



Suicide Prevention Grantmaking Cluster Evaluation

Report Prepared for the
Colorado Springs Health Foundation
February 2021

About CSHF's Suicide Prevention Grantmaking

CSHF's suicide prevention grantmaking focuses on organizations, programs, or projects that have the sole purpose of preventing suicide. Given this, suicide prevention is the narrowest funding focus area for CSHF.

Between 2016 and 2019, CSHF received **22 applications** and awarded **18 grants** to 15 organizations for suicide prevention:

- Total funds awarded: \$764,174
- Median grant award: \$36,187 (range: \$2,500 - \$152,470)
- Grant type: Primarily program funding (n = 7) and capacity building (n = 6)
- Grants went to nonprofits (n = 10), school districts (n = 6), and hospitals (n = 2)
- Multi-year grants were first awarded in 2018. A total of three multi-year grants were awarded.

Suicide Prevalence in the Pikes Peak Region

The following populations have higher rates of death by suicide or suicide attempts in El Paso and Teller Counties:

- Among adults, White middle-aged men have the highest prevalence of death by suicide both nationally and in the Pikes Peak region.
- Teenagers and young adults, Black communities, and veterans have higher rates of death by suicide in the Pikes Peak region than the statewide average.
- Among the student population: female students, students 15 years and younger, Asian and Black students, and LGBTQ students have the highest prevalence of suicide attempts.

Suicide Prevention Grantmaking Evaluation

The Pikes Peak region (El Paso and Teller Counties) has among the highest rates of death by suicide in Colorado. In 2019, El Paso County had the highest number of deaths by suicide in Colorado. In response, the Colorado Springs Health Foundation (CSHF) has a suicide prevention focus area for their grantmaking (one of five focus areas). CSHF engaged Vantage Evaluation to conduct a retrospective evaluation of their suicide prevention grantmaking between 2016 and 2019. Data sources informing the evaluation include:

- Review of 22 grant applications and 13 grant reports
- Interviews with eight funded partners
- Secondary data on the prevalence of suicide in El Paso and Teller Counties and risk factors for suicide

CSHF modestly funded programs and capacity building for organizations focused on health-related risk factors for suicide. Grantmaking aligned with community need around students and youth, particularly LGBTQ populations, and veterans. The majority of grants funded by CSHF were focused on students and youth (n = 14), two of which specifically aimed to support LGBTQ students and youth. CSHF did not receive any applications for – and as a result did not fund – programs or projects explicitly intended to serve White middle-aged men or Black communities, despite the Pikes Peak region having higher rates of death by suicide for these populations. Because of this high acceptance rate (82% of applications received were funded), patterns in CSHF suicide prevention grantmaking also reflect patterns in the applications received. Interviewees primarily identified a need for programming based on the high rates of death by suicide in the region (n = 6) and prioritizing populations at high risk for suicide or suicidal behavior (n = 5).

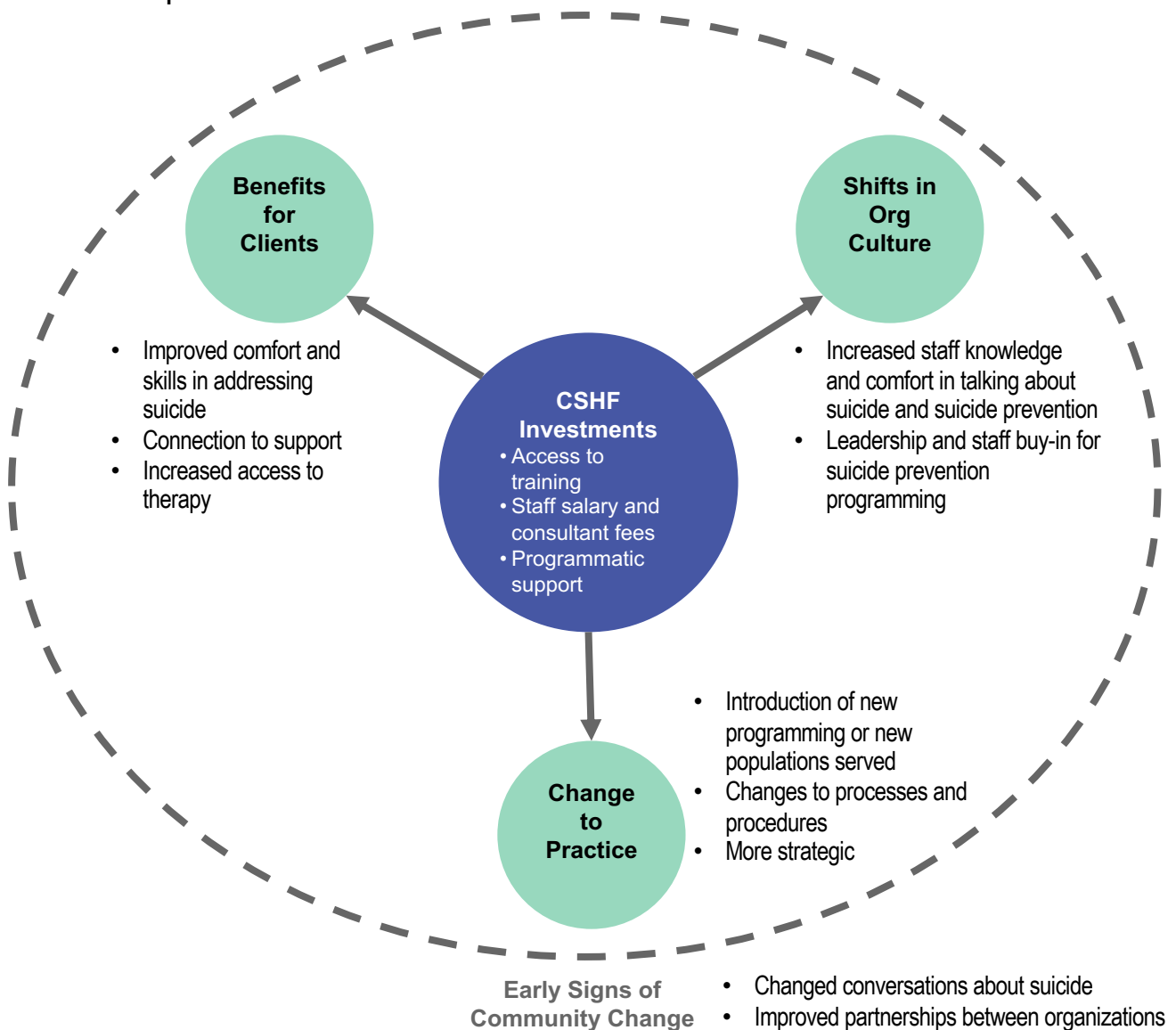
Evidence-based practices are prominent within the suicide prevention focus area. According to grant applications and reports, almost all funded partners used evidence-based practices. Funded partners used three types of evidence-based practices to support their suicide prevention programming: (1) research-based program backed by external research, (2) elements of programs backed by external research, and (3) practices backed by internal data and evaluation. Two of the five interviewees that used research-based programs (the most used type of evidence-based practice) found that using these types of evidence-based practices led to a culture where more evidence-based practices could be implemented because of the reduction in stigma related to suicide and increased understanding of mental and behavioral health. They also noted that research-based programs may not be as effective for some populations until they have been adapted.

All interviewees found value in having access to funding specifically for suicide prevention (n = 8), rather than more general funding for access to care or mental health. The communities that need this work need the focus on suicide prevention. Interviewees worried that the suicide prevention work would get lost amid a broader focus of funding (n = 3) and highlighted that the work and impact on clients happened because it was specifically focused on suicide prevention (n = 3). Two interviewees also saw CSHF as filling a unique gap in suicide prevention in the Pikes Peak region because either local government did not address all aspects of suicide prevention or suicide prevention was not a priority for other funders.

In addition, interviewees identified specific grant and funder characteristics that supported the implementation of the work or contribution to their organizations and programming. These included:

- CSHF was easy to work with, flexible, encouraging, communicative, and interested in the positive impact of the work itself.
- Grants periods longer than one year.
- Grant application process was straightforward, easy, and not time consuming.

CSHF's investments in suicide prevention programs or projects created ripple effects influencing funded partners' clients, organizational culture, and organizational practices. These in turn led to some early signs of community change around suicide and suicide prevention.











Grants to support access to training drove benefits for clients and improved knowledge and buy-in. Interviewees who received funding to support their access to training related to evidence-based practices were more likely to say clients benefitted from programming and that staff and leadership improved their knowledge of and buy-in for suicide prevention.

Grants for staff salary or consultant fees led to changes to organizational practice and early community change. Interviewees who received funding for staff salary or consultant fees were more likely to speak to introducing new programs, being more strategic in their operations, and witnessing early changes in the community. Particularly, interviewees that received support for staff salary reported changed conversations regarding suicide in the community. This indicates that adding staff time increases the capacity and resources available throughout the organization.

