



**2014 Annual Report of the Suicide Prevention Coordinating
Council**

Prepared Pursuant to s. 14.20195, F.S.

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

Submitted: January 1, 2015

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I. Purpose

Section 14.20195(c), F.S., requires the Suicide Prevention Coordinating Council 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 report must identify from the Statewide Plan for Suicide Prevention:

- The status of existing and planned initiatives; and,
- Any recommendations arising from initiatives.

II. Data and Information

The information presented in this section provides the most recent prevalence rates for suicide, both on the national and state level. Florida’s suicide rate per 100,000 population in 2012 was higher at 15.2 than the national rate at 12.6. There was a decrease in Florida’s rates from 2012 to 2013.

National

The national suicide rate for 2012, which is the most recent data available from the Center for Disease Control and Prevention (CDC), is summarized below:¹

- In 2012, suicide was the tenth leading cause of all deaths in the United States.
- The rates for the top ten leading causes of death decreased or held steady from 2011 to 2012, with the exception of the rate for suicide.
- In 2011, deaths per 100,000 population due to suicide was 12.3, which increased to 12.6 per 100,000 population in 2012.

Florida

Data related to the suicide rate in Florida, as reported in the *2013 Vital Statistics Annual and Provisional Report*² are summarized below:

- The total number of deaths due to suicide in 2013 was 2,892 - 7.9 deaths per day.
- The suicide rate per 100,000 population in 2013 was 15.0.
- Suicide was ranked as the 9th leading cause of death in Florida in 2013.

Table 1: Florida’s Suicide Rate per 100,000 Population in 2013

Age Group	Suicide Rate per 100,000 Population	Ranking Among the Top Five Causes of Death
15 - 24	9.4	3 rd leading cause of death
25 - 34	14.3	2 nd leading cause of death
35 - 44	17.9	4 th leading cause of death
45 - 54	23.7	4 th leading cause of death

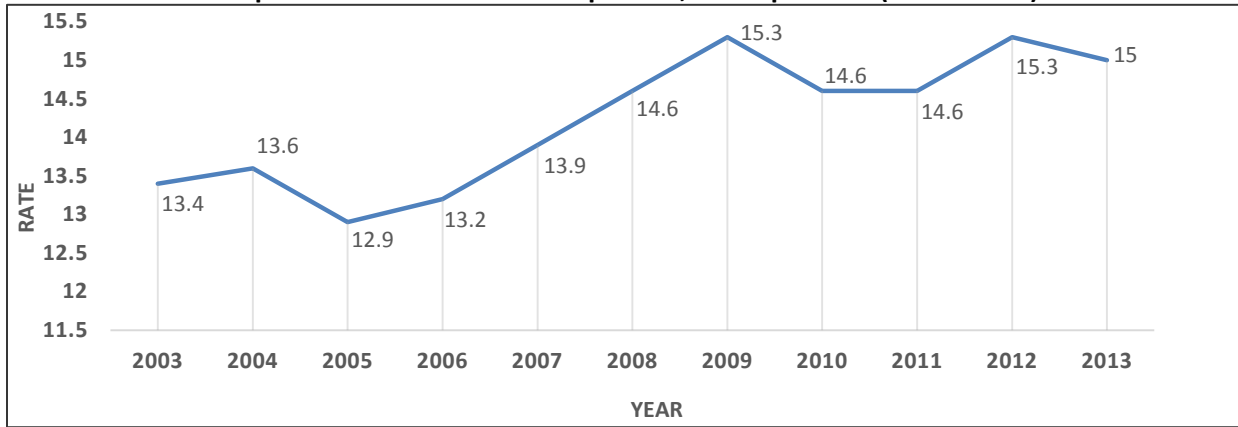
Data Source: CHART D-4: RESIDENT DEATHS FOR LEADING CAUSES AND RATES PER 100,000 POPULATION, BY AGE GROUP, FLORIDA, 2013: *Florida Vital Statistics Annual Report (2013)*³

¹ See, <http://www.cdc.gov/nchs/data/databriefs/db168.htm>, site accessed December 3, 2014.

² See, <http://www.flpublichealth.com/VSBOOK/pdf/2013/Deaths.pdf>, site accessed December 5, 2014.

