OFFICE OF SUBSTANCE ABUSE AND MENTAL HEALTH

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Suicide Prevention Coordinating Council 2021 Annual Report

Department of Children and Families
Office of Substance Abuse and Mental Health

Table of Contents

Key Abbreviations

Key abbreviations for this report include the following:

Abbreviation	Full Text
2020 – 2023 Action Plan	2020 – 2023 Florida Suicide Prevention Interagency Action Plan
SOSP	Florida Statewide Office for Suicide Prevention
SPCC	Florida Suicide Prevention Coordinating Council
DOH	Florida Department of Health
DCF	Florida Department of Children and Families
DCF SAMH	Florida Department of Children and Families Office of Substance Abuse and Mental Health
SAMHSA	Substance Abuse and Mental Health Services Administration
SPRC	Suicide Prevention Resource Center
CDC	Centers for Disease Control and Prevention
FLVDRS	Florida Violent Death Reporting System
NSPL	National Suicide Prevention Lifeline
YRBS	Youth Risk Behavior Survey
DJJ	Florida Department of Juvenile Justice
DOE	Florida Department of Education
Cabinet	Florida Children and Youth Cabinet
ZS	Zero Suicide

Introduction

Purpose

This report is a collaboration between the Suicide Prevention Coordinating Council (SPCC), the Statewide Office for Suicide Prevention (SOSP), and the Office of Substance Abuse and Mental Health (DCF SAMH) within the Department of Children and Families (Department). This report fulfills section 14.20195(c), Florida Statutes, which requires the SPCC to "prepare an annual report and present it to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2008, and each year thereafter."

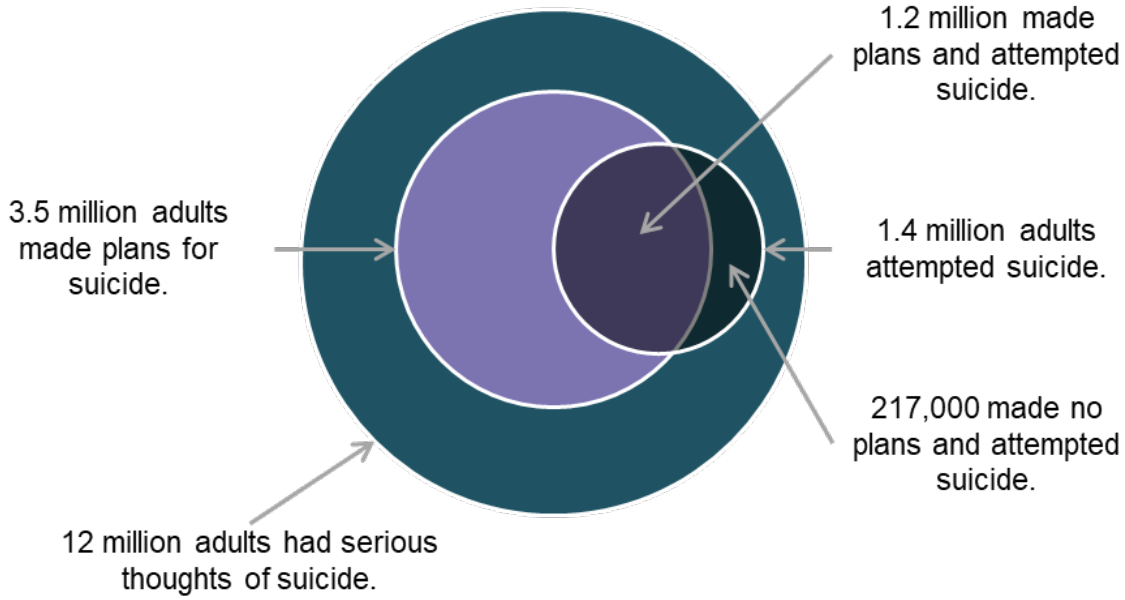
The SPCC is comprised of 31 voting members and one non-voting member representing various Florida state agencies, organizations, and suicide prevention stakeholders. The SPCC membership and purpose is defined in section 14.2019(5), Florida Statutes. For more information on the SPCC, please see sub-section titled Suicide Prevention Coordinating Council (SPCC) under Florida Suicide Prevention Initiatives.

Suicide-Related Thoughts and Behaviors as a Public Health Priority

Suicide is among the leading causes of death within the United States, making the prevention of suicide a public health priority nationally and within Florida.[1] In 2019, suicides accounted for 19.3 percent of injury-related death, with 47,511 Americans dying by suicide. Suicide deaths occurred at a crude rate of 14.47 and an age-adjusted rate of 13.93 per 100,000 individuals. Overall, suicide-related deaths in 2019 resulted in 944,693 years of potential life lost[2]. Over the past decade, suicide counts and rates across the nation have increased year-to-year, demonstrating an overall upward trend. Promisingly, the count and age-adjusted rate declined from 2018 (count = 48,344; rate = 15.7) to 2019 (count = 47,507; rate = 14.5). Provisional data indicate a continued decrease (3 percent) in suicide deaths from 2019 to 2020 (count = 45,855; rate = 13.5 per 100,000).[3,4] Provisional data is based on more than 99 percent of the expected deaths from 2020, and therefore, provides general information on suicide-related experiences nationally. Some death records, however, are listed with a pending cause of death; therefore, current data for 2020 may be an underestimate should these deaths be subsequently classified as suicides.

Suicide-related thoughts and behaviors can impact anyone, of any gender, age, race, or socioeconomic background. Specific groups, however, experience suicide-related thoughts and behaviors at higher rates. Nationally, there is a higher rate of death by suicide among men, non-Hispanic Whites, non-Hispanic American Indian or Alaska Native,[2,4] youth who are of diverse genders and sexualities,[5] and individuals aged 45–64 years and 85 years and older.[2] In 2019, suicide was the second leading cause of death for Americans aged 10–34 and was the 10th leading cause of death for all ages.[2] Suicide death rates per 100,000 individuals for persons aged 10–14, 15–24, and 25–34 increased while the rate for those aged 35–44, 45–54, 55–64, and 65–74 declined significant between 2019 and 2020.[4] Provisional 2020 mortality data indicate suicide dropped to the 11th leading cause of death for all ages due to the addition of Coronavirus Disease – 2019 (COVID-19) as the 3rd leading cause of death.[3]

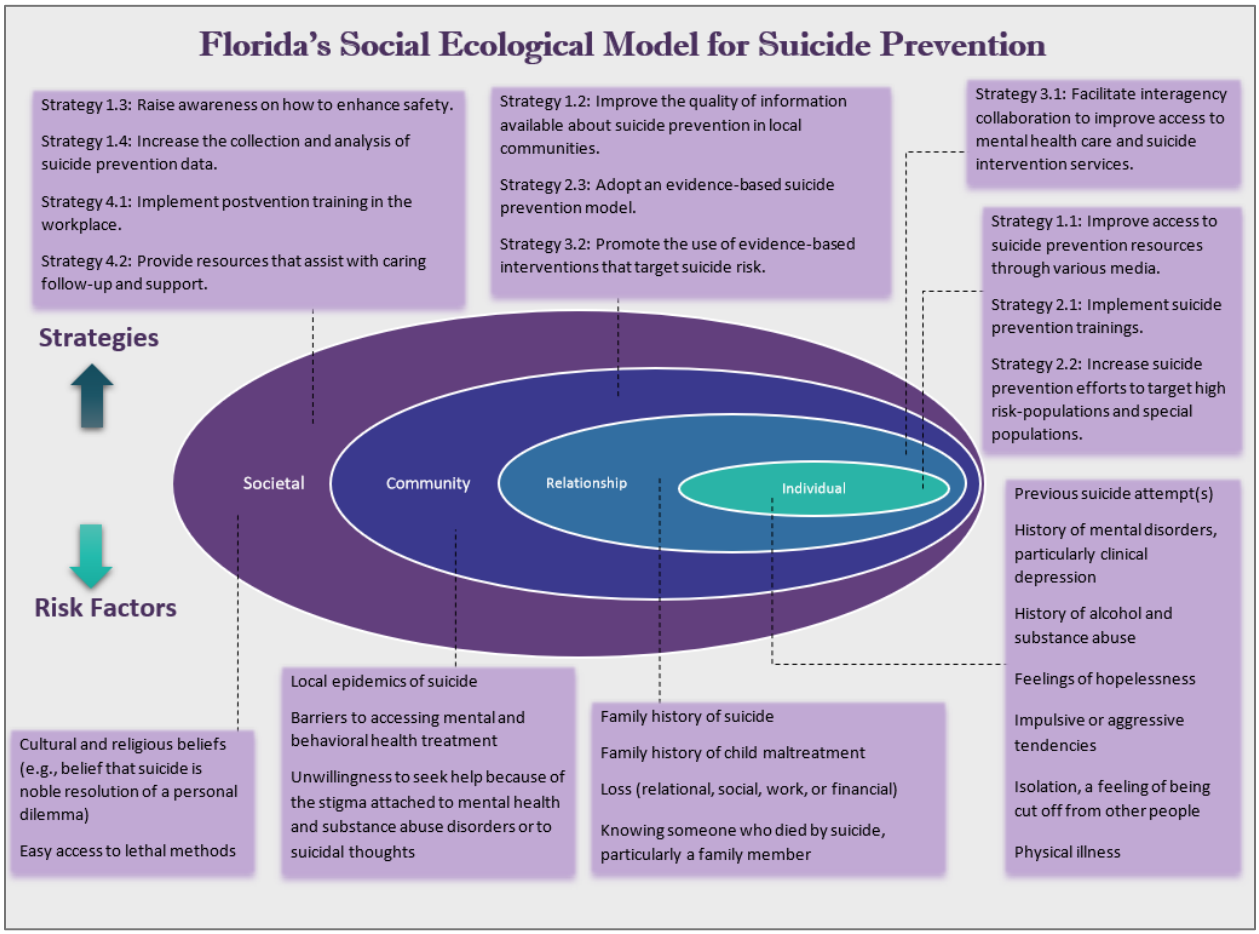
For every suicide death, many more individuals attempt suicide or have thoughts of suicide. It is estimated that for every one death, 25 individuals attempt suicide. For those under the age of 15, it is estimated for every one death by suicide 100–200 attempts occur, and for older adults, it is an estimated one death to four attempts ratio. Females attempt suicide more often than males, with an estimated three attempts by a female for every one attempt by a male.[6] Among adults aged 18 or older, an estimated 4.8 percent thought about suicide, and 1.4 percent made a plan for suicide.[6]



Adults aged 18 or older with serious thoughts of suicide, suicide plans, or suicide attempts in the U.S. in 2019.[5]

Social Ecological Model and Risk/Protective Factors

Prevention efforts as outlined in the 2020–2023 Florida Suicide Prevention Interagency Action Plan (2020–2023 Action Plan) were developed using guidance from the 2012 National Strategy for Suicide Prevention.[1] Prevention of suicide includes diminishing risk factors while increasing protective factors. The Social Ecological model is used to identify and represent the interplay between risk and protective factors associated with suicide risk from societal, community, relationship, and individual levels. Factors across these levels interact to either increase or decrease an individual's risk for death by suicide. Strategies for prevention, therefore, focus on addressing these factors to decrease the incidence of suicide.



Suicide Myths and Facts

One way to help prevent suicide is by dispelling common myths on the development and experience of suicide-related thoughts and behaviors. The chart below provides common myths and their associated facts regarding suicide.

Myth	Fact
Suicide only affects individuals with a mental health condition.	Many individuals with a mental health condition do not experience suicide-related thoughts and behaviors, and some individuals who experience suicidality have no history of mental illness. There are many reasons and events that may develop into suicide ideation and engagement with self-harm behaviors.[7–9] These often include life stressors, such as criminal/legal matters, changes in roles, loss of a home, death of a loved one, trauma, and rejection.
Most suicides happen suddenly, without warning.	Most suicides are preceded by some type of warning sign,[10] either verbal or behavioral. For this reason, it is important to learn the warning signs of suicide as well as what to do if you identify a warning sign in yourself or a loved one.
Talking about suicide with someone will give them the idea.	Research indicates talking about suicide is often therapeutic and will NOT put the idea in someone's head.[11–14]
If you take one means of suicide away, the person will just find another way to die by suicide.	Research indicates the opposite. Engagement in means safety practices, such as safely storing firearms and medication, often results in lives saved.[15] If you or a loved one are experiencing thoughts of suicide or engaging in suicide-related behavior, consider temporarily storing lethal methods outside of the home.

It is important to decrease stigma in order to encourage help-seeking behavior. While it may feel like someone who dies by suicide is acting selfishly, it is important to

remember the pain involved in suicide. People do not die by suicide because they want to die, but rather because they want to end suffering. Research indicates hopelessness about the future is a prominent experience in suicide-related thoughts and behaviors.[7–9,16–18] Some ways to help a loved one experiencing suicidality is to help them build a sense of belongingness with others, discuss options for safely storing lethal means of suicide, and help them connect to professional services. For additional information on suicide-related experiences and resources, please visit www.myflfamilies.com/suicide-prevention.

Common Warning Signs

Below is a graphic produced by the American Foundation for Suicide Prevention highlighting common warning signs for suicide-related thoughts and behaviors.

Should you notice any of these warning signs in yourself or a loved one, take the five action steps listed below.

1) **Ask:** Directly ask if they are having thoughts of suicide (e.g., "Are you thinking about suicide?"). Asking directly helps communicate that you are open to talking about suicide in a non-judgmental way.
2) **Be There:** Whether that's in person, on the phone, or any other ways to show your support. This will help improve the person's sense of connection and can help build their resilience.
3) **Keep Them Safe:** Learn a little more about their current situation, such as whether they have already done anything to try and kill themselves before talking to you or have a detailed plan for how they would harm themselves. Knowing these answers can help you determine if immediate help is needed by calling 9-1-1 or if they have access to their methods for suicide. Increasing time and distance between the person at risk and their means of suicide can help keep them safe.
4) **Help Them Connect:** You can establish a safety net for the person in moments of crisis by helping them connect to ongoing supports, such as the National Suicide Prevention Lifeline. Additionally, resources in the community can help provide ongoing support, such as through a mental health professional.
5) **Follow-Up:** Caring follow-up can help further improve an individual's sense of connection and can help ensure safety over time. Followup with them through an in-person visit, text, or call. See how they are doing and if you can help them continue to connect with ongoing resources.

To learn more about what to do when communicating with someone who may be suicidal, please visit https://www.bethe1to.com/bethe1to-steps-evidence/.

Language Use

Language used to discuss suicide experiences is very important. Using the wrong or inappropriate language may lead to discouraging help-seeking.[19–21] Below are examples of phrases commonly used when talking about suicide and better phrases that serve to decrease stigma.

Say This	Don't Say	Why?
"non-fatal" or "made an attempt on his/her/their life"	*"unsuccessful suicide"*	This avoids presenting suicide as a desirable outcome or glamourizing the suicide attempt.

Say This	Don't Say	Why?
"took their own life," "died by suicide," or "ended their own life"	*"successful suicide," "completed suicide"*	This avoids presenting suicide as a desirable outcome.
"died by suicide" or "ended his/her/their own life"	*"committed" or "commit suicide"*	This avoids the association between suicide and "crime" or "sin."
"concerning rates of suicide"	*"suicide epidemic"*	This avoids sensationalism and inaccurate reporting of suicide experiences.

State Infrastructure

As the primary behavioral health authority for the state, the Department houses the Statewide Office for Suicide Prevention (SOSP) which is designated to coordinate the state's suicide prevention efforts. More specifically, the SOSP's tasks are codified in section 14.2019, Florida Statutes and include chairing the Suicide Prevention Coordinating Council (SPCC), writing the annual suicide prevention report, and developing the state plan for suicide prevention. The SOSP also maintains the suicide prevention website and connects individuals and agencies with resources.

The Florida Department of Health (DOH) serves a key role in suicide prevention efforts through provision of data and statistics that allow for monitoring and identification of suicide trends over time.

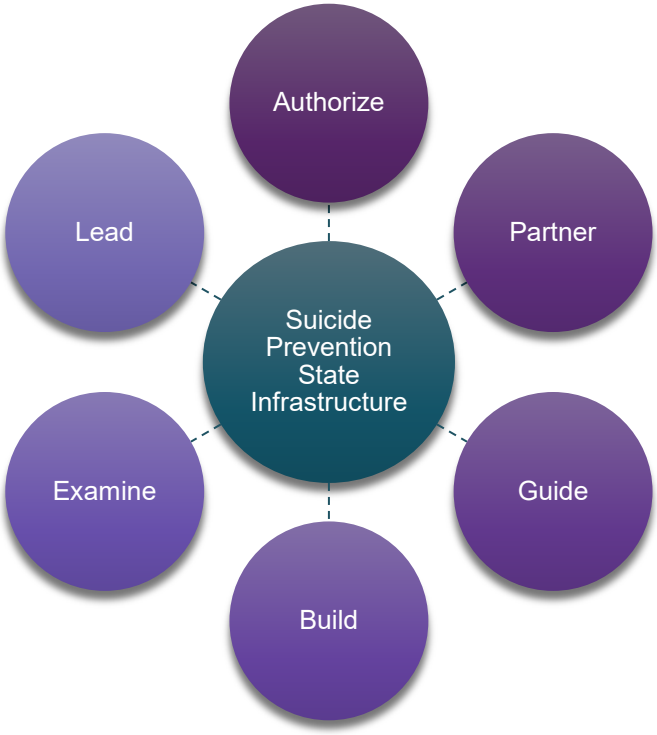
National State Needs Assessment

Between May 26 and July 6, 2021, the Suicide Prevention Resource Center (SPRC) and its partners at Social Science Research and Evaluation, Inc. (SSRE) conducted a State Suicide Prevention Needs Assessment (SNA) of states across the nation. The primary purpose of the SNA was to establish the baseline status of suicide prevention infrastructure throughout the nation, which will help assess changes over time and

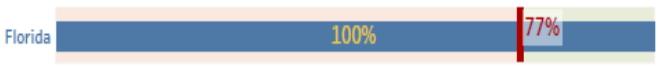
provide targeted information to states on programmatic enhancements and developments happening across the nation.

In the SNA, state suicide prevention coordinators were asked to assess their state's progress in implementing the six "Essential Elements" in SPRC's *Recommendations for State Suicide Prevention Infrastructure*[22] according to current activities and capacity levels. Measurement of the elements were obtained through questions related to the recommendations under each element. Responses for elements were summarized for each element by aggregating scores on a 4-point scale ranging from 0 (indicating no presence of the element) to 4 (indicating a high presence of the element) for each measure. Summary scores were compared across all 36 state respondents. Table 1 lists each infrastructure element, the potential score range, average progress score for all states, progress rate for all states, and Florida's progress rate for each element.

The six "Essential Elements" in SPRC's *Recommendations for State Suicide Prevention Infrastructure*[21]*:*



Below is an overview of each element and the SPRC's recommendations to implement each element. Also depicted is Florida's scored results (in blue) compared to the average of all state respondents (in red). For the majority of elements, Florida received a higher score compared to the average score of all responding states.

Authorize: 

- Designate a lead division or organization.

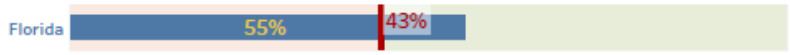
- Identify and secure resources required to carry out all six essential functions.
- Maintain a state suicide prevention plan that is updated every three to five years.

Lead: 

- Maintain a dedicated leadership position.
- Identify and fund core staff positions, training, and technology needed to carry out all six essential functions.
- Develop capacity to respond to information requests from officials, communities, the media, and the public.

Partner: 

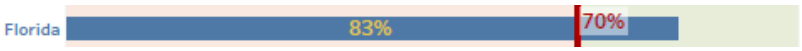
- Form a statewide coalition representation from broad public and private sectors.
- Adopt a shared vision and language across partners.

Examine: 

- Ensure that sufficient funding and personnel are allocated to support high quality, consistent, privacy-protected suicide morbidity and mortality data collection and analysis.
- Identify, connect with, and strengthen existing data sources.
- Ensure that high-risk and underserved populations are represented in data collection.
- Develop the skills and a plan for regularly analyzing and using data to inform action at the state and local levels.

Build: 

- Build a multi-faceted, lifespan approach to suicide prevention across the state, in concert with the state plan:
    - Understand, develop, and enforce expert-informed policies and regulations that support suicide prevention.
    - Strengthen the crisis system and policies, including mobile response and hotlines.
    - Establish policies and model practices in preparation for post-suicide response, including in the event of a suicide cluster.
    - Promote “upstream” strategies that proactively prevent suicide risk and enhance protective factors.
- Designate sufficient funding to carry out or support a multi-faceted approach.
- Develop the ability to evaluate and share results.

Guide: 

- Ensure the ability to plan, provide, and evaluate guidance for state, county, and local efforts.
- Identify and allocate resources needed to support consultation and capacity building training for state, county, and local effort.

Florida has successfully designated a lead division to coordinate statewide suicide prevention efforts (SOSP), formed a diverse statewide suicide prevention coalition (SPCC), and developed a comprehensive approach to statewide suicide prevention efforts (2020 – 2023 Action Plan) which also allows for guidance, monitoring and evaluation of state, county, and local suicide prevention activities. In 2021, the SOSP and DOH expanded to include additional staff members to support statewide suicide prevention efforts. The SOSP, DOH, and Suicide Prevention Interagency Action Committee (SPIAC) will continue to enhance data collection efforts to ensure all demographics are represented.

Table 1. Infrastructure Element and Total Progress Scores and Rates for All Responding States (N = 36) and Florida.

