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DEPARTMENT OF PUBLIC HEALTH AND  
ENVIRONMENT

## SUICIDE PREVENTION



NOVEMBER 2020

PERFORMANCE AUDIT

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# OFFICE OF THE STATE AUDITOR



November 20, 2020

DIANNE E. RAY, CPA  
—  
STATE AUDITOR

Members of the Legislative Audit Committee:

This report contains the results of a performance audit of the Office of Suicide Prevention and the Suicide Prevention Commission at the Department of Public Health and Environment. The audit was conducted pursuant to Section 2-3-103, C.R.S., which authorizes the State Auditor to conduct audits of all departments, institutions, and agencies of state government, and Section 2-7-204(5), C.R.S., which requires the State Auditor to annually conduct performance audits of one or more specific programs or services in at least two departments for purposes of the SMART Government Act. The report presents our findings, conclusions, and recommendations, and the responses of the Department of Public Health and Environment.

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# REPORT HIGHLIGHTS



SUICIDE PREVENTION  
PERFORMANCE AUDIT, NOVEMBER 2020

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
OFFICE OF SUICIDE PREVENTION  
SUICIDE PREVENTION COMMISSION

## CONCLUSION

The Office of Suicide Prevention (Office) and the Suicide Prevention Commission have sound processes for identifying priority areas for targeting the State's suicide prevention efforts. However, there are opportunities for the Office to ensure that it receives full value and benefit from its investment of limited resources for those efforts.

## KEY RESULTS AND CONCLUSIONS

- One primary activity of the Office is to fund suicide prevention activities across the state through contracts and grants. The Office executed 80 agreements between July 2016 and June 2019 and had paid \$3.7 million to contractors and grantees for these agreements as of March 2020.
- Agreements ranged from small-dollar grants of \$1,500 to \$20,000 awarded to local entities to implement community-specific prevention strategies, to a large-dollar contract of \$652,000, to fund a multi-year effort to provide telephonic follow-up care to individuals discharged from hospitals and at risk for suicide.
- The Office executes agreements that reasonably establish performance expectations to further the State's suicide prevention priorities and collects deliverables from its contractors and grantees to demonstrate the work that has been completed.
- However, we found that for seven of the 30 sampled agreements (23 percent), the Office reimbursed grantee costs even though the grantees did not meet some performance expectations outlined in the agreements as essential activities or standards necessary for the success of the project.
- We estimate that about \$301,000 of the \$3.7 million spent on agreements through March 2020, was spent on agreements in which the grantees did not meet all of the performance expectations in the written agreements.

## BACKGROUND

- Colorado's suicide rate is the 10<sup>th</sup> highest in the nation. Between 2015 and 2019, Colorado's suicide rate increased from 19.5 to 21.6 per 100,000 people.
- The Office, located in the Department of Public Health and Environment, is tasked with coordinating suicide prevention strategies for the State.
- In 2014, the General Assembly established the Suicide Prevention Commission to advise the Office and provide recommendations to improve the State's suicide prevention strategy.
- Office spending has increased from about \$600,000 in Fiscal Year 2017, to \$2.9 million in Fiscal Year 2020, due, in part, to awards from the federal government and new funding from the General Assembly.

## AUDIT APPROACH

Our audit provides detailed information about the 11 key suicide prevention activities funded by the Office in Fiscal Years 2017 through 2019, including funding sources and spending; key accomplishments, such as the number of people trained or organizations contacted for outreach; what is known about the activity's outcomes, including whether outcomes are difficult to measure; and which counties were served by the activity.

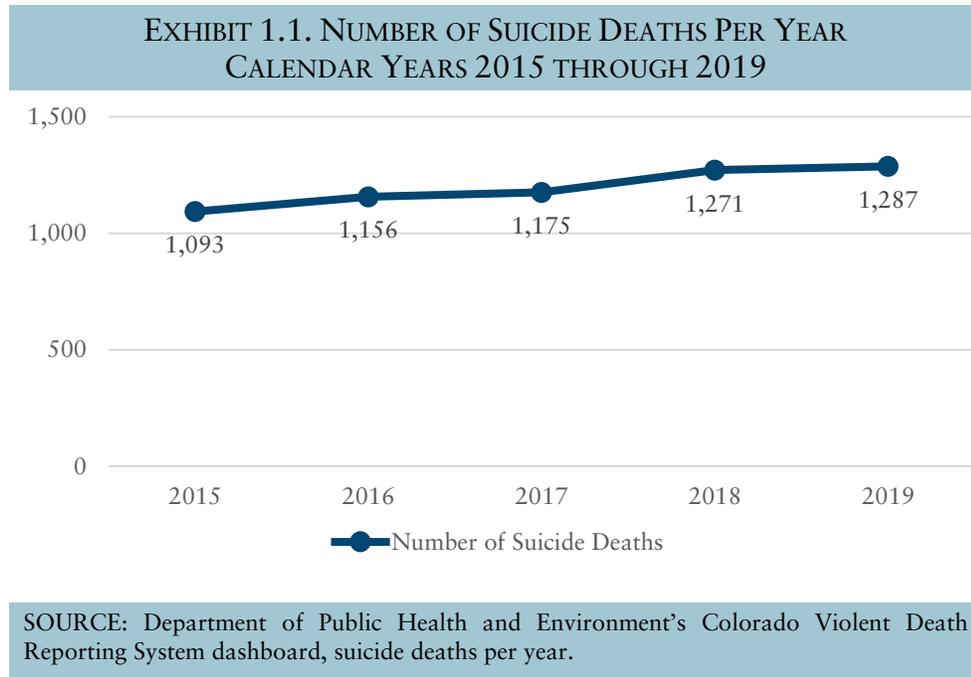
The report makes one recommendation for the Department of Public Health and Environment to improve its contract and grant agreements to ensure the State receives the expected value from those agreements. The Department agreed with our recommendation.



# CHAPTER 1

## OVERVIEW

Suicide is a rising health crisis across the U.S., and Colorado continues to have a suicide rate among the 10 highest in the nation. Since 2015, the number of suicide deaths has continued to increase, from about 1,100 recorded deaths in 2015, to nearly 1,300 in 2019. EXHIBIT 1.1 shows the number of suicide deaths per year in Colorado.

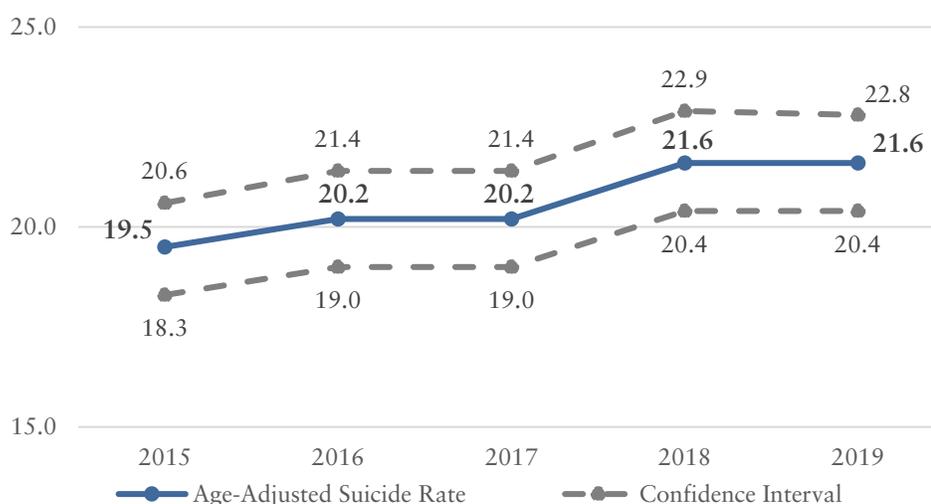


The suicide rate, or the number of suicide deaths per 100,000 people, also shows an increase over the same period. Exhibit 1.2 shows that the age-adjusted suicide rate in Colorado increased from an estimated 19.5 in 2015 to 21.6 in 2019. The age-adjusted suicide rate is a calculation of suicide deaths per 100,000 people, controlling for underlying differences in the age composition of the population. This rate allows comparisons between data (e.g., year, counties, states), knowing that population and age differences are not a factor for the differences in the suicide rate.

Exhibit 1.2 also shows confidence intervals for the age-adjusted suicide rate. Because population measures are estimates based on death certificates and the population census, the calculated rate is not exact. To account for potential errors in the data and to compare data between years, the Department calculates confidence intervals for the suicide rate, or a range above and below the observed rate that the true rate likely lies within. Confidence intervals help the Department compare whether the changes in the suicide rate are ‘statistically significant,’ i.e., whether changes in the rate indicate actual changes in

suicide death trends, or whether changes in the rate are due to non-suicide related changes in the data. The Department uses a 95 percent confidence interval, which means that there is a 95 percent chance that the true suicide rate falls within the lower and upper rates reported. For example, the Department reports that the age-adjusted suicide rate in Colorado in 2019 was 21.6, with a 95 percent chance that the true rate is between 20.4 and 22.8.

EXHIBIT 1.2. AGE-ADJUSTED SUICIDE RATE  
PER 100,000 PEOPLE PER YEAR  
CALENDAR YEARS 2015 THROUGH 2019



SOURCE: Department of Public Health and Environment's Colorado Violent Death Reporting System dashboard, age-adjusted suicide rate per 100,000 population per year.

Over the last decade, the General Assembly has passed a variety of laws related to suicide prevention, both directing funding towards specific high-risk communities, as well as creating statewide initiatives and recommending state departments coordinate efforts. The Office of Suicide Prevention (Office) and the Suicide Prevention Commission (Commission), both at the Department of Public Health and Environment (Department), are designed to serve as a central coordinator and driver of the State's suicide prevention efforts.

## OFFICE OF SUICIDE PREVENTION

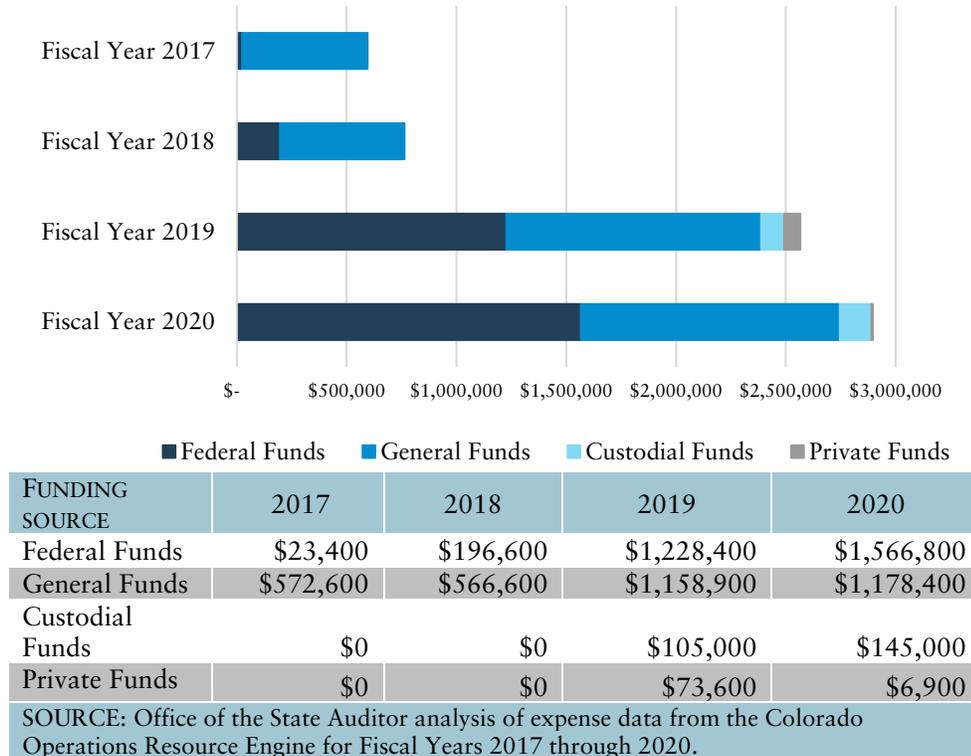
The General Assembly created the Office in 2000 to act as the lead coordinator of suicide prevention programs in the state [Section 25-1.5-101 (1)(w)(I), C.R.S.]. Statute charges the Office with reporting on crisis and suicide prevention programs in the state [Section 25-1.5-101(1)(w)(III)(A), C.R.S.], which it does through its annual report published every November. The Office, together with the Commission and other key state agencies such as the Office of Behavioral Health within the Department of Human Services and the Department of Health Care Policy and Financing, is required to develop and implement a state suicide prevention plan for health care and legal systems in Colorado [Section 25-1.5-112, C.R.S.], which is currently in draft form and the Office expects it to be released in early 2021.

