

HOUSE COMMITTEE OF REFERENCE REPORT

March 23, 2021

Chair of Committee

Date

Committee on Public & Behavioral Health & Human Services.

After consideration on the merits, the Committee recommends the following:

HB21-1119 be amended as follows, and as so amended, be referred to the Committee of the Whole with favorable recommendation:

- 1 Amend printed bill, strike everything below the enacting clause and
2 substitute:
- 3 **"SECTION 1. Legislative declaration.** (1) The general
4 assembly finds and declares that:
- 5 (a) People who have known someone who died by suicide in the
6 last year were 1.6 times more likely to have suicidal thoughts, 2.9 times
7 more likely to have a plan for suicide themselves, and 3.7 times more
8 likely to have attempted suicide themselves;
- 9 (b) More peace officers die of suicide than in the line of duty;
- 10 (c) An estimated three hundred to four hundred doctors die of
11 suicide annually, a rate of twenty-eight to forty per one hundred thousand,
12 which is more than double that of the general population;
- 13 (d) Suicide is a leading cause of death for school-aged children in
14 Colorado. After learning about the suicide of a schoolmate, children are
15 just as susceptible as adults to attempt suicide, which is why they need
16 care to help them cope with the after-effects of suicide.
- 17 (e) Children are at risk by just knowing about a friend's or
18 schoolmate's attempt, and adolescents who know about a friend's suicide
19 attempt are nearly twice as likely to attempt suicide themselves one year
20 later;
- 21 (f) Suicide risk is at its highest in the first week after discharge
22 from an inpatient setting. This risk is one hundred and two times higher
23 in men and two hundred and forty-six times higher in women than in their
24 counterparts in the general population.
- 25 (g) In addition to the tragedy of lost lives and disability due to

1 suicide and suicide attempts, the fiscal costs of suicide and suicide
2 attempts are enormous. Every suicide death results in an economic loss
3 of approximately one million three hundred thousand dollars, and every
4 suicide attempt results in an economic loss of approximately six hundred
5 and fifty thousand dollars.

6 (h) A survey by the suicide prevention commission found that
7 behavioral health providers have gaps in knowledge about evidence-based
8 practices and training related to comprehensive suicide prevention and
9 that those providers generally reported that they would benefit from
10 additional training; and

11 (i) Comprehensive suicide-related training of primary care
12 providers enhances the level of care that suicidal people receive and
13 increases provider confidence and competence and the ability to provide
14 effective and life-saving treatment.

15 (2) Therefore, the general assembly finds and declares it is
16 necessary for the state to spread its suicide focus and efforts beyond
17 prevention to include intervention and postvention services as part of a
18 comprehensive suicide prevention focus for persons affected by suicide
19 and suicide attempts, including:

20 (a) Making comprehensive suicide prevention education and
21 training available to providers to learn about aftercare for suicide loss and
22 suicide attempt survivors;

23 (b) Making comprehensive suicide prevention education and
24 training available for first and last responders to suicides and suicide
25 attempts;

26 (c) Advising on follow-up care for suicide attempt survivors,
27 including specialized counseling;

28 (d) Comprehensive suicide prevention training for primary care
29 and behavioral health providers in suicide assessment, treatment,
30 management, and postvention to help decrease the suicide rate in
31 Colorado; and

32 (e) Comprehensive suicide prevention training for K-12 educators
33 on the importance of postvention efforts and communication with the
34 students to address loss and the potential of suicidal contagion after a
35 suicide or suicide attempt.

