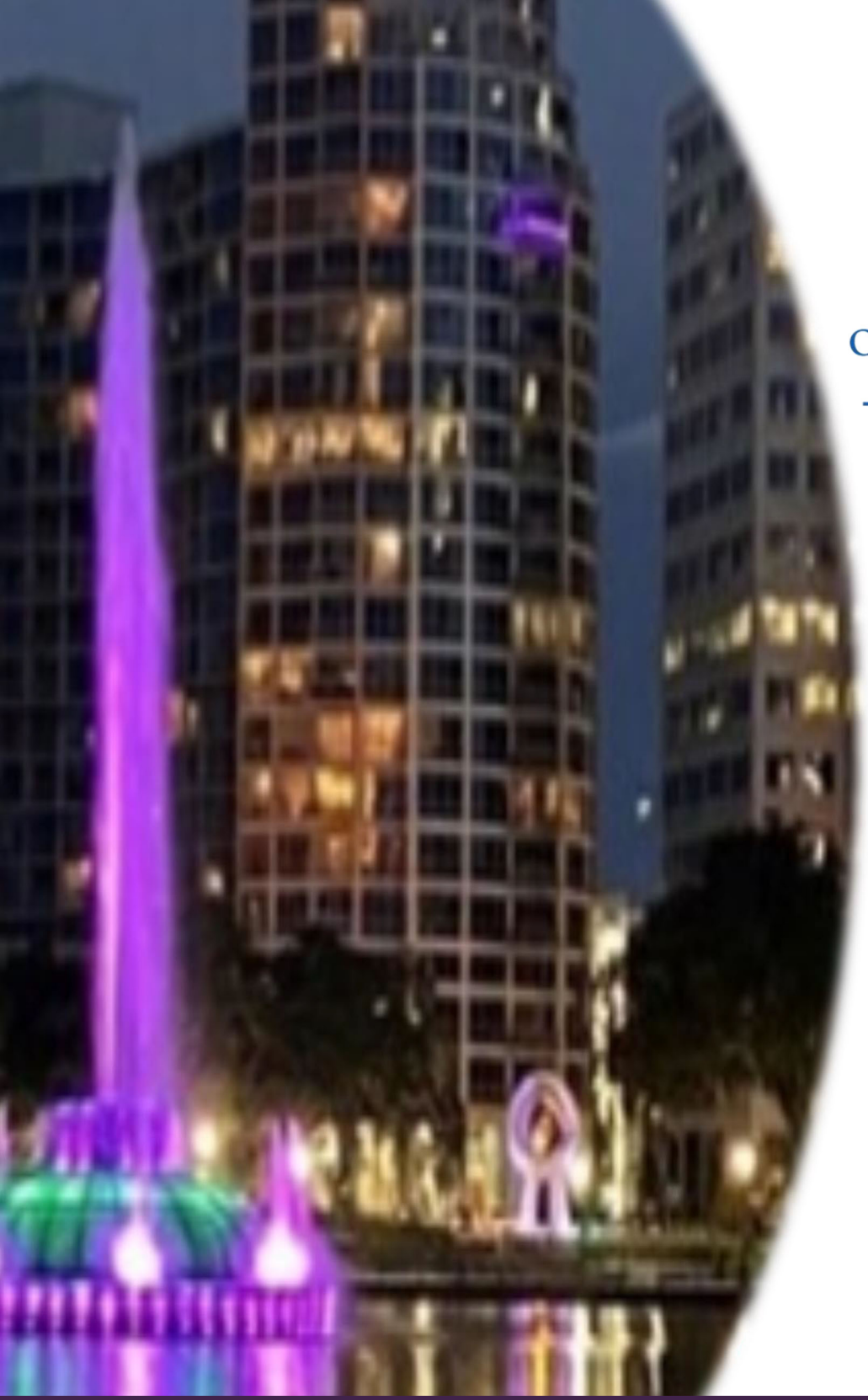

Office of Substance Abuse and Mental Health
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2022 Annual Report

Suicide Prevention Coordinating Council

Florida Department of Children and Families
Office of Substance Abuse and Mental Health
Statewide Office of Suicide Prevention

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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
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
FYSAS	Florida Youth Substance Abuse Survey
YRBS	Youth Risk Behavior Survey
ZS	Zero Suicide
988/ Lifeline	National Suicide Prevention Lifeline

Introduction

Suicide Prevention in Florida

As the single behavioral health authority for the state, the Office of Substance Abuse and Mental Health (DCF SAMH) within the Department of Children and Families (Department) houses the Statewide Office for Suicide Prevention (SOSP). The SOSP is designated to develop initiatives and coordinate the state's suicide prevention efforts. More specifically, the SOSP's tasks are codified in section 14.2019, Florida Statutes (F.S.), 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, educates individuals and agencies on suicide prevention best-practices by providing presentations and sharing resources.

The SPCC is comprised of 31 voting members and one non-voting member representing a diverse suite of Florida state agencies, organizations, and suicide prevention stakeholders. The SPCC membership and purpose is defined in section 14.2019(5), F.S. More information about the SPCC is detailed in the sub-section titled Suicide Prevention Coordinating Council (SPCC) under Florida Suicide Prevention Initiatives.

Report Purpose & Goal

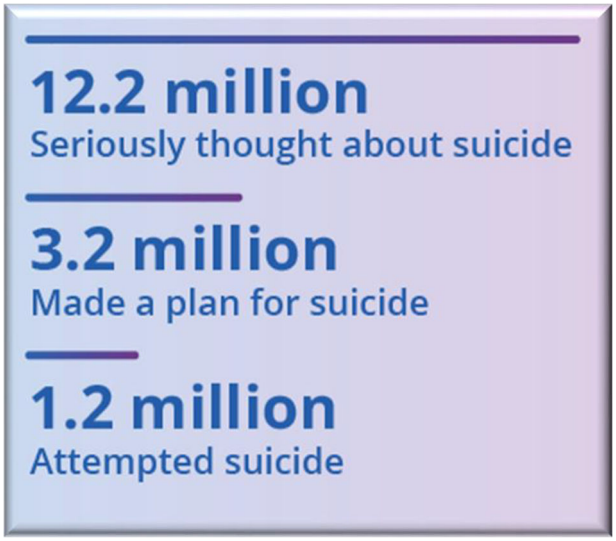
This report is written in collaboration between the SPCC, SOSP, and DCF SAMH within the Department, to fulfill section 14.20195(c), F.S., which requires the SPCC to "prepare an annual report and present it to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2008, and each year thereafter." The contents within this report prioritize highlighting initiatives completed by the Department and the status of the statewide plan for suicide prevention. The narrative and data in this report serve as guidance to help inform the planning and implementation of the next year's efforts, in addition to the generation of the state's next strategic plan.

Suicide as a National Priority

Suicide consistently ranks among the leading causes of death within the United States, making the improvement of suicide prevention policy and practices a priority nationally and within Florida.[1,2] In 2020, suicide was the nation's ninth leading cause of death, accounting for 45,979 Americans dying by suicide. This translates to suicide deaths occurring at a crude rate of 13.95 per 100,000 individuals, an age-adjusted rate of 13.48 per 100,000 individuals, and nearly one million years of potential life lost.[2] Suicide rates increased across the first 18 years of the 21st century, demonstrating an overall upward trend.[2] However, in 2019 and 2020, during the height (peak reported incidences of cases and deaths) of the Coronavirus (COVID-19) pandemic, there was a slight decline in suicide deaths.[3] Notably, the account of this decrease is despite the increase in suicide related thoughts and behavior.[2] The count and age-adjusted rate declined from 2018 (count = 48,344; rate = 14.23 per 100,000) to 2019 (count = 47,511; rate = 13.93 per 100,000) and from 2019 to 2020 (count = 45,979; rate = 13.48 per 100,000).[3,4] There was a slight increase in suicide deaths from 2020 to 2021 (provisional count = 47,646; provisional rate = 14.0 per 100,000).[4]

Suicide-related thoughts and behaviors cross all demographic groups, regardless of gender, age, race, or socioeconomic background. Nationally, there is an identified, higher rate of death by suicide among men, non-Hispanic Whites, non-Hispanic American Indian or Alaska Natives,[2,4] youth who are of diverse genders and sexualities.[5] Individuals age 85 and older, ages 75–84, and ages 25–34 have the highest rates of suicide.[2] Veterans, people living in rural areas, and individuals in similar occupations to mining and construction are among identified groups at an elevated risk for death by suicide. [2]

Many Adults Think About or Attempt Suicide

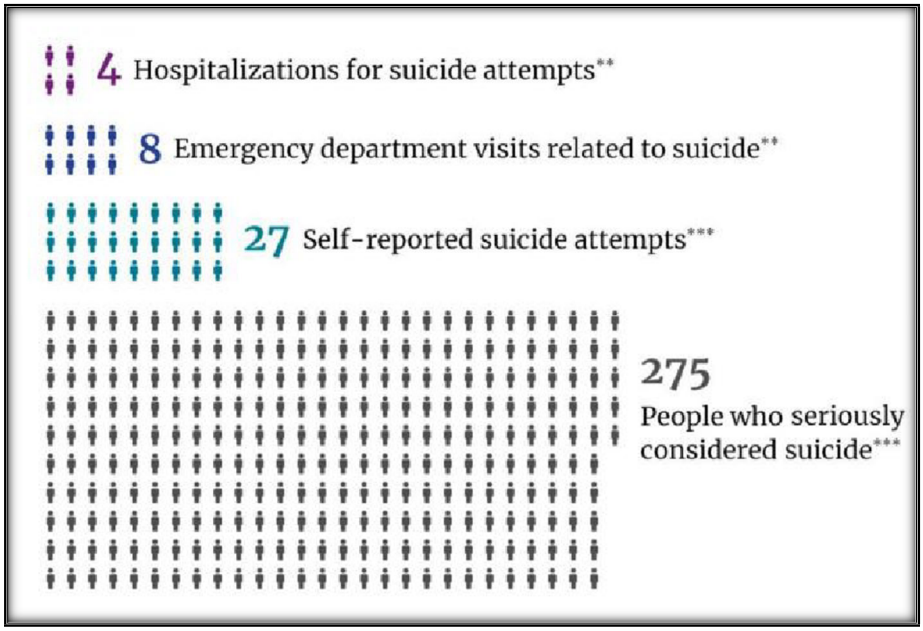


For every suicide death, many more individuals attempt suicide, and more still have thoughts of suicide. It is estimated that for every one death, 25 individuals attempt suicide. Among adults ages 18 or older, an estimated 4.8 percent thought about suicide, and 1.4 percent made a plan for suicide.[6] 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. Despite males making up less than 50 percent of the nation's population, they comprise 80 percent of suicides. Males die by suicide more frequently than females and are more likely to use a more lethal means of suicide. [2]

It is a myth that people who die by suicide do not exhibit any risk or warning signs prior to their death. The tragedy inherent to this trend is that warning signs commonly go without detection or necessary linkage to ongoing treatment and support systems. Further, individuals who die by suicide, commonly experience suicidal ideation, thoughts about wanting to die and planning their death for lengthy periods of time preceding their death.

However, it is important to distinguish the onset of suicidal thoughts and non-fatal behaviors from those who die by suicide, as various demographic groups who are at elevated risk for experiencing lengthy durations of suicidal ideation differ from those who die by suicide at higher rates. Even if someone does not die by suicide, the misery experienced by those experiencing suicidal ideation and behavior come with their own unique cascade of consequences and life lost. Suicidal behavior is associated with short and long-term emotional, relational, physical, and financial implications. Individuals may have physical injuries from engaging in suicide behavior, or a suicide attempt itself, that have long lasting effects on an individual's health. The financial toll of suicide costs hundreds of billions of dollars each year in medical, work loss, value of statistical life, and quality of life expenses. [2]

For every one suicide death, there are:



Fostering Suicide Prevention

Suicide is preventable. Suicide risk reduction can be improved with the implementation of comprehensive suicide prevention strategies across all levels of local community and state policies and practices. The information below was developed by the Centers for Disease Control and Prevention (CDC) and modified for Florida to provide information on suicide prevention-based practices that are most likely to have the most far-reaching impact on reducing lives lost to suicide.