One of the key ways the Office carries out its suicide prevention work is through the distribution of grant funds to local entities and other organizations working on various suicide prevention strategies around the state and through contracting with service providers for specific suicide prevention programming in the state. For Fiscal Years 2017 through 2020, the Office used funds from a variety of sources for these efforts, as outlined below and in EXHIBIT 1.3:

- The Office draws down federal funds – both through block grant funding and competitive federal grant awards – to fund suicide prevention activities. In Fiscal Year 2019, the Office distributed about \$1.2 million in federal funds, which were used for specific initiatives, such as targeting suicide prevention programs for health care systems, or capacity-building initiatives to address youth suicide rates.
- The Office administers the Crisis and Suicide Prevention Training Grant Program to fund suicide prevention resources for schools [Section 25-1.5-113, C.R.S.]; this grant program is appropriated \$400,000 in General Funds each year.

- The Office distributes grant funds to local communities for capacity building, training, awareness, and other local suicide prevention initiatives that align with Commission recommendations and priority populations; the Office spends about \$150,000 to \$200,000 of its General Fund appropriation each year for this purpose.
- The Office has partnered with the Department of Law to contract for suicide prevention programming in schools through the Sources of Strength program. In Fiscal Year 2019, the Office spent about \$105,000 transferred from the Department of Law to supplement its contract with Sources of Strength to increase the number of schools implementing the program. The Department of Law provides funding to the Office through custodial funds collected in connection with court rulings that are not appropriated by the General Assembly.
- The Office received a \$200,000 grant award from a national nonprofit to pilot the Colorado-National Collaborative, a multi-county strategy to develop, implement, and evaluate a comprehensive suicide prevention model across six counties in Colorado. The Office has spent about \$80,000 of this funding through Fiscal Year 2020.

**EXHIBIT 1.3. OFFICE OF SUICIDE PREVENTION  
EXPENSES BY FUNDING SOURCE  
FISCAL YEARS 2017 THROUGH 2020**



In Fiscal Years 2017 through 2019, the Office carried out its work with between three and six staff supported by General Funds and federal funds. These staff are responsible for:

- Awarding and monitoring contract and grant agreements;
- Seeking resources for the State’s suicide prevention priorities, including through grant writing;
- Supporting the Commission;
- Collaborating with other Department Prevention Services Division programs, such as the Opioid Overdose Prevention program and Sexual Violence Prevention program;
- Developing resources for suicide prevention for primary care providers, first responders, the legal industry, and other high-risk industries;
- Serving as an advisor for other state agency advisory boards;

- Conducting public awareness and education efforts, such as sponsoring suicide awareness and prevention conferences, promoting safe reporting with the media, and sending a monthly newsletter to stakeholders with information on resources and Office updates; and
- Collecting and disseminating data and providing resources to encourage county coroners to adopt standard data collection practices to better inform suicide prevention strategies.

The Office's overall budget has increased significantly from Fiscal Year 2017 to Fiscal Year 2020, as shown in EXHIBIT 1.4. Spending on contract and grant agreements increased from about \$329,700 in Fiscal Year 2017 to about \$2.3 million in Fiscal Year 2020, due, in part, to the awards from the federal government and new funding from the General Assembly to implement suicide prevention training in schools. Spending on contract and grant agreements made up about 81 percent of Office spending in Fiscal Year 2020.

**EXHIBIT 1.4. OFFICE OF SUICIDE PREVENTION EXPENSES  
BY CATEGORY - FISCAL YEARS 2017 THROUGH 2020**

CATEGORY	2017	2018	2019	2020	PERCENT INCREASE
Contract and Grant Agreements	\$329,700	\$387,900	\$1,961,200	\$2,322,900	605%
Personnel, Administration, and Operations	\$266,400	\$375,300	\$604,700	\$555,400	108%
<b>TOTAL</b>	<b>\$596,100</b>	<b>\$763,200</b>	<b>\$2,565,900</b>	<b>\$2,878,300</b>	<b>383%</b>

SOURCE: Office of the State Auditor analysis of expense data from the Colorado Operations Resource Engine for Fiscal Years 2017 through 2020.

## SUICIDE PREVENTION COMMISSION

The General Assembly created the Commission in 2014 as a 26-member advisory group for the Office and is charged with recommending statewide, data-driven, evidence-based, and clinically informed suicide prevention priorities for the State [Section 25-1.5-111, C.R.S.].

Members of the Commission are appointed by the Department Executive Director to represent stakeholders in the education, health care, legal, and law enforcement sectors; nonprofit, public, and private sectors; and individuals personally impacted by suicide deaths and attempts. The Executive Director appoints one public and one private sector member as co-chairs of the Commission; the director of the Office has historically been designated as the public sector co-chair of the Commission.

Statute requires the Department and the Office to support the Commission, including determining meeting logistics and developing meeting agendas; organizing and orienting commission members; working closely with the co-chairpersons to set priorities, recruit members, oversee all commission initiatives, coordinate activities, and implement any commission-directed initiatives; and any other duties assigned by the co-chairpersons [Section 25-1.5-111(3), C.R.S.]. The Commission is supported by one full-time-equivalent staff, organizationally located within the Office.

## AUDIT PURPOSE, SCOPE, AND METHODOLOGY

We conducted this performance audit pursuant to Section 2-3-103, C.R.S., which authorizes the State Auditor to conduct audits of all departments, institutions, and agencies of the state government, and Section 2-7-204(5), C.R.S., the State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act. The audit was conducted in response to a legislative request, which asked the State Auditor to evaluate how suicide prevention funds are being spent and if the spending is effective. Audit work was performed from October 2019 through November 2020. We appreciate the assistance provided by the management and staff of the Department of Public Health and Environment and members of the Suicide Prevention Commission during this audit.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

The key objectives of the audit were to (1) identify the key suicide prevention programs funded by the Office, (2) evaluate whether the Office ensures effective spending through its contract and grant agreements, and (3) determine if the Office and the Commission effectively carry out the State's suicide prevention strategy.

This audit engaged with the Office of Suicide Prevention and the Suicide Prevention Commission, both within the Department, since they are charged with providing coordination and vision for the State's suicide prevention efforts. The scope of the audit did not include investigating all state programs that touch on an aspect of suicide prevention.

To accomplish our audit objectives, we performed the following audit work:

- Assessed Commission processes for establishing the State's suicide prevention priorities through review of Commission meeting minutes and recommendations, interviews with the Commission co-chairs and members, and review of best practices in suicide prevention.
- Analyzed data from the State's accounting system, the Colorado Operations Resource Engine, to summarize the Office's spending and source of funding for Fiscal Years 2017 through 2020.
- Identified the key suicide prevention activities funded by the Office during Fiscal Years 2017 through 2019, through review of the Office's annual reports and expense data, and interviews

with staff. For those activities, we compiled information about key accomplishments; areas of Colorado served; and the activities' outcomes from review of contractor/grantee deliverables, reports submitted to the General Assembly and the federal government, and other information provided by the Office.

- For a sample of contract and grant agreements executed by the Office during Fiscal Years 2017 through 2019, reviewed deliverables and invoices submitted by the contractors/grantees against contract and agreement specifications, and information from the State's accounting system about amounts paid.

We relied on sampling to support our audit work. We selected a random statistical sample of 30 of the 80 contract and grant agreements (38 percent) executed by the Office in Fiscal Years 2017 through 2019. The purpose of the sample was to assess the Office's processes for developing and monitoring contract and grant agreements, including whether the contractor/grantee performed the work and completed the deliverables specified in the agreements prior to being paid by the Office.

We selected our sample using the Monetary Unit Sampling (MUS) method. MUS focuses on the monetary units and randomly selects individual monetary units for the sample. In this case, the monetary units were the total dollar amounts spent for each of the 80 contract and grant agreements executed during Fiscal Years 2017 through 2019, as of March 2020, the point at which we pulled expense data from the State's accounting system for the purposes of sampling.

As required by auditing standards, we planned our audit work to assess the effectiveness of those internal controls that were significant to our audit objectives. Specifically, our work related to internal control included the following components and underlying principles based on guidance issued by the U.S. Government Accountability Office:

EXHIBIT 1.5. SIGNIFICANT INTERNAL CONTROL COMPONENTS AND UNDERLYING PRINCIPLES REVIEWED DURING THE AUDIT	
<p><b>Control Environment</b></p> <ul style="list-style-type: none"> <li>▪ Enforce Accountability</li> <li>▪ Establish Structure, Responsibility, and Authority</li> <li>▪ Demonstrate Commitment to Competence</li> </ul>	<p><b>Control Activities</b></p> <ul style="list-style-type: none"> <li>▪ Design Control Activities</li> <li>▪ Implement Control Activities</li> </ul>
<p><b>Risk Assessment</b></p> <ul style="list-style-type: none"> <li>▪ Define Objectives and Risk Tolerances</li> <li>▪ Identify, Analyze, and Respond to Risks</li> <li>▪ Identify, Analyze, and Respond to Change</li> </ul>	<p><b>Information and Communication</b></p> <ul style="list-style-type: none"> <li>▪ Use Quality Information</li> <li>▪ Communicate Internally</li> <li>▪ Communicate Externally</li> </ul>
	<p><b>Monitoring</b></p> <ul style="list-style-type: none"> <li>▪ Perform Monitoring Activities</li> <li>▪ Evaluate Issues and Remediate Deficiencies</li> </ul>
<p>SOURCE: Office of the State Auditor analysis of internal controls, as specified in the U.S. Government Accountability Office, Standards for Internal Control in the Federal Government (Green Book).</p>	

Our conclusions on the effectiveness of those controls that were significant to our audit objectives, as well as specific details about the audit work supporting our findings, conclusions, and recommendations, are described in the remainder of this report.

A draft of this report was reviewed by the Department of Public Health and Environment. We have incorporated the Department’s comments into the report where relevant. The written responses to the recommendations and the related implementation dates are the sole responsibility of the Department.



# CHAPTER 2

## SUICIDE PREVENTION EFFORTS IN COLORADO

The overall mission for the Office of Suicide Prevention (Office) and the Suicide Prevention Commission (Commission) is to reduce the number of suicide deaths and attempts in Colorado. In 2015, the Office and Commission set a goal of reducing the state's suicide fatality rate by 20 percent by 2024. This would represent a reduction from 19.5 per 100,000 people in 2015 to 15.6 per 100,000 people by 2024. In addition, one of the Governor's Fiscal Year 2020 Wildly Important Goals is to reduce the state's suicide rate by 5 percent each year, from 21.6 per 100,000 people in 2018 to 18.36 per 100,000 people by the end of 2024. In 2019, Colorado's age-adjusted suicide rate was 21.6.

As the lead entities for setting and implementing the State’s suicide prevention strategy, the Office and Commission should have effective processes for (1) identifying priority areas for the State to target its suicide prevention resources, and (2) measuring the impact of suicide prevention and intervention efforts to ensure the effective use of limited state dollars. This chapter explores these two issues.

Overall, we found the Commission has sound processes for identifying priority areas for targeting the State’s suicide prevention efforts, and the Office generally aligns its activities to those priorities with evidence-based practices. However, we found that measuring the impact of the Office’s work can be challenging. This chapter outlines some of those challenges and provides recommendations for helping the Office ensure that it sets clear expectations for its grantees, which is especially important where measuring the outcomes of grantees’ work is not easily done.

## IDENTIFYING AND IMPLEMENTING THE STATE’S SUICIDE PREVENTION STRATEGY

The Commission plays an important role in identifying the State’s strategy for reducing suicides. Based on our review of Commission documents, such as research it has conducted and its meeting agendas and minutes, the Commission has processes for identifying priority areas. These processes include establishing workgroups to survey current suicide prevention services and opportunities for improvements in Colorado, and developing consensus among Commission members about which suicide prevention strategies and high-risk groups to prioritize. The Commission does this work through reviewing data, including county-level suicide rates and demographic information such as occupations, age groups, and gender that are associated with the state’s suicides. They also review the results of the Healthy Kids Colorado Survey, which the State conducts every 2 years, that provides insight into the health and well-being of Colorado’s youth and the

Behavioral Risk Factor Surveillance System survey, which is a similar survey conducted annually and targeted towards adults. These resources help point the Commission to the highest risk populations in the state.

The Commission also looks to best practices in suicide prevention, such as the federal Centers for Disease Control and Prevention's (CDC) Technical Package to Prevent Suicide, which provides a set of core strategies based on available evidence to help communities and states focus on prevention activities with the greatest potential to prevent suicide. As an example of how the Commission puts these pieces together, the CDC's best practices recommend identifying and supporting people that experience suicidal behavior at higher than average rates. State suicide fatality data maintained by the Department highlights a number of industries at higher risk for suicide, including construction, first responders, oil and gas, mining, and finance. Based on these data and best practices, the Commission developed a recommendation to focus on high-risk industries. In 2019, the Office's annual report included 12 Commission recommendations in four priority areas including support for integrated health systems, improving training and education, building community resilience and connectedness, and enhancing data collection and systems, as outlined below. These recommendations are outlined in Appendix A.