36 **SECTION 2.** In Colorado Revised Statutes, 22-2-127.9, **amend**
37 (1) as follows:

38 **22-2-127.9. Mental health education literacy - resource bank**
39 **- technical assistance.** (1) The department, with assistance from the
40 office of suicide prevention created pursuant to section 25-1.5-101
41 (1)(w)(I), the Colorado youth advisory council created pursuant to section



1 2-2-1302, and the suicide prevention commission created pursuant to
2 section 25-1.5-111, shall create and maintain a resource bank of
3 evidence-based, research-based, and promising program materials and
4 curricula pertaining to mental health ~~which~~ AND COMPREHENSIVE SUICIDE
5 PREVENTION, AS THAT TERM IS DEFINED IN SECTION 25-1.5-112. THESE
6 materials and curricula may be used in elementary and secondary schools
7 in the state. The resource bank and curricula must be youth-friendly,
8 culturally sensitive, and available in both English and Spanish. In creating
9 the resource bank and curricula, the department may provide internet
10 links to resources and materials pertaining to mental health available from
11 other entities that the department finds reliable. Additionally, the
12 department shall solicit input from persons, including youth, within and
13 outside of the mental health profession, including both community and
14 school mental health professionals. Subject to available appropriations,
15 the department shall solicit requests for information and may contract for:

16 (a) The organization and enhancement of the resource bank,
17 including materials on the prevention of suicide, THE AFTER-EFFECTS OF
18 SUICIDE ATTEMPTS AND SUICIDE DEATHS, AND POSTVENTION TRAINING,
19 and education on mental AND BEHAVIORAL health;

20 (b) The development of mental AND BEHAVIORAL health AND
21 SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION curricula for
22 schools and providing such curricula to schools; and

23 (c) Training for educators and school staff concerning mental AND
24 BEHAVIORAL health AND SUICIDE PREVENTION.

25 **SECTION 3.** In Colorado Revised Statutes, 24-33.5-1803,
26 **amend** (3)(n)(I) as follows:

27 **24-33.5-1803. School safety resource center - created - duties.**

28 (3) The center has the following duties:

29 (n) (I) To act as a resource for school districts, public schools,
30 charter schools, and institute charter schools concerning TRAINING FOR
31 crisis and suicide prevention, ~~training~~ AS THAT TERM IS DEFINED IN
32 SECTION 25-1.5-112; and

33 **SECTION 4.** In Colorado Revised Statutes, 25-1.5-101, **amend**
34 (1)(w)(I) and (1)(w)(IV); and **add** (1)(w)(V) as follows:

35 **25-1.5-101. Powers and duties of department - laboratory cash**
36 **fund - report - definitions - repeal.** (1) The department has, in addition
37 to all other powers and duties imposed upon it by law, the powers and
38 duties provided in this section as follows:

39 (w) (I) To operate the office of suicide prevention, which is
40 hereby established in the division of prevention services in the
41 department. ~~that~~ THE OFFICE OF SUICIDE PREVENTION serves as the



1 coordinator for crisis and suicide prevention programs throughout the
2 state, including the Colorado suicide prevention plan established in
3 section 25-1.5-112 and the crisis and suicide prevention training grant
4 program established in section 25-1.5-113. FOR THE PURPOSES OF THIS
5 SUBSECTION (1)(w), THE TERM "COMPREHENSIVE SUICIDE PREVENTION"
6 OR "SUICIDE PREVENTION" INCLUDES THE FOLLOWING COMPONENTS:

7 (A) STRATEGIES OR APPROACHES THAT SEEK TO PREVENT THE
8 ONSET OF SUICIDAL DESPAIR, COMMONLY KNOWN AS "SUICIDE
9 PREVENTION";

10 (B) PUBLIC HEALTH INTERVENTION SUPPORTS, INCLUDING
11 COMMUNITY TRAINING, WORKFORCE DEVELOPMENT, QUALITY
12 IMPROVEMENT AND PROVISION OF TECHNICAL ASSISTANCE TO SUPPORT
13 THE ADOPTION OF BEST SUICIDE ATTEMPT BEHAVIOR INTERVENTION AND
14 POSTVENTION PRACTICES AND POLICIES; AND

15 (C) POSTVENTION RESPONSES TO AND SUPPORT FOR INDIVIDUALS
16 AND COMMUNITIES AFFECTED BY THE AFTERMATH OF A SUICIDE ATTEMPT.