Strengthen economic supports

- Strengthen household financial security
- Stabilize housing

Create protective environments

- Implement Zero Suicide practices within organizational policies
- Reduce substance use through community-based resources and supports
- Promote safe storage (e.g., put medications in cabinets when not use)

Improve access and delivery of suicide care

- Cover mental health conditions in health insurance policies
- Increase provider availability in underserved areas
- Provide rapid and remote access to help
- Create safe suicide care through systems change
- Plan for safety and ongoing follow-up after an attempt

Promote healthy connections

- Promote ongoing social supports
- Engage community members in shared activities
- Normalize talking about suicide as a prevention mechanism

Teach coping and problem-solving skills

- Support social-emotional learning programs
- Teach parenting skills to improve family relationships
- Support resilience through education programs

Identify and support people at risk

- Train gatekeepers, individuals in regular contact with community members (e.g., clergy members, teachers, primary care providers) and whose role may allow for early intervention if suicidality is detected, to know the risk and warning signs of suicide and how to respond
- Respond to crises correctly by knowing the resources for “someone to call”, “someone to respond”, “somewhere to go”

Reduce harm and prevent future risk

- Intervene and provide ongoing support after a suicide (postvention)
- Report and message about suicide safety

National State Needs Assessment

Between April 19 and May 27, 2022, the Suicide Prevention Resource Center (SPRC) and its partners at Social Science Research and Evaluation, Inc. (SSRE) conducted a second annual assessment, the State Suicide Prevention Needs Assessment (SNA) of states and territories across the nation. The primary purpose of the SNA is to gauge the status of suicide prevention infrastructure throughout the nation, to 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 leads were asked to assess their state's progress in implementing the six "Essential Elements" in SPRC's *Recommendations for State Suicide Prevention Infrastructure,*[7] according to current activities and capacity levels. Measurement of the elements were obtained through questions related to the recommendations under each element. Summaries for each element were generated by aggregating scores on both a 5-point scale ranging from *0* (indicating no presence of the element) to *4* (indicating a high presence of the element), as well as a binary scale, *0* (no) and *1* (yes). Summary scores were compared across 2021 and 2022 SNA time points for each state individually, as well as across all 41 state respondents. Progress rates were also computed, ranging from 0 percent (no recommendations in place) to 100 percent (all recommendations in place with sustainable infrastructure).

Figure 1: Essential Elements in SPRC's *Recommendations for State Suicide Prevention Infrastructure*[7]

Figure 1 lists each infrastructure element, and Table 1 further details the potential score range, average national progress score, national progress rate, and Florida's progress rate for each element.

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 gold). For the majority of elements, Florida continues to receive a higher score compared to the average score of all responding states. While data measurement differed from

the baseline assessment conducted in 2021, Florida saw an improvement from the 2021 to 2022 assessment from an overall score of 77 percent in 2021 to 84 percent in 2022.

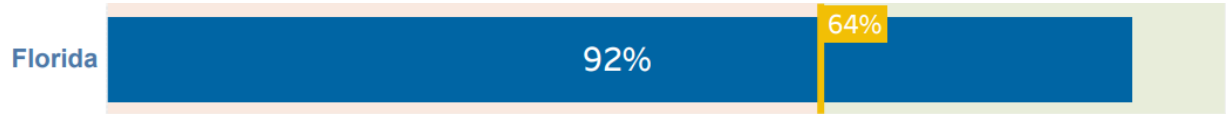
Authorize:

- 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:

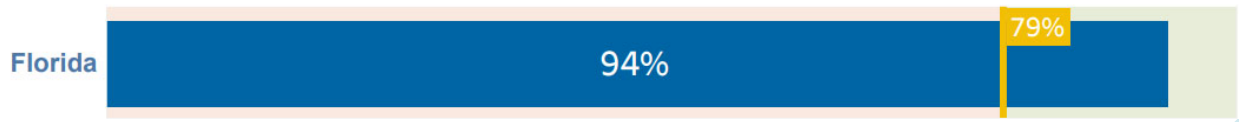


- Form a statewide coalition representation from broad public and private sectors.
- Adopt a shared vision and language across partners.

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, and strengthen existing Data Source.
- 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 crisis and support hotlines.
    - Establish policies and model practices in preparation for post-suicide response, including in the event of a suicide cluster (several suicides occurring at a particular geographical location in close succession to one another).
    - 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.

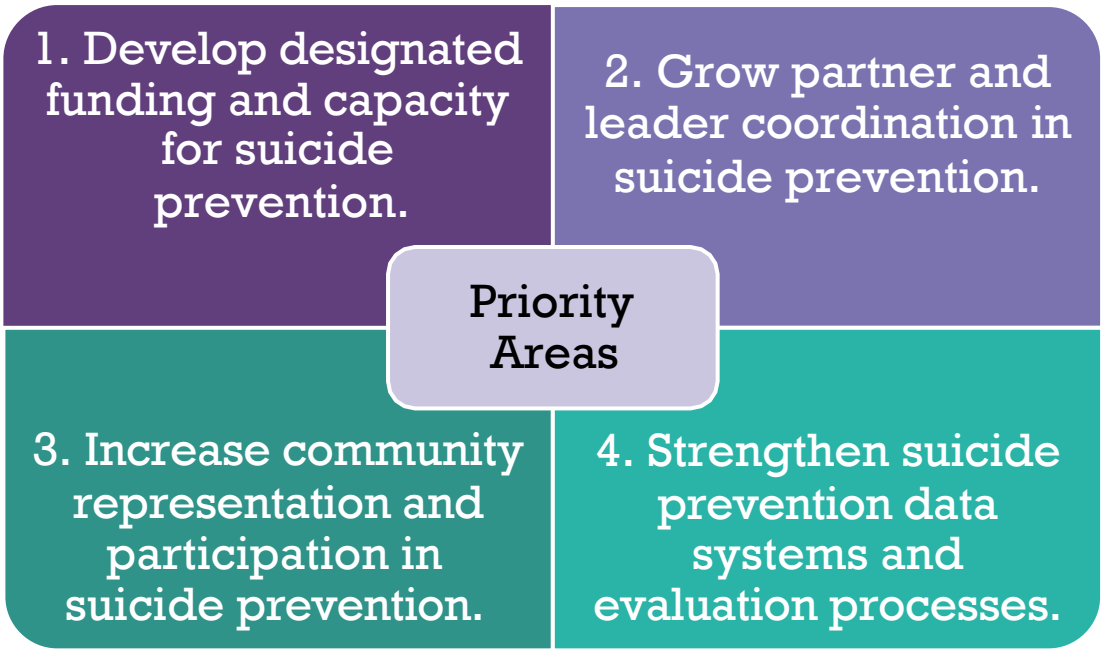
Overall highlights for Florida are inclusive of successfully designating a lead division to coordinate statewide suicide prevention efforts, forming a diverse statewide suicide prevention coalition, and developing a comprehensive approach to statewide suicide prevention efforts (2020 – 2023 Action Plan), which also allows for guidance, monitoring and evaluation of state, county, and local suicide prevention activities. The SOSP will continue to enhance data collection efforts to ensure all demographics are represented.

Table 1. 2022 National Infrastructure Element and Total Progress Scores and Rates for All Responding States (N = 41) and Florida.

Infrastructure Element	Potential Score Range	National Progress Score	National Progress Rate	Florida Progress Rate
Authorize	0 – 24	18	76%	100%
Lead	0 – 24	17	70%	100%
Partner	0 – 24	15	64%	92%
Examine	0 – 20	11	53%	45%
Build	0 – 48	38	79%	94%
Guide	0 – 25	18	70%	64%
Total Score	**0 – 165**	**117**	**71%**	**85%**

From the baseline assessment conducted in 2021, an addition of 25 points was allocated in the **partner** (addition of 12 points) and **guide** (addition of 13 points) **categories** for an overall potential total score of 165 points. Notably from 2021 to 2022, in areas where the potential score remained the same from 2021 to 2022, Florida remained at 100 percent in the **authorize category**, increased from 54 percent to 100 percent in the **lead category**, and increased from 79 percent to 94 percent in the **build category**. However, Florida decreased from 55 percent to 45 percent from 2021 to 2022 in the **examine category**. Despite the addition of 12 points, Florida remains well above the national average at 92 percent in the **partner category**. There is an opportunity for growth identified in the **guide category**, as Florida decreased from 83 percent to 64 percent. However, efforts to improve in this area are already underway. The availability of Question, Persuade, Refer Trainings (QPR) and the number of Collaborative Assessment and Management of Suicidality (CAMS) trainings are projected to be expanded across the state and advertised in several capacities, including on the SOSP's suicide prevention website (details about the suicide prevention website are in a below section).

In response to the data gathered during the Suicide Prevention Resource Center's second annual assessment of suicide prevention infrastructure and capacity of U.S. states and territories, the following messaging toolkit, with a focus in four priority areas to develop, grow, increase, and strengthen suicide prevention collaboration, engagement, expansion, and refinement across the state. The toolkit can be found using the following link, https://sprc.org/sites/default/files/2022-SNA-Messaging-Toolkit-for-Participants.pdf.



Florida's Suicide Data

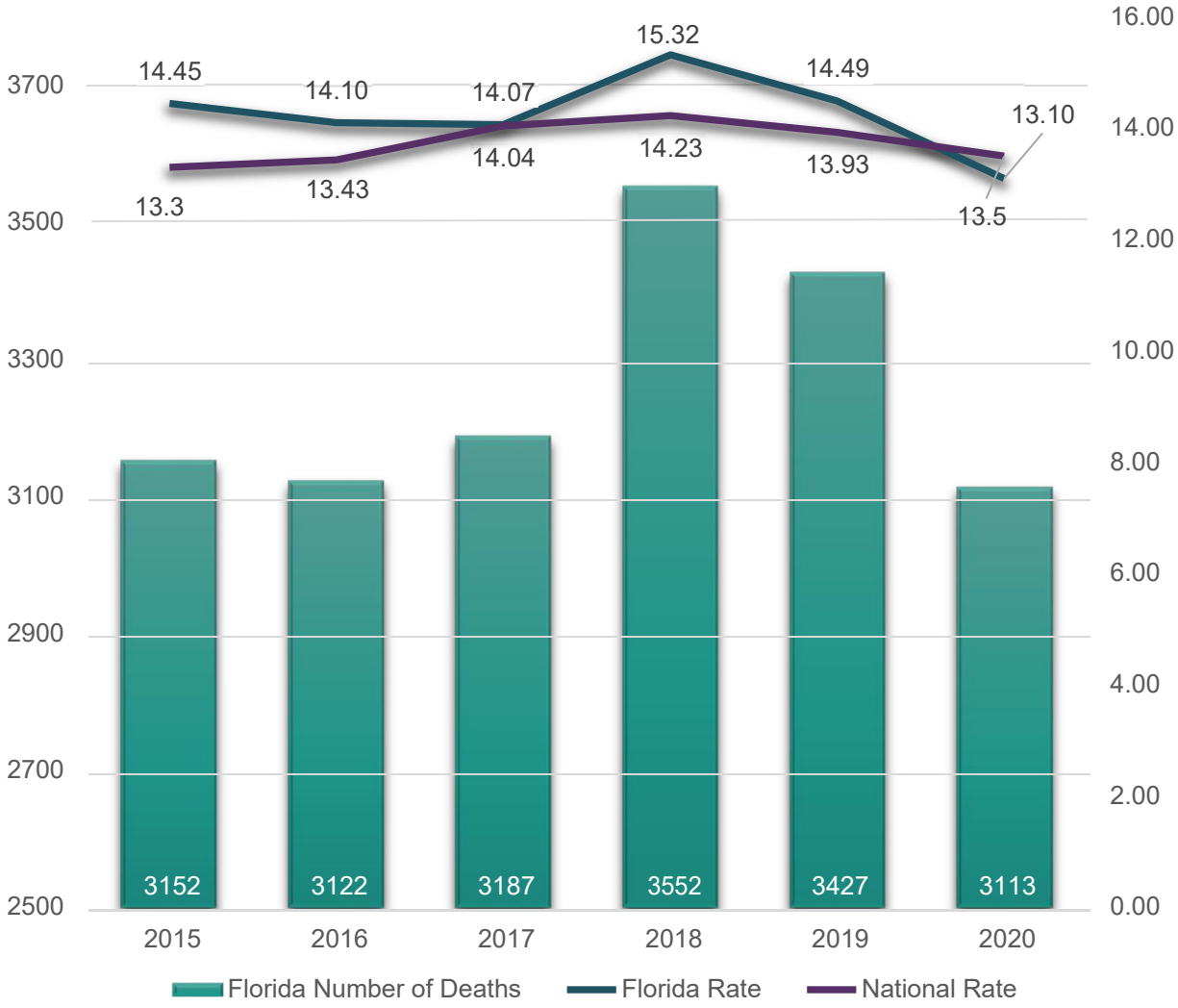
Florida Vital Statistics through FL Health Charts

Florida specific, suicide-related death information is collected and housed within the Department of Health'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. Data remains provisional a full calendar year past the year in question. For example, 2021 data's publication date is late December 2022.

