OFFICE OF SUICIDE PREVENTION

Annual Report | 2019-2020

November 1, 2020

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Document Information

Title

Office of Suicide Prevention, Suicide Prevention in Colorado Annual Report FY 2019-2020

Subject

Report on suicide prevention programs and activities in Colorado in Fiscal Year 2019-20 and the coordinating efforts of the Office of Suicide Prevention

Statute

Section 25-1.5-101(1)(w), C.R.S. (House Bill 00-1432); Section 25-1.5-112, C.R.S. (Senate Bill 16-147), Section 25-1.5-113, C.R.S. (Senate Bill 17-272); 25-55-101 C.R.S. (Senate Bill 19-195, later modified by House Bill 20-1384).

Date

November 1, 2020

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Highlights and Key Takeaways

This report highlights the evidence-based and evidence-informed suicide prevention programs statewide. The Office of Suicide Prevention at the Colorado Department of Public Health and Environment (CDPHE) continues to maximize resources, leverage strong partnerships, and secure additional funding.

During the 2019-2020 fiscal year, the Office of Suicide Prevention:

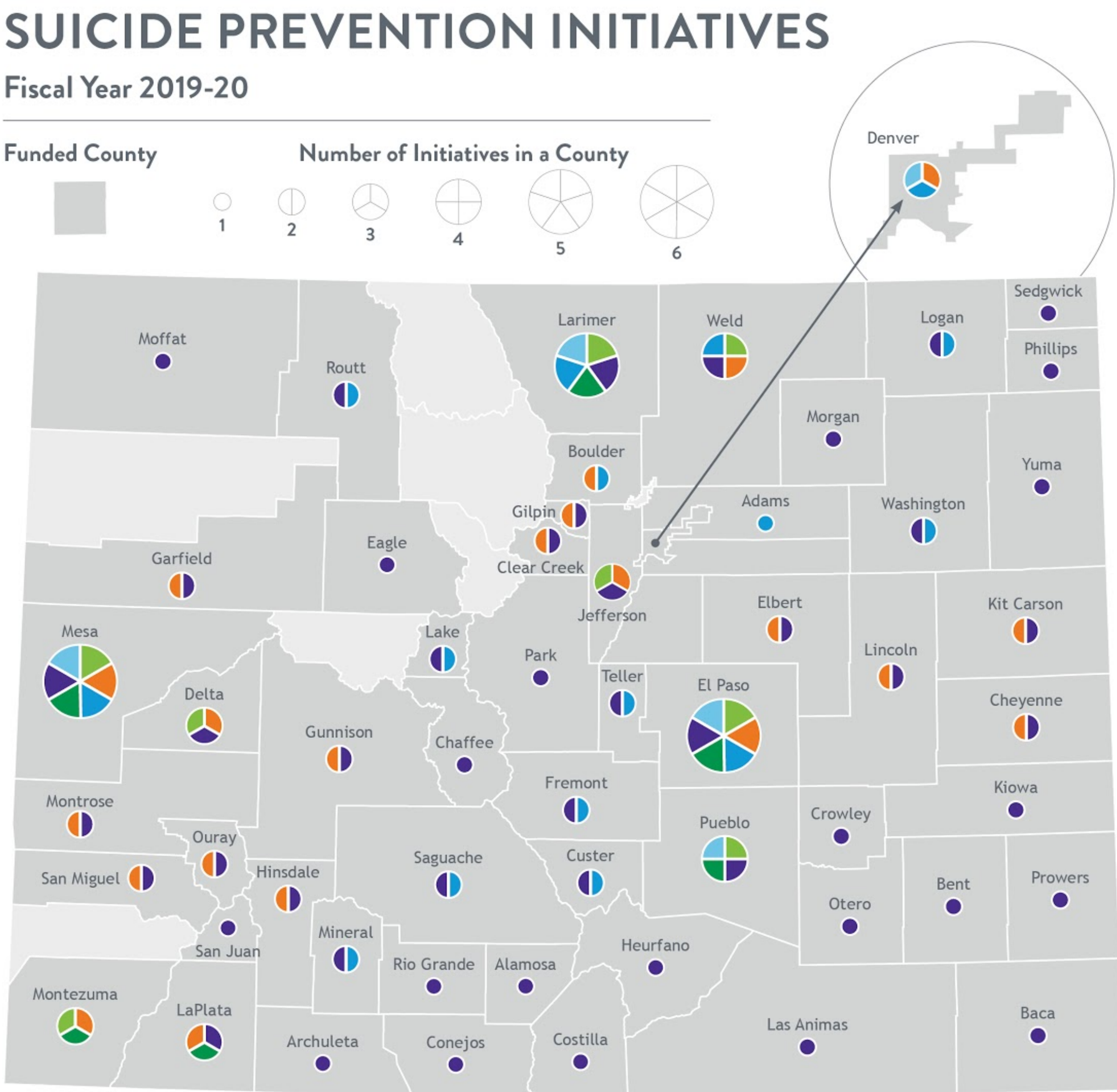
- Aggressively pursued external funding to expand and sustain initiatives. As of September 2020, the Office applied for and received five federal grants.[1] These grants will increase Colorado's budget for suicide prevention over the next year by $3.3 million and will allow the Office to expand two strategies statewide in the fall of 2020 (Colorado Follow-Up Project and Colorado Gun Shop Project). These will be the Office's first two projects to ever reach statewide implementation.
- Identified cross-agency near-term opportunities to expand the reach of suicide prevention activities in Colorado.
- Funded 12 grantees to support community-based suicide prevention in 21 counties.
- Supported suicide prevention awareness training for more than 9,000 community members across Colorado.
- Partnered with 13 agencies to support the Gun Shop Project in 51 counties.
- Funded 17 schools and districts across Colorado to implement comprehensive crisis and suicide prevention strategies.
- Trained more than 280 mental and behavioral health clinicians in evidence-based care.
- Funded follow-up support services for nearly 3,000 people after discharge from emergency department settings for a mental health or behavioral health crisis, including suicidal thoughts or behaviors.
- Supported Sources of Strength implementation in 106 schools and hosted two Train-the-Trainer events in Summer 2019, which trained 48 youth-serving personnel. In June 2020, the Office also held a Train-the-Trainer Advanced Skills Training sessions for 35 youth-serving personnel who had previously attended a Train-the-Trainer event.

The figure on the following page illustrates the growing uptake of suicide prevention programming statewide. The expanded reach from previous years is due to increased funding and staff support from federal grant initiatives.

[1] SAMHSA National Strategy for Suicide Prevention Grant, SAMHSA COVID-19 Emergency Response for Suicide Prevention and Domestic Violence, CDC Comprehensive Suicide Prevention Grant, CDC Preventive Health and Health Services Block Grant, Association of State and Territorial Health Officials Comprehensive Suicide and Overdose Prevention Grant

SUICIDE PREVENTION INITIATIVES

Fiscal Year 2019-20



Initiative by County

Zero Suicide Grant Funding

Denver, El Paso, Larimer, Mesa, Pueblo

Garrett Lee Smith Youth Suicide Prevention Grant Funding

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

Community Grants

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

Colorado Gun Shop Project

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

Colorado-National Collaborative for Suicide Prevention

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

Office of Suicide Prevention School Training Grantees

Adams, Boulder, Custer, Denver, El Paso, Fremont, Lake, Larimer, Logan, Mesa, Mineral, Routt, Saguache, Teller, Washington, Weld

Cabinet-level support for suicide prevention

In January 2019, Governor Jared Polis committed to reducing Colorado's suicide rates, tasking CDPHE with a Wildly Important Goal of addressing suicide in the state. Under the leadership of Jill Hunsaker Ryan, CDPHE executive director, CDPHE engaged in a comprehensive review of data and research on suicide and suicide prevention strategies. CDPHE reviewed and mapped current department efforts and identified new opportunities for engagement with other state agencies and local partners. As a result, the Office of Suicide Prevention developed the Colorado Suicide Prevention Framework that outlines a plan for how CDPHE, other state agencies, and community agencies can work together to reduce the burden of suicide in Colorado as directed by the General Assembly (Senate Bill 16-147). Table 1 below presents an example of highlights across agencies while the full cross-agency work can be found on page 70.

Over the past year, CDPHE has focused on five key strategies:

- Prioritizing cross-agency collaboration to leverage resources and limit duplication of effort.
- Improving health system readiness and response to suicide by expanding the Zero Suicide Model and the Colorado Follow-Up Project.
- Increasing active analysis and dissemination of suicide-related data.
- Increasing suicide prevention and intervention efforts for priority occupations (including construction, agriculture and ranching, oil and gas, and emergency responders).
- Increasing suicide prevention efforts for special populations at higher risk for suicide (including LGBTQ+ Coloradans, youth, veterans, middle-aged men, older adults, and counties with higher rates and numbers).

With the Governor's support, the Office of Suicide Prevention exceeded process measures related to the expansion of priorities and evidence-based strategies. The Office aggressively pursued external funding to support the Wildly Important Goals and continued to increase available resources for suicide prevention in Colorado.

Specific initiatives under these strategies build on best practices and key Colorado Suicide Prevention Commission recommendations. CDPHE prioritizes data-driven and evidence-based or evidence-informed programs and policies, and relies on continuing evaluation and data collection, analysis, and improvement.

Table 1. Highlights of the Cabinet Task Force FY 2019-20 progress

HCPF	Committed to supporting the expansion of the Zero Suicide quality improvement framework within hospital systems by collaborating with CDPHE to set up a tiered incentive model for the FY 2020-21 Hospital Quality Improvement Incentive Program (HQIP).
DMVA	Committed to infusing suicide prevention strategies throughout Air and Army National Guard command structure through their adoption of ambitious WIG strategies for FY 2020-21.
CDA	Partnered with the Office of Behavioral Health to roll out a renewed Colorado Crisis System awareness campaign focused on engaging rural Colorado communities.
CDHS/OBH	Supported the expansion of the Follow-Up Project, inclusive of military-involved families and veterans.
DEPT. OF LAW	The Attorney General's Office renewed their commitment to the sustainable expansion of the evidence-based Sources of Strength program within Colorado schools by entering into an interagency agreement with the Office of Suicide Prevention in spring 2020.

Potential impact of COVID-19 on suicide in Colorado

While we do know that some risk factors for suicidal despair have increased since the onset of COVID-19 (isolation, anxiety, substance use, economic stress, relationship stressors, etc.), available Colorado data through August 2020 do not suggest that suicide fatalities or emergency department visits for attempts and/or ideation have increased. Calls to the Colorado Crisis Line and National Suicide Prevention Lifeline have gone up since February 2020. However, this may be a positive indication that people are reaching out for help, which can facilitate connection with community-based resources and supports.

It is difficult to predict the impact the pandemic and potential economic downturn will have on Colorado's suicide-related indicators. From what Colorado saw in the 2008 recession, and what was observed nationally following the flu epidemic in the early 1900s, Colorado could expect suicide-related indicators to rise. However, there is hope that with the influx of prioritized federal funding and resources for local communities to support highly impacted industries and families, Colorado will create a buffer for some of the community-level economic risk factors and improve access to care through expanded telehealth services.

Conclusion

Suicide is preventable. Colorado needs to implement comprehensive public health strategies including upstream prevention, intervention, and postvention to have measurable success.[2] And there are still unmet needs requiring additional funding. Stable suicide prevention funding in FY 2021-22 will allow the Office to maintain important suicide prevention efforts, which will be even more important post COVID-19.

The Office of Suicide Prevention is poised to continue leading statewide suicide prevention efforts. We are committed to expanding partnerships, implementing innovative data-driven initiatives, and decreasing the burden of suicide. The Suicide Prevention Commission will continue to promote and support the recommendations found in this report, and will continue to explore new and innovative recommendations in the coming year.

In the coming year, CDPHE will expand the work and resources devoted to suicide prevention in Colorado through its ongoing partnership with other state agencies and local communities. The Office of Suicide Prevention will update the Colorado Plan for Suicide Prevention to include the Colorado Suicide Prevention Framework when the Governor's Task Force releases its recommendations and as new opportunities emerge.

[2] Upstream prevention: Strategy or approach that seeks to prevent the onset of suicidal thinking/behavior, also called primary prevention. Examples of upstream prevention: infusing protective strategies to elevate the overall wellness of a community, spread of positive social norms, Sources of Strength.
Intervention: Strategy or approach to identify and support those currently at-risk for suicide. Examples of intervention: gatekeeper training, focused efforts within priority populations, industries or occupations, crisis response, evidence-based treatment.
Postvention: Response to and care for individuals and communities affected in the aftermath of a suicide attempt, crisis or death. Examples of postvention: safe reporting and messaging about suicide by the media as well as by/within affected organizations, follow up caring contacts after a suicide attempt or mental health crisis, Colorado Follow-Up Project.

Office of Suicide Prevention Annual Report 2019-2020

Part I. 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 (CDPHE) is required to report annually on the status of program efforts to coordinate statewide suicide prevention services. This report includes the following:

- Details about the Office of Suicide Prevention's initiatives throughout Colorado during Fiscal Year 2019-20.
- Progress on the recommendations from the Suicide Prevention Commission (formed via Senate Bill 14-088).
- Update on House Bill 12-1140 hospital outreach efforts.
- Progress on the Colorado Suicide Prevention Plan pursuant to Senate Bill 16-147.
- The status of Senate Bill 18-272, Crisis and Suicide Prevention Training Grant Program for public schools and districts.
- Brief update on Senate Bill 19-195, Enhancements to Behavioral Health Services for Youth, which was later modified by House Bill 20-1384 to remove appropriations and make activities subject to available appropriations.

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 an effort to have a meaningful impact through state-level suicide prevention activities, the Office of Suicide Prevention emphasizes using state and federal grant funding to address strategic priority areas at the state and local level. These strategies include funding local initiatives, focusing initiatives on high-risk populations and highly impacted parts of the state, implementing primary prevention strategies to reach individuals prior to the escalation of a crisis, training individuals to recognize and respond to suicidal crises, and leading collaborative partnerships.

Part II. Impact of Suicide in Colorado

Many Coloradans will struggle with suicide at some point in their lives. The vast majority of those who have thoughts of suicide will not go on to make an attempt, and of those who do make an attempt and survive, more than 90% will not go on to die by suicide. When looking at the data, it's important to remember that recovery is possible and happening every day across the state.

The Colorado Department of Public Health and Environment acknowledges that long-standing systemic racism, including economic and environmental injustice, has created negative health outcomes. These systems influence a person's health more than individual behaviors and affect marginalized communities, particularly people of color, more than other communities. To realize a future where all Coloradans have the opportunity to thrive, we must be leaders in undoing government policies and practices that have contributed to these inequities. CDPHE staff and community partners have worked to educate themselves on the ways in which systemic racism and oppression shape existing systems and how individuals and organizations can use their power to move toward equity and justice. It is important to keep this in mind when reviewing the data highlighted in this report.

Certain experiences increase the potential for suicidal despair, including discrimination, bias, and harassment; violence; trauma; loss of a sense of belonging; social isolation; economic hardship; physical/medical conditions; loss of hope that things can/will improve; adverse childhood experiences; housing insecurity; food insecurity; reduced access to preventive care; limited access to responsive care; moral injury; and the loss of a loved one. Suicide fatality data in Colorado reflect the highest rates and numbers among white men in the middle years. The Office has been tracking suicide fatality rates among Black youth in recent years[3] as well as high attempt and ideation rates for Latinx young people. National research also highlights the need to improve data quality for demographic categories including race and ethnicity.[4]

The Office of Suicide Prevention aligns with leading national suicide prevention organizations that emphasize the need for equity-focused work.[5] CDPHE's Violence and Injury Prevention - Mental Health Promotion Branch, where the Office sits, recognizes that many kinds of injury and violence share the same systemic causes: poverty and economic instability; lack of substance use treatment and mental health services; social norms related to violence; and a

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[3] For more information, please see *Ring the Alarm, The Crisis of Black Youth Suicide in America*. https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf

[4] Espey, D. K., Jim, M. A., Richards, T. B., Begay, C., Haverkamp, D., & Roberts, D. (2014). Methods for improving the quality and completeness of mortality data for American Indians and Alaska Natives. American journal of public health, 104(S3), S286-S294; Arias, E., Heron, M. P., & Hakes, J. K. (2016). The validity of race and Hispanic origin reporting on death certificates in the United States: an update; and Joshi, S., Weiser, T., & Warren-Mears, V. (2018). Drug, opioid-involved, and heroin-involved overdose deaths among American Indians and Alaska Natives—Washington, 1999–2015. Morbidity and Mortality Weekly Report, 67(50), 1384.

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

lack of social connectedness. As the branch seeks to address these crucial issues, it seeks to be responsive to the reality that structural racism intensifies each of these factors. The Office of Suicide Prevention also uses resources from CDPHE's Office of Health Equity to infuse equity in its strategic vision.

Potential impact of COVID-19 on suicide in Colorado

While we do know that some risk factors for suicidal despair have increased since the onset of COVID-19 (isolation, anxiety, substance use, economic stress, relationship stressors, etc.), available Colorado data through August 2020 do not suggest that suicide fatalities or emergency department visits for attempts and/or ideation have increased. Calls to the Colorado Crisis Line and National Suicide Prevention Lifeline have gone up since February 2020. However, this may be a positive indication that people are reaching out for help, which can facilitate connection to community based resources and supports.

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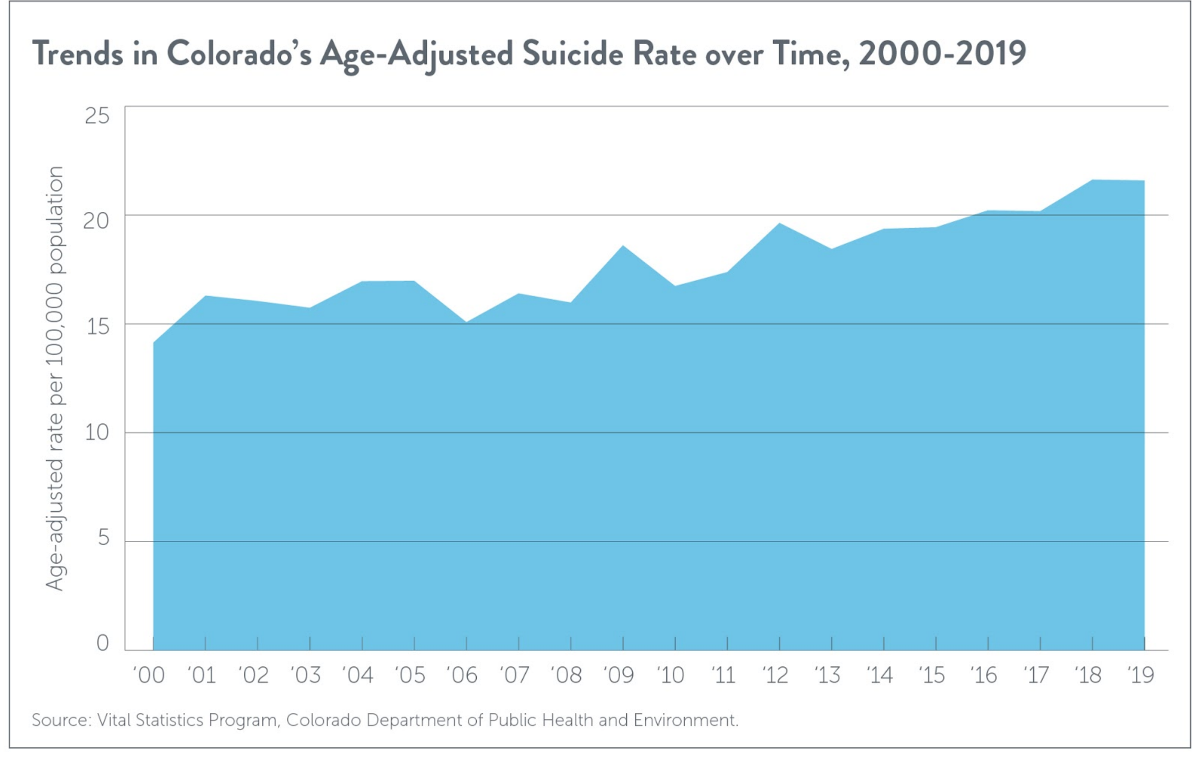
> Each and every one of these statistics represents a profound loss to our Colorado communities. It is with honor and respect that the following data are presented with the full weight of our shared responsibility to take action in light of the pain of these deaths.