Infrastructure Element	Potential Score Range	All States' Progress Score	All States' Progress Rate	Florida Progress Rate
Authorize	0 – 24	19	77%	100%
Lead	0 – 24	15	62%	54%
Partner	0 – 12	8	66%	100%
Examine	0 – 20	9	43%	55%
Build	0 – 48	32	67%	79%
Guide	0 – 12	8	70%	83%
Total Score	0 - 140	91	65%	77%

Suicide Data

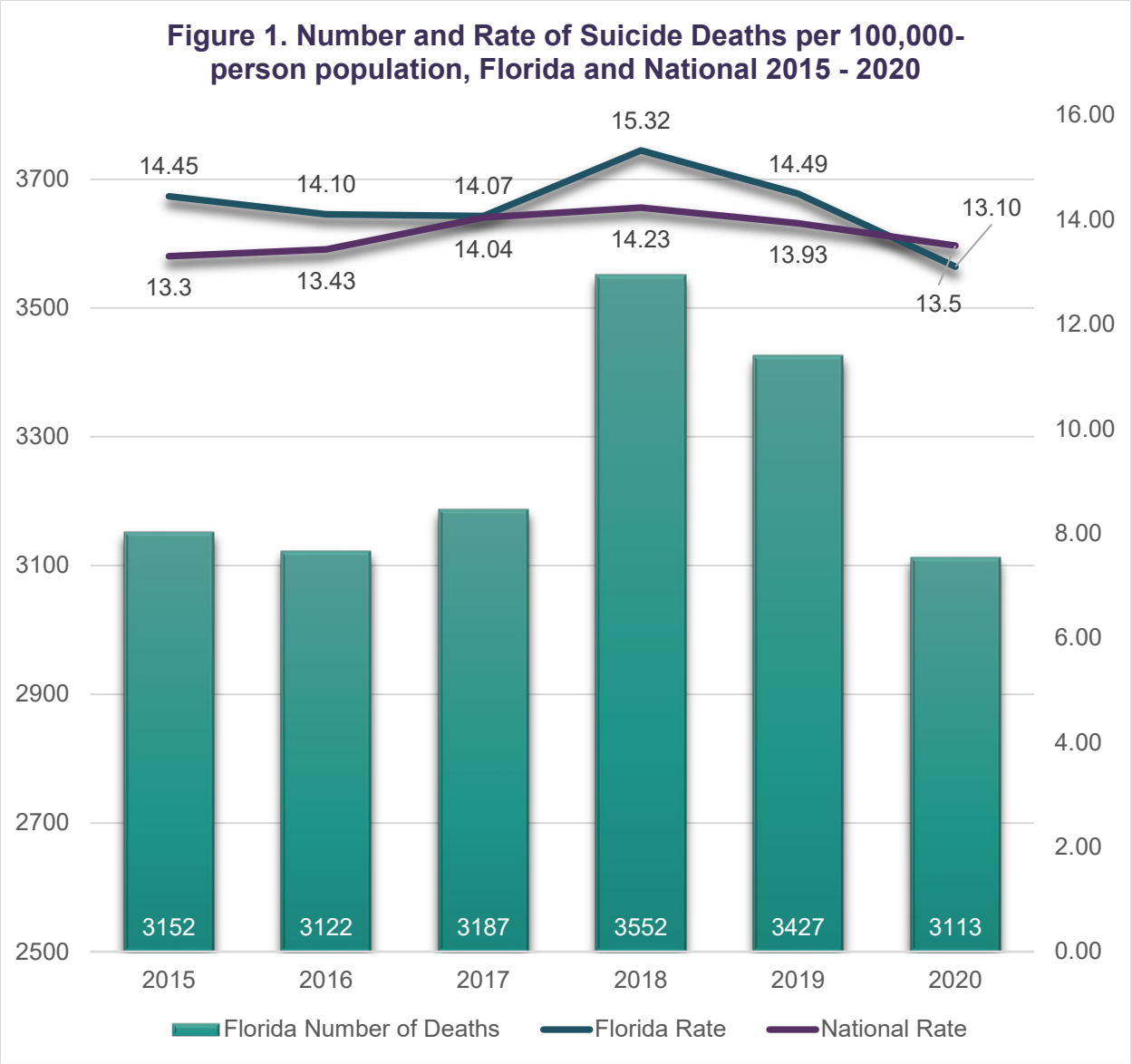
Florida Vital Statistics through FL Health Charts

All suicide-related death information is collected and housed within DOH's Community Health Assessment Resource Tool Set, Florida Health CHARTS http://www.flhealthcharts.com/charts/default.aspx. Data is provided via a publicly available dashboard, which provides indicators and county- level data for a multitude of health-related outcomes. As of July 2020, Florida Health CHARTS includes a suicide/mental health profile, which provides an overview of suicide and suicide-related data. The website includes a tutorial, directions/checklists, and offers users access to provisional 2020 and 2021 data. Provisional data is updated daily at approximately 5:00 a.m. EST. until the final data is published. The SOSP monitors the provisional data to track suicide prevention outcomes throughout the year to understand the trajectory of suicidality over time as they account for factors not apparent in count data alone.

Suicide-Related Deaths

Number and Rate of Suicide Deaths

In 2019, Florida lost 3,465 lives to suicide, resulting in a rate of 14.50 per 100,000 individuals (Page 15, Figure 1). This rate was higher than the 2019 national rate of 13.93 per 100,000 individuals. The number of suicide deaths in 2019 decreased by 2.86 percent from 2018. Since 2015, the Florida suicide rate has remained higher than the average national rate, except in 2017 when the rate was slightly below that of the national rate (Page 15, Figure 1). Data indicates 3,113 individuals died by suicide in 2020 demonstrating a 10 percent decrease in the number of suicide deaths from 2019 to 2020. In 2020, the suicide death rate was 13.1 per 100,000 individuals, the lowest rate in over a decade and lower than the national rate of 13.5 per 100,000 individuals (Page 15, Figure 1).

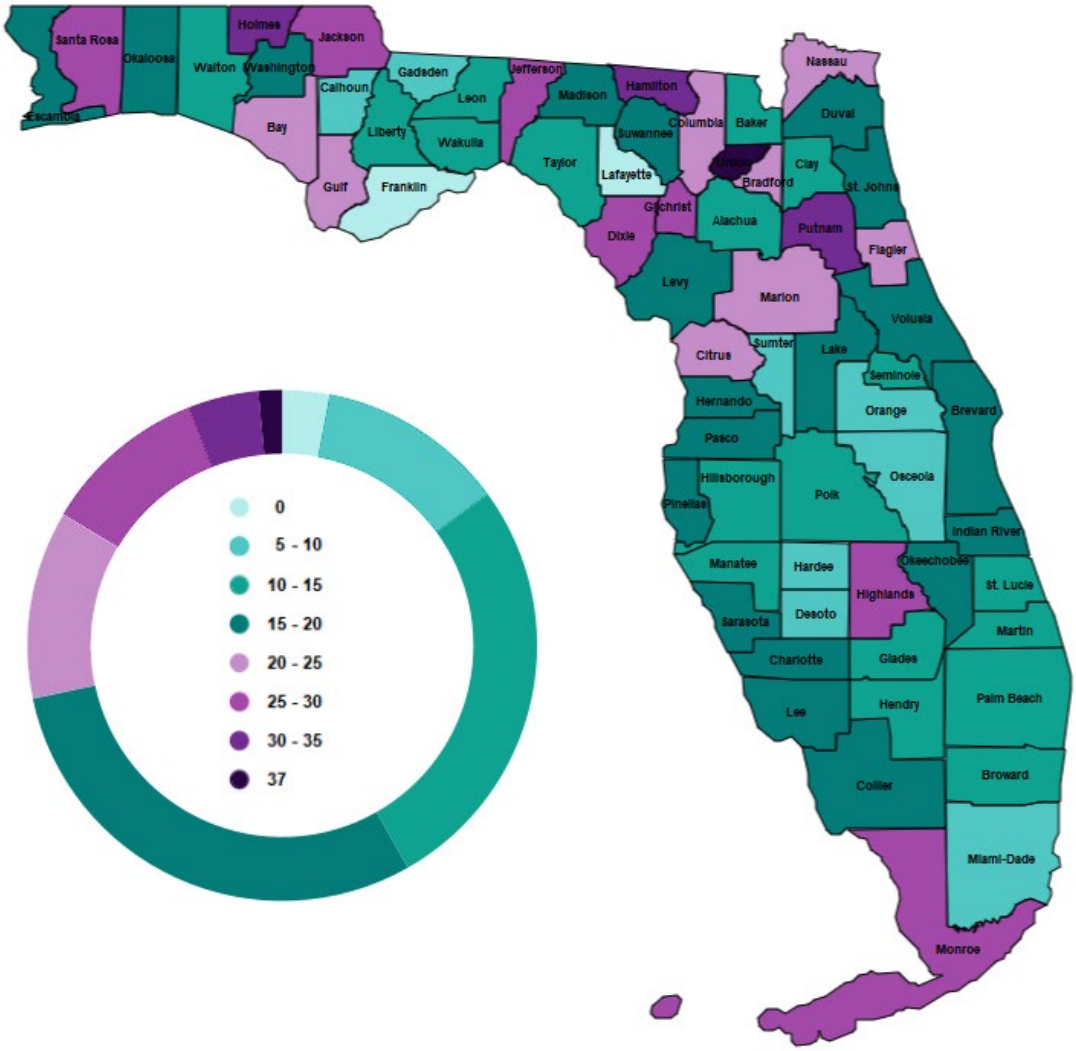


Data Sources: Centers for Disease Control and Prevention National Center for Injury Prevention and Control (2021) Web-based Injury Statistics Query and Reporting System (WISQARS)[2]; Florida Department of Health Bureau of Vital Statistics.

Geographic Distribution of Suicide Deaths

The age-adjusted rate of suicide death varies by county across the state. In 2020, Union County had the highest rate, with a rate of 36.6 per 100,000 individuals, followed by Holmes (35.1 per 100,000 individuals), Putnam (31.6 per 100,000 individuals) and Hamilton (31.1 per 100,000 individuals; Figure 2) counties. Lafayette and Franklin counties had the lowest rate with no suicide deaths occurring in 2020, followed by Hardee County with a rate of 6.2 per 100,000 individuals. Most counties have a suicide rate less than 20 per 100,000 individuals.

Figure 2. Heat Map of Florida Suicide Rates by County, 2020.

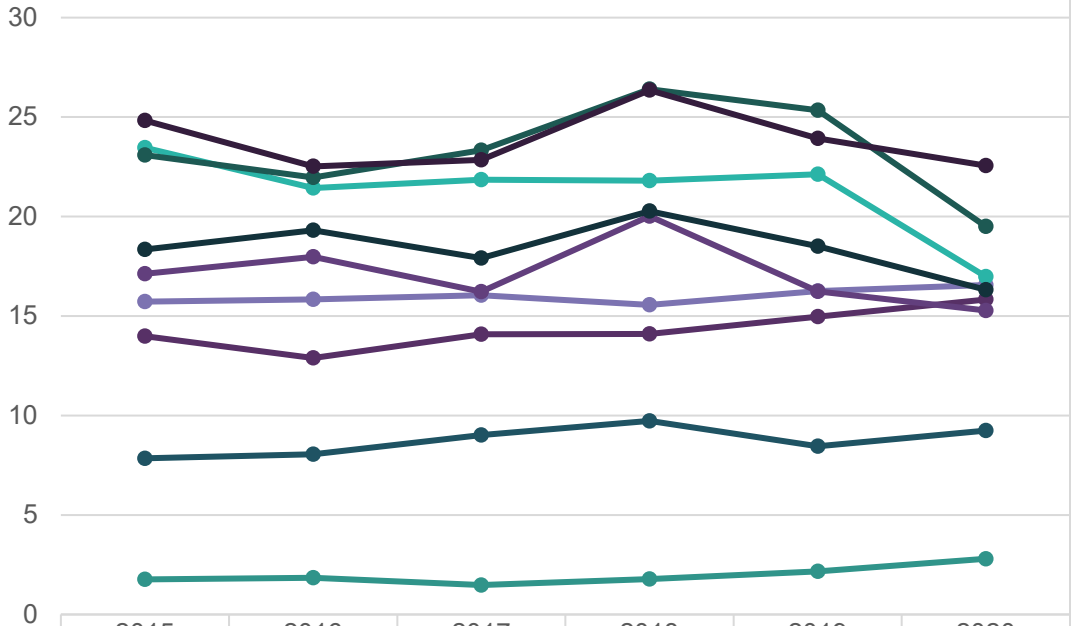


Data Sources: Florida Department of Health Bureau of Vital Statistics.

Age

The trajectory of suicide death rate over the past five years is varied. The suicide death rate was highest in those aged 75 or older in 2020. Importantly, between 2018 and 2019, those aged 10 – 14, 15 – 19, 20 – 24, and 25 – 34 saw increases in their rates (Figure 3).

Figure 3. Crude Suicide Death Rate by Age, 2015 - 2020



	2015	2016	2017	2018	2019	2020
10-14	1.76	1.84	1.48	1.78	2.16	2.8
15-19	7.85	8.05	9.02	9.73	8.46	9.24
20-24	13.99	12.89	14.08	14.1	14.97	15.83
25-34	15.72	15.83	16.05	15.56	16.25	16.56
35-44	17.12	17.97	16.22	20.02	16.24	15.28
45-54	23.46	21.44	21.86	21.8	22.12	16.98
55-64	23.09	21.96	23.33	26.4	25.34	19.5
65-74	18.35	19.31	17.91	20.27	18.5	16.32
75 or older	24.83	22.52	22.85	26.35	23.92	22.56

Data Sources: Florida Department of Health Bureau of Vital Statistics.

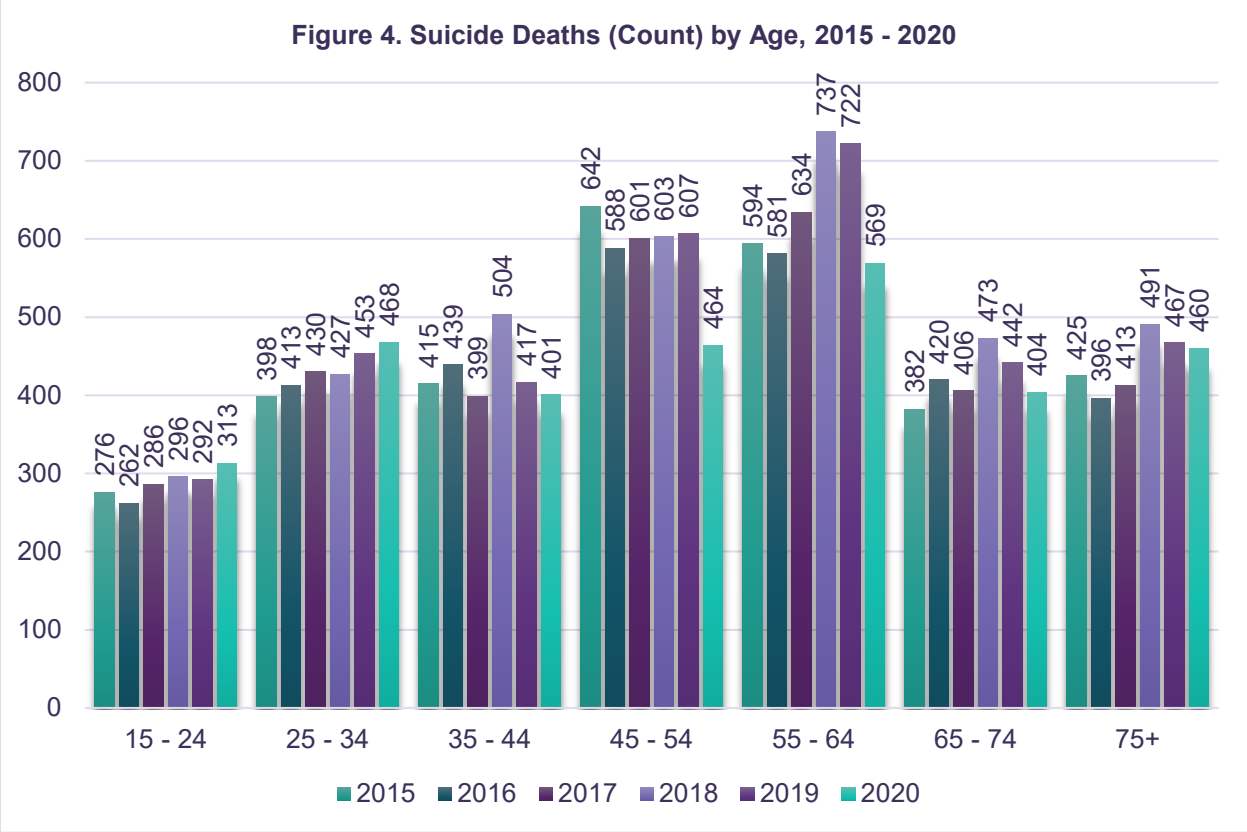
Floridians in the oldest age group continue to die by suicide at the highest rate followed by Floridians in middle life. Importantly, those aged 45 – 54 and 55 – 64 saw a 28 percent and 4 percent decrease in suicide deaths in 2020 compared to 2015. The following table (Table 2) provides an overview of the percent change from 2015 to 2020 by age group.

Table 2. Suicide Death Count and Percent Change by Age Group, 2015 and 2020

Age Group	2015	2020	2015 – 2020 % Change
15 - 24	276	313	13% Increase
25 - 34	398	468	18% Increase
35 - 44	415	401	3% Decrease
45 - 54	642	464	28% Decrease
55 - 64	594	569	4% Decrease
65 - 74	382	404	6% Increase
75+	425	460	8% Increase

Data Sources: Florida Department of Health Bureau of Vital Statistics.

Figure 4. provides an overview of the suicide death count by age group from 2015 – 2020. The suicide death count has steadily increased for those aged 15 – 24 and 25 – 34 (Figure 4).

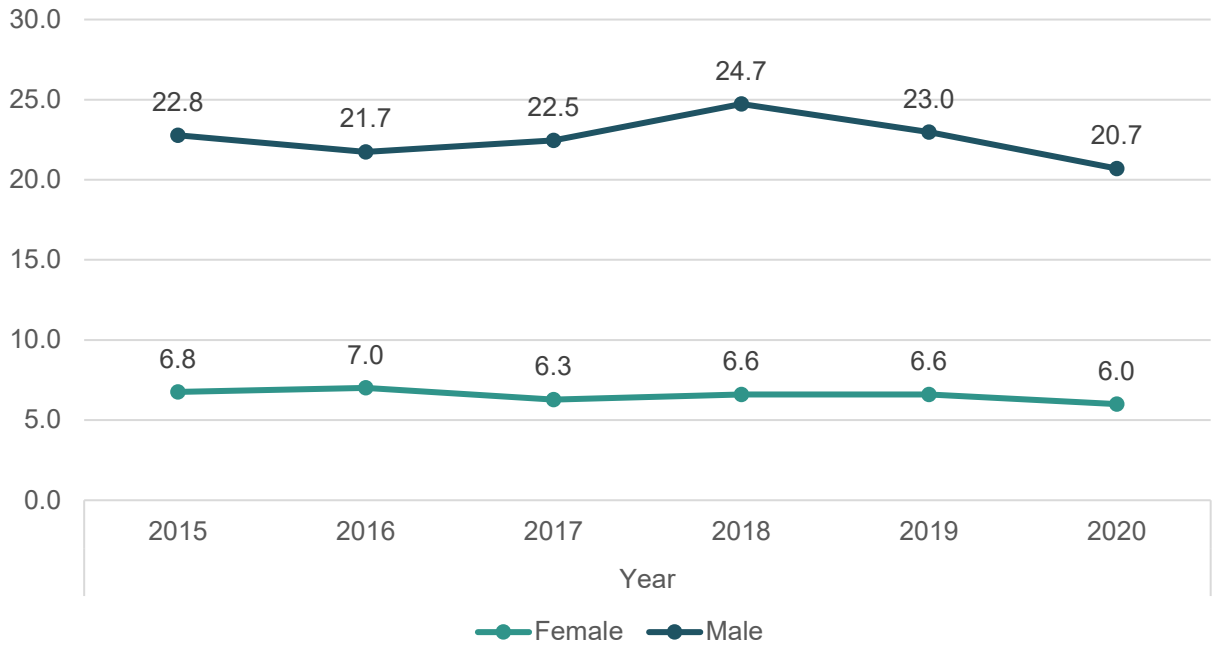


Data Sources: Florida Department of Health Bureau of Vital Statistics. Note: Age group 5 – 14 was removed to maintain privacy since it had fewer than 50 deaths across all years. Range of deaths from 2015 – 2020 for those aged 5 – 14 was 17 – 34, with an average death count across all five years of 24.

Sex

Floridian males have more than three times the rate of suicide deaths compared to females. In 2020, the rate of suicide death for males was 20.7 per 100,000 males compared to 6.0 per 100,000 females (Figure 5). Additionally, females have seen a slight decrease in the 2020 rate compared to 2015 (6.8 per 100,000 females). Males have also seen a decrease in 2020 compared to 2015 (22.8 per 100,000 males). Overall, these rates have remained relatively stable from 2015 to 2020 (Figure 5).

Figure 5. Age-Adjusted Suicide Rate per 100,000 Individuals by Sex, 2015 - 2020

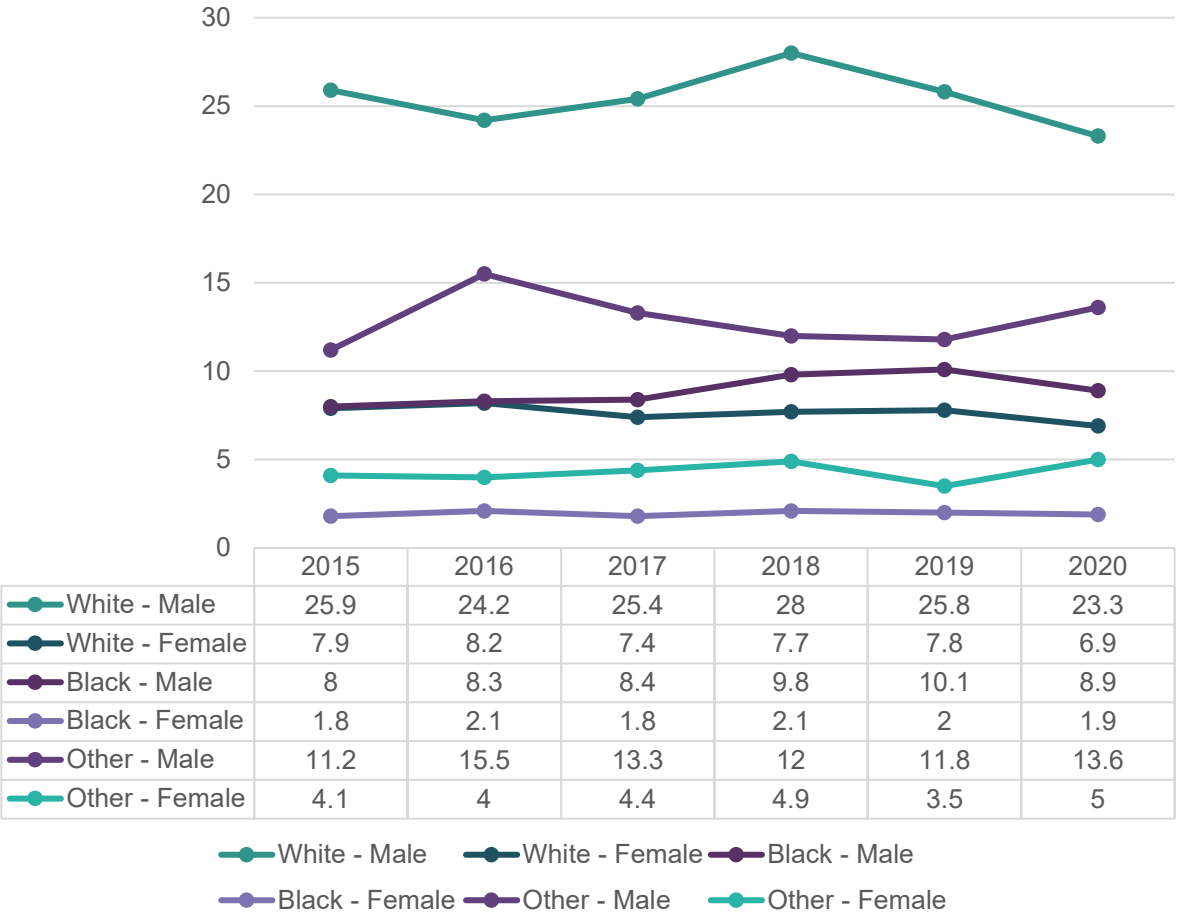


Data Sources: Florida Department of Health Bureau of Vital Statistics.

Race and Sex

The rate of suicide death is highest among White males. In 2020, the rate of death by suicide per 100,000 individuals was 23.3 for White males (Page 20, Figure 6). The suicide death rate for Black males steadily increased from 2015 to 2019, with a rate of 10.1 per 100,000 individuals in 2019 and a slight decrease in 2020 (8.9 per 100,000). In 2020, males of other races and females of other races had rates of 13.6 and 5 per 100,000 individuals, respectively, demonstrating an increase compared to 2019. Compared to 2015, the rate for Black males (11 percent), Black females (6 percent), males of other races (21 percent), and females of other races (15 percent) increased while the rate decreased for White males (10 percent) and White females (13 percent; Page 20, Figure 6).

