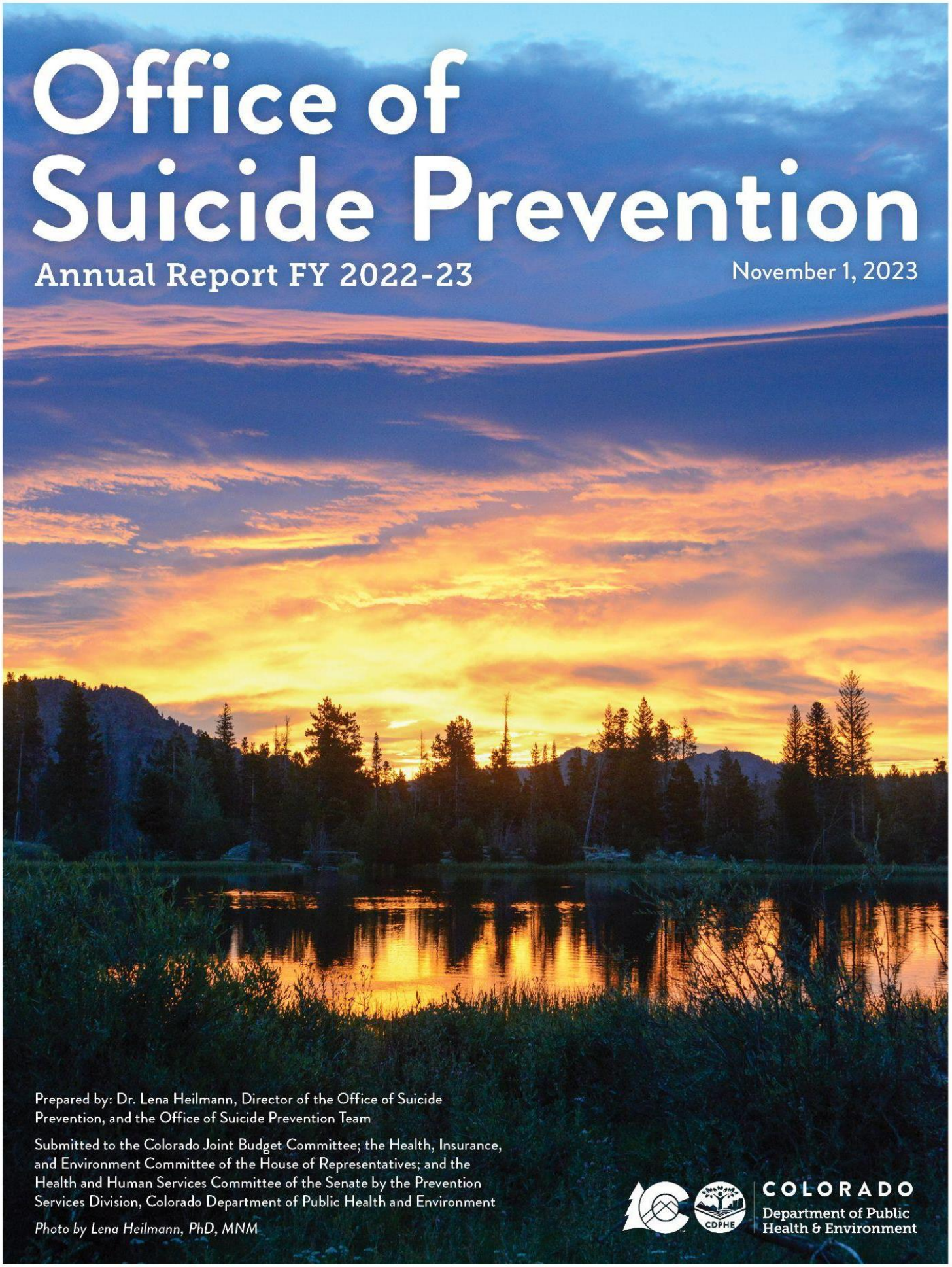
Office of Suicide Prevention

Annual Report FY 2022-23

November 1, 2023



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Submitted to the Colorado Joint Budget Committee; the Health, Insurance, and Environment Committee of the House of Representatives; and the Health and Human Services Committee of the Senate by the Prevention Services Division, Colorado Department of Public Health and Environment

Photo by Lena Heilmann, PhD, MNM

COLORADO
Department of Public Health & Environment

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The Office of Suicide Prevention: Executive Summary

OSP's mission is to serve as the lead entity for suicide prevention, intervention supports, and postvention efforts in Colorado, collaborating with communities statewide to reduce the number of suicide deaths and attempts.

Suicide fatality rates in Colorado remain statistically steady, but showed a slight overall decrease in 2022 compared to the prior year.

In 2022, the age-adjusted suicide fatality rate in Colorado was 21.07 per 100,000 population. **There has been no statistically significant year over year change in Colorado's age-adjusted suicide fatality rate since 2014**. The suicide fatality rate for Colorado youth (ages 10-18) has also remained statistically stable. **Since 2015, there has been no statistically significant change in Colorado's suicide fatality rate among youth (ages 10-18 years).**[1]

In 2022, the suicide rate for youth ages 10-18 was 8.53 per 100,000 population aged 10-18 years (in 2020, the rate was 13.06 per 100,000; 56 youth died by suicide in 2022 compared with 87 youth who died by suicide in 2020). Although this decrease is not statistically significant, **the 2022 youth suicide fatality rate is the lowest since 2014.**

Office of Suicide Prevention's approach to statewide, comprehensive suicide prevention[2] includes the following strategies:

- Funding local initiatives
- Focusing efforts on priority populations and parts of the state where rates of suicidal despair, attempts, and deaths are high
- Implementing primary prevention strategies to reach individuals before a crisis
- Training individuals to recognize and respond to suicidal crises
- Addressing lethal means safety
- Supporting individuals and communities that have been impacted by suicide, including suicide loss
- Leading collaborative partnerships

Office of Suicide Prevention's FY 2022-23 highlights and successes

OSP collaborates with communities and agencies across Colorado to coordinate suicide prevention programs and efforts. During this reporting period, OSP expanded critical programming to more Colorado communities through state and federal funding. OSP has obtained all available federal grants to support suicide prevention in Colorado. These grants

[1] More information on data trends in Colorado can be found later in this report and in the appendix. Suicide fatality data is publicly available at cdphe.colorado.gov/colorado-suicide-statistics

[2] Per §25-1.5-101(1)(w)(III)(a); §25-1.5-111(4); §25-1.5-112(5); and §25-1.5-113(4)(b) of the Colorado Revised Statutes (C.R.S.), the Office of Suicide Prevention (OSP) in the Colorado Department of Public Health and Environment (CDPHE) is required to report on its activities by November 1 of each year.

support a comprehensive, community-based public health approach to suicide prevention statewide.

The Office's key successes include the following highlights:

Improved Comprehensive Suicide Prevention for Youth

- Funded 11 districts, one Board of Cooperative Educational Services (BOCES), and two schools to implement comprehensive crisis and suicide prevention training strategies.
- Funded Sources of Strength™ implementation in 141 middle schools, high schools, and youth-serving organizations in partnership with the Attorney General's Office.
- Built out a youth referral pathway for suicide-specific therapy services between the Follow-Up Project and the Second Wind Fund.
- The Suicide Prevention Commission recommended addressing the intersection of disordered eating and suicide among youth (ages 0-24).

Improved Comprehensive Suicide Prevention within Health Care Settings

- Funded follow-up support services for nearly 10,100 people after discharge from emergency department settings for a mental health or behavioral health crisis, including suicide attempts, through the Colorado Follow-Up Project.
- Funded more than 350 mental and behavioral health clinicians to be trained in evidence-based suicide-specific intervention treatment using the Collaborative Assessment and Management of Suicidality (CAMS) model.
- Successfully completed the five-year SAMHSA Zero Suicide grant (2019-2023), with health system grantees having fully integrated suicide care trainings, suicide-specific care plans and quality improvement activities for patients at risk for suicide.

Improved Comprehensive Suicide Prevention for Priority Counties

- Added two new agencies to the Colorado-National Collaborative (CNC) and expanded its CNC support from six to 15 Colorado counties in their implementation of a comprehensive approach to suicide prevention, spanning urban, rural, and frontier environments.
- Funded evidence-based suicide prevention education and awareness training for more than 4,700 community members.

Improved Comprehensive Suicide Prevention for Priority Populations

- Contributed funding to a Spanish-language transcreation of the Man Therapy.
- Partnered with the Office of Gun Violence Prevention to fund lethal means safety Man Therapy online modules.
- Funded and improved the accessibility of Operation Veteran Strong.
- Funded 12 agencies to support the Gun Shop Project and expanded programming to reach all 64 Colorado counties.
- The Suicide Prevention Commission recommended promoting gatekeeper training3 to support older adults (ages 65+).

Office of Suicide Prevention funding overview

OSP uses state General Fund and competitive federal grant awards to address strategic priority areas at the state and local level. In FY 2022-23, OSP's budget was approximately $5.19 million ($3.3 million of which were competitive federal grant funds).

The Office of Suicide Prevention's commitment to equity

OSP grounds its strategies in research that recognizes the systemic causes behind many kinds of injury and violence.[4] The Office works to reduce suicidal despair, attempts, and deaths by identifying and implementing solutions that dismantle oppressive systems. We work with community partners to prioritize equity in all of our programs and practices.

How to Read this Report

This report is organized into sections. The first section describes Colorado data and the structural elements of the office and the office's initiatives. The second section describes the office's efforts for each separate priority population. Finally, the last section provides specific descriptions of each initiative that is part of a comprehensive approach to suicide prevention.

Conclusion

OSP will continue to identify opportunities to increase programmatic reach, including through new competitive federal grant awards, to reach more critical workforce industries (including construction and oil and gas) and more priority populations and regions of the state.

[3] Gatekeeper training is a non-clinical training that helps attendees learn: to identify risk factors and warning signs for someone who may be feeling suicidal; to approach and engage those who may be struggling; to connect them with supportive resources and help.

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

SECTION ONE
Suicidal Despair, Suicide Attempts, and Deaths by Suicide: Colorado-Specific Data

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

Many Coloradans will struggle with suicide at some point in their lives. Experiences of suicide exist on a continuum that ranges from suicidal despair and thoughts of suicide (ideation) to attempts to death. Far more Coloradans have thoughts of suicide or survive a suicide attempt than die by suicide each year. The vast majority of those who experience thoughts of suicide will not go on to make a suicide attempt: of those who do make an attempt and survive, more than 90% will not go on to later die by suicide.[5] 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.

Each of these statistics represents a profound impact to our Colorado communities. It is with honor and respect that the following data is presented with recognition of our shared responsibility to take action in light of the pain of these experiences.

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 OSP 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 2021[6] Healthy Kids Colorado Survey, the proportion of high school students who reported feeling so sad or hopeless that they stopped doing some usual activities for two weeks or more increased from 2019 to 2021 (34.7% in 2019 vs 39.6% in 2021). There was not a significant change in the proportion of students who reported seriously considering

[5] 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.

[6] Because the Healthy Kids Colorado Survey is administered during odd numbered years, this report continues to refer to 2021 survey data.

attempting suicide during the past 12 months (17.5% in 2019 vs. 17.1% in 2021), nor was there a significant change in the proportion of students who reported attempting suicide in the past 12 months (7.6% in 2019 vs. 7.2% in 2021). On a positive note, over 73.5% of high school students reported that they had an adult to go to for help with a serious problem in 2021, which can be one of the strongest protective factors against suicide in a young person's life.

Significant disparities in suicide-specific data persist across gender identities, sexual orientations, races, and ethnicities for respondents. The LGBTQ+ and the BIPOC priority sections of this report provide more detailed data regarding these priority populations.

Self-reported adult data

According to the 2022 Colorado Behavioral Risk Factor Surveillance System (BRFSS), 6.4% of adults ages 18 and older had thoughts of suicide in the past year. Of those adults, 17.4% attempted suicide in the past year. Life stressors, such as chronic disease, housing insecurity, and financial instability were more common among those who had thoughts of suicide and attempted suicide.

Hospital data

The majority of people who attempt suicide do not visit an emergency department or hospital; for this reason, hospital data provides a key, but incomplete, picture of suicidal ideation and suicide attempts in Colorado. OSP works with hospitals statewide through the Zero Suicide initiative, the Follow-Up Project, as well as through collaboration with the Department of Health Care Policy and Financing, the Colorado Department of Human Services and the Behavioral Health Administration.

Overall admission rates for suicide-related emergency department visits in Colorado remained similar from 2018 to 2022. The age-adjusted rates[7] for suicide-related emergency department visits (n=9,025) in 2018 was 162.12 per 100,000 population compared to 151.92 per 100,000 in 2022 (n=8,514). Suicide-related hospitalizations showed a decreasing trend from 2018 to 2022. The number of these hospitalizations decreased from 3,165 in 2018 (age-adjusted rate of 56.01 per 100,000) to 2,734 in 2022 (age-adjusted rate of 47.51 per 100,000). In this data, females are disproportionally represented: females accounted for 64% of suicide-related emergency department visits and 60% of suicide-related hospitalizations between 2018-2022.[8] At this time, it is not possible to analyze emergency department or hospitalization data by race or ethnicity due to wide variations in data quality and collection practices.

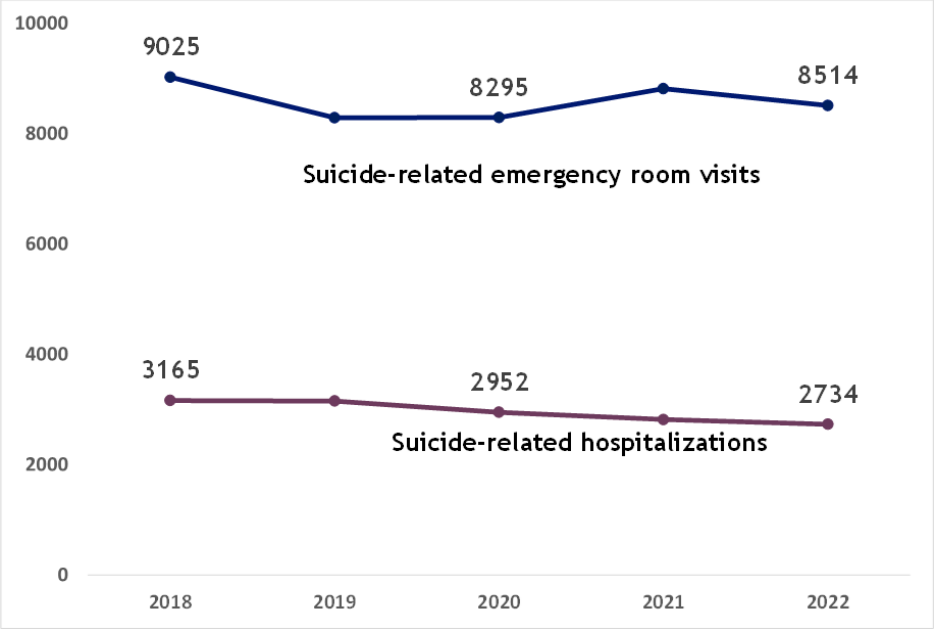
[7] An age-adjusted rate has been standardized to the age distribution of a particular population (in this case the 2000 US population) so that it is, in effect, independent of the age distribution of the population it represents. Thus age-adjusted rates are rates that would have existed if the population under study had the same age distribution as this "standard" population. Age-adjusted rates are used to compare rates over time or among different geographical areas, where differences between rates would not be due to differences in either sizes or age-distributions of populations compared.

[8] OSP is committed to inclusion and diversity: although current data surveillance systems often utilize biological sex when measuring gender-related health outcomes, we recognize that these terms do not accurately reflect the lives of all genders in Colorado. We use the terms "male" and "female" as they are documented in CDPHE data systems to be consistent with how these data appear in other CDPHE reports.

Definitions

- **Suicide-related emergency department visits** include only those who were treated and released in the emergency department. This definition does not include individuals who were admitted into the hospital.
- **Suicide-related hospitalizations** include anyone admitted into the hospital. Individuals may or may not have been initially treated in the emergency department.

Figure 1. Both **Suicide-related emergency room visits** and **hospitalizations** decreased slightly in 2022.
The number of emergency room visits and hospitalizations between 2018-2022.



Data Sources: Emergency Department Visit Data, Hospital Discharge Data, Colorado Hospital Association.
Prepared By: Center for Health and Environmental Data, Colorado Department of Public Health and Environment.

