



Colorado's

Comprehensive Collaborative Community Framework

on Firearm-related Harm and Violence Prevention



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This 2024 Roundtable and Colorado's Comprehensive Collaborative Community Framework is supported by:



Suggested Citation: Bornstein, J., Arndt, E., & McMillan, J. (2025). *Colorado's Comprehensive Collaborative Community Framework on Firearm-Related Harm and Violence Prevention*.

Introduction

Firearm-related harm and violence is an urgent and complex issue impacting people of all ages, backgrounds, and communities across Colorado. Firearms were the third most common cause of death in the state between 2018 and 2023 (17.6%), only following drug poisoning (27.8%) and falls (19.1%).¹ Since 2006, 63 of Colorado's 64 counties have experienced at least one firearm-related death.² Firearm-related injuries are similarly widespread but are not consistently reported and, therefore, are much harder to quantify. In addition to deaths and injuries, firearm-related harm spreads beyond the moment of injury. Violence can send shockwaves through families, schools, workplaces, and communities, and forever change lives.

The harm done by firearm-related incidents impacts communities and populations in different ways. For example, deaths from firearm-related suicide are higher among Veterans, males, older adults, LGBTQ+ youth, and in rural areas.³ Intimate partner violence, on the other hand,

disproportionately impacts

women, especially Black,

Hispanic/Latino, and American

Indian/Alaska Native women,

and people with disabilities.⁴

Disparities like this exist across all

types of violence and are the

result of past and ongoing

systemic issues such as racist

policies that ignore communities,

limit opportunities for a better

life, and make it harder for people

to build wealth and stay healthy.

"Many [at a Cortez, CO townhall] felt that terms like 'gun violence' didn't apply to their community, but they could relate to the harm that neighbors, friends, and family felt when someone from their community was injured or killed in a firearm-related incident. Even though our communities were hundreds of miles apart, we shared the same experience, and even the same values: a desire for health, happiness, and hope for a better future for our families."

Jonathan McMillan • *Director FHVP Program*

Overcoming our current reality to create a Colorado where everyone can live safe, healthy, and hopeful lives requires something different. People and communities across the state need more than conversation – they need partnerships, resources, and reassurance that they aren't alone in this fight. Colorado needs a connected statewide partnership where public health and safety professionals, researchers, educators, health providers, philanthropists, community leaders, adults, and youth work together with purpose. A formal and durable statewide partnership can do more

¹ [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#), Centers for Disease Control and Prevention (CDC).

² Hinsdale County had zero deaths. [Firearm Data Dashboard](#), Office of Gun Violence Prevention (OGVP).

³ [Suicide](#), Colorado Department of Public Health and the Environment (CDPHE).

⁴ [Intimate Partner Violence](#), CDPHE.

than just react to the problem. The Firearm-related Harm and Violence Prevention Program Office (FHVP) and Advisory Committee have made initial strides to develop this supportive network of partners to address the root causes of firearm-related harm, build strong and long-lasting plans, and prevent violence before it starts. Colorado's Comprehensive Collaborative Community (CCC) Framework has a shared purpose:

By 2040, sustainably reduce firearm-related deaths by half throughout Colorado communities for each type of harm: suicide and self-harm, community violence, domestic and intimate partner violence, and mass and targeted violence.

The harm caused by firearm-related violence isn't abstract; it's personal. It's impacting our friends, our relatives, and our neighbors. It touches the lives of nearly all, and will require all of us – health providers, community leaders, civil servants, policymakers, young people, and you – to solve.

Colorado's 2024 Public Health Roundtable on Firearm-Related Harm and Violence Prevention

Colorado's 2024 Public Health Roundtable on Firearm-related Harm and Violence Prevention was a major milestone within FHVP's broader community and youth engagement efforts before and following the event. Roundtable attendees took meaningful steps toward establishing a statewide, collaborative partnership that connects the people, groups, and resources. Over the two-day event, 133 practitioners, community leaders, state and national experts, young people, and funders shared their expertise, experience, and perspectives to develop the collaborative framework (details in Appendix C). Two key outcomes from this Roundtable include:

- 1. An improved framework** that:
 - Acknowledges the deep interconnections between the types of firearm-related harm and violence, the factors influencing one's chance of experiencing firearm-related harm, and the sectors involved in firearm-related violence prevention.
 - Is informed by a broader cross-section of Colorado communities, agencies, practitioners, youth, and national subject matter experts.
 - Emphasizes the importance of collaboration and community participation throughout.
- 2. A strengthened and more connected statewide system of partners** that is primed to take collaborative, community-driven action.

Colorado's Comprehensive Collaborative Community Framework

Colorado's **Comprehensive Collaborative Community (CCC) Framework** emerged from the 2024 Roundtable as a tool to inform, guide, and support communities in addressing their unique challenges. The framework's holistic approach generates solutions that stand the test of time, make the most of limited resources, and are crafted by communities on their own terms. The models, strategies, and concepts described herein are not prescriptive or mandatory – each community must decide what's best for them when designing their collaborative and comprehensive process.

Adapted from the CDC's Public Health Approach to Violence Prevention, the CCC Framework prioritizes an ongoing collaborative, community-driven process.⁵ This addition created a 5-step framework (**Figure 1**).

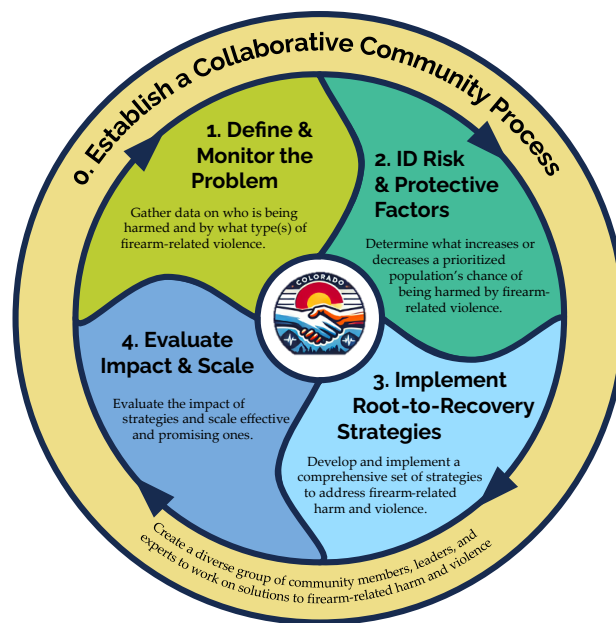


Figure 1. Five-step CCC Framework to prevent firearm-related harm and violence.

0. Establish a collaborative community process.⁶
1. Define and monitor the problem.
2. Identify risk and protective factors.
3. Implement root-to-recovery strategies.
4. Evaluate impact and scale.

⁵ [Public Health Approach to Violence Prevention](#), CDC.

⁶ The CCC Framework is based on the 4-step Public Health Approach and is aligned with those steps. The additional step, Establish a Collaborative Community Process, is therefore defined as Step 0.

Steps to the CCC Framework

The sections in this document align with the five steps of the CCC Framework.

Step 0: Establish a Collaborative Community Process. As the figure shows, this process is cyclical and grounded in a collaborative community process. Firearm-related harm and violence have widespread impacts across society. Because the topic can be controversial, solving the problem in a way that truly helps communities and avoids or mitigates unintended impacts requires equally widespread involvement and support. This issue is too big and important for any one person or group to solve alone. It requires a collaborative, interdisciplinary approach. This section lays out the basics for how to develop a collaborative approach.

Step 1: Define and Monitor the Problem. The next step is for the collaborative group identify and define the population(s) experiencing the most harm in their community and which type(s) of harm occur most. The four harm types in this report include firearm-related suicide and self-harm, community violence, domestic and intimate partner violence, and mass and targeted violence. This section provides an overview of recent Colorado data for each harm type, a summary of available data sources, and the process to fill potential data gaps. Data should be ground-truthed by the community when possible.

Step 2: Identify Risk and Protective Factors. Following data collection to define the problem, communities will identify what makes people more or less likely to experience firearm-related harm. These risk and protective factors can occur at the individual, family, community, or society level. This section outlines overarching risk and protective factors relevant to multiple types of firearm-related harm and violence.

Step 3: Implement Root-to-Recovery Strategies. Communities will utilize relevant data and shared understanding of risk and protective factors to develop and implement strategies that address their most pressing firearm-related harm challenges. For the approach to be comprehensive, communities should employ strategies across the root-to-recovery spectrum: address root causes, provide direct prevention, intervene in high-risk situations, prepare for and respond to events, and support recovery and learning. This section identifies evidence-informed, practice-informed, and innovative root-to-recovery strategies that are relevant to multiple harm types and outlines the elements of adaptive implementation.

Step 4: Evaluate Impact and Scale. After implementation, collaborative community groups should evaluate the impact of strategies and scale those that are most successful. This final section provides the basics for communities to evaluate their impacts and scale their work.

The collaborative process will continue to evolve as communities involve new collaborators, adjust to new challenges, and ideally scale back after efforts are successful. The CCC Framework is a toolkit that provides a menu of strategies to support communities as they develop approaches and

identify what works. Each collaborative group will have to consider which strategies best serve their communities, including approaches not reflected in this report. However, the higher-level *concepts* in each of the CCC Framework's five steps will help communities to apply evidence-informed strategies to address the different types of firearm-related harm they experience. The more places that adopt an approach guided by these concepts, the more we will begin to make a significant and lasting impact to prevent firearm-related harm and violence in Colorado.

Types of Firearm-Related Harm and Violence

The CCC Framework considers four primary types of firearm-related harm and violence:

- **Suicide and Self-Harm.** Suicide is death caused by injuring oneself with the intent to die. Self-harm is the act of injuring oneself on purpose for *any* reason. This report focuses specifically on *firearm-related* suicide and self-harm.
- **Community Violence.** Community violence is a broad category of interpersonal violence in public areas between people who may or may not know each other, such as homicide, assault, gang-related violence, and violence conducted during another crime.
- **Domestic Violence and Intimate Partner Violence.** Domestic violence and intimate partner violence are related but distinct patterns of verbal, physical, emotional, economic, and/or sexual abuse used by one person to gain or maintain power and control over another. Domestic violence takes place within a household or between people who live together (e.g., parent-child, romantic partners, siblings, roommates), whereas intimate partner violence takes place between two people in a romantic relationship – whether they live together or not.
- **Mass Violence and Targeted Violence.** Mass violence or mass shootings are any event where at least four people (not including the shooter) are killed or injured by a firearm and can occur in public or private areas. Targeted violence is violence that is planned and directed at specific individuals, identities, groups, or places.

Enabling Conditions for Statewide Coordination

While each community needs its own set of strategies, a statewide network of lasting, collaborative, and strength-based partnerships for firearm-related harm and violence prevention also needs to be advanced. The statewide collaboration must include organizations and champions impacted by or working to prevent firearm-related harm and violence in Colorado. This includes individuals, communities, organizations, advocates, philanthropy, and all levels of government. This complex network requires coordination and a shared vision for the future to advance goals and would benefit from a coordinating backbone organization.

2024 Roundtable participants suggested actions to strengthen and sustain partnerships across Colorado's diverse landscape while also advancing Colorado's collective efforts. These recommendations create the conditions for successful community-based work and are listed from most to least frequently identified:

1. **Build capacity:** There is a collective need to build capacity at all levels, from community organizing to strategic oversight. People must be employed and trained to staff these efforts at every level to ensure work is evidence-informed and/or practice-informed.
2. **Establish a statewide connector:** Partnerships must be last over time to address this complex issue. A statewide connector would support coordinated work among state participants and contributors, develop Memorandum of Understandings (MOUs) that formalize partnerships, and ensure and coordinate intentional collaboration across community-based organizations and institutions.
3. **Secure sustainable funding:** Funding to support collective action and progress needs to be from stable sources. Funding should support upstream efforts that address root causes as well as needs from on-the-ground community intervention to post-crisis healing and recovery.
4. **Integrate across harm types:** People and entities within this statewide collaboration need a shared understanding of the many linkages between harm types. This framework elevates risk and protective factors and root-to-recovery strategies that apply to multiple types of firearm-related harm and violence.
5. **Strengthen community-driven solutions:** Efforts and solutions must prioritize and support community-led solutions, foster community partnerships, cultivate community buy-in, and increase public awareness.
6. **Improve shared measurement and data access:** Experienced partners and organizations need to be available as resources for communities that are, or plan to, collect and access reliable data at the state and community level, especially for populations not represented in state or national datasets. A common language may need to be established to effectively talk about firearm-related harm and/or interpret newly shared or accessible data.
7. **Expand and Disseminate the Colorado Office of Gun Violence Prevention Resource Bank:** The ecosystem needs to expand awareness to practical strategies that are (or can be) tailored to the needs of each community.

Several of these strategies are relatively straightforward or are already underway (e.g., integration across harm types, resource bank⁷), while others are more complex and will require a long-term coordinated effort to implement (e.g., capacity and funding). Developing the ecosystem with these

⁷ The [Colorado Gun Violence Prevention Resource Bank](#) (CDPHE) is a well-developed existing resource.

strategies in mind will create conditions that enable communities to successfully and sustainably address firearm-related harm and violence prevention.

Throughout this document, we examine **Park Hill Strong** as a case study of violence prevention concepts in action and the potential of the CCC model from Step 0 through Step 4. While Park Hill Strong utilized the Communities that Care model (see Appendix E), the phases and approach are very similar to the CCC model. The CCC model purposefully includes “Step 0. Establish a Collaborative Community Process,” not just as a step, but as a foundational component needed throughout the cycle. Community-driven solutions are an integrated and required feature from start to end.

Park Hill Strong Case Study

Denver’s Northeast Park Hill Neighborhood

Violence doesn’t just happen—it grows from systemic issues, disconnection, and lack of opportunity. Denver’s Northeast Park Hill neighborhood is no stranger to this reality. Northeast Park Hill has a history of underinvestment, which has contributed to numerous worse-than-average health outcomes – including a high incidence of youth violence.

Despite this, the neighborhood has a long history of resilience and community-led efforts to address what may seem to be insurmountable challenges. Park Hill community leaders understood that to make a lasting impact on youth violence, they had to go beyond quick fixes and tackle the deeper issues that put young people at risk. With this vision, [Park Hill Strong](#) (PHS) was born, forming a community-driven initiative dedicated to reducing violence and fostering positive development among youth aged 10 to 24.

Park Hill Strong

PHS launched in 2016 as a community-academic partnership between the Northeast Park Hill community and the University of Colorado’s [Youth Violence Prevention Center – Denver](#) (YVPC-D). Using a combination of Park Hill resident expertise, neighborhood data, and scientific evidence, they identified the factors influencing risk of violence for youth. PHS ultimately adapted the [Communities That Care](#) (CTC) model – a proven approach to violence prevention focused on risk and protective factors.

While PHS’s work took place prior to this framework’s creation, it was grounded in aspects of the public health approach to violence prevention. In developing a collaborative community group at the outset, their efforts provide a proof-of-concept for the CCC Framework in action that we examine within each section of this report.

Step 0. Establish a Collaborative Community Process

Create a diverse group of community members, leaders, and experts to work on solutions to firearm-related harm and violence.



Step 0. Establish a Collaborative Community Process

Firearm-related harm and violence is a multifaceted challenge that demands a collaborative, cross-sector, and community-driven approach to address. Convening a group with different experiences, perspectives, and expertise helps promote solutions that are more effective, sustainable, and attuned to the community's unique context and needs.

Several common elements of an effective collaborative process include:

- **Inclusive Decision-Making:** A collaborative process involves people and communities not only directly affected by violence, but also those indirectly harmed, such as parents and guardians, local employers and businesses, schools, faith institutions, and community members.
- **Local Ownership:** When community leaders, public health and safety professionals, elected officials, and decision-makers work alongside those impacted by violence, it results in improved outcomes for communities most impacted by firearm-related harm and violence. This community-driven engagement increases local ownership, builds trust, strengthens relationships, and ensures that solutions reflect community priorities rather than being imposed from the outside.
- **Continuous Engagement:** Stakeholders don't just contribute during planning—they play an active, ongoing role in decision-making, implementation, and monitoring. Their continued participation ensures transparency, builds accountability, and improves the ability to adjust strategies based on real-time feedback.⁸

While there are many viable ways to establish a collaborative process, this framework highlights two general approaches for communities to consider based on their unique context:

- A **Community Roundtable and Public Engagement** approach is best when a community needs to build support from the public *before* they move forward with solutions to address firearm-related harm and violence. Communities with low engagement, high polarization, or that are addressing firearm-related harm and violence for the first time might consider this approach.
- A **Collective Action** approach can be used when a community wants to work together with organizations to implement a solution (sometimes called a "system of care"). Communities that have public buy-in to address firearm-related harm and violence or with a high level of community engagement might consider this approach. Oftentimes, the first approach will evolve into the second.

⁸ Consider the [10 Basics for Authentic Community Engagement](#), which includes a simple tool to evaluate the success of a public meeting. Developed by Wellstone Collaborative Strategies.

The remainder of this section underscores the importance of relationships and authentic engagement.

Community Roundtable and Public Engagement

There are several ways in which community members, stakeholders, and decision makers can collectively build buy-in and a collaborative strategy. Examples of these include [public assemblies](#), a stakeholder task force with public engagement, and a hybrid model, such as that described in **Figure 2**. Hybrid models are highly effective in building public will and increasing the ability to implement recommendations.

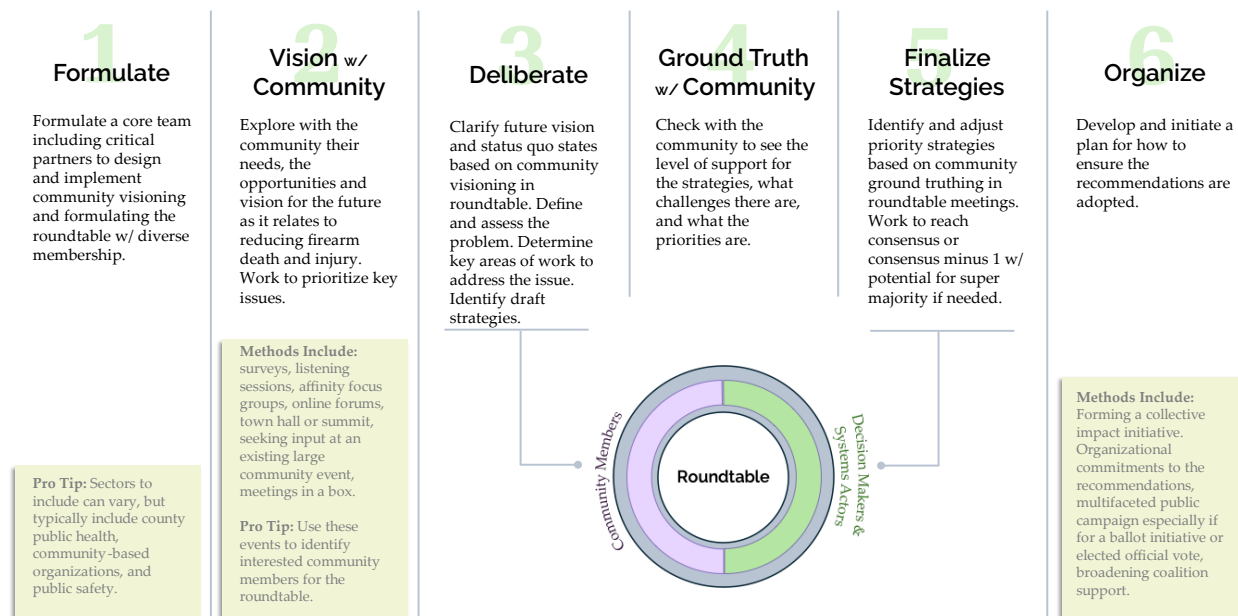


Figure 1. Hybrid model for a combined community roundtable and public engagement process. Source: Wellstone Collaborative Strategies.

