



# Office of Suicide Prevention 2025 Annual Report

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

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# Executive Summary

The Office of Suicide Prevention (office) collaborates with communities and agencies across Colorado to coordinate suicide prevention programs and efforts. In Fiscal Year (FY) 2024-25, the office expanded critical programming to more Colorado communities through state and federal funding. The office secured all five available federal grants and used state General Funds to support a comprehensive, community-based public health approach to suicide prevention. In FY 2024-25, the office's budget was approximately \$5.8 million, with \$3.6 million from competitive federal grant funds.

Although the nation as a whole has seen an increase in suicide fatalities in the past few years, Colorado has experienced a stabilization in the annual age-adjusted suicide fatality rate. Colorado's suicide fatality rates remain steady; the 2024 age-adjusted suicide fatality rate was 20.83 per 100,000 population, which is the same rate observed in 2023. In 2024, 1,306 Coloradans lost their lives to suicide.

In 2024, there were 39 suicide deaths among youth ages 10-18, resulting in a suicide rate of 5.85 deaths per 100,000 youth ages 10-18. **This rate is the lowest observed suicide rate for Colorado youth since 2007, and is statistically significantly lower than the suicide rate for youth observed in 2020.**

In FY 2024-25, the office continued to implement federal grants: The Centers for Disease Control and Prevention (CDC) provides two grants: the Comprehensive Suicide Prevention Grant to fund local suicide prevention coalitions and the Preventive Health and Human Services Grant, which funds statewide suicide prevention programs and local coalitions. The Substance Abuse and Mental Health Services Administration provides three competitive grant awards, including the Garrett Lee Smith Youth Suicide Prevention and Early Implementation, the National Strategy for Suicide Prevention, and the Zero Suicide Implementation.

In FY 2024-25, Governor Polis tasked the Colorado Department of Public Health and Environment with a Wildly Important Goal to achieve a 7% reduction in Colorado's suicide rate reported in 2023 by the end of calendar year 2025. The office reported on four strategies (Appendix C) to help reach this goal.

The Suicide Prevention Commission welcomed six newly appointed commissioners, restarted the Service Members, Veterans, and their Families Workgroup, and started a Maternal Suicide Taskforce during this reporting period.

The office tailors its prevention efforts to meet the needs of all Coloradans based on data and lived experience. The office supports and funds communities to implement

tailored comprehensive suicide prevention strategies that support each of the populations experiencing higher rates of suicidal despair, attempts, or deaths:

- Youth (0-18) and young adults (19-24).
- Adults (especially men) (25-64).
- Older adults (65+).
- LGBTQ+ community (Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, and other identities not listed).
- People of Color (Black, American Indian or Alaska Native, Asian, Hispanic/Latinx, Native Hawaiian or other Pacific Islander, Middle Eastern/North African/Arab, Multi-Racial populations, and other identities not listed).
- Veterans, service members, and their families.
- Rural and frontier communities.
- Construction, emergency response, oil and gas, and agriculture and ranching workforces.

# Introduction

The Office of Suicide Prevention (office) serves as the statewide lead for suicide prevention, intervention supports, and postvention efforts, and collaborates with communities statewide to reduce the number of suicide deaths and attempts.

The office continues to gain national recognition for its comprehensive suicide prevention model, which it leads in collaboration with national, state, and local partners. The office's Colorado-National Collaborative initiative, which funds local communities to implement a comprehensive approach, is seen as a leading model in the field.

In 2024, Colorado males experienced higher rates and counts of suicide deaths (33.65 per 100,000 males; 1,005 deaths) compared to females (10.14 per 100,000 females; 301 deaths). Comparing across age groups, working-age males aged 25-64 (42.49 per 100,000 males ages 25-64; 682 deaths) experienced the highest rate of suicide deaths; young adult males aged 19-24 (42.16 per 100,000 males ages 19-24; 105 deaths) experienced the second highest rate of suicide deaths; followed by older males above 65 (41.54 per 100,000 males ages 65+; 190 deaths). Male youth ages 10-18 (8.18 per 100,000 males ages 10-18; 28 deaths) had a statistically significantly lower rate of suicide deaths compared to all other male age groups. Firearms are the most commonly used means of suicide (56% of suicide fatalities in 2024 were by firearm, and males used firearms more frequently than females).