Suicide fatalities

As Colorado's population continues to grow, so does the number of suicide fatalities among residents. The suicide rate in Colorado, like that of the nation, is on an upward trend; however, since 2013, the rate has not demonstrated a statistically significant variation. Although the rate is statistically stable, Colorado continues to have a suicide rate among the 10 highest in the U.S. In 2019, there were 1,287 suicides among Colorado residents resulting in an age-adjusted suicide rate of 21.6 per 100,000.

Table 2.



In 2019, suicide remained the seventh leading cause of death for all Coloradans. Adults ages 25-64 continue to have the highest rates and number of suicide deaths, representing nearly 70% of all suicide fatalities (894 in 2019). Additionally, males continue to represent a disproportionate number of suicide deaths at over 76% of suicide fatalities across all age groups. Since 2015, there has been a concerning increase in suicide among younger populations, which holds true across the nation.

For more information on Colorado's suicide fatality data, please visit the Office of Suicide Prevention's interactive dashboard located at www.coosp.org.

Table 3.

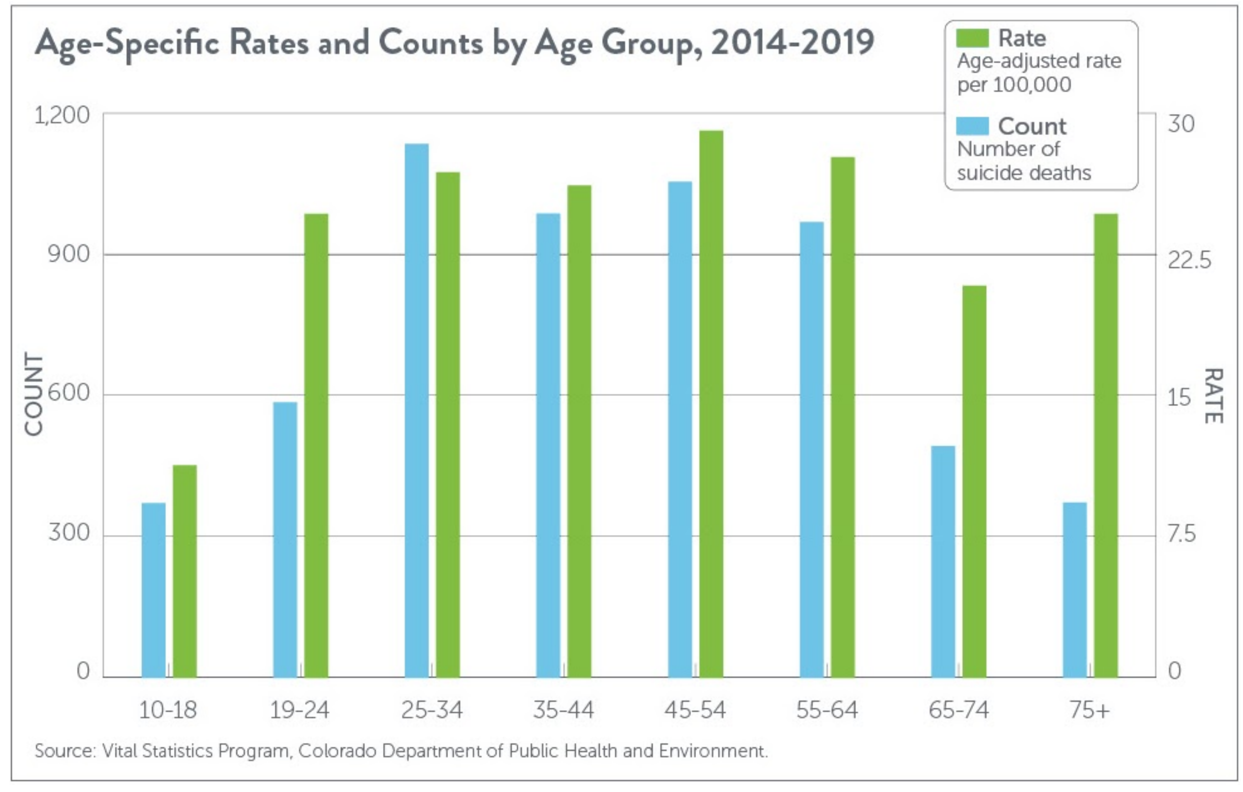
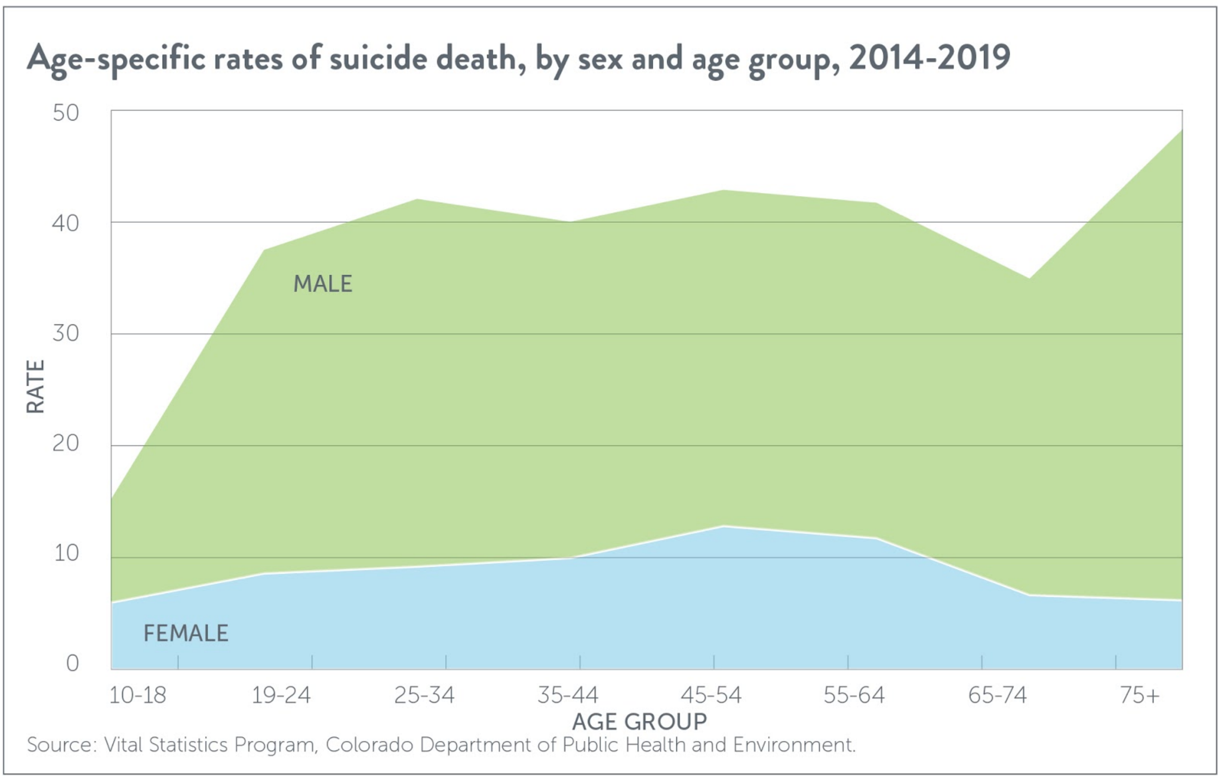


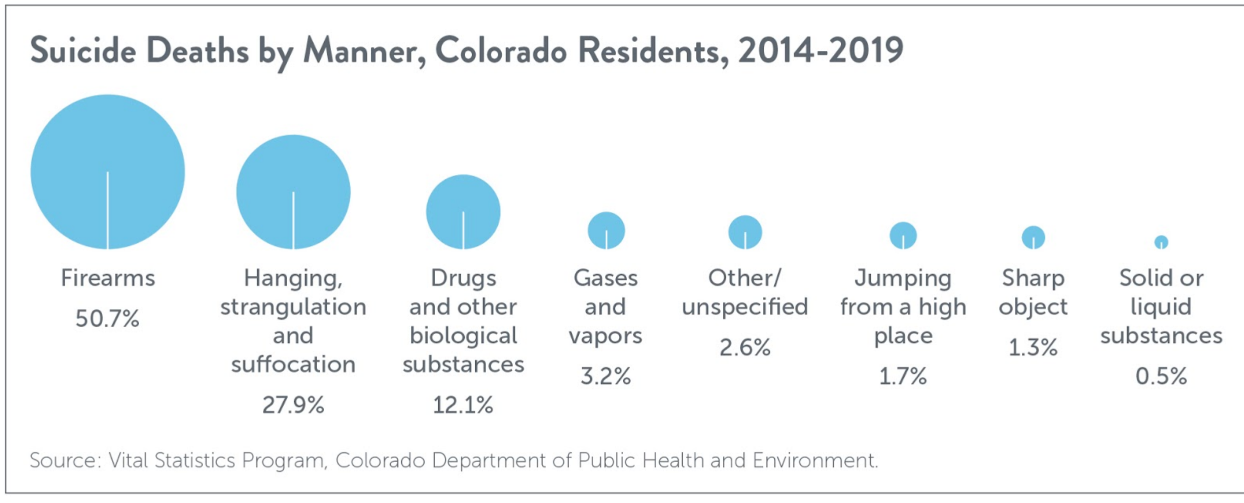
Table 4.



Methods of suicide

Half of all suicide deaths in Colorado involve the use of a firearm, which is the most common method of suicide death in the state, and 78% of firearm deaths are suicides. According to emergency department and hospitalization records, poisoning and overdose are the most common suicide attempt methods. Between 2015-2019, there were 39,674 suicide-related emergency department visits; 50% of them were due to drugs and other biological substances. During that same time, there were also 16,599 suicide-related hospitalizations; 71% of them were due to drugs and other biological substances.

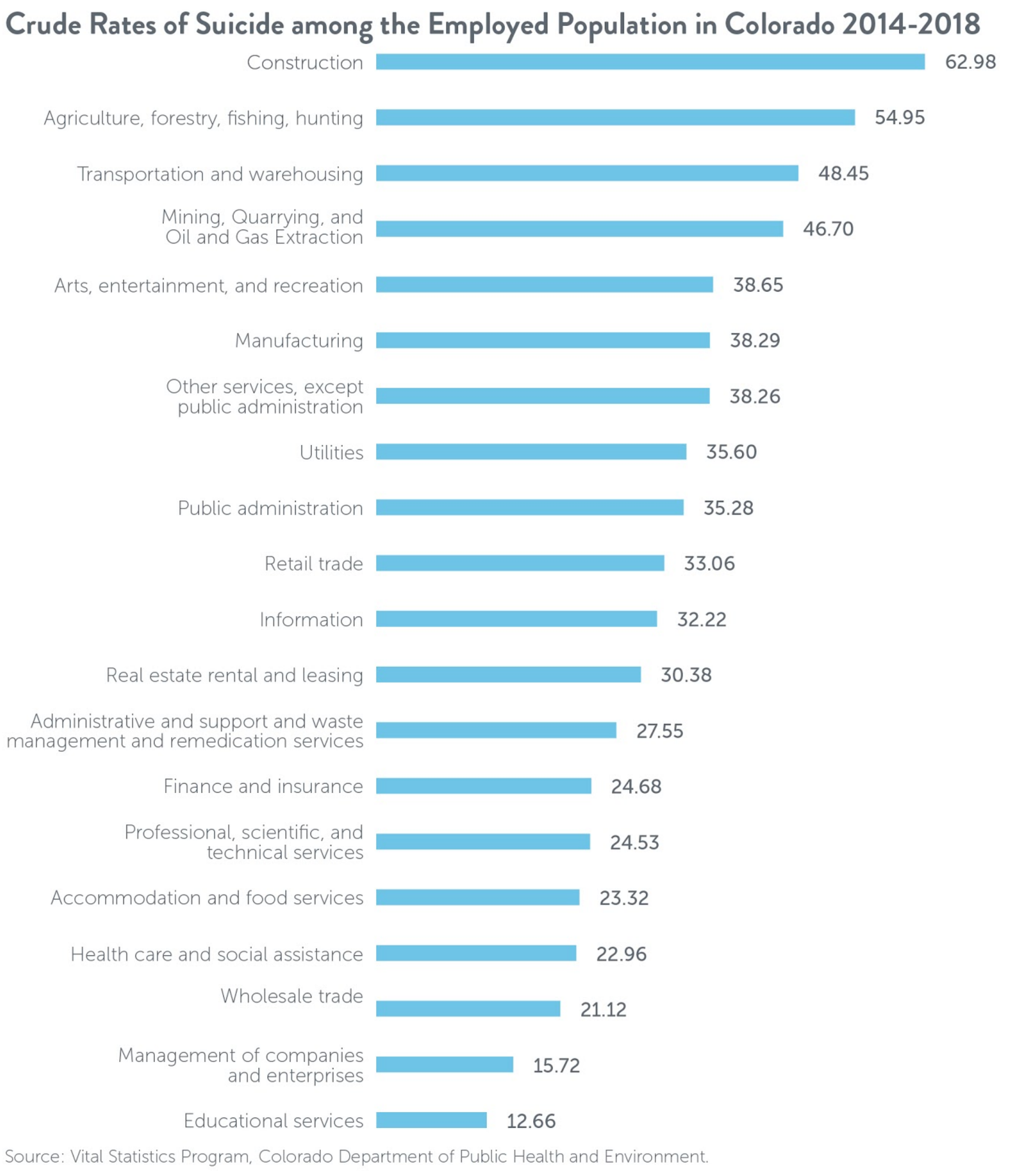
Table 5.



Suicide deaths by industry

Data on the occupation of individuals who die by suicide from the Colorado Violent Death Reporting System indicate that we should prioritize a number of industries for suicide prevention support, including construction, emergency responders, oil and gas, agriculture and ranching, and mining.

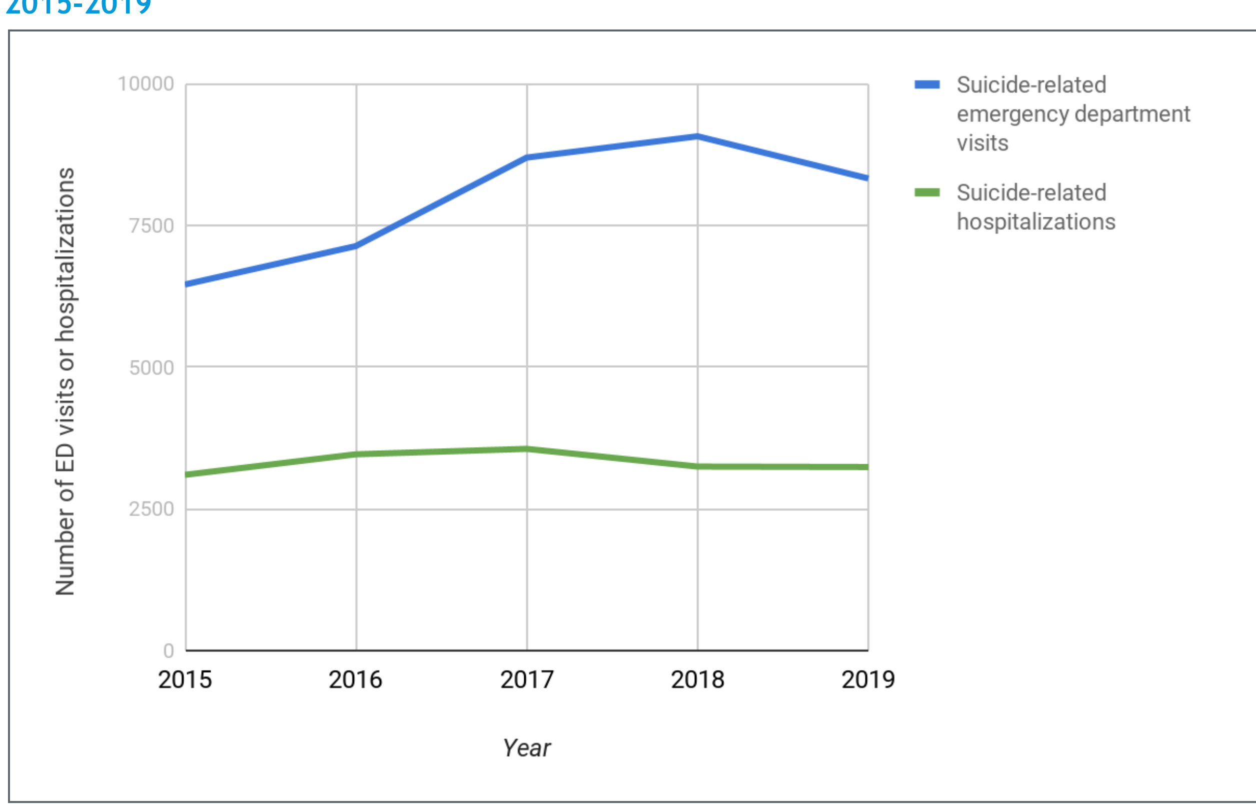
Table 6.



Suicide ideation and attempts

Emergency department visits and hospitalizations for suicide-related events present another facet of the impact of suicide in Colorado.[6] Data from 2015-2019 indicate a potential downward trend in medically treated suicide-related events. Emergency department visits decreased from 8,693 in 2017 (age-adjusted rate of 157.65/100,000) to 8,325 in 2019 (age-adjusted rate of 148.2/100,000); hospitalizations also decreased slightly from 3,557 in 2017 (age-adjusted rate of 63.34/100,000) to 3,237 in 2019 (age-adjusted rate of 56.44/100,000). Unlike fatality data, females account for a disproportionate number of suicide attempts and represent 63% of suicide-related emergency department visits and 60% of suicide-related hospitalizations between 2015-2019.

Table 7. Emergency department visits and hospitalizations for suicide-related events, 2015-2019



Self-reported youth data

According to the 2019 Healthy Kids Colorado Survey, 17.5% of high school students reported seriously considering attempting suicide during the past 12 months (13.1% male students and 21.8% female students; 42.0% of gay, lesbian, or bisexual students; 51.5% of transgender students); 7.6% of high school students reported attempting suicide one or more times during

[6] In October 2015 the national coding scheme for emergency department visits and hospitalizations changed from ICD-9CM to ICD-10CM, making it difficult to compare data before and after 2016. Increases in rates and number of events should be interpreted with caution. Due to the shift in coding, more suicide-related emergency and hospitalization visits are likely captured in data after 2015.

the past 12 months (5.9% male and 9.1% female; 20.7% of gay, lesbian, or bisexual students; 34.6% of transgender students). These percentages are similar to national data (18.8% seriously considered suicide, 8.9% reporting one or more attempts during 12 months before the survey), although questions regarding gender identity are not asked nationwide.

Middle school students have similar results. In 2019, 20.4% reported seriously thinking about suicide (24.8% female, 16.0% male) and 8.9% reported attempting suicide (11.6% female, 6.3% male).

On a positive note, nearly 73% of students reported that they had an adult to go to for help with a serious problem, which can be one of the strongest protective factors in a young person's life. For more information on Healthy Kids Colorado Survey results, please visit healthykidscolo.org.

Self-reported adult data

According to the Colorado Behavioral Risk Factor Surveillance System, in 2019 6.1% of surveyed adults ages 18 and older indicated that they had thoughts of suicide in the past year, and of those 20.6% indicated they had attempted suicide in the past year. Additionally, a number of circumstances created a higher likelihood that an adult reported suicidal thoughts or attempts, including living with one or more chronic diseases and experiencing housing or financial insecurity. For more information on Colorado's Behavioral Risk Factor Surveillance System, please visit www.colorado.gov/cdphe/behaviorsurvey or cdphe.colorado.gov/behavioral-risk-factor-surveillance-system-and-child-health-survey.

Table 8. Behavioral Risk Factor Surveillance System data, 2019.