There are many examples in Colorado where this type of approach has been effective, such as:

- **[Disproportionate Discipline Task Force](#):** Formed to address disparities in school discipline, this task force brought together educators, policymakers, community members, and other stakeholders. Through comprehensive discussions and public consultations, they developed recommendations to create more equitable disciplinary practices within Colorado schools.
- **[Denver Climate Action Task Force](#):** This effort included a broad set of stakeholders and community members ranging from BP Oil to community faith leaders. The task force went through an intense series of meetings and reached consensus on climate goals, strategies, and funding opportunities. To support this work, public engagement reached nearly 5,000

residents through multiple efforts. The recommended primary funding source was approved by Denver voters to fund the implementation of the action plan.

- **Outdoor Pikes Peak Initiative (OPPI):** This multi-phase planning effort seeks to unite individuals, information, and innovative ideas to collaboratively address the Pikes Peak region's recreation and conservation needs. OPPI emphasizes equitable access and quality outdoor experiences, engaging a broad spectrum of community members and stakeholders throughout its planning and implementation phases.

Building Relationships and Authentic Engagement

Roundtable attendees emphasized the importance of building relationships and authentically engaging with community members and stakeholders.⁸ Many specifically identified this as a need in rural communities or in places with stigma around firearm-related harm and violence prevention.

Based on their experience and expertise, attendees suggested:

- **Build mutually beneficial relationships first.** Show up consistently for the people you're building a relationship with (e.g., volunteer at community events) before bringing up firearm-related harm and/or requesting something of them.
- **Meet people where they are.** Go to the people you want to engage instead of asking them to come to you. Use relevant tools and/or language (e.g., face-to-face connection with people who aren't comfortable with or can't access technology).
- **Integrate with existing events or programs.** Go to well-attended community events (e.g., high school football games, seasonal fairs, block parties, or tailgates, etc.) to build relationships and/or share resources about firearm-related harm. Share resources at successful community programs (e.g., include a 988 info card with free locks from a gun shop, support a Thanksgiving event so families get a turkey and a lock box).
- **Focus on safety and be proactive.** Especially for communities where firearm-related violence and/or mental health is stigmatized, consider focusing on safety and the importance of being proactive to prevent future tragedies.

Step 0

Park Hill Strong Case Study

Create a diverse group of community members, leaders, and experts to work on solutions to firearm-related harm and violence.

Park Hill Strong Community Board

Central to PHS's success was its Community Board, a group of community members with a wide array of perspectives committed to preventing youth violence. The board included:

Park Hill Youth	Park Hill residents (in)directly impacted by violence
Youth-serving agency staff	School and district representatives
Health professionals	Community leaders
Elected local officials	Public safety professionals
Funding entities	Neighborhood groups
Business owners	Parents and guardians
Faith community members	Media representatives

The diverse Board provided PHS with a blend of local expertise and scientific research grounded in Park Hill's unique historical, social, and cultural context. The group informed PHS's violence prevention not only at the outset, but throughout the entire process.

This ongoing engagement proved critical to ensure strategies were aligned with community-identified needs, were modified to be locally and culturally relevant, were embedded in existing community systems and processes, and were adaptable to change.

Continued on next page.



Step 0

Park Hill Strong Case Study

Continued from above.

Key Leaders Board

The Key Leaders Board, a group of influential community and institution leaders, worked alongside the Community Board to support the goals of PHS. They provided guidance, spoke up for the project, and gathered needed resources. Members of the Key Leaders Board included:

City Council Representatives	Department of Public Safety Leadership
Chamber of Commerce	Department of Public Health Leadership
School Board Leaders	Community Based Organization Leaders
Local Faith Leaders	

These leaders were respected and well-known in the community and helped to establish PHS as a trusted and relevant program.

Lessons for Other Communities: The Importance of Ongoing Collaboration

Establishing a collaborative process is the first step to effective prevention efforts, and it is vital to maintain throughout the entire framework. This ensures that strategies are grounded in the lived experiences and insights of the community experiencing violence and can be adapted based on real-time feedback and evolving community needs. Early and ongoing collaboration helped ensure PHS's approach was both comprehensive and appropriate for Park Hill's evolving community needs.

After gathering data and identifying key risk factors for youth violence, the Community Board prioritized developing a common social-emotional language for the entire community. The initial evidence-based model the board considered was ultimately rejected for two key reasons: first, it was not culturally relevant to the Park Hill community. Second, evidence only supported implementing the program in school settings. PHS knew they needed a strategy that could be implemented across the entire community to successfully reduce violence and soon identified and adapted the PATHS program. By doing so, PHS not only addressed immediate concerns but also built a foundation for long-term community resilience and empowerment.

Step 1. Define the Problem

Gather data on who is being harmed and by what type(s) of firearm-related violence.



1. Define the Problem

After establishing a collaborative process, communities will examine available data to define the specific firearm-related challenge(s) they face. Firearm-related harm and violence are not spread uniformly across the state – some populations and communities are significantly more impacted than others. Statewide groups need to be mindful of these disparities and local context, and at a minimum acknowledge the role of complex underlying factors, including historical factors in communities, adverse events, norms, and systems that often perpetuate or reinforce structures rather than create positive solutions. Violence doesn't just occur, and data will help illuminate this nuance.

This section provides an overview of firearm-related harm and violence for each harm type across Colorado. This includes a list of available databases and resources for collaborative groups to consider in this phase of the process. We also provide a brief overview of how to conduct original research to fill data gaps or put data into context, because many variables associated with firearm and violence harm are not systematically collected or available. For example, communities with smaller populations or very specific communities of interest (e.g. military experience, farming/ranching, LGBTQ, or smaller race/ethnic populations, etc.) might not have readily available datasets.

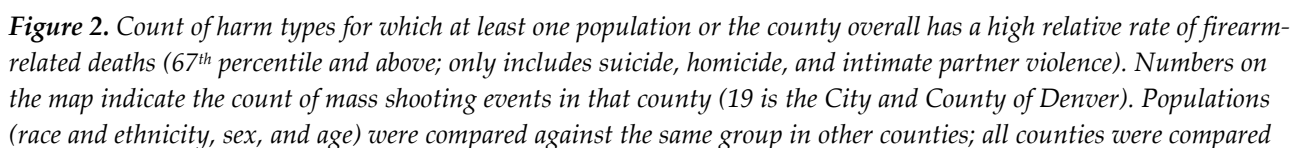
Firearm-Related Fatalities in Colorado

From 2019-2023, 44 out of 64 Colorado counties (69%) had high relative rates of firearm-related deaths for at least one population and harm type; nineteen counties (30%) had high relative rates in more than one harm type (**Figure 6** and **Table 1**). There were 43 mass shootings across the state in the same period.⁹

While this analysis provides powerful insights on firearm-related deaths, it does not account for firearm-related injuries and other non-fatal harm, which is a substantial element of the overall impact of firearm-related violence. Each county has unique firearm-related harm and violence challenges it may want to investigate and address, even including those shown here as having low or moderate rates compared to others.

⁹ Using publicly available suicide, homicide, and intimate partner violence fatality data, we determined relative population- or county-level fatality rates (low, moderate, high) when compared across Colorado. Suicide and homicide fatalities could be compared at the population-level, and population groups were defined by race and ethnicity (seven groups) and by age and sex (17 groups). Intimate partner violence data did not include population groups, meaning relative rates are instead a county-level comparison. In addition to firearm-related fatality rates, the number of mass shootings per county are included to paint a more complete picture of each counties' recent experience with firearm-related harm and violence.

- Black and African American Coloradans have five times the firearm-related homicide rate compared to the general population.
- Men in general are 3.8 times as likely than women to die by homicide.
- Men of all ages are more than seven times as likely as women to die by firearm-related suicide. Men aged 65 and older are 11 times more likely.
- White and Native Hawaiian or Pacific Islander individuals have higher rates of firearm-related suicide compared to other populations.



1. Define the Problem

against other counties. All rates are crude mortality rates per 100,000 population. All data are from 2019-2023, except for homicide and suicide rates by race and ethnicity (2020-2023).

Sources: [Colorado Vital Statistics Program](#), Colorado Department of Public Health and Environment (CDPHE) (homicide and firearm-related suicide); [Colorado Violent Death Reporting System](#), CDPHE (intimate partner violence); [Gun Violence Archive](#) (mass shootings).

* Baca County (extreme southeast corner of the state) had suppressed rates for all harm types; however, the county overall had a high relative rate of total firearm fatalities (includes accidental and undetermined causes).

Table 1. County-level overview of firearm-related fatalities (2019-2023). Statewide fatality rates (crude, per 100,000) and total mass shootings provide additional context and a point of comparison for county data.

Suicide, homicide, and intimate partner violence: County- and population-level rates are categorized as high (67th percentile and above), moderate (50th – 66th percentile), and low (below 50th percentile). Populations (race and ethnicity, sex, and age) were compared against the same group in other counties; all counties were compared against other counties. Unless specified otherwise, listed populations and “County overall” indicate high relative rates. If there were fewer than three events in a category, “insufficient data” is listed to distinguish from categories with calculated low or moderate rates.

Mass shootings: The number of mass shooting events (not fatalities) per county.

Sources: [Colorado Vital Statistics Program](#), Colorado Department of Public Health and Environment (CDPHE) (homicide and firearm-related suicide); [Colorado Violent Death Reporting System](#), CDPHE (intimate partner violence); [Gun Violence Archive](#) (mass shootings).

County	Firearm-Related Suicide	Firearm-related Homicide	Intimate Partner Violence	Mass Shootings
Colorado	11.84 mortalities / 100,000 population	4.67 mortalities / 100,000 population	2.49 mortalities / 100,000 population	43 shootings from 2019-23
Adams	Overall low rates, none in top tier	County, overall high rate; Two-or-More Races, non-Hispanic; All people, 18-24 yrs; Females, all ages; Females, 18-24 yrs; Males, all ages; Males, 18-24, and 25-44 yrs	Moderate rate	5
Alamosa	Overall moderate rates	County, overall high rate; Hispanic, all Races; All people, 25-44 yrs; Males, all ages; Males, 25-44 yrs	Insufficient data	none
Arapahoe	All people, under 18 yrs; Females, under 18 yrs; Males, under 18 yrs	County, overall high rate; Black or African American alone, non-Hispanic; All people, under 18 yrs; Males, all ages; Males, under 18 yrs	County, overall high rate	1
Archuleta	High rates for: White alone, non-Hispanic; All people, 25-44 yrs; Males, all ages; Males, 25-44 yrs	Insufficient data	Insufficient data	none
Baca	High rate of total firearm mortalities (insufficient data to specify harm-types)			none
Bent	Insufficient data	Insufficient data	Insufficient data	none

1. Define the Problem

County	Firearm-Related Suicide	Firearm-related Homicide	Intimate Partner Violence	Mass Shootings
Boulder	Overall low rates	Overall low rates; High rate for females, 45-64 yrs (<i>driven by the King Soopers mass shooting event</i>)	Overall low rate	1
Broomfield	Overall low rate, with high rates for: All people, under 18 yrs; Males, under 18 yrs	Overall low rates	Insufficient data	none
Chaffee	County, overall high rate; White alone, non-Hispanic; All people, 65+ yrs; Females, all ages; Females, 45-64 yrs; Males, all ages; Males, 65+ yrs	Insufficient data	Insufficient data	none
Cheyenne	County, overall high rate	Insufficient data	Insufficient data	none
Clear Creek	High rates for: All people, 45-64 yrs; Males, 45-64 yrs	County, overall high rate	Insufficient data	none
Conejos	High rate for: All people, 65+ yrs	Insufficient data	Insufficient data	none
Costilla	County, overall high rate; White alone, non-Hispanic; Hispanic, all Races; All people, 25-44 yrs; Males, all ages	Insufficient data	Insufficient data	none
Crowley	County, overall high rate; White alone, non-Hispanic	Insufficient data	Insufficient data	none
Custer	County, overall high rate; All people, 45-64 yrs; All people, 65+ yrs; Males, all ages; Males, 65+ yrs	Insufficient data	Insufficient data	none
Delta	County, overall high rate; White alone, non-Hispanic; Hispanic, all Races; All people, 25-44 yrs; All people, 65+ yrs; Females, all ages; Females, 25-44 yrs; Males, all ages; Males, 65+ yrs	White alone, non-Hispanic; Females, all ages	Insufficient data	none

1. Define the Problem

County	Firearm-Related Suicide	Firearm-related Homicide	Intimate Partner Violence	Mass Shootings
Denver	Overall low rate. High rate for: Black or African American alone, non-Hispanic	County, overall high rate; Black or African American alone, non-Hispanic; Hispanic, all Races; All people, under 18 yrs; 18-24 yrs; 25-44 yrs; 45-64 yrs; Females, all ages; Females, 18-24, and 25-44 yrs; Males, all ages; Males, under 18, 18-24, 25-44, and 45-64 yrs	County, overall high rate	19
Dolores	Insufficient data	Insufficient data	Insufficient data	none
Douglas	Overall low rates	Overall low rates	Overall low rate	1
Eagle	High rate for: Females, 45-64 yrs	Insufficient data	Insufficient data	none
Elbert	High rate for: Males, 45-64 yrs	Insufficient data	Insufficient data	none
El Paso	High rates for: Black or African American alone, non-Hispanic; Two-or-More Races, non-Hispanic; All people, under 18 yrs; Females, 18-24, and 25-44 yrs; Males, under 18 yrs	High rates for: Asian alone, non-Hispanic; American Indian or Alaska Native alone, non-Hispanic; Two-or-More Races, non-Hispanic; All people, 25-44 yrs; Females, all ages; Females, 25-44, and 45-64 yrs	County, overall high rate	9
Fremont	County, overall high rate; White alone, non-Hispanic; All people, 18-24, and 65+ yrs; Females, all ages; Females, 18-24, 25-44, and 45-64 yrs; Males, all ages; Males, 18-24, and 65+ yrs	High rates for: White alone, non-Hispanic; Males, 45-64 yrs	Insufficient data	none
Garfield	High rates for: All people, 18-24, and 65+ yrs; Males, 18-24, and 65+ yrs	Overall low rates	Insufficient data	none
Gilpin	County, overall high rate; White alone, non-Hispanic; All people, 45-64 yrs; Males, 45-64 yrs	Insufficient data	Insufficient data	none
Grand	All people, 25-44 yrs; Males, all ages; Males, 25-44 yrs	Insufficient data	Insufficient data	none

1. Define the Problem

County	Firearm-Related Suicide	Firearm-related Homicide	Intimate Partner Violence	Mass Shootings
Gunnison	Overall low rates	Insufficient data	Insufficient data	none
Hinsdale	Insufficient data	Insufficient data	Insufficient data	none
Huerfano	County, overall high rate; White alone, non-Hispanic; All people, 25-44 yrs; Males, all ages	County, overall high rate	Insufficient data	none
Jackson	Insufficient data	Insufficient data	Insufficient data	none
Jefferson	Overall low rate. High rate for: Asian alone, non-Hispanic	High rate for: Black or African American alone, non-Hispanic	Overall low rate	1
Kiowa	Insufficient data	Insufficient data	Insufficient data	none
Kit Carson	County, overall high rate; White alone, non-Hispanic; All people, 25-44, and 45-64 yrs; Males, all ages; Males, 25-44, and 45-64 yrs	Insufficient data	Insufficient data	none
Lake	Overall moderate rate	Insufficient data	Insufficient data	none
La Plata	Hispanic, all Races; All people, 25-44 yrs; Males, 25-44 yrs	All people, 45-64 yrs Males, 45-64 yrs	Insufficient data	1
Larimer	Overall low rate. High rate for: Females, 65+ yrs	Overall low rate. High rates for: Females, under 18, and 45-64 yrs	Overall low rate	none
Las Animas	County, overall high rate; White alone, non-Hispanic; Hispanic, all Races; All people, 25-44 yrs, and 65+ yrs; Males, all ages; Males, 25-44, and 65+ yrs	High rate for: All people, 25-44 yrs	Insufficient data	none
Lincoln	Overall low rate	Insufficient data	Insufficient data	none
Logan	High rates for: White alone, non-Hispanic; All people, 65+ yrs; Females, all ages; Males, 65+ yrs	Overall low rate	Insufficient data	none

1. Define the Problem

County	Firearm-Related Suicide	Firearm-related Homicide	Intimate Partner Violence	Mass Shootings
Mesa	High rates for: American Indian or Alaska Native alone, non-Hispanic; All people, 45-64 yrs; Females, 65+ yrs; Males, 45-64 yrs	Overall low rate	Overall moderate rate	1
Mineral	Insufficient data	Insufficient data	Insufficient data	none
Moffat	County, overall high rate; White alone, non-Hispanic; All people, 25-44, and 45-64 yrs; Females, all ages; Males, all ages; Males, 25-44, 45-64, and 65+ yrs	Insufficient data	Insufficient data	none
Montezuma	County, overall high rate; White alone, non-Hispanic; Hispanic, all Races; All people, 45-64 yrs; Males, all ages; Males, 45-64 yrs	Overall moderate rate	Insufficient data	none
Montrose	County, overall high rate; White alone, non-Hispanic; All people, 18-24, 25-44, and 65+ yrs; Females, all ages; Females, 25-44, and 45-64 yrs; Males, all ages; Males, 18-24, 25-44, and 65+ yrs	Overall low rate. High rates for: White alone, non-Hispanic; All people, 45-64 yrs	Insufficient data	none
Morgan	Overall low rate. High rate for: Males, 25-44 yrs	Overall low rate. High rate for: Males, 25-44 yrs	Insufficient data	none
Otero	County, overall high rate; Hispanic, all Races; All people, 18-24, and 45-64 yrs; Males, all ages; Males, 18-24, 25-44, and 45-64 yrs	County, overall high rate; Hispanic, all Races; All people, 25-44 yrs; Males, all ages; Males, 25-44 yrs	Insufficient data	none
Ouray	Overall moderate rate	Insufficient data	Insufficient data	none

1. Define the Problem

County	Firearm-Related Suicide	Firearm-related Homicide	Intimate Partner Violence	Mass Shootings
Park	County, overall high rate; White alone, non-Hispanic; All people, 18-24, 25-44, 45-64, and 65+ yrs; Females, all ages; Females, 25-44 yrs; Males, all ages Males, 18-24, 25-44, 45-64, and 65+ yrs	Insufficient data	Insufficient data	none
Phillips	Insufficient data	Insufficient data	Insufficient data	none
Pitkin	Overall low rate	Insufficient data	Insufficient data	none
Prowers	Overall low rate	County, overall high rate; White alone, non-Hispanic; All people, 45-64 yrs; Males, all ages	Insufficient data	none
Pueblo	Overall moderate rate. High rates for: Hispanic, all Races; All people, under 18 yrs, and 18-24 yrs; Females, 18-24, 25-44, 45-64, and 65+ yrs; Males, under 18, and 18-24 yrs	County, overall high rate; White alone, non-Hispanic; Hispanic, all Races; All people, for each age band (under 18-65+); Females, all ages; Females, 25-44, and 45-64 yrs; Males, all ages; Males, for each age band (under 18-65+)	County, overall high rate	3
Rio Blanco	Overall low rate	Insufficient data	Insufficient data	none
Rio Grande	Overall moderate rate. High rates for: All people, 25-44 yrs; Males, 25-44 yrs	County, overall high rate; Hispanic, all Races; Males, all ages	Insufficient data	none
Routt	County, overall high rate; All people, 45-64 yrs; Males, all ages; Males, 25-44 yrs	Overall low rate. High rate for: White alone, non-Hispanic	Insufficient data	1
Saguache	Overall low rate	Insufficient data	Insufficient data	none
San Juan	Insufficient data	Insufficient data	Insufficient data	none
San Miguel	Overall moderate rate	Insufficient data	Insufficient data	none
Sedgwick	Insufficient data	Insufficient data	Insufficient data	none
Summit	Overall low rate	Insufficient data	Insufficient data	none

1. Define the Problem

County	Firearm-Related Suicide	Firearm-related Homicide	Intimate Partner Violence	Mass Shootings
Teller	County, overall high rate; White alone, non-Hispanic; All people, 25-44, 45-64, and 65+ yrs; Females, all ages; Males, all ages; Males, 25-44, 45-64, and 65+ yrs	Overall moderate rate. High rate for: All people, 25-44 yrs	Insufficient data	none
Washington	Overall moderate rate	Insufficient data	Insufficient data	none
Weld	Overall low rate. High rate for: Females, 65+ yrs	Overall moderate rate. High rates for: All people, 65+ yrs; Females, 65+ yrs	Overall moderate rate	none
Yuma	Overall low rate. High rates for: All people, 45-64 yrs; Males, 45-64 yrs	Insufficient data	Insufficient data	none

Data Overview per Harm Type

These Colorado-specific data are provided as an overview of each firearm-related harm and violence type.¹⁰ Communities can consider these as a starting point before working with more specific data to understand their local challenges and opportunities.

