



SHEVAUN L. HARRIS  
*Secretary*

# Suicide Prevention Coordinating Council Annual Report

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

# 2023



Publication Date:  
January 1, 2024

## Table of Contents

Introduction .....	2
The Issue of Suicide in Florida .....	3
2020 – 2023 Florida Suicide Prevention Interagency Action Plan .....	9
Florida Suicide Prevention Initiatives.....	10
2023 Suicide Prevention Coordinating Council (SPCC) Recommendations .....	22
Appendix A: 2020 – 2023 Action Plan .....	23
Appendix B: Membership .....	29
Appendix C: Suicide Prevention Awareness Month Proclamation .....	32
References.....	33

## Introduction

### **Suicide Prevention Governance in Florida**

As the designated mental health authority for the state of Florida, the Office of Substance Abuse and Mental Health (SAMH) within the Florida Department of Children and Families (Department) houses the Statewide Office for Suicide Prevention (SOSP). The SOSP is appointed to develop initiatives and coordinate the state's suicide prevention efforts. More specifically, the SOSP's tasks are established in section 14.2019, Florida Statutes (F.S.), include support of the Suicide Prevention Coordinating Council (SPCC), and developing the state plan for suicide prevention. The SOSP maintains a suicide prevention website and 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 group of Florida state agencies, organizations, and suicide prevention partners. The SPCC membership and purpose is defined in section 14.20195, F.S., and includes preparing of the SPCC's annual report. More information about the SPCC is detailed in the sub-section titled Suicide Prevention Coordinating Council (SPCC) under Florida Suicide Prevention Initiatives.

### **Report Purpose and Goal**

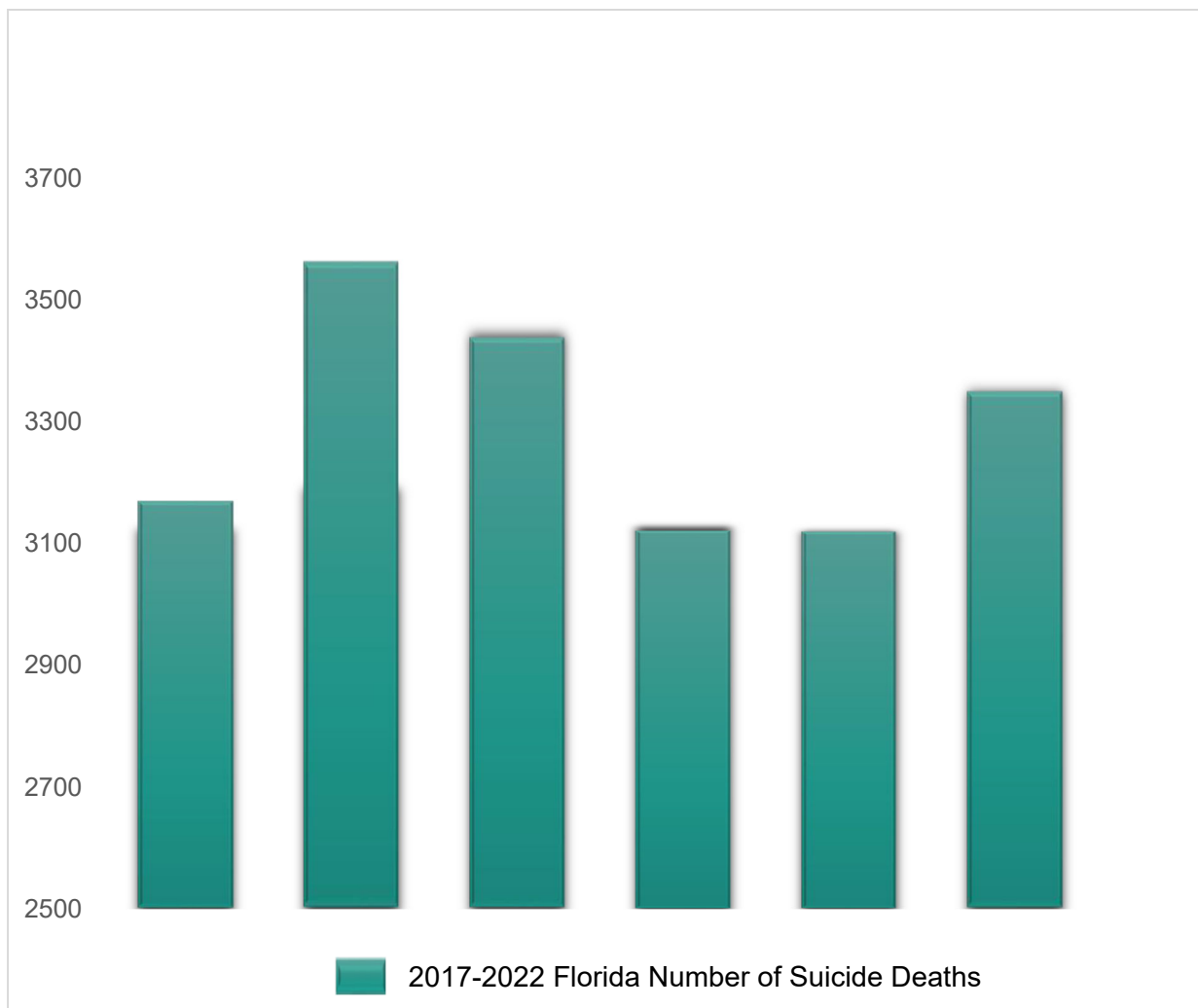
The SPCC annual report is prepared through collaboration between the Department, the SOSP and the SPCC, to fulfill section 14.20195(1)(c), F.S., which requires the SPCC to draft an annual report for submission to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1 of each year. The contents within prioritize initiatives completed by the Department and the status of the statewide plan for suicide prevention. The narrative and data cited in this report serve as guidance to inform the planning and implementation of the coming year's efforts, in addition to the generation of the state's next strategic plan.

