

Second Regular Session  
Seventieth General Assembly  
STATE OF COLORADO

**REREVISED**

*This Version Includes All Amendments  
Adopted in the Second House*

LLS NO. 16-0760.01 Jane Ritter x4342

**SENATE BILL 16-147**

**SENATE SPONSORSHIP**

**Newell and Martinez Humenik**, Aguilar, Cooke, Crowder, Donovan, Garcia, Guzman, Heath, Hodge, Jahn, Johnston, Kefalas, Kerr, Merrifield, Roberts, Steadman, Todd, Ulibarri

**HOUSE SPONSORSHIP**

**Pettersen**, Esgar, Landgraf, Primavera, Tyler

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**Senate Committees**  
Health & Human Services

**House Committees**  
Health, Insurance, & Environment

HOUSE  
3rd Reading Unamended  
May 4, 2016

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**A BILL FOR AN ACT**

101      **CONCERNING CREATING THE COLORADO SUICIDE PREVENTION PLAN**  
102                      **TO REDUCE DEATH BY SUICIDE IN THE COLORADO HEALTH CARE**  
103                      **SYSTEM.**

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HOUSE  
2nd Reading Unamended  
May 2, 2016

**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://www.leg.state.co.us/bills summaries>.)*

SENATE  
3rd Reading Unamended  
April 5, 2016

The bill establishes the Colorado zero suicide model (Colorado model) within the office of suicide prevention (office) in the department of public health and environment (department). The goal and purpose of the Colorado model is to reduce suicide rates and numbers in Colorado through system-level training and strategies for health care systems,

SENATE  
Amended 2nd Reading  
April 4, 2016

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
*Capital letters indicate new material to be added to existing statute.*  
*Dashes through the words indicate deletions from existing statute.*

including mental and behavioral health systems; physical and mental health clinics in educational institutions; and primary care providers, including pediatricians.

The Colorado model, together with the office of suicide prevention, the office of behavioral health, the department, and the department of health care policy and financing, is encouraged to promote coordination of existing data across health systems.

Health care and mental and behavioral health systems and organizations throughout the state, including hospitals, state crisis services and regional health systems, community mental health centers, community health systems, health management organizations, and behavioral health organizations, including substance abuse treatment organizations, are encouraged to adopt the 7 core tenets of the national zero suicide model.

The office and the department are encouraged to collaborate with relevant entities to coordinate existing data to help gain a more complete understanding of suicide and how to prevent it and to identify groups at the greatest risk. The office shall include a summary of the activities of the Colorado model in the report submitted annually to the general assembly.

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

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

4 (a) Colorado has experienced increased suicide death rates and  
5 numbers since 2009, and the trend continued in 2014;

6 (b) In 2014, the most recent year of data available nationally,  
7 Colorado had the seventh-highest suicide rate in the country and is  
8 consistently among the states with the top ten highest suicide rates;

9 (c) In 2014, Colorado recorded its highest number of suicides at  
10 1,058 suicide deaths;

11 (d) In comparison, the number of deaths in 2014 from homicides  
12 was 172, from motor vehicle crashes was 486, from breast cancer was  
13 553, from influenza and pneumonia was 668, and from diabetes was 826;

14 (e) Suicide is highest in men and middle-aged Coloradans; while

1 men account for over seventy-five percent of suicides, there are more  
2 attempts by women;

3 (f) Veterans, especially those who seek care outside of the  
4 veterans administration system, are at high risk;

5 (g) Data from the Colorado crisis services system show that nearly  
6 one in ten persons using crisis services presented with suicidal intentions,  
7 and the Colorado department of human services reports that a staggering  
8 seventy percent of mobile services users were suicidal;

9 (h) The rate of suicide in rural and frontier Colorado counties is  
10 higher than in other regions of the state;

11 (i) Health care settings, including mental and behavioral health  
12 systems, primary care offices, physical and mental health clinics in  
13 educational institutions, and hospitals, are valuable access points to reach  
14 those at risk for suicide; and

15 (j) National data indicate that over thirty percent of individuals are  
16 receiving mental health care at the time of their deaths by suicide, and  
17 forty-five percent have seen their primary care physicians within one  
18 month of their deaths. Primary care is often the first line of contact for  
19 individuals who would be less likely to seek out mental health services,  
20 particularly men, who are disproportionately represented in suicide deaths  
21 each year. National data also show twenty-five percent of those who die  
22 of suicide visited an emergency department in the month prior to their  
23 deaths. In Colorado, it is estimated that every year about 250 individuals  
24 who died of suicide visited an emergency department prior to death.

