



# Office of Suicide Prevention

## At a Glance

The Office of Suicide Prevention is the designated state lead for prevention, intervention, and postvention coordination across the lifespan for Colorado. With an annual operating budget of \$539,000, the Office is able to provide some support to local communities through a community grants program, as well as support several small scale activities. With additional funding, the Office would be able to take many of these efforts statewide and increase the amount of funding available to local communities.

### Snapshot Programs and Priorities:

#### 1. Community Grants

In fiscal year 2018, the Office will be funding thirteen community agencies involved in a variety of local community prevention efforts. Grantees include school districts, hospitals, community mental health agencies, non-profits, and local public health.

#### 2. Man Therapy

The website is designed to reach working-age men, who account for the highest number of suicide deaths in Colorado annually. Men are far less likely than women to access available mental health services. Man Therapy is designed to: 1) change the way men think and talk about suicide and mental health; 2) provide men and their loved ones with tools to empower them to take control of their overall wellness; and 3) reduce the number and rate of suicide deaths among men. The website has additional resources for veterans and first responders.

#### 3. Suicide Prevention Commission of Colorado (Senate Bill 14-88)

On May 29, 2014, Governor Hickenlooper signed Senate Bill 088 into law, which created the Suicide Prevention Commission of Colorado (Commission). The Commission is tasked with providing public and private leadership for suicide prevention efforts and making data-driven, evidence-based recommendations for Colorado. The Commission also serves in an advisory capacity to the Office of Suicide Prevention.

#### 4. Colorado National Collaborative

In FY 2015-2016, the Office of Suicide Prevention, the Commission, and partners from the Injury Control Research Center for Suicide Prevention at the University of Rochester, the Suicide Prevention Resource Center, the American Foundation for Suicide Prevention, and the National Action Alliance for Suicide Prevention formed a state-national partnership, called the Colorado-National Collaborative, focused on designing, implementing and evaluating a comprehensive suicide prevention strategy for Colorado aligned with national and Commission recommendations, and the Office of Suicide Prevention's priorities that emphasize a comprehensive and community-based approach to suicide prevention.

Collaborative priorities include focusing on high burden communities within Colorado to spread: 1) the adoption of the *Zero Suicide* framework in health care systems; 2) upstream primary prevention strategies that target veterans, older adults, men in the middle years, and youth; and 3) engaging and partnering with the criminal justice systems and other prevention

programs, like interpersonal violence prevention, positive youth development, and shared risk and protective factor programs working across Colorado.

#### **5. Zero Suicide Initiative for health systems (Senate Bill 16-147)**

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

#### **6. Colorado Gun Shop Project**

In Colorado, 78 percent of firearm deaths are suicides. Nearly half of all suicide deaths in Colorado involve the use of a firearm, making it the most common method of suicide death in the state. The Office of Suicide Prevention continues to actively engage stakeholders in partnerships and meaningful conversations to reduce firearm suicide, an issue all Coloradans support regardless of which side of the polarizing gun debate they endorse. The project is currently underway in over 20 counties in our state.

#### **7. Follow-Up after discharge from emergency departments and inpatient settings**

Individuals with a recent discharge from an emergency department or inpatient setting are at higher risk for suicide, especially in the month following discharge. Approximately 70 percent of individuals discharged from emergency departments after a suicide attempt do not attend a follow-up appointment with a mental health provider. Based on this gap in continuity of care, within its first year, the Commission's Emergency Services Workgroup developed a pilot project protocol utilizing the Colorado Crisis & Support Line to provide telephonic follow-up support to patients following discharge from an emergency department. The Follow-Up Project involves connecting patients who have been evaluated for suicidal thoughts or behaviors with the hotline at the time of discharge. The hotline provides continuing follow-up contact via telephone with the patient for at least thirty days, or until he or she connects with community mental health services or declines further contact.

#### **8. Support training for mental health providers**

In Colorado, approximately a third of those who die by suicide are receiving mental health services at the time of their death. Currently, there is no requirement within Colorado for providers to demonstrate competency with suicidal risk management within their practice. The Office has identified evidence-based trainings to prioritize within Colorado, in alignment with Zero Suicide efforts.