Number and Rate of Suicide Deaths

In 2020, Florida lost 3,113 lives to suicide, resulting in a rate of 13.1 per 100,000 individuals (Page 12, Figure 2). This rate was lower than the national rate of 13.5 per 100,000 individuals and was the lowest rate in over a decade.[2] Data indicates 3,325 individuals died by suicide in 2021, demonstrating a seven percent increase in the number of suicide deaths from 2020 to 2021. Despite this one-year increase from 2020 – 2021, 2021 shows a decrease from 2018 and 2019 in the number of suicide deaths and corresponding rates (Page 12, Figure 2).

Figure 2. Number and Rate of Suicide Deaths per 100,000 population, Florida and National 2015 – 2020

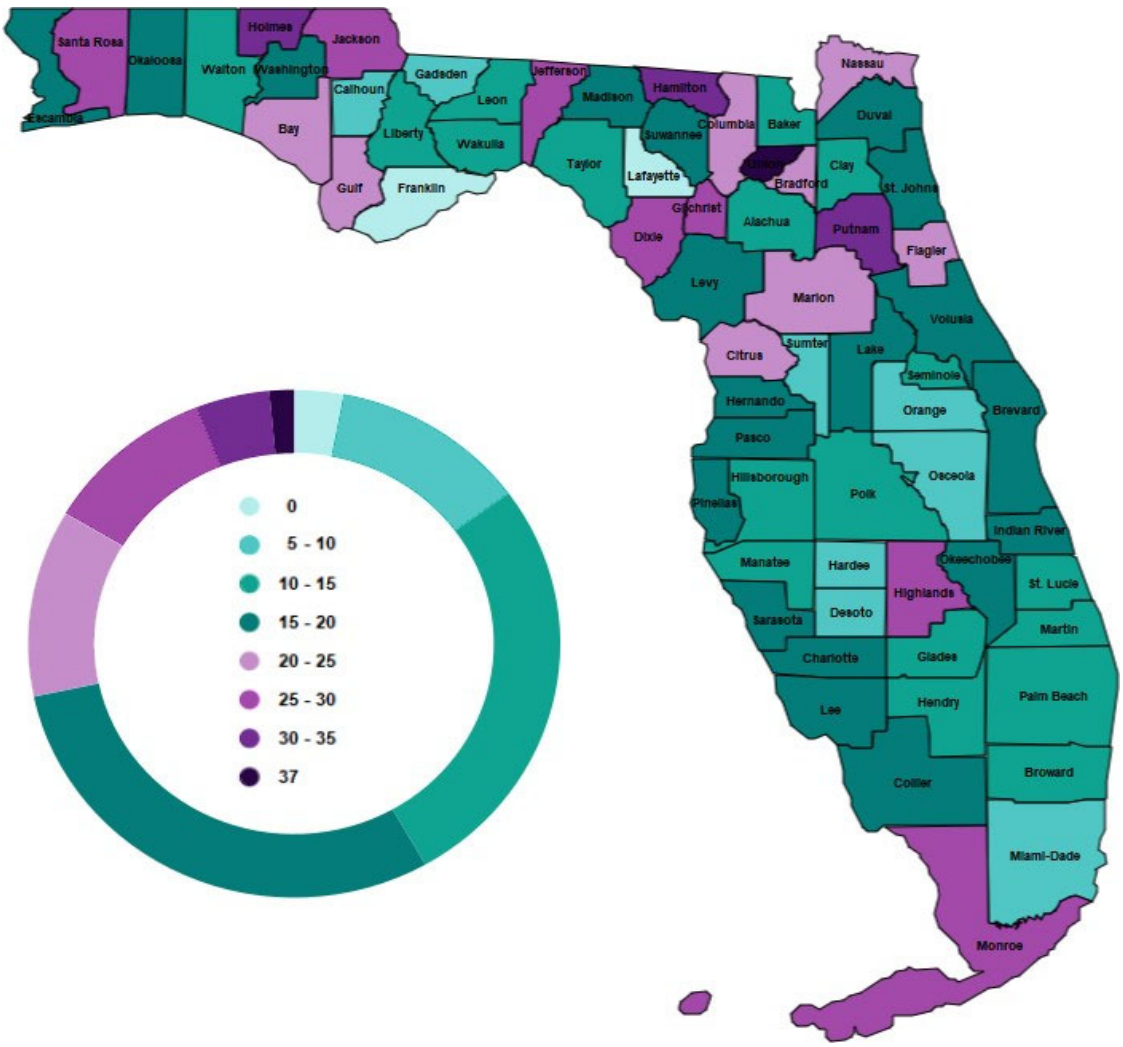


Data Source: Centers for Disease Control and Prevention National Center for Injury Prevention and Control (2022) Web-based Injury Statistics Query and Reporting System (WISQARS),[2] Florida Department of Health Bureau of Vital Statistics.

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 3) 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 3. Heat Map of Florida Suicide Rates by County, 2020.

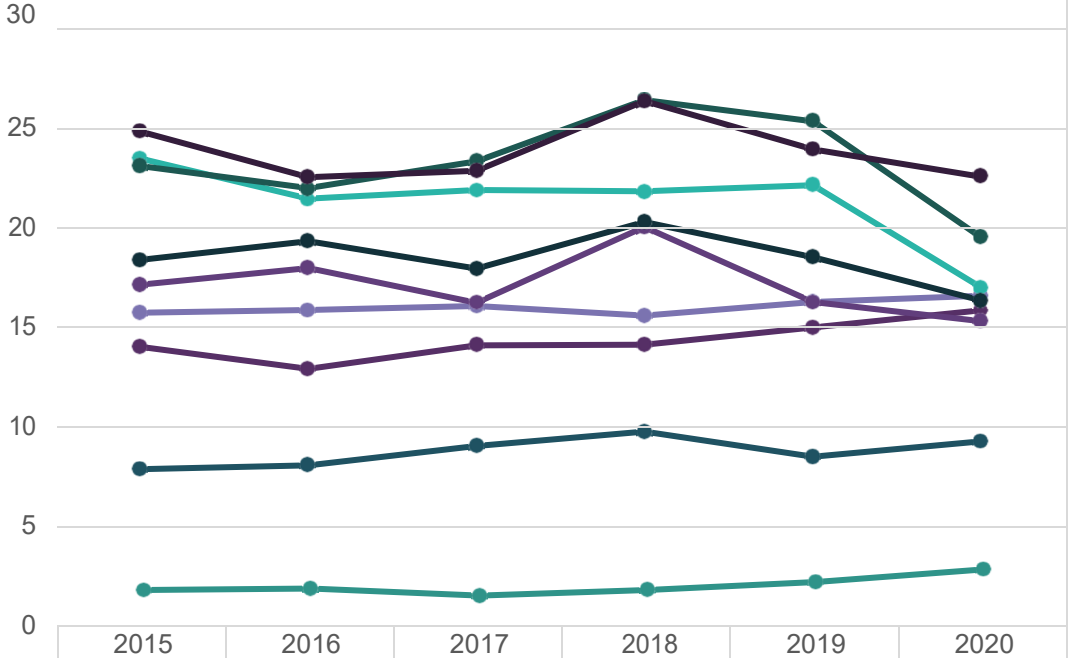


Data Source: Florida Department of Health Bureau of Vital Statistics. Visual creation by Anna Sever.

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. The greatest increases in rates are seen between 2018 and 2019; ages 10 – 14, 15 – 19, 20 – 24, and 25 – 34 saw increased suicide death rates (Page 14, Figure 4).

Figure 4. 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 Source: 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 middle-aged Floridians. This contrasts with the previous decade's data indicating that middle adulthood has the highest rates, showing some evidence favoring a generational relationship to suicide. There was a 28 percent decrease in suicide deaths in ages 45 – 54, and a 4 percent decrease in the 55 – 64 age group in 2021, compared to 2016. The following table (Table 2) provides an overview of the percent change from 2017 to 2021 by age group.

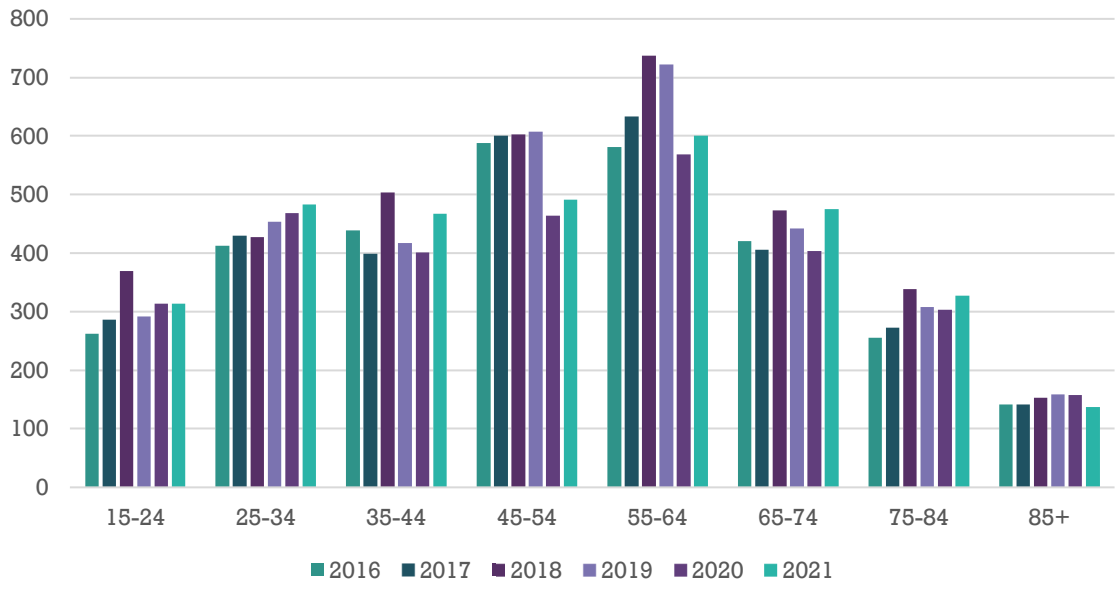
Table 2. Suicide Death Count and Percent Change by Age Group, 2017 and 2021

Age Group	2017	2021	2017 – 2021 % Change
15 - 24	286	314	10% Increase
25 - 34	430	483	12% Increase
35 - 44	399	467	17% Increase
45 - 54	601	491	18% Decrease
55 - 64	634	600	5% Decrease
65 - 74	406	475	17% Increase
75 - 84	272	327	20% Increase
85+	141	137	3% Decrease

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

Figure 5. provides an overview of the suicide death count by age group from 2016 – 2021. In comparison to 2016, suicides in 2021 increased for those in the age brackets ranging from 15 – 44 and 65 – 84. However, 2021 saw at least a slight increase in suicides across almost all age categories from the previous year.