# The Issue of Suicide in Florida

## Floridians Lost to Suicide

Suicide is the twelfth leading cause of fatalities in Florida, accounting for 3,325 Floridian lives lost in 2021 demonstrating the continued need to make suicide prevention policy and practices a priority within Florida.<sup>1,2</sup> Suicide data is available through a public facing dashboard from the Florida Department of Health’s Community Health Assessment Resource Tool Set which can be accessed at <https://www.flhealthcharts.gov/Charts/>.

**Figure 1: Number of Suicide Deaths, Florida 2017 – 2022**

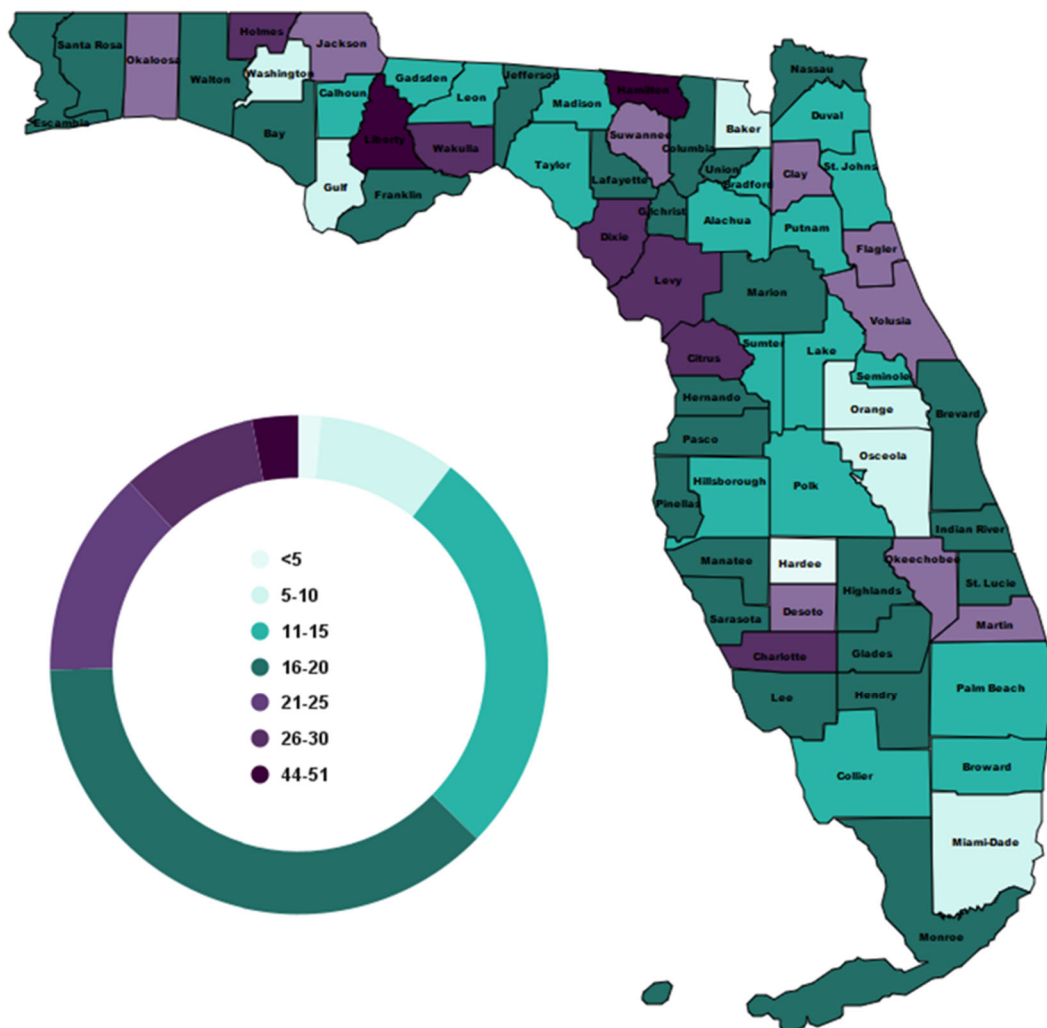


Data Source: Florida Department of Health Bureau of Vital Statistics.

## Geographic Distribution of Suicide Deaths

The age-adjusted rate of suicide death varied by county. This metric allowed for a degree of comparative value for suicide death fluctuations across the state relative to population size (Figure 2). In 2021, Hardee County had the lowest rate (2.9 per 100,000 individuals). The counties with the highest rates included Hamilton County (50.6 per 100,000 individuals), followed by Liberty County (43.7 per 100,000 individuals), and then Wakulla County (30.2 per 100,000 individuals). Data showed that majority of counties had a suicide rate less than 17 per 100,000 individuals. Counties with large rural areas accounted for the highest rates, with a high number of suicides compared to a county's population. Higher rates may be a result of a single digit number of suicides in a county with a low population.

