



OFFICE OF SUBSTANCE ABUSE AND MENTAL HEALTH

MYFLFAMILIES.COM

SUICIDE PREVENTION COORDINATING COUNCIL 2020 ANNUAL REPORT

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

January 1, 2021

Chad Poppell
Secretary

Ron DeSantis
Governor

Table of Contents

Introduction	3
National Suicide Data.....	5
Florida Suicide Data	7
Grants	18
Suicide Prevention Goals	21
Coronavirus Disease – 2019 (COVID-19) and Suicide Prevention Efforts	22
2020 SPCC Council Recommendations.....	24
Appendix A.....	27
Appendix B.....	29
Appendix C.....	39
References.....	42

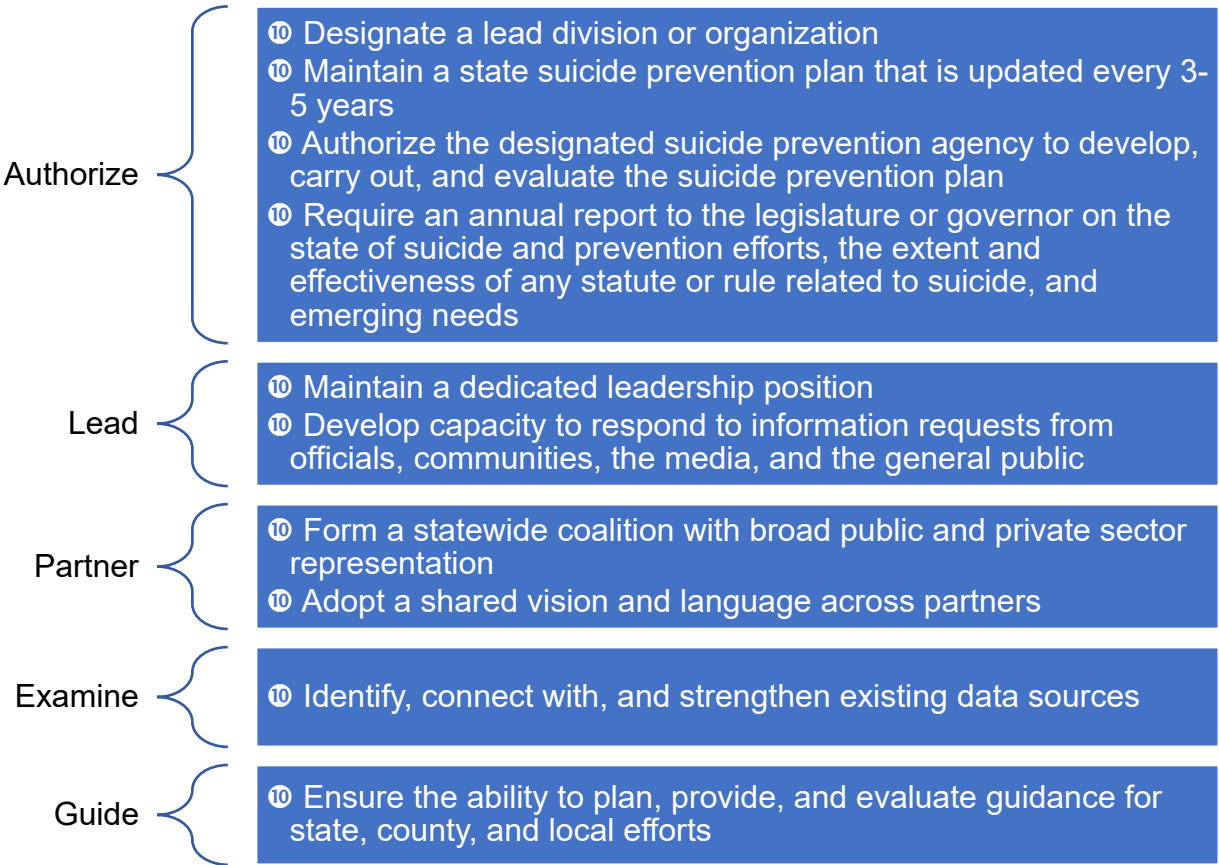
Introduction

Purpose

This report is a collaboration between the Suicide Prevention Coordinating Council, the Statewide Office for Suicide Prevention (SOSP), and the Office of Substance Abuse and Mental Health (SAMH) within the Department of Children and Families (department). The completion of this report fulfills Section 14.20195(c), F.S., which requires the Suicide Prevention Coordinating Council to “prepare an annual report and present it to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2008, and each year thereafter.”

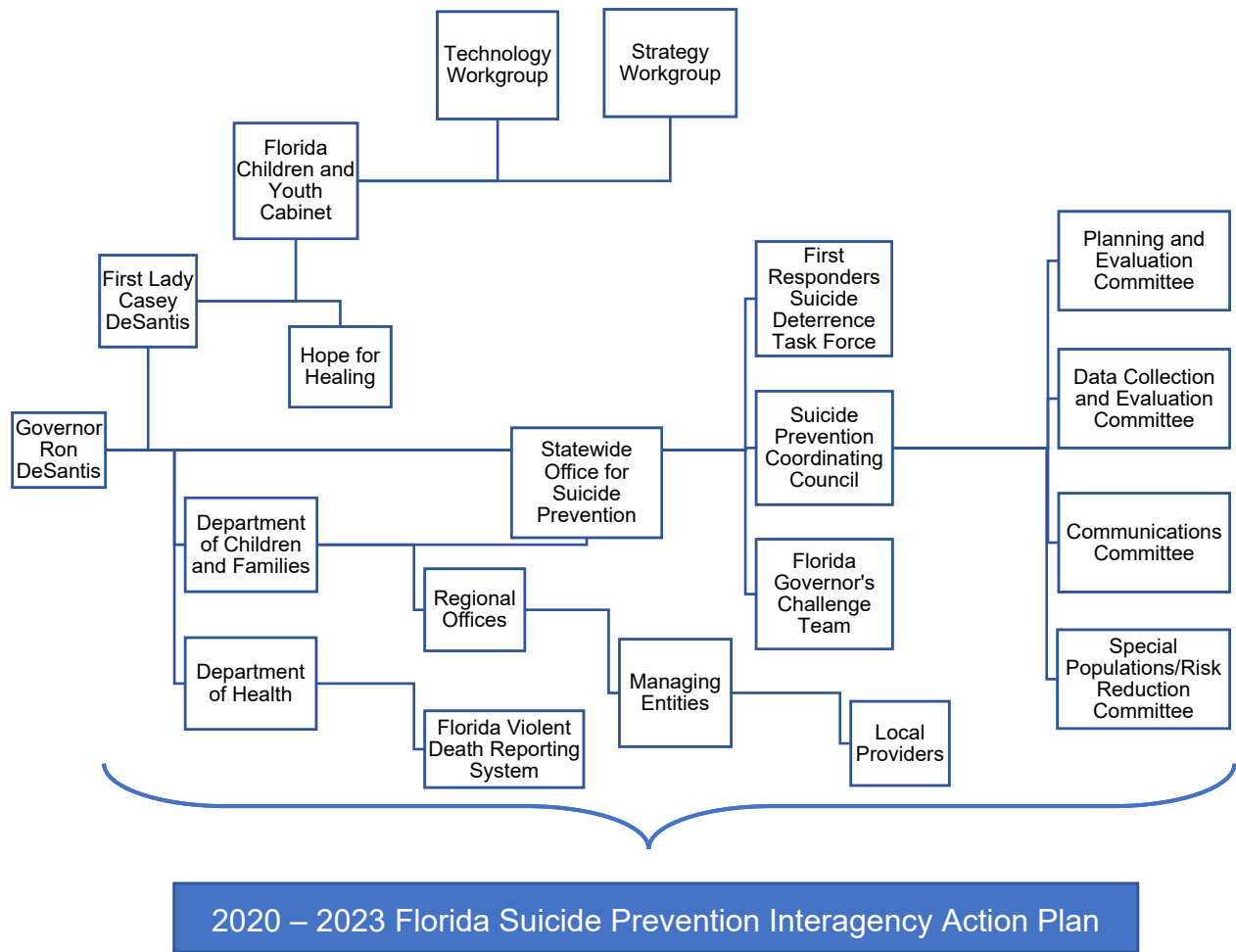
Florida Suicide Prevention Infrastructure

The Suicide Prevention Infrastructure in Florida streamlines suicide prevention efforts and aims to improve the capacity to save lives. A review of the state’s infrastructure using the [Suicide Prevention Resource Center’s Summary Recommendations for State Suicide Prevention Infrastructure](#)¹ shows that the current infrastructure meets the following recommendations:



The Florida Suicide Prevention infrastructure evolved in 2020 with the increasing focus on suicide prevention by First Lady Casey DeSantis and the Florida Children and Youth Cabinet; establishment of the First Responders Suicide Deterrence Task Force by the Legislature; creation of the Florida Suicide Prevention Interagency Action Plan; involvement of the SAMH Regional Offices, Managing Entities providers and stakeholders; and formation of five committees within the Suicide Prevention Coordinating Council. Diagram 1 shows the 2020 infrastructure for suicide prevention in Florida.

