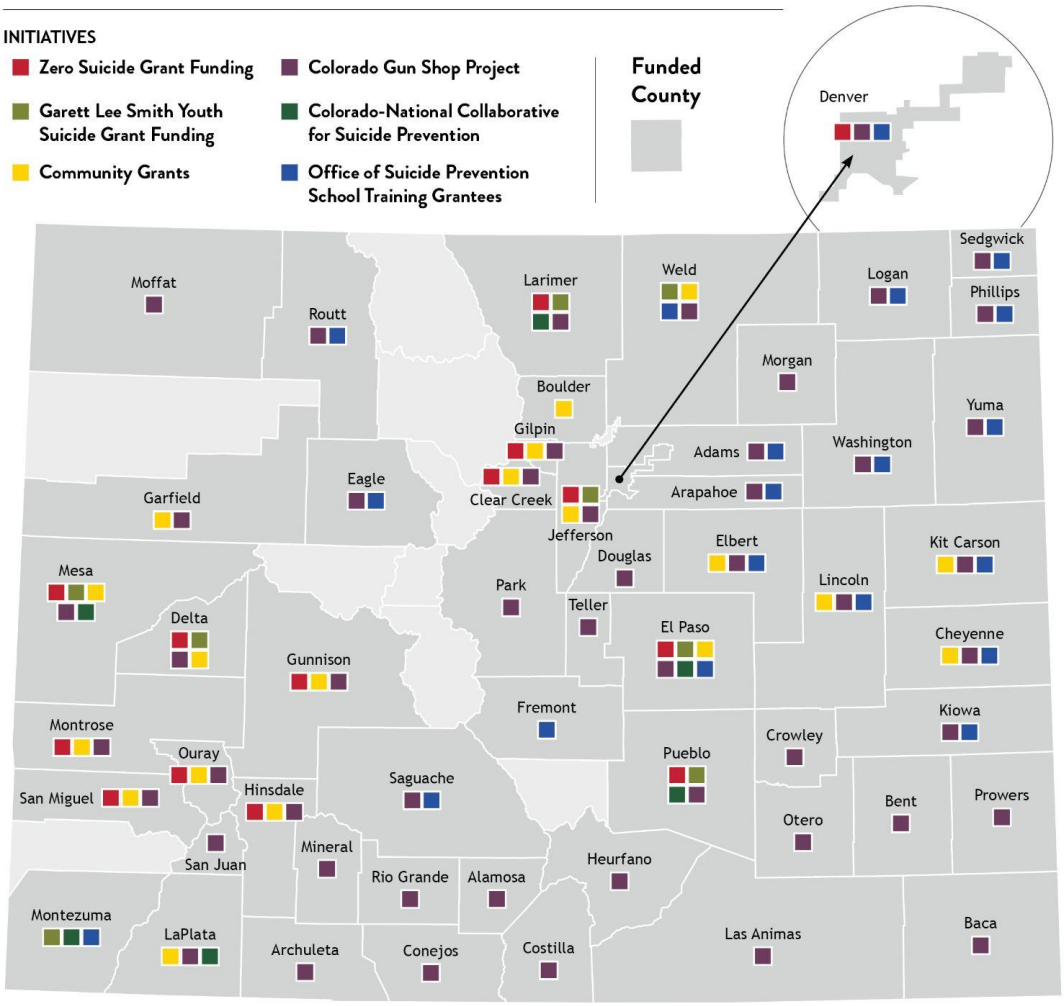
Specific initiatives under these strategies build on best practices and Colorado Suicide Prevention Commission recommendations. CDPHE prioritizes data-driven and evidence-based or evidence-informed programs and policies, and relies on continuing evaluation and data collection, analysis, and improvement. OSP uses a combination of state and competitive federal funding to support the Governor's Wildly Important Goals and to increase available resources for suicide prevention in Colorado.

OSP's statewide reach

OSP is committed to coordinating suicide prevention efforts across Colorado. The map below highlights where OSP supports programs using state and federal funds.

SUICIDE PREVENTION INITIATIVES

Fiscal Year 2021-22



Initiative by County

Zero Suicide Grant Funding

Clear Creek, Delta, Denver, El Paso, Gilpin, Gunnison, Hinsdale, Jefferson, Larimer, Mesa, Montrose, Ouray, Pueblo, San Miguel

Garrett Lee Smith Youth Suicide Prevention Grant Funding

Delta, El Paso, Jefferson, Larimer, Mesa, Montezuma, Pueblo, Weld

Community Grants

Boulder, Cheyenne, Clear Creek, Delta, El Paso, Elbert, Garfield, Gilpin, Gunnison, Hinsdale, Jefferson, Kit Carson, LaPlata, Lincoln, Mesa, Montrose, Ouray, San Miguel, Weld

Colorado Gun Shop Project

Adams, Alamosa, Arapahoe, Archuleta, Baca, Bent, Cheyenne, Clear Creek, Conejos, Costilla, Crowley, Delta, Denver, Douglas, Eagle, El Paso, Elbert, Garfield, Gilpin, Gunnison, Hinsdale, Huerfano, Jefferson, Kiowa, Kit Carson, La Plata, Larimer, Las Animas, Lincoln, Logan, Mesa, Mineral, Moffat, Montrose, Morgan, Otero, Ouray, Park, Phillips, Prowers, Pueblo, Rio Grande, Routt, Saguache, San Juan, San Miguel, Sedgwick, Teller, Washington, Weld, Yuma

Colorado-National Collaborative for Suicide Prevention

El Paso, La Plata, Larimer, Mesa, Montezuma, Pueblo

Office of Suicide Prevention School Training Grantees

Adams, Arapahoe, Cheyenne, Denver, Eagle, El Paso, Elbert, Fremont, Kiowa, Kit Carson, Lincoln, Logan, Montezuma, Phillips, Routt, Saguache, Sedgiwck, Washington, Weld, Yuma

Colorado Plan for Suicide Prevention

The Colorado Plan for Suicide Prevention is a living document that incorporates priorities and recommendations from state agency leadership, OSP, the Colorado Suicide Prevention Commission, and the Colorado-National Collaborative into one cohesive document that sets forth a path to move Colorado forward and reduce the impact of suicide in our state.[6] The plan prioritizes data-driven and evidence-based or 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 initiatives designed to better serve Coloradans.

In alignment with national best practices, including the CDC's Technical Package for Suicide Prevention, OSP prioritizes a comprehensive approach to suicide prevention. A **comprehensive approach** includes: upstream prevention (connectedness and economic stability and supports); education and awareness on suicide prevention; access to safer suicide care; lethal means safety; and postvention.

The Plan is updated based on data collection, evaluation results, and emerging suicide prevention research as needed. It is responsive to emerging trends, research, and evidence to support effective community initiatives. The Plan is aligned with the recommendations of the Suicide Prevention Commission to support integrated health care, improve training and education, build resilience and community connectedness, and enhance data collections and systems. For more detail on these recommendations, see the section on the Suicide Prevention Commission (page 20).

[6] The Plan aligns with the National Action Alliance for Suicide Prevention's Transforming Communities: Key Elements for the Implementation of Comprehensive Community-Based Suicide Prevention and Preventing Suicide: A Technical Package of Policy, Programs, and Practices from the Centers for Disease Control and Prevention.

Coordinating Crisis and Suicide Prevention Programs Across Colorado

Colorado law declares OSP the lead entity for suicide prevention efforts in the state. In addition, in January 2019, Governor Jared Polis tasked CDPHE with a Wildly Important Goal (WIG) of addressing suicide in the state. Under CDPHE Executive Director Jill Hunsaker Ryan's leadership, OSP expanded existing collaborations with other state agencies and community agencies in order to coordinate crisis and suicide prevention programs across Colorado. Several state agencies hold designated seats on the Colorado Suicide Prevention Commission.

Table 1. **Office of Suicide Prevention state agency collaboration**

Department	Past Year Activities
Governor's Office	The Governor's Office advocates for innovation in the field of suicide prevention and encourages all state departments to pursue an "all-hands on deck" approach to collaboration. In addition to promoting suicide prevention as a priority in Colorado by categorizing it as one of CDPHE's Wildly Important Goals, the Governor's Office participates in the Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families.
Lieutenant Governor's Office	The Lieutenant Governor is a strong advocate for mental health promotion and was an active leader on the Governor's Task Force for Behavioral Health that resulted in the formation of the Behavioral Health Administration. The Lt. Governor leads the Governor's Health Cabinet Working Group, which focuses on saving people money on health care and has included suicide prevention and mental and behavioral health prominently in the working group's WIGs.
Department of Agriculture	OSP collaborates with the Department of Agriculture (CDA) to disseminate crisis materials that resonate with Colorado's agricultural and ranching families and supports the Colorado Rural Mental Health Advisory Committee. CDA and the Office of Behavioral Health supported the development of a cultural competency training module for providers servicing the Colorado Crisis and Support Hotline and released an awareness campaign for rural Colorado communities. CDA led several efforts to bring responsive mental and behavioral health services to rural communities: ag.colorado.gov/ics/colorado-agricultural-mediation-program-camp
Department of Education and School Safety Resource Center	OSP partners with the School Safety Resource Center (SSRC) and Department of Education (CDE) to host annual School Suicide Prevention Symposia. The SSRC has a designated seat on the Suicide Prevention Commission and the OSP has a seat on the SSRC's Advisory Committee. Both Departments participate on the Commission's Youth-Specific Initiatives Workgroup. OSP collaborated with CDE and the SSRC to develop free and accessible comprehensive suicide prevention learning modules as part of the Multi-Tiered System of Support network and on the Mental Health Education Literacy Resource Bank.

CDPS	OSP collaborated with the SSRC to develop the RFA and review applications and publish funding opportunities for the suicide prevention grant program (administered by OSP).
Behavioral Health Administration **Office of Behavioral Health** BHA	The Behavioral Health Administration (BHA) is a new cabinet member-led entity within the State of Colorado as of July 1, 2022. It is the single entity responsible for coordinating and collaborating across state agencies to address behavioral health needs. Most of the community behavioral health programs that previously existed within the Office of Behavioral Health (OBH) are now housed and administered by the BHA. OSP collaborates with the BHA, which is tasked with leading cross-agency conversations and stakeholder engagement to identify needed improvements to care delivery in Colorado. As part of this work, OSP coordinates with the BHA and the Colorado Crisis System to print and disseminate public awareness materials. In addition, OSP ensures that all Colorado Gun Shop Project materials include information on how to access the state crisis system. The BHA participates in the Colorado Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families and supported the expansion of the Colorado Follow-Up Project to ensure that services are inclusive of military-involved families and veterans. The BHA will take the designated seat on the Suicide Prevention Commission in FY 2022-23 that OBH had held since 2014.
Office of the Attorney General DEPT. OF LAW	OSP partners with the Office of the Attorney General (AGO) on youth suicide prevention efforts including expansion of Sources of Strength™. The AGO is committed to the sustainable expansion of the Sources of Strength™ program within Colorado schools and renewed an interagency agreement with the OSP for the 2022-23 and 2023-24 school years. AGO supports a number of firearm safety initiatives and resources: coag.gov/firearmsafety/.
Department of Military and Veterans Affairs DMVA	The Department of Military and Veterans Affairs (DMVA) participates in the Colorado Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families. The DMVA is committed to infusing suicide prevention strategies throughout Air and Army National Guard command structure.
Department of Regulatory Agencies DORA	The Department of Regulatory Agencies works to expand training incentives for providers, and establishes peer support programs for professional occupations, which align with OSP's work.

Department of Personnel Administration	The Department of Personnel Administration provides Question, Persuade, Refer (QPR) gatekeeper training to state employees.
Department of Health Care Policy and Financing	OSP partners with the Department of Health Care Policy and Financing (HCPF) on quality improvement metrics that support the Zero Suicide framework. HCPF supported the expansion of the Zero Suicide quality improvement framework within hospital systems by collaborating with CDPHE to implement a multi-year tiered incentive model for the Hospital Quality Improvement Incentive Program (HQIP). This partnership linked data to better track suicide indicators for Medicaid clients on Colorado's interactive data dashboard. HCPF has a designated seat on the Suicide Prevention Commission.
Collaboration between OBH, OSP, HCPF, and the Colorado Health Institute	§ 27-62-101 — 27-62-103 C.R.S. addresses behavioral health services for children and youth. OSP, together with community stakeholders, the Office of Behavioral Health, HCPF, and the Colorado Health Institute created a menu of screening tools to help providers identify behavioral health issues among children ages 0 to 26 and in perinatal individuals. This menu is on the Office of Behavioral Health reports webpage and OSP's resources for primary care providers webpage.

Suicide Prevention Commission

Colorado Senate Bill 14-088 created the Colorado Suicide Prevention Commission (Commission) to provide public, private, and nonprofit leadership for suicide prevention efforts and to make data-driven, evidence-based recommendations for Colorado. Creating a formal state commission modeled after the National Action Alliance positioned Colorado to affect real change and to be a national leader in creating public, private, and nonprofit partnerships. Commission recommendations are based on data and lived experience and serve to improve crisis and suicide prevention iniatives and alignment in Colorado.

The Commission will sunset Sept. 1, 2024. Prior to repeal, the program will undergo a sunset review to evaluate the Commission's effectiveness and reach. During the sunset process, a legislative committee shall consider whether to continue or continue with modifications.

Commission role

The Commission serves in an advisory capacity to OSP. The 26 commissioners represent Coloradans with lived experience, work in suicide prevention organizations and programs, and come from communities and sectors that experience disproportionate impacts of suicide. Commissioners pledge to lead in alignment with the Commission's Equity Commitment.

Commission funding

Although legislation did not include funding for implementation of the Commission's recommendations,[7] it approved an appropriation to support one full-time employee to serve as Commission Coordinator. Since the Commission's inception, OSP has pursued and successfully obtained multiple competitive federal grants to implement Commission recommendations. The Commission identifies opportunities to further align suicide prevention efforts in Colorado and identifies areas of unmet need.

