

STATE OF COLORADO



Colorado Department
of Public Health
and Environment

**Office of Suicide Prevention Annual Report
Suicide Prevention in Colorado
2012 – 2013**

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Office of Suicide Prevention Annual Report

Suicide Prevention in Colorado 2012-2013

Introduction

Pursuant to Colorado Revised Statute Section 25-1.5-101(1)(w)(III)(A), the Office of Suicide Prevention at the Colorado Department of Public Health and Environment is required to report annually on the status of program efforts to coordinate statewide suicide prevention services. This report details the office's suicide prevention initiatives throughout Colorado during the 2012-2013 fiscal year.

The mission of the Office of Suicide Prevention is to serve as the lead entity for suicide prevention and intervention efforts in Colorado, collaborating with communities statewide to reduce the number of suicide deaths and attempts in Colorado. In an effort to broaden the reach and impact of state-level suicide prevention activities, the office emphasizes using state funding to address strategic priority areas. These priority areas include funding local initiatives, supporting a statewide crisis line, increasing knowledge about suicide risk and prevention resources, training individuals to recognize and respond to suicidal crisis, and forming and leading collaborative partnerships at the state and local level.

The Impact of Suicide in Colorado

Suicide is a significant public health burden that impacts Coloradans regardless of age, race, ethnicity, socioeconomic status, gender or sexual orientation. In 2012, there were 1,053 suicides among Colorado residents and the age-adjusted suicide rate was 19.7/100,000.¹ This is the highest number and rate of suicide deaths ever recorded in Colorado, and represents a 16 percent increase over the number of deaths in 2011. For purposes of comparison, the number of suicide deaths in 2012 exceeded the number of deaths from homicide (205), motor vehicle crash (457), influenza and pneumonia (524), breast cancer (585), and diabetes (798).² In 2012, suicide was the seventh leading cause of death for all Coloradans. Coloradans ages 45 to 64 demonstrated the highest suicide rate (30.4/100,000) and highest number of suicide deaths (418) compared to all other age groups. Among youth and young adults ages 10 to 34, suicide was the leading cause of death. In 2010, the most recent year of data available nationally, Colorado had the eighth-highest suicide rate in the United States,³ and is consistently among the ten states with the highest suicide rates nationally.

The reason for the increase in the rate and number of suicide-related deaths in Colorado since the economic crisis began is not definitively understood. However, "economic strain and personal financial crises have been well documented as precipitating events in individual deaths by suicide. Stressful life events, financial and others, have significant impact on those vulnerable to suicide where typical coping mechanisms are compromised by the effects of mental disorder, substance use, acute psychiatric symptoms, and a host of other risk factors associated with suicide."⁴

Regarding suicide attempts, there were 2,777 hospitalizations for suicide attempts in Colorado in 2012 and the age-adjusted suicide hospitalization rate was 51.6/100,000.⁵ According to the 2011 Healthy Kids Colorado Survey, during the previous twelve months, 21.9 percent of high school students in Colorado reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, 14.8 percent reported seriously considering suicide, and 6.1 percent attempted suicide one or more times.⁶

¹ Retrieved September 25, 2013 from <http://www.cdphe.state.co.us/cohid>

² Ibid.

³ Retrieved October 8, 2012 from <http://webappa.cdc.gov/sasweb/ncipc/mortrate.html>

⁴ AAS Statement on the Economy and Suicide. Retrieved September 25, 2012, from http://www.dmh.ca.gov/PEIStatewideProjects/docs/SuicidePrevention/AAS_StatementEconomySuicide.pdf

⁵ Retrieved October 7, 2013 from <http://www.cdphe.state.co.us/cohid>

⁶ Retrieved October 7, 2013 from <http://www.hkcs.omni.org>

Colorado's 10 Winnable Battles

In 2012 the Colorado Department of Public Health and Environment (CDPHE) continued to focus on a number of priority areas, known as the “Winnable Battles,” which represent key public health issues with the greatest potential to positively impact the health of Colorado citizens. Mental health and substance abuse have been identified as one of these priorities. As suicide is linked to mental illness and substance abuse (depression is the most common factor associated with suicide death), a goal related to the suicide risk of working aged adults was included in the Mental Health and Substance Abuse Winnable Battle work plan. This goal is to “increase the percentage of adults who report experiencing depressive symptoms from 7 percent to 8.5 percent by 2016”. The Office of Suicide Prevention is addressing the goal related to the suicide risk of working aged adults through the Man Therapy project and website, described below, and through education and outreach efforts statewide. Men account for only one in ten *diagnosed* cases of depression, yet research suggests that between 50 and 65 percent of male depression goes undiagnosed.⁷ It is integral that Colorado focus mental health education and resources towards men. The website, www.mantherapy.org, is designed to empower men to take ownership of their mental health and to provide them with the tools to address depression, anger, anxiety, substance abuse and suicidal thoughts, and to find information on resources and referrals for professional support and services online and in their community.

Key OSP Initiatives in Fiscal Year 2012-2013

The Colorado Office of Suicide Prevention is designated by the state legislature as the entity charged with leading statewide suicide prevention and intervention efforts in Colorado. The efforts of the office to coordinate data-driven, research-based suicide prevention initiatives statewide are crucial to address the burden of suicide in Colorado. Projects and initiatives are completed in partnership with organizations throughout Colorado working to prevent suicide at the state and community level.

Man Therapy – www.mantherapy.org

In July, 2012, the Office of Suicide Prevention, Cactus Marketing Communications and the Carson J Spencer Foundation launched www.mantherapy.org. The website is designed specifically to reach working age men, who account for the highest number of suicide deaths in Colorado annually. Men are far less likely than women to access available mental health services.⁸ Traditional suicide prevention messages that encourage suicidal individuals to ask for help and talk about their problems have not been universally effective with men. The Man Therapy campaign is designed to empower men to take ownership of their mental health and overall wellness. The campaign uses humor and straightforward communication, an approach designed to resonate with men. The approach is based on data regarding the circumstances surrounding male suicides (from the Colorado Violent Death Reporting System) and on market research conducted through focus groups and in-depth interviews. The Anschutz Foundation provided a grant to fund website development and collateral marketing materials, and significant in-kind resources were provided for campaign development by Cactus. The Office of Suicide Prevention will fund project evaluation efforts in the upcoming year, and is a key partner on the project, promoting and utilizing it statewide.

The two primary goals of www.mantherapy.org are: 1) to change the way men think and talk about suicide and mental health; and 2) to provide men (and their loved ones) with tools to empower them to take control of their overall wellness. These tools include self-help tips, or “man therapies”, that are every day suggestions to improve overall wellness; “gentlemental health”, which provides information about suicide and men’s mental health; “tales of triumph and victory”, which are stories of Colorado men who are thriving after a suicidal crisis;

⁷ “Ranking America’s Mental Health: An Analysis of Depression Across the States”. Prepared for Mental Health America by Thomson Healthcare. November 29, 2007.

⁸ “Ranking America’s Mental Health: An Analysis of Depression Across the States.” Prepared for Mental Health America by Thomson Healthcare. November 29, 2007.

and, an “18-point head inspection”, which is a self-assessment to anonymously measure and identify individual needs related to emotional health. Additionally, the website suggests that it is “manly” to contact professional support when necessary. The Man Therapy campaign removes traditional mental health language and uses humor to help men feel welcome and at ease while visiting the site. The website provides information on depression and suicide, substance abuse, anger, and anxiety, and includes statewide resources specific to finding support and services related to each issue.

From July 9, 2012 through September 30, 2013, there were 44,873 visits to the website from Colorado, and 322,842 total visits (throughout the U.S. and internationally). More than 54,000 visitors completed the 18-Point Head Inspection, and more than 18,000 received information about crisis services. Visitors spend an average of six minutes on the site, which is high for industry standards. Preliminary evaluation findings report that 79 percent of visitors are men ages 25 to 64 and 11 percent are veterans or active duty military. Eighty percent would recommend the website to a friend, and 50 percent agreed or strongly agreed they were more likely to seek help after visiting the site. After completing the 18-Point Head Inspection, 79 percent of respondents suggested they may or will definitely use techniques recommended by the website to improve mental wellness.

In its first year, Man Therapy received many public health and advertising awards including the Safe States Alliance Innovative Initiative of the Year Award, the Colorado Healthcare Communicators Grand Gold Leaf Award, the Advertising Age Pro Bono Campaign of the Year, a Gold National ADDY, and the FWA Site of the Day. The Office of Suicide Prevention presented a keynote address on Man Therapy at the American Association of Suicidology conference in Austin, TX, and presented at the National Behavioral Healthcare Conference in Las Vegas, NV. On June 5, 2012, Beyond Blue launched www.mantherapy.org.au nationwide in Australia. The Australian version is a replica of the U.S. site, and was developed in partnership with the Office of Suicide Prevention, Cactus, and the Carson J Spencer Foundation.

Community Grants

Between July 2012 and June 2013, the Office of Suicide Prevention awarded eleven community suicide prevention grants to the following organizations:

- Alliance for Suicide Prevention of Larimer County – Larimer County
- Aspen Hope Center – Pitkin, Garfield
- Dynamic Family Design – Weld
- Jefferson Center for Mental Health – Jefferson, Clear Creek, Gilpin
- Midwestern Colorado Mental Health Center – Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel
- Pueblo Suicide Prevention Center – Pueblo
- Rural Solutions – Cheyenne, Lincoln, Logan, Phillips, Sedgwick, Yuma, Kit Carson, Morgan, Washington
- Samaritan Center of the Rockies – Eagle
- Suicide Prevention Partnership of the Pikes Peak Region – El Paso, Teller
- Southern Ute Community Action Programs – La Plata
- Western Colorado Suicide Prevention Foundation – Mesa

Community agencies focused grant efforts on promoting Man Therapy and providing suicide prevention training throughout their service area. Grantees trained men and individuals or organizations that work with men to recognize the risk factors and warning signs for suicide. Eighty trainings were conducted across grantee communities and 978 individuals were trained. Grantees also hosted town hall meetings, attended by more than 350 people, to get key community stakeholder support for the project. Finally, grantees disseminated more than 12,000 Man Therapy posters, drink coasters, and business cards community-wide to drive traffic to the website. Grantees were encouraged to disseminate materials in bars, restaurants, athletic clubs, golf courses, men’s clubs (Elks, VFW, etc.), and workplaces in order to reach men not familiar or comfortable with traditional mental health resources and services. Dissemination efforts allowed grantees to reach new audiences and to expand their suicide prevention partnerships in new and innovative ways.