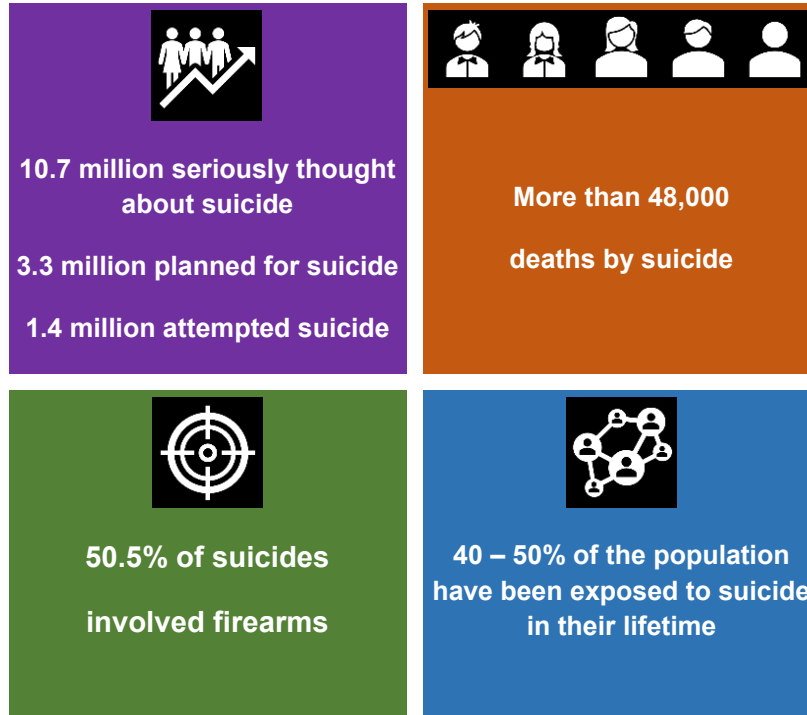
Diagram 1. Florida's Suicide Prevention Infrastructure



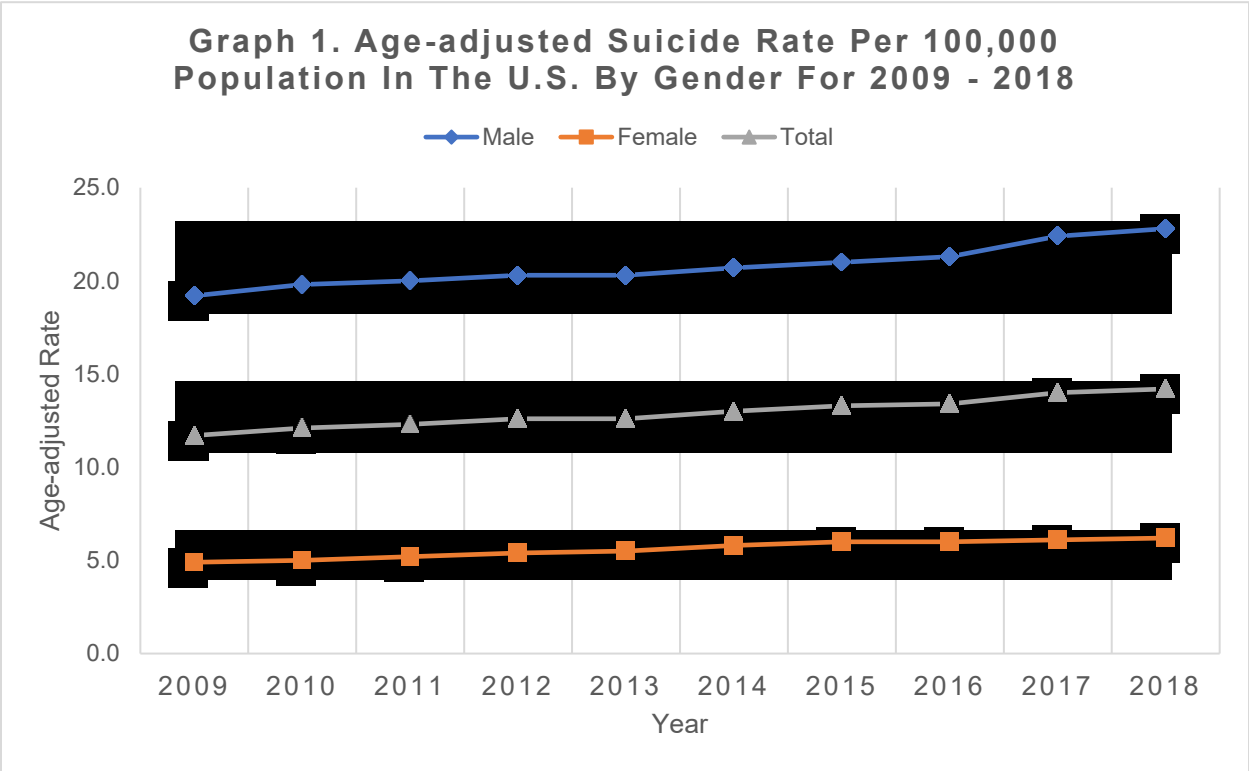
National Suicide Data



2018 National Suicide Data At-A-Glance



In 2018, suicide was the 10th leading cause of death in the United States with more than 48,000 deaths by suicide². Suicide was the second leading cause of death for individuals 10 to 34 years of age, the fourth leading cause of death for 35 to 54, and the eighth leading cause of death for 55 to 64². Overall, firearms were the most common method used in suicide deaths, accounting for about half of all deaths, followed by suffocation/hanging (28.6%) and poisoning (12.9%)².



Data Sources: National Vital Statistics System – Mortality Data (2018) via CDC WONDER

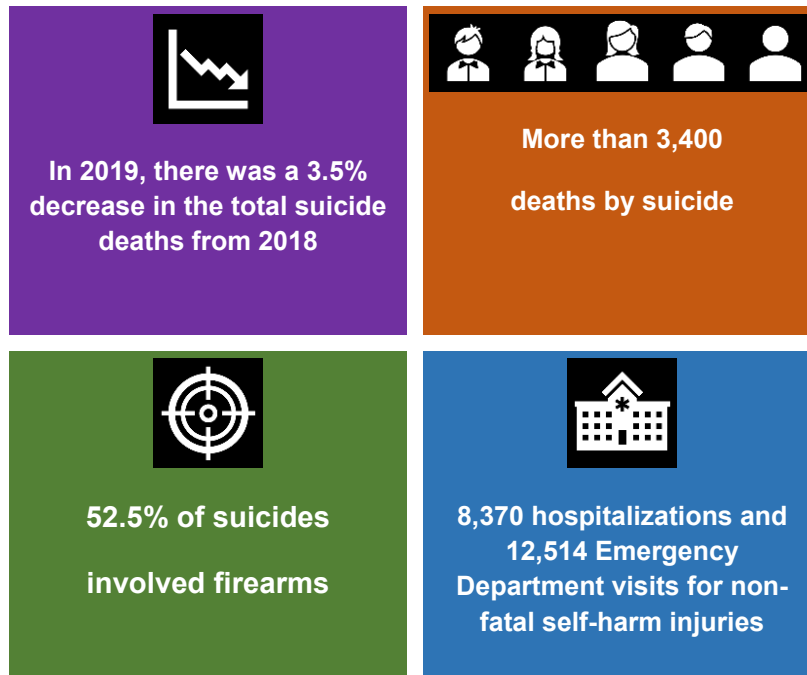
From 2009 to 2018 the rate per 100,000 population in the United States for suicide increased from 12.0 to 14.8. The rate for males increased from 19.3 in 2009 to 23.4 in 2018 while the rate for females increased from 5.0 to 6.4².