17 (IV) The department and the office of suicide prevention may
18 collaborate with the school safety resource center and with each facility
19 licensed or certified pursuant to section 25-1.5-103 in order to coordinate
20 SERVICES RELATED TO crisis and suicide prevention, ~~services~~ AS THAT
21 TERM IS DEFINED IN THIS SUBSECTION (1)(w), including relevant training
22 and other services as part of the Colorado suicide prevention plan
23 established in section 25-1.5-112. When a facility treats a person who has
24 attempted suicide or exhibits a suicidal gesture, the facility may provide
25 oral and written information or educational materials to the person or, in
26 the case of a minor, to parents, relatives, or other responsible persons to
27 whom the minor will be released, prior to the person's release, regarding
28 warning signs of depression, risk factors of suicide, methods of
29 preventing suicide, available RESOURCES FOR COMPREHENSIVE suicide
30 prevention, ~~resources~~, and any other information concerning suicide
31 awareness, and prevention. THE FACILITY SHALL ALSO PROVIDE ORAL AND
32 WRITTEN INFORMATION OR EDUCATIONAL MATERIALS TO THE PERSON OR,
33 IN THE CASE OF A MINOR, TO PARENTS, RELATIVES, OR OTHER RESPONSIBLE
34 PERSONS TO WHOM THE MINOR WILL BE RELEASED, PRIOR TO THE PERSON'S
35 RELEASE, CONCERNING THE AFTER-EFFECTS OF A SUICIDE ATTEMPT. The
36 department and the office of suicide prevention may work with facilities
37 and the Colorado suicide prevention plan to determine whether and where
38 gaps exist in COMPREHENSIVE suicide prevention programs and services,
39 including gaps that may be present in:

40 (A) The COMPREHENSIVE SUICIDE PREVENTION information and
41 materials being used and distributed in facilities throughout the state;



1 (B) COMPREHENSIVE SUICIDE PREVENTION resources available to
2 persons who attempt suicide or exhibit a suicidal gesture and, when the
3 person is a minor, to parents, relatives, and other responsible persons to
4 whom a minor is released; and

5 (C) The process for referring persons who attempt suicide or
6 exhibit a suicidal gesture to COMPREHENSIVE suicide prevention services
7 and programs or other appropriate health-care providers for treatment.

8 (V) THE DEPARTMENT AND THE OFFICE OF SUICIDE PREVENTION
9 SHALL PREPARE WRITTEN INFORMATION FOR PRIMARY CARE OFFICES AND
10 PROVIDERS THROUGHOUT THE STATE. THE INFORMATION MUST BE
11 REGION-SPECIFIC CONCERNING HOW TO RECOGNIZE AND RESPOND TO A
12 SUICIDAL PATIENT AND INCLUDE SEPARATE WRITTEN INFORMATION FOR
13 PROVIDERS AND INFORMATION THAT MAY BE SHARED WITH PATIENTS.

14 **SECTION 5.** In Colorado Revised Statutes, 25-1.5-111, **amend**
15 (1) and (2)(a) introductory portion; and **add** (7) as follows:

16 **25-1.5-111. Suicide prevention commission - created -**
17 **responsibilities - gifts, grants, donations - definition - repeal.** (1) The
18 suicide prevention commission, REFERRED TO IN THIS SECTION AS THE
19 "COMMISSION", is ~~hereby~~ created for the purpose of:

20 (a) Providing public and private leadership for COMPREHENSIVE
21 suicide prevention, ~~and intervention~~ AS THAT TERM IS DEFINED IN
22 SUBSECTION (7) OF THIS SECTION, in Colorado;

23 (b) Setting statewide, data-driven, evidence-based, and clinically
24 informed PRIORITIES FOR COMPREHENSIVE suicide prevention ~~priorities~~ in
25 Colorado;

26 (c) Serving as an advisor to the office of suicide prevention;

27 (d) Establishing and leading subgroups to set strategy and
28 implementation plans for each statewide COMPREHENSIVE suicide
29 prevention priority for the office of suicide prevention;