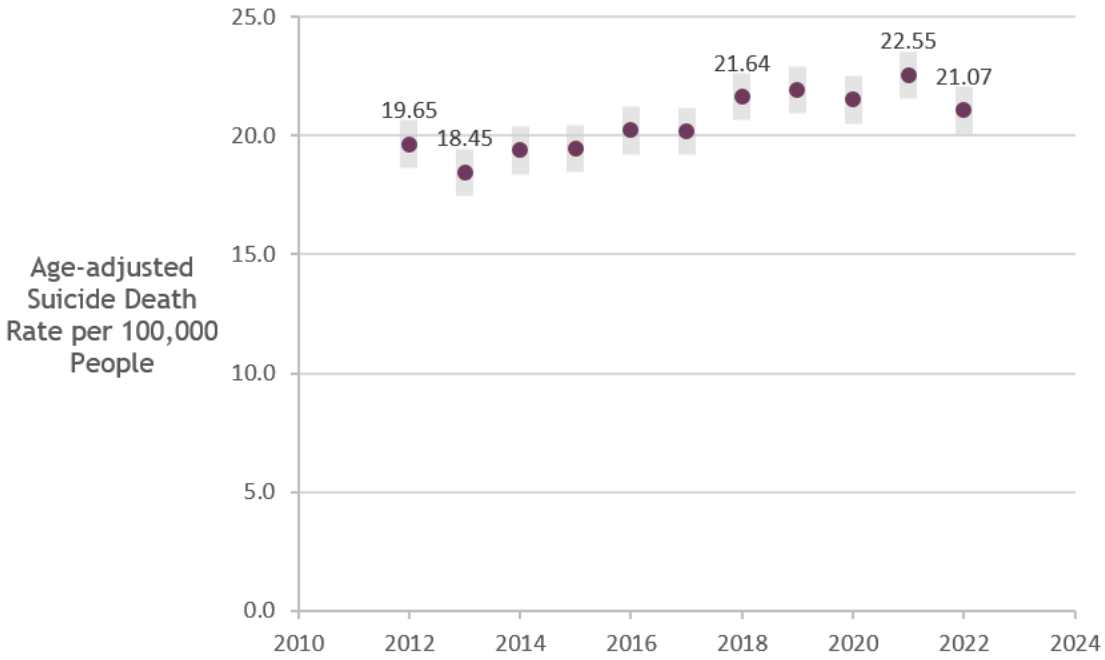
According to emergency department and hospitalization records, poisoning and overdose are the most common recorded suicide **attempt** methods. Between 2018-2022, there were 42,937 suicide-related emergency department visits: 51% of them were due to drugs and other substances. In the same timeframe, there were 14,827 suicide-related hospitalizations: 73% of them were due to drugs and other substances.

Between 2014 and 2022, Colorado's suicide fatality rate has not demonstrated a statistically significant year over year variation upwards or downwards.

Suicide deaths

Colorado's suicide fatality **rate** has not demonstrated a statistically significant year over year variation upwards or downwards since 2014.[9] Colorado, which is among the top ten states in the nation for population increases since 2010[10] has experienced tremendous population growth.[11] Colorado continues to have a suicide rate among the 10 highest in the United States.[12] In 2022, there were 1,287 suicide deaths among Colorado residents, resulting in an age-adjusted suicide rate of 21.07 per 100,000. Despite concerns that the effects of the COVID-19 pandemic would increase suicide deaths, Colorado's age-adjusted rate did not change in a statistically significant way from the emergence of COVID-19 to 2022.

Figure 2. The number of suicide deaths has increased over time, but there is no statistically significant year over year change in the suicide fatality rate since 2014.
Age-adjusted suicide death rate per 100,000 people between 2012-2022.



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

[9] 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.

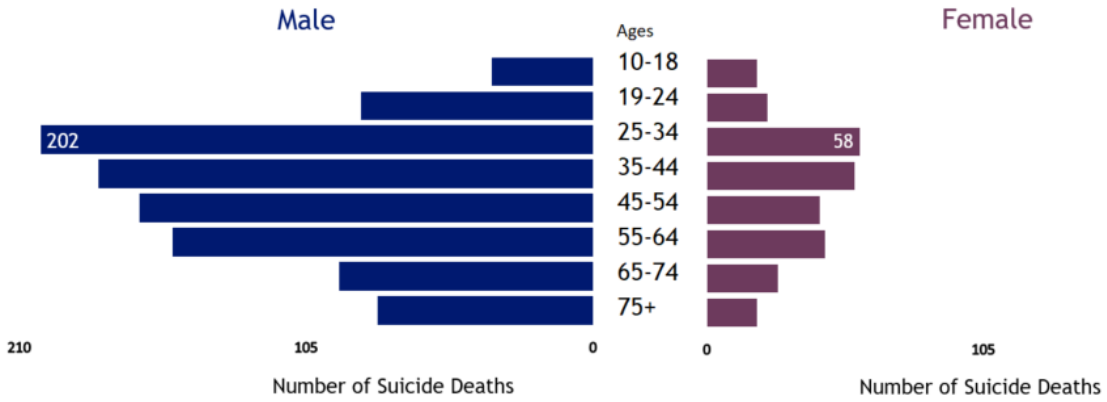
[10] www.cdc.gov/suicide/suicide-rates-by-state.html

[11] www.statista.com/statistics/206101/resident-population-in-colorado/

[12] www.cdc.gov/suicide/suicide-rates-by-state.html

In Colorado, males ages 25-64 experience the highest rates and counts of suicide deaths.[13] Older males ages 65 years and older have the next highest suicide rate[14] followed by young adult males ages 19 to 24,[15] and then male youth ages 10-18 years.[16]

Figure 3. In 2022, males ages 25-44 died by suicide more often than females and other age groups.
The number of deaths by suicide by sex and age group in 2022.

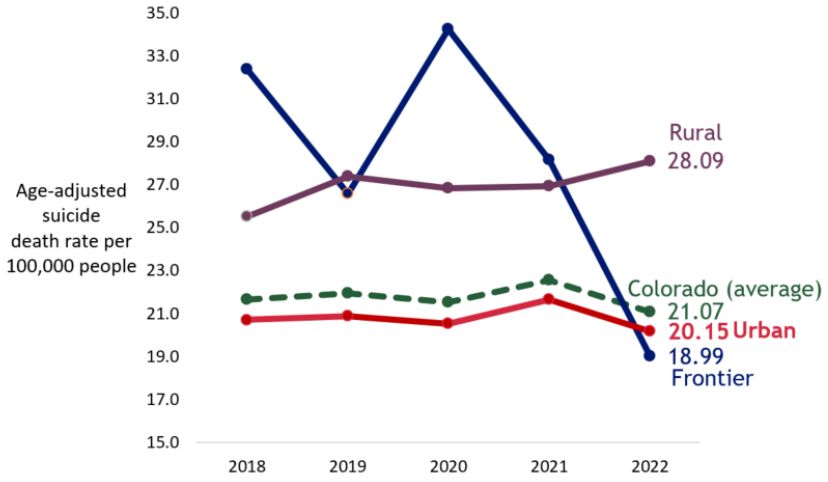


Source: Vital Statistics Program, Colorado Department of Public Health and Environment.

Rural counties with smaller populations tend to have higher (but more variable) suicide rates. These elevated rates may highlight differences in access to health resources, increased access to firearms, and an older population. According to the Colorado Rural Health Center, 21% of Colorado's rural population is aged 65+ compared to only 16% of the urban population. Moreover, the top five counties in Colorado with the highest proportion of residents aged 65+ are all rural (Custer, Mineral, Huerfano, Ouray, and Hinsdale). Trends in rural Colorado's aging population are expected to intensify over time: the median projected age for 2030 in rural Colorado (42.1) is two years older than the median projected age of urban counties (40.0), which may contribute to a higher suicide rate in rural counties.

Figure 4. Rural communities experience the highest rates of suicide in Colorado.
Age-adjusted suicide death rate per 100,000 population by geographic community type between 2017-2022.

[13] In 2022, the suicide rate for males ages 25-64 was 44.78 per 100,000 population.
[14] In 2022, the suicide rate for older adult males ages 65+ was 40.48 per 100,000 population.
[15] In 2022, the suicide rate for young adult males ages 19-24 was 33.34 per 100,000 population.
[16] In 2022, the suicide rate for youth males ages 10-18 was 11.01 per 100,000 population.

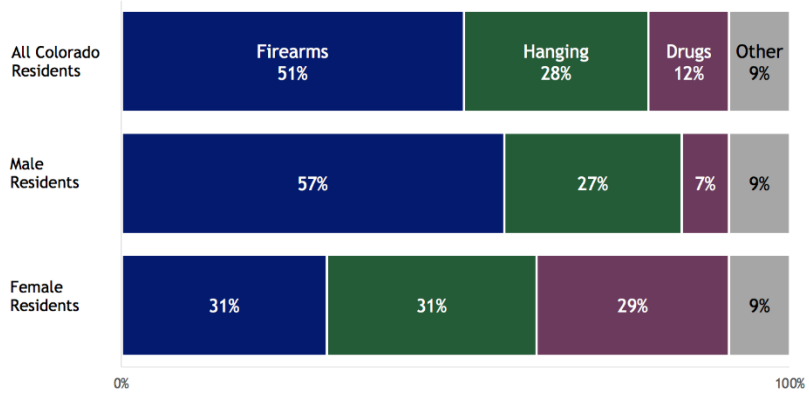


Source: Colorado Vital Statistics Program (Death Certificate Data), Colorado Department of Public Health and Environment.

Methods of suicide

More than half of all suicide deaths in Colorado between 2018-2022 involved the use of a firearm, and firearms are the most common method of suicide death in the state.

Figure 5. Firearms are the leading method of suicide in Colorado.
Percentage of suicide deaths by method and sex for the years 2018-2022 combined.



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

Data equity

CDPHE acknowledges that long-standing systemic racism, including economic and environmental injustice, has created negative health outcomes for marginalized populations. When interpreting the data in this report, it is critical not to lose sight of the impact of systemic, avoidable, and unjust community-level factors. These factors perpetuate the inequities that we observe in premature deaths across populations in Colorado. It is essential that data systems identify and help us to understand the life-long inequities that persist in order to address these injustices.

National research highlights the need to improve data quality for demographic categories including race and ethnicity. At CDPHE, the Center for Health and Environmental Data (CHED) and OSP prioritize better data collection and dissemination, especially regarding race and ethnicity. More data specific to race and ethnicity is included in the "Support Black, Indigenous, & People of Color" section of this report.

CDPHE's Center for Health and Environmental Data updates the Colorado Suicide Fatality Dashboard to better represent suicide fatalities regarding race and ethnicity demographics.

To better understand disparities and address the unique needs of LGBTQ+[17] people, we must gather complete and standardized data about sexual orientation and gender identity (SOGI). Unlike other demographic information, traditional mortality surveillance systems do not regularly ask about and record these identities. The OSP encourages statewide use of CDPHE's voluntary, expanded standardized suicide death investigation form for coroners, law enforcement, and other death scene investigators. Until there is more consistent adoption of this form, OSP is limited to incomplete data sets and cannot issue a full report of SOGI identities in fatality data at the state level.

Data summary

In 2020, 2021, and 2022, suicide was the eighth leading cause of death for all Coloradans. Adults ages 25-64 continue to have the highest rates and counts of suicide deaths, representing more than 70% of all suicide fatalities (905 in 2022). 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 has remained statistically stable since 2015 in Colorado.

Geographic and demographic data varies across Colorado. Visit CDPHE's interactive data dashboard to learn more.

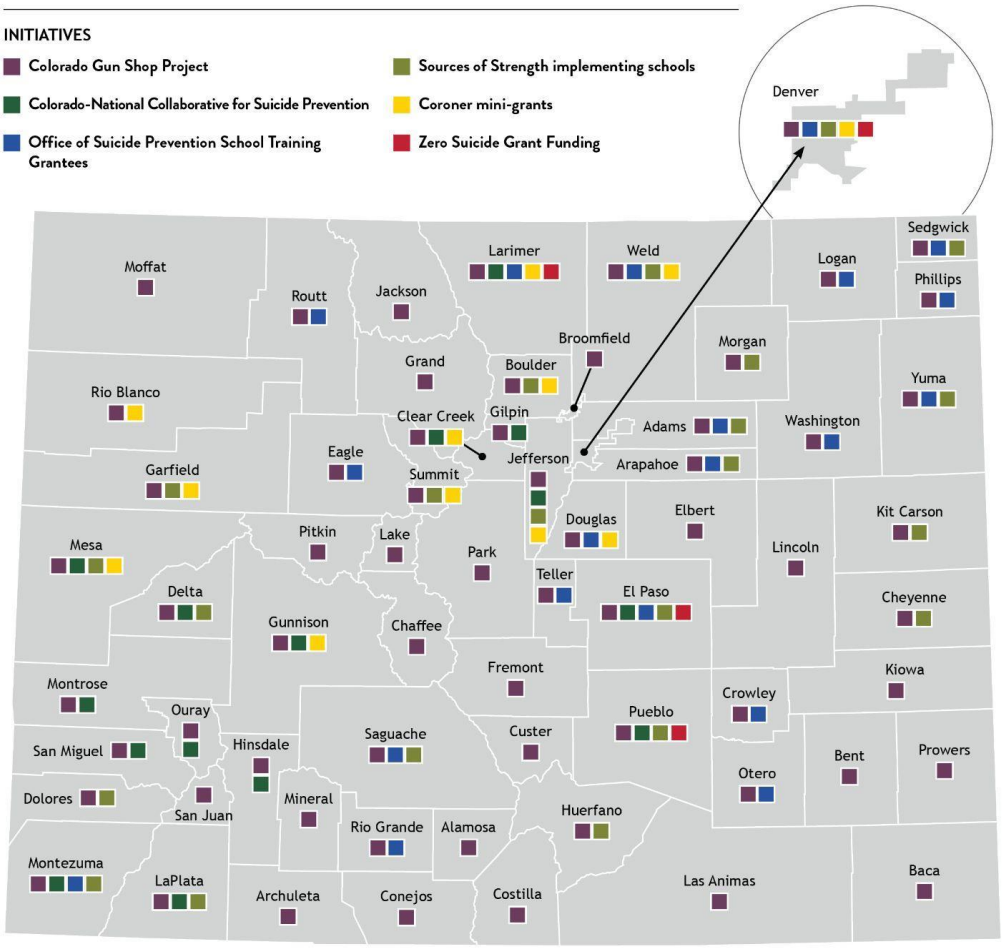
[17] LGBTQ+ stands for: Lesbian, Gay, Bisexual, Transgender, Queer and Questioning, Intersex, Asexual, Two Spirit, and all other sexual orientations, gender identities, and intersex identities not named in the aforementioned list.

OSP's Statewide Reach

OSP is committed to coordinating suicide prevention efforts across Colorado. The map below highlights where OSP supports suicide prevention programs using state and federal funds.

Suicide Prevention Initiatives

Fiscal Year 2022-2023



Initiative by County

Colorado Gun Shop Project
All Colorado counties

Colorado-National Collaborative for Suicide Prevention
Clear Creek, Delta, El Paso, Gilpin, Gunnison, Hinsdale, Jefferson, La Plata, Larimer, Mesa, Montezuma, Montrose, Ouray, Pueblo, San Miguel

Office of Suicide Prevention School Training Grantees
Adams, Arapahoe, Crowley, Denver, Douglas, Eagle, El Paso, Larimer, Logan, Montezuma, Otero, Phillips, Rio Grande, Routt, Saguache, Sedgwick, Teller, Washington, Weld, Yuma

Sources of Strength implementing schools
(July 1, 2022–June 30, 2023)
Adams, Arapahoe, Boulder, Cheyenne, Delta, Denver, Dolores, El Paso, Garfield, Huerfano, Jefferson, Kit Carson, La Plata, Mesa, Montezuma, Morgan, Pueblo, Saguache, Sedgwick, Summit, Weld, Yuma

Coroner mini-grants
Boulder, Clear Creek, Denver, Douglas, Garfield, Gunnison, Larimer, Jefferson, Mesa, Rio Blanco, Summit, Weld

Zero Suicide Grant Funding
Denver, El Paso, Larimer, Pueblo

9/19/23

The Colorado Plan for Suicide Prevention

The Colorado Plan for Suicide Prevention incorporates priorities and recommendations from state agency leadership, OSP, the Colorado Suicide Prevention Commission, and the Colorado-National Collaborative into one cohesive document that sets forth a path to reduce the impact of suicide in our state.[18] The plan is a living document that prioritizes data-driven and evidence-based or evidence-informed strategies (where available) and relies on continuing evaluation, data collection, analysis, and plan improvement. Where evidence-based strategies do not already exist, Colorado is committed to supporting the development, implementation, and evaluation of initiatives designed to better serve Coloradans.

