

We support funding to expand Zero Suicide

We support the full implementation of SB 16-147, which required Colorado Department of Public Health and Environment (CDPHE) to expand the Zero Suicide framework to health care systems, health clinics in educational settings, and the justice system. According to a report from CDPHE, health systems that have implemented Zero Suicide have seen up to an 80% reduction in suicide deaths for patients within their care. The state should dedicate an additional \$861,000 to expand the Zero Suicide framework statewide.



What is Zero Suicide?

The framework includes seven elements that physical and behavioral health care systems should adopt to prevent suicide. Elements include training staff to identify patients at high risk for suicide, provide up-to-date suicide care, and engage people in a suicide care management plan.

"National data show 45% of individuals who die by suicide have seen a primary care physician within one month of their death. Approaches to suicide prevention at this level can reach high-risk individuals ... who often don't seek mental health treatment." ²By training health care systems and health clinics in school settings on how to identify and assess suicide risk, we will help stop people from falling through the cracks.



Colorado landscape

- In 2017, 1,146 Coloradans died by suicide nearly a 20% increase since 2004.3
- Among 15 to 24-year-olds, suicide deaths have increased by 49% since 2004.⁴
- Coloradans ages 10 to 14 have experienced an 85% increase in suicide rates since 2004.
- Suicide is now the leading cause of death for Coloradans aged 10 to 24.
- In 2016, the number of suicide deaths exceeded the number of deaths from homicide (230), motor vehicle crash (627), breast cancer (618), influenza and pneumonia (532), and diabetes (937).⁷

^{1.} Office of Suicide Prevention Annual Report 2016-2017.

^{2.} The power of zero. Colorado Department of Public Health & Environment.

^{3.} Suicides in Colorado: An Overview, Colorado Center for Health & Environmental Data.

^{4.} ibid

^{5.} ibid

^{6.} Office of Suicide Prevention Annual Report 2016–2017.





Colorado landscape continued

SB 16-147 passed without funding but allowed the Office of Suicide Prevention (OSP) to seek and accept gifts, grants, and donations. Through collaboration with other state agencies and local philanthropic entities, OSP was able to host our state's first Zero Suicide Academy in June 2016. An additional \$100,000 was allocated by the General Assembly to the program's budget. This funding is helping the program increase resources to primary care offices and funding available to community grantees. As of April 2017, all 17 of Colorado's community mental health centers have been trained in the framework, as well as 11 other health care entities, one school district, and one hospital.

This summer, OSP received a federal grant through Substance Abuse and Mental Health Services Administration to implement Zero Suicide within five counties (Denver, El Paso, Larimer, Mesa, Pueblo) and 10 health systems. This will be five-year funding running from September 2018 – September 2023.



More is needed

In order to expand Zero Suicide beyond its current reach, the state should dedicate an additional \$861,000 to OSP to implement grants for additional sites across the state. This additional funding will help OSP adapt the framework to other systems such as criminal and juvenile justice, the faith community, schools, and higher education institutions. In addition to training community mental health centers statewide, the funding would allow OSP to expand to hospitals and primary care settings.

Unit	Cost
25 sites	\$25,000/site
Learning collaboratives to help support each site. This includes community mental health centers, primary care, substance use disorder treatment providers, retirement communities, etc.	\$105,000 for 5 learning collaboratives
Zero Suicide Academy to onboard new sectors each year	\$52,000
Contract/grant management	\$79,000 for FTE
Total	\$861,000