Firearm-Related Suicide and Self-Harm¹¹

Colorado consistently ranks in the top ten nationwide for firearm-related suicide deaths. Populations at higher risk for firearm-related suicide include LGBTQ+ individuals, youth, young adults, veterans, middle-aged men, and older adults.

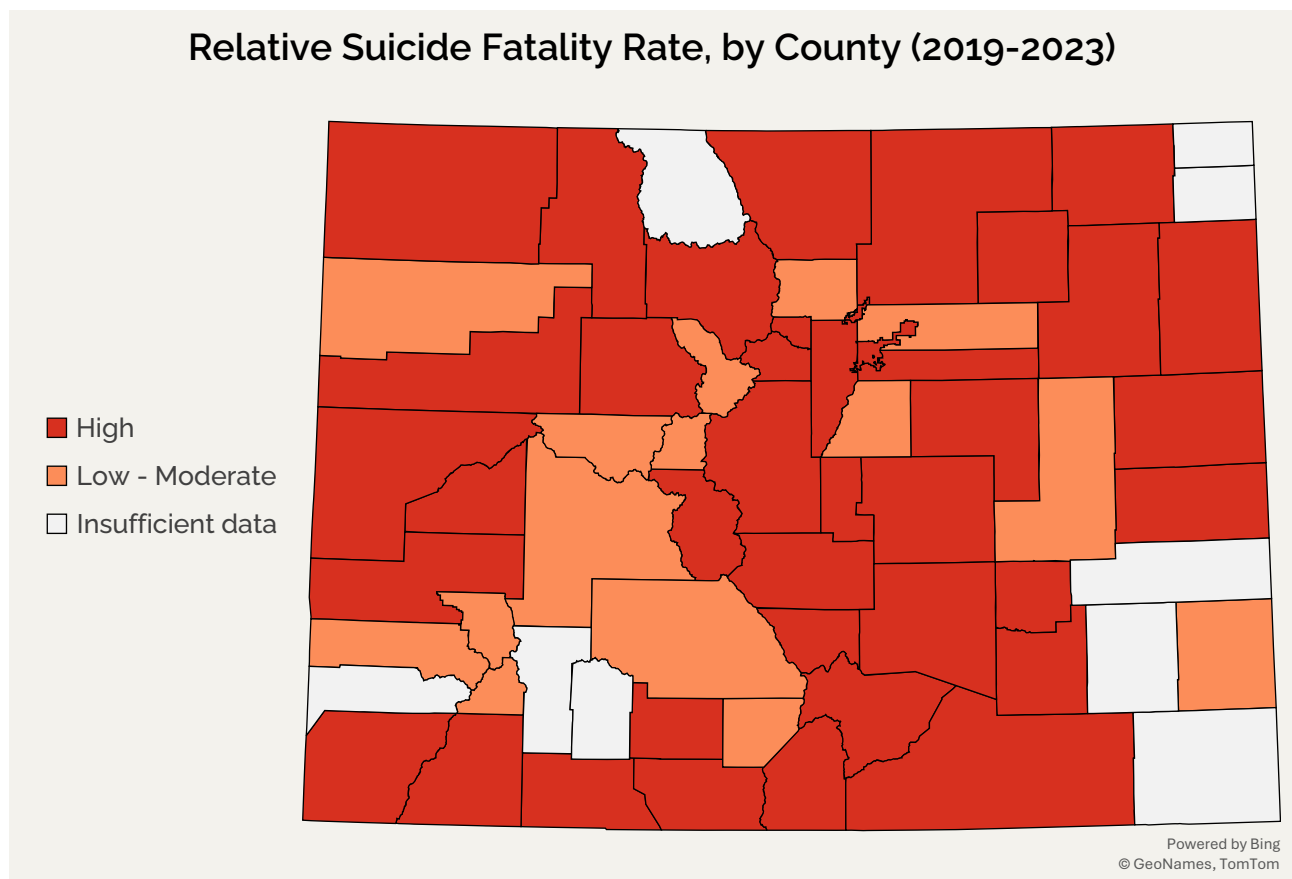


Figure 3. Colorado counties for which at least one population or the county overall has a high relative rate (67th percentile and above) of firearm-related suicide fatalities. Populations (race and ethnicity, sex, and age) were compared against the same group in other counties; all counties were compared against other counties. All rates are crude mortality rates per 100,000 population; rates by race and ethnicity are from 2020-2023. Source: [Colorado Vital Statistics Program](#), Colorado Department of Public Health and Environment (CDPHE).

¹⁰ Data retrieved in October 2024.

¹¹ All rates are crude fatality rates per 100,000 unless described otherwise. Source: [Colorado Violent Death Reporting System's Suicide Dashboard](#).

2,796 Coloradans died by suicide using a firearm from 2020-23. Firearm-related suicide accounts for 53% of all suicide fatalities in the state.

People 75 and older have the highest rate of firearm-related suicide (23 per 100,000 in 2020-23). The next highest age categories are 25-34 (15 per 100,000), 20-24 (15 per 100,000), and 55-64 (14 per 100,000). 25-34-year-olds accounted for 20% of all firearm-related suicide fatalities (Table 2).

White, non-Hispanic people account for 83% of all firearm-related suicide deaths in Colorado (14 per 100,000). This is followed by a rate of 12 per 100,000 for Native Hawaiian and Pacific Islander individuals, 9 per 100,000 for Black or African American individuals, and 8 per 100,000 for Hispanic individuals.

87% of firearm-related suicide deaths in 2020-23 were male.

Construction trade workers make up 15% of all deaths from firearm-related suicide in 2020-22. This is more than double the next highest number by occupation and is followed by retail trade; manufacturing; professional, scientific, and technical services; and transportation and warehousing, each accounting for 6.3-6.5% of firearm-related suicides in the same period (Figure 8).

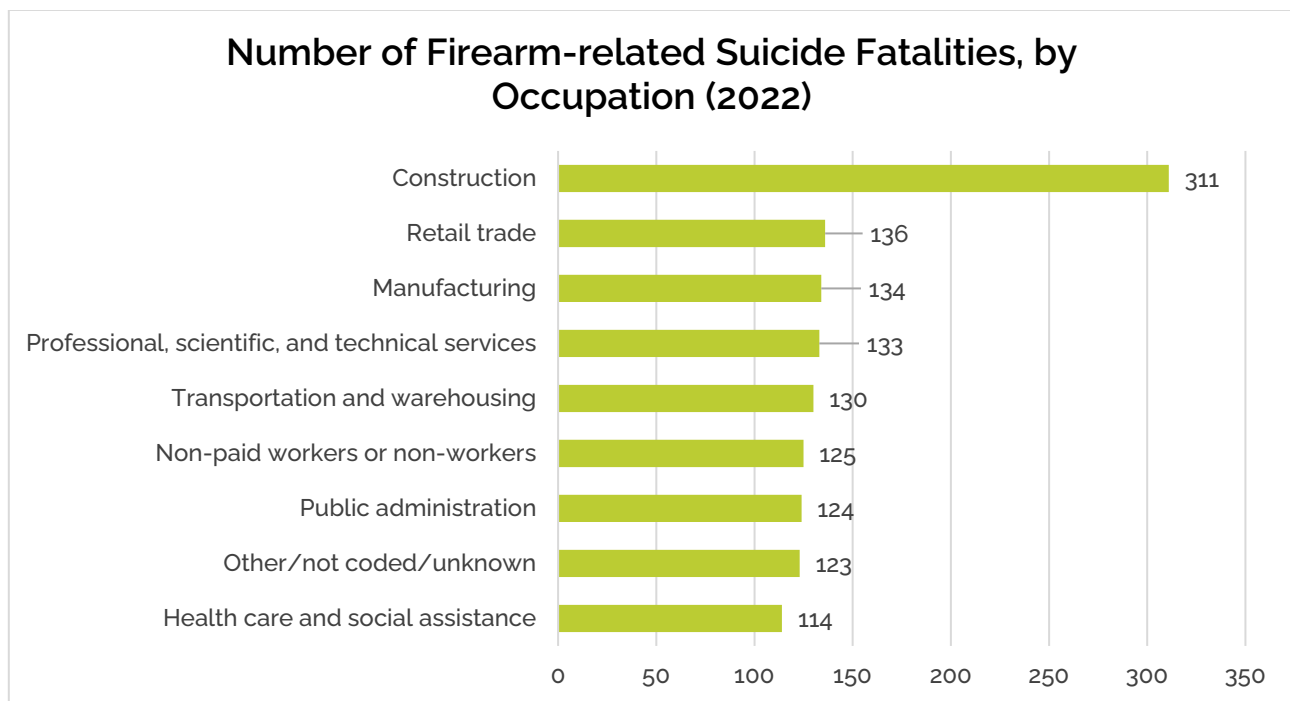


Figure 4. Number of firearm-related suicide fatalities in Colorado by occupation (2020-2022). Source: Vital Statistics Program, Colorado Department of Public Health and Environment.

Table 2. Comparison of population-level suicide fatality rates (crude rates per 100,000, 2020-2023). “N/A” indicates populations for which the rate is unreliable due to sample size or suppressed due to lack of data. Three relevant rates not included in this table are American Indian or Alaska Native males of any age (20.6); more than one race, non-Hispanic males of any age (10.6); and Asian, non-Hispanic males of any age (5.4). Source: WONDER Online Database, Centers for Disease Control and Prevention, National Center for Health Statistics.

Lo  Hi		All ages	5-14 yrs	15-24 yrs	25-34 yrs	35-44 yrs	45-54 yrs	55-64 yrs	65-74 yrs	75-84 yrs	85+ yrs
Male	All races and ethnicities	21.5	1.3	20.3	24.2	21.2	22.5	25.2	26.6	40.8	67.8
	White, non-Hispanic	24.3	n/a	21.2	26.1	24.7	26.8	29.6	30.1	46.3	75.4
	Black or Afr. Amer., non-Hispanic	14.1	n/a	24.5	28.9	n/a	n/a	n/a	n/a	n/a	n/a
	Hispanic, any race	12.3	n/a	20.5	20.9	14.1	11.9	10.7	n/a	n/a	n/a
Female	All races and ethnicities	3.4	n/a	3.0	4.1	3.7	4.4	4.5	3.2	3.2	n/a
	White, non-Hispanic	3.9	n/a	2.9	4.5	4.4	5.8	5.5	3.7	3.6	n/a
	Black or Afr. Amer., non-Hispanic	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Hispanic, any race	2.0	n/a	3.7	3.9	n/a	n/a	n/a	n/a	n/a	n/a

Firearm-Related Homicide

Detailed or comprehensive community violence data are often limited due to the broad definition of the harm type. The statistics in this section represent *all* firearm-related homicides, including those defined as community violence as well as domestic and intimate partner violence, and mass and targeted violence. Data specific to those other harm types are discussed in more detail in their own section.

10.8% of firearm-related homicides from 2020-22 were associated with law enforcement labeled gang violence.

Firearms were the cause of 72% of the 1,482 Colorado homicide deaths from 2020-23. Annual firearm-related homicides in 2023 fell 15% from a peak in 2022 (304 deaths) but are still 10% higher than the 2020.

22 per 100,000 Black or African American Coloradans were killed by firearm-related homicide between 2020-23. This is nearly five times the rate of all Coloradans (4.6 per 100,000), and nearly triple the next highest rate based on race or ethnicity over the same period (Hispanic Coloradans, 8 per 100,000).

1. Define the Problem

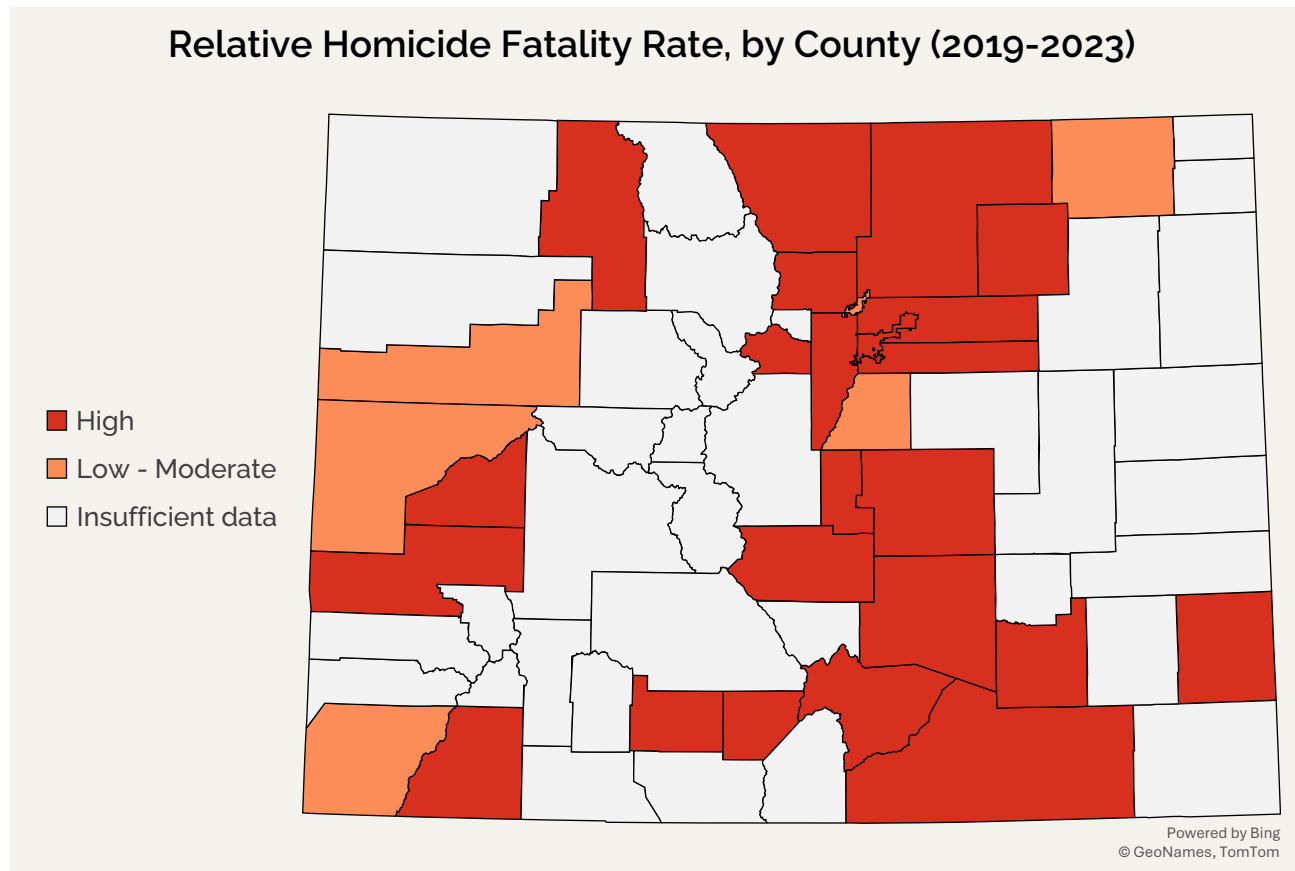


Figure 5. Colorado counties for which at least one population or the county overall has a high relative rate (67th percentile and above) of firearm-related homicide fatalities. Populations (race and ethnicity, sex, and age) were compared against the same group in other counties; all counties were compared against other counties. All rates are crude mortality rates per 100,000 population; rates by race and ethnicity are from 2020-2023. Source: [Colorado Vital Statistics Program](#), Colorado Department of Public Health and Environment (CDPHE).

Between 2020-2023, 19–24-year-olds died by firearm-related homicide at a rate of **11 per 100,000**, the highest for any single age group during that period (**Table 3**). In the same age group, the rate is 1.5 times greater among males of any race (17 per 100,000) and 9 times greater for Black or African American males (99 per 100,000).

12.9% of firearm-related homicide victims in 2020-22 used a weapon. In 7.3% of cases, drugs were involved.

Nearly half of firearm-related community violence occurred in a house or apartment.

Table 3. Comparison of population-level homicide fatality rates (crude rates per 100,000, 2020-2023). “N/A” indicates populations for which the rate is unreliable due to sample size or suppressed due to lack of data. Source: WONDER Online Database, Centers for Disease Control and Prevention, National Center for Health Statistics.

Lo Hi		All ages	15-24 yrs	25-34 yrs	35-44 yrs	45-54 yrs	55-64 yrs	65-74 yrs
Male	All races and ethnicities	6.5	14.9	10.2	9.3	6.0	3.8	n/a
	White, non-Hispanic	2.9	4.2	4.3	5.1	3.3	2.9	n/a
	Black or African American, non-Hispanic	36.1	86.6	53.3	43.3	24.2	n/a	n/a
	Hispanic, any race	11.8	25.7	17.4	16.1	11.7	n/a	n/a
Female	All races and ethnicities	1.6	2.7	2.5	2.9	1.7	1.0	n/a
	White, non-Hispanic	1.2	n/a	1.9	2.1	1.5	n/a	n/a
	Black or African American, non-Hispanic	5.6	n/a	n/a	n/a	n/a	n/a	n/a
	Hispanic, any race	2.2	3.7	4.0	3.8	n/a	n/a	n/a

Firearm-Related Domestic and Intimate Partner Violence¹²

Cases of domestic violence (DV) and intimate partner violence (IPV) are often underreported by survivors or their community. In addition, connections between a fatality and DV are often unknown or inconsistently reported, and comprehensive data are challenging to obtain. These factors limit the current understanding of DV prevalence and risk factors for all people, especially for the most marginalized members of our communities, and indicate the continued need for mechanisms to identify and report on DV.

The Colorado Domestic Violence Fatality Review Board (CDVFRB) laid out the severity of the issue in their 2023 Annual Report:

“The 2021 report identified an all-time high number of Colorado Domestic Violence Fatalities (DVF) in any year since the creation of the Board in 2016. Tragically, the number of DVFs identified for 2022 is higher—there were **94 DVF fatalities occurring in 62 cases**. This is **1.5 times the average** number of Colorado DVFs (65.7) over the Board’s seven years of data collection.”

¹² Source: [Colorado Domestic Violence Fatality Review Board 2023 Annual Report](#).

