



COLORADO
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Health & Environment

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Office of Suicide Prevention Annual Report

2016 - 2017

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Executive Summary

Pursuant to Colorado Revised Statute Section 25-1.5-101(1)(w)(III)(A), the Office of Suicide Prevention at the Colorado Department of Public Health and Environment is required to report annually on the status of program efforts to coordinate statewide suicide prevention services. This executive summary provides a brief overview of the Office’s suicide prevention initiatives during the 2016-2017 fiscal year, and includes an update on the recommendations from the Suicide Prevention Commission as well as important next steps for suicide prevention in Colorado.

The number of suicides in Colorado and the suicide death rate have been increasing since 2009. In 2016, Colorado recorded the highest number of suicide deaths to date (1,156 deaths) with a corresponding age-adjusted rate of 20.3/100,000. The Office of Suicide Prevention works diligently to maximize current resources and leverage strong partnerships, while continuing to identify more resources to move statewide suicide prevention efforts forward to achieve our goal of becoming the healthiest state in the nation.

Recommendations from the Suicide Prevention Commission of Colorado

During the 2016-2017 fiscal year, the Office of Suicide Prevention, the Suicide Prevention Commission and its partners made progress toward implementing several Commission recommendations.

Recommendation	Brief Update on Progress
Adopt the <i>Zero Suicide</i> initiative within health care systems.	<p>As of April 2017, all 17 of Colorado’s community mental health centers have been trained in the framework, as well as 11 other health care entities.</p> <p>Three Office of Suicide Prevention community grantees were awarded five years of funding for <i>Zero Suicide</i> starting July 1, 2017.</p> <p>The Office of Suicide Prevention continues to support these partners with regular learning collaborative online/telephone meetings across sites.</p>
Support schools in implementing comprehensive protocols and evidence-based programming focused on enhancing protective factors.	<p>Four Office of Suicide Prevention community grantees were awarded five years of funding to implement the school-based <i>Sources of Strength</i> program starting July 1, 2017.</p>

<p>Adopt standardized protocols for following up with suicidal patients after discharge from emergency departments.</p>	<p>The Commission and Office of Suicide Prevention continues providing follow-up services to patients post-discharge delivered utilizing the Colorado Crisis and Support Hotline.</p> <p>The Office of Suicide Prevention continues to explore sustainable funding for this initiative, which has received national attention as a best practice.</p>
<p>Promote universal screening to identify suicide risk within health settings.</p>	<p>The Office of Suicide Prevention continues to utilize communication channels established through HB 12-1140 to disseminate trainings and resources to emergency department throughout Colorado.</p> <p>One of the community grantees working on the <i>Zero Suicide</i> priority is focusing on implementing universal screening throughout their hospital system.</p>
<p>Support training for mental health and substance abuse providers in Colorado.</p>	<p>Two of the Office of Suicide Prevention’s community grantees working on the <i>Zero Suicide</i> priority are focusing on implementing evidence-based training and treatment for suicide.</p> <p>The Office of Suicide Prevention continues to seek state, foundation, and/or federal grant funding to support clinical training for Colorado providers.</p>
<p>Develop and implement comprehensive suicide prevention strategies for high risk industries.</p>	<p>The Office of Suicide Prevention collaborated with the Man Therapy partnership to add resources and collateral to the website to support first responders and active-duty military and veterans.</p>
<p>Empower Primary Care practices in addressing suicide risk through patient care</p>	<p>The Office of Suicide Prevention provided funding to update a best practice toolkit for primary care providers. The Commission will support dissemination and training for the toolkit beginning in Fiscal Year 2018.</p> <p>The Office of Suicide Prevention partnered with the State Innovation Model (SIM) Program to develop and disseminate Man Therapy materials designed specifically for primary care providers. Additionally, the Office of Suicide Prevention hosts a regular meeting of state SIM partners to align efforts to support upstream prevention within integrated care settings.</p>

<p>Build capacity within the legal community to identify those at risk for suicide and link them to care.</p>	<p>Senate Bill 16-147 strongly encouraged the Office of Suicide Prevention to partner with the judicial system to support with <i>Zero Suicide</i> implementation. The Office of Suicide Prevention’s initial focus is on health care systems, but the Office and the Commission will explore tailoring the comprehensive elements of <i>Zero Suicide</i> to fit the unique characteristics and needs of the justice system in coming years.</p>
<p>Fill data gaps and enhance data collection tools and systems in Colorado.</p>	<p>The Office of Suicide Prevention, in partnership with the Office of Vital Statistics transitioned data from the Colorado Violent Death Reporting System to an interactive data dashboard, providing a more useable interface to inform prevention efforts at both the local and state level.</p> <p>The Office of Suicide Prevention partnered with the Child Fatality Prevention System to develop a standardized Suicide Death Investigation Form for coroners, law enforcement, and medical examiners to increase the quality of data available to inform prevention efforts.</p>

Additional Office of Suicide Prevention Initiatives

Man Therapy

In July 2017, Man Therapy celebrated its five-year anniversary of the launch of www.mantherapy.org. The website is designed specifically to reach working-age men, who account for the highest number of suicide deaths in Colorado annually. Man Therapy is designed to: 1) change the way men think and talk about suicide and mental health; 2) provide men and their loved ones with tools to empower them to take control of their overall wellness; and 3) reduce the number and rate of suicide deaths among men. During fiscal year 2016-2017 the Office of Suicide Prevention produced additional collateral to support military and first responder communities and funded small targeted media campaigns, which resulted in increased traffic to the website.

Colorado Gun Shop Project

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

In fiscal year 2016-2017, the Office of Suicide Prevention expanded the Colorado Gun Shop Project to include partners within 21 counties (Year 1: Montrose, Delta, Mesa, Moffat and Routt; added in Year 2: Logan, Morgan, San Miguel, and Gunnison; added in Year 3: Archuleta, El Paso, Garfield, Jefferson, La Plata, Larimer, San Juan, Sedgwick, Phillips, Pueblo, Weld, Yuma). The Colorado Department of Public Health and Environment (CDPHE) allocated additional funding from the Preventive Services Block Grant to expand the project to include several urban counties. The project is an education and awareness initiative that partners with firearm advocates, gun shops, firing ranges, and firearm safety course instructors to adopt and promote a firearm safety and suicide prevention message. The project promotes the core message that restricting a suicidal individual's access to firearms is a critical aspect of firearm safety. The Office of Suicide Prevention is also an active partner on the Colorado Firearm Safety Coalition, which is comprised of local retailers, ranges, safety instructors, and prevention professionals. Colorado's efforts align with new national efforts, such as the formal partnership between the National Shooting Sports Foundation and the American Foundation for Suicide Prevention.

Means Safety Education in Clinical Settings

The Office of Suicide Prevention continues to support efforts around clinical trainings for emergency department providers on how to deliver means safety counseling. In 2016, evaluation partners from the Colorado School of Public Health, Northeastern University, and the Harvard Injury Control Research Center received a three-year grant to evaluate the previously developed Emergency Department Counseling on Access to Lethal Means (ED-CALM) online training. The training teaches emergency department providers how to educate parents/guardians of suicidal youth about the techniques and importance of restricting access to lethal means in the home. Those who have attempted suicide are at an increased risk in the hours and days after discharge, and means restriction education is an evidence-based approach to reducing the risk of suicide death. In the summer of 2017, the research team began collecting initial baseline data from six Colorado hospitals in order to track efficacy and behavior change following the training and counseling intervention.

The Office of Suicide Prevention continues to support emergency departments in providing resources to patients and families following discharge for a suicide attempt. HB 2012-1140 provides an open communication stream in which the Office can share resources, trainings, best practices, and other opportunities on an on-going basis with hospitals and providers. Although participation declined in the 2017 survey, results remain consistent with prior years. Emergency department/hospital staff again identified the need for more training in screening and assessing for suicide risk, how to deliver counseling on reducing patients' access to lethal means, and increasing compliance with discharge instructions and other follow-up supports post discharge.

Community Suicide Prevention Grants

Fiscal year 2016-2017 marked the end of a three-year community grant cycle for ten agencies across the state that the Office of Suicide Prevention funded to provide community-based suicide prevention efforts. The Office of Suicide Prevention

released a new funding opportunity for community-based suicide prevention partners interested in four priority areas: dissemination of Man Therapy, *Zero Suicide* implementation, *Sources of Strength*, and community-based initiatives. The funding priorities align with both Commission and Office of Suicide Prevention priorities. Beginning July 1, 2017, the Office of Suicide Prevention funded thirteen community agencies across the state for a total of \$200,000 in annual funding. Grantees were selected based on uniform scoring criteria, demonstrated need and capacity, as well as geographic diversity. Three grantees are engaged in funded *Zero Suicide* implementation, four are focused on providing *Sources of Strength* to schools and other youth-serving organizations, three are disseminating Man Therapy, and three are engaged in other community-based initiatives like gatekeeper training and coalition-building.