Figure 6. Age-Adjusted Suicide Rate per 100,000 Individuals by Race and Sex, 2015 - 2020



	2015	2016	2017	2018	2019	2020
White - Male	25.9	24.2	25.4	28	25.8	23.3
White - Female	7.9	8.2	7.4	7.7	7.8	6.9
Black - Male	8	8.3	8.4	9.8	10.1	8.9
Black - Female	1.8	2.1	1.8	2.1	2	1.9
Other - Male	11.2	15.5	13.3	12	11.8	13.6
Other - Female	4.1	4	4.4	4.9	3.5	5

Data Sources: Florida Department of Health Bureau of Vital Statistics.

Method

In 2020, firearms were used in the majority of suicide deaths across the state and all age groups, accounting for 55 percent of deaths. Suffocation accounted for the second most at 23 percent, followed by poisoning at 14 percent and other at 8 percent (Figure 15). The proportion of methods used in suicide deaths varied by age group, however, firearms still accounted for the most suicide deaths within each age group, followed by suffocation, poisoning, and other methods (Figures 16–22).

Figure 15. Percent Of Suicide Deaths By Method, 2020.

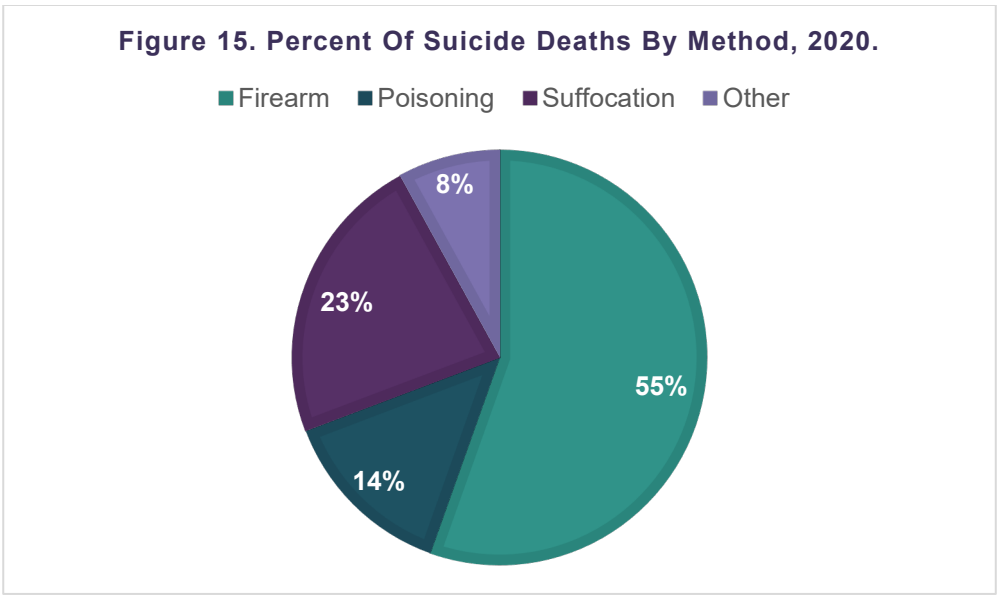


Figure 16. Aged 5 - 24

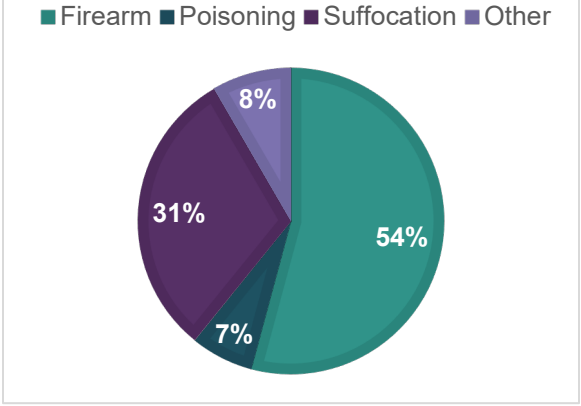


Figure 17. Aged 25 - 34

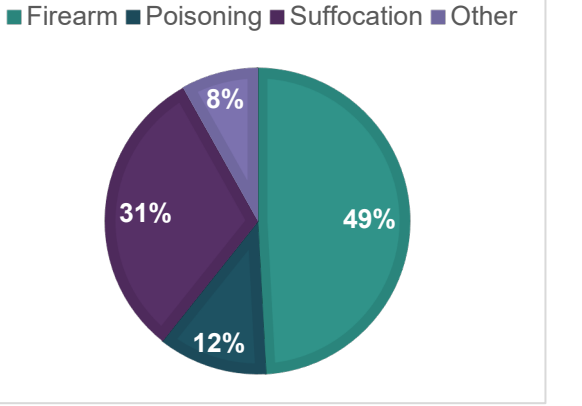


Figure 18. Aged 35 - 44

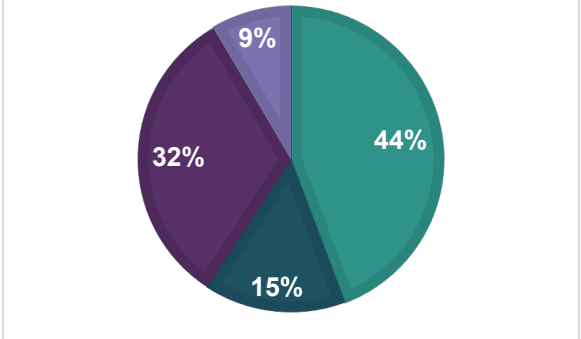
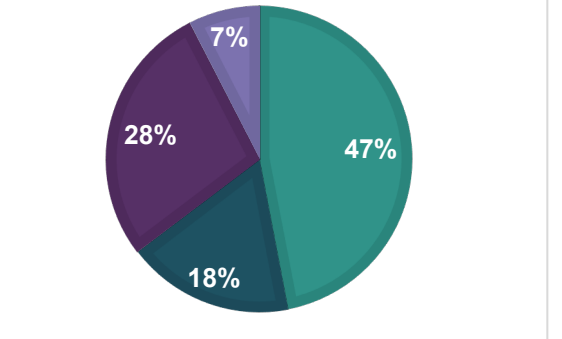
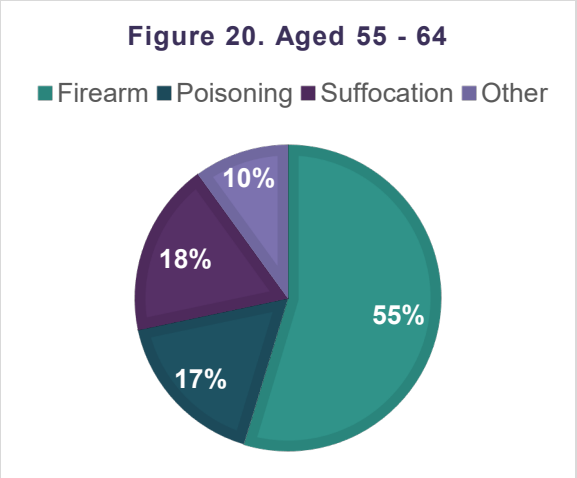
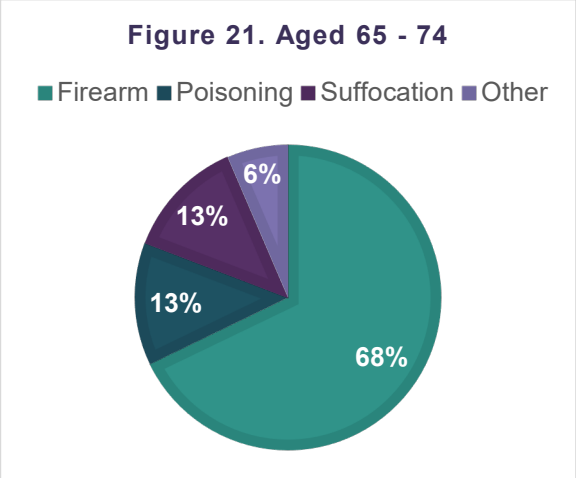
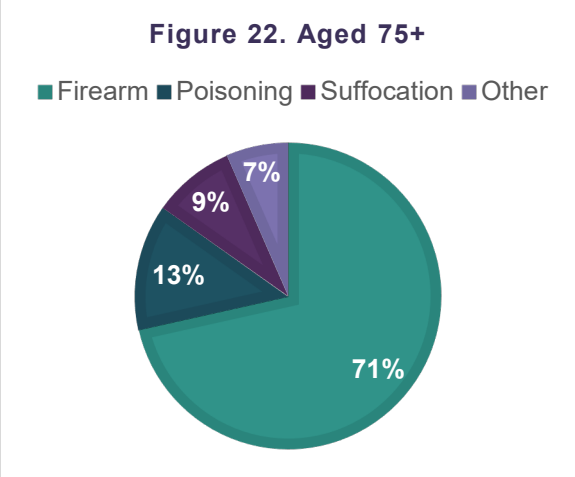


Figure 19. Aged 45 - 54







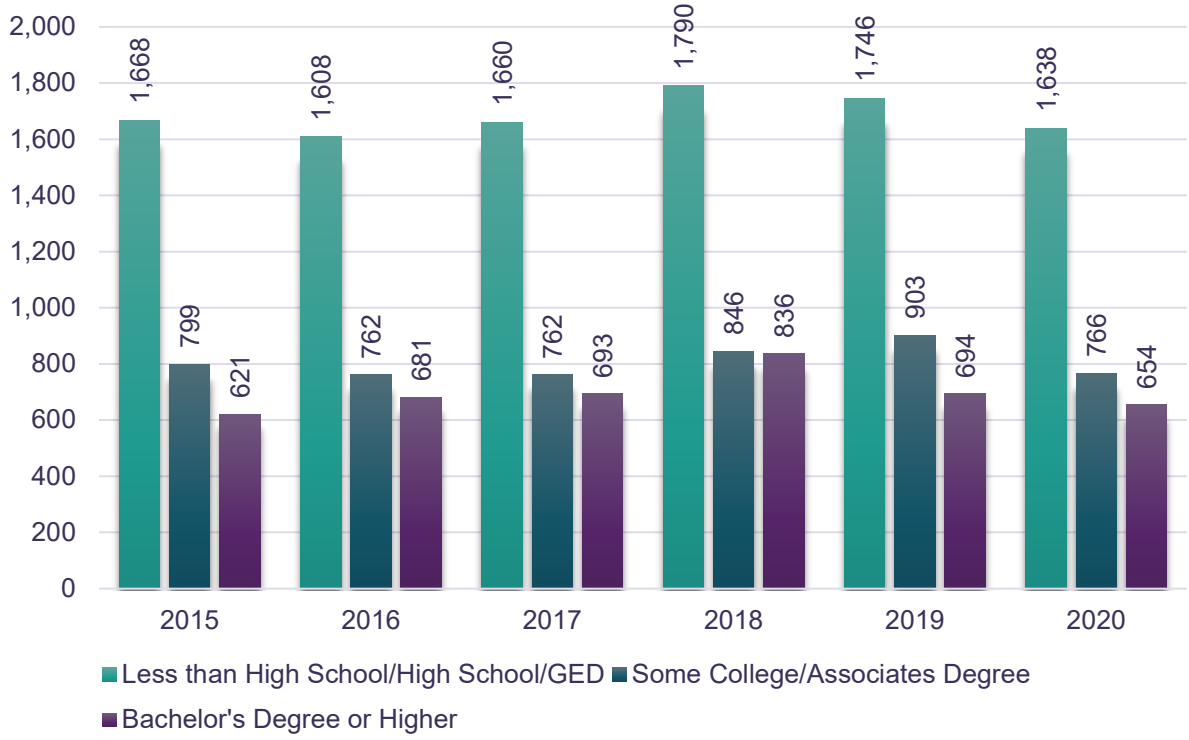


Data Sources: Florida Department of Health Bureau of Vital Statistics.

Educational Status

Suicide death by educational status among Floridian residents indicate those with a high school degree, GED, or less represented the highest number of deaths. Those with higher educational achievement had lower counts of death from 2015 to 2019. Compared to 2015, there was a 2 percent decrease in the number of suicide deaths for those with the lowest educational level in 2020, while those with the highest educational level experienced a five percent increase from 2015 to 2020 (Figure 23).

Figure 23. Suicide Death (count) by Educational Status, 2015 - 2020

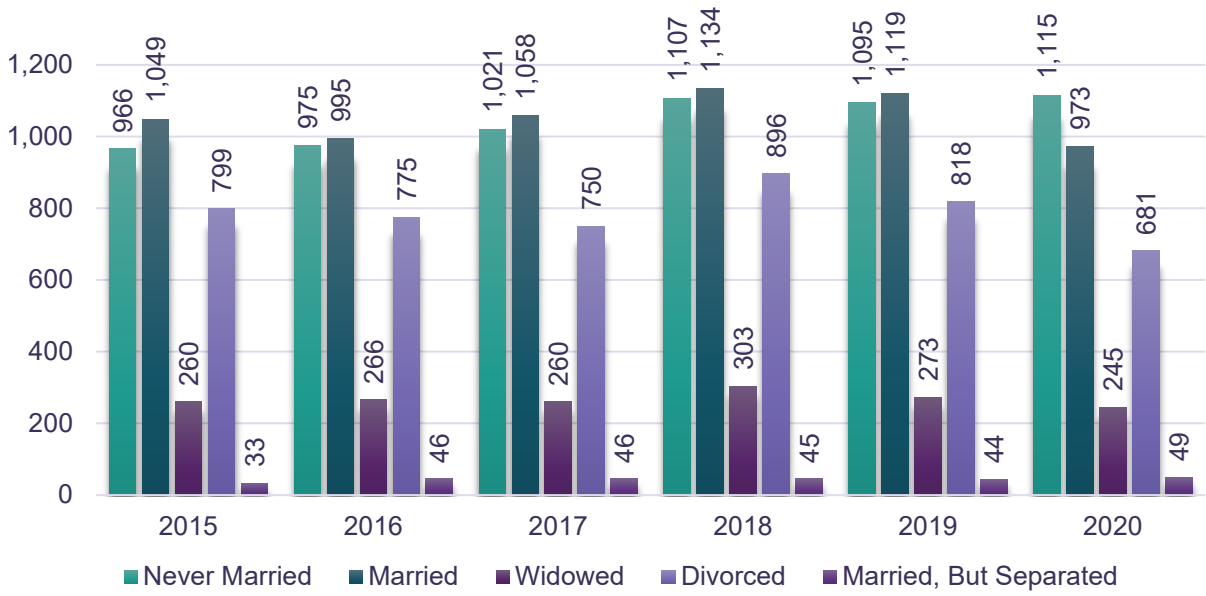


Data Sources: Florida Department of Health Bureau of Vital Statistics. Note. Graph does not depict deaths with unknown educational level status, accounting for a total of 426 deaths across all 5 years.

Marital Status

Suicide death disproportionately affected Floridians who were never married or not currently married between 2015 and 2020 (Figure 24). Compared to 2019, the number of suicide deaths of Floridians who were married decreased by 13 percent while those who were never married demonstrated an increase of two percent. Those who were widowed accounted for the lowest number of suicide deaths across all five years.

Figure 24. Suicide Death (count) by Marital Status, 2015 - 2020

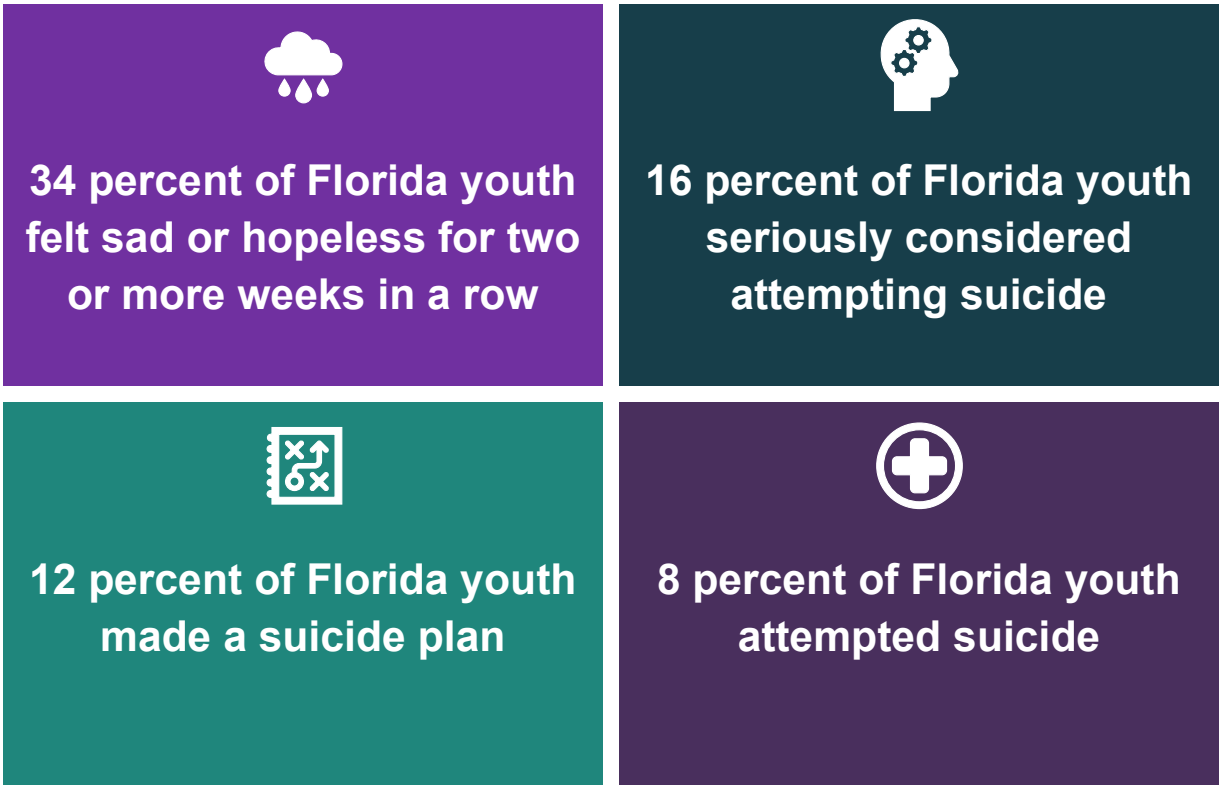


Data Sources: Florida Department of Health Bureau of Vital Statistics. Note. Graph does not depict deaths with unknown marital status, accounting for a total of 319 deaths across all 5 years.

Florida Youth Risk Behavior Survey

The Youth Risk Behavior Survey (YRBS) is a statewide, school-based survey of Florida's public high school students. The YRBS is a part of the Florida Youth Survey, which includes additional surveys of youth behavior. Self-harm behaviors are captured within the YRBS for Florida high school students. Below is a general overview of the 2019 YRBS findings. For more information on the YRBS and the Florida Youth Survey, please visit http://www.floridahealth.gov/statistics-and-data/survey-data/florida-youth-survey/youth-risk-behavior-survey/index.html.

Florida Youth by Sex



Data Sources: Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System (YRBSS).[23]

Among high school females, 43 percent reported feeling sad or hopeless for a period of two weeks or more, 20 percent reported considering attempting suicide, 16 percent reported making a plan for a suicide attempt, 10 percent reported attempting suicide, and two percent reported making a suicide attempt that resulted in injury requiring treatment from a medical professional (Figures 25–29).

Figures 25 - 29. Percent of High School Females Experiencing Depressive Symptoms and Various Suicide-related Thoughts and Behaviors, 2019.

Figure 25. Depressive Symptoms, HS Females

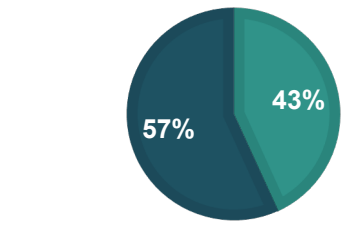


Figure 26. Suicide Ideation, HS Females

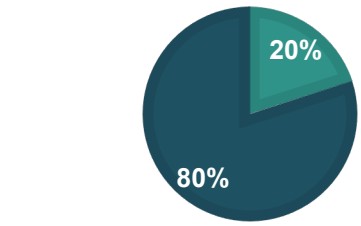


Figure 27. Suicide Plan, HS Females

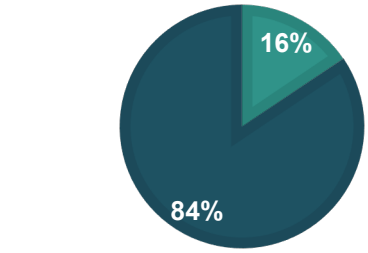


Figure 28. Suicide Attempt, HS Females

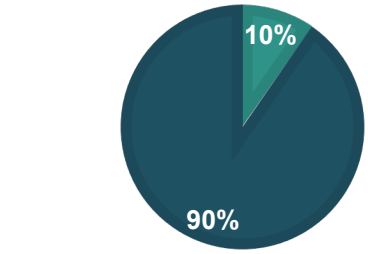
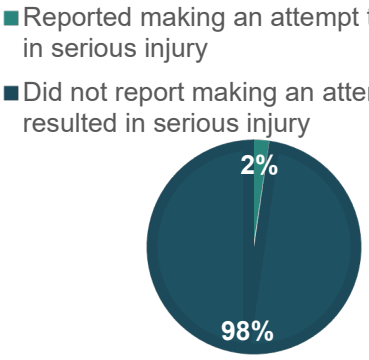


Figure 29. Serious Suicide Attempt, HS Females



Data Sources: Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System (YRBSS).[23]

Among high school males, 24 percent endorsed feeling sad or hopeless for a period of two weeks or more, 11 percent endorsed considering attempting suicide, 8 percent endorsed making a plan for a suicide attempt, six percent endorsed attempting suicide, and two percent endorsed making a suicide attempt that resulted in injury requiring treatment from a medical professional (Figures 30–34).

Figures 30 - 34. Percent of High School Males Experiencing Depressive Symptoms and various Suicide-related Thoughts and Behaviors, 2019.

