



OFFICE OF SUBSTANCE ABUSE
AND MENTAL HEALTH

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FLORIDA SUICIDE PREVENTION INTERAGENCY ACTION PLAN

August 2020 – June 2023

Statements of Commitment

I, Chad Poppell, hereby dedicate the resources of the Department of Children and Families to implement the Florida Suicide Prevention Interagency Action Plan. I am grateful to the commitment of First Lady Casey DeSantis for prioritizing suicide prevention efforts and issuing a call to action to decrease deaths by suicide in Florida. The Action Plan was developed on behalf of the citizens of Florida to ensure greater access to prevention and resources. The goals and strategies identified in this Action Plan will lead the state toward a coordinated effort against the devastating impact that death by suicide has on Florida's families and communities.

Secretary Chad Poppell

Preventing suicide is a priority in the state of Florida and for the Department of Health. Suicide affects individuals, families, friends and communities. As suicide rates increase, one thing is certain - we must all act to address this tragedy.

First Lady Casey DeSantis, the Suicide Prevention Coordinating Council, members of state and local agencies, not-for-profit and faith-based organizations, the Departments of Children and Families and Florida Health, have come together to form Florida's plan to prevent and reduce suicide. We are committed to implementing strategies and policies that mobilize community and health care resources to greatly reduce suicide in Florida.

Scott A. Rivkees, MD

State Surgeon General

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Introduction

The Statewide Office for Suicide Prevention and the Suicide Prevention Coordinating Council, under the auspices of the Department of Children and Families, are legislatively required to develop strategies for suicide prevention, develop a statewide plan for suicide prevention, and provide an annual report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on the status of initiatives identified in the plan.¹ This Florida Suicide Prevention Interagency Action Plan (Action Plan) replaces the Florida Suicide Prevention Plan. The new Action Plan sets goals for August 2020 through June 2023, including specific action items to be implemented by state agencies. It also provides strategies for law enforcement agencies, first responders, health care providers, school districts, and community members that may have contact with persons at risk for suicide that can impact suicide in Florida.

In 2019, First Lady Casey DeSantis and the Department of Children and Families' Secretary Chad Poppell spearheaded efforts to garner support from Florida's state agencies to take a more active role in statewide Suicide Prevention efforts. To support the collaboration, the Florida Suicide Prevention Interagency Action Plan Committee (Committee) was formed and co-chaired by the Statewide Office for Suicide Prevention and the Department of Health (DOH). The Committee followed the guidelines of the Suicide Prevention Resource Center's Strategic Planning Approach for Suicide Prevention. The steps of the Strategic Planning Approach for Suicide Prevention and the Committee's actions are as follows:

Step 1: Describe the problem and its context. The Committee conducted a data inventory to review the impact of suicide in Florida. The Committee acknowledged that suicide is a public health issue that significantly impacts families, friends, coworkers, schools, communities, and veterans. The review led to the identification of populations that are at high-risk for suicide in the nation² and in Florida.

Step 2: Choose long-term goals. The Committee members reviewed other states' suicide prevention plans and the 2012 National Strategy for Suicide Prevention to draft goals and strategies based on four focus areas:

- Awareness,
- Prevention,
- Intervention, and
- Caring Follow-up and Support.



Step 3: Identify key risk factors. The Committee reviewed risk factors for suicide from the Centers for Disease Control and Prevention and the Suicide Prevention Resource Center. The Committee aligned the identified risk factors with strategies in the Action Plan to create Florida's Social Ecological Model for Suicide Prevention.

Step 4: Select or develop interventions. The Committee selected and developed interventions to meet the goals and strategies in three phases.

- Phase one consisted of collaboration with other state agencies to identify unique action items.
- Phase two consisted of identifying efforts for Floridians to advance the strategies. During this phase, the Committee compiled a list of available programs, trainings, and other efforts.
- Phase three consisted of the creation of a template for the Department of Children and Families' Substance Abuse and Mental Health Regional Offices to work with communities to expand the strategies. The template allows communities to outline their local suicide prevention activities.

PERFORMANCE

- 
- ☒ **Excellent**
 - ☐ **Very Good**
 - ☐ **Satisfactory**
 - ☐ **Marginal**
 - ☐ **Poor**

Step 5: Plan the evaluation. The Suicide Prevention Coordinating Council created a Planning and Evaluation Committee to consider methods to evaluate the Action Plan. The Planning and Evaluation Committee will decide the type of data to collect and where the data will come from. The evaluation will attempt to answer the following questions: Are the strategic activities effective, efficient, and being delivered as intended? Are participants satisfied with the activities? How can the activities be refined or improved?

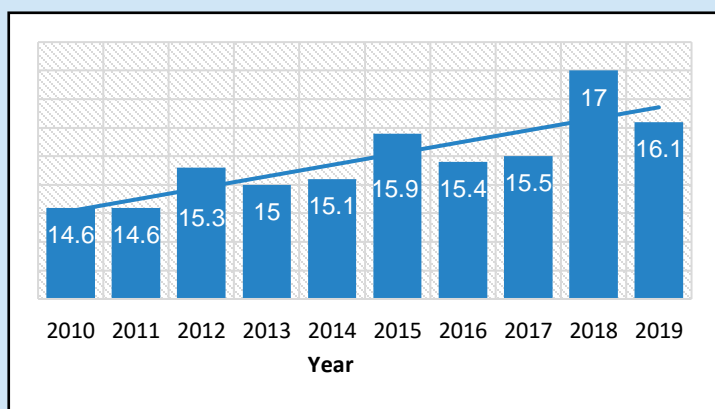
Step 6: Implement, evaluate, and improve. The Planning and Evaluation Committee will create implementation templates to document ownership and progress of state agency action items. The templates will inform the Statewide Office for Suicide Prevention and Suicide Prevention Coordinating Council. The Planning and Evaluation Committee will also provide recommendations to improve the Action Plan.