	Reported thoughts of suicide	Of those who reported thoughts, percent who also reported attempt in prior year
Living with one or more chronic disease n= 5,426	9.3%	21.9%
Not living with chronic disease n= 3,891	2.5%	15.3%
Experienced housing insecurity always/usually/sometimes n= 1,321	12.9%	24.4%
Had never or rarely experienced housing insecurity n= 4,619	2.7%	11.2%
Experienced financial insecurity always/usually/sometimes n= 931	17.2%	30.9%
Had never or rarely experienced financial insecurity n= 5,326	3.5%	13.1%

Part III. Office of Suicide Prevention Fiscal Year 2019-20 Initiatives

Under the Colorado Suicide Prevention Commission's leadership and direction, the Office of Suicide Prevention uses a combination of state general funds, federal grant funds, and foundation money to implement an array of data-driven suicide prevention initatives based on the best available research evidence. This section contains an overview of all the initiatives the Office of Suicide Prevention implemented during FY 2019-20, including activities that meet the legislative requirements under Colorado Revised Statutes 25-1.5-101, 25-1.5-111, 25-1.5-112, and 25-1.5-113.

Colorado's *Wildly Important Goal* to reduce suicide

In January 2019, Governor Jared Polis made reducing Colorado's suicide rate one of his top priorities, setting an ambitious goal of reducing suicide by 5% in his first year in office. Under the leadership of Jill Hunsaker Ryan, executive director of CDPHE, CDPHE engaged in a comprehensive review of data and research on suicide and suicide prevention strategies. CDPHE reviewed and mapped current department efforts and identified new opportunities for engagement with other state agencies and local partners. As a result, the Office of Suicide Prevention developed a framework that outlines a plan for how CDPHE, other state agencies, and community agencies can work together to reduce the incidence of suicide in Colorado.

The FY 2019-20 the framework focused on four key strategies:

- Improve health system readiness and response to suicide by expanding the Zero Suicide Model and the Colorado Follow-Up Project.
  - Expand and support Zero Suicide model implementation within health care settings.
  - Reduce risk and provide support for individuals in the aftermath of a mental/behavioral health crisis by sustaining and expanding the Follow-Up Project in emergency departments.
  - Create tiered training requirements in rule aligned with the Zero Suicide Model for behavioral health facilities.
  - Explore prescribing guidelines related to opioids and benzodiazepines.
- Increase active analysis and dissemination of suicide-related data.
  - Explore a toxicologic connection between suicide and opioids/benzodiazepines by linking and analayzing data from the Prescription Drug Monitoring Program to suicide death data.
  - Increase real-time data collection in emergency departments on suicide attempts and use data to inform prevention/intervention efforts.
  - Incentivize coroner and law enforcement agencies to use the Colorado Suicide Investigation Form which can be found on www.coosp.org.

- Increase suicide prevention and interventions efforts for high-risk occupations (including emergency responders, construction, agriculture and ranching, and oil and gas).
    - Identify, implement, and evaluate strategies to engage people in priority occupations.
    - Promote and disseminate resources and tools that support men in their workplaces with mental health promotion and help-seeking strategies and screening/referral protocols and tools.
    - Create and promote an Emergency Medical Services Peer Support Program.
- Increase suicide prevention efforts for special populations at higher risk for suicide (including LGBTQ+, youth, veterans, middle-aged men, older adults, and counties with higher rates and numbers of suicide-related indicators).
    - Identify, implement, and evaluate strategies to engage people in special populations.
    - Improve data collection and reporting to inform prevention strategies and trends for LGBTQ+ populations.
    - Sustain and expand the evidence-based program Sources of Strength in Colorado middle and high schools.
    - Increase the availability of evidence-based gatekeeper training in veteran service organizations.
    - Sustain and expand lethal means safety initiatives (provider training and the Colorado Gun Shop Project).
    - Support suicide prevention infrastructure at the local level within disparately impacted counties.

Director Ryan convened a time-limited Colorado Suicide Prevention Cabinet Task Force to identify new opportunities for alignment and leverage across state departments to reduce suicide. The Cabinet met in September, November, and December 2019. The final spring 2020 meeting was postponed indefinitely due to the pressing need across state departments to focus on supporting Colorado through the COVID-19 response.

Each state department identified a number of leverage points and new opportunities to collaborate on the shared goal of reducing suicide in Colorado. A more complete perspective on the volume of cross-department collaborations can be found on page 70 of this report. The Office will work across departments over the coming years to maintain momentum and progress on these activities.

Although Colorado did not achieve the ambitious goal of reducing the suicide rate by 5% in the last year, the suicide rate did not increase. This may be the first indicator that Colorado's upward trend in suicide rates has halted. CDPHE met or exceeded most lead measure goals set for the first year of Polis' term. Not only did CDPHE continue a number of cross-departmental collaborations, but the Cabinet Task Force for Suicide Prevention engaged in a sweeping review of additional levers and opportunities. These new strategies will be incorporated into an updated Colorado Suicide Prevention Strategic Plan.

In FY 2020-21, the priority areas for the department include:

- Implement a framework across state agencies to collaboratively address suicide in Colorado.
    - Collaborate with other state agencies and local public health agencies on identified opportunities to reduce the suicide rate.
    - Implement the strategies identified in the suicide prevention framework and collaborate with the Department of Human Services Behaviorial Health Task Force on recommendations.
    - Create communication and action plans to track progress across agencies.
- Increase active analysis and dissemination of suicide-related data.
    - Increase real-time data collection in emergency departments on suicide attempts and use data to inform prevention/intervention efforts.
    - Incentivize coroner and law enforcement agencies to use the Colorado Suicide Investigation Form.
- Improve health system readiness and response to suicide.
    - Expand and support the Zero Suicide model implementation within health care settings.
    - Reduce risk and provide support for individuals in the aftermath of a mental/behavioral health crisis by sustaining and expanding the Follow-Up Project in emergency departments.
    - Create tiered training requirements in rule aligned with the Zero Suicide Model for behavioral health facilities.
    - Explore prescribing guidelines and other strategies related to reducing opioid and benzodiazepine dependence.
- Increase suicide prevention and intervention efforts for priority occupations (including emergency responders, construction, and agriculture and ranching).
    - Implement and evaluate strategies to support priority industries.
    - Promote and disseminate resources and tools that support men in their workplaces with mental health promotion and help-seeking strategies and screening/referral protocols and tools.
    - Promote and track adoption of the Emergency Medical Services Peer Support Program.
- Increase suicide prevention and intervention efforts for priority populations at elevated risk for suicide-related indicators (LGBTQ+ Coloradans, youth, veterans, middle-aged men, older adults, and people in counties with disparate burden).
    - Implement and evaluate strategies to support priority populations.
    - Improve data collection and reporting to inform prevention strategies and trends for LGBTQ+ populations.
    - Sustain and expand the evidenced-based program Sources of Strength in Colorado middle and high schools.
    - Increase the availability of evidence-based gatekeeper training (e.g. Question, Persuade, Refer; SAVE) in veteran services organizations.

- Sustain and expand lethal means safety initiatives (Colorado Gun Shop Project, clinical training).
- Increase economic stability and community connectedness initiatives in the wake of COVID-19.
- Support suicide prevention infrastructure at local level within disparately impacted counties.

Colorado Plan for Suicide Prevention

The Colorado Plan for Suicide Prevention incorporates priorities and recommendations from the Cabinet Task Force, the Office of Suicide Prevention, the Colorado Suicide Prevention Commission, the Behavioral Health Task Force, and the Colorado-National Collaborative into one cohesive document that sets forth a path to move Colorado forward and reduce the impact of suicide in our state. The Plan prioritizes data-driven and evidence-based or evidence-informed strategies, where available, and relies on continuing evaluation and data collection, analysis, and Plan improvement. Where evidence-based strategies do not exist, Colorado is committed to supporting the development, implementation and evaluation of initiatives designed to better serve Coloradans. The Plan aligns with the National Action Alliance for Suicide Prevention's Transforming Communities: Key Elements for the Implementation of Comprehensive Community-Based Suicide Prevention and Preventing Suicide: A Technical Package of Policy, Programs, and Practices from the Centers for Disease Control and Prevention.

The Plan is also intended to serve as a roadmap for local partners engaged in suicide prevention at the community level. Community partners are encouraged to engage with the strategies and to use local data to guide and refine local priorities. The Plan is a living document, and will be updated based on data collection, evaluation results and emerging suicide prevention research as needed. The Colorado Plan will be updated in FY 2020-21.

In the coming year, CDPHE will continue to partner with other state agencies and local communities to expand the work and resources devoted to suicide prevention in Colorado. Jill Hunsaker Ryan, CDPHE's executive director, serves on the Colorado Behavioral Health Task Force, which Governor Polis tasked with evaluating and setting the roadmap to improve the behavioral health system in the state. The Office of Suicide Prevention will update the Colorado Suicide Prevention Plan to align with the Governor's Task Force recommendations to improve behavioral health care provision in Colorado and calling for greater state department collaboration to support suicide prevention activities.

Public-Private Partnership: The Colorado Suicide Prevention Commission[7]

Colorado Senate Bill 14-088 created the Suicide Prevention Commission (Commission) to provide public, private, and nonprofit leadership for suicide prevention efforts and to make data-driven, evidence-based recommendations for Colorado.[8] The Commission serves in an advisory capacity to the Office of Suicide Prevention. Although funding for implementation of the Commission's recommendations was not included in the legislation, the fiscal note provides the Office of Suicide Prevention funding to support one full-time employee to serve as the Suicide Prevention Commission Coordinator. The Office has pursued and successfully obtained multiple competitive federal grants to implement the recommendations of the Commission.[9] Additionally, the recommendations from the Commission are included within Colorado's blueprint for comprehensive, community-based suicide prevention discussed on page 62 of this report.

The Commission acknowledges that successful suicide prevention can only be achieved with comprehensive and sustained efforts across community groups and agencies; no one group or single intervention is sufficient. Continuous contribution from both the public, private, and nonprofit sectors is necessary to achieve the Commission's aspirational goal of reaching a 20% reduction in the suicide rate in Colorado by 2024.

The Commission has adopted several key suicide prevention recommendations under four priority areas: supporting integrated health care; improving training and education; building resilience and community connectedness; and enhancing data collection and systems. Additionally, in July 2019, the Commission adopted two new recommendations aligned with supporting community resilience and connectedness.

The Commission voted to support smaller topic-specific workgroups, which are responsible for developing and operationalizing key recommendations. During FY 2019-20, the Commission convened the following work groups:

- Resilience and Community Connectedness.
- Youth-specific Initiatives.

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[7] Funding for the Commission Coordinator position comes from the state General Fund. There is not a separate appropriation to support the work or recommendations of the Commission.

[8] For information on the Commission and to access a list of current appointed Commissioners, please visit www.coosp.org

[9] The Office currently receives the following federal grants supporting current Commission recommendations: SAMHSA Garrett Lee Smith Youth Suicide Prevention Grant (2017-2022); SAMHSA Zero Suicide Implementation Grant (2018-2023); SAMHSA National Strategy for Suicide Prevention Grant (2020-2023); Association of State and Territorial Health Officials Pilot Suicide and Overdose Prevention Public Health Initiative Grant (2020-2021); Preventive Health and Health Services Block Grant (annual); and SAMHSA COVID-19 Emergency Response for Suicide Prevention and Domestic Violence Grant (July 31, 2020-November 30, 2021); Centers for Disease Control and Prevention Comprehensive Suicide Prevention Grant (2020-2024).

- Colorado Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families.
- Investigating the Use of Forced Treatment on People Experiencing Suicidal Thoughts.

Commission priority: Support integrated health care

1. **Health care systems should adopt the Zero Suicide initiative.** In 2015, the Commission first identified Zero Suicide as a priority. While initial implementation efforts focused on behavioral health care organizations, the Office of Suicide Prevention also continues to explore support for elements of the Zero Suicide Framework in integrated and non-integrated primary care settings, faith communities, the justice system, education settings, and local coalitions.

Please see page 35 for an update on how the Office has implemented this Commission recommendation within health systems.

2. **Adopt the Colorado Follow-Up Project as standard protocol for following up with suicidal clients after discharge from emergency departments and inpatient settings.** The Commission recommends that each emergency department and inpatient setting serving clients experiencing suiciality have a standardized protocol for follow-up care. Continuity of care is important. The Commission's Emergency Services Workgroup (now sunsetted) developed a pilot protocol using the Colorado Crisis and Support Line to provide telephonic follow-up support to clients following emergency department discharge. Although two federal grants support the expansion of the Follow-Up Project in key communities, all emergency departments, inpatient units, and psychiatric facilities should adopt telephonic follow-up as a standard of care.

Please see page 39 for an update on how the Office has implemented this Commission recommendation.

3. **Promote screening to identify suicide risk within health care settings.** During its first year the Commission recommended screening for depression and suicide risk in the emergency department. This has since expanded to all health care settings. This aligns with the Joint Commission's release of Sentinel Event 56, which encourages detecting and treating suicide ideation in all hospital settings. Many screening tools are available for little to no cost on the Suicide Prevention Resource Center's website (www.sprc.org). Additionally, organizations implementing Zero Suicide embed consistent screening protocols within agency workflow and performance measures.

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. This is particularly true for men and older adults, who are disproportionately represented in Colorado suicide deaths each year. During FY

2019-20, the Office of Suicide Prevention continued to promote a toolkit for primary care[10] originally developed by the Suicide Prevention Resource Center and the Western Interstate Commission on Higher Education. The toolkit aligns with the tenets of Zero Suicide and includes additional resources and tools developed since the original release in 2009. The toolkit is now specific for Colorado providers and highlights state-funded Colorado Crisis System services. The goal of the toolkit is to provide actionable steps to empower practices to directly address suicide prevention within their practice. The toolkit focuses on identification, risk assessment, safety planning, lethal means counseling, and follow-up care.

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 nearly one third of people who died by suicide were engaged in some form of mental health treatment at the time of death. This highlights the need for mental health provider training on assessment and how to support people experiencing suicidal thoughts and behaviors. There is no requirement in Colorado for behavioral health treatment providers to demonstrate competency with suicidal risk management. Additionally, a prior Commission survey revealed that Colorado behavioral health treatment providers have gaps in knowledge of evidence-based practices and training related to suicide prevention.[11]

> Some suicide prevention training courses are available for free online: Columbia Suicide Severity Rating Scale assessment tool[12], Counseling on Access to Lethal Means[13], and Collaborative Safety Planning[14].

However, many of the evidence-based trainings for treatment and management of suicidality are costly for providers and organizations. For an update on the clinical trainings the Office of Suicide Prevention supports, please see page 39 of this report.

Treatment providers in Colorado may send a client who discloses suicidal ideation to involuntary inpatient hospitalization. They may do this because of training gaps in addressing suicidality directly, liability concerns, and a scarcity of other community-based options designed to keep someone safe. This outcome is often more harmful than helpful to the person experiencing suicidal ideation and may increase an individual's suicide risk.[15] In January 2019, the Commission voted to form a work group to examine how involuntary treatment impacts people experiencing suicidal thoughts. In May 2019, the work group began

[10] To access the Suicide Prevention Toolkit for Colorado Primary Care Practices please visit www.coosp.org
[11] To access the prior survey report please visit https://drive.google.com/file/d/1H75iHM5XplprBh6UGcWaQQGZOHrDBT7M/view
[12] To access the assessment tool and other resources, please visit http://zerosuicide.sprc.org/toolkit/identify
[13] To access the training, please visit https://training.sprc.org/enrol/index.php?id=20
[14] For more information on safety planning, please visit http://zerosuicide.sprc.org/toolkit/engage
[15] For a summary of the existing research on the topic, please see https://drive.google.com/file/d/1XFHp1nYO7wVQVXkvZWSR6CK0obhgq5ep/view?usp=sharing

a year-long process to examine research, create clear and actionable recommendations about the use of involuntary interventions, prioritize and incentivize least restrictive interventions, and create support for providers to effectively implement the recommendations.[16] Following a review of the literature, the group is prioritizing strategies which increase and incentivize community-based alternatives to hospitalization, which reduce potential harm during and after hospitalization, and opportunities to improve emergency response to individuals in distress. In spring 2020, the Office of Suicide Prevention pursued and received a number of federal grants which will help move these strategies forward including additional training and supports for peers and expansion of the Colorado Follow-Up Project.

2. **Develop and implement comprehensive suicide prevention strategies for high-risk industries.** Data from Colorado highlight a number of industries at higher risk for suicide, including construction, emergency responders, oil and gas, the legal community, agriculture and ranching, and mining. Each industry needs a comprehensive approach to suicide prevention, inclusive of education and awareness, family-friendly workplace policies with comprehensive health benefits and livable wages, lethal means safety, and postvention practices. For an update on this recommendation please see page 58 of this report.

3. **Build capacity within the legal community to identify those at risk for suicide and link them to care.** 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 2014-2018 provides several data points relevant to the legal system regarding circumstances present in an individual's life prior to suicide: intimate partner problem (39%), problem with alcohol (31%) or another substance (23%), contributing criminal legal problem (17%), financial problems (16%) and contributing civil legal problem (8%). These data indicate opportunities for intervention within the judicial system, especially for those facing issues such as divorce and parental responsibility matters, domestic violence, alcohol or substance-related criminal charges, bankruptcy actions, and evictions.

The legal profession is also disparately impacted by 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.[17] The legal system is also a critical access point for those in crisis. There is an opportunity to train gatekeepers within each judicial district. The Office of Suicide Prevention is leading efforts to develop a framework for the legal community in alignment with Senate Bill 16-147. One step is to empower the

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[16] Summary report for the Workgroup can be found here https://drive.google.com/file/d/1XFHp1nYO7wVQVXkvZWSR6CK0obhgq5ep/view?usp=sharing

[17] Suicide, Occupation, and Circumstances in Colorado: A Vital Statistics and NVDRS Collaboration, Mary Chase, Alison Grace Bui, MPH, Kirk Bol, MSPH, Health Statistics and Evaluation Branch, Colorado Department of Public Health and Environment (2017).

judiciary to identify at-risk litigants, attorneys, and peers and to connect them with support. The Commission's Training and Education Workgroup previously supported the development of a bench resource card for suicide prevention for use by the members of the Colorado judicial community.[18]

The legal and justice community are key partners included in the Colorado-National Collaborative initiative, included on page 62.

Commission Priority: Build resilience and community connectedness

1. **Strengthen economic stability and supports, including food security, affordable housing, livable wages, and other family-friendly workplace policies.** Most suicide prevention strategies focus on supporting individuals already in crisis, but a comprehensive approach requires efforts that help create healthy, thriving, and resilient communities. Research shows that focusing on protective factors such as economic stability and supports, behavioral health, positive social norms, and connectedness can reduce the onset of suicidal behavior, and have the broadest impact on preventing multiple forms of violence.[19,20]

Risk factors increase the likelihood of a problem behavior, while protective factors buffer individuals or communities from the risks of a problem behavior.

The Commission previously endorsed recommendations related to the protective factors of behavioral health, positive social norms, and connectedness,[21] but had not yet explored economic stability and supports.[22] The Commission's Resilience and Community Connectedness Workgroup examined data, research, and policy and collaborated with experts to create a new recommendation to address economic supports. Historical trends within the United States have shown increased suicide rates during periods of economic recession. Financial stress may increase risk for suicide and exacerbate related physical and mental health conditions.[23]

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[18] The benchcard and cover letter can be found in the workgroup's meeting materials folder here: https://drive.google.com/drive/folders/0B4-fQBYSyJ6pTGpfY1gzNkpKZGs?usp=sharing

[19] 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.

[20] For more information, please see the Centers for Disease Control and Prevention's resource *Preventing Suicide: A Technical Package of Policy, Programs, and Practices* www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf?s_cid=cs_293

[21] For a more in depth explanation of connectedness, please see page 63 of this report.

[22] Economic stability and supports refers to the level of economic resources and the degree of equity in the distribution of resources among individuals and communities.

[23] See https://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf for more information on how strategies to strengthen economic supports can promote suicide prevention.

Food security

Food security plays a significant role in health and wellness throughout the lifespan. According to the Colorado Blueprint to End Hunger,[24] hunger is common and widespread in Colorado. Colorado ranks 48th lowest in the United States for enrolling eligible citizens in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)[25] and 45th lowest for enrollment in the Supplemental Nutrition Assistance Program (SNAP).[26] Acknowledging that ending hunger is a suicide prevention strategy, the Commission voted to formally and publicly endorse the overall vision and five major goals of the Colorado Blueprint to End Hunger in April 2019, while continuing to examine other components of economic stability.