Figure 30. Depressive Symptoms, HS Males

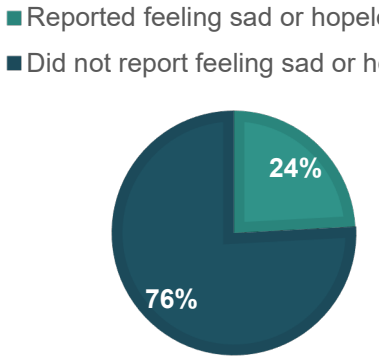


Figure 31. Suicide Ideation, HS Males

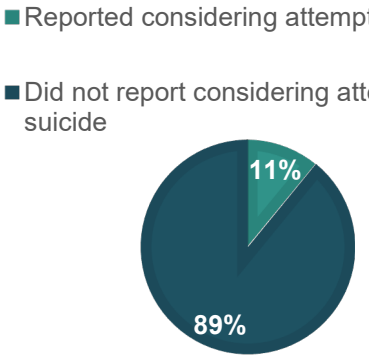


Figure 32. Suicide Plan, HS Males

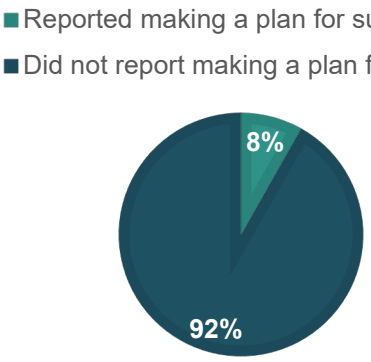
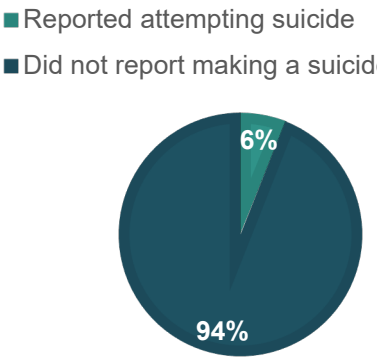
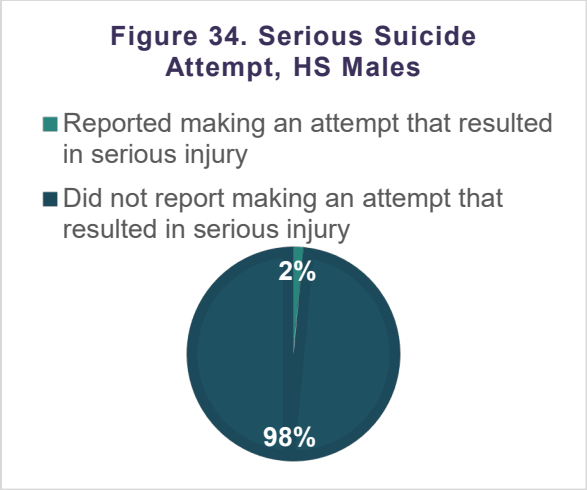


Figure 33. Suicide Attempt, HS Males

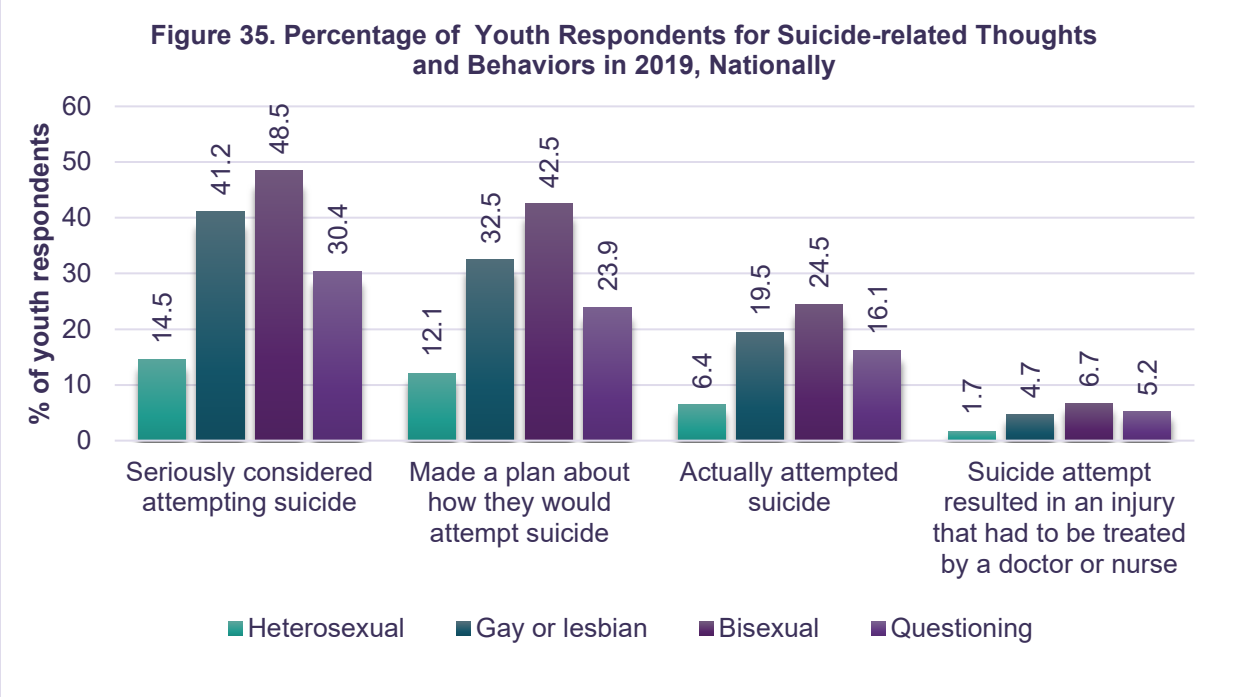




Data Sources: Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System (YRBSS).[23]

Florida Youth by Sexual Identity

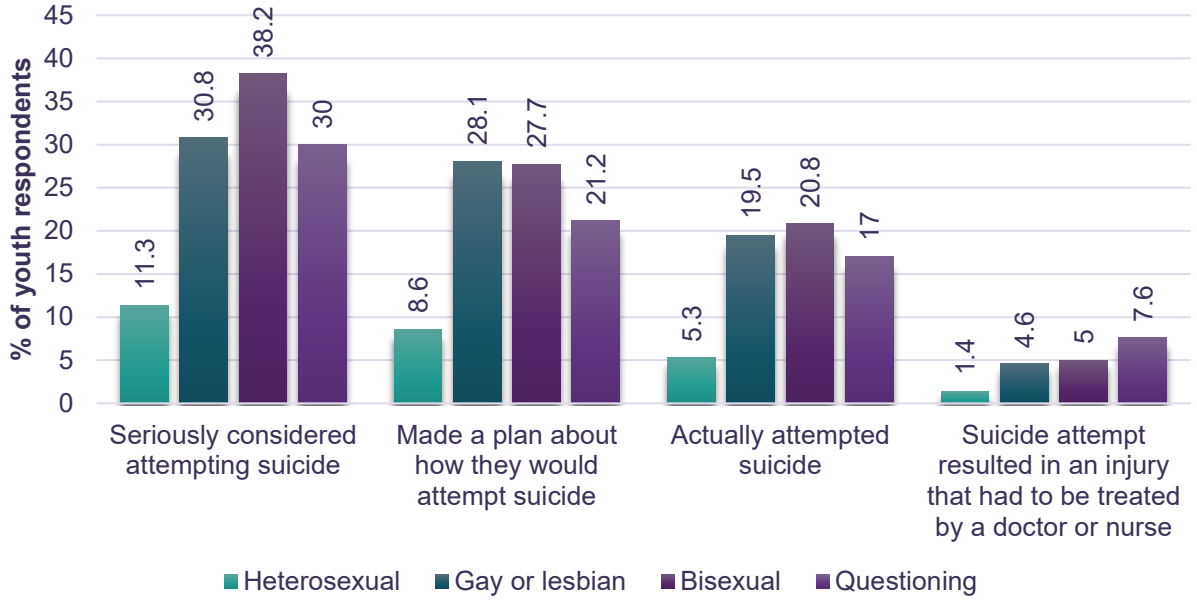
According to the YRBS for High school students, 41.2 percent and 48.5 percent, gay or lesbian and bisexual youth, respectively, reported experiencing thoughts of suicide in 2019.[23]



Data Sources: Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System (YRBSS).[23]

Florida youth exhibit similar patterns, with 30.8 percent and 38.2 percent of gay or lesbian and bisexual youth, respectively, reported experiencing thoughts of suicide in 2019, compared to 11.3 percent of their heterosexual classmates. (Figure 36).

Figure 36. Percentage of Youth Respondents for Suicide-related Thoughts and Behaviors in 2019, Florida

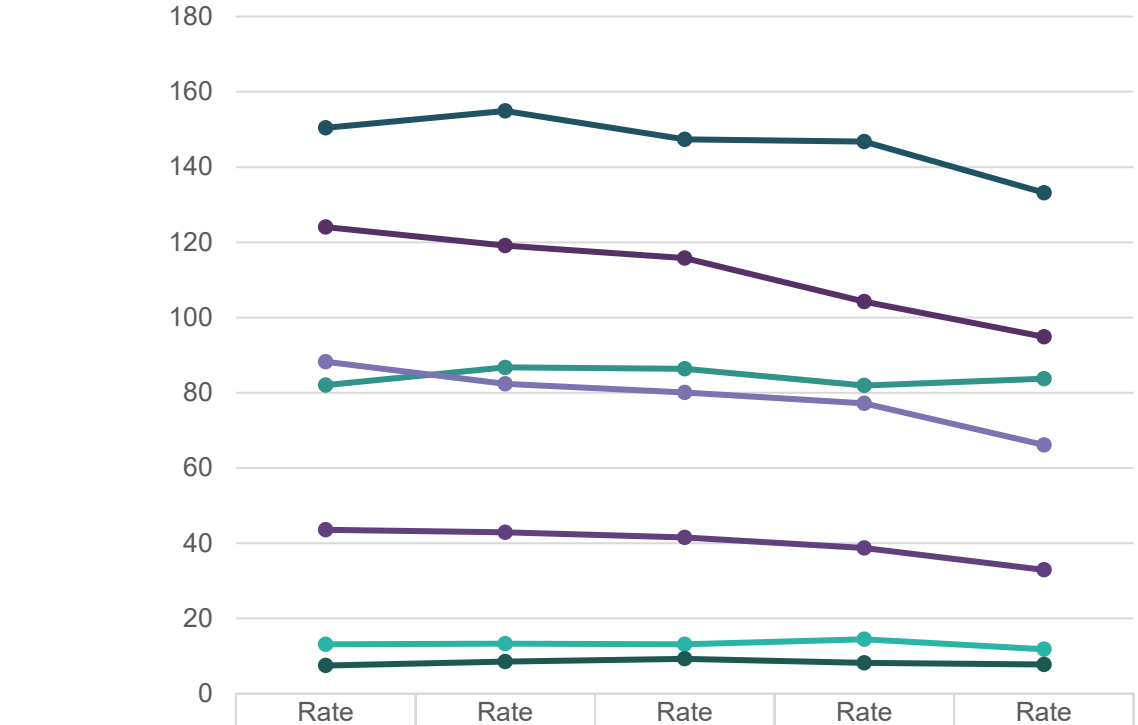


Data Sources: Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System (YRBSS)[23].

By Age

Over the past five years, the rate of non-fatal self-harm emergency department (ED) visits have remained relatively stable across all age groups. Those aged 18–21 consistently presented to the ED for non-fatal self-harm visits at the highest rate from 2015 through 2020 compared to all other age groups (Figure 37).

Figure 37. Overall Rate Non-fatal Self-harm ED Visits by Age, 2016-2020

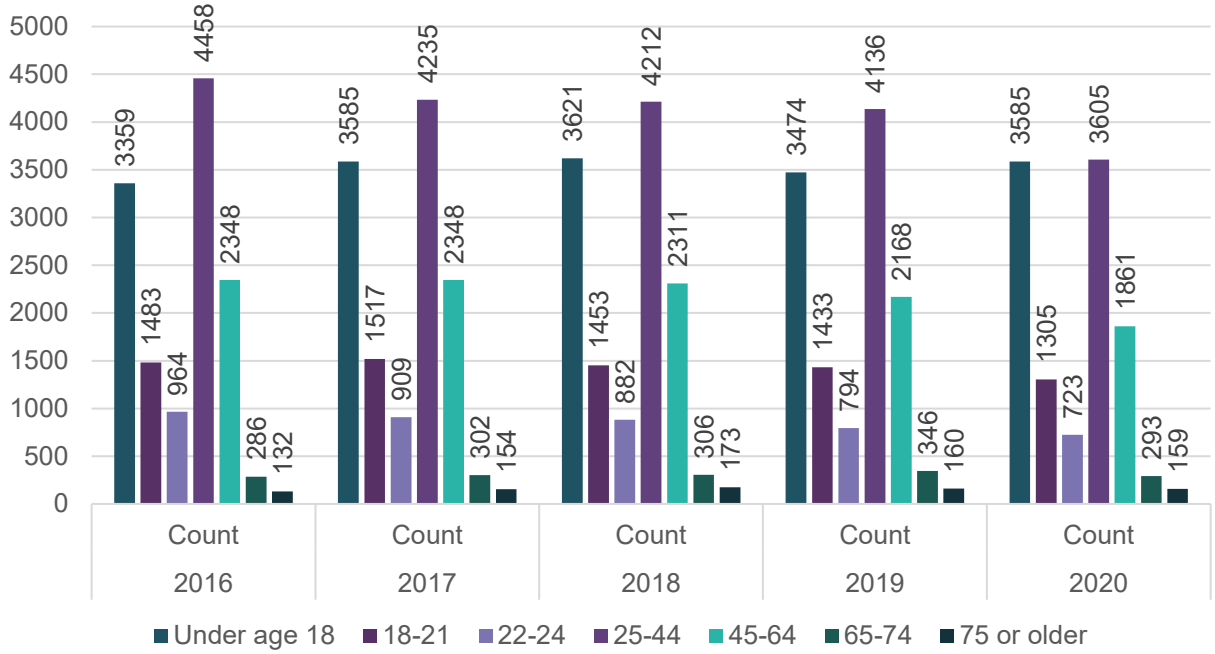


	Rate	Rate	Rate	Rate	Rate
Under age 18	82.02	86.76	86.34	81.93	83.72
18-21	150.46	154.91	147.38	146.77	133.2
22-24	124.05	119.15	115.83	104.23	94.88
25-44	88.25	82.4	80.05	77.22	66.14
45-64	43.58	42.94	41.58	38.76	32.93
65-74	13.15	13.32	13.11	14.48	11.83
75 or older	7.51	8.52	9.28	8.2	7.8

Data Sources: Florida Department of Health, Bureau of Vital Statistics; Florida Agency for Health Care Administration. Population estimates from the Florida Legislature, Office of Economic and Demographic Research have been allocated by race based on information from the US Bureau of the Census and form the foundation for rates displayed in this report.

In 2020, there were 3,605 non-fatal self-harm ED visits for those aged 25–44 (Figure 38), representing a 19 percent decrease from 2016 (*N* = 4,458). All age groups demonstrated decreases in the overall count for non-fatal self-harm ED visits from 2016 to 2020 except for those aged under 18, aged 65–74, and aged 75 or older which experienced a seven percent, two percent, and a 20 percent increase in 2020 compared to 2016 (Figure 38).

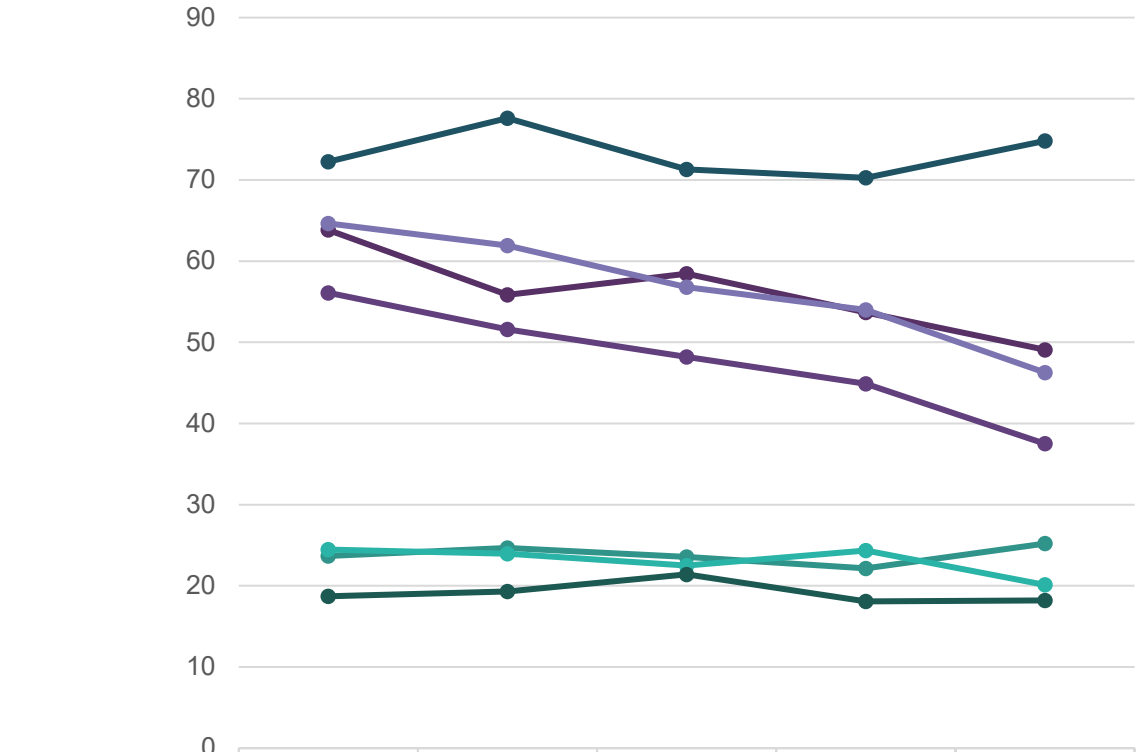
Figure 38. Overall Count Non-fatal Self-harm ED Visits by Age, 2016-2020



Data Sources: Florida Department of Health, Bureau of Vital Statistics; Florida Agency for Health Care Administration. Population estimates from the Florida Legislature, Office of Economic and Demographic Research have been allocated by race based on information from the US Bureau of the Census and form the foundation for rates displayed in this report.

Similar to non-fatal self-harm ED visits, the rate of non-fatal self-harm hospitalizations have remained relatively stable across all age groups from 2016 to 2020. Those aged 18–21 were consistently hospitalized for non-fatal self-harm visits at the highest rate from 2015 through 2020 compared to all other age groups (Figure 39).

Figure 39. Overall Rate of Non-Fatal Self-Harm Hospitalizations by Age, 2016-2020

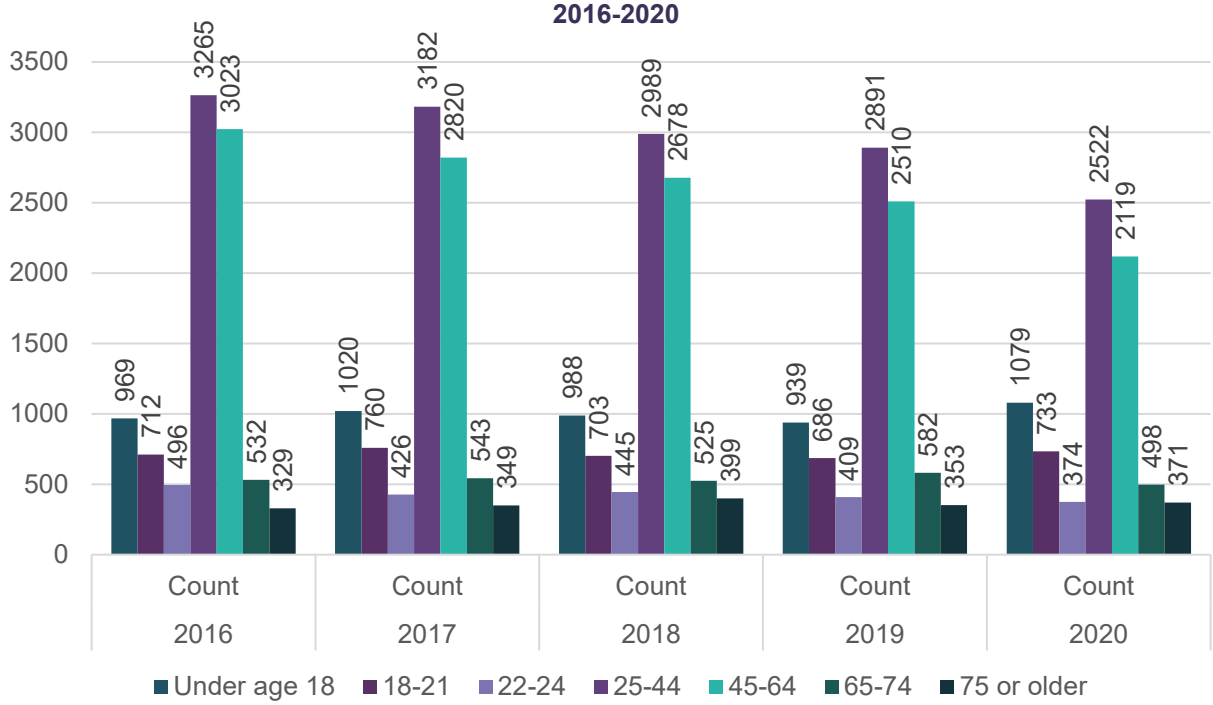


	Rate	Rate	Rate	Rate	Rate
Under age 18	23.66	24.68	23.56	22.15	25.2
18-21	72.24	77.61	71.3	70.26	74.82
22-24	63.83	55.84	58.44	53.69	49.08
25-44	64.64	61.91	56.81	53.98	46.27
45-64	56.1	51.58	48.19	44.88	37.5
65-74	24.46	23.96	22.49	24.36	20.11
75 or older	18.71	19.31	21.41	18.08	18.19

Data Sources: Florida Department of Health, Bureau of Vital Statistics; Florida Agency for Health Care Administration. Population estimates from the Florida Legislature, Office of Economic and Demographic Research have been allocated by race based on information from the US Bureau of the Census and form the foundation for rates displayed in this report.

In 2020, there were 2,522 non-fatal self-harm hospitalizations for those aged 25–44 (Figure 40), representing an 23 percent decrease from 2016 (*N* = 3,265).

Figure 40. Overall Count of Non-Fatal Self-Harm Hospitalizations by Age, 2016-2020



Data Sources: Florida Department of Health, Bureau of Vital Statistics; Florida Agency for Health Care Administration. Population estimates from the Florida Legislature, Office of Economic and Demographic Research have been allocated by race based on information from the US Bureau of the Census and form the foundation for rates displayed in this report.

From 2016 to 2020, rates of non-fatal self-harm ED visits have remained relatively stable for drug poisoning, cutting/piercing, and other mechanisms, with drug poisoning as the most common mechanism used.

Self-harm data for ED visits and hospitalizations is consistent with suicide attempt method literature, such that, drug poisoning is the highest method used for suicide attempts, while firearms are mechanisms used in the majority of suicide deaths. One potential reason for this delineation is the lethality of these means. For example, firearms are highly lethal, with research indicating a 90 percent case fatality. Hanging and suffocation are also highly lethal, with an 80 percent case fatality. In comparison, drug poisoning result in death about 2 percent of the time, indicating a lower chance of fatality.[24]

National Suicide Prevention Lifeline Utilization

The National Suicide Prevention Lifeline (NSPL) provides free 24/7 confidential support for individuals in distress throughout the nation. In the state of Florida, 12 local call centers comprise the Lifeline Network. The Lifeline received a total of 86,043 calls initiated from Florida in 2020. Preliminary data indicate that between January and August 2021, the Florida Lifeline network received 64,499 calls and the state network's operational capacity allowed for an average in-state answer rate of 81 percent.

A regional overview of call volume received per county from January 2021- August 2021 (64,499 calls) discerns the following breakdown of call volume:

Region	*Total Calls Answered and Counties Serviced*
Northwest:	4,895 calls *Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Okaloosa, Santa Rosa, Wakulla, Walton, Washington*
Northeast:	9,575 calls *Alachua, Baker, Bradford, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy, Madison, Nassau, Putnam, St. Johns, Suwannee, Taylor, Union, Volusia*
Central:	13,735 calls *Brevard, Citrus, Hardee, Hernando, Highlands, Lake, Marion, Orange, Osceola, Polk, Seminole, Sumter*
Suncoast:	14,842 calls *Charlotte, Collier, DeSoto, Glades, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Sarasota*
Southeast:	10,755 calls *Broward, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie*
Southern:	10,697 calls *Miami-Dade, Monroe*

Suicide Prevention Resource Center Community of Practice on Data-Driven Prevention and Equitable Community Engagement

From March to August 2021, the SOSP and the DOH Violence and Injury Prevention Section, including Senior Injury Epidemiologist, attended the SPRC's Community of Practice (CoP) on Data-Driven Prevention and Equitable Community Engagement. The goal of the CoP was to identify data and equity needs and establish action steps to address those needs. The team met monthly to complete activities and discuss methods to strengthen data collection, analysis, and evaluation practices while implementing equitable practices within Florida's suicide prevention activities.