Area of Change	Detail	Illustrative Interviewee Quote
Benefits for Clients	Improved comfort and skills in addressing suicide (n = 3): Clients were more comfortable talking about suicide as a result of training, possibly due to having a "common language." More clients were open about suicidal ideations.	"[The grant work has] decreased ... stigma around mental health and [suicidal] ideation for students, [and] staff ... feel more comfortable [talking] about [suicide]."
	Connection to support (n = 2), such as case management and crisis intervention.	"We're doing a better job of recognizing kids that are at risk of suicide, identifying those kids, and being able to get the right intervention at the right time."
	Increased access to therapy (n = 2), by providing referrals or adding therapy services in-house.	"The biggest achievement [of the grant] is when a young person walks into our office and they're suicidal, we can hand them off to a therapist immediately. In our center [clients who are suicidal] do not trust community providers. They may not even tell their parents."
Shifts in Organizational Culture	Increased staff knowledge and comfort in talking about suicide and suicide prevention (n = 5): Training supported deepening staff knowledge and changed the conversation about suicide within their organization.	"Our staff are so much more educated and aware of social emotional wellness in themselves and their students than ever."
	Leadership and staff buy-in for suicide prevention programming (n = 4), including changing perceptions of success, inclusion in strategic planning, and staff using evidence-based practices.	"Biggest success. I honestly think it's getting [the program] threaded into [the organization's] goals without going in and vying for that and advocating for it. Somehow between all the trainings and the education, all the media, to see [the organization] recognize it as something they want to do."
Changes to Organizational Practice	Introduction of populations served or new programming (n = 3): Added services for demographics not previously served or implementing additional evidence-based practices.	"[The work funded by the CSHF grant] opened up our conception of what programming could be. ... It was a different way to serve the community. ... It has created a new conception of what we can do and how we can help."
	Changes to processes and procedures (n = 3), specifically for assessing and tracking clients and students.	"With the work of the grant and the increase of assessments that we were doing and our need to track that ... we did implement a tracking system for behavioral health that we use on our student information system. ... That is a big practice that has shifted."
	Being more strategic (n = 2): Additional funding allowed organizations to be more strategic in their programming and not worry about finances.	"If we didn't have [the funding] from Colorado Springs Health Foundation, would we be able to even explore moving forward with a strategic plan or would be out in the community seeking funding from elsewhere to just try to maintain our services?"
Early Signs of Community Change	Changed conversations around suicide (n = 3): Grant work led to increased capacity in the community to talk about suicide and bring together diverse voices for the conversation.	"We've definitely changed the scope where people are thinking beyond just 'how do we reduce youth suicide?' That was not happening, even in the discussions, it was really youth, maybe veterans. People weren't thinking 'how do we approach youth, working age White male?' who is actually at the highest risk in our community."
	Improved partnerships between organizations (n = 2), expanding the reach of programming.	"The footprint of this [program] has gone so much farther beyond El Paso County and Teller County. We had no idea that was going to be possible."

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Introduction

The Colorado Springs Health Foundation (CSHF) provides grants that target immediate health care needs and encourage healthy living in the Pikes Peak region (El Paso and Teller counties). CSHF currently provides three types of grant opportunities (program, capacity building, and collaboration) across five funding focus areas: (1) expand access to health care for those in greatest need; (2) address the health care workforce shortage; (3) prevent suicide; (4) cultivate healthy environments in high-need or underserved communities; and (5) prevent or heal trauma and strengthen resilience.

CSHF engages in regular evaluation to inform strategy, assess alignment, and drive learning. CSHF contracted with Vantage Evaluation to conduct its annual evaluation in 2020, focused on their suicide prevention grantmaking. This focus is intended to provide a targeted understanding of the unique contribution of these grants to programs and organizations given the high need for suicide prevention, intervention, and postvention in the Pikes Peak region. For the suicide prevention grantmaking, CSHF identified the following learning questions for each of the key evaluation purpose areas:¹

Inform Strategy

In what ways did suicide prevention grants contribute to organizations and programming?

What grant characteristics contributed to the greatest change within funded partners?

In what ways, if any, did grants drive systems-level change?

Assess Alignment

What has CSHF funded (and not funded) through their suicide prevention grantmaking?

Drive Learning

What, if anything, makes suicide prevention grants unique and separates them from other funding areas?

This report captures information about CSHF's suicide prevention grantmaking from 2016 to 2019 using the following data sources:²

- Review of 22 grant applications and 13 grant reports
- Consolidation of secondary data on the prevalence of suicide in El Paso and Teller counties and risk factors for suicide
- Interviews with eight funded partners

About the Suicide Prevention Focus Area

CSHF's suicide prevention grantmaking focuses on organizations, programs, or projects that have the sole purpose of preventing suicide. Given this, suicide prevention is the narrowest funding focus area for CSHF. There are numerous upstream protective and risk factors for suicide that encompass CSHF's other focus areas. For example, mental health care more broadly is part of CSHF's access to care focus area. While we know that mental health issues are a risk factor for suicide, access to mental health care more broadly is not a part of CSHF's suicide prevention focus area. This evaluation solely focuses on CSHF's suicide prevention focus area and may not provide a full picture of all the work that is funded to address protective and risk factors for suicide.

¹ Refer to the Appendix on page 27 for a more complete list of learning questions and a summary of findings mapped to each of these questions.

² Refer to the Appendix on page 31 for more detail on the methodology.

Suicide Prevention Grantmaking



Takeaway

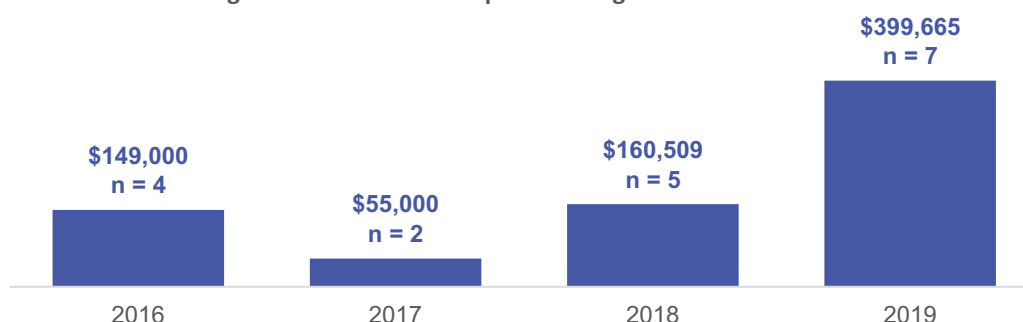
CSHF modestly funded programs and capacity building for organizations focused on health-related risk factors for suicide.

CSHF received 22 applications and funded 18 grants to 15 different organizations in the suicide prevention focus area between 2016 and 2019. Because of this high acceptance rate (82% of applications received were funded), patterns in CSHF suicide prevention grantmaking also reflect patterns in the applications received.³

The majority of grants were 'one-time' (n = 15) for program funding (n = 7) and capacity building (n = 6). Grants ranged from \$2,500 to \$152,470, with a median grant award of \$36,187 and totaling \$764,174. CSHF awarded the majority of grants to non-profit organizations (n = 10), six grants went to school districts, and two grants were awarded to hospitals.

The number of grants awarded, and the overall value of funding, increased in 2019 (as shown in the graph below). CSHF started awarding multi-year grants in 2018. Following, two multi-year grants for suicide prevention were awarded in 2019. Multi-year grants inflated the dollar amount of grants awarded because these funds were used across multiple years. Alternatively, if you look at the average grant amount per year, grants awarded in 2018 totaled \$125,939 and grants in 2019 totaled \$310,715 (which includes multi-year grant funds awarded in 2018).

CSHF awarded the largest number of suicide prevention grants in 2019.



While CSHF regularly makes grant awards for general operating support, only three general operating grants were given for suicide prevention, and none after 2017. For an organization to be eligible for general operating support with CSHF, their entire mission has to fit within the funding focus area. A majority of organizations that applied for suicide prevention funding had broader missions (e.g., schools, hospitals, etc.) and were not eligible for general operating support. Just one declined application requested general operating support.

According to the review of grant applications and reports, the majority of funded partner organizations (n = 11) highlighted health-related risk factors for suicide (such as mental health issues, alcohol and substance abuse, and serious physical health conditions) in their suicide prevention work.⁴ Organizations may be addressing other risk factors for suicide (e.g., environmental, economic, and historical) that they did not identify in their grant application or report.

³ CSHF did not fund four of the 22 grant applications received between 2016 and 2019. Two of the decline applications requested program funding, one requested general operating support, and one requested funding for collaboration.

⁴ Risk factors are based on the American Society for Suicide Prevention and the Centers for Disease Control and Prevention's identifications of risk factors for suicide. It was possible to identify the risk factors funded partners focused on in their organizations for 13 of 18 grants. This identification of risk factors was based solely on what was included in grant applications and reports and may not fully capture all of the risk factors funded partners address in their work. Eleven funded partners focused on health-related risk factors and three focused on environmental-related risk factors for suicide. One funded partner focused on health and environmental risk factors. Three declined applicant organizations focused on environmental risk factors and one focused on health risk factors. More detail on risk factors can be found in the Appendix on page 32.

Community Need



Takeaway

Grantmaking aligned with community need around students and youth, particularly LGBTQ populations, and veterans. No funding was applied for nor provided to organizations explicitly addressing suicide prevention among White, middle-aged men and Black communities.

