

Office of Suicide Prevention

2024 Annual Report

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Submitted to: Governor Polis and Members of the Colorado General Assembly



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Executive Summary

The Office of Suicide Prevention collaborates with communities and agencies across Colorado to coordinate suicide prevention programs and efforts. In Fiscal Year 2023-24, the office expanded critical programming to more Colorado communities through state and federal funding. The office obtained all five available federal grants to support suicide prevention in Colorado, which support a comprehensive, community-based public health approach to suicide prevention. The Office of Suicide Prevention uses state General Funds and competitive federal grant awards to address strategic priority areas at the state and local levels. In Fiscal Year 2023-24, the office's budget was approximately \$5.4 million (\$3.4 million came from competitive federal grant funds).

In Fiscal Year 2023-24, the office continued to implement federal grants: (1) the Centers for Disease Control and Prevention Comprehensive Suicide Prevention Grant to fund local suicide prevention coalitions; (2) the CDC Preventive Health and Human Services Grant to fund statewide suicide prevention programs and local coalitions; (3) the Substance Abuse and Mental Health Services Administration Garrett Lee Smith Youth Suicide Prevention and Early Implementation Grant to expand continuity of care for suicidal youth and young adults; (4) the Substance Abuse and Mental Health Services Administration National Strategy for Suicide Prevention Grant; and (5) the Substance Abuse and Mental Health Services Administration Zero Suicide Implementation Grant.

The Suicide Prevention Commission underwent its 10-year sunset review during this reporting period. [House Bill 24-1252](#), signed into law on May 31, 2024, extended the Commission for another ten years.

The office tailors its prevention efforts to meet the needs of different Colorado communities and populations based on data and lived experience. The office supports and funds communities to implement tailored comprehensive suicide prevention strategies that support each of the priority populations below:

- Youth (0-18) and young adults (19-24).
- Adults (especially men) (25-64).
- Older adults (65+).
- LGBTQ+ community (Lesbian, Gay, Bisexual, Transgender, Queer and Questioning, Intersex, Asexual, and other identities not listed).

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- Black, Indigenous, and People of Color.
 - Veterans, service members, and their families.
 - Rural and frontier communities.
 - Construction, emergency response, oil and gas, and agriculture and ranching workforces.

Introduction

The Office of Suicide Prevention serves as the statewide lead for suicide prevention, intervention supports, and postvention efforts in Colorado, collaborating with communities statewide to reduce the number of suicide deaths and attempts.

The office continues to gain national recognition for its comprehensive suicide prevention model, which it leads in collaboration with national, state, and local partners. The office's Colorado-National Collaborative initiative, which funds local communities to implement a comprehensive approach, is seen as a leading model in the field. In April 2024, the White House invited office director Lena Heilmann to attend the release of the new National Strategy for Suicide Prevention and Federal Action Plan, which highlights Colorado's comprehensive suicide prevention strategies as effective and impactful.

Although the nation as a whole has seen an increase in suicide fatalities in the past few years, Colorado is one of the few states that has experienced a slight reduction in the annual suicide fatality rate. Suicide fatality rates in Colorado remain statistically steady but showed a slight overall decrease in 2023. In 2023, the age-adjusted suicide fatality rate in Colorado was 20.93 per 100,000 population.

In Colorado, males ages 25-64 experience the highest rates and counts of suicide deaths (42.79 per 100,000 population). Older males aged 65 years and older have the next highest suicide rate (42.59 per 100,000 population), followed by young adult males ages 19 to 24 (34.61 per 100,000 population), and then male youth ages 10-18 years (11.35 per 100,000 population). Firearms are the most commonly used means of suicide (56% of suicide fatalities in 2023 were by firearm, and firearms are used more frequently by men than by women). ¹

In 2023, the suicide rate for youth ages 10-18 was 8.97 deaths per 100,000 population aged 10-18 years (in 2020, the rate was 12.91 per 100,000; 60 youth died by suicide in 2023 compared with 87 youth who died by suicide in 2020). The suicide fatality rate for Colorado youth ages 10-18 has also remained statistically stable. Since 2015, there has been no statistically significant change in Colorado's suicide fatality rate among youth ages 10-18 years. ²

¹ 623 of 990 suicide fatalities among men used firearms as a means (62.9%), while 94 of 300 suicide fatalities among women used firearms as a means (31.3%). Altogether, 717 of 1,290 suicide fatalities used firearms as means (55.6%).

² [Colorado Suicide Data Dashboard](#)

Each of these statistics represents a member of our Colorado community, whose death has a profound impact on our loved ones, our families, our communities, and ourselves. It is with honor and respect that the data are presented with recognition of our shared responsibility to take action in light of the pain of these experiences.