³ See, <http://www.flpublichealth.com/VSBOOK/pdf/2013/Deaths.pdf>, site accessed December 5, 2014.

Graph 1: Florida's Suicide Rate per 100,000 Population (2003 - 2013)



Data Source: CHART D-4: RESIDENT DEATHS FOR LEADING CAUSES AND RATES PER 100,000 POPULATION, BY AGE GROUP, FLORIDA, 2013: *Florida Vital Statistics Annual Report (2013)*⁴

⁴ See, <http://www.flpublichealth.com/VSBOOK/pdf/2013/Deaths.pdf>, site accessed December 5, 2014.

III. 2011-15 Goals for Suicide Prevention

The National Strategy for Suicide Prevention (National Strategy)⁵ was issued in 2001 by the U.S. Surgeon General to launch an organized effort to prevent suicide across the nation. The National Strategy was updated in 2012, representing a new approach to enlist all Americans in the effort to prevent suicide. States were subsequently encouraged to update their statewide suicide prevention plans to reflect these changes. The Statewide Office of Suicide Prevention (SOSP), in coordination with the Council, revised the 2011 - 2015 Statewide Plan for Suicide Prevention to align goals and objectives with the 2012 National Strategy. The SOSP will work in partnership with the Council and key stakeholders around the state to update the Statewide Plan for Suicide Prevention in 2015.

I. Strategic Direction: Healthy and Empowered Individuals, Families, and Communities

- **GOAL 1: Promote awareness that suicide is a preventable public health problem and reduce stigma associated with being a consumer of mental health, substance abuse and suicide prevention services**
 - Objective 1.1: By June 30, 2015, the Suicide Prevention Coordinating Council (SPCC) will identify and utilize at least three strategies for disseminating information to agencies and key stakeholders to increase awareness of the risk and protective factors and intervention skills related to suicide prevention.
 - Objective 1.2: By September 30, 2015, the SPCC will identify and utilize at least three strategies to promote public understanding of mental health and substance abuse disorders, to include; positive responses to treatment, biological factors, and environmental factors such as discrimination and limited understanding of living with mental illness.

II. Strategic Direction: Clinical and Community Preventive Services

- **GOAL 2: Create collaborations and networks that support common goals in suicide prevention**
 - Objective 2.1: By June 30, 2015, the SPCC will identify and utilize at least three strategies to strengthen suicide prevention efforts among agencies and key stakeholders, to include the dissemination of evidenced based and best practice related information and resources.
 - Objective 2.2: By December 30, 2014, the SPCC will identify available resources to support the implementation of the revised statewide plan and develop strategies to utilize them, to include public and private agencies, coalitions and other key stakeholders.

- **GOAL 3: Promote the development and implementation of effective practices and evidence-based suicide prevention, intervention and postvention programs.**

⁵ See, http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full_report-rev.pdf, site accessed December 3, 2014.

- Objective 3.1: By September 30, 2015, the SPCC will identify and utilize at least three strategies to promote the implementation of suicide prevention programs in organizations and institutions that serve individuals and families, to include training that addresses the recognition of at-risk behaviors and interventions skills.
- Objective 3.2: By December 30, 2015, the SPCC will identify and utilize at least three strategies to promote the development and implementation of clinical and professional practices for delivery of effective treatment.

III. Strategic Direction: Treatment and Support Services

- **GOAL 4: Improve community access to mental health and substance abuse services.**
 - Objective 4.1: By September 30, 2015, the SPCC will identify at least three strategies to increase continuity of care for at-risk individuals through sustainable service linkages at the local, regional and state levels with all relevant providers and disseminate that information to relevant key stakeholders.

IV. Strategic Direction: Surveillance, Research, and Evaluation.

- **GOAL 5: Increase the usefulness of national and state level surveillance data to inform suicide prevention and intervention efforts**
 - Objective 5.1: By March 30, 2015, the SPCC will identify available data and strategies on how to use these data to guide suicide prevention efforts in Florida, which includes the identification of and circumstances related to high risk populations.

IV. Status of Existing and Planned Initiatives

There are many suicide prevention activities in local communities around the state that provide a foundation for moving the State's Suicide Prevention Plan forward. The existing and planned activities highlighted below were identified by Council members in response to a survey and during the 2014 quarterly Council meetings. This summary is not inclusive of all suicide prevention activities that occurred around state.