#### **9. Support Primary Care Practices in reducing suicide risk**

Primary care is often the first line of contact for individuals who would be less likely to seek out mental health services directly, particularly men who are disproportionately represented in suicide deaths each year. In 2015, the Commission created a Primary Care Workgroup to explore best practices related to increasing earlier detection of distress and reducing suicide risk for patients within primary care settings. The Workgroup investigates opportunities to leverage ongoing work with the Colorado State Innovation Model project, build partnerships, align work and momentum statewide, and identify feasible and realistic recommendations for the primary care community that will remain effective in minimizing risk within these settings, while not overburdening practices. The Office is presently updating resources for

primary care practices which align with Zero Suicide and will be disseminating training and toolkits to practices in fiscal year 2018.

**10. Comprehensive suicide prevention strategies for high risk industries (first responders, construction, oil & gas, agriculture & ranching, finance)**

Each of these professions should be supported in developing a comprehensive approach to suicide prevention. Research indicates the approach to suicide prevention should entail more than a brief gatekeeper training and should focus on a top-down culture shift in how mental health can be supported within these professions. Training should include a gatekeeper training module to identify risk in peers, expanded access to industry-relevant mental health services, and the inclusion of internal policies aimed at reducing stigma within these male-dominated professions.

**11. Sources of Strength**

Sources of Strength is an evidence-based program designed to build emotional resiliency, increase school connectedness and prevent suicide. The program is based on a positive youth development model and is an approach to suicide prevention that builds protective factors among participating students in the school community. The Commission maintains that all schools in Colorado should implement a full spectrum of prevention programming starting with comprehensive protocols to address prevention, intervention, and postvention. Further, all school staff should receive training specific to suicide prevention. Additionally, primary prevention efforts aimed at increasing protective factors should be adopted within elementary schools, such as the Good Behavior Game, which focuses on social/emotional learning.

**12. Support for Emergency Departments, Psychiatric Facilities, and Community Mental Health Centers (House Bill 12-1140)**

The Office supplies resources to facilities which are to be provided to patients and families following discharge for a suicide attempt. The Office utilizes an open communication stream in which the Office can share resources, trainings, best practices, and other opportunities on an on-going basis with hospitals and providers. The Office also conducts a survey every other year to identify standard practices, gaps, and needs for additional support.

**13. Data improvement**

Colorado has several data collection streams specific for suicide, including the Colorado Violent Death Reporting System, Vital Statistics, and Child Fatality Prevention System. Many other data streams exist but are not coordinated in a centralized platform for ease of communication. Enhancing available surveillance will help shed light on more access points to reach those at risk for suicide, better inform prevention efforts, and provide a baseline to track future progress in Colorado. The Commission recommends encouraging coroners, medical examiners, and law enforcement to adopt a standardized suicide investigation form, which has been developed and is in pilot testing.

The Commission has also recommended that Colorado develop a mechanism and resources to allow the Colorado Violent Death Reporting System to access public judicial filings to link any suicide deaths with contact with the legal system.

**14. Promotion of universal screening of suicide risk and depression for health settings**

During its first year, the Commission recommended universal screening for depression and suicide risk in the emergency department. This aligns with the Joint Commission's release of Sentinel Event 56, which encourages detecting and treating suicide ideation in all hospital

settings, as well as the US Preventive Services Task Force recommendation to screen adults and adolescents for depression and suicidality within health settings. Many screening tools are available for little to no cost on the Suicide Prevention Resource Center’s website. Additionally, organizations faithfully implementing *Zero Suicide* will also have consistent screening protocols identified and embedded within agency workflow and performance measures.

### **15. Development of Comprehensive Model for Legal Community**

The legal community, comprising judges, attorneys, and probation departments, represents another access point outside of the health care system to reach individuals at risk for suicide. The Commission’s Training & Education workgroup is presently developing a strategic plan for the legal community in alignment with Zero Suicide efforts, to include a bench card resource for the judicial branch.