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

In May 2012, Governor Hickenlooper signed House Bill 1140 into law, which amended Colorado Revised Statute 25-1.5-101(1)(w)(III)(A) concerning the duties of the Colorado Department of Public Health and Environment as coordinator of suicide prevention programs throughout the state. The amendment requires the Office of Suicide Prevention to provide Colorado hospitals with information and materials about risk factors and warning signs for suicide, treatment and care after a suicide attempt, and available community resources for suicidal individuals. The information and materials are given to individuals and families who are in the emergency department or hospital for a suicide attempt or for making a suicidal gesture. A prior suicide attempt is the number one risk factor for suicide death, and appropriate after-care in the hours and days following hospital discharge are critical. These materials are designed to guide individuals and families through the after-care process.

The Office of Suicide Prevention partners with the Colorado Hospital Association, the Suicide Prevention Coalition of Colorado, and hospitals statewide to ensure that materials are delivered to the most appropriate personnel at each hospital in Colorado. In October 2012, more than 25,000 materials developed specifically for hospitals by the Substance Abuse and Mental Health Services Administration were disseminated to Colorado's 79 short-term, critical access and licensed general hospitals. A cover letter was included encouraging hospitals to provide materials to individuals that have attempted suicide and their caretakers/family members prior to discharge by emergency department or inpatient staff.

The Office of Suicide Prevention also created and disseminated an assessment of Colorado hospitals designed to determine current practices and needs for providing information and materials to individuals hospitalized for a suicide attempt. There are currently no statewide standards for what information and materials hospitals provide for a suicide attempt, and the assessment helps identify common practices and needs across the state. Findings from the assessment will help inform the implementation and priorities of HB 1140 moving forward.

The assessment highlights that 65 percent of hospitals participated in the assessment, including large urban and small rural hospitals from every region of the state. Fifty-three percent of respondents report that their hospital is utilizing the materials provided by the Office of Suicide Prevention. Unfortunately, 35 percent report never using the materials. Regarding training needs, 73 percent of respondents report a desire for more information about patient risk upon leaving the hospital, 44 percent would like in-person training on the evaluation and management of suicidal patients (73 percent would like access to online suicide assessment and prevention training), and 31 percent would like in-person training on counseling suicidal patients about removing or locking household firearms. A comprehensive report of the HB 1140 assessment is provided in **Appendix A**.

Training Emergency Department Staff in Counseling on Access to Lethal Means

The Office of Suicide Prevention is partnering with the CDPHE Injury Prevention Program, Children's Hospital, the University of Colorado School of Public Health, and the Harvard Injury Control Research Center to develop and pilot a means restriction education training program at Children's Hospital in Denver. The training program is an emergency department adaptation of the Counseling on Access to Lethal Means Training, developed by the Harvard Injury Control Research Center. Means restriction efforts focus on the removal and/or safe storage of firearms and lethal medications in the home. The training is online and can be completed by hospital staff in approximately one hour. The pilot will begin in November 2013 and all Children's Hospital emergency department social workers and mental health service providers will be trained in educating parents of suicidal youth about the techniques and importance of restricting access to lethal means in the home. Those that have attempted suicide are at an increased risk in the hours and days after discharge, and means restriction education is an evidence-based approach to reducing the risk of suicide death. The training focuses on teaching emergency department staff how to most effectively talk with parents about means restriction.

The Children's Hospital pilot will be evaluated through June 2014. Evaluation results will lay the foundation for expanding the means restriction education training program to additional hospitals beginning in 2014, and the Office of Suicide Prevention will lead and oversee those efforts. After the pilot, Children's Hospital intends to adopt counseling on access to lethal means as an emergency department protocol to be delivered to all parents or guardians of children and youth that have attempted suicide.

Suicide Prevention in Colorado Schools

In June 2013, the Office of Suicide Prevention sponsored a training of trainers for Sources of Strength, a best practice school suicide prevention program that emphasizes resilience and positive youth development. The Office of Suicide Prevention sponsored individuals from Adams, Boulder, Denver, Douglas, Mesa, and Pueblo County schools to attend the four day training to become certified Sources of Strength trainers. Each district is implementing Sources of Strength during the 2012-2013 school year, and Office of Suicide Prevention support ensures that each district has a certified trainer to lead implementation and sustainability efforts.

In September 2013, the Office of Suicide Prevention Program Manager was elected Secretary of the Advisory Board of the Colorado School Safety Resource Center at the Colorado Department of Public Safety. The School Safety Resource Center works with schools and communities to create safe and positive school environments for Colorado students. Suicide prevention is a critical component of school safety, and the resource center has made it a priority in its work statewide.

The Office of Suicide Prevention partners with the Colorado School Safety Resource Center and the Colorado Department of Education to plan and host an annual symposium on suicide prevention, intervention and postvention in schools. More than 550 school personnel (counselors, school psychologists, safety teams and administrators) from across the state have attended four previous symposia held in Lakewood, Highlands Ranch, Montrose, and Aurora and participant feedback was excellent. The 2012 symposium was in Aurora on November 29 and was attended by 130 school personnel. This year's symposium took place on October 22, 2013 in Grand Junction and 75 people attended. Those in attendance heard topics and panel presentations on suicide risk and data, risk assessment tools for schools, suicide prevention programs, and postvention guidelines for schools and communities. Attendees also received a packet of tools to help develop stronger school-wide suicide prevention protocols.

Public Awareness and the Suicide Prevention Lifeline (1.800.273.TALK)

The *2012 National Strategy for Suicide Prevention* recommends research-informed communication efforts designed to change knowledge, attitudes, and behaviors while increasing awareness of warning signs for suicide, and connecting individuals in crisis with help.⁹ The Office of Suicide Prevention dedicates funding to implementing this recommendation. The stigma of mental illness and substance abuse can prevent people from seeking assistance. The office's public awareness efforts focus on informing the public that suicide is preventable and on reducing the stigma of seeking help for mental or emotional distress. More than 50,000 educational materials were distributed to people and organizations in every region of the state in fiscal year 2012-2013. Man Therapy and HB 2012-1140 were emphasized, but the Office of Suicide Prevention continued to disseminate bookmarks, Start the Conversation youth posters and brochures, older adult brochures, fact sheets, and resource flyers via mail and at community events, conferences, and public presentations.

The Office of Suicide Prevention Program Manager provided more than 30 suicide prevention and intervention presentations to community groups throughout Colorado and nationally in fiscal year 2012-2013. The office also responded to numerous media requests, appearing on television and radio broadcasts, as well as in newspapers and electronic media.

⁹ U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action*. Washington, DC: HHS, September 2012.

All educational resources disseminated by the Office of Suicide Prevention include information about the 24-hours a day, seven days a week, 1.800.273.TALK Lifeline number. There is evidence the office has had an impact on raising awareness about suicide prevention, while decreasing stigma for those seeking help by promoting the Lifeline on every piece of educational and promotional material disseminated throughout Colorado. Since the Office of Suicide Prevention opened its doors and began leading statewide suicide prevention efforts in 2000, calls to 1.800.273.TALK, which is operated by the Pueblo Suicide Prevention Center and Metro Crisis Services have increased every year (see table below), suggesting that awareness of this life-saving resource notably increased. In 2012, calls were made to the Lifeline from all 64 counties in Colorado.

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
# Calls	318	1,516	2,018	3,287	3,232	3,641	4,667	6,089	7,457	9,683	11,010	13,262	14,261

Convening for Colorado

The Office of Suicide Prevention is partnering with the University of Colorado Depression Center and the Suicide Prevention Coalition of Colorado to expand suicide prevention partnerships in Colorado and to identify and implement priorities of the 2012 *National Strategy for Suicide Prevention*. In May 2013, fifty stakeholders representing both the public and private sectors met in Denver to discuss the state of suicide prevention in Colorado. A primary goal of the convening was a discussion about how to identify two to three priorities from the eleven goals of the National Strategy to emphasize in Colorado. Attendees included stakeholders representing the suicide prevention and mental health community, elected officials, law enforcement, hospitals, the legal community, veterans, the military, non-profits, the faith community, fire protection, and the business community. Many attendees were unfamiliar with suicide and suicide prevention efforts, and many represent new partnerships that are integral to suicide prevention efforts going forward. A second convening will take place in November 2013. Goals of the second convening include identifying public and private co-chairs to serve as the leaders and spokespeople for ongoing efforts, and to gain agreement for two to three priorities from the National Strategy that will be promoted and supported by convening attendees and suicide prevention organizations and stakeholders statewide.

Bridging the Divide: Suicide Awareness and Prevention Summit

The sixth annual Bridging the Divide: Suicide Awareness and Prevention Summit was held in Denver on May 17, 2013. The Office of Suicide Prevention partnered with the Suicide Prevention Coalition of Colorado and Colorado State University Conference Services to lead planning efforts for the conference attended by 150 suicide prevention stakeholders from throughout Colorado. Keynote speakers at the event included Dr. Jerry Reed, Director of the Suicide Prevention Resource Center in Washington, DC, Dr. Russell Copelan, Neuroscientist at Colorado Mesa University, and Dr. Mark Fallon-Cyr, clinical psychiatrist and specialist in personal and social competence. Cactus Marketing Communications won the Suicide Prevention Coalition of Colorado media award for their innovative work on Man Therapy at the conference.