Colorado-National Collaborative

In fiscal year 2015-2016, the Colorado-National Collaborative formed to build state and national partnerships focused on designing and implementing a comprehensive suicide prevention strategy for Colorado. The 13-member steering team is comprised of seven Colorado leaders and six national leaders and meets twice per month to develop priorities and strategies that are aligned with national suicide prevention recommendations, Commission recommendations, and Office of Suicide Prevention priorities that emphasize a comprehensive and community-based approach to suicide prevention. In fiscal year 2016-2017, the Colorado-National Collaborative met in person to narrow and fine-tune priorities, agree on priority counties, and begin developing a funding strategy to begin implementing comprehensive suicide prevention efforts in 4-6 counties in Colorado with high numbers of suicide deaths.

Conclusion

Successful prevention in Colorado requires two elements: targeted intervention and treatment for those at highest risk for suicide and universal upstream approaches designed to impact individuals and communities prior to the onset of suicidal thoughts and behavior. Data-driven and evidence-based strategies must be utilized, and comprehensive evaluation of all initiatives must be conducted.

Although the Office of Suicide Prevention has utilized low-cost strategies that build upon strong community partnerships, such as the Gun Shop Project, Colorado needs more financial, human, and political capital dedicated to suicide prevention efforts. In fiscal year 2016-2017, the Office of Suicide Prevention received an additional \$100,000 in general funds, which the Office is using to support *Zero Suicide* implementation, development of health system resources, and increase funds available for community grantees. The Office of Suicide Prevention will continue to explore opportunities for additional funding, while leveraging existing resources.

Office of Suicide Prevention Annual Report Suicide Prevention in Colorado 2016-2017

Introduction

Pursuant to Colorado Revised Statute Section 25-1.5-101(1)(w)(III)(A), the Office of Suicide Prevention at the Colorado Department of Public Health and Environment is required to report annually on the status of program efforts to coordinate statewide suicide prevention services. This report details the Office's suicide prevention initiatives throughout Colorado during the 2016-2017 fiscal year, and includes progress on the recommendations from the Suicide Prevention Commission (formed via Senate Bill 2014-088), an update on House Bill 2012-1140 hospital outreach efforts, as well as implementation progress pursuant to Senate Bill 2016-147, *Concerning Creating the Colorado Suicide Prevention Plan to Reduce Death by Suicide in the Colorado Health Care System*.

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

The Impact of Suicide in Colorado

In 2016, there were 1,156 suicides among Colorado residents and the age-adjusted suicide rate was 20.3/100,000.¹ This is the highest number of suicide deaths ever recorded in Colorado (previously 1,093 in 2015), and the rate illustrates a continued upward trend in suicide deaths since 2009. For purposes of comparison, the number of suicide deaths in 2016 exceeded the number of deaths from homicide (230), motor vehicle crash (627), breast cancer (618), influenza and pneumonia (532), and diabetes (937).² In 2016, suicide was the 7th leading cause of death for all Coloradans. The highest rates and numbers for Coloradans clustered around two distinct age groups: those age 19-34 (328 deaths/rate of 25.2 per 100,000) and those age 44-59 (339 deaths/rate of 29.1 per 100,000). Among youth and young adults ages 10 to 24, suicide remained the leading cause of death. In 2015, the most recent year of data available nationally, Colorado ranked ninth for highest suicide rate in the United

¹ Vital Statistics Program, Colorado Department of Public Health and Environment






² Ibid.

States,³ and is consistently among the top ten states with the highest suicide rates nationally (2015 - Colorado rate 20.0/100,000; national rate 13.8/100,000).

According to the 2015 Healthy Kids Colorado Survey, 29.5 percent of Colorado high school students indicated feeling sad or hopeless almost every day for two weeks or more in a row during the previous 12 months.⁴ Nearly 17.5 percent reported considering suicide, and 7.8 percent reported making one or more suicide attempts in the previous twelve months.⁵

Significant health disparities persist for students who reported being gay, lesbian, or bisexual; 61.3 percent indicated feeling sad or hopeless, 46.3 percent reported considering suicide, and 25.4 percent reported attempting suicide in the previous twelve months.⁶ Further, unacceptable disparities exist for transgender students, with 35 percent reporting an attempt in the past 12 months, compared to 7 percent of their cisgender peers.⁷ ⁸ Transgender students are also twice as likely to report experiencing bullying, are four times less likely to feel safe at school, and are less likely to report having an adult to go to for help.

COMPARED TO CISGENDER STUDENTS, TRANSGENDER AND QUESTIONING STUDENTS ARE....

-  2x MORE likely to be bullied
-  4x LESS likely to feel safe at school
-  5x MORE likely to miss school because they felt unsafe
-  1.5x LESS likely to have an adult to go to for help with a serious problem
-  1.2x LESS likely to have a parent or guardian for help with a personal problem

SUICIDE ATTEMPT



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

³ Centers for Disease Control and Prevention, National Center for Health Statistics, 2015 on CDC WONDER Online Database, released 2017.

⁴ http://www.chd.dphe.state.co.us/topics.aspx?q=Adolescent_Health_Data

⁵ Ibid.

⁶ Ibid.

⁷ Transgender refers to a person whose sex assigned at birth is different than the gender they know themselves to be on the inside. Cisgender refers to a person whose sex assigned at birth is the same as the gender they know themselves to be on the inside.

⁸ Health disparities experienced by transgender youth are not because of their gender identity. Health disparities are impacted by the ongoing experience of bias, stigma, and discrimination that transgender youth experience every day.

The Healthy Kids Colorado Survey contains invaluable data informing the strength of protective factors for youth across many negative health outcomes. The Office of Suicide Prevention focuses on improving the health of Colorado communities by infusing the following protective factors.⁹

Office of Suicide Prevention Initiatives in Fiscal Year 2016-2017

FACTORS THAT CAN HELP REDUCE YOUTH SUICIDE ATTEMPTS



Trusted Adults:

Youth who have an adult to go to for help are 3.5x LESS likely to attempt suicide.



School Safety:

Youth who feel safe at school are 3.2x LESS likely to attempt suicide.



Extracurricular Activities:

Youth who participate are 1.7x LESS likely to attempt suicide.

The Colorado Office of Suicide Prevention is designated by the state legislature as the entity charged with leading statewide suicide prevention and intervention efforts in Colorado. The efforts of the Office to coordinate data-driven, research-based suicide prevention initiatives statewide are crucial to address the burden of suicide in Colorado. Projects and initiatives are completed in partnership with organizations throughout Colorado working to prevent suicide at the state and community level. The Colorado General Assembly allocated an additional \$100,000 to the Office beginning in FY 16-17. The Office is using these additional funds to support *Zero Suicide* efforts, refine materials and resources for primary care practices, and increase funding available to community grantees.

I. Suicide Prevention Commission of Colorado - Activities and Recommendations

Colorado Senate Bill 2014-088 created the Suicide Prevention Commission of Colorado (Commission) to provide public and private leadership for suicide prevention efforts and make data-driven, evidence-based recommendations for Colorado. The Commission also serves in an advisory capacity to the Office of Suicide Prevention. Although funding for implementation of the Commission's recommendations was not included in the legislation, the fiscal note provides the Office of Suicide Prevention funding to support one full time employee to serve as the Suicide Prevention Commission Coordinator.¹⁰

⁹ See Strategic Plan 2016-2020 <https://drive.google.com/file/d/0B4u1qfqmSaHja3hmb1FMRjMydLE/view>

¹⁰ For a complete list of current serving Commissioners, please visit <https://www.colorado.gov/cdphe/suicide-prevention-commission>, under Commission Material, *Access the commission materials folder*

The Commission believes successful suicide prevention can only be achieved with comprehensive and sustained effort across community groups and agencies; no one group or single intervention is sufficient. Sustained contribution from both the public and private sectors is necessary to achieve the Commission’s aspirational goal of reaching a 20 percent reduction in the suicide rate in Colorado by 2024.

The Commission identified several key recommendations for near-term suicide prevention opportunities in Colorado under four priority areas: Support Integrated Health Care; Improve Training and Education; Build Resilience and Community Connectedness; and Enhance Data Collection and Systems.

The recommendations set forth by the Commission are:

- **Support Integrated Health Care**
 - Adopt the *Zero Suicide* initiative within health care systems.
 - Adopt standardized protocols for following up with suicidal patients after discharge from emergency departments.
 - Promote universal screening to identify suicide risk within health settings.
 - Support Primary Care Practices in adopting suicide prevention protocols.
- **Improve Training and Education**
 - Support training for mental health and substance abuse providers in Colorado.
 - Develop and implement comprehensive suicide prevention strategies for high risk industries.
- **Build Resilience and Community Connectedness**
 - Increase the prevalence of community-level programs supporting connectedness and positive social norms.
 - Support schools in implementing comprehensive protocols and evidence-based programing focused on enhancing protective factors.
- **Enhance Data Collection and Systems**
 - Encourage coroners, medical examiners, and law enforcement to adopt a standardized suicide investigation form.
 - Enhance information sharing between organizations.