The plan is aligned with the OSP's comprehensive approach to suicide prevention and the recommendations of the Suicide Prevention Commission to support integrated health care, improve training and education, build resilience and community connectedness, and enhance data collection systems. For more detail on these recommendations, please see the section on the Suicide Prevention Commission (page 17). The plan is regularly updated based on data collection, evaluation results, and emerging suicide prevention research.

[18] 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.

Coordinating Suicide Prevention Programs Across Colorado

The OSP is designated the lead entity for suicide prevention efforts in the state (per C.R.S. §25-1.5-111(1)(w)(II)(a)). OSP continues to expand existing collaborations with other state and community agencies to coordinate suicide prevention programs across Colorado. Several state agencies hold designated seats on the Colorado Suicide Prevention Commission.

Office of Suicide Prevention state agency collaboration

Governor's Office - The Governor's Office advocates for innovation in the field of suicide prevention and encourages state departments to pursue an "all-hands on deck" approach to collaboration. The Governor's Office promotes suicide prevention as a Colorado priority.

Lieutenant Governor's Office - The Lieutenant Governor is a strong advocate for mental health promotion. The Lt. Governor leads the Governor's Health Cabinet Working Group, which focuses on saving people money on health care and has prominently included suicide prevention, mental health, and behavioral health in the working group's wildly important goals (WIGs).

Department of Agriculture - OSP collaborates with the Department of Agriculture (CDA) to disseminate crisis materials that resonate with Colorado's agricultural and ranching families. OSP supports the Colorado Rural Mental Health Advisory Committee at CDA. CDA led several efforts to bring responsive mental and behavioral health services to rural communities through the Colorado Agricultural Mediation Program (CAMP).

Department of Education and School Safety Resource Center (SSRC) - The Department of Education (CDE) created an interagency agreement for OSP to develop a comprehensive suicide prevention training policy for schools, students and families. This interagency agreement is part of a broader effort to build a comprehensive, coordinated, and integrated school-based mental health services system through Project AWARE.

OSP collaborated with the SSRC to develop the Request for Applications (RFA) and to review applications for the School Crisis and Suicide Prevention Training Grant Program (see page 43).The SSRC has a designated seat on the Suicide Prevention Commission, and OSP has a seat on SSRC's Advisory Committee. In addition, OSP partners with CDE and SSRC to host an annual School Suicide Prevention Symposia.

Behavioral Health Administration - OSP coordinates with the Behavioral Health Administration (BHA) and the 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.

OSP works closely with the BHA to support the prevention continuum and BHA's role in providing intervention supports and services. The BHA supported the expansion of the Colorado Follow-Up Project to ensure that services are inclusive of military-involved families and veterans. The BHA has a designated seat on the Suicide Prevention Commission.

Office of the Attorney General - The Office of the Attorney General is committed to the sustainable expansion of Sources of Strength™ within Colorado schools and has thus renewed an interagency agreement with OSP to implement the program across Colorado for 2022-24. The Office of the Attorney General also supports a number of firearm safety initiatives and resources that assist OSP's efforts to encourage lethal means safety.

Department of Military and Veterans Affairs - Service Members, Veterans, and their Families are an OSP priority population. The Department of Military and Veterans Affairs is committed to infusing suicide prevention strategies throughout the Air and Army National Guard command structure.

Department of Regulatory Agencies (DORA) - The Department of Regulatory Agencies works to expand training incentives for providers and establishes peer support programs for professional occupations. OSP recommends suicide prevention training for providers as a prevention best practice.

Department of Personnel & Administration - The Department of Personnel Administration provides Question, Persuade, Refer (QPR) gatekeeper training to state employees, which OSP recommends as an evidence-based gatekeeper training for communities and workforces.

Department of Health Care Policy and Financing - The Department of Health Care Policy and Financing (HCPF) supported implementation of the Zero Suicide quality improvement framework within hospital systems by collaborating with CDPHE to implement a multi-year, tiered incentive model for the Hospital Quality Improvement Incentive Payment Program (HQIP). HCPF has a designated seat on the Suicide Prevention Commission.

Collaboration between OSP, Behavioral Health Administration, HCPF, and the Colorado Health Institute - C.R.S. §27-62-101 — 27-62-103 address behavioral health services for children and youth. OSP, alongside community stakeholders, the Behavioral Health Administration, HCPF, and the Colorado Health Institute, created a menu of screening tools to help providers identify behavioral health issues among children ages 0 to 26 and in perinatal individuals. This menu is featured on the CDHS reports webpage and OSP's resources for primary care providers webpage.

Suicide Prevention Commission

The Colorado Suicide Prevention Commission was created in 2014 (per C.R.S. §25-1.5-111) in order to provide public, private, and nonprofit leadership for suicide prevention efforts and to make data-driven, evidence-based recommendations for Colorado. Creating a formal state commission modeled after the National Action Alliance has positioned Colorado to affect real change and to be a national leader in creating public, private, and nonprofit partnerships. Commission recommendations, which are based on both data and lived experience, serve to improve crisis and suicide prevention initiatives and alignment across Colorado.

The Commission is set to repeal Sept. 1, 2024. Prior to repeal, the Department of Regulatory Agencies (DORA) shall review the commission pursuant to section C.R.S. §2-3-1203 to evaluate the Commission's effectiveness and reach. During the sunset process for advisory committees, the legislature considers whether to continue, repeal, or continue with modifications. If the final decision is made to repeal the commission, the associated funding for staffing support will end one year after the repeal date (per C.R.S. §24-34-104(2)(b)). The OSP and Commission are actively engaged with DORA in this process.

Commission role

The Commission serves in an advisory capacity to OSP. The 26 commissioners represent Coloradans with lived experience, those who work in suicide prevention organizations and programs, and those who come from communities and sectors that experience disproportionate impacts of suicide. The Commission identifies opportunities to further align suicide prevention efforts in Colorado and identifies areas of unmet need. Commissioners pledge to lead in alignment with the Commission's Equity Commitment.

Commission funding

Although the Commission's enabling legislation did not include funding for the implementation of its recommendations,[19] it appropriated funds to support one full-time employee to serve as the Commission Coordinator. Since the Commission's inception, OSP has pursued and successfully obtained multiple competitive federal grants to implement the Commission's recommendations.

Commission workgroups

The Commission convenes several topic-specific workgroups, which provide a space for partners to connect and collaborate on new-and-revised suicide prevention recommendations to bring forth to the Commission for review and a vote. During FY 2022-23, the Commission convened the following workgroups:[20]

[19] Funding for OSP's Commission Coordinator position comes from the state General Fund. There is no separate appropriation to support the work or recommendations of the Commission.

[20] Recent Commission workgroups that sunsetted after finalizing approved recommendations: Resiliency and Connectedness (April 2018 to May 2021) and Involuntary Treatment for Individuals Experiencing Suicidal Thoughts (May 2019 to May 2021).

Older Adults Workgroup: Supports suicide prevention among older adults (ages 65+); identifies older adult-specific resources, gaps, and needs; and develops recommendations. In 2023, the Commission approved the Older Adult Workgroup's recommendation that older adult-specific gatekeeper trainings be available, accessible, and inclusive for peers, community members, and workplaces that support and serve older adults.

Youth-Specific Initiatives Workgroup: Supports suicide prevention among youth (ages 0-18) and young adults (ages 19-24) who experience greater disparities related to suicide.[21] In 2023, the Commission approved the Youth-Specific Initiatives Workgroup's recommendation to identify shared risk and protective factors that impact youth and young adults who experience both suicidal despair and disordered eating and to address disparities impacting youth populations that experience higher rates of suicidal despair and disordered eating.

Postvention[22] Workgroup: Supports people impacted by suicide to identify inclusive, accessible, and appropriate resources for Colorado communities. This workgroup solicited postvention resources available in multiple languages and worked on guidelines for care packages to provide to suicide loss and suicide attempt survivors.

The Colorado Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families: Promotes ways to reduce stigma surrounding suicide in the veteran community; supports veteran-specific strategies for suicide prevention; and develops recommendations. This Workgroup moved into hiatus status in 2023 to re-strategize regarding future directions and goals.

Commission Recommendations to Improve Suicide Prevention in Colorado

Commission recommendations and implementation of the recommendations

The Commission's recommendations, which aim to improve suicide prevention in the state, drive OSP programs and ensure a comprehensive approach to suicide prevention. **More information about how OSP implements these recommendations is available on the Commission webpage.**

Commission Recommendations to Support Integrated Health Care

- Adopt the Zero Suicide initiative within health care systems.
- Adopt the Colorado Follow-Up Project as standard protocol for following up with suicidal patients after discharge from emergency departments and inpatient settings.
- Promote screening to identify suicide risk within health care settings.
- Support primary care practices in adopting suicide prevention protocols.

[21] Suicide Prevention Commission: Youth-Specific Initiatives Workgroup (2019 recommendation)

[22] The OSP defines postvention as the support and resources provided to those impacted by suicide, including (but not limited to): people who have experienced suicidal despair, ideation, and attempts; loved ones and community members who support those experiencing suicidal despair; survivors of suicide loss; communities impacted by suicide.

- Prioritize, promote, and expand community-based alternatives to involuntary treatment for support, respite, and recovery prior, during, and after periods of crisis that preserve dignity and are responsive to identity, culture, and personal autonomy.
- Identify and support programs, initiatives, practices, and policies that reduce harm from involuntary treatment.
- Support the development, implementation, and adherence to health care, carceral, and school system organizational policies that create an informed standard of care and ensure that involuntary treatment options are used only after all other options have been exhausted.
- Support mental and behavioral health providers with tools, skills, and community resources that address provider fears to ensure that involuntary treatment options are used only after all other options have been exhausted.

Commission Recommendations to Improve Training & Education

- Support training for mental health and substance abuse providers.
- Implement comprehensive suicide prevention strategies for high-risk industries.
- Build legal community capacity to identify those at risk for suicide and link to care.
- Support older adult-specific gatekeeper trainings to be available, accessible, and inclusive for peers, community members, and workplaces that serve older adults.

Commission Recommendations to Enhance Data Collection Tools & Systems

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

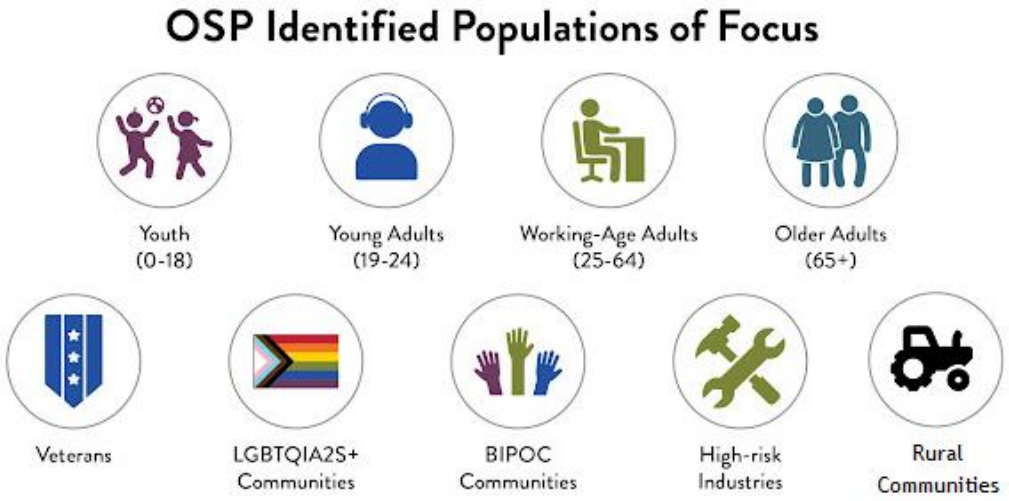
Commission Recommendations to Build Community Resilience & Connectedness

- Strengthen equitable economic stability and supports, including food security, affordable housing, livable wage and other family-friendly workplace policies, access to representative care, and Broadband Internet access.
- Create supportive, inclusive, and safe communities, especially for LGBTQ+ youth, and especially for Black, Indigenous, and Youth of Color.
- Support spiritual communities in implementing comprehensive strategies that are relevant for their communities in preventing suicide.
- Support schools and other youth-serving organizations in implementing comprehensive protocols and evidence-based programming focused on enhancing protective factors.
- Identify shared risk and protective factors that impact youth and young adults who experience both suicidal despair and disordered eating and address disparities impacting youth populations that experience higher rates of suicidal despair and disordered eating.

SECTION TWO
Priority Populations

OSP tailors its prevention efforts to meet the needs of different Colorado communities and populations based on data and lived experience. In order to effectively lead and support comprehensive suicide prevention efforts statewide, OSP recommends that Colorado communities implement tailored comprehensive suicide prevention strategies that support each of the priority populations below:

- Youth (0-18)
- Young Adults (19-24)
- Adults (especially men) (25-64)
- Older adults (65+)
- LGBTQ+[23] community
- Black, Indigenous, and People of Color (BIPOC)
- Veterans, service members, and their families
- Rural and frontier communities
- Those working in industries at higher risk for suicide, such as emergency responders, construction, oil & gas, and agriculture & ranching



To identify these populations, OSP takes into account guidance from the Suicide Prevention Commission, partner feedback, national best practices, Colorado-specific data, and lived experience. Each OSP program supports these priority populations while recognizing that these populations have areas of intersection.

[23] This report uses the term LGBTQ+ to align with other department communications. Use of the LGBTQ+ acronym evolves over time. LGBTQ+ stands for: Lesbian, Gay, Bisexual, Transgender, Queer and Questioning, Intersex, Asexual, Two Spirit, and all other sexual orientations, gender identities, and intersex identities not named in the aforementioned list.

PRIORITY: Support Youth and Young Adults (ages 0-24)

Data highlight: In 2022, 4.4% of Colorado's suicide fatalities were youth ages 10-18;[24] 8.4% were young adults ages 19-24.[25] Youth and young adult suicide fatality rates have held steady in Colorado from 2015-2022.[26]

OSP braids funding streams to prevent suicidal despair, attempts, and deaths among youth and young adults (ages 0-24).[27] The Suicide Prevention Commission convenes the Youth-Specific Initiatives workgroup to support this population. OSP collaborates to help align statewide efforts between youth-serving organizations, K-12 schools, institutions of higher education, health systems, and other state agencies. OSP sits on the Colorado School Safety Resource Council's Advisory Board, the statewide school-based Mental Health Advisory Board, and the Partners for Children's Mental Health's Advisory Council.

Sources of Strength™

OSP, in partnership with the Office of the Attorney General (AGO), supported implementation of Sources of Strength™ in 141 youth-serving organizations during the academic year 2022-23. Sources of Strength™ is a universal suicide prevention program designed to build and improve connection among youth and trusted adults. By providing upstream supports, Sources of Strength™ aims to reduce the likelihood that vulnerable students will become suicidal.[28]

Sources of Strength™ Train-the-Trainer and Booster Train-the-Trainer events

Sources of Strength™ Train-the-Trainer events certify facilitators who deliver Sources of Strength™ to students. Booster Train-the-Trainer events allow facilitators to learn new skills and maintain their certifications. In FY 2022-23, OSP, in partnership with the AGO funded two four-day Sources of Strength™ Train-the-Trainer (T4T) events (one in person and one virtually to accommodate those who cannot travel); one Booster Train-the-Trainer (BT4T) and one in-person Elementary Coaches event.

Office of Suicide Prevention School Training Grant Program[29]

The School Crisis and Suicide Prevention Training Grant Program provides funding for public schools and school districts to implement comprehensive crisis and suicide prevention strategies. See page 43 for additional details on the grant program.

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[24] The total number of youth ages 10-18 who died by suicide in 2022 was 56. CDPHE Vital Statistics.

[25] The total number of youth ages 19-24 who died by suicide in 2022 was 108. CDPHE Vital Statistics.

[26] The suicide rate for youth ages 10-18 was slightly lower in 2022 (8.53 per 100,000) compared to 2021 (10.86 per 100,000). Although this decrease was not statistically significant, OSP continues to monitor suicide rates for youth and is hopeful that this downward trend will continue.

[27] Funding Sources. The School Crisis and Suicide Prevention Training Grant Program funds public schools and school districts. Federal funds: SAMHSA GLS Youth Suicide Prevention Grant (2017-2022; 2023-2026). State partnerships: The Colorado Attorney General's Office supports Sources of Strength™.