**Figure 2: Florida Suicide Rates by County, 2021**

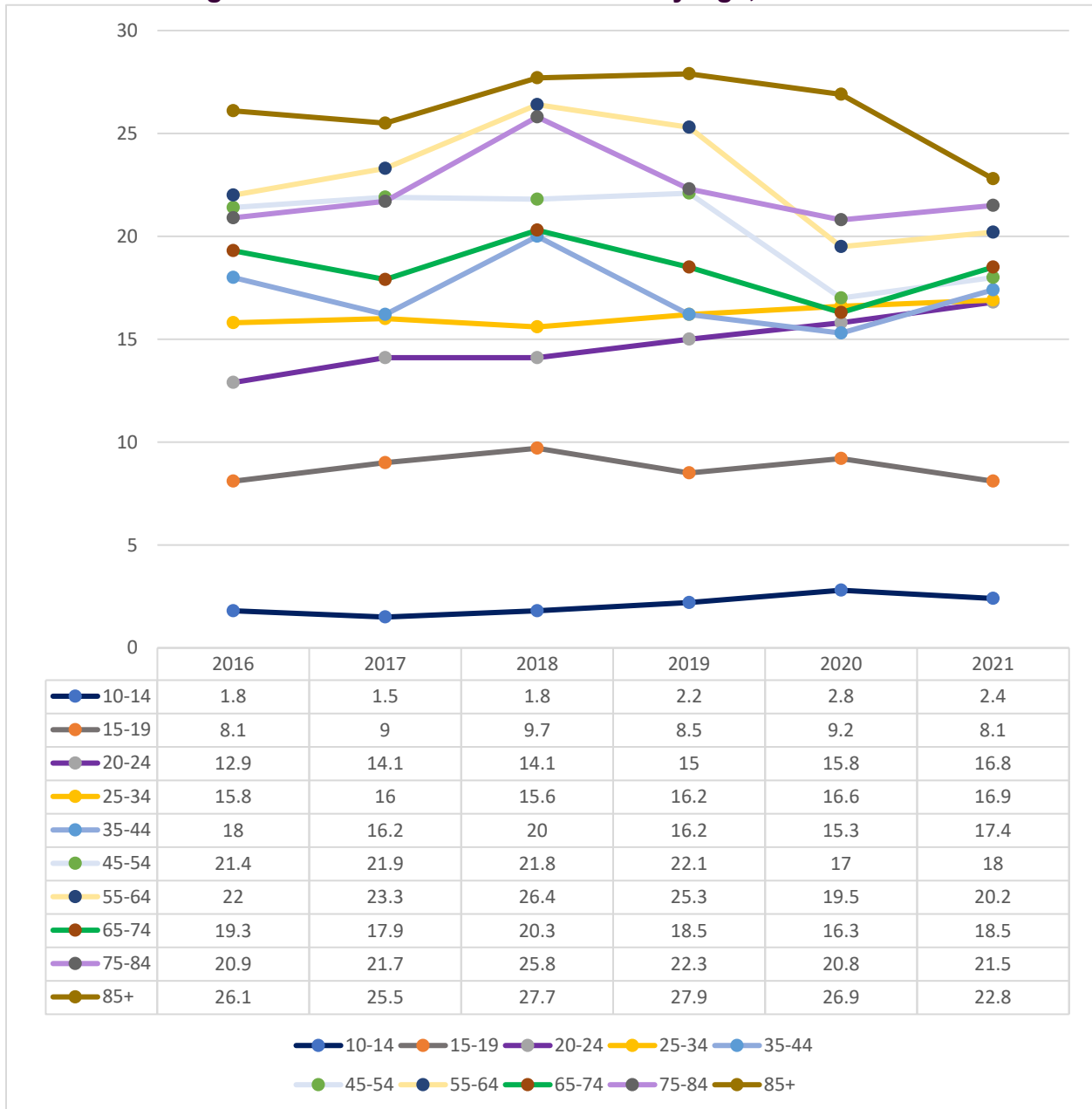


Data Source: Florida Department of Health Bureau of Vital Statistics. Visual created by Anna Sever.

## Age

The trajectory of the suicide fatality rate over the past five years was varied. The suicide fatality rate continues to be the highest in those aged 85 or older from 2017 through 2022. In 2021, the highest