Commission workgroups

The Commission convenes several topic-specific workgroups, which provide a space for partners to connect and work on new and revised suicide prevention recommendations. During FY 2021-22, the Commission convened the following workgroups.[8]

Colorado Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families: Promotes ways to reduce stigma surrounding suicide in the veteran community, supports veteran-specific strategies for suicide prevention, and develops recommendations to bring forth to the Suicide Prevention Commission.

[7] Funding for the Commission Coordinator position comes from the state General Fund. There is not a separate appropriation to support the work or recommendations of the Commission.
[8] Recent Commission workgroups that sunsetted after finalizing approved recommendations: Resiliency and Connectedness (April 2018 to May 2021); Involuntary Treatment for Individuals Experiencing Suicidal Thoughts (May 2019 to May 2021).

Older Adults Workgroup: Supports suicide prevention among older adults identifies resources, gaps, and needs; and develops recommendations to bring forth to the Suicide Prevention Commission for review.

Spiritual Communities Workgroup (September 2021-January 2022)[9]: In January 2022, the Commission approved this workgroup's recommendation to support suicide prevention within spiritual communities. The workgroup compiled a list of suicide prevention resources for spiritual communities.

Youth-Specific Initiatives Workgroup: Supports Coloradans ages 0-24 who experience greater disparities related to suicide.[10] In 2022, the Commission approved the YSI Workgroup's revised recommendation **to create supportive, safe, inclusive communities for LGBTQ+**[11] **youth and young adults**, and the Commission approved the Workgroup's recommendation to **support comprehensive suicide prevention strategies that specifically address the unique needs and experiences of young adults ages 19-24**.

Postvention Workgroup (started February 2022): Supports people impacted by suicide and to identify inclusive, accessible, and appropriate resources for Colorado communities.

Commission recommendations and implementation of the recommendations

The Commission's recommendations aim to improve crisis and suicide prevention in the state. They also drive OSP programs and operations and ensure a comprehensive approach to suicide prevention. The Commission recommendations fall under four priority areas: supporting integrated health care; improving training and education; building resilience and community connectedness; enhancing data collection and systems. More detailed information on how the OSP is implementing these recommendations is available on the Commission webpage.

Table 2. **Commission recommendations**

Priority	Approved Commission Recommendations to Improve Crisis and Suicide Prevention in Colorado
Support Integrated Health Care	Adopt the Zero Suicide initiative within health care systems. Adopt the Colorado Follow-Up Project as standard protocol for following up with suicidal patients after discharge from emergency departments and inpatient settings.

[9] Suicide Prevention Commission: Spiritual Communities Workgroup (2022 recommendation)
[10] Suicide Prevention Commission: Youth-Specific Initiatives Workgroup (2019 recommendation)
[11] This report uses the term LGBTQ+ to align with other department communications. Use of the LGBTQ+ acronym evolves over time. LGBTQ+ stands for: Lesbian, Gay, Bisexual, Transgender, Queer and Questioning, Intersex, Asexual, Two Spirit, and all other sexual orientations, gender identities, and intersex identities not named in the aforementioned list. In FY 2020-21, the Commission worked with Tribal and Indigenous people and intersex people to expand its recommendation to include strategies that would support intersex, asexual, and Two Spirit individuals.

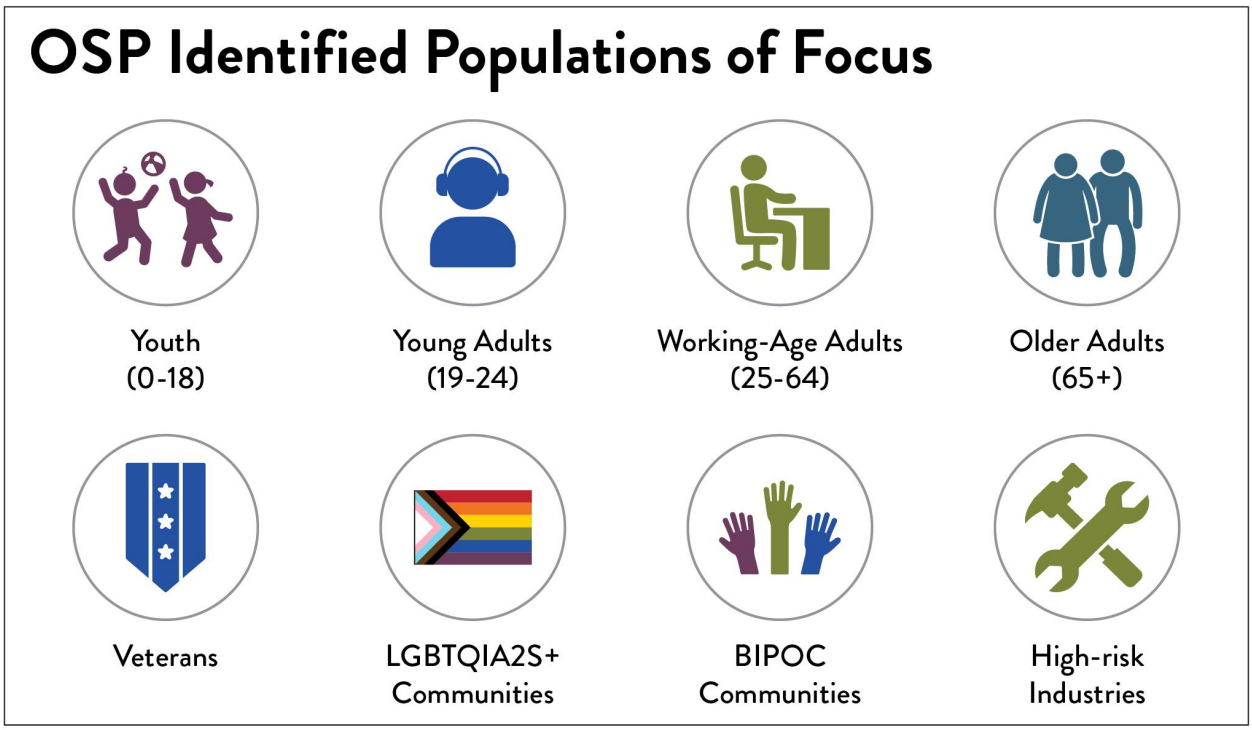
	Promote screening to identify suicide risk within health care settings. Support primary care practices in adopting suicide prevention protocols. Prioritize, promote, and expand community-based alternatives to involuntary treatment for support, respite, and recovery prior, during, and after periods of crisis that preserve dignity and are responsive to identity, culture, and personal autonomy. Identify and support programs, initiatives, practices, and policies that reduce harm from involuntary treatment. Support the development, implementation, and adherence to health care, carceral, and school system organizational policies that create an informed standard of care and ensure that involuntary treatment options are used only after all other options have been exhausted. Support mental and behavioral health providers with tools, skills, and community resources that address provider fears to ensure that involuntary treatment options are used only after all other options have been exhausted.
Improve Training & Education	Support training for mental health and substance abuse providers. Develop and implement comprehensive suicide prevention strategies for high-risk industries. Build capacity within the legal community to identify those at risk for suicide and link them to care.
Enhance Data Collection Tools & Systems	Enhance information-sharing between organizations. Encourage and incentivize coroners, medical examiners, and law enforcement to adopt a standardized suicide investigation form.
Build Community Resilience & Connectedness	Strengthen equitable economic stability and supports, including food security, affordable housing, livable wage and other family-friendly workplace policies, access to representative care, and Broadband Internet access. Create supportive, inclusive, and safe communities, especially for LGBTQ+ youth, and especially for Black, Indigenous, and Youth of Color. Support spiritual communities in implementing comprehensive strategies that are relevant for their communities in preventing suicide. Support schools and other youth-serving organizations in implementing comprehensive protocols and evidence-based programming focused on enhancing protective factors.

Priority Populations

OSP tailors prevention efforts to meet the needs of different Colorado communities and populations based on findings through data and lived experience. In order to effectively lead and support comprehensive suicide prevention across Colorado, OSP recommends that Colorado communities implement comprehensive suicide preventions strategies that support each of the priority populations below.

- Youth (0-18)
- Transition-age adults (19-24)
- Adults (especially men) (25-64)
- Older adults (65+)
- LGBTQ+ community
- Veterans, service members, and their families
- Those working in industries at higher risk for suicide, such as emergency responders, construction, oil and gas, and agriculture and ranching

OSP identified these populations taking into account guidance from the Suicide Prevention Commission; the Governor's WIG of increasing suicide prevention efforts for special populations at higher risk for suicide; and Colorado-specific data. Each OSP program supports these priority populations, recognizing that these populations may have areas of intersection with one or multiple categories. OSP recommends focusing crisis and suicide prevention initatives on these identified populations of focus.



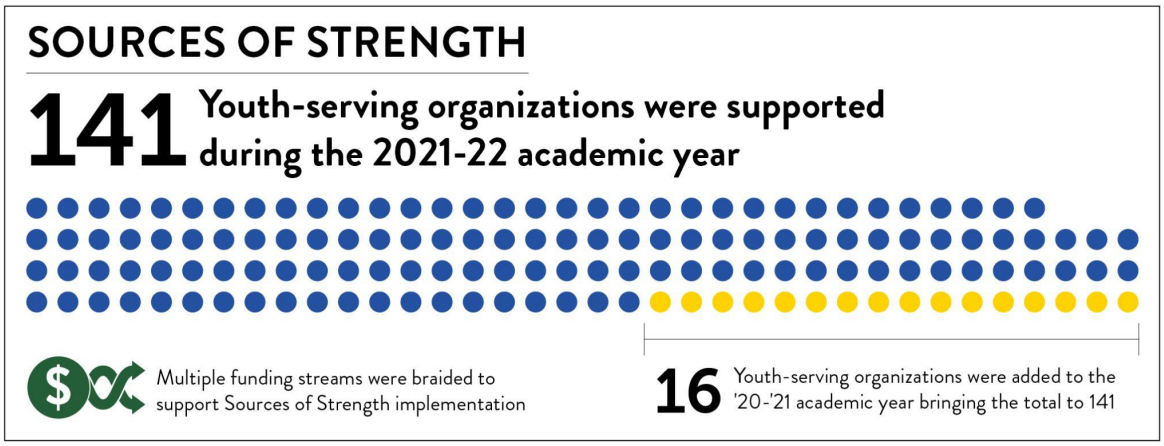
PRIORITY: Support Youth and Young Adults (ages 0-24)

Data highlight: In 2021, 6.8% of Colorado's suicide fatalities were youth ages 10-18;[12] 7.8% were young adults ages 19-24.[13] Youth and young adult suicide fatality rates were steady in Colorado from 2015-2021.[14]

OSP braids funding streams and aligns multiple initiatives to prevent suicidal despair, attempts, and deaths among youth and young adults (ages 0-24).[15] OSP also works with youth-serving communities and organizations, including schools and institutions of higher education, health systems, and other state agencies.

Sources of Strength™

OSP braided multiple funding streams to support Sources of Strength™ implementation in 141 youth-serving organizations during the academic year 2021-22. 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.[16] **This is an increase of 16 additional schools or youth-serving organizations from the previous year.**



OSP works with Sources of Strength™ to support equitable implementation of the statewide project. Focused efforts on strategic outreach and additional embedded equity considerations contributed to the increased number of OSP-funded Sources of Strength™ schools.

[12] The total number of youth ages 10-18 who died by suicide in 2021 was 94. CDPHE Vital Statistics.
[13] The total number of youth ages 19-24 who died by suicide in 2021 was 107. CDPHE Vital Statistics.
[14] Suicide fatality counts tend to increase slightly each year due to the state's growing population. The suicide rate for youth ages 10-18 was slightly lower in 2021 (12.59 per 100,000) compared to 2020 (13.47 per 100,000). Although this decrease was not statistically significant, OSP continues to monitor suicide rates for youth and is hopeful that this downward trend will continue.
[15] Funding Sources. State General Fund: Community Grants (2017-2022) support youth-serving organizations; The School Crisis and Suicide Prevention Training Grant Program funds public schools and school districts. Federal funds: SAMHSA GLS Youth Suicide Prevention Grant (2017-2022). State partnerships: The Colorado Attorney General's Office supports Sources of Strength™.
[16] Visit Published articles to view research articles regarding the effectiveness of the shared risk and protective factor approach on multiple outcomes.

Sources of Strength™ Train-the-Trainer and Booster Train-the-Trainer events

OSP funded two four-day Sources of Strength™ Train-the-Trainer (T4T) and one Booster Train-the-Trainer (BT4T) events in FY 2021-22 using braided funding from federal grants and the Attorney General's Office. OSP held an in-person T4T training in Mesa County to support the impact of COVID-19 on rural and Western Slope counties.

Regional youth suicide prevention coordinators

Through the Substance Abuse and Mental Health Services Administration (SAMHSA) Garrett Lee Smith (GLS) grant, OSP funded eight regional youth suicide prevention coordinators who are embedded in local agencies serving the eight priority counties. The regional youth suicide prevention coordinators worked to identify, engage, and support specific priority groups.[17] The regional youth suicide prevention coordinators trained 3,961 adults who work in youth-serving organizations in QPR during the reporting period.

Office of Suicide Prevention School Training Grant Program[18]

The School Crisis and Suicide Prevention Training Grant Program provides funding for public schools and school districts to implement comprehensive crisis and suicide prevention strategies. See page 45 for additional details on the grant program.

Additional youth suicide prevention activities and resources

OSP facilitates the Youth-Specific Initiatives Workgroup and works closely with partners around the state to align and inform youth suicide prevention efforts. Through the shared funding with the Attorney General's Office, OSP aligns with and supports Sources of Strength™. OSP sits on the Colorado School Safety Resource Council's Advisory Board and on Partners for Children's Mental Health's Advisory Council.