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

This 2025 report summarizes the office's work to support suicide prevention and crisis programs and its accomplishments and efficacy in coordinating comprehensive suicide programs statewide. Also included are the Suicide Prevention Commission's recommendations to prevent and reduce the impact of suicide, which guide the office's programs and efforts, and updates on the School Suicide Prevention and Crisis Training Grant. The report appendix includes data regarding the impact of suicide in Colorado and the office's evaluation of its programs and grant efforts.

## **The Office of Suicide Prevention’s Statewide Reach**

The office is committed to coordinating crisis suicide prevention efforts across Colorado, and the map on Page 7 highlights these crisis and suicide prevention programs.

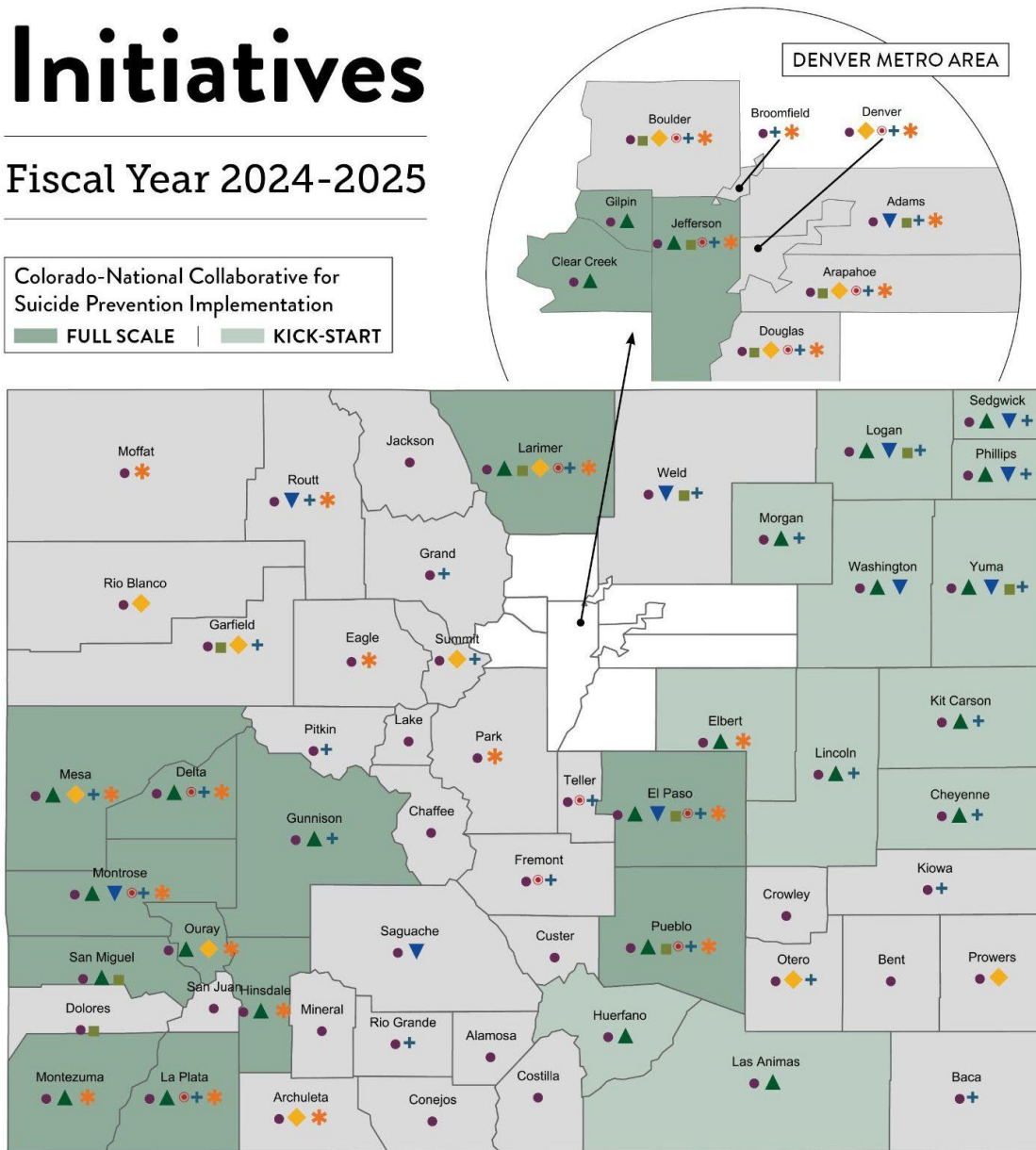


# Suicide Prevention Initiatives

Fiscal Year 2024-2025

Colorado-National Collaborative for  
Suicide Prevention Implementation

**FULL SCALE** | **KICK-START**



## INITIATIVES



Colorado Gun  
Shop Project



Colorado-National  
Collaborative for  
Suicide Prevention



Office of Suicide  
Prevention  
School Training  
Grantees



Sources of  
Strength  
implementing  
schools



Coroner  
mini-grants



Zero Suicide  
Grant Funding



Follow-Up  
Project



Second Wind  
Fund

Learn more about Suicide Prevention Initiatives using the [interactive map](#).

