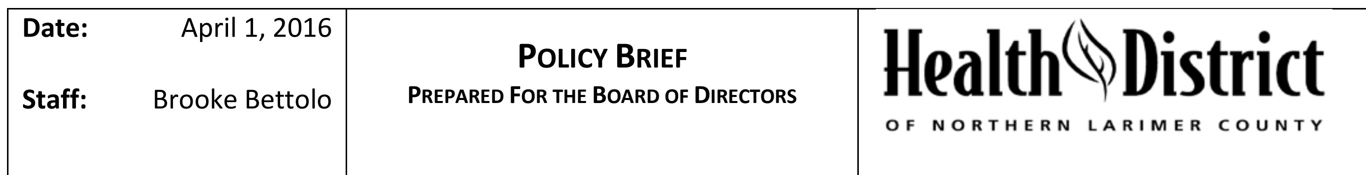

SB16-147 – SUICIDE PREVENTION THROUGH ZERO SUICIDE MODEL:

Concerning establishing the Colorado Zero Suicide Model to reduce death by suicide in the Colorado Health Care system

Details

Bill Sponsors:	House – Petterson (D) Senate – Newell (D), Martinez Humenik (R)
Committee:	Senate Health and Human Services
Bill History:	03/24/2016 Senate Committee on Health & Human Services Refer Amended to Senate Committee of the Whole
Next Action:	Senate Third Reading, April 5

Bill Summary

This bill requires that the Colorado Department of Public Health and Environment's Office of Suicide Prevention develop and implement a "Colorado Suicide Prevention Model," which will promote systems-wide collaboration and integration focusing on the goal of reducing the incidence of suicide in Colorado.

Issue Summary

Colorado has the seventh-highest suicide rate in the country, with 1,058 deaths recorded in 2014.[1] Suicide rates are highest among middle-aged men, though more suicide attempts are made by women.[2] Veterans, active duty military, first responders, and those living in rural and frontier Colorado are most at risk.[3] National data indicate that at the time of their deaths by suicide over 30% of individuals are receiving mental health care, and one out of four people who died of suicide had visited an emergency department within a month of their death. This highlights an opportunity to train medical staff to recognize risk factors for suicide and to help provide care for medical patients that might not also be receiving treatment for mental illness.

According to the Colorado Department of Public Health and Environment (CDPHE), one of the largest gaps in mental health services occurs when a patient is discharged from a mental health facility and receives little or no follow-up. Follow-up care is vital in ensuring patients are taking their medications, monitoring whether they are still experiencing suicidal thoughts, and providing opportunities to communicate with a mental health professional.[4]

In response to these gaps, the CDPHE Office of Suicide Prevention (via the Suicide Prevention Commission) in 2015 made several recommendations in its report to the Joint Budget Committee: Standardized protocols for following up with suicidal patients after discharge from emergency departments in Colorado, universal screening procedures to identify suicide risk within emergency department settings, minimum training requirements for mental health providers licensed in Colorado, and a codified system to implement within health care systems to ensure that suicide prevention is a priority.[5] Specifically, the commission's report recommended the adoption of the Zero Suicide model at the state level:

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[1] Colorado Department of Public Health and Environment (2015) "Office of Suicide Prevention Annual Report 2014-2015" Accessed April 1, 2016 https://www.colorado.gov/pacific/sites/default/files/PW_ISVP_OSP-2014-2015-Legislative-Report.pdf
[2] Ibid.
[3] Ibid.
[4] Ibid., page 7.
[5] Ibid., pages 7-11.

Because suicide is a primary public health concern in Colorado and included within the state health improvement plan, health systems should be encouraged, if not required, to adopt the Zero Suicide initiative. Zero Suicide is a key concept of the National Strategy for Suicide Prevention, a priority of the National Action Alliance for Suicide Prevention, and a project of the Suicide Prevention Resource Center. Zero Suicide is built on the foundational belief that suicide deaths of individuals under care within health and behavioral health systems are preventable.[6]

The Zero Suicide Model

Though every state has suicide prevention plans and resources for mental illness, no state has implemented a statewide plan based on the Zero Suicide model. This model has seven fundamental values of: [7]

1. Leadership mobilizing staff to believe that suicide can be prevented and an unwavering focus maintaining that zero suicides is the goal,
2. Training a competent and caring workforce that is able to identify risk factors for suicide and implement individualized "suicide care plans,"
3. Identification of suicide risks through screening all patients every time they encounter a health or behavioral health care system and, should their screening results reflect suicidal tendencies, flag them as a suicide risk in their electronic health records,
4. Patient engagement in a suicide care management plan that will continually evaluate them every time they encounter a health or behavioral health care system,
5. Evidence-based treatment for suicidal thoughts and behavior delivered in the "least restrictive setting," which could be a crisis center, hospital or hotline,
6. Engagement and supportive contacts through all care transitions by contacting the health or behavioral health care systems where the patient has been referred to, in order to ensure they are still receiving care, and
7. Continuous quality improvement through feedback provided by health or behavioral health care systems and patients.

This legislation

The goal of the Colorado Suicide Prevention model is to reduce suicide rates in Colorado though systems-wide collaboration and implementation of the Colorado model in:

- Community mental health centers,
- Hospitals,
- The state Crisis Services system,
- Regional health and behavioral health systems,
- Substance abuse treatment systems,
- Physical and mental health clinics in educational institutions,
- Criminal justice systems,
- Advocacy groups, and
- Faith-based organizations.

The model will be created based on collaboration with and contributions from these organizations, the Zero Suicide model, and the CDPHE. The Office of Suicide Prevention will use these contributions to generate and implement Colorado model-based trainings to:

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[6] Ibid., page 11.
[7] National Action Alliance for Suicide Prevention (2016). "Zero Suicide Toolkit" Accessed March 31, 2016 http://zerosuicide.sprc.org/toolkit

- identify indicators of suicidal tendencies, risk assessment and management,
- to be aware of and act on the provisions of the emergency procedures for a 72-hour mental health hold, as outlined in the Colorado Revised Statutes, and
- to be aware of and implement procedures based on the provisions in the Federal Health Insurance Portability and Accountability Act of 1996.

The Office of Suicide Prevention will send annual reports to the Office of Behavioral Health and the General Assembly detailing the activities and findings of the model and its implementation. The development of the Colorado model will be funded solely through donations and grants, as this bill appropriates no money for development or implementation.[8]

Proponents

- Arapahoe Douglas Mental Health Center
- Aspen Point
- Colorado Psychiatric Society
- Colorado Behavioral Healthcare Council

Opponents

No known opponents at this time (April, 1, 2016).

About this Summary

This summary was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. For more information about this summary or the Health District, please contact Dan Sapienza, Policy Coordinator, at (970) 224-5209, or e-mail at dsapienza@healthdistrict.org.

[8] Colorado Legislative Council Staff (2016). “Fiscal Note SB16-147” Accessed April 1, 2016 http://www.leg.state.co.us/clics/clics2016a/csl.nsf/fsbillcont3/E8B9508CBF48384B87257F2400659D52?Open&file=SB147_00.pdf