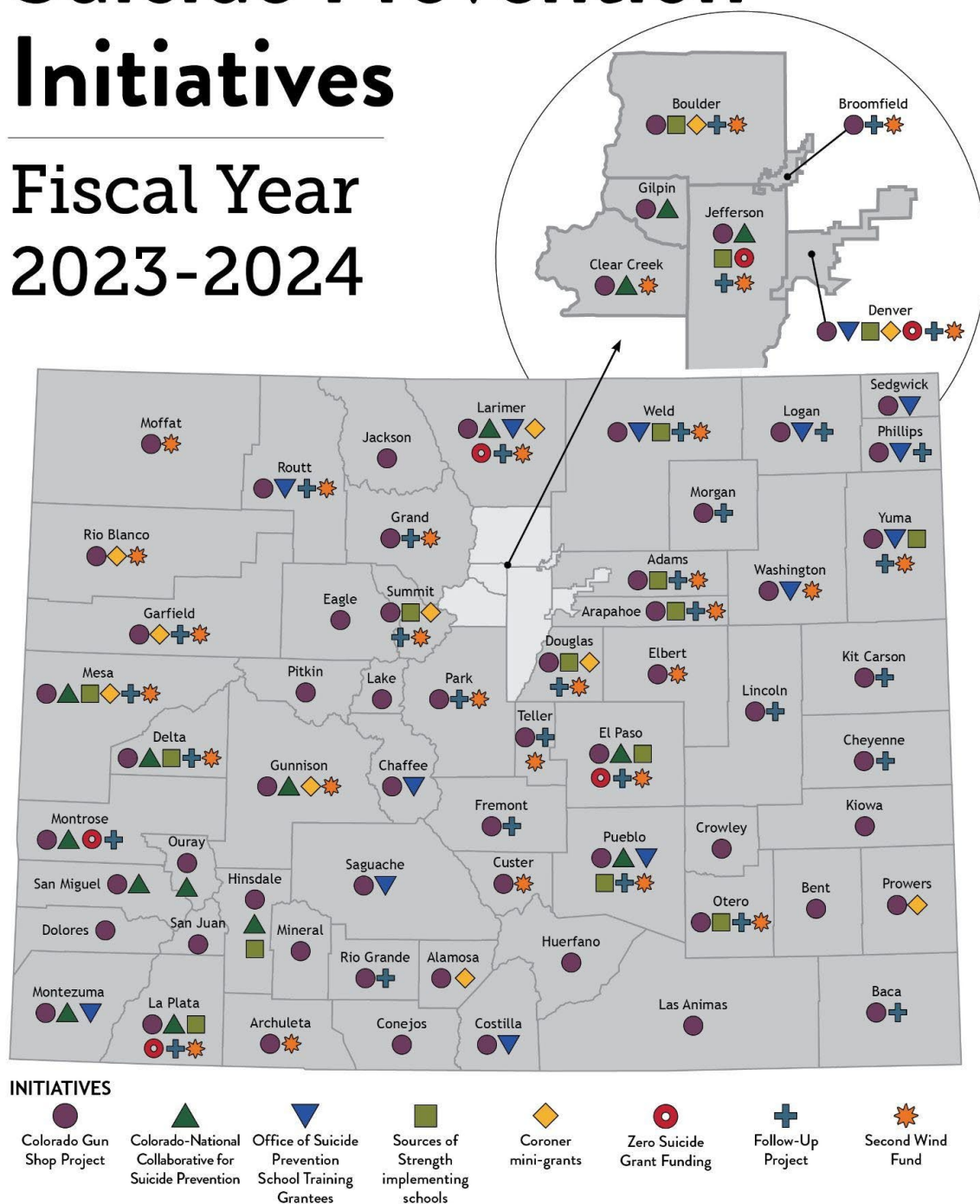
This 2024 Legislative Report covers the office's activities during Fiscal Year 2023-24 and summarizes its work to support suicide prevention and crisis programs and its accomplishments and efficacy in coordinating comprehensive suicide programs statewide. The report also includes the Suicide Prevention Commission's recommendations to prevent and reduce the impact of suicide, which guide the office's programs and efforts, and updates on the School Suicide Prevention and Crisis Training Grant. The report appendix includes data regarding the impact of suicide in Colorado and the Office of Suicide Prevention's evaluation of its programs and grant efforts.

The Office of Suicide Prevention's Statewide Reach

The office is committed to coordinating crisis suicide prevention efforts across Colorado and the map on page seven highlights these crisis and suicide prevention programs.

Suicide Prevention Initiatives

Fiscal Year 2023-2024



Coordinating Suicide Prevention Programs Across Colorado

The Office of Suicide Prevention is the designated lead entity for suicide prevention efforts in the state (per C.R.S. §25-1.5-111(1)(w)(II)(a)). The office collaborates with other state and community agencies to coordinate suicide prevention programs.

The office's effectiveness is due, in part, to braided funding that combines state General Fund and federal competitive grants to implement programs tailored for local communities. The Office of Suicide Prevention aligns its approach with the following strategies:

- Funding local initiatives to implement a comprehensive approach through the Colorado-National Collaborative, which includes six strategies (connectedness, economic stability and supports, education and awareness, access to safer suicide care, lethal means safety, and postvention).
- Focusing efforts on priority populations and parts of the state where rates of suicidal despair, attempts, and deaths are high.
- Implementing primary prevention strategies (i.e., increasing connectedness and increasing economic stability and supports) to reach individuals before a crisis.
- Training individuals to recognize and respond to suicidal crises.
- Addressing lethal means safety, which puts time and space between a suicidal person and their chosen means of suicide – in Colorado, this is most often firearms.
- Supporting people impacted by suicide, including suicide loss.
- Leading collaborative partnerships.
- Evaluating suicide prevention programs and federal grant implementation.