OSP includes free youth suicide prevention resources to the public on its dedicated youth and young adult suicide prevention webpage, including model policies to support comprehensive suicide prevention policies for Colorado's K-12 schools and institutions of higher education, as well as links to trainings, statewide resources, and policy information. To support Colorado's younger populations, OSP continues to make *Gizmo's Pawesome Guide to Mental Health* available at no cost to youth-serving adults and agencies across Colorado and with Colorado-specific resources included.[19]

[17] These communities often experience higher rates of suicide in Colorado and are included as priority groups for grant activities. Priority communities include LGBTQ+ youth; Latina/o/e/x youth; Black, Indigenous, and Youth of Color; youth from military-serving families and veterans; workplaces that employ youth; and schools/higher-ed.
[18] Funding for the School Crisis and Suicide Prevention Training Grant Program comes exclusively from the $400,000 appropriated to the Office for that purpose (initiated via SB 18-272).
[19] *Gizmo* is an evidence-based, data-driven guide available in English and in Spanish that introduces mental health and wellness in a nonthreatening way that encourages the self-identification of warning signs and using healthy coping strategies. It introduces characteristics of trusted adults and promotes proactive communication.

PRIORITY: Support Adults (ages 25-64)

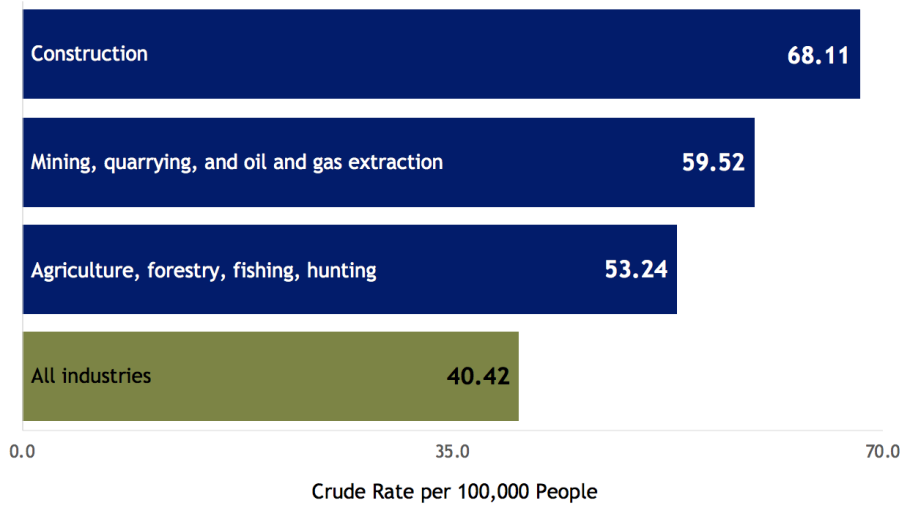
Data highlight: In Colorado, and nationally, men die by suicide more frequently and at higher rates than women do. Women attempt suicide more frequently and at higher rates than men. In 2021, of the 1,370 individuals who died by suicide in Colorado, 1,031 were adults between the ages of 25 and 64 (a rate of 29.40 per 100,000). Broken out by sex, 805 males died by suicide (a rate of 45.32 per 100,000) compared to 226 females (a rate of 13.06 per 100,000). (Source: CDPHE Colorado Suicide Fatality Dashboard)

OSP's comprehensive approach to suicide prevention supports Colorado adults of all genders. Because men die by suicide at over three times the rate of women, OSP has a number of initiatives to prevent suicide among men in the middle years.[20]

Suicide prevention for men (ages 25-64)

Annually, men ages 25 to 64 account for the highest number and rate of suicide deaths among any demographic. In order to address the higher suicide fatality rate among men, OSP also focuses on addressing the higher suicide rate among Colorado men between ages 25 and 64. The Colorado Violent Death Reporting System 2016-2020 provides several data points relevant to circumstances present in an individual's life prior to suicide: history of suicidal thoughts or plans (51.5%), having ever been treated for a mental health problem (45.1%), intimate partner problem (45.1%), crisis two weeks prior to death (44.3%), problem with alcohol (41.1%) or another substance (26.5%), contributing job problem (24.5%), argument preceded death (24.3%), contributing criminal legal problem (20.6%), financial problems (19.2%) and contributing civil legal problem (9.5%). These data indicate opportunities for interventions.

Figure 6. **Construction, oil and gas, and agriculture have the highest rates of suicide.**
Crude rates of suicide among the employed population in Colorado, by industry, combined 2016-2020.



[20] OSP acknowledges and affirms that there are more than these two sexes and more than two gender identities. However, current data systems often distinguish between only two sexes/gender. We include data on transgender, nonbinary, Intersex, queer, etc. genders and sexes, where it exists to highlight additional disparities.

OSP collaborates with ResponderStrong (ResponderStrong.org) to spread awareness of existing tools and resources devoted to supporting all emergency response professionals (i.e., Emergency Medical Services (EMS), law enforcement, fire, dispatch search and rescue, etc.) such as the new ResponderStrong Wellness Tool available at: you.responderstrong.org.

OSP also addresses higher rates of suicide in rural and frontier counties. The Department of Agriculture and the Office of Behavioral Health developed materials and partnered with the state crisis line on cultural competency training for supporting agriculture families. OSP sends these materials to local partners, particularly those who serve rural communities.

Man Therapy

Man Therapy[21] is an interactive mental health campaign targeting working age men (25-54) that employs humor to cut through stigma and tackle issues like depression and suicide, substance misuse, anger, anxiety, and divorce. The campaign's primary tactic is mantherapy.org, which features a 20-question "head inspection" quiz to evaluate one's own mental health and a wide range of resources from do-it-yourself tips, therapy referral sources, links to local support groups and organizations, as well as a crisis line. The primary goals of Man Therapy are to: create social change among men and the general population about mental health and overall wellness; empower men to take action/ownership of their mental health and overall wellness by increasing help-seeking behavior; and reduce suicidal thoughts and deaths among men (long-term). Colorado developed and shares out specific Man Therapy content for veterans, emergency responders, and those working in the construction and agriculture and ranching industries. Since Man Therapy's launch in July 2012, there have been over 333,000 Colorado website visits (and more than one million worldwide visits) to mantherapy.org. **OSP Community Grantees' efforts are highlighted in the appendix.**

Evaluation of Man Therapy

An evaluation of Man Therapy looked at the combined effect of screening and referral when individuals were exposed to Man Therapy versus only screening and referral without exposure to Man Therapy. The study found increased engagement and increased help-seeking behaviors among those with exposure to Man Therapy, especially for non-white and non-heterosexual men visiting the site.

Free Man Therapy materials can be ordered on the OSP web page.

[21] OSP partnered with Cactus Marketing Communication and the Carson J Spencer Foundation (no longer in operation) to create Man Therapy (mantherapy.org), which launched in July 2012.

PRIORITY: Support Older Adults (ages 65+)

Data highlight: Colorado's aging population is fast-growing, which means that the number of adults over age 65 is rapidly increasing. In 2021, there were 245 deaths by suicide among older adults ages 65+. The Suicide Prevention Commission convenes a workgroup specifically for supporting this population, and the Colorado-National Collaborative initiative prioritizes this population and provides support at the county level to older adults.

OSP supports preventing suicidal despair, attempts, and deaths among Colorado's older adult population (ages 65+) through its Colorado-National Collaborative (CNC) initiative, its Older Adults workgroup through the Commission, and its work with health systems.

Older adult suicide information and data

- Older adults are at increased risk for suicide due to specific health conditions and cultural factors, which can limit life expectancy or cause depression.
- Suicide attempts by older adults are more likely to result in death.
- Suicide rates among older adult males are high at the national level, and in Colorado older adult males have significantly high suicide rates when compared across all age and sex groups.
- In 2021, there were 1,370 deaths by suicide across all age groups. Of those, 245 were among older adults (ages 65+). (17.8%)
- Older adult males die by suicide more than females: 80.1% vs 19.9% (2017-2021).
- In 2020, 31% of the older adult suicide deaths had opiates present at the time of death, and 64% of older adult suicide deaths were by firearm.[22]

Suicide Prevention Commission's Older Adults Workgroup[23]

This workgroup brings together partners from a variety of disciplines, organizations, backgrounds, and identities to discuss older adult suicide prevention and resources, identify gaps and needs. The workgroup's long-term goal is to develop recommendations to bring to the Suicide Prevention Commission for review. The workgroup is finalizing recommendations specific to the needs of Colorado's older adults.

[22] Contributing circumstance data is available on a delay.
[23] Please share your contact information in this form if you are interested in joining the Older Adults Workgroup.

PRIORITY: Support LGBTQ+[24] Coloradans

Data highlight: In 2021, 20.7% of gay, lesbian, or bisexual Colorado adults reported thoughts of suicide, compared to 4.4% of heterosexual Colorado adults.[25] In 2019 and 2021, 41.1% of transgender adults reported thoughts of suicide, compared to 5.8% of cisgender adults.

Disparities likewise exist among Colorado's youth: in 2021, 36.6% of gay or lesbian students reported thoughts of suicide, 41.9% of bisexual students reported thoughts of suicide, compared to 10.9% of heterosexual youth.[26] 54.9% of transgender high school students reported thoughts of suicide in 2021, and 49.3% of genderqueer/nonbinary students reported thoughts of suicide, compared to 15.7% of cisgender high school students.

Experiences of discrimination, including homophobia and transphobia, can contribute to suicidal despair and overall suicide risk. Discrimination, violence, isolation, and rejection can contribute to individuals and communities experiencing higher rates of suicidal despair, attempts, and death. Supporting and affirming LGBTQ+ identities is a critical suicide prevention strategy. **Being LGBTQ+ does not inherently put one at greater risk for suicide; rather, experiences of discrimination contribute to increased suicide risk.** Data from the Healthy Kids Colorado Survey and from the Behavioral Risk Factor Surveillance System highlight these disparities among Coloradans. To address disparities impacting LGBTQ+ individuals, suicide prevention strategies must address the greater context of how inclusive, affirming, and safe spaces are.

Disparities impacting Colorado's LGBTQ+ youth and young adults

Of the youth surveyed for the 2021 Healthy Kids Colorado Survey (HKCS), LGBTQ+[27] high school students had higher rates of considering, planning and attempting suicide than non-LGBTQ+ high school students. HKCS results also showed reduced disparities in suicidal indicators between LGBTQ+ high school students with access to a trusted adult (meaning their identities are supported) and their heterosexual peers, than LGBTQ+ youth without that connection to a trusted adult. LGBTQ+ youth are more likely to experience bullying and sexual violence, feel unsafe at school, report suicidal ideation and attempts, and engage in substance use. Significant disparities persist across gender identities and sexual orientation for respondents who reported having experienced thoughts of suicide in 2021.

[24] Use of the LGBTQ+ acronym evolves over time. The "+" symbol stands for all of the other sexualities, sexes, and genders not included in these few letters, including, but not limited to, intersex, asexual, pansexual, agender, bigender, and gender queer. The datasets linked in this document have defined specific identity categories.
[25] Behavioral Risk Factor Surveillance System 2019 and 2021.
[26] Healthy Kids Colorado Survey 2021.
[27] The 2021 HKCS asked high school students to self-identify as female, genderqueer/nonbinary, male, not sure, other; cisgender, not sure, transgender; asexual, bisexual, gay/lesbian, not sure, other, and straight for each category. The 2021 HKCS did not ask about Intersex or Two-Spirit identity.

Table 3. **LGBTQ+ high school students are more likely to have thoughts of, plan for, and attempt suicide.**

	Gay/Lesbian	Bisexual	Heterosexual
Suicide Thoughts	36.6%	41.9%	10.9%
Suicide Plan	30.9%	32.9%	8.2%
Suicide Attempt	18.0%	19.7%	4.2%

	Transgender	Genderqueer/Non-Binary	Cisgender
Suicide Thoughts	54.9%	49.3%	15.7%
Suicide Plan	43.6%	36.7%	12.3%
Suicide Attempt	26.1%	22.8%	6.6%

Source: Colorado Healthy Kids Survey 2021

Table 4. **High school youth who experienced discrimination were more likely to experience suicidal despair.**

2021 Healthy Kids Colorado Survey Results				
LGBTQ+ Disparities	Percentage of high school students who reported, in the past 12 months:			
	teased because of gender identity.	teased because of sexual orientation.	seriously considered attempting suicide.	feeling sad or hopeless almost everyday for two weeks or more:
Transgender	83.3%	69.9%	54.9%	73.9%
Nonbinary/Genderqueer	74.0%	76.1	49.3%	72.8%
Asexual	48.6%	46.0%	26.2%	47.8%
Bisexual	21.6%	53.5%	41.9%	69.9%
Gay/Lesbian	33.0%	78.2%	36.6%	61.4%
Cisgender	8.0%	22.9%	15.7%	38.6%
Heterosexual	5.9%	8.2%	10.9%	32.1%

Source: Colorado Healthy Kids Survey 2021

Children, youth, and young adults who feel supported in their sexual orientation and gender identity and connected to their school, community, and peers, as well as have trusted adults in their lives and access to culturally competent care are less likely to experience suicidal ideation and bullying and engage in substance use, violence, and other risky behavior.[28]

Disparities impacting Colorado's LGBTQ+ adults

According to the 2021 and 2019 Behavioral Risk Factor Surveillance System, rates of thoughts of suicide and suicide attempts were higher among LGBTQ+[29] than non-LGBTQ+ adults.

[28] HKCS 2017. Overview of Sexual Orientation and Gender Identity Data.

[29] BRFSS asks people to self-identify as gay, bisexual, lesbian, something else, or heterosexual; transgender or cisgender.

Table 5. **Disparities regarding sexual orientation among Colorado adults in 2021**

	Gay, Lesbian, Bisexual, or Sexual Identity not Specified	Heterosexual
% of people responding to the survey	9.3%	90.7%
% who reported thoughts of suicide	20.7%	4.4%
Of those who reported thoughts, % who also reported attempt in prior year	23.4%	13.9%

Source: Behavioral Risk Factor Surveillance System 2019 and 2021

Table 6. **Disparities regarding gender identity among Colorado adults (2019 and 2021)***

	Transgender	Cisgender
% of people responding to the survey	.7%	99.3%
% who reported thoughts of suicide	41.1%	5.8%
Of those who reported thoughts, % who also reported attempt in prior year	-**	19.0%

Source: Behavioral Risk Factor Surveillance System 2019 and 2021

*Surveillance systems' historic underrepresentation results in small sample sizes and less accuracy representing groups of people.