rates following ages 85 and older, were among individuals ages 75 to 84, and ages 55 to 64 (Figure 3). As with rural counties, the smaller the population size the more likely a higher rate results from single-digit numbers of suicide.

**Figure 3: Crude Suicide Death Rate by Age, 2016 – 2021**



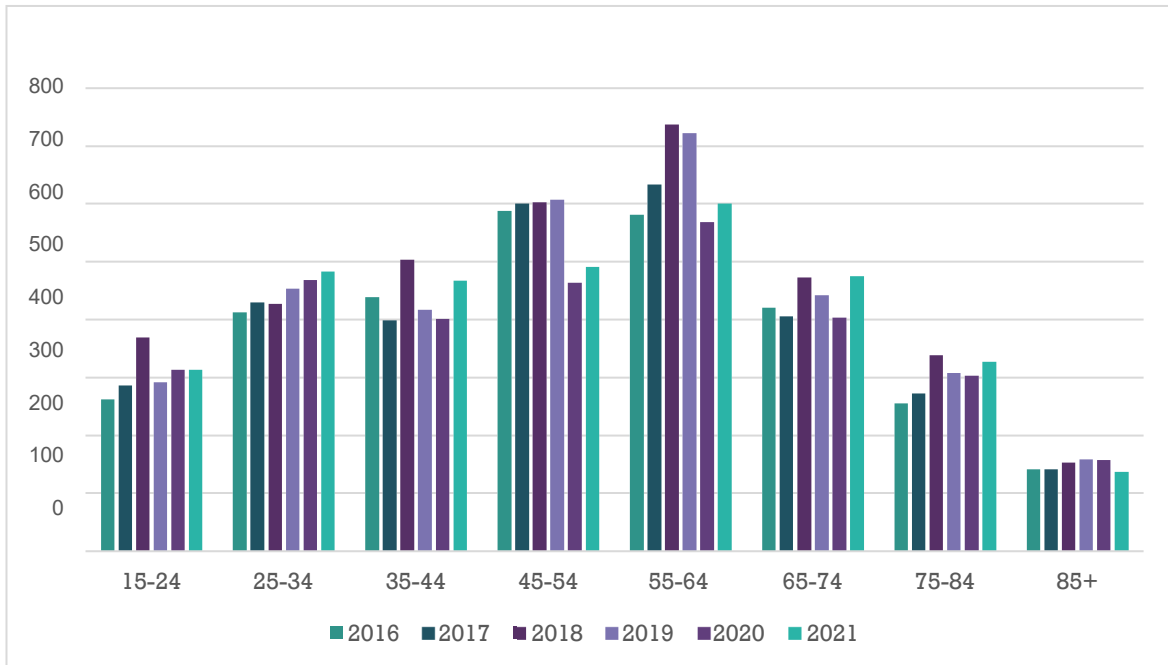
Data Source: Florida Department of Health Bureau of Vital Statistics.