Figure 5. Suicide Deaths (Count) by Age, 2016 – 2021

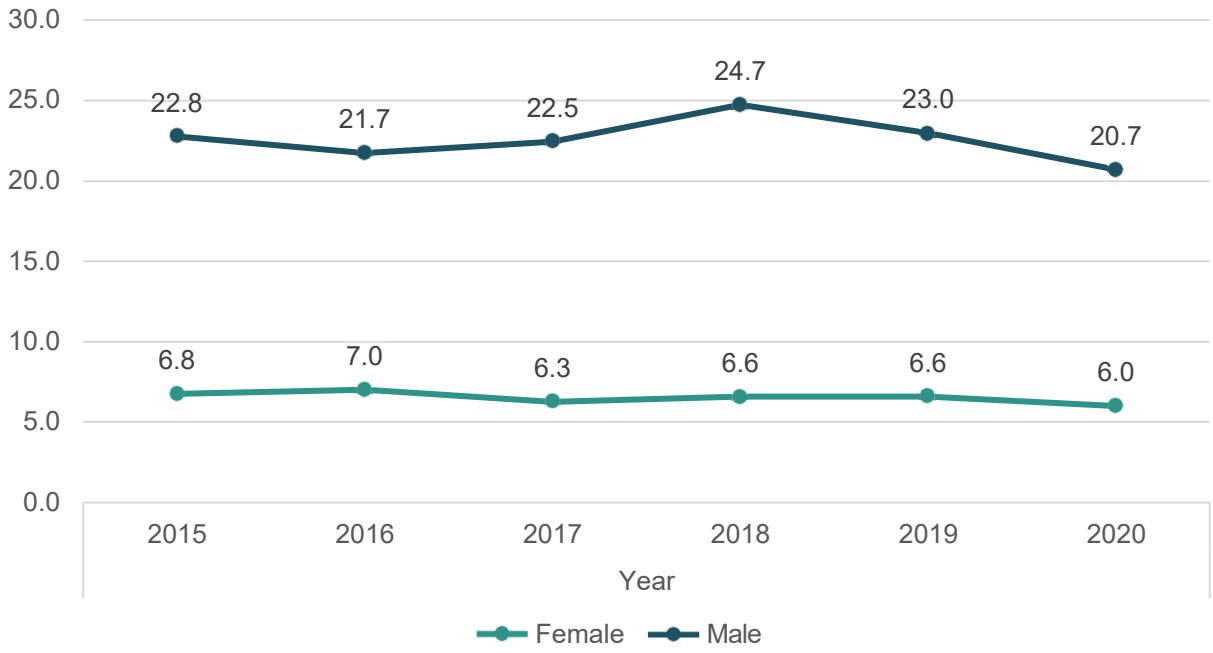


Data Source: Florida Department of Health Bureau of Vital Statistics. Note: Age group 5 – 14 was removed to maintain privacy since it had fewer than 50 deaths across all years. Range of deaths from 2016 – 2021 for those aged 5 – 14 was 17 – 34, with an average death count across all five years of 25.

Sex

Florida males have more than three times the rate of suicide deaths compared to females, and this trend has persisted for over fifty years. In 2020, the rate of suicide death for males was 20.7 per 100,000 males compared to 6.0 per 100,000 females (Page 17, Figure 6). 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 (Page 17, Figure 6).

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

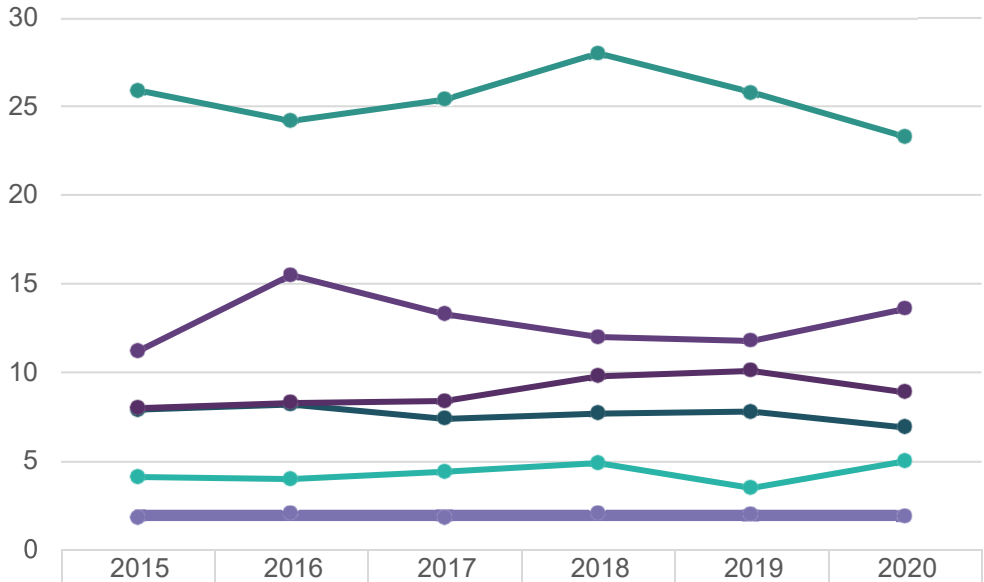


Data Source: Florida Department of Health Bureau of Vital Statistics.

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 18, Figure 7). 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 (13 percent; Page 18, Figure 7).

Figure 7. 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

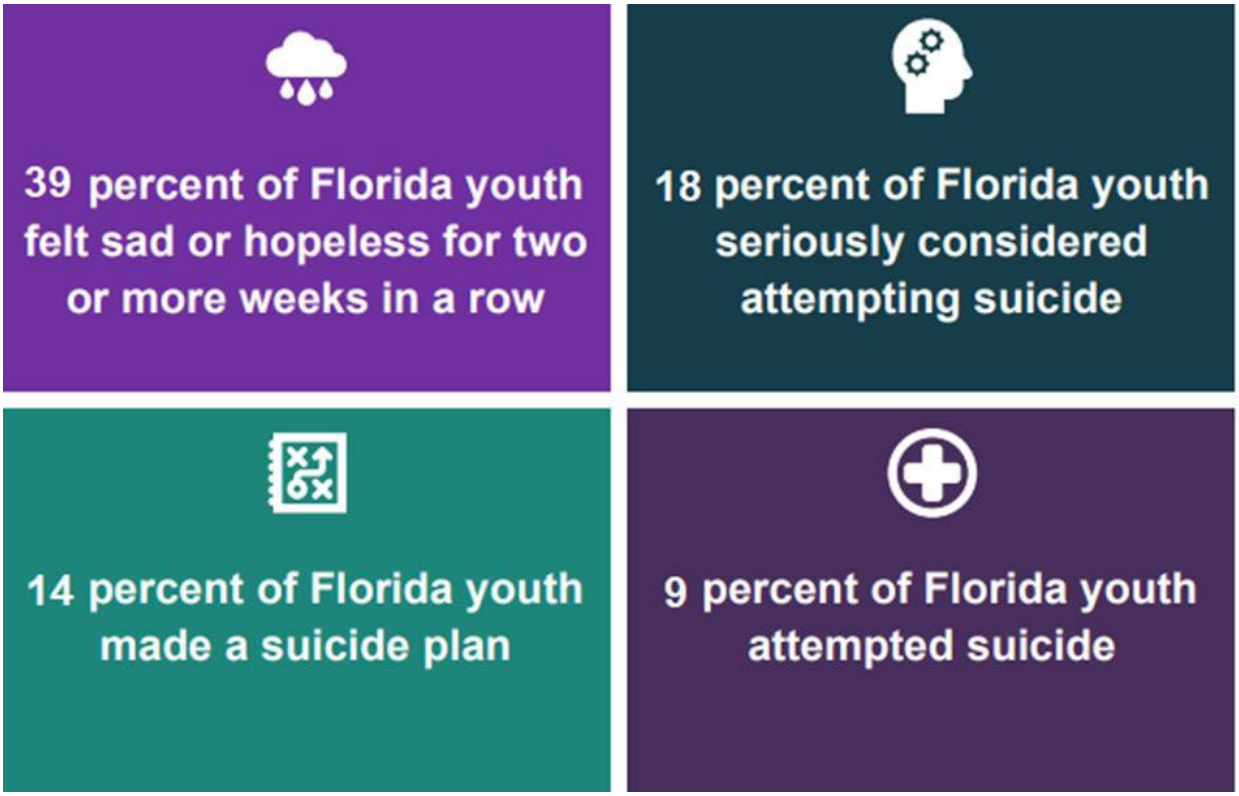
Data Source: Florida Department of Health Bureau of Vital Statistics.

Method

Firearms are used in most suicide deaths across the state and all age groups. This is a trend that continues to persist across decades of data in Florida and in the nation. Suffocation and poisoning are the second and third more commonly used method in suicide deaths. The remaining deaths are classified as “other” and account for less than 10 percent of suicide deaths.

Florida Youth Risk Behavior Survey

The Youth Risk Behavior Survey (YRBS) is a nationwide, school-based survey of public high school students. In Florida, the YRBS is part of the Florida Youth Survey, which includes additional surveys of youth behavior, including the Florida Youth Substance Abuse Survey (FYSAS). Self-harm behaviors are captured within the YRBS for Florida high school students, and because the survey is administered across the nation, this allows some insight into how Florida compares to the rest of the nation. Below is a general overview of the 2021 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.



Data Source: Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System (YRBSS).[8]

In comparison to data from 2019, 2021 data displays a range of a 1 - 5 percentage point increase across youth endorsing sadness/hopelessness, thoughts of suicide, planning of suicide, and attempting suicide (Table 3).

Table 3. YRBS Suicide Related Questions 2019 and 2021

	2019	2021
Hopelessness	34%	39%
Seriously considered attempting suicide	16%	18%
Made a suicide plan	12%	14%
Attempted suicide	8%	9%

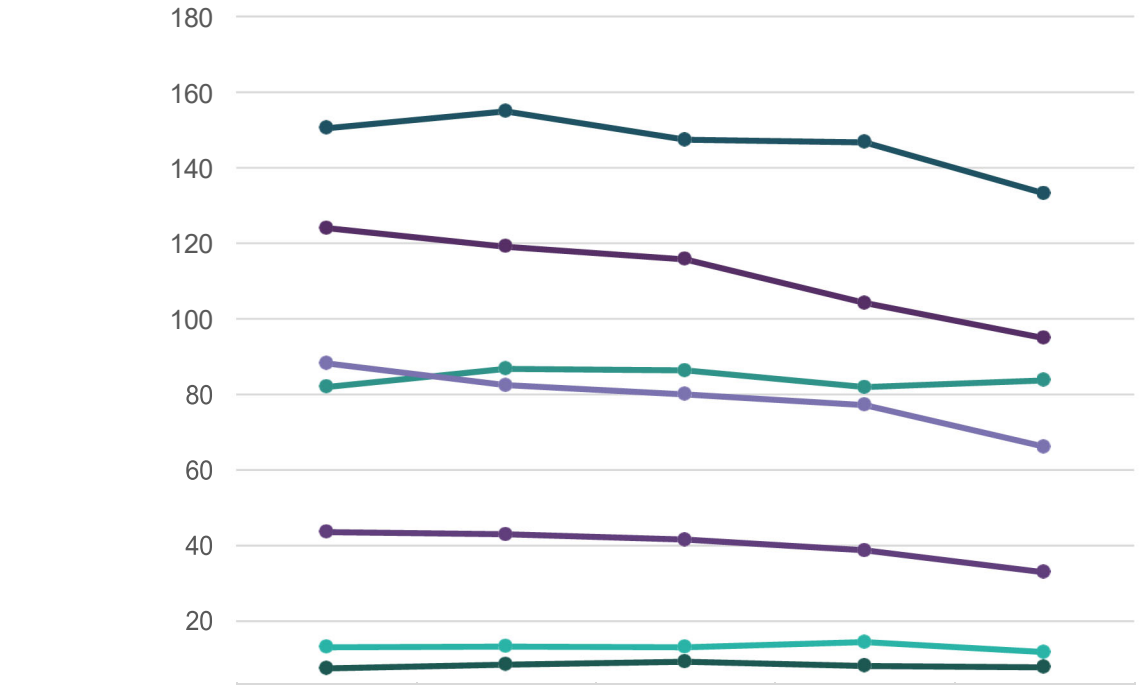
Data Source: Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System (YRBSS).[8]

The Department has adopted the suicide questions on the FYSAS to continue to collect data detailing suicide related thoughts and self-harm behaviors, as well as to help preserve the comparative abilities between the state and the nation due to Florida's discontinuation from the YRBS.

Non-fatal Self-harm

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 2016 through 2021, compared to all other age groups (Figure 8). This insight provides a unique opportunity to intervene and engage with at risk individuals to provide supports and services to prevent future suicidal behavior and refer to treatment to reduce the devastating emotional, physical, financial, and relational short and long-term toll on individuals.