Below is the completed strengths, weaknesses, opportunities, and threats analysis with consideration for Florida's data sources, processes, and community engagement.

Strengths	**Weaknesses**
• FL Health CHARTS through DOH Vital Statistics • Discharge and ED data from the Agency for Health Care Administration • Access to Baker Act data • The Florida 2020 – 2023 Action Plan engages various stakeholders with access to relevant potential data sources • Data is collected with consideration for age, racial/ethnic background, and county of residence	• Insufficient suicide attempt data • No single reporting system for suicide-related incidents • Various grants are operating within the state but are not required to report to DOH or DCF • Lack of prevention data related to evidence-based practices • Lack of funding to implement best practice for suicide prevention coalitions
Opportunities	**Threats**
• Florida Violent Death Reporting System (FLVDRS) • Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE-FL) • Firearm Injury Surveillance Through Emergency Rooms (FASTER) grant • Overdose Data to Action (OD2A) • Suicide Prevention Lifeline centers data through 9-8-8 grant • Populations to participate in data collection over the next 12 months include: military/veterans, Agency for Persons with Disabilities, Department of Elder Affairs, Department of Juvenile Justice (DJJ)	• Inability to fund infrastructure projects • Decrease in stakeholder buy-in • Obtaining data use agreements in a decentralized environment • Long-term effects of COVID-19 pandemic • Lack of statutory authority to access data

The final activity, the State Plan Monitoring, enabled the team to identify the following data that are missing from the 2020–2023 Action Plan using the '3Ws and How' information gathering method:

WHO: Persons with disabilities, serious mental illness and substance use, service members and veterans, retail and sales occupations, Native and Indigenous persons, Asian Americans and Pacific Islanders, LGBTQ+ community, first responders, attempt survivors, and loss survivors.

WHAT: Action steps for addressing special populations, and survey data such as the YRBS, and syndromic surveillance data from systems such as ESSENCE.

WHERE: Rural areas are missing from suicide prevention activities. Presently, the Department's Southeast region is involved in data analysis (e.g., psychological autopsies). The FLVDRS collects data for 25 counties and is currently looking at statewide expansion. More information on the FLVDRS can be found on page 57.

HOW: The 2020–2023 Action Plan calls for a data surveillance plan to be developed. The plan also called for the creation of DOH's suicide prevention webpage and for the SOSP website to keep current suicide-related data, both of which have been completed.

Upon identifying missing data, the team proposed action steps to improve data equity within the 2020–2023 Action Plan, including coordinating outreach to new and existing partners to obtain data, developing additional questions to include in the YRBS, and improving suicide related data retrieved from the Behavioral Risk Factor Surveillance System (BRFSS).

Suicide Prevention Goals and Focus Areas

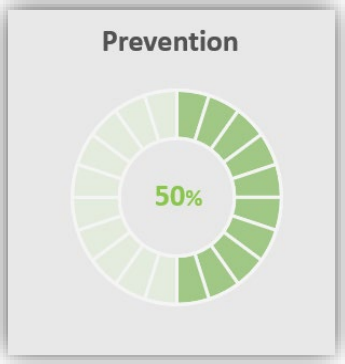
In August 2020, Florida transitioned to the 2020–2023 Florida Suicide Prevention Action Plan (2020–2023 Action Plan). State agencies committed to expand suicide prevention efforts through specific action items to implement the goals and strategies from the 2020–2023 Action Plan. Table 3 shows the four focus areas and goals, and 11 strategies of the 2020-2023 Action Plan.

Table 3: Suicide Prevention Interagency Duties to Execute and Reach Goals

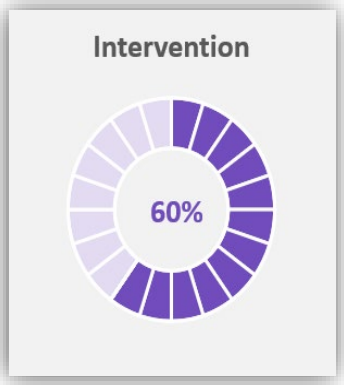
Focus Area	**Awareness**
	Goal 1: Enhance awareness for suicide prevention
Strategy 1.1	Improve access to suicide prevention resources through various media.
Strategy 1.2	Improve quality of information available about suicide prevention in local communities.
Strategy 1.3	Raise awareness on how to enhance safety.
Strategy 1.4	Increase the collection and analysis of suicide prevention data.
Focus Area	**Prevention**
	Goal 2: Increase prevention education approaches
Strategy 2.1	Implement suicide prevention trainings.
Strategy 2.2	Increase suicide prevention efforts to target high-risk and special populations.
Strategy 2.3	Adopt an evidence-based suicide prevention model.
Focus Area	**Intervention**
	Goal 3: Increase effective intervention
Strategy 3.1	Facilitate interagency collaboration to improve access to mental health care and suicide intervention services.
Strategy 3.2	Promote the use of evidence-based interventions that target suicide risk.
Focus Area	**Caring Follow-up and Support**
	Goal 4: Increase caring follow-up and support efforts
Strategy 4.1	Implement caring follow-up and support training in the workplace.
Strategy 4.2	Provide resources that assist with caring follow-up and support.

Overall Progress on Completed Action Items within the 2020–2023 Action Plan

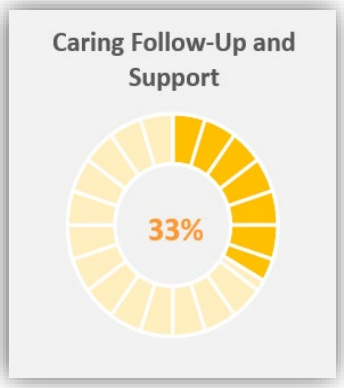
The Awareness focus area is currently 60 percent completed with the following highlights: DCF SAMH increased the number of Floridians who took the CALM training to a total of 1,083; DOH released the Behavioral Health/Suicide profile on FL Health CHARTS; the Agency for Persons with Disabilities now includes resources on its website regarding suicide factors relating to intellectual and developmental disabilities.



The Prevention focus area is currently 50 percent completed with the following highlights: DJJ now ensures the completion of mock suicide drill scenarios in detention centers. DCF SAMH has secured a representative from the Florida Department of Transportation (DOT) to serve on the SPCC.



The Intervention focus area is 60 percent completed with the following highlights: DJJ is at 100 percent compliance in the number of youths referred to a mental health clinician and utilization of precautions when suicide risk factors are identified; Florida Department of Education (DOE) has increased the number of individuals who have received Youth Mental Health First Aid training from 23,159 to 47,696.



The Caring Follow-up and Support focus area is 33 percent completed with the following highlight: DCF SAMH has exceeded the number of caring follow-up and support resources made available to the public.

See Appendix A to view the status of specific action items related to the four focus areas.

Florida Suicide Prevention Initiatives

The Florida Children and Youth Cabinet

The Florida Children and Youth Cabinet (Cabinet) is codified in section 402.56, F.S. Championed by First Lady Casey DeSantis, former Chair of the Florida Children and Youth Cabinet, the Cabinet promotes interdepartmental collaboration in the support of Florida children and youth by ensuring the success of services and programs designed to improve the self-sufficiency, safety, economic stability, health, and quality of life for Florida youth.

The Cabinet published its 2020 Annual Report on February 1, 2021, which reviewed Cabinet meetings held between September 2020 and December 2020. The report highlighted the preventable nature of suicide when individuals have access to necessary resources and are paired with a trusted mentor, as well as the need to ensure continuity of care post-discharge from acute care facilities. The report also discusses efforts to promote mentorship within the state such as the Cabinet's workgroup collaboration with experts to create training for volunteers to fill the need for prospective mentors. The full report can be found here: https://www.flgov.com/wp-content/uploads/childadvocacy/FCYC%202020%20Annual%20Report%20-%20FINAL.pdf.

Understanding Stigma within Minority Communities

In 2020, First Lady Casey DeSantis, in her role as Chair at the time, tasked the Secretary of Agency for Health Care Administration with developing a workgroup to examine stigma within minority communities and strategies to overcome barriers. In a July 2021 meeting, Secretary Marstiller provided the workgroup's findings and recommendations to the Cabinet. The workgroup identified several objectives including normalizing the experience of mental illness and distress for minority communities; understanding the historical context surrounding reluctance to seek help among racial and ethnic minority group members; and implementing a public health campaign for mental health/suicide prevention targeted to minority communities. For more information on the 2021 Cabinet meetings, please visit: https://www.flgov.com/cyc-2021-meeting-materials.

The workgroup has identified the following short-term and long-term steps to address their objectives:

Short-term steps

- With funding available through SAMSHA and DCF, create, brand, and implement a statewide media campaign to reduce the social stigma surrounding mental health among minority community members, children and youth, and families and educate Floridians that it is okay to seek help;
- Strengthen efforts to identify and address mental health issues in young students through the mental health instruction championed by First lady Casey DeSantis that is currently required by the DOE;
- Leverage Governor DeSantis' faith and community-based initiative to engage churches in minority communities and create networks whereby families can receive education about mental health and referral to mental health professionals in their communities; and
- Improve mental health professional training related to reluctance of minority community members to engage in care.

Long-term steps

- Partner with the University of South Florida (USF) to create a compendium of existing resources for addressing the social stigmas of mental health in minority communities among children and youth;
- Develop a targeted strategic plan by perspectives from Florida's racial and ethnic minority communities, faith-based communities, and children and youth/families regarding mental illness/health, stigma, mental health treatment, and barriers to care; and
- Engage the state universities, professional licensing boards, and relevant professional associations to provide outreach to minority communities, bringing mental health professionals and community members in non-clinical settings to raise awareness and lower cultural barriers to seeking help.

Hope for Healing

Hope for Healing Florida is an initiative to connect youth and families within Florida experiencing substance use and other mental health difficulties to appropriate services and resources. Resources provided on the Hope for Healing Florida website include suicide prevention, a treatment locator service, help with depression and anxiety, resources for youth afraid to return home, and guides for youth being bullied. In July 2021, First Lady Casey DeSantis announced the expansion of the Hope for Healing website, which will provide Floridians with a seamless way to navigate the many resources available for substance use and mental health services.

To learn more about Hope for Healing Florida, visit their website at https://hopeforhealingfl.com/.

The Department of Children and Families' Suicide Prevention Website

The Department's suicide prevention website serves as a clearing house for suicide prevention information and resources including up-to-date data on suicide trends, crisis support information, and details regarding the SPCC and its efforts. The website is organized with specialized sections for various stakeholders and high-risk populations, such as teens and young adults; parents and adults; loss survivors; suicide attempt survivors; professionals, and military service members and veterans. There is also a training section geared toward individuals and organizations interested in obtaining training on suicide prevention, intervention, and postvention. The suicide prevention website is updated regularly and includes a calendar of suicide prevention events happening across the state and nation. The Department's suicide prevention website

received over 20,000 visits in 2021. The suicide prevention website can be accessed at www.myflfamilies.com/suicide-prevention.

Suicide Prevention Coordinating Council (SPCC)

The SPCC is comprised of 31 members and one non-voting member and is identified in section 14.2019(5), Florida Statutes. Members of the SPCC are designated representatives from various state agencies, Florida-based professional organizations, and Florida-based and national suicide prevention non-profit organizations. For a full list of current SPCC membership, please see Appendix C. The SPCC advises the SOSP in the development of the statewide strategic plan for suicide prevention; makes findings and recommendations regarding evidence-based suicide prevention programs and activities; and prepares the annual report on the status of suicide prevention efforts within the state and recommendations for further improvement.

The SPCC includes two committees, the Planning and Evaluation Committee and the Special Populations Committee.

The Planning and Evaluation Committee

The Planning and Evaluation Committee develops and evaluates the statewide strategic plan for suicide prevention called the 2020–2023 Action Plan and contributes to the Annual Report of the SPCC. This committee also conducts research of other state suicide prevention initiatives and reviews and make recommendations regarding available suicide prevention grant opportunities.

The committee meets monthly and is currently co-chaired by the DOH Suicide Prevention Specialist and the SOSP. The initial focus of the committee was to assist in the development of the 2020–2023 Action Plan. Following the development of the plan, the committee transitioned to focus on the evaluation of the 2020–2023 Action Plan. The objectives of the committee include (1) Develop a complete and detailed logic model to summarize goals (Please see Appendix E for a copy of the logic models); (2) Focus on available resources and priority needs in Florida; (3) Use current research to augment process and outcome measures; and (4) Collect and apply evaluation data to improve the implementation and effectiveness of the 2020–2023 Action Plan.

In 2021, the committee developed a comprehensive logic model, which corresponds with each of the four focus areas and 11 strategies of the 2020–2023 Action Plan. The logic model allows for a clear display of the relationship between the 2020–2023 Action Plan's strategies and activities. The committee began the process towards finalizing evaluation of the 2020–2023 Action Plan, including developing evaluation questions;

identifying data collection methods; and establishing a reporting schedule. Committee members were identified as representatives of agencies who are committed to practicing safer suicide care within their respective organizations. Members were provided with information regarding the FL LEADS Project and contributed with the customization of a Zero Suicide (ZS) workforce survey to distribute within their agencies.

The Special Populations/Risk Reduction Committee

The Special Populations/Risk Reduction Committee discusses concerns related to special populations identified as at higher risk for suicide. The committee focuses on developing educational materials related to at-risk groups and implementing risk reduction strategies.

In 2021, the committee launched an initiative to address suicide in state and national high-risk groups through the development of educational materials. Materials developed so far include resources for loss survivors, diverse genders and sexualities, military service members and veterans, adolescents, men in middle years, and the committee collaborated with the Department of Elder Affairs for Older Americans Month. Materials are primarily disseminated through social media platforms (e.g., Twitter, Facebook, Instagram), newsletters (e.g., Florida Suicide Prevention Coalition), and employment-oriented online services such as LinkedIn. To support outreach efforts, the committee developed the hashtag *#StopSuicideFL* to be included in all outreach. These materials Committee have been shared by agencies within the SPCC as well as external stakeholders, including UF Health – Jacksonville, the Florida Veterinary Medical Association, and Vincent House – Hernando. Materials developed by the Committee have reached more than 90,000 Floridians.

The public is encouraged to share materials compiled and developed by the Special Populations Committee are available at www.myflfamilies.com/suicide-prevention under the ‘Social Shareables’ tab.

Suicide Prevention Coordinating Council Quarterly Challenge

The SPCC launched the 'Quarterly Challenge' initiative in December 2020 using word-of-mouth dissemination to increase public awareness of suicide-related information to reduce stigma around suicide and increasing help-seeking behavior. The Quarterly Challenge is presented at the conclusion of all Council meetings. Quarterly challenges from 2021 include:

December 2020. Be more mindful of how we talk about suicide: replace the use of the word "commit" with other phrasing, such as "died by suicide" or "killed themselves."

March 2021. Help Spread the Facts: Asking and talking about suicide may reduce, rather than increase, suicidal ideation.

June 2021. Know Your Stats: For every suicide death, 135 people are affected.

September 2021. Help Spread the Facts: Means switching is rare. Research and anecdotal evidence indicate means safety is an effective suicide prevention strategy.

December 2021. Help Spread the Facts: Deaths by suicide do not increase during the winter holiday season. In fact, suicide rates are lowest in December and peak during the spring.

First Responders Suicide Deterrence Task Force

The Florida legislature established the First Responders Suicide Deterrence Task Force (Task Force) in 2020 and it is defined in section 14.2019, Florida Statutes. The Task Force is comprised of members from the SOSP, nominated representatives from the Florida Professional Firefighters Association, the Florida Police Benevolent Association, the Florida State Lodge of the Fraternal Order of Police, the Florida Sheriffs Association, the Florida Police Chiefs Association, and the Florida Fire Chiefs Association, as well as stakeholders representing various aspects of fire, emergency medical services, law enforcement, crime scene units, support personnel, family members, academia, training, and behavioral health services. The task force's purpose is to "make recommendations on how to reduce the incidence of suicide and attempted suicide among employed or retired first responders in the state."

In 2021, the Task Force published its inaugural annual report, which provides an overview of mental health and suicide prevention among first responders in the state of Florida, a needs assessment identifying factors and supports necessary for a healthy

hire through a healthy retire, followed by identified gaps between existing resources and needs using the framework of the Social Ecological Model for Suicide Prevention, and recommendations. The recommendations are presented within the framework of the 2020–2023 Action Plan. An overview of the report's recommendations is described below.

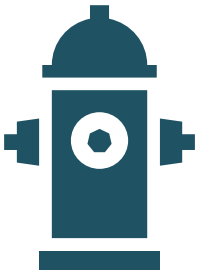
Findings and recommendations for training programs and materials to deter suicide among active and retired first responders will be reported to the Governor, the President of the Senate, and the Speaker of the House of Representatives by each July 1, beginning in 2021 and through 2023. In accordance with statutes, the Task Force is repealed on July 1, 2023.

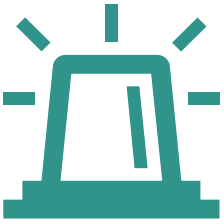
To view the published Annual Report, visit www.myflfamilies.com/suicide-prevention under the 'First Responders Suicide Deterrence Task Force' tab.

2021 Task Force Annual Report Recommendations Overview

Expand the definition of “First Responder” by including those identified within the Florida Retirement System as “Special Risk Class” as defined in section 121.0515, Florida Statutes. and dispatchers of public safety answering points (PSAP).

Utilize and leverage existing training programs within first responder organizations to host training opportunities for additional first responder-related organizations and departments (for example, if a local department has training available, invite other first responder organizations to attend their training or take turns hosting training).





Revise the language in section 112.1815 (5)(d), Florida Statutes to eliminate the time restriction of 52 weeks to file a notice of injury or death in cases of comensable PTSD due to the limitations of tracking the date of a qualifying event and the prevalence of compounding, cumulative traumatic stressors in the eligible professions.

Investigate the feasibility of expanding the current first responder hotline or warm line of existing local collaboratives.

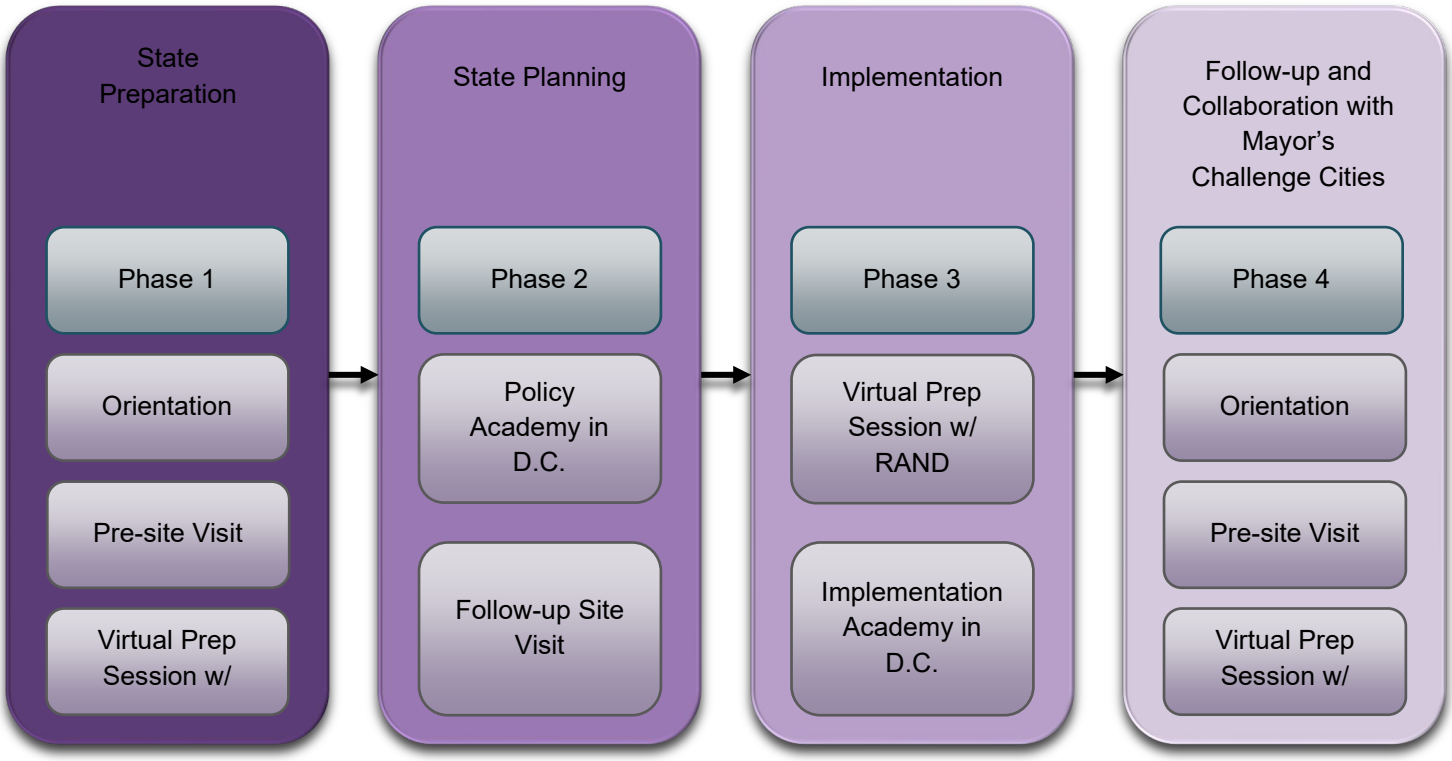
Develop a model Standard Operating Guidelines template for public safety agencies to use as a guide in establishing protocols related to suicide death of an active or retired member.

Florida Governor's Challenge Team

On March 5, 2019, President Trump signed Executive Order (13861) outlining a "National Roadmap to Empower Veterans and End Suicide" that served as a call to action for the nation. The U.S. Department of Veterans Affairs and SAMHSA partnered to launch the city-level "Mayor's Challenge to Prevent Suicide among Service Members, Veterans, and their Families" and shortly thereafter the state-level "Governor's Challenge to Prevent Suicide among Service Members, Veterans, and their Families".

Governor Ron DeSantis accepted the Governor's Challenge in December of 2019, making Florida one of 27 states that accepted the Governor's Challenge. The purpose of the Governor's Challenge is to help local leaders in community and state government work together to prevent suicide among veterans. More specifically, the Governor's Challenge convenes a state interagency military and civilian team of leaders to develop an implementation plan to prevent suicide among service members, veterans, and their families that will advance the VA's *National Strategy for Preventing Veteran Suicide*[25] and incorporate evidence-based strategies from the Centers for Disease Control and Prevention (CDC) *Preventing Suicide: A Technical package of Policy, Programs, and practices.*[26] This state-level initiative works in conjunction with the President's national PREVENTS Office and Task Force.

Governor's Challenge Process



In 2021, Florida transitioned from “Phase 2: State Planning” stage to “Phase 3: Implementation” stage.

The Florida Governor’s Challenge Team is led by Major General James S. "Hammer" Hartsell, USMC (Ret.), Florida Department of Veterans Affairs (FDVA) with Secondary Support Lead Lauren A. Stentz, FDVA. The team is comprised of dedicated and passionate individuals from the following agencies and entities:

Florida Department of Veterans’ Affairs	Florida Department of Children and Families	Florida Department of Elder Affairs	Florida Defense Support Task Force
Florida Air National Guard	The Crisis Center of Tampa Bay	Enterprise Florida	Vietnam Veterans of America
Florida Department of Health	Agency for Health Care Administration	The Fire Watch	Building Healthy Military Communities
VA Sunshine Healthcare Network	Florida Department of Law Enforcement	Hillsborough County Board of County Commissioners	Veterans Administration (Federal)

Below are the identified priorities of the Florida Governor’s Challenge team. For more information on the Florida Governor’s Challenge team, visit: https://www.floridavets.org/governors-challenge/.