The Office takes the Commission's recommendations and works to align resources to implement them, using evidence-based suicide prevention techniques. In some cases, Commission recommendations align with priorities already specified or funded by the General Assembly. For example, in 2018, the General Assembly created the Crisis and Suicide Prevention Training Grant Program to provide funding to schools for implementing comprehensive crisis and suicide prevention strategies, and appropriated \$400,000 in funding for the program. This grant program aligns with the Commission recommendation related to supporting schools and other youth-serving organizations.

Where the Office has discretion in how funds will be used, it has worked to align the funding to Commission priorities. For example, in 2017, the Office used state General Funds and federal funds for 5-year grants for organizations interested in implementing strategies that align with Commission recommendations in areas such as implementing Zero Suicide in health care settings, implementing Sources of Strength for schools and youth-serving organizations, and increasing community capacity to identify and support mental health among working-aged men, among others.

The Office has also sought federal or private grant funding to further Commission priorities. For example, in 2017, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the Office a competitive Garrett Lee Smith Youth Suicide Prevention Grant, which provides funding for regional youth suicide prevention coordinators who focus on strengthening linkages across youth-serving systems and improving the identification, referral, and follow-up supports for youth at-risk for suicide, carrying out the Commission's recommendation related to supporting schools and other youth-serving organizations.

As a result, there is generally alignment between the activities funded by the Office and the priorities identified by the Commission, as shown in EXHIBIT 2.1.



EXHIBIT 2.1. SUICIDE PREVENTION COMMISSION RECOMMENDATIONS AND OFFICE OF SUICIDE PREVENTION ACTIVITIES FISCAL YEARS 2017 THROUGH 2019						
ACTIVITIES FUNDED BY THE OFFICE OF SUICIDE PREVENTION	SUICIDE PREVENTION COMMISSION RECOMMENDATIONS					
	ZERO SUICIDE	COLORADO FOLLOW UP PROJECT	HEALTH CARE SCREENING	PRIMARY CARE PROTOCOLS	BEHAVIORAL HEALTH TRAINING	HIGH RISK INDUSTRIES
Collaborative Assessment and Management of Suicidality	X		X		X	
Colorado Follow Up Project	X	X	X			
Colorado Gun Shop Project <sup>1</sup>						
Colorado-National Collaborative <sup>2</sup>						
Crisis and Suicide Prevention Training Grant Program			X		X	
Man Therapy			X			X
Mental Health First Aid						X
Regional Youth Suicide Prevention Coordinators						X
Sources of Strength						
Zero Suicide	X	X	X	X	X	X
Other Community Initiatives						X

SUICIDE PREVENTION COMMISSION RECOMMENDATIONS						TOTAL SPENT ON THE ACTIVITY FISCAL YEARS 2017-2019
LEGAL COMMUNITY	ECONOMIC STABILITY	SUPPORTIVE INCLUSIVE COMMUNITIES	YOUTH	DATA COLLECTION	INFORMATION SHARING	
						\$212,600
					X	\$307,200
						\$165,900
						\$73,600
		X	X			\$311,900
		X				\$373,800
			X			\$210,000
		X	X		X	\$279,500
			X			\$446,400
X				X		\$277,900
		X		X		\$118,300

SOURCE: Office of the State Auditor analysis of information from the Suicide Prevention Commission and the Office of Suicide Prevention, and cost data from the Colorado Reporting Engine for Fiscal Years 2017 through 2019.

<sup>1</sup>The Colorado Gun Shop Project does not implement a Suicide Prevention Commission recommendation as detailed in the report body.

<sup>2</sup>The Colorado-National Collaborative developed a community suicide prevention model that incorporates all Commission recommendations, but was not yet implemented in Fiscal Years 2017 through 2019, the years of the analysis.

More information about each of the activities outlined in EXHIBIT 2.1 can be found in Appendix B, which provides a snapshot of information about each of the key suicide prevention activities funded by the Office in Fiscal Years 2017 through 2019. Appendix B outlines the monies spent and source of funds; key accomplishments, such as number of people trained or organizations contacted for outreach; what is known about the activity's outcomes, including whether outcomes are difficult to measure for the activity; and which counties were served by the activity in the years we reviewed.

There are a couple of areas in which suicide prevention activities funded by the Office are not fully aligned with Commission recommendations, as follows:

- The Gun Shop Project, which distributes suicide prevention education materials to firearm retailers, gun ranges, and firearm safety course instructors, does not correspond to a specific Commission recommendation. The Office has funded this activity since Fiscal Year 2015, before the Commission was created, based on state-level data showing several Colorado counties with high percentages of firearm-related suicide deaths and the success of the program in other states. The Office has continued to fund the activity based on best practice recommendations from the CDC to reduce access to lethal means among persons at risk of suicide and peer reviewed academic studies cited by the CDC that temporarily limiting access to lethal means reduces suicide deaths. In addition, as part of its SMART Government Act performance plan, the Department identified a strategy to reduce suicides by sustaining and expanding lethal means safety initiatives and developed a performance measure related to this strategy (number of participating counties). However, the Commission has not specifically identified lethal means as a recommendation.
  
- The Colorado-National Collaborative, spearheaded by national organizations that identified Colorado as well suited to develop a

blueprint for suicide prevention, intervention, and postvention best practices, is a pilot program for developing a comprehensive suicide prevention model. Because the program is intended to be comprehensive to tackle multiple issues within communities that contribute to suicide deaths, it includes aspects of all of the recommendations from the Commission, but has not yet been fully implemented due to a lack of funding for implementation. The Office reported that it has secured additional funding this year to begin implementation and evaluation of the model in six Colorado counties: \$625,000 from the Association of State and Territorial Health Officials and approximately \$4.5 million over 5 years from the CDC.

- The Commission’s recommendation related to economic security does not have any specific Office activities associated with it, as of the time of our review. The Commission adopted the recommendation in July 2019 to, “Strengthen economic stability and supports, including food security, affordable housing, livable wages, and other family-friendly workplace polices,” according to the Office’s annual report. The Office told us that they collaborate with other Department programs and other state agencies that work on these issues of suicide prevention efforts, such as the Department of Human Services. The Commission and the Office also endorsed the Colorado Blueprint to End Hunger, a public-private workgroup with goals to reduce food insecurity in the state and has included economic security as a core strategy of the Colorado-National Collaborative.

## MEASURING THE IMPACT OF THE STATE’S SUICIDE PREVENTION STRATEGIES

One of the Office’s primary responsibilities is funding various suicide prevention activities across the state through contract and grant agreements. The Office reports that it uses these agreements to have a “meaningful impact... [on] strategic priority areas,” including focusing initiatives on high-risk populations and highly impacted parts of the state, expanding recognition of warning signs and risks for suicide, and strengthening protective factors, in order to achieve its goal of reducing the suicide rate in Colorado.

However, measuring the impact of these investments is difficult for a variety of reasons. First, while it is important to monitor the suicide rate, and to work to decrease the rate, as a multi-dimensional social and behavioral health issue, suicide risk is influenced by many factors, including mental health, financial stability, access to health care, family health history, domestic violence, isolation, lack of social support, and the availability of lethal means of suicide. The activities funded by the Office’s contract and grant agreements typically focus on one or two suicide risk factors, but that is out of many suicide risk factors, making it difficult to correlate changes in the suicide rate with specific activities. Therefore, a project that tackles an aspect of suicide prevention, such as improving access to mental health care, would not necessarily be expected to influence the overall suicide rate. Specifically for 2020 rates, the impact of external factors, such as the COVID-19 pandemic, which has increased stress, anxiety, and financial burdens for individuals, may have an outsized influence on suicide risk, and suicide rates may not be reflective of how well the Office is carrying out the State’s strategy.

Second, while the Office can look to surveys, suicide rates, or hospitalizations due to suicide attempts, the Office will likely not be able to actually determine whether a suicide was prevented. By their nature, the success of prevention programs is difficult to measure.

Third, because there can be issues with data accuracy and timeliness, the suicide rate alone, as a comparison to a previous year, may not be a good indicator of whether or not activities are working. For example, the Suicide Prevention Resource Center notes that whether a death is caused by suicide or accident may not always be conclusive or that demographic data may be misclassified. These discrepancies can affect the quality of data. Additionally, the reporting of annual suicide death rates lag by about a year, and programs can take several years to effectively change individual and community behavior, so the effects of a suicide prevention, intervention, or response program are not immediately known. Instead of an annual comparison to determine the impact of its agreements, the Office monitors the trends in suicide rates over a 5-year period.

These limitations mean that the Office cannot look to changes in the State's or a county's suicide rate to necessarily measure the impact of any one of the projects that it has funded. Instead, when possible, the Office uses other measures, such as surveys on mental health and well-being, to assess the projects' impact.

Finally, looking to program-specific measures of success can also be difficult. Some suicide prevention projects and activities funded by the Office are small in dollars and scale and do not lend themselves to formal program evaluation. For example, the Office paid \$10,000 to \$20,000 annually in community grants for schools and districts to implement an evidence-based program to improve connections and trust between adults and youth, called Sources of Strength. However, the Office's relatively small-dollar investment may not warrant the time and expense of asking grantees to survey students, teachers, and staff on their changing perceptions of school climate, for example. While such survey data would serve as a helpful indicator of whether the investment is having the intended impact, this type of evaluative work can be expensive and time consuming, and may not provide conclusive data if not thoroughly completed.

We found the Office included evaluative components for its higher-dollar contracts. For example, the Office had a 3-year contract for \$652,000 to provide telephonic follow up services for individuals who were referred to the program from hospitals or other health care facilities. The Office required the contractor to survey individuals who received services and have them rank their satisfaction with the services and provide any self-reports on whether they returned to the hospital for suicidal thoughts or behavior. The contractor provided results to the Office on a monthly basis. This evaluative information provided by the contractor helps demonstrate the impact that the State's investment in this contract is having on changing behaviors in preventing suicides.

However, a substantial portion of the State's investment in suicide prevention lies in smaller-dollar projects and activities, which do not lend themselves to this evaluative work. Of the 80 agreements the Office executed in Fiscal Years 2017 through 2019, 65 (81 percent) were valued at \$40,000 or less. These 65 agreements were associated with \$940,000 out of the \$3.7 million spent on the 80 agreements through March 2020. For the smaller-dollar agreements, we found the Office monitored the contractor's or grantee's activities and outputs, such as by collecting information about the number of people trained in a particular suicide prevention technique, but the Office did not require contractors or grantees to perform or report on program evaluation work to demonstrate how well the training was received or how effective the training was in changing behaviors.

For these smaller dollar agreements, the most effective strategy for the Office to ensure that the investment is having an impact on reducing suicides is through the development of clear agreements that lay out what the Office wants accomplished, and monitoring to ensure expectations are met. Overall, we found the Office has reasonable processes for developing and monitoring its agreements. However, we found that the Office could better define its expectations in agreements and ensure those expectations are met before paying for services.

# ENSURING THE OFFICE RECEIVES THE EXPECTED VALUE FROM ITS CONTRACT AND GRANT AGREEMENTS

In Fiscal Years 2017 through 2019, the Office executed 80 contract and grant agreements with local entities and other service providers to carry out the State's suicide prevention priorities. These agreements ranged from small-dollar grants of \$1,500 to \$20,000 awarded to local entities to implement community-specific prevention strategies, to a large-dollar contract of \$652,000 to fund a multi-year effort to provide telephonic follow-up care to individuals discharged from hospitals and at risk for suicide. Some of these agreements were fully completed by the end of Fiscal Year 2019 and others have terms running through Fiscal Year 2020 and beyond. The total value of these 80 agreements is \$4.6 million through the end of the applicable agreement term, of which the Office had spent \$3.7 million, or 80 percent, as of March 2020, the point at which we accessed expense data for purposes of sampling.

To communicate its expectations of contractors and grantees, the Office develops a statement of work for each agreement that outlines (1) the project's goals and objectives, (2) the specific activities to be completed, (3) the deliverables that the contractor or grantee is required to submit to demonstrate completion of the work – these are usually in the form of quarterly reports providing narrative description of the work done, and (4) terms for payments – contractors or grantees are usually required to submit invoices for reimbursement of their costs in carrying out the work, up to the maximum agreement amount.

## HOW WERE THE RESULTS OF THE AUDIT WORK MEASURED?

In order for the Office to ensure that the State gets full value from its spending and achieves the most impact on its strategic priorities, the Office needs to ensure that contractors and grantees perform the activities and standards outlined in its agreements. Department guidance for writing statements of work, the *CDPHE Contract & Purchase Order SOW [Statement of Work] Development Guidance*, and for monitoring agreements, the *Contract Monitoring Program User's Manual (Monitoring Manual)*, provides specific direction to staff for ensuring that the State receives the expected value from contractors' and grantees' work, as outlined below.