Rate per 100,000 individuals

This contrasts with the previous decade of data indicating that adults between 45 and 64 have the highest rates, showing some evidence favoring a generational relationship to suicide. There was a 28 percent decrease in suicide deaths in ages 45 to 54, and a four percent decrease in the 55 to 64 age population in 2021<sup>1</sup>, compared to 2016.

Figure 4 provides an overview of the suicide death count by age from 2016 through 2021. In comparison to 2016, suicides in 2021 increased for those ranging from ages 15 to 44 and 65 to 84. However, 2021 saw a slight increase in suicides across most age groups from the previous year.

**Figure 4: Suicide Death Count by Age, 2016 – 2021**



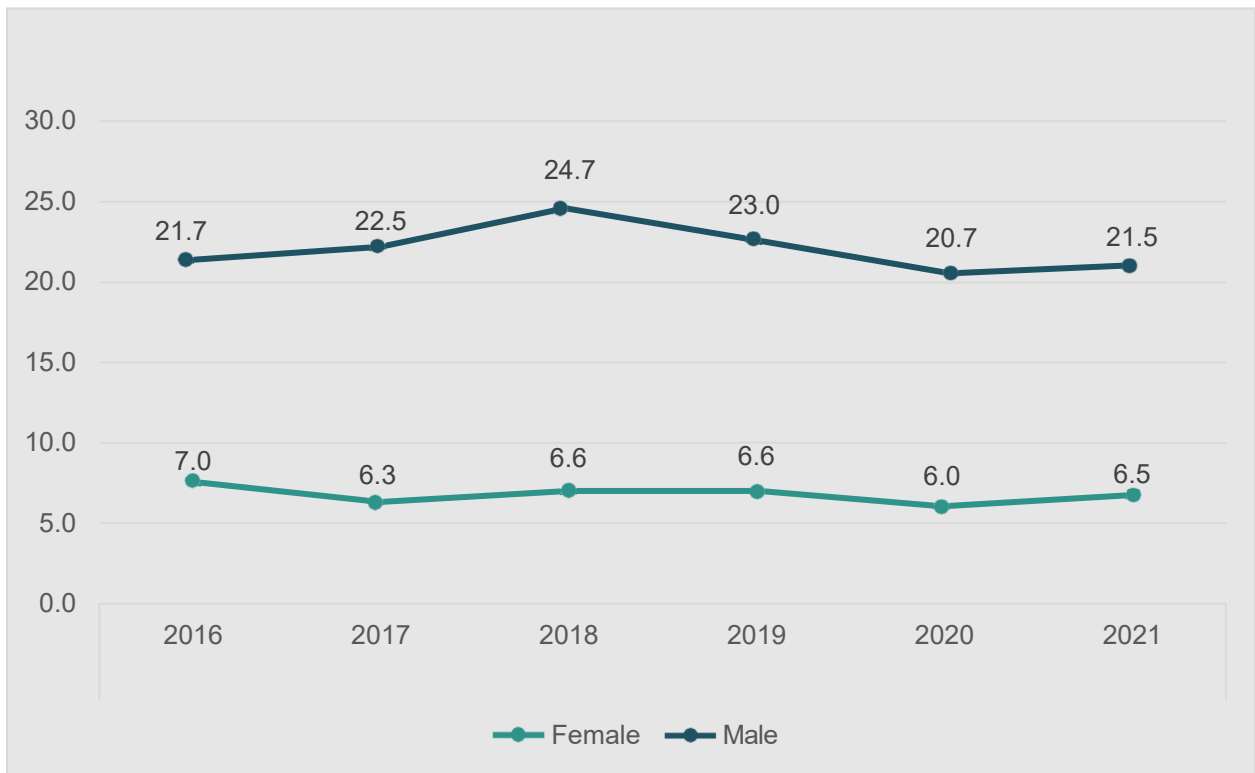
Data Source: Florida Department of Health Bureau of Vital Statistics. Note: Age group 5 – 14 was removed to maintain privacy since it had fewer than 50 deaths across all years. Range of deaths from 2016 – 2021 for those aged 5 – 14 was 17 – 34, with an average death count across all five years of 25.