Priority 1: Identify Service Members, Veterans, and their Families and Screen for Suicide Risk	**Priority 2: Promote Connectedness and Improve Care Transitions**
Priority 3: Taking a Comprehensive Approach to Suicide Prevention for Service Members, Veterans, and their Families	**Priority 4: Lethal Means Safety and Safety Planning**

9-8-8 Overview and Planning Grant

Since its inception in 2004, the NSPL, 1-800-273-8255, has provided a national toll-free phone number connecting callers who are in emotional and/or suicidal crisis to local services. Vibrant Emotional Health (Vibrant) is the administrator of the service, which is funded by SAMHSA.

Currently, the Lifeline network acts as a national mental health safety net for the public by routing callers to the nearest of 180 local crisis call centers. In the state of Florida, there are 12 local crisis call centers (Lifeline Member centers) that are a part of the Lifeline network. An algorithm of routing directs calls to a Lifeline Member center is based on designated coverage area. If local Lifeline Member centers are unable to answer, calls are re-routed to another Lifeline Member center in the state that provides backup services or into Lifeline's national-level backup network.

Nine of the state's 12 Lifeline Member centers are affiliated with 2-1-1 United Way. Florida's 2-1-1 Network is authorized to serve as the single point of coordination for information and referral for health and human services under s. 408.918, F.S. The remaining three centers are housed in comprehensive non-profit or county mental health centers. Thus, all Lifeline centers are housed within agencies that provide comprehensive services via experienced staff along the crisis care continuum with knowledge of a plethora of resources to provide a full complement of services to the caller.

Through efforts to improve and streamline the NSPL, a federal law was passed on October 17, 2020 to create a 9-8-8 dialing code. The motivation behind the improvement included the need to simplify the existing 10-digit number and to redirect mental health crises currently coming into the nation's 9-1-1 emergency system. The National Suicide Hotline Designation Act of 2020 designated 9-8-8 as the universal telephone number for the nation's suicide prevention and mental health crisis hotline commencing on July 16, 2022.

In preparation for the transition to a three-digit number, Vibrant facilitated the issuance of privately donated grant dollars to help states plan for the implementation of 9-8-8. The SOSP applied for and received one of these planning grants in February 2021 to create a 9-8-8 grant team and statewide planning coalition tasked with preparing an implementation plan for Florida. Members of the 9-8-8 coalition include representatives from the 12 Florida Lifeline centers and key stakeholders from groups representing mental health advocacy, survivors of suicide loss, 9-1-1 dispatch centers, mobile crisis service and crisis stabilization providers, peer support service providers, and individuals

of marginalized populations. The coalition has met monthly since April and, in collaboration with the 9-8-8 grant team, have generated reports such as a landscape analysis, community needs assessments, budget estimates for the first year of implementation, and community engagement strategies.

Components of the implementation plan include action steps toward eight over-arching goals.

1. 24/7, local coverage throughout the state for calls, chats, and texts.
2. Adequate funding to implement and sustain the projected increase in call volume.
3. Capacity building to ensure that all centers are staffed appropriately.
4. Ensuring compatibility with a unified platform and performance metrics instituted by Vibrant.
5. Continuation and growth of the state's 9-8-8 coalition.
6. Building a network of shared resources and linkages within the crisis care continuum.
7. Implementing best practices for follow-up calls and services.
8. Marketing 9-8-8 in a unified manner following effective messaging guidelines.

Grants

Firearm Injury Surveillance Through Emergency Rooms

In May 2020, the CDC released a new three-year surveillance initiative to support states' efforts to improve surveillance of emergency department visits for non-fatal firearm injuries, including intentional self-directed firearm injuries. Firearm Injury Surveillance Through Emergency Rooms (FASTER) funds recipients to increase the timeliness of reporting of emergency department visits for non-fatal firearm injuries and disseminate findings to key stakeholders working to prevent and respond to these injuries. In September 2020, DOH was awarded funding to implement FASTER. Through FASTER, DOH will produce and share data reports at the state and local levels to inform public health response to suspected clusters of suicidal behavior and broader suicide prevention efforts. Data are expected to help create strategies to address mental and behavioral health outcomes to prevent suicide in Florida.

Florida Violent Death Reporting System

DOH is a participant in the National Violent Death Reporting System through the name Florida Violent Death Reporting System (FLVDRS). FLVDRS is supported by a grant from the CDC and requires data on at least 40 percent of state homicides and suicides be collected in the first year of funding, with expanded data collection efforts in each subsequent year. FLVDRS collects and categorizes data on violent deaths from local medical examiners, law enforcement, toxicology reports, and vital statistics records into an anonymous database. The FLVDRS includes all types of violent deaths, including homicides and suicides, in all settings, and for all age groups. Reported data may include information on mental health problems, recent problems with employment, finances, or relationships, physical health problems, and information about circumstances of death.

In July 2021, the program concluded its first data closeout. Data from this initial timeframe was presented in November 2021 at the annual FLVDRS stakeholder meeting. A final report had not been published. Currently, the FLVDRS operates in approximately 50 percent of Florida counties and is working to expand to 75 percent by August 2022. DOH and USF continue to conduct outreach to law enforcement agencies, which are decentralized and numerous. A part-time law enforcement liaison will be hired this year to assist the program in its outreach efforts.

Florida Implementation of the National Strategy for Suicide Prevention Project

The Florida Implementation of the National Strategy for Suicide Prevention (FINS) Project was a partnership of the SOSP, USF, the University of Central Florida (UCF), and AdventHealth. The purpose of the project was to adopt and integrate the National Strategy for Suicide Prevention across health and behavioral health settings and adult-serving systems in order to adequately identify, engage, and treat adults at risk for suicide. The program focused on providing culturally competent evidence-based/best practices for suicide prevention, treatment, safety planning, and care coordination services. The project focused efforts using a ZS model and included a ZS advisory committee. The FINS project continues to make progress and is in the process of closing. Final project impact information will be available in 2022.

COVID-19 Emergency Response for Suicide Prevention

In May 2020, SAMHSA announced the availability of COVID-19 Emergency Response for Suicide Prevention Grants. The purpose of the program is to support states and communities during the COVID-19 pandemic to help address mental health needs. Specifically, the program focuses on adults age 25 and older and requires a minimum of 25 percent of direct services be funded for those who are survivors of domestic violence. Three organizations within Florida were awarded the full $800,000 for 16 months.

Centerstone

Centerstone began implementation of the Suicide Prevention Program on November 1, 2020. The grant activities provide rapid follow-up care and enhanced suicide prevention services to adults residing in Manatee and Sarasota counties, placing a special emphasis on supporting victims of domestic violence. Centerstone's Suicide Prevention Program delivers services in a combination of settings, including telehealth and virtual options. Services provided include coordination of care transitions; suicide risk screening and assessment; crisis management and safety planning; individual and family therapy; counseling on access to lethal means, linkages to community services/specialized care, and peer support and advocacy. The program works actively with community partners and local stakeholders toward the goal of building and sustaining a comprehensive public health approach to suicide prevention. By providing community trainings, this program expands evidence-based practices for suicide prevention to effectively increase the competence and confidence of others to identify and assess those at risk, preventing suicide and suicide attempts. This grant has been in process since November 1, 2020, and is funded through March 1, 2022.

Guidance Care Center

Guidance Care Center provides rapid follow-up care and enhanced suicide prevention services to adults residing in Key West, Florida placing a special emphasis on supporting victims of domestic violence. The program is for adults over 25 and was funded through November 2021; outcomes will be available in 2022.

Lutheran Services Florida

Lutheran Services Florida (LSF) provided rapid follow-up care and enhanced suicide prevention services to adults residing in Duval County, placing a special emphasis on providing a safety net for individuals affected by domestic violence.

Between September 2020 and October 2021, LSF's Emergency Response for Suicide Prevention (LSF ESRP) team screened 144 individuals with domestic violence identified as a risk factor and enrolled 108 into a program. Grant data from November 2020-September 2021 show the following outcomes:

- 603 trained in Question, Persuade, Refer (QPR);
- 23 trained in Question, Persuade, Refer Train (QPRT) the trainer model;
- 208 orientations to domestic violence risk;
- 250 trained in Counseling on Access to Lethal Means (CALM); and
- 14 trained in Link to Life Care Coordination.

Florida Launch Engage Activate Departments and Systems for Zero Suicide Project

The Florida Launch Engage Activate Departments and Systems for Zero Suicide project is a five-year federally funded project through SAMHSA. The goal of the Florida Launch Engage Activate Departments and Systems for Zero Suicide project is to transform and improve suicide care practices, standards, and outcomes at the state and regional levels for adults aged 25 and older. Rooted in cultural competency and evidence-based research, the project utilizes the Zero Suicide framework to guide policies and practices relating to mental health screening, suicide risk assessment, safety planning, care coordination via adult mobile response teams (MRTs), and training in evidence-based modalities. Specifically, the aim of this project is to provide:

- Technical assistance and support to assist agencies, organizations, and providers to adopt Zero Suicide elements in policies and procedures (e.g., adoption of evidence-based screeners, enhancing clinical pathways, strengthening follow-up care practices)
- Training, technical assistance and support, and funding to expand adult mobile response teams;
- Suicide prevention training in Zero Suicide and Question, Persuade, Refer;
- Suicide intervention training in suicide risk assessment and management (SRAM), safety planning (CALM and Linc2Life), care coordination (LINC), and Dialectical Behavioral Therapy (DBT) for providers; and
- Suicide prevention and help-seeking messaging via the promotion and dissemination a social awareness campaign.

Project Partners and Targeted Regions

The FL LEADS project plans to partner with both state and regional partners across the state, and more specifically in the following counties[i]:

- Circuit 5: Citrus, Hernando, Lake, Marion, and Sumter
- Circuits 6 and 13: Hillsborough, Pasco, and Pinellas
- Circuit 8[ii]: Alachua, Baker, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Suwannee, and Union

Summary of Project Goals

- Build a collaborative network of community providers to adopt and implement Zero Suicide practices (via development of MOUs);
- Train 5,500 community members (caregivers and helping professionals) in evidence-based suicide prevention and intervention training programs;
- Provide crisis response services and follow-up care to 650 adults at risk of suicide;
- Disseminate and promote over 7,500 suicide prevention and social awareness messages;
- Reduce suicide risk and increase service utilization among adults 25+ at risk of suicide; and
- Evaluate the effectiveness of the ZS model and related training programs and services.

Project Achievements (04/01/2021 to date)

Collaborative Network:

To date, FL LEADS project has developed partnerships with the following agencies and providers to implement ZS components and practices:

- Statewide Office for Suicide Prevention and Office of Substance Abuse and Mental Health
- Department of Health
- Agency for Persons with Disabilities
- Department of Elder Affairs
- Lutheran Services Florida Health Systems
- Meridian Behavioral Health
- Molina Healthcare of Florida

[i] Targeted areas are subject to change if real-time data collected through the DOH shows high rates/spikes in suicide rates/other suicide-related indicators in new geographical areas
[ii] DCF circuits

- Florida Behavioral Health Association

Suicide Prevention & Intervention Training: (Note: trainings are now being offered to community partners; last two quarters have focused on developing partnerships and start-up)

The following training programs have been provided to project partners; total trained = 60:

- 2 Zero Suicide workshops, total trained 38
- 1 Linc2Life Safety Planning, total trained 10
- 1 Question, Persuade, Refer; total trained 12
- Training plans are being developed with Central Florida law enforcement, Meridian Behavioral Health, Molina Healthcare of Florida, True Health, LSF, Department of Elder Affair, Agency for Persons with Disabilities, and DOH.

Crisis Response Services:

- Training plans, including the adoption of the LINC care coordination model for MRTs are underway with Meridian Behavioral Health.

Social Awareness:

The FL LEADS project has developing a project website to highlight program goals, promote training opportunities, and disseminate educational resources. The FL LEADS project is also in the process of hosting a series of focus groups with community stakeholders to obtain recommendations on ways to increase awareness about suicide prevention and types of messaging to be shared and promoted throughout the state.

For more information about the FL LEADS Project, please contact Kim Gryglewicz, PhD, Principal Investigator/Project Director, 407-823-2954 or kgryglew@ucf.edu

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Florida State Health Improvement Plan

DOH collaborates with various partners to develop the State Health Improvement Plan (SHIP), which identifies key issues that impact the health of all Floridians. In 2021, the SHIP Steering Committee proposed seven priority health issues and topic areas for the 2022-2026 SHIP including:

1) Alzheimer's Disease and Related Dementias;
2) Mental Wellbeing and Substance Abuse Prevention;
3) Chronic Diseases and Conditions;

4) Transmissible and Emerging Diseases;
5) Injury, Safety and Violence;
6) Maternal and Child Health; and
7) Social and Economic Conditions Impacting Health.

Suicide is categorized under the Injury, Safety and Violence and the Mental Wellbeing and Substance Abuse Prevention priority healthy topic areas. As such, state suicide prevention partners are engaged with the SHIP to further collaborative prevention efforts.

Adjustments due to Coronavirus Disease – 2019 (COVID-19)

Overview

With local, state, and federal government public policy measures implemented to decrease the spread of Coronavirus Disease-2019 (COVID-19), concern arises for negative secondary outcomes, such as increased mental health difficulties and suicide risk. Increased social isolation and loneliness caused by social distancing regulations increases the likelihood of mental health difficulties, such as depression, anxiety, and suicide risk. Furthermore, economic instability and financial difficulties both directly and indirectly may lead to increased suicide risk[27]. The state of Florida is monitoring provisional 2021 suicide death data to assess for immediate impacts of COVID-19. Therefore, there have been no indications of a significant increase in suicide deaths within the state of Florida compared to previous years. Mitigation of potential long-term outcomes, however, continue to be a priority of the SOSP and the SPCC.

COVID-19 Specific Activities

The Suicide Prevention website has expanded to include resources specific for COVID-19. COVID-19 specific action items were included in the 2020-2023 Action Plan to foster long-term maintenance of suicide prevention efforts related to COVID-19. Furthermore, three agencies within Florida were awarded COVID-19 Emergency Response for Suicide Prevention Grants from SAMHSA (see Grants).

IMPOWER, a Florida non-profit organization, launched no-cost mental health and substance use counseling, medication, and other services for families and individuals needing help as a result of the pandemic. Available services include treatment for adults and children experiencing mental health and/or substance use difficulties, counseling services, psychiatric care, evaluation, treatment, and medication, and assistance with connecting to resources for medication assistance and other services essential to meeting basic human needs. These services are provided via telehealth to reach the largest number of Florida residents who have been impacted by COVID-19.

2021 SPCC Recommendations

The SPCC makes several recommendations to decrease deaths by suicide in Florida and to mobilize resources toward achieving goals outlined in the 2020–2023 Action Plan.

Policy-based Recommendations

The SPCC makes the following Legislative Policy recommendations:

1. Add Florida Violent Death Reporting System (FLVDRS) to Statute

DOH operates the FLVDRS and provided the following information and recommendation. The FLVDRS collects data from 25 counties: Miami-Dade, Duval, Broward, Palm Beach, Hillsborough, Pinellas, Orange, Osceola, Pasco, Nassau, Hamilton, Clay, Columbia, St. Johns, Union, Levy, Alachua, Baker, Bradford, Flagler, Gilchrist, Hardee, Highlands, Putnam, and Polk, and will be expanding to additional counties to cover the entire state. A contract is in place with USF for medical examiner and law enforcement report abstraction, outreach to law enforcement entities, and technical assistance with reviewing and analyzing FLVDRS data. Law enforcement's role in the FLVDRS is essential. Law enforcement data offer detailed information that can provide more insight into how and why a violent death occurred. The FLVDRS is a valuable source of comprehensive information that will aid in the design and implementation of injury and violence prevention and intervention efforts in Florida and inform the efforts of state and local suicide prevention stakeholders. Currently, the FLVDRS is in its fourth of four years of grant funding. The SPCC recommends that FLVDRS be statutorily mandated and funded beyond the life of the grant award. An example of a state that included NVDRS into its statutory language is Ohio (see Chapter 3701.01, Section 3701.93, Ohio violent death reporting system).

2. Support the Implementation of 9-8-8 as the National Suicide Prevention Lifeline Number

Florida's Lifeline member centers work diligently to keep members of our communities safe. From July 2020 to June 2021, Florida's Suicide Prevention Lifeline system saw a total of 88,945 calls. A call volume four times that amount is anticipated within the first year of 9-8-8 (July 2022 and June 2023). In 2020, 78 percent of Lifeline calls in Florida were answered in-state. When calls are not answered by a Florida Lifeline member center, they are re-routed out-of-state, resulting in Floridians in crisis waiting two to three times longer, ending calls prematurely, and receiving few linkages to much

needed local care. The SOSP received a grant, effective February 1, 2021-January 21, 2022, from Vibrant Emotional Health, the administrators of the NSPL, to assess the current status of the NSPL system within Florida and to collaborate with 9-8-8 stakeholders on the development of a strategic plan to guide Florida's implementation of 9-8-8. Florida is anticipating an estimated 306 percent increase in Lifeline communication volume (calls, chats, and texts), totaling 361,200 communications statewide during the first year of 9-8-8, based on historical patterns; likelihood of individuals choosing to use the 3-digit 9-8-8 number over local numbers; and the potential future 911 volume that may be serviced by 9-8-8 (instead of 911) based on historical 911 data, academic literature, and possible considerations around systems change related to 911 diversion. Call volume is estimated to increase exponentially over time, and particularly during the initial five years of the 9-8-8 implementation. Florida Lifeline Centers require adequate and sustainable funding to meet the demand of 9-8-8 implementation. Therefore, the SPCC recommends dedicated funding to support Florida Lifeline member centers.

3. Suicide Prevention Specialty License Plate

The SPCC recommends the creation of a suicide prevention specialty license plate to provide one sustainable source of funding 9-8-8 services and other statewide suicide prevention activities. The development of a suicide prevention specialty license plate will assist in the promotion of suicide prevention awareness while funding opportunities to implement suicide prevention/intervention activities statewide. The specialty plate will also support funding the Florida Lifeline infrastructure to allow Florida-based calls to be answered by a local center. According to section 320.08056, Florida Statutes, Florida legislation must be enacted to establish a new specialty license plate.

4. Expand Implementation of Evidence-Based Practices

The SPCC recommends funding the Department through the SOSP to implement and monitor evidence-based practices that focus on suicide prevention and intervention. The Department would create a grant program to fund evidence-based suicide prevention programs in schools and communities and Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP). CBT-SP is an evidence-based therapeutic approach to prevent re-attempts of suicide. The model uses a risk-reduction, relapse prevention approach that includes an analysis of risk factors and stressors (e.g., relationship problems, school, or work-related difficulties) leading up to and following the suicide attempt; safety plan development; skill building; and psychoeducation. CBT-SP utilizes family skill modules focused on family support and communication patterns as well as improving the family's problem-solving skills. Following implementation, it is important to continue to monitor the fidelity of evidence-based practices to ensure continued adherence to best practices overtime.

5. Support Governor's Challenge Efforts for Prevention in Service Members, Veterans, and Their Families, and the First Responder Suicide Deterrence Task Force

Service Members, Veterans, and their Families

Suicide death among Florida Veterans remain high, with 512, 577, and 553 Veterans lost to suicide in 2017, 2018, and 2019, respectively.[28] Florida houses the third largest number of Veterans, with over 1,500,000 Veterans residing in Florida in 2019, representing approximately 8 percent of Florida's population. [28] An example of current collaboration efforts is the Florida Governor's Challenge, an interagency military, Veteran, and civilian team working to develop and implement a strategic action plan to prevent suicide.

The Governor's Challenge team has started the implementation phase, however, does not currently have funding sources to support their efforts. Dedicated and sustainable funding is needed to ensure proper delivery and implementation of the action items within each priority area.

First Responder Suicide Deterrence Task Force

Initial results of a survey of 2,300 first responders, completed by the Department, in collaboration with the Florida Division of Emergency Management, indicated 49.8 percent of survey respondents rated work-related stress on a weekly basis as manageable, with the remaining 50.2 percent indicating their stress levels as acute, episodic, or chronic. Altruistic characteristics of first responders elevate their risk for mental health disorders and suicide as the desire to help exposes them to vicarious trauma and chronic stress amidst difficult working conditions. To help mitigate this risk for Florida first responders, The Florida First Responder Suicide Deterrence Task Force identified several recommendations in their inaugural annual report to reduce the incidence of suicide related behaviors. The SPCC recommends dedicated and sustainable funding for the activities of First Responder Suicide Deterrence Task Force to propel suicide prevention among Florida first responders forward.

6. Focus Efforts on Effective Means Safety Counseling Programs for Parents and Youth

As highlighted in the National Strategy for Suicide Prevention[1], addressing access to lethal means is imperative for suicide prevention efforts. Decreasing access to lethal means is one of the most effective strategies for decreasing suicide risk and is a key goal of the National Strategy for Suicide Prevention (Goal 6): "promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk" and is an included action item under "Strategy 1.3: Raise awareness on how to increase

safety" of the 2020 – 2023 Action Plan. Importantly, firearms were used in 53 percent and 55 percent of suicide deaths in 2019 and 2020, respectively. The duration of a suicidal crisis is often short – minutes to hours – therefore, means safety programs work to increase time and distance between an individual in suicidal crisis and a lethal means in order to maintain safety.

One area of particular concern where lethal means counseling programs can be effective, is in addressing youth and adolescent suicide risk.[29] For those aged 5–24, firearms were used in 49 percent and 54 percent of deaths by suicide in 2018 and 2019, respectively. Programs working with both parents and youth to increase safe storage practices for firearms and medications within the home can help decrease the chance of a youth suicide death.[30] The SPCC recommends that efforts focus on disseminating information on effective lethal means counseling programs. Furthermore, the SPCC recommends collaboration and partnership with ongoing firearm lethal means safety initiatives, such as Project ChildSafe,[31] which is a program of the National Shooting Sports Foundation for firearms safety and education awareness, with a focus on parents and youth.

Community and Individual-based Recommendations

The SPCC makes the following **recommendations** based on best-practice guidelines by the SPRC, CDC *Preventing Suicide: A Technical Package of Policy, Programs, and Practice,*[26] and the National Action Alliance for Suicide Prevention *Recommended Standard Care for People with Suicide Risk: Making Health Care Suicide Safe*.[32]

State and Community Agencies

1. Enhance awareness for suicide and suicide prevention by:
    a. Publishing or posting the National Suicide Prevention Lifeline on the homepage of agency/organization's websites and social media platforms, and facility waiting areas.
2. Utilize the Regional Outline for Expansion of Suicide Prevention Activities template in the 2020–2023 Action Plan to guide suicide prevention efforts.
3. Promote employee completion of suicide prevention trainings such as Counseling on Access to Lethal Means (CALM) and Applied Suicide Intervention Skills Training (ASIST).
4. Adopt *A Manager's Guide to Suicide Postvention in the Workplace.*

Clinics and Hospital Systems

1. Implement the Zero Suicide framework for safer suicide care.

2. Ensure healthcare professionals receive core competencies in suicide prevention.
3. Establish protocols for screening, assessment, intervention, and referrals that incorporate Counseling on Access to Lethal Means (CALM) into developed protocols.
4. Make timely supportive contacts (e.g., calls, texts, letters) the standard for individuals with increased risk for suicide after acute care admissions or when services are interrupted (e.g., missed appointment).
5. Work collaboratively with EDs and healthcare providers (health and behavioral health) to ensure continuity of care.