30 (e) Providing a forum for government agencies, community
31 members, business leaders, and lawmakers to examine the current status
32 of COMPREHENSIVE suicide prevention ~~and intervention~~ policies; analyze
33 the system's near-term opportunities and challenges; and make
34 recommendations to the office of suicide prevention, the governor's
35 office, and the general assembly regarding improvements and innovations
36 in policies and programs to reduce the preventable occurrence of suicide
37 in Colorado AS WELL AS THE AFTER-EFFECTS OF SUICIDE AND SUICIDE
38 ATTEMPTS IN COLORADO;

39 (f) Expanding local and national partnerships and resources for
40 statewide COMPREHENSIVE suicide prevention activities;

41 (g) Promoting cooperation and coordination among



1 COMPREHENSIVE suicide prevention programs and strategies across
2 Colorado;

3 (h) Evaluating the distribution of state resources for
4 COMPREHENSIVE suicide prevention;

5 (i) Ensuring that COMPREHENSIVE suicide prevention remains a
6 state priority; and

7 (j) Encouraging the development of COMPREHENSIVE suicide
8 prevention plans at the local level;

9 (k) ADVISING ON COMPREHENSIVE EDUCATION AND TRAINING ON
10 SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION FOR PROVIDERS
11 AND RESPONDERS;

12 (l) ASSISTING THE OFFICE OF SUICIDE PREVENTION IN THE
13 DEPARTMENT IN CREATING A UNIFORM STATEWIDE K-12 SUICIDE
14 POSTVENTION COMPONENT TO INCLUDE IN THE COLORADO SUICIDE
15 PREVENTION PLAN ESTABLISHED PURSUANT TO SECTION 25-1.5-112; AND

16 (m) DEVELOPING A PLAN FOR FOLLOW-UP CARE FOR SUICIDE
17 ATTEMPT SURVIVORS WHO WERE TREATED IN AN EMERGENCY
18 DEPARTMENT.

19 (2) (a) Within sixty days after May 29, 2014, the executive
20 director of the department of public health and environment shall appoint
21 to the ~~committee~~ COMMISSION no more than twenty-six members,
22 including:

23 (7) AS USED IN THIS SECTION, THE TERM "COMPREHENSIVE SUICIDE
24 PREVENTION" OR "SUICIDE PREVENTION" INCLUDES THE FOLLOWING
25 COMPONENTS:

26 (a) STRATEGIES OR APPROACHES THAT SEEK TO PREVENT THE
27 ONSET OF SUICIDAL DESPAIR, COMMONLY KNOWN AS "SUICIDE
28 PREVENTION";

29 (b) PUBLIC HEALTH INTERVENTION SUPPORTS, INCLUDING
30 COMMUNITY TRAINING, WORKFORCE DEVELOPMENT, QUALITY
31 IMPROVEMENT AND PROVISION OF TECHNICAL ASSISTANCE TO SUPPORT
32 THE ADOPTION OF BEST SUICIDE ATTEMPT BEHAVIOR INTERVENTION AND
33 POSTVENTION PRACTICES AND POLICIES; AND

34 (c) POSTVENTION RESPONSES TO AND SUPPORT FOR INDIVIDUALS
35 AND COMMUNITIES AFFECTED BY THE AFTERMATH OF A SUICIDE ATTEMPT.

36 **SECTION 6.** In Colorado Revised Statutes, 25-1.5-112, **amend**
37 (1) and (2)(c); and **add** (2)(b)(I.5) and (7) as follows:

38 **25-1.5-112. Colorado suicide prevention plan - established -**
39 **goals - responsibilities - funding - definition.** (1) The Colorado suicide
40 prevention plan, referred to in this section as the "Colorado plan", is
41 created in the office of suicide prevention within the department. The



1 goal and purpose of the Colorado plan is to reduce suicide rates and
2 numbers in Colorado through system-level implementation of the
3 Colorado plan in criminal justice and health-care systems, including
4 mental and behavioral health systems, AND TO MITIGATE THE
5 AFTER-EFFECTS OF SUICIDE ATTEMPTS AND SUICIDE DEATHS.