[28] Visit Sources of Strength™'s published articles to view research on the effectiveness of the shared risk and protective factor approach on multiple outcomes.

[29] Funding for the School Crisis and Suicide Prevention Training Grant Program comes exclusively from the $400,000 appropriated to the Office for this purpose (initiated via SB18-272).

SAMHSA GLS Youth Suicide Prevention and Early Intervention Grant Award

SAMHSA awarded OSP a five-year SAMHSA Garrett Lee Smith Youth Suicide Prevention Grant (GLS) to effectively identify youth who are at risk for suicide, reduce access to lethal means among youth, connect youth and young adults to suicide-specific therapy, and provide equitable services to diverse populations. GLS key strategies include: expanding the Colorado Follow-Up Project, increasing community response for suicide loss survivors, and working collaboratively across agencies, community members, and tribal organizations to comprehensively address suicide. In FY 2022-2023, the GLS grant funded 285 adults from youth-serving organizations to take the Columbia Suicide Screening training and 81 adults in Assessing and Managing Suicide Risk (AMSR) to improve the mental and behavioral healthcare workforce in providing evidence-based suicide-specific care to suicidal youth. GLS funded the Collaborative Assessment and Management of Suicidality (CAMS) training for providers to attend at no cost. OSP ensures that these trainings include culturally appropriate information that address the needs of LGBTQ+ youth and Black, Indigenous, and Youth of Color.

Additional youth suicide prevention activities and resources

OSP provides free youth suicide prevention resources to the public on its dedicated youth and young adult suicide prevention webpage. Resources include model policies to support comprehensive suicide prevention[30] in Colorado's K-12 schools and institutions of higher education (visit the model policy booklet for more information), printed materials to support suicide prevention efforts; as well as links to statewide trainings and resources.

[30] A model policy provides guidance for a school or institution of higher education to promote and incorporate best practices for suicide prevention within the educational system, including upstream suicide prevention and positive school climate; gatekeeper trainings; referrals to suicide-specific care; re-entry guidance after a suicidal crisis or attempt; and best practices following a suicide loss.

PRIORITY: Support Adults (ages 25-64)

Data highlight: In Colorado and nationwide, men die by suicide more frequently and at higher rates than women. Women attempt suicide more frequently and at higher rates than men. In 2022, 905 of the 1,287 individuals who died by suicide in Colorado were adults between the ages of 25 and 64 (a rate of 29.07 per 100,000). 703 adult males died by suicide (a rate of 44.78 per 100,000) compared to 202 adult females (a rate of 13.09 per 100,000).[31]

OSP's comprehensive approach to suicide prevention supports Colorado adults of all gender identities. Because men die by suicide at over three times the rate of women, OSP has a number of initiatives to prevent suicide among men ages 25 to 64.[32]

Suicide prevention for men (ages 25-64)

Annually, men ages 25 to 64 account for the highest number and rate of suicide deaths among any demographic. The Colorado Violent Death Reporting System[33] provides several data points regarding circumstances present in an adult male's life prior to suicide: history of suicidal thoughts or plans (51.3%), crisis two weeks prior to death (44.4%), intimate partner problem (43.7%), having ever been treated for a mental health problem (43.3%), problem with alcohol (40.3%) or another substance (27.6%), argument preceded death (24.8%), contributing job problem (23.5%), contributing criminal legal problem (18.6%), financial problems (18.4%) and contributing civil legal problem (8.7%). These data indicate opportunities for interventions.

In order to support adults, especially men ages 25-64, OSP promotes and funds suicide prevention efforts among critical workforces that have higher rates of suicide.

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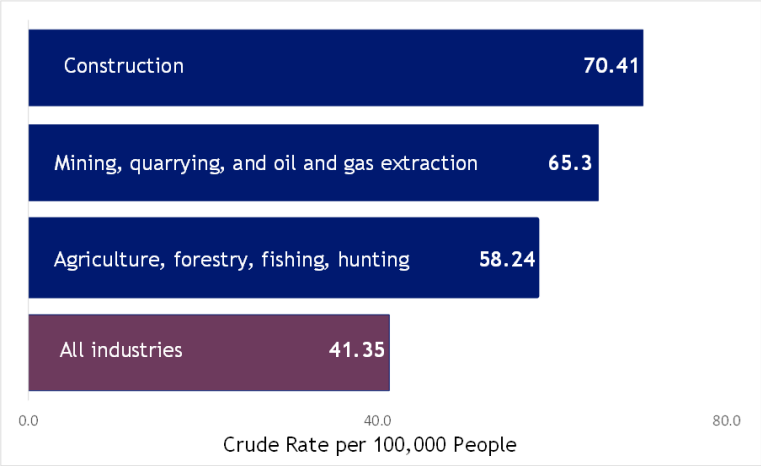
[31] CDPHE Vital Statistics. CDPHE Colorado Suicide Fatality Dashboard

[32] OSP acknowledges and affirms that there are more than these two sexes and more than two gender identities. However, current data systems often distinguish between only two sexes/gender. We include data on transgender, nonbinary, Intersex, queer, etc. genders and sexes, where it exists to highlight additional disparities.

[33] Due to delays in capturing circumstance data, the most recent year available is 2021.

Figure 6. Construction, oil and gas, and agriculture have the highest rates of suicide.
Crude rates of suicide among the employed population in Colorado, by industry, combined 2017-2021.[34]



OSP supports these priority industries through the Colorado-National Collaborative in 15 Colorado counties, which address workplace suicide prevention initiatives. OSP also funded a Worker Well-Being Summit to support mental health, resilience, and suicide prevention among Colorado workplaces, with priority support for construction industries.

Rural and Frontier Communities

OSP addresses higher rates of suicide in Colorado's rural and frontier counties through its comprehensive approach to suicide and its prioritization of rural and frontier community needs. OSP supported COMET™ (Changing Our Mental and Emotional Trajectory) training for rural communities in Colorado-National Collaborative (CNC) counties, particularly La Plata and Montezuma. COMET™ is a strong complement to other strategies to reduce the suffering resulting from the high levels of stress in rural, agricultural communities.[35] 48 rural community members were trained in COMET™ in FY 2022-23 and an additional 28 were trained as trainers to deliver COMET™ in the community and support sustainability.

The Department of Agriculture and the BHA developed materials and partnered with the state crisis line on cultural competency training for supporting agricultural families. OSP distributes these materials to partners, particularly those who serve rural communities.

Man Therapy

Man Therapy[36] is an interactive mental health campaign targeting men ages 25-54 that uses humor to cut through stigma and address issues like depression and suicide, substance misuse,

[34] The industries shown in Figure 6 all have statistically higher rates of suicide compared to the overall suicide rate for all industries in Colorado
[35] *The New York Times* covered the impact of COMET in Colorado communities: www.nytimes.com/2022/10/06/opinion/colorado-farmer-suicides.html
[36] OSP partnered with Cactus Marketing Communication and the Carson J Spencer Foundation (no longer in operation) to create Man Therapy (mantherapy.org), which launched in July 2012.

anger, anxiety, and divorce. The campaign allows men to evaluate their mental health and provides resources such as how to take care of oneself; therapy referral sources, links to local support groups and organizations, profession-specific resources, as well as a crisis line. Since Man Therapy's launch in July 2012, there have been over 395,000 Colorado website visits (and more than 1.7 million worldwide visits) to mantherapy.org. Free Man Therapy materials can be ordered on the OSP web page. In FY 2022-23, OSP contributed funding toward a Spanish-language transcreation of the website.[37]

Collaboration with the Office of Gun Violence Prevention

OSP works closely with the Colorado Office of Gun Violence Prevention (OGVP) to address the intersecting topic of firearm suicide prevention. In FY 2022-23, OSP and OGVP partnered to expand the reach of the Gun Shop Project to all 64 Colorado communities; increase the reach of Operation Veteran Strong; and fund lethal means modules for Man Therapy. OSP and OGVP both respond to public requests to address firearm suicide deaths.

[37] Transcreation is the process of adapting content from one language to another while maintaining the existing tone in an effort to better connect with the audience.

PRIORITY: Support Older Adults (ages 65+)

Data highlight: The number of Colorado adults over age 65 is rapidly increasing. In 2022, there were 218 deaths by suicide among older adults ages 65+.[38]

OSP supports preventing suicidal despair, attempts, and deaths among Colorado's older adult population (ages 65+). The Suicide Prevention Commission convenes a workgroup specifically to support this population. The Colorado-National Collaborative initiative prioritizes this population and provides support at the county level.

Suicide prevention for older adults

Older adults are at an increased risk for suicide due to specific health conditions and cultural factors, which can limit life expectancy and cause depression.[39] 23.2% of the older adults who died by suicide had opiates present at the time of death in 2021 and 66% of older adult suicide deaths were by firearm in 2022.[40] Thus, suicide attempts by older adults are more likely to result in death. Reducing lethal means is a critical point of intervention for older adults.

Suicide Prevention Commission's Older Adults Workgroup[41]

The Older Adults Workgroup brings together partners from multiple disciplines, organizations, backgrounds, and identities to discuss older adult suicide prevention and to identify statewide needs. In 2023, the Commission approved a recommendation by the Older Adults Workgroup to support older adult-specific gatekeeper trainings that are available, accessible, and inclusive for peers, community members, and workplaces that support and serve older adults. This year the workgroup previewed an older adults specific presentation from the American Foundation for Suicide Prevention (AFSP) and will consider offering the training in FY 2023-24.

[38] In 2021, 245 older adult Colorado residents died by suicide.

[39] www.ncoa.org/article/suicide-and-older-adults-what-you-should-know

[40] Most recent toxicology data through Vital Statistics is available through 2021, lethal means data is available for 2022: cdphe.colorado.gov/colorado-suicide-statistics

[41] Please share your contact information in this Older Adults Workgroup form if you are interested in joining the Older Adults Workgroup.

PRIORITY: Support LGBTQ+[42] Coloradans

Data highlight: In 2022, 20.8% of gay, lesbian, or bisexual adults reported thoughts of suicide compared to 4.9% of heterosexual adults in Colorado. In 2021 and 2022 combined, 34.0% of transgender adults reported thoughts of suicide compared to 5.9% of cisgender adults.[43] Similar disparities persist among Colorado's youth. In 2021, 36.6% of gay or lesbian students and 41.9% of bisexual students reported thoughts of suicide compared to 10.9% of heterosexual youth.[44] 54.9% of transgender high school students and 49.3% of genderqueer/nonbinary students reported thoughts of suicide compared to 15.7% of cisgender high school students.

Being LGBTQ+ does not inherently put one at greater risk for suicide; rather, experiences of discrimination, including homophobia and transphobia, can contribute to isolation and rejection and contribute to higher rates of suicidal despair, attempts, and death among LGBTQ+ individuals and communities. Supporting and affirming LGBTQ+ identities is a critical suicide prevention strategy. Healthy Kids Colorado Survey (HKCS) and Behavioral Risk Factor Surveillance System data highlight these disparities among Coloradans. To address disparities impacting LGBTQ+ individuals, suicide prevention strategies must support inclusive, affirming, and safe spaces.

Disparities impacting Colorado's LGBTQ+ youth and young adults

Of the youth surveyed for the 2021 Healthy Kids Colorado Survey, LGBTQ+[45] high school students reported higher rates of considering, planning, and attempting suicide than non-LGBTQ+ high school students. LGBTQ+ youth are also more likely to report experiencing bullying and sexual violence, feel unsafe at school, report suicidal ideation and attempts, and engage in substance use. Youth who feel supported in their sexual orientation and gender identity; who are connected to their school, community, and peers; who have trusted adults in their lives; and who can access culturally competent care are less likely to experience suicidal ideation, be involved in bullying, and engage in substance use, violence, and other risky behavior.[46] HKCS results showed that Colorado LGBTQ+ high school students had less access to a trusted adult than did their cisgender, heterosexual peers.

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[42] Use of the LGBTQ+ acronym evolves over time. The "+" symbol stands for all of the other sexualities, sexes, and gender identities not included in these few letters, including, but not limited to, intersex, asexual, pansexual, agender, bigender, and gender queer. The linked datasets have defined specific identity categories.

[43] Behavioral Risk Factor Surveillance System 2021 and 2022. Data for transgender adults combines 2021-2022 data due to small numbers in the survey responses.

[44] Healthy Kids Colorado Survey 2021.

[45] The 2021 HKCS asked high school students to self-identify as female, genderqueer/nonbinary, male, not sure, other; cisgender, not sure, transgender; asexual, bisexual, gay/lesbian, not sure, other, and straight for each category. The 2021 HKCS did not ask about Intersex or Two-Spirit identity.

[46] HKCS 2017. Overview of Sexual Orientation and Gender Identity Data.

Table 3. LGBTQ+ high school students are more likely to report thoughts of, plan for, and attempt suicide.

Ideation/Action	Gay/Lesbian	Bisexual	Heterosexual
Suicide Thoughts	36.6%	41.9%	10.9%
Suicide Plan	30.9%	32.9%	8.2%
Suicide Attempt	18.0%	19.7%	4.2%

Ideation/Action	Transgender	Genderqueer/Non-Binary	Cisgender
Suicide Thoughts	54.9%	49.3%	15.7%
Suicide Plan	43.6%	36.7%	12.3%
Suicide Attempt	26.1%	22.8%	6.6%

Source: Colorado Healthy Kids Survey 2021

Table 4. High school youth who experienced discrimination were more likely to report experiencing suicidal despair.

2021 Healthy Kids Colorado Survey Results				
LGBTQ+ Disparities	Percentage of high school students who reported, in the past 12 months:			
	teased because of gender identity.	teased because of sexual orientation.	seriously considered attempting suicide.	feeling sad or hopeless almost every day for two weeks or more:
Transgender	83.3%	69.9%	54.9%	73.9%
Nonbinary/Genderqueer	74.0%	76.1	49.3%	72.8%
Asexual	48.6%	46.0%	26.2%	47.8%
Bisexual	21.6%	53.5%	41.9%	69.9%
Gay/Lesbian	33.0%	78.2%	36.6%	61.4%
Cisgender	8.0%	22.9%	15.7%	38.6%
Heterosexual	5.9%	8.2%	10.9%	32.1%

Source: Colorado Healthy Kids Survey 2021

Disparities impacting Colorado's LGBTQ+ adults

According to the 2022 Behavioral Risk Factor Surveillance System, reported rates of thoughts of suicide and suicide attempts were higher among LGBTQ+[47] than non-LGBTQ+ adults.

Table 5. Disparities regarding sexual orientation among Colorado adults in 2022

Percentage of people	Gay, Lesbian, Bisexual, or Sexual Identity not Specified	Heterosexual
% of people responding to the survey	10.2%	89.8%
% who reported thoughts of suicide	20.8%	4.9%

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

Percentage of people	Gay, Lesbian, Bisexual, or Sexual Identity not Specified	Heterosexual
Of those who reported thoughts, % who also reported attempt in prior year	18.4%	17.1%

Source: Behavioral Risk Factor Surveillance System 2022

Table 6. Disparities regarding gender identity among Colorado adults (2021 and 2022)*

Percentage of respondents	Transgender	Cisgender
% of people responding to the survey	0.9%	99.1%
% who reported thoughts of suicide	34.0%	5.9%
Of those who reported thoughts, % who also reported attempt in prior year	**	17.4%

Source: Behavioral Risk Factor Surveillance System 2021 and 2022

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

**Data suppressed due to low counts.

Limitations regarding suicide fatality data for LGBTQ+ Coloradans

Despite efforts to collect sexual orientation and gender identity as a part of suicide fatality death reviews, notable challenges persist. The revised Suicide Death Investigation Form records LGBTQ+ identities with the goal of improving data quality and integrity and informing future prevention strategies. Coroner's Offices and Medical Examiners interested in utilizing the form are encouraged to request funding through the OSP.

OSP's suicide prevention strategies to support LGBTQ+ Coloradans

The Colorado-National Collaborative (CNC) has identified the LGBTQ+ community as a priority population. Each CNC county implements strategies to support the LGBTQ+ community including: forming LGBTQ+ specific workgroups, centering LGBTQ+ individuals in their workgroups, and hiring staff positions to coordinate LGBTQ+ efforts.