# Coordinating Suicide Prevention Programs across Colorado

The office is the designated lead entity for suicide prevention efforts in the state (per C.R.S. §25-1.5-101(1)(w)) and coordinates with other state and community agencies.

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

- Funding local initiatives to implement a comprehensive approach via the six [Colorado-National Collaborative](#) strategies (connectedness, economic stability, education/awareness, safer suicide care, lethal means safety, postvention).
- Focusing on communities, populations, and parts of the state where rates of suicidal despair, attempts,<sup>1</sup> and deaths are high.
- Implementing primary prevention strategies (i.e., increasing connectedness, economic stability, and supports) to reach individuals before a crisis.
- Training individuals to recognize and respond to suicidal crises.
- Addressing lethal means safety, which puts time and space between a suicidal person and their chosen means of suicide — in Colorado, this is most often firearms (54% of suicide deaths in Colorado in 2024 were by firearm).
- Supporting people impacted by suicide, including suicide loss.
- Leading collaborative partnerships.
- Evaluating suicide prevention programs and federal grant implementation.

**In FY 2024-25, the office funded and implemented the following programs:**

## **Improved Comprehensive Suicide Prevention for Youth**

- We funded seven school districts (refer to Table 1, page 12) to implement comprehensive crisis and suicide prevention training strategies.
- We funded Sources of Strength programming in 87 middle and high schools (refer to the map, Page 7).
- We funded four Sources of Strength Train-the-Trainer events, in partnership with the Attorney General's Office.

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<sup>1</sup> Please see Appendix A for data on suicidal despair and suicide attempts among youth and adults.

- We funded the Second Wind Fund to provide suicide-specific therapy for over 800 youth.

### Improved Comprehensive Suicide Prevention within Health Care Settings

- We funded Collaborative Assessment and Management of Suicidality training for over 500 mental and behavioral health clinicians, and Brief Cognitive Behavioral Therapy for Suicide Prevention and Assessing and Managing Suicide Risk training for more than 215 adults.
- We funded [Zero Suicide](#) implementation at eight health systems (refer to the map, Page 7) and training for over 6,000 individuals in community helper suicide prevention and planning.
- We facilitated speakers with professional and lived experience to present at the monthly Zero Suicide Colorado Learning Collaboratives, with 85 health system representatives in attendance at each gathering.
- We funded the Colorado Follow-Up Project to provide at least one follow-up call to over 5,000 people after they were discharged from emergency departments for a suicide attempt and mental or behavioral health crisis.

### Improved Comprehensive Suicide Prevention for Priority Counties and Communities

- We funded eight local, non-profit, and community-based agencies across 15 Colorado counties<sup>2</sup> to implement the [Colorado-National Collaborative](#).
- We funded two agencies to launch local suicide prevention coalitions covering 12 rural counties<sup>3</sup> on the Eastern Plains through the Colorado-National Collaborative Kick-Start project.
- Our grantees provided evidence-based suicide prevention education and awareness training for more than 3,750 community members, including [Question, Persuade, Refer](#), [Mental Health First Aid](#), and [Changing Our Mental and Emotional Trajectory](#).
- We funded [Man Therapy](#) to reach priority populations (i.e., working-age men in high-risk industries, like construction) with over 55,900 Coloradans visiting the website, and over 23,700 Coloradans completing online mental health screenings.

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<sup>2</sup> Clear Creek, Delta, El Paso, Gilpin, Gunnison, Hinsdale, Jefferson, La Plata, Larimer, Mesa, Montezuma, Montrose, Ouray, Pueblo, and San Miguel

<sup>3</sup> Morgan, Logan, Sedgwick, Phillips, Washington, Yuma, Elbert, Lincoln, Kit Carson, Cheyenne, Huerfano, and Las Animas

- We funded [Operation Veteran Strong](#) to add over 3,500 new registered users and shared over 4,800 resources.
- Our grantees implemented specific strategies to support People of Color and LGBTQ+ Coloradans.