Florida Suicide Data



2018 National Suicide Data At-A-Glance

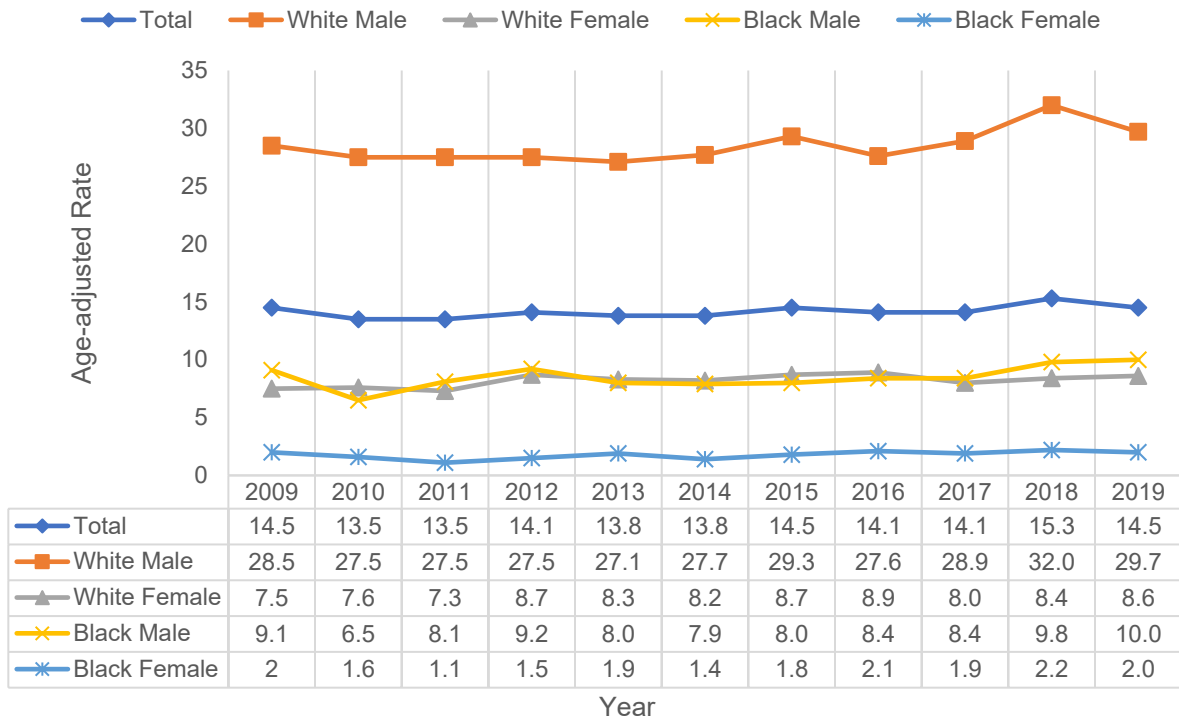
Florida Suicide data is available for 2019, as reported in the Florida Vital Statistics Annual Report (2020)³ and summarized below



In 2019, 3,427 Floridians died by suicide, representing a 3.5 percent decrease from the number of deaths in 2018. Over half of suicide deaths in 2019 involved a firearm. More information on specific method can be found in Graph 4. 2019 External Causes of Death by Suicide. For non-fatal intentional self-harm injuries, a total of 8,370 hospitalizations occurred in 2019. Furthermore, there were 12,514 Emergency Department visits related to self-harm injuries. Of note, intentional self-harm includes incidents with and without intent to die, therefore, not all self-harm injuries represent suicide attempts⁴. Nevertheless, non-suicidal self-injury may incur additional risk for future suicide attempts and potentially death.

Chart 1. depicts a slight overall increase in the age-adjusted suicide death rate across genders and age groups across the previous decade. White males continue to die by suicide at the highest rate (29.7 per 100,000), followed by Black males (10.0 per 100,000), White females (8.6 per 100,000), and Black females (2.0 per 100,000)³.

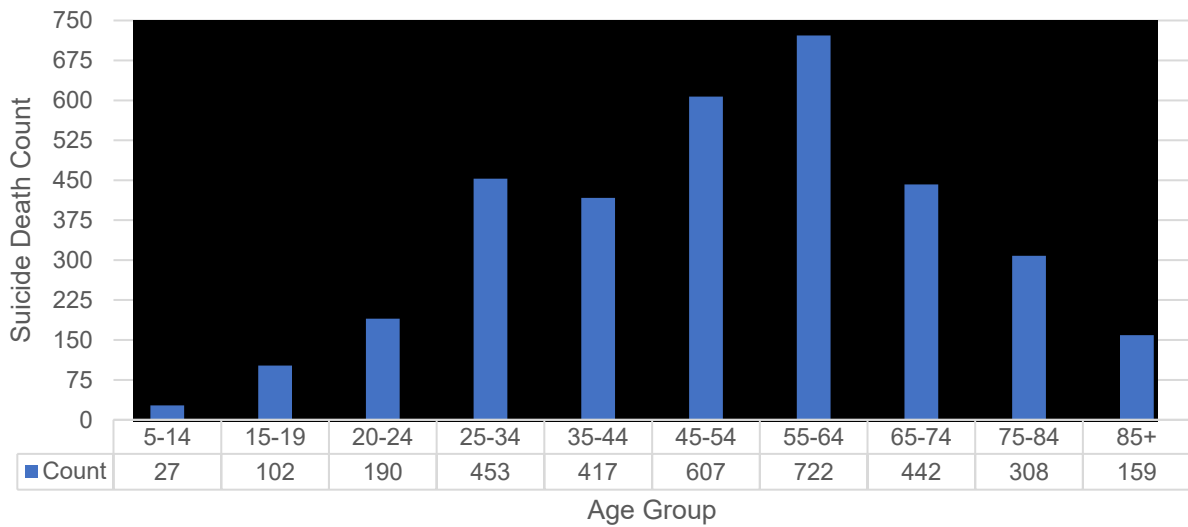
Chart 1. Age-adjusted Suicide Rate Per 100,000 Population In Florida By Gender For 2010 - 2019



Data Sources: Chart D-13: Resident Suicide Deaths and Rates per 100,000 Population, by Race and Gender, Florida, Census Years 1970-2000 and 2009-2019: Florida Vital Statistics Annual Report (2020)

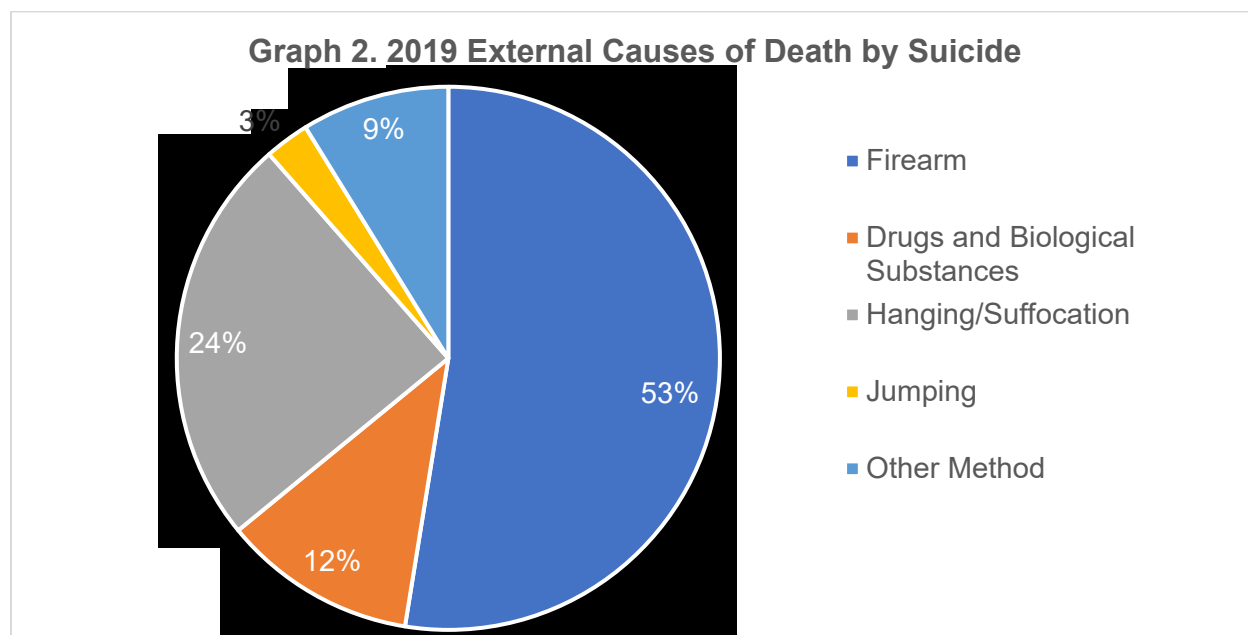
Chart 2. depicts 722 individuals 55 – 64 years old died by suicide in 2019. The age group with the second most deaths was 45 – 54, followed by those aged 25 – 34³.

Chart 2. 2019 Suicide Death Counts by Age Group



Data Sources: Table D-11: Resident Deaths for Selected Causes, by Age Groups, by County, Florida, 2019: Florida Vital Statistics Annual Report (2020)

Graph 2. Provides information on the estimated percentages for each method used to die by suicide in 2019. Firearms represented the largest percentage, with about 53% of deaths caused by firearms, followed by hanging/suffocation, drugs and biological substances, other method, and jumping from a high place^{3,4}. Importantly, firearms continue to be the most common used method in suicide deaths.