<sup>1</sup> Note to reviewer: 2022 data will not be available until after December 28, 2023.

## Sex

In Florida, males experience more than three times the rate of suicide deaths compared to females, and the trend has persisted for over 50 years. In 2021, the rate of suicide death for males was 21.5 per 100,000 individuals, compared to females at 6.5 per 100,000 individuals (Figure 5). Females showed a slight decrease each year from 2017 through 2021 compared to 2016 (7 per 100,000 individuals). Males also saw a decrease in 2020 and 2021 compared to 2016 (21.7 per 100,000 individuals). Overall, rates remained relatively stable from 2016 to 2021 (Figure 5).

**Figure 5: Age-Adjusted Suicide Rate per 100,000 Individuals by Sex, 2016 – 2021**



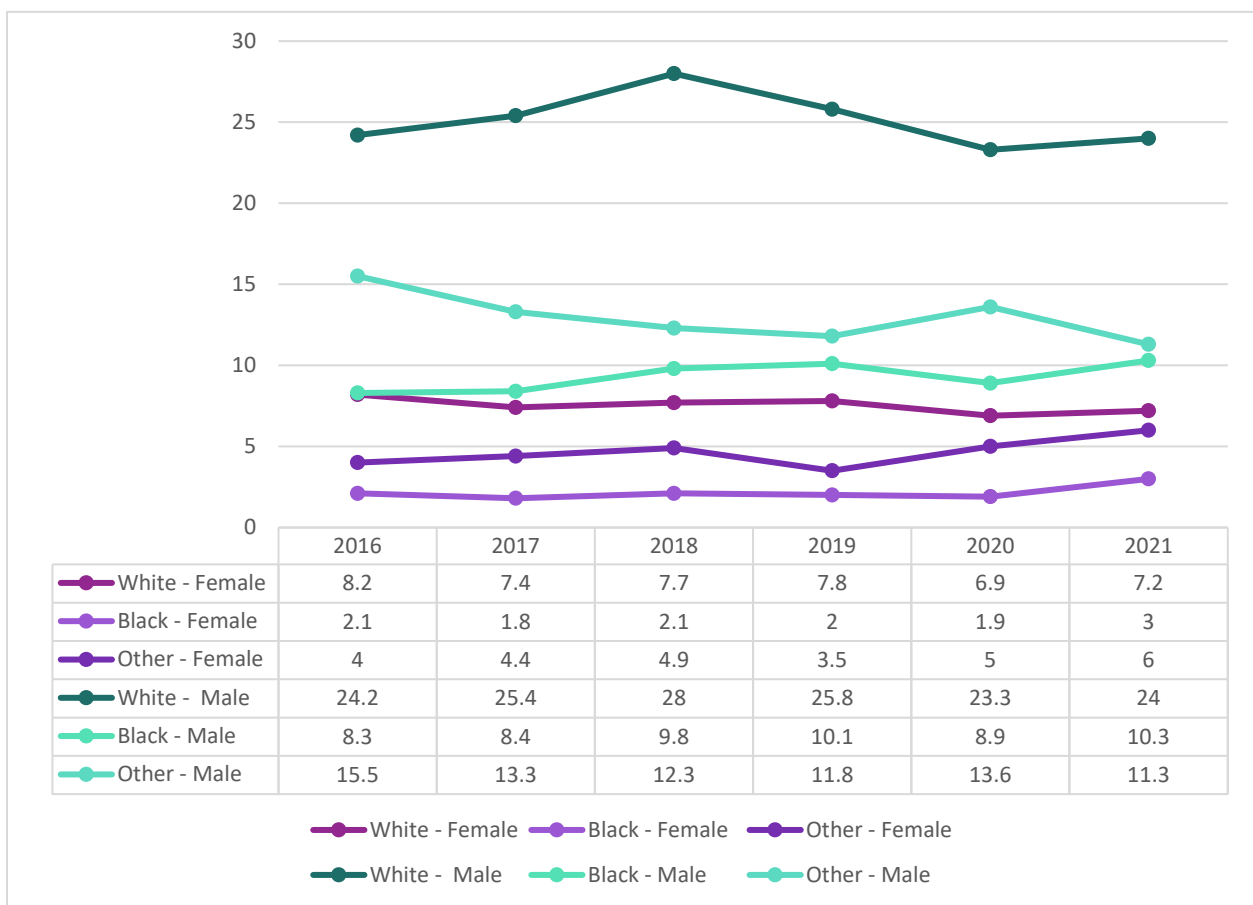
Data Source: Florida Department of Health Bureau of Vital Statistics.