**Data suppressed due to low counts.

Limitations regarding suicide fatality data for LGBTQ+ Coloradans

Despite attempts to collect sexual orientation and gender identity (SOGI) through mortality data systems as part of suicide fatality death reviews, notable challenges exist. The revised Suicide Death Investigation Form includes categories for LGBTQ+ identities with the goal of improving data quality and integrity and to better inform future prevention strategies.

OSP's suicide prevention strategies to support LGBTQ+ Coloradans

OSP aligned multiple LGBTQ+ supportive strategies in FY 2021-22.

- Regional Youth Suicide Prevention Coordinators worked with LGBTQ+ youth-serving agencies in their priority counties to align suicide prevention efforts.
- The Colorado-National Collaborative (CNC) identified the LGBTQ+ community as one of its priority populations of focus. Each CNC county has implemented strategies to support the LGBTQ+ community including: forming LGBTQ+ specific workgroups, centering LGBTQ+ individuals in their workgroups, and hiring staff positions to coordinate LGBTQ+ efforts.
- The Commission approved revised recommendations[30] to create supportive, inclusive and safe communities for LGBTQ+ youth and young adults.
- OSP facilitated quarterly meetings with various grantees to build rural school and community support for LGBTQ+ youth.

[30] Suicide Prevention Commission: Youth and Young Adult (2022 Recommendation)

PRIORITY: Support Black, Indigenous, & People of Color

Data highlight: 12.9% of American Indian or Alaska Native youth (who did not identify as Hispanic) and 10.0% of multi-racial, non-Hispanic youth reported making at least one suicide attempt in the past 12 months. 6.7% of white non-Hispanic youth reported making an attempt in the past 12 months.

The Colorado Department of Public Health and Environment acknowledges that long-standing systemic racism, including economic and environmental injustice, has created disproportionately negative health outcomes for certain populations. These systems influence a person's health more than individual behaviors and affect marginalized communities, particularly people of color, more than other communities. Systems of discrimination, historical trauma, trauma as the result of oppression and poverty, and institutionalized racism can lead to suicidal despair, attempts, and deaths by suicide among Black, Indigenous, and People of Color (BIPOC).[31] Culturally informed supports and programs are needed to prevent these outcomes in BIPOC populations.

While white, non-Hispanic men ages 25-64 experienced the highest overall suicide fatality counts and rates in Colorado, suicide impacts people of all ages, races and ethnicities, gender identities, and geographies. And while the suicide rate for all races combined has been relatively stable in recent years, there was an increase in age-adjusted suicide rates among Black/African American (non-Hispanic) residents from 2014-2019.[32] Historical age-adjusted suicide rates among Black/African American residents increased from 6.4 suicide deaths per 100,000 population in 2014 to 13.4 deaths per 100,000 population in 2019. Though the overall the age-adjusted rate for Black/African American residents is still lower than for white residents in 2019, this historical increase among Black/African American residents warrants assessing any future increasing trend from 2020-2022 that uses a different method for collecting race/ethnicity than previously (and makes the recent data not comparable to the historic data from 2014-2019).[33]

Suicide fatality data describe only part of a complicated picture of the impact of suicide in Colorado. Information about the prevalence of suicidal ideation or thoughts of suicide and suicide attempts provide a more comprehensive picture and a concerning one for BIPOC youth, in particular. According to the 2021 Healthy Kids Colorado Survey, 46.4% of non-Hispanic American Indian or Alaska Native youth and 43% of multi-racial, non-Hispanic youth reported feeling so sad or hopeless they stopped doing usual activities almost every day

[31] BIPOC also includes other races and ethnicities such as: Latino/a/x/e, Asian & Pacific Islander, and Middle Eastern communities.

[32] Although this increase is not statistically significant, OSP is still monitoring this upwards trend.

[33] This increase from 2014-2019 was not statistically significant yet signals the need to monitor these suicide rates. Once 2022 suicide fatality data is released in 2023, OSP will have three years of data in the new data set to identify trends among suicide fatalities for Black, Indigenous, and People of Color. OSP will address emerging trends in the FY 2022-23 annual report.

for two or more consecutive weeks. In comparison, only 38.0% of white, non-Hispanic youth reported feeling so sad or hopeless. These youth had a similar disparity related to suicide attempts and yet a smaller proportion reported having a trusted adult in their lives, a protective factor. Almost 13% of American Indian or Alaska Native youth (who did not identify as Hispanic) and 10% of multi-racial, non-Hispanic youth reported making at least one suicide attempt in the past 12 months. In comparison, almost 7% of white non-Hispanic youth made an attempt.

Table 7. **Disparities impacting BIPOC youth and experiences of suicide**

2021 Healthy Kids Colorado Survey Results			
Race/Ethnicity	% of students who reported in the past 12 months		
	making at least one suicide attempt	feeling sad or hopeless*	having at least one trusted adult to ask for help with serious problems
American Indian or Alaska Native, non-Hispanic	12.9%	46.4%	68.3%
Multi-Racial, non-Hispanic	10.0%	43.0%	70.6%
South Asian, non-Hispanic	9.3%	38.9%	66.3%
Middle Eastern/North African, non-Hispanic	8.2%	42.3%	64.5%
East/Southeast Asian, non-Hispanic	7.9%	32.5%	67.6%
Hispanic/Latinx	7.4%	42.6%	68.7%
Black or African American, non-Hispanic	7.2%	36.3%	64.2%
White, non-Hispanic	6.7%	38.0%	77.8%
Native Hawaiian or other Pacific Islander, non-Hispanic	4.6%	26.9%	77.8%

Source: Healthy Kids Colorado Survey 2021

*Complete indicator reads: "feeling so sad or hopeless they stopped doing usual activities almost every day for 2+ consecutive weeks."

Please see Appendix G for a more complete picture of the impact of suicide on Black, Indigenous, and People of Color in Colorado.

Actions to support BIPOC communities during the reporting period

OSP aligned multiple supportive strategies across projects and funding streams to support Black, Indigenous, and Communities of Color during this reporting period.

- The Commission made recommendations to better support Black, Indigenous, and Youth of Color in order to address disparities that are the result of experiences of racism and contribute to suicide.
- Commissioners commit to prioritize equity in their commissioner roles.

- The Commission hosted speakers from various BIPOC communities and provided a meeting with live interpretation in Spanish.
- The Colorado-National Collaborative (CNC) updated the six pillar documents to include strategies for equity, inclusivity, and anti-racism.
- OSP encouraged Zero Suicide grantees to pursue educational and training opportunities for their providers to further culturally responsive care for BIPOC patients.
- OSP expanded the Follow-Up Project's scope of work by collaborating with Rocky Mountain Crisis Partners to address data disparities among rates of hospitalization and emergency department visits by BIPOC individuals.
- The Center for Health and Environmental Data (CHED) and OSP continue to prioritize better data collection and dissemination. CHED recently updated the Colorado Suicide Fatality Dashboard to better represent suicide fatalities regarding race and ethnicity demographics.

PRIORITY: Support Veterans, Service Members & Families

Data highlight: Suicide is a leading cause of death for Colorado's veterans. Veterans make up nearly 10% of the population, and 20% of all suicides in Colorado are veterans. The suicide rate among veterans is more than double the rate of non-veterans.

Suicide prevention for Colorado veterans

The Suicide Prevention Commission convenes a "Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families."[34] The Colorado Department of Military and Veterans Affairs is a key player in the Governor's Challenge and wove the Governor's Challenge strategies into their Wildly Important Goals for FY 2020-21.

Improving access to responsive care

OSP partnered with PyschArmor, a military cultural competency training portal, to make courses chosen by the Governor's Challenge group available at no cost to mental health providers throughout Colorado.

Lethal means safety for veterans

With direction from the Governor's Challenge, OSP developed and improved existing lethal means safety resources to be more inclusive of the veteran experience. OSP added the Veterans Crisis Line to all Colorado Gun Shop Project Materials, and the group supports the firearms safety video and accompanying one pager, available on CDPHE's Gun Safety and Suicide webpage. OSP expanded Colorado Gun Shop Project outreach to veteran organizations and facilitated the dissemination of cable gun locks in partnership with the Veterans Affairs Office of Rural Health.

Operation Veteran Strong

OSP secured funding to support a statewide buildout for Operation Veteran Strong (OVS), which is a free and confidential website developed for veterans and community members to reduce mental health stigma, improve help-seeking behaviors, and connect veterans to resources. The OVS platform went live on June 1, 2021, focusing outreach to six high-risk counties[35] and 15 rural counties.[36] In FY 2021-22, OVS added more than 550 community resources for veterans; 1,240 accounts; more than 450 Veteran Network Contacts; 19 new Colorado-National Collaborative champions; and 75 skill-building resources.

[34] This workgroup is the continuation of the Colorado Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families team (Colorado Governor's Challenge) that was formed in November 2018.
[35] El Paso, La Plata, Larimer, Mesa, Montezuma, and Pueblo.
[36] Archuleta, Baca, Bent, Custer, Delta, Hinsdale, Huerfano, Montrose, Ouray, Phillips, Rio Blanco, Routt, San Juan, Sedgwick, and Washington.

INITIATIVE: Statewide Training and Awareness

Data highlight: Gatekeeper training can improve knowledge about suicide and is a core component of the CDC's Preventing Suicide Technical Packet.[37]

OSP aligns and supports suicide-specific training and awareness initiatives across the state. The Office's grantees and partners provide various gatekeeper trainings in their communities, which include, but are not limited to, QPR and MHFA. OSP recommends gatekeeper trainings for community members as a crucial component of comprehensive suicide prevention.

Gatekeeper training is a non-clinical training that helps attendees learn:

1. To identify risk factors and warning signs for someone who may be feeling suicidal.
2. To approach and engage those who may be struggling.
3. To connect them with supportive resources and help.

The OSP Training Page lists free, online clinical suicide prevention training courses.

QPR: Question, Persuade, Refer (QPR) is a low cost, evidence-based[38] gatekeeper training program that teaches individuals the warning signs of a suicide crisis and how to respond. **Through OSP funding, more than 9,500 individuals received QPR training in FY 2021-22.**

Mental Health First Aid[39]

OSP partners with the Colorado Behavioral Healthcare Council (CBHC) to support Mental Health First Aid in Colorado. Since 2008, CBHC has spearheaded Mental Health First Aid Colorado (MHFA-CO), the collaborative guiding the strategic growth of the program through a train-the-trainer course to increase the number of individuals certified to provide the curriculum and who can support community-led MHFA training events. On July 1, 2018, state funding to support Mental Health First Aid training in Colorado transitioned from the Department of Human Services to OSP. During FY 2021-22:

- 162 individuals received the train-the-trainer course to become MHFA facilitators.
- 8,292 Coloradans received MHFA training delivered through 168 classes.
- MHFA can now be offered virtually and reach more rural areas of the state.
- MHFA received increased funding support in the amount of $250,000 from SB 21-137.

OSP staff regularly present on data and suicide prevention across the state and nation.

[37] Burnette, Crystal, Rajeev Ramchand, and Lynsay Ayer, Gatekeeper Training for Suicide Prevention: A Theoretical Model and Review of the Empirical Literature. Santa Monica, CA: RAND Corporation, 2015.
[38] Studies of QPR indicate trainees demonstrate improved gatekeeper preparedness and efficacy scores, greater knowledge of suicide prevention resources, and higher total gatekeeper skills.
[39] Mental Health First Aid is funded by a separate appropriation from the General Fund. MHFA gives people skills to help someone who is developing a mental health problem or experiencing a mental health crisis.

INITIATIVE: Statewide Access to Safer Suicide Care

Data highlight: Almost one-third of people who die by suicide receive physical or mental health care in the week prior to death, more than half within a month prior, and more than 90% in the year prior. Health care settings and systems implementing Zero Suicide have seen as much as an 80% reduction in suicide deaths for clients in their care.

Improving health system readiness and response to suicide

Hospitals, mental health centers, primary care providers, and other health care systems are essential partners for suicide prevention. Health systems can play a vital role by expanding suicide risk screenings to catch people who might otherwise slip through the cracks, training large numbers of clinicians in evidence-based practices, and connecting clients to ongoing care. OSP works with health systems across Colorado to help align crisis and suicide prevention programs and recommends all health systems provide access to safer suicide care.

Expand and support Zero Suicide model implemention within health care settings

OSP uses the nationally recognized Zero Suicide framework for health care-based prevention. Zero Suicide is built on the foundational belief that suicide deaths of individuals under the care of all health systems are preventable. In FY 2021-22, the OSP supported 11 grantees from a variety of health contexts to implement the Zero Suicide framework. OSP also provided education and resources on the framework to a range of additional health systems and organizations statewide. OSP engaged 16 health systems (both urban and rural settings) in a two-day Zero Suicide Academy to orient health systems to the full framework during the reporting period. Learn more about Colorado's efforts to promote Zero Suicide on web page.

Collaborative Assessment and Management of Suicidality[40]

Collaborative Assessment and Management of Suicidality (CAMS) is an evidence-based model for clinical care of people at risk of suicide that emphasizes relationship and trust building between participants and a shared plan for safety, treatment, and problem-solving. OSP held eight CAMS trainings with over 550 clinicians completing the training during the reporting period. Please visit cdphe.colorado.gov/suicide-prevention-training to learn more about CAMS or to sign up for an upcoming training.

Suicide prevention in partnership with Colorado hospitals

OSP provides Coloradans a quarterly emergency services newsletter[41] to share resources for clients and hospital staff, funding opportunities, the Zero Suicide initiative, and upcoming trainings. To sign up for the emergency services newsletter or view archived copies, please visit OSP's resources for emergency departments and suicidal patients web page.