In FY 2023-24, the office effectively coordinated comprehensive suicide prevention efforts by successfully implementing the following programs.

Improved Comprehensive Suicide Prevention for Youth

- Funded 11 school districts (refer to Table 1 on page 12) to implement comprehensive crisis and suicide prevention training strategies.
- Funded Sources of Strength implementation in 101 middle and high schools (refer to the map on page 7) and three Adult Trainer events in partnership with the Attorney General's Office.
- Funded the Second Wind Fund to provide suicide-specific therapy for over 750 youth.

Improved Comprehensive Suicide Prevention within Health Care Settings

- Funded more than 370 mental and behavioral health clinicians to train in the [Collaborative Assessment and Management of Suicidality](#) model, over 120 mental and behavioral health care providers from youth-serving organizations to train in Columbia Suicide Screening, and 140 adults in Assessing and Managing Suicide Risk.
- Funded Zero Suicide implementation at eight health systems (refer to the map on page 7). These health systems trained over 1,100 staff in Collaborative Assessment and Management of Suicidality, 5,000 staff in community suicide prevention skills, and 2,500 staff in Counseling on Access to Lethal Means and Safety Planning. Health systems fully embedded suicide-specific care plans for patients and quality improvement activities into their organizational policies and electronic health records.
- Facilitated and funded speakers with professional and lived experience to present at the monthly Zero Suicide Colorado Learning Collaboratives, which had an average of 75 health system representatives in attendance.
- Funded follow-up support services for nearly 13,300 people after discharge from emergency departments after a mental health or behavioral health crisis, including suicide attempts, through the [Colorado Follow-Up Project](#).

Improved Comprehensive Suicide Prevention for Priority Counties and Communities

- Funded eight agencies including local public health agencies, community-based organizations, suicide prevention non-profits, and community mental health centers across 15 Colorado counties³ to implement the [Colorado-National Collaborative](#) comprehensive approach to suicide prevention.
- Funded evidence-based suicide prevention education and awareness training for more than 4,600 community members (more than 3,200 in [Question, Persuade, Refer](#), more than 1,400 in [Mental Health First Aid](#), and more than 40 rural community members in [Changing Our Mental and Emotional Trajectory](#)).
- Funded [Man Therapy](#) to reach priority populations (i.e., working-age men in high-risk industries, like construction) with over 78,750 Coloradans visiting the site, and over 29,000 Coloradans completing online mental health screenings.
- Funded [Operation Veteran Strong](#), which added nearly 800 new registered users and shared over 1,300 resources with US Veterans navigating civilian life.
- Implemented equity-specific strategies to support Black, Indigenous, and People of Color and LGBTQ+ Coloradans.

³ Clear Creek, Delta, El Paso, Gilpin, Gunnison, Hinsdale, Jefferson, La Plata, Larimer, Mesa, Montezuma, Montrose, Ouray, Pueblo, and San Miguel

Increased Statewide Lethal Means Safety Efforts

- Collaborated with 11 organizations to support [Gun Shop Project](#) outreach efforts across all 64 Colorado counties.
- Partnered with the Colorado Office of Gun Violence Prevention to address the intersecting topic of firearm suicide prevention and to respond to public requests to address firearm suicide deaths.
- Encouraged over 1,100 providers to complete [Counseling on Access to Lethal Means](#).

Convened the Colorado Suicide Prevention Commission

- The [Suicide Prevention Commission](#) was created as a Type 2 Advisory Committee in 2014 (SB14-088) and was set to repeal on September 1, 2024. Before repeal, the Department of Regulatory Affairs conducted a sunset review to evaluate the commission's effectiveness. The department recommended the commission continue for an additional 10 years, which was reflected in [House Bill 24-1252](#).
- The commission convened an Older Adults Workgroup, Youth-Specific Initiatives Workgroup, and Postvention [Workgroup](#), which provided a space for partners to collaborate on suicide prevention recommendations.
- The commission's Older Adult Workgroup received Talk Saves Lives-Older Adults training from the American Foundation for Suicide Prevention.

Commission's Suicide Prevention Recommendations

The Suicide Prevention Commission is an advisory body to the Office of Suicide Prevention. The office considers the Commission's recommendations, in conjunction with national guidance and best practices, to ensure a comprehensive approach to suicide prevention. More information is available on the [Commission webpage](#).

Commission Recommendations to 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.
- Promote screening to identify suicide risk within health care settings.
- Support primary care practices in adopting suicide prevention protocols.

- Expand community-based alternatives to involuntary treatment for support, respite, and recovery before, during, and after periods of crisis.

Commission Recommendations to Improve Training and Education

- Support training for mental health and substance abuse providers.
- Implement comprehensive suicide prevention strategies for high-risk industries.
- Build the legal community's capacity to identify those at risk for suicide and link them to care.
- Support accessible and inclusive older adult-specific gatekeeper training.

Commission Recommendations to Enhance Data Collection Tools and Systems

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

Commission Recommendations to Build Community Resilience and 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 suicide prevention strategies for their communities.
- Support schools and other youth-serving organizations in implementing comprehensive protocols and evidence-based programming to enhance protective factors.
- Identify shared risk and protective factors and address disparities that impact youth and young adults who experience suicidal despair and disordered eating.