I. Strategic Direction: Healthy and Empowered Individuals, Families, and Communities

Activities in 2014

- Governor Scott's Proclamation recognized March 6, 2014 as Florida Suicide Prevention Day. The proclamation was distributed to the Council and key stakeholders across the state to raise awareness of suicide as a preventable tragedy.
- The SOSOP disseminated information to the Council and key stakeholders statewide from the Suicide Prevention Resource Center⁶ and the Substance Abuse and Mental Health Services Administration (SAMHSA) related to suicide prevention webinars, best practices, high risk populations, and research.
- The Florida Suicide Prevention Coalition coordinated the 2014 Suicide Prevention Day at the Capitol, which included participation by some Council members and key stakeholders on March 5th. An Evening of Remembrance of those lives lost to suicide was hosted by the Big Bend Hospice in Tallahassee on March 6th.
- The Department of Juvenile Justice (DJJ) has enhanced its web-based training through implementation of SkillPro, which contains web-based training curricula on suicide prevention, mental health disorders of children and adolescents, and trauma informed care.
- The Florida Suicide Prevention Coalition worked with members of the American Foundation for Suicide Prevention to begin drafting a bill requiring school staff to take suicide prevention training.
- Betsey Westuba, Florida Suicide Prevention Coalition's Statewide and Regional Director for Hillsborough, Manatee and Pasco counties, was interviewed by Channel 8, the Christian Network Channel, WMNF radio, Patch.com, and The Laker Newspaper on suicide and the prevention thereof.
- Stephen Roggenbaum, University of South Florida (USF) faculty and Florida Suicide Prevention Coordinating Council member, promoted awareness and understanding of suicide prevention through the following activities:

⁶ See, <http://www.sprc.org/>, site accessed December 11, 2014.

- Wrote a special commentary published by *The Tampa Tribune* on September 7, 2014 titled *A Call for Action to Stop Suicide*. (<http://tbo.com/list/news-opinion-commentary/a-call-for-action-to-stop-suicide-20140907/>);
- Presented information and data on *Youth suicide prevention update, resources, and messaging* at the statewide meeting of Multiagency Network for Students with Emotional/Behavioral Disabilities (SEDNET) Project Managers and Regional Coordinators;
- Presented a Pasco County suicide data update at and participated in Pasco Aware (Pasco County Suicide Prevention Task Force);
- Teaches *Suicide Issues in Behavioral Healthcare*, an undergraduate course reviewing major suicide and suicide prevention topics with supporting research and served as special guest instructor for Psychosocial Aspects of Physical Therapy Practice to familiarize physical therapy graduate students with suicide awareness and suicide prevention information;
- Disseminated the Youth Suicide Prevention School-based Guide through website downloads and printed copies. (<http://theguide.fmhi.usf.edu/>); and
- Was an invited participant of Florida Representative Kathy Castor to the Veterans' Roundtable on Suicide Prevention and Treatment.
- The National Center on Homelessness among Veterans and the USF, Florida Mental Health Institute developed a Veterans Suicide Prevention Training Module specifically for veteran peer specialists working in Veterans Administration (VA) Homelessness Programs.
- The Florida Department of Health (DOH) distributed information to central office programs which may have suicide-related issues within that program area (Sexual Violence, School Health, Children Medical Services, Maternal Child Health, Adolescent Health, and HIV/AIDS). Information distributed included 2014 Florida Suicide Prevention Day at Capitol activities minutes and information from the Suicide Prevention Coordinating Council.
- The Florida DOH Injury Prevention website has a Suicide Prevention page. The page includes an overview of suicide, data links, the statewide Suicide Prevention Office, the Florida Suicide Prevention Coalition with links to each coalition and additional resources links.
<http://www.floridahealth.gov/programs-and-services/prevention/suicide-prevention/index.html>

Planned Activities

- The Florida Suicide Prevention Coalition and American Foundation for Suicide Prevention are planning the 2015 Suicide Prevention Day at the Capital and coordinating with Big Bend Hospice to hold the annual Evening of Remembrance of those lives lost to suicide for March 18 and 19.
- DJJ reports planning to expand the National Center for Mental Health and Juvenile Justice (NCMHJJ) Mental Health Training Curriculum for Juvenile Justice (MHTC-JJ), which includes information on mental disorders, mental health treatment and suicide prevention in juvenile justice.
- Dr. Marc Karver from USF and Dr. Kim Gryglewicz from UCF are leading the USF Campus Suicide Prevention Project, which is funded by SAMHSA. Stephen Roggenbaum is co- investigator and

training coordinator for the project which will deploy gatekeeper training on USF's main campus to enable staff and students to identify at-risk students and establish an appropriate resource network to respond to referrals. In addition, the project will conduct advanced clinical training for select individuals (e.g., those who would typically see and respond to students at risk for suicide).