### Increased Statewide Lethal Means Safety Efforts

- We collaborated with 11 organizations to support [Gun Shop Project](#) outreach to over 800 firearm community stakeholders across Colorado.
- We partnered with the Colorado Office of Gun Violence Prevention to address the intersecting topic of firearm suicide prevention; respond to public requests regarding firearm suicide deaths; and increase the Gun Shop Project's reach.
- We encouraged over 1,200 providers to complete [Counseling on Access to Lethal Means](#).

### Convened the Colorado Suicide Prevention Commission

- The Commission convened the following [workgroups](#) to collaborate on suicide prevention recommendations: Older Adults; Youth-Specific Initiatives; Maternal Suicide; and Service Members, Veterans, and their Families. The Older Adults Workgroup sunsetted in March 2025, having achieved its goal of making recommendations and creating a network of engaged statewide partners.
- The Commission approved a [Youth-Specific Initiatives Workgroup recommendation](#) to incorporate peer support as a protective factor in addressing suicidal despair, stress management, safety, and well-being.

### Commission's Suicide Prevention Recommendations

The [Commission's suicide prevention recommendations](#) drive the office's programs, in conjunction with national guidance, and ensure a comprehensive approach to suicide prevention. More information about how the office implements these recommendations is available on the [Commission webpage](#). The abbreviated list that follows highlights select recommendations.

### Commission Recommendations to Support Integrated Health Care

- Adopt the Zero Suicide initiative within health care systems.
- Adopt the Colorado Follow-Up Project as standard protocol for following up with suicidal patients after discharge from emergency departments and inpatient settings.
- Expand community-based alternatives to involuntary treatment for support, respite, and recovery before, during, and after periods of crisis.

### Commission Recommendations to Improve Training and Education

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

### Commission Recommendations to Enhance Data Collection Tools and Systems

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

### Commission Recommendations to Build Community Resilience and Connectedness

- Incorporate peer support as a powerful tool and protective factor in addressing suicidal despair, stress management, safety, and well-being of Colorado youth.
- Strengthen equitable economic stability and support, including food security, affordable housing, livable wages, and other family-friendly workplace policies, access to representative care, and broadband internet access.
- Create supportive, inclusive, and safe communities, especially for LGBTQ+ youth and Black, Indigenous, and Youth of Color.
- Support schools and other youth-serving organizations in implementing comprehensive protocols and evidence-based programming to enhance protective factors.

## The Colorado Plan for Suicide Prevention

The Colorado Plan for Suicide Prevention incorporates priorities and recommendations from the office, state agency leadership, the Colorado Suicide Prevention Commission, and the Colorado-National Collaborative into one document that sets forth a path to reduce the impact of suicide in our state.<sup>4</sup> The plan is a living document that prioritizes data-driven and evidence-based/informed strategies and research, and relies on continuing evaluation, data collection, analysis, and plan improvement.

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

## School Crisis and Suicide Prevention Training Grant Program

The office receives an annual appropriation of \$400,000 from the General Fund for the School Crisis and Suicide Prevention Training Grant Program. The office funded grants to four public schools or districts, ranging from \$70,000 to \$130,000. The office also provided \$5,000 mini-grants to three public schools/districts. Mini-grants (refer to Table 1) are annual, single-year awards that provide funding of \$10,000 or less to schools and districts to support staff training in crisis and suicide prevention.

**Table 1. FY 2024-25 mini-grant recipients**

Grantee	# Pupils Enrolled	# Staff Trained	Funding Spent
Academy District 20	26,506	2	\$4,832.36
Montrose County School District	5,9703	8	\$5,000.00
Westminster Public Schools	7,724	27	\$5,000.00

**Table 2. FY 2024-25 comprehensive suicide prevention grant recipients**

Grantee	# Pupils Enrolled	# Staff Trained	Funding Spent
Center Consolidated Schools	605	111	\$102,680.00
Northeast Colorado Board of Cooperative Educational Services	4,287	148	\$70,040.51
Steamboat Springs School District Re-2	2,511	978	\$130,000.00
Weld County School District 6	23,000	437	\$98,931.00
Total (of mini-grant and of comprehensive grant recipients)	178,635	1,358	\$416,483.87 <sup>5</sup>

The four comprehensive suicide prevention grantees submit their suicide prevention policies to the office every year. OSP tracks the grantees' progress toward a [model policy](#), which guides schools and institutions of higher education to promote and incorporate suicide prevention best practices. Table 3 illustrates the status of the

<sup>5</sup> The Office of Suicide Prevention used other General Funds to provide funding to school districts beyond the appropriated \$400,000 to implement suicide prevention strategies with schools.

comprehensive suicide prevention grantees' policies in Year 3. These districts will receive technical assistance to continue to improve their policies.