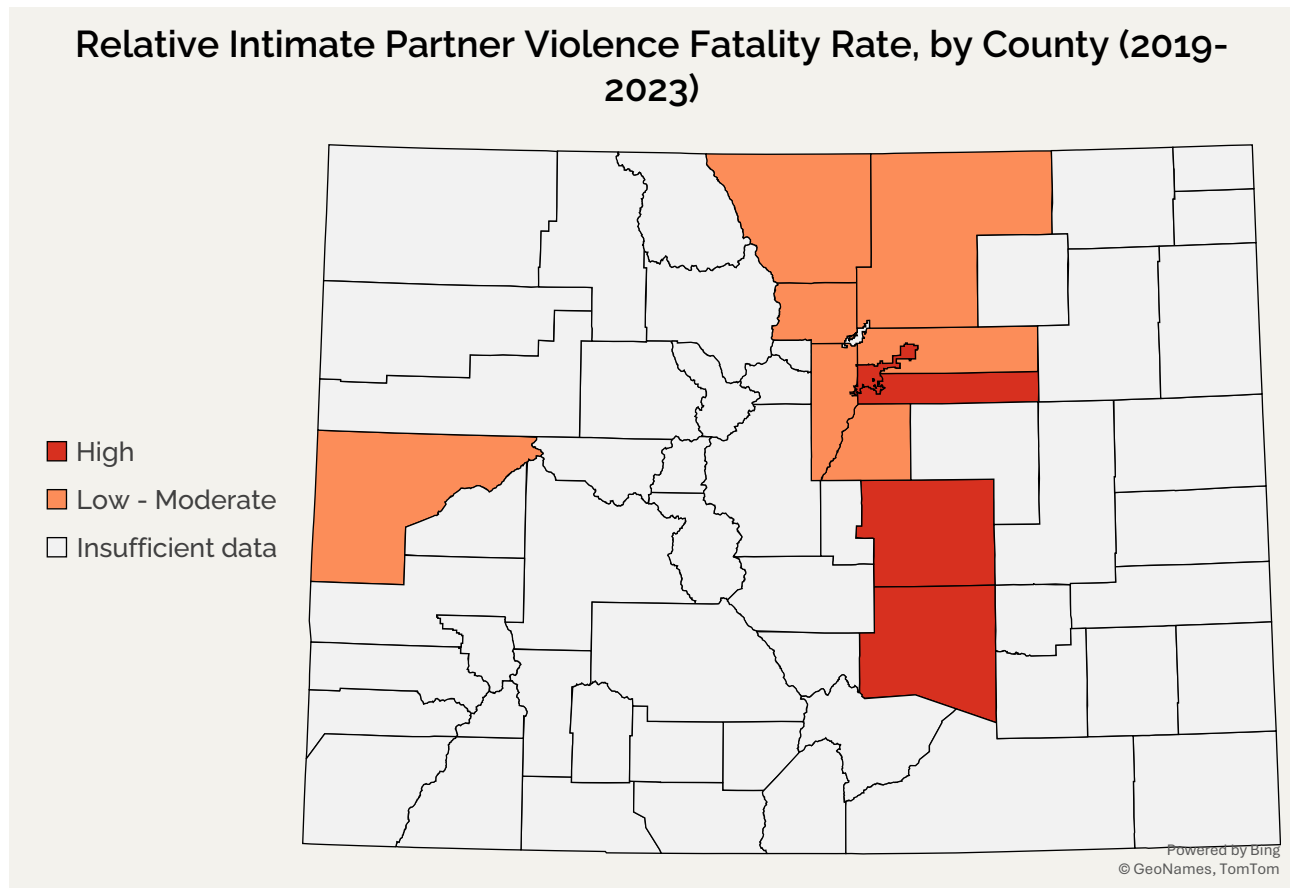


Figure 6. Colorado counties with a high relative rate (67th percentile and above) of firearm-related intimate partner violence fatalities. Counties were compared against other counties; population-level data were unavailable. All rates are crude mortality rates per 100,000 population. Sources: [Colorado Violent Death Reporting System](#), Colorado Department of Public Health and Environment.

Of the 94 fatalities in 2022, an unprecedented **23% were collateral victims**,¹³ including law enforcement, bystanders who sought to intervene, and six children aged 16 and under.

95% involved male perpetrators and female victims, underlining known gender disparities and highlighting the need for solutions that address gender inequities.

86% of fatalities were caused by firearms, including 73% of DV victim fatalities, 86% of collateral victims, and 100% of perpetrator fatalities (**Figure 11**).

25% had no evidence that others knew of the abuse out of the 16 cases assessed by DVF Review Teams.

¹³ “Collateral fatalities are any deaths in the context of a DV incident that are not the DV victims or DV perpetrators.” Source: Colorado Domestic Violence Fatality Review Board 2023 Annual Report.

In 2022, DVFs were more concentrated in highly populated counties, while DVF rates per 100,000 people were higher in less populated counties. This is consistent with research that suggests rural counties experience elevated rates of DVFs relative to urban counties.

Of the 16 cases assessed by Review Teams, 81% of DV perpetrators were known to have or had substantial indications of drug (56% of perpetrators) or alcohol (44% of perpetrators) problems.

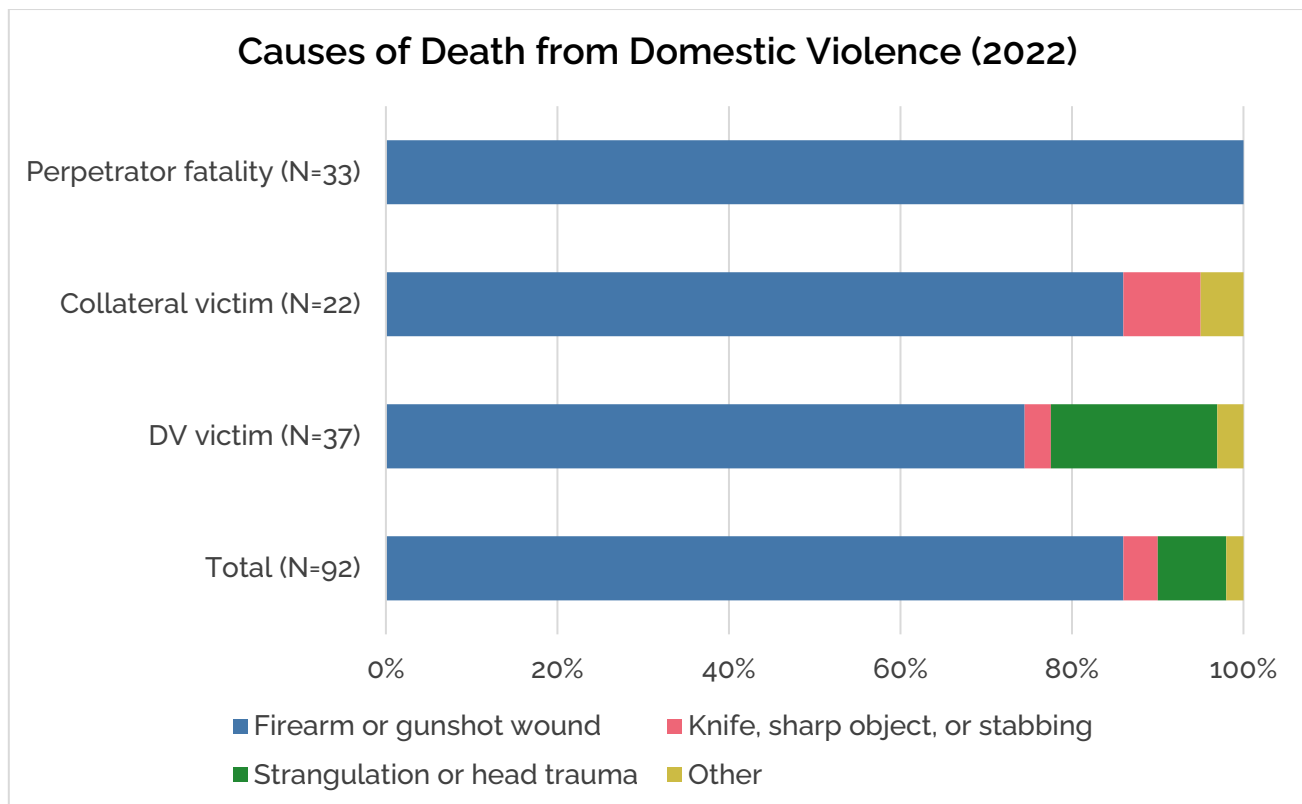


Figure 7. Causes of death from domestic violence in Colorado (2022). Source: Colorado Domestic Violence Fatality Review Board 2023 Annual Report.

Mass shootings account for only 3.7% of the total firearm-related murders in Colorado (2024).

72% of all mass shootings occurred in the Denver Metro area (2014-2024). Another 23% occurred in the Pikes Peak region, 4% on the West Slope, and 1% in the San Luis Valley.

Compared to 2020-2023, **2024 saw a marked decrease in mass shooting events**. This is a shift back toward pre-pandemic levels (2018-2019).

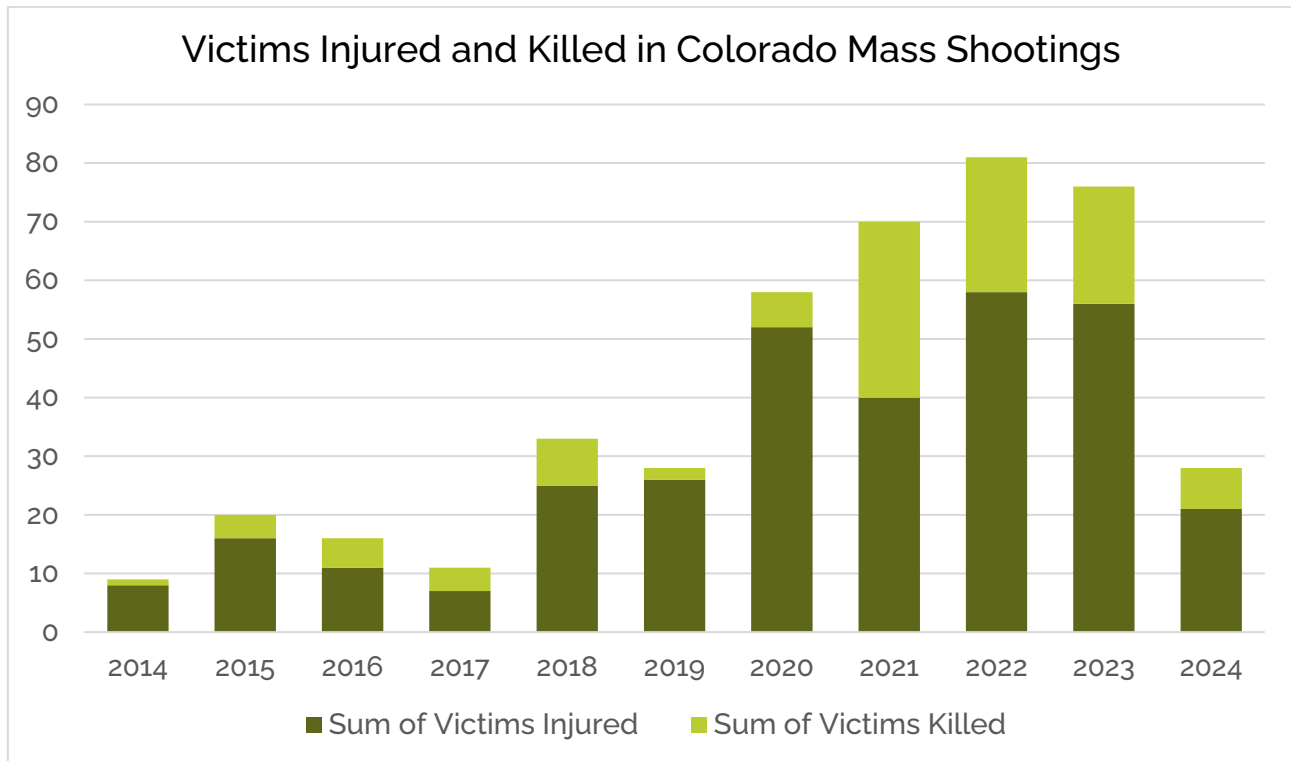


Figure 9. Number of people killed and injured in Colorado mass shootings from 2014-2024. Source: Gun Violence Archive.

Data Resources

Data are foundational to this work. Communities using accessible, relevant data can define their current experience of firearm-related violence (e.g., in relation to populations, locations, and time periods with higher risk of exposure to violence), develop evidence-based and evidence-informed strategies, and measure the impact of those strategies once they've been implemented.

1. Define the Problem

Existing Statewide Data Sources

Colorado has several statewide datasets that meet the criteria for use as a primary source. The criteria for primary sources are that they must:

- a) contain recent and regularly updated data,
- b) be open source or publicly available,
- c) use county-level data at a minimum, and
- d) include at least one of age, sex, or race/ethnicity.

In combination, the four datasets in **Table 4** provide communities a picture of firearm-related fatalities, injuries, and offender data.

Table 4. Databases that meet the criteria for use as a primary source. Specific data requests can be made as needed.

Source	Description
<u>Colorado Homicide Statistics</u> Developed by Colorado Department of Public Health and Environment (CDPHE)	An interactive data dashboard on <i>homicide</i> deaths in Colorado based on Colorado Violent Death Reporting System (CoVDRS) data. The tool allows you to look at specific counties, regions, and populations of interest, as well as context related to the fatality (e.g., toxicology, occupation, Medicaid enrollment).
<u>Colorado Suicide Statistics</u> Developed by CDPHE	An interactive data dashboard on <i>suicide</i> deaths in Colorado based on CoVDRS data. The tool allows you to look at specific counties, regions, and populations of interest, as well as context related to the fatality (e.g., toxicology, occupation, Medicaid enrollment).
<u>Violence and Injury Prevention-Mental Health Promotion Branch</u> Developed by the Injury Epidemiology Program, CDPHE.	Provides information on injuries in Colorado, including deaths from injuries as well as hospital discharges and emergency department visits.
<u>Colorado Crime Stats</u> Developed by the Colorado Bureau of Investigation.	Provides statistics and data on firearm-related crime and offenders.

A variety of other datasets don't meet the criteria for a primary source but can still provide useful information that may be otherwise unavailable. These secondary data sources can help communities identify risk and protective factors or understand impacts from other firearm-related incidents (e.g., unintentional deaths and injuries; **Table 5**). Additional sources for exploring strategies,

1. Define the Problem

Table 5. Colorado and national databases and reporting systems to consider as secondary data sources. Resources were relevant as of November 2024.

Secondary Data Sources	General Topics Covered
Behavioral Risk Factor Surveillance System (BRFSS)	The BRFSS collects data on health-related risk behaviors and safety practices among adults (18+) and information about gender identity and sexual orientation. Colorado Department of Public Health and Environment (CDPHE) adds questions about suicidal ideation and firearm safety.
Atlas of American Gun Violence	Hyperlocal data on locations of firearm-related violence.
Community Assessment Survey for Older Adults	Health behaviors and community needs for older adults (60+).
Colorado Firearm Injury Prevention Survey (COFIPS)	COFIPS data tell a story of Coloradans' diverse relationships and experiences with firearms, which can guide efforts to prevent firearm-involved injuries and deaths in our homes and communities.
Colorado Health Assessment Survey	Provides information on belonging, community engagement, and other mental health issues.
AARP Livability Score	The AARP Livability Index scores neighborhoods and communities across the U.S. for different services and amenities that impact individuals.
National Incident-Based Reporting System (NIBRS)	NIBRS includes information on victims, known offenders, relationships between victims and offenders, arrestees, and property involved in crimes.
ORS: Crime Reporting in Colorado	Offers information and data on crime rates, arrests and filings, contacts, and use of force.
WISQARS Leading Causes of Nonfatal Injury Visualization Tool	Provides information on unintentional firearm-related accidents.
WISQARS National Violent Death Reporting System	Provides firearm information regarding violent deaths across the nation.
America's Health Rankings: Firearm Deaths in Colorado	Provides national- and state-level data for hundreds of health, environmental, and socioeconomic measures, including background information about each measure. Use features on this page to find measures; view subpopulations, trends and rankings; and download and share content.
Colorado Firearm Data Dashboard	Developed by the Colorado Office of Gun Violence Prevention (OGVP) at CDPHE in collaboration with the Injury and Violence Prevention Center at the University of Colorado Anschutz Medical Campus. This dashboard utilizes CoVRDS data as well as several other state and national sources.

1. Define the Problem

Secondary Data Sources	General Topics Covered
Healthy Kids Colorado Survey Dashboard	Biennial survey administered to middle and high school students. This survey is one of the only sources that includes sexual orientation and gender identity beyond male/female, which helps illuminate risk and protective factors for LGBTQIA+ young people.
CDPHE Data Home Page.	Extensive public use data from CDPHE. Includes rates of firearm-related injuries associated with emergency departments.
Gun Violence Archive	An online archive of firearm-related violence incidents collected from over 7,500 law enforcement, media, government, and commercial sources daily. Provides near real-time data about the results of firearm-related violence. An interactive hyper-local map of US mass shootings since 2015 using this data is also available.

Collecting Data to Fill Gaps

Statewide and national data can be helpful, but they have limits. These data can take a long time to become available and might not show detailed information. If communities want to understand specific issues, such as local risks, protective strengths, or how well new strategies are working, they'll often need to collect their own data. If new information is needed, communities should think about what kind of data—numbers, stories, or a combination—will best meet their needs. Quantitative and qualitative data can be collected through surveys, interviews, focus groups, affinity focus groups, meetings, online forums, and other methods. It is essential to plan out the data indicators and methods of collection early in the process. Collection of data can be both an art and a science; therefore, it is highly recommended to partner with people or organizations with strong experience in this area.

Quantitative Data: This type of data uses numbers and can often be collected locally. It's helpful because it can show clear results, especially related to actions taken by communities.

Qualitative Data: Qualitative data can provide the insights necessary to understand a topic better. Qualitative data can help illustrate the challenge, understand the community's vision, and identify potential solutions. Often, qualitative research better highlights nuances and community perspectives.

Both data types can be measured throughout the project timeline. Short-term outcomes may include counting how many people a program reached, the percentage of people who believed the program was helpful, or increased awareness of an issue among participants. Intermediate indicators focus on other important changes at the population level. Examples include the percentage of people experiencing suicidal thoughts, drug or alcohol use levels, or levels of gang violence. Intermediate measures can be early signs of an increase or decrease in firearm-related harm or violence. Long-term outcome measures typically focus on death and injury rates.

Step 1

Park Hill Strong Case Study

Gather data on who is being harmed and by what type(s) of firearm-related violence.

PHS took a multi-pronged approach to define youth violence, using a combination of quantitative statistical data and qualitative community survey input to develop a clear and accurate picture of the challenges they faced.

Statistical Data

- PHS worked with their academic partners to analyze and interpret youth arrest records during the five-year period before their work began. This quantitative data provided objective insights into the impacts of youth violence.

Continued on next page.

Step 1

Park Hill Strong Case Study

Continued from above.

- These data also gave PHS a baseline they could compare to after implementing their strategies, which is what they did in 2021. Comparison of pre- and post-implementation data showed a significant reduction in arrests compared to a similar Denver community that didn't use this approach. This is strong evidence that the community-driven intervention was a major factor in the reduction of youth violence.

Community Experiences

- PHS conducted community-wide surveys, directly engaging residents to share their experiences and observations related to youth violence. This qualitative data offered valuable insights into the community's perceptions and concerns.
- Like statistical data, community surveys provide a baseline to compare against after implementation to understand how effective a strategy is.

By gathering data from a variety of sources and considering data as a collective, PHS established a clear understanding of the problem from the outset and set themselves up to continuously monitor their impact and adjust to new needs.

Lessons for Other Communities: Validating Practice-Informed Approaches

A violence prevention approach might lack supporting evidence for a wide range of reasons. There are, however, countless examples of successful small-scale efforts without rigorous evidence. For many communities finding success with “practice-informed approaches,” a lack of evidence typically comes down to a lack of capacity or technical expertise to evaluate the impacts of their work. In cases where communities *can* assess and share evidence about innovative approaches, acknowledgement of their validity can be a secondary hurdle.

Practice-informed approaches are a key component to the CCC framework and to many communities successfully implementing them to prevent violence.

PHS's sustained partnership with the Youth Violence Prevention Center -Denver supported a robust data collection and review process, which enabled a blend of evidence-based and practice-informed approaches to successfully prevent youth violence. In addition, this partnership was key in the evaluation phase to provide validity to practice-informed work in Park Hill that now can be scaled or adapted for other communities.

Step 2. Identify Risk and Protective Factors

Determine what increases or decreases a prioritized population's chance of being harmed by firearm-related violence.



2. Identify Risk and Protective Factors

With the populations, harm types, and local challenges identified, communities can now determine the factors that make people more or less likely to be exposed to firearm-related harm or violence. This step is crucial to building strategies that meet their needs and generate lasting change. This section outlines overarching risk and protective factors relevant to multiple types of firearm-related violence.

Risk Factors *increase* a person's likelihood of engaging in or being exposed to firearm-related harm or violence. **Protective Factors** *reduce* this likelihood. These factors can occur at the individual, family, community, and societal levels.

Shared Risk and Protective Factors

In the 2023 FHVP Roundtable Report, risk and protective factors were presented by harm type: suicide and self-harm, community violence, domestic and intimate partner violence, and mass and targeted violence. A major theme to emerge from the 2024 Roundtable, however, was the extensive interconnection between harm types:

- People who commit mass or targeted violence are often dealing with suicidal and/or homicidal ideation.
- People involved in community violence are also more likely to be perpetrators of domestic or intimate partner violence.
- Victims of domestic or intimate partner violence are more likely to experience suicidal ideation or perpetrate violence against others.
- There is a potential overlap between community violence and suicidal ideation: As the table demonstrates, community violence and suicide share many risk factors. The underlying causes of predominantly young men putting themselves at risk through community violence are often very similar to those driving young men to suicide.