- The DOH Sexual Violence Prevention Program will:
 - Ensure that any materials received from CDC, Prevent Connect and other prevention partners that promote awareness that suicide is a preventable public health problem, will be forwarded to a minimum of 75% of funded sites; and
 - Include a link to <http://www.floridahealth.gov/programs-and-services/prevention/suicide-prevention/index.html> on our site call agendas and note the importance of making the resource available to clients.

II. Strategic Direction: Clinical and Community Preventive Services

Activities in 2014

- The Florida Initiative of Suicide Prevention (FISP) created and continues to provide support to 11 after school HOPE (Helping Overcome Problems Effectively) Clubs. The HOPE Clubs teach adolescents how to work as a team to understand and help each other deal with their problems. The program curriculum includes:
 - Suicide Prevention,
 - Substance Abuse,
 - Bullying,
 - Dating Violence,
 - Stress Reduction,
 - Communication Skills,
 - Anger Management,
 - Gender,
 - Mental Health, and
 - Distracted Driving.
- DJJ provided training on suicide prevention and mental health disorders of children and adolescents in its training academies for juvenile probation officers and detention officers. In addition, DJJ:
 - Provided web-based training on suicide prevention, mental health disorders of children and adolescents and trauma informed care on its SkillPro System;
 - Participated in Suicide Prevention Day at the Capitol on March 6, 2014; and
 - Provided a training workshop on the NCMHJJ Mental Health Training Curriculum at the Adolescent Conference in Orlando in May 2014.

- DJJ's Rule Chapter 63N-1, F.A.C. for Mental Health, Substance Abuse and Developmental Disability Services adopted in 2014 contains suicide prevention provisions, which are based on best practices in suicide prevention in juvenile justice as set forth in the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP) research documents.
- The Florida Department of Education's (FDOE) Bureau of Exceptional Education and Student Support Services Project has collaborated with district student services leadership and state professional organizations to develop guidance on integrating student services within a multi-tiered system of supports.
- The FDOE Office of Safe Schools, Student Support Services Project, Emergency Management Office, Office of Healthy Schools, and the Florida Department of Health formed a partnership to coordinate efforts at building and supporting a sustainable approach to prevention, intervention, and postvention related to school climate, bullying, suicide, and other mental health issues.
- The Florida Department of Health Injury Prevention website has a Suicide Prevention page with additional resource links that include evidenced based and best practice related information and training, treatment interventions, and resources. <http://www.floridahealth.gov/programs-and-services/prevention/suicide-prevention/links.html>

Planned Activities

- FISP is planning to expand the HOPE Club to include more middle schools. Many children at this age have difficulty making the transition from childhood to adolescence and need skills to help them not become victims of bullying, impulsivity and the feeling that things will never get better.
- DJJ is planning to expand the NCMHJJ Mental Health Training Curriculum for Juvenile Justice (MHTC-JJ), which includes information on mental disorders, mental health treatment and suicide prevention.

III. Strategic Direction: Treatment and Support Services

Activities in 2014

- The Crisis Center of Tampa Bay operated the Florida Veterans 211 Outreach Services program. This is a five county pilot program covering Hillsborough, Pasco, Pinellas, Polk and Manatee counties that connects Florida veterans to services, especially mental health and substance abuse services, using the existing 211 information and referral system. This system serves as an easily accessible entry point for veterans to find information and connects them with Federally VA-funded services.
- DJJ promulgated Rule Chapters 63N-1 and 63T-1, F.A.C. which provide for continuity of care for youths with mental health needs transitioning to the community from a DJJ facility/program, and specifically addresses transition of youth identified with suicide risk factors.

