

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

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

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

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

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

39 (IV) The department and the office of suicide prevention may  
40 collaborate with the school safety resource center and with each facility  
41 licensed or certified pursuant to section 25-1.5-103 in order to coordinate  
42 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;

(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;

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 (I) 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.

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.

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.

**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

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.".

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