The Pikes Peak region (El Paso and Teller Counties) has among the highest rates of death by suicide in Colorado. Around 2015 and 2016, when CSHF was launching their suicide prevention grantmaking, El Paso and Teller Counties were experiencing some of their highest rates of death by suicide. In 2019, El Paso County had the highest number of deaths by suicide in Colorado.⁵

The following populations have higher rates of death by suicide or higher rates of suicide attempts in El Paso and Teller Counties:⁶

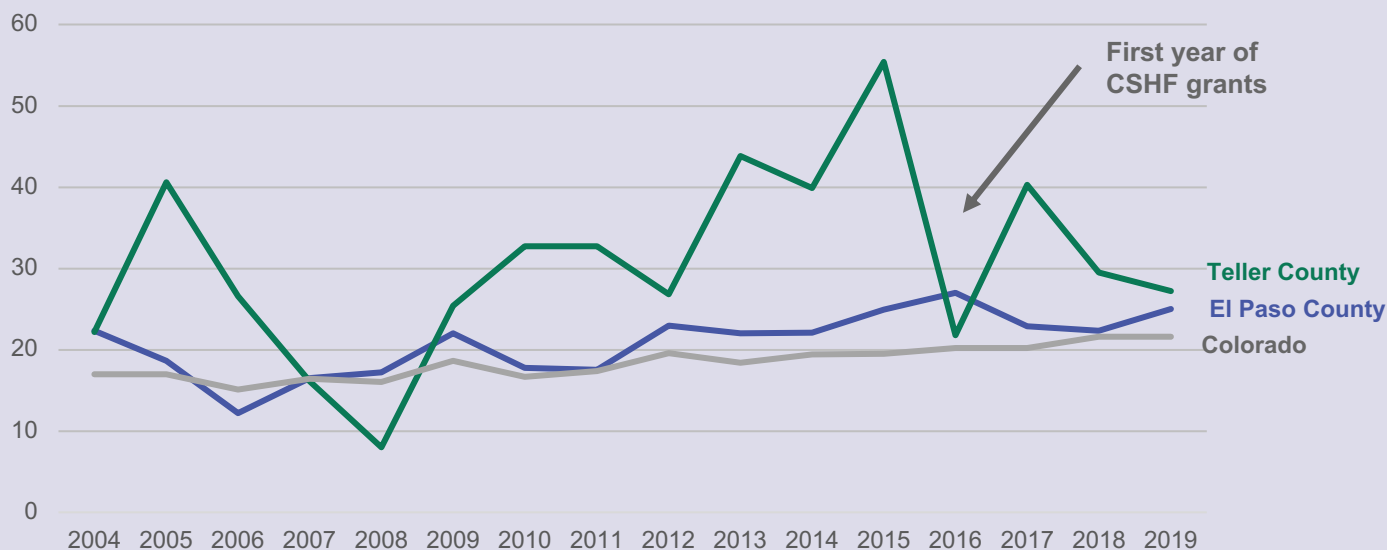
- Among adults, White middle-aged men have the highest prevalence of death by suicide both nationally and in El Paso and Teller Counties.
- Teenagers and young adults, Black communities, and veterans have higher rates of death by suicide in El Paso and Teller Counties than the statewide average.
- Among the student population, female students, students 15 years and younger, Asian and Black students, and LGBTQ students have the highest prevalence of suicide attempts.

⁵ Colorado Department of Public Health and Environment: <https://cohealthviz.dphe.state.co.us>

⁶ Refer to the Appendix on page 31 for more detail on the prevalence of death by suicide and suicide attempts in El Paso and Teller Counties.

El Paso and Teller Counties regularly have higher rates of suicide mortality than the Colorado average.

Age-adjusted rate of suicide mortality per 100,000 population (source: Colorado Department of Public Health and Environment)





According to the grant applications and reports, the majority of grants funded by CSHF were focused on students and youth (n = 14). Two of these grants specifically aimed to support LGBTQ students and youth. Three funded partners sought to serve veterans through their grants.⁷ CSHF also funded three grants that supported the general problem of high rates of suicide in El Paso and Teller Counties.⁸

CSHF did not receive any applications for – and as a result did not fund – programs or projects explicitly intending to serve Black communities, despite El Paso and Teller Counties having higher rates of death by suicide among Black communities than the Colorado average. Additionally, none of the applications – and as a result funded partners – specifically referenced supporting White middle-aged men,⁹ despite this group having the highest rate of death by suicide among adults both nationally and locally.

How Funded Partners Aligned with Community Need

Interviewees described the community need for their programming supported by grant funds in the following ways: (1) generally related to the high rates of suicide in El Paso and Teller Counties as a whole, (2) specifically prioritizing populations they knew to be at higher risk for suicide, and (3) responding to community entities asking for support with regards to suicide and suicide prevention.

Number of applications based on identified community need (n = 22)

Community Need	Number of Applications
Students and youth	17
Veterans	4
LGBTQ students and youth	2
Other*	2
White middle-aged men	0
Black communities	0

**One funded partner supported people experiencing homelessness and people in recovery as well as veterans and LGBTQ teens. One funded partner focused on supporting first responders who have high rates of suicide.*

Responded to High Rates of Suicide, Generally (n = 6)

Six interviewees discussed the need for their programming in connection to the overall high rates of suicide. Suicide rates have been on the rise at the national, state, county, and school district levels. Interviewees specifically referenced El Paso County having the highest number of deaths by suicide in the state.

“In El Paso County for the past seven years, we’ve had pretty high suicide rates, suicide contagion, and as well as in our district.”

- Interviewee

Prioritized Populations at High Risk (n = 5)

Two interviewees spoke directly to their populations being at high risk for suicide or suicidal behavior, specifically LGBTQ populations and youth populations. Three interviewees also spoke about this high risk for death by suicide or suicide attempts indirectly, specifically referencing students and adults with access to lethal means. Interviewees from school districts spoke about the risk of suicide among their students, the concern about ‘suicide contagion’ when the news reports a suicide or it happens in the school community, and then youth appear to engage with suicide ideation. Another interviewee spoke of the issue of access to lethal means putting some adult populations at risk, such as veterans.

“We recognize that LGBTQ youth are at a higher risk [for suicide] in our county – across the board nationally – we see the trends. ...We’re still in the culture [in] which I have to say it’s not that young people are suicidal because they’re queer. It’s because there are systems and structures [and] discrimination that isolate them. There’s an emotional toll and impact that has on their lives.”

- Interviewee

⁷ Five grants were given for an aspect of organizational infrastructure (strategic planning, hiring an executive director, designing an evaluation, building infrastructure). In these cases, the grant was not directly used to address a specific community need. The community needs addressed by the funded partner in general and not specifically related to the grant were captured in these instances.

⁸ Declined applications focused on supporting young people (n = 3) and veterans (n = 1).

⁹ One funded partner did reference serving men (generally) in their grant application.



Community Entities Asked for Support (n = 2)

The state, a local foundation, and a citizen group asked two interviewees to take on suicide prevention work, specifically calling for infrastructure support and for connections to resources to address this problem.

"At the time, there were suddenly a lot of conversations [about suicide prevention] going on locally. There was a group that way put together, this youth suicide prevention work group that started to think about ways that the community could band together to create some solutions for these problems."

- Interviewee

Evidence-Based Practices



Takeaway

Funded partners used three types of evidence-based practices to support their work: (1) research-based programs, (2) elements of programs backed by external research, and (3) programs backed by internal data and evaluation.

CSHF emphasizes using evidence-based practices with funded partners and evidence-based practices were prominent throughout the suicide prevention focus area. According to grant applications and reports, almost all funded partners used evidence-based practices ($n = 17$).¹⁰ Funded partners used three types of evidence-based practices: (1) research-based programs, (2) elements of programs backed by external research, and (3) practices backed by internal data and evaluation.¹¹

Funded partners were not always clear about what constituted an evidence-based practice and might not always describe their work as evidence-based.¹² One funded partner shared that sometimes suicide prevention work is more “evidence guided” than evidence-based. They shared that as evidence continues to emerge, especially about what practices are effective for engaging LGBTQ individuals and single, working-age White men, suicide prevention work can be more guided by evidence than grounded in evidence.

“We are definitely evidence based. [But] sometimes in suicide [prevention], it has to be more evidence-guided than truly, truly based.”
- Interviewee

Research-Based Programs

The first type of evidence-based practice funded partners used was an existing research-based program or curriculum backed by external research (9 grants). Research-based programs were also the most frequently cited type of evidence-based practices by interviewees ($n = 5$), including all three school districts interviewed.

Research-based programs implemented by funded partners:

- Applied Suicide Intervention Skills Training
- Signs of Suicide
- Sources of Strength
- Youth Mental Health First Aid
- Teen Mental Health First Aid
- Zero Suicide

¹⁰ Thirteen funded partners identified using evidence-based practices in the work funded by the grant. The remaining five grants were given for an aspect of organizational infrastructure (strategic planning, hiring an executive director, designing an evaluation, building infrastructure, etc.). Four of these funded partners referred to using evidence-based practices in their organization, but the grant funds were not used to support work that was evidence-based. One funded partner did not refer to using evidence-based practices – this funded partner received a capacity building/technical assistance grant to design an evaluation.

¹¹ Three of the four declined applicants reported using evidence-based practices. However, none of the declined applicants used a research-based program. The fourth declined applicant intended to include developing evidence-based practices as part of their grant work. Two declined applicants had programs that included approaches to suicide prevention that were supported by research and one declined applicant had a program that was backed by internal evidence.

¹² Vantage noted a similar finding that funded partners were not always clear on the definition of evidence-based practice in the [2018 evaluation report](#).



Benefit of Using Research-Based Programs

Using Research-Based Programs Led to a Culture Where More Evidence-Based Practices Could be Implemented

Two of the five interviewees using research-based programs noted that using this type of evidence-based practice in their organization led to a culture where more evidence-based practices could be implemented. Implementing a research-based program reduced stigma related to suicide and led to increased understanding of mental and behavioral health. This paved the way for implementing more evidence-based practices that focused on suicide prevention.

