

Colorado Department of Public Health and Environment

4300 Cherry Creek Drive South<http://zerosuicide.edc.org/>

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| **INSTRUCTIONS:**   1. Please complete all four sections of this form, save the form on your organization’s database, and return to CDPHE no later than **15 days after the end of each month**. 2. Once this progress report form is complete, please save a copy and email the completed form to:   [**michael.lott-manier@state.co.us**](mailto:michael.lott-manier@state.co.us) | | | | |
| SECTION 1: Information about this Form | | | | |
| Reporting Agency:  St. Mary’s | | Report for Month/Year:  March 2020 | | |
| Name and Title of Reporter:  Jennifer Daniels Suicide Prevention Coordinator | | /Date of Submission: 4/17/20 | | |
| SECTION 2: Zero Suicide Implementation Deliverables | | | | |
| **Deliverable** | **Definition** | | **Data for Month of Report** | **Total for Year to Date** |
| **Training** | Number of staff trained in evidence-based suicide prevention skills (including gatekeeper, lethal means counseling, screening, assessment, safety planning) | | 0 |  |
| **Workforce Improvements** | Improvements of competence/confidence of health care staff | |  |  |
| **People with Lived Experience** | Number and percentage of implementation team and advisory group members who have lived experience of being clients of a health system or their family members | |  |  |
| **Screening** | Number and percentage of health system clients screened for suicide risk | |  |  |
| **Referral** | Number and percentage of people referred to mental health or related services as a result of suicide risk screening | |  |  |
| **Access** | Number and percentage of people who receive mental health or related services after referral | |  |  |
| SECTION 3: Grant Activities | | | | |
| *In this section, please provide a brief overview of what has been working well (successes), what obstacles to implementing Zero Suicide you have encountered in your work (challenges), and the lessons learned by your organization over the last month.* | | | | |
| **Successes** | | | | |
| **Challenges** | | | | |
| **Lessons Learned** | | | | |
| Section 4: Feedback for CDPHE | | | | |
| *(In this section, please share any feedback you have for CDPHE about the Zero Suicide grant and ideas for how to improve it moving forward.)* | | | | |