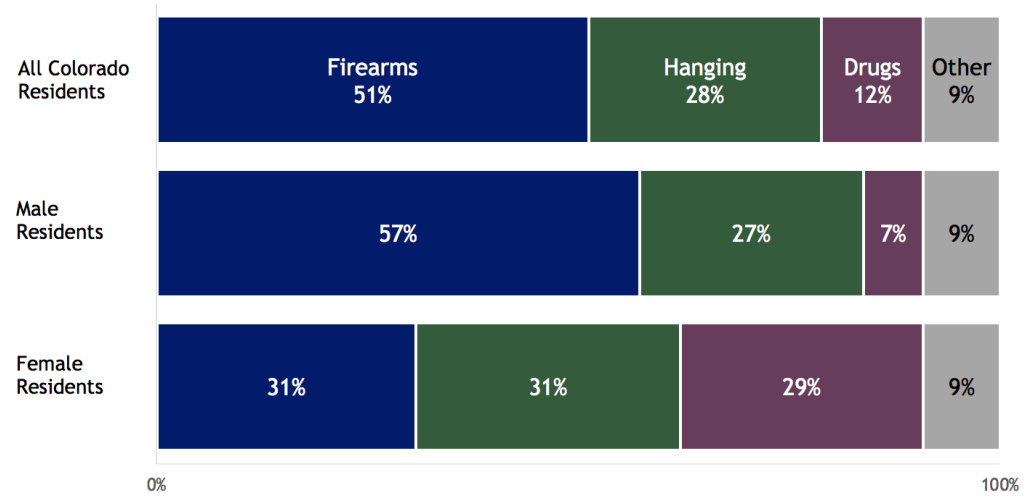
[40] Funding for CAMS came from three competitive federal grants.
[41] There are currently 174 subscribers.

INITIATIVE: Lethal Means Safety

Data highlight: Addressing access to suicide methods that are highly lethal and commonly used is a proven strategy for decreasing suicide rates.[42] 51% of all Colorado suicides are by firearm and nearly 70% of all firearm fatalities are suicides. **Of those individuals who have survived a suicide attempt, more than 90% will not go on to die by suicide.** Reducing access to lethal means during periods of crisis can make it more likely that the person will delay or survive a suicide attempt.

Firearms are the leading method of suicide in Colorado, and men are more likely to die by suicide using a firearm than women. OSP promotes broad comprehensive lethal means safety, including safe firearm use, as a suicide prevention strategy. OSP is a partner of the Colorado Firearm Safety Coalition, which includes retailers, range owners, safety instructors, and prevention professionals. The Coalition has an interactive temporary storage map of locations providing community-based storage during periods of crisis.

Figure 6. Firearms are the leading method of suicide in Colorado.
Percentage of suicide deaths by method and sex for the years 2017-2021 combined.



Source: Vital Statistics Program, Colorado Department of Public Health and Environment.

Self-reports on access to firearms and storage practices

In 2021, the Healthy Kids Colorado Survey asked students about perceived access to firearms; 16.8% of students said they could "sort of easily" or "very easily" access a gun, and 19.2% reported they could fire a loaded gun without adult permission. Students in rural schools were more likely to report perceived easy access. Students who had felt sad or hopeless, attempted suicide, or been in a fight were more likely to say they had access to a handgun.[43]

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[42] This is also a strategy identified in the National Strategy for Suicide Prevention.
[43] Brooks-Russell A, Ma M, Brummett S, et al. Perceived Access to Handguns Among Colorado High School Students. *Pediatrics*. 2021;147(4):e2020015834

OSP supported the addition of three questions concerning firearms ownership and storage practices in the 2021 BRFSS modules. Of Coloradans surveyed in 2021, 36.9% indicated they currently had firearms in their home. Of the 36.9% who reported keeping firearms in their home, 28.6% reported that their firearms were stored loaded. 56.7% of those who reported keeping loaded firearms in their home reported that those firearms were stored unlocked.

Colorado Gun Shop Project

The Gun Shop Project (GSP) is an education and awareness project that partners with firearm advocates, gun shops, firing ranges, and firearm safety course instructors to adopt and promote a firearm safety and suicide prevention message. The core message of this federally funded initiative is that temporarily limiting a suicidal individual's access to firearms is a critical aspect of firearm safety. **During FY 2021-22, OSP collaborated with 12 organizations to support Gun Shop Project outreach efforts across 47 Colorado counties.**[44]

Evaluation: A Gun Shop Project evaluation found: **73%** of the respondents reported having a positive relationship with GSP staff; **94.6%** of the respondents are confident they will decline a sale to a customer in crisis and/or displaying warning signs of suicide in the future; and **26%** of respondents have denied a sale (in the last 12 months) because they noticed a customer was in crisis and/or displaying warning signs of suicide.

Provider education on means safety

Supporting providers with clinical skills to deliver lethal means safety counseling to clients remains a priority for OSP.[45] Means safety education is an evidence-based approach to reducing the risk of suicide death. Nine hundred and seventy Colorado providers took the free Counseling on Access to Lethal Means training[46] during the reporting period.

> In addition to safely and securely storing firearms, medications, and substances, it is important to address other potential means of suicide death. If an individual has shared that they are considering suicide, learning more about this despair and whether they have a plan and access to means (e.g., asphyxiation, self-injury, falling from a height) can provide important information on how to keep an environment as safe as possible.

Visit CDPHE's Gun Safety and Suicide web page for more information and resources.

[44]Adams, Alamosa, Arapahoe, Archuleta, Baca, Bent, Cheyenne, Clear Creek, Conejos, Costilla, Crowley, Delta, Denver, Douglas, Eagle, El Paso, Elbert, Garfield, Gilpin, Gunnison, Hinsdale, Huerfano, Jefferson, Kiowa, Kit Carson, La Plata, Larimer, Las Animas, Lincoln, Logan, Mesa, Mineral, Moffat, Montrose, Morgan, Otero, Ouray, Park, Phillips, Prowers, Pueblo, Rio Grande, Routt, Saguache, San Juan, San Miguel, Sedgwick, Teller, Washington, Weld, Yuma counties all had organizations supporting outreach efforts in their area, funded through OSP and supported through a partnership with the VA.

[45] Access free OSP-supported training for pediatric emergency department providers at train.org/colorado. Search for: 1076412 Lethal Means Counseling: A Role for Colorado Emergency Departments to Reduce Youth Suicide.

[46] These providers came from community mental health centers, school districts and higher education, judicial districts and corrections, private counseling centers, and hospitals across the state.

INITIATIVE: The Colorado Follow-Up Project

Data highlight: National data show individuals with a recent discharge from an emergency department are at increased risk for suicide, especially in the month following discharge.[47] Approximately 70% of individuals discharged from emergency departments after a suicide attempt do not attend a follow-up appointment with a mental health provider.[48]

The Follow-Up Project connects clients who have been evaluated for a mental health or behavioral health crisis (including suicidal thoughts or behaviors, or an overdose regardless of intent) within an emergency department or inpatient setting with the Colorado Crisis Services hotline prior to discharge. Hotline staff provide continuing caring contact via telephone with the client for at least 30 days, or until the client connects with services they need or declines further contact. Learn more on the Colorado Follow-Up Project webpage.

The Follow-Up Project has received national attention as a relatively low cost model of caring telephonic follow-up for suicidal clients after discharge from emergency departments that can be replicated.[49] The goals of the project are to: facilitate client connection to community services; encourage follow-through with discharge plans; reduce return visits to the emergency department; provide caring outreach during peak risk periods; and develop a blueprint of best practice for follow-up to be used in emergency departments statewide.

OSP expanded the Follow-Up Project to 69 hospitals during the reporting period.[50] 8,196 people received follow-up services.

Table 8. **Number of participating hospitals, people receiving services through the project**

	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
Number of hospitals participating in the Follow-Up Project	34	35	53	69
Approximate number of people who received follow-up services	2,000	3,000	6,000	8,000

[47] 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.
[48] Knesper, D. J. (2010). Continuity of care for suicide prevention and research: Suicide attempts and suicide deaths subsequent to discharge from the emergency department or psychiatry inpatient unit. Newton, MA: Suicide Prevention Resource Center.
[49] Catanach B, Betz ME, Tvrdy C, Skelding C, Brummett S, Allen MH. Implementing an Emergency Department Follow-up Program for Suicidal Patients: Successes and Challenges. Jt Comm J Qual Saf.
[50] A complete list of hospitals implementing the Follow-Up Project is included in Appendix D. Growth is the result of increased engagement from and training provided to hospital sites by Rocky Mountain Crisis Partners, along with enrollment of new hospitals in the Hospital Quality Improvement Incentive Program (HQIP).

INITIATIVE: Postvention

Data highlight: In 2021, 1,370 Coloradons died by suicide. In 2020, the most current year of available circumstance data, 9.6% of people who died by suicide experienced the suicide death of a friend or family member that contributed to their death by suicide. For youth ages 10-18, the suicide death of a friend or family member was a contributing circumstance in 15.7% of suicide deaths.

Postvention is prevention. The supports offered individuals affected by suicide help prevent future suicidal despair, attempts, and deaths by suicide.

OSP defines postvention as the support and resources provided to those impacted by suicide, including (but not limited to): people who have experienced suicidal despair, ideation, and attempts; loved ones and community members who support those experiencing suicidal despair; survivors of suicide loss; communities that have been impacted by suicide.

Postvention workgroup

The Postvention Workgroup is soliciting postvention resources in various languages (starting with Spanish) for affected Coloradans (e.g., survivors of suicidal thoughts; suicide attempt survivors; family members or community members of a loved one struggling; community members; and suicide loss survivors) and to identify inclusive, accessible, and appropriate resources for Colorado communities.

Data collection and dissemination

Colorado has made significant strides in improving actionable data for suicide-related indicators. CDPHE's Office of Vital Statistics continues to improve Colorado's suicide fatality data dashboard, which helps OSP and local partners prioritize prevention efforts. OSP has funded modules in the Colorado Behavioral Risk Factor Surveillance System concerning firearm ownership and storage practices and suicide-specific modules. The Healthy Kids Colorado Survey expanded questions in 2019 to inform suicide prevention efforts.

CDPHE's Center for Health and Environmental Data recently updated the Colorado Suicide Fatality Dashboard to better represent suicide fatalities regarding race and ethnicity demographics. We invite you to visit the dashboard to understand suicide fatalities in Colorado and to inform your prevention, intervention, and postvention work.

First and last responders

Suicide prevention and response continues to be a public health priority and certain occupations may play a role in increasing one's risk for suicide. First and last responders are

exposed to traumatic events putting them at higher risk for psychological stress and suicide.[51] OSP postvention efforts include addressing and supporting the needs of first and last responders through community-based initiatives and mini-grants for coroners.

Coroner mini-grants

OSP partnered with the Child Fatality Prevention System in CDPHE to create a standardized Suicide Investigation Form to fill in gaps related to suicide fatalities. The Office released a small mini-grant program for coroner and medical examiner offices to support additional data collection and submission. Eleven jurisdictions applied for the mini-grants and utilized funding to support distribution of postvention resource materials to bereaved families, collaborate with existing community coalitions, and provide feedback to help improve the form.[52]

Media as partners in preventing suicide

Ensuring that media share accurate data regarding suicide-related indicators is essential. Being able to navigate how to tell a story using accurate data while also sharing community perspectives regarding the impact of suicide, local suicide prevention efforts, and resources for those seeking help, are important factors in helpful media coverage regarding suicide. OSP encourages media partners to refer to reportingonsuicide.org to access current guidelines regarding reporting on suicide.

> Communicating stories of hope, resilience, and healing can ultimately save lives.

OSP continues to respond to interview requests in order to share data, messaging and framing around suicide and suicide prevention, and as a service to the public. Our team email is: cdphe_suicideprevention@state.co.us.

To access postvention resources, please visit:

- cdphe.colorado.gov/suicide-prevention/after-a-suicide-attempt-or-suicidal-experience
- cdphe.stg.colorado.gov/suicide-prevention/after-a-suicide-loss

[51] Demont, Christine and Bol, Kirk (June 2022) *Health Watch*: "Suicide Deaths and Surrounding Circumstances among First Responders and Last Responders in Colorado, 2004-2020: A Summary from the Colorado Violent Death Reporting System."

[52] Boulder, Denver, Gunnison, Huerfano, Jefferson, Mesa, Pueblo, Rio Blanco, Summit, and Teller counties participated in this first pilot grant program.

INITIATIVE: The Colorado-National Collaborative - A Comprehensive Approach

Data highlight: OSP continues to monitor the impact of suicide on the Colorado-National Collaborative (CNC) priority counties listed in Table 9 and is hopeful that CNC priority counties will continue to see downward trends for their suicide fatality rates as they scale their respective comprehensive approaches to suicide prevention.

Table 9. **CNC county population and suicide death counts and rates, 2018 and 2021**

	Population		Count of Suicide Deaths		Age Adjusted Suicide Rate per 100K	
	2018	2021	2018	2021	2018	2021
Colorado	5,696,856	5,814,688	1271	1370	21.6	22.6
El Paso	714,386	738,532	160	186	22.3	24.5
La Plata	56,371	56,277	14	12	23.5	20.0
Larimer	350,842	362,769	85	77	22.2	20.4
Mesa	153,722	157,323	55	54	35.6	32.7
Montezuma	26,145	26,229	13	8	46.1	31.1
Pueblo	167,129	169,505	45	53	27.3	30.5

*Orange denotes an upward trend in the suicide rate, blue denotes a downward trend; **none of these changes reported here are statistically significant.**

The CNC is a partnership of local, state, and national professionals and Colorado residents to identify, promote, and implement comprehensive state- and community-based strategies for suicide prevention in Colorado. Strategy initiatives build on national best practices and key Colorado Suicide Prevention Commission recommendations. The CNC framework prioritizes data-driven and evidence-based or evidence-informed programs and policies, and relies on continuing evaluation and data collection, analysis, and improvement. OSP supported evaluation of the CNC in partnership with a national evaluator from the Education Development Center during the reporting period.

OSP continued to fund the six priority communities across six counties to implement the CNC: El Paso, La Plata, Larimer, Mesa, Montezuma, and Pueblo during the reporting period. These communities joined the CNC effort in 2017. In FY 2021-22, OSP released a Request for Applications to support two additional communities in the CNC beginning September 2022.

The CNC identified six core pillars that form the foundation for the comprehensive model.