## Race and Sex

The rate of suicide death is highest among white males. In 2021, the suicide rate of death per 100,000 individuals was 24 for white males (Figure 6). The suicide death rate for black males increased from 2016 to 2021, with a rate of 10.3 per 100,000 individuals. In 2021<sup>2</sup>, males of other races and females of other races had rates of 11.3 and six per 100,000 individuals, respectively (Figure 6).

**Figure 6: Age-Adjusted Suicide Rate per 100,000 Individuals by Race and Sex, 2016 – 2021**



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

## Method

Firearms were used in a majority of suicide fatalities across the state and all age groups. This trend continued to persist across decades of data in the nation and in Florida. Suffocation and poisoning are the second and third commonly used method in suicide

<sup>2</sup> Note to reviewer: 2022 data will not be available until after December 28, 2023.

deaths. The remaining fatalities were classified as other and accounted for less than 10 percent of suicide deaths.

## 2020 – 2023 Florida Suicide Prevention Interagency Action Plan

The 2020 – 2023 Florida Suicide Prevention Interagency Action Plan (Action Plan) demonstrated success across each of the four focus areas and goals, and 11 strategies. The 2024 suicide prevention strategic plan leverages insight from the success of the previous Action Plan.



**Table 1: Suicide Prevention Interagency Duties to Execute and Reach Goals**

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

## Florida Suicide Prevention Initiatives

The following pages provide an overview of various initiatives and grant projects taking place statewide representing efforts of the Department and the SOS, SPCC, other state agencies and stakeholders.

### First Responder Resiliency

In 2021, First Lady Casey DeSantis, in partnership with the Department, announced \$12 million to expand peer-to-peer mental health services providing prevention and early intervention services to support first responders and families. In the first year, over 640 first responder peers were trained to volunteer within organizations or work as call center personnel, 128,401 staff hours were dedicated to peer supports, and 16,980 individuals were served.

Following the two-year anniversary, the program continues to yield positive outcomes and provide essential services and supports. To date, the Department has invested over \$20 million in the program.

The Department continues partnerships 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

A customizable statewide resource toolkit that provides first responder agencies step-by-step guidance for developing mental health policies is available on the Department's First Responder Resiliency resource page. The toolkit was created by the 2<sup>nd</sup> Alarm Project in collaboration with Florida Agricultural and Mechanical University and the University of Central Florida RESTORES program.

“The launch of the Toolkit signifies Florida’s continued dedication to the well-being of those who selflessly safeguard our communities. It is an invitation to embrace a new era of mental health support that empowers first responders, strengthens organizations, and enriches communities.” said **Governor Ron DeSantis**. “By launching this resource, Florida leads the nation by innovating and providing valuable resources to meet the needs of first responders and their families.”