The Colorado Plan for Suicide Prevention

The Colorado Plan for Suicide Prevention incorporates priorities and recommendations from state agency leadership, the Office of Suicide Prevention, the Colorado Suicide Prevention Commission, and the Colorado-National Collaborative into one document that sets forth a path to reduce the impact of suicide in our state.⁴ The plan is a living document that prioritizes data-driven and evidence-based/informed strategies and

⁴ The Plan aligns with the [National Strategy for Suicide Prevention](#); [Transforming Communities: Key Elements for the Implementation of Comprehensive Community-Based Suicide Prevention and Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#).



research and relies on continuing evaluation, data collection, analysis, and plan improvement. The plan aligns with the office's comprehensive approach to suicide prevention and the Suicide Prevention Commission's recommendations to support integrated health care, improve training and education, build resilience and community connectedness, and enhance data collection systems.

School Crisis and Suicide Prevention Training Grant Program

The Office of Suicide Prevention receives an annual appropriation of \$400,000 from the General Fund for the School Crisis and Suicide Prevention Training Grant Program. The office funded comprehensive suicide prevention grants to four public schools or districts, ranging from almost \$70,000 to \$130,000, during this reporting period. The office also provided mini-grants to eight public schools/districts, ranging from \$345 to \$10,000. Mini-grants are annual, single-year awards that provide funding of \$10,000 or less to schools and districts to support the training of staff in crisis and suicide prevention. Table 1 contains information about the schools/districts receiving mini-grants.

Table 1. Overview of FY 2023-24 mini-grant recipients grantees

Grantee	# Pupils Enrolled	# Staff Trained	Funding Spent
Buena Vista School District R-31	1037	16	\$1,158.00
Denver Public Schools - McAuliffe Middle School	89,213	7	\$345.28
Montezuma-Cortez School District RE-1	2,130	12	\$4,500.00
Poudre School District R-1	30,105	40	\$3,379.82
Pueblo School District 60	13,983	38	\$2,490.75
Pueblo County School District 70	10,488	189	\$5,000.00
Salida School District R-32-J	1,326	7	\$10,000.00
Sierra Grande School District R-30	59	26	\$6,887.11

Table 2. Overview of FY 2023-24 comprehensive suicide prevention grant recipients

Grantee	# Pupils Enrolled	# Staff Trained	Funding Spent
Center Consolidated Schools	618	279	\$102,680.00
Northeast Colorado Board of Cooperative Educational Services	4,287	190	\$75,389.00
Steamboat Springs School District Re-2	2,389	550	\$130,000.00
Weld County School District 6	23,000	4	\$68,999.00
Total (of mini-grant and of comprehensive grant recipients)	178,635	1,358	\$410,828.96 ⁵

Comprehensive suicide prevention grantees submit their suicide prevention policies to the office every year. As part of the comprehensive suicide prevention grants evaluation, the Office of Suicide Prevention tracks the grantees' progress toward a model policy. A [model policy](#) provides guidance for a school or institution of higher education to promote and incorporate best practices for suicide prevention within the educational system. Table 3 illustrates the status of the comprehensive suicide prevention grantees' policies in Year 3. These districts will receive technical assistance to continue to improve their policies.

Table 3. Comprehensive suicide prevention grantees' progress toward finalizing and implementing a complete model comprehensive suicide prevention policy is below.

Grant Year	Standard Board of Education Policy Statement	Draft improvements started	Strong policy with room for improvement	Model policy that aligns with national standards
FY 2023-24	0	2	2	0

⁵ OSP General Fund provided the additional funding to school districts beyond the appropriated \$400,000 to implement suicide prevention strategies with schools.

Conclusion

The Office of Suicide Prevention continues to maximize resources and leverage strong partnerships to support evidence-based and evidence-informed programs statewide. This work has been successful because it includes three elements: (1) upstream prevention approaches designed to impact individuals and communities before the onset of suicidal thoughts and behavior; (2) targeted intervention for those at highest risk for suicide; and (3) resources and supports for people who have experienced a mental health crisis, including a suicide attempt, and for those who have been impacted by a suicide loss.

Suicide prevention will only be successful if we continue to use data-driven and evidence-based strategies and evaluate all initiatives. Upstream prevention combined with access to supports for those having suicidal thoughts will help ensure all Coloradans have the opportunity to live fulfilling, hopeful lives. We will see the greatest reduction in suicide attempts and deaths when we can reduce the likelihood that people feel suicidal.

The office is working closely with partners and making an impact. Suicide fatality rates in Colorado remain statistically steady but are showing a slight overall decrease, and the 2022 youth suicide fatality rate is the lowest since 2014.

The office will continue to prioritize initiatives like Zero Suicide, the Follow-up Project, lethal means safety education, community-based suicide prevention initiatives, and school-based programs like Sources of Strength.

Colorado should continue to support local communities in implementing and evaluating the overarching and demographic-based strategies within communities.