This section below highlights Colorado’s progress on implementing each recommendation for each Commission priority.¹¹

Commission Priority: **Support Integrated Health Care**

1. Health care systems should adopt the *Zero Suicide* initiative

Zero Suicide is a key concept of the [National Strategy for Suicide Prevention](#), a priority of the National Action Alliance for Suicide Prevention, and a project of the

¹¹ For the 2014-2015 and 2015-2016 Annual Reports please visit <https://www.colorado.gov/cdphe/suicide-prevention-commission>

Suicide Prevention Resource Center. *Zero Suicide* is built on the foundational belief that suicide deaths of individuals under care within health and behavioral health systems are preventable, and has shown significant results at reducing suicide.¹² This system-level approach to quality improvement reflects a commitment to patient safety and the support provided by clinical staff. The key elements of *Zero Suicide* include: leadership, training, screening and risk assessment, patient engagement, treatment, transition care, and quality improvement. Health systems that have implemented *Zero Suicide* have seen up to an eighty percent reduction in suicide deaths for patients within their care.¹³

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

In 2015, the Commission recommended that all health care systems in Colorado adopt the *Zero Suicide* framework. During the 2016 Legislative Session, the Colorado General Assembly passed Senate Bill 147, which highlights the need for systematic support from the health care community. The bill tasked the Office with expanding the framework to serve a variety of Colorado settings including the justice system, faith community, school-based health centers, and higher education. The bill requires partnership with the Office of Behavioral Health to ensure consistent training and awareness of current mental health hold criteria and procedures.

Through partnership with the Office of Behavioral Health and The Anschutz Foundation, the Office of Suicide Prevention hosted Colorado's first *Zero Suicide* Academy in June 2016. With extra funding allocated through the General Fund, a second Academy was completed in April 2017. The *Zero Suicide* Academy is an interactive workshop where health care teams, including organizational leadership, learn about the framework and actively develop implementation plans for *Zero Suicide* within their agency. As of April 2017, all 17 community mental health centers in Colorado are trained in the framework, as are 11 other health-serving organizations such as large health systems, behavioral health organizations, managed service organizations, a school district, and one hospital.

The Office of Suicide Prevention supports teams that have completed an Academy through a learning collaborative process of monthly online/telephonic meetings where teams share lessons learned, opportunities for improvement, strategies, and national resources. While initial implementation efforts focus on the mental and behavioral health care organizations of Colorado, the Office also continues to explore infusion of the framework into the State Innovation Model Program, non-integrated primary care settings, and the justice system.

¹² <http://zerosuicide.sprc.org>

¹³ Ibid.

The Office of Suicide Prevention is actively pursuing support through state, foundation, federal, and private funding. Beginning in July 2017, three community partners applied and were awarded five years of funding to focus on *Zero Suicide* implementation.¹⁴

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

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

The Colorado Follow-Up Project has received national attention as a proof of concept for how telephonic follow-up for patients leaving the emergency department can be done with a relatively low-cost, replicable model. National data show individuals with a recent discharge from an emergency department are at risk for suicide, especially in the month following discharge.¹⁵ Further, approximately 70 percent of individuals discharged from emergency departments after a suicide attempt do not attend a follow-up appointment with a mental health provider.¹⁶ A prior suicide attempt is a leading risk factor for later death by suicide.¹⁷ Based on the importance of continuity of care, the Commission's Emergency Services Workgroup developed a pilot project protocol utilizing the Colorado Crisis and Support Line to provide telephonic follow-up support to patients following discharge from an emergency department.

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

The Follow-Up Project involves connecting patients who have been evaluated for suicidal thoughts or behaviors within an emergency department with the hotline prior to discharge. The hotline provides continuing follow-up contact via telephone with

¹⁴ Jefferson Center for Mental Health (serving Jefferson, Clear Creek, and Gilpin counties), Midwestern Center for Mental Health (serving Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel counties), and Saint Joseph Hospital (serving the metropolitan Denver area).

¹⁵ 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.

¹⁶ Knesper, D. J. (2010). *Continuity of care for suicide prevention and research: Suicide attempts and suicide deaths subsequent to discharge from the emergency department or psychiatry inpatient unit.* Newton, MA: Suicide Prevention Resource Center.

¹⁷ <https://www.afsp.org/understanding-suicide/suicide-risk-factors>

¹⁸ See www.coloradocrisisservices.org for more information

the patient for at least thirty days, or until he or she connects with community mental health services or declines further contact. The project entails an evaluation component including data from both the emergency department and the hotline to gauge referral and participation rates, as well as outcomes and patient satisfaction.¹⁹

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

A recent national study illustrated both the efficacy and cost-effectiveness of such a program.²⁰ Although a private donation initially funded the project beginning in July 2015, Office of Suicide Prevention funding helped to sustain project efforts and provide bridge funding through October 2017. During fiscal year 2016-2017, over 1,500 referrals were made through the program. Program participants received, on average, 5 follow up contact supports. Unless grant or private funding is received, the project will end in most sites. One exception is Saint Joseph's Hospital, which is utilizing Office of Suicide Prevention Community Grant dollars to fund follow-up care for emergency department and inpatient discharges.

Continuity of care and follow-up services are both key components of the *Zero Suicide* framework. The Commission recommends that each emergency department system serving suicidal patients have a standardized protocol for follow-up care.

Next Steps: The Office of Suicide Prevention will prioritize working with partners to identify and secure funding to continue, and possibly expand, the follow-up project. Telephonic follow-up should be adopted as a standard of care at all emergency departments, inpatient units, and psychiatric facilities. Both public and private dollars are necessary to ensure that all Coloradans receive this service.

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

During its first year, the Commission recommended universal screening for depression and suicide risk in the emergency department. The recommendation has since expanded to all health care settings. This aligns with the Joint Commission's release

¹⁹ For a complete annual report, please visit the commission materials folder located at <https://www.colorado.gov/cdphe/suicide-prevention-commission>

²⁰ <https://www.nih.gov/news-events/news-releases/life-saving-post-er-suicide-prevention-strategies-are-cost-effective>

of Sentinel Event 56,²¹ which encourages detecting and treating suicide ideation in all hospital settings, as well as the US Preventive Services Task Force recommendation²² to screen adults and adolescents for depression and suicidality within health settings. Many screening tools are available for little to no cost on the Suicide Prevention Resource Center's website.²³ Additionally, organizations faithfully implementing *Zero Suicide* will adopt consistent screening protocols identified and embedded within agency workflow and performance measures.²⁴ This recommendation also aligns with efforts of the State Innovation Model (SIM) Program to improve Coloradan's access to integrated health services. The Office actively engages SIM partners to provide information, tools, and resources to empower primary care practices in adopting suicide prevention protocols for their practices.

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

4. Support Primary Care Providers in Adopting Suicide Prevention Protocols

Primary care is often the first line of contact for individuals who are hesitant or resistant to seeking out traditional mental health services directly, particularly men who are disproportionately represented in Colorado suicide deaths each year.

In 2015, the Commission created a Primary Care Workgroup to explore best practices related to increasing earlier detection of distress and reducing suicide risk for patients within primary care settings. The Workgroup investigates opportunities to leverage ongoing work with the Colorado State Innovation Model project, build partnerships, align work and momentum statewide, and identify feasible and realistic recommendations for the primary care community that will remain effective in minimizing risk within these settings, while not overburdening providers and practices.

During fiscal year 2016-2017, the Office of Suicide Prevention funded an update of a toolkit for primary care originally developed by the Suicide Prevention Resource Center and the Western Interstate Commission on Higher Education. The new toolkit is available for free download on the Office of Suicide Prevention's [website](#).²⁵ The update aligns with the tenets of *Zero Suicide* and includes additional resources and

²¹ https://www.jointcommission.org/sentinel_event.aspx

²² <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/depression-in-adults-screening?ds=1&s=depression>

<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/depression-in-children-and-adolescents-screening?ds=1&s=depression>

²³ The Suicide Prevention Resource Center also recently released a free online training module for emergency department clinicians <http://training.sprc.org/enrol/index.php?id=8>

²⁴ <http://zerosuicide.sprc.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/IDENTIFY.pdf>

²⁵ <https://www.colorado.gov/pacific/cdphe/suicide-provider-resources>

tools developed since the original release of the tool in 2009. The toolkit is now specific for Colorado providers and highlights state-funded Colorado Crisis System services. The goal of the toolkit revision is to provide actionable steps and resources to empower practices to directly address suicide prevention within their practice and focuses on identification, risk assessment, safety planning, lethal means counseling, and follow-up care.

Next Steps: In fiscal year 2017-2018, the Commission and the Office of Suicide Prevention will support dissemination of the toolkit through in-person orientations, recorded webinar presentations, and hard copies of the toolkit. The Commission will leverage communication channels with the State Innovation Model Program, professional associations, and local community partners to promote the toolkit.

Commission Priority: Improve Training and Education

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

Data from the Colorado Violent Death Reporting System show that 28.7 percent of people who died by suicide from 2012-2016 were engaged in some form of mental health treatment at the time of their death.²⁶ This highlights the need for mental health providers to be supported with training on both assessment and management of suicidal clients. Currently, there is no requirement in Colorado for providers to demonstrate competency with suicidal risk management within their practice.

In 2016, the Commission surveyed Colorado's mental health providers to determine their: professional and personal experiences with suicide; confidence and competence in providing services to clients who may be experiencing suicidal desperation; familiarity with evidence-based interventions, treatments, and assessments; and training needs and desires. An overwhelming majority of respondents had either professional or personal experiences with suicide.²⁷ Most providers reported feeling comfortable and confident with addressing suicide within their practice; although, a quarter of respondents indicated they had not attended any suicide prevention training in the past five years (26.1%). Additionally, the vast majority of respondents indicated a lack of awareness of some of the best practices in suicide prevention in clinical settings.²⁸ Respondents indicated a desire for additional training and resources, and identified existing barriers to accessing current trainings.²⁹

Results from the survey align with the elements of *Zero Suicide*, which highlight the need for clinical staff to be supported with clinical training on evidence-based suicide

²⁶ Colorado Violent Death Reporting System, Colorado Department of Public Health and Environment, 2012-2016

²⁷ 64.7% had initiated a mental health hold, 49.5% had a client attempt suicide, 37.4% reported losing a client to suicide, and 72.9% reported personal losses due to suicide.