Data Sources: Table D-10: Resident Deaths for 358 Cause Groups, By Age Group, Florida, 2019: Florida Vital Statistics Annual Report (2020)

Florida Health Charts

All suicide-related death information is collected and housed within the DOH Florida Health CHARTS. Data is provided via a publicly available dashboard, which provides indicators and county level data for a multitude of health-related outcomes. As of July 2020, Florida Health CHARTS includes a suicide/mental health profile which provides an overview of suicide and suicide-related data⁴. The website includes a tutorial and directions/checklists: <http://www.flhealthcharts.com/charts/default.aspx>. The DOH Florida Health CHARTS includes the ability to access provisional 2020 data. The Statewide Office for Suicide Prevention monitors the 2020 provisional data on a monthly basis to track suicide prevention outcomes throughout the year. Given the 2020 data is provisional, death rates and counts are subject to change, and monitoring of this data is used to provide a general monitoring system of the current status of suicide within the state.



National Suicide Lifeline State Data: Florida



The National Suicide Prevention Lifeline provides free 24/7 confidential support for individuals in distress throughout the nation. The lifeline operates through a network of local crisis centers, in Florida this is 2-1-1. The Lifeline received a total of 128,659 calls initiated from Florida phone numbers in 2019⁵. A 2020 state report for Florida is not yet available, however, preliminary data indicate between January and November 2020 the lifeline received 111,153 calls initiated from Florida phone numbers. This includes individuals accessing the Veterans Crisis Line or the Spanish Subnetwork.

Florida Youth Risk Behavior Survey

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



2020 State Initiatives

Senate Bill 7012 (SB 7012)

During the 2020 legislative session, s. 14.20195, F.S. was expanded by Senate Bill 7012⁶. The bill broadened the duties of the SOSF within the department by requiring the office to coordinate education and training curricula on suicide prevention efforts for Veterans and services members. Furthermore, the bill solidified the inclusion of Veterans and service members in the network of community-based programs intended to improve suicide prevention initiatives. The SOSF is required to act as a clearinghouse for information and resources on suicide prevention by sharing evidence-based practices and collecting and analyzing data on trends in suicide. The Florida Department of Transportation is required to work with the SOSF in developing a plan for implementation of evidence-based suicide deterrents on all new infrastructure projects.

The duties of the Suicide Prevention Coordinating Council were also broadened by requiring the Council to make recommendations on the implementation of evidence-based mental health programs and suicide risk identification training in the annual report (please see page 25 for Council recommendations). The Council was expanded to include five additional members and remove one defunct member. The current Council includes a total of 31 voting members and one non-voting member. The focus of the Council and Department is turned towards enhancing public awareness of locations and availability of behavioral health providers.

Additionally, the expansion included the creation of the First Responders Suicide Deterrence Task Force (Task Force). See below for more information on the Task Force.

The Florida Children and Youth Cabinet

In 2019, First Lady Casey DeSantis, Chair of the Florida Children and Youth Cabinet, established two workgroups to focus on youth suicide prevention in Florida.

The Technology Workgroup is charged with identifying, connecting data, research, guidance and initiatives across state agencies and communities related to suicide and suicide ideology. Additionally, to increase actionable intelligence that can redirect social policy and services to help prevent suicide and save the lives of children and youth. Workgroup members are as follows:

- Richard Corcoran, Commissioner of Education
- Director Shan Goff, Office of Early Learning
- Former Secretary Mary Mayhew, Agency for Health Care Administration
- Surgeon General Scott Rivkees, Department of Health

The Strategy Workgroup is charged with researching the best and most-promising prevention efforts, particularly regarding mentorship. Workgroup members are as follows:

- Director, Alan Abramowitz, Guardian ad Litem, Chair
- Director, Barbara Palmer, Agency for Persons with Disability
- Secretary Chad Poppell, Department of Children and Families
- Secretary Simone Marsteller, Department of Juvenile Justice
- Superintendent, Sandra Himmel, Citrus County Schools

Hope for Healing

Hope for Healing Florida is an initiative to provide crisis services and resources for youth and families within Florida experiencing substance use and other mental health difficulties. Crisis resources provided on the Hope for Healing Florida website include suicide prevention, treatment locator service, help with depression and anxiety, resources for youth afraid to return home, and guides for youth being bullied. To learn more about Hope for Healing Florida, visit their website at <https://hopeforhealingfl.com/>.

Transition from 2016-2020 Florida Suicide Prevention Plan to 2020-2023 Florida Suicide Prevention Interagency Action Plan

For the past four years, suicide prevention efforts within Florida were guided by the 2016-2020 Florida Suicide Prevention Plan. With 2020 ending and the state embarking in an effort to increase collaboration with other state agencies and stakeholders; the completion of this four-year plan prompted the need for a new strategic plan for suicide prevention in Florida. The 2020-2023 Florida Suicide Prevention Interagency Action Plan (Action Plan) was created by the Florida Suicide Prevention Interagency Action Plan Committee (Committee), co-chaired by the SOS and the DOH.

The 2020-2023 Action Plan replaces the 2016-2020 Florida Suicide Prevention Plan as the guiding document for suicide prevention efforts within Florida. The Committee followed the guidelines of the Suicide Prevention Resource Center's Strategic Planning Approach for Suicide Prevention⁷. The Action Plan identifies four focus areas, four goals, and eleven strategies and provides examples of action steps for Floridians to advance each goal and strategy. More detailed information on both plans can be found starting on page 21.

The Department of Children and Families Suicide Prevention Website

The department's Suicide Prevention website serves as a central place for suicide prevention information and resources. Included within the website are tabs specific for various suicide prevention-related topics, such as up-to-date data on suicide trends, crisis support information, and information on the Suicide Prevention Coordinating

Council. The website is organized with specialized tabs 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. Specific resources related to COVID-19 and suicide prevention are provided. Within the training section, organizations and individuals can find information on training options for suicide prevention, intervention, and postvention. The suicide prevention website is updated regularly and includes a calendar of suicide prevention events happening across the state and nation. The suicide prevention website can be accessed via this hyperlink: <https://www.myflfamilies.com/service-programs/samh/prevention/suicide-prevention/index.shtml>.

Suicide Prevention Coordinating Council

The Suicide Prevention Coordinating Council is comprised of 31 members and one non-voting member. In 2020, the Suicide Prevention Coordinating Council formed the following four committees to focus on different tasks relating to suicide prevention.

The Planning and Evaluation Committee develops and evaluates the statewide plan and contribute to the annual report. This committee may also make findings and recommendations; conducts research of other state suicide prevention initiatives; and review and make recommendations regarding available suicide prevention grant opportunities.

The committee met biweekly during 2020. The original objective was to assist in the development of the 2020 – 2023 Action Plan. Following the development of the plan, the committee objectives transitioned to focus on the evaluation of the Action Plan. More specifically, 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 the effectiveness of the 2020 – 2023 Action Plan.

The Data Collection and Analysis Committee gathers and analyzes Florida data as it relates to national data to include in the annual report. This committee collects and analyzes specific population data and identifies trends and patterns that can be used to inform strategies. The committee did not formally meet in 2020, however, have begun to identify potential data sources for suicide throughout the state of Florida. Furthermore, the Statewide Office for Suicide Prevention collaborated with the DOH to access provisional death data for 2020 to monitor potential impacts of Coronavirus Disease-2019 on suicide death trends within Florida.

The Communications Committee assists with coordinating and promoting Suicide Prevention Day/Week/Month events and Suicide Prevention Day at the Capitol. This

committee writes proclamations and publishes articles and stories. The committee is responsible for creating marketing campaigns, social media campaigns, flyers, brochures, and public service announcements; creating and distributing surveys; and coordinating speaking engagements.

The committee assisted with a social media campaign for Suicide Prevention Month. This included an organic social media post for World Suicide Prevention day on September 10, 2020. In addition to organic social media posts, the committee partnered with the DOH on a suicide prevention ad campaign. The ad campaign included a joint effort with the Trevor Project to bring awareness to the mental health needs and suicide prevention of teens in the LGBTQ community. In total, the ad campaign reached almost 130,000 individuals, with 2,671 post engagements and 2,337 link clicks. The five organic social media posts reached a total of over 163,000 individuals.

The Special Populations/Risk Reduction Committee discusses concerns related to special populations identified as at higher risk for suicide. The committee will focus on developing educational materials related to at-risk groups such as youth, Veterans, first responders, and individuals with a mental health or substance use disorder. The committee will also focus on identifying and implementing risk reduction strategies. With the recent creation of the First Responders Suicide Deterrence Task Force, the first responder population will be transitioned away from the Special Populations/Risk Reduction Committee focus.

In 2020, the committee met on a monthly basis. Notably, the committee created a survey to be disseminated to sheriff offices across the state assessing the needs and current status of suicide prevention efforts.

