SENATE COMMITTEE OF REFERENCE REPORT

_____ March 24, 2016
Chairman of Committee Date

Committee on Health & Human Services.

After consideration on the merits, the Committee recommends the following:

SB16-147 be amended as follows, and as so amended, be referred to the Committee of the Whole with favorable recommendation:

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

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

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

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

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

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

(e) Suicide is highest in men and middle-aged Coloradans; while men account for over seventy-five percent of suicides, there are more attempts by women;

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

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

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

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

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

(2) The general assembly further finds that:

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

(b) The "zero suicide" model is a part 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;

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

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

(e) Health care systems, including mental and behavioral health systems and hospitals, that have implemented this type of model have noted up to an eighty percent reduction in suicide deaths for patients within their care.

(3) Therefore, because suicide in Colorado is a primary public health concern and is included within the state health improvement plan, the general assembly encourages the suicide prevention commission, criminal justice systems, health care systems, including mental and behavioral health systems, primary care providers, and physical and mental health clinics in educational institutions, throughout Colorado to:

(a) Work in collaboration to develop and adopt a Colorado suicide

prevention model based on components of the "zero suicide" model;

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

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

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

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

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

25-1.5-112. Colorado suicide prevention model - established - goals - responsibilities - funding. (1) THE COLORADO SUICIDE PREVENTION MODEL, REFERRED TO IN THIS SECTION AS THE "COLORADO MODEL", IS ESTABLISHED AS A SUICIDE PREVENTION COMMISSION PROGRAM IN THE OFFICE OF SUICIDE PREVENTION WITHIN THE DEPARTMENT. THE GOAL AND PURPOSE OF THE COLORADO MODEL IS TO REDUCE SUICIDE RATES AND NUMBERS IN COLORADO THROUGH SYSTEM-LEVEL IMPLEMENTATION OF THE COLORADO MODEL IN CRIMINAL JUSTICE AND HEALTH CARE SYSTEMS, INCLUDING MENTAL AND BEHAVIORAL HEALTH SYSTEMS.

(2) THE SUICIDE PREVENTION COMMISSION, TOGETHER WITH THE OFFICE OF SUICIDE PREVENTION, THE OFFICE OF BEHAVIORAL HEALTH, THE DEPARTMENT, AND THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, IS STRONGLY ENCOURAGED TO COLLABORATE WITH CRIMINAL JUSTICE AND HEALTH CARE SYSTEMS, INCLUDING MENTAL AND BEHAVIORAL HEALTH SYSTEMS, PRIMARY CARE PROVIDERS, PHYSICAL AND MENTAL HEALTH CLINICS IN EDUCATIONAL INSTITUTIONS, COMMUNITY MENTAL HEALTH CENTERS, ADVOCACY GROUPS, AND FAITH-BASED ORGANIZATIONS, TO DEVELOP AND IMPLEMENT:

(a) A PLAN TO IMPROVE TRAINING TO IDENTIFY INDICATORS OF SUICIDAL TENDENCIES ACROSS CRIMINAL JUSTICE AND HEALTH CARE

SYSTEMS;

(b) A PLAN TO IMPROVE TRAINING ON:

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

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

(III) OTHER RELEVANT PATIENT PRIVACY PROCEDURES; AND

(c) PROFESSIONAL DEVELOPMENT RESOURCES AND TRAINING OPPORTUNITIES REGARDING INDICATORS OF SUICIDAL TENDENCIES, RISK ASSESSMENT, AND MANAGEMENT, AS DEVELOPED IN COLLABORATION WITH THE DEPARTMENT OF REGULATORY AGENCIES, THE DEPARTMENT OF CORRECTIONS, AND HEALTH CARE AND MENTAL HEALTH PROFESSIONAL BOARDS AND ASSOCIATIONS.

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

(4) THE FOLLOWING SYSTEMS AND ORGANIZATIONS ARE ENCOURAGED TO CONTRIBUTE TO AND IMPLEMENT THE COLORADO MODEL:

(a) COMMUNITY MENTAL HEALTH CENTERS;

(b) HOSPITALS;

(c) THE STATE CRISIS SERVICES SYSTEM;

(d) REGIONAL HEALTH AND BEHAVIORAL HEALTH SYSTEMS;

(e) SUBSTANCE ABUSE TREATMENT SYSTEMS;

(f) PHYSICAL AND MENTAL HEALTH CLINICS IN EDUCATIONAL INSTITUTIONS;

(g) CRIMINAL JUSTICE SYSTEMS; AND

(h) ADVOCACY GROUPS AND FAITH-BASED ORGANIZATIONS.

(5) THE OFFICE OF SUICIDE PREVENTION SHALL INCLUDE A SUMMARY OF THE ACTIVITIES OF THE COLORADO MODEL IN A REPORT SUBMITTED TO THE OFFICE OF BEHAVIORAL HEALTH, AS WELL AS THE REPORT SUBMITTED ANNUALLY TO THE GENERAL ASSEMBLY PURSUANT TO SECTION 25-1.5-101 (1) (w) (III) (A) AND AS PART OF ITS ANNUAL PRESENTATION TO THE GENERAL ASSEMBLY PURSUANT TO THE "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT", PART 2 OF ARTICLE 7 OF TITLE 2, C.R.S.

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

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

25-1.5-101. Powers and duties of department - cash funds. (1) The department has, in addition to all other powers and duties imposed upon it by law, the powers and duties provided in this section as follows:

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

(II) The department is authorized to accept gifts, grants, and donations to assist it in performing its duties as the coordinator for suicide prevention programs. All such gifts, grants, and donations shall be transmitted to the state treasurer who shall credit the same to the suicide prevention coordination cash fund, which fund is hereby created. THE FUND ALSO CONSISTS OF ANY MONEY APPROPRIATED OR TRANSFERRED TO THE FUND BY THE GENERAL ASSEMBLY FOR THE PURPOSES OF IMPLEMENTING SECTION 25-1.5-112. Any moneys remaining in the suicide prevention coordination cash fund at the end of any fiscal year shall remain in the fund and shall not be transferred or credited to the general fund. The general assembly shall make appropriations from the suicide prevention coordination cash fund for expenditures incurred by the department in the performance of its duties under this paragraph (w) AND SECTION 25-1.5-112.

(IV) In its role as coordinator for suicide prevention programs, the department may collaborate with each facility licensed or certified pursuant to section 25-1.5-103 in order to coordinate suicide prevention services, INCLUDING RELEVANT TRAINING AND OTHER SERVICES AS PART OF THE COLORADO SUICIDE PREVENTION MODEL ESTABLISHED IN SECTION 25-1.5-112. When a facility treats a person who has attempted suicide or exhibits a suicidal gesture, the facility may provide oral and written information or educational materials to the person or, in the case of a minor, to parents, relatives, or other responsible persons to whom the

minor will be released, prior to the person's release, regarding warning signs of depression, risk factors of suicide, methods of preventing suicide, available suicide prevention resources, and any other information concerning suicide awareness and prevention. The department may work with facilities AND THE COLORADO SUICIDE PREVENTION MODEL to determine whether and where gaps exist in suicide prevention programs and services, including gaps that may be present in:

SECTION 4. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.".

Page 1, line 101, strike "**ZERO SUICIDE**" and substitute "**SUICIDE PREVENTION**".

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