²⁸ *Recognizing and Responding to Suicide Risk* - 74.2% unaware of training resource; *Counseling on Access to Lethal Means*- 73.7% unaware of training resource; *Assessing and Managing Suicide Risk*- 66.9% unaware of training resource; *Collaborative Assessment and Management of Suicide*- 69.3% unaware of training resource.

²⁹ To review the entire report please visit <https://www.colorado.gov/cdphe/suicide-prevention-commission>

assessment and treatment practices. Many suicide prevention training courses are available for free online, such as training on the Columbia Suicide Severity Rating Scale assessment tool, Counseling on Access to Lethal Means, and Collaborative Safety Planning.³⁰ However, many of the evidence-based trainings for treatment and management of suicidality are costly for providers and organizations. Beginning in July 2017, two Office of Suicide Prevention community grantees were funded to provide [Collaborative Assessment and Management of Suicidality](#) clinical trainings across their organization.

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

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

The Commission’s Training and Development Workgroup identified a number of industries at high-risk for suicide, including first responders, oil and gas, the legal community, construction, and mining. Each of these professions should be supported in developing a comprehensive approach to suicide prevention. The Office of Suicide Prevention helped move this priority forward by adding first responder specific information, content and resources to www.Mantherapy.org, as detailed later in this report. The Office also produced a limited number of “first responder kits” to introduce Man Therapy to agencies and provide background on the free resource.

The legal community, comprising of judges, attorneys, and probation departments, represents another access point outside of the health care system to reach individuals at risk for suicide. The Colorado Violent Death Reporting System provides several data points relevant to the legal system regarding circumstances present in an individual’s life prior to suicide: intimate partner problem (34.2%), problem with alcohol (28%) or another substance (17.9%), and financial problems (14.3%).³¹ These circumstances indicate possible contact with the judicial system for issues including divorce and parental responsibility matters, domestic violence, alcohol or substance-related criminal charges, bankruptcy actions, and evictions. Further, the legal community as a profession is a high-risk industry for suicide. A Colorado study in partnership with the National Institute of Occupational Health and Safety found that the suicide rate within the legal community is nearly twice the state rate.³²

The legal system is uniquely poised at a critical access point for those in crisis and represents an opportunity to train gatekeepers³³ within each judicial district. The

³⁰ See www.zerosuicide.sprc.org for access to these and other resources and tools

³¹ Colorado Violent Death Reporting System, Colorado Department of Public Health and Environment

³² Ibid, 2008-2012.

³³ Gatekeepers are individuals within the community who have been trained to recognize the signs and symptoms of suicide risk, engage someone with dialogue, and connect them to supportive care.

Office is leading efforts to develop a framework for the legal community in alignment with the requirements of SB 2016-147 (*Zero Suicide* legislation). The first step in the process is to develop a bench card to empower the judiciary to identify at-risk litigants, attorneys, and peers and to connect them with support. The bench card is estimated to be complete in the spring of 2018.

Next Steps: The Office of Suicide Prevention will continue to explore opportunities to tailor the health system framework to suit the needs and operations of Colorado’s justice system. Additionally, in fiscal year 2017-2018, the Training and Development Workgroup will explore efforts to support the construction industry with suicide prevention resources, including assisting with mental health summits for the construction industry, which have been successful in other states.³⁴

Commission Priority: Build Resilience and Community Connectedness

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

In order to be successful, Colorado’s suicide prevention efforts must expand from focusing solely on intervention and treatment services for those at risk for suicide. The Commission developed this new recommendation in recognition that these are both essential elements for suicide prevention, but without upstream universal prevention on a community population level, Colorado will continue to experience high rates and numbers of suicide loss.

In fiscal year 2016-2017, Office of Suicide Prevention staff were among a select group of state and national leaders to inform the development of two national resources that have emerged to help guide and solidify upstream suicide prevention efforts. In 2017, the National Action Alliance for Suicide Prevention released [Transforming Communities, Key Elements for the Implementation of Comprehensive Community-Based Suicide Prevention](#) and the Centers for Disease Control and Prevention released [Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#). The two documents were released in tandem, and both promote primary prevention approaches that are well aligned with Office of Suicide Prevention priorities and both are helping frame implementation plans for comprehensive suicide prevention in Colorado.

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

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

³⁴ <http://www.cfma.org/resources/content.cfm?ItemNumber=4638>

Suicide remains the leading cause of death for Coloradans aged 10-24.³⁵ Additionally, data from the 2015 Healthy Kids Colorado Survey indicate that suicidal thoughts and behaviors impact a high percentage of Colorado middle and high school students.³⁶ While K-12 school settings were the initial focus of the Commission's Training and Development Workgroup, higher education will be included in future efforts as specified in Colorado's *Zero Suicide* legislation.

The Commission maintains that all schools in Colorado should implement a full spectrum of prevention programming starting with comprehensive protocols to address prevention, intervention, and postvention. There are existing national resources and protocol development tools,^{37 38} as well as statewide support from the School Safety Resource Center³⁹ to assist schools in developing and implementing protocols. Further, all school staff should receive training specific to suicide prevention.⁴⁰ There are several in-person and online training courses, including courses on the National Registry of Evidence-based Programs and Practices (NREPP).⁴¹ Schools should leverage House Bill 2006-1098, which allows teachers and other designated staff to take suicide prevention training to fulfill continuing education requirements.

The Commission recommends that every middle and high school have an evidence-based prevention program and its complements, such as gatekeeper trainings⁴² for all staff and established referral protocols with resources like the Second Wind Fund and statewide crisis services system. Specifically, Colorado should expand implementation and evaluation of school-based suicide prevention programs, like *Sources of Strength* (highlighted on page 29), which promote resilience and positive youth development as protective factors from suicide. Annual costs for these programs range from \$500 to \$5,000 per school. Four Office of Suicide Prevention community grantees are currently funded to implement *Sources of Strength* within their region.

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

³⁵ Colorado Violent Death Reporting System, 2012-2016.

³⁶ <http://www.healthykidscolo.org>

³⁷ <http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf>

³⁸ <http://www.sprc.org/sites/default/files/migrate/library/AfteraSuicideToolkitforSchools.pdf>

³⁹ <http://cdpsdocs.state.co.us/safeschools/CSSRC%20Documents/CSSRC-Resources-for-Youth-Suicide-Prevention-Intervention.pdf>

⁴⁰ such as Question, Persuade, Refer (QPR), safeTALK, or Applied Suicide Intervention Skills Training (ASIST)

⁴¹ Such as Kognito At Risk in PreK-12 settings, Elementary, Middle and High school. Costs for the program can be discounted based on the number of users, from individual schools or districts to statewide (\$395,000 for statewide license with unlimited users).

⁴² Gatekeeper training involves learning the signs and symptoms of suicide risk, learning to ask directly if someone is thinking of suicide, and how to connect them to supportive care.

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

Next Steps: The Office of Suicide Prevention will continue to prioritize and support primary prevention efforts for all ages, including youth. In addition to lack of dedicated school funding for suicide prevention, Colorado's commitment to local control for schools is a continued barrier for statewide implementation of comprehensive school-based suicide prevention. However, the Colorado Parent Teacher Association has identified suicide prevention within schools as a priority area of focus.

Commission Priority: Enhance Data Collection Tools and Systems

The Commission identifies gaps and needs related to data and surveillance tools in Colorado. Enhancing available surveillance sheds light on more access points to reach those at risk for suicide, better inform prevention efforts and provide a baseline to track future progress in Colorado.

In fiscal year 2016-2017, the Office of Suicide Prevention collaborated with the Office of Vital Statistics and the Office of Planning, Partnerships and Improvement to transition data from the Colorado Violent Death Reporting System to an [interactive data dashboard](#), providing a more useable interface to inform prevention efforts at both the local and state level.⁴³ The innovative tool has been highlighted in a number of venues, including on the national stage. Currently, the dashboard contains only frequency numbers, but rates will be added within fiscal year 2017-2018.

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

The Office of Suicide Prevention partnered with the Child Fatality Prevention System State Review Team's Data Work Group to develop a comprehensive suicide investigation form. The form is intended to streamline the data collection and submission process for death investigators as well as fill significant gaps in data available to guide prevention efforts. After a brief pilot in select counties⁴⁴, the form was updated based on feedback from partners to improve usability and reduce burden.

⁴³ Please visit www.coosp.org to explore the new tool

⁴⁴ Including Adams, Arapahoe, Denver, Douglas, El Paso, Garfield, Larimer, Mesa, Summit, and Weld counties.

Next Steps: The Office of Suicide Prevention will continue to work with the vital statistics team to expand the data dashboard and disseminate the investigation tool to partners statewide. Staff from the Colorado Violent Death Reporting System will introduce the revised suicide investigation tool at the fall meeting for the Colorado Coroner’s Association. The Office will continue to work with local partners to highlight the value of data in addressing suicide at the community level.