Impact of Suicide in Florida

In 2019, 3,427 Floridians died by suicide. This represents a 3.5 percent decrease from 2018. The DOH captures death by suicide data on an annual basis and will soon be collecting additional data using the Florida Violent Death Reporting System (FLVDRS). The FLVDRS includes over 600 unique data elements that provide valuable context about suicide and other violent deaths such as relationship problems; mental health problems and treatment; toxicology results; and life stressors. The following overview of suicide in Florida attempts to answer questions such as: who is dying by suicide, what methods are Floridians using to die by suicide, and who is at high-risk for suicide?

Who is dying by suicide in Florida? Overall, the incidence of suicide is increasing in Florida. Graph 1 shows year-to-year variability with a concerning upward drift over the last ten years.

Graph 1: 2010-2019 Crude Suicide Rates per 100,000 Population

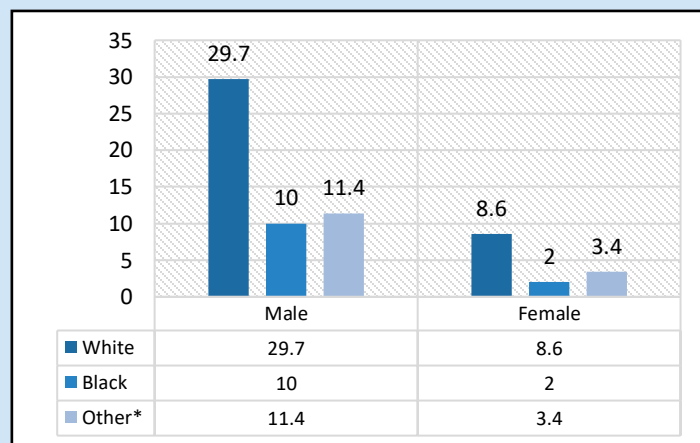


Data Sources: (2019) Florida Department of Health, Bureau of Vital Statistics

Males continue to die by suicide at a much higher rate than females. In 2019, the crude suicide rate per 100,000 people residing in Florida was 25.5 for males and 7.2 for females. Graph 2 shows that white men had the highest rates of suicide death

and that white males and white females had higher rates than black males and females, respectively. Individuals of Latinx descent have a suicide rate of 7.3 per 100,000.

Graph 2: 2019 Crude Suicide Rates per 100,000 Population by Race and Gender



*Other includes individuals of Latinx descent. Source: Florida Department of Health, retrieved November 19, 2020 at http://www.flhealthcharts.com/FLQUERY_New/Death/Rate

What methods are being used? Just over half of Floridians who died by suicide in 2019 used a firearm. Less than a quarter died by hanging, strangling or suffocation. The Suicide Prevention Coordinating Council recognizes that raising awareness on ways to enhance safety and reduce access to means are key to death reduction.

Who is at high-risk? It is important to identify high-risk groups and special populations to improve targeted prevention efforts. The 2012 National Strategy for Suicide Prevention identifies populations considered high-risk for suicide, nationally.² In Florida, there is limited data on suicide and high-risk populations. The Suicide Prevention Coordinating Council formed the Special Populations/ Risk Reduction Committee to identify high-risk and special populations, nationally and in Florida which are detailed below.

Risk related to COVID-19 Local, state, and federal government public policy measures implemented to decrease the spread of COVID-19, while necessary, may lead to inadvertent negative secondary outcomes that may increase the risk for suicide. More specifically, concerns include increased social isolation and loneliness caused by social distancing regulations. This increase in distance from social support networks may result in increased suicide risk and depression. Additionally, substance use and alcohol use may be common means of coping with COVID-19 related anxiety, subsequently increasing risk for suicide. Economic instability and financial difficulties caused by COVID-19, both directly and indirectly through regulations, may lead to increased suicide risk, as financial hardships add additional stress to the household. Barriers to mental health treatment may have also increased, as individuals may be less likely to access treatment due to fears of contracting COVID-19. Alarming, since the onset of social distancing measures in February 2020, firearm purchases within the United States have increased.³ This is particularly concerning given the lethality of firearms, and that firearms are used in the majority of suicide deaths.

In line with these concerns, research has begun to assess the impact of COVID-19 on mental health. In a national study of adults, being under stay-at-home orders was significantly related to more health anxiety, financial worry, and loneliness.⁴ Other research has supported these findings and demonstrated the relationship between stay-at-home orders and suicide risk was explained by perceived disconnection from others.⁵ In Florida specifically, preliminary results from a study of the impact of COVID-19 and coping mechanisms among a young adult population suggest loneliness due to social distancing is related to more severe suicide-related thoughts and behaviors.⁶ Notably, most research on COVID-19 to date has not assessed changes in risk over time and have focused on suicide-related thoughts, rather than

death. Therefore, it is difficult to immediately identify a direct link between COVID-19 and increased risk for suicide.

For now, research conducted for previous pandemics, epidemics, and outbreaks may provide the best information on potential long-term impacts of COVID-19. In a review of studies examining suicide-related and mental health outcomes following periods of isolation during epidemics, pandemics, or other outbreaks, there is reason to believe we may see long-term effects on mental health and suicide-related thoughts and behaviors caused by COVID-19 measures. Some of the main outcomes linked to periods of isolation include posttraumatic stress disorder symptoms, depressive symptoms, acute stress disorder, alcohol and substance use, suicide ideation, and suicide. Populations particularly examined included older adults and healthcare workers.⁷

In reviewing data available on immediate impacts of COVID-19 and suicide risk within Florida, we do not see a drastic increase. According to Crisis Text Line Trends, Florida is currently number 47th of US states ranked by crises related to suicide. In addition, since February 2020, the percent of texters from Florida texting about suicide crises has slightly decreased about 2% each month, with less than 20% of texts being related to suicide in July 2020. It is important to monitor these trends over time as social distancing regulations continue.⁸

In terms of potential protective/prevention avenues, decreasing social isolation and improving social connection may help mitigate suicide risk. Other coping mechanisms associated with decreased distress include keeping a daily routine, physical activity, and positive reappraisal.⁹ Three grants have been awarded within Florida focused on providing support and decreasing impacts of COVID-19 on suicide.