The Suicide Prevention Coalition of Colorado

In fiscal year 2012-2013, the Suicide Prevention Coalition of Colorado, a multidisciplinary group of suicide prevention advocates and professionals from throughout Colorado, served as a key statewide partner. Major accomplishments included the development and dissemination of a handbook for community advocacy for suicide prevention, leadership and support for the convening for Colorado and the implementation of House Bill 2012-1140, and updates to a statewide suicide prevention and intervention resource directory which includes an interactive state map with information on suicide prevention agencies and resources for every county in Colorado (www.suicidepreventioncolorado.org).

In collaboration with the Office of Suicide Prevention, the coalition supports its member agencies through an informative and easily navigated website, and through the annual Bridging the Divide: Suicide Awareness and Prevention Summit. Partnership with the coalition enhances the Office of Suicide Prevention's capacity for

statewide coordination and programming by leading advocacy efforts, assisting with engaging statewide partners and supporting individuals and families that have lost someone to suicide.

Colorado Chapter of the American Foundation for Suicide Prevention

In June 2012, the Colorado Chapter of the American Foundation for Suicide Prevention signed its charter to promote and support suicide prevention, intervention and postvention efforts statewide. The chapter collaborates with the Office of Suicide Prevention and the Suicide Prevention Coalition of Colorado to raise awareness, promote community programs, and support survivors of suicide loss statewide. The Colorado Chapter organizes and hosts the annual Colorado Out of the Darkness Walk and disseminates American Foundation for Suicide Prevention-supported programs and educational materials statewide. More than 1,200 people attended the September 2013 Out of the Darkness Walk in Highlands Ranch, where the Office of Suicide Prevention hosted a resource table and spoke to the crowd prior to the walk.

Prioritizing Suicide Prevention in Colorado – Next Steps

Colorado has experienced increased suicide death rates and numbers since 2009, and unfortunately had a historically high 1,053 suicide deaths in 2012. The burden of suicide in Colorado is disproportionate to the available resources. While the Office of Suicide Prevention works diligently to maximize current resources and leverage strong partnerships and additional funding, more resources are needed to move statewide suicide prevention efforts forward.

Colorado needs more financial, human and political capital dedicated to suicide prevention and intervention efforts. Prevention initiatives must focus on those Coloradans at highest risk for suicide, and on the parts of the state with the highest suicide rates. Data-driven and evidence based strategies must be utilized, and comprehensive evaluation of all initiatives must be conducted. This is why initiatives like Man Therapy, means restriction education, House Bill 2012-1140, and the convening for Colorado are priorities of the Office of Suicide Prevention. These initiatives are innovative and experiencing success, but more must be done.

Moving forward, the Office of Suicide Prevention will prioritize the following to address suicide in Colorado:

- continued implementation and evaluation of www.mantherapy.org targeting working-age men in Colorado;
- implementation and evaluation of the Office of Suicide Prevention statewide community grant program;
- implementation and evaluation of House Bill 2012-1140, directed at providing every hospital in Colorado with resources to give individuals and families at time of hospital discharge following admission for a suicide attempt;
- implementation and evaluation of means restriction education at Children's Hospital;
- partnership with the University of Colorado Depression Center and the Suicide Prevention Coalition of Colorado on the convening for Colorado to expand suicide prevention partners and prioritize statewide suicide prevention goals;
- partnership with the Colorado School Safety Resource Center and the Colorado Department of Education to host an annual school symposium on suicide prevention;
- partnership with the Suicide Prevention Coalition of Colorado to plan and host the annual Bridging the Divide: Suicide Awareness and Prevention Summit;
- partnership with the Colorado Violent Death Reporting System staff to collect and analyze suicide death data;
- partnership with the Suicide Prevention Coalition of Colorado to expand statewide partnerships at the community and regional level; and
- integration of suicide prevention with other public health programs to address the risks shared across health issues.

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

- expand the implementation and evaluation of www.mantherapy.org through increased marketing and a more comprehensive evaluation;
- expand the Office of Suicide Prevention statewide community grant program to more counties and at higher funding levels;
- expand the implementation and evaluation of means restriction education training to hospitals statewide;
- increase the impact of HB 1140 by providing hospitals with training for staff that work with suicidal patients and families;
- statewide implementation and evaluation of school-based suicide prevention programs that promote resilience and positive youth development as protective factors from suicide;
- increase education and training about depression, suicidality and suicide prevention for older adults and those who work with older adults; and
- increase and provide more coordinated training for gatekeepers on recognizing and responding to suicide risk among active duty military personnel and veterans, who represent a population with increasing suicide rates due to post-traumatic stress, brain injuries, and substance abuse.

The Office of Suicide Prevention is poised to continue leading statewide suicide prevention efforts in Colorado, and is committed to expanding partnerships, implementing innovative and data-driven initiatives, and decreasing the burden of suicide. The burden of suicide in Colorado demands statewide leadership for prevention and intervention efforts, and The Office of Suicide Prevention is committed to providing that leadership through innovative prevention programs, strategic statewide partnerships, and advancement of prevention science.

STATE OF COLORADO

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Colorado Department
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Appendix A

House Bill 2012-1140 Assessment Results and Recommendations

(Updated October 25, 2013)

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INTRODUCTION

Each year, approximately 827 Coloradans die by suicide and approximately 2,700 are hospitalized for suicide attempts. Research shows that a previous suicide attempt is one of the most powerful predictors of subsequent fatal suicidal behavior, particularly in the first six months to a year after the attempt.¹ To address Colorado's suicide problem, and to provide more comprehensive suicide prevention and intervention information and resources after a suicide attempt, the Colorado General Assembly passed House Bill 2012-1140. House Bill 2012-1140 amended Colorado Revised Statute 25-1.5-101, concerning the duties of the Colorado Department of Public Health and Environment (CDPHE) as coordinator for suicide prevention programs throughout the state, to include collaboration with licensed or certified hospitals in the provision of suicide prevention services. Those services may include providing educational materials to a suicidal person or to the parents or guardian of a suicidal minor prior to his/her release from the hospital following a suicide attempt or gesture (such as cutting oneself). The amendment also stipulates that CDPHE may work with hospitals to determine whether and where gaps exist in suicide prevention programs and services. Finally, beginning in November 2013 and each year thereafter, CDPHE will include findings from this gaps assessment, as well as recommendations to improve suicide prevention services through hospitals in Colorado, as part of the Office of Suicide Prevention annual report to the Legislature.

In August 2012, the Office of Suicide Prevention at CDPHE partnered with the Colorado Hospital Association and the Suicide Prevention Coalition of Colorado to craft a strategy for effective implementation of House Bill 2012-1140. Additional partners from Mental Health America of Colorado, Metro Crisis Services, and the Pueblo Suicide Prevention Center, were recruited to participate because of their statewide expertise and work in suicide prevention crisis services and follow-up care. Four strategic planning meetings were held, and the team determined that the first year of House Bill 2012-1140 implementation would include two primary components:

- 1) Provide every short-term, critical access and licensed general hospital² in Colorado with resource materials developed by the U.S. Department of Health and Human Services, designed to provide individuals and families with critical information about suicide risk factors, warning signs and community resources to prevent future suicide attempts. Materials include information designed for individuals who have attempted suicide, as well as for their family members or caretakers and the hospital staff treating them.

¹ DeLeo D, Bertolote J., Lester, D. Self-directed violence. Chapter 7. In: Krug EG., Dahlberg LL., Mercy JA., Zwi A., Lozano R., eds. World report on violence and health. Geneva: World Health Organization; 2002.

² The project team selected to not include long-term, rehabilitative, and psychiatric hospitals in the initial implementation plan because most suicide attempters are not initially sent to these facilities, and to make the project more manageable.

- 2) Conduct an assessment of every short-term, critical access, and licensed general hospital in Colorado to determine any needs or gaps related to: 1) resources available to those who make a suicide attempt or gesture; and, 2) the process for referring those who make a suicide attempt or gesture to services, programs, and providers for follow-up care. Additionally, an assessment of any needs or gaps related to the dissemination of the educational materials provided by the Office of Suicide Prevention was deemed to be important.

This report details the first year implementation of House Bill 2012-1140, including the provision of materials to Colorado hospitals, the findings of the initial hospital assessment and critical next steps to ongoing implementation of House Bill 2012-1140.

PROVISION OF EDUCATIONAL MATERIALS

The following four U.S. Department of Health and Human Services brochures were sent to Colorado's 79 short-term, critical access and licensed general hospitals:

- 1) *After an Attempt: A Guide for Taking Care of Your Family Member After Treatment in the Emergency Department* (<http://store.samhsa.gov/shin/content/SMA08-4357/SMA08-4357.pdf>). This 15 page brochure provides families with detailed information about what to expect in the emergency department, questions to ask, suggestions for how to reduce risk of future attempts and how to support follow-up treatment and care, and information about available resources and emergency services.
- 2) *After an Attempt: A Guide for Taking Care of Yourself After Your Treatment in the Emergency Department* (<http://store.samhsa.gov/shin/content/SMA08-4355/SMA08-4355.pdf>). This 12 page brochure provides individuals that have attempted suicide with detailed information about creating a safety and follow-up plan for after leaving the hospital, tips for how to cope with possible future thoughts of suicide, and information about available resources and emergency services.
- 3) *After an Attempt: A Guide for Medical Providers in the Emergency Department Taking Care of Suicide Attempt Survivors* (<http://store.samhsa.gov/shin/content/SMA08-4359/SMA08-4359.pdf>). This 14 page brochure provides hospital staff with detailed information about helping suicide attempt patients and their families. Information includes tips to enhance care in the emergency department, suggestions for proper communication with patients and their families, tips for ensuring a smooth discharge, and information about available professional resources for staff.
- 4) *National Suicide Prevention Lifeline Wallet Card* (<http://store.samhsa.gov/shin/content/SVP11-0126/SVP11-0126.pdf>). The wallet card lists the warning signs for suicide and provides information

about the Suicide Prevention Lifeline (1.800.273.TALK), the suicide prevention and intervention crisis line available nationally 24 hours a day, 7 days a week.