OSP has supported 14 LGBTQ+ affirming school-based clubs (often referred to as Gender Sexuality Alliances). Through SAMHSA GLS funding, OSP also supported youth who experience barriers to care in accessing no-cost, suicide-specific therapy that explicitly serves LGBTQ+ youth. OSP funds free, suicide-specific trainings to providers at no cost and creates feedback loops for LGBTQ+ providers and patients to inform better health care practices.

Through its SAMHSA Zero Suicide implementation grant, OSP regularly highlights opportunities (e.g., monthly learning collaboratives) for health systems to make their facilities and practices more inclusive of and responsive to LGBTQ+ patients.

PRIORITY: Support Black, Indigenous, & People of Color

Data highlight: In 2021, 12.9% of American Indian or Alaska Native youth (who did not identify as Hispanic) and 10.0% of multi-racial, non-Hispanic youth reported making at least one suicide attempt in the past 12 months compared to 6.7% of white, non-Hispanic youth.[48]

CDPHE acknowledges that long-standing systemic racism, including economic and environmental injustice, has created disproportionately negative health outcomes for marginalized communities, particularly for Black, Indigenous, and People of Color (BIPOC). Systems of discrimination, historical trauma, trauma as the result of oppression and poverty, and institutionalized racism can contribute to suicidal despair, attempts, and deaths by suicide.[49] Culturally informed supports and programs are needed to prevent these outcomes in BIPOC populations.

In 2020, CDPHE revised its methodology for measuring suicide fatalities across racial identities to be consistent with the US Census Bureau's methodology for race categories, which includes options to report more than one racial identity. For this report, OSP can now provide three years of data for these race categories to assess trends between and within these race categories from 2020 to 2023.

From 2020 to 2022, the age-adjusted suicide fatality rate among white, non-Hispanic people (22.63 per 100,000) was statistically higher compared to:

- Black/African American people, (16.94 per 100,000),
- Asian people (8.97 per 100,000),
- Those who identify as two or more races (12.25 per 100,000),
- and Hispanic people of all races (17.03 per 100,000).

Although not significantly different from other race-specific suicide rates, American Indian/Alaska Native people were estimated to have the highest suicide rate across race categories (27.22 per 100,000).[50]

Specific to each race and ethnicity category, there were no statistically significant differences from 2020 to 2022 regarding suicide fatality rates among each race and ethnicity group. For example, the suicide fatality rate for Black/African American people did not change in a statistically significant manner from 2020 to 2022. This mirrors the overall Colorado suicide fatality rate also remaining statistically steady.

Information about the prevalence of suicidal ideation or thoughts of suicide and suicide attempts provide a more comprehensive picture of suicide among BIPOC youth in Colorado.

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[48] HKCS 2021

[49] BIPOC also includes other races and ethnicities such as: Latino/a/x/e, Asian & Pacific Islander, and Middle Eastern communities.

[50] The smaller size of the American Indian/Alaska Native population in Colorado relative to other race categories results in a larger confidence interval for the estimated suicide rate, thus while the estimated suicide rate is larger for this group it is not possible to say if it is statistically different from other race categories.

According to the 2021 Healthy Kids Colorado Survey, 46.4% of non-Hispanic American Indian or Alaska Native youth and 43% of multi-racial, non-Hispanic youth reported feeling so sad or hopeless that they stopped doing usual activities almost every day for two or more consecutive weeks compared to 38.0% of white, non-Hispanic youth. Moreover, BIPOC youth were more likely to attempt suicide and less likely to have a trusted adult than white youth.

Table 7. Disparities impacting BIPOC youth and experiences of suicide

2021 Healthy Kids Colorado Survey Results

Race/Ethnicity	Percentage of students who reported in the past 12 months making at least one suicide attempt	Percentage of students who reported in the past 12 months feeling sad or hopeless*	Percentage of students who reported in the past 12 months having at least one trusted adult to ask for help with serious problems
American Indian or Alaska Native, non-Hispanic	12.9%	46.4%	68.3%
Multi-Racial, non-Hispanic	10.0%	43.0%	70.6%
South Asian, non-Hispanic	9.3%	38.9%	66.3%
Middle Eastern/North African, non-Hispanic	8.2%	42.3%	64.5%
East/Southeast Asian, non-Hispanic	7.9%	32.5%	67.6%
Hispanic/Latinx	7.4%	42.6%	68.7%
Black or African American, non-Hispanic	7.2%	36.3%	64.2%
White, non-Hispanic	6.7%	38.0%	77.8%
Native Hawaiian or other Pacific Islander, non-Hispanic	4.6%	26.9%	77.8%

Source: Healthy Kids Colorado Survey 2021
*Complete indicator reads: "feeling so sad or hopeless they stopped doing usual activities almost every day for 2+ consecutive weeks."

Please see Appendix F for a more complete picture of the impact of suicide on Black, Indigenous, and People of Color in Colorado.

OSP's suicide prevention strategies to support BIPOC Coloradans

OSP aligned multiple supportive strategies across projects and braided funding streams to support Black, Indigenous, and Communities of Color during this reporting period. All Suicide Prevention Commissioners lead in alignment with their equity commitment. The Commission provides live Spanish interpretation for all meetings and prioritizes BIPOC communities.

The Colorado-National Collaborative (CNC) updated their approach to include and implement strategies for equity, inclusivity, and anti-racism. Example strategies include: providing gatekeeper training to BIPOC communities in both English and Spanish; partnering with tribal communities on local connectedness and postvention events; providing language justice events to discuss mental health and access to services; providing Spanish language *Know Your Rights* workshops to support economic stability and education for immigrant communities; and hosting a Spanish-language *Healing from Immigration Trauma* workshop.

OSP encouraged Zero Suicide (ZS) grantees and other health systems statewide to pursue educational and training opportunities for their providers to further culturally responsive care for BIPOC patients in health care settings. Monthly Learning Collaboratives highlight opportunities to better support and elevate the voices of BIPOC patients experiencing suicidality; topics in FY 2022-23 included culturally responsive ZS implementation strategies, trauma-informed safer suicide care, and creating peer support programs for marginalized community members. OSP provided education to community mental health center partners on supporting BIPOC patients, such as leveraging the Self-Assessment for Modification of Anti-Racism Tool (SMART)[51] for ongoing quality improvement efforts related to Zero Suicide.

OSP expanded the Follow-Up Project's scope of work by collaborating with Rocky Mountain Crisis Partners to address data disparities among rates of hospitalization and emergency department visits by BIPOC individuals.

OSP used SAMHSA Garrett Lee Smith grant funds to support culturally responsive, suicide-specific therapy for BIPOC youth. OSP funds and provides resources to The Second Wind Fund to offer therapy to youth experiencing barriers in accessing therapy with methods that demonstrate cultural humility and awareness, and to make Navajo-speaking therapists and Indigenous therapists available to youth. OSP disseminated a survey to Colorado providers who attended OSP-funded trainings to learn more about the role of lived experience and representation among providers who serve suicidal youth.

The CDPHE Center for Health and Environmental Data and OSP continued to prioritize better data collection, updating the Colorado Suicide Fatality Dashboard to better represent suicide fatalities regarding race and ethnicity demographics.

[51] Talley, R. M., Shoyinka, S., & Minkoff, K. (2021). The Self-assessment for Modification of Anti-Racism Tool (SMART): Addressing Structural Racism in Community Behavioral Health. Community mental health journal, 57(6), 1208–1213. doi.org/10.1007/s10597-021-00839-0

PRIORITY: Support Veterans, Service Members & Families

Data highlight: Suicide is a leading cause of death for Colorado's veterans. In 2022, veterans composed nearly 7% of the population[52] but represented 15% of all suicides in Colorado. The national suicide rate among veterans was 57% greater than the rate for non-veterans.[53]

Suicide prevention for Colorado's veterans

The Suicide Prevention Commission convened a "Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families"[54] workgroup to address suicide prevention among veterans. The Colorado Department of Military and Veterans Affairs played a key role in the Governor's Challenge.

Lethal means safety for veterans

With direction from the Governor's Challenge, OSP developed and improved existing lethal means safety resources to be more inclusive of the veteran experience. For example, OSP added the Veterans Crisis Line to all Colorado Gun Shop Project Materials and accompanying one pager on Firearm Safety to CDPHE's Gun Safety and Suicide webpage. OSP continued Colorado Gun Shop Project outreach to veteran organizations and facilitated the dissemination of cable gun locks in partnership with the Veterans Health Administration, Veterans Affairs Office of Rural Health.

Operation Veteran Strong

OSP secured funding to support a statewide expansion of Operation Veteran Strong (OVS), which is a free and confidential website for veterans and community members to reduce mental health stigma, improve help-seeking behaviors, and connect to resources. The OVS platform went live on June 1, 2021 with focused outreach in six high-risk counties[55] and 15 rural counties.[56] In FY 2022-23, OVS added more than 220 Colorado community resources for veterans, more than 1,460 user accounts and more than 50 additional Veteran network contacts. Additionally, in FY 2022-23 OVS users accessed more than 3,550 resources and more than 600 crisis interactions.

[52] The 2022 Annual Report from the Colorado Board of Veteran Affairs reports there were 387,618 veterans living in Colorado, with Colorado's population estimated to be 5,838,789 people in 2022 by the State Demography Office.
[53] 2022 National Veteran Suicide Prevention Annual Report
[54] This workgroup is the continuation of the Colorado Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families team (Colorado Governor's Challenge) that was formed in November 2018. This workgroup was paused in 2023 to re-strategize regarding future directions and goals.
[55] El Paso, La Plata, Larimer, Mesa, Montezuma, and Pueblo.
[56] Archuleta, Baca, Bent, Custer, Delta, Hinsdale, Huerfano, Montrose, Ouray, Phillips, Rio Blanco, Routt, San Juan, Sedgwick, and Washington.

SECTION THREE
INITIATIVE: Statewide Training and Awareness

Evidence highlight: Gatekeeper trainings, such as QPR, can increase community members' skills to improve awareness of when someone may be suicidal and how to respond.[57] Gatekeeper training is a core component of CDC's Suicide Prevention Resource for Action.[58]

OSP aligns and supports suicide-specific training and awareness initiatives across the state. OSP recommends gatekeeper trainings for community members as a crucial component of comprehensive suicide prevention.

Gatekeeper training is a non-clinical training that helps attendees learn:

1. To identify risk factors and warning signs for someone who may be feeling suicidal.
2. To approach and engage those who may be struggling.
3. To connect them with supportive resources and help.

The OSP Training Page lists free, online clinical suicide prevention training courses.

QPR: Question, Persuade, Refer (QPR) is a low cost, evidence-based[59] gatekeeper training program that teaches individuals the warning signs of a suicide crisis and how to respond. **Through OSP funding, more than 2,400 individuals received QPR training in FY 2022-23.**

Mental Health First Aid[60]: OSP partners with the Colorado Behavioral Healthcare Council (CBHC) to support Mental Health First Aid in Colorado. Since 2008, CBHC has spearheaded Mental Health First Aid Colorado, the collaborative guiding the strategic growth of the program through a train-the-trainer course to increase the number of individuals certified to provide the curriculum and who can support community-led MHFA training. During FY 2022-23:

- 66 individuals received the train-the-trainer course to become MHFA facilitators.
- 1,520 Coloradans received MHFA training delivered through 91 classes.
- MHFA can now be offered virtually and reach more rural areas of the state.
- 45% of First Aiders identified themselves as Black, Indigenous, and People of Color.

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[57] Litteken, Clay., & Elizabeth Sale. Long-Term Effectiveness of the Question, Persuade, Refer (QPR) Suicide Prevention Gatekeeper Training Program: Lessons from Missouri. Community Mental Health Journal, 54(3), 282-292. 2018

[58] Burnette, Crystal, Rajeev Ramchand, and Lynsay Ayer, Gatekeeper Training for Suicide Prevention: A Theoretical Model and Review of the Empirical Literature. Santa Monica, CA: RAND Corporation, 2015.

[59] Studies of QPR indicate trainees demonstrate improved gatekeeper preparedness and efficacy scores, greater knowledge of suicide prevention resources, and higher total gatekeeper skills.

[60] Mental Health First Aid is funded by a separate appropriation from the General Fund. MHFA gives people skills to help someone who is developing a mental health problem or experiencing a mental health crisis.

INITIATIVE: Statewide Access to Safer Suicide Care

Improving health system readiness and response to suicide

Evidence highlight: OSP uses the nationally recognized and evidence-based Zero Suicide (ZS) framework for health care-based prevention, as health care systems implementing Zero Suicide have seen as much as an 80% reduction in suicide deaths for clients in their care.

Final year of Colorado's SAMHSA Zero Suicide Implementation grant

In FY 2022-23, OSP funded eight health systems agencies to implement the Zero Suicide (ZS) framework through the SAMHSA ZS grant[61] (expected to end 9/30/23). OSP facilitated a monthly statewide Learning Collaborative (regularly attended by approximately 75 organizations) and funded evidence-based clinical trainings and telephonic follow-up services to health organizations statewide. OSP engaged 32 health systems (from urban and rural settings) in ZS implementation trainings. The Zero Suicide Institute recognized OSP and its ZS grantees as a "Successful Outcome Story,"[62] which contributed to the evidence base behind ZS.[63] Learn more about Colorado's efforts to promote ZS on OSP's web page.

Since the grant's start, OSP has supported health system grantees in integrating evidence-based trainings, suicide-specific care plans and continuous quality improvement activities for their patients at risk for suicide. In the grant's five-year period, OSP funded health system staff training in the following modalities: 5,416 in various gatekeeper suicide prevention trainings, 2,316 in Counseling on Access to Lethal Means (CALM) and Safety Planning, 980 in Collaborative Assessment and Management of Suicidality (CAMS), and 120 in Brief Cognitive Behavioral Therapy for Suicide Prevention (BCBT-SP).

Suicide prevention in partnership with Colorado hospitals

In addition to collaboration with HCPF to support the Hospital Quality Incentive Program, OSP provides hospital partners with resources and a quarterly emergency services newsletter.[64]

Collaborative Assessment and Management of Suicidality[65]

Collaborative Assessment and Management of Suicidality (CAMS) is an evidence-based model for the clinical care of people at risk of suicide that emphasizes relationship-building and trust between participants and their clinicians to create shared plans for safety, treatment, and problem-solving. In FY 2022-23, OSP funded six CAMS trainings that trained over 350 clinicians. Visit OSP's Training web page to learn more about CAMS or to sign up for upcoming training sessions.

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[61] This round of funding ended 9/29/23. OSP was awarded another 5-year SAMHSA Zero Suicide Implementation grant that began 9/30/23.

[62] zerosuicide.edc.org/evidence/outcome-story/centura-health

[63] Scott A. Simpson, et.al., 2023: A Mortality Surveillance Collaboration Between a Health System and Public Health Department American Journal of Public Health 113, 943_946, doi.org/10.2105/AJPH.2023.307335

[64] There are currently 132 subscribers.

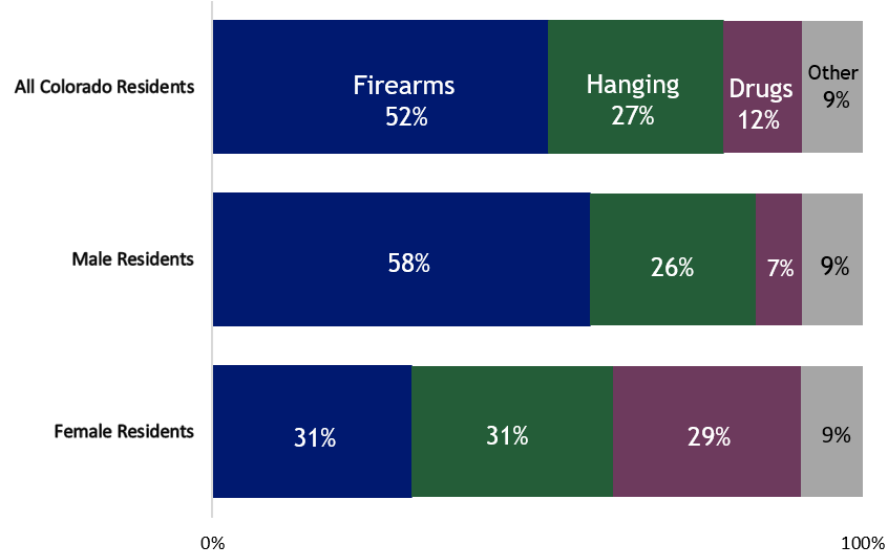
[65] Braided funding for CAMS came from three competitive federal grants.