6 (2) The suicide prevention commission, together with the office
7 of suicide prevention, the office of behavioral health, the department, and
8 the department of health care policy and financing, is strongly encouraged
9 to collaborate with criminal justice and health-care systems, mental and
10 behavioral health systems, primary care providers, physical and mental
11 health clinics in educational institutions, community mental health
12 centers, advocacy groups, emergency medical services professionals and
13 responders, public and private insurers, hospital chaplains, and
14 faith-based organizations to develop and implement:

15 (b) A plan to improve training on:

16 (I.5) COMPREHENSIVE SUICIDE PREVENTION, AS THAT TERM IS
17 DEFINED IN SUBSECTION (7) OF THIS SECTION, FOR FIRST AND LAST
18 RESPONDERS, HEALTH-CARE PROVIDERS, K-12 EDUCATORS AND
19 STUDENTS, AND FOLLOW-UP CARE FOR SUICIDE ATTEMPT SURVIVORS
20 TREATED IN EMERGENCY DEPARTMENTS;

21 (c) Professional development resources and training opportunities
22 regarding indicators of suicidal thoughts and behavior, risk assessment,
23 ~~and~~ management, AND THE AFTER-EFFECTS OF SUICIDE ATTEMPTS AND
24 SUICIDE DEATHS, as developed in collaboration with the department of
25 regulatory agencies, the department of corrections, and health-care and
26 mental health professional boards and associations.

27 (7) AS USED IN THIS SECTION, THE TERM "COMPREHENSIVE SUICIDE
28 PREVENTION" OR "SUICIDE PREVENTION" INCLUDES THE FOLLOWING
29 COMPONENTS:

30 (a) STRATEGIES OR APPROACHES THAT SEEK TO PREVENT THE
31 ONSET OF SUICIDAL DESPAIR, COMMONLY KNOWN AS "SUICIDE
32 PREVENTION";

33 (b) PUBLIC HEALTH INTERVENTION SUPPORTS, INCLUDING
34 COMMUNITY TRAINING, WORKFORCE DEVELOPMENT, QUALITY
35 IMPROVEMENT AND PROVISION OF TECHNICAL ASSISTANCE TO SUPPORT
36 THE ADOPTION OF BEST SUICIDE ATTEMPT BEHAVIOR INTERVENTION AND
37 POSTVENTION PRACTICES AND POLICIES; AND

38 (c) POSTVENTION RESPONSES TO AND SUPPORT FOR INDIVIDUALS
39 AND COMMUNITIES AFFECTED BY THE AFTERMATH OF SUICIDE ATTEMPTS
40 AND SUICIDE DEATHS.

41 **SECTION 7.** In Colorado Revised Statutes, 25-1.5-113, **amend**



1 (2)(b), (3)(a)(II), (3)(b), and (4)(b)(V); and **add** (1)(h) as follows:

2 **25-1.5-113. Crisis and suicide prevention training grant**
3 **program - creation - process - reporting requirements - fund -**
4 **definitions.** (1) As used in this section, unless the context otherwise
5 requires:

6 (h) "SUICIDE PREVENTION" OR "COMPREHENSIVE SUICIDE
7 PREVENTION" INCLUDES THE FOLLOWING COMPONENTS:

8 (I) STRATEGIES OR APPROACHES THAT SEEK TO PREVENT THE
9 ONSET OF SUICIDAL DESPAIR, COMMONLY KNOWN AS "SUICIDE
10 PREVENTION";

11 (II) PUBLIC HEALTH INTERVENTION SUPPORTS, INCLUDING
12 COMMUNITY TRAINING, WORKFORCE DEVELOPMENT, QUALITY
13 IMPROVEMENT AND PROVISION OF TECHNICAL ASSISTANCE TO SUPPORT
14 THE ADOPTION OF BEST SUICIDE ATTEMPT BEHAVIOR INTERVENTION AND
15 POSTVENTION PRACTICES AND POLICIES; AND

16 (III) POSTVENTION RESPONSES TO AND SUPPORT FOR INDIVIDUALS
17 AND COMMUNITIES AFFECTED BY THE AFTERMATH OF SUICIDE ATTEMPTS
18 AND SUICIDE DEATHS.