The office is poised to continue leading statewide suicide prevention efforts by expanding partnerships, implementing innovative data-driven initiatives, and decreasing the impact of suicide. The Suicide Prevention Commission will continue to develop new innovative recommendations in the coming year. The office will continue its charge to support all Colorado communities by working together to prevent suicidal despair, suicide attempts, and deaths by suicide.

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

The office 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 impacts of suicide in Colorado. No one data system can track or represent the complicated truths of what drives suicidal despair. Despite these limitations, suicide-specific data rooted in lived experience provides us with crucial information about how we can best 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, reduce suicide attempts, and support everyone to have a fulfilling and thriving life.

Many Coloradans will struggle with suicide at some point in their lives. Experiences of suicide exist on a continuum that ranges from suicidal despair and thoughts of suicide (ideation) to attempts to death. Far more Coloradans have thoughts of suicide or survive a suicide attempt than die by suicide each year. The vast majority of those who experience thoughts of suicide will not go on to make a suicide attempt: of those who do make an attempt and survive, more than 90% will not go on to later die by suicide.⁶ When looking at the data, it is important to remember that most people survive suicidal despair; we learn about prevention from survivors who have found effective supports and treatment options in our Colorado communities.

Suicide deaths

Colorado's suicide fatality **rate** has not demonstrated a statistically significant year-over-year variation upwards or downwards since 2014.⁷ Colorado is sixth in the nation for year-over-year population growth since 2008,⁸ while continuing to have a suicide rate among the 10 highest in the United States.⁹ In 2023, there were 1,290 suicide

⁶ Owens D, Horrocks J, and House A. Fatal and non-fatal repetition of self-harm: systematic review. *British Journal of Psychiatry*. 2002;181:193-199.

⁷ 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.

⁸ [Population Growth in Most States Lags Long-Term Trends, The Pew Charitable Trusts, 2024. www.pewtrusts.org/en/research-and-analysis/articles/2024/05/07/population-growth-in-most-states-lags-long-term-trends?pop_tile_states=co](https://www.pewtrusts.org/en/research-and-analysis/articles/2024/05/07/population-growth-in-most-states-lags-long-term-trends?pop_tile_states=co)

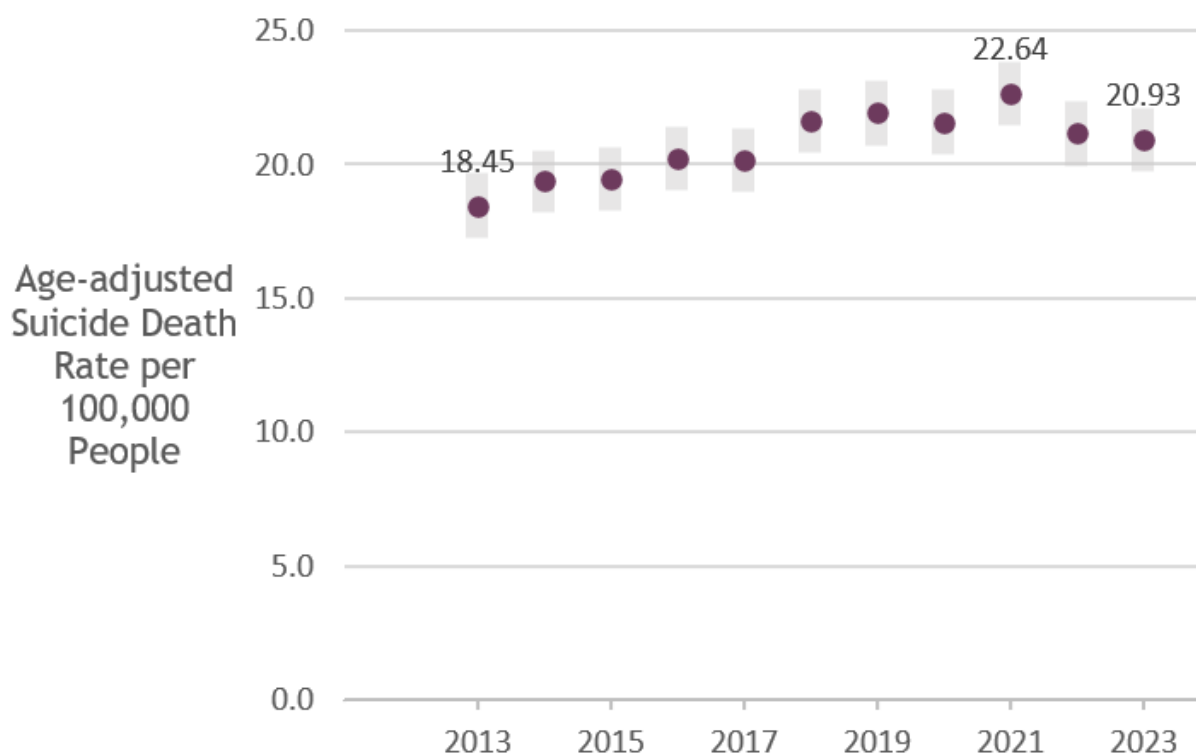
⁹ [Suicide Mortality by State, National Center for Health Statistics, CDC. www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm](https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm)

deaths among Colorado residents, resulting in an age-adjusted suicide rate of 20.93 per 100,000.