Affordable housing

The number of Coloradans facing unaffordable housing is expected to increase over the next 10 years. According to a study of 16 states, suicides precipitated by home foreclosures and evictions increased more than 100% from 2005 (before the housing crisis began) to 2010 (after it had peaked). Most of these suicides occurred prior to the actual loss of the decedent's home.[27] Additionally, individuals experiencing homelessness are at increased risk of dying by suicide and homicide.[28]

According to the 2018 Out of Reach report[29], a Colorado household must earn $23.93 per hour to be able to adequately afford a two-bedroom rental home, without paying more than 30% of their income. Research also shows that increases in minimum wages have been associated with slower growth in state suicide rates in recent years.[30]

Family-friendly workplace policies

Colorado does not have a state paid leave policy to support families and children, but an initiative asking Colorado voters if they want to create a state-run paid family and medical

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[24] To access the Colorado Blueprint to End Hunger and associated resources, please visit https://www.endhungerco.org/the-report

[25] United States Department of Agriculture. (2015) National- and State-Level Estimates of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibles and Program Reach in 2015. Retrieved from: https://fns-prod.azureedge.net/sites/default/files/ops/WICEligibles2015-Summary.pdf.

[26] United States Department of Agriculture. (2016). Calculating the Supplemental Nutrition Assistance Program (SNAP) Program Access Index: A Step by Step Guide for 2016. https://fns-prod.azureedge.net/sites/default/files/ops/PAI2016.pdf.

[27] Fowler KA, Gladden RM, Vagi KJ, Barnes J, Frazier L. Increase in suicides associated with home eviction and foreclosure during the US housing crisis: findings from 16 National Violent Death Reporting System States, 2005-2010. Am J Public Health. 2015;105(2):311-316.

[28] Fowler KA, Gladden RM, Vagi KJ, Barnes J, Frazier L. Increase in suicides associated with home eviction and foreclosure during the US housing crisis: findings from 16 National Violent Death Reporting System States, 2005-2010. Am J Public Health. 2015;105(2):311-316.

[29] To access the report, please visit https://nlihc.org/sites/default/files/oor/OOR_2018.pdf

[30] Gertner, Alex K. et al. (2019). Association between state minimum wages and suicide rates in the U.S. *The American Journal of Preventive Medicine*, Volume 56(5). Retrieved from: https://www.ajpmonline.org/article/S0749-3797(19)30028-5/fulltext.

leave program has qualified for the November ballot, Ballot Initiative 283.[31] By promoting family financial stability through paid leave, caregivers are more likely to have lower stress, improved mental health, healthier birth outcomes, receive preventive medical care, and manage mental health concerns, which have a known impact on reducing child abuse, neglect, suicide, and intimate partner violence. Through paid leave, individuals are also more likely to take leave for preventive care and for illness, which protects communities against chronic illness and communicable disease.

In July 2019, the Commission voted to adopt the recommendation to strengthen economic stability and supports, including food security, affordable housing, livable wages and other family-friendly workplace policies. In adopting this recommendation, the Commission made the following acknowledgements:

- Generations-long social, economic, and environmental inequities, including structural racism and discrimination, result in adverse health outcomes and have a greater impact than individual choices. Reducing health disparities through policies, practices, and organizational systems can help improve opportunities for all Coloradans.
- The intersecting challenges of hunger, housing insecurity, non-livable wages, and insufficient workplace policies contribute to suicidal despair. Strengthening policies related to food and housing security, livable wages, and equitable workplace policies support healthy, thriving, resilient communities.
- Communities will need to employ comprehensive strategies that maximize federal, state, and local programs, funding streams, and policy options to strengthen economic stability and supports.

Strengthening economic stability is a key pillar of the Colorado-National Collaborative, included in full on page 62 of this report. As Colorado continues to address and rebound from COVID-19, these strategies will be increasingly important.

2. **Create supportive, inclusive, and safe communities, especially for LGBTQ+ youth.** In Colorado and nationally there are unacceptable health disparities for children, youth, and young adults (ages 0-24) who identify as lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+).[32]

According to the 2019 Healthy Kids Colorado Survey (HKCS), LGBT youth[33] are more likely to experience bullying, feeling unsafe at school, suicidal ideation and attempts, substance use,

[31] https://www.sos.state.co.us/pubs/elections/Initiatives/titleBoard/index.html
[32] Use of the LGBTQ+ acronym has evolved over time, and will likely continue to do so. The “+” symbol stands for all of the other sexualities, sexes, and genders that aren’t included in these few letters, including, but not limited to, intersex, asexual, pansexual, agender, bigender, and gender queer. The datasets linked in this document have defined specific identity categories.
[33] The HKCS asks high school students to self-identify as gay, lesbian, bisexual, or heterosexual, and if they self-identify as transgender or cisgender, or not sure for each category.

and sexual violence. The Gay, Lesbian & Straight Education Network's (GLSEN) 2017 State Snapshot of School Climate in Colorado[34] indicates that 53% of transgender students were unable to use the school restroom aligned with their gender identity. Additionally, nearly 23% of LGBTQ students and 44% of transgender students were prevented from using their chosen name or pronouns in school. The Williams Institute[35] estimates that approximately 698,000 LGBT adults in the U.S. have been subjected to widely-discredited and harmful conversion therapy[36] at some point in their lives, including about 350,000 who received it as adolescents.

These disparities persist because LGBTQ+ children, youth, and young adults often face discrimination, stigma, and bias, including rejection from family, friends, or community and limited access to LGBTQ+ informed health care.

Children, youth, and young adults who feel supported in their identity (including sexual orientation and gender identity), who have trusted adults in their lives, who feel connected to their school, community and peers, and who have access to culturally competent care are less likely to engage in suicidal behavior, substance use, bullying, and other types of violence and risky behavior.[37]

The Commission's Youth-Specific Initiatives Workgroup developed comprehensive recommendations to support LGBTQ+ children, youth, and young adults in Colorado. The workgroup examined data, research, and policy and collaborated with experts. These research-based recommendations align with the CDC's Technical Package to Prevent Suicide[38], GLSEN's 2017 State Snapshot, and recommendations from One Colorado[39]. The Commission adopted the recommendation to create supportive, inclusive, and safe communities in July 2019, with the following acknowledgements:

- These recommendations can positively impact the whole community, especially LGBTQ+ children, youth, and young adults.
- These recommendations apply to individuals working and volunteering at organizations serving children, youth, and young adults including, but not limited to, K-12 schools and higher education, parent teacher organizations, child care settings, recreation centers, shelters and residential centers, faith communities, health care systems, emergency services, and the military.

[34] https://drive.google.com/file/d/1A7nv1AT5VehEveihoeg8ffLo5oQEjfPP/view
[35] https://williamsinstitute.law.ucla.edu/publications/conversion-therapy-and-lgbt-youth/
[36] Conversion therapy, sometimes known as "reparative therapy," is treatment intended to change the sexual orientation, gender identity, or gender expression of LGBTQ+ individuals.
[37] Sexual Orientation and Gender Identity Overview of 2017 Data report from Healthy Kids Colorado Survey accessed at:
https://drive.google.com/file/d/11mBxAOyl2GTLLVfYkEoHn6H6Ta17sKmB/view.
[38]To access the Technical Package, please visit
https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf.
[39] https://one-colorado.org/.

The critical components of the comprehensive recommendations are as follows:

- **Support children, youth, and young adults who have been subjected to conversion therapy, using trauma-informed approaches, and educate the public about the harms of conversion therapy.** HB19-1129[40] makes it illegal in Colorado for treatment professionals to engage in conversion therapy with a client younger than age 18, but gaps remain for those age 18 and older, and for other types of proefssionals like faith leaders. Research shows that LGBT adolescents whose parents or caregivers engaged in conversion efforts were two times more likely to attempt suicide.[41] Additionally, LGBT adolescents whose parents or caregivers engaged in conversion efforts and were brought by parents or caregivers to a professional or religious leader for conversion therapy were three times more likely to attempt suicide than LGBT adolescents whose parents did not engage in conversion efforts.[42]
- **Encourage and incentivize evidence-based professional development in workplaces regarding LGBTQ+ inclusion.** Evidence-based professional development would support inclusive and affirming workplaces for employees and also improve experiences for clients and customers of all ages. For instance, research from The Trevor Project shows that LGBTQ youth who report having at least one accepting adult were 40% less likely to report a suicide attempt in the past year.[43]
- **Support the development and equitable enforcement of non-discrimination policies in workplaces and schools, explicitly listing protections for sexual orientation, gender identity, and marital status.** Research indicates that explicitly listing protections for sexual orientation and gender identity in anti-bullying policies is associated with less bullying and better health outcomes for LGBTQ+ youth.[44]
- **Affirm an individual's right to use name, pronouns, and facilities consistent with gender identity.** Research indicates that when transgender youth are allowed to use their chosen names, their risk of suicide and depression decreases.[45]
- **Engage LGBTQ+ children, youth, and young adults in meaningful participation in their schools and communities.** Data from HKCS shows that feeling engaged and connected to school and community can protect children, youth, and young adults from unhealthy activities and risky behaviors.

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[40] To read the legislation, please visit https://leg.colorado.gov/bills/hb19-1129.

[41] Ryan, C., Toomey, R. B., Diaz, R. M., & Russell, S. T. (online first). Parent-initiated sexual orientation change efforts with LGBT adolescents: Implications for young adult mental health and adjustment. Journal of Homosexuality, 1–15. Retrieved from: https://doi.org/10.1080/00918369.2018.1538407.

[42] Ryan, C., Toomey, R. B., Diaz, R. M., & Russell, S. T. (online first). Parent-initiated sexual orientation change efforts with LGBT adolescents: Implications for young adult mental health and adjustment. *Journal of Homosexuality*, 1–15. Retrieved from: https://doi.org/10.1080/00918369.2018.1538407.

[43] To read the full report, please visit https://www.thetrevorproject.org/2019/06/27/research-brief-accepting-adults-reduce-suicide-attempts-among-lgbtq-youth/.

[44] Centers for Disease Control and Prevention. (2018, June). *Anti-Bullying Policies and Enumeration: An Infobrief for Local Education Agencies*. Retrieved from: https://www.cdc.gov/healthyyouth/health_and_academics/bullying/pdf/anti_bullying_policies.pdf.

[45] Russell, Stephen T. et al. (2018). Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth. *Journal of Adolescent Health*, Volume 63(4). Retrieved from: https://www.jahonline.org/article/S1054-139X(18)30085-5/fulltext.

- **Support Gay-Straight Alliances (GSAs) in schools.** Research from GLSEN shows that all students (not just LGBTQ+ students) who had a GSA in their school were:
    - Less likely to hear homophobic and negative remarks about gender expression and two times more likely to report that school personnel intervened when hearing homophobic remarks.
    - Less likely to feel unsafe because of their sexual orientation.
    - More likely to feel supported and connected to their school community.
- **Support comprehensive sexual health education in schools.** Students in states with a greater proportion of LGBTQ-inclusive sexual health education have lower odds of experiencing school-based victimization and adverse mental health.[46]

For an update on the progress made towards these recommendations, please see page 53 of this report.

3. **Support schools and other youth-serving organizations in implementing comprehensive protocols and evidence-based programming focused on enhancing protective factors.** Suicide remains a leading cause of death for Coloradans aged 10-24. Additionally, data from the 2019 Healthy Kids Colorado Survey indicate that suicidal thoughts and behaviors impact a high percentage of middle and high school students. While K-12 school settings may be a natural starting point, higher education systems also need comprehensive, proactive policies and procedures. Suicide is a community issue and requires that all community organizations, agencies, and members come together to address societal factors at play. Because schools are important in the community, these recommendations are intended to support schools, while acknowledging that they are not solely responsible for youth suicide prevention activities.

In 2017, the Commission created a Youth-Specific Initiatives Workgroup, with the initial focus of supporting the Colorado Youth Advisory Council to highlight mental health resources and encourage help-seeking behavior and connection. This workgroup has representation from the Department of Education, the School Safety Resource Center, Department of Human Services - Youth Development, CDPHE's Violence and Injury Prevention - Mental Health Promotion Branch, Colorado Youth Advisory Council, rural school districts, local public health agencies, community mental health centers, and other nonprofits serving youth.

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

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[46] Proulx CN, Coulter RWS, Egan JE, Matthews DD, Mair C. (2019). Associations of Lesbian, Gay, Bisexual, Transgender, and Questioning-Inclusive Sex Education With Mental Health Outcomes and School-Based Victimization in U.S. High School Students. *Journal of Adolescent Health, 64*(5). Retrieved from: https://www.sciencedirect.com/science/article/pii/S1054139X18307973?via%3Dihub.

There are existing national resources and protocol development tools and statewide support from the School Safety Resource Center (www.colorado.gov/cssrc) to assist schools in developing and implementing protocols.

Further, all school staff should receive training specific to suicide prevention. There are several in-person and online evidence-based training courses for schools to select. House Bill 06-1098 allows teachers and other designated staff to take suicide prevention training to fulfill continuing education requirements.

The Commission recommends that every middle and high school have an evidence-based prevention program and its complements, such as gatekeeper trainings for all staff and established referral protocols with resources like the Second Wind Fund (thesecondwindfund.org) and statewide crisis services system. Specifically, Colorado should expand implementation and evaluation of school-based suicide prevention programs, like Sources of Strength (www.SourcesofStrength.org), which promote resilience and positive youth development as protective factors from suicide.

Additionally, elementary schools should adopt primary prevention efforts aimed at increasing protective factors, such as the Good Behavior Game (www.GoodBehaviorGame.org), 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, or available in communities where staff serve multiple schools or districts.

A full report on the Office of Suicide Prevention's activities supporting youth are included starting on page 43 of this report.

Commission Priority: Enhance data collection tools and systems

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

Previously, the Office of Suicide Prevention collaborated with the CDPHE's Office of Vital Statistics and CDPHE's Office of Planning, Partnerships and Improvement (now called Office of Public Health Practice, Planning and Local Partnerships) to transition data from the Colorado Violent Death Reporting System to an interactive data dashboard.[47] This provides a more usable interface to inform prevention efforts at both the local and state level. The innovative

[47] To view the dashboard, please visit www.coosp.org.

tool has been highlighted in a number of venues, including nationally. During FY 2018-19, CDPHE updated the tool to include Medicaid enrollment.

1. **Encourage and incentivize 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 Workgroup to develop a comprehensive suicide investigation form (available on www.coosp.org). The form is intended to streamline the data collection and submission process for death investigators and fill significant gaps in data. After a brief pilot in select counties, the workgroup updated the form based on feedback from partners to improve usability and reduce burden. Over the next year, the Office of Suicide Prevention plans to create a small grants incentive program to support coroner's offices in using the form during suicide investigations.

2. **Enhance information-sharing between organizations.** A key element of the Zero Suicide quality improvement framework involves collecting and tracking internal processes related to client care, and tracking suicide attempts and deaths among clients of the organization or system. For optimal implementation, access to timely data is necessary at the agency, county, and state level. Although the interactive dashboard provides accessible data to many of our partners, the Office of Suicide Prevention continues to explore additional opportunities. For instance, recent federal funding from the Centers for Disease Control and Prevention will improve the timeliness of overdose-related and suicide-related emergency department visits.

Suicide Prevention Commission next steps

Colorado is a leader in creating public, private, and nonprofit partnerships. Creating a formal state commission modeled after the National Action Alliance positioned Colorado to impact real change. The Suicide Prevention Commission's appointed experts, stakeholders, and advocates are working to implement the Commission's recommendations to elevate suicide prevention efforts in Colorado. To move toward the Commission goal of a 20% reduction in the suicide rate by 2024, Colorado must adopt and implement the Commission recommendations widely. Full implementation of the recommendations above requires greater human, political, and financial capital. The Commission continues to explore opportunities to engage new partners and leverage current funding streams to reduce suicide in Colorado.

The Office of Suicide Prevention has prioritized the need for addressing the role of racism in contributing to suicidal despair, suicide attempts, and deaths by suicide. In order to promote an anti-racist perspective and ensure that equity becomes a critical lens for the Commission and its recommendation, the Office will work to create space for difficult conversations around inclusivity, anti-racism, and equity. This work includes addressing implicit bias among Commissioners, workgroup members, and those participating in the quarterly Commission meetings and working toward a goal of the Commission being more representative of all Coloradans. Additionally, the Commission will work toward improving and creating recommendations and priorities that address disparities experienced among Coloradans.

Wildly Important Goal Strategies

To support the Governor's key priority of reducing the incidence of suicide in Colorado, the Office led a number of strategies focusing on four main areas:

- **Improve health system readiness and response to suicide by expanding the Zero Suicide Model and the Colorado Follow-Up Project.**
    - Expand and support Zero Suicide model implementation within health care settings.
    - Reduce risk and provide support for individuals in the aftermath of a mental/behavioral health crisis by sustaining and expanding the Follow-Up Project in emergency departments.
    - Create tiered training requirements in rule aligned with the Zero Suicide Model for behavioral health facilities.
    - Explore prescribing guidelines related to opioids and benzodiazepines.
- **Increase active analysis and dissemination of suicide-related data.**
    - Explore a toxicologic connection between suicide and opioids/benzodiazepines by linking and analayzing data from the Prescription Drug Monitoring Program to suicide death data.
    - Increase real-time data collection in emergency departments on suicide attempts and use data to inform prevention/intervention efforts.
    - Incentivize coroner and law enforcement agencies to use the Colorado Suicide Investigation Form.
- **Increase suicide prevention and interventions efforts for high-risk occupations** (including emergency responders, construction, agriculture and ranching, and oil and gas).
    - Identify, implement, and evaluate strategies to engage people in priority occupations.
    - Promote and disseminate resources and tools that support men in their workplaces with mental health promotion and help-seeking strategies and screening/referral protocols and tools.
    - Create and promote an Emergency Medical Services Peer Support Program.
- **Increase suicide prevention efforts for special populations at higher risk for suicide** (including LGBTQ+, youth, veterans, middle-aged men, older adults, and people who live in counties with higher rates and numbers of suicide-related indicators).
    - Identify, implement, and evaluate strategies to engage people in special populations.
    - Improve data collection and reporting to inform prevention strategies and trends for LGBTQ+ populations.
    - Sustain and expand the evidence-based program Sources of Strength in Colorado middle and high schools.
    - Increase the availability of evidence-based gatekeeper training in veteran service organizations.
    - Sustain and expand lethal means safety initiatives (provider training and the Colorado Gun Shop Project).
    - Support suicide prevention infrastructure at the local level within disparately impacted counties.

Improving health system readiness and response to suicide

Hospitals, mental health centers, primary care providers, and other health care systems are essential partners for suicide prevention in Colorado. Data show that a large percentage of people who die by suicide receive physical or mental health care in the months prior to death, and there are correlations between circumstances such as chronic illness, pain, substance use, and suicide. Health systems can play a vital role by expanding suicide risk screenings to catch people who might otherwise slip through the cracks, training large numbers of clinicians in evidence-based practices, and connecting clients to ongoing care. To promote these practices and take them to scale, the Office of Suicide Prevention has leveraged the nationally recognized Zero Suicide framework for health care-based prevention.

Expand and support Zero Suicide model implemention within health care settings

Zero Suicide is built on the foundational belief that suicide deaths of individuals under the care of physical health and behavioral health systems are preventable. This system-level approach reflects a commitment to client safety and clinical staff support. Zero Suicide is a conceptual framework that highlights the areas a health system must consider and address when developing a strategy tailored to meet the needs of their clients, their system and the realities of available resources. The key elements of Zero Suicide include leadership, training, screening and risk assessment, client engagement, treatment, transition care, and quality improvement. Health systems that have implemented Zero Suicide have seen as much as an 80% reduction in suicide deaths for clients in their care.[48]

In 2015, the Colorado Suicide Prevention Commission recommended that all Colorado health care systems adopt the Zero Suicide framework. By April 2019, the Office of Suicide Prevention onboarded 32 Colorado organizations to the framework, including all 17 community mental health centers, as well as large hospital systems, federally qualified health centers, managed service organizations and regional accountable entities, a school district, a substance use disorder treatement organization, and a youth residential treatment center. To date, the Office has hosted three two-day Zero Suicide Academies to orient health systems to the full framework. Although organizations have achieved notable success in identifying system-level priorities, full-scale implementation is a multi-year effort.

[48] See www.zerosuicide.sprc.org to learn more about the international initiative and to access free resources, tools, and research.