First Responders Suicide Deterrence Task Force

The First Responders Suicide Deterrence Task Force was established by the legislature within Senate Bill 7012. The purpose of the task force is to “make recommendations on how to reduce the incidence of suicide and attempted suicide among employed or retired first responders in the state”. The task force is comprised of seven members, including a member from the Statewide Office for Suicide Prevention, and 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. The task force is directed to identify or make recommendations on developing training programs and materials that would better enable first responders to cope with personal life stressors and stress related to their profession and to foster an organizational culture that meets specific requirements. Findings and recommendations for training programs and materials to deter suicide among active and retired first

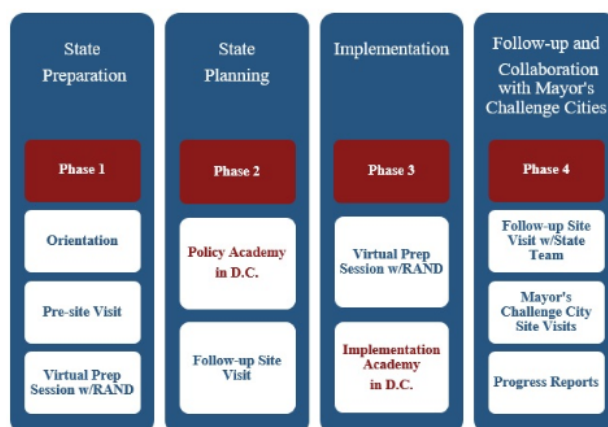
responders will be reported to the Governor, the President of the Senate, and the Speaker of the House of Representatives by each July 1, beginning in 2021 and through 2023. The Task Force is repealed on July 1, 2023.

Florida Governor’s Challenge Team

On March 5, 2019, President Trump signed Executive Order (13861) on a “National Roadmap to Empower Veterans and End Suicide” that served as a call to action for the nation. The Veterans Administration and the Substance Abuse and Mental Health Services Administration (SAMHSA) partnered to launch the city-level “Mayor’s Challenge to Prevent Suicide among Service Members, Veterans, and their Families” and shortly thereafter the state-level “Governor’s Challenge to Prevent Suicide among Service Members, Veterans, and their Families”.

Governor Ron DeSantis accepted the Governor’s Challenge in December of 2019. Florida was in the second cohort of states in the country to accept this challenge and is one of 27 states that have accepted the Governor’s Challenge. The purpose of the Governor’s Challenge is to help local leaders in community and state governments work together to prevent suicide among Veterans. More specifically the Governor’s Challenge convenes a state interagency military and civilian team of leaders to develop an implementation plan to prevent suicide among service members, Veterans, and their families that will advance the VA’s [National Strategy for Preventing Veteran Suicide](#)⁸ and incorporate evidence-based strategies from the [CDC’s Preventing Suicide: A Technical package of Policy, Programs, and practices](#)⁹. This state-level initiative works in conjunction with the President’s national PREVENTS Office and Task Force.

Diagram 2. Governor’s Challenge Process



Florida is currently between the “Phase 2: State Planning” and “Phase 3: Implementation” stages.

Important Milestones:

- January 2020: Pre-Site Visit
- February 2020: Policy Academy in DC along with 7 other participating states
- May 2020: Post-Academy Virtual Site Visit
- August 2020: National Virtual Reconvening of Florida’s cohort of 8 states
Team sub-groups meet bi-weekly to discuss strategic action plan progress

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

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

Below are the Identified priorities, goals, and Initiatives of the Florida Governor’s Challenge team.

Priority 1: Identify Service Members, Veterans and their Families (SMVF) and Screen for Suicide Risk

Goals:

- Identify Florida’s Veterans in order to increase opportunities for contact and referral to relevant resources
- Make Veterans aware of mental health resources during a critical point of increased suicide risk (separation from the military)
- Implement standardized screening for SMVF status and suicide risk in clinical and medical settings

- Involve non-VA, non-medical, and non-clinical community partners in asking about SMVF status, noticing suicide risk red flags, and referring individuals at-risk to care

Main Initiatives:

- Develop a database of all Veterans in Florida
- Add mental health resource-related wording to the Department of Veterans Affairs letter sent to all new Veterans declaring Florida as their state of residence
- Partner with clinical and medical providers/settings and promote: 1) Asking the question, 2) Screening for Suicide Risk, 3) Referring to relevant resources
- Partner with non-clinical, non-medical community organizations and promote: 1) Asking the question, 2) Noticing red flags for suicide risk, 3) Referring to relevant resources

Priority 2: Promote Connectedness and Improve Care Transitions

Goals:

- Improve awareness of and access to resources, services and benefits available to SMVF
- Improve coverage and usage of resources, services and benefits available to SMVF

Main Initiatives:

- Create a comprehensive, searchable database of region-specific resources relevant to Veterans (Completed: <http://www.211atyourfingertips.org/>)

Priority 3: Taking a Comprehensive Approach to Suicide Prevention for SMVF

Goals:

- Develop and execute a cohesive Governor's Challenge outreach, advertising, and media campaign
- Promote Veteran outreach that is consistent with personal preferences
- Ensure engaged, Veteran-focused participation from organizations
- Use public health approach to ensure impact on all levels of social ecology (individual relationships, community, and societal)

Main Initiatives:

- Develop a comprehensive advertising and media campaign to make the public aware of Governor's Challenge efforts and resources, and disseminate educational information
- Create a logo for the Florida Governor's Challenge

- Create a website with an overview of Florida’s Governor’s Challenge efforts
- Establish a designation for all organizations that significantly partner with the Florida Governor’s Challenge Team (like “five star messaging”)
- Serve as the publishing house for all Governor’s Challenge information and materials so that all Governor’s Challenge deliverables are vetted and uniformly branded

Priority 4: Lethal Means Safety and Safety Planning

Goals:

- Expand the gun lock distribution program in Florida
- Partner with priority #3 Team to include consistent, comprehensive means safety messaging in Governor’s Challenge overall messaging campaign
- Increase Narcan distribution to additional communities and organizations not already receiving distribution today
- Increase attention paid to medication as lethal means
- Promote, disseminate, and provide education surrounding the VA’s new Safety Planning App

Main Initiatives:

- Expand gun lock distribution efforts in Florida
- Highlight existing medication drop off boxes
- Expand Narcan distribution
- Develop and disseminate a means safety campaign
- Promote safety planning as part of means safety via the VA’s Safety Planning App
- Increase the overdose prevention education and outreach activities in Florida to reduce the number of overdoses in the state

Grants



Firearm Injury Surveillance Through Emergency Rooms (FASTER)

The Florida DOH was one of seven states in the nation to receive the Firearm Injury Surveillance Through Emergency Rooms (FASTER) grant. The purpose of this grant is to collect timely state and local-level data on Emergency Department (ED) visits for nonfatal firearm injuries, which are currently limited. The collection of near real-time data on ED visits for nonfatal firearm injuries overall and by intent (i.e., intentional self-directed, unintentional, and assault-related) at the state and local-level could improve the ability to identify and respond to emerging public health problems. Current activities of this grant include discussions with colleagues in Tennessee who have been using the

Electronic Surveillance System the Early Notification of Community-based Epidemics (ESSENCE) data to monitor near or real-time suicide attempts or ideation. Currently, more than 80% of Florida hospitals use ESSENCE data, therefore, follow up discussions with Tennessee will provide information on established practices and processes for expanding and utilizing this valuable data source.

Florida Violent Death Reporting System

The Florida Department of Health is a participant in the National Violent Death Reporting System through the name Florida Violent Death Reporting System (FLVDRS). FLVDRS is supported by a grant from the Center for Disease Control (CDC) and requires data on 60% of the state homicides and suicides be collected. The FLVDRS collects and categorizes data on violent deaths from state and local medical examiners, coroners, law enforcement, toxicology reports, and vital statistics records into an anonymous database. The FLVDRS includes all types of violent deaths, including homicides and suicides, in all settings, and for all age groups. Reported data may include information on mental health problems, recent problems with employment, finances, or relationships, physical health problems, and information about circumstances of death.

In September 2020, new project year began and a FLVDRS stakeholder meeting was held. Currently, the FLVDRS operates in approximately 40% of counties within Florida and is working to expand to 60% by August 2021. DOH and USF continue to conduct outreach to law enforcement agencies, which in Florida, are decentralized and numerous.

Florida Implementation of the National Strategy for Suicide Prevention (FINS) Project

The FINS Project is a partnership of the Statewide Office for Suicide Prevention, the University of South Florida (USF), the University of Central Florida (UCF), and Florida Hospital. The purpose of the project is 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 focuses on providing culturally competent evidence-based/best practices for suicide prevention, treatment, safety planning, and care coordination services. The project focuses efforts using a *Zero Suicide* model and includes a *Zero Suicide* advisory committee. So far, the FINS Project is meeting the anticipated goals, with ongoing suicide prevention trainings for community partners and hospital staff and an implemented care coordination program using evidence-based standards. Due to COVID-19 pandemic measures, all in-person trainings were cancelled for the remainder of 2020, with trainings transitioning to virtual platforms. Furthermore, safety precautions

were put in place to allow for the safe continuation of care coordinators' engagement with patients at hospital sites. Despite initial delays caused by COVID-19, FINS project continues to progress.