National High-Risk Populations

American Indians /Alaska Natives

American Indians/Alaska Natives are at high-risk for suicide due to historical trauma, limited access to mental health services, discrimination, and alcohol and substance use.²

Individuals bereaved by suicide

Individuals bereaved by suicide includes family members, friends, co-workers, or anyone who has known someone who has died by suicide. Loss survivors may feel depression, guilt, social isolation, complicated grief, and psychiatric symptoms.²

Individuals in justice and child welfare settings

Individuals in justice settings include youth and adults. They may be at high-risk if they experience family dysfunction, impulsive aggression, disciplinary problems, or poor family support. They may also be at high-risk if they have a history of mental illness, substance abuse, suicidal behaviors, abuse, interpersonal conflict, involvement in special education, or family history of suicide.²

Youth in child welfare settings may have experienced physical, sexual, and/or emotional abuse. They may have an emotional disorder and some may display self-injurious behavior. These youth are four times more likely to consider and attempt suicide than the general youth population.²

Individuals who engage in non-suicidal self-injuries

Individuals who engage in non-suicidal self-injuries (NSSI) are at high-risk for suicide. Although not everyone who engages in NSSI goes on to attempt or die by suicide, national research indicates a significant relationship between engagement in NSSI and suicidal behaviors.²

Individuals who have attempted suicide

Individuals who have attempted suicide may find it hard to reintegrate into their home, schools, and workplaces. They may experience shame, self-doubt and fear of biased reactions.²

Individuals with medical conditions

Due to various symptoms such as depression, suicidal ideation, impact on functioning, and level of pain, individuals with medical conditions such as cancer, degenerative diseases of the central nervous system, traumatic injuries and other

disorders of the central nervous system, HIV/AIDS, chronic kidney disease, arthritis, migraine, and asthma are at high-risk for suicide.²

Individuals with mental health and/or substance use disorders

Individuals with mental health and/or substance use disorders are at high-risk for suicide in all age groups. Nationally, individuals with major depressive disorder, bipolar disorder, borderline personality disorder, anorexia nervosa, and schizophrenia are at higher risk for suicide. The use of alcohol and other substances increases the risk of depression, impulsive behaviors, and impaired judgement regarding actions and consequences.²

Lesbian, Gay, Bisexual, and Transgender (LGBT) individuals

Individuals who identify as LGBT may experience prejudice and discrimination. Risk factors associated with individuals who identify as LGBT include depression, mental health issues, alcohol or drug misuse, stress caused by discrimination and prejudice, and feelings of isolation. Compared to less than 5 percent of heterosexual adults, 12 to 19 percent of LGBT adults report making a suicide attempt.²

Men in midlife

The risk-related behaviors that put men in midlife at risk for suicide include underreported mental health and substance abuse problems, interpersonal violence, economic hardships, not seeking help, dissolution of intimate relationships, and access to lethal means.²

Older men

Older men are more at risk for suicide due to factors such as social disconnection, physical illness, functional decline, and mental health disorders. Some older men who do not seek treatment for mental health and mood disorders are at high-risk.²

Service members and Veterans

Service members and Veterans may experience exposure to traumatic events, such as combat that may cause losses and fears; injuries; repeated deployment and relocation; and military sexual violence that contribute to an increased need for behavioral health services.¹⁰

Florida Special Populations

Caregivers/ persons with disabilities

The Agency for Persons with Disabilities State Office began collaborating with the Suicide Prevention Coordinating Council in 2019 to focus on suicide prevention. Although caregivers and persons with disabilities are not high-risk populations nationally, it is important for Florida to focus on these populations due to suicide-related risks associated with both caregiving and poor health. Since March 2017, there have been 28 recorded suicide attempts from caregivers of persons with disabilities. However, the data for this population is limited and efforts to improve data collection are ongoing.

First responders/ law enforcement

First responders and law enforcement are repeatedly exposed to occupational trauma and stress. Although Florida-specific suicide data is unavailable for first responders and law enforcement, among known data, 40 first responders/law enforcement officers lost their lives to suicide from 2016 to 2019.¹¹

Individuals in certain occupations

The National Institute for Occupational Safety and Health published job factors that can contribute to individuals being at high-risk in some occupations. These factors include low job security, low pay, and job stress. Other factors include gender, socioeconomic status, economic climate, physical nature of the work, and societal norms. In addition to law enforcement and first responders, workers in occupations such as construction, mining/oil, and agriculture should also be considered as special populations to focus suicide prevention efforts in Florida.¹²

Individuals who have experienced a disaster

Most research conducted on suicide post-disaster finds no increases in suicide rates immediately after disasters. However, suicidal ideations, plans, and attempts are likely to emerge several months after a disaster.¹³

The DOH is responding to the potential link between post-disaster and suicide risk through use of the Centers for Disease Control and Prevention's Community Assessment for Public Health Emergency Response (CASPER). The primary goals of CASPER are to rapidly obtain information about the needs of an affected community, and to assess changes in needs during the response or recovery period.

The Florida State University Department of Psychology screened students in introductory to psychology courses at the beginning of the 2020 Spring semester. Re-administered questions following implemented Coronavirus guidelines indicated student's severity of suicidal ideation was related to psychological and behavioral impacts of Coronavirus, including increased loneliness due to social distancing. Additional screenings are planned to assess impacts over time.⁶