Figure 8. Overall Rate Non-fatal Self-harm ED Visits by Age, 2016 – 2020



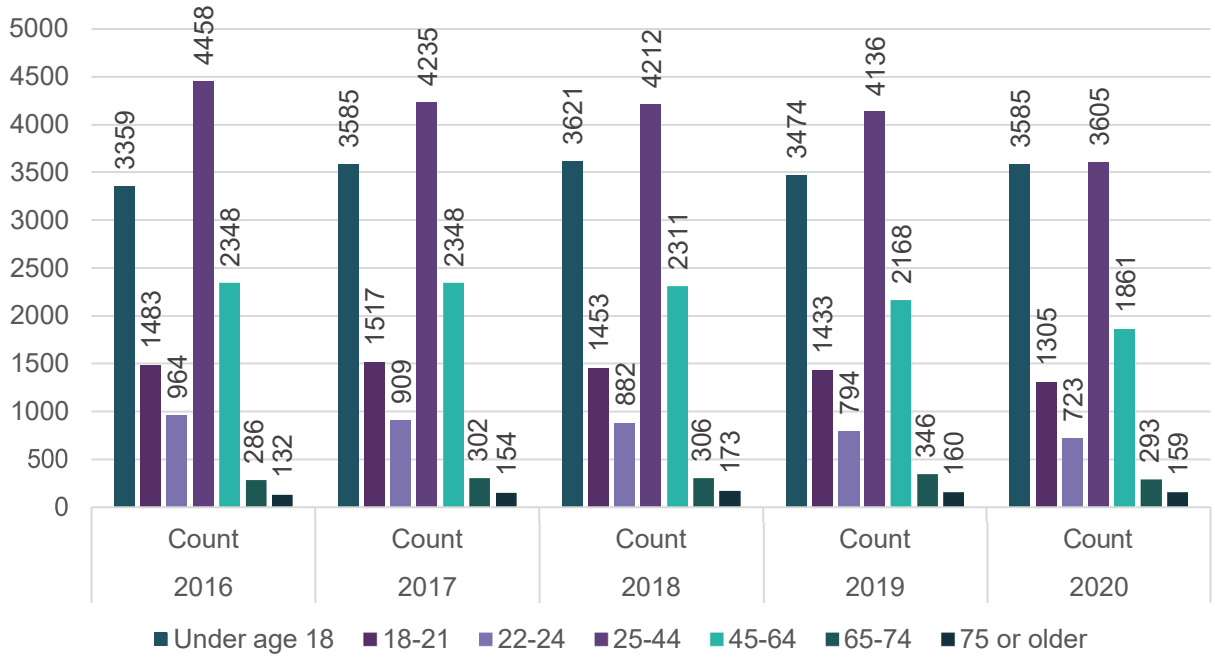
	2016	2017	2018	2019	2020
Under age 18	82.02	86.76	86.34	81.93	83.72
18-21	150.46	154.91	147.38	146.77	133.2
22-24	124.05	119.15	115.83	104.23	94.88
25-44	88.25	82.4	80.05	77.22	66.14
45-64	43.58	42.94	41.58	38.76	32.93
65-74	13.15	13.32	13.11	14.48	11.83
75 or older	7.51	8.52	9.28	8.2	7.8

Data Source: 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 U.S. 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 9), 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 groups under age 18, ages 65–74, and ages 75 or older, which experienced a seven percent, two percent, and a 20 percent increase, respectively, in 2020 compared to 2016 (Figure 9).

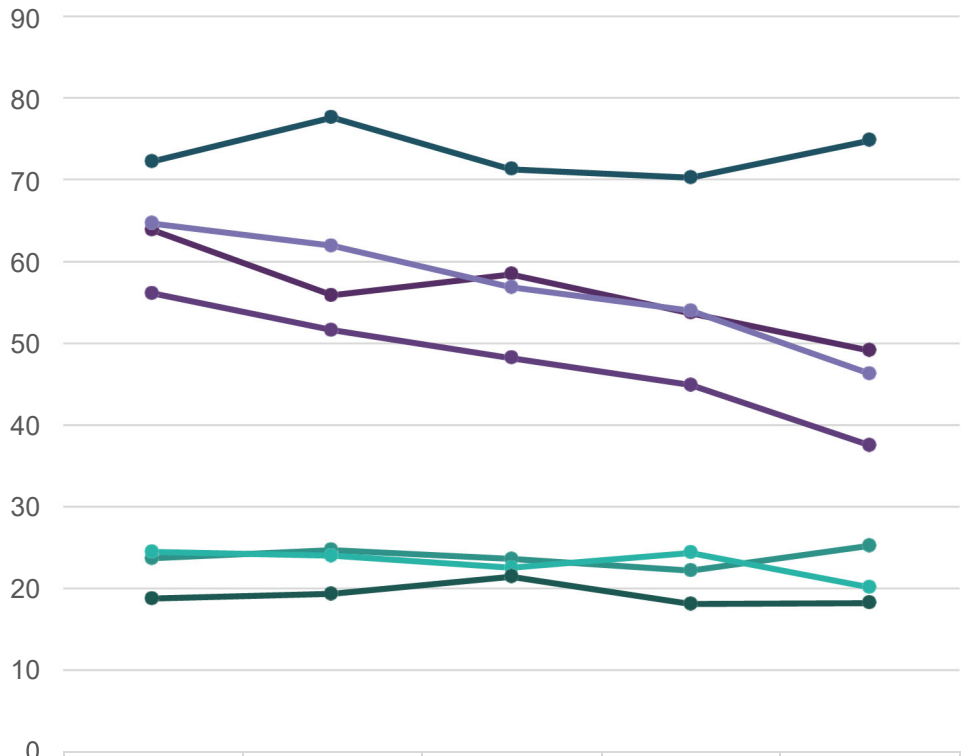
Figure 9. Overall Count Non-fatal Self-harm ED Visits by Age, 2016 – 2020



Data Source: 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 U.S. 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 ages 18–21 were consistently hospitalized for non-fatal self-harm visits at the highest rate from 2016 through 2020 compared to all other age groups (Page 23, Figure 10).

Figure 10. Overall Rate of Non-Fatal Self-Harm Hospitalizations by Age, 2016 – 2020

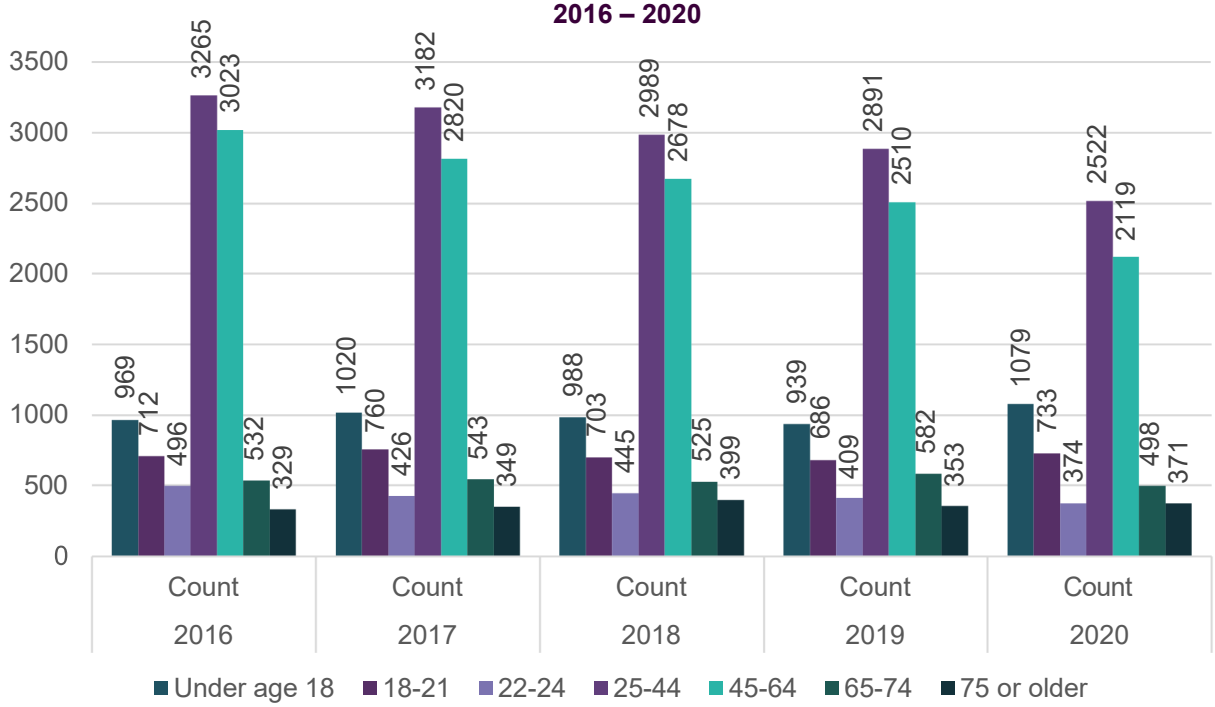


	2016	2017	2018	2019	2020
Under age 18	23.66	24.68	23.56	22.15	25.2
18-21	72.24	77.61	71.3	70.26	74.82
22-24	63.83	55.84	58.44	53.69	49.08
25-44	64.64	61.91	56.81	53.98	46.27
45-64	56.1	51.58	48.19	44.88	37.5
65-74	24.46	23.96	22.49	24.36	20.11
75 or older	18.71	19.31	21.41	18.08	18.19

Data Source: 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 U.S. 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 ages 25–44 (Figure 11), representing a 23 percent decrease from 2016 (*N* = 3,265).

Figure 11. Overall Count of Non-Fatal Self-Harm Hospitalizations by Age, 2016 – 2020



Data Source: 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 U.S. Bureau of the Census and form the foundation for rates displayed in this report.

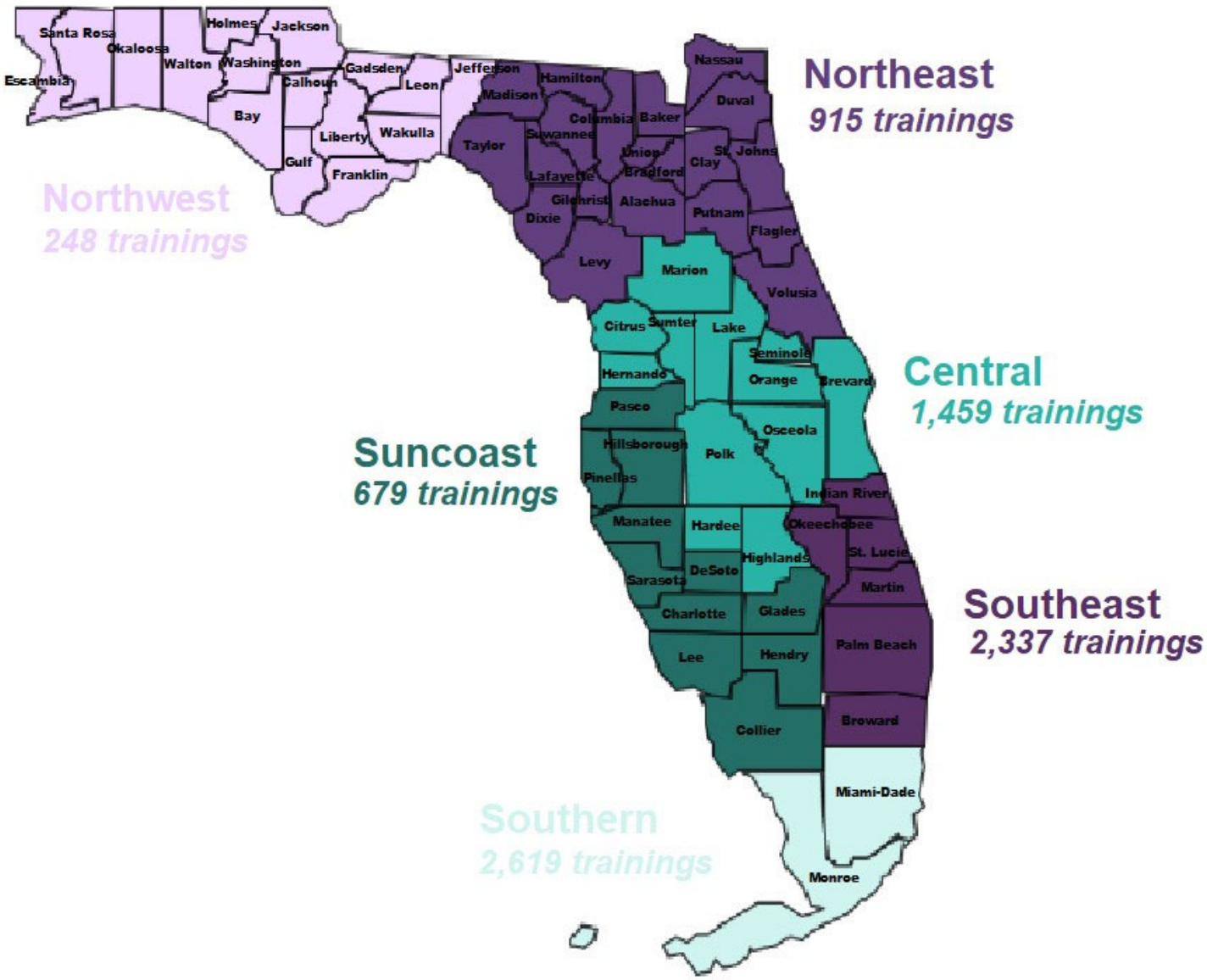
From 2016 to 2020, rates of non-fatal self-harm ED visits have remained relatively stable for drug poisoning, cutting/piercing, and other mechanisms, with drug poisoning as the most common mechanism used.