INITIATIVE: Lethal Means Safety

Data highlight: In 2022, 54% of all Colorado suicides were by firearm and 67% of all firearm fatalities were suicides. Of individuals who survive a suicide attempt, more than 90% will not go on to die by suicide.[66] Reducing access to suicide methods that are highly lethal and commonly used is a proven strategy for decreasing suicide fatality rates.[67]

Firearms are the leading method of suicide in Colorado, and men are more likely to die by suicide using a firearm than women.[68] OSP promotes comprehensive lethal means safety as a suicide prevention strategy. OSP is a partner of the Colorado Firearm Safety Coalition, which includes retailers, range owners, safety instructors, and prevention professionals who are dedicated to reducing suicide by firearm. The Coalition has an interactive temporary storage map of locations providing community-based storage during periods of crisis.[69]

Figure 6. Firearms are the leading method of suicide in Colorado.
Percentage of suicide deaths by method and sex for the years 2018-2022 combined.



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

Self-reports on access to firearms and storage practices

In 2021, the Healthy Kids Colorado Survey asked students about their perceived access to firearms; 16.8% of students said they could "sort of easily" or "very easily" access a gun, and 19.2% reported they could fire a loaded gun without adult permission.[70] Students in rural

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[66] Harvard Chan School of Public Health: Attempters' Longterm Survival
[67] This is a strategy identified in the National Strategy for Suicide Prevention.
[68] Vital Statistics, CDPHE: cdphe.colorado.gov/colorado-suicide-statistics
[69] Per C.R.S. §25-1-131(3)(c)(I), OSP is required to post information about community programs that allow firearm owners to voluntarily and temporarily store a firearm at a secure location outside of an individual's home.
[70] Healthy Kids Colorado Survey 2021.

schools were more likely to report perceived easy access to firearms. Students who had felt sad or hopeless, attempted suicide, or been in a fight were more likely to say that they had access to a handgun.[71] OGVP and OSP partnered in FY 2022-23 to expand the reach of the Gun Shop Project to all 64 Colorado communities; increase the reach of Operation Veteran Strong; and fund lethal means modules for Man Therapy.

OSP supported the addition of three questions concerning firearms ownership and storage practices to the 2022 BRFSS modules. In 2022, 36.7% of Coloradans kept firearms in their home. Of the 36.7% who kept firearms in their home, 28.2% stored their firearms loaded. 53% of those who kept loaded firearms in their home stored these firearms unlocked.

Colorado Gun Shop Project

The Gun Shop Project (GSP) 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. The core message of this federally-funded initiative is that temporarily limiting a suicidal individual's access to firearms is a critical aspect of firearm safety. During FY 2022-23, OSP collaborated with 12 organizations to support Gun Shop Project outreach efforts across all 64 Colorado counties.

Provider education on means safety

Supporting providers with the clinical skills to deliver lethal means safety counseling to clients remains a priority for OSP. Means safety education is an evidence-based approach to reducing the risk of suicide death. During the reporting period, 1,366 Colorado providers took the free Counseling on Access to Lethal Means training.[72] OSP continued to offer free training for pediatric emergency department providers.[73]

Other Means of Suicide

In addition to safely and securely storing firearms, medications, and substances, it is important to address other means of suicide death. If an individual has shared that they are considering suicide, learning more about this despair and whether they have a plan and access to means (e.g., asphyxiation, self-injury, falling from a height) can provide important information on how to keep an environment as safe as possible.

Please visit CDPHE's Gun Safety and Suicide web page for more information and resources on lethal means safety.

[71] Brooks-Russell, A., Ma, M., Brummett, S., Kelly, E., & Betz, M. (2021). Perceived Access to Handguns Among Colorado High School Students. 147(4).

[72] These providers came from community mental health centers, school districts and higher education, judicial districts and corrections, private counseling centers, and hospitals across the state.

[73] Access free OSP-supported training for pediatric emergency department providers at train.org/colorado. Search for: 1076412 Lethal Means Counseling: A Role for Colorado Emergency Departments to Reduce Youth Suicide.

INITIATIVE: The Colorado Follow-Up Project

Data highlight: National data shows that individuals with a recent discharge from an emergency department are at increased risk for suicide, especially in the month following discharge.[74] Approximately 70% of individuals discharged from emergency departments after a suicide attempt do not attend any follow-up appointments with a mental health provider.[75]

The Follow-Up Project has received national attention as a replicable, low-cost model of caring telephonic follow-up for suicidal clients after discharge from emergency departments.[76] The project's goals are to facilitate client connection to community services; encourage follow-through with discharge plans; reduce return visits to the emergency department; provide caring outreach during peak risk periods; connect youth to additional resources; and develop best practices for follow-up to be used in emergency departments statewide.

The Follow-Up Project connects clients who have been evaluated for a mental health or behavioral health crisis (including suicidal thoughts, behaviors, or attempts, or an overdose regardless of intent) with Rocky Mountain Crisis Partners (RMCP) within an emergency department or inpatient setting prior to discharge. RMCP staff will call the patient on a weekly basis to offer support, set goals, and share local resources for as long as needed. RMCP also provides peer-to-peer, veteran, or opiate clinical based support.

OSP recently expanded the Follow-Up Project to refer eligible youth (ages 0-19) to receive 12 free, suicide-specific therapy sessions from The Second Wind Fund. The Second Wind Fund helps caregivers navigate mental health services and resources. Providers are available in English and Spanish with translation services available for other languages.

In FY 2022-23, OSP expanded the Project to 71 hospitals and reached 10,104 people with follow-up services.[77] Learn more on the Colorado Follow-Up Project webpage.

Table 8. Number of participating hospitals, people receiving services through the project

Number of participants	FY19-20	FY20-21	FY21-22	FY22-23
Number of hospitals participating in Follow-Up Project	35	53	64	71
Approximate number of people who received follow-up services	3,000	6,000	8,000	10,000

[74] 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.

[75] 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.

[76] 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.

[77] A complete list of hospitals implementing the Follow-Up Project is included in Appendix D.

INITIATIVE: Postvention

Data highlight: In 2022, 1,287 Coloradans died by suicide. In 2021, the most recent year of available circumstance data, 7.0% of people who died by suicide had experienced the earlier suicide death of a friend or family member that contributed to their death by suicide. For youth ages 10-18, the suicide death of a friend or family member was a contributing circumstance in 7.4% of suicide deaths.[78]

Postvention is prevention. Supporting individuals affected by suicide helps prevent future suicidal despair, attempts, and deaths by suicide.

The OSP defines postvention as the support and resources provided to those impacted by suicide, including (but not limited to): people who have experienced suicidal despair, ideation, and attempts; loved ones and community members who support those experiencing suicidal despair; survivors of suicide loss; communities impacted by suicide.

Postvention workgroup

The Suicide Prevention Commission convenes the Postvention Workgroup to address community needs and to provide postvention resources statewide. In 2023, the Postvention Workgroup began work on two projects: (1) to solicit postvention resources in various languages to identify inclusive, accessible, and appropriate resources for Colorado communities; (2) to create a guidance document for communities to use when building care packages for suicide attempt survivors and their families and for suicide loss survivors.

Data collection and dissemination

Improving data collection remains a postvention priority for the Office of Suicide Prevention in alignment with Commission recommendations.

First and last responders

Suicide prevention and response continues to be a public health priority. Certain occupations may play a role in increasing one's risk for suicide: first and last responders are often exposed to traumatic events, putting them at higher risk for psychological stress and suicide.[79] OSP postvention efforts include addressing and supporting the needs of first and last responders through community-based initiatives and mini-grants for coroners.

Coroner mini-grants

OSP partnered with the Child Fatality Prevention System in CDPHE to create a standardized Suicide Investigation Form to fill informational gaps related to suicide fatalities, including sexual orientation and gender identity data. The Office released a mini-grant program for coroner and medical examiner offices to support additional data collection and submission. Eleven jurisdictions applied for the mini-grants and utilized funding to distribute postvention

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[78] cdphe.colorado.gov/colorado-suicide-statistics

[79] Demont, Christine and Bol, Kirk (June 2022) *Health Watch*: "Suicide Deaths and Surrounding Circumstances among First Responders and Last Responders in Colorado, 2004-2020: A Summary from the Colorado Violent Death Reporting System."

resource materials to bereaved families, collaborate with existing community coalitions, and provide feedback to help improve the form.[80]

Media as partners in preventing suicide

Ensuring that media outlets share accurate data regarding suicide-related indicators is essential. Effective media navigates storytelling while incorporating community perspectives, local suicide prevention efforts, and resources for those seeking help. OSP encourages media partners to refer to the Reporting on Suicide Website to access current guidelines regarding reporting on suicide.

Communicating stories of hope, resilience, and healing can save lives.

OSP responds to interview requests in order to share data, messaging, and framing around suicide and suicide prevention. Our team email is: cdphe_suicideprevention@state.co.us.

To access postvention resources, please visit:

- OSP's After a Suicide Attempt or Suicidal Experience Website
- OSP's After a Suicide Loss Website

[80] Boulder, Denver, Gunnison, Huerfano, Jefferson, Mesa, Pueblo, Rio Blanco, Summit, and Teller counties participated in this first pilot grant program.

INITIATIVE: The Colorado-National Collaborative - A Comprehensive Approach

Evidence highlight: Through the Colorado-National Collaborative (CNC) comprehensive approach to suicide prevention, OSP seeks to increase protective factors and evidence-based and evidence-informed programs in priority counties to meet local needs and ultimately reduce the impact of suicidal despair, attempts, and deaths by suicide.

OSP funds 15 CNC counties across Colorado. These counties include urban, rural, and frontier communities. In FY 2022-23, OSP added two new communities to the CNC, supporting an additional nine counties: Jefferson, Clear Creek, Gilpin, Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel. OSP continues to fund the following six counties that joined the CNC in 2017: El Paso, La Plata, Larimer, Mesa, Montezuma, and Pueblo.

The CNC brings together local, state, and national professionals alongside Colorado residents to identify, promote, and implement comprehensive strategies for suicide prevention across Colorado. Strategy initiatives build on national best practices and key Colorado Suicide Prevention Commission recommendations. OSP closely monitors the impact of suicide in the CNC priority counties. The CNC framework prioritizes data-driven and evidence-based or -informed programs and policies and relies on continuing evaluation, data collection, analysis, and improvement. OSP supported evaluation of the CNC in partnership with a national evaluator from the Education Development Center (EDC) during the reporting period. The CNC convened an in-person grantee meeting in June 2023, which brought together the OSP team, the national evaluator, and the eight grantee agencies to share project highlights, challenges, data and discuss next steps of the CNC.

The CNC identifies six core pillars that form the foundation of the comprehensive model:

Connectedness: Connectedness is the degree to which an individual or group are socially close, interrelated, supportive, or share resources. Strategies include policies and programs that promote behavioral health, social-emotional learning, web-based resources, inclusive and anti-racist workplace policies, and community engagement efforts that support priority populations such as LGBTQ+ and Black, Indigenous, and People of Color.

Economic stability and supports: Economic stability refers to the level of economic resources available and the degree of equity in the distribution of these resources. 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.

Education and awareness: By implementing education and awareness efforts, community members, providers, and other professionals will increase their knowledge and gain favorable attitudes and beliefs towards suicide-specific care. Strategies include providing

gatekeeper trainings, leveraging existing messaging and awareness campaigns, and developing comprehensive suicide prevention policies.[81]

Access to safer suicide care: Implementing best practices for safer suicide care can help improve client care and reduce suicide risk, attempts, and deaths for those within healthcare systems and organizations. Strategies include implementing the Zero Suicide framework in primary care settings, mental health centers, behavioral health and substance use disorder treatment agencies, hospitals, and emergency departments.

Lethal means safety: Strategies include addressing 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 CAMS, CALM, and Collaborative Safety Planning trainings.

Postvention: Postvention is the support and resources provided to those impacted by suicide, including (but not limited to): people who have experienced suicidal despair, ideation, and attempts; those who support those experiencing suicidal despair; survivors of suicide loss; communities impacted by suicide. Strategies include policies and response plans, caring follow-up contacts, and safe messaging.

The report appendix includes a non-exhaustive list of the early successes established by CNC county teams as driven by the strategies embedded within the six pillars.

[81] 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.

School Crisis and Suicide Prevention Training Grant Program

The School Crisis and Suicide Prevention Training Grant Program provides funding for public schools and school districts to implement comprehensive crisis and suicide prevention strategies. Funding priority goes to public schools or school districts who have not received suicide prevention training previously and who provide training to staff beyond educators.

In FY 2022-23, a total of 14 public schools and school districts received funding from the School Crisis and Suicide Prevention Training Grant Program (four schools/districts received comprehensive suicide prevention grants; 10 schools/districts received mini-grants to support suicide prevention and crisis training). Awardees have demonstrated considerable progress toward completing comprehensive suicide prevention plans and continue to strive towards model policies that align with all evidence-based national standards.[82]

Table 10. Overview of FY 2022-23 grantees

Grantee	# Pupils Enrolled	# Staff Trained	Funding Spent
Aurora Public Schools	38,000	171	$4,617
Center Consolidated Schools	301	212	$10,180
Colorado Early Colleges Douglas County- Parker	410	39	$5,400
Crowley County School District RE 1-J	380	1	$2,200
Denver Public Schools	89,213	207	$4,954
Eagle County School District RE50J	6,635	33	$5,000
Eastlake High School of Colorado Springs	75	13	$3,181
Mancos School District Re-6	508	50	$5,000
Manzanola School District 3J	170	1	$2,584
Northeast Colorado Board of Cooperative Educational Services	5,000	81	$5,959
Poudre School District R-1	30,105	6	$3,989
Steamboat Springs School District Re-2	2,579	580	$112,504

[82] Per C.R.S. §25-1.5-113(4)(b), OSP is required to report information on the administration of the grant program during the preceding year. The report should include the number of public schools and school districts that received a grant from the grant program, the amount of each grant award by recipient, the number of pupils who are enrolled at each public school or school district of each grant recipient, the number of school staff and educators who were provided training as a result of a grant, and a copy of the grant recipients' crisis and comprehensive suicide prevention plans. OSP awarded four districts comprehensive suicide prevention funds through a 5-year RFA (2022-27). Other schools can apply for cost-reimbursements of up to $10,000 to cover suicide-specific trainings and programs.

Grantee	# Pupils Enrolled	# Staff Trained	Funding Spent
Weld County School District 6	22,900	63	$64,008
Woodland Park School District Re-2	2,122	62	$4,123
Total	198,398	1,519	$378,950

* OSP receives an annual appropriation of $400,000 for the grant program. The remainder of the funding was spent on allowable personnel costs (.3 FTE) to provide contract monitoring and grantee support.

Table 11 illustrates the status of the comprehensive suicide prevention grantees' policies in Year 2. These districts will receive technical assistance to continue to improve their policies.

Table 11. Progress toward completing comprehensive suicide prevention plans

Grant Year	# of policies comprehensive suicide prevention grantees submitted	No policy available	Standard Board of Education Policy Statement	Draft improvements started	Strong policy with room for improve-ment	Model policy that aligns with all evidence-based national standards
1	4	0	0	2	2	0
2	4	0	0	2	2	0

A model policy provides guidance for a school or institution of higher education to promote and incorporate best practices for suicide prevention within the educational system, including upstream suicide prevention and positive school climate; gatekeeper trainings; referrals to suicide-specific care; re-entry guidance after a suicidal crisis or attempt; and best practices following a suicide loss.

Evaluation

OSP follows the Suicide Prevention Commission's recommendations to develop and evaluate best-practice comprehensive programs in collaboration with stakeholders.[83] OSP's program evaluation assesses the intended and actual impacts of OSP's programs and informs OSP's approach to ensuring equitable outcomes for Coloradans.

OSP Evaluation FY 2022-23 Highlights

The Colorado National Collaborative (CNC): The CNC evaluation relies on continuing data collection, analysis, and improvement to understand which suicide prevention strategies reduce state and county suicide rates. In FY 2022-23, OSP, in partnership with the Education Development Center (EDC), facilitated monthly and in-person meetings to identify process improvements for the CNC implementation and evaluation. OSP supported the CNC evaluation via an internal dashboard of strategic indicators and outcomes accessible to local CNC teams.

Man Therapy: In FY 2022-23, two independent research evaluations using randomized control trials informed OSP's continued support of the Man Therapy platform. Help-seeking and Man Therapy found increased engagement and help-seeking behaviors among men exposed to Man Therapy, especially for LGBTQ+ men and men of color visiting the site. Effectiveness of Man Therapy to reduce suicidal ideation and depression among working- age men found that Man Therapy reduced suicidal ideation and depression among people who used the service and improved protective factors and help-seeking behaviors.