Figure 1. While the age-adjusted suicide rate has increased from 2013 to 2021, the rate for 2023 reflects a two-year decline in the suicide rate (20.93 per 100,000). However, when comparing the 2023 age-adjusted rate compared to previous years, there has been no statistically significant year-over-year change in the **suicide fatality rate** since 2014.

Age-adjusted suicide death rate per 100,000 people between 2013-2023.

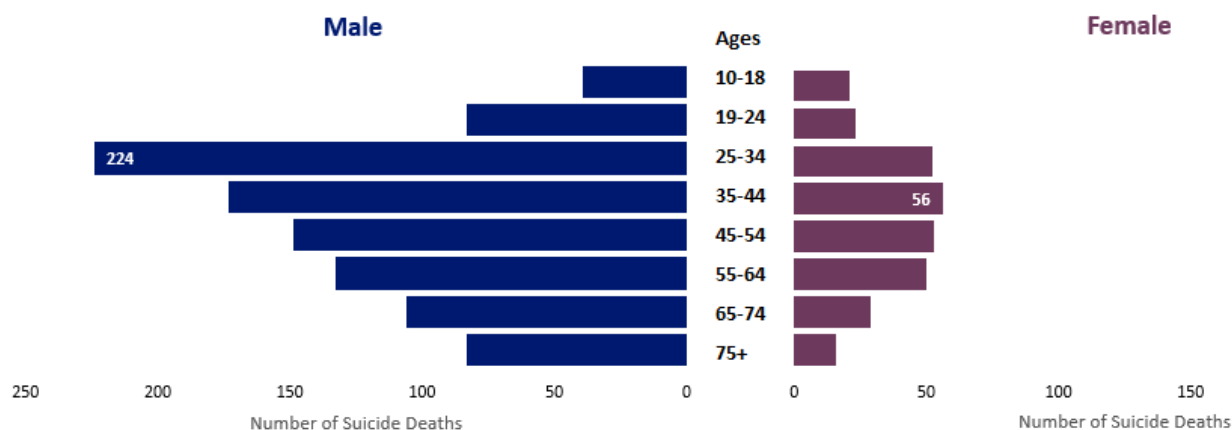
Source: Vital Statistics Program, Colorado Department of Public Health and Environment



In Colorado, males ages 25-64 experience the highest rates and counts of suicide deaths.¹⁰ Older males aged 65 years and older have the next highest suicide rate¹¹ followed by young adult males ages 19 to 24,¹² and then male youth ages 10-18 years.¹³

Figure 2. In 2023, males ages 25-34 had higher counts of suicide deaths compared to females and other age groups.

Number of deaths by suicide by sex and age group in 2023.



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

¹⁰ In 2023, the suicide rate for males ages 25-64 was 42.79 per 100,000 population.

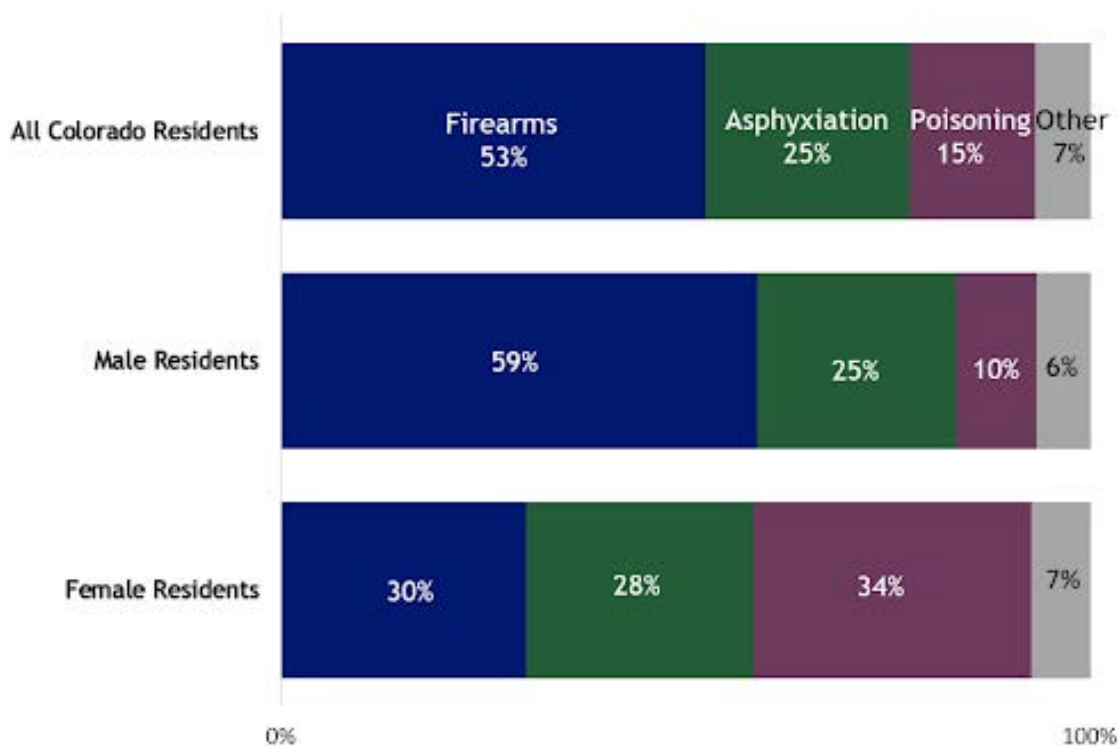
¹¹ In 2023, the suicide rate for older adult males ages 65+ was 42.59 per 100,000 population.