2. Enhance information sharing between organizations.

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

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

Suicide Prevention Commission Next Steps

Colorado is a leader in creating public/private partnerships, and creating a formal state commission modeled after the National Action Alliance positions Colorado to impact real change. The Suicide Prevention Commission’s 26 appointed suicide prevention experts⁴⁵, stakeholders, and advocates are actively working to implement the Commission’s recommendations to elevate suicide prevention efforts in Colorado. To move toward the Commission goal of a 20 percent reduction in the Colorado suicide rate by 2024, recommendations must next be adopted and implemented widely. Full implementation of the above recommendations requires greater human, political and financial capital. The Commission continues to explore opportunities to engage new partners and leverage current funding streams in the effort to reduce suicide in Colorado.

II. Youth Suicide Prevention Grant: Ages 10-24

On September 30, 2017, the Office of Suicide Prevention was awarded a five-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) in the amount of \$736,000 per year to support evidence-based youth suicide prevention efforts for those ages 10-24. This grant will fund regional youth suicide prevention coordinators in each Colorado Crisis System region. The funding will also support the saturation of evidence-based strategies in select counties of focus.⁴⁶ The evidence-based strategies include: *Sources of Strength* in middle and high schools; *Collaborative Assessment and Management of Suicidality* clinical trainings for behavioral health providers; continuation of the Follow-Up Project in emergency and

⁴⁵ For a current list of Commissioners serving, please visit <https://www.colorado.gov/cdphe/suicide-prevention-commission> and access the commission materials folder.

⁴⁶ Delta, El Paso, Jefferson, Larimer, Mesa, Montezuma, Pueblo, and Weld

inpatient hospitals; gatekeeper trainings⁴⁷ for those working in youth-serving organizations; and support coordination of *Zero Suicide* implementation within health systems. Grant activities will also align, rather than duplicate, existing community work. For example, the regional youth suicide prevention coordinators will explore alignment opportunities with the *Communities That Care* initiative which funds 48 communities across the state to implement a community-based prevention framework with significant results shown in preventing youth substance use initiation, which is a risk factor for suicide.

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

In July 2017, Man Therapy⁴⁸ celebrated its five year anniversary of the launch of www.mantherapy.org. The website is designed specifically to reach working-age men, who account for the highest



number of suicide deaths in Colorado annually. Man Therapy is designed to: 1) change the way men think and talk about suicide and mental health; 2) provide men and their loved ones with tools to empower them to take control of their overall wellness; and 3) reduce the number and rate of suicide deaths among men. Man Therapy removes traditional mental health language from the conversation and uses humor to help men feel welcome and at ease while visiting the site. The website provides information on depression and suicide, substance abuse, anger, and anxiety, and includes statewide resources specific to finding support and services related to each issue.

During fiscal year 2016-2017, the Office of Suicide Prevention produced additional collateral to support military and first responder communities and funded small, targeted media campaigns, which resulted in increased traffic to the website. The Office of Suicide Prevention collaborated with the Office of Emergency Preparedness and Response to add two new testimonial videos with perspectives from the emergency medical services community to the website. A library of testimonial videos is included on the website to illustrate real stories of recovery and resilience from a variety of different men. The Office also produced first responder and military “kits”, a box of materials that included Man Therapy challenge coins, coffee mugs, posters, stickers, and a flash drive with information about how to use the kit and how to promote Man Therapy agency-wide. Beginning July 1, 2017, the Office awarded three

⁴⁷ Gatekeeper training involves learning the signs and symptoms of suicide risk, learning to ask directly if someone is thinking of suicide, and how to connect them to supportive care.

⁴⁸ Man Therapy is a partnership between the Office of Suicide Prevention, Cactus marketing agency, and the Carson J Spencer Foundation.

community grantees five year funding to enhance awareness and utilization of the resource within twelve counties.⁴⁹

In October 2015, a research team from the University of Maryland Baltimore, Florida State University, and the Colorado School of Public Health received a four-year grant from the Centers for Disease Control and Prevention to evaluate Man Therapy through September 2019. The Office of Suicide Prevention and the Man Therapy Partnership are working with the research team to focus the evaluation on the state of Michigan, which has not previously licensed or been heavily exposed to Man Therapy prior to the study. The evaluation is measuring the impact of Man Therapy on men ages 25 to 64 who are experiencing anger, depression and/or suicidal thoughts, and is measuring changes in attitudes and behavior before and after visiting www.mantherapy.org. Recruiting participants was difficult during the first year of data collection, so the team expanded recruitment criteria to include men experiencing anger, not just men experiencing depression or suicidal thoughts. Because participation numbers have been low to date, initial results are not available. As participation increases, the team expects to have initial results by September 2018.

Since its launch, there have been more than 700,000 visits to the Man Therapy website worldwide. From July 1, 2016 through June 30, 2017, there were 12,052 visits to the site from Colorado, and 85,579 total visits in the U.S. and other countries. Colorado visitors spent an average of three and a half minutes on the site, which is good for industry standards, but down from last year.

The Office was able to purchase paid marketing during the month of June 2017, coinciding with the Colorado Rockies' game schedule. With only a modest investment, the Office more than tripled site visits during the period, when compared to the prior year, and doubled them from the month before.⁵⁰

Healthy Colorado: Shaping a State of Health

In 2015, the Colorado Department of Public Health and Environment released *Healthy Colorado: Shaping a State of Health, Colorado's Plan for Improving Public Health and the Environment 2015-2019*. One of the two flagship priorities of the plan is mental health and substance abuse prevention. The priority includes reducing the burden of depression in Colorado by improving screening and referral practices and reducing the stigma of seeking help for depression, particularly among pregnant women, individuals who are obese, and men of working age. Goals include increasing the number of Colorado visitors to www.mantherapy.org and increasing the percent of men who self-report experiencing symptoms of depression. Currently, there are an average of 761 visits to www.mantherapy.org from Colorado each month, which is well below the target of 4,167. The Department set a target of 50,000 Colorado visits per year (or 4,167 monthly) by 2019 based on observed increases in web hits for other

⁴⁹ North Range Behavioral Health- Weld County; Garfield County Public Health, Centennial Mental Health: serving Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, and Yuma counties

⁵⁰ 2,343 sessions compared to 675 in prior year during same period 2016; 2,343 sessions compared to 1,153 in May 2017

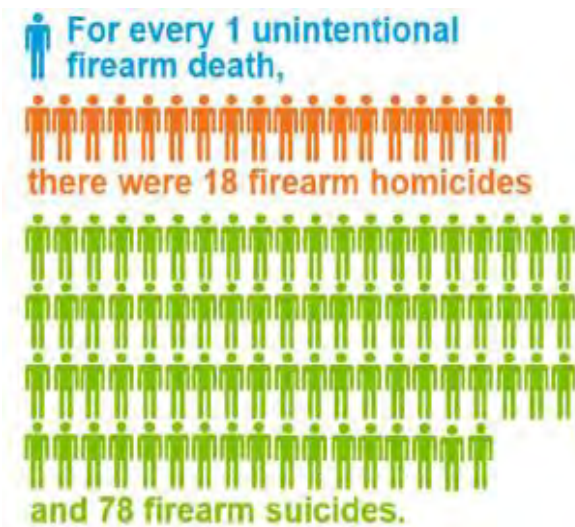
Department campaigns with moderate monetary investments. Since 2015, website visits have gone down due to a decrease in funding and opportunities for direct promotion and media exposure. Without increased advertising and exposure, the program does not expect to reach its target number of monthly visits.

Since men often do not self-identify as having depression, the goal is to raise awareness and help-seeking behavior among men, resulting initially in higher self-reports of depression. The Office of Suicide Prevention is addressing the goal related to the suicide risk of working aged adults through the Man Therapy project and website, described above, and through education and outreach efforts statewide.

Next Steps: The Office of Suicide Prevention will continue to promote and disseminate Man Therapy statewide, and will continue to work with the project team to adapt, expand and improve www.mantherapy.org on an ongoing basis to keep the website relevant and engaging to working-age men. The Office recommends expanding funding for the Man Therapy initiative to support ongoing website development, such as the inclusion of therapeutic tools and resources, and to market Man Therapy broadly across the state in order to reach more Colorado men.

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

In Colorado, 78 percent of firearm deaths are suicides.⁵¹ Nearly half of all suicide deaths in Colorado involve the use of a firearm, which is the most common method of suicide death in the state. The Office of Suicide Prevention engages stakeholders in partnerships and meaningful conversations to reduce firearm suicides, an issue all Coloradans support regardless of which side of the gun control debate they endorse.