The Colorado Gun Shop Project: The University of Colorado's Center for the Study and Prevention of Violence (CSPV) conducts a CDC-funded independent evaluation of the Colorado Gun Shop Project. Preliminary findings demonstrate that 73% of gun shop employees in the study experienced a positive relationship with Gun Shop Project staff and 94.6% were confident they would decline a sale to a customer in crisis and/or displaying warning signs of suicide. OSP regularly meets with the CSPV team to inform GSP program decisions.

SAMHSA grants: OSP implements three federal SAMHSA grants (supporting youth suicide prevention; Zero Suicide implementation; and implementing the National Strategy for Suicide Prevention). OSP evaluates each grant in terms of outcome measures, programmatic reach and impact, and impact on grantees and training participants.

Suicide-Specific Data: CDPHE's Office of Vital Statistics continues to improve Colorado's suicide fatality data dashboard, which helps OSP and local partners prioritize their prevention efforts. OSP funded modules in Colorado's Behavioral Risk Factor Surveillance Survey concerning firearm ownership and storage alongside suicide-specific modules. OSP funded questions on the Healthy Kids Colorado Survey regarding suicide to inform youth prevention efforts statewide in the 2021 and 2023 survey administrations. These data help OSP determine how resources for suicide prevention can be equitably distributed statewide.

[83] OSP follows the CDC's guidance on program evaluation best practices.

Conclusion

OSP continues to maximize resources and leverage strong partnerships to support evidence-based and evidence-informed programs statewide. OSP's work, in conjunction with our partnerships across the state, has been successful because it includes three elements:

1. upstream prevention approaches designed to impact individuals and communities prior to the onset of suicidal thoughts and behavior;
2. targeted intervention for those at highest risk for suicide;
3. resources and supports for people who have experienced a mental health crisis, including a suicide attempt, and for those who have been impacted by a suicide loss.

Suicide prevention will only be successful if we use data-driven and evidence-based strategies and evaluate all initiatives. It will never be enough only to provide treatment to those who are having thoughts of suicide; 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.

We believe the Office of Suicide Prevention and the work of our partners is making an impact. Suicide fatality rates in Colorado remain statistically steady, but are showing a slight overall decrease and the 2022 youth suicide fatality rate is the lowest since 2014.

We are optimistic that by increasing support to communities, OSP programs can reduce the suicide fatality rate in Colorado. The Suicide Prevention Commission will continue supporting this goal by making recommendations for increased funding for evidence-based programing, and the OSP will continue to prioritize initiatives like Zero Suicide, the Follow-up Project, lethal means safety education, community-based suicide prevention initiatives, and school-based programs, like Sources of Strength.™

Colorado should empower and fund local communities to implement and evaluate the overarching and demographic-based strategies within communities. Stable, predictable suicide prevention funding would allow the state to expand these critical suicide prevention efforts.

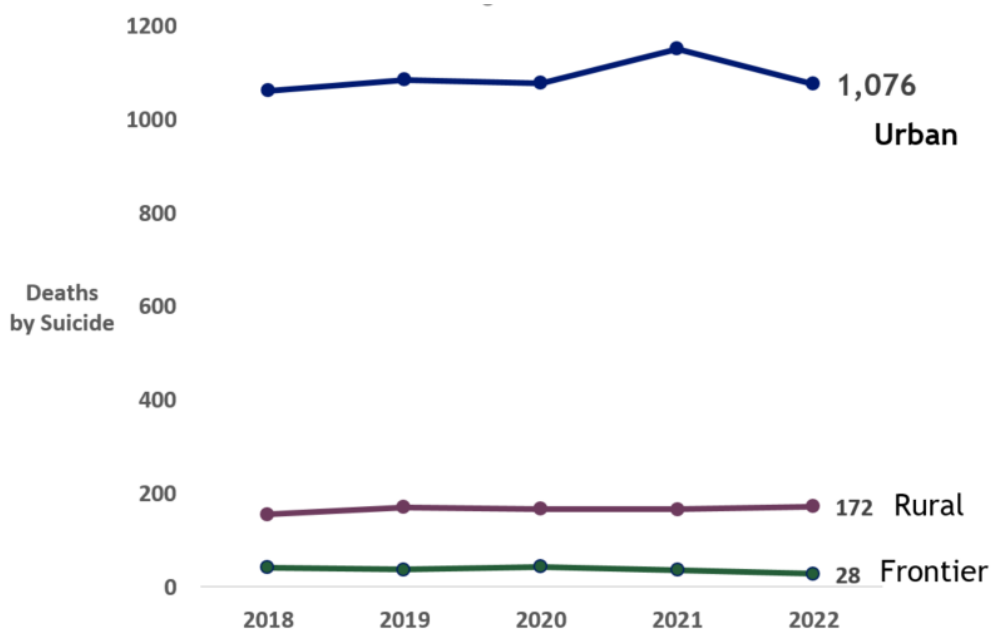
OSP is poised to continue leading statewide suicide prevention efforts in Colorado by expanding partnerships, implementing innovative data-driven initiatives, and decreasing the impact of suicide. The Suicide Prevention Commission will continue to create and implement new, innovative recommendations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

APPENDICES

Photo by Lena Heilmann, PhD, MNM

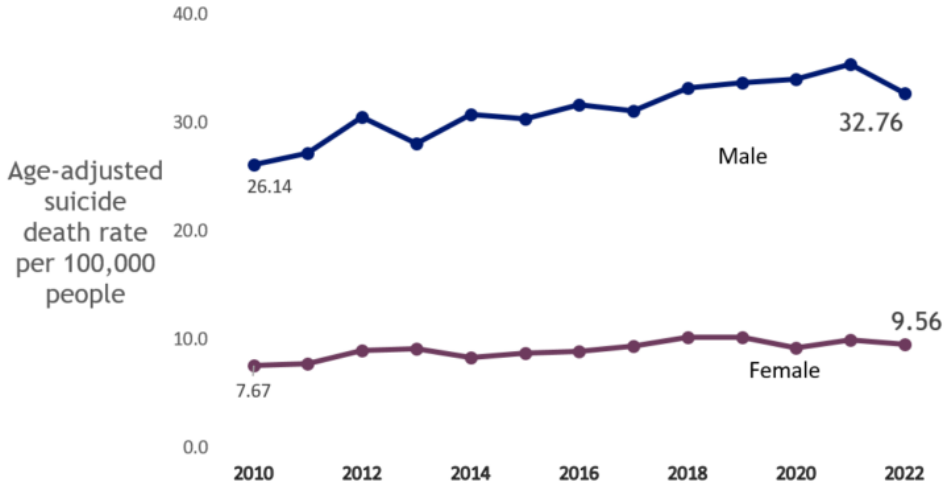
Appendix A: Suicidal Despair, Suicide Attempts, and Deaths by Suicide: Additional Colorado-Specific Data

Figure 1. Urban communities have the highest number of deaths by suicide.
The number of deaths by suicide by geographic community type between 2018-2022.



Source: Colorado Vital Statistics Program (Death Certificate Data), Colorado Department of Public Health and Environment.

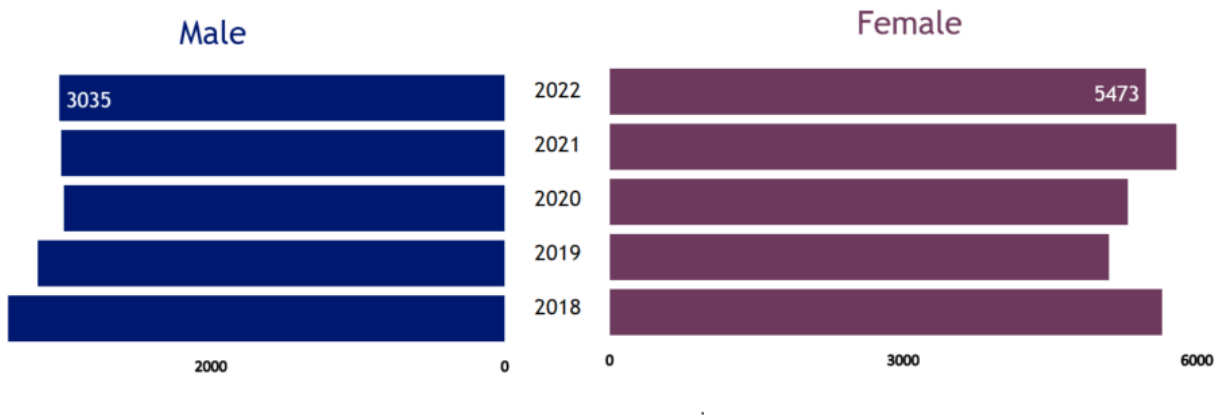
Figure 2. Men die by suicide at over three times the rate of women.
Age-adjusted suicide death rate per 100,000 people by sex between 2012-2022.



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

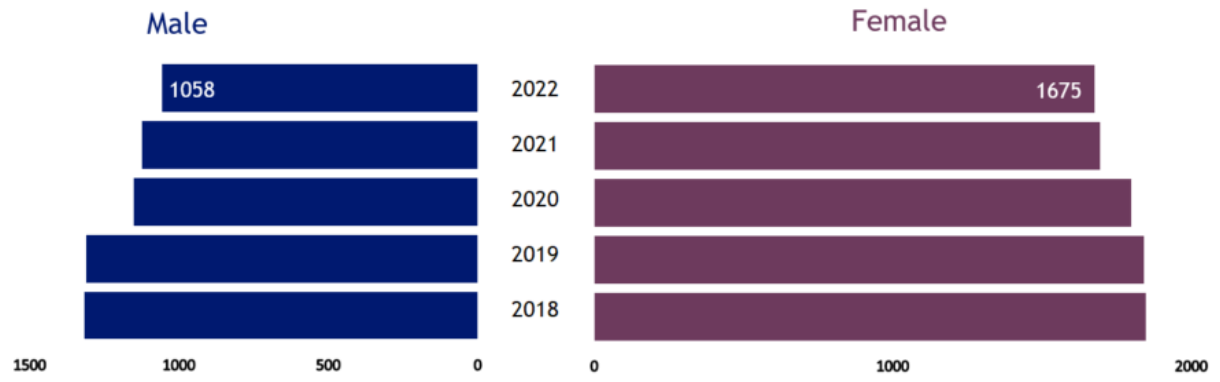
Figure 3. Women go to the hospital for attempting suicide more than men.
Suicide-related emergency department visits and hospitalizations by sex between 2018-2022.

Emergency Department Visits



Data Sources: Emergency Department Visit Data, Hospital Discharge Data, Colorado Hospital Association.
Prepared By: Center for Health and Environmental Data, Colorado Department of Public Health and Environment.

Hospitalizations



Data Sources: Emergency Department Visit Data, Hospital Discharge Data, Colorado Hospital Association.
Prepared By: Center for Health and Environmental Data, Colorado Department of Public Health and Environment.

Table 1. Various circumstances created a higher likelihood of suicidal thoughts or attempts in 2022.

People who live with a chronic disease, frequently experience housing insecurity, or frequently experience financial insecurity were more likely to report thoughts of suicide and suicide attempts than people who rarely or never experience such circumstances.

Various Circumstances	% of people responding	Reported thoughts of suicide	Of those who reported thoughts, % who also reported attempt in prior year
Living with one or more chronic disease	54.5%	9.4%	18.8%
Not living with chronic disease	45.5%	2.8%	11.8%
Experienced housing insecurity always/usually/sometimes	26.1%	15.4%	26.3%
Had never or rarely experienced housing insecurity	73.9%	3.0%	6.6%
Experienced financial insecurity always/usually/sometimes	21.5%	16.3%	22.4%
Had never or rarely experienced financial insecurity	78.5%	4.0%	15.3%

Source: Behavioral Risk Factor Surveillance System 2022

Appendix B: OSP State Funding and Federal Grants Table & Timeline

Funding Source	$ to OSP in FY 2022-23	Anticipated changes to funding
General Fund	$1,332,469	One time increase of $75,000 in FY 2023-24 for Youth Mental Health First Aid
MHFA General Fund	$210,000	No change anticipated.
Attorney General's Office Interagency Agreement	$270,544	Ends 6/30/24
MCH Block Grant	$109,220	Annual award. Amount not confirmed, no significant change anticipated.
SAMHSA Zero Suicide Federal Grant	$725,000	Ended 9/29/23; re-awarded through 9/29/28.
SAMHSA GLS Youth Suicide Prevention Federal Grant	$735,000	Awarded through 8/30/27
SAMHSA National Strategy for Suicide Prevention Federal Grant	$400,000	Ended 8/30/23; re-awarded through 9/29/26.
CDC Comprehensive Suicide Prevention Federal Grant	$901,139	Ends 8/31/25
Public Health and Human Services Block Grant	$535,650	Annual award. No significant change anticipated.
Total	**$5,219,022**	

Appendix C: Zero Suicide Grantee Highlights FY 2022-23

The Center for Mental Health - Serves Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel counties: Five-year funding to support The Center concluded 6/30/22. CMH conducted organizational policy scans to identify system improvement opportunities and planned for Zero Suicide strategy after its merger with Axis Health System / Axis ZS team. 21 clinicians were trained in CAMS this fiscal year.

Centura Health - Serves Denver, El Paso, and Pueblo counties: Expanded Zero Suicide throughout Centura facilities for enterprise-wide implementation. Received national attention from the Education Development Center for Zero Suicide implementation approaches and success. All 14 Centura facilities completed their Organizational Self-Study.

Colorado Coalition for the Homeless - Serves Denver County: Embedded a Zero Suicide dashboard into its Electronic Health Record. Clinical staff trained in CAMS. Included people with lived experience through a Community Advisory Board and Implementation Team. Embedded health equity data collection and education opportunities to support BIPOC and LGBTQ+ patients.

Denver Health & Hospital Authority - Serves Denver County: Expanded its Zero Suicide implementation team and orientation for associates. Used program data to create a risk model to help allocate resources more effectively. Distributed lethal means safety devices to associates.

Health Solutions - Serves Pueblo County: Improved Suicide Death/Attempt Reviews. Incorporated peer specialists with lived experience into implementation. Set up a workflow to connect people to caring support after a crisis. Formalized lethal means safety policies and practices.

Jefferson Center for Mental Health (JCMH) - Serves Jefferson, Gilpin, and Clear Creek counties: Five-year funding to support Jefferson Center concluded 6/30/22. Over the 5 years of funding, JCMH ingrained and sustained consistent policies, practices, and workflows around suicide prevention efforts in all seven elements of the ZS framework.

Wellpower - Serves Denver County: Developed training program for suicide assessment and collaborative safety planning. Launched STAY SAFE program, which uses ZS and CAMS principles in a short-term model for youth. Implemented the STAR Program, which provides an emergency mental health professional response to crisis situations.

St. Mary's Hospital - Serves Mesa County, opted out of receiving funding from the OSP in year 5 of 5: Engaged people with lived experience of suicide, students, and interns in connecting clients with follow-up services. Created an At-Risk Patient Policy group to work on standardizing efforts among care sites.

SummitStone Health Partners - Serves Larimer County: Presented at Zero Suicide Academy on implementation experience. Continued providing robust and warm follow-up with people on the suicide care pathway. Translated Zero Suicide materials into Spanish.

UCHealth Memorial Hospital - Serves El Paso County: Expanded its Zero Suicide implementation approach and teams to include facilities in other regions, emphasizing gatekeeper training, peer support, and Zero Suicide orientation. Incentivized mental health clinicians to use resources available relevant to referrals to Rocky Mountain Crisis Partners, safety planning, and lethal means counseling.

UCHealth Northern Colorado - Serves Larimer County: Embedded Question, Persuade, Refer in an online learning system. Aligned its Zero Suicide approach with enterprise-wide quality improvement initiatives. Partnered with community groups to gather feedback on hospital services from people with lived experience.