The need to better articulate these intersections has led to a set of shared risk and protective factors that are relevant to more than one harm type (**Table 6**). Taking action to increase shared protective factors and/or reduce shared risk factors means communities can maximize limited resources and reduce harm across multiple types of violence. See Appendix B for non-overarching risk and protective factors.

Table 6. Shared risk factors and protective factors for firearm-related harm and violence. Harm types are abbreviated SSH (suicide and self-harm), CV (community violence), DIPV (domestic and intimate partner violence), and MTV (mass and targeted violence). Checkmarks indicate the harm types for which each factor is relevant.

Protective Factors	SSH	CV	DIPV	MTV
Access to Appropriate Health Care and Support. Availability of care that meets a persons' needs and is relevant to their experiences (e.g., their culture, language, identities, etc.). It's also important that people understand how to access and navigate health care systems.	✓	✓	✓	✓
Healthy Connection to Self and Others. Positive and meaningful relationships with oneself, trusted and caring adult(s), peers, family, and community members, access to a support network, and involvement in social activities.	✓	✓	✓	✓
Connection to Culture and Community. Connection to others with the same identity, culture, or experiences, and access to identity-affirming spaces in the community. This is especially relevant for people with identities that are marginalized (e.g., LGBTQ+, BIPOC, people with disabilities, etc.).	✓	✓	✓	
Exposure to Different People and Ideas. Being around or engaging with people from different backgrounds and exposure to different ideas and ways of seeing the world.		✓	✓	✓
Economic Stability and Mobility. Individual factors such as steady employment and reliable access to basic human needs (e.g., healthy food, clean water, safe housing) as well as community factors such as affordable housing and access to education or skill training.	✓	✓	✓	

Risk Factors	SSH	CV	DIPV	MTV
Access to Firearms. Having access to a firearm, especially if made easier through factors like unsafe storage or storage in the home. The lethality of this risk is compounded if the person also has access to extended magazines or automatic firearms.	✓	✓	✓	✓
Substance Use and Misuse. Use or misuse of alcohol or drugs is one of most well documented risk factors increasing the likelihood of exposure to all types of firearm-related harm and violence. This is compounded if the person also lacks appropriate health care or support.	✓	✓	✓	✓

2. Identify Risk and Protective Factors

Risk Factors	SSH	CV	DIPV	MTV
Recent or Imminent Crisis. Recent and anticipated stressful events such as pending legal cases, arguments, imminent separation, or the death of someone close. This stress can be compounded if the person experiencing the crisis lacks social or emotional skills, appropriate health care, or feels the need to retaliate.	✓	✓	✓	✓
Social Isolation, Disconnection, and/or Rejection. Individual and family factors such as lack of meaningful connection to peers or family, self-reliance, or feeling rejected, betrayed, or abandoned; as well as community and societal factors such as low community cohesion, transiency, and disconnection from systems of support.	✓	✓	✓	✓
Trauma and Exposure to Harm or Violence. Childhood trauma such as parental substance abuse; harsh, lax, or inconsistent discipline; physical or sexual abuse; and intergenerational trauma (i.e., trauma passed from one generation to the next) such as forced relocations or separation from family, racism and discrimination, or familial cycles of abuse. Also includes exposure to violence and its secondary impacts in the community as a first responder or service provider, in the media, or as a victim of violence.	✓	✓	✓	✓
History of Threats or Harmful Behavior. A history of aggressive behavior, disciplinary problems, threats to others, and violent acts such as animal abuse or domestic violence or a history of self-harm.	✓	✓	✓	✓
Limited Connection to Culture or Identity. Lack of connection to personal identities and/or a community of others with the same identity; lack of connection to culture or cultural representation; and lack of culturally or linguistically relevant support. This is especially relevant for people with identities that are marginalized (e.g., LGBTQ+, BIPOC, people with disabilities, etc.).	✓	✓	✓	
Limited Financial Stability or Opportunity. Individual and family factors such as un- or under-employment, unstable income, and financial dependence on others, as well as community and societal factors such as concentration of low-income households and systemic community underinvestment.	✓	✓	✓	

2. Identify Risk and Protective Factors

Risk Factors	SSH	CV	DIPV	MTV
Limited Social-Emotional Skills. Limited or undeveloped skills with self-awareness (e.g., identifying one's emotions), self-management (e.g., emotional regulation under stress), social awareness (e.g., demonstrating empathy), relationships (e.g., conflict resolution or cultural competence), and responsible decision-making (e.g., associating with others not involved in violence). This includes a lack of healthy coping skills to work through difficult emotions or thought patterns such as depression, paranoia, and suicidal or homicidal ideation.	✓	✓	✓	✓
Systemic Discrimination and Marginalization. Systemic discrimination and marginalization happen when unfair rules, policies, and social norms—both official and unspoken—treat certain groups of people unfairly based on who they are. These unfair systems make it harder for some communities to access good jobs, quality education, safe housing, and fair treatment in society and government. Over time, this keeps certain groups at a disadvantage, making it difficult for them to escape poverty, have a voice in decisions that affect their lives, or access the same opportunities as others.	✓	✓	✓	
Harmful Gender Norms. Social expectations or rules about men such as avoiding displays of emotion and proving themselves through aggression or violence; and about women such as caring for and raising children and avoiding assertiveness. These expectations can limit socio-emotional skill development for any gender and set men up to enact harm if they feel unable to meet them.	✓	✓	✓	✓
Discomfort Addressing Mental Health Topics. Norms or beliefs that certain topics are taboo, such as mental health difficulties, trauma, executive function (e.g., anger management and impulse control), or experiences of firearm-related harm and violence can make it difficult to talk about and seek help to address those challenges. Stigma can occur at the individual level (e.g., shame or self-blame), relational or community level (e.g., shared beliefs about people with mental health challenges), or sociocultural level (e.g., policies or laws limiting mental health care access).	✓	✓	✓	✓
Misperception of the Reality of Firearm-Related Harm and Violence. An overconfidence in one's personal knowledge about their risk of experiencing firearm violence and/or underestimation of those risks (e.g., "it can't happen to me" mentality).	✓	✓		

2. Identify Risk and Protective Factors

Risk Factors	SSH	CV	DIPV	MTV
Use of Social Media. Most youth are on social media, and a majority use it multiple times per day. Evidence has shown that youth who frequently use social media are more likely to be victims of bullying at school or online, have persistent feelings of sadness or hopelessness, and experience suicidal ideation. However, social media use can be a protective factor as well, such as connecting LGBTQ+ youth with affirming online communities or support networks.	✓	✓		

Step 2

Park Hill Strong Case Study

Determine what increases or decreases people's chance of being harmed by firearm-related violence.

Accurately identifying risk and protective factors depends on both comprehensive data collection and analysis, as well as community-driven interpretation. PHS, academic partners, and community members collaborated to ensure data was grounded in the local context.

Risk Factors: Key risk factors for Park Hill youth included early and continued involvement in problem behaviors, frequent conflicts among youth, and associations with peers engaged in harmful activities.

Protective Factors: PHS also identified protective factors that reduce youths' likelihood of exposure to violence, such as acknowledging and rewarding positive youth involvement, increasing access to safe activities, and strengthening youth cultural identity.

Lessons for Other Communities

Taking the time to collaboratively identify both risk *and* protective factors meant that PHS could focus violence prevention strategies precisely where needed and integrate them into existing community systems. This approach is practical to make the most of limited resources and can lead to a more robust set of strategies linking related risk and protective factors and leveraging community assets or strengths to extend their impact.

Step 3. Implement Root-to- Recovery Strategies

Develop and implement a comprehensive set of strategies to address firearm-related harm and violence.



3. Root-to-Recovery Strategies

After identifying the factors influencing peoples' likelihood of being exposed to firearm-related harm or violence, communities are ready to develop and implement root-to-recovery strategies. Considering strategies from each of the five domains from root cause to recovery and learning is important for a comprehensive approach. This section identifies evidence-informed, promising, and innovative strategies that are relevant to multiple harm types.

Why Root-to-Recovery?

Figure 14. Root-to-recovery is iterative, much like the overall Comprehensive Collaborative Community Framework. Recovery and learning

The root-to-recovery approach is comprehensive, considering the context and events leading up to firearm-related violence, the violent event itself, and the aftermath (**Figure 14**). In considering this complete picture, from the root causes of violence to recovery, communities can begin to meaningfully address the challenges they face. Root-to-recovery strategies include the following.



- **Root Cause** strategies focus on preventing firearm-related harm and violence well before it occurs, are implemented at the society and community levels, and in general are not directly related to firearms.
- **Direct Prevention** strategies focus on preventing firearm-related harm and violence before it occurs, and are implemented at the community, family, and/or individual levels.
- **Intervention** strategies focus on halting escalation, minimizing individual impacts, and/or containing further spread of firearm-related harm and violence. They take place after a person has shown behaviors elevating their risk of being exposed to or participating in a firearm-related incident, and are implemented at the individual, family, and community levels.
- **Preparedness and Response** strategies focus on minimizing the impact of firearm-related harm and violence during and immediately after an event, from the individual to community level. Preparedness and planning are necessary for an effective and coordinated response and occur prior to a firearm-related incident.
- **Recovery and Learning** strategies focus on healing in the aftermath of firearm-related violence, minimizing any long-term impacts, and learning from the event to prevent future crises. They are primarily implemented at the individual to community level, and secondarily at the societal level.

Shared Root-to-Recovery Strategies

Like risk and protective factors, Roundtable attendees emphasized that strategies to address firearm-related violence are often relevant to multiple harm types (**Table 7**). In total, 32 overarching strategies emerged (see Appendix B for non-overarching strategies).

Table 7. Shared root-to-recovery strategies organized by strategy type. Strategies are a blend of evidence-informed and practice-informed. Harm types are abbreviated SSH (suicide and self-harm), CV (community violence), DIPV (domestic and intimate partner violence), and MTV (mass and targeted violence). Checkmarks indicate the harm types for which each strategy is relevant.

Root Cause Strategies	SSH	CV	DIPV	MTV
Promote Social-Emotional Skill Development: Social-emotional skills include self-awareness, self-management, social awareness, relationships, and responsible decision-making. Building these skills from an early age leads to stronger feelings of inclusion in school, healthier relationships, and an increased sense of safety and support. Social-emotional learning is also linked to reductions in bullying and discipline referrals. <i>NOTE: This strategy can also be relevant as an individual-level intervention in high-risk situations.</i>	✓	✓	✓	✓
Increase Access to and Expand Behavioral Health: Ensure that all people have access to relevant and affordable behavioral healthcare that meets their needs. Expanding the behavioral health workforce, particularly by increasing service provider diversity, including in rural areas, is an important step to ensure widespread access to culturally and linguistically appropriate services. School-based behavioral health interventions can also increase equitable access to services for students.	✓	✓	✓	✓
Community Investment and Economic Empowerment: Invest in communities to provide economic stability, opportunity for upward mobility, and neighborhood improvements. Community events, youth programming, and environmental improvements (e.g., streetlight installation, mural painting, green space creation) foster positive social interaction and connectedness.	✓	✓	✓	✓
Enable Community-Led Processes: Support and provide funding for community-directed processes (e.g., CTC model) that build and celebrate community power and empower community self-determination.	✓	✓	✓	✓

Root Cause Strategies	SSH	CV	DIPV	MTV
Facilitate Connection to a Caring Adult: Support youth through connection to a caring, trusted adult who can listen, help navigate tough situations, and provide accountability. These adults might be a family or community member, teacher, coach, etc., and must be seen as dependable by the person they support.	✓	✓	✓	✓
Provide Trauma-Informed Care: Ensure that services, supports and recovery programs are trauma-informed. This is relevant for all people, but particularly important for some populations such as people with significant Adverse Childhood Experiences (ACEs) or survivors of sexual abuse.	✓	✓	✓	✓
Normalize Mental Health Topics and Treatment: Normalize conversations about mental health challenges in general, as well as the impact of firearm-related harm and violence. Proactive and culturally- or community-relevant messaging is important.	✓	✓	✓	✓
Connection to Culture and Community: Develop a sense of cultural identity to combat loneliness and celebrate community strengths. This includes building community capacity and empowering self- determination.	✓	✓		

Direct Prevention Strategies	SSH	CV	DIPV	MTV
Promote Healthy Gender Norms: Develop messaging, practices, or programs that promote healthy social expectations or norms for all genders. In many cases this should include messaging or programs specifically for men, who are at higher risk of perpetrating firearm-related harm or violence.	✓	✓	✓	✓
School Risk Assessments: Conduct school risk assessments to evaluate the likelihood and potential consequences of firearm-related incidents. These assessments could focus on school climate and culture, physical security measures, and/or familial and community risk factors. Special attention should be paid to understand potential risk to populations that disproportionately experience firearm-related harm (e.g., LGBTQ+ youth, Native American youth, youth with high ACE scores).	✓	✓	✓	✓
Firearm Safety: Promote and expand programs on general safe firearm use and storage, especially for firearm-related suicide prevention (e.g., lethal means safety training).	✓	✓	✓	✓

3. Root-to-Recovery Strategies

Direct Prevention Strategies	SSH	CV	DIPV	MTV
Resource Awareness and Access: Increase resource awareness and ease of access. This might include promoting specific and relevant resources (e.g., 988 crisis hotline), engaging with people not connected to systems of support, or doing intentional outreach to individuals with known risk factors. Providing a diverse set of entry points (e.g., one-stop-shop centers or no wrong door) or going to where the need exists (e.g., door-to-door resource systems) can also ease access.	✓	✓	✓	✓
Broad Education Campaign: Deploy educational campaigns and programs to inform people about available resources and how to use them, their rights, and/or to reduce stigma about mental health or firearm-related violence topics. The use of storytelling can be a powerful way to shift narratives and understanding of firearm-related harm and violence.	✓	✓	✓	✓
Environmental Design: Use environmental and/or architectural design practices to prevent firearm-related violence or minimize its impact (e.g., Crime Prevention Through Environmental Design). This includes considerations for both the physical environment (e.g., metal detectors, elements to provide cover or safe passage) as well as the social environment (e.g., neighborhood watch, spaces for community connection).	✓	✓		✓

Intervention Strategies	SSH	CV	DIPV	MTV
Mental Health First Aid: Expand and promote mental health first aid training in a variety of contexts, including places of worship, gun shops and firing ranges, and for community members. This strategy is more effective as more individuals and groups receive training (e.g., public safety, clinicians and providers, court personnel, military).	✓	✓	✓	✓
Threat Assessments: Use threat assessments to screen and identify individuals experiencing suicidal and/or homicidal ideation. Ensure they receive integrated follow-up support and appropriate resources. Assessments can be deployed in school or community contexts.	✓	✓	✓	✓

Intervention Strategies	SSH	CV	DIPV	MTV
Temporary Firearm Removal: Support individuals at high risk of harming themselves or others <i>and</i> with access to a firearm by temporarily removing those firearms from their surroundings and securely storing them. This could be initiated by an individual via a voluntary program or legally required and enforced immediately after a crisis (e.g., via an extreme risk protection order).	✓	✓	✓	✓
Anonymous Reporting: Provide ways for people, especially youth, to anonymously report concerns (e.g., 988, Safe2Tell, The Power of One). Ensure reporting systems include integrated response or follow-up.	✓	✓	✓	✓
Coordinated Violence Interruption: Provide timely support after an individual or community has been exposed to multiple risk factors or harmed by firearm-related violence, including efforts to prevent the harm from escalating or spreading further. Actions to interrupt violence can be proactive (e.g., street outreach, community violence interruption) or reactive (e.g., emergency room and hospital intervention, after a life crisis), and should include services people can go to (e.g., respite care) as well as services that meet people where they are (e.g., home visits).	✓	✓	✓	✓
Family Care: Provide support to families using evidence-informed programs (e.g., Nurse Family Partnership). Programs could include services such as mental health counseling, home visits, or additional wraparound resources for stability (e.g., food or housing assistance) and care coordination (e.g., multi-disciplinary teams).	✓	✓	✓	
Credible Messengers: Use people with established community relationships, trust, and credibility to interrupt violence. Credible messengers are responsive to each community's context and might be from that community, have similar life experience, and/or share identities with the people they serve.	✓	✓	✓	
Alternative Response and Diversion: Expand programs that connect people in a behavioral health crisis with appropriate support and resources and divert them away from criminal, legal, and emergency healthcare systems. Examples of these programs include dual or co-response, Law Enforcement Assisted Diversion, and community or local response programs.	✓	✓	✓	

Preparedness and Response Strategies	SSH	CV	DIPV	MTV
Coordinated Statewide Response: Develop a statewide system and/or team to support a coordinated local response to firearm-related violence. This should include development of standard response protocols that are equitable, consistent, and community-driven.	✓	✓	✓	✓
School Response Training: Train school staff and/or a crisis team on conflict resolution, crisis intervention, trauma-informed responses, and active shooters.	✓	✓	✓	✓
Coordinated Local Response: Develop a community- or regional-level plan to ensure a rapid and coordinated response to incidents of firearm-related violence. The plan should be informed by professionals that could be involved in response (e.g., emergency managers, public safety, hospitals and medical providers, school and district staff) as well as community-based responders and community members who would benefit from such a response. Engaging all these perspectives in plan development will support more equitable resource distribution and ensure actions are aligned with community needs.		✓		✓

Recovery and Learning Strategies	SSH	CV	DIPV	MTV
Fatality Review Teams: Develop or expand local fatality review teams to facilitate information gathering, review, and learning after a firearm-related death. These teams are most common in cases involving the death of a child or from firearm-related suicide, domestic violence, or intimate partner violence, but can play a key role in preventing fatalities from all types of firearm-related violence. Developing standardized protocols and best practices for local firearm-related fatality review teams is an important step to support those teams and ensure relevant and equitable processes.	✓	✓	✓	✓
Healthy Connections with Peers: Expand opportunities for young people affected by firearm-related violence to develop healthy relationships with their peers, especially outside of formal academic settings. Opportunities to increase these factors can be directly related to firearm-related harm and violence (e.g., peer recovery or support networks) and indirectly related (e.g., sports or extracurricular activities, civic engagement).	✓	✓	✓	✓

Recovery and Learning Strategies	SSH	CV	DIPV	MTV
Post-Crisis Care and Healing: Provide time and opportunities for people to receive care and begin healing after a firearm-related incident. Healing looks different for each person, community, and incident, so support should be flexible and tailored to meet those unique needs. The process can happen at different levels – from individual to community – and take place in many different settings (e.g., places of worship, clinics, or community gathering places like barbershops). Recovery also doesn't follow a set timeline; some people need immediate support, while others require long-term care. In addition to healing for affected people and communities, it's also important to support first responders, violence interrupters, doctors, and others involved in the response.	✓	✓	✓	✓
Coordinated Re-entry: Develop practices to welcome people back into their community after a firearm-related event. Reentry planning is relevant for individuals that directly experienced harm or violence, such as a non-fatal firearm-related suicide attempt, or people injured, traumatized, or grieving a lost loved one. In many cases, coordinated reentry is also important for whole communities to return to a space after an event.	✓	✓	✓	✓
Restorative Justice: Support restorative justice and other non-punitive forms of healing that center the needs of victims and the responsibilities of perpetrators to address the harm done by firearm-related violence. Restorative justice programs are generally voluntary and bring together victim(s), perpetrator(s), and community in a mediated dialogue to hold accountability, repair relationships, and improve community safety. While this is considered a Recovery and Learning strategy, it can also play an upstream role in violence interruption (Intervention) and promoting social-emotional skills (Root Cause).		✓	✓	✓
Develop Community Cohesion: Engage people who are actively invested in their community and invite others who aren't to support community healing. This is applicable to physical communities (e.g., neighborhoods, towns) and affinity-based communities (e.g., military and veterans, LGBTQ+ youth). Strong social connection and neighborhood cohesion with robust social support systems have been shown to be important aspects of this work.	✓	✓		✓
Media Guidelines: Share and promote the use of media guidelines to ensure appropriate and respectful reporting and to avoid sensationalizing instances of firearm-related violence.		✓		✓

Strategy Implementation

After identifying potential strategies and developing them to fit the local context, communities can begin implementation. Roundtable attendees identified several important considerations as strategies are rolled out:

- **Define clear roles for all involved**, from local coalitions to state agencies.
- **Employ people with lived experience** to do the work (e.g., as health navigators).
- **Leverage existing programs** that can support new populations (e.g., Medicaid for firearm-related violence survivors).
- **Prioritize flexibility and adaptability.**
- **Be evidence-based, evidence-informed, and practice-informed:**
 - **Movement:** This work builds movements, and implementation strategies associated with movements should be deployed.
 - **Sustainable:** Ensure the work is sustainable and don't make false promises to the community.
 - **Accountability:** Ensure that implementation of strategies incorporates accountability so as not to lose momentum due to lack of ownership or a "lead" role.
 - **Mental health and wellness:** While mental health and wellness is itself an important strategy, it is also important to support the wellness of those working to address firearm-related violence. This work can be triggering, exhausting, and very difficult when things go wrong.