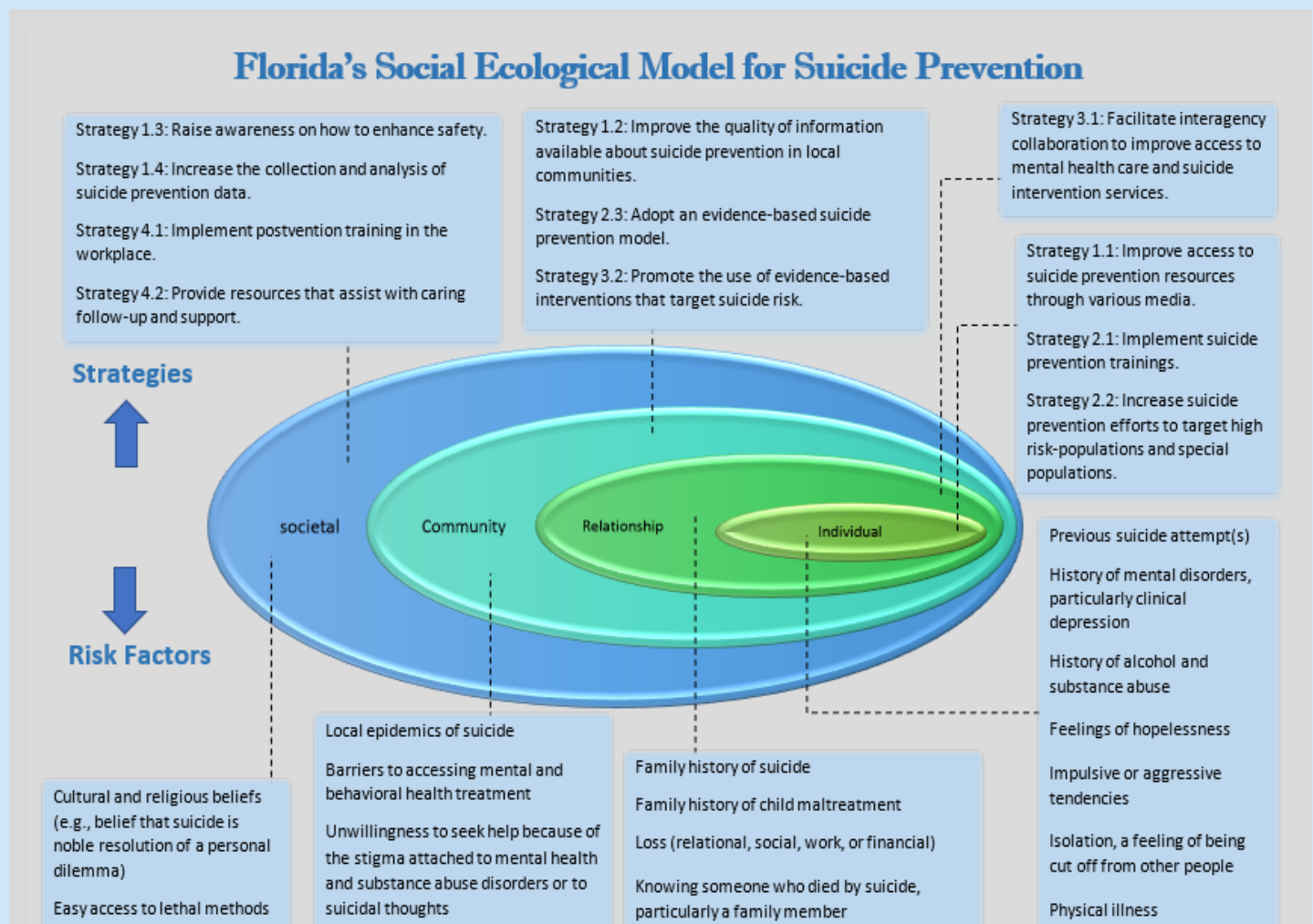
Youth

In 2019, there were 26 deaths by suicide for youth ages 10-14 and 102 for ages 15-19. According to the 2017 High School Youth Risk Behavior Survey, 41.1 percent of high school females report feelings of sadness or hopelessness.¹⁴ These youth are more likely to think about attempting suicide and make a plan. In Florida, high school females are more likely to attempt suicide and high school males are more likely to die by suicide.

Florida's Social Ecological Model for Suicide Prevention

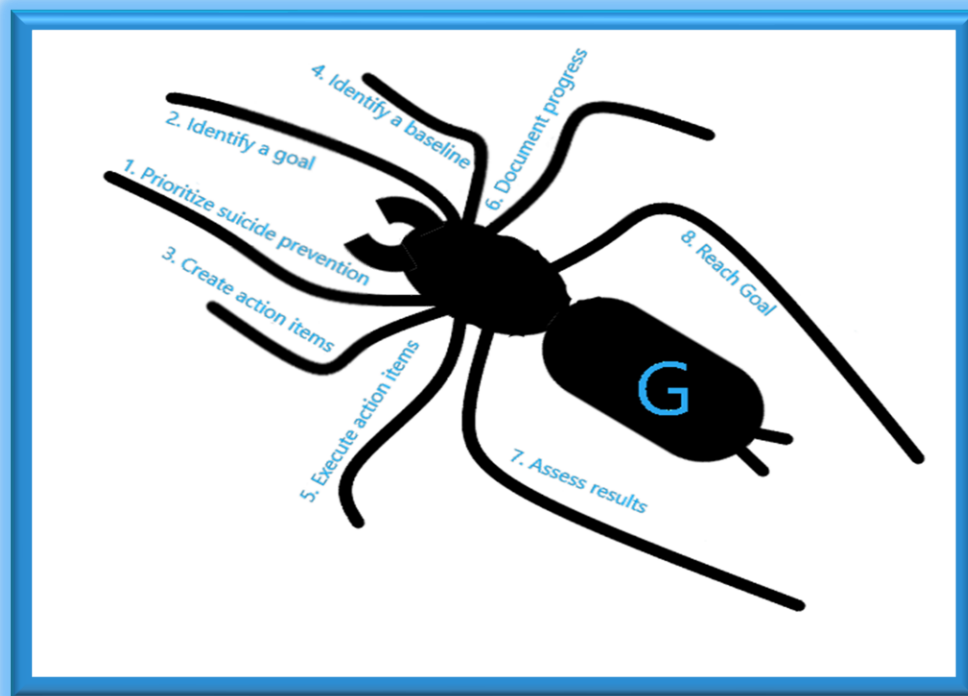
The 2012 National Strategy for Suicide Prevention (National Strategy) used a Social Ecological Model to represent risk and protective factors associated with suicide risk. The model demonstrates how Florida can decrease risk factors associated with suicide and increase the awareness and use of protective factors. Following the National Strategy's model, the Statewide Office for Suicide Prevention created Diagram 1: Florida's Social Ecological Model for Suicide Prevention. The model includes strategies and risk factors identified by the Florida Suicide Prevention Interagency Action Plan Committee using resources from the Suicide Prevention Resource Center and the Centers for Disease Control and Prevention.