Key strategies and partnerships

The Office of Suicide Prevention began funding implementation of the Zero Suicide framework within health care systems through its Community Grant Program with five-year awards to two community mental health centers beginning in July 2017. In September 2018, the Office received a five-year grant from the Substance Abuse and Mental Health Adminstration (SAMHSA) to support implementation of the Zero Suicide Framework within Colorado health care systems serving adults. The funding helps support evidence-based clinical trainings, formal Zero Suicide Academies and a statewide Learning Collaborative. It also supports infrastructure to assist local health systems with implementation needs and electronic health record changes. Grant activities focus on five priority counties, as identified by attempt and fatality data for those ages 25 and over (Denver, El Paso, Larimer, Mesa and Pueblo).

The key strategies in Colorado's Zero Suicide approach include:

- Adopting and implementing the seven core components of the Zero Suicide Framework and supporting health systems statewide with a monthly Learning Collaborative.
- Conducting intensive Zero Suicide Academies to onboard health systems to the full framework.
- Supporting health systems in normalizing screening protocols and embedding them into electronic health records.
- Ensuring that those who screen positive for risk are provided with a full suicide safety assessment and suicide care management pathway, if necessary.
- Identifying and training clinical staff in the Collaborative Assessment and Management of Suicidality (CAMS) training and treatment framework.
- Encouraging behavioral health providers to take the Counseling on Access to Lethal Means[49] (CALM) training. The training equips staff to counsel adults on how to temporarily ensure their home environment is safe during periods of crisis.
- Encouraging behavioral health providers to become proficient in client-centered collaborative safety planning with clients who may be at risk for suicide.
- Identifying and training all non-clinical staff to recognize and respond to risk through evidence-based gatekeeper trainings.
- Expanding the Colorado Follow-Up Project. This evidence-informed program offers caring outreach, reassessment, and mobile crisis dispatch provided by the state crisis hotline[50]. This project offers this support to those being discharged from participating hospitals related to a mental or behavioral health crisis, or suicide attempt.

During FY 2019-20, the Office of Suicide Prevention funded the following health systems to implement the Zero Suicide Framework:[51]

- The Center for Mental Health.
- Jefferson Center for Mental Health.

[49] https://www.sprc.org/resources-programs/calm-counseling-access-lethal-means
[50] https://coloradocrisisservices.org/
[51] Funding for health system grantees comes from both the General Fund and a competitive federal grant.

- Centura Health.
- Colorado Coalition for the Homeless.
- Denver Health and Hospital Authority.
- Health Solutions.
- Mental Health Center of Denver.
- St. Mary's Hospital.
- SummitStone Health Partners.
- UCHealth Memorial Hospital.
- UCHealth Northern Colorado.

These systems use funding to operationalize elements of the Zero Suicide framework. This includes staff training and updates to electronic health record systems. Office of Suicide Prevention staff works with these systems to align their efforts, provide technical assistance, and lead cross-system efforts to strengthen suicide prevention as a core component of client care.

Table 9. Zero Suicide grantee highlights FY 2019-20

Organization	Counties Served	Program Highlights
The Center for Mental Health	Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel	Twenty-eight trained in CAMS this fiscal year, 83 since 2017.
Centura Health	Denver, El Paso, Pueblo	Working to expand Zero Suicide throughout Centura facilities, training diverse staff. Screened more than 7,200 individuals for suicide risk, with more than 2,900 of whom then received evidence-based mental health servicess in the Centura system.
Colorado Coalition for the Homeless	Denver	105 trained in CAMS; strong inclusion of people with lived experience in overall Zero Suicide implementation approach.
Denver Health	Denver	Screened more than 106,000 people for suicide risk who accessed emergency services, referring more than 5,100 to ongoing psychiatric care. Used program data to create a risk model to help allocate resources more effectively.
Health Solutions	Pueblo	Incorporated peer specialists with lived experience of suicide into implementation work. Set up a workflow to connect people with caring support after a crisis. Screened almost 12,000 people for suicide risk and connected more than2,700 to ongoing care.
Jefferson Center for Mental Health	Jefferson, Gilpin, Clear Creek	Trained all new employees in QPR. A total of 1,018 individuals have been trained since the start of the grant. Seventy-seven clinical staff members were trained in CAMS this year, and 258 staff have been trained since the beginning of the grant. Center offers specialized services for veterans, older adults, and people with substance use disorders.

Mental Health Center of Denver	Denver	Developed staff training program for clinicians and case managers ineffective skills in suicide assessment and collaborative safety planning. Implemented in-person caring contacts to people at higher risk of suicide during the COVID-19 pandemic.
St. Mary's Hospital	Mesa	Engaged people with lived experience of suicide, students, and interns in connecting clients with caring follow-up services. Screened more than 40,200 people.
SummitStone Health Partners	Larimer	Developed a model for continuing follow-up with people on the suicide care pathway during the pandemic to make sure no one dropped out of services without attempts to engage.
UCHealth Memorial Hospital	El Paso	Trained large emergency department and mental health staff in new suicide prevention screening tools and safety measures. Screened more than 174,000 clients for suicide risk, connecting nearly 3,700 to ongoing services.
UCHealth Northern Colorado	Larimer	Partnered with community groups to gather feedback on hospital services from people with lived experience of suicide and emergency care. Implemented new training protocols across diverse provider types.

Zero Suicide Learning Collaborative

Every month the Office of Suicide Prevention organizes a virtual Zero Suicide Learning Collaborative session for health care system leaders, clinicians, peers, and other staff. More than 40 participants from dozens of health systems across the state participate in these monthly conversations, which focus on topics like the inclusion of people with lived experience, leveraging community partnerships, and celebrating successes during the often difficult work of implementation. The Office of Suicide Prevention uses the Learning Collaborative as a regular touchpoint with health systems engaged in this work and to help inform and align the Office's work across the state.

> In suicide prevention, "*lived experience*" can refer to someone who has experienced suicidal thoughts, feelings and/or behaviors, who has survived one or more suicide attempts, or who has experienced a suicide loss. Individuals with lived experience must have a decision-making role in developing how a system will address and respond to suicide risk.

Office of Suicide Prevention staff have also leveraged these conversations as opportunities to learn about the connections between health inequities and suicide and the role of health systems. In early 2020, the Learning Collaborative discussed how systemic racism contributes to suicide risk at the population and individual level, explored health inequities facing LGBTQ+ Coloradans, and heard from veterans about counseling on access to lethal means. Hospitals and community mental health centers in rural Colorado, especially, report that these monthly sessions are both informative and supportive for clinicians and administrators who are engaged in this difficult, long-term systems change work.

Training for the mental health and behavioral health provider community: Collaborative Assessment and Management of Suicidality[52]

Collaborative Assessment and Management of Suicidality (CAMS) is an evidence-based model for clinical care of people at risk of suicide that emphasizes relationship- and trust-building between participants and a shared plan for safety, treatment, and problem-solving related to suicide prevention. In FY 2019-20, the Office of Suicide Prevention supported three CAMS trainings, reaching more than 280 clinicians. During summer and fall 2019, the Office of Suicide Prevention hosted two in-person CAMS trainings in Denver and Pueblo counties. Due to the challenges as a result of the COVID-19 pandemic, all in-person CAMS trainings scheduled for spring and summer 2020 were cancelled, and the Office pivoted to a virtual platform. In June 2020, the Office of Suicide Prevention successfully hosted its first virtual CAMS training, which reached nearly 90 providers throughout the state. The initial virtual training received positive feedback from participants, prompting the Office of Suicide Prevention to continue offering CAMS trainings via this virtual platform during the evolving COVID-19 pandemic.

Additionally, in order to better support the needs of both clients and providers across the state, the Office of Suicide Prevention is working closely with the CAMS-care team to develop a CAMS certification process and Colorado clinician locator. The goal is to increase accessibility, enhance continuity of care, and align agencies and providers with the CAMS approach.

Reduce risk and provide support for individuals in the aftermath of a mental/behavioral health crisis by sustaining and expanding the Colorado Follow-Up Project[53]

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The Colorado Follow-Up Project has received national attention as a proof of concept and relatively low-cost, replicable model for caring telephonic follow-up for suicidal clients after discharge from emergency departments.[54] National data show individuals with a recent discharge from an emergency department are at increased risk for suicide, especially in the month following discharge.[55] Approximately 70% of individuals discharged from emergency departments after a suicide attempt do not attend a follow-up appointment with a mental health provider.[56] Continuity of care and follow-up services are both key components of the Zero Suicide framework.

[52] Funding for CAMS came from two competitive federal grants.
[53] Funding for the Colorado Follow-Up Project comes from two competitive federal grants.
[54] Catanach B, Betz ME, Tvrdy C, Skelding C, Brummett S, Allen MH. Implementing an Emergency Department Follow-up Program for Suicidal Patients: Successes and Challenges. Jt Comm J Qual Saf (in press).
[55] 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.
[56] 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.

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

The Follow-Up Project involves connecting clients who have been evaluated for a mental health or behavioral health crisis, including suicidal thoughts or behaviors, within an emergency department or inpatient setting with the statewide crisis services hotline prior to discharge. The hotline staff provide continuing caring contact via telephone with the client for at least 30 days, or until the client connects with services they need or declines further contact.

The goals of the project are to 1) facilitate client connection to community services, 2) encourage follow-through with discharge plans, 3) reduce return visits to the emergency department, 4) provide caring outreach during peak risk periods, and 5) develop a blueprint of best practice for follow-up to be used in emergency departments statewide. Introducing clients to the Colorado Crisis System ensures clients are aware of the alternative to visiting an emergency department if services are needed in the future. This reduces the burden on emergency departments, which are often not set up to provide trauma-informed mental health care to clients at risk for suicide.

In FY 2019-20, the Office expanded the Follow-Up Project to include 15 health systems, covering 35 sites.[57] From July 1, 2019 through June 30, 2020, nearly 3,000 people received follow-up services following discharge from an emergency department, 68 of whom identify as transgender, a priority population.[58]

Beginning in October 2020, due to competitive grant funding and investment from the Office of Behavioral Health at the Department of Human Services, the Colorado Follow-Up Project

[57] The 35 sites include: Children's Hospital (Denver), Denver Health Psychiatric Emergency Department (Denver), Memorial Central (El Paso), Memorial North (El Paso), Grandview (El Paso), Penrose-St. Francis (El Paso), Medical Center of the Rockies (Larimer), Mountain Crest (Larimer), Poudre Valley (Larimer), St. Mary's (Mesa), Parkview (Pueblo), St. Joseph (Denver), St. Mary-Corwin (Pueblo), Northern Colorado Medical Center (Weld), McKee Medical Center (Larimer), Fort Collins Medical Center (Larimer), Harmony (Freestanding ED) (Larimer), Greeley ED and Surgery Center (Weld), and Centura Metro area hospitals covered by their psych team: Porter Adventist (Denver), Parker Adventist (Douglas), Littleton Adventist (Arapahoe), Castle Rock Adventist (Douglas), St. Anthony (Jefferson), St. Anthony North (Broomfied), Church Ranch (Free Standing ED) (Jefferson), Southlands (Free Standing ED) (Arapahoe), Golden (Free Standing ED) (Jefferson), Arvada (Free Standing ED) (Jefferson), Littleton West (Free Standing ED) (Arapahoe), Meridian (Free Standing ED) (Douglas), Indian Peaks (Free Standing ED) (Weld), Highlands Ranch (Free Standing ED) (Douglas), Lakewood (Free Standing ED) (Jefferson), Avon (Eagle), St Thomas More (Fremont). Although all Centura metro area sites are eligible, only Porter, St. Anthony and St. Anthony North fully utilized the program with active referrals.
[58] Funded through federal grants and OSP Community Grant.

will be available statewide. The Office will also be able to bring on dedicated staff to support hospitals around the state.

Suicide prevention in partnership with Colorado hospitals

In 2012, the General Assembly passed legislation requiring the department, in its suicide prevention role, to provide Colorado hospitals and associated organizations with materials related to suicide (HB 12-1140). The content includes information 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, the statue encourages hospitals to provide the information and materials to individuals and families who are in the emergency department or hospital for a suicide attempt or for mental health crisis.

The resources are intended to guide individuals and families through the aftercare process. The resources also equip emergency department and hospital staff to effectively assess and support suicidal clients. The Office of Suicide Prevention partners with the Colorado Hospital Association, emergency departments, psychiatric hospitals, and community mental health centers across the state to deliver resources to the most appropriate personnel serving clients appearing in emergency departments following a suicide attempt.

Several years ago, the Office of Suicide Prevention moved communication and outreach to a quarterly emergency services newsletter. There are nearly 100 subscribers. In addition to available client resources, the Office of Suicide Prevention provides information on funding opportunities, the Zero Suicide initiative, available trainings and helpful resources for hospital staff. To sign up for the emergency services newsletter or view archived quarterly newsletters please visit www.colorado.gov/cdphe/suicide-EMS-resources.

This year the Office of Suicide Prevention also partnered with staff from the Colorado Department of Health Care Policy and Financing to promote the adoption of the Zero Suicide framework by more health systems statewide. The Hospital Quality Incentive Payment program (HQIP)[59] is an effort by the state to improve health outcomes by tying enhanced Medicaid payments to key performance measures. Beginning in July 2021, Zero Suicide implementation will be one of the performance measures hospitals can pursue to try to earn incentive payments. The Office of Suicide Prevention crafted a four-tiered scoring system for this measure, focusing on leadership buy-in, staff training, and the creation of a defined suicide care pathway. Staff will continue to support HQIP leads, hospital administrators, and other key stakeholders as this opportunity moves Zero Suicide forward across the state.

[59] For more information on HQIP measures please visit www.colorado.gov/pacific/hcpf/hospital-quality-incentive-payment-program-subcommittee

Increasing active analysis and dissemination of suicide-related data

Colorado has made significant strides in improving actionable data for suicide-related indicators. CDPHE's Office of Vital Statistics continues to improve Colorado's suicide fatality data dashboard which helps the Office and local partners prioritize prevention efforts. The Office funded a module in the Colorado Behavioral Risk Factor Surveillance System for suicide-related indicators and firearm storage practices. The Healthy Kids Colorado Survey also expanded questions in 2019 to inform suicide prevention efforts. The Office is collaborating with Tri-County Public Health Department on syndromic surveillance[60] efforts for emergency department visits for suicide-related events. Tri-County releases this data on a weekly basis.[61] The Office is working with them to create smaller actionable reports on the county level with some breakdown of data relative to demographics and method.

During FY 2019-20, the Office of Suicide Prevention collaborated with the Overdose Prevention Unit and the Colorado Violent Death Reporting System (COVDRS) in CDPHE to conduct an epidemioligic assessment to determine the epidemiology and presence of recent benzodiazapine use and suicide deaths by linking data from the Colorado Prescription Drug Monitoring Program, death certificates, and toxicology data from COVDRS. BMC Public Health recently published the results of this analysis.[62]

Additionally, the Office has partnered with the Child Fatality Prevention System to create a standardized Suicide Investigation Form[63] to fill in gaps relative to suicide fatalities. The Office hopes to release a small mini-grant program for coroner's offices to help support additional data collection and submission efforts.

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[60] Syndromic surveillance provides public health officials with a timely system for detecting, understanding, and monitoring health events. By tracking symptoms of patients in emergency departments—before a diagnosis is confirmed—public health can detect unusual levels of illness to determine whether a response is warranted. Syndromic data can serve as an early warning system for public health concerns such as flu outbreaks and have been used in responses for opioid overdoses, vaping-associated lung disease, Zika virus infection, and natural disasters. In regards to suicide-related indicators, syndromic surveillance systems can be mobilized to detect changes and patterns with suicide-related emergency department visits, such as for suicidal thoughts or attempts.
[61] To access the weekly reports or sign up for automatic notification, please visit www.tchd.org/637/Syndromic-Surveillance-Newsletters-Repor Although small font, the graph at the bottom does contain tracking for emergency department visits related to suicide ideation, suicide attempt, and overdose.
[62]Ghosh, T., Bol, K., Butler, M. et al. Epidemiologic assessment of benzodiazepine exposure among suicide deaths in Colorado, 2015–2017. BMC Public Health 20, 1149 (2020). https://doi.org/10.1186/s12889-020-09250-y
[63] Form available on www.coosp.org

Increasing suicide prevention and intervention efforts for priority populations

Based on analysis of available data sources, the Office of Suicide Prevention has prioritized tailoring prevention efforts for the following populations: youth (0-18); transition-age adults (19-24); men in the middle years (25-64); older adults (65+); the LGBTQ+ community; veterans and service members; and those working in industries at higher risk for suicide, such as emergency responders, construction, oil & gas, agriculture and ranching.

Youth suicide prevention initiatives (Ages 10-24)

Given the increase in youth suicide in Colorado and across the nation in recent years, the Office of Suicide Prevention implemented several strategies during FY 2019-20 focusing on young people ages 10-24. Resources for these strategies come from several funding streams. Beginning in July 2017, the Office funded youth-serving organizations interested in prioritizing youth suicide prevention activities through the Office's Community Grant. In September 2017, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the Office of Suicide Prevention a five-year Garrett Lee Smith Youth Suicide Prevention Grant, which supports youth suicide prevention efforts in eight priority counties (Delta, El Paso, Jefferson, Larimer, Mesa, Montezuma, Pueblo, Weld) that have higher counts and rates of suicide deaths, emergency department visits and/or hospital admissions among youth ages 10-24. During the 2018 legislative session, the General Assembly passed Senate Bill 18-272 to provide funding for public schools and school districts to implement comprehensive crisis and suicide prevention strategies.

The Office of Suicide Prevention also partners with other Colorado government agencies to align youth suicide prevention programming. With support from the Colorado Attorney General's Office and the Office of Behavioral Health at the Department of Human Services, the Office of Suicide Prevention was able to support 53 additional sites across Colorado to receive evidence-based Sources of Strength programming. The Office of Behavioral Health also funded a Train-the-Trainer for Sources of Strength in July 2020. Because these two additional funding streams flow through the Office of Suicide Prevention through interagency agreements, the Office of Suicide Prevention is able to work closely with the Sources of Strength national team to support long-term coordinated sustainability of the program across Colorado.

The Office receives strategic oversight from the Suicide Prevention Commission's Youth-Specific Initiatives Workgroup that meets once every two months. Two commissioners serve as co-leads for the workgroup, one of whom is a Colorado Youth Advisory Council (COYAC) representative. In 2019, the workgroup developed recommendations which support LGBTQ+ youth as key to youth suicide prevention efforts. These recommendations were

formally approved by the Commission in July 2019 and are outlined above on page 30.[64] In 2019 and 2020, the Youth-Specific Initiatives Workgroup began working on Commission recommendations to address disparities experienced by Black, Indigenous, and youth of color, which will be drafted by the end of the 2020 calendar year.

Sources of Strength[65]

Sources of Strength is a universal suicide prevention program designed to build socio-ecological protective influences among youth to reduce the likelihood that vulnerable students become suicidal. The program empowers students as peer leaders and connects them with adult advisors at school and in the community. Peers and school staff select peer leaders 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.

The Office of Suicide Prevention works to expand the implementation of the program in Colorado by braiding funding streams and leveraging partnerships. The Office used multiple funding streams to support Sources of Strength implementation in 106 schools and hosted two Train-the-Trainer events in Summer 2019, which trained 48 youth-serving personnel. In June 2020, the Office also supported a Train-the-Trainer Advanced Skills Training booster session for 35 youth-serving personnel who had previously attended a Train-the-Trainer event.

Additionally, the Office supports implementation of Sources of Strength through four Community Grants. These grants provide community organizations with $10,000-$20,000 to support implementation with schools and youth-serving organizations. COVID-19 and the resulting school closures presented a number of challenges to the grantees and their implementation efforts, but they all approached the challenges with innovative solutions and connection points.