Change Management and Adaptive Implementation

Change management refers to the way people or groups prepare for, implement, and successfully maintain changes. There are numerous examples of successful change management processes. However, they all build upon those three main steps: prepare, implement, maintain. Collaborative groups working to address firearm-related harm and violence should develop and use their own change management process to support the immediate and long-term success of their work.

Prepare. The key to making any change endure is to develop an intentional plan. Depending on the context, this might include:

- Building awareness about the need for change.
- Generating buy-in or a desire to change.
- Developing knowledge or skills for how to change.
- Removing barriers or frictions in the way of change.
- Adding flexibility to the implementation plan.

Implement. Implementation is when plans turn into action and changes in the world start to take shape. Preparing beforehand will ensure groups can coordinate through the change process, adapt to new situations, and set themselves up for long-term success.

Maintain. After a change is established, it needs to be reinforced. This could include celebrating successes, developing mutual accountability, embedding change within community processes, or aligning metrics with the goal of the change.

Table 8. Colorado and national databases and reporting systems to consider as secondary data sources. Resources were relevant as of November 2024.

Secondary Data Sources	General Topics Covered
Crime Gun Intelligence Center - Denver Program	The program focuses on reducing violent gun crime by disrupting the cycle of gun violence using forensic science and data analysis to identify, investigate, and prosecute individuals who use guns in criminal activity and find the sources of their guns.
Project Safe Neighborhoods (PSN)	PSN is a nationwide initiative that brings together federal, state, local, and tribal law enforcement officials, prosecutors, community-based partners, and other stakeholders to identify the most pressing violent crime problems in a community and develop comprehensive solutions to address them.
Crime Gun Intelligence Center (National)	Programs addressing gun violence.
Gun Violence Programs: Strategic Approaches to Community Safety Initiative (SACSI)	Details key findings from the SACSI. Grant reports describe how complex gun violence partnerships are forged and interventions designed, implemented and evaluated.
National Survey of Gun Policy	The Johns Hopkins National Survey of Gun Policy has tracked Americans' support of gun policies every two years since 2013.
Blueprints Program	Provides a comprehensive registry of scientifically proven and scalable interventions for youth, families, and communities.

Secondary Data Sources	General Topics Covered
National Integrated Ballistic Information Network (NIBIN)	NIBIN is the only national network that allows for the capture and comparison of ballistic evidence to aid in solving and preventing violent crimes involving firearms.

Park Hill Strong Case Study

Develop and implement a comprehensive set of strategies to prevent firearm-related harm and violence.

With data collected and analyzed and major risk and protective factors influencing violence identified, PHS faced a decision: which approach to youth violence prevention would best fit Park Hill's needs? Ultimately, PHS chose the CTC model – a proven approach to violence prevention focused on risk and protective factors – and developed a focused action plan to prevent youth violence at multiple points across the root-to-recovery spectrum.

Park Hill Strong's Root-to-Recovery Approach

The PHS Community Board and partners identified early and persistent problem behavior as a key risk factor for youth violence. Strategies, therefore, were generally focused on reducing the occurrence of this risk factor and/or increasing the occurrence of related protective factors. In addition, PHS explored strategies that could easily integrate into existing community infrastructure, such as schools, after-school programs, youth sports teams, and libraries.

Continued on next page.

Step 3

Park Hill Strong Case Study

Continued from above.

Root Cause Strategies

- **PATHS**, a program designed to help youth develop self-awareness, manage emotions, and navigate conflicts in healthy and productive ways. PHS implemented PATHS in multiple neighborhood schools, as well as in after-school programs and youth-serving spaces, creating a community-wide shared language and reinforcing positive messages everywhere kids turned.
- **The Strengthening Families Program** provided parents and caregivers with the tools to foster strong, supportive relationships at home, reducing the likelihood of youth engaging in high-risk behaviors.

Direct Prevention Strategies

- **The Power of One Campaign** gave youth a platform to spread messages of violence prevention and hope through digital storytelling and organizing public events.

Intervention Strategies

- **The Power of One App** created a secure and anonymous resource to connect youth experiencing challenges to the resources and support they need 24/7, in many cases before law enforcement involvement is necessary.
- **Mini grants supported organizations** already doing successful violence prevention work in Park Hill. These grants funded initiatives that interrupted violence and provided support for young people at high risk, such as mentorship programs, creative arts initiatives, and sports leagues, giving youth positive, structured alternatives to violence.

Preparedness and Response Strategies

- **The PHS Community Board included many of the people involved in response**, from community intervention specialists to public safety and law enforcement. This allowed those groups to build more trusting relationships, which enabled more effective and coordinated responses to firearm-related incidents.
- Note: The CTC model does not emphasize Preparedness and Response strategies. Even so, PHS's comprehensive approach meant that strategies in other elements from root-to-recovery had secondary effects here.

Recovery and Learning Strategies

- **Grants also supported community events** that occurred after a shooting to promote community healing and build stronger bonds with the community.

Continued on next page.

Step 3

Park Hill Strong Case Study

Continued from above.

Lessons for Other Communities: Comprehensive within Constraints

A comprehensive set of strategies must address the full root-to-recovery spectrum for meaningful and lasting reductions in firearm-related harm and violence. However, this *may not* mean implementing strategies from all five domains from root-to-recovery if, for example, existing efforts address them, or limited resources require prioritization. Each community should consider the best way to balance their comprehensive approach with the real constraints they must work within.

PHS prioritized early and persistent problem behavior as the key risk factor their efforts should seek to address. This focus, in combination with the CTC model's lack of emphasis on preparedness and response, meant their set of strategies skewed toward the root cause end of the root-to-recovery spectrum. This did not mean PHS's approach wasn't comprehensive, however, as their focused set of strategies generated secondary impacts across the root-to-recovery spectrum. By opting to focus their strategies – and therefore resources – they could more effectively coordinate them to be mutually reinforcing and maximize the overall community impact.

Evaluate the impact of strategies and scale effective and promising ones.



4. Evaluate Impact and Scale

At this stage, a collaborative community group has worked through all but the final step in the CCC Framework. This last step is to evaluate the impact of strategies and scale those that are most successful. This section reviews the basics of continuous improvement, evaluation, and scaling up successful strategies.

Figure 15. The Plan, Do, Study, Act approach to continuous improvement and rapid cycle testing. Source: Jacob Bornstein (2024). Rapid Cycle Testing to Mitigate the Effects of Childhood Poverty, Civic Consulting Collaborative for Gary Community Ventures.



Continuous Improvement

Some communities will need a process to test potential strategies to see how they work in the real world. The Plan, Do, Study, Act approach is a well-established continuous improvement model to accomplish this (**Figure 15**). A series of small-scale tests can help communities screen for and fine-tune the most promising strategies before broad implementation.

Evaluation

Approaches to evaluation can be as varied as the strategies themselves. Regardless of the approach, there are generally three impact measurements to consider:

1. The health of the collaborative group.
2. If strategies look promising along the way.
3. Whether strategies ultimately reduce harm and save lives.

Each measure requires a different type of evaluation method, and they are best considered in combination rather than independently. A combined evaluation gives collaborative groups a comprehensive look at their efforts across the four previous steps of the CCC Framework. One

effective approach to achieve this uses leading indicators, intermediate indicators, and long-term outcomes.

Outcomes and Types of Indicators

Leading Indicators are the short-term measures that reveal the effectiveness of ongoing efforts and help a group know if they are making progress along the way. They must be:

- a) predictive of achieving long-term outcomes, and
- b) within the group's control.

These include both internal measures about the health of the collaborative (e.g., reaching consensus, effective meetings or events) and external measures of the strategies being implemented (e.g., the number of program participants or on-the-ground outreach hours).

Intermediate Indicators are mid-term measures often used in complex processes to compliment leading indicators and long-term outcomes. They are typically 2-to-5-year goals or milestones aligned with the timeframe of the overall collaborative process.

Long-Term Outcomes (or lagging indicators) are the long-term measures that reveal the impact of our efforts, such as the reduction of firearm-related deaths and injuries.

ACER Evaluation Framework

One evaluation framework suggested by roundtable attendees is the ACER evaluation framework (Accountability, Context, Evidence, and Relevance), which can be used to evaluate a comprehensive program addressing firearm-related harm and violence. For more on the ACER framework, including Colorado-specific examples, see Appendix D.

Scaling Up Successful Strategies

When communities find a strategy that works, it's important to scale it up. This could mean formalizing a pilot project, adapting the strategy to apply to different populations or regions, or otherwise expanding knowledge of the strategy. Regardless of the end goal of scaling, there are several common elements to the approach (**Figure 16**).

Scaling Element	Gain Traction	Share & Commit	Enable Change	Adopt Strategy	Scale Success
Who is Leading	Innovators , or people who test new strategies to show success and learn how to implement them (e.g., early adopters, pilot participants).	Connectors , or people with board networks who can help spread the word. Stakeholder groups can also be connectors. Persuaders , or people who can secure commitments to implement a strategy.	Helpers , or people who can provide technical support for entities to implement a strategy in a way that fits their context. Types of support could include change management, technical assistance, guidance documentation, and more.	Leaders , or people with the authority to approve implementation, and the clout to establish strategies as a best practice.	Norm Adopters , or people who can show that a strategy is widely implemented at scale (i.e., it's an exception when a group does not implement).
Things to Keep in Mind	Innovators should share their experience with Connectors, Persuaders, and Helpers.	Connectors and Persuaders are critical to get buy-in from leaders to implement a strategy.	Helpers should seek to understand the internal and/or external barriers to implementation. Helpers work at different scales, from on-the-ground to system-level, and scaling up is more robust if there is connection across scales.	Leaders play an important role to integrate new strategies into related, existing efforts and to standardize implementation. Leaders can be people with lived experience and/or with the highest risk of exposure to violence.	Engaging norm adopters as part of a learning community can reinforce implementation as the norm. Even after a successful strategy is widely implemented, additional work is needed to bring on remaining groups.

Figure 10. The general process to scale up successful strategies, including elements of the process, who may be involved, and considerations for each. Source: Wellstone Collaborative Strategies.

Step 4

Park Hill Strong Case Study

Evaluate the impact of strategies and scale effective and promising ones.

PHS continued using the CTC model to implement strategies that prevent violence throughout the initial grant period from 2016-2021. After five years of implementation, researchers at the University of Colorado evaluated whether PHS's approach reduced youth violence.

Evaluation

Comparison to Baseline (Quantitative Data): In 2021, academic partners at the University of Colorado's [Center for the Study and Prevention of Violence](#) evaluated PHS's approach and impact on youth violence. This portion of the evaluation relied on officially reported data (youth arrests) and gave statistical insights about youth violence in Park Hill. This objective data is important to consider but will not account for other key insights such as whether strategies align with community values or how people individually perceive violence.

Continued on next page.

Step 4

Park Hill Strong Case Study

Continued from above.

Ongoing Community Input (Qualitative Data): PHS conducted community surveys to gather residents' feedback on whether strategies were reducing youth violence in Park Hill. This process was not only beneficial to evaluate *after* implementation is complete, but also *during* implementation. Understanding community members' experience was vital to continually refine and improve their strategies, ensuring they remained effective and responsive to the evolving needs of the community.

Park Hill Strong's Impact

The outcomes and positive impacts were striking:

- Compared to another Denver community with no violence prevention program, PHS experienced 57% fewer arrests associated with youth violence a year after implementation began in 2016.¹
- More young people were engaged in mentorship, employment, and leadership.
- Residents described the community as stronger, safer, and more connected.
- PHS created a violence prevention infrastructure in a neighborhood where it previously did not exist.
- The [Power of One app](#) received over 4 million social media interactions and continues to exist as a secure and anonymous tool to connect people with resources and support.
- Over 1,500 youth participated in [Promoting Alternative Thinking Strategies](#) (PATHS) to develop their social-emotional skills, which is reinforced by a community-wide language to talk about those issues.
- Community organizations were awarded 47 mini grants to build capacity and put resources in the hands of those already doing effective community-led work.
- Over \$2.5 million in additional funding was contributed by partners such as the City and County of Denver, [Colorado Department of Public Health and the Environment](#) (CDPHE), [Denver Public Schools](#), and the [Colorado Health Foundation](#).

Continued on next page.

Step 4

Park Hill Strong Case Study

Continued from above.

Scaling for the Future

Today, PHS continues to develop, implement, and evaluate strategies to prevent youth violence in partnership with YVPC-D. Youth play a central role in the work hosting community events, serving as peer navigators, creating and maintaining tools like the Power of One app, and steering community efforts via [The Game Changers](#) youth advisory council.

Park Hill Strong’s comprehensive, collaborative, and community-driven approach not only reduced youth violence, but provides a scalable model that other communities can adapt to address their own firearm-related harm and violence challenges.

Lessons for Other Communities

Any community grappling with firearm-related harm and violence can benefit from the wisdom gained through others’ experience. While PHS’s community context, challenges, and opportunities are unique, the *process* they undertook is widely applicable. Other communities beginning their own approach should consider the following lessons:

- Address not only symptoms of violence but also the root causes – including the systems and structures that we operate within.
- Create partnerships built upon trust, shared power and leadership, and that acknowledge unique expertise and knowledge gaps.
- Give young people real opportunities to lead.
- Use strategies that are both evidence-based *and* adapted to local context

Next Steps

The collaboration of subject matter experts, communities, governments, and funders is necessary because firearm-related harm and violence is complex and will continue to harm communities and families for years to come. Our ideal future is where firearm-related harm and violence is rare. A future where people care about each other and themselves, and don't use a firearm to express their pain or end a life. A future where people and communities have access to the resources they need to keep themselves healthy. To achieve this, we call on everyone to join in the Committee's shared purpose:

By 2040, sustainably reduce firearm-related deaths by half throughout Colorado communities for each type of harm: suicide and self-harm, community violence, domestic and intimate partner violence, and mass and targeted violence.

Due to discontinued funding, the FHVP Program Office at Trailhead was disbanded at the end of February 2025. However, this does not mean the collective work with the FHVP Advisor Committee needs to stop. The work must stay connected to communities, stakeholders in all four types of firearm violence, researchers, and policymakers. This work should not be polarized; it is a problem that impacts everyone, and it's vital to remember that not everyone experiences it the same. Solving this multi-layered challenge requires intentional collaboration, thoughtful strategies, and actionable plans. Approaches like the CCC framework push us in a direction to: center communities, listen to their experiences, work together, and create solutions that match specific needs.

The FHVP Advisory Committee, alongside hundreds of community members, stakeholders, and professionals, has informed the vision laid out here. Carrying it forward will require a statewide network that:

1. Supports collaborative, culturally informed, and comprehensive community-led action.
2. Develops a community of practice in which collaborative groups receive guidance, freedom, and financial support, and can learn from and support one another as they develop their CCC approach in a manner that meets their specific needs.
3. Further develops a resource toolkit based on this report, giving communities access to strategies, approaches, and best practices that meet their specific needs.
4. Creates a common approach to measurement and evaluation informed by communities doing this work, provides technical support as needed, and has public reporting systems to share and better understand impacts.
5. Advocates for policies grounded in the concepts of the CCC Framework that address root causes, support communities, and do not solely focus on prevention mechanisms that alienate firearm owners.

6. Continues to educate and engage community members across Colorado, especially populations that are at high risk for firearm-related harm and violence.

The CCC Framework provides a clear, adaptable structure for reducing firearm-related harm and violence. This report is a tool to guide these efforts.

Focusing on the shared aspects of firearm-related harm and violence, this report provides a foundation for action, helping stakeholders align their efforts and create safer, more resilient communities.

Together, we can create a Colorado where everyone has the chance to live healthier and safer lives. Now is the time to act—not just for us today, but for the generations yet to come.



2024 Roundtable attendees

Appendix A. 2024 Roundtable Fact Sheets

The 2024 Roundtable presented the eight fact sheets linked below. These provide starter information to support rapid learning on different types of firearm-related harm and aspects of the public health approach.

- [Suicide and Self-Harm](#)
- [Community Violence](#)
- [Domestic and Intimate Partner Violence](#)
- [Mass and Targeted Violence](#)
- [Collaboration](#)
- [Implementation](#)
- [Opportunity Counties](#)
- [Data and Research](#)

Appendix B. Non-Overarching Factors and Strategies

The following risk factors, protective factors, and root-to-recovery strategies:

1. Are specific to a single harm type,
2. Lack sufficient practice-informed or research-based evidence to include with overarching factors or strategies, and/or
3. May only be appropriate for certain communities or contexts.

Collaborative groups should consider these depending on the type(s) of harm they seek to address and the context within which they operate.