Diagram 1: Florida's Social Ecological Model for Suicide Prevention



Goals, Strategies, and Action Items

Four goals and eleven strategies are created to reduce deaths by suicide in Florida. Specific action items are also developed to implement the goals and strategies across state agencies, facilitating close collaboration. This interagency effort is called the Suicide Prevention Interagency Duties to Execute and Reach Goals or SPIDER G. SPIDER G provides a natural transition in the Strategic Planning Approach for Suicide Prevention from development to implementation.



The following are the steps of SPIDER G and associated activities:

1. Prioritize suicide prevention. First Lady Casey DeSantis and Secretary Chad Poppell made a call to action to state agencies to focus on suicide prevention. During the Suicide Prevention Coordinating Council meeting on September 19, 2019, state agency leaders listened as the First Lady spoke about her concerns regarding the prevalence of suicide. After being welcomed by Secretary Poppell, agency leaders shared information about agency efforts, initiatives, and personal encounters relative to the issue of suicide. Agency representatives included the following:

- Secretary Mary Mayhew, Agency for Health Care Administration
- Surgeon General Dr. Scott Rivkees, Department of Health
- Secretary Simone Marstiller, Department of Juvenile Justice
- Executive Director Danny Burgess, Department of Veterans Affairs
- Commissioner Rick Swearingen, Department of Law Enforcement
- Secretary Richard Prudom, Department of Elder Affairs
- Executive Director Ken Lawson, Department of Economic Opportunity
- Executive Director Barbara Palmer,

2. Identify goals. The Florida Suicide Prevention Interagency Action Plan Committee created four goals and eleven strategies.

3. Create action items. State agencies developed action items under the goals and strategies.

4. Identify a baseline. State agencies determined a baseline for the action items as a reference point to compare future performance.

5. Execute action items. State agencies will implement the action items starting in September 2020.

6. Document progress. State agencies will complete implementation templates that will be created by the Planning and Evaluation Committee. The implementation templates will capture the progress that will inform the Annual Report of the Suicide Prevention Coordinating Council.

7. Assess results. State agencies will measure action items on a quarterly basis using implementation templates to determine whether to continue efforts or redirect their action items.

8. Reach goals. State agencies will complete their action items on or before June 30, 2023.

The four focus areas: Awareness, Prevention, Intervention, and Caring Follow-up and Supportⁱ are highlighted in the next page with corresponding goals, strategies, and action items. The action items are distinct and include a lead agency or organization that is responsible for carrying out the task. Although a lead agency is identified, other organizations can assist or partner with the lead agency to work towards completing the task, addressing the strategy, and achieving common goals.

ⁱ Caring follow-up is adding caring sentiment to follow-up care. For example, “we hope you are well” or “we are here for you if you need us”. This is a small sentiment with a potentially big significance in an individual’s life.

STATE AGENCIES

Department of
Children and
Families

Agency for
Persons with
Disabilities

Department of
Health

Agency for Health
Care
Administration

Department of
Elder Affairs

Department of
Juvenile Justice

Department of
Education

Florida Department
of Law
Enforcement

Department of
Veterans’ Affairs

Guardian ad Litem

Focus Area

Awareness

Goal 1: Enhance awareness for suicide prevention

Awareness helps Floridians recognize when they need support to reduce suicide risk. Self-help tools and outreach campaigns are examples of ways to lower barriers to obtaining help, such as not knowing what services exist or believing that help will not be effective.¹⁵

Strategy	1.1	Improve access to suicide prevention resources through various media.
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
	1.1.2	By September 2021, 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
	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
	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
	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
	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
	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

	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
Strategy	1.2	Improve quality of information available about suicide prevention in local communities.
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
	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
	1.2.3	By June 2021, 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
Strategy	1.3	Raise awareness on how to enhance safety.
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
	1.3.2	By June 2022, increase the number of Floridians that take the <i>Counseling on Access to Lethal Means</i> (CALM) training by 20 percent from 926 trainees to 1,019. Lead Agency: Department of Children and Families SAMH
	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
Strategy	1.4	Increase the collection and analysis of suicide prevention data.
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
	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

- 1.4.3** By September 2021, 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](#)
- 1.4.4** By June 2021, provide findings from the Community Assessment for Public Health Emergency Response (CASPER).
[Lead Agency: Department of Health](#)
- 1.4.5** By December 2020, initiate a data inventory for use in a suicide prevention data surveillance plan.
[Lead Organization: Suicide Prevention Coordinating Council Data Analysis Workgroup](#)
- 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](#)

Focus Area

Prevention

Goal 2: Increase prevention education approaches

Prevention programs help Floridians build life skills strategies, which include critical thinking, stress management, and coping. These strategies will prepare Floridians to safely address challenges such as economic stress, divorce, physical illness, and aging.¹⁵

Strategy 2.1 Implement suicide prevention trainings.

- | | |
|---------------------|--|
| Action Items | <p>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</p> <p>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</p> <p>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</p> <p>2.1.4 By June 2021, increase suicide training for direct care staff to include 80 percent of all staff.
Lead agency: Agency for Persons with Disabilities State Office</p> |
|---------------------|--|

	2.1.5	By December 2021, 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
	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
Strategy	2.2	Increase suicide prevention efforts to target high-risk and special populations.
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
	2.2.2	By June 2021, 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
	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
	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
	2.2.5	Starting January 2021, 100% 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
Strategy	2.3	Adopt an evidence-based suicide prevention model.
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

Focus Area

Intervention

Goal 3: Increase effective intervention

Suicide prevention interventions such as safety planning, evidence-based treatments, and therapies delivered by trained providers can lead to significant improvement and recovery.¹⁵

Strategy 3.1 Facilitate interagency collaboration to improve access to mental health care and suicide intervention services.

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](#)

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](#)

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](#)

Strategy 3.2 Promote the use of evidence-based interventions that target suicide risk.

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](#)

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](#)

Focus Area

Caring Follow-up and Support

Goal 4: Increase caring follow-up and support efforts

Individuals may be affected after a death by suicide and after an attempted suicide. Florida communities and groups respond to and care for individuals affected by a death by suicide with caring follow-up and support efforts by reducing risks and promoting healing.¹⁵

Strategy 4.1 Implement caring follow-up and support training in the workplace.