"[The research-based program] has allowed us to implement some other processes and prevention programs. After we had [the first program] in place and that culture about talking about mental health and behavioral health and that part of what we need to do is support our friends, that culture helped us begin to implement [another] evidence-based program."

- Interviewee

Interviewees also identified other benefits of using research-based programs. One interviewee shared that research-based programs were valuable for their organization because they knew they would work: "You have to start where there's some evidence that this has worked or that this is what's best for our students, because there are lots of programs that have bells and whistles and are very charismatic, but to have it be rooted in some longitudinal studies [is important]."

Another interviewee shared that because they used the same research-based program as another local organization, they were able to partner on delivering trainings, which helped them reach more people. This interviewee reflected that, "some of our trainers have helped [another organization], and we're working with them to try to provide a training that we can invite our [clients] to, but it also will be for the greater community."

Two interviewees shared that the specific research-based programs they used were valuable for their organization because they focused on prevention rather than intervention. One of these interviewees also shared that their program was valuable because it was specifically designed for working with young people. The program empowered youth, gave them ownership over the program, and was easily adaptable to the tone of the room: "The tone of the room could be different any day. We could be thinking we're about to go into having a real deep conversation about X, Y, and Z and when they show up, they're bouncing off the walls."

"An ounce of prevention is worth a pound of cure. We work [with] youth. Let's get them before they're out there ... I'm really into that upstream prevention. It's relevant for any young person, including ones who are not currently suicidal. That is why I was super interested in that curriculum."

- Interviewee



Challenge of Using Research-Based Programs

Research-Based Programs May Not Be Effective for Some Populations

Two interviewees reflected that research-based programs were not always effective for their clients if the programs were implemented as intended. Research-based programs were sometimes outdated and not always appropriate for, or inclusive of, the populations that the organizations served. Both interviewees stated this was not truly a challenge for them because they were able to be flexible with the programs and adapt them to work for their clients. One of the interviewees also called out one of the things they appreciated about the program they use was that it was flexible.

"I know in evidence-based world, there is the fidelity to the model. I'm also a [non-profit] and I also am intuitive to the model. I get that fidelity and also, I flip it on its head sometimes because we're in the real world with reach to people, and it looks different than a testing world. We're open about that and we're flexible about that. Because of that, [the evidence-based program] has been really helpful. But ... when we find other things like resources towards resilience or something, we'll bring that in and adapt that to be part of it with the same model of working through those things. ...If we implemented it in the precise way that it is designed, it probably wouldn't work for us. But since we don't, having it as a model and a place to generate from has actually been pretty effective for us."

- Interviewee

Interviewees also identified other challenges related to using research-based programs. One interviewee thought that the staff training required for research-based programs was expensive. Then once staff were trained, busy schedules meant that they were not always available when they were needed. Another interviewee reflected that finding appropriate research-based programs can be a challenge, stating that *"more of a challenge is finding research-based programs. ...A lot of companies have curriculum that's got lots of bells and whistles, but is it founded in that research?"*

Elements of Programs Backed by External Research

The second type of evidence-based practice funded partners used included programs designed internally by their organization that used practices backed by external research (7 grants). For example, as part of their programming, one organization offered peer support groups citing research that showed peer support to be an effective method for combatting mood disorders such as depression and bipolar. No interviewees described using this type of evidence-based practice.

Practices Backed by Internal Data and Evaluation

The third type of evidence-based practice funded partners used involved practices backed by internal evidence they collected through their data and evaluations (3 grants). Two interviewees from non-profit organizations used this type of evidence-based practice. One interviewee shared that a benefit of collecting data to support their practices was that they can use the evidence to demonstrate to funders and to the wider community that their program is successful and should be supported. They also shared using the data they collect can be a challenge. They collect large amounts of data but generally just use a small amount of it.

Contribution of Suicide Prevention Grants



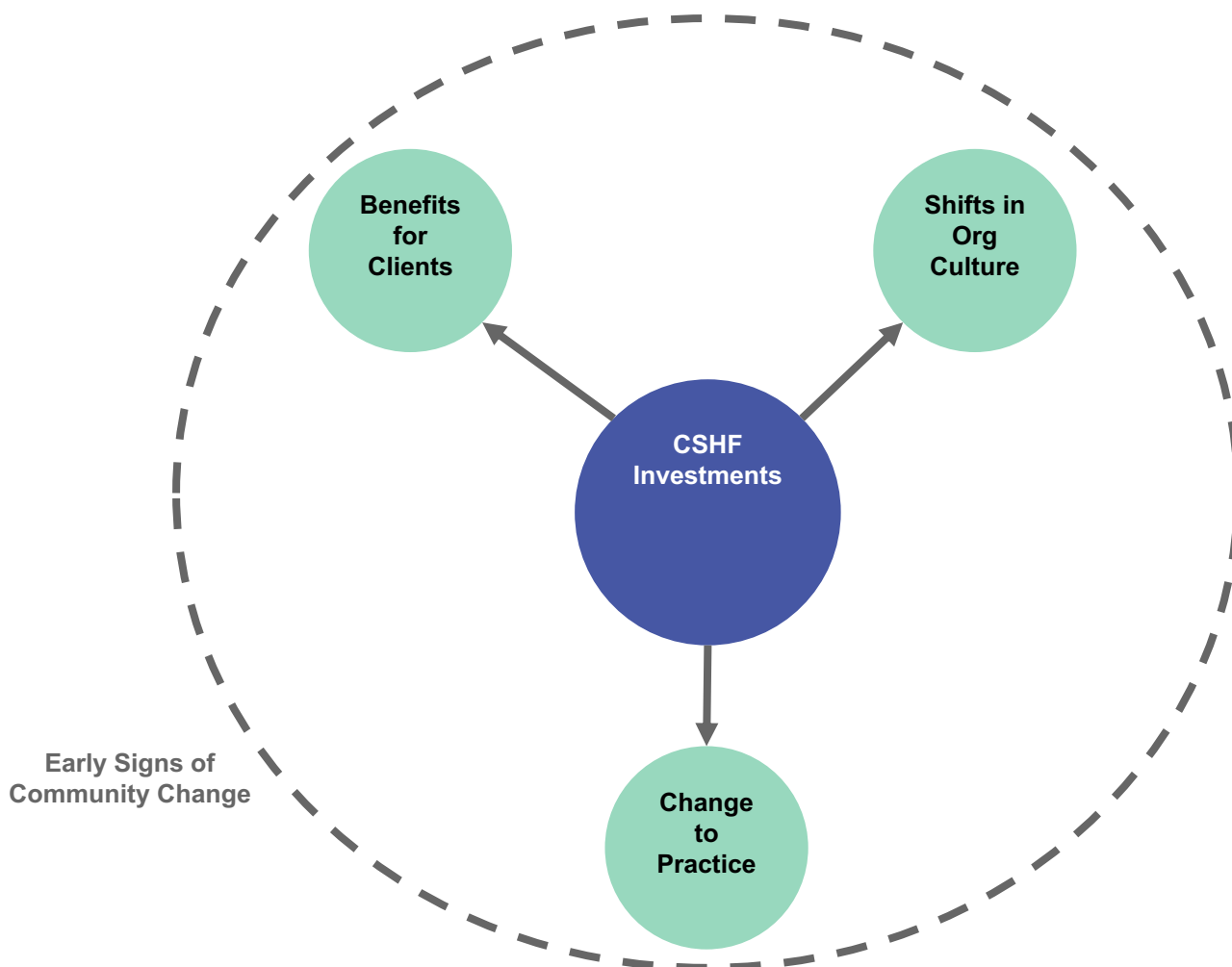
Takeaway

CSHF invested in programs using evidence-based practices, leading to benefits for funded partners' clients, shifts in organizational culture around suicide prevention, and new programs or processes. As a result of this work, funded partners witnessed early changes in the community.

CSHF directly contributed to funded partners' suicide prevention efforts by investing in programs or projects to access trainings, support staff salary or consultants, and provide programmatic support. **These investments in programs or projects created ripple effects influencing funded partners' clients, organizational culture, and organizational practices.** Funded partners experienced:

- Benefits for their Clients: improved comfort and skills to address suicide, connection to support, and increased access to therapy
- Shifts in their Organizational Culture: increased staff knowledge and greater buy-in to suicide prevention programming
- Changes to their Practice: introduction of new programming or changed processes and practices.

These in turn led to some early signs of community change around suicide and suicide prevention, such as changing conversations about suicide in the community and increased partnerships with other organizations.





Takeaway

CSHF invested in organizations and programs to increase access to suicide prevention training, support staff salary and hiring consultants, and provide programmatic support.

Investments in Programs or Projects

Access to Training (n = 5)

Five interviewees used CSHF funding to support their access to training opportunities. These were primarily used for **training related to research-based programs** (n = 4), mostly for school districts (3 of the 4 interviewees). CSHF funding covered the costs to send staff members to trainings (including enrollment fees and travel expenses in some cases) and/or the costs of training materials. One interviewee specifically found the timing of the CSHF grant to be well aligned with the goals of the organization to implement a research-based program that addresses suicidal ideation, which required training staff on implementing and using the program. One interviewee also used CSHF funding to provide virtual facilitation training for their partners.