Colorado Gun Shop Project

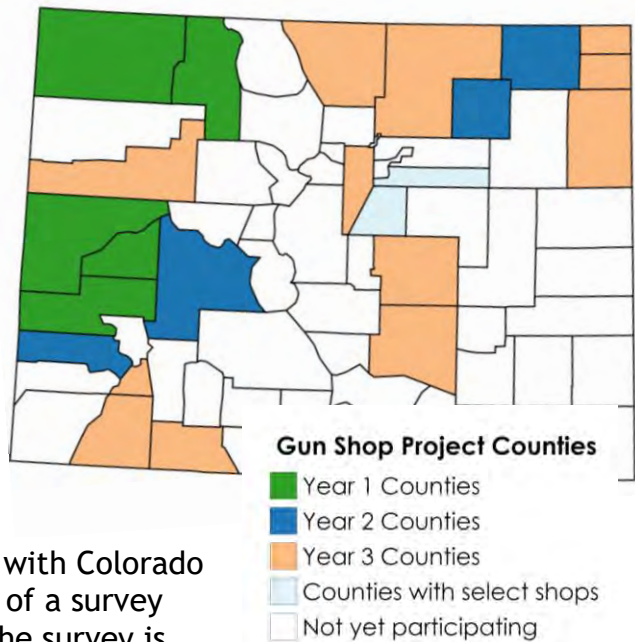
The Gun Shop Project is an education and awareness project that partners with firearm advocates, gun shops, firing ranges, and firearm safety course instructors to adopt and promote a firearm safety and suicide prevention message. Educational materials include posters, a brochure, fact sheets, and

Suicide Prevention Lifeline wallet cards. The core message of the Gun Shop Project is that restricting a suicidal individual's access to firearms is a critical aspect of firearm safety. In addition to the awareness aspect of the project, relationship-building between local organizations has emerged as one of the unexpected benefits of the initiative. Too often mental health organizations and suicide prevention coalitions

⁵¹Violent Death Reporting System, Colorado Department of Public Health and Environment, 2010-2015

have been separated from the firearm community. In communities now in their second and third years, the project has become a bridge between the two worlds. For example, in one urban county a local range experienced a suicide death in their shop during business hours. Due to the project, the shop reached out to make connections with the local community mental health center to support employees and customers in the aftermath. Forging these relationships is critical to expanding community efforts at the local level.

In fiscal year 2016-2017, the Office of Suicide Prevention expanded the Colorado Gun Shop Project to include partners within 21 counties (Year 1: Montrose, Delta, Mesa, Moffat and Routt; added in Year 2: Logan, Morgan, San Miguel, and Gunnison; added in Year 3: Archuleta, El Paso, Garfield, Jefferson, La Plata, Larimer, San Juan, Sedgwick, Phillips, Pueblo, Weld, Yuma). CDPHE allocated additional funding from the Preventive Services Block Grant which helped to expand the project to include several urban counties.



The Office of Suicide Prevention partnered with Colorado Mesa University to oversee implementation of a survey with all willing retail and range partners. The survey is designed to assess project buy-in, use of materials, and gather overall project feedback to improve the initiative in future years. Survey results help evaluate the project and refine materials and outreach to best serve community needs.⁵² The report will be released in the fall of 2017.⁵³

Additionally, the Office is an active partner on the [Colorado Firearm Safety Coalition](#), which is comprised of local retailers, ranges, safety instructors, and prevention professionals. The active collaboration led to three highly supportive and invaluable partnerships with metro area gun ranges and retailers that continue to enrich the process and brainstorm additional avenues for outreach. Colorado’s efforts align with events on the national stage, such as the formal partnership between the National Shooting Sports Foundation and the American Foundation for Suicide Prevention.⁵⁴

Next Steps: The Office of Suicide Prevention will continue to collaborate with the firearm community to support firearm suicide prevention efforts. The Office aims to expand partnerships with gun ranges and retailers to implement the Colorado Gun

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

⁵³ Will be posted here: <https://www.colorado.gov/pacific/cdphe/gun-safety-suicide>

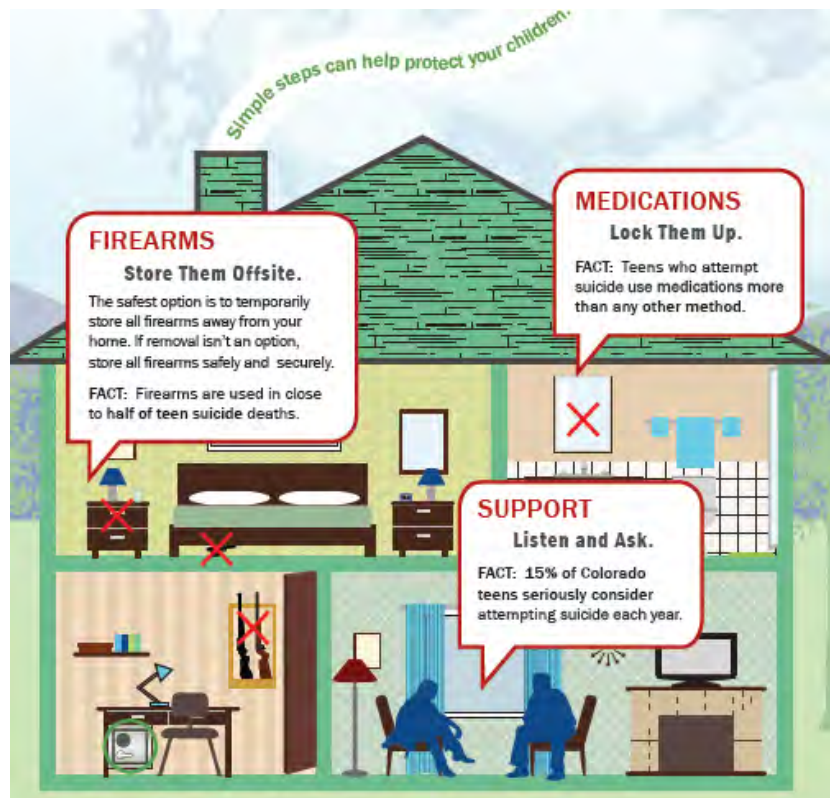
⁵⁴ <https://afsp.org/about-suicide/firearms-suicide-prevention/> and <https://www.nssf.org/safety/suicide-prevention/>

Shop Project in more communities in Colorado and to continue to evaluate and improve the project.

Emergency Department Counseling on Access to Lethal Means (ED-CALM)

Supporting providers with clinical skills to deliver lethal means safety counseling to patients remains a priority for the Office of Suicide Prevention and is also a key element of the *Zero Suicide* framework. Means safety education is an evidence-based approach to reducing the risk of suicide death. In 2014, the Office partnered with the CDPHE Core Injury and Violence Prevention Program, Children’s Hospital Colorado, the Colorado School of Public Health, and the Harvard Injury Control Research Center to develop and pilot a means safety education training program at Children’s Hospital Colorado. Results from the Children’s Hospital pilot were published in the *Western Journal of Emergency Medicine* in January 2016,⁵⁵ and led to a new project funded by the American Foundation for Suicide Prevention.

In 2016, the American Foundation for Suicide Prevention (AFSP) awarded the Colorado School of Public Health and Northeastern University a three-year grant to expand the ED-CALM implementation and evaluation to six additional emergency departments in Colorado. This expansion of the initial study, known as the SAFETY Study, will help to further refine educational materials and protocols. The Office continues to partner with the research team in a supportive role. The research project runs from October 2016 to September 2019.



Next Steps: The Office of Suicide Prevention will utilize federal funding from the Office of Suicide Prevention’s new youth suicide prevention grant from SAMHSA to plan for and explore opportunities to expand the reach of the ED-CALM/SAFETY Study training course throughout Colorado.

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

V. Colorado-National Collaborative for Suicide Prevention

In fiscal year 2016-2017, the Office of Suicide Prevention continued to partner with the Injury Control Research Center for Suicide Prevention and other Colorado and national partners on the Colorado-National Collaborative. The team continues efforts to develop priorities and partnerships to implement and evaluate a comprehensive suicide prevention strategy for Colorado. In February 2017, Colorado-National Collaborative partners convened in Denver to narrow and fine-tune priorities, agree on priority counties, and begin developing a funding strategy to implement comprehensive suicide prevention efforts in six counties in Colorado with high numbers of suicide deaths.

Colorado-National Collaborative priorities include: 1) the adoption of the *Zero Suicide* framework in health care systems; 2) upstream primary prevention strategies that target veterans, older adults, men in the middle years, and youth; and 3) engaging with the criminal justice systems and other prevention programs (e.g. interpersonal violence prevention, positive youth development, and shared risk and protective factor programs working across Colorado).⁵⁶ The Colorado-National Collaborative also agreed to initially focus comprehensive efforts in six high burden counties (El Paso, Pueblo, Larimer, Mesa, La Plata, and Montezuma), and began expanding and building partnerships with local leaders in each county. In fiscal year 2016-2017, the Colorado-National Collaborative conducted a statewide inventory of suicide prevention and related organizations, programs and activities and helped to guide a [data-mapping project](#) that garnered national attention.

Next Steps: The Colorado-National Collaborative will continue to explore funding opportunities for moving priorities forward in a comprehensive way in the counties described above. In December 2017, state and national partners will reconvene in Colorado to visit local partners in some of the priority counties in order to gain insight on how local communities can implement a comprehensive approach to suicide prevention. The Colorado-National Collaborative will also refine the partner and program inventory and focus responses specifically from the six priority counties.