Action Items 4.1.1 By December 2021, 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

Strategy 4.2 Provide resources that assist with caring follow-up and support.

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

4.2.2 By March 31, 2021, 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

Efforts for Floridians to Advance Suicide Prevention Strategies

The following pages include examples of programs, trainings, and other activities that can be implemented at the local level to decrease deaths by suicide in Florida. For more resources, visit:

<https://www.myflfamilies.com/service-programs/samh/prevention/suicide-prevention/index.shtml>.

If you are working towards these strategies and would like to provide a quarterly update on your progress to the Statewide Office for Suicide Prevention, email a word document or complete Attachment B, that will capture your measurable action items and progress, to:

HQW.Suicide.Prevention@myflfamilies.com.



Behavioral Health

Businesses

Clinicians

Communities

Employers

Faith-based

Families

First Responders

Health Systems

Individuals

Insurers

Law Enforcement

Military Members

Non-Profits

Peers

Schools

Veterans

Focus Area: Awareness
Goal 1: Enhance awareness of suicide prevention.

Strategy 1.1: Improve access to suicide prevention resources through various media.

Resources and Trainings	Audience	Website
National Suicide Prevention Lifeline 1-800-273-8255	Everyone	https://suicidepreventionlifeline.org/
1-888-628-9454 1-800-622-4357 305-358-4357 in Miami	Spanish speakers	https://www.myflfamilies.com/service-programs/samh/prevention/suicide-prevention/ayuda-en-espa%C3%B1ol.shtml
The Trevor Project 1-866-488-7386	Lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) youth	https://www.thetrevorproject.org/about/
Veteran Crisis Line 1-800-273-8255 and press 1 Text 838255	❖ Military members ❖ Veterans	https://suicidepreventionlifeline.org/help-yourself/veterans/
2-1-1	Anyone looking for resources	http://www.my211florida.org/
Lifeline Crisis Chat	❖ Individuals in crisis ❖ individuals who need someone to chat with	http://www.contact-usa.org/chat.html
Crisis Text Line Text HOME to 741741	Anyone living in the United states that is experiencing any type of crisis	https://www.crisistextline.org/texting-in
Virtual Hope Box	Anyone who is feeling distressed and has access to iOS or Android platforms	https://apps.apple.com/us/app/virtual-hope-box/id825099621 or https://play.google.com/store/apps/details?id=com.t2.vhb&hl=en
An Occupational Risk: What every police agency should do to prevent suicide among its officers	Law enforcement	https://www.policeforum.org/assets/PreventOfficerSuicide.pdf
Social media messaging	Young adults	https://www.adcouncil.org/Our-Campaigns/Health/Suicide-Prevention
American Association of Suicidology	Adults	https://suicidology.org/resources/
National Center for the Prevention of Youth Suicide	Youth	https://www.preventyouthsuicide.org/

Suicide Prevention Resource Center: Workplaces	Any workplace	https://www.sprc.org/settings/workplaces
Workplace Suicide Prevention	Small and large workplaces	https://workplacesuicideprevention.com/
Suicide Safe	Primary and behavioral health care providers	https://store.samhsa.gov/product/suicide-safe
Help promote Suicide Safe	❖ Website administrators ❖ Communications	https://store.samhsa.gov/spread-word-about-suicide-safe

Strategy 1.2: Improve quality of information available about suicide prevention in local communities.

Resources and Trainings	Audience		Website
Locating and Understanding Data for Suicide Prevention	❖ Professionals involved in national state or community suicide prevention		https://training.sprc.org/enrol/index.php?id=35
A Strategic Planning Approach to Suicide Prevention	❖ Professionals responsible for suicide prevention in states ❖ Communities ❖ Organizations	❖ Schools ❖ Health care providers ❖ Workplaces	https://training.sprc.org/enrol/index.php?id=31
Preventing Suicide in Emergency Department Patients	❖ Healthcare professionals ❖ Physicians ❖ Nurses ❖ Behavioral health providers who work in emergency departments		https://training.sprc.org/enrol/index.php?id=30

Strategy 1.3: Raise awareness on how to enhance safety.

Resources and Trainings	Audience		Website
Firearm Safety Tips	Adults		https://www.fdacs.gov/Consumer-Resources/Concealed-Weapon-License/Firearm-Safety-Tips
Centers for Disease Control and Prevention	❖ Children ❖ Adults		https://www.cdc.gov/medicationsafety/parents_childrenadversedrugs.html and https://www.cdc.gov/medicationsafety/adult_adversedrugs.html
Lock it up: Medicine Safety in Your Home	❖ Children ❖ Adults		https://www.fda.gov/consumers/consumer-updates/lock-it-medicine-safety-your-home
Firearms and Suicide Prevention Education Program	Adults		https://afsp.org/about-suicide/firearms-and-suicide-prevention/firearms-and-suicide-prevention-program/

The Intersection of Opioids and Suicide: A Prevention Approach	❖ Communities ❖ Professionals	https://www.youtube.com/watch?v=QB238loPMaU&feature=youtu.be
Suicide and Substance Use in Young People	Professionals	https://www.youtube.com/watch?v=AIQWbywRzWY&feature=youtu.be
Project 2025	❖ Health systems ❖ Emergency departments ❖ Correction systems	https://project2025.afsp.org/

Strategy 1.4: Increase the collection and analysis of suicide prevention data.

Resources and Trainings	Audience	Website
Locating and Understanding Data for Suicide Prevention	Anyone involved in suicide prevention	https://training.sprc.org/enrol/index.php?id=35
Using Data to Prevent Suicide	Anyone involved in suicide prevention	http://www.sprc.org/video/data

Focus Area: Prevention

Goal 2: Increase prevention education approaches.

Strategy 2.1: Implement Suicide Prevention trainings.