- **PERFORMANCE EXPECTATIONS**—The Department's guidance for writing statements of work describes the statement of work as “performance based, which ensures contractors are paid based on achievement of specifically defined goals.”
  - ▶ The statement of work delineates “activities,” which are “the essential tasks performed and agreed upon between the contractor and [the Department] and are required to meet the outcome (expected result) and objective(s)” and are “critical or essential actions to ensure success of the project.”
  - ▶ The statement of work also delineates any applicable “standards,” which “establish quality for activities” or any requirements for how activities are conducted and completed. The guidance states, “Since the [statement of work] is performance based, expectations must be clearly defined and Standards and Requirements (established level of performance for successful completion)... must be identified in concise, consistent language.”
- **MONITORING**—The Department's Monitoring Manual outlines monitoring procedures, “To ensure the State receives full value for

distributed grant funds,” and states that staff “must monitor contracts and purchase orders for compliance with... contractual standards and requirements,” including the completion of required activities, program goals, and objectives.

- ▶ The guidance describes review of progress reports as designed to “ensure activities are completed in compliance with standards” and review of reimbursement requests as designed to “ensure billing is in accordance with the [statement of work]... [and] reflects work completed during the billing period.”
- ▶ If a contractor or grantee is noncompliant with the agreement requirements, the manual outlines progressive steps for contract monitors to take, including initially notifying the contractor or grantee of the issue and working with them to improve performance, increasing monitoring of the contractor or grantee, entering into a performance improvement plan with the contractor or grantee, withholding payment, or terminating the agreement.

Clear and specific performance expectations are especially important to establish value for grant agreements where payments are not based on a fixed price for the successful delivery of goods or services. Department statement of work guidance outlines these cost reimbursement grant agreements as high risk, because the grantee is paid for reasonable, allowable costs needed for carrying out the work as long as costs do not exceed the maximum amount of the grant. The Office establishes through the written grant agreement how it measures whether the State got full value and the grantee should be paid based on the activities and standards agreed upon in the written agreement and evidence of the grantee achieving expectations through documentation in deliverables.

## WHAT PROBLEM DID THE AUDIT WORK IDENTIFY AND WHY DOES IT MATTER?

Overall, we found that the Office executes agreements that reasonably establish performance expectations and further the State’s suicide prevention priorities, and the Office ensures that it collects deliverables from its contractors and grantees to demonstrate the work that has been completed. However, we identified an area where the Office can better ensure that it receives the full value that it expects from its grantees. Specifically, we found instances of the Office reimbursing grantee costs even though the grantee did not meet some performance expectations the Office outlined as essential activities or standards necessary for the success of the project in the agreement.

We reviewed a randomly selected sample of 30 of the 80 agreements executed in Fiscal Years 2017 through 2019, representing \$3.0 million of the \$3.7 million spent. The 30 sampled agreements included five contracts with \$1.6 million spent of \$2.1 million allowable through the applicable agreement term and 25 grants with \$1.4 million spent of \$1.6 million allowable through the applicable agreement term. For each agreement in the sample, we reviewed (1) what was written in the agreement as the required activities and standards and (2) the contractor’s or grantee’s submitted deliverables to determine whether the contractor or grantee performed the work and completed the deliverables specified in the agreement prior to being paid by the Office.

We identified problems with seven of the 30 agreements, all of which were cost reimbursement grants, part of the 25 grants sampled, in which the grantee is reimbursed for staff time, supplies, and other costs associated with carrying out the work. We did not identify problems with the five contracts in the sample. The problems we identified are outlined below. Two agreements had problems in more than one category.

- For two agreements, the grantee did not perform an activity required in the agreement, but still received full funding. This creates a risk that the State is not receiving the full value of the work outlined in the agreement and the grantee is not adequately making progress to achieve the agreement’s goals and objectives.
  - ▶ One agreement for \$10,000 for Fiscal Year 2018 required the grantee to “facilitate a monthly stakeholder meeting” as part of “increas[ing] local capacity and infrastructure to sustain the collaborative efforts” as one of four primary activities. The grantee did not hold these meetings according to deliverables provided to the Office. The Office reported that this activity was removed for the following grant year because “the funding was not sufficient to support all four activities.” However, the grantee did not report to the Office through its quarterly reporting that it had insufficient resources to identify stakeholders or hold meetings, and the agreement file did not document any communication from the Office about the grantee not completing the activity. The grantee invoiced the full amount allowed by the agreement (\$10,000), which the Office paid based on the work completed on other primary activities.
  - ▶ One agreement for \$9,998, the amount budgeted to complete the scope of work for Fiscal Year 2018, required the grantee to “provide [Applied Suicide Intervention Skills Training] ASIST trainings to a minimum of five (5) hotline advocates and staff” as part of “reduc[ing] suicidal behavior and increas[ing] protective factors for LGBTQ youth in Colorado,” in addition to five other primary activities; ASIST is a 2-day workshop to teach suicide intervention skills. In its deliverables, the grantee reported that it did not train any hotline advocates or staff in ASIST in Fiscal Year 2018. The grantee invoiced the full amount allowed by the agreement (\$9,998), which the Office paid based on the work completed on other primary activities. The Office told us that the grantee’s “staff turnover... impacted their ability to meet all of the objectives and activities to the letter of the statement of work.”

The nonprofit closed in June 2019 and as such, the grant was not extended.

- For one agreement, the grantee did not perform one of two primary activities within the timeframe required by the agreement, and was paid for the work before it was completed. The agreement budgeted \$9,500 for Fiscal Year 2019 and required that, “No later than June 30, 2019, the [grantee] shall train staff...in the [Question, Persuade, Refer] QPR gatekeeper certification course.” QPR is an educational program designed to teach the warning signs of a suicide crisis and how to respond. The 12-hour facilitation course is designed to equip the facilitator to provide the 1-2 hour QPR training. From April to June 2019, the grantee invoiced and was paid nearly all of the money budgeted for the training-related costs for Fiscal Year 2019 (\$5,804 out of \$5,985 allowed), although the grantee reported in its April-June 2019 quarterly report that it had not yet conducted the trainings. The grantee later reported to have completed the trainings in July 2019 and January 2020, which was in the agreement’s next budget year, Fiscal Year 2020, and after the deadline specified in the agreement. When the Office reimburses grantees for work that is not completed by deadlines specified in the agreement, it runs the risk of paying for work that does not end up being completed.
  
- For six agreements, grantees did not perform training minimums for some of the activities specified in the agreements. Four received full funding and two invoiced and were paid 94 to 99 percent of their allowable budgets. In these cases, the agreements specified minimum numbers of trainings to be conducted or minimum numbers of individuals or organizations to be trained as requirements of the agreements. In these six agreements, the grantees did not reach all specified minimums, missing the target by 20 to 75 percent.
  - ▶ For example, one agreement for \$10,000 for Fiscal Year 2018 delineated in the “Standards and Requirements” section of the agreement that “The [grantee] shall offer to host a minimum of 16 QPR trainings with a minimum of 12 attendees per session,”

for a total 192 people trained (16 trainings of at least 12 attendees each). In its deliverables for Fiscal Year 2018, the grantee reported to have missed the number of trainings conducted by 5 (conducting 11 trainings instead of 16) and having trained 49 fewer people than the minimum, or about 26 percent fewer than the target. The agreement's approved budget included line items for staff time, training materials, marketing, and indirect costs, but did not account for the number of trainings held or the number of individuals trained. The grantee invoiced the full amount allowed by the agreement (\$10,000), which the Office paid. The Office told us, "Although the grantee did not meet their goal for number of QPR sessions, they conducted a great deal of outreach to local employers and sectors, but several [trainings] had to be cancelled due to low enrollment numbers." The Office said the budget was adjusted in the second year of the grant to increase marketing so that they could advertise the training events to avoid last minute cancellations. While the grantee trained a higher number in the second year (training 193 people in Fiscal Year 2019), the grantee again only conducted 11 of the 16 trainings that had been specified in the agreement for that year.

In talking with the Office about these agreements, the Office reported that there are inherent challenges in carrying out suicide prevention work. For example, lower numbers of participants could be outside the grantees' control and can be expected when there are lower levels of engagement, and for some types of trainings or circumstances it was "unreasonable and untenable" to refuse reimbursing grantees for missing training minimums. However, the Office designs its agreements listing these minimums as performance requirements and essential activities for the grantees to ensure success of the project. When the Office specifies training minimums in its agreements that grantees ultimately do not meet, the Office risks having a reduced impact through the training that it funds. In addition, when the Office specifies minimums and collects deliverables to show whether minimums were met, but does not require grantees to fulfill those minimums when

seeking reimbursement for their costs, the Office sends mixed signals to grantees about what performance is expected.

Based on the results of our sample testing, we project that similar problems extend to some of the other agreements executed in Fiscal Years 2017 through 2019. Specifically, we estimate with 90 percent confidence that of the \$3.7 million spent on these agreements through March 2020, at least \$124,000, but not more than \$479,000, was spent on agreements in which the contractor or grantee did not meet all of the performance expectations in the written agreement. Our estimated most likely amount spent on such agreements is \$301,000, or about 8 percent of the \$3.7 million total spent.

The Office's agreements reflect the work that the Office believes is needed in order to make progress in lowering the State's suicide rate. Ensuring that contractors and grantees carry out that work, in line with the agreements' written specifications, is an important element in making sure the Office can achieve its goal to reduce the suicide rate in Colorado by 20 percent by 2024.

## WHY DID THIS PROBLEM OCCUR?

THE OFFICE DOES NOT CLEARLY REFLECT IN ITS AGREEMENTS THE FLEXIBILITY THAT IT WISHES TO AFFORD ITS CONTRACTORS AND GRANTEES. The Office reported that it views some items delineated in the agreements, such as deadlines and training minimums, as "aspirational targets" for grantees rather than requirements because it does not always know what is feasible for a grantee to accomplish within the budget, especially in the first year of a grant. The Office also reported that when a grantee exceeds expectations for some agreement activities, it does not consider the grantee's failure to meet specifications for other agreement activities to be a problem. This was the case for several of the agreements for which we identified that the grantee failed to meet specified training minimums; the Office pointed out other work

the grantee completed that did meet expectations for other agreement activities.

In these cases, the Office does not clearly delineate between the minimum performance that it expects the grantee to perform for each activity and what it *hopes* the grantee can achieve for a particular activity. For example, in several of the agreements we reviewed, the Office included in the “Standards and Requirements” section of the agreement language about minimum numbers of trainings that needed to be conducted or minimum numbers of people that needed to be trained. The Department’s guidance characterizes specifications located in this section of the agreement as *requirements*, rather than aspirations or goals. By contrast, there is another section of the agreement for outlining the goals for the project, which the guidance characterizes as “intentions of the project” and “the ultimate target to be achieved.” The Office has not written agreements to accurately reflect its expectations of grantees and of the project, and the true minimum performance that it expects for each agreement activity.

The Office could consider using incentives for its agreements to establish a clear minimum level of performance, but still communicate its aspirational targets for the grantee. According to a 2006 U.S. Government Accountability Office report on best practices in designing agreements, using both positive and negative incentives, such as bonus payments for hitting targets, payments based upon completing evaluations or surveys, or changing the amount of monitoring or length of an agreement, impacts the degree of performance achieved. The Department could consider:

- Setting aside some part of an agreement’s budgeted funds as bonus payments for when the grantee achieves essential activities like training a specified number of people, rather than exclusively reimbursing the expenses for salary, which are not tied to the performance expectations.

- Establishing criteria for renewing the agreement based on achievement of certain targets or milestones that represent chronological series of performance levels.
- Increasing the frequency with which the grantee is required to report on its work (e.g., reports due monthly instead of quarterly) when certain targets are not achieved, to allow for closer monitoring of performance and the opportunity for Office staff to provide timely troubleshooting and technical assistance.
- Public praise, such as highlighting grantees that surpass expectations in the Office’s statewide newsletter, on its website, or at Commission meetings.

The Department’s guidance for writing statements of work does not address these types of incentives and how they can be incorporated into agreements.

**THE OFFICE DOES NOT STRUCTURE INVOICING TO DEMONSTRATE CONFORMANCE WITH AGREEMENT ACTIVITIES AND STANDARDS.** For all seven of the agreements for which we identified problems, the submission of quarterly reports was the key deliverable grantees were required to produce to demonstrate their work. These deliverables outlined information about the grantees’ work to demonstrate their progress in carrying out the agreements’ activities and the extent to which they performed the work to standards. However, grantees’ expenses for these agreements were reimbursed based on invoices submitted *monthly*. This creates a situation in which the Office has already paid for work before it receives information about what work was completed. The Department’s monitoring manual states that, “Review [of reimbursement requests] focuses on the charges as they relate to work completed during the bill period.” The agreement states reimbursement is submitted for services rendered and that the expenses must be in accordance with the statement of work and budget. This type of review is not possible when information about the work completed lags the reimbursement requests. Out of the 30 agreements we reviewed,

17 required quarterly reporting to demonstrate what work was done and monthly invoicing.