Healthcare Providers

1. Utilize evidence-based screening tool such as Patient Health Questionnaire-9 (PHQ-9) or Columbia-Suicide Severity Rating Scale (C-SSRS).
2. Establish protocols for risk screening, assessment, intervention, and referrals.
3. Train staff in suicide care practices and protocols, including safety. planning and lethal means counseling by completing the Counseling on Access to Lethal Means (CALM) course
4. Create agreements with specific behavioral health providers that will take referrals.
5. Disseminate educational materials to patients on suicide warning signs and steps to reach out for help in times of crisis.
6. Display the National Suicide Prevention Lifeline and Crisis Text Line in waiting areas.

Educational Institutions

1. Improve access to mental health services on campus and coordination of care to services off campus.
2. Implement social-emotional learning programs such as the Good Behavior Game in ages 6-10, and Youth Aware of Mental Health Program in ages 14-16 that teaches coping and problem-solving skills and resilience.
3. Display the National Suicide Prevention Lifeline, Crisis Text Line, and Trevor Project throughout all educational institutions.

Individuals, Families, and Friends

1. Learn the warning signs of suicide, ask direct questions about suicide, and seek help and support from mental health professionals and community resources.

2. Participate in social-emotional learning programs.
3. Ensure safety within the home by:
    i. Storing firearms with a gun lock and/or in a safe with ammunition stored separately.
    ii. Placing medications on a higher shelf and out of sight.
4. Encourage conversations about suicide to increase awareness in community settings such as salons, faith-based organizations, barbershops, etc. Use destigmatizing language when engaging in discussions about suicide and encourage others to do the same.

Faith-based Leaders

1. Adopt recommendations in the National Action Alliance for Suicide Prevention's guidance document for faith leaders, *Suicide Prevention Competencies for Faith Leaders: Supporting Life Before, During, and After a Suicidal Crisis.*

News Media and Communications Professionals

1. Adhere to safe reporting and messaging practices about suicide recommended by the National Action Alliance for Suicide Prevention and outlined in the *Recommendations for Reporting on Suicide* factsheet developed by the SAMHSA.

Special Populations Recommendations

Youth of Diverse Genders and Sexualities

Youth entrust adults (e.g., caregivers, school personnel, lawmakers) with their safety, livelihood, and education. Adults accept these responsibilities and work toward ensuring youth can achieve, thrive, and reach their full potential. While sharing similar experiences as their heterosexual peers, Florida youth of diverse genders and sexualities have heighted experiences of suicidal thoughts, plans, and attempts, bullying at school, and teasing or name calling because of their gender expression and/or sexual orientation.[23] Additionally, compared to their heterosexual counterparts, more students of diverse genders and sexualities did not attend school because they felt unsafe.[23] When institutions do not have explicit policies to ensure safety among youth of diverse genders and sexualities the youth experience increased suicidality, name calling and teasing, and feelings of unsafety which results in absenteeism. Research shows that youth of diverse genders and sexualities who had access to spaces that affirmed their sexual orientation and gender identity reported lower rates of attempting suicide than

those who did not.[33] The SPCC recommends recognizing youth of diverse genders and sexualities as a special population to increase efforts to mitigate the impact of suicide within the community.

Veterinarians

While pet owners are tasked with the day-to-day care of their pets, in an emergency, we call on the experts, veterinarians, to keep our companions safe. Veterinarians practice medicine wisely with compassion for both human and animal welfare but are more likely to die by suicide than the general population. Female veterinarians are 3.5 times more likely to die by suicide than the general population and male veterinarians are 2.1 times more likely.[34] The elevated risk for suicide among veterinarians is due to a combination of factors including personality (e.g., perfectionism), undergraduate training (e.g., high academic entry requirements for entry into veterinary schools), work-related stressors (e.g., long working hours, high client expectations, unexpected clinical outcomes), attitudes towards death and euthanasia, and access to and knowledge of lethal means (anesthesia and euthanasia).[35] Inclusion in statewide suicide prevention efforts can help advance and support initiatives set forth by Florida veterinary professionals to reduce suicide within the profession. The SPCC recommends recognizing veterinarians as a special population to increase efforts to mitigate the impact of suicide within the community.

Post-COVID-19 Pandemic Recommendations

Focus Efforts on Support During and Post-COVID-19 Pandemic

Local, state, and federal government public policy measures implemented to decrease the spread of COVID-19, while necessary, may have led to isolation and mental health difficulties that may increase the risk for suicide over time. Review of provisional data available on immediate impacts of COVID-19 and suicide risk within Florida does not indicate a significant increase. According to Crisis Text Line Trends, Florida is currently 48th of U.S. states ranked by crises related to suicide, suggesting it is one of the lowest in the nation. In 2020, nearly 40 percent of Florida Crisis Text Line user issues were related to depression, 20 percent were related to suicide and isolation/loneliness, and 5 percent were related to COVID-19.

It is important to monitor suicide-related trends over time and to monitor long-term impacts of COVID-19 on the mental health of Floridians. Messaging strategies should be targeted towards increasing positive coping strategies. In addition, resources should be expanded to focus on specific at-risk populations, including direct support of

survivors of domestic abuse and their providers, elderly, and the healthcare/frontline workforce. Furthermore, it is recommended that monitoring of suicide-related outcomes pre-, peri-, and post-pandemic continue, as it is necessary to develop and identify areas of increased need.

Appendix A: 2020 – 2023 Action Plan

Overview of the baseline and progress of each specific action item of the 2020 – 2023 Action Plan.

Focus Area		**Awareness**	**60 Percent**
Strategy	**1.1**	Improve access to suicide prevention resources through various media.	Status
Action Items	**1.1.1**	By June 2021, increase the number of Suicide Prevention Coordinating Council agencies that publish or post the National Suicide Prevention Lifeline number on the homepage of their websites and on social media platforms from three to ten agencies. Lead organization: Suicide Prevention Coordinating Council	Completed
	1.1.2	By September 2021 (extended to September 2022), create two public service announcements to be released on social media platforms and YouTube during Suicide Prevention Month. Lead agency: Department of Children and Families SAMH	In Progress – On Track
	1.1.3	By December 2020, increase the number of resources on the agency's website regarding suicide factors relating to intellectual and development disabilities and risk reduction from zero to five resources. Lead agency: Agency for Persons with Disabilities State Office	Completed
	1.1.4	By December 2020, increase the number of Managing Entities that post information and contact numbers about the Mobile Response Team services on their websites from zero to one. Lead agency: Department of Children and Families SAMH	Completed
	1.1.5	By July 2022, increase the number of individuals who become aware of suicide warning signs, risk factors, the National Suicide Prevention Lifeline, and 2-1-1 resources from zero to 75 percent by developing a brochure to include with application packets. Lead agency: Agency for Persons with Disabilities State Office	In Progress – On Track

	1.1.6	By June 2021, develop a suicide prevention webpage that links to national and state resources, and other Suicide Prevention Coordinating Council participating agency suicide prevention related information. Lead agency: Department of Health	Completed
	1.1.7	By December 2020, update and increase the number of resources on the COVID-19 and Suicide Prevention webpage, including resources specific for at-risk populations, such as the elderly and healthcare workforce. Lead agency: Department of Children and Families SAMH	Completed
	1.1.8	By December 2020, include COVID-19 specific messaging on improving social connectedness while maintaining safe physical distance. Lead agency: Department of Children and Families SAMH	Completed
Strategy	**1.2**	Improve quality of information available about suicide prevention in local communities.	Status
Action Items	**1.2.1**	By June 2022, use the Regional Outline for Expansion of Suicide Prevention Activities template that will show how local communities will further the goals of the Action Plan. Lead agencies: Department of Children and Families SAMH and Managing Entities	In Progress – On Track
	1.2.2	By June 2021, increase the number of case reviews from 0 to 60 to evaluate the involvement, consultative process, and effectiveness of the utilization of mental health professionals. Lead Agency: Department of Children and Families' Office of Child Welfare	Completed
	1.2.3	By June 2021 (extended to June 2022), provide a toolkit including suicide prevention education and resources to local departments of health in each of the 67 counties. Lead Agency: Department of Health	In Progress – On Track
Strategy	**1.3**	Raise awareness on how to enhance safety.	Status

Action Items	**1.3.1**	By April 2021, increase the number of resources on ways to enhance safety on the suicide prevention page of the website from zero to five. Lead Agency: Department of Children and Families SAMH	Completed
	1.3.2	By June 2022, increase the number of Floridians that take the *Counseling on Access to Lethal Means* (CALM) training by 20 percent from 926 trainees to 1,019. Lead Agency: Department of Children and Families SAMH	Completed
	1.3.3	By April 2021, increase the number of resources on firearm safety, including resources specific for firearm dealers and ranges from zero to five. Lead Agency: Department of Children and Families SAMH	Completed
Strategy	**1.4**	Increase the collection and analysis of suicide prevention data.	Status
Action Items	**1.4.1**	By June 2022, increase suicide prevention data on the suicide prevention website. Lead Agency: Department of Children and Families SAMH	Completed
	1.4.2	By December 2020, complete phase one of accessible county level suicide and mental health data through implementation of a mental health-suicide profile on Florida Health CHARTS (Community Health Assessment Resource Tool Set). Lead Agency: Department of Health	Completed
	1.4.3	By September 2021 (extended to June 2022), provide preliminary suicide related findings of data collected by the Florida Violent Death Reporting System to the Suicide Prevention Coordinating Council. Lead Agency: Department of Health	In Progress – On Track
	1.4.4	By June 2021 (extended to June 2022), provide findings from the Community Assessment for Public Health Emergency Response (CASPER). Lead Agency: Department of Health	In Progress – On Track
	1.4.5	By December 2020 (extended to June 2022), initiate a data inventory for use in a suicide prevention data surveillance plan. Lead Organization: Suicide Prevention Coordinating Council Data Analysis Workgroup	In Progress -On Track

	1.4.6	Collaborate with Department of Health in examining and comparing suicide related findings pre-, peri-, and post-COVID Lead Agency: Department of Children and Families SAMH and Department of Health	In Progress – On Track
Focus Area		**Prevention**	**50 Percent**
Strategy	**2.1**	Implement suicide prevention trainings.	Status
Action Items	**2.1.1**	By October 2022, increase the Area Agencies on Aging participation in programs related to suicide awareness and prevention to elders through the Older Americans Act Title III D program by 10 percent yearly increments from the established baseline. Lead Agency: Department of Elder Affairs	In Progress – On Track
	2.1.2	By June 2022, ensure the completion of Mock Suicide Drill Scenarios that are provided for all staff in Department of Juvenile Justice detention centers during each shift are maintained at 100 percent compliance. Lead agency: Department of Juvenile Justice	Completed
	2.1.3	By June 2021, increase the number schools who have completed youth suicide awareness and prevention training by 50 percent. Lead agency: Department of Education	Completed
	2.1.4	By June 2021 (extended to June 2022), increase suicide training for direct care staff to include 80 percent of all staff. Lead agency: Agency for Persons with Disabilities State Office	In Progress – On Track
	2.1.5	By December 2021 (extended to June 2022), introduce Preventing Suicide: A Technical Package of Policy, Programs, and Practice to partners and key stakeholders through the State Health Improvement Plan. Lead Agency: Department of Health	In Progress – On Track

	2.1.6	By June 2023, increase the number of staff who take a suicide prevention training or webinar from zero to 100 percent of staff throughout the six regions. Lead agency: Agency for Persons with Disabilities State Office	In Progress – On Track
Strategy	**2.2**	Increase suicide prevention efforts to target high-risk and special populations.	Status
Action Items	**2.2.1**	By June 2022, increase the number of Suicide Risk Screening Instruments that are rated as accurate within the Quarterly Technical Assistance Monitoring Tool from 89 percent to 95 percent. Lead agency: Department of Juvenile Justice	Completed
	2.2.2	By June 2021 (extended to June 2022), increase the number of suicide screenings in the Developmental Disability Centers from baseline to 75 percent. Lead agency: Agency for Persons with Disabilities State Office	In Progress – On Track
	2.2.3	By December 2020, increase the number of public service announcements on social media platforms to promote access to Mobile Response Team services from zero to three. Lead agency: Department of Children and Families	Completed
	2.2.4	By June 2021, engage with the construction and extraction industry workforce by identifying a representative from the industry to serve on the Suicide Prevention Interagency Action Plan/Planning and Evaluation committee. Lead agency: Department of Children and Families SAMH	Completed
	2.2.5	Starting January 2021, 100 percent of new volunteers will complete suicide prevention training as part of their required pre-service training. By March 31, 2021, update program policies to address best practices in advocating for children who are at high-risk of suicide. Lead Agency: Guardian ad Litem	Completed
Strategy	**2.3**	Adopt an evidence-based suicide prevention model.	Status

Action Items	**2.3.1**	By September 2023, increase the status of Zero Suicide implementation among state agencies to strengthen the public health approach to suicide prevention and intervention from zero to 60 percent. Lead agencies: Department of Children and Families SAMH and the Department of Health	In Progress – On Track
Focus Area		**Intervention**	**60 Percent**
Strategy	**3.1**	Facilitate interagency collaboration to improve access to mental health care and suicide intervention services.	Status
Action Items	**3.1.1**	By June 2022, increase referral of youth to a mental health clinician and initiate suicide precautions when suicide risk factors are identified from 96 percent to 100 percent in the detention facilities. Lead agency: Department of Juvenile Justice	Completed
	3.1.2	By June 2022, increase the number of cases handled through care coordination contact with veterans and their families by 20 percent from the established baseline. Lead Organizations: Crisis Center of Tampa Bay and the Florida Veterans Support Line	In Progress – On Track
	3.1.3	Beginning June 2021 increase the number of behavioral health providers serving Veterans who are listed in the Florida 211 Directory Service or similar resource guide from its current listing of 680 providers by 5 percent yearly. Lead agency: Department of Veterans' Affairs	In Progress – On Track
Strategy	**3.2**	Promote the use of evidence-based interventions that target suicide risk.	Status
Action Items	**3.2.1**	By June 2021, increase the number of *Applied Suicide Intervention Skills Training* (ASIST) from zero to four trainings with the intention of reaching 30 percent attendance by service members, veterans, or their families. Lead organizations: Crisis Center of Tampa Bay and the Florida Veterans Support Line	Completed

	3.2.2	By June 2021, increase the number of statewide trainings for school-based mental health service providers (school psychologists, school social workers, school counselors, and licensed mental health professionals employed by schools) on suicide risk assessment from zero to three. Lead agency: Department of Education	Completed
Focus Area		**Caring Follow-up and Support**	**33 Percent**
Strategy	**4.1**	Implement caring follow-up and support training in the workplace.	Status
Action Items	**4.1.1**	By December 2021 (extended to December 2022), increase the number of state agencies that adopt *A Manager's Guide to Suicide Postvention in the Workplace* from zero to five. Lead Agency: Department of Children and Families SAMH	In Progress – On Track
Strategy	**4.2**	Provide resources that assist with caring follow-up and support.	Status
Action Items	**4.2.1**	By December 2021, increase the number of caring follow-up and support resources on the suicide prevention page of the website from zero to five. Lead Agency: Department of Children and Families SAMH	Completed
	4.2.2	By March 31, 2021 (extended to March 2022), establish a formal policy for providing support to Guardian ad Litem staff and volunteers after a critical incident such as a child fatality. Lead Agency: Guardian ad Litem	In Progress – On Track

Appendix B: Key Definitions

Definitions of terms for suicide and self-directed violence by the CDC,[36] the SPRC,[37] and other suicide-based resources are described below.[38] For more information and a broader list, please visit: https://www.sprc.org/about-suicide/topics-terms.[37]

Term	**Definition**
Assessment or Screening	A comprehensive evaluation, usually performed by a clinician, to confirm suspected suicide risk in a patient, estimate the immediate danger, and decide on a course of treatment.
At-risk	Characterized by a high level of risk for suicide and/or a low level of protection against suicide risk factors. Note that most members of any at-risk group will not display warning signs, attempt suicide, or die by suicide.
Evidence-based practices	Suicide prevention activities that have been found effective by rigorous scientific evaluation.
Gatekeeper Training	Programs that teach individuals who routinely have personal contact with many others in their community to recognize and respond to people at potential risk of suicide.
Help-seeking	Seeking care or assistance for emotional distress, a mental health condition, or suicidal thoughts.
Intervention	An activity or set of activities designed to decrease risk factors or increase protective factors.
Lived Experience	Knowledge gained from having lived through a suicide attempt or suicidal crisis.[38]
Means	Objects, instruments, and methods used by people in suicide attempts.
Means Safety	Techniques, policies, and procedures designed to reduce access or availability to means and methods of deliberate self-harm.[12] *Also known as means restriction.*

Nonsuicidal Self-injury (NSSI)	Injury inflicted by a person on himself or herself deliberately, but without intent to die.
Postvention	Activities following a suicide to help alleviate the suffering and emotional distress of the survivors and prevent additional trauma and contagion.
Prevention	Activities implemented prior to the onset of an adverse health outcome and designed to reduce the potential that the adverse health outcome will take place.
Protective Factor	An attribute, characteristic, or environmental exposure that decreases the likelihood of a person's developing a disease or injury given a specific level of risk.
Risk Factor	Any attribute, characteristic, or exposure of an individual that increases the likelihood of developing a disease or injury. A risk factor does not necessarily cause a disease but can contribute to negative health outcomes in combination with other risk factors and events.
Safe messaging	Media or personal communications about suicide or related issues that do not increase the risk of suicidal behavior in vulnerable people, that may increase help-seeking behavior and support for suicide prevention efforts.
Self-Directed Violence	Anything a person does intentionally that can cause injury to self, including death.
Suicidal Behaviors	Suicide, suicide attempts, suicidal ideation, and planning/preparation done with the intent of attempting or dying by suicide.
Suicidal Crisis	A suicide attempt or an incident in which an emotionally distraught person seriously considers or plans to imminently attempt to take their own life.
Suicidal Ideation	Thoughts of engaging in suicide-related behaviors.
Suicide	Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Suicide Attempt	A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury
Suicide Attempt Survivor	A person who has attempted suicide but did not die.
Suicide Loss Survivor	A person who has lost a family member, friend, classmate, or colleague to suicide.
Suicide Plan	An individual's thinking about a suicide attempt that includes elements such as a timeframe, method, and place.
Warning Signs	Behaviors and symptoms that may indicate that a person is at immediate or serious risk for suicide or a suicide attempt.

Appendix C: Group Memberships

2021 SPCC Council Members and Designees

Representing	Appointed Official	Designee
Statewide Office for Suicide Prevention	Chair, *non-voting member* (Anna Gai through 12/2/2021 – currently vacant)	
1. Florida Association of School Psychologists	Dr. Gene Cash	
2. Florida Sheriffs Association	Matt Dunagan	
3. Florida Initiative of Suicide Prevention	Helen Leitch	
4. Florida Suicide Prevention Coalition	Steve Roggenbaum	
5. American Foundation of Suicide Prevention	Tara Sullivan Larsen	
6. Florida School Board Association	Karen Brill	
7. National Council for Suicide Prevention	Dr. Dan Reidenberg	
8. State Chapter of AARP	Dorene Barker	
9. Florida Behavioral Health Association	Ute Gazioch	
10. Florida Counseling Association	Dr. Carly Paro	
11. NAMI Florida	Cindy Foster	
12. Florida Medical Association	Dr. Ryan Hall	
13. Florida Osteopathic Medical Association	Dr. Ramsey Pevsner	

14. Florida Psychiatric Society	Dr. Daniel Castellanos	
15. Florida Psychological Association	Dr. Carolyn Stimel	
16. Veterans Florida	Joe Marino	
17. Florida Association of Managing Entities	Natalie Kelly	
18. Secretary of Elder Affairs	Richard Prudom	Gretta Jones
19. State Surgeon General (DOH)	Dr. Joseph Ladapo	Shay Chapman
20. Commissioner of Education	Richard Corcoran	Beverley Wilks
21. Secretary of Health Care Administration	Simone Marstiller	Dr. Timothy Buehner
22. Secretary of Juvenile Justice	Josefina Tamayo	Dr. Tracy Shelby
23. Secretary of Corrections	Mark Inch	Dr. Dean Aufderheide
24. Commissioner of Florida Department of Law Enforcement	Rick Swearingen	Matthew Walsh
25. Executive Director of Department of Veterans Affairs	James Hartsell	Al Carter/ Roy Clark
26. Secretary of Department of Children and Families	Shevaun Harris	Erica Floyd-Thomas/ Meghan Collins
27. Executive Director of Department of Economic Opportunity	Dane Eagle	Derrick Elias
28. Secretary of Department of Transportation	Kevin Thibault	Lora Hollingsworth
29. – 32. Governor's Appointees	Vacant	

SPCC Planning and Evaluation Committee Members

Cory Smith (Chair), Department of Health

Alan Mai, Department of Health, Community Health Promotion

Al Carter, Department of Veterans Affairs

Amanda Regis, Department of Children and Families, Statewide Office for Suicide

Anna Gai, Department of Children and Families, Statewide Office for Suicide Prevention

Bryan Mingle, Lutheran Services Florida Health Systems

Bryan Russell, Department of Health, Disability and Health

Elizabeth Nettles, Lutheran Services Florida Health Systems

Heather Allman, Department of Children and Families SAMH

Dr. Heather Flynn, Florida State University, Center for Behavioral Health Integration

Jane Bennett, Florida Suicide Prevention Coalition

Jennifer Elmore, Florida Department of Elder Affairs

Dr. Keshia Reid, Department of Health, Office of Public Health Research

Dr. Kim Gryglewicz, University of Central Florida

Dr. Kristin Korinko, Agency for Persons with Disabilities

Laurie Blades, Guardian Ad Litem

Lynn Schultz, Building Healthy Military Communities

Margie Menzel, Guardian Ad Litem

Dr. Martha Mason, Agency for Persons with Disabilities

Mary Hodges, Department of Elder Affairs

Na'Keisha Phillips, Department of Children and Families

Tara Sullivan Larsen, American Foundation of Suicide Prevention

Dr. Owen Quinonez, Department of Health, Minority Health and Health Equity

Dr. Timothy Buehner, Agency for Health Care Administration

SPCC Special Population Committee Members

Amanda Regis (Chair), Department of Children and Families, Statewide Office for Suicide Prevention

Al Carter, Florida Department of Veterans Affairs

Dr. Allison Ventura, University of Florida, College of Medicine- Jacksonville

Angela Gambino, Central Florida Cares Health System

Anna Gai, Department of Children and Families, Statewide Office for Suicide Prevention

Bryan Mingle, Lutheran Service Florida Health Systems

Dr. Carly Paro, Florida Counseling Association

Dr. Carolyn Stimel, Florida Psychological Association

Dr. Cherie Buisson, Florida Veterinary Medical Association

Dr. David Kirk, Florida Psychological Association

Dorene Barker, AARP Florida

Gretta Jones, Department of Elder Affairs

Heather Allman, Department of Children and Families SAMH

Ian Siljestrom, Equality Florida Action, Inc.