COVID-19 Emergency Response for Suicide Prevention

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

Centerstone began implementation of the Suicide Prevention Program on November 1, 2020. The grant activities will 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 will expand 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. Expanding best practices, responding rapidly to those in need, reducing access to lethal means, and improving continuity of care for at-risk individuals, Centerstone's Suicide Prevention Program will model quality suicide prevention care.

Guidance Care Center will provide rapid follow-up care and enhanced suicide prevention services to adults residing in Key West, Florida placing a special emphasis on supporting victims of domestic violence. The Guidance Care Center is in the 3-month startup phase for implementation, and is preparing to enroll clients via training, equipment acquisition, and hiring support staff. The program is for adults over 25 and is funded through November 2021.

Lutheran Services Florida will provide rapid follow-up care and enhanced suicide prevention services to adults residing in Duval County, placing a special emphasis on supporting victims of domestic violence. Lutheran has contracted with the county’s major public mental healthcare provider, developed partnerships with a hospital system, domestic violence and homeless shelters to provide a safety net. The goals of the project are to screen up to 1,200 individuals and provide intensive care coordination services and treatment for up to 360 participants over the 16-month grant period.

Suicide Prevention Goals



2016-2020 Suicide Prevention State Plan (State Plan)

The 2016-2020 State Plan was organized into four strategic directions, seven goals, and 11 objectives to guide suicide prevention efforts and activities through the state of Florida. For an overview of the strategic directions, goals, and objectives, please see Appendix A. The State Plan started in 2016 and concluded in July 2020. To assess the outcome of the goals identified by the State Plan, a survey was disseminated to SAMH regional offices, Managing Entities, and their providers. Each agency was asked to rate their success in meeting the goals on a scale from 1 (not at all) to 5 (completely). Almost 100 surveys were returned and were averaged. Overall, all seven goals were determined to be met at least halfway, if not more, with a complete average of 3.918 (between “Halfway” and “Over Halfway”). A table of the average response for each individual goal can be found in Appendix A.

2020-2023 Suicide Prevention Interagency Action Plan (Action Plan)

Florida transitioned to the 2020-2023 Action Plan in August 2020. State agencies committed to expand suicide prevention efforts through specific action items known as the Suicide Prevention Interagency Duties to Execute and Reach Goals (SPIDER G) to implement the goals and strategies from the Action Plan. Table 1 shows the four focus areas and goals, and 11 strategies of the 2020-2023 Action Plan. A more detailed table with action items for each agency, baseline information, and potential progress is included in Appendix B.

Table 1: Suicide Prevention Interagency Duties to Execute and Reach Goals (SPIDER G)

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.

Coronavirus Disease – 2019 (COVID-19) and Suicide Prevention Efforts



Overview

With local, state, and federal government public policy measures implemented to decrease the spread of Coronavirus Disease-2019 (COVID-19), concern arises for negative secondary outcomes, such as increased mental health difficulties and suicide risk. Increased social isolation and loneliness caused by social distancing regulations increases the likelihood of mental health difficulties, such as depression, anxiety, and suicide risk. Furthermore, economic instability and financial difficulties both directly and indirectly may lead to increased suicide risk. The state of Florida is monitoring provisional 2020 suicide death data to assess for immediate impacts of COVID-19. At the time of this writing, there have been no indications of a significant increase or

differences in suicide deaths within the state of Florida compared to previous years. Mitigation of long-term outcomes, however, continue to be a priority of the Statewide Office for Suicide Prevention and the Suicide Prevention Coordinating Council.

COVID-19 Specific Activities

In response, the Suicide Prevention website has expanded to include resources specific for COVID-19. COVID-19 specific action items were included in the 2020-2023 Action Plan to foster long-term maintenance of suicide prevention efforts related to COVID-19. Furthermore, three agencies within Florida were awarded COVID-19 Emergency Response for Suicide Prevention Grants from the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (see page 20).

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

Long-term planning for COVID-19 and recommendations

To help identify specific action items related to COVID-19 for the 2020-2023 Action Plan and to identify areas of focus as suicide prevention efforts continue, the Planning and Evaluation Committee of the SPCC conducted a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. Through this analysis, several gaps and emerging themes were identified, as outlined below. This SWOT analysis can be used to guide suicide prevention efforts within the agencies of the SPCC.

Table 2. Identified Gaps and Emerging Themes from SWOT analysis exercise

Gaps	
1	Limited data on COVID-19 impact on suicide
2	Funding – recent grants help close this gap
3	Education – stigma for help seeking behaviors and screening
4	Outreach - hidden populations, such as older adults and hard of hearing
5	Policy /Timely Executive Orders

6	Access to internet-based services and necessary in-person services
Emerging Themes	
1	Partnerships and collaborations
2	Innovation
3	Normalize mental health
4	Flexibility
5	Messaging – emphasis destigmatizing mental health and safe social connection

2020 SPCC Council Recommendations

The SPCC makes five recommendations to decrease deaths by suicide in Florida and to mobilize resources toward achieving goals outlined in Florida’s 2020-2023 Suicide Prevention Interagency Action Plan.

1. Expand Implementation of Evidence-Based Practices

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

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

Local, state, and federal government public policy measures implemented to decrease the spread of COVID-19, while necessary, may lead to inadvertent negative secondary outcomes, such as isolation and increases in mental health difficulties that may increase the risk for suicide. Review of provisional data available on immediate impacts of COVID-19 and suicide risk within Florida, does not indicate a significant increase. According to Crisis Text Line Trends, Florida is currently number 47th of U.S. states ranked by crises related to suicide, suggesting it is one of the lowest in the nation. In addition, since February 2020, the percent of texters from Florida texting about suicide

crises has slightly decreased about 2% each month, with less than 20% of texts being related to suicide in July 2020.

It is important to monitor these trends over time as social distancing regulations continue and to monitor long-term impacts of COVID-19 on the mental health of Floridians. Messaging strategies should be targeted towards increasing positive coping strategies in response to COVID-19-related stressors. In addition, resources should be expanded to focus on specific at-risk populations, including direct support of survivors of domestic abuse and their providers, elderly, and the healthcare/frontline workforce. Furthermore, it is recommended that monitoring of suicide-related outcomes pre-, peri-, and post-pandemic continue, as it is necessary to develop and identify areas of increased need.

3. Support Governor's Challenge Efforts for Prevention in Service Members, Veterans, and Their Families

Expand on current U.S. Department of Veterans Affairs, State of Florida departments/agencies, and community partnerships. Suicide death among Florida Veterans remain high, with 631, 686, and 647 Veterans lost to suicide in 2017, 2018, and 2019, respectively. Florida houses the third largest number of Veterans, with over 1,500,000 Veterans residing in Florida in 2018, representing approximately 7% of the population¹⁰. An example of current collaboration efforts is the Florida Governor's Challenge, an interagency military, Veteran, and civilian team working to develop and implement a strategic action plan to prevent suicide.

The Governor's Challenge has four main priorities, (1) Identify service members, Veterans, and their families and screen for suicide risk; (2) Promote connectedness and improve care transitions; (3) Take a comprehensive approach to suicide prevention for service members, Veterans, and their families; and (4) Lethal means safety and safety planning. Currently, the SOSA is a member of the Florida Governor's Challenge team. We must continue to focus suicide prevention efforts among this special population.

4. Add Florida Violent Death Reporting System to Statute

The Florida Violent Death Reporting System (FLVDRS) collects data from 13 counties: Miami-Dade, Duval, Broward, Palm Beach, Hillsborough, Pinellas, Orange, Osceola, Pasco, Nassau, Hamilton, Clay, and Columbia and will be expanding to additional counties to cover the entire state. A contract is in place with the University of South Florida for medical examiner and law enforcement report abstraction, outreach to law enforcement entities, and technical assistance with reviewing and analyzing FLVDRS data. Law enforcement's role in the FLVDRS is essential. Law enforcement data offer detailed information that can provide more insight into how and why a violent death occurred.

The FLVDRS is a valuable source of comprehensive information that will aid in the design and implementation of injury and violence prevention and intervention efforts in Florida and inform the efforts of state and local suicide prevention stakeholders. Currently, the FLVDRS is within its third out of five years of grant funding. The SPCC recommends that FLVDRS be statutorily mandated and funded beyond the life of the grant award. An example of a state that included NVDRS into its statutory language is Ohio (see Chapter 3701.01, Section 3701.93, Ohio violent death reporting system).

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

As highlighted in the National Strategy for Suicide Prevention, addressing access to lethal means is imperative for suicide prevention efforts. Decreasing access to lethal means is one of the most effective strategies for decreasing suicide risk, and is a key goal of the National Strategy for Suicide Prevention (Goal 6): “promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk” and is an included action item under “Strategy 1.3: Raise awareness on how to increase safety” of the 2020-2023 Florida Suicide Prevention Interagency Action Plan. The duration of a suicidal crisis is often short – minutes to hours – therefore, means safety programs work to increase time and distance between an individual in suicidal crisis and a lethal means.