Appendix D: Hospitals that Implemented the Follow-Up Project FY 2022-23

- Animas Surgical Hospital (La Plata)
- Arkansas Valley Regional Medical Center (Otero)
- Aspen Valley Hospitals (Pitkin)
- Banner Fort Collins Medical Center (Larimer)
- Castle Rock Adventist Hospital (Douglas)
- Centura Health Emergency & Urgent Care (Jefferson)
- Centura Health Emergency & Urgent Care Lakewood (Denver)
- Centura Health Emergency & Urgent Care-Highlands R (Adams)
- Centura Health Emergency And Urgent Care (Jefferson)
- Centura Health Emergency And Urgent Care-Meridian (Douglas)
- Centura Health-84th Ave Neighborhood Health Center (Adams)
- Centura Health-Avista Adventist Hospital (Boulder)
- Centura Health-Littleton Adventist Hospital (Arapahoe)
- Centura Health-Penrose-St Francis Health Services (El Paso)
- Centura Health-Porter Adventist Hospital (Denver)
- Centura Health-St Anthony Hospital (Jefferson)
- Centura-St. Elizabeth (Morgan)
- Centura Health-St Francis Medical Center (El Paso)
- Centura Health-St Mary Corwin Medical Center (Pueblo)
- Centura Health-St Thomas More Hospital (Fremont)
- Children's Hospital Colorado (Adams)
- Family Health West(Mesa)
- Community Hospital (Mesa)
- Denver Health Medical Center (Denver)
- Encompass Health Rehab Hospital Of Littleton (Arapahoe)
- East Morgan County Hospital (Morgan)
- Foothills Hospital (Boulder)
- Haxtun Hospital (Phillips)
- Good Samaritan Medical Center (Boulder)
- Gunnison Valley Hospital (Gunnison)
- Keefe Memorial Hospital (Cheyenne)
- Kit Carson County Memorial Hospital (Kit Carson)
- Lincoln Community Hospital (Lincoln)
- Longmont United Hospital (Boulder)
- Longs Peak Hospital (Weld)
- Lutheran Medical Center (Jefferson)
- Mckee Medical Center (Larimer)
- Medical Center Of The Rockies (Larimer)
- Melissa Memorial Hospital (Phillips)
- Middle Park Health- Kremmling (Grand)
- Middle Park Medical Center-Granby (Grand)
- Montrose Memorial Hospital (Montrose)
- North Colorado Medical Center (Weld)
- Parker Adventist Hospital (Douglas)
- Parkview Behavioral Health Division (Pueblo)
- Parkview Medical Center, Inc (Emergency Dept) (Pueblo)
- Platte Valley Medical Center (Adams)
- Poudre Valley Hospital (Larimer)
- Rio Grande Hospital (Rio Grande)
- Saint Joseph Hospital (Denver)
- Sedgwick County Memorial Hospital (Sedgwick)
- Southeast Colorado Hospital (Baca)
- Southlands ER Parker Adventist Hospital (Arapahoe)
- Southmoor Emergency & Urgent Care (Arapahoe)
- Sterling Regional Medical Center (Logan)
- St Anthony North Health Campus (Broomfield)
- St Anthony Summit Medical Center (Summit)
- St Mary's Medical Center (Mesa)
- UCHealth Broomfield Hospital (Jefferson)
- UCHealth Grandview Hospital (El Paso),
- UCHealth Greeley Hospital (Weld)
- UCHealth Harmony Road ER (Larimer)
- UCHealth Highlands Ranch Hospital (Adams)
- UCHealth -Mountain Crest Behavioral Health (Larimer)
- UCHealth Pikes Peak Regional Hospital (Teller)
- UCHealth Yampa Valley Medical Center (Routt)
- UCHealth Memorial Hospital Central (El Paso)

- UCHealth Memorial Hospital North (El Paso)
- University Of Colorado Hospital Authority (Adams)
- Valley View Hospital Association (Garfield)
- West Littleton Emergency Room (Jefferson)
- West Pines Behavioral Health (Jefferson)
- Wray Community District Hospital (Yuma)
- Yuma District Hospital (Yuma)

Appendix E: Colorado-National Collaborative (CNC) Grantee Highlights FY 2022-23

El Paso County CNC Grantee - Community Health Partnership: The local CNC coalition, the Suicide Prevention Collaborative of El Paso County, has its own website. This year it partnered with local media outlets to provide responsible messaging trainings, which teach media partners best practices in safe reporting on suicide and suicide attempts in the community, a key component of postvention response. The El Paso CNC team partnered with local organizations to support activities and events reaching several priority populations including older adults, first responders, veterans and LGBTQ+ veterans.

La Plata County CNC Grantee - San Juan Basin Health Department: The La Plata CNC coalition successfully expanded participating partner organizations to include representation from the Boys and Girls Club, a domestic violence survivors support agency, an environmental quality agency, and the Four Corners military association. This year, the La Plata CNC team supported local organizations in providing social connection events for veterans, economic stability supports for the restaurant and hospitality industry, connections for workers to professional development opportunities, and postvention peer support groups for suicide attempt survivors, loss survivors, and child loss survivors. The La Plata team implemented the COMET (Changing Our Mental and Emotional Trajectory) training, which focuses on mental health in rural communities.

Larimer County CNC Grantee - Alliance for Suicide Prevention of Larimer County: Through a longstanding community collaborative, Imagine Zero, the Larimer CNC team hosts and participates in over 15 workgroups, committees, and coalitions focused on suicide prevention strategies for priority populations and settings, including food security, housing, transportation, youth and young adults, juvenile gun safety, veterans, LGBTQ+, harm reduction, postvention, and those impacted by the judicial system. This year, the Larimer CNC team hosted a county-wide Connect with Intention event, which focused on workplace and employee mental health to reach the business community. This event had roughly 75 participants in attendance from different sectors and led to increased community connection, expansion of gatekeeper training among businesses, and opportunities to collaborate with local partners on policy change. The team trained over 1,300 community members in QPR.

Mesa County CNC Grantee - Center for Enriched Communication: Mesa County's suicide prevention coalition has grown from six to over 30 attendees from a variety of organizations and backgrounds. With CNC support, the coalition supported local efforts and partnerships. This year, the Mesa team was able to support a local community resource center to support economic stability efforts that connected community members to housing, transportation, food security, and affordable child care resources as well as provided transportation services to homebound older adults.

Montezuma County CNC Grantee - Montezuma County Public Health Department: Montezuma County has successfully grown its local SAFE (Suicide Awareness for Everyone) Coalition. The SAFE Coalition hosted its first RISE (Restore Illuminate Support Educate) Southwest Suicide Awareness and Memorial Walk focused on hope, resilience, and connectedness and centering voices of lived experience and effect of suicide in indigenous communities. The Montezuma team implemented COMET (Changing Our Mental and Emotional Trajectory) training, focused on mental health in rural communities.

Pueblo County CNC Grantee - Health Solutions: The Pueblo CNC team focused efforts on building capacity, participation, and connectedness among its coalition this year. This year's sub-workgroups included the LGBTQ+ Workgroup, Veteran Workgroup, and Postvention Workgroup. This year, the Pueblo team prioritized postvention, offered postvention response training, held grief and peer support groups, and created their own "We Care" postvention response care packages filled with local resources.

Jefferson, Clear Creek, Gilpin Counties CNC Grantee - Jefferson Center for Mental Health: Jefferson Center for Mental Health (JCMH) coordinated its long-standing Suicide Prevention Coalition of Jefferson, Clear Creek, and Gilpin counties (SPC). The SPC is a diverse group of mental health providers, members of faith communities, social workers, school staff, health specialists, law enforcement, business owners, suicide loss and attempt survivors, caregivers, and community members who provide training, resources, and information around suicide prevention. JCMH trained over 600 community members in QPR, MHFA and Applied Suicide Intervention Skills Training (ASIST).

Health Statistics Region (HSR)-10: Gunnison, Delta, Montrose, Ouray, San Miguel, Hinsdale CNC Grantee - Tri-County Health Network: In its first year with the CNC, the Tri-County Health Network (TCHN) focused on capacity and relationship building: the organization is unique among participating CNC counties, as it navigates five counties in its area, some with existing coalitions. TCHN focused on supporting BIPOC and immigrant communities, offering gatekeeper training in both English and Spanish, and hosting multiple equity-focused events for Spanish-speaking and immigrant communities including a "Know Your Rights" workshop, a Spanish language book club, and a Healing from Immigration Trauma workshop.

Appendix F: Suicide Fatality Data 2020-2022: BIPOC Communities

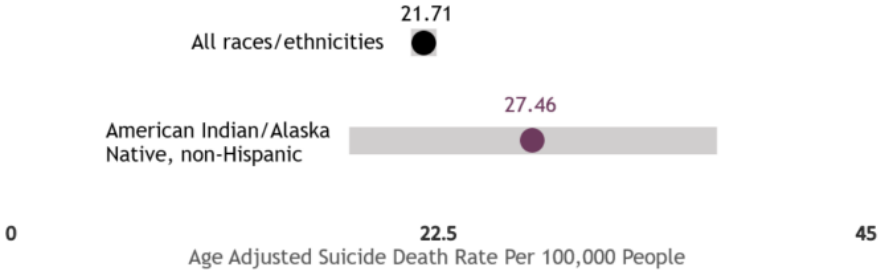
While suicide impacts people of all races and ethnicities, it is important to recognize that access to protective resources that prevent suicide and exposure to suicide risk factors are not equal across racial groups. For example, risk factors for suicide such as food insecurity, substance misuse, lack of economic opportunities, exposure to violence, and stigma around mental health topics may impact racial groups disproportionately.[84]

OSP recognizes that racism is a public health crisis and is committed to pursuing upstream suicide prevention efforts rooted in equity, anti-racism, and intersectionality. To ensure that communities receive the resources they need to prevent suicide, OSP intentionally monitors the suicide rate for different racial groups in Colorado to understand the disparate harms that suicide presents. To learn more about how equity informs OSP's work, please see our statement on Equity in Suicide Prevention.

Below, we present age-adjusted suicide rates for BIPOC groups in Colorado in 2022 as compared to the overall age-adjusted suicide rate for all races and ethnicities in Colorado. While the overall age-adjusted suicide rate in Colorado has remained stable over the last few years, there are differences in some suicide rates by races and ethnicity. In the sections below, we report combined data from 2020 to 2022 to offer a more complete picture of the impact of suicide on Black, Indigenous, and People of Color (BIPOC) in Colorado.

CDPHE provides information on the circumstances of suicide across race and ethnicity groups on the Colorado Suicide Statistics Dashboard. While data are available, small circumstance counts for some race and ethnicity groups prevent a comprehensive discussion of such trends in this report.

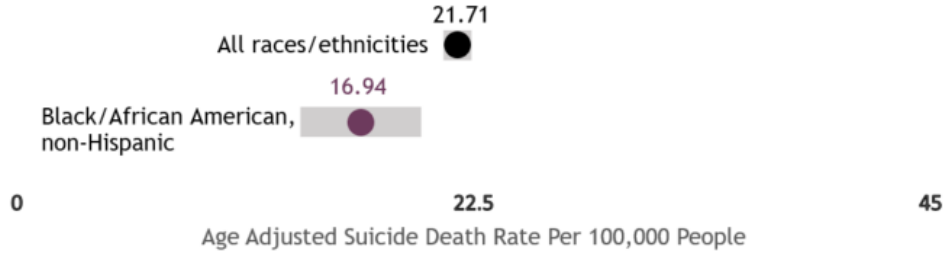
American Indian and Alaska Native residents, age-adjusted suicide rate 2020-2022



From 2020 to 2022, Colorado lost 32 American Indian and Alaska Native residents (non-Hispanic) to suicide. The majority of these deaths were male (66%), and the 25-34 age group had the highest number of deaths among this population.

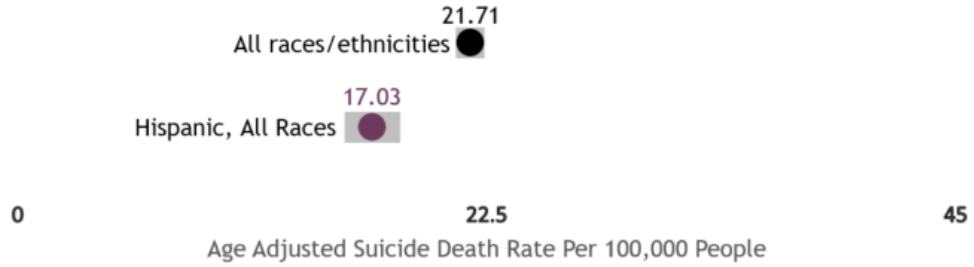
[84] See the CDC's summary for suicide risk factors at: https://www.cdc.gov/suicide/facts/disparities-in-suicide.html#:~:text=Suicide%20rates%20vary%20by%20race,people%20(17.4%20per%20100%2C000).&text=Suicide%20is%20the%209th%20leading,death%20among%20AI%2FAN%20people.

Black/African American residents, age-adjusted suicide rate 2020-2022



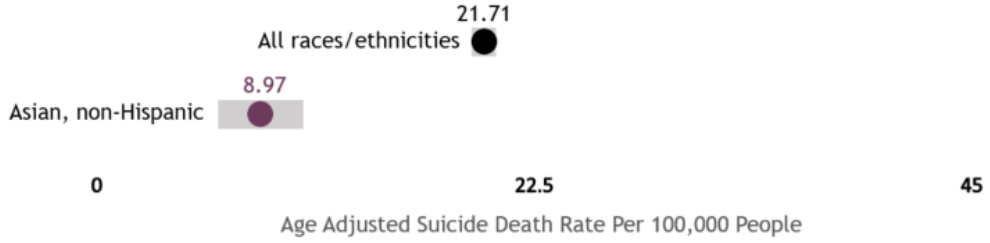
From 2020 to 2022, Colorado lost 127 Black/African American residents to suicide. The majority of these deaths were male (77%), and the 25-34 age group had the highest number of deaths among this population.

Hispanic residents, all races age-adjusted suicide rate 2020-2022



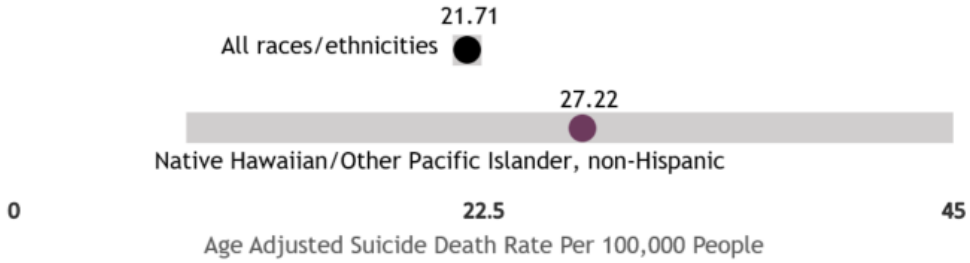
From 2020 to 2022, Colorado lost 669 Hispanic residents (all races) residents to suicide. The majority of these deaths were male (77%), and the 25-34 age group had the highest number of deaths among this population.

Asian residents, age-adjusted suicide rate 2020-2022



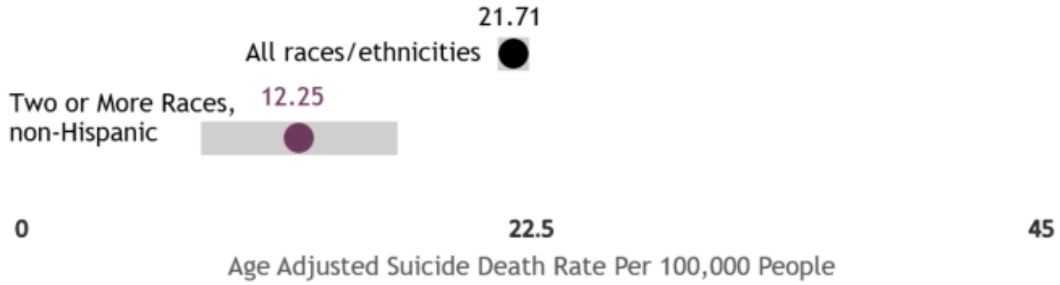
From 2020 to 2022, Colorado lost 54 Asian residents (all races) residents to suicide. The majority of these deaths were male (57%), and the 35-44 age group had the highest number of deaths among this population.

Native Hawaiian/Other Pacific Islander residents, age-adjusted suicide rate 2020-2022



From 2020 to 2022, Colorado lost 8 Native Hawaiian or other Pacific Islander residents (all races) residents to suicide. Due to small counts, select demographic and circumstance data need to be suppressed for this population.

Two or more races residents, age-adjusted suicide rate 2020-2022



From 2020 to 2022, Colorado lost 40 residents who identify with two or more races (non-Hispanic) to suicide. The majority of these deaths were male (80%), and the 25-34 age group had the highest number of deaths among this population.

White, non-Hispanic residents, age-adjusted suicide rate 2020-2022

From 2020 to 2022, Colorado lost 2,885 residents who identify as white (non-Hispanic) to suicide. The majority of these deaths were male (79%), and the 25-34 age group had the highest number of deaths among this population.