Staff Salary and Consultant Fees (n = 4)

Four interviewees from nonprofits and hospitals used CSHF funding to increase the capacity of their organization or program with operational support. These interviewees primarily discussed using CSHF funding to support all or portions of **staff salary** (n = 3) or to hire **technical assistance or consultants** to support their work (n = 2). Supporting staff salary was described by one interviewee as critical to ensuring that the work happened because there was one person solely dedicated to their suicide prevention programming. The interviewee spent a lot of their time on education and training and, as a result, implemented new evidence-based practices. The use of these evidence-based practices grew across their organization as more and more staff implemented them. One interviewee also used CSHF funding to support website creation, build a dashboard, and coordinate community events.

"[We] realized that unless you have someone in charge and someone running [the program], and that's all their focus, it was just too hard to get up and running."

- Interviewee

Programmatic Support (n = 4)

CSHF funding for programmatic support included **purchasing program materials** (n = 3), gaining access to **research-based curricula** for school districts (n = 2), and **maintaining programming** (n = 1). Purchasing program materials included items such as workbooks or manuals, printing costs, and office supplies. The two interviewees that highlighted gaining access to research-based curricula represented school districts that needed initial seed funding to gain access to the curricula materials in order to implement the research-based program within their schools.

The one interviewee that discussed maintaining their programming shared that the funding amount was not enough to make program improvements, but sufficient to focus on keeping the programming running smoothly.

"For a region like El Paso and Teller Counties, the dollar amount [to make changes to programs] will be closer to \$30,000 where we would potentially be able to talk about staff members on the ground working in the community. But a \$10,000 amount is just maintenance. This allows us to maintain what we've been doing."

- Interviewee



Takeaway

As a result of the work supported by CSHF, the clients of funded partners increased their comfort and skills in talking about suicide, were better connected to support, and were able to access therapy.

Benefits for Clients

Increased Comfort and Skills in Addressing Suicide (n = 3)

Interviewees provided training to staff, clients, and parents that led to increased comfort and skills in addressing suicide (n = 3). According to interviewees representing school districts, providing training to staff, clients, and parents through research-based programs led to a reduction in stigma associated with suicide (n = 3). Clients, staff, and parents were more comfortable talking about suicide as a result of training. One interviewee linked this shift in comfort and skills around suicide to the fact that their organization implemented training each year for several years, which has led to a 'common language' to talk about suicide. Increased comfort and skills have led to an increase in clients speaking openly about suicide and suicidal ideations, both to staff and to their peers. Increased skills and a reduction in stigma meant staff were better able to support clients when they talked about suicide, and clients were better able to support their peers. One interviewee gave an example of a staff member using their training to identify a client with an active suicide plan. The staff member was able to connect the client to the support they needed.

"[The grant work has] decreased ... stigma around mental health and [suicidal] ideation for students, [and] staff ... feel more comfortable [talking] about [suicide]."

- Interviewee

"[Without the funding] we wouldn't have students helping other students and not [feeling] the guilt or the worry that they have to keep that secret. ...[The students know] how to ask those questions: 'Are you thinking about killing yourself? Do you have a plan?' And that just empowers them that they know the right verbiage and it's okay to ask that."

- Interviewee

Connection to Support (n = 2)

Two interviewees connected clients and communities to case management and crisis intervention. One interviewee shared that because of the program they implemented through their CSHF grant, they were better able to identify when clients needed support and connect them to case management. This interviewee reflected that, "we're doing a better job of recognizing kids that are at risk of suicide, identifying those kids, and being able to get the right intervention at the right time." Another interviewee shared that their grant enabled them to promote a crisis intervention resource and increased the number of people utilizing the resource threefold.

Increased Access to Therapy (n = 2)

Two interviewees helped clients access therapy through their grant work. Both interviewees who helped clients access therapy through their grant work linked being able to give their clients access to therapy services to saving client lives.

Interviewees either connected clients to therapy by providing referrals or adding therapy services in-house. By adding a therapist to their staff, one interviewee was able to offer therapy services to clients in-house and refer clients out when in-house services were not appropriate. This interviewee shared clients sometimes struggled to access appropriate services in the past, providing therapy in-house meant the organization knew clients were accessing the therapy services they needed.

"The biggest achievement [of the grant] is when a young person walks into our office and they're suicidal, we can hand them off to a therapist immediately. In our center [clients who are suicidal] do not trust community partners. They may not even tell their parents."

- Interviewee

"I know there was at least one life saved [as a result of the work done with the suicide prevention grant] and what's the dollar amount on that?"

- Interviewee



Takeaway

CSHF funding for training led to increased staff knowledge and comfort around suicide prevention and leadership buy-in.

Shifts in Organizational Culture

Increased Staff Knowledge and Comfort (n = 5)

Five interviewees discussed experiencing increased staff and leadership knowledge of suicide prevention and intervention as a result of the work conducted as part of the CSHF grant, including all three school districts interviewed. All five of these interviewees used at least part of their funding for training (including two that also used funding for programmatic support related to research-based curricula) and two used funding for staff salary.

These interviewees shared how the training they accessed through the grant and the implementation of their work supported staff in deepening their knowledge of suicide prevention. Three of these five interviewees also discussed how, as a result of the work funded by the grant, training opportunities have been expanded to reach more staff, including:

- Training for all new staff members
- Training for all staff every year due to consistent turnover
- Additional staff asked to be trained in the research-based curriculum implemented as part of the grant because of the impact they saw on students

"Our staff are so much more educated and aware of social emotional wellness in themselves and their students than ever. Two or three years ago, I don't think we could have said that staff [are] where they are right now with that. That's pretty huge."

- Interviewee

Two interviewees also reflected that this increased knowledge of and exposure to suicide prevention changed the conversation about suicide within their organization and increased staff's comfort with talking about suicide, both amongst the staff and with clients.

"Staff feel more comfortable being able to talk about [suicide]. It used to be, 'you need to go talk to the counselor or you need to go talk to someone else.' Now [staff] feel much more comfortable engaging at least in that initial level. ...All of our administrators ... would acknowledge that culturally it's far easier to talk about suicide, it's far easier to recognize it and to get help. There's not the same stigma that there was before around it."

- Interviewee



Leadership and Staff Buy-In (n = 4)

Four interviewees – including all three school districts interviewed – reflected that staff and leadership within their organization developed greater buy-in for suicide prevention as a result of the work of the CSHF grant. All four of these interviewees used CSHF grant funds for training and one also used grant funds to support staff salary.

Leadership (n = 3): Two of the school-based interviewees shared that implementing the suicide prevention programming supported by the CSHF grant helped their school and district leadership look beyond academics when understanding student and school performance. A third interviewee was most proud of the funded program being included in their organization's strategic plan and believed that the inclusion was a direct result of the leadership buy-in created by the grant funding: *"Biggest success. I honestly think it's getting [the program] threaded into [the organization's] goals without going in and vying for that and advocating for it. Somehow between all the trainings and the education, all the media, to see [the organization] recognize it as something they want to do."*

"What [the grant] did was open the door to district leadership having a different appreciation for mental health and behavioral health and social emotional learning altogether as having equal space with academics in terms of what makes a school great."

- Interviewee

Staff (n = 2): Two of the four interviewees also discussed increased staff buy-in for using research-based program implement through the CSHF grant as staff witnessed the impact on clients. One of these interviewees initially faced significant resistance from staff to use the assessments that were part of their research-based program or that staff thought it was not part of their job. However, as staff started to use the assessments more, they recognized the value of the program and the interviewee witnessed a change in their attitude.



Takeaway

Funding for staff salary helped funded partners introduce new programming and processes and be more strategic in their operations.

Changes to Organizational Practice

Introduced New Programming (n = 3)

Three interviewees were able to introduce new programming or work with new populations as a result of the work funded by the CSHF grant. Two interviewees that used funding for staff salary or consultants added services or programming for demographics not previously served by their organization. These interviewees also described a shift in how their organization thinks about programming, specifically for these demographics.

"[The work funded by the CSHF grant] opened up our conception of what programming could be. ...It was a different way to serve the community. ...It has created a new conception of what we can do and how we can help. That's been really gratifying."

- Interviewee

Another interviewee that used their funding for training witnessed the success of the research-based program they implemented with the support of the CSHF grant and decided to introduce another research-based program that built upon the concepts and topics of the one funded by the grant.

Changed Processes and Procedures (n = 3)

Three interviewees implemented processes and procedures to assess and track clients and students throughout their organization as a result of the work of their CSHF grant. Two interviews used funding for staff salary and two used funding for training. This allowed these organizations to both utilize assessment practices with more clients and better track clients to understand suicidality risk. Though the interviewee did not want to attribute this change solely to the CSHF grant, they did say:

"With the work of the [CSHF] grant and the increase of assessments that we were doing and our need to track and make sure that we were doing what we needed to do for students, we did implement a tracking system for behavioral health that we use on our student information system. That has lasted and become more robust. Now when a mental health provider conducts a suicide risk assessment, that's tracked as information with that student that one has been conducted."



Be More Strategic (n = 2)

Two interviewees discussed how the funding provided by CSHF to support their existing programming allowed them to be more strategic. They specifically shared that CSHF was a smaller funder of their programming relative to their other funding sources. However, these interviewees also noted that having this additional funding from CSHF allowed them to be able to be more strategic in their programming. One interviewee (who received funding for staff salary and consultants) said that with the CSHF funding, “we have been able to step back from it a little bit and get into what are some of the critical paths to get there for this community and less to picking fruit as it comes.” For the other interviewee (who received funding for programmatic support), CSHF funding meant that they did not have to worry about funding to cover their critical services and could focus on other things, like their strategic planning process.

“If we didn’t have [the funding] from Colorado Springs Health Foundation, would we be able to even explore moving forward with a strategic plan or would we be out in the community seeking funding from elsewhere to just try to maintain our services?”