In addition, the Department's guidance for drafting statements of work provides that a budget including budget categories, a detailed description of key expenses in each category, and budget total is required for cost reimbursement agreements. The cost reimbursement grant agreements we reviewed delineated specific budgets allocating how much funding was for staff salaries versus operations and supplies, for example, but did not show how much was budgeted for the various agreement activities. We also saw examples of agreements in which the invoices did not align with the budget for work completed. For example, in one agreement, the training materials were budgeted for an ASIST training for five individuals, which corresponded with the minimum requirement in the agreement; however, the grantee never held the training or invoiced for the materials, but the full amount of the budget was paid because the grantee invoiced for staff salaries and indirect costs above those specific budgeted amounts. The grantees' submitted invoices, therefore, did not show how the requested reimbursement corresponded to specific activities or training minimums.

**THE DEPARTMENT DOES NOT HAVE ADEQUATE GUIDANCE FOR DETERMINING WHAT CONSTITUTES "REASONABLE" EXPENSES UNDER COST REIMBURSEMENT AGREEMENTS.** Department staff reported that they do not view cost reimbursement grants as performance based because there is an expectation that grantees will be reimbursed for their costs even if they encounter struggles in performing activities outlined in the statement of work. The Department's guidance on drafting statements of work provides that a cost reimbursement agreement as a payment type "is the most complex and difficult to manage, is high risk to the State ...because there is no work completion guarantee for a fixed amount. The contractor [or grantee] receives payment for "reasonable" allowable costs for goods or services needed for contractor [or grantee] performance, as long as costs do not exceed the maximum of the contract or the purchase order."

While the Department has acknowledged the challenges and risks of cost reimbursement grants, it has not provided adequate guidance to staff on *how* to address and mitigate those risks. Both Department and State Controller guidance indicate that reimbursement of contractors' or grantees' costs must relate to the contractors' or grantees' work in accordance with the agreement. Specifically, the Department's monitoring guidance indicates that staff need to "ensure billing is in accordance with the [statement of work]" and the State Controller's model language for small dollar cost reimbursement grants indicates that a determination of what constitutes an "allowable cost" must be "related to the Work after review and approval thereof" and be "reasonable and necessary to accomplish the Work." However, Department monitoring guidance, while extensive, is silent in helping staff set parameters and evaluate whether a contractor's or grantee's request for reimbursement is "reasonable" if the contractor or grantee does not perform activities or standards outlined in the agreement or if the amounts do not clearly align with the agreement's budget.

# RECOMMENDATION 1

The Department of Public Health and Environment should ensure that the State receives the expected value from the Office of Suicide Prevention's contract and grant agreements by:

- A Developing written guidance for executing agreements that clearly communicate the minimum performance expected of a contractor or grantee and delineate between requirements that contractors and grantees are expected to complete versus aspirational targets the Office wishes to communicate to contractors and grantees.
- B Evaluating how incentives, such as paying bonus payments for achieving certain targets or renewing agreements after certain targets are achieved, could be used in contract and grant agreements and developing written guidance for any items that are determined to be useful in contract and grant agreements.
- C Executing agreements that align the timing of contractor or grantee invoicing with the submission and documentation of information demonstrating contractors' or grantees' performance of the work.
- D Developing written guidance for aligning cost reimbursement invoicing from contractors and grantees with the budgets in agreements.
- E Developing written guidance for determining what constitutes reasonable expenses and aligns with the statement of work and the agreement's budget under cost reimbursement agreements.

# RESPONSE

## DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

### A AGREE. IMPLEMENTATION DATE: JULY 2021.

The department created a contract scope of work training program in 2014 that includes a variety of materials for division scope of work delegates to use when drafting scopes for contracts. The department agrees to review those materials and clarify or amend, where necessary, to more clearly address how to draft minimum requirements within a scope of work that must be met as well as additional work that is authorized but not required as it exceeds the minimum requirements. These materials will be reviewed, and updated if needed, by July 1, 2021 to inform future grant/contract cycles. Future contracts will enact this guidance as soon as is practicable to provide clarity to grantees and contractors to ensure the state receives the highest value possible for each grant/contract.

### B AGREE. IMPLEMENTATION DATE: MAY 2021.

The Department agrees to evaluate the efficacy of using incentives in grants within the Office of Suicide Prevention by May 31, 2021. Within the evaluation, the department will research best practices and evaluate possible incentives such as payment of bonuses, agreement extensions and any other viable incentive approach identified in the research of best practices. If promising options are identified in the evaluation, the department will also explore piloting possible incentives in one or more future grant/contract cycles to ascertain actual efficacy of implementing identified approaches.

### C AGREE. IMPLEMENTATION DATE: MARCH 2021.

The department agrees that the alignment of payment and documentation that the expenses relate to the contract are an

essential part of contract monitoring and ensuring the state receives the expected value from each grant/contract. The department's contract monitors will regularly work with each grantee to understand work being done on the grant. Each invoice will be reviewed for consistency with the known work being performed and signed off by the contract monitor documenting that the items contained in the invoice are in alignment with the scope of work, are part of the awarded budget and forward the goals of the grant.

D AGREE. IMPLEMENTATION DATE: JANUARY 2021.

By January 1, 2021, the department agrees to develop written guidance, including invoice templates that mirror the grantee's approved budget categories, for the Office of Suicide Prevention grantees to guide them in submitting invoices. This work will help in aligning cost reimbursement invoicing from contractors and grantees with the budget agreements.

E AGREE. IMPLEMENTATION DATE: MARCH 2021.

The department agrees to develop written guidance for determining what constitutes reasonable grantee expenses in accordance with the approved statement work and contract budget for cost reimbursable grants by March 31, 2021. The guidance will aid staff in their required reviews of invoices to ensure that the state is only reimbursing for work associated with the approved budget and that forwards the programmatic goals, ensuring resources are only expended for the intended goals.



# APPENDIX A



APPENDIX A: SUICIDE PREVENTION COMMISSION  
PRIORITIES AND RECOMMENDATIONS  
THROUGH NOVEMBER 2019

Priority: Support Integrated Health Care

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

Priority: Improve Training and Education

- 5 Support training for mental health and substance abuse providers.
- 6 Develop and implement comprehensive suicide prevention strategies for high-risk industries.
- 7 Build capacity within the legal community to identify those at risk for suicide and link them to care.

Priority: Build Community Resilience and Connectedness

- 8 Strengthen economic stability and supports, including food security, affordable housing, livable wages, and other family-friendly workplace policies.
- 9 Create supportive, inclusive, and safe communities, especially for LGBTQ+ youth.
- 10 Support schools and other youth-serving organizations in implementing comprehensive protocols and evidence-based programming focused on enhancing protective factors.

Priority: Enhance Data Collection and Systems

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

Source: Office of the State Auditor analysis of Suicide Prevention Commission documents and Office of Suicide Prevention annual reports, as of November 2019.



# APPENDIX B



# COLLABORATIVE ASSESSMENT AND MANAGEMENT OF SUICIDALITY (CAMS)

State and federal funding to implement an evidence-based clinical training program for mental health and substance abuse treatment providers.

## WHAT DID THE OFFICE FUND?

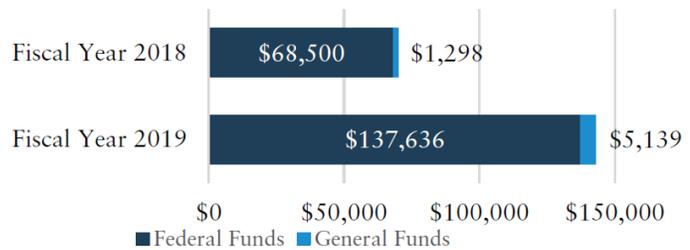
The Office contracts with CAMS-care, the national organization that created the framework to provide training for Colorado mental health clinicians on using the CAMS treatment framework. The framework involves delivering client-centered suicide assessments and management, such as treatment planning, tracking ongoing risk, and managing suicidal ideation as a response to crisis.

Following the training, CAMS-care provides weekly consultation calls to training attendees to support implementation of the CAMS approach in clinical settings. Consultation calls last for 6 to 8 weeks, and are intended to cement CAMS principles and help answer questions as clinicians implement CAMS with their clients.

## WHAT IS KNOWN ABOUT THE ACTIVITY'S OUTCOMES?

The Office reports that health care providers and health systems have shown an increased demand for the CAMS training every year. Additionally, in its annual report to SAMHSA, the federal agency that provides the bulk of the funding for this work, the Office summarized pre- and post-training surveys from one of the Fiscal Year 2019 trainings. Participants at this training reported an average increase in measures related to confidence identifying and treating individuals at risk for suicide.

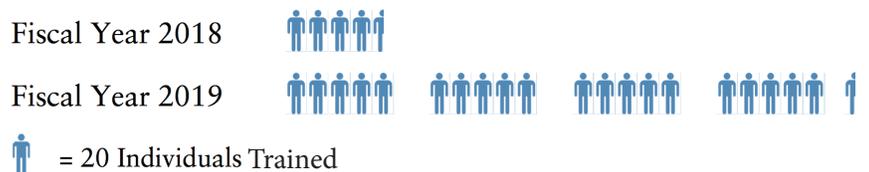
## WHAT DID THE ACTIVITY COST?



SOURCE: Office of the State Auditor analysis of expense data from the Colorado Operations Resource Engine for Fiscal Years 2018 and 2019.

## WHAT DID THE ACTIVITY ACCOMPLISH?

The Office funded nine CAMS trainings, which 86 clinicians attended in Fiscal Year 2018 and 409 attended in Fiscal Year 2019.

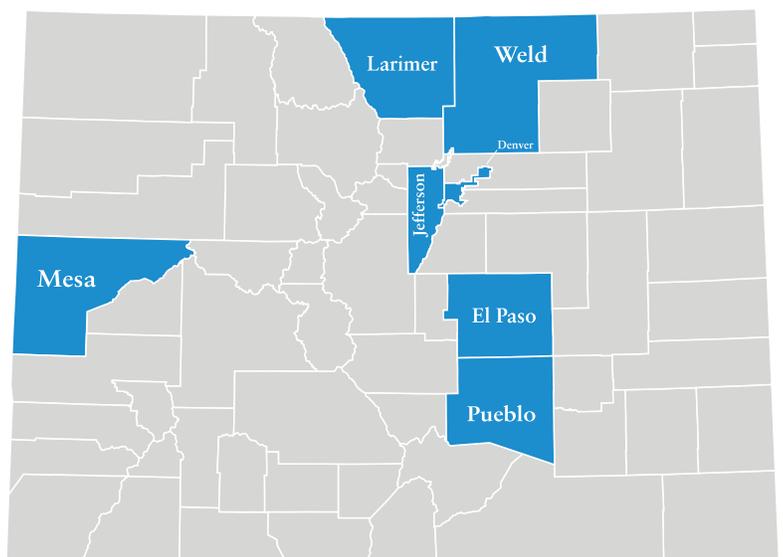


SOURCE: Office of the State Auditor analysis of information provided by the Office of Suicide Prevention for Fiscal Years 2018 and 2019.

## WHAT COUNTIES WERE SERVED BY THE ACTIVITY?

The trainings were held in a total of seven counties selected based on suicide statistics and interest in holding the training.

### CAMS TRAINING LOCATIONS Fiscal Years 2018 and 2019



SOURCE: Office of the State Auditor analysis of information provided by the Office of Suicide Prevention for Fiscal Years 2018 and 2019.

# COLORADO FOLLOW UP PROJECT

State and federal funding to provide telephonic follow-up for clients recently discharged from an emergency department or inpatient setting who are at risk of suicide.

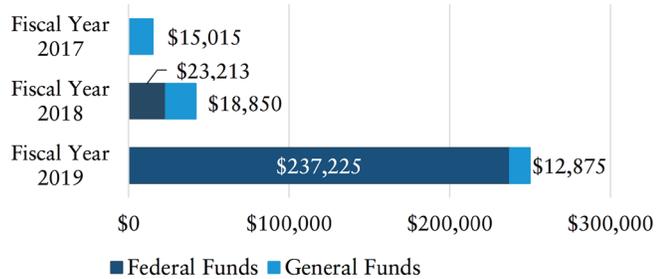
## WHAT DID THE OFFICE FUND?

The Office contracts with Rocky Mountain Crisis Partners (RMCP), a Colorado nonprofit that provides services to individuals and families in crisis to administer the program. Funding supports the onboarding of hospital sites to the protocols to enroll and refer clients into the Colorado Follow Up Project. RMCP provides follow up phone calls to referred clients post discharge. Calls are designed to provide evidence-based caring contact; reassess needs and safety issues; revisit discharge instructions; review and develop safety plans; provide additional referrals and resources as needed; and provide ongoing support until further community-based connections are established.