VI. Community Grants

Fiscal year 2016-2017 marked the end of the Office of Suicide Prevention's three-year community grant cycle, which funded 10 agencies across the state to provide suicide prevention efforts within their communities. The 10 agencies were engaged in prevention work in one of four areas:

1. *Evidence-based suicide prevention programs targeting high-risk populations, including: older adults ages 65 and older, veterans and/or active duty military personnel, Hispanic female adolescents ages 10 to 24, or LGBTQ adolescents*

⁵⁶ For more information on collaborative work across shared risk and protective factors, see the Colorado Violence and Injury Prevention -Mental Health Promotion Strategic Plan 2016-2020 here: <https://drive.google.com/file/d/0B4u1qfqmSaHjYml5RDhwaEIDUFU/view>

ages 10 to 24 in counties or regions of the state with suicide death and/or attempt rates at or above the Colorado rate.

Grantees that implemented this priority included: Survivors Organizing for Liberation in Denver (working statewide), the Jefferson Center for Mental Health (Jefferson, Gilpin, and Clear Creek counties), and the Carson J Spencer Foundation in Denver (grant activities focused on El Paso and Pueblo counties).

Notable July 1, 2016-June 30, 2017 Grantee Activities:

- Survivors Organizing for Liberation held nearly 50 weekly afterschool workshops for LGBTQ youth; applied for and received community grant funding beginning July 1, 2017.
- Jefferson Center for Mental Health held four gatekeeper trainings with over 100 individuals trained; applied for and received community grant funding beginning July 1, 2017.
- Unfortunately, the Carson J Spencer Foundation closed its doors in the spring of 2017 and was not able to complete grant activities.

2. *Suicide prevention training for emergency department staff to assess and manage suicide risk and counsel parents and families on reducing access to lethal means in the home.*

Grantees that implemented this priority include: the AllHealth Network (Arapahoe and Douglas counties) and the Center for Mental Health (Montrose, Delta, Gunnison, Ouray, Hinsdale, and San Miguel counties). Both grantees worked with multiple medical settings in their service region during the three-year funding period.

Notable July 1, 2016-June 30, 2017 Grantee Activities:

- AllHealth Network trained over 50 clinical service providers in suicide assessment, resulting in increased referrals to care.
- The Center for Mental Health trained over 350 clinical service providers within primary care, including physicians, nurses, and support staff; applied for and received community grant funding beginning July 1, 2017

3. *Sources of Strength youth suicide prevention program for high school aged youth.*

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

Notable July 1, 2016-June 30, 2017 Grantee Activities:

- Aurora Public Schools implemented *Sources of Strength* within two district schools.

- Boulder County Public Health implemented *Sources of Strength* within six district schools and one program for LGBTQ youth and applied for and received community grant funding beginning July 1, 2017.
- Piñon Project implemented *Sources of Strength* within three district schools and two youth-serving organizations and applied for and received community grant funding beginning July 1, 2017.

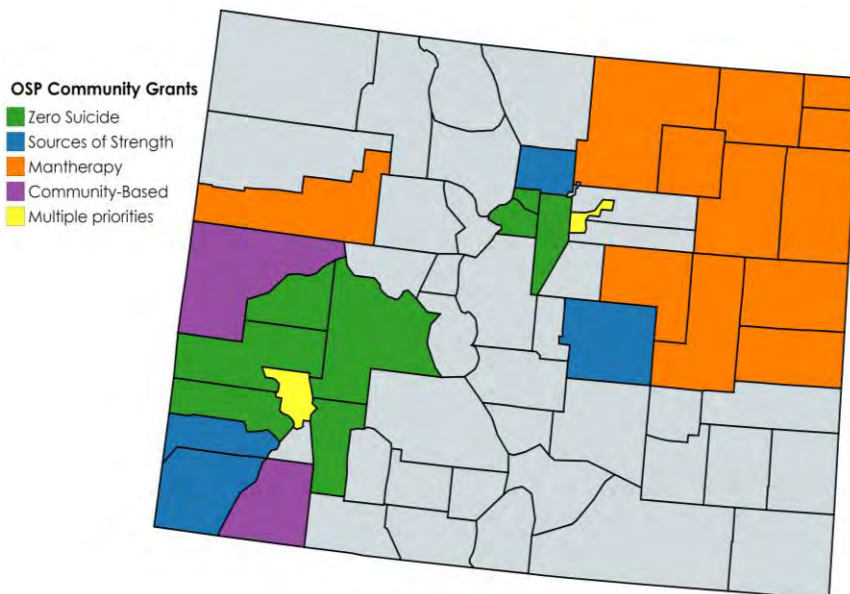
4. *Suicide prevention and wellness promotion among men ages 25 to 64 through the implementation of Man Therapy.*

Grantees provided training to men and organizations that work with men, and disseminated Man Therapy public information and awareness materials throughout their county/region. Grantees that implemented this priority included: North Range Behavioral Health in Weld County and the Western Colorado Suicide Prevention Foundation in Mesa County.

Notable July 1, 2016-June 30, 2017 Grantee Activities:

- North Range Behavioral Health provided community gatekeeper training to over 750 individuals and applied for and received community grant funding beginning July 1, 2017.
- Western Colorado Suicide Prevention Foundation provided community gatekeeper training to over 3,700 individuals.

In the spring of 2017, the Office of Suicide Prevention released a new funding opportunity for community-based suicide prevention partners interested in four priority areas: dissemination of Man Therapy, *Zero Suicide* implementation, *Sources of Strength*, and community-based initiatives. The funding priorities align with Commission and Office priorities as well as guidance from the Colorado-National Collaborative. Beginning July 1, 2017, the Office of Suicide Prevention will fund 13 community agencies across the state for a total of \$200,000 in annual funding through June 30, 2018. Eighteen community agencies applied and grantees were selected



based on uniform scoring criteria, demonstrated need and capacity, and geographic diversity. Three grantees are implementing *Zero Suicide* in health care settings, four are providing *Sources of Strength* to schools and other youth-serving organizations, three are disseminating Man Therapy, and the remaining three are engaged in other community-based initiatives.

Next Steps: The Office of Suicide Prevention will provide ongoing technical support and guidance to all community grantees, and will track grantee progress, successes and challenges, and grant expenditures throughout the course of the grants. The Office recommends continuing to expand the number of community grants so that more Colorado communities benefit, and funding grants at higher funding levels to support enhanced community-driven suicide prevention efforts. Additionally, the Office recommends implementation and evaluation of school-based suicide prevention programs in every community to promote resilience and positive youth development as protective factors for suicide.

VII. *Sources of Strength*

Expanding implementation of the *Sources of Strength* program is an Office of Suicide Prevention priority. *Sources of Strength* is listed in SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP). NREPP programs have been rigorously evaluated and demonstrate positive outcomes among target populations. *Sources of Strength* is a universal suicide prevention program designed to build socio-ecological protective influences among youth to reduce the likelihood that vulnerable students become suicidal. The program trains students as peer leaders and connects them with adult advisors at school and in the community. Peer leaders are selected by their peer groups and staff to represent all subgroups within the school population. With support from adult advisors, peer leaders create messages and conduct activities intended to change norms that influence coping practices and problem behaviors for all students. Activities are designed to reduce the acceptability of suicide as a response to distress, increase the acceptability of seeking help, improve communication between youth and adults, and to develop healthy coping attitudes among youth. In addition to the four community grantees implementing the program, the Office is exploring additional funding to help boost sustainability of the program through train-the-trainer courses.



Additionally, CDPHE's Sexual Violence Prevention Program recently collaborated with the University of Florida and the University of Rochester to submit a successful application for a four-year research grant from the Centers for Disease Control and Prevention. The study will evaluate *Sources of Strength* in approximately 20 schools across Colorado to measure the effectiveness of using a shared risk and protective factor approach on multiple violence outcomes. Each participating school will implement the *Sources of Strength* program for up to two years. Research already shows that *Sources of Strength* increases participating student's school connectedness and connectedness to caring adults, both of which are protective factors for suicide, teen dating violence, and youth violence. School connectedness is also a protective factor for sexual violence.⁵⁷ Researchers will assess whether increasing youth-adult connectedness and school connectedness through this program results in decreasing youth suicide, sexual violence, and bullying.

Next Steps: The Office of Suicide Prevention recommends every school implement and evaluate school-based suicide prevention programs that promote resilience and positive youth development as protective factors for suicide. Additionally, each school should have proactive protocols, policies, and guidelines for prevention, intervention and postvention response.⁵⁸

VIII. Public Education and Awareness Efforts

The Office of Suicide Prevention continues to support community suicide prevention events such as the annual *Bridging the Divide: Suicide Awareness and Prevention Summit* and *Elevating the Conversation* conference. During fiscal year 2016-2017, the Office of Suicide Prevention staff regularly gave presentations on suicide and suicide prevention throughout Colorado and nationally. Key presentations included the American Public Health Association Annual Conference, the American Association of Suicidology Annual Conference, and Women Against Gun Violence Firearm and Suicide Prevention Summit. The Office continues to disseminate suicide prevention information and materials statewide including Man Therapy, House Bill 2012-1140 hospital resources, Gun Shop Project materials, and materials geared toward adolescents, older adults, and Spanish-speaking Coloradans.

Additionally, because research shows a deep connection between how suicide is reported in the news and either increased or decreased risk in communities, the Office continues to provide media guidelines⁵⁹ to community partners and to each media outlet requesting an interview.⁶⁰

⁵⁷ Wilkins, N., Tsao, B. Hertz, M., Davis, R., Klevens, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Oakland, CA: Prevention Institute.