More than 15,000 total educational materials were mailed to the 79 hospitals in November 2012. Boxes of materials were mailed to directors of marketing and/or communications at each hospital. A letter was included in each box (see Appendix B) introducing the project and asking that materials be disseminated to the mental health and medical staff responsible for working with suicide attempt patients and their families. The number of materials sent was based on the size of the hospital, and hospitals were encouraged to contact the Office of Suicide Prevention for more materials as necessary.

NEEDS OR GAPS ASSESSMENT

The goals of the House Bill 2012-1140 assessment were to:

- 1) gain a better understanding of hospital protocol and procedures at discharge for individuals hospitalized for a suicide attempt or gesture,
- 2) identify barriers encountered by hospitals in providing a suicidal person or the parents or guardian of a suicidal minor with information about after care and suicide prevention resources prior to his/her release from the hospital following a suicide attempt or gesture,
- 3) learn more about suicide prevention training needs for hospital staff,
- 4) learn whether or not hospitals provide information related to means restriction and/or the safe storage of suicidal means, and
- 5) evaluate the use of the educational materials provided by the Office of Suicide Prevention.

In partnership with the Colorado Hospital Association and the Suicide Prevention Coalition of Colorado, the Office of Suicide Prevention enlisted a graduate student from Colorado State University to design an electronic survey to measure the goals outlined above (an electronic survey was selected for ease and expense of distribution and analysis). The survey was emailed to Colorado's 79 short-term, critical access and licensed general hospitals on February 13, 2013. All of the hospitals are licensed or certified by CDPHE and most are members of the Colorado Hospital Association. The Colorado Hospital Association emailed the survey to its member hospitals and encouraged responses from hospital staff responsible for emergency department or discharge planning/case management. Participants were asked to take the survey only if they had adequate knowledge of hospital protocol and procedures at discharge for individuals who made a suicide attempt or gesture. The 20-question survey was estimated to take 10 to 15 minutes to complete, and the survey remained open until October 15,

2013. This approach yielded only a 23 percent response rate, which was detailed in the original report of this assessment in July 2013.

Because of the low response rate, the survey was re-opened in August and staff from the Colorado Hospital Association made personal calls to all hospitals that did not respond to the original request to encouraged participation. This process increased the participation rate to 65 percent, providing a better statewide response and insight into current practices and needs in Colorado hospitals.

Participation

Respondents from 51 of the 79 hospitals (65 percent) hospitals completed the survey.³ Respondents were primarily emergency department managers, directors of nursing, directors of patient care services/case management, and managers/supervisors of mental health providers. While the 65 percent response rate is a significant improvement over the original 23 percent rate, the 75 percent response rate goal was not achieved. A higher response rate might have been achieved with greater resources, however, HB 2012-1140 did not include additional resources for the Office of Suicide Prevention. Existing Office of Suicide Prevention and Colorado Hospital Association staff and an unpaid graduate student were responsible for project implementation. As a result, it was not possible to compile a comprehensive and current list of staff responsible for managing discharge and planning at each hospital. While Colorado Hospital Association staff helped to significantly increase the response rate, there were no dedicated staff for the project. A primary focus of the 2014 fiscal year implementation will be to identify cost effective ways to increase the hospital response rate to a minimum of 75 percent.

Assessment Results

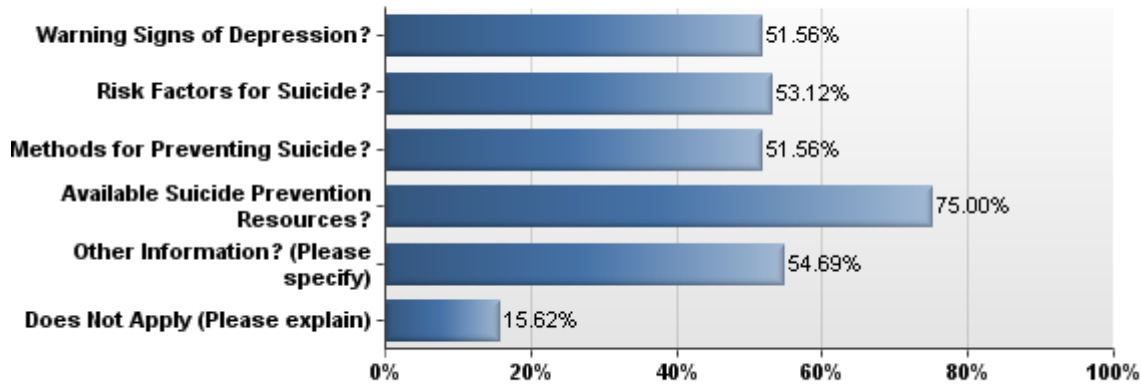
Protocol and Procedures at Discharge from Emergency Departments

Fifteen questions in the 20-question survey were designed to assess hospital protocol and procedures at discharge for individuals who made a suicide attempt or gesture. Questions were separated

³ Prowers Medical Center, Heart of the Rockies Regional Medical Center, Kit Carson County Memorial Hospital, Melissa Memorial Hospital, Sedgwick County Health Center, North Suburban Medical Center, Littleton Adventist Hospital, Medical Center of the Rockies, Estes Park Medical Center, Haxtun Hospital District, Boulder Community Hospital, Yuma District Hospital, Memorial Hospital-University of Colorado Health, Weisbrod Memorial County Hospital, Platte Valley Medical Center, Longmont United, Denver Health, Family Health West, Mt. San Rafael Hospital, Colorado Plains Medical Center, Pioneers Medical Center, St Mary's Hospital and Regional Medical Center, Gunnison Valley Health, Southeast Colorado Hospital District, Southwest Memorial Hospital, McKee Medical Center, San Luis Valley Health, Spanish Peaks Regional Health Center, Community Hospital, Mercy Regional Medical Center, Avista Adventist Hospital, Exempla Saint Joseph's Hospital, St. Mary-Corwin Medical Center, University of Colorado Hospital, Medical Center of Aurora, Pikes Peak Regional Hospital, Memorial Hospital (Craig, CO), Delta County Memorial Hospital, Vail Valley Medical Center, Exempla Lutheran Medical Center, Sterling Regional Medical Center, Keefe Memorial Hospital, North Colorado Medical Center, St. Thomas More Hospital, Presbyterian-St. Luke's Medical Center, Parkview Medical Center, Exempla Good Samaritan Medical Center, Rose Medical Center, Department of Veterans Affairs Eastern Colorado Health Care System, East Morgan Community Hospital, Yampa Valley Medical Center

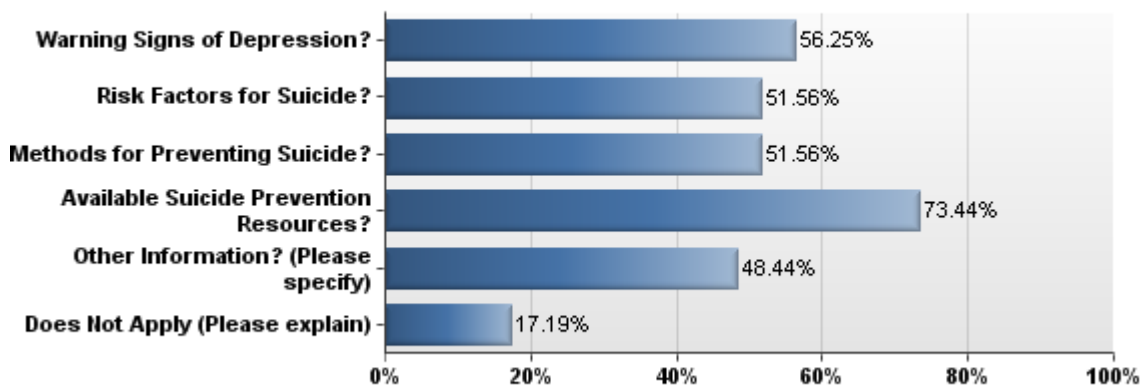
by ‘adult’ and ‘minor’ to measure differences in information and/or care based on the age of the patient. Table 1 illustrates that while 75 percent of responding hospitals provide adult patients with information about available suicide prevention resources, only about half provide information about warning signs for depression and risk factors for suicide.

Table 1 – Information Provided to Adult Patients



Fifty-five percent of hospitals provide ‘other information’ including mental health evaluations, safety planning, and follow-up appointments. Sixteen percent of respondents reported that the question did not apply to them because their patients are released from a different department of the hospital from where the respondent works. Regarding information provided to parents or caretakers of minor patients, responses were comparable to those for adults (See Table 2).

Table 2 – Information Provided to Parties Responsible for Minor Patients



Protocol and Procedures at Discharge from Hospital Inpatient Care

Table 3 illustrates the information an adult patient who made a suicide attempt or gesture receives upon release from hospital inpatient care. Forty-six percent of respondents indicated patients

receive ‘other information’ including follow-up appointments and safety plans. Twenty-one percent reported that this question does not apply to them because their hospital does not admit patients with mental health needs.