Planned Activity

- DJJ plans to develop a training curriculum on SkillPro specifically for community-based providers and probation officers on suicide prevention.

Federal Suicide Prevention Grants

Florida has been the recipient of federal funding to assist in suicide prevention efforts. Current grants are described below and Appendix A provides a detailed history of suicide prevention grants in Florida.

Garret Lee Smith State/Tribal Suicide Prevention Program

In 2014, the SAMHSA awarded the state of Florida \$3.68 million dollars over the next five years to expand suicide prevention services for children, teenagers and young adults. The purpose of this grant program is to support states in developing and implementing statewide youth suicide prevention and early intervention strategies, grounded in public/private collaboration. Such efforts must involve public/private collaboration among youth-serving institutions and agencies and should include schools, educational institutions, juvenile justice systems, foster care systems, substance abuse and mental health programs, and other child and youth supporting organizations.⁷

- The 2014 Garret Lee Smith State grant is named the “Florida Linking Individuals Needing Care Project” (Florida LINC). LINC is being implemented in collaboration with the USF, the Florida Council for Community Mental Health, the SOSF, the University of Central Florida(UCF), and three managing entities under contract with the Department including:
 - Lutheran Services Florida,
 - Southeast Florida Behavioral Health Network, and
 - Central Florida Cares Health System.
- Eighty-five (85) percent of the grant funds will be distributed directly to the Central, Northeast and Southeast regions to implement suicide prevention programs.
- Managing entities are responsible for managing the delivery of behavioral health services and supports and care coordination across multiple systems in the 32 counties they serve.
- Florida LINC will focus on the needs of youth ages 10 to 24 who have an increased risk for depression and suicidal thoughts, as well as their families and work across multiple systems.
- The project will target:
 - Young adults not in school;
 - Youths involved with juvenile justice and foster care;
 - Military families;
 - Survivors of suicide attempts and loss;
 - Lesbian, gay, bi-sexual, transgendered and questioning (LGBTQ) youth;
 - Latino and American Indian youth; and

⁷ See, <http://www.samhsa.gov/grants/grant-announcements/sm-14-008>, site accessed December 11, 2014.

- Youth seen in substance abuse, mental health, primary care, emergency department and inpatient psychiatric settings.
- The project will educate mental health professionals, families, teachers, clergy and peers on how to provide support, reassurance and an avenue to treatment if needed, and will expand the network of well-informed professionals who can effectively intervene and prevent loss of life.

Garret Lee Smith Campus Suicide Prevention Program

The purpose of this grant program funded by SAMHSA is to facilitate a comprehensive approach to preventing suicide in institutions of higher education. This program is designed to assist colleges and universities to build a foundation for their efforts to prevent suicide attempts and completions and to enhance services for students with mental and substance use disorders that put them at risk for suicide and suicide attempts.⁸ Florida's current Garret Lee Smith Campus Suicide Prevention Program grantees are listed below.⁹

- Bethune Cookman University,
- Daytona State College,
- Edward Waters College,
- Florida Memorial university,
- Miami Dade College,
- Nova Southeastern university,
- Pensacola State University,
- University of Florida,
- University of Miami,
- University of South Florida, and
- University of West Florida.

Now is the Time Project AWARE (Advancing Wellness and Resiliency in Education)

SAMSHA awarded the Florida Department of Education the Now Is the Time-AWARE and School Climate Transformation grants. These 5 year grants are funded to build capacity at the state and local level to implement a comprehensive, integrated mental health support system within a multi-tiered framework in the educational system.

- The purpose of the AWARE grant is to build and expand the capacity of State Educational Agencies to increase awareness of mental health issues among school-aged youth, provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues in children and young adults, and connect children, youth, and families who may have behavioral health issues with appropriate services.¹⁰

⁸ See, <http://www.samhsa.gov/grants/grant-announcements/sm-14-014>, site accessed December 11, 2014.

⁹ See, http://www.sprc.org/grantees/listing?title=&field_grant_type_value_many_to_one=Campus&field_program_status_value_many_to_one=All&province=Florida, site accessed December 11, 2014.

¹⁰ See, <http://www.samhsa.gov/grants/grant-announcements/sm-14-018>, site accessed December 11, 2014.