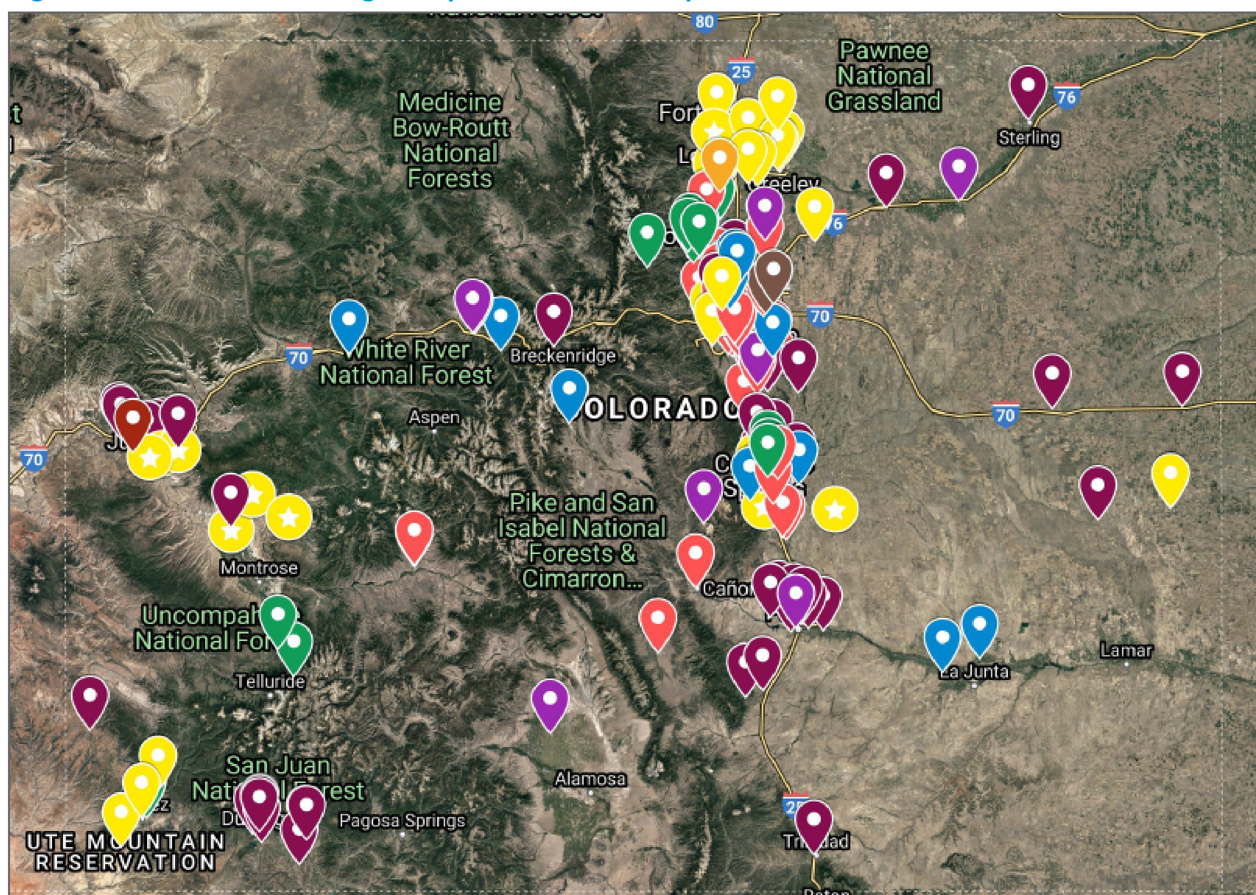
[64] Full text of the recommendations can be found here: https://drive.google.com/file/d/1bED3tE40y9kl8XzrBNiwU1mtjPABC8cA/view?usp=sharing

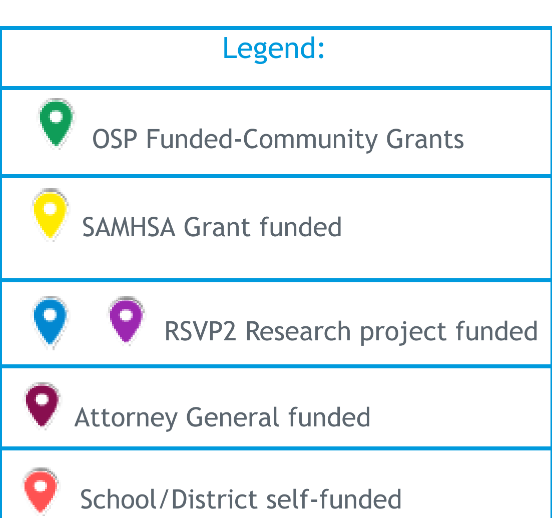
[65] In FY20, Sources of Strength implementation funded through a federal grant, the General Fund, SB272 School training grant program, and two interagency agreements with the Office of Behavioral Health and the Attorney General's Office.

Table 10. OSP Community Grantee Highlights: Priority Area- Sources of Strength

Grantees	Academy District 20	Boulder County Public Health	Piñon Project	Ouray Voyager Youth
County served	El Paso	Boulder	Montezuma	Ouray
Highlights	Adopted program as a District-wide priority. Leveraged the grant and a Colorado Springs Health Foundation grant to implement in 12 schools (OSP grant supports 4 schools). Continued to track the positive impacts of the program on help-seeking behavior and overall school climate. District 20 also noted how existing Sources of Strength efforts helped to support students and staff in the transition to learning from home during COVID-19.	Leveraged the Office of Suicide Prevention grant and other resources to implement in 18 schools in the St. Vrain Valley School District and the Boulder Valley School District. Two additional staff trained as Sources of Strength trainers in July of 2019. Onboarded a new coordinator during remote work due to COVID-19. Provided feedback and support as the OSP works with Sources of Strength to improve inclusivity and equity considerations.	The grantee provided tremendous support to the schools and greater community during onboarding as well as throughout the challenging COVID-19 response efforts. The grantee works to support OSP youth suicide prevention recommendations, including supporting LGBTQ+ youth, tribal youth, and youth experiencing discrimination. The grantee is a strong example of how community supports can align with implementation of Sources of Strength within schools and districts.	Implemented in middle and high schools in Ridgway and Ouray school districts. The grantee supported the Ouray High School Sources of Strength team to successfully create an Instagram account highlighting positive and healthy habits during COVID-19.
Numbers Trained	In grant Year 3, 670 peer leaders and 155 adult advisors led the district's efforts.	Boulder County Public Health trained 36 adult advisors and 222 youth leaders across all sites. Additionally, the coordinator became a certified trainer for both in person and virtual formats for Youth Mental Health First Aid.	Based on staff turnover, the OSP worked to braid funding streams to support the county with a full re-onboarding from the Sources of Strength national team.	Ouray Voyager Youth trained 50 peer leaders and 7 adult advisors across both communities. One staff person attended the Train-the-Trainer event, and a prior certified trainer attended the booster session.

Figure 1. Sources of Strength implementation snapshot





Regional youth suicide prevention coordinators[66]

The Office of Suicide Prevention supports eight regional youth suicide prevention coordinators who are embedded in local agencies serving the eight priority counties through Colorado's youth suicide prevention grant from SAMHSA (Delta, El Paso, Jefferson, Larimer, Mesa, Montezuma, Pueblo, Weld). This initiative focuses on intensive community-level change to strengthen linkages across youth-serving systems and improving the identification, referral, and follow-up supports for youth at risk for suicide.

In alignment with the SAMHSA youth grant, the regional youth suicide prevention coordinators work to identify, engage, and support specific priority groups. These communities often experience higher rates of suicide in Colorado and are to be included in the planning of the grant activities. These priority partners include LGBTQ+ youth; Latinx youth; Black, Indigenous, and Youth of Color; youth from military-serving families and veterans; industries and workplaces that employ youth ages 10-24; and institutions of higher education. In their outreach and coalition building, the regional youth suicide prevention coordinators ensure that action plans are tailored for and responsive to cultural groups and that community members are represented in planning and shared decision-making responsibilities.

Gatekeeper training
Non-clinical training helping attendees learn to:
1) Identify risk factors and warning signs for someone who may be struggling with suicidal thoughts.
2) Approach and engage those who may be struggling.
3) Connect them with supportive resources and help.

The regional youth suicide prevention coordinators also provide Question, Persuade, Refer (QPR) gatekeeper trainings to youth-serving adult organizations in their priority counties. QPR (qprinstitute.com) is a low cost, evidence-based gatekeeper training program that teaches individuals the warning signs of a suicide crisis and how to respond. Studies of QPR indicate trainees demonstrate improved gatekeeper preparedness and efficacy scores, greater knowledge of suicide prevention resources, and higher total gatekeeper skills. In FY 2019-20, the regional youth suicide prevention coordinators trained 3,482 adults who work in youth-serving organizations.

Office of Suicide Prevention School Training Grant Program[67]

During the 2018 legislative session, the General Assembly passed Senate Bill 18-272 "*Concerning Suicide Prevention Training in Schools*." The purpose of this legislation is to provide funding for public schools and school districts to implement comprehensive crisis and suicide prevention strategies, with priority given to public schools or school districts who have

[66] Regional youth suicide prevention coordinators funded through federal grant.
[67] Funding for the SB272 school grants comes exclusively from the $400,000 appropriated to the Office for that purpose.

not received suicide prevention training previously. Currently, 17 schools and districts receive this funding.

COVID-19 had an impact on all school grantees. Many schools had gatekeeper trainings scheduled for spring 2020. Due to COVID-19, most trainings were postponed and then canceled. School grantees worked hard to support their students and staff and to strategize how to meet emerging and changing needs. Grantees worked hard to move forward into Grant Year 3 knowing that COVID-19 will continue to impact how schools provide trainings as well as impact student mental health.

Table 11. Fiscal Year 2019-20 Office of Suicide Prevention School Training Grantees

Grantee	Number of Pupils Enrolled	FY 20 Number of Staff Trained	FY 20 Award	Strategies
Counties of Adams and Weld School District 27J	19,417	167	$32,920	Question, Persuade, Refer (QPR); PREPaRE Crisis Prevention and Intervention Training (PREPaRE); Applied Suicide Intervention Skills Training (ASIST); Sources of Strength; Signs of Suicide (SOS); policy development
Center Consolidated School District 26JT	622	98	$35,300	QPR, PREPaRE, Youth Mental Health First Aid (YMHFA), ASIST, Sources of Strength, policy development
Colorado Springs Charter Academy	665	333	$15,458	QPR, Safe2Tell (S2T), Sources of Strength, Restorative Practices, policy development
Creede School District	101	54	$21,430	SafeTALK, Assessing and Managing Suicide Risk, Child Trauma Academy, policy development
Denver Public Schools	92,331	528	$15,000	QPR, policy development
County of Fremont Custer School District RE-2	1,346	296	$30,230	QPR, PREPaRE, YMHFA, policy development
Global Village Academy-Northglenn	900	417	$10,010	Kognito, Signs of Suicide, Empowering Education, policy development
Mesa County Valley School District #51	22,525	11[68]	$30,000	PREPaRE, Psychological First Aid, Sources of Strength, policy development
Mountain Valley School District RE-1	140	80	$35,000	QPR, policy development
Northeast Colorado Board of Cooperative	1,171	107	$35,908	Kognito, YMHFA, Sources of Strength, More Than Sad, policy development

[68] Despite the low training numbers, the district did a lot of work regarding policy and referral strategies, as well as implementation of Sources of Strength. The bulk of staff training was initially slated for April 2020, which had to be postponed due to COVID-19 safety precautions.

Education Services (BOCES) serving Akron School District R-1, Otis School District R-3, Lone Star School District #101, Buffalo School District RE-4J, Plateau School District RE-5				
North Routt Community Charter School	92	77	$15,609	QPR, Crisis Management, YMHFA, policy development
Poudre School District	30,500	268	$11,704	QPR, Sources of Strength, policy development
Steamboat Springs School District RE-2	2,640	1020	$35,000	QPR, YMHFA, Restorative Practices, policy development
STRIVE Preparatory School-Lake	318	43	$10,000	QPR, PREPaRE, policy development
University Schools-Greeley	604	35	$16,002	QPR, Mental Health First Aid or Youth Mental Health First Aid, Sources of Strength, policy development
Weld County School District RE-4	7,349	6[69]	$15,200	QPR, Sources of Strength, policy development
Woodland Park School District RE-2	2,245	141	$19,993	QPR, YMHFA, Columbia Suicide Severity Rating Scale Screener, PREPaRE, ASIST, Sources of Strength, policy development

School Training Grant Program highlights from Year 2 (through June 30, 2020)

Schools and districts continued implementing training curricula, school climate programming, and Sources of Strength. Most of the work on the school grants began late Spring 2019. By July 1, 2020, all school grants were in Year 2 of their three-year grants. Schools continued to implement trainings, revise and work on suicide prevention and referral protocols, onboard staff funded through the grant, and plan for the third and final grant year (July 1, 2020 - June 30, 2021). The Office of Suicide Prevention will continue to provide technical support throughout the three-year grant cycle, with emphasis on supporting the development and improvement of school and district suicide prevention policies. The Office plans to release a Request for Applications for the next three-year cycle in late fall 2020.

[69] This district focused their FY20 efforts on building capacity, policy development, and supporting implementation of Sources of Strength. They also did a lot of work on policy development. Like Mesa District 51, they had to cancel previously planned trainings they had scheduled for spring 2020 due to COVID-19 safety precautions.

Table 12. Training highlights

Type of training	Number of staff trained
QPR	2,061
MHFA/YMHFA	421
Restorative Practices	396
Safe2Tell	275 (staff and students)
ASIST	50
PREPaRE	10
Collaborative Safety Planning	6

All school and district grantees are working on developing or improving their suicide prevention, referral, intervention, and postvention protocols. The Office of Suicide Prevention will continue to support the development and improvement of these policies by providing resources, webinar trainings, and other tools. The following table illustrates the baseline for the grantees in working towards a robust set of policies and protocols that support students and staff across the prevention continuum.

In spring 2020, the Office of Suicide Prevention provided a 2-part webinar[70] for school staff to support their development of a comprehensive suicide prevention policy. The first webinar covered upstream suicide prevention and school climate through an equity lens, as well as the importance of involving the community in suicide prevention education and gatekeeper trainings. The second webinar covered referral policies, intervention, and postvention. The webinar content was based on national suicide prevention guidelines, which included the SAMHSA *Preventing Suicide: A Toolkit for High Schools*; the SAMHSA *After a Suicide Toolkit: Second Edition;* the Trevor Project's *Model School Policy*; and Mental Health Colorado's *School Mental Health Toolkit*.

Table 13. Grantee policy development progress

Grant Year		No policy available	Standard Board of Education Policy Statement	Draft improvements started	Strong policy with room for improvement	Model policy that aligns with all evidence-based national standards
1	Number of grantees	6	3	3	5	0
2	Number of grantees	0	3	6	7	1

[70] Webinar available here: https://drive.google.com/drive/folders/1r3HF9Li3bFoxC7G01Yb0rBHtzHJmvN01?usp=sharing

In Year 3 of this grant cycle, schools and districts will continue to provide gatekeeper training to staff and work on their suicide prevention referral policies. Although COVID-19 continues to impact their ability to provide trainings in-person, schools and districts are adapting to provide trainings virtually and meet the needs of staff and students during this challenging time. Budget cuts to school funding due to COVID-19 have had a significant impact on the schools and districts the Office of Suicide Prevention is working to support with this grant, which has resulted in high staff turnover. Additional sustainable funding for schools and districts to support the comprehensive needs of staff and students, including mental health, is needed.

Senate Bill 19-195

In May 2019, Governor Polis signed the Child and Youth Behavioral Health System Enhancements bill into law, addressing behavioral health services for children and youth. Senate Bill 19-195, required the Office of Behavioral Health within the Colorado Department of Human Services to “select developmentally appropriate and culturally competent statewide behavioral health standardized screening tools for primary care providers, which may be made available electronically for health care professionals." The bill also required that once the Office of Behavioral Health selected the tools, CDPHE would “ensure adequate statewide training on the standardized screening tools for primary care providers and other interested health care professionals who care for children.” Between February and June 2020, community stakeholders, the Office of Behavioral Health, the Office of Suicide Prevention, the Department of Health Care Policy and Financing, and the Colorado Health Institute created a menu of screening tools[71] to help providers identify behavioral health issues among children ages 0 to 26 and in perinatal individuals. This menu can be found on both the Office of Behavioral Health reports webpage[72] and the Office of Suicide Prevention resources for primary care providers webpage. [73]

Due to the global COVID-19 pandemic, state revenue shortfalls for FY 2020-21 eliminated all funding for Senate Bill 19-195, leaving the Office of Suicide Prevention without the resources required to develop the statewide training required in the bill. Work on the screening toolkit and statewide training may resume if state funding is restored. For more budget information please see the FY 2020-21 Long Bill and House Bill (HB) 10-1384, which amended the statute to make the work subject to available appropriations (funding).

Additional youth suicide prevention resources

The Office created a document titled “Mental Health and Suicide Prevention: How to Talk to Children and Youth” (available in English and Spanish through www.coosp.org), which provides information to parents and caregivers on how to support a young person who has questions about suicide or is feeling suicidal. The Office of Suicide Prevention also updated its youth

[71] https://drive.google.com/file/d/13gcYAFYBmWEC2yyP2n9bhGUfm87OI-lE/view
[72] https://www.colorado.gov/pacific/cdhs/publications-reports#OBH
[73] https://www.colorado.gov/cdphe/suicide-provider-resources

suicide prevention webpage with resources that support a comprehensive youth suicide prevention approach, including links to trainings, statewide resources, and policy information.

In 2019, the General Assembly passed Colorado's Youth Mental Health Education and Suicide Prevention Act, House Bill 19-1120. HB 19-1120 directs the Colorado Department of Education to create and maintain a mental health education literacy resource bank[74] for Colorado with assistance from the Office of Suicide Prevention, the Colorado Suicide Prevention Commission and the Colorado Youth Advisory Council. The Office of Suicide Prevention also provided input to the Below the Surface Colorado campaign,[75] which is a marketing campaign to promote the statewide Colorado Crisis System textline to young people. The Office of Behavioral Health at the Colorado Department of Human Services expanded their materials this fiscal year to be more representative of Coloradans' race and ethnicity, and they also shared messaging through a series of authentic youth PSAs.[76] The Office of Suicide Prevention was also consulted on the PSAs as subject matter experts.

The Office of Suicide Prevention continues to be involved with Partners for Children's Mental Health (PCMH), including serving on their Advisory Council and on their Youth Workgroup. The Office of Suicide Prevention provided guidance to PCMH for its youth suicide prevention efforts and initial projects, which include helping schools with a comprehensive suicide prevention policy, with special focus on providing expertise and capacity on referral protocols, and creating a pediatric suicide care pathway modeled on the Zero Suicide framework.

In September 2019, the Office of Suicide Prevention released a report: Suicide Among Youth in Colorado: 2013-2017 (Ages 10-18).[77] (Part II of this report, which will focus on ages 19-24 is forthcoming.) This report was written collaboratively by CDPHE staff in the Office of Vital Statistics, the Colorado Violent Death Reporting System, the Child Fatality Prevention System, and the Office of Suicide Prevention. After the publication of this report, various nonprofits and youth-serving agencies across Colorado have requested presentations from the findings of this report to stakeholders and partners.

The Office of Suicide Prevention continues to identify funding to purchase copies of *Gizmo's Pawesome Guide to Mental Health* to share with youth-serving adults and agencies across Colorado. *Gizmo's Pawesome Guide to Mental Health* takes an upstream approach to support the mental health and wellness of youth. It is data-driven and evidence-informed. The guide seeks to introduce mental health and wellness, and how to care for one's mental health in a nonthreatening way that encourages the self-identification of warning signs and when to apply the use of internal and external healthy coping strategies to help reduce risk. It

[74] www.cde.state.co.us/healthandwellness/mhrb-about
[75] coloradocrisisservices.org/below-the-surface
[76] BelowtheSurfaceCO.com
[77] https://drive.google.com/file/d/1Dgp-yf2E8gb2q6BAjO9PKObtk22qIYUg/view?usp=sharing

introduces the characteristics of trusted adults, who may be one, how to practice talking with a trusted adult, and promotes proactive communication. It gives youth the opportunity to create a personal mental health plan (of action) that they can use daily, and in a time of need that can help them avert crisis. In this book, which is available in English and Spanish, Gizmo helps teach children about mental health, about engaging in daily activities that support mental health wellness, how to identify when their mental health needs more attention, about their internal and external healthy coping strategies, how to identify and connect with the trusted adults in their lives, and how to access resources for both children and trusted adults. The Office of Suicide Prevention ensures that Colorado-specific resources are included in *Gizmo* books the Office purchased and distributed.