Table 3 – Information Provided to Adult Patients

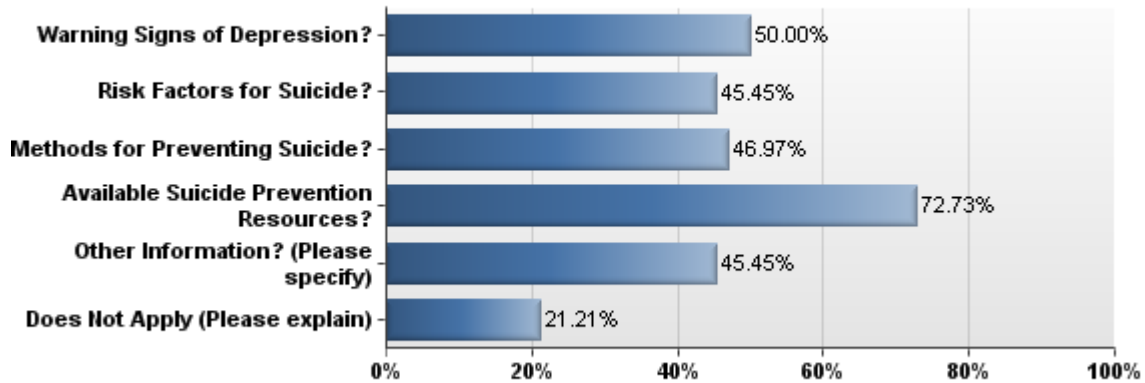
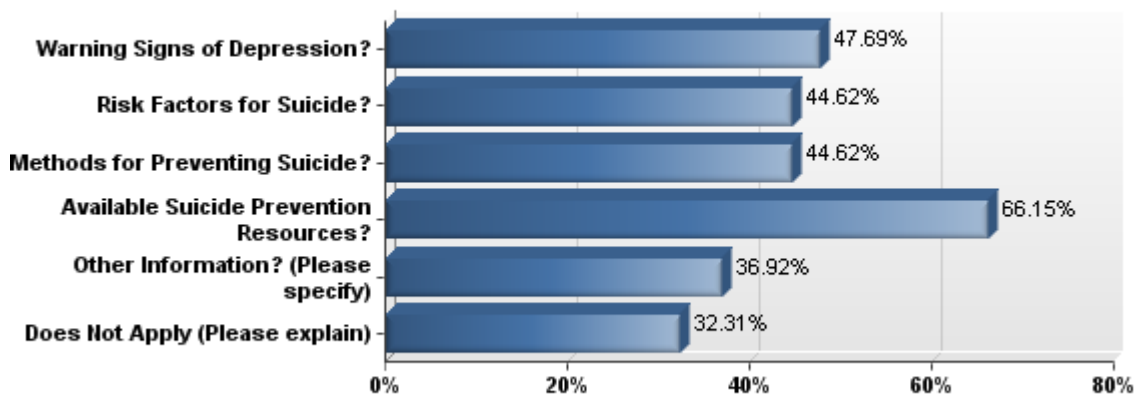


Table 4 depicts the information provided to the parents or caregivers of a minor patient who made a suicide attempt or gesture upon release from hospital inpatient care. Thirty-seven percent of respondents indicated patients receive ‘other information’ including follow-up appointments and safety plans. Thirty-two percent of respondents reported that this question does not apply to them because their hospital does not admit minor patients with mental health needs.

Table 4 – Information Provided to Parties Responsible for Minor Patients



Means Restriction Education

A recent report by the Colorado Department of Public Health and Environment shows that 76 percent of all firearm deaths in Colorado between 2004 and 2011 were suicides (49 percent of total suicide deaths involve a firearm). As a result, hospitals were asked two questions regarding means

restriction education and the safe storage of firearms. Table 5 illustrates that nearly forty percent of respondents reported that their hospital ‘never’ or ‘rarely’ provides information about the safe storage of firearms to adult patients admitted for a suicide attempt. Responses were similar for how often parents or caregivers of minors who have been admitted for a suicide attempt are provided information about safe storage (*See Table 6*).

Table 5 – Frequency Hospitals Provide Information to Adult Patients about Means Restriction

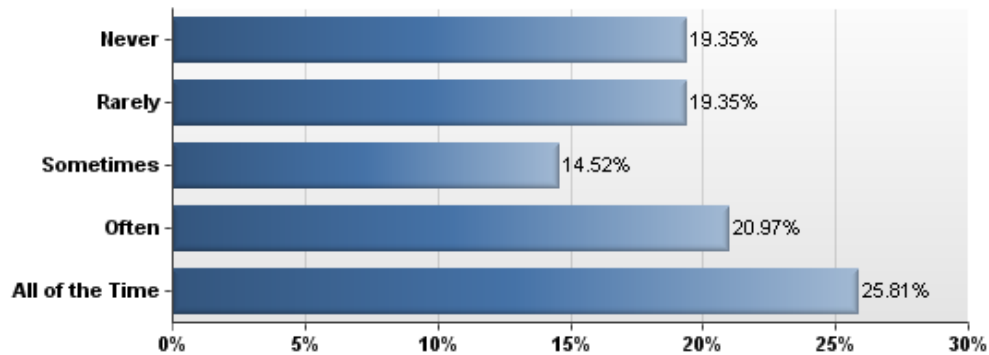
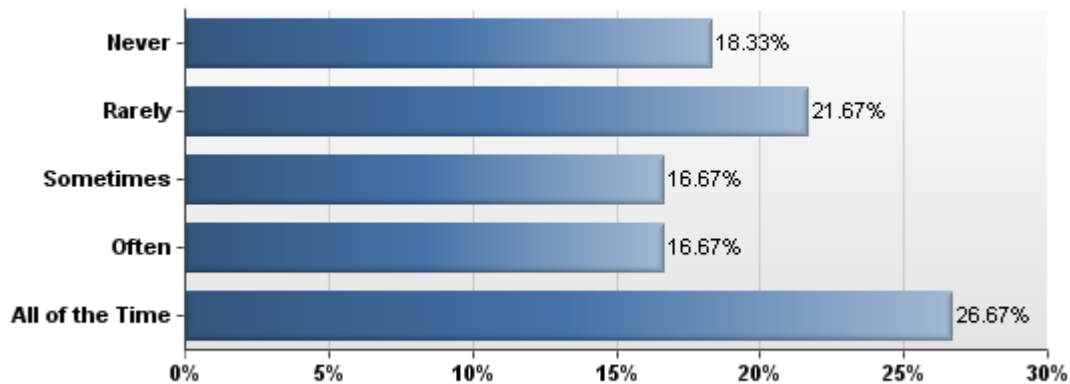


Table 6 – Frequency Hospitals Provide Information to Parties Responsible for Underage Patients about Means Restriction

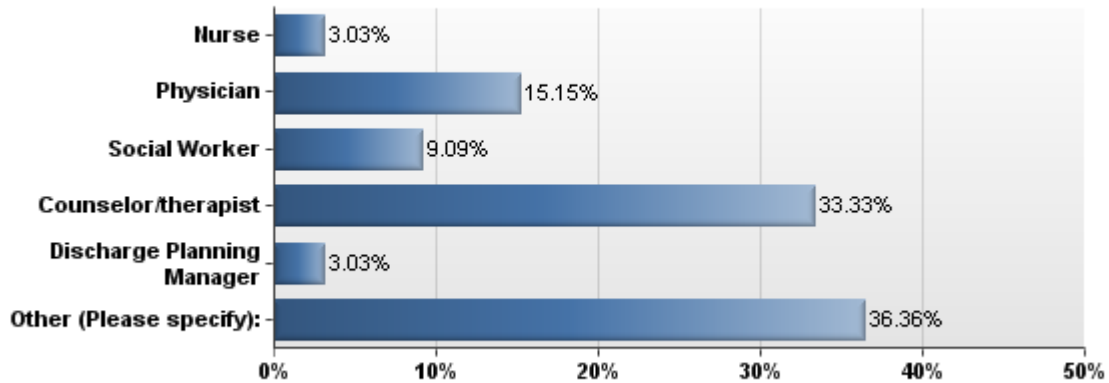


Assessment and Follow-Up

Table 7 illustrates the type of personnel typically conducting suicide risk assessments on patients admitted for a suicide attempt. It is important to note that ‘other’ responses included mental health clinicians or hospitals better equipped for patients with mental health needs. Ninety-two percent of respondents reported that patients who have been admitted for a suicide attempt see a mental health professional prior to discharge. Seventy percent responded that their hospital does not have a protocol or

procedure for following up with suicidal patients after discharge. Recent studies have shown that sending a post card or making a follow-up phone call can help prevent suicide after discharge.

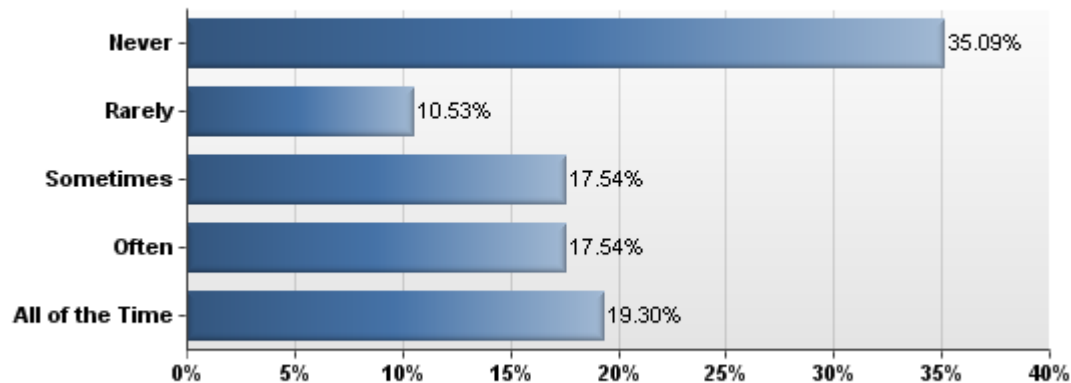
Table 7 – Personnel Responsible for Conducting Suicide Risk Assessment



Utilization of Suicide Prevention Materials Provided by the Office of Suicide Prevention

Only 55 percent of the respondents participating in the survey were aware that their hospital received the materials mailed by the Office of Suicide Prevention in November 2012. A little more than half of the respondents reported that their hospital (53 percent) is utilizing the materials. When asked who is responsible for providing the informational materials to patients who attempted suicide, 25 percent responded nurse, 3 percent responded physician, 17 percent responded social worker, 23 percent responded counselor/therapist, and 32 percent responded other (responses included ‘none designated’ and mental health evaluator). Table 8 depicts how often personnel provided the informational materials to patients who attempted suicide, with the largest response (35 percent) indicating ‘never.’ It should be noted that House Bill 2012-1140 did not require hospitals to use these materials.

Table 8 – Frequency of Providing Informational Materials



Barriers to Providing Office of Suicide Prevention-Provided Materials

When asked why they were not using the materials provided by the Office of Suicide Prevention, eleven percent of respondents identified lack of knowledge or skills about how to provide patients with the information. Nine percent identified the lack of a designated staff member whose responsibility it is to provide the information. Forty-six percent reported that they already provide other referral and safety planning information upon discharge. Sixty percent reported that they were not aware if their hospital received the materials.