## WHAT IS KNOWN ABOUT THE ACTIVITY'S OUTCOMES?

For Federal Fiscal Years 2018 and 2019, RMCP reported that on a scale of 1 to 5, with 5 being the highest, the average satisfaction rating of clients on measures related to program helpfulness in supporting the individual was above 4. RMCP also reported that 27 participating clients self-reported a return visit to the emergency department for mental health-related reasons, including three that reported suicide attempts. However, because this metric is for a small number, RMCP is working on ways to increase the accuracy of re-hospitalizations and re-attempts.

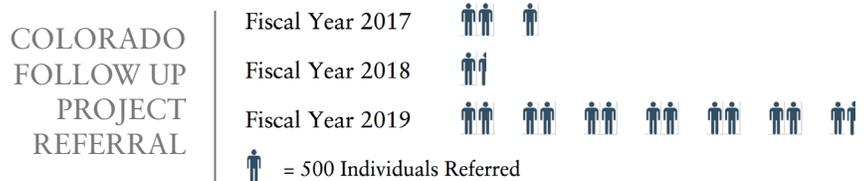
## WHAT DID THE ACTIVITY COST?



SOURCE: Office of the State Auditor analysis of expense data from the Colorado Operations Resource Engine for Fiscal Years 2017 through 2019.

## WHAT DID THE ACTIVITY ACCOMPLISH?

Since Fiscal Year 2017, sites implementing the Follow Up Project have increased the total number of referrals from about 1,500 to 6,700. At least 70 percent of individuals who were screened as eligible for the program were connected with a follow-up phone call.



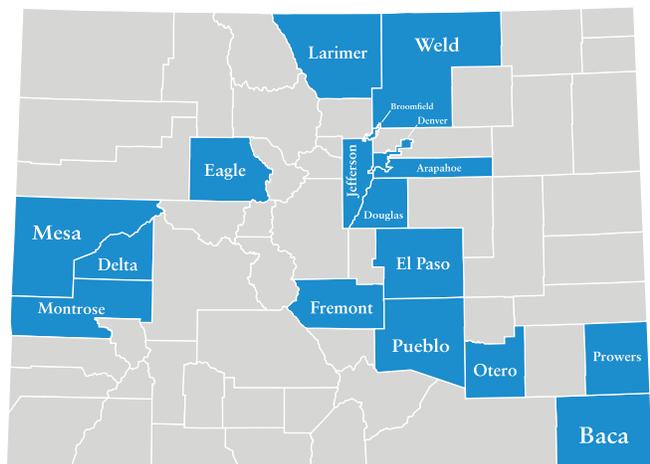
SOURCE: Office of the State Auditor analysis of information provided by the Office of Suicide Prevention for Fiscal Years 2017 through 2019.

## WHAT COUNTIES WERE SERVED BY THE ACTIVITY?

Between Fiscal Years 2017 and 2019, the number of participating sites increased from 24 sites in 12 counties to 39 sites in 17 counties.

### PARTICIPATING HEALTH FACILITY LOCATIONS

Fiscal Years 2017 through 2019



SOURCE: Office of the State Auditor analysis of information provided by the Office of Suicide Prevention for Fiscal Years 2017 through 2019.

# COLORADO GUN SHOP PROJECT

State and federal funding to provide educational materials and outreach on suicide prevention to firearm retailers, gun ranges, and firearm safety course instructors across the state and to encourage them to use and display suicide prevention materials.

## WHAT DID THE OFFICE FUND?

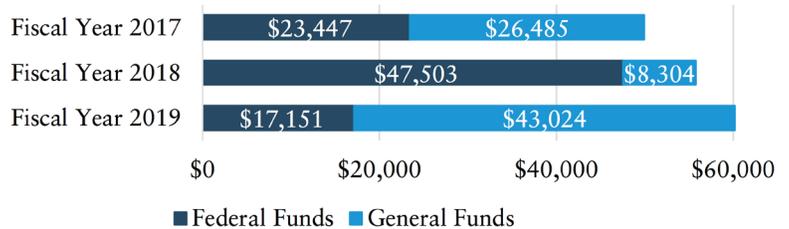
The Office provides grants to community partners to work with knowledgeable firearm advocates to conduct outreach to firearm retailers, gun ranges, and firearm safety course instructors to use and display suicide prevention materials. The core message of the educational materials is that temporarily limiting a suicidal individual's access to firearms is a critical aspect of firearm safety.

The Office contracted with Colorado Mesa University to evaluate the number of the sites accepting and using materials.

## WHAT IS KNOWN ABOUT THE ACTIVITY'S OUTCOMES?

The Office tracked the number of sites that use the educational materials they received. In Fiscal Year 2019, a total of 82 of the 97 sites surveyed reported using the suicide prevention materials by displaying the information or providing them to customers.

## WHAT DID THE ACTIVITY COST?

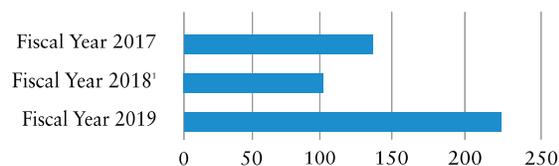


SOURCE: Office of the State Auditor analysis of expense data from the Colorado Operations Resource Engine for Fiscal Years 2017 through 2019.

## WHAT DID THE ACTIVITY ACCOMPLISH?

In Fiscal Years 2017 through 2019, the Office tracked the number of sites visited and collected qualitative information from community partners that reported building new relationships and making connections between firearm advocates and suicide prevention communities.

## GUN SHOP PROJECT SITES VISITED FOR OUTREACH

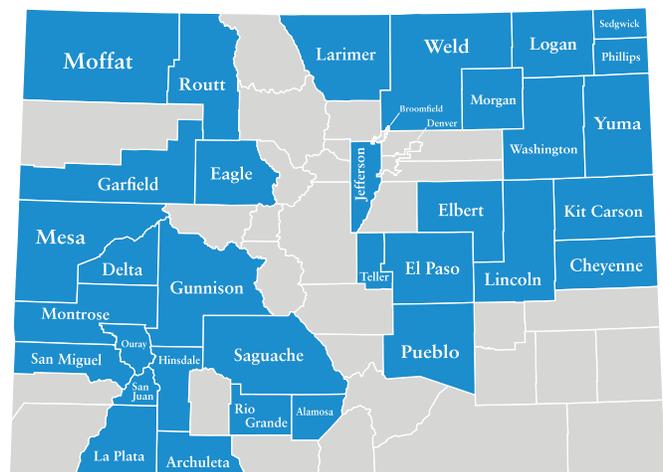


SOURCE: Office of the State Auditor analysis of information provided by the Office of Suicide Prevention for Fiscal Years 2017 through 2019.

<sup>1</sup>Fiscal Year 2018 does not include sites visited by two grantees due to lack of documentation.

## WHAT COUNTIES WERE SERVED BY THE ACTIVITY?

### OUTREACH LOCATIONS Fiscal Years 2017 through 2019



SOURCE: Office of the State Auditor analysis of information provided by the Office of Suicide Prevention for Fiscal Years 2017 through 2019.

# COLORADO-NATIONAL COLLABORATIVE

Private grant funding to develop a comprehensive suicide prevention model, using evidence-based suicide prevention approaches where government, businesses, communities, health services, and non profits work together to maximize the the impact of their combined resources, reach for the same goal, and reduce duplicated efforts. The model is comprised of six pillars that address connectedness, economic stability, education and awareness, access to safer suicide care, lethal means, and support after a suicide crisis.

## WHAT DID THE OFFICE FUND?

The Office used the funds to support one staff and to pay for travel expenses for local partners to convene in October 2018. The Office supports the project through facilitation of meetings and activities of the national, state, and local organizations; technical assistance; and researching funding opportunities, such as grants.

## WHAT IS KNOWN ABOUT THE ACTIVITY'S OUTCOMES?

As this is a multi-year project in the early phases, the Office does not yet have information on the outcomes.

## WHAT DID THE ACTIVITY COST?



SOURCE: Office of the State Auditor analysis of expense data from the Colorado Operations Resource Engine for Fiscal Year 2019.

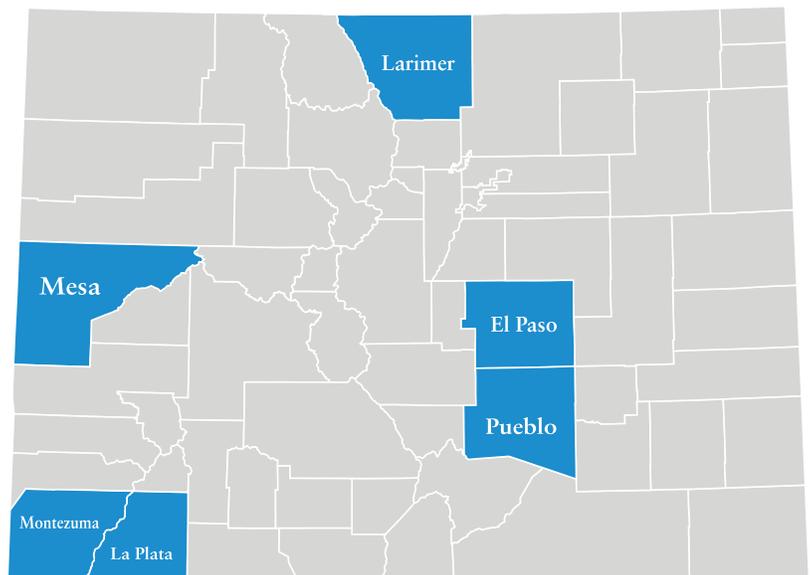
## WHAT DID THE ACTIVITY ACCOMPLISH?

In Fiscal Year 2019, the Office brought together the national, state, and local organizations that make up the Colorado-National Collaborative to create a comprehensive community-based suicide prevention model.

## WHAT COUNTIES WERE SERVED BY THE ACTIVITY?

The future intent of the project is to serve as a comprehensive model for all communities in Colorado, as well as a blueprint nationally. For initial implementation, the Office identified six Colorado counties to pilot the project based on suicide-related indicators, as well as local momentum and support to implement the model. In the Spring of 2020, the Office distributed funding to the six counties for implementation of the model.

## COUNTIES IMPLEMENTING THE MODEL Fiscal Year 2019



SOURCE: Office of the State Auditor analysis of information provided by the Office of Suicide Prevention for Fiscal Year 2019.

# CRISIS AND SUICIDE PREVENTION TRAINING GRANT PROGRAM

State funding to assist schools in (1) providing crisis and suicide prevention training for teachers, staff, and students; (2) aligning school policies with crisis and suicide prevention best practices; and (3) implementing strategies to improve school climate. The program was created by the General Assembly in 2018 to combat youth suicide, which the Legislative Declaration cited as the leading cause of death for young people in Colorado.

## WHAT DID THE OFFICE FUND?

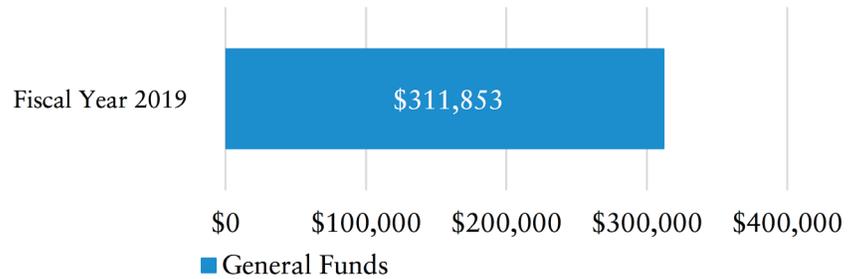
The Office awards grants to schools and school districts to provide crisis prevention and response training to staff and students, pursuant to Section 25-1.5-113(2), C.R.S. The trainings aim to help school personnel and students increase their knowledge of the warning signs of suicidal thoughts and behaviors and on how to connect students in crisis to professional help and support.

Schools and districts receiving grant funds are required to review and improve policies concerning crisis response and suicide prevention to ensure they are aligned with best practices. Some grantees also chose to include school climate improvement strategies to increase students feeling connected to their school and feeling safe at school, and students trusting teachers or adults within the school to go to for help.

## WHAT IS KNOWN ABOUT THE ACTIVITY'S OUTCOMES?

The extent of the program's impact on Colorado's youth suicide rate is unknown.

## WHAT DID THE ACTIVITY COST?



SOURCE: Office of the State Auditor analysis of expense data from the Colorado Operations Resource Engine for Fiscal Year 2019.