Support for LGBTQ+ Coloradans

The Office of Suicide Prevention aligned multiple LGBTQ+ supportive strategies across projects and funding streams this year. These intersecting strategies included:

- Using federal SAMHSA funds to fund the Trevor Project to create a two-part webinar for Colorado adults who serve youth. The first part discussed the importance of supporting and affirming LGBTQ+ youth and the crucial role that such affirmation plays in suicide prevention. This webinar also provided an overview of terms and research related to LGBTQ+ identities and to statistics specific to Colorado. The second part of the webinar was a live session (which was also recorded and made available for viewing) that provided a follow-up question-and-answer session for Colorado adults. These webinars were made to be free and publicly accessible for one year.
- Disseminating a survey to Colorado adults who attended Office-funded Sources of Strength trainings to gather feedback specific to Sources program implementation regarding supporting youth of color and LGBTQ+ youth and information around accessibility and inclusivity. The Office provided this feedback to the Sources of Strength national team and worked with them to identify steps to incorporate feedback into program implementation in Colorado. In February 2020, the Office released a brief summary of the survey feedback along with action items that the Office and Sources of Strength are committed to integrating in future trainings and program development.
- Funding Inside Out Youth Services[78] (based in El Paso County) to provide a four-hour training in Denver to CDPHE's Violence and Injury Prevention-Mental Health Promotion Branch staff and to the Sources of Strength national team to provide information on supporting LGBTQ+ youth, including LGBTQ+ youth experiencing homelessness and youth of color. This training also provided Sources of Strength specific feedback about implementing the program in Colorado. Inside Out Youth Services facilitated a discussion around the importance of respecting people's pronouns, which align with the Commission's LGBTQ+ youth suicide prevention recommendations.

[78] www.insideoutys.org/youth

- Working with the Regional Youth Suicide Prevention Coordinators to align county-level strategies with state-wide efforts, including providing additional information at QPR trainings to address the importance of supporting and affirming LGBTQ+ youth. The Regional Coordinators continue to work with LGBTQ+ youth-serving agencies in their priority counties to align suicide prevention efforts across agencies and organizations.

Suicide prevention for Colorado veterans

Suicide is a leading cause of death for Colorado's veterans. Although veterans make up nearly 10% of the population, 20% of all suicides in Colorado are veterans, and the suicide rate among veterans is more than double the rate of non-veterans. The Office of Suicide Prevention obtained federal grant funding to add a veteran suicide prevention coordinator to the team in the fall 2020, allowing the team's work in veteran suicide prevention to expand.

Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families

In an effort to meaningfully implement the *2018-2028 National Strategy for the Prevention of Veteran Suicide*,[79] the United States Department of Veterans Affairs and Veterans Health Administration teamed up with the Department of Health and Human Services and Substance Abuse and Mental Health Services Administration to convene and support state interagency leaders in seven states, including Colorado. The Colorado Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families team (Colorado Governor's Challenge) was formed in November 2018, with representation across state departments, veteran-serving organizations, and provider agencies.[80] The Colorado Suicide Prevention Commission voted to formally endorse the Governor's Challenge by providing infrastructure and continued support after the federal partners formally ended the project in August 2019.

After evaluating current opportunities and gaps for prevention, traveling twice to Washington D.C. to attend policy and implementation academies, and establishing workgroups to investigate key near-term priorities in 2018-19, the team continues to balance short- and long-term implementation in four key priority areas which align with the Governor's Wildly Important Goals and existing recommendations of the Colorado Suicide Prevention Commission:

- Improving Access to Responsive Care
  - Current: Through an agreement with PsychArmor, Military Cultural Competency training will be provided at no cost to mental health providers throughout Colorado. Providers will engage with training modules chosen by the Governor's

[79] To access the full strategy document, please visit www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf.

[80] Agencies with participation on the Governor's Challenge: Office of Suicide Prevention, Department of Military and Veterans Affairs, Family Care Center, Sturm Center, Colorado Behavioral Healthcare Council, Office of Behavioral Health, Rocky Mountain MIRECC for Suicide Prevention, VA Eastern and Western Colorado, VA Rocky Mountain VISN 19, Governor's Office, Colorado Judicial Department, VA Veterans Experience Office, United Veterans Coalition, Steven A. Cohen Military Family Clinic, Colorado Air National Guard, Denver Human Services, Colorado Suicide Prevention Commission.

Challenge team, and providers and organizations who meet the training requirements will receive a Veteran Ready Certificate.
    - Next steps: Supporting social service organizations, such as human services, housing, and victim assistance, with cultural competency training to better serve veterans and families accessing services.
- Lethal Means Safety
    - Current: A focus on developing and improving existing lethal means safety resources to be more inclusive of the veteran experience. The Veterans Crisis Line was added to all Colorado Gun Shop Project Materials and the group supported the creation of a new publicly available firearms safety video[81] and accompanying one pager.[82]
    - Next steps: Expanding the Colorado Gun Shop Project outreach to veteran organizations and facilitating gun lock provision via the VA Office of Rural Health.
- Peer Support
    - Current: With funding secured by the Office of Suicide Prevention and other Governor's Challenge member organizations, deploying suicide prevention awareness training for community members and organizations supporting the veteran community, including SAVE, QPR, Mental Health First Aid, and LivingWorks Start.
    - Next Steps: Developing and supporting workforce of veterans with lived experience serving as peer support specialists within health care organizations.
- Resource Collaboration & Collection
    - Previous: Worked to ensure that statewide resource listings through Colorado Crisis Services and 211 have veteran and community-specific resources.
    - Current: The Office has secured funding to support a statewide buildout for Operation Veteran Strong, previously a VA-funded pilot program in the San Luis Valley and northeastern Colorado.
    - Next Steps: Operation Veteran Strong will provide a platform for veterans, particularly those in rural communities, to connect with resources and other veterans in their local communities.

The Colorado Department of Military and Veterans Affairs has been a key player in the Governor's Challenge and has woven the Governor's Challenge strategies into their Wildly Important Goals for FY 2020-21.

Suicide prevention for men in the middle years[83]

Annually, men ages 25 to 64 account for the highest number and rate of suicide deaths among any demographic. The Office of Suicide Prevention partnered with Cactus Marketing

[81] https://youtu.be/0lbnJD5Bee8
[82] https://drive.google.com/file/d/1QqirLKXeNgUSg7RhjOmEA-4UL5h2SW9Z/view
[83] In FY20, Man Therapy was supported through federal grant dollars and General fund.

Communication and the Carson J Spencer Foundation (no longer in operation) to create Man Therapy (www.mantherapy.org), which launched in July 2012.

The primary goals of Man Therapy are to:

- Create social change among men and the general population about mental health and overall wellness.
- Empower men to take action/ownership of their mental health and overall wellness by increasing help-seeking behavior.
- Reduce suicidal thoughts and deaths among men (long-term).

The website is designed specifically for working-age men and provides information on depression and suicide, substance abuse, anger, and anxiety. It includes statewide resources specific to finding support and services related to each issue. While designed for men broadly, in recent years Colorado developed specific content for veterans and first responders. With funding from the Centers for Disease Control and Prevention's (CDC) Preventative Health and Health Services Block Grant, the Office of Suicide Prevention was able to support the creation of additional content, messaging, and resources for people working in the construction industry. Since its launch in July 2012, there have been more than one million visits to www.mantherapy.org worldwide. From July 1, 2019 through June 30, 2020, there were 60,472 visits to the site from Colorado, more than twice as many from the prior year,[84] and 201,512 total visits worldwide.[85]

Table 14. ManTherapy.org data July 1, 2019 through June 30, 2020

	Total website visits	Completed 20-point head inspections
Colorado	60,472	6,179
Worldwide	201,512	17,136

In fall 2019, the Office funded the creation and testing of new messages for use in the digital space to encourage traffic to the website and completion of the 20-point head inspection. With a modest budget and contributions of pro bono air time through radio and television networks, the Office was able to achieve:

- 894,800 impressions via radio (1,310 spots aired- pro bono).
- 1,414,448 impressions via television (717 spots aired- pro bono).
- More than 9,000 impressions via paid search, with strongest performance in Southern Colorado from the Pueblo and Colorado Springs areas.
- 2.86 million impressions via native display ad content.

[84] Total visits to the site July 1, 2018 through June 30, 2019: 25,887
[85] 92.5% of sessions originated in the United States.

- 4.49 million impressions via social media.

This paid outreach resulted in nearly 42,000 visits and more than 4,600 completed head inspections from Colorado in five months alone. The message testing and digital outreach provided insight as to an increasing amount of traffic coming from divorced or recently divorced men, new fathers, military and veterans, and those working in the construction field. In FY 2020-21, the Office will focus additional funding to ensure that there is content on the site responsive to the needs of these audiences. In FY 2019-20, the Office also funded the creation of new messaging designed to engage those in the construction industry and veterans, as well as website improvements to enhance user experience.

Beginning July 1, 2017, the Office of Suicide Prevention awarded three community grantees five-year funding to enhance awareness and use of the resource within seven counties. Each grantee receives between $10,000 to $20,000 per year.

Table 15. OSP Community Grantee Highlights: Priority Area- Man Therapy

Priority: Man Therapy	Grantees provided training to men and organizations that work with men and disseminated Man Therapy public information and awareness materials throughout their county/region		
Grantees	**Centennial Mental Health Center**	**Garfield Public Health Department**	**North Range Behavioral Health**
Counties Served	Cheyenne, Elbert, Kit Carson, and Lincoln	Garfield	Weld
Strategies	Evidence-based gatekeeper training and Man Therapy information and outreach.	Community partnership building through outreach and education, social media marketing of Man Therapy.	Community training and dissemination of Man Therapy information.
Notable Achievements	Trained 37 community members in gatekeeper protocols and highlighted Man Therapy throughout their coverage region. Unfortunately, COVID-19 safety precautions halted their training activities.	Provided training to 70 community members and highlighted Man Therapy resources within the county. Staff deployed on COVID-19 response March-June of the project period, limiting training opportunities.	Coalition amplified outreach in the community and expanded the number of organizations addressing suicide. Trained 648 community members in gatekeeper skills and highlighted Man Therapy throughout Weld County.

Evaluation of Man Therapy

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 CDC to evaluate Man Therapy through September 2019. Initial results indicate positive results both in terms of engagement and increase in help-seeking behaviors. The evaluation team will release full results when they are published.

For Colorado communities interested in receiving free Man Therapy materials, please see the order form on the www.coosp.org page.

Increasing suicide prevention for priority occupations

The Office of Suicide Prevention continues to advance priority through industry-specific messaging and content via www.mantherapy.org. In 2019, the Office of Suicide Prevention supported the development of resources and messaging for the construction industry. The Department of Agriculture and the Office of Behavioral Health also developed materials and partnered with the state crisis line on cultural competency training for supporting agriculture families. The Office of Suicide Prevention leverages these materials by disseminating them to local partners, particularly those that serve rural communities. In the spring and summer of 2020, the Office partnered with the Man Therapy team to tailor and test messaging to support Colorado's farming and ranching communities.

Additionally, the Health Facilities and Emergency Medical Services Division of CDPHE successfully launched a peer support program for Emergency Medical Service (EMS) with Path4EMS (path4EMS.com). Path4EMS is a support and resource program exclusively for EMS providers, tailor-made for the profession. Designed by experienced medical and behavioral health professionals in collaboration with EMS providers, Path4EMS helps providers find a path forward when confronting personal issues and behavioral health concerns. They also offer education and outreach to help raise awareness and reduce the discrimination associated with seeking help.

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

Sustain and expand lethal means safety through collaboration and shared messaging

As highlighted in the National Strategy for Suicide Prevention, addressing access to suicide methods that are highly lethal and commonly used is a proven strategy for decreasing suicide rates. Reducing access to lethal means during periods of crisis can make it more likely that the person will delay or survive a suicide attempt. In either case, the person's odds of long-term survival are improved. Of those individuals who have survived a suicide attempt, more than 90% will not go on to die by suicide.

> In addition to safely and securely storing firearms, medications, and substances, it is important to address other potential means of suicide death. Because most acute suicidal crises are temporary, putting time and space between an individual and a method of death can be life-saving. If an individual has shared that they are thinking about suicide, learning more about this despair and whether they have a plan and access to means (which might include asphyxiation, self-injury, falling from a height, etc.) can also provide important information on how to keep an environment as safe as possible. Because lethal means safety does not address the root causes of despair, temporarily securing environments is an important way to ensure that an individual can survive a crisis situation until they are able to receive support.

Colorado Gun Shop Project[86]

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, brochures, fact sheets, and Colorado Crisis System wallet cards. The core message of the Gun Shop Project is that limiting a suicidal individual's access to firearms is a critical aspect of firearm safety. In addition to building awareness, relationship-building between local organizations has emerged as one of the unexpected benefits of the initiative. Too often mental health organizations and suicide prevention coalitions have been disconnected from the firearm community. The project has become a bridge between the two worlds. Forging these relationships is critical to expanding community efforts at the local level.

[86] Gun Shop Project supported through federal grant funding.

During FY 2019-20, 51 counties implemented the project.[87] Initial reports indicate that firearm advocates visited nearly 300 shops, ranges, instructors, and other businesses to introduce the project.

The Office also improved the evaluation of the Gun Shop Project by developing a new, more comprehensive survey and distributing it to project partners to capture the impact of the project from the perspective of gun shop owners and employees. Additionally, the Office conducted key informant interviews with coordinators and firearm advocates to capture best practices in implementing the Gun Shop Project, and key facilitators and barriers to their work. In the coming year, evaluation efforts will focus on using results from the survey and key informant interviews to identify best practices and adapt and support implementation accordingly. In addition, CDPHE's partners at the Center for the Study and Prevention of Violence at CU Boulder have secured highly competitive funding from the CDC to conduct a more comprehensive and rigorous evaluation of the Gun Shop Project. Key personnel and staff from the Office will work closely with these partners to support their work, and to leverage and align internal evaluation efforts with this broader evaluation.

The Colorado Gun Shop Project was included in a national study of similar projects across the United States funded by the Defense Suicide Prevention Office.[88] The research uncovered that community building, culturally appropriate messaging, and collaborations with the firearm community were the key ingredients to successful projects.

Additionally, the Office of Suicide Prevention is an active partner on the Colorado Firearm Safety Coalition, which includes local retailers, range owners, safety instructors, and prevention professionals. The active collaboration has led to highly supportive and invaluable partnerships with metro-area gun range owners and retailers that continue to enrich the process and brainstorm additional avenues for outreach. The Coalition has an interactive temporary storage map[89] of locations in Colorado that provide community-based options for storage during periods of crisis.

For more information and resources related to firearm suicide prevention in Colorado, please visit www.colorado.gov/cdphe/gun-safety-suicide.

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

[88] Polzer E, et al. *Inj Prev* 2020;0:1-5. doi:10.1136/injuryprev-2020-043648 available for download from http://injuryprevention.bmj.com/

[89] https://coloradofirearmsafetycoalition.org/gun-storage-map/

Provider education on means safety

Supporting providers with clinical skills to deliver lethal means safety counseling to clients remains a priority for the Office of Suicide Prevention. It 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.

Colorado has created a training module and protocols for pediatric emergency department providers. Following a successful pilot at Children's Hospital Colorado in 2014, the American Foundation for Suicide Prevention funded a research team to expand the study in Colorado with additional protocols. The SAFETY Study, a three-year trial of lethal means counseling combined with distribution of medication and gun lockboxes, concluded in 2019 with published results both in the Annals of Emergency Medicine[90] and Injury Prevention.[91] The researchers worked with mental health providers at emergency departments to counsel parents of adolescents at risk of suicide. The counseling included advice on how to safely store guns and medications, and parents received free locking devices. The study demonstrated that a brief online training for counselors, coupled with free medication and firearm locking devices, helped parents make changes at home to improve safety. The research followed up with 575 parents who brought teens to the hospital with a mental health crisis. The results include:

- The percentage of parents reporting safer storage practices after the counseling more than doubled, indicating that counseling can help change in-home practices.
- The behavioral health counselors who participated in the study expressed enthusiasm for the changes, indicating that they found the online training very helpful and easy to deliver in a way acceptable to parents in a time of extreme stress.
- The study documented that the percentages of counselors reported to have talked to parents about these topics improved during the study period, with 57% counseling about safe firearm storage after the study was implemented (versus just 19% at the start).
- Counseling about medication storage also increased, to 80% from just 32%.

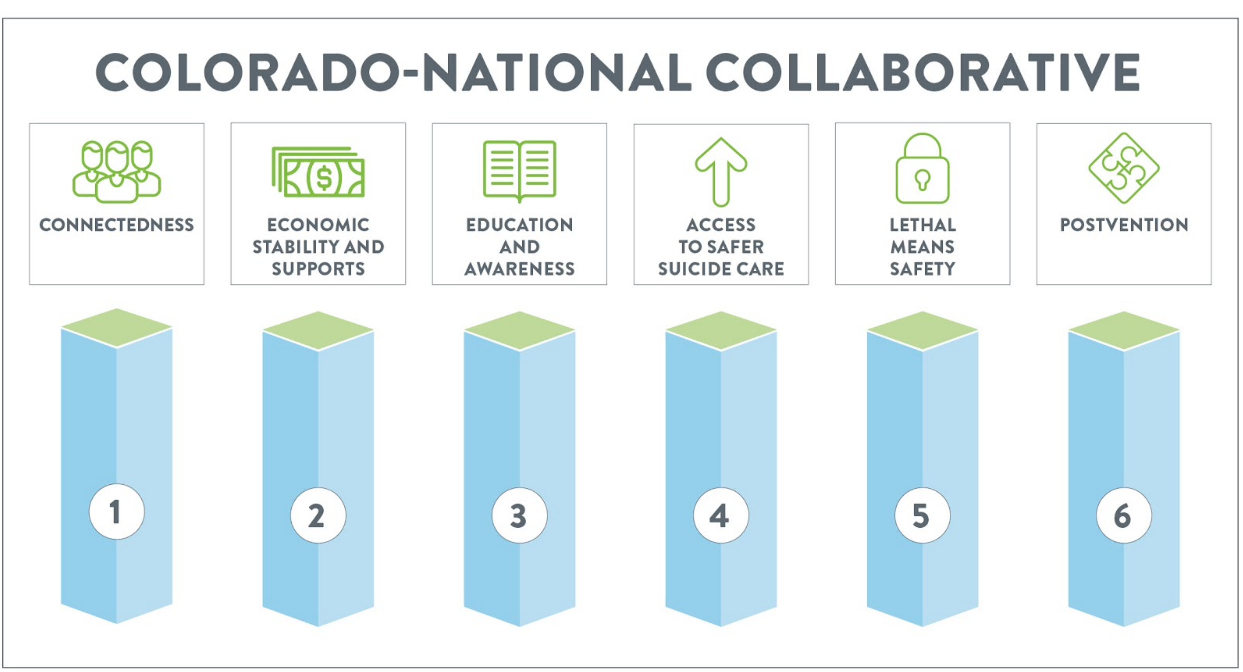
The Office of Suicide Prevention has made the free online training available statewide to all interested agencies and providers. To access the free online training, please visit www.train.org/colorado and search for course 1076412 "Lethal Means Counseling: A Role for Colorado Emergency Departments to Reduce Youth Suicide."

[90] Ann Emerg Med. 2020 Aug;76(2):194-205. doi: 10.1016/j.annemergmed.2020.02.007. Epub 2020 Apr 16.
[91] Runyan CW, Brandspigel S, Barber CW, *et al* Lessons learned in conducting youth suicide prevention research in emergency departments*Injury Prevention* 2020;**26:**159-163.

Increasing suicide prevention for priority counties through the comprehensive Colorado-National Collaborative

In FY 2019-20, the Office of Suicide Prevention continued to partner with the Injury Control Research Center for Suicide Prevention[92] and other national and Colorado partners (county/state) on the Colorado-National Collaborative (CNC). Following the establishment of the Suicide Prevention Commission, national partners selected Colorado as the state with the necessary infrastructure, political support, and momentum to lead the nation in creating a blueprint for comprehensive community-based suicide prevention sufficient to demonstrate a measurable impact on a state's suicide rate. Six priority counties in Colorado joined the effort in 2017, based on similar criteria (El Paso, La Plata, Larimer, Mesa, Montezuma, and Pueblo).

