

**UPDATED SUMMARY**  
**SENATE BILL 16-147**

**Second Regular Session - Seventieth Colorado General Assembly**

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*This summary applies to the reengrossed version of this bill as introduced in the second house. It does not reflect any amendments that may be subsequently adopted. This summary reflects only the main points of the legislation.*

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

*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 Health care and mental and behavioral health systems and organizations throughout the state, including hospitals, state crisis services and regional health systems, primary care providers, physical and mental health clinics in educational institutions, 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 advocacy groups, emergency medical services professionals and responders, public and private insurers, hospital chaplains, and faith-based organizations to develop and implement a plan to improve training to identify indicators of suicidal thoughts and behavior as well as improve training on the provisions of emergency 72-hour holds and HIPAA provisions.*

~~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 plan in the report submitted annually to the general assembly pursuant to the SMART Act.~~