## WHAT DID THE ACTIVITY ACCOMPLISH?

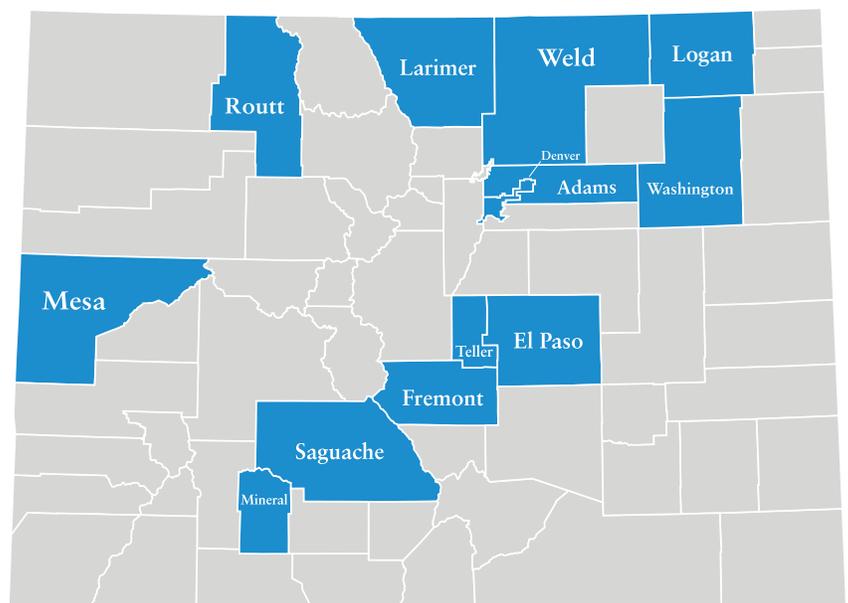
In Fiscal Year 2019, the Office reports that the schools and districts receiving grant funds trained about 1,200 staff in various crisis and suicide prevention protocols and 150 students on how to use Safe2Tell, the statewide anonymous student safety tipline. Grantees also reported to the Office on their progress in updating their policies concerning suicide crisis response and prevention and implementing strategies to improve school climate.

## WHAT COUNTIES WERE SERVED BY THE ACTIVITY?

The schools and school districts receiving grant funds are located in 13 counties in Colorado.

### GRANT PROGRAM LOCATIONS

Fiscal Year 2019



SOURCE: Office of the State Auditor analysis of information provided by the Office of Suicide Prevention for Fiscal Year 2019.

# MAN THERAPY

State and federal funding to manage and promote a website and other resources that support behavioral health for working-aged men. The ManTherapy.org website provides information about various aspects of mental health, such as depression, suicidal thoughts, substance abuse, anger, and anxiety, and offers testimonial videos from men in specific high-risk industries. The goals of the website are to create social change among men about mental health and overall wellness, empower men to take ownership of their mental health, and reduce suicidal thoughts and deaths among men.

## WHAT DID THE OFFICE FUND?

The Office contracts with Grit Digital Health, the owner of the ManTherapy.org website, to develop content, run media campaigns, improve user experience, and track website traffic.

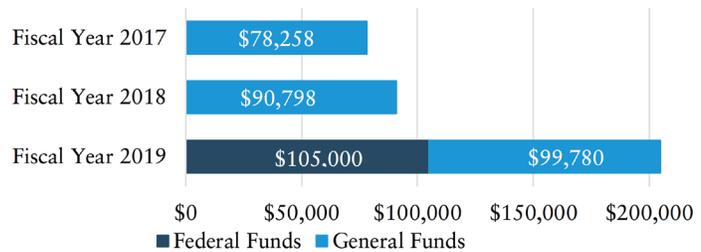
In Fiscal Year 2018, the Office awarded 5-year grants to three community organizations to conduct training on suicide warning signs, and promote the website and other behavioral health resources for men.

In Fiscal Year 2019, the Office paid for media outreach to increase website visits.

## WHAT IS KNOWN ABOUT THE ACTIVITY'S OUTCOMES?

The website helps users identify where their mental state may be by taking a "head inspection" evaluation. The number of individuals taking a head inspection is indicative of those taking ownership of their mental health. Between Fiscal Years 2017 and 2019, the Office reported that head inspections increased from about 1,400 to 3,000 annually.

## WHAT DID THE ACTIVITY COST?

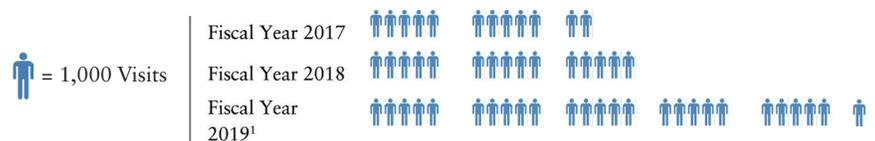


SOURCE: Office of the State Auditor analysis of expense data from the Colorado Operations Resource Engine for Fiscal Years 2017 through 2019.

## WHAT DID THE ACTIVITY ACCOMPLISH?

Colorado visitors to the website increased from 12,000 in Fiscal Year 2017 to nearly 26,000 in Fiscal Year 2019.

### MANTHERAPY.ORG COLORADO WEBSITE VISITS



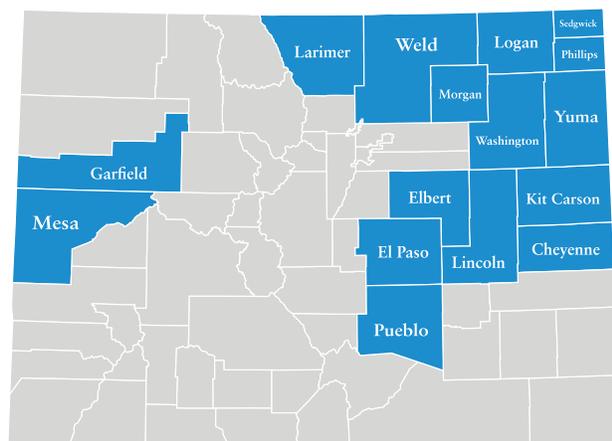
SOURCE: Office of the State Auditor analysis of information provided by the Office of Suicide Prevention for Fiscal Years 2017 through 2019.

<sup>1</sup>Figure does not include the complete results of the paid media outreach campaign, which extended past state Fiscal Year 2019 and resulted in about 38,000 Colorado visits through August 2019.

## WHAT COUNTIES WERE SERVED BY THE ACTIVITY?

Grantees conducted trainings in 13 counties (reaching about 7,500 individuals) and the paid media outreach targeted one of those counties, plus three others.

### OUTREACH AND TRAINING LOCATIONS Fiscal Years 2017 through 2019



SOURCE: Office of the State Auditor analysis of information provided by the Office of Suicide Prevention for Fiscal Years 2017 through 2019.

# MENTAL HEALTH FIRST AID

State funding to train individuals in helping someone who is developing a mental health problem or experiencing a mental health crisis and increase the level of mental health literacy and awareness.

## WHAT DID THE OFFICE FUND?

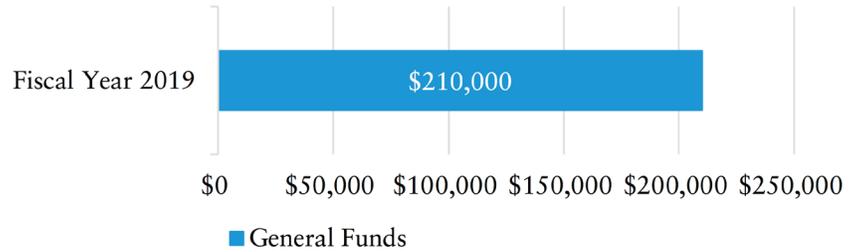
The Office provides funding for the Colorado Behavioral Healthcare Council (CBHC), the statewide membership organization for local behavioral health providers, to facilitate and fund training and certification courses.

CBHC maintains a website, distributes a newsletter, and presents events to increase awareness of and participation in the training. CBHC promotes the training to groups that have a high level of public engagement including law enforcement, organizations serving rural communities, military, faith-based groups, parents of adolescents, minority groups, Spanish speaking groups, and LGBTQ groups.

## WHAT IS KNOWN ABOUT THE ACTIVITY'S OUTCOMES?

CBHC reported that in Fiscal Year 2019 the percentage of participants who self-reported the ability to know if someone needed mental health services increased from about 40 percent pre-training to about 90 percent post-training, and the percentage of participants who self-reported the confidence to help someone with mental and emotional health increased from about 25 percent to about 90 percent.

## WHAT DID THE ACTIVITY COST?



SOURCE: Office of the State Auditor analysis of expense data from the Colorado Operations Resource Engine for Fiscal Year 2019.

## WHAT DID THE ACTIVITY ACCOMPLISH?

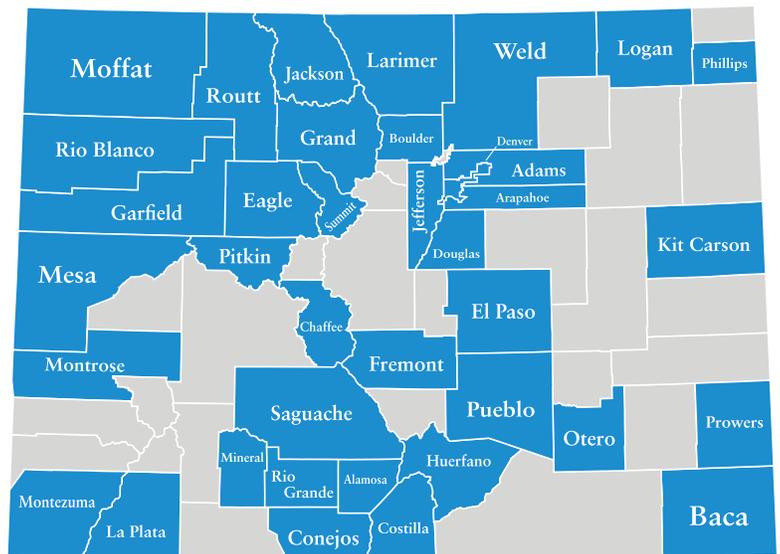
In Fiscal Year 2019, a total of 1,860 individuals were trained in the Mental Health First Aid course statewide. An additional 30 individuals completed an instructor certification course. These newly trained instructors included individuals working in community mental health, corrections, health care, higher education, human services, public safety, religious organizations, and transportation.

## WHAT COUNTIES WERE SERVED BY THE ACTIVITY?

Trainings were held in 26 counties. In Fiscal Year 2019, individuals who completed the Mental Health First Aid course represented organizations that served 15 of these same counties and an additional 12 counties.

## CERTIFIED TRAINERS AND TRAINING LOCATIONS

Fiscal Year 2019



SOURCE: Office of the State Auditor analysis of information provided by the Office of Suicide Prevention for Fiscal Year 2019.

# REGIONAL YOUTH SUICIDE PREVENTION COORDINATOR

Federal funding to provide local coalition-building and implementation of key activities of a federal youth suicide prevention grant. Activities are designed to expand community capacity and collaboration to assess, support, and treat youth at risk of suicide.

## WHAT DID THE OFFICE FUND?

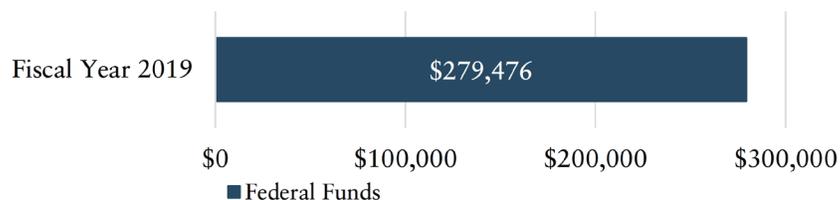
The Office funds seven regional coordinator staff with a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). Coordinators cover eight priority counties in Colorado, identified by the Office with suicide-related data indicators, diverse demographic make-up, different levels of community needs and access to resources, and different cultural perspectives on mental health and suicide prevention. Coordinators host non-clinical gatekeeper trainings on recognizing suicide warning signs; identify gaps in services and make connections between local non-profits, community health departments, and other stakeholders that serve youth; increase awareness around youth suicide; and work to improve identification, referral, and treatment networks in the community.

The Office uses grant funds for a full-time staff member within the Office to coordinate the grant.

## WHAT IS KNOWN ABOUT THE ACTIVITY'S OUTCOMES?

As a new activity, the Office has not yet collected information to demonstrate changes in youth suicide in the counties in which there is a regional youth suicide coordinator.

## WHAT DID THE ACTIVITY COST?



SOURCE: Office of the State Auditor analysis of expense data from the Colorado Operations Resource Engine for Fiscal Year 2019.