**Table 3. Comprehensive suicide prevention grantees' progress toward finalizing and implementing a model policy.**

Grant Year	Standard Board of Education Policy Statement	Draft improvements started	Strong policy with room for improvement	<u>Model policy that aligns with national standards</u>
FY 2024-25	0	2	2	0

## Conclusion

The Office of Suicide Prevention is maximizing resources and partnerships to support evidence-based and informed programs across Colorado. This work focuses on three key areas: upstream prevention designed to reach people before the onset of suicidal thoughts and behavior, targeted intervention for individuals experiencing suicidal despair, and providing resources and supports for those impacted by a suicide attempt or loss.

The office's data-driven approach is showing results. While the overall suicide fatality rate remains steady, the suicide rate for youth ages 10-18 in 2024 was the lowest since 2007, a statistically significant decrease attributed to statewide partnerships and youth-focused programs.

Looking ahead, the office and Suicide Prevention Commission will continue to prioritize and fund innovative and evidence-based programs like Zero Suicide, the Follow-up Project, lethal means safety education, community-based suicide prevention initiatives, and school-based programs like Sources of Strength.

It will never be enough only to provide treatment to those who are having suicidal thoughts; as a state, we have to invest in upstream prevention so that all Coloradans are thriving and have fulfilling, hopeful lives. We will see the greatest reduction in suicide attempts and deaths when we can reduce the likelihood that people feel suicidal. The office will continue its charge to support all Colorado communities by working together to prevent suicidal despair, suicide attempts, and deaths by suicide.

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

The office uses multiple data systems to understand the impact of suicide on Colorado communities. Each data system provides valuable insight into the reasons behind and the impacts of suicide in Colorado. No one data system can track or represent the complicated truths of what drives suicidal despair. Despite these limitations, suicide-specific data rooted in lived experience provides us with crucial information about how we can best support people across a continuum of suicidal experiences. Our goal is not only to prevent people from dying by suicide; we also work to prevent suicidal despair, reduce suicide attempts, and support everyone to have a fulfilling and thriving life.

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

## Suicide deaths

Colorado's suicide age-adjusted fatality **rate** has not demonstrated a statistically significant year-over-year variation upwards or downwards since 2014.<sup>7</sup> Colorado is sixth in the nation for year-over-year population growth since 2008,<sup>8</sup> while continuing

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

<sup>7</sup> Confidence intervals measure statistical significance or the likelihood that the difference between two data points is due to chance or some other factor. When confidence intervals overlap, there is no statistically significant change in the data points because the change may be due to chance.

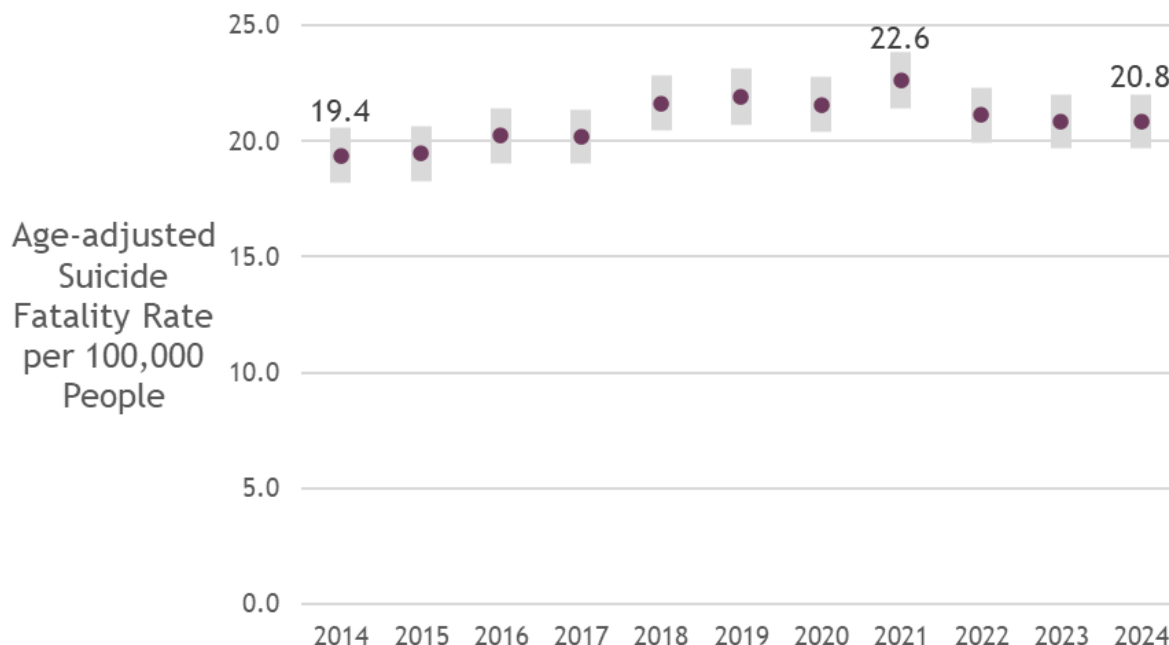
<sup>8</sup> [Population Growth in Most States Lags Long-Term Trends, The Pew Charitable Trusts, 2024. www.pewtrusts.org/en/research-and-analysis/articles/2024/05/07/population-growth-in-most-states-lags-long-term-trends?pop\\_tile\\_states=co](https://www.pewtrusts.org/en/research-and-analysis/articles/2024/05/07/population-growth-in-most-states-lags-long-term-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