Connectedness: Connectedness is the degree to which an individual or group of individuals are socially close, interrelated, supportive, or share resources. Strategies include policies and programs that promote behavioral health, social and emotional learning, promotion of web-based resources, inclusive and anti-racist workplace policies, and other community engagement efforts inclusive of priority populations, such as LGBTQ+ and Black, Indigenous, and People of Color.

Economic stability and supports: Economic stability refers to the level of economic resources and the degree of equity in the distribution of these resources. Strategies in this category address financial stress, which is a risk factor for suicide, and include policies and practices for increased food security; affordable housing; family-friendly employment; and access to affordable, quality child care.

Education and awareness: By implementing education and awareness efforts, community members, providers and other professionals will increase their knowledge and skills and improve their beliefs and attitudes about suicide, including that suicide attempts and deaths are preventable. Work includes providing gatekeeper trainings, leveraging existing messaging and awareness campaigns, and developing comprehensive policies.[53]

Access to safer suicide care: Implementing best practices for safer care can help improve client care and reduce suicide risk, attempts, and deaths for those within health care systems and organizations. Strategies include the Zero Suicide framework and strategies for primary care, mental health centers, behavioral health and substance use disorder treatment agencies, hospitals, and emergency departments.

Lethal means safety*:* Strategies include addressing the means most frequently used in suicide deaths and attempts. Strategies include reinforcing safe storage practices (of firearms and lethal medications and poisons) through public messaging, expansion of the Colorado Gun Shop Project, and CAMS, CALM, and Collaborative Safety Planning trainings.

Postvention*:* Postvention is the response to and care for individuals and communities affected in the aftermath of a suicide attempt, crisis, or death. Strategies include postvention policies and response plans; caring follow-up contacts; and safe messaging.

The report appendix includes a non-exhaustive list of the early successes established by these county teams, driven by the strategies embedded within the six pillars.

[53] Key focus areas for training include high-risk industries, social service organizations, the legal and judicial community, faith organizations, veteran-serving organizations, LGBTQ+-serving organizations, youth-serving organizations, and older adult-serving organizations.

School Crisis and Suicide Prevention Training Grant Program

The School Crisis and Suicide Prevention Training Grant Program provides funding for public schools and school districts to implement comprehensive crisis and suicide prevention strategies. Funding priority goes to to public schools or school districts who have not received suicide prevention training previously.[54]

Per §25-1.5-113(4)(b) C.R.S., OSP is required to report information on the administration of the grant program during the preceding year. The report should include the number of public schools and school districts that received a grant from the grant program, the amount of each grant award by recipient, the number of pupils who are enrolled at each public school or school district of each grant recipient, the number of school staff and educators who were provided training as a result of a grant, and a copy of the grant recipients' crisis and comprehensive suicide prevention plans.

In FY 2021-22, a total of 14 public schools and school districts received funding from the School Crisis and Suicide Prevention Training Grant Program (four schools/districts received comprehensive suicide prevention grants; 10 schools/districts received mini-grants to support suicide prevention and crisis training).

Table 10. **Overview of FY 2021-22 grantees**

Grantee	# Pupils Enrolled	# Staff Trained	Award Amount
Adams 12 Five Star Schools	36,817	14	$5,000
Adams County School District 14	6,114	22	$5,000
Center Consolidated Schools	613	87	$95,000
Denver Public Schools	88,889	33	$2,500
Eagle County School District RE50J	6,660	34	$5,000
East Central BOCES	5,662	35	$5,000
Fremont Custer School District RE2	1461	29	$3,000
Global Village Academy- Northglenn	836	112	$5,000
Mancos School District Re-6	461	4	$5,000
Northeast Colorado Board of Cooperative Educational Services	4,359	26	$50,000
Springs Studio for Academic Excellence	392	30	$1,000

[54] In the new grantee cohort July 2021-June 2026, OSP increased maximum award amounts from $35,000 to $100,000, and extended the award length from 3 to 5 years, in response to feedback from schools and districts vocalizing the challenge of building momentum and sustainability without consistent staffing and more time.

Steamboat Springs School District Re-2	2,490	358	$100,000
Stratton School District R-4	228	8	$2,000
Weld County School District 6	22,627	194	$95,000
Total	177,609	986	$378,500

Table 11 illustrates the status of the comprehensive suicide prevention grantees' policies in Year 1. These districts will receive technical assistance to continue to improve their policies.

Table 11. **Progress toward completing comprehensive suicide prevention plans**

Grant Year	# of policies comprehensive suicide prevention grantees submitted	No policy available	Standard Board of Education Policy Statement	Draft improve-ments started	Strong policy with room for improve-ment	Model policy that aligns with all evidence-based national standards
1	4	0	0	2	2	0

For results on the previous cohort's (2018-2021) suicide policy development, please see the FY 2020-21 OSP Annual Report.

Conclusion

We are making an impact.

This report highlights the evidence-based and evidence-informed suicide prevention programs statewide. OSP continues to maximize resources, leverage strong partnerships, and secure additional funding. OSP's work, in conjunction with our partnerships across the state, has been successful because it includes two elements:

1. targeted intervention and treatment for those at highest risk for suicide, and
2. universal prevention approaches designed to impact individuals and communities prior to the onset of suicidal thoughts and behavior.

We must use data-driven and evidence-based strategies and evaluate all initiatives. Colorado must implement comprehensive strategies including prevention, intervention, and postvention to have measurable success.

The suicide rate in Colorado has been holding steady since 2016; we are optimistic that our programs can start to reduce the suicide fatality rate in Colorado with more consistent support. This success is why the Suicide Prevention Commission continues to move forward with its recommendations. It is also why the OSP prioritizes initiatives like Zero Suicide, the Follow-up Project, means safety education, and Sources of Strength™.

Colorado must empower and fund local communities to implement and evaluate the overarching and demographic-based strategies within communities. Stable, predictable suicide prevention funding allows the state to maintain critical prevention efforts, which are even more important as Colorado continues to recover from the effects of the COVID-19 pandemic.

OSP is poised to continue leading statewide suicide prevention efforts in Colorado by expanding partnerships, implementing innovative data-driven initiatives, and decreasing the burden of suicide. The Suicide Prevention Commission will continue to promote and support this report's recommendations and explore new and innovative recommendations in the coming year. We look forward to continuing to support all Colorado communities to work together to prevent suicidal despair, suicide attempts, and deaths by suicide.

Together we can. Together we will.

Contact Us:
coosp.org
CDPHE_SuicidePrevention@state.co.us

Access Report Appendices

APPENDICES

OFFICE OF SUICIDE PREVENTION

Annual Report FY 2021-22

COLORADO
Department of Public Health & Environment

Photo by Lena Heilmann, PhD, MNM

Appendix A: Suicidal Despair, Suicide Attempts, and Deaths by Suicide: Additional Colorado-Specific Data

What is a confidence interval?

A range of values a data point is expected to fall within. Confidence is another way of saying probability in statistics.

Confidence intervals are used to measure **statistical significance**, which is the likelihood that the difference between two data points is due to chance or some other factor.

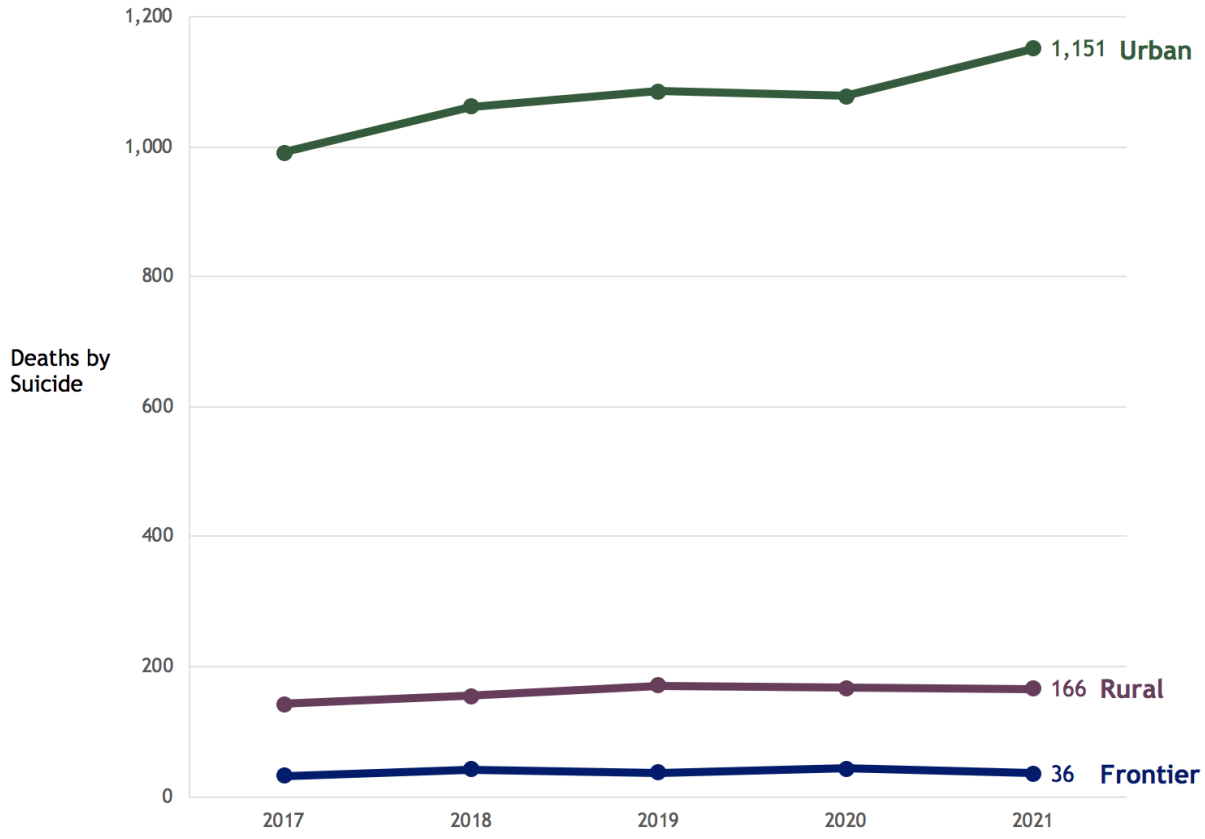
Statistically significant change

These confidence intervals **don't overlap**, so there is a **statistically significant change** in the data points that is not due to chance.

No statistically significant change

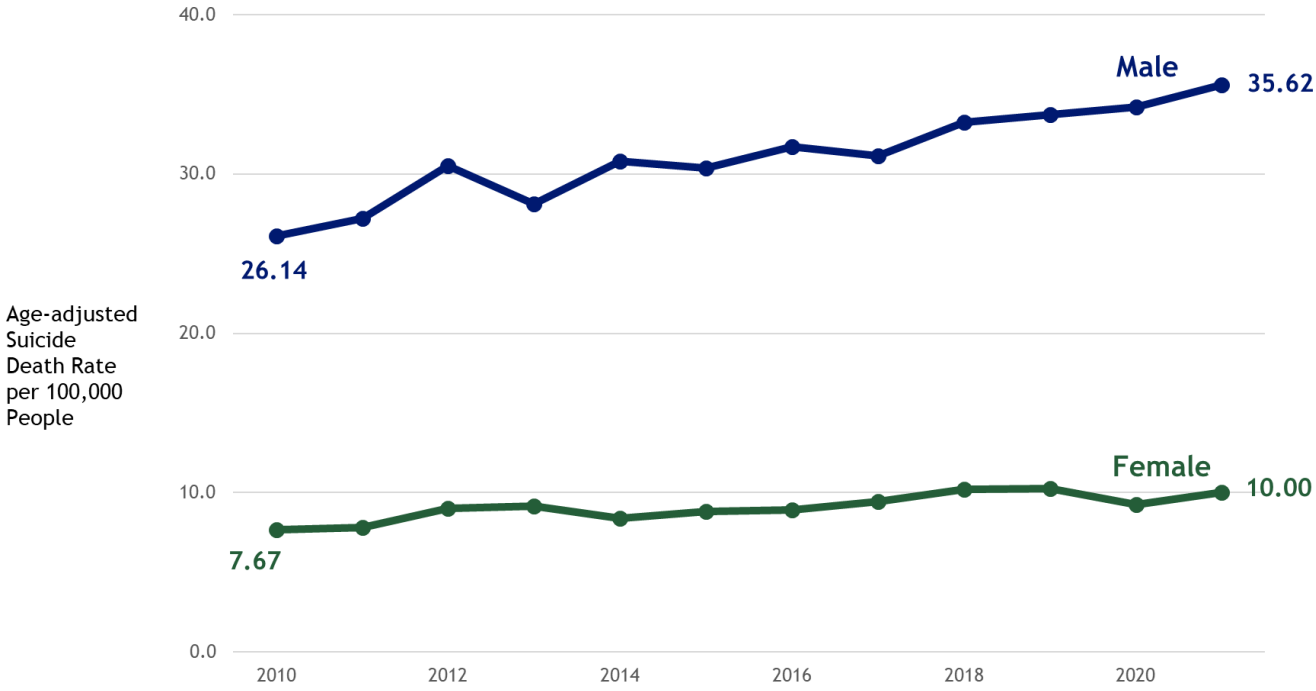
These confidence intervals overlap, so there is **no statistically significant change** in the data points because the change may be due to chance.

Figure 1. **Urban communities have the highest number of deaths by suicide.**
The number of deaths by suicide by geographic community type between 2017-2021.



Source: Colorado Vital Statistics Program (Death Certificate Data), Colorado Department of Public Health and Environment.