25 (2) The general assembly further finds that:

26 (a) Suicide is a public health crisis in Colorado, and a systems  
27 approach is necessary to address this problem effectively;

1           (b) The "zero suicide" model is a part of the national strategy for  
2 suicide prevention, a priority of the national action alliance for suicide  
3 prevention, and a project of the suicide prevention resource center;

4           (c) The "zero suicide" model is built on the foundational belief  
5 and aspirational goal that suicide deaths of individuals who are under the  
6 care of our health care systems, including mental and behavioral health  
7 systems, are frequently preventable;

8           (d) The "zero suicide" model includes valuable components, such  
9 as leadership, training, patient engagement, transition, and quality  
10 improvement; and

11           (e) The suicide prevention commission has recommended that  
12 health care systems, behavioral health care systems, and primary care  
13 providers should be encouraged to adopt the "zero suicide" model and  
14 that the office of suicide prevention should examine and coordinate the  
15 use of existing data to identify high-risk groups, improve the quality of  
16 care for suicidal persons, and provide a basis for measuring progress  
17 while protecting the privacy of the individual and complying with all  
18 HIPAA regulations;

19           (f) Health care systems, including mental and behavioral health  
20 systems and hospitals, that have implemented this type of model have  
21 noted significant reductions in suicide deaths for patients within their  
22 care.

23           (3) Therefore, because suicide in Colorado is a primary public  
24 health concern and is included within the state health improvement plan,  
25 the general assembly encourages the suicide prevention commission,  
26 criminal justice systems, health care systems, including mental and  
27 behavioral health systems, primary care providers, and physical and

1 mental health clinics in educational institutions, throughout Colorado to:

2 (a) Work in collaboration to develop and adopt a Colorado suicide  
3 prevention model based on components of the "zero suicide" model;

4 (b) Work with advocacy groups, including faith-based  
5 organizations, to support the culture shift of health care systems to the  
6 Colorado suicide prevention plan;

7 (c) Examine training requirements that are part of the "zero  
8 suicide" model for professionals working in health care and mental and  
9 behavioral health care systems, including primary care and emergency  
10 department providers in Colorado, for incorporation into the Colorado  
11 suicide prevention plan;

12 (d) Take special care to include men of working age, first  
13 responders, veterans, and active duty military, who are at higher risk for  
14 suicide, in services provided under the Colorado suicide prevention plan;  
15 and

16 (e) Develop training criteria on seventy-two-hour hold procedures,  
17 patient privacy, and procedures related to the key provisions of the federal  
18 "Health Insurance Portability and Accountability Act of 1996", Pub.L.  
19 104-191, as amended.

20 **SECTION 2.** In Colorado Revised Statutes, **add 25-1.5-112 as**  
21 follows:

22 **25-1.5-112. Colorado suicide prevention plan - established -**  
23 **goals - responsibilities - funding.** (1) THE COLORADO SUICIDE \_\_\_\_  
24 PREVENTION PLAN, REFERRED TO IN THIS SECTION AS THE "COLORADO  
25 PLAN", IS CREATED IN THE OFFICE OF SUICIDE PREVENTION WITHIN THE  
26 DEPARTMENT. THE GOAL AND PURPOSE OF THE COLORADO PLAN IS TO  
27 REDUCE SUICIDE RATES AND NUMBERS IN COLORADO THROUGH

1 SYSTEM-LEVEL IMPLEMENTATION OF THE COLORADO PLAN IN CRIMINAL  
2 JUSTICE AND HEALTH CARE SYSTEMS, INCLUDING MENTAL AND  
3 BEHAVIORAL HEALTH SYSTEMS.