Resources and Trainings	Audience	Website
Suicide Prevention Competencies for Faith Leaders	❖ Faith leaders ❖ Faith-based organizations	https://theactionalliance.org/sites/default/files/fhl_competencies_v8_interactive.pdf
Mental Health First Aid-Adults	Anyone who is 18 years old and over	https://www.mentalhealthfirstaid.org/population-focused-modules/adults/
Question, Persuade, Refer	Adults	https://qprinstitute.com/about-qpr
SafeTALK	Anyone who is 15 years old and older	https://www.livingworks.net/safetalk
Good Behavior Game	❖ Elementary schools ❖ Middle schools ❖ Young adults	https://goodbehaviorgame.air.org/evidence_base.html
DBT-Steps A	❖ Middle schools ❖ High schools	https://www.dbtinschools.com/
Life Skills Training	❖ Schools ❖ Parents	https://www.lifeskillstraining.com/
Strengthening Families Program	❖ High-risk families ❖ General population families	https://strengtheningfamiliesprogram.org/

Communities that Care	❖ Communities	https://www.communitiesthatcare.net/
Strategy 2.2: Increase suicide prevention efforts to target high-risk populations and special populations.		
Resources and Trainings	Audience	Website
Mental Health First Aid-Youth	❖ Parents ❖ Family members ❖ Caregivers ❖ Teachers ❖ School staff ❖ Peers ❖ Neighbors ❖ Health and human services workers ❖ Other caring citizens	https://www.mentalhealthfirstaid.org/population-focused-modules/youth/
Mental Health First Aid-Adults	Adults	https://www.mentalhealthfirstaid.org/population-focused-modules/adults/
Suicide in Military Members & Veterans	❖ Health care professionals ❖ Mental health professionals ❖ Public health providers	https://psycharmor.org/courses/suicide-in-the-military/
Nurse-Family Partnership	Parents	https://www.nursefamilypartnership.org/
Telehealth	❖ Dentistry ❖ Counseling ❖ Physical and occupational therapy ❖ Home health ❖ Chronic disease monitoring and management ❖ Disaster management	https://www.setrc.us/welcome.html
Building Healthy Military Communities: Toolkit	❖ Organizations that support service members and their families ❖ Health ❖ Family services programs	https://rise.articulate.com/share/AimVHXqbYx7ITR2retiJdO6FbubLhchG#/
Sources of Strength	❖ Adult advisors ❖ Elementary schools ❖ Peer leaders	https://sourcesofstrength.org/
A Construction Industry Blueprint: Suicide Prevention in the Workplace	Construction and Extraction Industry organizations	https://theactionalliance.org/sites/default/files/suicide_prevention_in_the_workplace_-_final.pdf
National Fallen Firefighters Foundation, Everyone Goes Home Life Safety Initiative	Firefighters and employers of firefighters	https://www.everyonegoeshome.com/page/1/?s=suicide
Strategy 2.3: Adopt an evidence-based suicide prevention model.		
Resources and Trainings	Audience	Website
Zero Suicide	Health/ behavioral healthcare systems	https://zerosuicide.sprc.org/about
A Comprehensive Approach to Suicide Prevention	❖ Communities ❖ Organizations ❖ Mental health organizations	https://www.sprc.org/effective-prevention/comprehensive-approach

The Leaders Guide for Managing Personnel in Distress	Military	https://www.quickseries.com/products/navy-leaders-guide-for-managing-personnel-in-distress/
Integrated Practices	Health systems	https://www.integration.samhsa.gov/integrated-care-models/a_standard_framework_for_levels_of_integrated_healthcare.pdf

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.

Resources and Trainings	Audience	Website
H.O.P.E. Suicide Prevention for Crime Victims	❖ Law enforcement ❖ Victim advocates ❖ Judicial personnel	https://www.edc.org/

Strategy 3.2: Promote the use of evidence-based interventions that target suicide risk.

Resources and Trainings	Audience	Website
Dialectical Behavioral Therapy	Individuals at high-risk for suicide	http://www.sprc.org/resources-programs/dialectical-behavior-therapy
Cognitive Therapy for Suicide Prevention	❖ Individuals who have attempted suicide ❖ Individuals who have thoughts of suicide	http://www.sprc.org/resources-programs/cognitive-therapy-suicide-prevention
Counseling on Access to Lethal Means (CALM)	❖ Mental health professionals ❖ Health care providers ❖ Social service professionals	https://training.sprc.org/enrol/index.php?id=20
Applied Suicide Intervention Skills Training	❖ Members of all caregiving groups ❖ Family ❖ Friends ❖ Community members	https://www.livingworks.net/asist
Suicide Risk Assessment and Management Training Program (QPRT)	Individuals at high-risk for suicide	https://www.sprc.org/resources-programs/qprt-suicide-risk-assessment-and-management-training
Collaborative Assessment and Management of Suicidality (CAMS)	Licensed professionals who assess and treat suicidal thoughts and behaviors	https://cams-care.com/
Assessing and Managing Suicide Risk (AMSR)	❖ Health professionals ❖ Behavioral health professionals	http://www.sprc.org/resources-programs/assessing-and-managing-suicide-risk-core-competencies-mental-health-professionals

Focus Area: Caring follow-up and support

Goal: Increase caring follow-up and support efforts.

Strategy 4.1: Implement caring follow-up and support training in the workplace.

Resources and Trainings	Audience	Website
The Connect Program	<ul style="list-style-type: none"> ❖ Professionals who are involved in responding to a suicide death ❖ School counselors ❖ Faith leaders ❖ Law enforcement ❖ Mental health providers ❖ Substance use providers 	https://theconnectprogram.org/about-us/

Strategy 4.2: Provide resources that assist with caring follow-up and support.