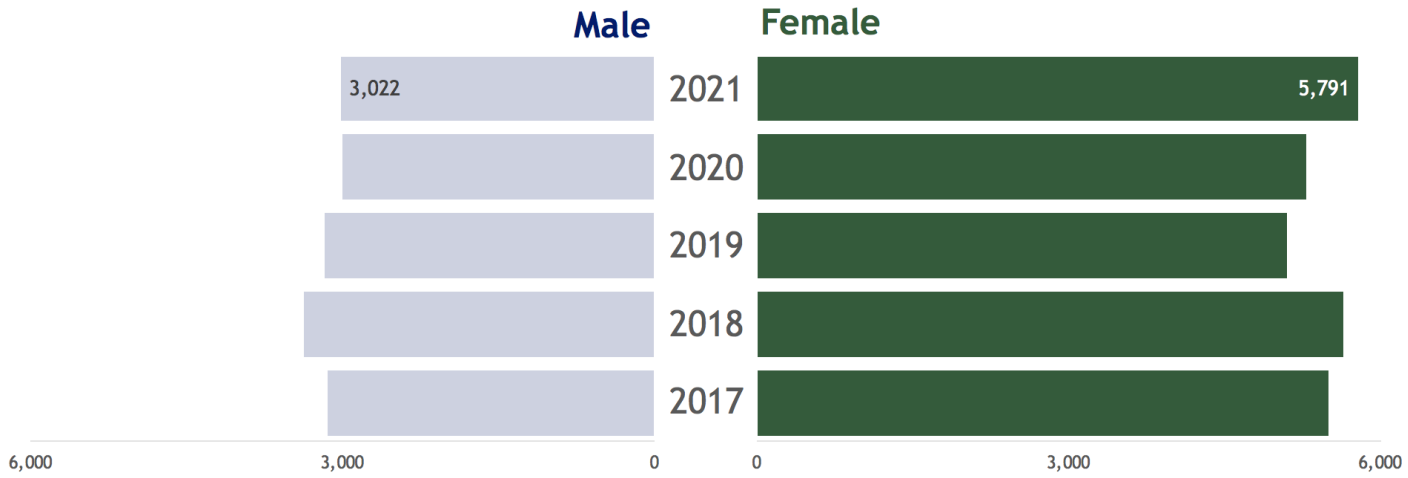
Figure 2. **Men die by suicide at over three times the rate of women.**
Age-adjusted suicide death rate per 100,000 people by sex between 2010-2021.



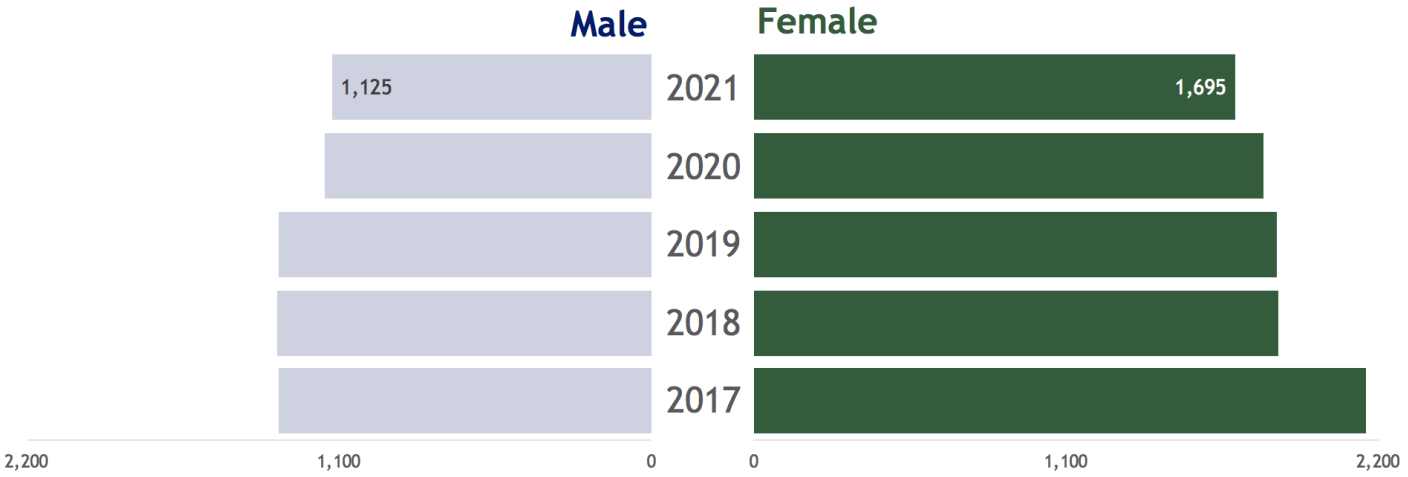
Source: Vital Statistics Program, Colorado Department of Public Health and Environment.

Figure 3. **Women go to the hospital for attempting suicide more than men.**
Suicide-related emergency department visits and hospitalizations by sex between 2016-2021.

Emergency Department Visits



Hospitalizations



Data Sources: Emergency Department Visit Data, Hospital Discharge Data, Colorado Hospital Association.
Prepared By: Center for Health and Environmental Data, Colorado Department of Public Health and Environment.

Table 1. **Various circumstances created a higher likelihood of suicidal thoughts or attempts.**
Source: Behavioral Risk Factor Surveillance System data, 2021.

	% of people responding	Reported thoughts of suicide	Of those who reported thoughts, % who also reported attempt in prior year
Living with one or more chronic disease	54.1%	9%	17.1%
Not living with chronic disease	45.9%	2.07%	-**
Experienced housing insecurity always/usually/sometimes	26.5%	11.2%	21.0%
Had never or rarely experienced housing insecurity	73.5%	3.1%	9.4%
Experienced financial insecurity always/usually/sometimes	20.8%	14.1%	21.2%
Had never or rarely experienced financial insecurity	79.2%	3.75%	12.7%

*Suicide questions were only on one version of the survey this year which can lead to larger confidence intervals and some suppressed data.
**Data suppressed due to low counts.

Data Sources: Emergency Department Visit Data, Hospital Discharge Data, Colorado Hospital Association.
Prepared By: Center for Health and Environmental Data, Colorado Department of Public Health and Environment.

Appendix B: OSP State Funding and Federal Grants Table & Timeline

Funding Source	$ to OSP in FY 2021-22	Anticipated changes to funding
General Fund	$1,306,046	No change anticipated.
MHFA General Fund	$460,000	Anticipated to return to $210,000 in FY 2022-23.
Attorney General's Office Interagency Agreement	$329,150	Ends 6/30/24
ASTHO Federal Grant	$625,000	Ended 7/31/22
MCH Block Grant	$114,726	Annual award. Amount not confirmed, no significant change anticipated.
SAMHSA Zero Suicide Federal Grant	$725,000	Ends 9/29/23
SAMHSA GLS Youth Suicide Prevention Federal Grant	$736,000	Re-awarded through 8/30/27
SAMHSA National Strategy for Suicide Prevention Federal Grant	$400,000	Ends 8/30/23
SAMHSA COVID-19 Emergency Response Federal Grant	$400,000	Ended 7/31/22
CDC Comprehensive Suicide Prevention Federal Grant	$901,931	Ends 8/31/25
Public Health and Human Services Block Grant	$525,402	Annual award. Amount not confirmed, no significant change anticipated.
Total	**$6,522,463**	

Appendix C: Zero Suicide Grantee Highlights FY 2021-22

Organization	Counties Served	Program Highlights
The Center for Mental Health	Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel	5-year funding to support The Center concluded 6/30/22. CMH conducted organizational policy scans to identify system improvement opportunities, and planned for Zero Suicide strategy after merger with Axis Health System / Axis ZS team. 21 clinicians were trained in CAMS this fiscal year.
Centura Health	Denver, El Paso, Pueblo	Expanded Zero Suicide throughout Centura facilities for enterprise-wide implementation. Received national attention from the Education Development Center for ZS implementation approaches and success. All 14 Centura facilities completed their Organizational Self-Study.
Colorado Coalition for the Homeless	Denver	Embedded a Zero Suicide dashboard into their EHR. Clinical staff trained in CAMS. Included people with lived experience through a Community Advisory Board and Implementation Team. Embedded health equity data collection and education opportunities to support BIPOC and LGBTQ+ patients.
Denver Health & Hospital Authority	Denver	Expanded Zero Suicide implementation team and orientation to initiative for associates. Used program data to create a risk model to help allocate resources more effectively. Distributed lethal means safety devices to associates.
Health Solutions	Pueblo	Improved Suicide Death/Attempt Reviews. Incorporated peer specialists with lived experience into implementation. Set up a workflow to connect people to caring support after a crisis. Formalized lethal means safety policies and practices.
Jefferson Center for Mental Health	Jefferson, Gilpin, Clear Creek	Five-year funding to support Jefferson Center concluded 6/30/22. Over the 5 years, JCMH ingrained and sustained consistent policies, practices, and workflows around suicide prevention efforts in all seven elements of the ZS framework.
Mental Health Center of Denver	Denver	Developed training program for suicide assessment and collaborative safety planning. Launched STAY SAFE program, which uses ZS and CAMS principles in a short-term model for youth. Implemented STAR program, an emergency mental health professional response to crisis situations.
St. Mary's Hospital	Mesa	Engaged people with lived experience of suicide, students, and interns in connecting clients with follow-up services. Screened more than 40,200 people. Created an At-Risk Patient Policy group to work on standardizing efforts among care sites. Re-evaluated mental health "hold" policies to improve outcomes.
SummitStone Health Partners	Larimer	Presented at ZS Academy on implementation experience. Continued providing robust and warm follow-up with people on the suicide care pathway. Translated ZS materials to Spanish.
UCHealth Memorial Hospital	El Paso	Expanded Zero Suicide implementation approach and teams to include facilities in other regions, emphasizing on gatekeeper training, peer support, and ZS orientation. Incentivized mental health clinicians to use resources available relevant to referrals to RMCP, Safety Planning and Lethal Means Counseling.
UCHealth Northern Colorado	Larimer	Embedded QPR in an online learning system. Aligned ZS approach with enterprise-wide quality improvement initiatives. Partnered with community groups to gather feedback on hospital services from people with lived experience.

Appendix D: Hospitals that Implemented the Follow-Up Project FY 2021-22

Animas Surgical Hospital (La Plata)
Aspen Valley Hospitals (Pitkin)
Banner Fort Collins Medical Center (Larimer)
Castle Rock Adventist Hospital (Douglas)
Centura Health Emergency & Urgent Care (Jefferson)
Centura Health Emergency & Urgent Care Lakewood (Denver)
Centura Health Emergency & Urgent Care-Highlands R (Adams)
Centura Health Emergency And Urgent Care (Jefferson)
Centura Health Emergency And Urgent Care-Meridian (Douglas)
Centura Health-84Th Ave Neighborhood Health Ctr (Adams)
Centura Health-Avista Adventist Hospital (Boulder)
Centura Health-Littleton Adventist Hospital (Arapahoe)
Centura Health-Penrose-St Francis Health Services (El Paso)
Centura Health-Porter Adventist Hospital (Denver)
Centura Health-St Anthony Hospital (Jefferson)
Centura Health-St Francis Medical Center (El Paso)
Centura Health-St Mary Corwin Medical Center (Pueblo)
Centura Health-St Thomas More Hospital (Fremont)
Children's Hospital Colorado (Adams)
Colorado Canyons Hospital And Medical Center (Mesa)
Community Hospital (Mesa)
Denver Health Medical Center (Denver)
Encompass Health Rehab Hospital Of Littleton (Arapahoe)
Foothills Hospital (Boulder)
Haxtun Hospital (Phillips)
Good Samaritan Medical Center (Boulder)
Gunnison Valley Hospital (Gunnison)
Keefe Memorial Hospital (Cheyenne)
Kit Carson County Memorial Hospital (Kit Carson)
Lincoln Community Hospital (Lincoln)
Longmont United Hospital (Boulder)
Longs Peak Hospital (Weld)
Lutheran Medical Center (Jefferson)
Mckee Medical Center (Larimer)
Medical Center Of The Rockies (Larimer)
Melissa Memorial Hospital (Phillips)
Middle Park Health- Kremmling (Grand)
Middle Park Medical Center-Granby (Grand)
Montrose Memorial Hospital (Montrose)
Mt San Rafael Hospital (Las Animas)
North Colorado Medical Center (Weld)
Parker Adventist Hospital (Douglas)
Parkview Behavioral Health Division (Pueblo),
Parkview Medical Center, Inc (Emergency Dept) (Pueblo)
Platte Valley Medical Center (Adams)
Poudre Valley Hospital (Larimer)
Rio Grande Hospital (Rio Grande)
Saint Joseph Hospital (Denver)
Sedgwick County Memorial Hospital (Sedgwick)
Southeast Colorado Hospital (Baca)
Southlands ER Parker Adventist Hospital (Arapahoe)
Southmoor Emergency & Urgent Care (Arapahoe)
St Anthony North Health Campus (Broomfield)
St Anthony Summit Medical Center (Summit)
St Mary's Medical Center (Mesa)
Uchealth Broomfield Hospital (Jefferson)
Uchealth Grandview Hospital (El Paso),
Uchealth Greeley Hospital (Weld)
Uchealth Harmony Road ER (Larimer)
Uchealth Highlands Ranch Hospital (Adams)
Uchealth Pikes Peak Regional Hospital (Teller)
Uchealth Yampa Valley Medical Center (Routt)
University Colo Health Memorial Hospital Central (El Paso)
University Colo Health Memorial Hospital North (El Paso)
University Of Colorado Hospital Authority (Adams)
Valley View Hospital Association (Garfield)
Weisbrod Memorial County Hospital (Kiowa)
West Littleton Emergency Room (Jefferson)
West Pines Behavioral Health (Jefferson)
Wray Community District Hospital (Yuma)
Yuma District Hospital (Yuma)

Appendix E: OSP Community Grantee Highlights: Man Therapy

Priority: 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	**Counties Served**	**Strategies**	**Notable Achievements**
Centennial Mental Health Center	Cheyenne, Elbert, Kit Carson, and Lincoln	Evidence-based gatekeeper training and Man Therapy information and outreach.	Trained 268 community members in gatekeeper protocols and highlighted Man Therapy throughout their coverage region.
Garfield Public Health Department	Garfield	Community partnership building through outreach and education, social media marketing of Man Therapy.	Provided training to 50 community members and highlighted Man Therapy resources within the county. Collaborated with local agencies to promote Man Therapy materials and promoted Man Therapy on the "From Survivor to Thriver" Podcast.
North Range Behavioral Health	Weld	Community training and dissemination of Man Therapy information.	Coalition amplified outreach in the community and expanded the number of organizations addressing suicide. Trained 493 community members in gatekeeper skills and highlighted Man Therapy throughout Weld County.