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 most 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 results in death about 2 percent of the time, indicating a lower chance of fatality.[9]

Florida Suicide Prevention Training

The following (Figure 12) details a myriad of suicide prevention related courses offered throughout the state, including assessing suicide risk, suicide prevention, and youth suicide prevention. The courses are offered to the general public through an online education program funded by the Department, and more information about these courses can be found by visiting the following website, https://fcbonline.remote-learner.net/

Figure 12. Regional Overview of Suicide Prevention Related Training, 2022.



Suicide Prevention Goals and Focus Areas

The 2020–2023 Florida Suicide Prevention Action Plan (2020–2023 Action Plan) underwent its first year's evaluation across the four focus areas and goals and 11 strategies. The next iteration of the Action Plan will take effect in 2024, and planning efforts are being discussed in conjunction with insight leveraged from the implementation of the present Action Plan.

Table 4: 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 93 percent completed with the following highlights: There is now a behavioral health/suicide profile publicly available on FL Health CHARTS; state agencies and key stakeholders have revamped their websites to include information about suicide factors specific to demographics their agency serves.

The Prevention focus area is currently 58 percent completed with the following highlights: There is an increase in quality assurance for Suicide Risk Screening, data show more than 1,095 Floridians have taken Counseling on Access to Lethal Means (CALMS) training, and mock suicide drill scenarios occur in 100 percent of Florida's detention centers.

The Intervention focus area is 90 percent completed with the following highlights: There has been a documented increase in the number of individuals who have received Youth Mental Health First Aid training from 23,159 (2021) to 47,696 (2022);100 percent of youth are referred to a mental health clinician and utilization of precautions when suicide risk factors are identified in a detention center.

The Caring Follow-up and Support focus area is 67 percent completed with the following highlight: The number of caring follow-up and support resources made available to the public has exceeded the target on the suicide prevention website.

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

Florida Suicide Prevention Initiatives

Building First Responder Resiliency

In partnership with First Lady Casey DeSantis, the Department dedicated over $12 million to expand peer-to-peer mental health services available for first responders to bolster existing prevention and intervention services for first responders and their families. These services will help to connect first responders and their families with peers who are trained in offering information and supportive counseling.

The Department is excited to be partnering with the following providers:

- **Florida Agricultural and Mechanical University**: Northwest Region
- **Lutheran Services Florida Health Systems**: Northeast Region
- **University Central Florida RESTORES**: Central Region
- **Crisis Center of Tampa Bay**: SunCoast Region
- **First Call for Help of Broward**: Southeast Region

In addition, Florida Agricultural and Mechanical University is developing a customizable statewide standardized resource toolkit for first responder departments. The Department's website has launched a First Responder Resiliency resource page. The page provides first responders with available mental health resources that they can call or access at any time.

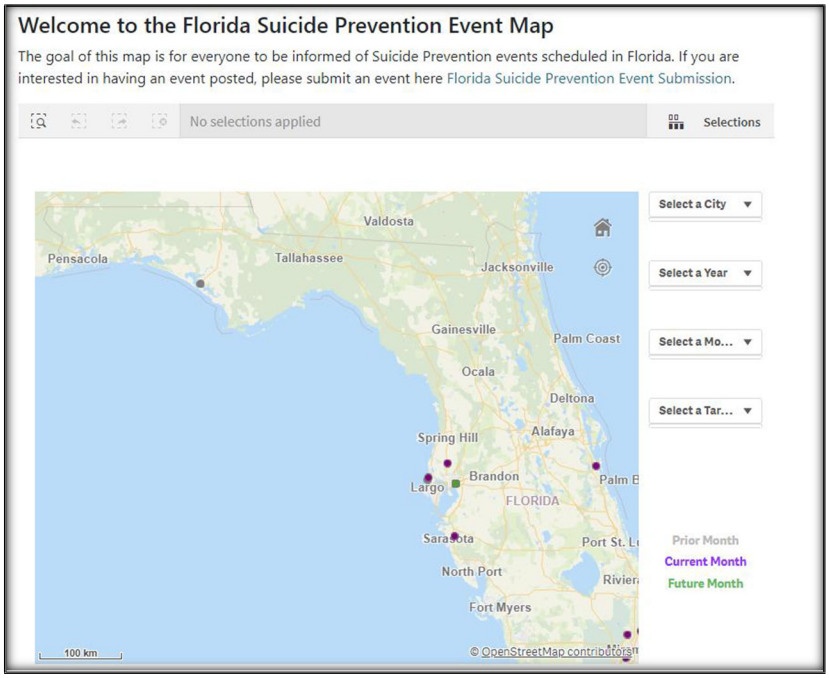
Key Outcomes: May 2022 – November 2022

Information and Referral Services	Service contacts generated, including: In-person contacts; Live contacts via phone, text, chat or email; web-based contacts accessing provider websites, mobile applications, and resource directories.	# Contacts - All Types	**138,671**
	Referrals to behavioral health and community resources based on the needs identified in an initial assessment.	# Referrals - All	**3,016**
		# Direct Staff Hours	**19,483**
Peer-Based Navigation	Direct engagement with first responder peer behavioral health navigators.	Unduplicated # Persons Served	**9,475**
	Number of staff in the field trained as peer-based navigators	# Peer-Based Navigators	**279**
		# Direct Staff Hours	**38,041**
Public Awareness Campaign	Combined impressions on all campaign elements: An impression is defined as the calculated estimation of number of times a campaign message has been served, regardless of whether a targeted user has seen or interacted with the message in any way.	# Impressions	**45,343,521**
Strategic Planning	Development of a comprehensive strategic plan clearly specifying first responder and family needs, locally available services to address the needs and expected standards of care in the provision of services	Milestone Status	**50% complete**
Statewide Toolkit Development	Customizable statewide standardized resource toolkit for first responder departments. The toolkit will be designed to enable Florida first responder agencies to offer training, tip sheets, guidance, and supportive messaging campaigns to their employees.	Milestone Status	**75% complete**

2022 Suicide Prevention Month: Paint the State Purple for Suicide Prevention

The Department's SOSP maintains a suicide prevention website to serve as a clearing house for suicide prevention information and resources. The website is updated regularly and 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. This website is projected to exceed over 25,000 visits in 2022, a 25 percent increase from 2021.

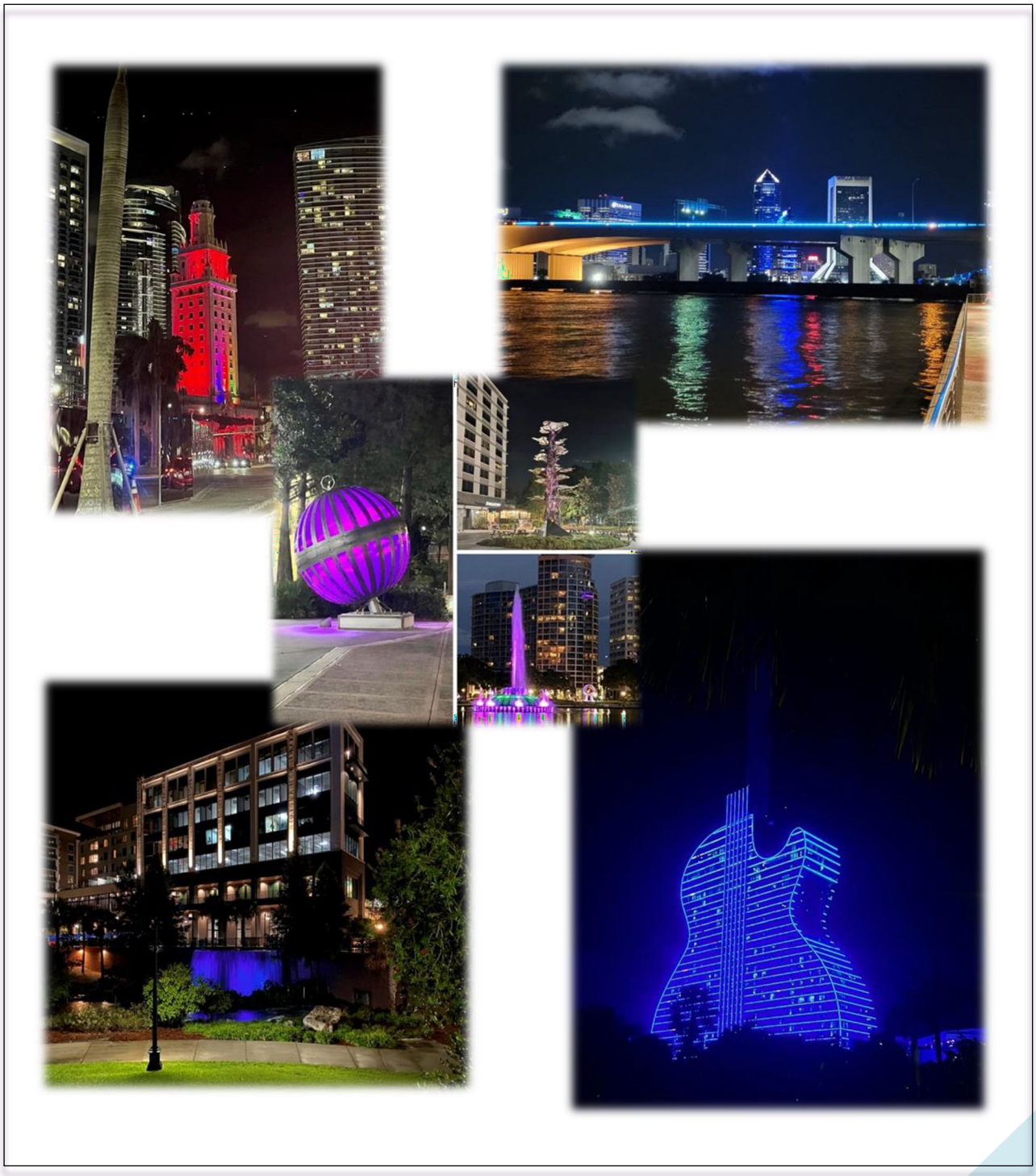
To further unify Florida in suicide prevention efforts during suicide prevention month in September 2022, an interactive suicide prevention events map was generated and posted on the Department's suicide prevention website. Hovering over the event dots reveals the corresponding event details, including the target audience for the event, and whether the event is virtual. When looking at the map, a purple dot indicates the event will occur in the present month, while a green dot indicates a future event convening beyond the present month. An event can be added to the map after completion of a 30-second survey, found above the suicide prevention events map and also here: Florida Suicide Prevention Event Submission. Once the submission is reviewed by SOSP personnel, the event will be added when the map refreshes on a regular basis.



Social media posts during the month of September included information about risk and warning signs for suicide, common myths about suicide, and help-seeking information, including the promotion of the suicide prevention website. These posts accumulated more than 50,000 impressions.

Over 5,000 items of marketing materials with the suicide prevention website were distributed across the state throughout September to attendees of the Suicide Prevention Coordinating Council's December meeting, the Department's Annual Children and Families Summit, various community events, and survivors of Hurricane Ian.

During the month of September, businesses and buildings across the state lit themselves purple for suicide prevention and correspondingly posted on social media to highlight ways for everyone across the state to raise awareness for suicide prevention by learning the risk and warning signs and by linking individuals to resources early when these indicators are present.



Suicide Prevention Coordinating Council (SPCC)

The SPCC comprises 31 members and one non-voting member and is identified in section 14.2019(5), F.S.. 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 presently 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 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; (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.

The Special Populations Committee

The Special Populations 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.

Materials developed in 2022 include resources for loss survivors, individuals who have experienced a disaster, diverse genders and sexualities, military service members and veterans, adolescents, and men in middle years. Also, 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, it is recommended to use the hashtag *#StopSuicideFL* in all outreach. The public is encouraged to share the materials developed widely. Materials are available at www.myflfamilies.com/suicideprevention under the ‘Social Shareables’ tab.