Lora Hollingsworth, Florida Department of Transportation

Mark Eacker, Florida Department of Transportation

Dr. Martha Mason, Agency for Persons with Disabilities

Mary Hodges, Department of Elder Affairs

Dr. Philip Richmond, Florida Veterinary Medical Association

Florida First Responder Suicide Deterrence Task Force Members

Representing	Appointed Official
1. Florida Professional Firefighters' Association	Mike Salzano, *Chair*
2. Florida Police Benevolent Association	Michael "Mick" McHale
3. Florida State Lodge of the Fraternal Order of Police	Rob Strout
4. Florida Sheriffs Association	Matt Dunagan Allie McNair
5. Florida Police Chiefs Association	Chief Charles Vazquez
6. Florida Fire Chiefs Association	VACANT
Non-voting members	
7. Statewide Office for Suicide Prevention	Anna Gai
8. Florida Department of Law Enforcement	Matt Walsh
9. Florida Department of Highway Safety and Motor Vehicles	Captain Derrick Rahming
10. Retired Firefighter	Ryan Gallik
11. Miami Gardens Police Department	Tim Adams, Michael Dillon, and Sam Espinosa
12. Miami Gardens Police Department Crime Scene Unit	Willard Delancy
13. St. Petersburg College	Mary VanHaute, *co-chair*

14. Florida Division of Emergency Management	Darcy Abbott
15. 2nd Alarm Project	Kellie O'Dare Lance Butler
16. Florida Hero Helpline/Last to Ask for Help campaign	Debra Harris, Crisis Center of Tampa Bay
17. South Trail Fire and Rescue, AC of Operations	David Bollen
18. Licensed Mental Health Counselor, Compassion Focus Counseling	Alisha Singh
19. Lee County EMS	Nicci Reed
20. Reedy Creek Fire Department, Ret.	Keith Cartwright

2021 Suicide Prevention Resource Center Community of Practice Participants

Alan Mai (State Team Liaison), Department of Health

Amanda Regis (State Team Liaison), Department of Children and Families, Statewide Office for Suicide Prevention

Anna Gai, Department of Children and Families, Statewide Office for Suicide Prevention

Cory Smith, Department of Health

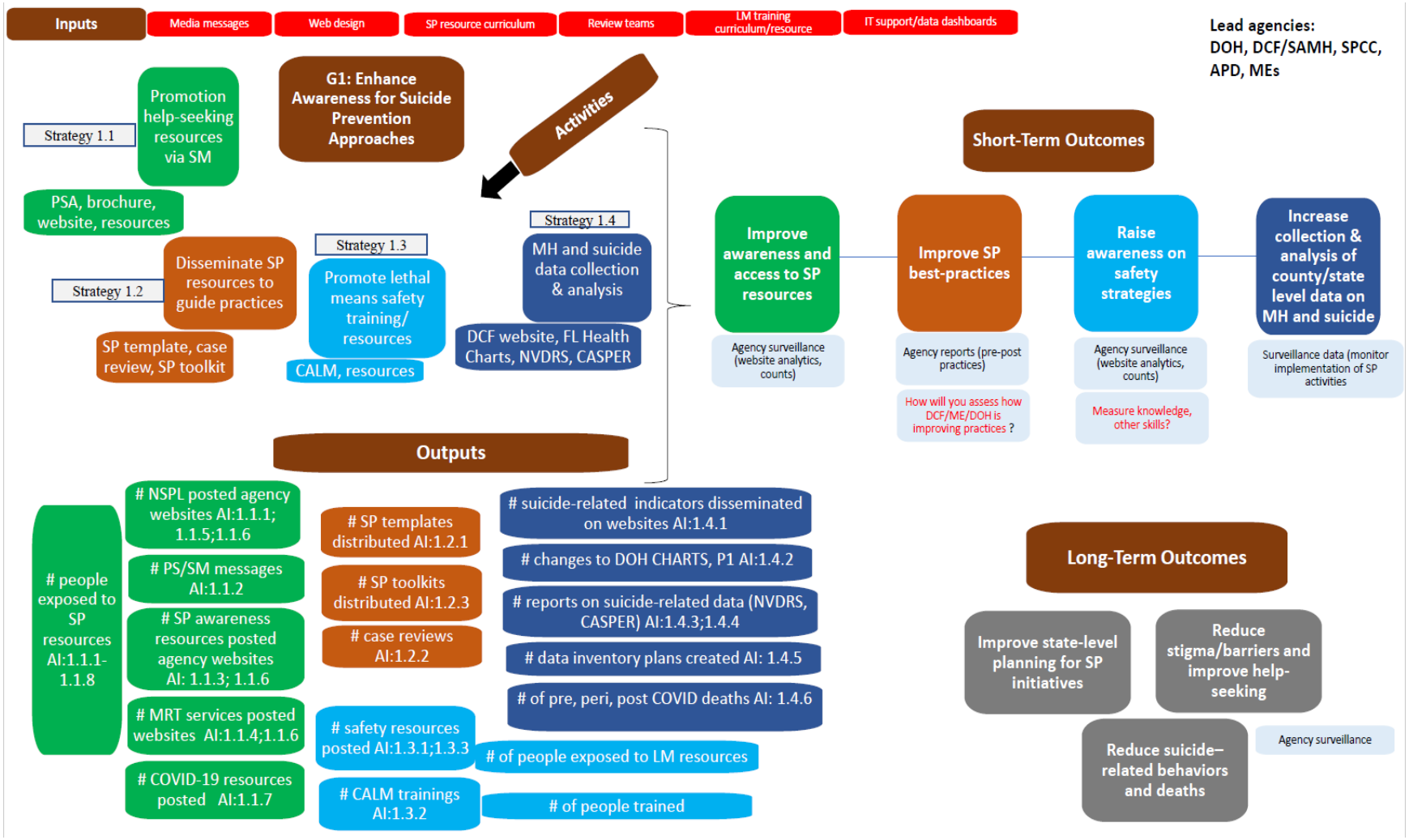
Heather Allman, Department of Children and Families, SAMH

Lauren Stentz, Florida Department of Veterans' Affairs

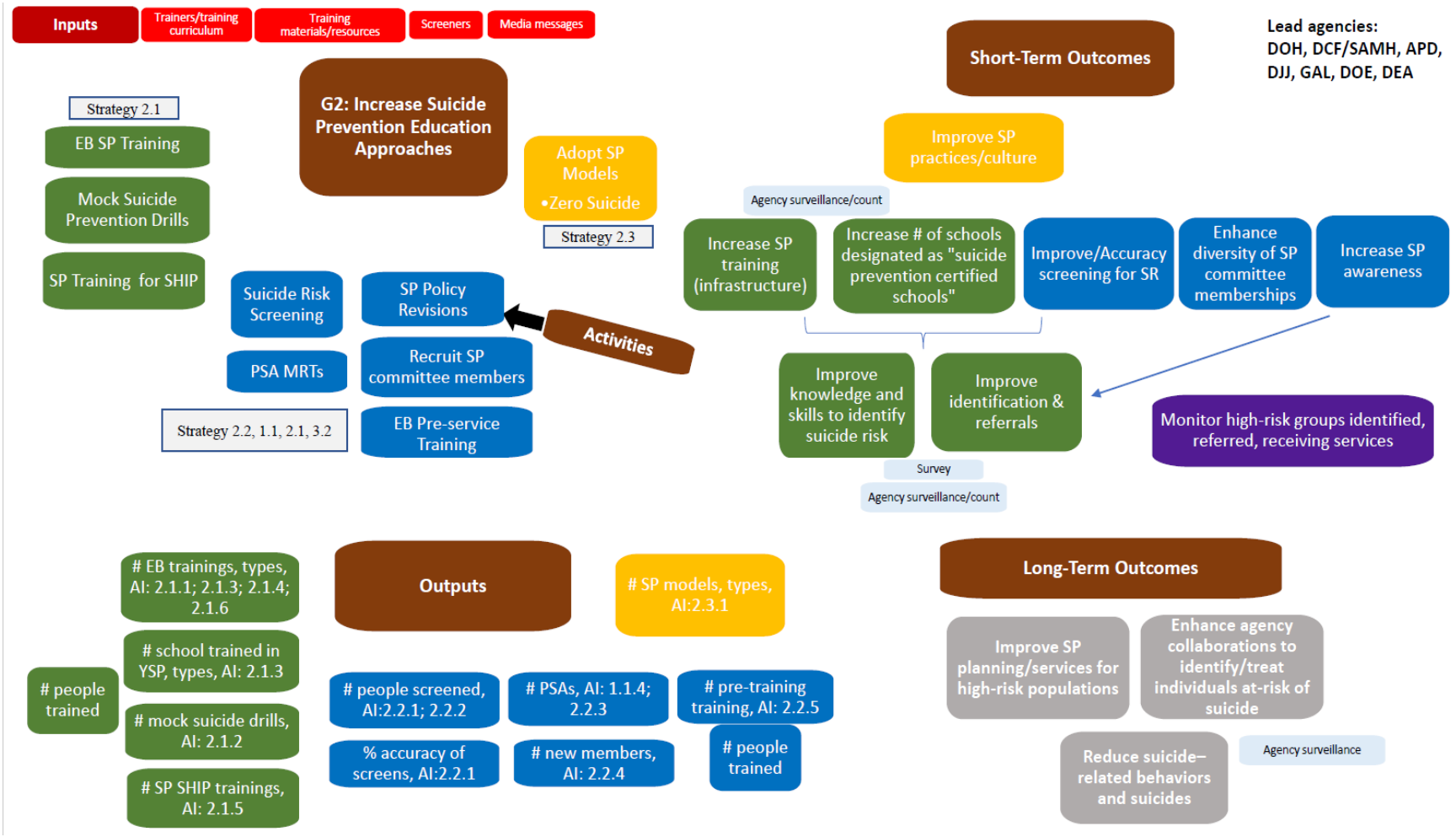
Rhonda Jackson, Florida Department of Health

Appendix D: 2020 – 2023 Action Plan Logic Models

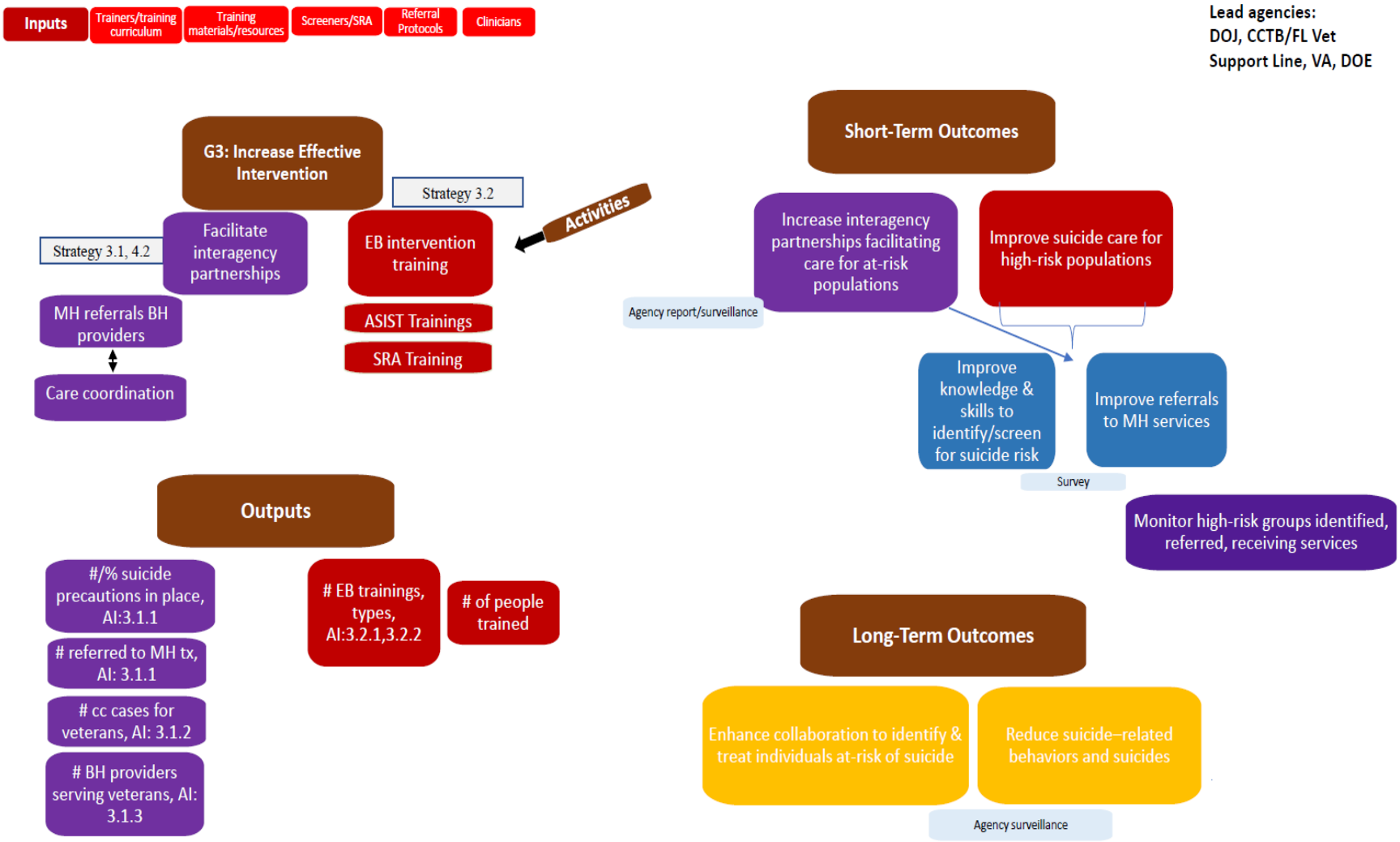
Logic Model for Focus Area 1: Awareness



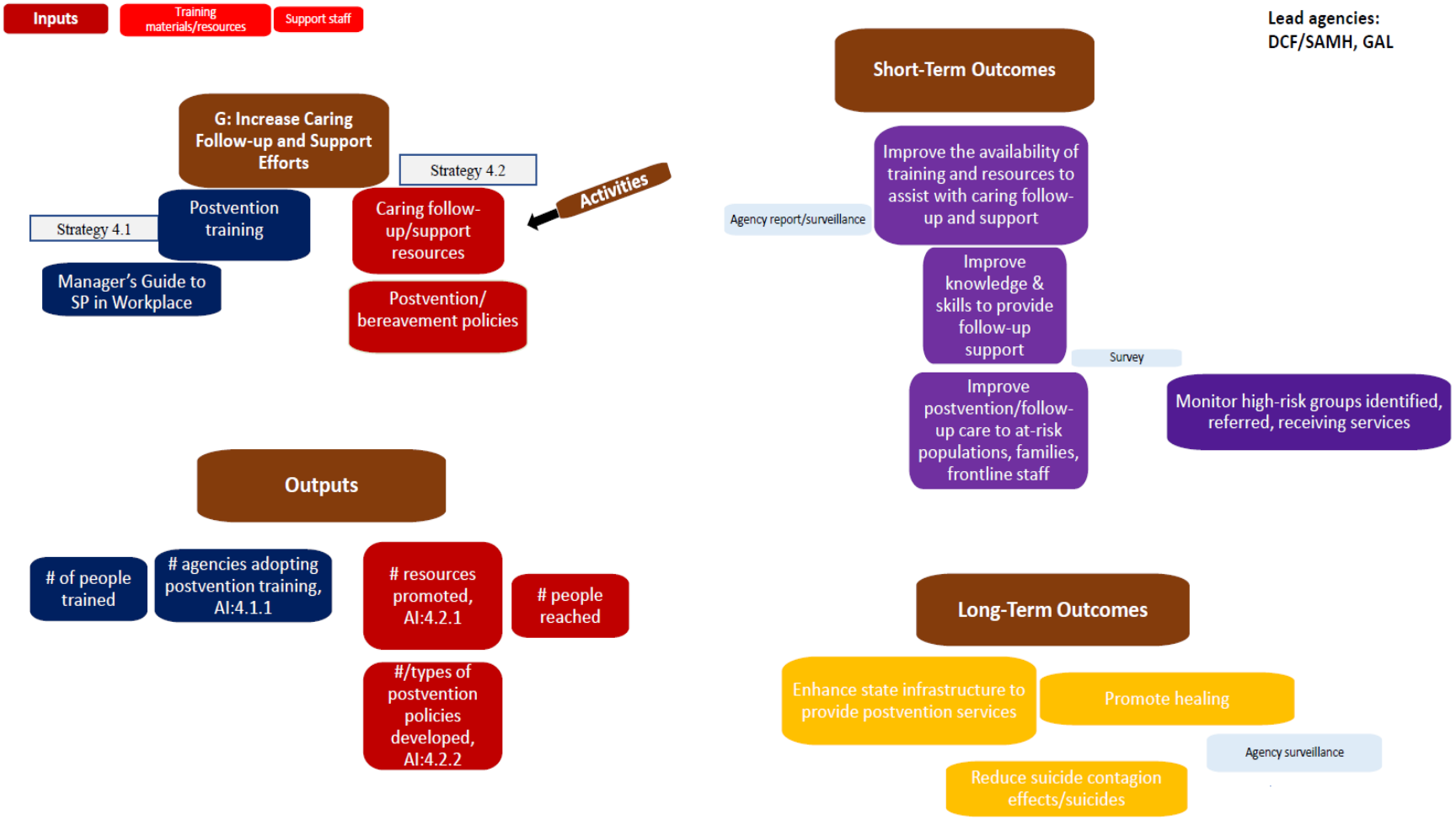
Logic Model for Focus Area 2: Prevention



Logic Model for Focus Area 3: Intervention



Logic Model for Focus Area 4: Caring Follow-up and Support



References

1. Office of the Surgeon General (US & National Action Alliance for Suicide Prevention (US. 2012 national strategy for suicide prevention: goals and objectives for action: a report of the US Surgeon General and of the National Action Alliance for Suicide Prevention. (2012).
2. Centers for Disease Control and Prevention National Center for Injury Prevention and Control (2021) Web-based Injury Statistics Query and Reporting System (WISQARS).
3. Ahmad, F. B. & Anderson, R. N. The Leading Causes of Death in the US for 2020. *JAMA* 325, 1829–1830 (2021).
4. Curtin, S., Hedegaard, H., & Ahmad, Farida B. *Provisional numbers and rates of suicide by month and demographic characteristics: United States, 2020*. https://stacks.cdc.gov/view/cdc/110369 (2021) doi:10.15620/cdc:110369.
5. Johns, M. M. *et al.* Trends in Violence Victimization and Suicide Risk by Sexual Identity Among High School Students - Youth Risk Behavior Survey, United States, 2015-2019. *MMWR Suppl.* 69, 19–27 (2020).
6. Substance Abuse and Mental Health Services Administration. (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/
7. Van Orden, K. A. *et al.* The interpersonal theory of suicide. *Psychological Review* 117, 575 (2010).
8. O'Connor, R. C. & Kirtley, O. J. The integrated motivational–volitional model of suicidal behaviour. *Philosophical Transactions of the Royal Society B: Biological Sciences* 373, 20170268 (2018).
9. Klonsky, E. D. & May, A. M. The three-step theory (3ST): A new theory of suicide rooted in the "ideation-to-action" framework. *International Journal of Cognitive Therapy* 8, 114–129 (2015).
10. Rudd, M. D. *et al.* Warning signs for suicide: Theory, research, and clinical applications. *Suicide and Life-Threatening Behavior* 36, 255–262 (2006).
11. Dazzi, T., Gribble, R., Wessely, S. & Fear, N. T. Does asking about suicide and related behaviours induce suicidal ideation? What is the evidence? *Psychological Medicine* 44, 3361–3363 (2014).
12. Yip, P. S. *et al.* Means restriction for suicide prevention. *The Lancet* 379, 2393–2399 (2012).
13. Gunnell, D. *et al.* Prevention of suicide with regulations aimed at restricting access to highly hazardous pesticides: a systematic review of the international evidence. *Lancet Global Health* 5, e1026–e1037 (2017).
14. Berman, A. L., Athey, A. & Nestadt, P. Effectiveness of restricting access to a suicide jump site: a test of the method substitution hypothesis. *Injury Prevention* (2021).
15. Okolie, C. *et al.* Means restriction for the prevention of suicide by jumping. *Cochrane Database System Review* (2020).

16. Kovacs, M. & Garrison, B. Hopelessness and eventual suicide: A 10-year prospective study of patients hospitalized with suicidal ideation. *American Journal of Psychiatry* 1, 559–563 (1985).
17. Shneidman, E. S. *Suicide as psychache: A clinical approach to self-destructive behavior*. (Jason Aronson, 1993).
18. Baumeister, R. F. Suicide as escape from self. *Psychological Review* 97, 90 (1990).
19. Corrigan, P. How stigma interferes with mental health care. *American Psychologist* 59, 614 (2004).
20. Link, B. G., Phelan, J. C., Bresnahan, M., Stueve, A. & Pescosolido, B. A. Public conceptions of mental illness: labels, causes, dangerousness, and social distance. *American Journal of Public Health* 89, 1328–1333 (1999).
21. Bauer, B. W. & Capron, D. W. How Behavioral Economics and Nudges Could Help Diminish Irrationality in Suicide-Related Decisions. *Perspectives on Psychological Science* 15, 44–61 (2020).
22. State Suicide Prevention Infrastructure | Suicide Prevention Resource Center. https://www.sprc.org/state-infrastructure.
23. Centers for Disease Control and Prevention (CDC). YRBSS | Youth Risk Behavior Surveillance System | Data | Adolescent and School Health | CDC. https://www.cdc.gov/healthyyouth/data/yrbs/index.htm (2021).
24. Elnour, A. A. & Harrison, J. Lethality of suicide methods. *Injury Prevention* 14, 39–45 (2008).
25. Department of Veterans Affairs. National Strategy for Preventing Veteran Suicide: 2018–2028. *Wash. DC US Department of Veterans Affairs* (2018).
26. Stone, D. M. *et al.* Preventing suicide: A technical package of policies, programs, and practice. (2017).
27. Reger, M. A., Stanley, I. H. & Joiner, T. E. Suicide mortality and coronavirus disease 2019—a perfect storm? *JAMA Psychiatry* 77, 1093–1094 (2020).
28. National Center for Veterans Analysis and Statistics US Department of Veterans Affairs. Veteran Population Fiscal Year 2019. https://www.va.gov/vetdata/veteran_population.asp.
29. Stanley, I. H., Hom, M. A., Sachs-Ericsson, N. J., Gallyer, A. J. & Joiner, T. E. A pilot randomized clinical trial of a lethal means safety intervention for young adults with firearm familiarity at risk for suicide. *Journal of Consulting and Clinical Psychology* 88, 372 (2020).
30. Houtsma, C., Butterworth, S. E. & Anestis, M. D. Firearm suicide: pathways to risk and methods of prevention. *Current Opinion Psychology* 22, 7–11 (2018).
31. Home. *Project ChildSafe* https://projectchildsafe.org/.
32. National Action Alliance for Suicide Prevention. Recommended standard care for people with suicide risk: Making health care suicide safe. *Education Development Center Inc* (2018).
33. The Trevor Project. *The Trevor Project National Survey*. https://www.TheTrevorProject.org/survey-2021/ (2021).
34. Tomasi, S. E. *et al.* Suicide among veterinarians in the United States from 1979 through 2015. *Journal of the American Veterinary Medical Association* 254, 104–112 (2019).
35. Stoewen, D. L. Suicide in veterinary medicine: Let's talk about it. *The Canadian Veterinary Journal* 56, 89 (2015).

36. Crosby, A., Ortega, L. & Melanson, C. Self-directed violence surveillance; uniform definitions and recommended data elements. (2011).
37. Topics and Terms | Suicide Prevention Resource Center. https://www.sprc.org/about-suicide/topics-terms.
38. National Action Alliance for Suicide Prevention Suicide Attempt Survivors Task Force. The Way Forward: Pathways to hope, recovery, and wellness with insights from lived experience. *National Action Alliance for Suicide Prevention* (2014).