Additional Material Information Recommendations

When asked if and what information or materials were missing from the informational materials provided by the Office of Suicide Prevention, 58 percent of respondents reported they would like to see more information about local resources and services. Sixty-seven percent would like more information about suicide prevention and intervention training opportunities for emergency department and other hospital staff. Fifty-eight percent would like more information about follow-up strategies and protocol, 42 percent would like more information about means restriction practices/protocol, and 24 percent responded ‘other’.

Suicide Prevention Training Needs

The final question of the survey assessed current training needs. Forty-four percent of respondents indicated they would like in-person training on the evaluation and management of suicidal patients. Thirty-one percent would like in-person training on how to counsel suicidal patients about removing or locking up guns at home. Seventy-three percent would like an online training program (on the above topics) that staff can complete at their work or home computers as well as information about how to increase treatment compliance upon discharge. Seventy-three percent want more information

about patients that are most at-risk upon leaving the hospital after a suicide attempt and sixteen percent indicated they want ‘other’ information (including information about the procedures and requirements of 72-hour holds that can be provided to family members and patients).

LIMITATIONS TO IMPLEMENTATION

When House Bill 2012-1140 was drafted, hospitals were not required to utilize information and materials provided by the Office of Suicide Prevention, and there was no fiscal note attached to the bill. During the 2012 legislative session it was unlikely that a bill with a fiscal note would have passed. Therefore, the Office of Suicide Prevention was charged with implementing and assessing House Bill 2012-1140 using limited existing resources. A graduate student from Colorado State University conducted the survey as part of graduate training and was not paid.

RECOMMENDATIONS

While the 65 percent response rate did not meet the original project goal (75 percent), responses are strong enough to provide insight into the needs of hospitals in Colorado and next steps for the project. Moving forward from the first year of implementing House Bill 2012-1140, the Office of Suicide Prevention and its partners recommend and will pursue the following during the 2013-2014 state fiscal year:

- 1) Identify why 60 percent of respondents in this survey reported that they did not receive the informational materials from the Office of Suicide Prevention, and develop a strategy to reduce that number to 20 percent by the end of the 2014 fiscal year.
- 2) Include evidence-based practice recommendations for following-up with suicidal patients after discharge when sending informational materials next year (because 70 percent of hospitals surveyed do not have a protocol or procedure for following-up with suicidal patients after discharge, and 58 percent would like more information about follow-up strategies and protocol).
- 3) Include information about evidence-based training programs for hospital staff related to the evaluation and management of suicidal patients, means restriction education, and post-discharge follow-up care.
- 3) Increase participation in the House Bill 2012-1140 assessment from 65 to 80 percent of hospitals in Colorado in order to better identify their suicide prevention training needs. The current survey will be reviewed and revised to ensure that it is up to date, easy to complete, and relevant to hospital staff respondents.

NEXT STEPS

Over the next year, the Office of Suicide Prevention will make every effort to get project materials to the correct individuals at each hospital, and will develop a new strategy to increase assessment response rates. The strategy will include exploring the use of a phone survey, and attempting to utilize more volunteers and staff time to identify key staff at all 79 hospitals. The Office of Suicide Prevention will continue to partner with the Colorado Hospital Association to explore other ways to reach key personnel at hospitals and to begin a dialog with those persons about suicide prevention activities at their facilities and resources available to aid with suicide prevention efforts. Additional materials will be sent to hospitals, and the Office of Suicide Prevention will continue to work with a graduate student or other researcher to identify gaps, barriers, and needs related to suicide prevention in Colorado's short-term, critical access, and licensed general hospitals.

Appendix A

Thank you for agreeing to take this survey for the benefit of the Colorado Office of Suicide Prevention. It is designed to take you between 10-15 minutes to complete. In order for us to gather the most accurate data, you should only take this survey if you possess reasonable knowledge of your hospital's discharge procedures for patients who have attempted suicide or exhibited a suicidal gesture.

Each year, approximately 827 Coloradans die by suicide and approximately 2,700 are hospitalized for suicide attempts. To address this major health issue, the Colorado Legislature passed House Bill 12-1140 which requires the Office of Suicide Prevention, the legislatively mandated lead entity for statewide suicide prevention, to provide hospitals with educational materials to be distributed at discharge to patients who have attempted suicide or exhibited a suicidal gesture.

The purpose of this survey is (a) to better understand the protocol and procedures at discharge for individuals who have made a suicide attempt or suicidal gesture across Colorado hospitals, (b) identify gaps and/or barriers encountered by hospitals in providing individuals who have made a suicide attempt or gesture with information about local suicide prevention resources, (c) assist you with your facility's suicide prevention training efforts.

1) What is the name of the hospital where you are currently employed?

2) What is your official title?

3) When an adult patient who has made a suicide attempt is released from the Emergency Department at your facility, do they receive information regarding:

- Warning Signs of Depression?
- Risk Factors for Suicide?
- Methods for Preventing Suicide?
- Available Suicide Prevention Resources?
- Other Information? (Please specify)
- Does Not Apply (Please explain)

4) When an underage patient (under the age of 18) who has made a suicide attempt is released from the Emergency Department to a parent, relative, or legal guardian, does this responsible party receive information for the youth regarding:

- Warning Signs of Depression?
- Risk Factors for Suicide?
- Methods for Preventing Suicide?
- Available Suicide Prevention Resources?
- Other Information? (Please specify)

Does Not Apply (Please explain)

5) When an adult patient who has made a suicide attempt is discharged from the hospital after being admitted, do they receive information regarding:

- Warning Signs of Depression?
- Risk Factors for Suicide?
- Methods for Preventing Suicide?
- Available Suicide Prevention Resources?
- Other Information? (Please specify)
- Does Not Apply (Please explain)

6) When an underage patient (under the age of 18) who has made a suicide attempt is discharged from the hospital, to a parent, relative, or legal guardian, after being admitted, does this responsible party receive information for the youth regarding:

- Warning Signs of Depression?
- Risk Factors for Suicide?
- Methods for Preventing Suicide?
- Available Suicide Prevention Resources?
- Other Information? (Please specify)
- Does Not Apply (Please explain)

7) How often do adult patients who have been admitted for a suicide attempt receive information about the safe storage of firearms (i.e., locking up guns) at home?

- Never
- Rarely
- Sometimes
- Often
- All of the Time

8) How often do the families of minors who have been admitted for a suicide attempt receive information about the safe storage of firearms (i.e., locking up guns) at home?

- Never
- Rarely
- Sometimes
- Often
- All of the Time

9) Who is generally the primary provider conducting suicide risk assessments on patients who have been admitted for a suicide attempt?

- Nurse
- Physician
- Social Worker
- Counselor/therapist
- Discharge Planning Manager
- Other (Please specify):

10) Do patients who have been admitted for a suicide attempt see a mental health professional prior to discharge?

- Yes
- No

11) In compliance with HB12-1140 described above, the Office of Suicide Prevention sent Informational Brochures to all Colorado hospitals in November 2012 which outline the warning signs of depression, risk factors for suicide, and methods for prevention of suicide. The names of the brochures are below:

1. After an Attempt: A Guide for Medical Providers in the Emergency Department Taking Care of Suicide Attempt Survivors
2. After an Attempt: A Guide for Taking Care of Your Family Member After Treatment in the Emergency Department
3. After an Attempt: A Guide for Taking Care of Yourself After Your Treatment in the Emergency Department
4. National Suicide Prevention Lifeline wallet card

Have you seen these brochures?

- Yes
- No

12) Were you aware that your hospital received these materials?

- Yes
- No

13) Is your facility utilizing the information and materials provided by the Office of Suicide Prevention?

- Yes
- No

14) If you are not using the information provided by the Office of Suicide Prevention, please tell us why. Check all that apply:

- Limited staff resources

- Lack of knowledge and skills about how to provide patients with the information
- Lack of designated staff member whose responsibility it is to provide Office of Suicide Prevention information
- We already provide referral and safety planning information upon discharge
- We have not received information and materials from the Office of Suicide Prevention

15) What information or materials are missing from what is provided by the Office of Suicide Prevention? Check all that apply.

- Information about local resources and services
- Information about suicide prevention and intervention training opportunities for ED and hospital staff
- Information about follow-up strategies and protocol
- More information about means restriction practices / protocol
- Other (please specify)

16) In your facility, who is responsible for providing the information/resources to patients who have attempted suicide upon discharge?

- Nurse
- Physician
- Social Worker
- Counselor/therapist
- Discharge Planning Manager
- Other (please specify)

17) How often does the person identified above provide Office of Suicide Prevention brochures to patients who have attempted suicide?

- Never
- Rarely
- Sometimes
- Often
- All of the Time

18) Do you have a protocol or procedure for following up with suicidal patients after being discharged from your facility?

- Yes
- No

19) Please briefly describe the follow-up services you provide to patients discharged after a suicide attempt.

20) In the final section of this survey, we would like to know what the current needs are in your hospital regarding education in suicide prevention.

What other resources/information/training would be useful to hospital staff? Please check all that apply:

- In-person training on the evaluation and management of suicidal patients
- In-person training on how to counsel suicidal patients about removing or locking up guns at home
- Online training program (on the above topics) that staff can complete at their work or home computers
- Information about how to increase treatment compliance upon discharge
- Information about patients that are most at-risk upon leaving the hospital after a suicide attempt
- Other (please specify)

STATE OF COLORADO

John W. Hickenlooper, Governor
Christopher E. Urbina, MD, MPH
Executive Director and Chief Medical Officer

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S. Laboratory Services Division
Denver, Colorado 80246-1530 8100 Lowry Blvd.
Phone (303) 692-2000 Denver, Colorado 80230-6928
Located in Glendale, Colorado (303) 692-3090

<http://www.cdphe.state.co.us>



Colorado Department
of Public Health
and Environment

November 1, 2012

Appendix B

Dear Director of Community Relations and Hospital Administrator,

During the 2012 Session, the Legislature passed a bill designed to decrease the number of suicides in Colorado by working with hospitals to get information into the hands of those who attempt suicide. The Office of Suicide Prevention at the Colorado Department of Public Health and Environment (CDPHE), in partnership with the Colorado Hospital Association (CHA), are pleased to provide your hospital with the enclosed suicide prevention and intervention materials. In compliance with the May 2012 amendment to Colorado Revised Statute 25-1.5-101 (see attached for full amendment), CDPHE and CHA are working with suicide prevention and mental health organizations statewide to reduce the burden of suicide. Colorado has the eighth highest suicide rate in the US, and this amendment will provide a safety net for individuals and families that have experienced a suicide attempt.