Risk Factors	SSH	CV	DIPV	MTV
Below average academic achievement.		✓		
Attention deficits, hyperactivity, poor behavioral control, or learning disorders.		✓		
Low IQ or deficits in social, cognitive, or information-processing abilities.		✓		
Polarized communities.		✓		
Stalks or monitors the DV victim.			✓	
School characteristics, such as large class size and a high student-to-teacher ratio are associated with more mass shootings.				✓
Point-in-time environmental characteristics, such as large gatherings of people.				✓
History of research of mass shooting events and perpetrators.				✓
Obsession with weapons and death.				✓
Exposure to radicalization.				✓
Contributing physical health problem.	✓			
Personal genetics.	✓			
Living at high altitude.	✓			

Protective Factors	SSH	CV	DIPV	MTV
High educational and/or career aspirations.		✓		
Positive school climate.		✓		
Access to green or natural spaces, especially in urban areas.				✓
Firearm safety education such as responsible use, secure storage, and firearm-related suicide prevention.	✓			

Root Cause Strategies	SSH	CV	DIPV	MTV
Celebrate success stories and build on existing individual and community strengths.		✓		
Support cultural identity and resilience, including dismantling oppressive systems and developing cross-cultural respect and understanding.		✓		
Acknowledge that communities that are most likely to be targets of mass violence may require additional protections.				✓
Increase funding for child protective services to minimize child abuse and improve access to mental health services.				✓
Remove notoriety motivation of shooters.				✓
Reduce potential grievances that create motive for an attack (e.g., feeling bullied, victimized, stress due to finances or health, or workplace issues).				✓
Use approaches that engage multiple generations.	✓			
Support people with chronic diseases or pain.	✓			
Conversations for health providers that focus on the issue of firearm violence (e.g., not politically charged).	✓			

Direct Prevention Strategies	SSH	CV	DIPV	MTV
Build community capacity for self-policing.		✓		
Employ focused deterrence.		✓		

Direct Prevention Strategies	SSH	CV	DIPV	MTV
Enact firearm owner accountability requirements, including license renewal and training.		✓		
Reduce illegal gun access (e.g., disrupt trafficking, secure retailers).		✓		
Improve data collection and reporting, including from dating apps, and ensure connectivity between service providers.			✓	
Improve background checks.			✓	
Provide culturally relevant gatekeeper training.			✓	
Harden schools and other targets (e.g., school resources officers and metal detectors).				✓
Limit high-capacity firearm availability.				✓
Reach middle-aged men to provide mental health and firearm-related suicide-specific resources (i.e., The Man Therapy).	✓			
Suicide-safe built environment (note, this is primarily relevant to suicide by means other than firearm).	✓			
Provide firearm-related suicide-specific training for behavioral health providers.	✓			
Develop policies and culture and train a competent, confident, and caring workforce.	✓			
Incorporate firearm-related suicide prevention training into the firearm licensure process.	✓			
Implement comprehensive firearm-related suicide prevention policies, trainings, and practices for schools and districts.	✓			

Intervention Strategies	SSH	CV	DIPV	MTV
Use juvenile justice system diversion programs; enhance pipeline to services and resources as an alternative to arrest and citation.		✓		
Use legal mechanisms to support access to resources (e.g., therapy).			✓	
Expand domestic violence training opportunities for judicial officers, potentially including partnering with advocacy groups.			✓	
Invest in diversity, equity, and inclusion efforts that improve the response to domestic violence statewide.			✓	

Intervention Strategies	SSH	CV	DIPV	MTV
Train and support school identification of family violence.			✓	
Resources to identify "warning signs." <i>Potentially overarching.</i>				✓
Firearm-related suicide training for military branches	✓			
Interventions appropriate for Indigenous people and communities (general)	✓			
Ensure healthcare and social service provider training on access to lethal means (e.g., Counseling on Access to Lethal Means).	✓			
Use family level interventions, including training on how to recognize suicidal ideation and despair.	✓			
Provide culturally relevant gatekeeper training for family, peers, and community members to recognize the signs of suicidal risk and refer people to the support and care they need (e.g., Question, Persuade, Refer; Mental Health First Aid).	✓			
Transition individuals through care with warm hand-offs. <i>Potentially overarching.</i>	✓			

Preparedness and Response Strategies	SSH	CV	DIPV	MTV
Use technology to assist in investigating and solving firearm-related incidents.		✓		
Require mandatory training for police and other public safety professionals, judges, and other workers in the judicial system.			✓	
Provide training for unarmed employees to talk down or handle an active shooter.				✓
Provide emergency first aid training for anyone to act during a crisis (e.g., Stop the Bleed).				✓
Utilize representative response teams (e.g., loss teams).	✓			
Develop plans to respond to people with additional physical needs (e.g., deaf, blind, hard of hearing, limited mobility, etc.).	✓			

Recovery Strategies	SSH	CV	DIPV	MTV
Build police-community trust, including procedural justice training.		✓		
Increase success rate in solving murders.		✓		
Create a mechanism for public safety officials and agencies to report Domestic Violence Fatalities directly to the Attorney General's Office.			✓	
Plan for re-entry to welcome a person back into their community after a firearm-related suicide attempt.	✓			
Implement a buddy or peer support system for those in recovery. <i>Potentially overarching.</i>	✓			

Appendix C. 2024 Roundtable

Outcomes from the 2024 Roundtable were foundational in developing the CCC Framework. As such, the majority is integrated in the body of the report. This appendix provides summary information from several Roundtable sessions not otherwise represented.

World Café Session Summary

Most of the input from this session is included in the factors and strategies sections of the report. In addition to this information, attendees were also asked during the meeting which county(ies) they work in, and which population(s) they primarily serve. While not every attendee participated in this activity, Figures 17-20 represents the best data we have on the geographic scope and populations served by attendees.

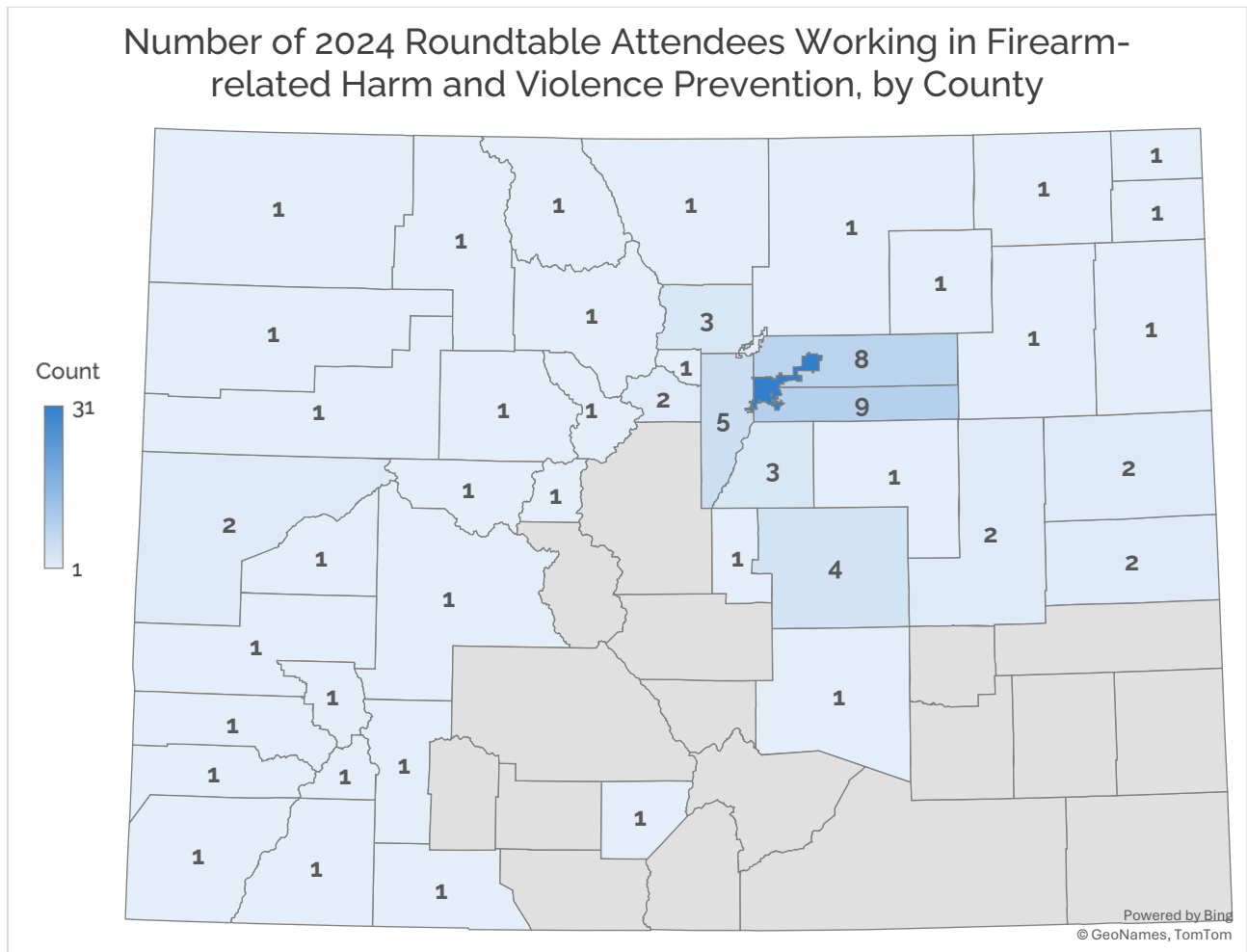


Figure 11. Map of counties in which 2024 Roundtable attendees self-identified during the meeting that they do firearm-related violence prevention work. Missing labels include the City and County of Denver (31) and the City and County of Broomfield (1).

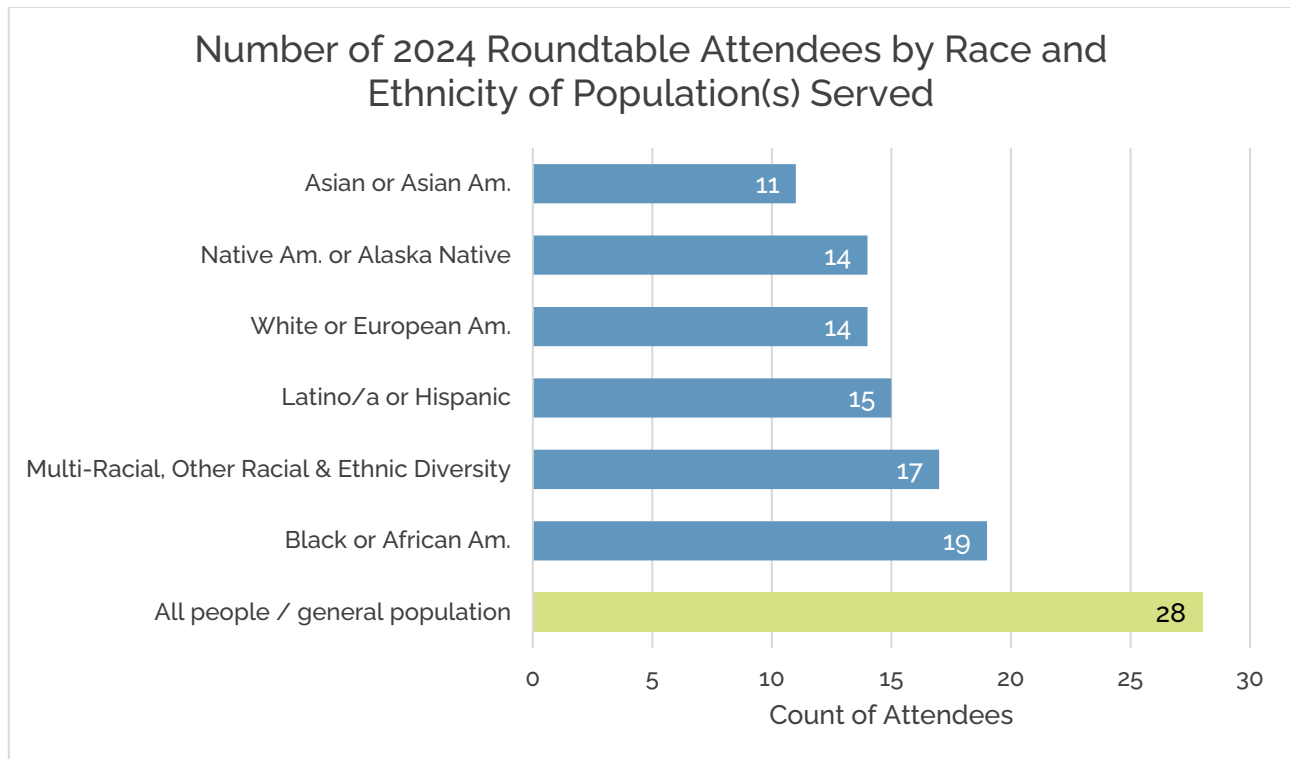


Figure 12. Number of 2024 Roundtable Attendees by Race and Ethnicity of Population(s) Served

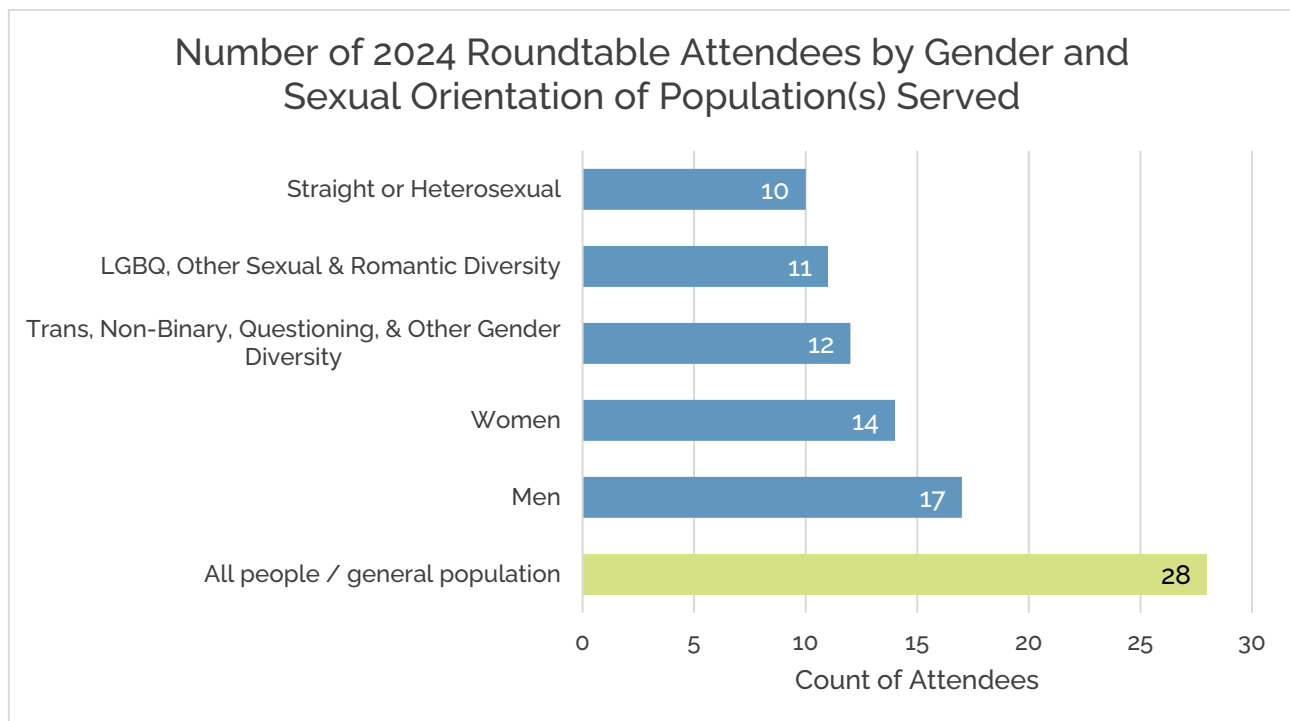


Figure 13. Number of 2024 Roundtable Attendees by Gender and Sexual Orientation of Population(s) Served

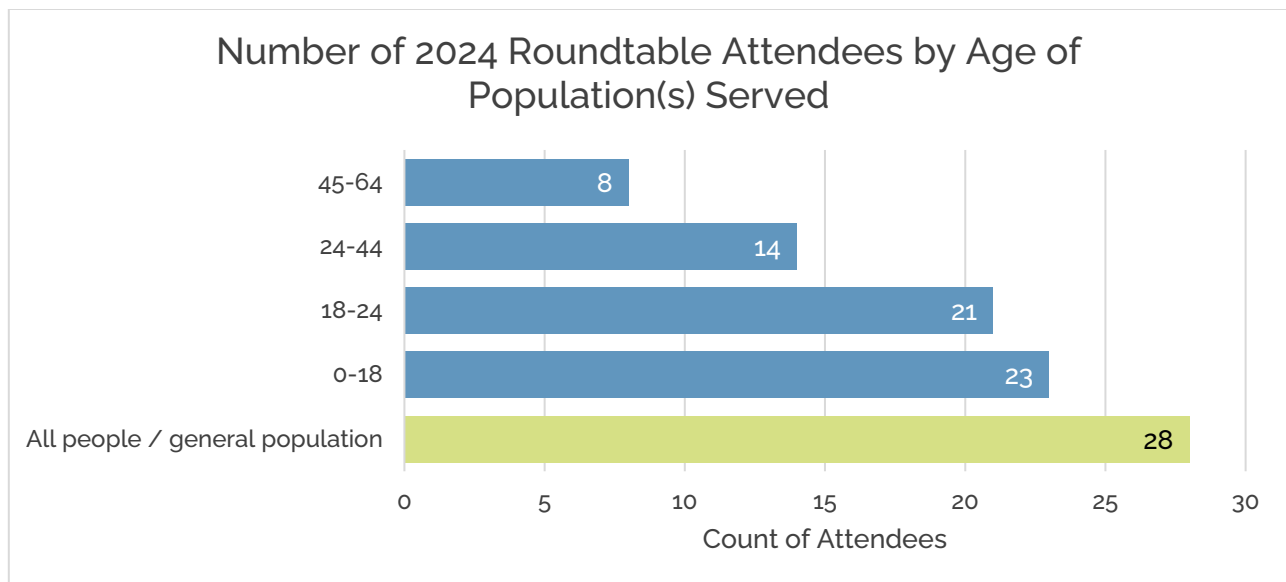


Figure 14. Number of 2024 Roundtable Attendees by Age of Population(s) Served.

Sectors by Harm Type Session

The objective of this session was to further develop the root-to-recovery framework (now the CCC Framework) by identifying sectors that work on specific strategies, and how those sectors could collaborate effectively.

Root-to-Recovery Strategies. All strategy ideas from this session were recorded and analyzed to develop the CCC Framework.

Sector and/or Harm Type Interconnection. Attendees raised the following points regarding overlap between different sectors, or different harm types. While the points are brief, this was perhaps the most relevant theme from session discussions.

- Breaking the framework down by sector was flagged as challenging or unproductive: we're all involved, impacted, and have a role to play.
- Addressing one forms of violence will impact others.
- Collaborations between community organizations and public safety are uncommon but potentially high-value for mass and targeted violence.

Who is involved. Attendees raised the following points regarding the sectors involved in various aspects of the framework and their potential role(s).

- CBO's, public health, and faith identified as the most important sectors to be involved (Community Violence, Recovery and Learning).
- Media has a key role in safe storage messaging (Mass and Targeted Violence).

- Employers, faith venues, and co-responder programs could be involved in the threat assessment processes (Mass and Targeted Violence).
- Public safety is crucial for preparedness and response to mass and targeted violence.
- Public safety involvement with certain communities (e.g., people of color) should be weighed against potential negative impacts.
- Homeland security funding is available for mass and targeted violence recovery work.

How to implement strategies. Attendees raised the following points regarding strategy implementation to ensure alignment with community needs.

- Strategies need to be built from the community up.
- Recognize that different communities have different trusted messengers, and roles can shift from messenger to support.
- There's a need to more openly discuss the recovery process for mass and targeted violence.
- There's a need to discuss what makes people *actually* safe, what makes them *feel* safe, and how this informs infrastructure-related strategies for mass and targeted violence.
- There's a need to examine the adult population's awareness of their mental health needs.
- Strategies should build upon existing work, not rebuild from the ground up.

Challenges Specific to Mass and Targeted Violence. Several challenges were identified during discussion in the Mass & Targeted Violence breakout.

- There is an over-emphasis on school violence when most incidents occur on weekends or outside school hours.
- Infrastructure repair after a mass or targeted violence incident is very costly.
- Increasing verbal violence in media interactions.

Geographic Differences Session for Rural & Mountain Communities

The objective of this session was to gather people working in or with the same types of communities to identify shared challenges, opportunities, and how to mutually support one another in firearm-related harm and violence prevention work across the state. Below is a summary of the identified opportunities to have ongoing and effective collaboration efforts for rural and mountain communities in Colorado.

- **Trusted/Credible Messengers.** Use trusted, local, established individuals and organizations in the community to share the message.
- **Resources and discussions tailored to the community.** Work with the community or impacted populations to develop solutions/resources, including adjusting language to fit.

- **Build connections or relationships.** Create opportunities for youth to connect with trusted adults, and for firearm owners to discuss safe storage.
- **Focus strategies on impacted populations** (e.g., construction workers), especially strategies focused on harm reduction (e.g., safe storage, reporting lost/stolen firearms).
- **Combine strategies with successful programs.** When possible, implement strategies through existing pathways.
- **System Improvements.** Make system changes to support better local outcomes (e.g., toxicology autopsies for all firearm-related suicide fatalities).
- **Challenge:** rural areas are a data blind spot within the state government.

Appendix D. Model and Framework Detail

I-CARE Change Management and Adaptive Implementation Framework

Wellstone Collaborative Strategies has combed the research on change management to identify the most effective collaborative effort strategies. This research led to the development of the I-CARE change management and adaptive implementation framework.

The I-CARE framework is an approach communities could use to maximize their impact and adapt to changing conditions. I-CARE focuses on creating and maintaining the structures, processes, and conditions necessary to take collaborative action and adapt to changes.

