

HOUSE COMMITTEE OF REFERENCE AMENDMENT

Committee on Public & Behavioral Health & Human Services.

HB21-1119 be amended as follows:

1 Amend printed bill, strike everything below the enacting clause and
2 substitute:

3 **"SECTION 1. Legislative declaration.** (1) The general
4 assembly finds and declares that:

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

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

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

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

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

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

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

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

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

40 (2) Therefore, the general assembly finds and declares it is
41 necessary for the state to spread its suicide focus and efforts beyond

- 1 prevention to include intervention and postvention services as part of a
2 comprehensive suicide prevention focus for persons affected by suicide
3 and suicide attempts, including:
- 4 (a) Making comprehensive suicide prevention education and
5 training available to providers to learn about aftercare for suicide loss and
6 suicide attempt survivors;
 - 7 (b) Making comprehensive suicide prevention education and
8 training available for first and last responders to suicides and suicide
9 attempts;
 - 10 (c) Advising on follow-up care for suicide attempt survivors,
11 including specialized counseling;
 - 12 (d) Comprehensive suicide prevention training for primary care
13 and behavioral health providers in suicide assessment, treatment,
14 management, and postvention to help decrease the suicide rate in
15 Colorado; and
 - 16 (e) Comprehensive suicide prevention training for K-12 educators
17 on the importance of postvention efforts and communication with the
18 students to address loss and the potential of suicidal contagion after a
19 suicide or suicide attempt.

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

22 **22-2-127.9. Mental health education literacy - resource bank**
23 **- technical assistance.** (1) The department, with assistance from the
24 office of suicide prevention created pursuant to section 25-1.5-101
25 (1)(w)(I), the Colorado youth advisory council created pursuant to section
26 2-2-1302, and the suicide prevention commission created pursuant to
27 section 25-1.5-111, shall create and maintain a resource bank of
28 evidence-based, research-based, and promising program materials and
29 curricula pertaining to mental health ~~which~~ AND COMPREHENSIVE SUICIDE
30 PREVENTION, AS THAT TERM IS DEFINED IN SECTION 25-1.5-112. THESE
31 materials and curricula may be used in elementary and secondary schools
32 in the state. The resource bank and curricula must be youth-friendly,
33 culturally sensitive, and available in both English and Spanish. In creating
34 the resource bank and curricula, the department may provide internet
35 links to resources and materials pertaining to mental health available from
36 other entities that the department finds reliable. Additionally, the
37 department shall solicit input from persons, including youth, within and
38 outside of the mental health profession, including both community and
39 school mental health professionals. Subject to available appropriations,
40 the department shall solicit requests for information and may contract for:
41 (a) The organization and enhancement of the resource bank,
42 including materials on the prevention of suicide, THE AFTER-EFFECTS OF
43 SUICIDE ATTEMPTS AND SUICIDE DEATHS, AND POSTVENTION TRAINING,

1 and education on mental AND BEHAVIORAL health;
2 (b) The development of mental AND BEHAVIORAL health AND
3 SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION curricula for
4 schools and providing such curricula to schools; and
5 (c) Training for educators and school staff concerning mental AND
6 BEHAVIORAL health AND SUICIDE PREVENTION.

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

9 **24-33.5-1803. School safety resource center - created - duties.**
10 (3) The center has the following duties:

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

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

17 **25-1.5-101. Powers and duties of department - laboratory cash**
18 **fund - report - definitions - repeal.** (1) The department has, in addition
19 to all other powers and duties imposed upon it by law, the powers and
20 duties provided in this section as follows:

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

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

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

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

40 (IV) The department and the office of suicide prevention may
41 collaborate with the school safety resource center and with each facility
42 licensed or certified pursuant to section 25-1.5-103 in order to coordinate
43 SERVICES RELATED TO crisis and suicide prevention, ~~services~~ AS THAT

1 TERM IS DEFINED IN THIS SUBSECTION (1)(w), including relevant training
2 and other services as part of the Colorado suicide prevention plan
3 established in section 25-1.5-112. When a facility treats a person who has
4 attempted suicide or exhibits a suicidal gesture, the facility may provide
5 oral and written information or educational materials to the person or, in
6 the case of a minor, to parents, relatives, or other responsible persons to
7 whom the minor will be released, prior to the person's release, regarding
8 warning signs of depression, risk factors of suicide, methods of
9 preventing suicide, available RESOURCES FOR COMPREHENSIVE suicide
10 prevention, ~~resources~~, and any other information concerning suicide
11 awareness, and prevention. THE FACILITY SHALL ALSO PROVIDE ORAL AND
12 WRITTEN INFORMATION OR EDUCATIONAL MATERIALS TO THE PERSON OR,
13 IN THE CASE OF A MINOR, TO PARENTS, RELATIVES, OR OTHER RESPONSIBLE
14 PERSONS TO WHOM THE MINOR WILL BE RELEASED, PRIOR TO THE PERSON'S
15 RELEASE, CONCERNING THE AFTER-EFFECTS OF A SUICIDE ATTEMPT. The
16 department and the office of suicide prevention may work with facilities
17 and the Colorado suicide prevention plan to determine whether and where
18 gaps exist in COMPREHENSIVE suicide prevention programs and services,
19 including gaps that may be present in:

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

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

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

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

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

37 **25-1.5-111. Suicide prevention commission - created -**
38 **responsibilities - gifts, grants, donations - definition - repeal.** (1) The
39 suicide prevention commission, REFERRED TO IN THIS SECTION AS THE
40 "COMMISSION", is ~~hereby~~ created for the purpose of:

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

- 1 (b) Setting statewide, data-driven, evidence-based, and clinically
2 informed PRIORITIES FOR COMPREHENSIVE suicide prevention priorities in
3 Colorado;
- 4 (c) Serving as an advisor to the office of suicide prevention;
- 5 (d) Establishing and leading subgroups to set strategy and
6 implementation plans for each statewide COMPREHENSIVE suicide
7 prevention priority for the office of suicide prevention;
- 8 (e) Providing a forum for government agencies, community
9 members, business leaders, and lawmakers to examine the current status
10 of COMPREHENSIVE suicide prevention ~~and intervention~~ policies; analyze
11 the system's near-term opportunities and challenges; and make
12 recommendations to the office of suicide prevention, the governor's
13 office, and the general assembly regarding improvements and innovations
14 in policies and programs to reduce the preventable occurrence of suicide
15 in Colorado AS WELL AS THE AFTER-EFFECTS OF SUICIDE AND SUICIDE
16 ATTEMPTS IN COLORADO;
- 17 (f) Expanding local and national partnerships and resources for
18 statewide COMPREHENSIVE suicide prevention activities;
- 19 (g) Promoting cooperation and coordination among
20 COMPREHENSIVE suicide prevention programs and strategies across
21 Colorado;
- 22 (h) Evaluating the distribution of state resources for
23 COMPREHENSIVE suicide prevention;
- 24 (i) Ensuring that COMPREHENSIVE suicide prevention remains a
25 state priority; ~~and~~
- 26 (j) Encouraging the development of COMPREHENSIVE suicide
27 prevention plans at the local level;
- 28 (k) ADVISING ON COMPREHENSIVE EDUCATION AND TRAINING ON
29 SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION FOR PROVIDERS
30 AND RESPONDERS;
- 31 (l) ASSISTING THE OFFICE OF SUICIDE PREVENTION IN THE
32 DEPARTMENT IN CREATING A UNIFORM STATEWIDE K-12 SUICIDE
33 POSTVENTION COMPONENT TO INCLUDE IN THE COLORADO SUICIDE
34 PREVENTION PLAN ESTABLISHED PURSUANT TO SECTION 25-1.5-112; AND
- 35 (m) DEVELOPING A PLAN FOR FOLLOW-UP CARE FOR SUICIDE
36 ATTEMPT SURVIVORS WHO WERE TREATED IN AN EMERGENCY
37 DEPARTMENT.
- 38 (2) (a) Within sixty days after May 29, 2014, the executive
39 director of the department of public health and environment shall appoint
40 to the ~~committee~~ COMMISSION no more than twenty-six members,
41 including:
- 42 (7) AS USED IN THIS SECTION, THE TERM "COMPREHENSIVE SUICIDE
43 PREVENTION" OR "SUICIDE PREVENTION" INCLUDES THE FOLLOWING

1 COMPONENTS:

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

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

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

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

14 **25-1.5-112. Colorado suicide prevention plan - established -**
15 **goals - responsibilities - funding - definition.** (1) The Colorado suicide
16 prevention plan, referred to in this section as the "Colorado plan", is
17 created in the office of suicide prevention within the department. The
18 goal and purpose of the Colorado plan is to reduce suicide rates and
19 numbers in Colorado through system-level implementation of the
20 Colorado plan in criminal justice and health-care systems, including
21 mental and behavioral health systems, AND TO MITIGATE THE
22 AFTER-EFFECTS OF SUICIDE ATTEMPTS AND SUICIDE DEATHS.

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

32 (b) A plan to improve training on:

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

38 (c) Professional development resources and training opportunities
39 regarding indicators of suicidal thoughts and behavior, risk assessment,
40 **and** management, AND THE AFTER-EFFECTS OF SUICIDE ATTEMPTS AND
41 SUICIDE DEATHS, as developed in collaboration with the department of
42 regulatory agencies, the department of corrections, and health-care and
43 mental health professional boards and associations.

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

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

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

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

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

17 **25-1.5-113. Crisis and suicide prevention training grant**
18 **program - creation - process - reporting requirements - fund -**
19 **definitions.** (1) As used in this section, unless the context otherwise
20 requires:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

38 **SECTION 8. Act subject to petition - effective date.** This act
39 takes effect at 12:01 a.m. on the day following the expiration of the
40 ninety-day period after final adjournment of the general assembly; except
41 that, if a referendum petition is filed pursuant to section 1 (3) of article V
42 of the state constitution against this act or an item, section, or part of this
43 act within such period, then the act, item, section, or part will not take

1 effect unless approved by the people at the general election to be held in
2 November 2022 and, in such case, will take effect on the date of the
3 official declaration of the vote thereon by the governor."

** *** ** *** **