- The Florida AWARE program will:
 - Include the training of 20-30 Mental Health First Aid (MHFA)¹¹ instructors to provide statewide awareness to educators, parents, and community groups. Initial training of MHFA instructors is scheduled for December 15-20, 2014, and
 - Include partnerships between schools, family and community organizations, and state agencies to meet the needs of Florida students and families. A State Management Team, with representation from the districts, community organizations, and state agencies working with children and youth, will oversee collaborative efforts to support mental health, which includes meeting suicide prevention/intervention needs.

¹¹ See, <http://www.mentalhealthfirstaid.org/cs/>, site accessed December 11, 2014.

V. Council Member Recommendations

The following recommendations for future action have been submitted by the individual council members identified below. These do not represent the views of the Department, nor the entire council at the time of writing.

Jackie Rosen (FISP):

1. Require all teachers and school staff to take a Suicide Prevention Training including the signs of suicide and a protocol for how to ASK–TALK- ACT to help and refer when a student shows signs of crisis or suicide.
2. Require all family physicians and pediatricians to take continuing education units (CEUs) in suicide prevention.
3. Establish a full time director of the SOSOP with a budget to fund state initiatives for suicide.
4. Prevention with the objective of reducing the statistic that suicide is the 9th leading cause of death in Florida.

Betsey Westuba and Jackie Broward (Florida Suicide Prevention Coalition):

1. The position in the SOSOP should be funded.
2. Reinstate suicide prevention training for K-12 school faculty and staff.
3. Provide funding to train individuals in Florida Mental Health First Aid.
4. Do a study on mentally ill individuals in jails and prison in Florida and develop a pilot program to divert those individuals to treatment instead of arrest.

Stephen Roggenbaum (USF):

1. Adequately staff, fund, and equip the SOSOP for one of the most populous states with the third highest number of deaths by suicide in the USA (behind California and Texas). This would enable the SOSOP to create, develop, expand, and assess Florida's capacity and infrastructure to more effectively reduce suicides in Florida. The SOSOP, if adequately funded for a state of its size, could enhance awareness, prevention, intervention, and postvention efforts throughout Florida.
2. Require annual or semi-annual suicide awareness education for middle school and high school faculty and staff. According to the American Foundation for Suicide Prevention (AFSP), four states have laws that require annual training and 16 require non-annual training for public education employees. Additionally, AFSP reports that 17 states and DC have laws that encourage training for school faculty and staff, and 11 states do not have a training law.
3. Repeal CS/CS/HB 155 – Privacy of Firearm Owners to reduce Florida suicides by firearms.
Pediatricians ask about bike helmets, seat belts and other concerns. When pediatricians ask a parent about using car seats, they're trying to prevent injuries. When they ask parents about how their baby sleeps, they're trying to prevent injuries. When they ask families about using bike helmets, they're trying to prevent injuries. And when they ask parents about guns, they're trying to prevent

injuries, too. Doctors call this "anticipatory guidance" — teaching parents how to safeguard against accidental injuries. For decades, the American Academy of Pediatrics has encouraged its members to ask questions about guns and how they're stored, as part of well-child visits. Guns account for more suicides than all other suicide methods combined, according to the Centers for Disease Control and Prevention, because they are much more lethal. Almost 20,000 people died by suicide in the United States with firearms in 2011. Additionally, more than 11,000 individuals were killed by firearms in 2011 and more than 200 were killed in accidents with guns (Hoyert & Xu, 2012, National vital statistics reports). In 2009, almost 7,400 children were hospitalized because of injuries related to guns (Leventhal, Gaither, & Sege, Pediatrics, 2014).

4. Expand funding for public higher education specifically to increase/improve the capacity of mental health services on campuses in order to improve the reach and to connect students with the resources they need. Many Florida universities maintain a significantly higher ratio of student to counselor ratio than recommended, impeding adequate service delivery to students.
5. Position Florida to apply to the Centers for Disease Control and Prevention (CDC) to join the other 32 states that participate in the National Violent Death Reporting System (NVDRS) the next time the CDC expands the NVDRS. This multi-state database includes information drawn from many systems, including law enforcement, coroners, crime laboratories, and vital statistics, making it a powerful tool for researchers and policymakers trying to understand trends and patterns in our state and national population. Information from the NVDRS provides a more complete picture of homicides, suicides, and unintentional injuries creating a valuable context for developing and implementing more informed prevention programs. Similar data systems have existed for decades for motor vehicle injuries and with a continuing flow of data shaping our efforts to more effectively prevent motor vehicle injuries.