- Interviewee

The grant from CSHF for staff salary also helped one organization respond to suicidality. This interviewee’s organization added additional expertise through funding for a new staff position. This new staff member had the skills for responding to suicidality that were not previously present in the organization, which resulted in other staff members improving their skills and having an internal resource for support. This interviewee shared that adding this expertise to their team freed up the executive director’s time to focus on macro-level community-facing activities.



Takeaway

Investments in staff salary contributed to changed conversations about suicide in the community and improved partnerships for suicide prevention.

Early Signs of Community Change

CSHF started funding suicide prevention in 2016. Community change, especially shifts in population-level metrics (such as the suicide rate), happen slowly. Given that, interviewees reported two early signs of community change tied to their grant work: (1) changing conversations about suicide, and (2) partnering with other organizations in suicide prevention work.

Changed Conversations Around Suicide

Three interviewees discussed changed conversations around suicide in the community. All three interviewees used part of the CSHF funding to support staff salary and two received two-year grants. This funding for staff salary led to increased capacity in the community to talk about suicide and bring together diverse voices for the conversation. For two interviewees, hiring additional staff meant there was increased capacity to participate in community conversations. One interviewee shared that hiring an additional staff member has freed up their time to participate in community meetings about suicide prevention and to advocate for the needs and response to barriers faced by the specific population they serve. Another interviewee shared that their increased staff capacity meant they were able to expand and diversify the people they engaged regarding conversations about suicide: *“It’s more cross-pollination between the people already working on it and adding a few more seats to the table.”*

Interviewees also shifted perspectives on community need and response to suicide ($n = 2$). In the past, the conversation in the community focused on youth suicide, but this has shifted to an understanding that the community need is broader than just youth and encompasses other populations. As a result of work funded by CSHF, one interviewee shared that organizations they work with are starting to think about how they can implement practices to prevent suicide among a broader population.

“We’ve definitely changed the scope where people are thinking, beyond just ‘how do we reduce youth suicide?’ That was not happening, even in the discussions. It was really youth, maybe veterans. People weren’t thinking, ‘How do we approach your working age white male?’ who is actually at the highest risk in our community, in most communities, but specifically in El Paso County.”

- Interviewee

Improved Partnerships

Two funded partners were awarded collaboration grants between 2016 and 2019. Presumably, due to the nature of collaboration, the work of these grants included partnerships between organizations. Additionally, three interviewees shared how they partnered with other organizations on the suicide prevention work CSHF funded. One interviewee shared program resources with another organization, expanding the reach of their program and materials. Another interviewee partnered with other organizations to deliver training and support to help other organizations implement the program they are using. The third interviewee partnered with an organization to deliver training in their community.

“The footprint of this [program] has gone so much farther beyond El Paso County and Teller County. We had no idea that that was going to be possible.”

- Interviewee



Along with these early signs of community change, one interviewee shared how they interacted with their community through their grant work. Community members were interested in their grant work and the organization created an opportunity for community involvement as a result. Additionally, the grant work changed how the organization was seen in the community. After the grant work, the organization was viewed as part of the community response to suicide:

“[The work funded by CSHF] helped to position the organization as one that could adapt to emerging pressures and issues. ... This was a boost to us in terms of having people see the organization as part of a community response. To see us nimble and to see us as good partners and a source of on the ground information when it came to the teen populations.” – Interviewee

Another interviewee shared how their community collaborates on suicide prevention, though not specifically on work related to their CSHF grant. A committee of local organizations shares information and responds to community need. This has led to greater awareness of community need and more services being provided to support the community.

Despite highlighting some early signs of change, one interviewee stated that they did not believe systems change has happened yet as a result of the work funded by CSHF. This interviewee seemed to be associating systems change with reduction in the rates of suicide in the region. One interviewee also reflected that health care alone cannot effectively address suicide prevention and noted to drive systems change, the work needs to involve a cross-section of organizations.



Impact of COVID-19 on Funded Work

While this evaluation specifically looked at CSHF grants awarded before the start of the COVID-19 pandemic, five interviewees' grants were still active when the pandemic hit, and all interviewees were still implementing the work funded by CSHF. The COVID-19 pandemic both negatively and positively impacted the work funded by CSHF. The pandemic put a strain on the programs, generally, as staff were pulled into other duties and, specifically, as staff were redirected to learn and used new remote platforms.

Negative Impact of COVID-19

Five interviewees reported disruption in their work due to:

- (1) **Less or different access to students (n = 2):** Two interviewees from school districts expressed concern that their access to students changed due to the pandemic. Students were no longer able to congregate at schools and the connection over the remote platform was not the same. This lack of access to students meant it was both harder to recognize if the students was in need or distressed and harder to support them, generally.
- (2) **Adjusted work priorities (n = 2):** Two interviewees shared that other work duties took priority over the work funded by CSHF. For one interviewee, staff were redirected during the COVID-19 pandemic to other duties which made it harder to attend to the program funded by CSHF. In another case, an interviewee shared that "... with COVID hitting, we got hijacked in terms of strategic planning and so forth."
- (3) **Challenges of various virtual platforms and moving to a remote training space (n = 1):** Staff were disappointed and challenged by moving training to a remote platform.

One interviewee thought that their program might not have survived the COVID-19 pandemic had the grant-supported staff position not been in place, because volunteer efforts may not have been enough to sustain the program. This interviewee described surviving the strain of the COVID-19 pandemic as the 'biggest achievement' of the grant: *"Had my position not existed, I guarantee you [the work] would have [dissipated]. Even all the volunteer energy would have dissipated because everyone who was doing that work was so distracted."*

Positive Response to COVID-19

Two interviewees spoke of positive responses to the COVID-19 conditions:

- **Benefits of virtual training:** By experiencing virtual facilitation training (funded by CSHF), one interviewee saw partners use virtual facilitation in their own work. Partners were able to hone their virtual facilitation skills by attending remote meetings which they then applied to their own groups and meetings.
- **Expanded client contact through teletherapy:** One interviewee shared that their program turned to teletherapy as a result of the COVID-19 pandemic and saw an uptick in the number of telehealth sessions. The evaluation did not uncover whether the uptick in sessions was a direct result of introducing teletherapy or as an indicating of increased need.



Takeaway

Funded partners valued working with CSHF for their flexibility, interest in suicide prevention, and value of their time.

When asked how the grant characteristics (such as logistics, structure, duration, funding amount, etc.) supported or hindered their work, interviewees spoke to two major pathways: through the characteristics of the grants themselves and through the characteristics of CSHF as a funder.

Characteristics of the Grant

The grants were described as having (1) appropriate durations and (2) a manageable application process.

Grant Duration (n = 3)

Two interviewees appreciated having longer grant durations. One interviewee received a two-year grant, which they felt was appropriate for their work. Another interviewee received a one-year grant and wished the grant period was longer, so as to keep up the momentum. Alternatively, another interviewee thought the one-year grant period was just right for them as a school district as it got the program “off the ground.”

“A one year [grant] was perfect for what we needed it to be that I can’t say that was a negative at all. ...I was looking for the dedicated resource to help get [the program] off the ground. ...That’s what schools do. We’re always focused on sustainability, so I know I needed enough support to get it off the ground. Once I had it off the ground, once the initial training was done, once we had a year in, I wasn’t going to need that same level of support in subsequent years for that. I could grow it, I could do other things with it, but I only needed that one year to have the momentum to do it effectively.” – Interviewee

“I love two-year grants. They make so much sense. There’s nothing you can really do in one year except for general operating expenses. Let’s be real. Building out a new program takes time. It takes investment. I prefer three years for a brand-new program actually. But we’ll see with this program, it’s too early in my opinion to know how successful we’ve been. I will know that more when I’m around a year and a half [in].”

- Interviewee

Grant Application Process (n = 2)

Interviewees experienced the grant application process as straightforward, easy, and not time-consuming, especially when compared to grants from federal or state funding agencies.

One interviewee also shared that receiving a matching grant was motivating for them and for those from whom they raised money:

“The way [CSHF] structured it with giving \$25k and challenging us to raise \$25k before we got a third \$25k [from CSHF], that’s super motivating. It’s hard to think about leaving that kind of money on the table. It’s motivating not just for us, but also for those people or organizations that would be inclined to support it. To say it’s a match. People respond to matches. To wind up having \$75,000 available at the outset was huge.” – Interviewee

“This [grant] is on the easier side. It’s not a government grant, so there aren’t too many hoops to jump through. I feel like there’s a lot of freedom here, which is awesome for us. Because again, we’re a small organization where ... to pull all this together takes a lot of work. It wasn’t too labor intensive, which is good.”

- Interviewee



Characteristics of the Funder

Interviewees praised CSHF for being easy to work with, flexible, encouraging, communicative, and interested in the positive impact of the work itself. CSHF was seen as open, not micromanaging, and interested in *“the work over the paperwork.”* The interviewees experienced CSHF as passionate and engaged in the community. Five interviewees praised CSHF as a major, positive influence on the work because of their openness and supportiveness.

One interviewee appreciated the focus upon the work itself rather than the *“business-y side of it.”* This observation was compared to having *“too many hoops to jump through”* when working with other grants.

“There’s been more communication between us and [CSHF] than there is with us in virtually any other funder, which I really value. ...The way they set it up and the way they’ve delivered their support and their funding has been great.”