¹² In 2023, the suicide rate for young adult males ages 19-24 was 34.61 per 100,000 population.

¹³ In 2023, the suicide rate for youth males ages 10-18 was 11.35 per 100,000 population.

Figure 3. Firearms are the leading method of suicide in Colorado.
Percentage of suicide deaths by method and sex for the years 2019-2023 combined.

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



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 crisis lines or emergency room visits may or may not indicate an actual increase in suicidal despair; rather, they may point to *increased* trust, knowledge, or access to helpful and trustworthy resources. **Two surveys that provide the Office of Suicide Prevention crucial information about suicidal despair among Coloradans are the Healthy Kids Colorado Survey and the Colorado Behavioral Risk Factor Surveillance System.**

Self-reported youth data

According to the [2023 Healthy Kids Colorado Survey](#), the percentage of public high school students in Colorado who reported feeling so sad or hopeless that they stopped doing some usual activities for two weeks or more decreased from 2021 to 2023

(39.6% in 2021 vs 25.7% in 2023). There was also a decrease in the percentage of students who reported seriously considering attempting suicide during the past 12 months from 2021 to 2023 (17.1% in 2021 vs 11.1% in 2023), as well as a decrease in the percentage of students who reported attempting suicide in the past 12 months (7.2% in 2021 vs 5.5% in 2023). In 2023, 54.2% of students said they would tell their parents or guardians if they were concerned about their own or someone else's well-being or mental health, with 50.4% of students saying they would tell another trusted adult (who is not their parent or guardian) if they were concerned about their own or someone else's well-being or mental health. This is positive since we know that having a trusted adult to go to can be one of the strongest protective factors against suicide in a young person's life.

Significant disparities in suicide-specific data persist across gender identities, sexual orientations, races, and ethnicities for respondents.

Disparities impacting Colorado's LGBTQ+ youth and young adults

The [2023 Healthy Kids Colorado Survey](#) results show that LGBTQ+¹⁴ high school students reported higher rates of considering, planning, and attempting suicide than non-LGBTQ+ high school students. LGBTQ+ youth are also more likely to report experiencing bullying and sexual violence; feel unsafe at school; report suicidal ideation and attempts; and engage in substance use. Youth who feel supported in their sexual orientation and gender identity; who are connected to their school, community, and peers; who have trusted adults in their lives; and who can access culturally competent care are less likely to experience suicidal ideation, be involved in bullying, and engage in substance use, violence, and other risky behavior.¹⁵ The HKCS results showed that Colorado LGBTQ+ high school students had less access to a trusted adult than did their cisgender, heterosexual peers.

¹⁴ The 2023 HKCS asked high school students to self-identify as female, nonbinary, male, not sure, another identity with an optional write-in line; cisgender, not sure, transgender; asexual, bisexual, gay/lesbian, pansexual, not sure, another identity with an optional write-in line, and straight for each category. The 2023 HKCS did not ask about Intersex or Two-Spirit identity.

¹⁵ HKCS 2017. Overview of Sexual Orientation and Gender Identity Data.

Table 1. LGBTQ+ high school students are more likely to report thoughts of, plan for, and attempt suicide.

	Gay	Bisexual	Heterosexual
Suicide Thoughts	28.9%	26.8%	7.5%
Suicide Plan	21.5%	22.5%	6.2%
Suicide Attempt	13.3%	14.1%	3.6%

	Transgender	Non-Binary	Cisgender
Suicide Thoughts	44.7%	37.0%	9.9%
Suicide Plan	35.9%	28.7%	8.2%
Suicide Attempt	19.6%	16.5%	4.8%

Source: Colorado Healthy Kids Survey 2023

Disparities impacting Colorado's LGBTQ+ adults

According to the [2022 and 2023 Behavioral Risk Factor Surveillance System](#), reported rates of thoughts of suicide and suicide attempts were higher among LGBTQ+¹⁶ adults than non-LGBTQ+ adults.

Table 2. Disparities regarding sexual orientation among Colorado adults, 2022 and 2023 data

	Gay, Lesbian, Bisexual, or Sexual Identity not Specified	Heterosexual
% of people responding to the survey	9.8%	90.2%
% who reported thoughts of suicide	21.5%	4.7%
Of those who reported thoughts, % who also reported attempt in prior year	15.0%	16.1%

Source: Behavioral Risk Factor Surveillance System 2022 & 2023

Table 3. Disparities regarding gender identity among Colorado adults (2022 and 2023)*

	Transgender	Cisgender
% of people responding to the survey	1.1%	98.9%
% who reported thoughts of suicide	25.0%	6.0%
Of those who reported thoughts, % who also reported attempt in prior year	**	16.0%

Source: Behavioral Risk Factor Surveillance System 2021 and 2022

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

**Data suppressed due to low count

¹⁶ BRFSS asks people to self-identify as gay, bisexual, lesbian, something else, or heterosexual; transgender or cisgender.