It starts at the beginning of the implementation process in recognition of collaborative processes seeking to build buy-in, awareness, and desire to change from the outset. It more clearly articulates the need to put the plan into action, align capacity, and remove frictions impeding plan implementation. Evidence has shown that removing barriers or friction can be critical for plan success. A plane needs fuel, but it also needs to be aerodynamic to fly. These can be as simple as wayfinding and automating or simplifying regular tasks to make them more efficient. The I-CARE process is as follows:

1. **Implementation structures** to operationalize the strategy. Form working groups to progress in each key strategy area that is being adopted by the collaborative initiative. Identify a convenor, establish an adaptive implementation plan approach, set short term objectives that are predictive of achieving bigger goals (lead indicators), and measure success. Use the social pressure of coming together and checking in on each person's progress to create momentum.
 1. **Use a process** in these meetings, such as: i) Go around the room so that those responsible for accomplishing a tactic can share their progress. ii) Individuals share what they've learned. iii) Everyone signs up for a next step. Think through as a group how best to practically move forward to achieve the lead indicators, strategy, and long-term outcomes. iv) Input these next steps in a shared document or project management tool.
 2. **Building team trust and effectiveness:** These meetings help build trust through strong communication, proactive compassion, reliability, competence, and collaborative orientation.
2. **Capacity** to implement the strategy. Work with staff of each organization to understand their existing capacity and prioritize work and modify workflows so that the collaborative strategy can be implemented.

3. **Ability** to do the work. Provide supports and continuous improvement models for partners to learn how to do new work and practice it. This will require modeling from leadership, sharing successes, and mentorship, co-learning, coaching, or weekly conversations. Professional development may be needed.
4. **Reinforcement** to make the change stick. Align incentives to implement the plan. Each organization that is participating may need to update job descriptions and performance evaluations. In addition, mutual accountability - such as through the implementation structure meetings, celebration of successes at the team level, and behavioral prompts - can be powerful motivators.
5. **Enabling conditions** to remove frictions in the way of plan implementation. Encourage saying no to things outside the collaborative effort. Don't have partners sign up for too many pillars of the work. Each person is ideally part of only one implementation area. Improve efficiencies of work outside the collaborative initiative, understand the barriers to implementation and work to address them in each organization.

ACER Evaluation Framework

Accountability

- **Key Focus:** Evaluate whether the program is meeting its stated objectives and commitments to stakeholders.
- **Questions to Ask:**
 - Are we measurably achieving our goals?
 - Are we using our resources efficiently and ethically?
 - Are stakeholders (e.g., victims' families, community leaders) involved and informed throughout the program?
- **Example Evaluation Methods:**
 - Progress reports with outcome metrics (e.g., reduction in firearm-related deaths and injuries).
 - Stakeholder interviews and satisfaction surveys.
 - Financial audits and resource allocation reviews.

Context

- **Key Focus:** Understand how the local context (social, economic, political, and cultural factors) influences program implementation and outcomes.
- **Questions to Ask:**
 - What are the key community risk factors (e.g., poverty, gang violence, mental health issues) contributing to firearm-related violence?

- How do existing policies (e.g., gun laws, law enforcement practices) affect the program's success?
- Are there unique local factors (e.g., historical distrust of authorities) that impact participation and trust?
- **Example Evaluation Methods:**
 - Community needs assessments and demographic analysis.
 - Policy and systems review (e.g., examining local gun control measures).
 - Focus groups with community members to understand barriers and enablers.

Evidence

- **Key Focus:** Assess the quality and relevance of evidence supporting program strategies and outcomes.
- **Questions to Ask:**
 - Are interventions based on proven strategies (e.g., violence interruption, gun buyback programs, trauma-informed care)?
 - Is the program using both quantitative (e.g., statistical data) and qualitative (e.g., personal stories) evidence to track impact?
 - Are results comparable to similar programs addressing firearm-related violence in other regions?
- **Example Evaluation Methods:**
 - Review of research literature on firearm-related harm and violence prevention strategies.
 - Data collection and analysis (e.g., tracking rates of firearm-related injuries and deaths).
 - Benchmarking against national or regional best practices.

Relevance

- **Key Focus:** Determine whether the program remains relevant to community needs, emerging trends, and evolving challenges related to firearm-related violence.
- **Questions to Ask:**
 - Are the strategy's goals still aligned with the community's priorities?
 - How has the landscape of firearm-related harm and violence changed since the strategy's inception (e.g., increase in mass shootings, shifts in legislation)?
 - Is the strategy adapting to new research findings, technologies, or stakeholder feedback?
- **Example Evaluation Methods:**
 - Periodic community feedback sessions to reassess needs.

- Environmental scans for changes in firearm-related violence trends.
- Strategy adaptation reports documenting changes made in response to new evidence.

Example Application of ACER Framework:

Consider a community implementing a comprehensive firearm-related harm and violence prevention strategy. Their tactics include gun buybacks, violence interrupters, mental health services, and community policing reforms. Using the ACER framework:

1. **Accountability:** Program reports show that the community met its goal to reduce firearm-related injuries by 20% over three years, and community satisfaction surveys indicate an increased sense of safety and wellbeing.
2. **Context:** Local focus groups reveal that community members prefer trauma-informed Community Violence Intervention services due to a history of violent firearm-related crime in the neighborhood.
3. **Evidence:** The community evaluates the effectiveness of various interventions and finds that violence interruption is highly effective, leading to increased investment in this approach.
4. **Relevance:** Emerging data shows increased employment challenges for survivors of firearm-related suicide, prompting the community to expand recovery and support services for survivors and community members.

Example Evaluation Efforts

While specific instances of the **ACER (Accountability, Context, Evidence, and Relevance)** evaluation framework being applied to violence reduction efforts in Colorado are not readily available, the state has implemented several initiatives that align with its principles:

1. [Community Organizing for Prevention \(COFP\)](#): This statewide initiative adopts a primary prevention approach to reduce youth substance misuse and violence. Operating from 2021 to 2026 across 34 Colorado communities, COFP emphasizes community collaboration, equity, and systemic change. Its evaluation focuses on understanding the implementation of core components and their impact on risk and protective factors, reflecting the ACER framework's emphasis on context and evidence.
2. [Center for the Study and Prevention of Violence \(CSPV\)](#): Based at the University of Colorado Boulder, CSPV collaborates with schools and communities to design, implement, and evaluate violence prevention strategies. Their work involves rigorous evaluation

methods to ensure interventions are evidence-informed and contextually relevant, aligning with the ACER framework's principles.

3. **Administrative Review Division (ARD):** Part of the Colorado Department of Human Services, ARD manages quality assurance programs for child welfare and adult protective services. By conducting independent reviews and assessments, ARD ensures accountability and evidence-informed practices are upheld, which resonates with the ACER framework's focus on accountability and evidence.

Appendix E. Other Collective Action Models

Review of Collective Action Models

There are several models that pull together the government agencies and non-governmental organizations needed for collective action. The [Communities That Care \(CTC\)](#) and [Collective Impact 3.0](#) models are outlined below, and other examples include [System of Care](#), [Collective Impact 1.0](#), and [Communities of Excellence](#).

Communities that Care Model

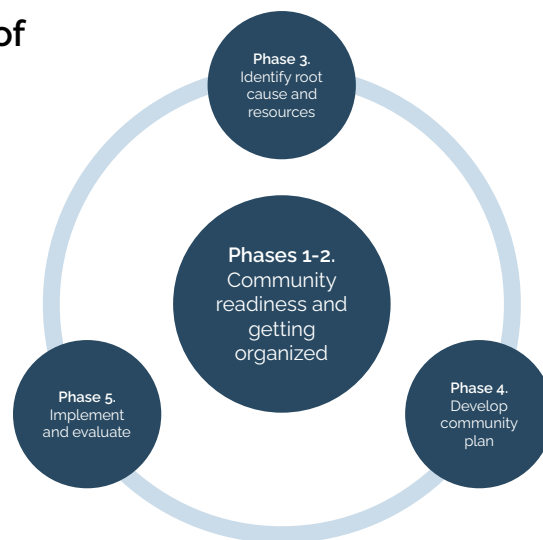
Across Colorado, 30 communities are using the CTC model to create lasting, positive change. CTC is a proven approach that helps communities work together to prevent issues like substance use, mental health challenges, and violence, and has been effective at addressing harm and violence among young people. The components of the five [CTC phases](#) are depicted in **Figure 3** are described in the [Core Components of Community Organizing for Prevention](#). More information can be found at the Colorado Department of Education (CDE) and Colorado Department of Public Health and Environment ([CDPHE](#)).

The Core Components of Community Organizing for Prevention

It takes a village. It takes careful planning. It takes people, resources, and structure

These key principles are foundational to success in community organizing for prevention.

- Broaden the Power Base
- Organized Community
- Activated Community
- Systems Change
- Collective Impact
- Implementation Support



Communities that Care Model

Figure 15. Five phases and core components of the Communities That Care Model. Adapted from Colorado Department of Public Health and Environment.

This model empowers parents, youth, and community members to identify local problems and act using strategies that have been shown to work. CTC coalitions use local and regional data, such as the [Healthy Kids Colorado Survey](#), to understand the risk factors young people face and find ways to mitigate them.

Next Steps

Through this process, community members become strong advocates for prevention. They gain skills to solve local challenges, shape future funding decisions, and drive meaningful change based on what their community needs most. By working together, they are building healthier, safer communities for everyone.

Collective Impact 3.0 Model

Collective Impact 3.0 is a generalized model for collective action (**Figure 4**).



Figure 16. Summary of the Collective Impact 3.0 Model. Adapted from the [Tamarack Institute](#).

Many Colorado efforts have successfully used this, or the Collective Impact 1.0 model as described below:

- **[COACT Colorado](#)** is a collective impact initiative that brings together agencies, schools, healthcare providers, and families to improve behavioral health services for youth with complex needs. Operating in multiple counties, the program aligns child-serving systems through shared goals, cross-sector collaboration, and data-driven decision-making. By providing wraparound care coordination, training, and continuous communication, COACT ensures that youth and families receive comprehensive, community-based support. This model strengthens local systems and fosters long-term, sustainable improvements in behavioral health care. Note that it is also a System of Care model. See **Figure 5** for the broader system of care visualization for Colorado's youth serving behavioral health organizations.
- **[Denver Metro Community Impact \(DMCI\)](#)**: Originally established as Park Hill Collective Impact in 2015, DMCI brings together community leaders to tackle inequities in Northeast Denver. By employing the collective impact framework, DMCI focuses on collaborative solutions to complex social issues.
- **[Collective Impact Fund by United Way of Weld County](#)**: This fund invests in nonprofit programs across Weld County that collaborate to achieve community-wide goals. Key focus areas include early childhood development (Reading Great by 8), youth success (Thrive by 25), homelessness prevention (Weld's Way Home), and senior care (Aging Well).

- **Equity Collective Initiative by The Colorado Health Foundation:** This initiative provides resources to organizations led by people of color, aiming to advance health equity and empower communities through self-determined approaches.

Colorado System of Care Model for Children, Youth, & Families

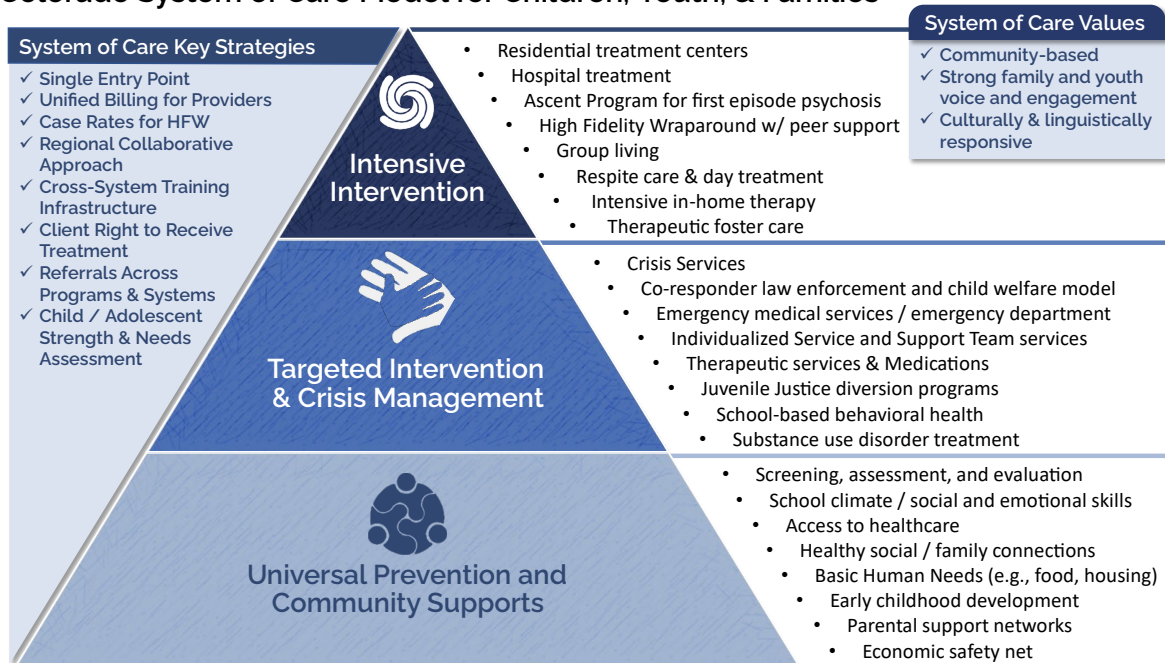


Figure 17. Colorado System of Care Model. Source: Wellstone Collaborative Strategies for the Colorado Behavioral Health Administration.

Appendix F. Other Secondary Sources for Information and Strategies

Secondary Data Sources	General Topics Covered
Crime Gun Intelligence Center - Denver Program	The program focuses on reducing violent gun crime by disrupting the cycle of gun violence using forensic science and data analysis to identify, investigate, and prosecute individuals who use guns in criminal activity and find the sources of their guns.
Project Safe Neighborhoods (PSN)	PSN is a nationwide initiative that brings together federal, state, local, and tribal law enforcement officials, prosecutors, community-based partners, and other stakeholders to identify the most pressing violent crime problems in a community and develop comprehensive solutions to address them.
Crime Gun Intelligence Center (National)	Programs addressing gun violence.
Gun Violence Programs: Strategic Approaches to Community Safety Initiative (SACSI)	Details key findings from the SACSI. Grant reports describe how complex gun violence partnerships are forged and interventions designed, implemented and evaluated.
National Survey of Gun Policy	The Johns Hopkins National Survey of Gun Policy has tracked Americans' support of gun policies every two years since 2013.
Blueprints Program	Provides a comprehensive registry of scientifically proven and scalable interventions for youth, families, and communities.
National Integrated Ballistic Information Network (NIBIN)	NIBIN is the only national network that allows for the capture and comparison of ballistic evidence to aid in solving and preventing violent crimes involving firearms.

Appendix G. Gratitude

The second Public Health Roundtable on Firearm-Related Harm and Violence Prevention, hosted in October 2024 by [Trailhead Institute](#) and the Colorado Department of Public Health and Environment's [Office of Gun Violence Prevention](#), was made possible through the collective efforts of numerous individuals and organizations committed to preventing firearm-related harm and violence in Colorado. Their time, expertise, and contributions were instrumental in shaping this convening.

2024 Roundtable Attendees: This report reflects insights from 133 participants who engaged in two days of discussion on firearm-related harm and violence prevention. Their commitment to cross-sector collaboration—including public health, education, public safety, community organizations, and philanthropy—has been critical to advancing solutions.

Youth Attendees: Special recognition is given to the young adults who participated, contributing essential perspectives as subject matter experts. As firearms remain the leading cause of death among young people, their voices and leadership in solution-focused discussions are essential:

- Dane Washington Jr.
- Diego Fraire
- Dupree McIntosh
- Ernest Daniels
- Esco Lu
- Jaelen Prophit
- Jeremiah Garcia
- Juaquin 'Keen' Cano
- Julian McMillan
- Keshon Nunn
- Olivia Duchovnay
- Sabrina Lahlal

Subject Matter Experts: Fifteen local and national subject matter experts provided critical insights and supported the development of fact sheets that informed discussions. Their expertise in key areas strengthened the roundtable's impact:

- **Suicide and Self-Harm:** Lena Heilmann
- **Community Violence:** Norman Livingston Kerr, Nicole Monroe
- **Domestic and Intimate Partner Violence:** Sasha Cotton, Rachel Kennedy
- **Mass and Targeted Violence:** Tiffany Sewell, Jillian Turanovic
- **Community Collaboration:** Kim Gutierrez, Marc Morgan

- **Implementation Strategies:** Reggie Moore, Beverly Kingston
- **Data and Research:** Jocelyn Fontaine, Reina Doyle

2024 Roundtable Planning Committee: The roundtable was made possible through the dedication of the planning committee, which played a key role in developing and organizing the event. Committee members included: Jonathan McMillan, Carrie Cortiglio, Chris Harms, Daphna Rubin, Kaitlyn Friedman, Lisa Olcese, Reina Doyle, Sarah Belstock, Sarah Lampe, Sophie West, Tate Steidly, Tess Burick, and Taruni Danti.

Planning and Facilitation Team: Jacob Bornstein and Erik Arndt of Wellstone Collaborative Strategies provided invaluable strategic support in designing and facilitating the event. Additional planning and facilitation support was provided by the Civic Consulting Collaborative team of Jacob Bornstein, Marisol Rodriguez, Kerri Drum, and AJ Bognioni; and Alicia Garcia.

FHVP Advisory Committee: The FHVP Advisory Committee formed after the 2024 Roundtable and met in November 2024 and January 2025 to establish a foundation for a statewide network to prevent firearm-related harm and violence, to develop a shared purpose, and clarify the structure needed to support the ecosystem statewide. Committee members included: Adam Shore, Ben Chavez, Beverly Kingston, Carrie Cortiglio, Catie Fowler, Chris Harms, Erin Brown, Jessica Buck-Atkinson, Johnnie Williams, Jonathan McMillan, Kara Penn, Laney Sheffel, Lena Heilmann, Matt Lunn, Melody Delmar, Michele Shimomura, Molly Siegel, Nicole Johnston, Nicole Monroe, Olivia Duchovnay, Sabrina Lahlali, Sara Schmitt, Sarah Belstock, Troy Grimes, VJ Brown, and Wendy Talley.

Trailhead Institute Staff and Leadership: The leadership and staff of Trailhead Institute played a pivotal role in supporting this initiative:

- Jonathan McMillan provided the heart and soul of the work as Director of the Firearm-Related Harm and Violence Prevention (FHVP) Program Office at Trailhead Institute.
- Lisa Olcese and Holly Coleman provided essential leadership in integrating the FHVP Program Office within Trailhead. Michele Shimomura, as Trailhead's President and Executive Director, demonstrated immediate engagement and dedication to this work. Tess Burick and Taruni Danti from the communications team ensured effective outreach and preparation of event materials. Gillian Grant from the Regional Health Connector Program, along with Adrienne Gomez and Ocean Chandler from the Youth Sexual Health Program, contributed significantly to community outreach, helping connect diverse voices to this initiative.

Event Management: Rachel Massman of Massman Consulting provided expert event planning and logistical support, ensuring seamless coordination and execution. Her meticulous attention to detail and ability to manage complex logistics contributed significantly to the event's success.

Additional Thought Partners and Community Advocates: Recognition is also given to the many unnamed thought partners, advocates, and community members whose dedication to preventing firearm-related harm and violence continues to drive this work forward. Their contributions through policy advocacy, research, and grassroots organizing remain invaluable.

Funding: In addition to being supportive leaders and participants in the Round Table, the [Colorado Department of Public Health and Environment](#) and [The Safe Futures Fund](#) financially supported all aspects of the convening, which enabled a truly diverse mix of voices, expertise and experience to be heard. This provided deep insight during the convening, which has led to this Comprehensive Collaborative Community Framework. The event would not have been as successful without this support. [Rose Community Foundation](#) has been a great supporter of firearm harm and violence prevention efforts.

Comprehensive Collaborative Community Framework: Trailhead Institute is grateful to have had the expertise of Jonathan McMillan to lead the Office of Firearm-Related Harm and Violence Prevention. The CCC Framework is his vision and he truly is a collaborative leader. We also are grateful to Wellstone Collaborative Strategies for being steadfast partners and diligently ensuring the framework came to fruition. Thank you to the [Firearm Injury Prevention Initiative](#) at the University of Colorado at Anschutz for providing an excellent review and editing of the framework.