- Interviewee

“We’re used to working with federal grants and state grants and this was actually the only non-state or federal grant that I’ve worked with. It was such a breath of fresh air. They were so flexible and communicative, just in a different way. That was wonderful. ...It’s probably what everybody wants great work to be, which is really about the actual work and not about all the business-y side of it. That was lovely. You can write the grant, you get the grant, you talk about what’s appropriate based on it. The periodic updates: we met for coffee to talk about a midyear review, which in my mind [was] so much more powerful to have a conversation about something rather than my spreadsheets and my papers and my budget sheets. That was such a breath of fresh air – that was amazing.”

- Interviewee

Value of Suicide Prevention Funding



Takeaway

Specific suicide prevention funding fills a gap that enables funded partners to direct the impact of their work on the communities most in need.

All interviewees valued having access to specific suicide prevention funding for their work (n = 8). The targeted intention of the grant focused the work, helped address potential shortfalls or gaps in services, and addressed the critical issue of suicide in their communities.

Specific grant focus was the reason the work and the impact happened (n = 3): Interviewees shared that neither the work nor the impact on their clients would have happened were it not for the grant funding focus. They would not have seen the same impact on the students were it not for this emphasis on suicide prevention. For example, one interviewee shared: *"We wouldn't have students helping other students."*

Grant focused the attention of the program work (n = 3): The targeted intention helped narrow the focus of the work – the communities who need this work, need this focus. Interviewees worried that the work would get lost into the wider mental health domain if there were a broader intention of funding. The focus fit the holistic care for individuals in need. One interviewee stated that the targeted focus of the grant aligned with the top priority of the county and the *"glaring issue that our youth are confronting."*

Grant focus filled a potential gap in the community (n = 2): One interviewee spoke about how there was a gap in services around suicide and that this grant focus enabled them to step into that space: *"We're going to fill a slot that in most places is filled by local government, but we need to do it."* Additionally, one interviewee applauded CSHF for having this focus saying that large foundations claim to support this intention, but it is not apparent in their requests for proposals.

"For me, [having access to suicide prevention funding] is the ability to have this program and to impact students' lives in a way that wouldn't have [happened without] that funding. We wouldn't be doing this right now."

- Interviewee

"[Having specific suicide prevention funding] helps us target [our programming]. There are lots of broad grants and things that we can do, but with this [funding from CSHF], I feel like it brings our focus narrower. In our district [we] do need to focus on this."

- Interviewee

"I've experienced a high amount of frustration when it comes to suicide prevention funding across the state of Colorado. I applaud Colorado Springs Health Foundation because they were the first foundation to specifically say that they are looking for proposals for suicide prevention. As far as I know, they're still the only one that specifically lists prevention suicide under their RFPs. ...I so appreciate that they specifically called it out in El Paso and Teller Counties. ...It wouldn't be classified as the epicenter of suicide in the state, but damn near close."

- Interviewee



The Argument for a Broader Funding Focus

Three interviewees spoke to considering a broader focus for funding. For one interviewee, now that they know more about suicide and suicide prevention, they consider the narrower focus potentially limiting. Two other interviewees wanted to explore upstream prevention efforts such as offering support to individuals in crisis and economic and social stability, noting that it is too late to wait for health care services to step in.

"I don't know if they're thinking [at CSHF] about potentially transitioning away from suicide prevention into something that's just different or more broad in nature. Personally, I'd like to see them get there. Suicide prevention is obviously super important, but you can do a lot more with the idea of trying to get upstream of suicide. There's a lot of innovation around funding ways to have people reach out and support each other. ...The suicide prevention piece was important for this community. And it still is. But there's also a lot more to be done to the mental health sphere that's not necessarily specific to suicide prevention."

- Interviewee

Appendix: Evaluation Question Summary



CSHF and Vantage Evaluation developed a set of learning questions that guided the data collection of the suicide prevention grantmaking evaluation. The complete list of learning questions is below:

- What has CSHF funded (and not funded) through their suicide prevention grantmaking? (Assess Alignment)
 - How has suicide prevention grantmaking changed over time, if at all?
 - To what extent did suicide prevention grantmaking align with community need?
- In what ways did the suicide prevention grants contribute to organizations and programming? (Inform Strategy)
 - To what extent did these grants affected funded partners' investment in suicide prevention work long-term?
 - In what ways did funded partners change their suicide prevention practice as a result of the grant?
 - To what extent did funded partners use evidence-based practices? To what extent does the use of evidence-based practices drive change within organizations?
- What grant characteristics contributed to the greatest change within funded partners? (e.g. request type, grant length, etc.) (Inform Strategy)
- In what ways, if any, did the grants contribute to systems-level change? (Inform Strategy)
- What, if anything, makes the suicide prevention grants unique and separates them from other funded areas, specifically mental health funding through Access to Care? (Drive Learning)

Evaluation Question: What has CSHF funded (and not) through their suicide prevention grantmaking?

Between 2016 and 2019, CSHF awarded 18 suicide prevention grants totaling \$764,174 with an acceptance rate of 82%. As a result, patterns in CSHF grantmaking also reflect patterns in the grant applications received from organizations. CSHF modestly funded programs and capacity building for organizations focused on health-related risk factors for suicide.¹³

Detail: How has suicide prevention grantmaking changed over time, if at all?

The number of grants awarded, and the overall value of funding, increased in 2019. CSHF began awarding multi-year grants in 2018.

Detail: To what extent did suicide prevention grantmaking align with community need?

Suicide prevention grantmaking aligned with community need around students and youth, particularly LGBTQ populations, and veterans. CSHF did not receive any applications nor fund any awards for work specifically with White, middle-aged men and Black communities, despite El Paso and Teller Counties having higher rates of death by suicide for these populations than the Colorado average. Interviewees primarily identified a need for their programming based on the high rates of death by suicide in the region (n = 6) and prioritizing populations at high risk for suicide or suicidal behavior (n = 5).

¹³ For more information, refer to the Suicide Prevention Grantmaking section on page 6.



Evaluation Question: In what ways did the suicide prevention grants contribute to organizations and programming?

CSHF invested in programs using evidence-based practices, leading to benefits for funded partners' clients and shifts in funded partners' organizational culture and practices around suicide prevention.¹⁴ As a result of this work, funded partners witnessed early changes in the community. CSHF invested in suicide prevention efforts by supporting access to trainings, staff salary and consultant fees, and general programmatic support. As a result of this work, interviewees saw multiple benefits for clients, including:

- Improved comfort and skills in addressing suicide (n = 3)
- Connection to support (n = 2)
- Increased access to therapy (n = 2)

Detail: To what extent did these grants affect funded partners' investment in suicide prevention work long-term?

All funded partners interviewed have continued the work supported by the CSHF grant or have plans to continue after the funding period ends (n = 8). Interviewees experienced greater buy-in from leadership and other staff as a result of the work funded by CSHF (n = 4). School-based interviewees shared that implementing the suicide prevention programming supported by the CSHF grant helped their school and district leadership look beyond academics when understanding student and school performance (n = 2). A third interviewee was most proud of the funded program being included in their organization's strategic plan and believed that the inclusion was a direct results of the leadership buy-in created by the grant funding.

Detail: In what ways did funded partners change their suicide prevention practice as a result of the grant?

In addition to continuing the work funded by CSHF, three interviewees introduced new programming or work with new populations coming out of the work funded by the CSHF grant. Two interviewees added services or programming for demographics not previously served by their organization and another interviewee decided to introduce an additional evidence-based practice after seeing the success of the evidence-based practice implemented with the support of CSHF.

Three interviewees also implemented new processes and procedures to assess and track clients and students throughout their organization as a result of the work of their CSHF grant.

¹⁴ For more information, refer to the Contribution of Suicide Prevention Grants section starting on page 13.



Detail: To what extent did funded partners use evidence-based practices? To what extent does the use of evidence-based practice drive change within organizations?

CSHF specifically invested in organizations and programs that use evidence-based practices. Almost all funded partners used evidence-based practices (n = 17), including implementing research-based programs, designing their programs to include practices backed by external research, and using internally collected data and evaluation to support practices.¹⁵ Interviewees specifically talked about the benefits and challenges of using research-based programs:

Benefits	Challenges
<ul style="list-style-type: none">• Using research-based programs in their organization led to a culture where more research-based programs could be implemented (n = 2)• Organizations knew research-based programs would work for their clients (n = 1)• Enabled partnerships between organizations (n = 1)	<ul style="list-style-type: none">• Programming was not always effective for their clients if they implemented the research-based program as it was intended (n = 2)• Research-based programs required training staff, which was expensive (n = 1)• Finding appropriate research-based programs was a challenge (n = 1)

Evaluation Question: In what ways, if any, did the grants drive systems-level change?

Interviewees identified two main ways that the suicide prevention grants contributed to systems-level change: change within organizations and early signs of community change. Organizational change was often described as a shift in organizational culture or practice,¹⁶ including:

- Increased staff knowledge and comfort in talking about suicide and suicide prevention (n = 5)
- Leadership and staff buy-in for suicide prevention programming (n = 4)
- Introduction of new programming or populations served (n = 3)
- Changes to processes and procedures, specifically for assessing and tracking clients and students (n = 3)
- Expanding the use or reach of evidence-based practices (n = 3)

At the community level, interviewees reflected on witnessing early signs of change,¹⁷ including:

- Changed conversations around suicide (n = 3)
- Improved partnerships between organizations (n = 2)

Despite highlighting some of these early signs of change, one interviewee stated that they did not believe systems change has happened yet as a result of the work funded by CSHF. This interviewee seemed to be associating systems change with reduction in rates of suicide in the region. One interviewee also reflected that health care alone cannot effectively address suicide prevention and pointed out to drive systems change, the work needs to involve a cross-section of organizations.