VI. Council Members or Designees

The following individuals were Suicide Prevention Coordinating Council members or designees during 2014.

Organizational Seat	Name of Member or Designee
Office of Suicide Prevention and Designee for the Department of Children and Families	Laurie Blades
Florida Association of School Psychologists	Gene Cash
Florida Sheriffs Association	Donald Eslinger
Florida Initiative of Suicide Prevention	Jackie Rosen
Florida Suicide Prevention Coalition	Marlene Jehs & Betsey Westuba
American Foundation of Suicide Prevention	Tara Sullivan
Florida School Board Association	Jeanne Dozier
National Council for Suicide Prevention	Dan Reidenberg
State chapter of AARP	Dee Miller
Florida Alcohol and Drug Abuse Association	Anika Foster
Florida Council for Community Mental Health	John Bryant
Florida Counseling Association	Debbie Greer
NAMI Florida	Carol Weber
Secretary of Elder Affairs	Michele Mule
State Surgeon General	Lisa Vanderwerf-Hourigan
Commissioner of Education	Pam Stewart
Secretary of the Agency for Health Care Administration	Elizabeth Dudek
Secretary of Juvenile Justice	Gayla Sumner
Secretary of Corrections	Cliff Fairbanks
Florida Department of Law Enforcement	Seth Montgomery

Department of Veterans Affairs	Joe Marino
Department of Education	David Wheeler
Governor's Appointee	Stephen Roggenbaum
Governor's Appointee	Donna Shulz
Governor's Appointee	John Popson
Governor's Appointee	Thomas Maney

For more information, contact:

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Appendix A: Garret Lee Smith State Suicide Prevention Grant History

- In 2008, the USF was awarded the first Garrett Lee Smith State Suicide Prevention Grant as the designated applicant for Florida. The main focus of this grant was to establish a pilot site to address the high suicide rates and attempts in Duval County, which were 30% higher than the national average. Major accomplishments include:
 - Built upon existing state and community evidence-based youth suicide prevention efforts and partnerships to conduct adult and peer gatekeeper trainings;
 - Launched a social marketing campaign to raise awareness about mental health issues and suicide prevention;
 - Expanded parent involvement activities; and
 - Promoted utilization of existing crisis support services and referral and tracking systems for at-risk youths.
- In 2011, USF was designated to apply for and received the Garrett Lee Smith Suicide Prevention Grant, currently in its last year. The accomplishments of this grant include enhancement of:
 - Community infrastructure and capacity around mental health wellness and suicide prevention;
 - Clinical competency standards for frontline providers to assess and manage suicide risk (trained over 200 clinicians);
 - Community awareness and knowledge around suicide risk identification and referral to helping resources (trained over 6,500 individuals);
 - Systems of care to coordinate how youth are referred and linked to support services (identified over 400 youth, linked 150 to services); and
 - Raised awareness of suicide risk factors and interventions (over 36,000 materials disseminated).

As part of this grant, USF developed a Family Guide for suicide prevention that is on the SAMHSA's best practice list.

- The 2014 grant, just awarded to USF on behalf of Florida will build upon previous efforts and address needs in the following areas:
 - Adult gatekeeper training that targets new sectors, such as 18-24 year olds not in college, primary care, emergency rooms, and juvenile justice;
 - Case management and care coordination to ensure wrap around services and linkage of identified at-risk youth to mental health services;
 - Evidenced-based suicide prevention training for at risk youth, ages 10 to 14 that teaches coping skills before they become suicidal;
 - Build upon family involvement initiatives and provide family training for suicide prevention;

- Social Awareness campaigns and promotion of the National Suicide Prevention Lifeline;
- Training mental health professionals on how to identify, assess, and manage risk in identified at risk youths utilizing the Suicide Risk Assessment and Management Training Program (QPRT)¹²; and
- Training in new settings, to include inpatient treatment facilities and emergency rooms.

¹² See, <http://www.qprinstitute.com/QPRT.html>, site accessed December 11, 2014.