## WHAT DID THE ACTIVITY ACCOMPLISH?

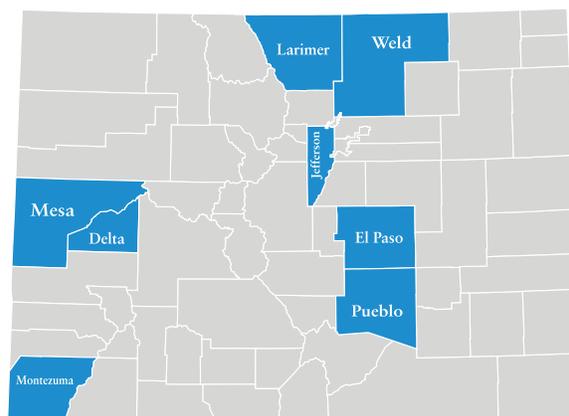
In its annual reports to SAMHSA, the Office reported that coordinators serve as additional staff for local suicide prevention work and accomplished the following:

- **TRAINING** Coordinators held 140 gatekeeper trainings on recognizing suicide warning signs (training approximately 2,700 individuals).
- **OUTREACH AND IDENTIFYING GAPS** Coordinators, serving as a central point person in order to identify service gaps and improve connections, worked with nearly 90 local suicide prevention coalitions, youth serving organizations, local governments, and schools in Fiscal Year 2019.
- **SUPPORTING OFFICE PROJECTS** Coordinators worked on implementing at least one other Office activity occurring in their regions, including Zero Suicide, Sources of Strength, the Colorado-National Collaborative, or participating in the Suicide Prevention Commission youth workgroup.

## WHAT COUNTIES WERE SERVED BY THE ACTIVITY?

### REGIONAL COORDINATOR LOCATIONS

Fiscal Year 2019



SOURCE: Office of the State Auditor analysis of information provided by the Office of Suicide Prevention for Fiscal Year 2019.

# SOURCES OF STRENGTH

State and federal funding to implement Sources of Strength, a suicide prevention program designed to build social protective environments among youth to reduce the likelihood that vulnerable young people become suicidal.

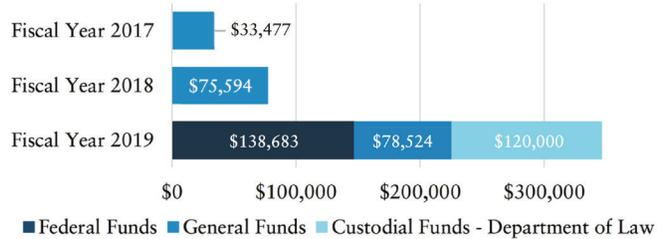
## WHAT DID THE OFFICE FUND?

The Office provides funding for training adult advisors, such as teachers, counselors, and community members, and youth peer leaders on the Sources of Strength model. Adult advisors and peer leaders meet regularly to plan events and create messages that bring awareness to suicide, and support a positive school climate. The intent is for ongoing training, events, and regular adult and youth meetings to foster a positive school climate that supports youth wellness and mental health. The Office also funds Train the Trainer events to create a network of certified Sources of Strength trainers for long-term sustainability of implementing the model.

## WHAT IS KNOWN ABOUT THE ACTIVITY'S OUTCOMES?

In its 2019 annual report to SAMHSA, the Office surveyed 17 sites and reported that, of the 11 adult advisors who responded, between four and five respondents noted increased interactions with students related to mental health, improved interactions between youth and adults, increased conversations regarding students they are concerned about, and increased school events that support positive mental health. Less than 20 percent, two respondents, reported an improved school climate.

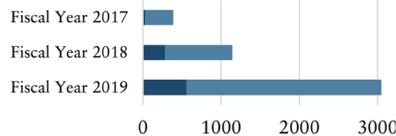
## WHAT DID THE ACTIVITY COST?



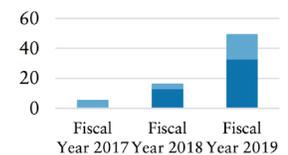
SOURCE: Office of the State Auditor analysis of expense data from the Colorado Operations Resource Engine for Fiscal Years 2017 through 2019.

## WHAT DID THE ACTIVITY ACCOMPLISH?

NUMBER OF ADULT ADVISORS AND PEER LEADERS TRAINED WITH FUNDING FROM THE OFFICE OF SUICIDE PREVENTION



NUMBER OF SITES IMPLEMENTING SOURCES OF STRENGTH WITH FUNDING FROM THE OFFICE OF SUICIDE PREVENTION



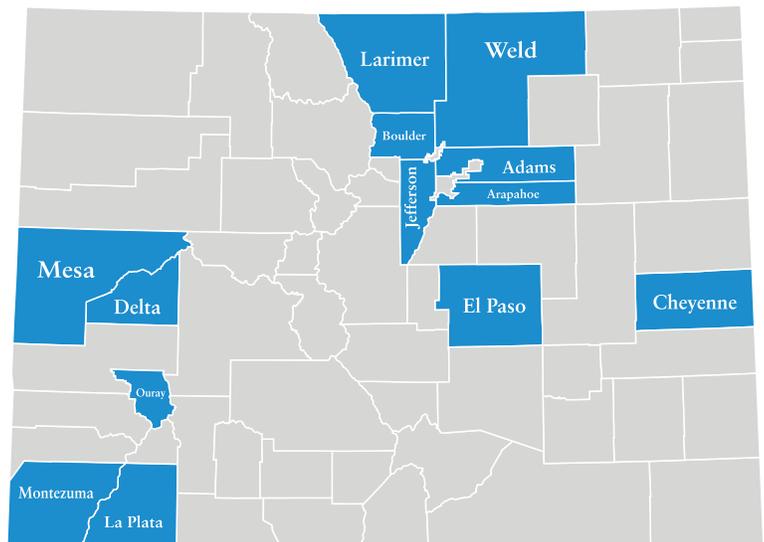
SOURCE: Office of the State Auditor analysis of information provided by the Office of Suicide Prevention for Fiscal Years 2017 through 2019.

The Office also reported that in Fiscal Year 2019, 40 adults were certified to train Sources of Strength.

## WHAT COUNTIES WERE SERVED BY THE ACTIVITY?

### PROGRAM IMPLEMENTATION LOCATIONS

Fiscal Years 2017 through 2019



SOURCE: Office of the State Auditor analysis of information provided by the Office of Suicide Prevention for Fiscal Years 2017 through 2019.

# ZERO SUICIDE FRAMEWORK

State and federal funding to provide an evidence-based suicide prevention policy and practice framework to serve as a universal standard of care for health care providers. The key elements of Zero Suicide include leadership buy-in, training, consistent screening and risk assessment, patient engagement, treatment, transition care, and process quality improvement.

## WHAT DID THE OFFICE FUND?

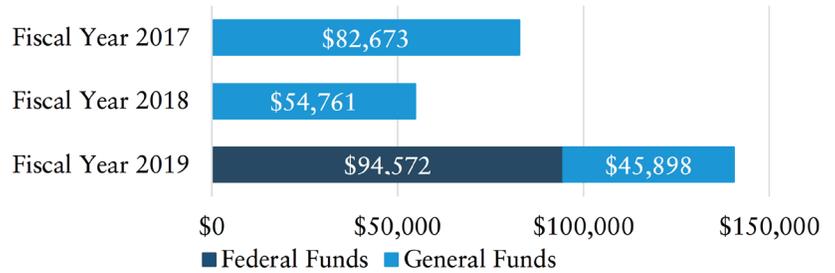
The Office contracts with the Education Development Center (EDC), an international nonprofit, to provide training sessions, called Zero Suicide Academies. Following the training, EDC and the Office host a monthly Learning Collaborative with national experts to address implementation challenges and foster a supportive community of practice.

The Office also provides grants to health care organizations to adopt the Zero Suicide framework in their organizations, including funding evidence-based assessment, intervention, and treatment trainings and infrastructure for electronic health record systems to normalize screening protocols.

## WHAT IS KNOWN ABOUT THE ACTIVITY'S OUTCOMES?

The Office is currently using workforce surveys, hospital data, screening, referral, and participation data to develop baselines to evaluate whether the implementation of the framework leads to better intervention and treatment for federal grants that began in July 2019.

## WHAT DID THE ACTIVITY COST?



SOURCE: Office of the State Auditor analysis of expense data from the Colorado Operations Resource Engine for Fiscal Years 2017 through 2019

## WHAT DID THE ACTIVITY ACCOMPLISH?

Between Fiscal Years 2017 and 2019, Zero Suicide Academy attendees represented 32 Colorado organizations, including all 17 community mental health centers, as well as large hospital systems; federally qualified health centers; managed service organizations and regional accountable entities; a school district; a substance use disorder treatment organization; and a youth residential treatment center.

In Fiscal Years 2018 and 2019, two mental health centers that received grant funding from the Office to implement the framework trained a total of 236 clinicians in suicide assessment and management and 860 people in non-clinical gatekeeper training to support implementation.

## WHAT COUNTIES WERE SERVED BY THE ACTIVITY?

As of Fiscal Year 2019, 32 health facilities were trained in Zero Suicide, serving all counties across Colorado.

### ZERO SUICIDE HEALTH FACILITY SERVICE LOCATIONS Fiscal Years 2017 through 2019



SOURCE: Office of the State Auditor analysis of information provided by the Office of Suicide Prevention for Fiscal Years 2017 through 2019.

# OTHER COMMUNITY INITIATIVES\*

State funding to provide grants to local community organizations to implement suicide prevention and community resiliency strategies, tailored to the needs of the community.

\*Grants included in this summary are those not already included in other summaries. For example, for Fiscal Year 2018, the Office awarded 13 community grants – three of those grants are captured here, while the other 10 are in other summaries focused on the specific projects for which communities were using the funds.

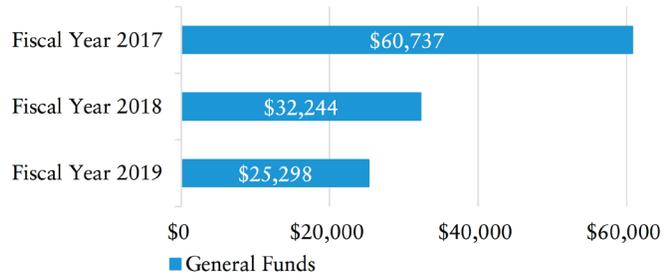
## WHAT DID THE OFFICE FUND?

When community organizations apply for grant funding, they propose the approach they will take and the communities that they will support with the grant. For example, one grant program was led by a LGBTQ+ youth-serving organization that hosted afterschool events to support vulnerable youth; held community events to drive awareness of the specific issues that LGBTQ+ youth face; and held leadership events for LGBTQ+ youth. Other grantees focused on providing suicide prevention training to emergency department staff and counseling parents and families on reducing access to lethal means in the home.

## WHAT IS KNOWN ABOUT THE ACTIVITY'S OUTCOMES?

Because these grants are focused on a wide variety of community initiatives, there is not a singular impact.

## WHAT DID THE ACTIVITY COST?



SOURCE: Office of the State Auditor analysis of expense data from the Colorado Operations Resource Engine for Fiscal Years 2017 through 2019.

## WHAT DID THE ACTIVITY ACCOMPLISH?

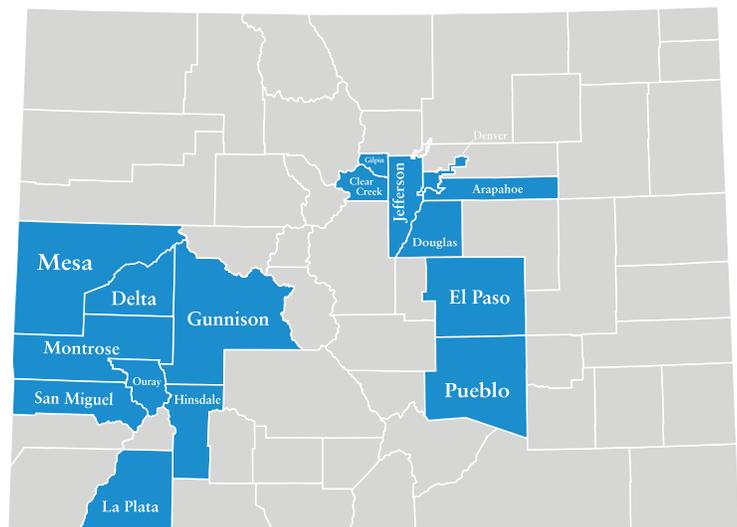
In its 2019 Annual Report, the Office highlighted work done by each community grantee, including cumulatively training more than 700 community members with gatekeeper trainings to identify suicide warning signs and connect a person to help.

## WHAT COUNTIES WERE SERVED BY THE ACTIVITY?

Community initiative grants from Fiscal Year 2017 covered suicide prevention awareness, training, and capacity-building in 13 counties and one metro location intended to provide services statewide – these were 3-year grants that had been in place since Fiscal Year 2015. The Office awarded a new round of 5-year grants in Fiscal Year 2018, and community initiative grants counted in this summary cover two counties and one metro location intended to provide statewide services.

## GRANT FUNDED LOCATIONS

Fiscal Years 2017 through 2019



SOURCE: Office of the State Auditor analysis of information provided by the Office of Suicide Prevention for Fiscal Years 2017 through 2019.