

CHAPTER 49

HEALTH AND ENVIRONMENT

HOUSE BILL 21-1119

BY REPRESENTATIVE(S) Rich and Daugherty, Amabile, Arndt, Bacon, Bennett, Bird, Caraveo, Carver, Catlin, Cutter, Duran, Esgar, Exum, Froelich, Geitner, Gonzales-Gutierrez, Gray, Herod, Hooton, Jackson, Jodeh, Kennedy, Kipp, Lontine, McCluskie, McCormick, McLachlan, Michaelson Jenet, Ortiz, Pelton, Pico, Ricks, Roberts, Sirota, Snyder, Sullivan, Tipper, Valdez A., Valdez D., Van Winkle, Weissman, Will, Woodrow, Young, Garnett;
also SENATOR(S) Donovan and Coram, Bridges, Buckner, Danielson, Fenberg, Fields, Ginal, Gonzales, Hansen, Jaquez Lewis, Kolker, Lee, Moreno, Pettersen, Priola, Scott, Simpson, Story, Winter, Zenzinger, Garcia.

AN ACT

CONCERNING LOWERING THE SUICIDE RATE BY ENHANCING CARE FOR PERSONS AFFECTED BY SUICIDE, AND, IN CONNECTION THEREWITH, BROADENING COLORADO'S FOCUS TO INCLUDE SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. Legislative declaration. (1) The general assembly finds and declares that:

(a) People who have known someone who died by suicide in the last year were 1.6 times more likely to have suicidal thoughts, 2.9 times more likely to have a plan for suicide themselves, and 3.7 times more likely to have attempted suicide themselves;

(b) More peace officers die of suicide than in the line of duty;

(c) An estimated three hundred to four hundred doctors die of suicide annually, a rate of twenty-eight to forty per one hundred thousand, which is more than double that of the general population;

(d) Suicide is a leading cause of death for school-aged children in Colorado. After learning about the suicide of a schoolmate, children are just as susceptible as adults to attempt suicide, which is why they need care to help them cope with the after-effects of suicide.

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

(e) Children are at risk by just knowing about a friend's or schoolmate's attempt, and adolescents who know about a friend's suicide attempt are nearly twice as likely to attempt suicide themselves one year later;

(f) Suicide risk is at its highest in the first week after discharge from an inpatient setting. This risk is one hundred and two times higher in men and two hundred and forty-six times higher in women than in their counterparts in the general population.

(g) In addition to the tragedy of lost lives and disability due to suicide and suicide attempts, the fiscal costs of suicide and suicide attempts are enormous. Every suicide death results in an economic loss of approximately one million three hundred thousand dollars, and every suicide attempt results in an economic loss of approximately six hundred and fifty thousand dollars.

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

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

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

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

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

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

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

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

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

22-2-127.9. Mental health education literacy - resource bank - technical assistance. (1) The department, with assistance from the office of suicide prevention created pursuant to section 25-1.5-101 (1)(w)(I), the Colorado youth advisory council created pursuant to section 2-2-1302, and the suicide prevention

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

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

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

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

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

24-33.5-1803. School safety resource center - created - duties. (3) The center has the following duties:

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

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

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

(w) (I) To operate the office of suicide prevention, which is ~~hereby~~ established in the division of prevention services in the department. ~~that~~ THE OFFICE OF SUICIDE PREVENTION serves as the coordinator for crisis and suicide prevention programs throughout the state, including the Colorado suicide prevention plan established in section 25-1.5-112 and the crisis and suicide prevention training grant program established in section 25-1.5-113. FOR THE PURPOSES OF THIS SUBSECTION (1)(w), THE TERM "COMPREHENSIVE SUICIDE PREVENTION" OR "SUICIDE PREVENTION"

INCLUDES THE FOLLOWING COMPONENTS:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(g) Promoting cooperation and coordination among COMPREHENSIVE suicide prevention programs and strategies across Colorado;

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

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

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

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

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

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

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

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

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

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

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

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

25-1.5-112. Colorado suicide prevention plan - established - goals - responsibilities - funding - definition. (1) The Colorado suicide prevention plan, referred to in this section as the "Colorado plan", is created in the office of suicide prevention within the department. The goal and purpose of the Colorado plan is to reduce suicide rates and numbers in Colorado through system-level implementation of the Colorado plan in criminal justice and health-care systems, including mental and behavioral health systems, AND TO MITIGATE THE AFTER-EFFECTS OF SUICIDE ATTEMPTS AND SUICIDE DEATHS.

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

(b) A plan to improve training on:

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

(c) Professional development resources and training opportunities regarding indicators of suicidal thoughts and behavior, risk assessment, ~~and~~ management, AND

THE AFTER-EFFECTS OF SUICIDE ATTEMPTS AND SUICIDE DEATHS, as developed in collaboration with the department of regulatory agencies, the department of corrections, and health-care and mental health professional boards and associations.

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

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

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

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

SECTION 7. In Colorado Revised Statutes, 25-1.5-113, **amend** (2)(b), (3)(a)(II), (3)(b), and (4)(b)(V); and **add** (1)(h) as follows:

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

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

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

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

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

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

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

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

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

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

(C) A requirement that each application, at a minimum, must describe how the applicant public school or school district will use a grant award to provide comprehensive crisis and suicide prevention training to all educators and staff who have not yet received such training OR PROVIDE A TRAIN-THE-TRAINER PROGRAM TO INTERESTED INDIVIDUALS WHO HAVE NOT YET RECEIVED SUCH TRAINING; OR

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

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

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

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

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

Approved: April 22, 2021