

**First Regular Session  
Seventy-third General Assembly  
STATE OF COLORADO**

**REENGROSSED**

*This Version Includes All Amendments  
Adopted in the House of Introduction*

LLS NO. 21-0484.01 Jane Ritter x4342

**HOUSE BILL 21-1119**

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**A BILL FOR AN ACT**

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

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**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://leg.colorado.gov>.)*

The bill broadens the state's priorities and focus on suicide and suicide attempts and the after-effects of those actions on attempt survivors, family, friends, health care providers, first and last responders,

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

HOUSE  
3rd Reading Unamended  
March 29, 2021

HOUSE  
Amended 2nd Reading  
March 26, 2021

educators, and students in schools where a suicide or suicide attempt has occurred.

The following entities are renamed as follows to reflect the new state focus:

- The "office of suicide prevention" is renamed as the "office of suicide prevention, intervention, and postvention";
- The "suicide prevention commission" is renamed as the "suicide prevention, intervention, and postvention commission" and its duties expanded to include training and education for health care providers, first and last responders, and educators, as well as developing a plan for follow-up care for suicide attempt survivors who were treated in an emergency department;
- The "Colorado suicide prevention plan" is renamed as the "Colorado suicide prevention, intervention, and postvention plan". The components of the plan are expanded to include training and education for health care providers, first and last responders, and educators, as well as developing a plan for follow-up care for suicide attempt survivors who were treated in an emergency department.
- The "crisis and suicide prevention training grant program" is renamed as the "crisis and suicide prevention, intervention, and postvention training grant program"; and
- The "suicide prevention coordination cash fund" is renamed as the "suicide prevention, intervention, and postvention coordination cash fund".

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

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

9 (c) An estimated three hundred to four hundred doctors die of  
10 suicide annually, a rate of twenty-eight to forty per one hundred thousand,

1 which is more than double that of the general population;

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

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

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

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

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

25 (i) Comprehensive suicide-related training of primary care  
26 providers enhances the level of care that suicidal people receive and  
27 increases provider confidence and competence and the ability to provide

1 effective and life-saving treatment.

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

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

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

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

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

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

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

25 **22-2-127.9. Mental health education literacy - resource bank**  
26 **- technical assistance.** (1) The department, with assistance from the  
27 office of suicide prevention created pursuant to section 25-1.5-101

1 (1)(w)(I), the Colorado youth advisory council created pursuant to section  
2 2-2-1302, and the suicide prevention commission created pursuant to  
3 section 25-1.5-111, shall create and maintain a resource bank of  
4 evidence-based, research-based, and promising program materials and  
5 curricula pertaining to mental health ~~which~~ AND COMPREHENSIVE SUICIDE  
6 PREVENTION, AS THAT TERM IS DEFINED IN SECTION 25-1.5-112. THESE  
7 materials and curricula may be used in elementary and secondary schools  
8 in the state. The resource bank and curricula must be youth-friendly,  
9 culturally sensitive, and available in both English and Spanish. In creating  
10 the resource bank and curricula, the department may provide internet  
11 links to resources and materials pertaining to mental health available from  
12 other entities that the department finds reliable. Additionally, the  
13 department shall solicit input from persons, including youth, within and  
14 outside of the mental health profession, including both community and  
15 school mental health professionals. Subject to available appropriations,  
16 the department shall solicit requests for information and may contract for:

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

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

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

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

1           **24-33.5-1803. School safety resource center - created - duties.**

2           (3) The center has the following duties:

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

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

9           **25-1.5-101. Powers and duties of department - laboratory cash**  
10 **fund - report - definitions - repeal.** (1) The department has, in addition  
11 to all other powers and duties imposed upon it by law, the powers and  
12 duties provided in this section as follows:

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

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

25           (B) PUBLIC HEALTH INTERVENTION SUPPORTS, INCLUDING  
26 COMMUNITY TRAINING, WORKFORCE DEVELOPMENT, QUALITY  
27 IMPROVEMENT AND PROVISION OF TECHNICAL ASSISTANCE TO SUPPORT

1 THE ADOPTION OF BEST SUICIDE ATTEMPT BEHAVIOR INTERVENTION AND  
2 POSTVENTION PRACTICES AND POLICIES; AND

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

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

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

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

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

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

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

18 **25-1.5-111. Suicide prevention commission - created -**  
19 **responsibilities - gifts, grants, donations - definition - repeal.** (1) The  
20 suicide prevention commission, REFERRED TO IN THIS SECTION AS THE  
21 "COMMISSION", is hereby created for the purpose of:

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

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



- 1 (c) Serving as an advisor to the office of suicide prevention;
- 2 (d) Establishing and leading subgroups to set strategy and  
3 implementation plans for each statewide COMPREHENSIVE suicide  
4 prevention priority for the office of suicide prevention;
- 5 (e) Providing a forum for government agencies, community  
6 members, business leaders, and lawmakers to examine the current status  
7 of COMPREHENSIVE suicide prevention ~~and intervention~~ policies; analyze  
8 the system's near-term opportunities and challenges; and make  
9 recommendations to the office of suicide prevention, the governor's  
10 office, and the general assembly regarding improvements and innovations  
11 in policies and programs to reduce the preventable occurrence of suicide  
12 in Colorado AS WELL AS THE AFTER-EFFECTS OF SUICIDE AND SUICIDE  
13 ATTEMPTS IN COLORADO;
- 14 (f) Expanding local and national partnerships and resources for  
15 statewide COMPREHENSIVE suicide prevention activities;
- 16 (g) Promoting cooperation and coordination among  
17 COMPREHENSIVE suicide prevention programs and strategies across  
18 Colorado;
- 19 (h) Evaluating the distribution of state resources for  
20 COMPREHENSIVE suicide prevention;
- 21 (i) Ensuring that COMPREHENSIVE suicide prevention remains a  
22 state priority; ~~and~~
- 23 (j) Encouraging the development of COMPREHENSIVE suicide  
24 prevention plans at the local level;
- 25 (k) ADVISING ON COMPREHENSIVE EDUCATION AND TRAINING ON  
26 SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION FOR PROVIDERS  
27 AND RESPONDERS;

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

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

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

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

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

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

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

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

27 **25-1.5-112. Colorado suicide prevention plan - established -**

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

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

18 (b) A plan to improve training on:

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

24 (c) Professional development resources and training opportunities  
25 regarding indicators of suicidal thoughts and behavior, risk assessment,  
26 and management, AND THE AFTER-EFFECTS OF SUICIDE ATTEMPTS AND  
27 SUICIDE DEATHS, as developed in collaboration with the department of

1 regulatory agencies, the department of corrections, and health-care and  
2 mental health professional boards and associations.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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