to have a suicide rate among the 10 highest in the United States.<sup>9</sup> In 2024, there were 1,306 suicide deaths among Colorado residents, resulting in an age-adjusted suicide rate of 20.83 deaths per 100,000 persons.

While the age-adjusted suicide rate increased from 2014 to 2021, the rate for 2024 reflects a recent stabilization in the suicide rate. When comparing annual age-adjusted suicide rates, there has been no statistically significant year-over-year change in the suicide fatality rate since 2014.

**Figure 4. Age-adjusted suicide death rate per 100,000 people between 2014-2024.**

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



In 2024, Colorado males experienced higher rates and counts of suicide deaths (33.65 per 100,000 males; 1,005 deaths) compared to females (10.14 per 100,000 females; 301 deaths). Males ages 25-64 experienced the highest rates and counts of suicide deaths.<sup>10</sup> Older males aged 65 years and older have the next highest suicide rate<sup>11</sup>

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

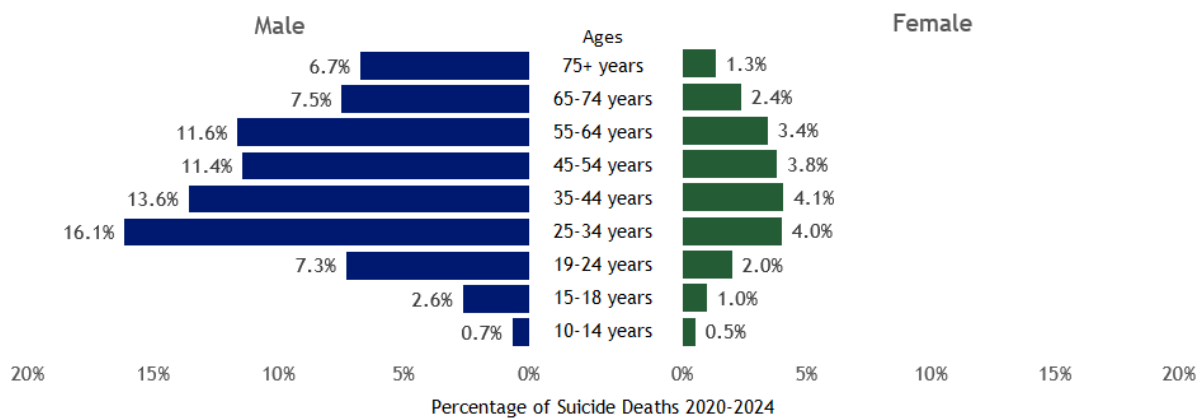
<sup>10</sup> In 2024, the suicide rate for males ages 25-64 was 42.49 per 100,000 population based on 682 deaths.