The enclosed materials were developed by the U.S. Department of Health and Human Services and will help guide individuals and families through the often complicated process of recovering from a suicide attempt. Our goal is to equip attempt survivors and their families with the tools to find appropriate resources in the community and to prevent future suicide attempts.

Please disseminate the enclosed materials to your emergency department and in-patient doctors, nurses, and psychiatric teams. The blue brochure should be given to every patient who has attempted suicide or had suicidal ideation. The green brochure should be given to the family or caretaker of someone who has attempted suicide. And, the brown brochure provides useful information about suicide and suicide prevention and should be given to doctors, nurses and psychiatric teams at your hospital. Appropriate after-care and follow-up are critical components of recovery, and the enclosed materials are designed to provide the information and resources families need to effectively navigate a successful recovery.

Thank you for your key partnership in disseminating this important information to hospital staff, and to every individual and family that comes through your doors as a result of a suicide attempt. For questions or to request additional brochures, please contact Jarrod Hindman at the Office of Suicide Prevention at jarrod.hindman@state.co.us or 303.692.2539.

Thank you.

Jarrod Hindman, MS
Director, Office of Suicide Prevention
Prevention Services Division

Cc: Steven Summer, President and Chief Executive Officer, Colorado Hospital Association

APPENDIX B

Suicide Prevention Programs in Colorado¹

(*If your organization, or an organization from your community that conducts suicide prevention, intervention, and/or postvention is not on the following list, please email Jarrod Hindman at jarrod.hindman@state.co.us the name, address, phone number, website, main contact person, and brief program description to be added to the list.)

Baca, Bent, Crowley, Kiowa, Otero and Prowers Counties

Project HOPE

Southeast Mental Health Center

3500 1st Street South

Lamar, CO 81052

719-336-7501

711 Barnes

La Junta, CO 81050

(719) 384-5446

<http://www.semhs.org/>

Contact: Lisa Chavez

Project HOPE is focused on education and awareness, gatekeeper training, screenings and appropriate referrals. The focus is on young people, adults and service providers in Baca, Bent, Crowley, Kiowa, Otero and Prowers counties.

High Plains Community Health Center

201 Kendall Drive

Lamar, CO 81052

(719) 336-0261

www.highplainschc.net

Contact: Jay Brooke

High Plains Community Health Center implements aggressive case management to ensure coordination of services between patients presenting to their primary care providers with symptoms of depression and their in-house mental health clinician.

Denver County

The Carson J Spencer Foundation

528 Commons Dr.

Golden, CO 80401

Sally@CarsonJSpencer.org

www.carsonjspencer.org

Contact: Dr. Sally Spencer-Thomas

The Carson J Spencer Foundation is a non-profit organization dedicated to early intervention and effective treatment for people with bipolar disorder and suicidal ideation. The Carson J Spencer Foundation is especially interested in organizations working directly to increase awareness of bipolar disorder and suicide, and increase early intervention and treatment efficacy for bipolar disorder.

The Shaka Franklin Foundation for Youth

8101 E. Dartmouth Ave., Number 11

Denver, Colorado 80231

(303) 337-2515

<http://www.shaka.org/>

Contacts: Marianne Franklin

¹ For a more comprehensive list of resources and services for suicide prevention available throughout Colorado, visit <http://www.spccmap.com>.

The Shaka Franklin Foundation for Youth focuses on the self-destructive behavior of young people ages 12 to 21 years. The Foundation also informs and educates young people and adults about the dangers and myths that surround suicide, depression and grief.

Voz y Corazon

Sisters of Color United for Education
2895 W. 8th Ave.
Denver, CO 80204
(303) 446-8800

www.sistersofcolorunited.org/voz.html

Contact: Adrienna

Voz y Corazon is a project focused on education, awareness, gatekeeper training and the continued involvement of project participants, especially improving young adolescent girls' abilities to provide suicide prevention messages and activities to others.

Douglas County

Douglas County Suicide Prevention Alliance

(303) 814-7033

pharvey@dcsheriff.net

www.dcsuicideprevention.org

Contact: Phyllis Harvey

The Douglas County Suicide Prevention Alliance is a coalition of organizations representing mental health providers, law enforcement agencies, schools, youth initiatives, fire rescue departments, hospitals, and faith communities. The mission of the Alliance is to implement comprehensive, community wide initiatives for preventing suicide in Douglas County.

Eagle County

Speak Up Reach Out, Suicide Prevention Coalition of the Eagle Valley

PO Box 4613

Edwards, Colorado 81632

(970) 748-4410

mollyfiore@gmail.com

www.speakupreachout.org

Contact: Molly Fiore

Speak Up Reach Out - Suicide Prevention Coalition of the Eagle Valley - is an organization committed to preventing suicide in Eagle County by providing suicide prevention education and training programs, awareness programs, intervention and postvention resources and improving access to care.

El Paso and Teller Counties

Pikes Peak Suicide Prevention

704 North Tejon Street

Colorado Springs, Colorado 80903

(719) 573-7447

Hotline Number: (719) 596-LIFE (596-5433)

info@PikesPeakSuicidePrevention.org

<http://www.pikespeaksuicideprevention.org>

Contact: Janet Karnes

Pikes Peak Suicide Prevention is a nonprofit organization, addressing suicide by bringing together law enforcement, mental and public health, the military, government, business, the religious community, educators and local citizens. The Partnership educates the general public through a speakers' bureau, a resource library including videos, pamphlets, books and current statistics; consults on crisis response team development; provides support resources for survivors of suicide; and presents workshops and awareness training.

Garfield, Pitkin and Eagle Counties

Aspen Hope Center

616 East Hyman Avenue

Aspen, CO 81612

(970) 925-5858

<http://www.avmfaspden.org>

Contact: Michelle Muething

The Aspen Hope Center, a project of the Aspen Valley Medical Foundation, is a new mental health crisis and referral service that includes the Aspen HOPELINE (970-925-5858). The Aspen Hope Center is dedicated to enhancing the accessibility, quality, and knowledge of mental health services to people living and working in the Roaring Fork Valley.

The Andy Zanca Youth Empowerment Program

187 10th Street

Carbondale, Colorado 81623

(970) 309-3506

<http://www.kdnk.org/youthradio.cfm>

Contact: Felicia Trevor Gallo

The Andy Zanca Youth Empowerment Program is a nonprofit organization dedicated to the empowerment of youth through media and the arts. The program funds a youth radio group called Identity Crisis Youth Radio, which includes a weekly, half-hour talk radio program produced by youth, ages 10 to 18. The professionals working with these youth have backgrounds in counseling, education, journalism and technology.

Jefferson, Gilpin, and Clear Creek Counties

Jefferson Center for Mental Health

70 Executive Center 4851 Independence Street

Wheat Ridge, Colorado 80033

(303) 432-5089

rebecca@jcmh.org

www.jcmh.org or www.endteensuicide.org

Contact: Rebecca Hansen

The Jefferson Center helped start many grassroots suicide prevention efforts, including the Columbine/Chatfield Coalition for Youth. Center staff members lead debriefings for school staff, students and families following a teen suicide and provide suicide prevention presentations to schools, businesses and community groups and on local cable access channels, and distribute educational booklets and handouts on suicide prevention. The Tri-County Trust Project: Suicide Prevention is a Colorado Trust Initiative focused on education and awareness of youth in middle and high schools in Jefferson, Gilpin and Clear Creek counties. The Jefferson Center also has an initiative funded by the Office of Suicide Prevention targeting gay, lesbian, bisexual, transgender and questioning youth in Jefferson, Gilpin and Clear Creek counties.

La Plata County

Southern Ute Community Action Programs (SUCAP)

PO box 800

Ignacio, CO 81137

(970) 563-4517

<http://www.sucap.org>

Contact: Peter Tregillus

SUCAP is one of the largest and most diverse non-profit organizations on the Western Slope of Colorado. Created by the Southern Ute Indian Tribe on October 10, 1966, SUCAP received its non-profit corporate status as an independent entity in 1967. SUCAP has been in continuous service since then and has grown into a dynamic entrepreneurial organization dedicated to its mission to promote the

well-being of families and neighbors through social, educational and economic growth, and through providing services to all persons in the Ignacio are, regardless of race, ethnic origin, religion, or any other group characteristic.

Larimer County

The Alliance for Suicide Prevention of Larimer County

619 South College Ave., #12
Fort Collins, Colorado 80524
(970) 635-9301

<http://www.allianceforsuicideprevention.org>

Contact: Marisa Martinez

The Alliance for Suicide Prevention of Larimer County coordinates and develops suicide education, prevention, intervention and postvention in communities in Larimer County. Many of the Alliance's programs are educational including a speakers' bureau, a school-based suicide prevention program called "Raising Awareness of Personal Power," which educates teens to help them identify suicide warning signs and access community services, and a Youth Yellow Pages, a pocket-sized resource directory for Larimer County teenagers. The Alliance also provides support to those individuals who have suffered a loss due to suicide through a monthly drop-in grief support group for adults and teens. The Alliance also provides a support group for individuals with depression or bipolar disorder and their loved ones, because mental health issues are closely linked to suicide.