One area of particular concern where lethal means counseling programs can be effective, is in addressing youth and adolescent suicide risk. Programs working with both parents and youth to decrease access to firearms and medications within the home can help decrease the chance of a youth suicide death. The SPCC recommends that efforts focus on disseminating information on effective lethal means counseling programs. Furthermore, the SPCC recommends collaboration and partnership with ongoing firearm lethal means safety initiatives, such as Project ChildSafe, which is a program of the National Shooting Sports Foundation for firearms safety and education awareness, with a focus on parents and youth.

Appendix A

Table 3. Strategies, goals, and objectives of the 2016 – 2020 Florida Suicide Prevention Plan

Strategic Direction	Goal	Objective(s)
Healthy and Empowered Individuals, Families, and Communities	1. Integrate and coordinate suicide prevention activities across multiple sectors and settings	1.1 Integrate suicide prevention into the values, culture, leadership, and workplace of a broad range of organizations, programs, and schools with a role to support suicide prevention activities 1.2 Establish effective, sustainable, and collaborative suicide prevention programming at the state, tribal, and local levels
	2. Increase public knowledge of the factors that offer protection from suicidal behaviors and promote wellness and recovery	2.1 Reduce prejudice, stigma, and discrimination associated with suicidal behaviors and mental and substance use disorders
Clinical and Community Preventive Services	3. Implement and monitor effective evidence-based programs to promote wellness and prevent suicide-related behaviors	3.1 Encourage community-based settings to implement effective evidence-based programs and provide education to promote wellness 3.2 Intervene to reduce suicidal thoughts and behaviors in populations with suicide risk
	4. Provide training on the prevention of suicide and related behaviors to community and clinical service providers	4.1 Update and modify suicide prevention trainings to meet the provider's specific needs and roles.
Treatment and Support Services	5. Promote suicide prevention as a core component of health care services	5.1 Promote timely access to assessment, intervention, and effective care for individuals with heightened risks for suicide 5.2 Establish linkages between providers of mental health and substance abuse services and primary care and community-based programs, including peer support programs
	6. Promote and implement effective clinical and professional practices for assessing and treating those identified as being at-risk for suicidal behaviors	6.1 Adopt, disseminate and implement guidelines for the assessment of suicide risk among persons receiving care in all settings. 6.2 Adopt, disseminate, and implement guidelines for clinical practice and continuity of care for providers who treat persons with suicide risk.
Surveillance, Research, and Evaluation	7. Increase the usefulness of national and state level surveillance data to inform suicide prevention efforts	7.1 Identify available data to guide suicide prevention efforts

Table 4. Average response for the completion of each goal of the 2016 – 2020 Florida Suicide Prevention Plan.

Goal 1: Integrate and coordinate suicide prevention activities across multiple sectors and settings.
Average = 3.89
Goal 2: Increase public knowledge of the factors that offer protection from suicidal behaviors and promote wellness and recovery.
Average = 3.83
Goal 3: Implement and monitor effective evidence-based programs to promote wellness and prevent suicide-related behaviors.
Average = 3.99
Goal 4: Provide training on the prevention of suicide and related behaviors to community and clinical service providers.
Average = 3.9
Goal 5: Promote suicide prevention as a core component of health care services.
Average = 4.07
Goal 6: Promote and implement effective clinical and professional practices for assessing and treating those identified as being at-risk for suicidal behaviors.
Average = 4.24
Goal 7: Increase the usefulness of national and state level surveillance data to inform suicide prevention efforts.
Average = 3.51

Appendix B

Table 5. Overview of the baseline and progress of each specific action item of the 2020 – 2023 Suicide Prevention Interagency Action Plan.

Focus Area		Awareness		
		Goal 1: Enhance awareness for suicide prevention		
Strategy	1.1	Improve access to suicide prevention resources through various media.	Baseline	Progress
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	Three agencies	
	1.1.2	By September 2021, create two public service announcements to be released on social media platforms and YouTube during Suicide Prevention Month. Lead agency: Department of Children and Families SAMH	0 announcements created	
	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	0 resources	Completed ahead of deadline
	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.	0 Managing Entities	Mobile Response Team information has been added to the website for LSF

		Lead agency: Department of Children and Families SAMH		
	1.1.5	By July 2022, increase the number of individuals who become aware of suicide warning signs, risk factors, the National Suicide Prevention Lifeline, and 2-1-1 resources from zero to 75 percent by developing a brochure to include with application packets. Lead agency: Agency for Persons with Disabilities State Office	0 Percent	The brochure has been created and is available on the website. Production is underway for providing the brochure to waiver support coordinators (WSC).
	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	2 = slightly	The Suicide Prevention Coordinator (hired September 2020) will work with the SPCC Planning and Evaluation Team to develop this resource.
	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	17 resources	
	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	0 initiatives	The SOSPP has presented to the public on Suicide Prevention strategies, including COVID-19 specific strategies.
Strategy	1.2	Improve quality of information available about suicide prevention in local communities.	Baseline	Progress
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	N/A	

	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. <i>Lead Agency: Department of Children and Families' Office of Child Welfare</i>	0 Case reviews	
	1.2.3	By June 2021, provide a toolkit including suicide prevention education and resources to local departments of health in each of the 67 counties. <i>Lead Agency: Department of Health</i>	2 = slightly	The Suicide Prevention Coordinator (hired September 2020) will work with the Planning and Evaluation Team to develop the toolkit for distribution to Local Department of Health
Strategy	1.3	<i>Raise awareness on how to enhance safety.</i>	Baseline	Progress
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. <i>Lead Agency: Department of Children and Families SAMH</i>	0 resources	
	1.3.2	By June 2022, increase the number of Floridians that take the <i>Counseling on Access to Lethal Means</i> (CALM) training by 20 percent from 926 trainees to 1,019. <i>Lead Agency: Department of Children and Families SAMH</i>	926 Trainees	An additional 50 clinicians were trained on CALM in 2020 through LSF and the COVID -19 Emergency Response for Suicide Prevention grant
	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. <i>Lead Agency: Department of Children and Families SAMH</i>	0 resources	The SOSF is working with the Governor's Challenge to identify effective messaging strategies
Strategy	1.4	<i>Increase the collection and analysis of suicide prevention data.</i>	Baseline	Progress

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	Basic numbers currently provided on website	
	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	0 = mental health-suicide profile not created	Completed. The Behavioral Health/Suicide Profile was released on Florida Health CHARTS July 2020, based on existing indicators in CHARTS, and feedback from the SPCC Planning and Evaluation Committee.
	1.4.3	By September 2021, provide preliminary suicide related findings of data collected by the Florida Violent Death Reporting System to the Suicide Prevention Coordinating Council. Lead Agency: Department of Health	FLVDRS currently covers 13 counties and 53% of violent deaths	Department of Health and USF continue to recruit law enforcement agency partners. From September 2020 to August 2021, the percentage of violent deaths covered within FLVDRS will increase to 60%
	1.4.4	By June 2021, provide findings from the Community Assessment for Public Health Emergency Response (CASPER). Lead Agency: Department of Health	The Monroe/Irma CASPER survey is completed.	For suicide risk, 10% of respondents has a high risk of suicidality. The Hurricane Michael, rural multi-county CASPER preliminary result revealed most respondents (94.3% had low to no risk of suicidality).
	1.4.5	By December 2020, initiate a data inventory for use in a suicide prevention data surveillance plan. Lead Organization: Suicide Prevention Coordinating Council Data Analysis Workgroup	0 percent	The committee has begun to identify potential data sources

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	0 percent	On-going monitoring of provisional data on FL Health CHARTS
Focus Area	Prevention Goal 2: Increase prevention education approaches		
Strategy	2.1 Implement suicide prevention trainings.	Baseline	Progress
Action Items	<p>2.1.1 By October 2022, increase the Area Agencies on Aging participation in programs related to suicide awareness and prevention to elders through the Older Americans Act Title III D program by 10 percent yearly increments from the established baseline. Lead Agency: Department of Elder Affairs</p> <p>2.1.2 By June 2022, ensure the completion of Mock Suicide Drill Scenarios that are provided for all staff in Department of Juvenile Justice detention centers during each shift are maintained at 100 percent compliance. Lead agency: Department of Juvenile Justice</p> <p>2.1.3 By June 2021, increase the number schools who have completed youth suicide awareness and prevention training by 50 percent. Lead agency: Department of Education</p>	<p>3 = Halfway</p> <p>Completely</p>	<p>Implementation of the Applied Suicide Intervention Skills Training (ASIST). The program is targeted to older adults 60 or over and is designed to develop suicide first aid skills and competencies</p> <p>From January 2020 – October 2020, there have been no deficiencies found for Mock Suicide Drills in any detention center.</p> <p>Schools have access to state funds to continue YMHFA trainings schools seeking suicide prevention certification have trained entire staff with suicide prevention and Intervention practices</p>

	2.1.4	By June 2021, increase suicide training for direct care staff to include 80 percent of all staff. <i>Lead agency: Agency for Persons with Disabilities State Office</i>	0 percent of staff	Development is underway of an online continuing education program for suicide prevention that will be required for all staff yearly.
	2.1.5	By December 2021, introduce Preventing Suicide: A Technical Package of Policy, Programs, and Practice to partners and key stakeholders through the State Health Improvement Plan. <i>Lead Agency: Department of Health</i>	0 Percent created	SHIP Priority Area Workgroups are currently developing 2021- 2025 goals, strategies and objectives.
	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. <i>Lead agency: Agency for Persons with Disabilities State Office</i>	0 Percent	Development is underway of an online continuing education program for suicide prevention that will be required for all staff yearly.
Strategy	2.2	<i>Increase suicide prevention efforts to target high-risk and special populations.</i>	Baseline	Progress
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. <i>Lead agency: Department of Juvenile Justice</i>	89 percent	Current data from January 2020 through October 2020 indicates 10 deficiencies found out of 63 monitoring points, reflecting 85% accurate administration of Suicide Risk Screening Instruments. The majority of deficiencies are attributed to staff turnover and errors made by new staff screeners.