Suicide Prevention Coordinating Council Quarterly Challenge

The SPCC facilitated the 'Quarterly Challenge' initiative to increase public awareness of suicide-related information to reduce stigma around suicide and increase help-seeking behavior. The Quarterly Challenge is presented at the conclusion of all Council meetings. It is encouraged that they are shared widely. Displayed below are the four quarterly challenges for 2022.

March	***Building a strong foundation:*** **Practice Safe Messaging, Follow the National Action Alliance for Suicide Prevention's recommendations for safe messaging when sharing information about suicide to *decrease* suicide risk and *increase* help-seeking behavior.**
June	***Know the difference:*** **A national mandate implements 988 as the new number for National Suicide Prevention Lifeline by July 16, 2022. 988 is the crisis number for mental health and suicide related emergencies. 911 operates for fire, police dispatch, and non-mental health or suicide related medical emergencies. 211 continues to operate to provide information and referral services.**
September	***T.A.L.K. about it:*** **T –Talk about suicide, it may reduce rather than increase suicidal thoughts and ideations.** **A – Ask directly and nonjudgmentally.** **L – Learn the warning signs, listen, and link to resources such as the Crisis Text Line (Text 'HOME' to 741741).** **K – Keep in touch. Call, visit, or send a text in the days and weeks following a crisis.**
December	***Take a suicide prevention training:*** **Suicide prevention trainings are offered free of charge and virtually through Talkable Communities. Become trained in the new year. Visit the following link or scan the QR code to learn more about how to register for a training, https://www.talkablecommunities.org/.**

First Responders Suicide Deterrence Task Force

The Florida legislature established the First Responders Suicide Deterrence Task Force (Task Force) in 2020, defined in section 14.2019, F.S. The Task Force comprises 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.

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 July 1 each year, from 2021 - 2023. In accordance with statute, the Task Force is repealed on July 1, 2023.

The Task Force's second report was published in August 2022. To view the published Annual Reports, visit www.myflfamilies.com/suicideprevention under the 'First Responders Suicide Deterrence Task Force' tab.

2022 Suicide Deterrence Task Force Annual Report Recommendations

1. The Task Force to become a formal subcommittee of the Suicide Prevention Coordinating Council, ensuring the continuation of suicide prevention focused efforts for first responders beyond 2023.

2. The establishment of formal relationships between Law Enforcement agencies and the FLVDRS to help extend data collected for violent deaths across the state.

3. Review by Florida first responder departments of the updated International Association of Fire Chiefs Yellow Ribbon Report for recommendations on identifying and addressing mental health difficulties within the Fire and Emergency Services workforce.

4. Review by Florida first responder departments the USAR Demobilization Mental Wellness Follow Up Plan and develop or enhance policy on supporting mental health for their employees and department members in the case of a large-scale incident.

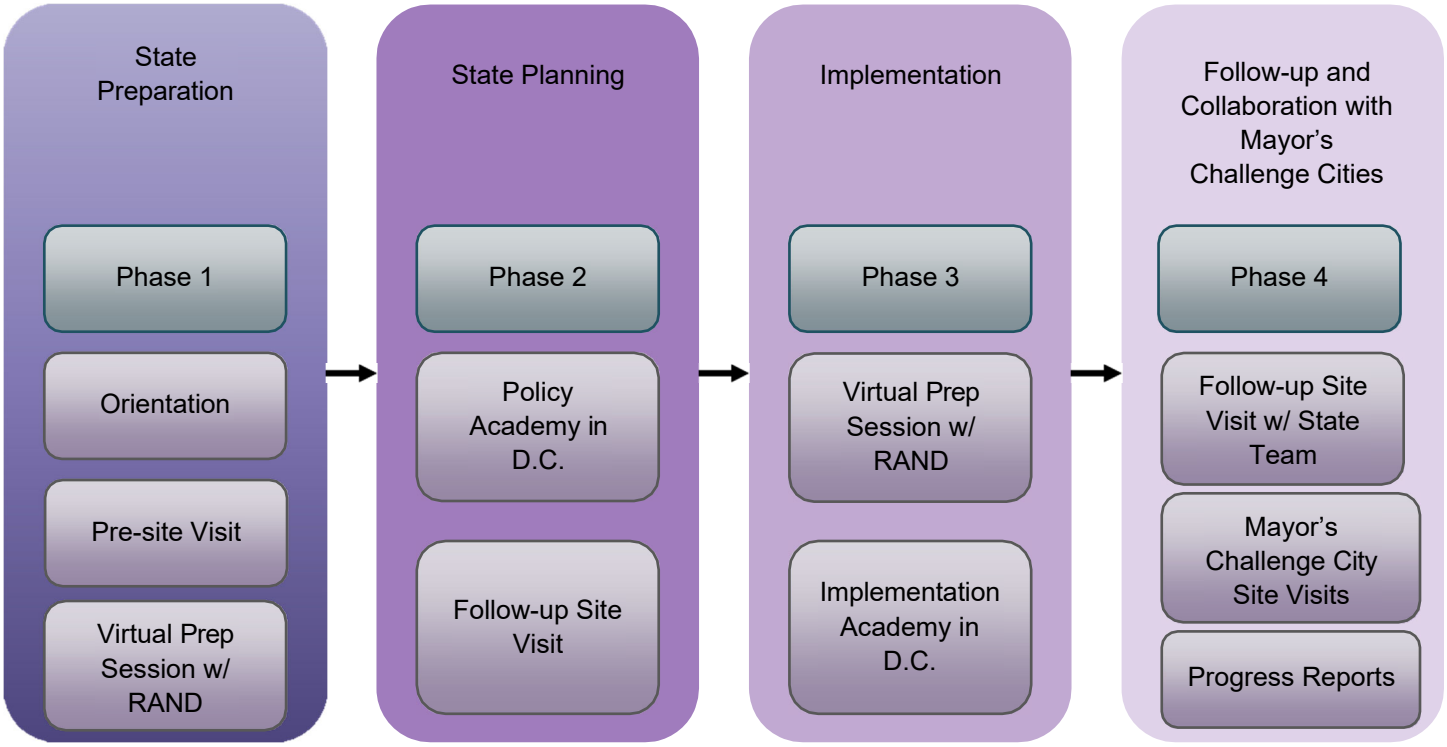
5. Work with the Florida A&M University to include best practices identified in this report within the statewide standardized resource toolkit for first responder departments.

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 2019, making Florida one of the first 10 states to act. As of August 2022, all 50 states and three U.S. territories have 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. In 2022, work in the "Phase 3: Implementation" stage continues.

Governor's Challenge Process



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 Danielle Morabito, 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)
Florida Department of Corrections	Florida Veterans Foundation	American's Warrior Partnership	American Legion

Below are the identified priorities of the Florida Governor's Challenge team with an overall goal of taking a comprehensive approach to suicide prevention for service members, veterans, and their families. For more information on the Florida Governor's Challenge team, visit: https://www.floridavets.org/governors-challenge/.

s. 1012.583, F.S.

Recent legislation mandates that each district school board shall adopt policies to ensure that district schools and local mobile response teams use the same suicide screening instrument approved by the Department pursuant to section 1012.583, F.S. This entails that one of the three following instruments: Columbia – Suicide Severity Rating Scale (C-SSRS), Lifetime-Recent Suicide Assessment Five-Step Evaluation and Triage (SAFE-T), or SAFE-T with C-SSRS is utilized. Collaboration with the Department of Education is ongoing to establish memorandums of understanding with each of the mobile response teams to ensure that all partners are well versed in how to administer and use these screening instruments correctly.

9-8-8

The National Suicide Prevention Lifeline (Lifeline) provides free, 24/7, confidential support for individuals in distress throughout the nation. The National Suicide Hotline Designation Act of 2020 designated 9-8-8 as the universal telephone number for suicide prevention and mental health crisis effective on July 16, 2022. 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 transition to 988 requires states to identify funding streams to build and sustain crisis response infrastructure, inclusive of "someone to call," "someone to respond," "somewhere to go." The 1-800-273-8255 remains operational in addition to 988, calling either number will route an individual to an accredited Lifeline Member center and the call will be answered by a caring individual, with specialized training in crisis de-escalation.

Currently, the Lifeline network acts as a national mental health safety net for the public by routing callers to the nearest of over 200 local crisis call centers. Florida has one of the most complicated networks of Lifeline centers with 13 local call centers comprising the Lifeline Network. A routing algorithm directs calls to a Lifeline center based on designated county coverage area in a tiered format. If one local Lifeline center is unable to answer, calls are re-routed to a second Lifeline center in the state that provides backup services. If neither in-state center can answer, the call is routed into a third tier of support, Lifeline's national-level backup network.

Preliminary data indicate that between January and August 2022, the Florida Lifeline network received 76,601 calls, which is a 12 percent increase from the same timeframe seen in 2021. Data describing trends post 988 roll out show an initial 33 percent increase in service demand for calls. The greatest spike is among texts, showing a 4 time increase in service demand. Prior

to 988 implementation, text contacts averaged 353 per month. In the month following 988 implementation, text contacts were 1,537.

Grants

988 Implementation

In January 2022, SAMHSA released a two-year grant period to support state and territory efforts to implement 988 as the rebranded National Suicide Prevention Lifeline hotline number, and the Department was awarded $5.3 million dollars across the two-year period on April 15, 2022. This is a capacity building grant that intends to provide initial support for 9-8-8 implementation. In addition, the Department set-aside funding from the Community Mental Health Services Block Grant Covid Relief Supplemental and the Community Mental Health Services Block Grant American Rescue Plan Supplemental to further assist in the capacity building and implementation of 9-8-8. This grant period also supports the continuation of Florida's 988 Coalition, created during the 988-planning grant in 2021.

In November 2022, Florida applied for an additional $2,000,000 in supplemental state and territory cooperative agreement funding. The application is pending with results forthcoming.

Total Program Amount: FY 2022-23: **$11,267,609***

9-8-8 State and Territory Cooperative Agreements - $2,805,776

Supplemental Community Mental Health Block Grant - $8,461,833

Total Program Amount: FY 2023-24: **$10,940,445***

9-8-8 State and Territory Cooperative Agreements - $2,478,612

Supplemental Community Mental Health Block Grant - $8,461,833

**If Florida is awarded the $2,000,000 supplemental funding, this will increase the Total Program Amounts in FY 2022-23 to $12,067,609 and FY 2023-24 $12,140,445.*

Year 1 Areas of Focus

Increasing Capacity & Ensuring Success of Robust Back-Up Capacity

While Vibrant Emotional Health will continue to be a national backup response site for all states, Florida has 13 Lifeline accredited 9-8-8 providers—many more than most other states—to establish, not only primary call centers, but also state specific backups when a caller needs to be rerouted outside the zip code if the wait time is long.

Given the robust network of Lifeline centers, Florida will realign the routing of back up calls first to the Florida centers, then, if necessary, to the national line.

Outreach and Awareness

The Department will produce a statewide and region-specific marketing campaign to inform the public of 988 and its purpose. The goal is to continue to work with community partners, local governments, and municipalities to garner a robust response in the same fashion as 9-1-1 for Floridians who seek help from the 9-8-8 Lifeline. The timing of the messaging is of strategic importance to the successful role out of 9-8-8. Lifeline Centers will be onboarding new staff and attempting to build capacity as the rollout begins, therefore marketing the new 3-digit number prior to or during the initial months of the rollout could increase the call volume, overwhelm

Lifeline staff, result in more calls being answered by the national backup, and reduce in-state answer rates. SAMHSA has recognized this as an issue and has requested that states wait 4-6 months after the July 16th rollout, to begin marketing. The Department plans to expend $400,000 of the $8.4 million in supplemental funding in FY 2022-2023 towards Florida's 9-8-8 marketing plan.

Florida Violent Death Reporting System

The Florida Violent Death Reporting System (FLVDRS) is a state-based surveillance system developed and funded by the CDC. In its new project period beginning in September 2022, FLVDRS must collect and abstract data on at least 60 percent of violent deaths occurring in Florida, with expanded data collection efforts in each subsequent year. All information is entered into an anonymous encrypted database run by the CDC. Data Source include Vital Statistics death certificates, medical examiner records, and law enforcement reports. By combining information from these sources, FLVDRS enhances public health data surveillance of all types of violent deaths, including suicides, and aids in the design and implementation of injury and violence prevention and intervention efforts. 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. This information provides comprehensive context and answers about the "who, what, when, where, and why" leading to violent deaths.