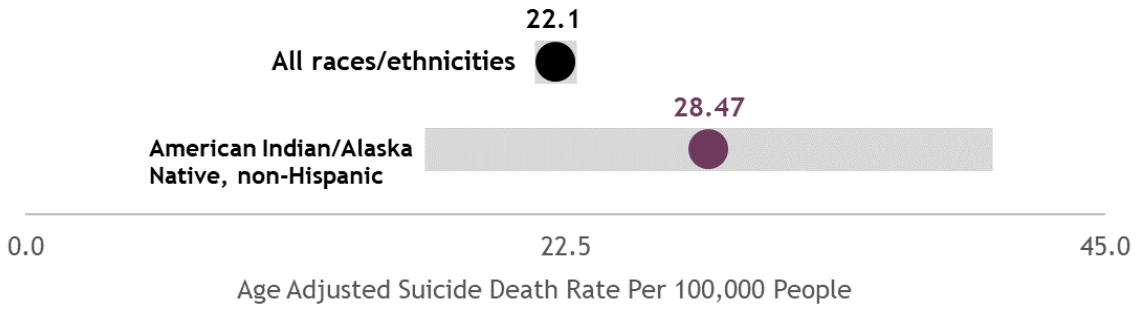
Appendix F: Colorado-National Collaborative Grantee Highlights

County	Convening Entity	FY 2021-22 Coalition Successes
El Paso	Community Health Partnership	The local CNC coalition, the Suicide Prevention Collaborative of El Paso County, has their own website. This year they partnered with the state Attorney General and local businesses to present a plan for employers to implement best practices in postvention. The El Paso CNC team also partnered with local organizations to support activities and events reaching several priority populations.
La Plata	San Juan Basin Public Health Department	The La Plata CNC coalition successfully expanded this year from 27 members to 35, centering the voices of lived experience and including partner organizations who work directly with a diverse range of populations. This year the La Plata CNC team was able to support local organizations to provide trauma-informed trainings, social connection events, peer support groups, and a local grow dome to increase food access in the community.
Larimer	Alliance for Suicide Prevention of Larimer County	Through a longstanding community collaborative, Imagine Zero, the Larimer CNC team hosts and participates in a variety of workgroups, committees, and coalitions focused on suicide prevention strategies for priority populations. This year, the Larimer CNC team supported activities and events reaching priority populations including LGBTQ+ youth and adults, the Latinx community, men in the middle years, older adults, first responders, veterans, and faith communities.
Mesa	St. Mary's Hospital	Mesa County's suicide prevention coalition has grown from six to over 30 attendees from a variety of organizations and backgrounds. With CNC support, their coalition supported local efforts and partnerships. This year, the Mesa team was able to support a Loss Coordinator who works with the local coroner's office to support suicide loss survivors.
Montezuma	Montezuma County Public Health Department	Montezuma County has successfully grew their local SAFE (Suicide Awareness For Everyone) Coalition. The SAFE Coalition expanded their subworkgroups from two to six workgroups. The Montezuma team implemented the COMET (Changing our Mental and Emotional Trajectory) training, focused on mental health in rural communities.
Pueblo	Health Solutions	The Pueblo CNC team has successfully grown their coalition member distribution list to over 150 participants. Subworkgroups include LGBTQ+ Workgroup, Veteran Workgroup, Postvention Worgroup and Zero Suicide Collabortive. This year the Pueblo team offered QPR trainings in Spanish and trained all of the deputies from the Pueblo County Sheriff's office, Paramedics and EMTs at American Medical Response in QPR.

Appendix G: Suicide Fatality Data: BIPOC Communities

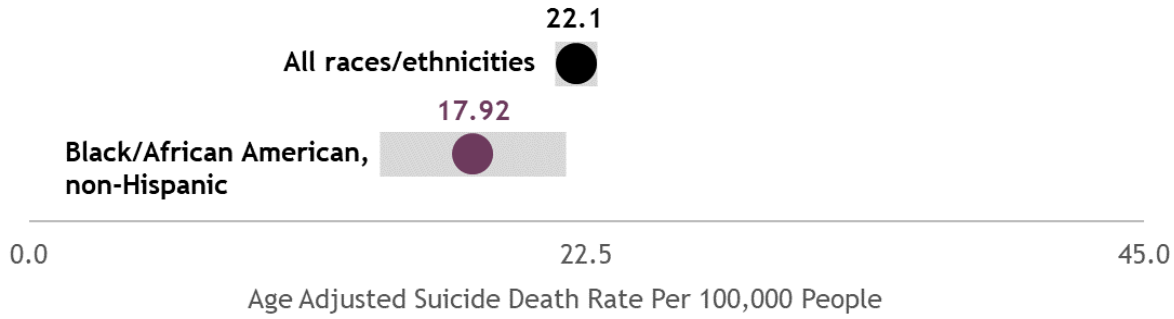
While the overall state age-adjusted rate has remained stable over the last few years, there are differences in some suicide rates by races and ethnicity. In the sections below, we report on both 2020 and 2021 data to offer a more complete picture of the impact of suicide on Black, Indigenous, and People of Color (BIPOC) in Colorado. Combining death data from 2020 and 2021, the most recent data available, provides a fuller picture of suicide deaths and what contributed to them. Circumstance data (circumstances preceding suicide death such as intimate partner problem, had a crisis two weeks prior to death, or had a problem with alcohol or other substance) regarding suicide deaths is available only through 2020.

American Indian and Alaska Native residents



In 2020 and 2021, Colorado lost 27 American Indian and Alaska Native residents (both Hispanic and non-Hispanic) to suicide. The age group with the highest number of deaths among this population were among those aged 25-44, across all age groups more than half of those who died were male (60%). A greater proportion had an identified contributing intimate partner problem, had a crisis two weeks prior to their death, and had a problem with alcohol or other substance when compared to the state at large.

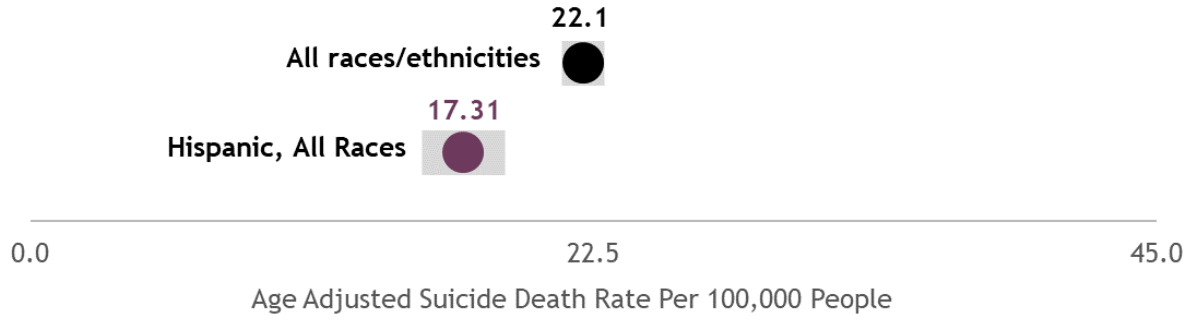
Black/African American residents



In 2020 and 2021, Colorado lost 97 Black/African American residents (Hispanic and non-Hispanic) to suicide. Those lost to suicide within this group were primarily male (76%) with the largest proportion of suicide deaths within the 25-34 age range. A greater proportion

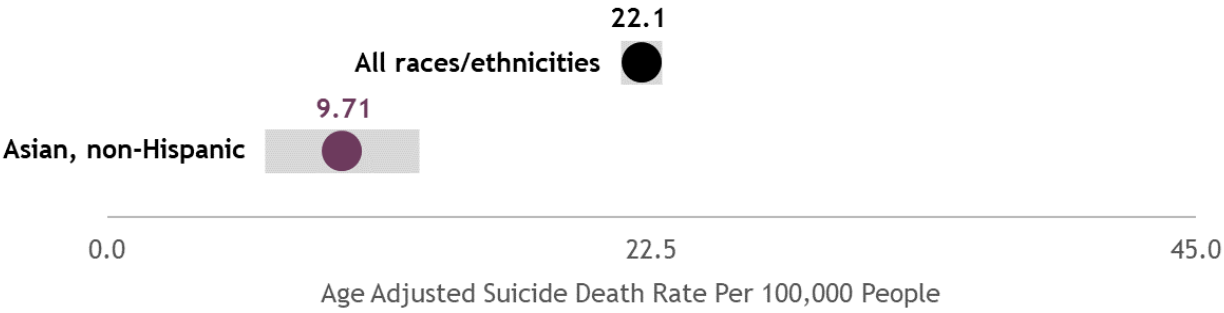
had a family relationship problem, a current diagnosed mental health problem, and a previous suicide attempt compared to the state at large.

Hispanic residents, all races



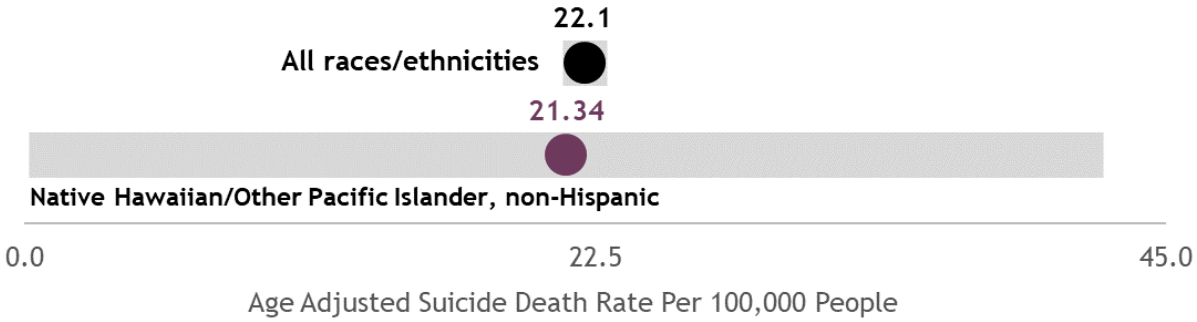
In 2020 and 2021, Colorado lost 449 Hispanic Coloradans to suicide. A majority of them were male (79%) with a peak among those aged 25-34 years. A greater proportion had an identified contributing intimate partner problem and a crisis two weeks prior to their death, when compared to the state at large.

Asian residents



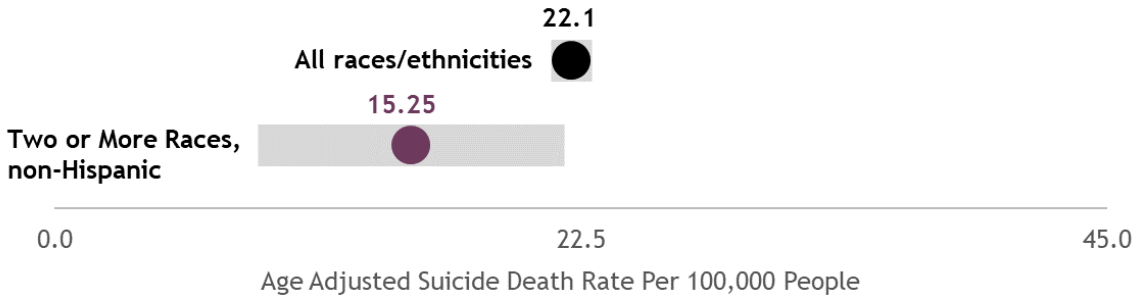
In 2020 and 2021, Colorado lost 43 Asian residents (Hispanic and non-Hispanic) to suicide. The age group with the highest number of deaths among this population was those aged 35-44 years. More than half of all suicide deaths among Asian residents were male (60%). A larger percentage had a contributing job problem or school problem when compared to the entire state.

Native Hawaiian/Other Pacific Islander residents



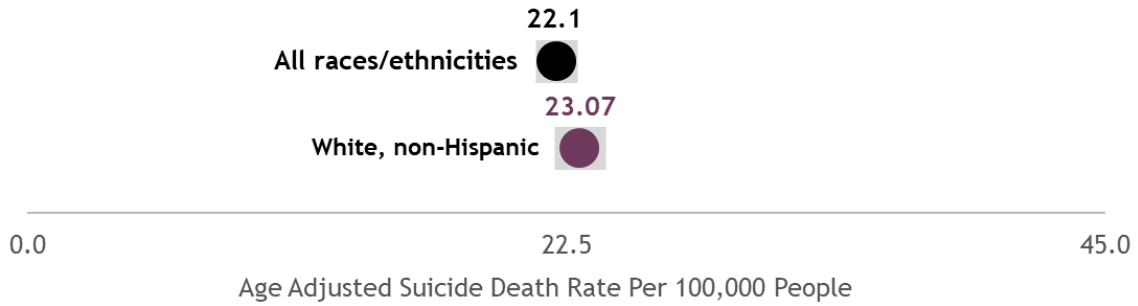
In 2020 and 2021, Colorado lost five Native Hawaiian or other Pacific Islander residents to suicide. Due to small counts, select demographic and circumstance data need to be suppressed for this population.

Two or more races, Colorado residents



In 2020 and 2021, Colorado lost 43 residents who identify with two or more races (Hispanic and non-Hispanic) to suicide. The majority of these deaths were male (81%), and the 25-34 age group had the highest number of deaths compared to other age groups.[1]

White, non-Hispanic residents



[1] Circumstance data is currently updated through 2020 and uses National Violent Death Reporting System (NVDRS) race/ethnicity categories that are different from the U.S. Census/Colorado Demography office. Therefore, no circumstance data are available for two or more races.

In 2020 and 2021, Colorado lost 1,952 residents who identify as white and non-Hispanic to suicide. The majority of these deaths were male (79%), and the 25-34 age group had the highest number of deaths compared to the other age groups of white, non-Hispanic suicide deaths. Current diagnosed mental health problem contributed to 56% of the suicide deaths among white, non-Hispanic Coloradans. A larger percentage (34%) had a contributing physical health problem when compared to the entire state population of suicide deaths (29%).