<sup>11</sup> In 2024, the suicide rate for older adult males ages 65+ was 41.54 per 100,000 population based on 190 deaths.

followed by young adult males ages 19 to 24,<sup>12</sup> and then male youth ages 10-18 years.<sup>13</sup>

**Figure 5. From 2020 through 2024, males ages 25-34 were a greater proportion of suicide deaths compared to other male age groups and all female age groups. Percent of all deaths by suicide by sex and age group in 2020-2024.**

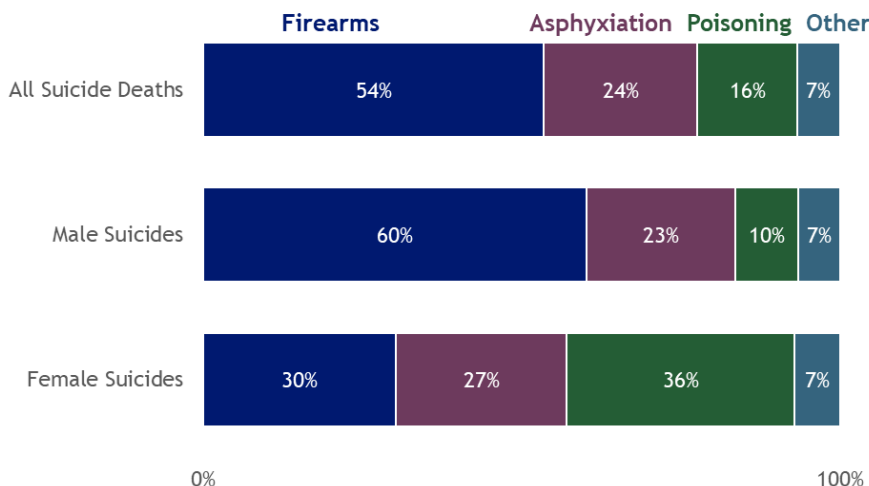
Source: Vital Statistics Program, Colorado Department of Public Health and Environment.



**Figure 6. Firearms are the leading method of suicide in Colorado.**

Percentage of suicide deaths by method and sex for the years 2020-2024 combined.

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



<sup>12</sup> In 2024, the suicide rate for young adult males ages 19-24 was 42.16 per 100,000 population based on 105 deaths.

<sup>13</sup> In 2024, the suicide rate for youth males ages 10-18 was 8.18 per 100,000 population base on 28 deaths.

## Suicidal despair through self-reports

Measuring suicidal thoughts and suicide attempts is difficult because not all people report suicidal thoughts or receive medical attention after an attempt. Increases in calls to crisis lines or emergency room visits may or may not indicate an actual increase in suicidal despair; rather, they may point to *increased* trust, knowledge, or access to helpful and trustworthy resources. **Two surveys that provide crucial information about suicidal despair among Coloradans are the Healthy Kids Colorado Survey (HKCS) and the Colorado Behavioral Risk Factor Surveillance System (BRFSS).**

### Self-reported youth data

According to the [2023 Healthy Kids Colorado Survey](#), the percentage of public high school students in Colorado who reported feeling so sad or hopeless that they stopped doing some usual activities for two weeks or more decreased from 2021 to 2023 (39.6% in 2021 vs 25.7% in 2023). There was also a decrease in the percentage of students who reported seriously considering attempting suicide during the past 12 months from 2021 to 2023 (17.1% in 2021 vs 11.1% in 2023), as well as a decrease in the percentage of students who reported attempting suicide in the past 12 months (7.2% in 2021 vs 5.5% in 2023). In 2023, 54.2% of students said they would tell their parents or guardians if they were concerned about their own or someone else's well-being or mental health, with 50.4% of students saying they would tell another trusted adult (who is not their parent or guardian) if they were concerned about their own or someone else's well-being or mental health. This is positive since we know that having a trusted adult to go to can be one of the strongest protective factors against suicide in a young person's life.

### Self-reported adult data

According to the 2024 Colorado [Behavioral Risk Factor Surveillance System](#), 4.3% of Coloradans ages 18 and older reported having seriously considered attempting suicide in the past year, a statistically significant decline from 2023. Less than 1% of Colorado adults ages 18 and older reported attempting suicide in the past 12 months. Of Colorado adults ages 18 and older who reported serious thoughts of suicide, 14.4% also reported attempting suicide in the previous 12 months. In 2024, 7.4% of

Coloradans ages 18 and older reported experiencing a suicide death of a family member or close friend in the past year.

Significant disparities in suicide-specific data persist across gender identities, sexual orientations, races, and ethnicities for respondents. More data on these disparities can be found on [the Colorado Department of Public Health and Environment's suicide data dashboards](#); the [Healthy Kids Colorado Survey data dashboard](#), and the [Colorado Behavioral Risk Factor Surveillance System data dashboard](#).