Limitations regarding suicide fatality data for LGBTQ+ Coloradans

Despite efforts to collect sexual orientation and gender identity as a part of suicide fatality death reviews, notable challenges persist. The revised [Suicide Death Investigation Form](#) records LGBTQ+ identities intending to improve data quality and integrity and inform future prevention strategies. Coroners' offices and Medical Examiners interested in utilizing the form are encouraged to [request funding through the Office of Suicide Prevention](#).

Disparities impacting Colorado's BIPOC youth

Information about the prevalence of suicidal ideation or thoughts of suicide and suicide attempts provides a more comprehensive picture of suicide among BIPOC youth in Colorado. According to the 2023 Healthy Kids Colorado Survey, 41.8% of American Indian or Alaska Native youth and 31.8% of multi-racial youth reported feeling so sad or hopeless that they stopped doing usual activities almost every day for two or more consecutive weeks compared to 23.5% of white youth. Moreover, BIPOC youth were more likely to attempt suicide and less likely to have a trusted adult than white youth.

Table 4. Disparities impacting BIPOC youth and experiences of suicide

2023 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	11.7%	41.8%	64.5%
Multi-Racial	7.5%	31.8%	72.7%
South Asian	6.2%	25.4%	70.2%
Middle Eastern/North African/Arab	9.1%	26.5%	66.9%
East/Southeast Asian	5.4%	26.8%	70.2%
Hispanic/Latinx	5.4%	27.1%	70.9%
Black or African American	4.8%	25.0%	70.4%
White	5.0%	23.5%	80.5%

2023 Healthy Kids Colorado Survey Results

Native Hawaiian or other Pacific Islander	9.4%	26.4%	59.3%
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Source: Healthy Kids Colorado Survey 2023

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

Data equity

The Colorado Department of Public Health and Environment acknowledges 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. Data systems must identify and help us understand the life-long inequities that persist in order to address these injustices.

National research highlights the need to improve data quality for demographic categories, including race and ethnicity. The department prioritizes better data collection and dissemination, especially regarding race and ethnicity.

The Colorado Department of Public Health and Environment’s Center for Health and Environmental Data updates the [Colorado Suicide Fatality Dashboard](#) to better represent suicide fatalities regarding race and ethnicity demographics.

The department is working to gather complete and standardized data about sexual orientation and gender identity to better understand disparities and address the unique needs of LGBTQ+ people. Unlike other demographic information, traditional mortality surveillance systems do not regularly ask about and record these identities. The Office of Suicide Prevention encourages statewide use of the department’s voluntary, expanded [standardized suicide death investigation form](#) for coroners, law enforcement, and other death scene investigators. The office is limited to incomplete data sets and cannot issue a full report of sexual orientation and gender identities in fatality data at the state level until more consistent adoption of this form.

Data summary

For the years 2020-2023, suicide was the eighth leading cause of death for all Coloradans. Adults ages 25-64 continue to have the highest rates and counts of suicide deaths, representing about 69% of all suicide fatalities (890 in 2023). Men represent a

disproportionate number of suicide deaths, representing 77% of suicide fatalities across all age groups. The suicide fatality rate among youth ages 10-18 increased slightly in 2023 to 8.97, compared to 8.33 in 2022, yet remains statistically stable since 2015 in Colorado. Geographic and demographic data varies across Colorado. Visit [CDPHE's interactive data dashboard](#) to learn more.

Appendix B: Evaluation

The Office of Suicide Prevention coordinates evaluation activities for four federal grants: The Center for Disease Control and Prevention (CDC) Comprehensive Suicide Prevention Grant, Substance Abuse and Mental Health Services Administration Garrett Lee Smith Youth Suicide Prevention and Early Intervention Grant, Substance Abuse and Mental Health Services Administration's Zero Suicide Implementation Grant, and Substance Abuse and Mental Health Services Administration's National Strategy for Suicide Prevention Grant. For the CDC Comprehensive Suicide Prevention Grant, the office continues to coordinate a multiyear feasibility study with the Colorado-National Collaborative's Evaluation Committee, which includes representation from local Colorado-National Collaborative grantees and national partners. The collaborative's evaluation committee meets monthly to identify process improvements, conduct needs assessments, and implement equitable data collection to inform quality improvement for the CNC program implementation. The office coordinated an Institutional Review Board assessment of the data collection protocols for a national cross-site evaluation for Substance Abuse and Mental Health Services Administration Garrett Lee Smith Youth Suicide Prevention and Intervention activities in Fiscal Year 2023-24. In addition, the Office of Suicide Prevention started data collection for the national Garrett Lee Smith evaluation in collaboration with ICF International Inc. and the Substance Abuse and Mental Health Services Administration. The office conducted evaluation activities for the Substance Abuse and Mental Health Services Administration National Strategy for Suicide Prevention grant, including collecting data on lived experiences with suicide among behavioral health care providers. The office's National Strategy for Suicide Prevention Grant evaluation activities support an ongoing assessment of diversity, equity, and inclusion in Office of Suicide Prevention-sponsored training for behavioral health care providers, Colorado-National Collaborative program implementation, and the Gun Shop Project.