In May 2018, the Office received $200,000 from the American Foundation for Suicide Prevention (afsp.org) to hire a term limited full-time project coordinator and for travel and meeting expenses to bring county, state, and national partners together for planning and partnership. In October 2018, approximately 60 CNC partners, including county teams, state agencies, and national organizations, converged in Denver to build a consensus on six CNC pillars to implement across all six counties. Several months of continuous planning followed in FY 2019-20 to identify the constellation of strategies (i.e. policies, programs, practices) under each pillar that support the comprehensive approach.



[92]To access resources and information related to the Injury Control Research Center, please visit https://suicideprevention-icrc-s.org/.

Specific initiatives under these strategies build on best practices and key Colorado Suicide Prevention Commission recommendations. The framework prioritizes data-driven and evidence-based or evidence-informed programs and policies, and relies on continuing evaluation and data collection, analysis, and improvement.

CNC Pillar 1: Connectedness

Connectedness is the degree to which an individual or group of individuals are socially close, interrelated, supportive, or share resources. Social and structural connectedness can be formed within and between individuals, families, schools, neighborhoods, workplaces, faith communities, cultural groups and society. Communities must support connectedness comprehensively on each of these levels to be effective, and can include:

- trust in one's community.
- neighborhood walkability and livability.
- increased availability of, access to, and participation in social organizations.

Strategies include policies and programs that promote behavioral health, social and emotional learning starting in elementary school, promotion of web-based resources, workplace policies that support inclusion, and other community engagement events and activities.

CNC Pillar 2: Economic stability and supports

Economic stability refers to the level of economic resources and the degree of equity in the distribution of resources among individuals and communities. These supports may include the benefits resulting from laws and policies; improving available child care and school options; adequate employment and living wages; as well as access to housing, transportation, and education.

Strategies in this category address financial stress, which is a risk factor for suicide, and include policies and practices for increased food security; affordable housing; family-friendly employment; and access to affordable, quality child care.

CNC Pillar 3: Education and awareness

By implementing education and awareness efforts, community members, providers and other professionals will increase their knowledge and skills and improve their beliefs and attitudes about suicide, including that suicide attempts and deaths are preventable.

Key focus areas for training include high-risk industries, social service organizations, the legal and judicial community, faith organizations, veteran-serving organizations, LGBTQ+-serving organizations, youth-serving organizations, and older adult-serving organizations. Work will also include leveraging existing messaging and awareness campaigns, and partnering with

local community organizations to develop robust and comprehensive policies and protocols to promote wellness and address intervention efforts.

CNC Pillar 4: Access to safer suicide care

By implementing best practices for safer care, health care systems and organizations will see improvement in quality of client care and reduction of suicide risk, attempts, and deaths for those within their system.

Strategies include the seven Zero Suicide elements described previously and additional strategies for primary care, mental health centers, behavioral health and substance use disorder treatment agencies, hospitals, and emergency departments.

CNC Pillar 5: Lethal means safety

Common across all six communities is the commitment to data-driven strategies, including those that address the means most frequently used in suicide deaths and attempts.

Strategies include reinforcing safe storage practices (of firearms and lethal medications and poisons) through public messaging, expansion of the Colorado Gun Shop Project, and provider training.

CNC Pillar 6: Postvention

Postvention is the response to and care for individuals and communities affected in the aftermath of a suicide attempt, crisis, or death. Examples of postvention include safe reporting and messaging about suicide by the media and by or within affected organizations. It also includes caring follow up contacts after a suicide attempt or mental health crisis, such as the Colorado Follow-Up Project.

Key strategies will ensure that communities are mobilized to support survivors of suicide loss, that positive messaging is guided by lived experience, and that safe messaging resources are available to a variety of organizations.

In February 2020, the Office received funding from the Association of State and Territorial Health Officials to support infrastructure within the six priority counties for continued planning and implementation of the six pillars. The Office awarded six grants to backbone agencies within the priority counties, which will convene and lead comprehensive coordination of the project moving forward.[93] In September 2020, the Office received one of nine awards from the Centers for Disease Control and Prevention to support a public health

[93] El Paso County: Community Health Partnership; La Plata County: San Juan Basin Public Health Department; Larimer County: Alliance for Suicide Prevention; Mesa County: Mesa County Public Health Department (soon to shift to St. Mary's Hospital); Montezuma County: Montezuma County Public Health Department; Pueblo County: Health Solutions.

approach to suicide prevention modeled on the framework developed by the CNC. Grant funding will support continued infrastructure development and implementation of evidence-based suicide prevention activities which align with the CDC Technical Package for Suicide Prevention and the CNC Pillars, as well as the creation of a robust evaluation of the project.

CNC next steps

As strategies are funded and implemented, the CNC will also systematically evaluate the methods and community-based processes that support quality improvement efforts. This will require assessment of partnership and capacity development, community readiness, education and awareness, and other local community team and coalition-led efforts that demonstrate saved lives. In support of evaluation efforts at the national, state, and county level, the Office formed and facilitates a CNC Evaluation Subcommittee. This group is responsible for making key decisions about evaluation metrics and providing support for local evaluation activities. In addition, state and local partners will use an interactive dashboard for reporting and tracking process and outcome measures, making standardization possible across sites while also allowing for individualization at the local level. Evaluation planning for the coming year will focus on systematically rolling out the dashboard, and building support and resources for local evaluation efforts.

Public education and awareness efforts - including responsible reporting and proactive messaging

Public education and awareness: Community training

The Office of Suicide Prevention supports community-based training activities through the Community Grant program and by providing training materials to community partners throughout Colorado. Grantees in Mesa and La Plata County elected to focus their grant efforts on community engagement and gatekeeper training. Each grantee receives between $10,000-$20,000 per year.

Table 16. OSP Community Grantee Highlights: Priority Area- Community-Based Initiatives

Priority: Community-based initiatives	Grantees selecting community-based initiatives had flexibility in identifying strategies which fit the needs of their community.	
Grantee	**Mesa County Public Health Department**	**Southern Colorado Community Action Agency, Inc. (SoCoCAA)**
Counties served	Mesa	La Plata
Main Strategies	Leveraged funding streams to improve agency coordination and data collection in the county.	Gatekeeper training and community coalition-building.
Notable Achievements	Trained 485 community members in gatekeeper protocols.	Trained 53 community members in gatekeeper protocols. Unfortunately COVID-19 prevented most of the planned community training events.

Mental Health First Aid[94]

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

[94] Mental Health First Aid is funded by a separate line item on the General Fund.

The Office of Suicide Prevention partners with the Colorado Behavioral Healthcare Council (CBHC) to support Mental Health First Aid in Colorado. Since 2008, CBHC has spearheaded the statewide collaborative Mental Health First Aid Colorado (MHFA-CO). MHFA-CO helps guide the strategic dissemination and growth of the program statewide. Key activities under the funded initiative included a train-the-trainer course to increase the number of individuals in Colorado certified to provide the full 8-hour curriculum as well as support for community-led MHFA training events.

During FY 2019-20:

- 28 individuals received the train-the-trainer course to become MHFA facilitators. Three of the new instructors are bilingual in Spanish, including one who is also fluent in American Sign Language. Participants included representation from Durango, Fort Collins, Lafayette, Salida, Bailey, Fairplay, Montrose, and the Denver Metro Area. In addition to several Community Mental Health Centers represented, there were individuals from Centura Health, SCL Health, the Center for African American Health, Jefferson County Public Health, The National Asian American Pacific Islander Mental Health Association, Boomers Leading Change, Rocky Mountain Rural Health, Regional Transportation District, Manna Connect, Peaceful House, and Fight Oar Die.
- 1,710 Coloradans received MHFA training from this funding stream through 103 classes.
- As a result of the COVID-19 pandemic and corresponding state mandates for social distancing, in-person MHFA classes were paused in spring 2020. However, in response, the National Council for Behavioral Health developed a virtual platform to be able to offer classes in a new format. This new platform may create an opportunity to reach more rural areas of the state and increase the number of counties trained in MHFA.
- In March 2020, Congress enacted the Coronavirus Aid, Relief and Economic Stimulus Act, also known as CARES Act. The Colorado General Assembly allocated state CARES Act funds to support mental health and substance use disorder treatment, including funding for increased MHFA in-person and virtual trainings from July 2020 to December 2020 through House Bill 20-1411.[95]

Additional awareness and outreach efforts

The Office of Suicide Prevention supported FY 2019-20 community suicide prevention events such as the annual Bridging the Divide: Suicide Awareness and Prevention Summit, the School Suicide Prevention Symposium, American Foundation for Suicide Prevention-Colorado Chapter annual walk, and Second Wind Fund annual walk. During FY 2019-20, the Office of Suicide Prevention staff regularly gave presentations on suicide and suicide prevention throughout Colorado and the country.

[95] For communities and individuals interested in accessing this training, please visit www.mhfaco.org

Additionally, Office of Suicide Prevention staff member Lena Heilmann was nominated to be the co-chair of the 2020 American Association of Suicidology's (AAS) annual conference. This is the largest convening of suicide prevention professionals and loss survivors in the country. The 2020 them was "Crossroads: Preventing Suicide and Creating Lives Worth Living." As co-chair, Lena Heilmann worked closely with the AAS president and special liaison to center the 2020 AAS conference on equity and anti-racism. The conference chairs required that presenters complete an equity statement with each abstract, and the keynote presenters were all chosen for their work and lived experience related to equity, inclusivity, diversity, and creating lives worth living. The conference was scheduled to be held in Portland, OR in April 2020, but due to COVID-19, the conference committee pivoted in a matter of weeks to make the conference virtual. Despite the last-minute changes, the AAS 2020 conference won a number of awards and had record-breaking numbers of attendees.

The Office of Suicide Prevention disseminates suicide prevention information and materials statewide including Man Therapy, House Bill 12-1140 hospital resources, Gun Shop Project materials, and materials supporting young people, older adults, and Spanish-speaking Coloradans. The Office of Suicide Prevention developed a toolkit[96] to aid local public health departments in identifying strategies and resources at their disposal. Additionally, the Office of Suicide Prevention operates a monthly newsletter to highlight new resources, community-level work, funding opportunities, and upcoming events. Currently the newsletter has nearly 975 subscribers. To sign up for the newsletter, view archived newsletter editions, or access any of the Office of Suicide Prevention resources please visit www.coosp.org.

Media as partners in preventing suicide

Media coverage that includes information on how suicide is the result of complex contributing factors that exist on community, interpersonal, and personal levels can provide a richer representation of the reality of suicidal despair, suicide attempts, and deaths by suicide. By looking toward research and recommendations from national suicide prevention organizations and centering voices of lived experience (including those who have experienced suicidal despair and those who have lost loved ones to suicide), media outlets can cover suicide in respectful, thoughtful, sensitive, culturally appropriate ways, that are mindful of experiences of trauma and the resulting impacts on individuals.

Research shows that the way in which the media covers suicide can influence behavior negatively or positively. Exposure to portrayals of suicide that include graphic details and do not convey that suicide is the result of complex contributing community-level factors can negatively influence those already experiencing suicide risk factors or who have been impacted by suicide.

[96] Available for download at www.colorado.gov/pacific/cdphe/suicide-provider-resources.

If the media communicates stories of hope, resilience, recovery, and prevention it can ultimately save lives.

Media reports and portrayals can also promote help-seeking behavior, connect people to messages of hope and healing, and provide valuable community resources, like crisis center locations and phone numbers. Coverage that integrates important messages, including the fact that the majority of people who experience thoughts of suicide do not go on to attempt or die by suicide, can provide readers with narratives that there are ways to survive suicidal despair.

Media guidelines developed by leading national experts and organizations, including the Action Alliance for Suicide Prevention, the National Suicide Prevention Lifeline, the American Association of Suicidology, the American Foundation for Suicide Prevention, and the Suicide Prevention Resource Center, can be found at www.reportingonsuicide.org and suicidology.org/media/toolkits-and-briefs/.

How the suicide prevention community communicates on the topic of suicide can impact behaviors by challenging inaccurate norms and harmful myths. It can also ensure that the experiences of those impacted by suicide across the continuum (including, but not limited to, those who experience suicidal dispair, have survived an attempt, or have lost a loved one) are visible and validated.

The Office of Suicide Prevention continues to respond to interview requests in order to share data, messaging and framing around suicide and suicide prevention, and as a service to the public.

Part IV. Office of Suicide Prevention collaborations and partnerships

Although the Office of Suicide Prevention is charged by the legislature as the lead entity for suicide prevention efforts in the state, partnership and collaboration across state agencies is essential to success for Colorado. In addition to the designated seats on the Colorado Suicide Prevention Commission for key state agencies, the Office of Suicide Prevention collaborates with multiple state agencies to reduce Colorado's suicide rate. Examples of the Office of Suicide Prevention's FY 2019-20 collaborations are included in Table 17 below.

Table 17. Office of Suicide Prevention (OSP) state agency collaborations

Department	Current Activities
Department of Agriculture CDA	OSP collaborates with the Department of Agriculture to print and disseminate crisis system materials that resonate with Colorado's agricultural and ranching families and supports the Colorado Rural Mental Health Advisory Committee. The Department of Agriculture and OBH supported the development of a cultural competency training module for providers servicing the Colorado Crisis and Support Hotline and released an awareness campaign focused on engaging rural Colorado communities. CDA has an Ex-Officio seat on the Governor's Task Force.
Department of Education CDE **And** **School Safety Resource Center** CDPS	OSP has an ongoing partnership with the School Safety Resource Center (SSRC) and Department of Education (CDE) to host annual School Suicide Prevention Symposia highlighting national experts in keynote presentations. The SSRC has a designated seat on the Suicide Prevention Commission and the Colorado Department of Public Safety has an Ex-Officio seat on the Governor's Task Force. The OSP has a seat on the SSRC's Advisory Committee. Both Departments participate on the Commission's Youth-Specific Initiatives Workgroup. OSP collaborated with the Department of Education and SSRC to craft the school suicide prevention grant program (Senate Bill 18-272). OSP provided input to CDE regarding HB 19-1120. Colorado's Youth Mental Health Education and Suicide Prevention Act, HB 19-1120, directs the Colorado Department of Education to create and maintain a mental health education literacy resource bank for Colorado with assistance from the Colorado Department of Public Health and Environment Office of Suicide Prevention, the Suicide Prevention Commission, and the Colorado Youth Advisory Council. CDE actively supported the Cabinet Task Force for Suicide Prevention, identifying opportunities to support the work through the School Health Professionals Grant Program, Bullying Prevention and Education Grant, the Social Emotional Pilot Grant, and the Mental Health Literacy Resource Bank. CDE had representation on the Governor's Task Force.

Department of Higher Education CDHE	OSP conferred with the Colorado Department of Higher Education (CDHE) on alignment opportunities and leverage points. OSP provided resources regarding young adult suicide prevention and the two agencies agreed to reconnect later in the year once COVID-19 impacts to in person or remote learning settled.
Office of Behavioral Health CDHS/OBH	OSP coordinates with the Office of Behavioral Health (OBH) and Colorado Crisis System to print and disseminate public awareness materials. OSP ensures that all Colorado Gun Shop Project materials include information on how to access the state crisis system resources. An interagency agreement between OBH and OSP aligned upstream youth suicide prevention activities in Colorado through OBH's Substance Abuse Prevention Block Grant. OBH actively participates with the Colorado Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families and supported the expansion of the Colorado Follow-Up Project to ensure that services are inclusive of military-involved families and veterans. OBH has a designated seat on the Suicide Prevention Commission and the Governor's' Task Force Executive Committee.
Office of the Attorney General DEPT. OF LAW	OSP partners with the Office of the Attorney General on key youth suicide prevention efforts including expansion of Sources of Strength and previously partnered on a qualitative exploration of youth suicide in four Colorado communities. The Office of the Attorney General is actively supporting Sources of Strength implementation within Colorado with an Interagency Agreement with OSP.
Department of Military and Veterans Affairs DMVA	The Department of Military and Veterans Affairs (DMVA) is actively participating with the Colorado Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families. DMVA has a shared goal to reduce the stigma of seeking mental health assistance, which will be measured by increasing all types of mental health requests for assistance by 25% by June 20, 2022. OSP partnered with DMVA to host a Mental Health First Aid training at their annual training in September 2019 to move forward with this goal. DMVA served Ex-Officio on the Governor's Task Force.
Department of Regulatory Agencies DORA	The Department of Regulatory Agencies (DORA) was an active partner in the Cabinet Task Force for Suicide Prevention. DORA identified opportunities throughout the organization. This included addressing partity violations through the Division of Insurance, exploring opportunities to expand training incentives for providers, establishing peer support programs for professional occupations, collaborating with professional boards through the Division of Professionals and Occupations, and working to reduce discrimination within housing, employment and public services through the Civil Rights Division.

Department of Personnel Administration DPA	The Department of Personnel Administration (DPA) was an active partner of the Cabinet Task Force for Suicide Prevention and identified a number of collaborative opportunities as the state employee assistance program provider. The OSP provided DPA staff with QPR facilitator training resources to increase the number of skilled QPR trainers within Colorado.
Department of Health Care Policy and Finance 	Office of Suicide Prevention partners and aligns with the Department of Health Care Policy and Finance (HCPF) on quality improvement metrics that support the Zero Suicide framework. This partnership also linked data to better track suicide indicators for Medicaid clients on Colorado's interactive data dashboard. HCPF was an active partner on the Cabinet Task Force for Suicide Prevention, identifying opportunities to leverage existing infrastructure. HCPF has committed to support the expansion of the Zero Suicide quality improvement framework within hospital systems by collaborating with CDPHE to set up a tiered incentive model for the FY21 Hospital Quality Improvement Incentive Program (HQIP). HCPF and CDPHE are also exploring opportunities to collaborate to address dangerous co-prescribing of benzodiazepines and opioids. HCPF has a designated seat on the Suicide Prevention Commission and Governor's Task Force Executive Committee.
Lieutenant Governor's Office 	The Lieutenant Governor's Office houses the Office of eHealth Innovation, which is advancing a number of initiatives that support suicide prevention including the Health IT Roadmap, prescriber tools, care coordination for social determinants of health, and MyColorado resources. The Colorado Commission on Indian Affairs, also coordinated out of the Lt. Governor's Office, led a series of listening tours with the Tribal Nations of the Ute Mountain Ute and the Southern Ute to identify gaps, needs, and opportunities to support our sovereign neighbors. The Lieutenant Governor is also a strong advocate for mental health promotion and has been an active leader on the Governor's Task Force for Behavioral Health.
Governor's Office 	The Governor's Office advocates for innovation in the field of suicide prevention and encourages all state departments to pursue an "all hands on deck" approach to collaborations. The Governor's Office has helped to promote suicide prevention as a priority in Colorado by categorizing it as one of CDPHE's Wildly Important Goals. The Governor's Office is actively participating with the Colorado Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families.

Additionally, in an effort to more closely collaborate and align departments supportive of the Governor's priority to reduce suicide in Colorado, CDPHE's executive director convened cabinet-level leadership in dialogue for mutual support mentioned earlier in this report on page 19.

Part V. Conclusion

This report highlights the evidence-based and evidence-informed suicide prevention programs statewide. The Office of Suicide Prevention continues to maximize resources, leverage strong partnerships, and secure additional funding.

This work has been successful because it includes two elements: 1) targeted intervention and treatment for those at highest risk for suicide, and 2) universal prevention approaches designed to impact individuals and communities prior to the onset of suicidal thoughts and behavior. We must use data-driven and evidence-based strategies and evaluate all initiatives.

This is why the Suicide Prevention Commission continues to move forward with its recommendations. It is also why initiatives like Zero Suicide, the Follow-up Project, means safety education, and Sources of Strength are priorities of the Office of Suicide Prevention. Colorado must empower and fund local communities to implement and evaluate the overarching and demographic-based strategies within communities.

We are making an impact.

And still, one suicide is one too many. Suicide is preventable. Colorado must implement comprehensive strategies including prevention, intervention, and postvention to have measurable success. Stable suicide prevention funding in FY 2021-22 will allow the program to maintain important suicide prevention efforts, which will be even more important post COVID-19.

The Office of Suicide Prevention is poised to continue leading statewide suicide prevention efforts in Colorado by expanding partnerships, implementing innovative data-driven initiatives, and decreasing the burden of suicide. The Suicide Prevention Commission will continue to promote and support the recommendations found in this report, and will continue to explore new and innovative recommendations in the coming year.

Together we can. Together we will.

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