## Data equity

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

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

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

## Data summary

In 2024, suicide was the seventh leading cause of death for all Coloradans. Adults ages 25-64 continue to have the highest rates and counts of suicide deaths, representing about 68% of all suicide fatalities (883 in 2024). Men represent a disproportionate number of suicide deaths, representing 77% of suicide fatalities across all age groups. The suicide fatality rate among youth ages 10-18 declined to 5.85 per 100,000 youth ages 10-18, which is statistically significantly lower than the 10.65 rate observed for this age group in 2021. Geographic and demographic data vary across Colorado. Visit [CDPHE's interactive data dashboard](#) to learn more.

## Appendix B: Evaluation

The Office of Suicide Prevention (the office) coordinates evaluation activities for four federal grants: CDC's Comprehensive Suicide Prevention Grant, SAMHSA's Garrett Lee Smith (GLS) Youth Suicide Prevention and Early Intervention Grant, SAMHSA's Zero Suicide Implementation Grant, and SAMHSA's National Strategy for Suicide Prevention (NSSP) Grant. For the CDC Comprehensive Suicide Prevention Grant, the office coordinates with the Colorado-National Collaborative's (CNC) Evaluation Committee, which includes representation from local CNC grantees and national partners to monitor implementation of the CNC's core activities. The CNC Evaluation Committee met monthly in FY 2024-25 to identify process improvements and implement new data collection protocols to inform quality improvement for the CNC. In FY 2024-25, the office continued data collection for the national GLS evaluation in collaboration with ICF International Inc. and SAMHSA. OSP conducted a series of focus groups with Coloradans aged 18-24 to better understand what resources young adults seek when experiencing suicidal ideation and what challenges prevent access to such resources. The office staff will use findings from this series of focus groups to inform program improvements. The office conducted evaluation activities for SAMHSA's NSSP grant, including collecting data on lived experiences with suicide among behavioral health care providers. The office's NSSP grant evaluation activities support an ongoing assessment of how disparities impact Colorado communities in office-sponsored training for behavioral health care providers, CNC program implementation, and the Gun Shop Project.

The office disseminated findings from evaluation activities for the Gun Shop Project at the 2025 Culture of Data Conference, hosted by the Colorado Public Health Association. The office collaborated with the Colorado School of Public Health and CDHPE's Healthy Kids Colorado Survey team to conduct an original study on the differential effect of school and family-based protective factors for suicide among students who are cisgender and straight and students who identify as LGBTQ+. OSP shared these findings from this original research at the 2025 Culture of Data Conference.

# Appendix C: Colorado's Wildly Important Goal for FY2025

FY 2024-25, Governor Jared Polis again tasked the Colorado Department of Public Health and Environment with a Wildly Important Goal (WIG) to reduce Colorado's suicide rate by 7% from calendar year 2023 to calendar year 2025. The age-adjusted suicide fatality rate for 2023 and 2024 was 20.83 deaths per 100,000 population. The Office of Suicide Prevention (the office) prioritized four lead measures and used a combination of state and competitive federal funding to support the Governor's WIG.

## **Lead Measure 1: Triple the number of Gun Shop Project visits.**

- Goal: Increase the total number of Colorado firearm community gun shop visits for the Gun Shop Project from 160 in FY 2023-24 to 560 by the end of FY 2024-25.
- There were 812 gun shop visits, exceeding the goal.

## **Lead Measure 2: Increase the number of providers trained in Collaborative Assessment and Management of Suicidality (CAMS).**

- Goal: Increase the total number of mental and behavioral health providers who take CAMS role-play training from 2,715 in FY 2023-24 to 3,115 by the end of FY 2024-25.
- 3,243 Colorado providers received CAMS role-play training, exceeding the goal.

## **Lead Measure 3: Increase the number of Hospital Follow-Up Project caring contact calls**

- Goal: Increase the total number of people who received Hospital Follow-Up Project services from 36,000 through FY 2023-24 to 42,500 in FY 2024-25.
- Just over 41,000 people received follow-up services by the end of FY 2024-25, not quite meeting the goal.
- The first quarter of FY 2024-25 required an unexpected change in vendor for the Hospital Follow-Up Project due to the closure of Rocky Mountain Crisis Partners' call center, resulting in fewer referrals from August–November 2024 as the program transitioned to the University of Colorado School of Medicine.

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### **Lead Measure 4: Increase the number of youth receiving suicide-specific therapy from the Second Wind Fund**

- Goal: Increase the total number of Colorado youth under the age of 19 with suicide-specific therapy from the Second Wind Fund from 940 in FY 2023-24 to 1,350 by the end of FY 2024-25.
- 1,766 youth received this suicide-specific therapy, exceeding this goal.