Logan, Sedgwick, Morgan, Washington, Yuma, Lincoln, Kit Carson, Phillips Counties

Rural Solutions

P.O. Box 503
115 N. 5th Ave.
Sterling, CO 80751
(970) 526-3616

mail@rural-solutions.org

<http://www.rural-solutions.org/>

Contact: Maranda Miller

Rural Solutions is a coalition of community service providers, community grassroots organizations, mental health providers, social services departments, domestic violence agencies, handicapped services, public health, Area Agency on Aging, and elected officials. Rural Solutions has an Office of Suicide Prevention funded project targeting older adults in northeast Colorado. The LifeSource Project is a Colorado Trust Initiative focused on educating Northeast Colorado on the availability of resources so that individuals can make positive decisions concerning healthy living that resolve issues of suicide. The focus is on suicide prevention and treatment resources awareness, improved gatekeeper skills, increased referrals for treatment and improved prevention services.

Mesa County

Western Colorado Suicide Prevention Foundation

P.O. Box 4329
Grand Junction, Colorado 81502
(970) 683-6626

Karen@suicidepreventionfoundation.org

<http://www.suicidepreventionfoundation.org>

Contact: Karen Levad

The Western Colorado Suicide Prevention Foundation is committed to reducing the rate of suicide in the region by encouraging and coordinating collaborative efforts to provide diverse prevention and awareness messaging, education, advocacy and funding.

Moffat and Routt Counties

REPS (Reaching Everyone Preventing Suicide)

PO Box 773324

Steamboat Springs, CO 80477

(970) 846-8182

<http://www.preservinglife.org>

info@steamboatreps.org

Contact: Ronna Autrey

Reaching Everyone Preventing Suicide seeks to preserve, protect and promote life by providing the Yampa Valley with a group of trained volunteers, collaborative initiatives, educational programs, compassionate survivor-care and proactive suicide prevention.

Montezuma and Delores Counties

The Pinon Project Family Resource Center

Montelores Suicide Prevention Coalition

300 N. Elm

P.O. Box 1510

Cortez, CO 81321

(970) 564-1195

www.pinonproject.org

Contact: Kelly Willis

The Montelores Suicide Prevention Coalition seeks to create a community that provides the appropriate supports and protections that can improve an individual's ability to deal with life's difficult circumstances through awareness, education, screening and postvention. The coalition targets residents of Montezuma and Delores counties including Native Americans and senior citizens.

Montrose, Delta, Ouray, San Miguel, Gunnison and Hinsdale Counties

The Center for Mental Health

P.O. Box 1208

Montrose, CO 81402

(970) 252-3200

www.midwestmhc.org

Contact: Carol Jean Garner

The Center for Mental Health educates the public to recognize suicidal behavior and know what resources are available; provides screenings and referral programs; offers support programs to schools, senior centers, primary care physicians and others; and offers postvention support groups. The Office of Suicide Prevention funds an initiative targeting men through suicide prevention education, screening, support groups and training. The coalition targets youth, middle-aged men and the elderly.

Pueblo County

Pueblo Suicide Prevention Center

1925 East Orman Ave., Suite G25

Pueblo, Colorado 81004

(719) 564-6642

Help Line: (719) 544-1133

Teen Line: (719) 564-5566

Statewide: 1-800-273-TALK (1-800-273-8255)

www.pueblospc.org

Contact: Eleanor Hamm

Established in March 1968, the Pueblo Suicide Prevention Center provides comprehensive suicide prevention, intervention and postvention services. This organization is the only center in Colorado certified by the American Association of Suicidology and responds to all calls to the 1-800-SUICIDE and 1-800-273-TALK national hotlines. The Pueblo Suicide Prevention Center performs community education; provides a 24-hour help line;

and provides grief and trauma support for family and friends who have lost someone to suicide. The Pueblo Suicide Prevention Center prints a Youth Yellow Pages and works with a victims' support unit with the local police and sheriff's departments. The Pueblo Suicide Prevention Center helped form a school crisis team. The Pueblo Suicide Prevention Center provides the Senior Link, a senior mental health outreach program that includes free in-home, one-to-one counseling for seniors who are experiencing depression, feelings of suicide or who have been victimized. The Pueblo Suicide Prevention Center also provides a crisis support number for the local Alzheimer's disease support organization. As a certified center of the American Association of Suicidology, both the center's director and assistant director are qualified certification evaluators who help certify suicide prevention crisis centers in the western region of the United States. They also have served as consultants in establishing other suicide prevention programs throughout the state.

San Luis Valley

San Luis Valley Comprehensive Community Mental Health Center Suicide, Substance Abuse and Violence Education Coalition

1015 Fourth St.

Alamosa, Colorado 81101

(719) 589-3671

<http://www.slvmmc.org>

Contact: Kristina Daniel

The Suicide, Substance Abuse and Violence Education Coalitions, coordinated by the San Luis Valley Comprehensive Mental Health Center, developed a suicide education and awareness program in 2002 to strengthen suicide prevention knowledge; research best practice programs; develop a community- and school-based training curriculum; create a brochure and resource card to share information about warning signs for suicidal behavior; and educate the community about how to get help. The San Luis Valley Comprehensive Mental Health Center trains community gatekeepers in the Applied Suicide Intervention Skills Training model.

Weld County

Suicide Education and Support Services

at North Range Behavioral Health

1260 H. Street

Greeley, CO 80631

(970) 313-1151

www.northrange.org

Contact: Krismichelle Nohavek

On May 1, 2009 Suicide Education & Support Services became a program of North Range Behavioral Health. With Heartbeat as its first program, SESS gradually developed prevention programs targeted to youth, adults, and the Latino community.

Dynamic Family Design, LLC

kpw@dynamicfamilydesign.com

Contact: Keith P. Wawrzyniak

Dynamic Family Design, LLC coordinates and conducts suicide prevention and intervention training throughout Weld County, specifically targeting adults who work with at risk youth in the juvenile justice and child welfare systems. Training also targets adults who work with Hispanic/Latino youth and lesbian, gay, bisexual, transgender and questioning youth. Dynamic Family Design, LLC is also working to become an affiliate program of the Second Wind Fund, which provides counseling services to youth at risk of suicide that are uninsured or under-insured.

Statewide Programs

Suicide Prevention Coalition of Colorado

P.O. Box 440311

Aurora, Colorado 80044

(720) 352-7505

info@suicidepreventioncolorado.org
www.suicidepreventioncolorado.org

Contact: Brenda Gierczak

The Suicide Prevention Coalition of Colorado was formed in January 1999 following completion of the work of the Governor's Suicide Prevention Advisory Commission. The coalition has representation from public and private organizations to provide leadership for the implementation of the state's plan for suicide prevention. The mission of the Suicide Prevention Coalition of Colorado is to develop and implement suicide prevention and intervention strategies, focusing on public awareness, education and advocacy through cooperation among organizations, agencies, individuals, surviving family members and government.

American Foundation for Suicide Prevention, Colorado Chapter

Colorado@afsp.org
www.afsp.org/colorado

Contact: Sheri Cole

The AFSP-Colorado chapter was chartered in June 2012. The Colorado chapter shares the mission of the American Foundation for Suicide Prevention, the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education and advocacy, and to reaching out to people with mental disorders and those impacted by suicide.

Colorado Division of Behavioral Health

Department of Human Services
3824 W. Princeton Circle
Denver, Colorado 80236
(303) 866-7400

<http://www.cdhs.state.co.us/dmh>

The public mental health system in Colorado includes 17 mental health centers that span the geographic regions of the state. With all mental health centers playing an active role in suicide prevention, the centers are required to provide 24-hour emergency response including evaluation and risk assessment for individuals who experience suicidal ideation. Clinical techniques and interventions are utilized on an individual basis and address the specific needs of the individual, recognizing environmental resources. The interventions many include assessment for involuntary treatment, hospitalization, other 24-hour care, in-home services, psychiatric intervention that includes medication management, individual therapy and case management. Many mental health centers offer depression screening as a community education and outreach effort and also partner with other community agencies to address the issue of suicide education, prevention and intervention.

HEARTBEAT: Survivors After Suicide

Meeting Place:
East Methodist Church
1505 E. Monument
Colorado Springs, CO 80909-4552
(877) 493-5677

archlj@aol.com

<http://heartbeatsurvivorsaftersuicide.org/index.shtml>

Contact: LaRita Archibald

Heartbeat was formed to support individuals who have experienced a loss through suicide. The group was organized to support survivors as they grieve their loss, and to offer the comfort of empathetic understanding and acceptance. Heartbeat is facilitated through the efforts of volunteers who have all experienced the loss of someone close to them through suicide. Heartbeat also offers an eight-week course for teen suicide survivors.

Parents Surviving Suicide

Meeting Place:
Bethany Lutheran Church

Activity Room
4500 E. Hampden Ave.
Denver, Colorado 80113
vsepublisher@earthlink.net

Contact: Vivian Epstein
(303) 322-7450
Doris Walker
(303) 988-3567

Vivian Epstein started Parents Surviving Suicide in 1989 after the suicide of her son. This group of parents meets on the third Tuesday of each month for the purpose of supporting each other.

Second Wind Fund

PO Box 260795
Lakewood, Colorado 80226
(303) 988-5870
reveleigh@thesecondwindfund.org
www.thesecondwindfund.org

Contact: Richard Eveleigh

The mission of the Second Wind Fund, Inc. is to decrease the incidence of teen suicide nationally by removing financial and social barriers to treatment for at-risk youth and to create a network of local affiliates to provide such services in their own communities.

Yellow Ribbon Suicide Prevention Program

Light for Life Foundation International
P.O. Box 644
Westminster, Colorado 80036-0644
(303) 429-3530
ask4help@yellowribbon.org
www.yellowribbon.org

Contact: Dale and Dar Emme

The Yellow Ribbon Suicide Prevention Program works to distribute suicide educational help cards; and assist agencies and coalitions to develop and to implement suicide prevention strategies. It also provides curricula and in-service training and support for school staff and communities, along with presenting “gatekeeper” training for schools, organizations and the public. The program works to teach suicide prevention, life skills, warning signs, risk factors and coping strategies. Yellow Ribbon helps coordinate a Community Prevention Task Force that identifies community/school coordinators; establishes a community resource team; establishes ongoing Yellow Ribbon Suicide Prevention Program chapters for youth and adults; implements annual evaluations and updates; and develops crisis plans and intervention protocols.