In July 2022, the program concluded its second data closeout. Data from this timeframe will be disseminated later this year. Currently, the FLVDRS operates in approximately 60 percent of Florida counties and is working to expand to 75 percent by August 2023. A part-time law enforcement liaison was recently hired to assist the program in its outreach efforts and has already made significant progress in onboarding new law enforcement partners.

Florida Implementation of the National Strategy for Suicide Prevention

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 Zero Suicide model and included a Zero Suicide 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 2020, SAMHSA awarded COVID-19 Emergency Response for Suicide Prevention Grants to support states and communities during the COVID-19 pandemic to help address mental health needs. Specifically, the program focused on adults ages 25 and older and required 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. The following is a summary of their accomplishments throughout the grant period.

Centerstone

Centerstone administered a Suicide Prevention Program from November 1, 2020, through March 1, 2022. 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.

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. Highlights of the grant period include: 95 percent of enrollment goal was met with 33 percent of these participants having experienced domestic violence; monthly suicide prevention lunch and learns; and several community-based training sessions, which resulted in training 283 participants.

In January 2022, Guidance Care Center expanded their Mobile Crisis Response Team services by expanding services to all ages, consistent with this change to the Department's policy.

Lutheran Services Florida

Lutheran Services Florida Health Systems (LSFHS) provided extensive training to its provider network and community suicide prevention advocates to increase awareness about suicide prevention. The trainings encouraged participants to talk about suicide in a non-stigmatizing way, to intervene and to refer to treatment when appropriate:

- 58 individuals were trained in Question, Persuade, Refer gatekeeper trainings in 5 LSFHS trainings in 2022.
- 14 individuals completed a five-day ASIST Train the Trainer to enhance the Region's sustainability of the evidence-based Applied Suicide Intervention Skills Training.
- LSFHS partnered with a clinical psychologist to train 171 participants in Florida in Dialectical Behavioral Therapy (DBT), shown in research to lead to sharp drops in suicide attempts and self-harm, especially among adolescents and individuals living with Borderline Personality Disorder.
- In mid-2022, LSF rolled out a First Responders Peer Support Program, funded by the Department in the Region's catchment area for current and former first responders and immediate family members to have a chance to talk (with no wait) about compassion fatigue, secondary trauma, and suicidal thoughts.

- The COVID-19 Emergency Response Suicide Prevention grant launched last year was made sustainable at Mental Health Center in Duval County in 2022. Between the period February 1 through September 30, 145 people identified at risk for suicide were referred to rapid follow-up care and enhanced services. Seventy-one people enrolled in the Link to Life program; 37 were discharged and 34 continue in treatment.
- A six-week Suicide Prevention LINK to LIFE messaging campaign in early 2022 achieved more than 2 million impressions via seven outdoor billboards, led to 800 clicks on an LSF Suicide Prevention Resource web page in Duval County and 1,600 clicks in the Region's 22 other counties.

Starting Point Behavioral Healthcare

The Nassau County provider, through its SAMHSA grant supporting Talkable Communities, provided these suicide prevention trainings during 2022 year to date:

- It's Time to Talk About It for families with adolescents: 186 trained
- Question, Persuade, Refer: 163 trained
- Youth Mental Health First Aid: 164 trained

Florida Launch Engage Activate Departments and Systems for Zero Suicide

The Florida Launch Engage Activate Departments and Systems (FL LEADS) for Zero Suicide project is a five-year federally funded project through SAMHSA. The goal of the FL LEADS project is to transform and improve suicide care practices, standards, and outcomes at the state and regional levels for adults aged 25 and older.

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 Zero Suicide 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
- 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:

- Zero Suicide workshops: 38 trained
- Linc2Life Safety Planning: 10 trained
- Question, Persuade, Refer: 12 trained
- Training plans are being developed with Central Florida law enforcement, Meridian Behavioral Health, Molina Healthcare of Florida, True Health, LSFHS, Department of Elder Affairs, 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 developed 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

Florida State Health Improvement Plan

The Florida Department of Health collaborates with various partners to develop the State Health Improvement Plan (SHIP), which identifies key issues that impact the health of all Floridians. The 2022-2026 SHIP includes suicide categorized under the priority healthy topic area of Injury, Safety and Violence and the Mental Wellbeing and Substance Abuse Prevention. The SOSP and state suicide prevention partners are engaged with the SHIP to further integrate and align more uniform suicide prevention strategies from the suicide prevention strategic plan.

2022 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. Focus Efforts on Research Informed and Evidence Based Practices

Youth and Families

To combat suicide's status as a leading cause of death across early adulthood, it is recommended that research-informed and evidence-based practices are more thoroughly implemented and evaluated in schools. Upstream efforts to prevent suicide may include the sharing of mental health curricula across the state, the generation of peer-to-peer based suicide prevention programs in schools, such as HopeSquad, and awareness of suicide prevention trainings freely available to the general community, which are available through Talkable Communities.

Elevated Risk Populations

The Collaborative Assessment and Management of Suicidality (CAMS) is an empirically supported suicide treatment. However, presently, few clinicians in Florida (27) are listed on the public facing database as trained to provide CAMS. To increase the number of CAMS providers, it is proposed that the SOSP will coordinate statewide training opportunities for behavioral health professionals to become certified in CAMS and correspondingly request their names are listed on the CAMS provider database.

2. Support the Implementation of 9-8-8 as the National Suicide Prevention Lifeline Number and Facilitate its Sustainability by Providing General Revenue

It is imperative that individuals experiencing behavioral health crises are timely paired to professionals with skills to best respond to and de-escalate crisis states. The nationwide launch of 9-8-8 on July 16, 2022 allows for such an opportunity. Florida leads the nation with the greatest number of crisis centers answering 988 calls and operations require sustainable funding to support continuous onboarding and training of staff, data and technological updates, and development of statewide collaborations across the crisis care continuum to align with best practices.

3. 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

Of the nation's 9,000,000 million Veterans, 1,500,000 million reside in Florida. This is approximately 8 percent of Florida's population; however, Veterans account for over 16 percent of Florida's suicide deaths. Targeted prevention and intervention initiatives for Veterans are developed by the Governor's Challenge team; however, funding streams are needed to support the robust delivery and implementation of these efforts across the each of the three priority areas.

First Responder Suicide Deterrence Task Force

Unique work stress, including exposure to vicarious trauma and tasking physical and emotional working conditions increases a first responder's risk for mental health conditions and suicide. To help mitigate this risk for Florida first responders, The Florida First Responder Suicide Deterrence Task Force developed several recommendations in both their inaugural and second annual report to reduce the incidence of suicide related behaviors. The SPCC recommends corresponding, sustainable funding for each of these recommendations to expand suicide prevention among Florida first responders across all of Florida's 67 counties.

4. Add and Fund Florida Violent Death Reporting System (FLVDRS) to Statute

The Florida Department of Health operates the FLVDRS and provided the following information and recommendation. The FLVDRS collects data from 30 counties: Miami-Dade, Duval, Broward, Palm Beach, Hillsborough, Pinellas, Pasco, Orange, St. Johns, Union, Levy, Flagler, Gilchrist, Hardee, Highlands, Charlotte, Bay, Osceola, Polk, Seminole, St. Lucie, Manatee, Alachua, Clay, Nassau, Hamilton, Columbia, Baker, Bradford, and Putnam, and will be expanding to additional counties to cover the entire state. A contract is in place for medical examiner and law enforcement report abstraction, 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 entering its fifth year of operation. 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).

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**	**93 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** Q2/Y1
	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	**Completed** Q2/Y1
	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** Q4/ Y1
	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** Q1/Y1
	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	**Completed** Q2/Y1
	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** Q2/Y1

	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** Q1/Y1
	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** Q2/Y1
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	**Completed** Q2/Y1
	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** Q2/Y1
	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	**Completed** Q3/Y2
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** Q2/Y1
	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** Q2/Y1

	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** Q2/Y1
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** Q2/Y1
	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** Q1/Y1
	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	**Completed** Q4/Y1
	1.4.4	By June 2021 (extended to June 2023), 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	**Completed** Q1/Y1
	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	**Ongoing**
Focus Area		**Prevention**	**58 Percent**
Strategy	**2.1**	Implement suicide prevention trainings.	**Status**

Action Items	**2.1.1**	By October 2023, 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** Q2/Y1
	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** Q2/Y1
	2.1.4	By June 2021 (extended to June 2023), 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	**Completed** Q4/Y1
	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** Q2/Y1

	2.2.2	By June 2021 (extended to June 2023), 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** Q2/Y1
	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** Q2/Y1
	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** Q2/Y1
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**	**90 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** Q2/Y1

	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	**Completed** Q2/Y1
	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	**Ongoing**
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** Q2/Y1
	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** Q2/Y1
Focus Area		**Caring Follow-up and Support**	**67 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 2023), 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** Q2/Y1

	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	**Completed** Q3/Y1

Appendix B: Key Definitions

Definitions of terms for suicide and self-directed violence by the CDC,[10] the SPRC,[11] and other suicide-based resources are described below.[12] For more information and a broader list, please visit: https://www.sprc.org/about-suicide/topics-terms.[11]

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.
Caring Follow up	Caring follow up is a mechanism that checks in on suicide attempt survivors following their discharge from a hospital for an attempt. Empirical evidence supporting intervention to reduce deaths by suicide.
Discharge Planning	Creation of a plan for an individual to receive treatment following discharge from emergency department, acute caring setting. A well-devised discharge plan understands a suicidal individual's treatment trajectory needs far exceed their stat in the hospital, the aversiveness to help-seeking, needs for intensive-outpatient services, and follow up by providers to promote client showing up to services.
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.
Help-negation	Aversiveness to seeking care or assistance for emotional distress, a mental health condition, or suicidal thoughts.

Hospital Bridge Programs	Treatment trajectories that promote continuity of care following discharge of an emergency department and/ or inpatient stay.
Intervention	An activity or set of activities designed to decrease risk factors or increase protective factors.
Jail Bridge Programs	Treatment trajectories that promote continuity of care following justice involvement, probation, parole, sentence.
Lived Experience	Knowledge gained from an individual themselves or a loved one 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.
988	The 24/7, free, confidential crisis support line for suicide and behavioral health support.
211	The information and referral support line.
911	Dispatch of fire, police, and medical services generally intended for non-behavioral health emergencies.

Appendix C: Group Memberships

2022 SPCC Council Members and Designees

Representing	Appointed Official	Designee
Statewide Office for Suicide Prevention	Anna Sever, Chair, *non- voting member*	
1. Florida Association of School Psychologists	Dr. Gene Cash	
2. Florida Sheriffs Association	Matt Dunagan	Allie McNair
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	Jennifer Owens
8. State Chapter of AARP	Vacant	
9. Florida Behavioral Health Association	Ute Gazioch	Jennifer Johnson
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. Diane McKay	Deborah Foote
16. Veterans Florida	Joe Marino	Dan Barrow
17. Florida Association of Managing Entities	Natalie Kelly	Paul Bebee
18. Secretary of Elder Affairs	Michelle Branham	Gretta Jones

19. State Surgeon General (DOH)	Dr. Joseph Ladapo	Shay Chapman
20. Commissioner of Education	Manny Diaz, Jr.	Beverley Wilks/ Anna Williams-Jones
21. Secretary of Health Care Administration	Simone Marstiller	Dr. Timothy Buehner
22. Secretary of Juvenile Justice	Eric Hall	Dr. Tracy Shelby/ Joy Bennink
23. Secretary of Corrections	Ricky D. Dixon	Dr. Tammy Lander/ Dr. Angela Williams
24. Commissioner of Florida Department of Law Enforcement	Mark Glass	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/ Maggie Cveticanin
27. Executive Director of Department of Economic Opportunity	Dane Eagle	Allyce Moriak
28. Secretary of Department of Transportation	Jared W. Perdue	Mark Eacker/ Brenda Young/ Lora Hollingsworth
29. – 31. Governor's Appointees	Vacant	

SPCC Planning and Evaluation Committee Members

Cory Smith (Chair), Department of Health

Anna Sever (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, Disability Rights Florida

Elizabeth Nettles, Lutheran Services Florida Health Systems

Eric Bledsoe, Crisis Center of Tampa Bay

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

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

Anna Sever (Chair), Department of Children and Families, Statewide Office for Suicide Prevention

Anna Williams Jones, Florida Department of Education

Al Carter, Florida Department of Veterans Affairs

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

Angela Gambino, Central Florida Cares Health System

Beverley Wilks, Florida Department of Education

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

Dr. Diane McKay, Florida Psychological Association

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

Sabina Zunguze, The Tatissa Foundation

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