4 (2) THE SUICIDE PREVENTION COMMISSION, TOGETHER WITH THE  
5 OFFICE OF SUICIDE PREVENTION, THE OFFICE OF BEHAVIORAL HEALTH, THE  
6 DEPARTMENT, AND THE DEPARTMENT OF HEALTH CARE POLICY AND  
7 FINANCING, IS STRONGLY ENCOURAGED TO COLLABORATE WITH CRIMINAL  
8 JUSTICE AND HEALTH CARE SYSTEMS, \_\_\_\_\_ MENTAL AND BEHAVIORAL  
9 HEALTH SYSTEMS, PRIMARY CARE PROVIDERS, PHYSICAL AND MENTAL  
10 HEALTH CLINICS IN EDUCATIONAL INSTITUTIONS, COMMUNITY MENTAL  
11 HEALTH CENTERS, ADVOCACY GROUPS, EMERGENCY MEDICAL SERVICES  
12 PROFESSIONALS AND RESPONDERS, PUBLIC AND PRIVATE INSURERS,  
13 HOSPITAL CHAPLAINS, FAITH-BASED ORGANIZATIONS, TO DEVELOP AND  
14 IMPLEMENT:

15 (a) A PLAN TO IMPROVE TRAINING TO IDENTIFY INDICATORS OF  
16 SUICIDAL THOUGHTS AND BEHAVIOR ACROSS CRIMINAL JUSTICE AND  
17 HEALTH CARE SYSTEMS:

18 (b) A PLAN TO IMPROVE TRAINING ON:

19 (I) THE PROVISIONS OF THE EMERGENCY PROCEDURES FOR A  
20 SEVENTY-TWO-HOUR MENTAL HEALTH HOLD PURSUANT TO SECTION  
21 27-65-105, C.R.S.:

22 (II) THE PROVISIONS OF THE FEDERAL "HEALTH INSURANCE  
23 PORTABILITY AND ACCOUNTABILITY ACT OF 1996", PUB.L. 104-191, AS  
24 AMENDED; AND

25 (III) OTHER RELEVANT PATIENT PRIVACY PROCEDURES; AND

26 (c) PROFESSIONAL DEVELOPMENT RESOURCES AND TRAINING  
27 OPPORTUNITIES REGARDING INDICATORS OF SUICIDAL THOUGHTS AND

1 BEHAVIOR, RISK ASSESSMENT, AND MANAGEMENT, AS DEVELOPED IN  
2 COLLABORATION WITH THE DEPARTMENT OF REGULATORY AGENCIES, THE  
3 DEPARTMENT OF CORRECTIONS, AND HEALTH CARE AND MENTAL HEALTH  
4 PROFESSIONAL BOARDS AND ASSOCIATIONS.

5 (3) AS A DEMONSTRATION OF THEIR COMMITMENT TO PATIENT  
6 SAFETY, CRIMINAL JUSTICE AND HEALTH CARE SYSTEMS, INCLUDING  
7 MENTAL AND BEHAVIORAL HEALTH SYSTEMS, PRIMARY CARE PROVIDERS,  
8 AND HOSPITALS THROUGHOUT THE STATE, ARE ENCOURAGED TO  
9 CONTRIBUTE TO AND IMPLEMENT THE COLORADO PLAN.

10 (4) THE FOLLOWING SYSTEMS AND ORGANIZATIONS ARE  
11 ENCOURAGED TO CONTRIBUTE TO AND IMPLEMENT THE COLORADO PLAN  
12 ON OR BEFORE JULY 1, 2019:

13 (a) COMMUNITY MENTAL HEALTH CENTERS;

14 (b) HOSPITALS;

15 (c) THE STATE CRISIS SERVICES SYSTEM;

16 (d) EMERGENCY MEDICAL SERVICES PROFESSIONALS AND  
17 RESPONDERS;

18 (e) REGIONAL HEALTH AND BEHAVIORAL HEALTH SYSTEMS;

19 (f) SUBSTANCE ABUSE TREATMENT SYSTEMS;

20 (g) PHYSICAL AND MENTAL HEALTH CLINICS IN EDUCATIONAL  
21 INSTITUTIONS;

22 (h) CRIMINAL JUSTICE SYSTEMS; AND

23 (i) ADVOCACY GROUPS, HOSPITAL CHAPLAINS, AND FAITH-BASED  
24 ORGANIZATIONS.