Resources and Trainings	Audience	Website
Postvention: Healing After Suicide	Survivors of suicide loss	https://www.psycharmor.org/courses/postvention-healing-after-suicide/
After a Suicide: A Toolkit for Schools	Schools	http://www.sprc.org/resources-programs/after-suicide-toolkit-schools
Postvention: A Guide for Response to Suicide in College Campuses	College campuses	http://hemha.org/wp-content/uploads/2018/06/jed-hemha-postvention-guide.pdf
Resources for Loss Survivors	Loss survivors	https://afsp.org/find-support/ive-lost-someone/resources-loss-survivors/
A Journey Toward Health and Hope: Your Handbook for Recovery After a Suicide Attempt	Individuals who have attempted suicide	https://store.samhsa.gov/product/A-Journey-Toward-Health-and-Hope-Your-Handbook-for-Recovery-After-a-Suicide-Attempt/SMA15-4419
Department of Children and Families-Get Help	Anyone	https://www.myflfamilies.com/service-programs/samh/get-help.shtml
Specialty Treatment Maps	Children, Adults, and Families	https://www.myflfamilies.com/service-programs/samh/treatment-maps.shtml
Hope for Healing Florida	Anyone	https://hopeforhealingfl.com/

Regional Outline for Expansion of Suicide Prevention Activities

The template in Attachment A is provided for the Department of Children and Families' Substance Abuse and Mental Health Regional Offices, communities, or any organization to develop action plans that can be implemented at the local level to advance the Florida Suicide Prevention Interagency Action Plan's goals and strategies. The Regional Offices can work with local organizations, agencies, and groups to identify a lead agency responsible for the action items. The template can be adjusted to meet the needs and capabilities at the local level. For example, action items can be added, and strategies can be deleted.

Regions

Northwest Region

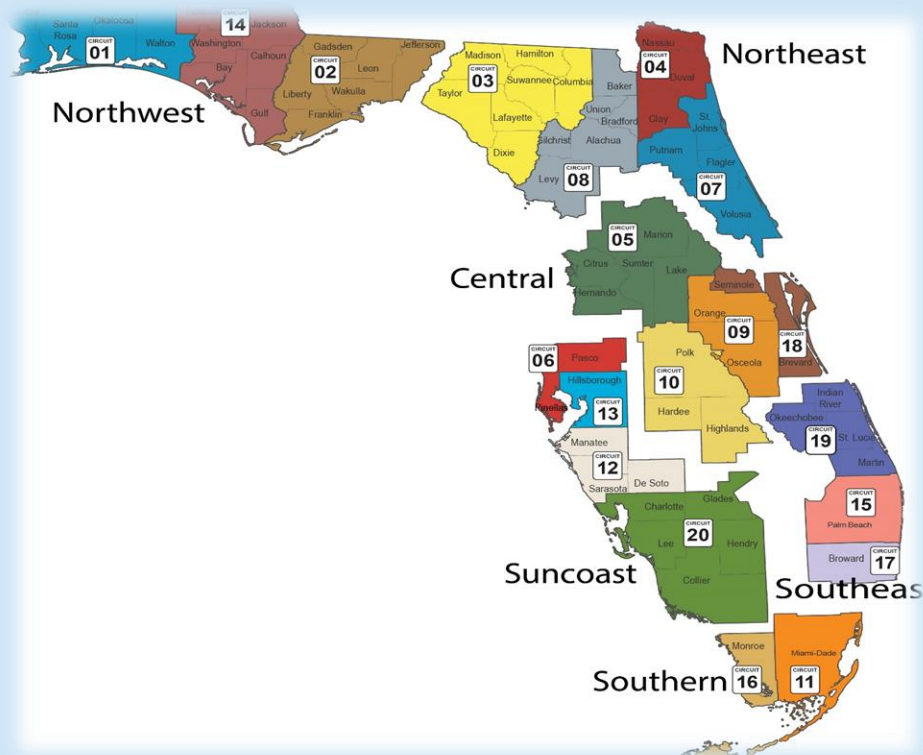
Northeast Region

Central Region

SunCoast Region

Southeast Region

Southern Region



Attachment A: Regional Outline for Expansion of Suicide Prevention Activities

Directions: With this template, communities can focus on the Florida Suicide Prevention Interagency Action Plan's goals and strategies. You may delete strategies or add action items that fit best in your community. For questions, email: HQW.Suicide.Prevention@myflfamilies.com.

Partners:

Counties covered:

Focus Area		Awareness
		Goal 1: Enhance awareness for suicide prevention
Strategy	1.1	Improve access to suicide prevention resources through various media.
Action Item	1.1.1	Lead organization:
Strategy	1.2	Improve the quality of information available about suicide prevention in local communities.
Action Item	1.2.1	Lead organization:
Strategy	1.3	Improve awareness for individuals to access immediate support for depression or suicidal ideation and ways to enhance safety.
Action Item	1.3.1	Lead organization:
Strategy	1.4	Increase the collection and analysis of suicide prevention data.
Action Item	1.4.1	Lead organization:

Focus Area

Prevention

Goal 2: Increase prevention education approaches

Strategy

2.1

Implement suicide prevention trainings.

Action Items

2.1.1

Lead organization:

2.1.2

Lead organization:

Strategy

2.2

Increase suicide prevention efforts to target high-risk and special populations.

Action Items

2.2.1

Lead organization:

2.2.1

Lead organization:

Strategy

2.3

Adopt an evidence-based prevention model.

Action Items

2.3.1

Lead organization:

2.3.2

Lead organization:

Focus Area		<h1>Intervention</h1> <p>Goal 3: Increase effective intervention.</p>
Strategy	3.1	Facilitate interagency collaboration to improve access to mental health care and suicide intervention services.
Action Items	3.1.1	<div></div> <div>Lead organization:</div>
	3.1.2	<div></div> <div>Lead organization:</div>
Strategy	3.2	Support intervention services.
Action Items	3.2.1	<div></div> <div>Lead organization:</div>
	3.2.1	<div></div> <div>Lead organization:</div>

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.

Action Items

4.1.1

Lead organization:

4.1.2

Lead organization:

Strategy

4.2

Provide resources that assist with caring follow-up and support.

Action Items

4.2.1

Lead organization:

4.2.1

Lead organization:

Attachment B: Measurable Action Items Progress

Name of Organization: _____

Contact name: _____

Contact Email: _____

Contact phone number: _____

Months & years this report covers: _____

Strategy	Measurable Action Items	Progress

Appendix A: Florida Suicide Prevention Interagency Action Plan Committee

Current Members

Rhonda Jackson (Chair), Department of Health
Anna Gai (Co-Chair), Department of Children and Families, Statewide Office for Suicide Prevention
Alan Mai, Department of Health, Community Health Promotion
Al Carter, Department of Veterans Affairs
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
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

Former Members

Dr. Sofia Castro, (Former Co-Chair), Department of Children and Families, Office of Substance Abuse and Mental Health

Dr. David Wheeler, Department of Education

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