19 (2) (b) On and after January 1, 2019, a public school or a school
20 district may apply to the department for a grant pursuant to the guidelines
21 adopted in subsection (3) of this section to provide crisis and
22 COMPREHENSIVE suicide prevention training in the public school or school
23 district.

24 (3) (a) On or before November 1, 2018, the office of suicide
25 prevention and the school safety resource center shall make
26 recommendations to the department for the administration of the grant
27 program, and the department shall adopt formal training guidelines for the
28 grant program. The guidelines must include:

29 (II) Criteria to utilize in selecting public schools and school
30 districts to receive grants and in determining the amount of grant money
31 to be awarded to each grant recipient. The criteria, at a minimum, must
32 include:

33 (A) That first priority for grant awards is to provide crisis and
34 COMPREHENSIVE suicide prevention training to public schools and school
35 districts that have not previously received such training;

36 (B) An emphasis on providing such training to all staff at the
37 public school or school district, not just educators; ~~and~~

38 (C) A requirement that each application, at a minimum, must
39 describe how the applicant public school or school district will use a grant
40 award to provide comprehensive crisis and suicide prevention training to
41 all educators and staff who have not yet received such training OR

1 PROVIDE A TRAIN-THE-TRAINER PROGRAM TO INTERESTED INDIVIDUALS
2 WHO HAVE NOT YET RECEIVED SUCH TRAINING; OR

3 (D) AN EMPHASIS ON PROVIDING A TRAIN-THE-TRAINER PROGRAM
4 FOR EMPLOYEES AT THE PUBLIC SCHOOL OR SCHOOL DISTRICT THAT ARE
5 DESIGNED TO PREPARE THE PROGRAM ATTENDEES TO TEACH A TEEN
6 BEHAVIORAL AND MENTAL HEALTH TRAINING COURSE, AS WELL AS
7 IMPROVE OVERALL SCHOOL CLIMATE AND PROMOTE TEEN BEHAVIORAL
8 AND MENTAL HEALTH. FOR THE PURPOSES OF THIS SUBSECTION
9 (3)(a)(II)(D), A "TEEN BEHAVIORAL AND MENTAL HEALTH TRAINING
10 COURSE" IS A COURSE THAT TRAINS STUDENTS IN SIXTH GRADE THROUGH
11 HIGH SCHOOL TO IDENTIFY, UNDERSTAND, AND RESPOND TO SIGNS OF
12 BEHAVIORAL AND MENTAL HEALTH DISORDERS AMONG THEIR FRIENDS
13 AND PEERS.

14 (b) If there is money remaining in the fund after grants are made
15 to all public schools or school districts that applied for a grant and that
16 had not previously received crisis and COMPREHENSIVE suicide prevention
17 training, the department may award grants to a public school or school
18 district that had previously received such training.

19 (4) (b) The department shall include in the report required
20 pursuant to section 25-1.5-101 (1)(w)(III)(A) the following information
21 regarding the administration of the grant program during the preceding
22 year:

23 (V) A copy of the grant recipients' crisis and COMPREHENSIVE
24 suicide prevention plans.

25 **SECTION 8. Act subject to petition - effective date.** This act
26 takes effect at 12:01 a.m. on the day following the expiration of the
27 ninety-day period after final adjournment of the general assembly; except
28 that, if a referendum petition is filed pursuant to section 1 (3) of article V
29 of the state constitution against this act or an item, section, or part of this
30 act within such period, then the act, item, section, or part will not take
31 effect unless approved by the people at the general election to be held in
32 November 2022 and, in such case, will take effect on the date of the
33 official declaration of the vote thereon by the governor."

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