⁵⁸ For Example, *Preventing Suicide, A Toolkit for High Schools*, available for free download <https://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf>

⁵⁹ <http://reportingonsuicide.org/>

⁶⁰ For more information on the impact of suicide reporting, please visit <http://suicidepreventionmessaging.org/safety>

Next Steps: The Office of Suicide Prevention will continue to engage in community dialogue and outreach activities to raise awareness of the public health impact of suicide in Colorado.

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

In May 2012, Governor Hickenlooper signed House Bill 1140 into law, which requires the Office of Suicide Prevention to provide Colorado hospitals and associated organizations with information and materials about risk factors and warning signs for suicide, treatment and care after a suicide attempt, and available community resources for suicidal individuals. Although not mandated, hospitals are encouraged to provide the information and materials to individuals and families who are in the emergency department or hospital for a suicide attempt or for making a suicidal gesture.

The disseminated materials are designed to guide individuals and families through the aftercare process, and to better equip emergency department and hospital staff to effectively assess, manage and treat suicidal patients. The Office partners with the Colorado Hospital Association, emergency departments, psychiatric hospitals, and community mental health centers across the state to ensure the most appropriate personnel serving patients appearing in emergency departments following a suicide attempt receive the materials. In 2017, as in prior years, the Office of Suicide Prevention sent links to materials and instructions for ordering materials electronically via email to each contact serving the emergency department, community mental health center, and psychiatric hospital. In 2017, greater numbers of hospital personnel took advantage of this resource and ordered materials for their patients and staff. The Office also utilizes the communication channel established through HB 12-1140 to provide agencies with information and opportunities related to the implementation of *Zero Suicide*.

The Office of Suicide Prevention surveys HB 12-1140 systems to determine protocols, practices, and training opportunities to better guide future outreach efforts.⁶¹ The overall response rate to the survey conducted in 2017 was low, despite multiple, personalized outreach attempts with each entity. The highest response rate was from community mental health centers, with 77 percent of the 17 centers responding. Of the 79 emergency departments and 9 psychiatric hospitals surveyed, approximately 22 percent responded. Although participation declined, survey results remained consistent with prior years. Staff at all three facility types again identified the need for more training in screening and assessing for suicide risk, how to deliver counseling on reducing patients' access to lethal means, and increasing compliance with discharge instructions and other follow-up supports post discharge.

⁶¹ For prior reports on HB 1140 please see <https://www.colorado.gov/cdphe/suicide-EMS-resources>

Next Steps: The continued focus and strength of HB 12-1140 is opening communication channels with medical and behavioral health professionals serving in emergency departments, hospitals and community mental health centers throughout the state. The Office of Suicide Prevention initiates regular contact with these health care entities throughout the year to provide upcoming training announcements, best practice recommendations, and new resources once available.

X. Suicide Prevention through Prescription Drug Overdose Prevention

The close relationship and shared risk factors between substance abuse, prescription drug abuse, and suicide are well established. Over 10 percent of suicide deaths in 2016 were caused by overdose. Additionally, poisoning and overdose account for the method of injury in over half of emergency department visits and hospitalizations for those who have survived an attempt. Efforts to reduce problematic prescribing behaviors and increase treatment resources for the misuse of opioids helps to address access to lethal means.

The Office of Suicide Prevention is housed in the Violence and Injury Prevention-Mental Health Promotion Branch along with a new grant-funded team dedicated to the reduction of prescription drug overdose deaths in Colorado. The Prescription Drug Overdose Prevention Unit (PDO Unit) currently has two federal grants funding the prevention of prescription drug overdoses. All work is coordinated through the Colorado Consortium for Prescription Drug Abuse Prevention (Consortium), which includes key collaborative partners, including all state agencies. House Bill 14-1283 gave CDPHE access to the Prescription Drug Monitoring Program (PDMP) to use for public health surveillance. As a result, CDPHE now has a full-time, grant-funded position, who serves as a prescription drug epidemiologist. This position analyzes data from the PDMP, which is housed at the Colorado Department of Regulatory Agencies, and uses it in combination with other public health data sources to help describe Colorado's opioid problem at the state and local level. The PDO Unit is working to improve use and access to the PDMP in order to reduce problematic prescribing. For example, the PDO Unit is collaborating with the Department of Regulatory Agencies and other partners to pilot integrating the PDMP with the state's two health information exchanges (HIEs) and electronic health record systems. The PDO Unit also funds 15 local grantees to promote the uptake of evidence-based opioid prescribing guidelines. Reducing access to lethal means is a key suicide prevention strategy. CDPHE aims to prevent prescription drug misuse and both unintentional and intentional overdoses.

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

Prioritizing Suicide Prevention in Colorado - Next Steps

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

Colorado has experienced increased suicide death rates and numbers since 2009, and unfortunately that trend continued in 2016 (1,156 deaths; rate of 20.3/100,000). The burden of suicide in Colorado is disproportionate to the available resources. While the Office works diligently to maximize current resources and leverage strong partnerships and additional funding, more resources are needed to move statewide suicide prevention efforts forward.

Although the Office of Suicide Prevention has utilized low-cost strategies that build upon strong community partnerships, such as with the Gun Shop Project, Colorado needs more financial, human, and political capital dedicated to suicide prevention efforts. In fiscal year 2016-2017, the Office received an additional \$100,000 in general funds and used it to support *Zero Suicide* implementation, development of health system resources, and to increase funds available for community grantees. In spring 2017, the Office unsuccessfully applied for two separate competitive federal funding opportunities that would have supported adult suicide prevention efforts for those aged 25 and older. Although not selected for funding, the Office will continue to explore opportunities for additional funding, while leveraging existing resources.

Successful prevention in Colorado requires two elements: both targeted intervention and treatment for those at highest risk for suicide as well as universal upstream approaches designed to impact individuals and communities prior to the onset of suicidal thoughts and behavior. Data-driven and evidence-based strategies must be utilized, and comprehensive evaluation of all initiatives must be conducted. This is why the Suicide Prevention Commission continues to move forward with its identified recommendations. It is also why initiatives like Man Therapy, means safety education, House Bill 2012-1140, and *Sources of Strength* are priorities of the Office of Suicide Prevention. These initiatives are innovative and experiencing success, but more must be done.

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

- Better fund and resource the recommendations of the Suicide Prevention Commission.
- Expand implementation of *Zero Suicide* within health care systems, including behavioral health.

- Increase the number of clinicians trained in *Collaborative Assessment and Management of Suicidality*, a clinical training priority for the Office. The evidence-based model costs approximately \$255 per provider. With the newly awarded youth suicide prevention funding from SAMHSA, the Office will train approximately 200 youth-serving providers per year. However, this does not address clinical training needs for providers who serve the adult population, which continues to drive suicide numbers in Colorado.
- Formalize the Colorado-National Collaborative, aligning priorities and initiatives with Commission recommendations and Office of Suicide Prevention priorities, and emphasizing primary prevention strategies and comprehensive community approaches.
- Support the comprehensive evaluation of www.mantherapy.org and expand project implementation through increased marketing;
 - The Office leveraged some of its general funds to support marketing of Man Therapy in media outlets reaching male demographics aged 25-64. During the one month run, website analytics demonstrated sizeable reach, doubling the number of visits to the website. Further dedicated resources would allow for a deliberate marketing strategy to be implemented in order to reach high burden areas of the state.
- Expand the Office of Suicide Prevention statewide community grant program to more counties and at higher funding levels.
 - Beginning in fiscal year 2017-2018, with the increased annual budget of \$100,000, the Office began funding 13 community agencies implementing suicide prevention efforts at the local level. The Office recommends funding at least 15 community agencies at a level of \$50,000 or above to implement comprehensive community-driven suicide prevention work, for a total of \$750,000 per year.
- Increase the impact of HB 12-1140 by providing hospitals with training for staff that work with suicidal patients and families.
 - HB 12-1140 outreach efforts continue to highlight the need for clinical training for staff. Unfortunately, current resources are insufficient to meet this identified need. Clinical assessment and management training for 1,000 emergency department providers would require an additional \$105,000 per year.
- Increase Office of Suicide Prevention staff by one additional FTE (approximately \$85,000 per year including benefits).
 - An additional staff member is needed to: 1) coordinate *Zero Suicide* implementation efforts by providing continuing technical assistance to implementation sites and health system partners, and managing the learning collaborative efforts; 2) coordinate and support the Colorado-National Collaborative; and 3) expand the Gun Shop Project.
- Statewide implementation and evaluation of school-based suicide prevention programs that promote resilience and positive youth development as protective factors from suicide.

- Implementation of the *Sources of Strength* Program is \$5,000 per school or community setting. Although newly awarded federal grant funding will help to increase the number of schools that have access to this resource, \$100,000 would support implementation within 20 additional schools or community settings per year.

The Office of Suicide Prevention is poised to continue leading statewide suicide prevention efforts in Colorado, and is committed to expanding partnerships, implementing innovative and data-driven initiatives, and decreasing the burden of suicide. The Suicide Prevention Commission will continue to promote and support the recommendations found in this report, and will continue to explore new and innovative recommendations in the coming year. By focusing on suicide and suicide prevention, the state of Colorado can cement its status as the healthiest state in the nation.