	2.2.2	By June 2021, increase the number of suicide screenings in the Developmental Disability Centers from baseline to 75 percent. Lead agency: Agency for Persons with Disabilities State Office	0 Percent	Not yet begun. Will be coordinated with the onsite Psychology Director.
	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	0 announcements	The SOSOP has presented on suicide prevention efforts, including information on access to MRTs over 4 times, including a Facebook Live Event hosted by the Check-In Project
	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	0 representatives	
	2.2.5	Starting January 2021, 100% of new volunteers will complete suicide prevention training as part of their required pre-service training. By March 31, 2021, update program policies to address best practices in advocating for children who are at high-risk of suicide. Lead Agency: Guardian ad Litem	Information unavailable	
Strategy	2.3	Adopt an evidence-based suicide prevention model.	Baseline	Progress
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	0 percent	LSF from 2018 to 2020 supported and promoted Zero Suicide implementation among its 60 providers by 50 percent.

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.	Baseline	Progress
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	96 Percent	Current data from January 2020 through October 2020 indicates the percentage has not changed significantly. However, interrater reliability of monitoring and technical assistance provided on the topic has increased/improved.
	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	Unavailable	
	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	680 Providers	Supported Florida 211 resource directory expansion through provision of resources discovered during "Forward March" Initiative; Promoted 211 resource directory during outreach opportunities; supported legislative budget request to secure funding to expand 211 statewide

Strategy	3.2	Promote the use of evidence-based interventions that target suicide risk.	Baseline	Progress
Action Items	3.2.1	By June 2021, increase the number of <i>Applied Suicide Intervention Skills Training</i> (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	Zero Trainings	
	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	0 trainings	Provided a training for school-based mental health providers conducted by Scott Poland on suicide prevention, intervention and after-care services for student returning to school. Other trainings are planned for this school year
Focus Area	<p>Caring Follow-up and Support</p> <p>Goal 4: Increase caring follow-up and support efforts</p>			
Strategy	4.1	Implement caring follow-up and support training in the workplace.	Baseline	Progress
Action Items	4.1.1	By December 2021, increase the number of state agencies that adopt <i>A Manager's Guide to Suicide Postvention in the Workplace</i> from zero to five. Lead Agency: Department of Children and Families SAMH	0 agencies	
Strategy	4.2	Provide resources that assist with caring follow-up and support.	Baseline	Progress

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	0 resources
	4.2.2	By March 31, 2021, establish a formal policy for providing support to Guardian ad Litem staff and volunteers after a critical incident such as a child fatality. Lead Agency: Guardian ad Litem	No policy

Appendix C

Table 6. 2020 SPCC Council Members and Designees

Representing	Appointed Official	Designee
Statewide Office for Suicide Prevention	Anna Gai, Chair, <i>non-voting member</i>	
1. Florida Association of School Psychologists	Dr. Gene Cash	
2. Florida Sheriffs Association	Matt Dunagan	
3. Florida Initiative of Suicide Prevention	Jackie Rosen	
4. Florida Suicide Prevention Coalition	Jane Bennett	
5. American Foundation of Suicide Prevention	Tara Sullivan Larsen	
6. Florida School Board Association	Karen Brill	
7. National Council for Suicide Prevention	Dr. Dan Reidenberg	
8. State Chapter of AARP	Larry Dixon	
9. Florida Behavioral Health Association	Sally Cunningham	
10. Florida Counseling Association	Dr. Carly Paro	
11. NAMI Florida	Cindy Foster	
12. Florida Medical Association	Dr. Ryan Hall	
13. Florida Osteopathic Medical Association	Dr. Ramsey Pevsner	
14. Florida Psychiatric Society	Dr. Daniel Castellanos	
15. Florida Psychological Association	Dr. Carolyn Stimel	

16. Veterans Florida	Joe Marino	
17. Florida Association of Managing Entities	Natalie Kelly	
18. Secretary of Elder Affairs	Richard Prudom	Gretta Jones
19. State Surgeon General (DOH)	Dr. Scott Rivkees	Shay Chapman
20. Commissioner of Education	Richard Corcoran	Martha Rodriguez
21. Secretary of Health Care Administration	Shevaun Harris	Dr. Timothy Buehner
22. Secretary of Juvenile Justice	Simone Marstiller	Dr. Tracy Shelby
23. Secretary of Corrections	Mark Inch	Dr. Dean Aufderheide
24. Commissioner of Florida Department of Law Enforcement	Rick Swearingen	Seth Montgomery
25. Executive Director of Department of Veterans Affairs	James Hartsell	Al Carter/ Roy Clark
26. Secretary of Department of Children and Families	Chad Poppell	Rodney Moore
27. Executive Director of Department of Economic Opportunity	Ken Lawson	Derrick Elias
28. Governor's Appointee	Donna Schulz	
29. – 31. Governor's Appointees	Vacant	

Florida SPCC Planning and Evaluation Committee

Rhonda Jackson (Chair), Department of Health

Anna Gai (Co-Chair), Department of Children and Families, Statewide Office for Suicide Prevention

Alan Mai, Department of Health, Community Health Promotion

Al Carter, Department of Veterans Affairs

Bryan Mingle, Lutheran Services Florida Health Systems

Bryan Russell, Department of Health, Disability and Health

Elizabeth Nettles, Lutheran Services Florida Health Systems

Heather Allman, Department of Children and Families

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

Jane Bennett, Florida Suicide Prevention Coalition

Jennifer Elmore, Florida Department of Elder Affairs

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

Dr. Kim Gryglewicz, University of Central Florida

Dr. Kristin Korinko, Agency for Persons with Disabilities

Laurie Blades, Guardian Ad Litem

Lynn Schultz, Building Healthy Military Communities

Margie Menzel, Guardian Ad Litem

Dr. Martha Mason, Agency for Persons with Disabilities

Mary Hodges, Department of Elder Affairs

Na'Keisha Phillips, Department of Children and Families

Tara Sullivan Larsen, American Foundation of Suicide Prevention

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

Dr. Timothy Buehner, Agency for Health Care Administration

References

- ¹ Suicide Prevention Resource Center. (2019). *Recommendations for state suicide prevention infrastructure*. Waltham, MA: Education Development Center, Inc.
- ² Centers for Disease Control and Prevention, National Center for Health Statistics. CDC WONDER Online Database, released in 2020. Retrieved from <http://wonder.cdc.gov/.html>.
- ³ Florida Bureau of Vital Statistics. (2020). *Florida Vital Statistics Annual Report 2019*. Florida Department of Health. Retrieved from <http://www.flpublichealth.com/VSbook/PDF/2019/VSCOMP.pdf>
- ⁴ Florida Department of Health, Florida Bureau of Vital Statistics Suicide and Behavioral Health Profile. Retrieved from <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.SuicideProfileDashboard>.
- ⁵ Vibrant Emotional Health & Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *Florida and the National Suicide Prevention Lifeline 2019*. Retrieved from <https://suicidepreventionlifeline.org/lifeline-state-reports/>.
- ⁶ Section 14.2019(2), F.S.
- ⁷ Office of the Surgeon General (US), & National Action Alliance for Suicide Prevention (US). (2012). *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action: A Report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention*. US Department of Health & Human Services (US).
- ⁸ Department of Veterans Affairs. (2018). *National Strategy for Preventing Veteran Suicide: 2018–2028*. Washington, DC: US Department of Veterans Affairs.
- ⁹ Stone, D.M., Holland, K.M., Bartholow, B., Crosby, A.E., Davis, S., and Wilkins, N. (2017). *Preventing Suicide: A Technical Package of Policies, Programs, and Practices*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- ¹⁰ National Center for Veterans Analysis and Statistics. (2020) *Veteran Population Fiscal Year 2018*. U.S. Department of Veterans Affairs. Retrieved from https://www.va.gov/vetdata/veteran_population.asp.