¹⁵ For more information, refer to the Evidence-Based Practices section on page 10.

¹⁶ For more information, refer to the Shifts in Organizational Culture and Practices section on page 16.

¹⁷ For more information, refer to the Early Signs of Community Change section on page 20.



Evaluation Question: What grant characteristics contributed to the greatest change within funded partners?

Grants to support access to training drove benefits for clients and improved knowledge and buy-in. Interviewees who received funding to support their access to training related to evidence-based practices (n = 4) were more likely to say clients benefitted from programming and that staff and leadership improved their knowledge and buy-in for suicide prevention.

Grants to support staff salary or consultant fees led to early community change. Interviewees who received funding for staff salary or consultant fees (n = 4) were more likely to speak to introducing new programs, being more strategic in their operations, and witnessing early changes in the community. Particularly, interviewees that received support for staff salary reported changed conversations regarding suicide in the community (n = 3). This indicates that adding staff time increases the capacity and resources available throughout the organization.

Interviewees also identified specific grant and funder characteristics that supported the implementation of the work or contribution to their organizations and programming. These included:

- CSHF was easy to work with, flexible, encouraging, communicative, and interested in the positive impact of the work itself (n = 5).
- Grant periods longer than one year (n = 2), though another interviewee thought the one-year grant period was just right for them as a school district.
- The grant application process was straightforward, easy, and not time consuming (n = 2).

Evaluation Question: What, if anything, makes suicide prevention grants unique and separates them from other funding areas?

All interviewees found value in having access to funding specifically for suicide prevention (n = 8), rather than more general funding for access to care or mental health.¹⁸ The communities that need this work need the focus on suicide prevention. Interviewees worried that suicide prevention work would get lost amid a broader focus of funding (n = 3) and highlighted that the work and impact on clients happened because it was specifically focused on suicide prevention (n = 3). Two interviewees also saw CSHF as filling a unique gap in suicide prevention in the Pikes Peak region because either local government did not address all aspects of suicide prevention or suicide prevention was not a priority for other funders.

Three interviewees did understand a need for a broader funding focus, especially now that their suicide prevention programming is up and running. These interviewees specifically highlighted wanting to address more “upstream” factors (n = 2).

¹⁸ For more information, refer to the Value of Suicide Prevention Funding section on page 25.

Appendix: Methodology



This report captures information about CSHF's suicide prevention grantmaking from 2016 to 2019 using the following data sources:

- Consolidation of secondary data on the prevalence of suicide in El Paso and Teller counties and risk factors for suicide
- Review of 22 grant applications and 13 grant reports
- Interviews with eight funded partners

Secondary Data

At the beginning of the evaluation project (July 2020), Vantage consolidated secondary data on the rates and prevalence of deaths by suicide and suicidal behavior in El Paso and Teller Counties. This consolidation of secondary data was intended to provide context to the suicide prevention work funded by CSHF as well as our understanding of how well CSHF funding aligned with community need. The secondary data we consolidated is summarized below.

Key Takeaways

Among adults, White middle-aged men have the highest prevalence of suicide both nationally and locally (in El Paso and Teller Counties). Rates of suicide mortality are higher in El Paso and Teller Counties than Colorado, in general, among teenagers and young adults, Black communities, and veterans. Among the student population in El Paso County, female students, students 15 years and under, Asian and Black students, and LGBTQ students have the highest prevalence of attempted suicide.

Quick Facts

In 2019, 22% of autopsies completed by the El Paso County's Coroner Office (n = 180) were from death by suicide. The top three causes were firearms (57%), ligature (26%), and drugs (11%). Of these deaths, the average age was 40 years (range: 13 – 89 years), 79% were male, and 19% were active and prior military duty.

Based on 2019 CDPHE data, Teller County had the 5th highest age-adjusted suicide mortality rate (42.34 per 100,000 persons) and El Paso County had the 25th highest rate (23.82 per 100,000) in Colorado. Both counties had a higher suicide mortality rate than the state of Colorado (19.61 per 100,000 persons).

Between 2010 – 2018 in El Paso and Teller Counties:

The highest percentage of deaths by suicide were among people who were:

- White (92%)
- Not Hispanic (90%)
- Men (76%)
- Not a veteran (73%)
- Currently married (38%) or never married (35%)
- Ages 45-64 years (34%)

Compared to rates of suicide mortality in Colorado, El Paso and Teller Counties had higher rates among people who were:

- Not Hispanic (90%) compared to 87% in CO)
- Currently married (38% compared to 37% in CO)
- Ages 15-34 years (37%) compared to 31% in CO)
- Veteran of armed forces (27%) compared to 18% in CO)
- Black/African American (4% compared to 3% in CO)

Compared to the overall population in El Paso and Teller Counties, the following groups had higher rates of suicide mortality than their share of the population:

- White (92% compared to 86% of the population)
- Not Hispanic (90% compared to 83% of the population)
- Ages 20-74 years (86% compared to 69% of the population)
- Men (76% compared to 50% of the population)
- Veteran of armed forces (27% compared to 12% of the population)

Source: [Colorado Department of Public Health and Environment](#)



Suicide Prevalence Among Students

Among the student population, female students, students 15 years and under, Asian and Black students, and LGBTQ students have the highest prevalence of attempted suicide. The 2017 [Healthy Kids Colorado survey](#) found that in El Paso County:

- 21% of students seriously considered attempting suicide in the past 12 months (compared to 17% in Colorado) – including 27% of female students, 24% of Asian students, and 45% of LGBTQ students.
- 16% of students made a plan about how they would attempt suicide in the past 12 months (compared to 13% in Colorado) – including 20% of female students, 18% of students 15 years and under, 17% of Asian students, 18% of Black students, and 33% of LGBTQ students.
- 9% of students attempted suicide one or more times in the past 21 months (compared to 7% in Colorado) - including 12% of female students, 11% of students 15 years and under, 15% of Asian students, 13% of Black students, and 21% of LGBTQ students.
- 71% of students have an adult to go to for help with a serious problem (compared to 74% in Colorado) – but lower among female students (69%), students 15 years and under (66%), Asian students (44%), and LGBTQ students (58%)
- 20% of students purposefully hurt themselves without wanting to die in the past 12 months – including 28% of female students.
- 36% of students felt so sad or helpless almost every day for two weeks or more in a row in the past 12 months that they stopped doing some usual activities – including 46% of female students, 48% of Asian students, and 64% of LGBTQ students.

Risk Factors for Suicide

Risk factors for suicide are summarized from the [American Foundation for Suicide Prevention](#) and the [Centers for Disease Control and Prevention](#) below.

Health	Environmental
<ul style="list-style-type: none">• Mental health issues (and barriers to accessing mental health treatment, including stigma)• Alcohol and substance abuse• Serious physical health conditions• Traumatic brain injury	<ul style="list-style-type: none">• Prolonged stress• Stressful life events or loss (relationships, social, work, or financial)• Exposure to another person's suicide• Local epidemics of suicide• Isolation, a feeling of being cut off from other people
Historical	Other
<ul style="list-style-type: none">• Previous suicide attempts• Family history of suicide• Childhood abuse or neglect	<ul style="list-style-type: none">• Feelings of hopelessness• Impulsive or aggressive tendencies• Cultural or religious beliefs (e.g., belief that suicide is a noble resolution of a personal dilemma)

Grant Applications and Reports

In July 2020, Vantage Evaluation analyzed grant applications and reports from funded partners and declined grant applicants received by CSHF between 2016 and 2019.

Between 2016 and 2019, CSHF received 22 grant applications in the suicide prevention focus area. Four of these applications were denied and 18 were funded. Six grants were ongoing at the time of analysis, one funded partner had completed an interim grant report and five funded partners had not completed a grant report. In total, 12 final reports and one interim report were included in the grant analysis.

The value of the grants ranged from \$2,500 - \$152,470. The median average grant award was \$36,187. The majority of grants were one-time grants (n = 15). Two grants were for two years and one grant was for three years.



Funding Amount

The largest number of grants were awarded, and the largest amount of money was distributed in 2019.

Year	Number of Grants Awarded	Amount of Funding
2016	4	\$149,000
2017	2	\$55,000
2018	5	\$160,509
2019	7	\$399,665

Grant Purpose

The majority of grants were for program funding and capacity building/technical assistance.

Grant Purpose	Number of Grants Awarded
Program Funding	7
Capacity Building/Technical Assistant	6
General Operating	3
Collaboration	2

Funded Partner Interviews

Vantage completed eight interviews with funded partners in September 2020. The interview sample was identified based on recommendations shared by CSHF in the June 2020 launch meeting and the following criteria:

- Grants that aligned with a mixture of the community needs identified in the secondary data
- A mixture of grant characteristics, including grant length, grant type, and funding amount

Interviewees received grants in all four years of funding. The majority of interviewees received grants in 2019 ($n = 7$). Seven interviewees received one suicide prevention grant. Six interviewees received one-time grants and two received multi-year grants. Most interviewees were from organizations that had received program grants ($n = 5$), two organizations received capacity building/technical assistance grants, and one received a collaboration grant.

Interviewees responded to a semi-structured interview protocol by Vantage Evaluation in collaboration with CSHF. Interviews were recorded and transcribed for analysis. Interviews were analyzed using Dedoose and key themes were identified.