25 (5) THE OFFICE OF SUICIDE PREVENTION SHALL INCLUDE A  
26 SUMMARY OF THE COLORADO PLAN IN A REPORT SUBMITTED TO THE  
27 OFFICE OF BEHAVIORAL HEALTH, AS WELL AS THE REPORT SUBMITTED

1 ANNUALLY TO THE GENERAL ASSEMBLY PURSUANT TO SECTION 25-1.5-101  
2 (1) (w) (III) (A) AND AS PART OF ITS ANNUAL PRESENTATION TO THE  
3 GENERAL ASSEMBLY PURSUANT TO THE "STATE MEASUREMENT FOR  
4 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)  
5 GOVERNMENT ACT", PART 2 OF ARTICLE 7 OF TITLE 2, C.R.S.

6 (6) THE DEPARTMENT MAY ACCEPT GIFTS, GRANTS, AND  
7 DONATIONS FROM PUBLIC AND PRIVATE SOURCES FOR THE DIRECT AND  
8 INDIRECT COSTS ASSOCIATED WITH THE DEVELOPMENT AND  
9 IMPLEMENTATION OF THE COLORADO PLAN. THE DEPARTMENT SHALL  
10 TRANSMIT ANY GIFTS, GRANTS, AND DONATIONS IT RECEIVES TO THE  
11 STATE TREASURER, WHO SHALL CREDIT THE MONEY TO THE SUICIDE  
12 PREVENTION COORDINATION CASH FUND CREATED IN SECTION 25-1.5-101  
13 (1) (w) (II).

14 **SECTION 3.** In Colorado Revised Statutes, 25-1.5-101, amend  
15 (1) (w) (I), (1) (w) (II), and (1) (w) (IV) introductory portion as follows:

16 **25-1.5-101. Powers and duties of department - cash funds.**

17 (1) The department has, in addition to all other powers and duties  
18 imposed upon it by law, the powers and duties provided in this section as  
19 follows:

20 (w) (I) To act as the coordinator for suicide prevention programs  
21 throughout the state, INCLUDING THE COLORADO SUICIDE PREVENTION  
22 PLAN ESTABLISHED IN SECTION 25-1.5-112.

23 (II) The department is authorized to accept gifts, grants, and  
24 donations to assist it in performing its duties as the coordinator for suicide  
25 prevention programs. All such gifts, grants, and donations shall be  
26 transmitted to the state treasurer who shall credit the same to the suicide  
27 prevention coordination cash fund, which fund is hereby created. THE

1 FUND ALSO CONSISTS OF ANY MONEY APPROPRIATED OR TRANSFERRED TO  
2 THE FUND BY THE GENERAL ASSEMBLY FOR THE PURPOSES OF  
3 IMPLEMENTING SECTION 25-1.5-112. Any moneys remaining in the suicide  
4 prevention coordination cash fund at the end of any fiscal year shall  
5 remain in the fund and shall not be transferred or credited to the general  
6 fund. The general assembly shall make appropriations from the suicide  
7 prevention coordination cash fund for expenditures incurred by the  
8 department in the performance of its duties under this paragraph (w) AND  
9 SECTION 25-1.5-112.

10 (IV) In its role as coordinator for suicide prevention programs, the  
11 department may collaborate with each facility licensed or certified  
12 pursuant to section 25-1.5-103 in order to coordinate suicide prevention  
13 services, INCLUDING RELEVANT TRAINING AND OTHER SERVICES AS PART  
14 OF THE COLORADO SUICIDE PREVENTION PLAN ESTABLISHED IN SECTION  
15 25-1.5-112. When a facility treats a person who has attempted suicide or  
16 exhibits a suicidal gesture, the facility may provide oral and written  
17 information or educational materials to the person or, in the case of a  
18 minor, to parents, relatives, or other responsible persons to whom the  
19 minor will be released, prior to the person's release, regarding warning  
20 signs of depression, risk factors of suicide, methods of preventing suicide,  
21 available suicide prevention resources, and any other information  
22 concerning suicide awareness and prevention. The department may work  
23 with facilities AND THE COLORADO SUICIDE PREVENTION PLAN to  
24 determine whether and where gaps exist in suicide prevention programs  
25 and services, including gaps that may be present in:

26 **SECTION 4. Safety clause.** The general assembly hereby finds,

- 1 determines, and declares that this act is necessary for the immediate
- 2 preservation of the public peace, health, and safety.