Programmatic Data Totals: May 2022 – September 2023\*

The following table details the primary data elements collected from the Building First Responder Resiliency program.

**Table 2: Building First Responder Resiliency**

Resource and Referrals to Services		Peer Support		Public Awareness Campaign
Number of Contacts	339,580	Number of Persons Served	19,861	137,042,026 Number of Impressions
Number of Referrals	9,590	Number of Trained Peer Support	814	
Number of Direct Staff Hours	41,694	Number of Direct Staff Hours	197,814	

\*At the time of publication, data was available through September 2023. Data is provisional and subject to change.

**The Commission on Mental Health and Substance Use Disorder - Suicide Prevention Subcommittee**

Through section 394.9086, F.S., the Department established the Commission on Mental Health and Substance Use Disorder to examine and make recommendations for enhancing Florida’s behavioral health system.

The Suicide Prevention Subcommittee was created in July of 2023 and charged with the following statutory duties to examine the current infrastructure of Florida’s 988 Suicide & Crisis Lifeline:

1. Conduct an overview of the current infrastructure of Florida’s 988 Suicide & Crisis Lifeline system.
2. Provide recommendations on how behavioral health Managing Entities should fulfill the obligation of promoting service continuity and work with community stakeholders throughout the state in furtherance of supporting the 988 Suicide & Crisis Lifeline system and other crisis response services.
3. Evaluate and make recommendations to improve linkages between the 988 Suicide & Crisis Lifeline infrastructure and crisis response services within the state.

**2023 Suicide Prevention Awareness Month**

The SOSM maintains a suicide prevention website that provides suicide prevention information and resources (<https://www.myflfamilies.com/suicideprevention>). The website is updated regularly and is organized with information about suicide, crisis support information for the public and specific resources for military service members and

veterans, first responders, individuals who are deaf or hard of hearing, and non-English speaking individuals. The website is projected to exceed over 30,000 visits in 2023, a 20 percent increase from 2022.

To further unify Florida in prevention efforts during Suicide Prevention Awareness Month, an interactive suicide prevention events map was generated and posted on the website. An event dot reveals the corresponding event details, including the target audience for the event, and whether the event was virtual. When referencing the map, a purple dot indicates the event will occur in the present month, while green dots indicate a future event. An event could be added to the map after completion of a 30-second survey, [https://floridadcf.iad1.qualtrics.com/jfe/form/SV\\_6M2M0Jh1D71tNs](https://floridadcf.iad1.qualtrics.com/jfe/form/SV_6M2M0Jh1D71tNs). Submissions are reviewed by SOSOP personnel and events are added.

Social media posts during the month of September included information about the Governor's proclamation extending support to Florida's continued observance of Suicide Prevention Awareness Month each year. Risk and warning signs for suicide, common myths about suicide, and help-seeking information, including the promotion of the suicide prevention website were also included.

The posts accumulated more than 75,000 impressions.

Over 10,000 marketing materials with the suicide prevention website were distributed across the state through meetings and events in August and September, the SPCC's December meeting, Annual Florida Children and Families Summit, and various community events.

### **Suicide Prevention Coordinating Council (SPCC)**

Members of the SPCC are designated representatives from various state agencies, Florida-based professional organizations, and suicide prevention non-profit organizations both Florida-based and national. For a full list of current SPCC membership, see Appendix C. The SPCC advises the SOSOP in the development of the statewide strategic plan for suicide prevention; makes findings and recommendations regarding evidence-based suicide prevention programs and activities; and contributes to the annual report regarding the status of suicide prevention efforts and recommendations for further improvement. The SPCC presently engages two committees—the Planning and Evaluation Committee, and the Special Populations Committee.

### **Suicide Prevention Coordinating Council Quarterly Challenge**

Each quarter, the SPCC puts forward a new call to action referred to as the quarterly challenge. The quarterly challenge is geared toward all Floridians, to increase public awareness of suicide prevention resources and best practices. Displayed below are the quarterly challenges from 2023.

#### March

*Share options for care:* Florida's 988 Suicide & Crisis Lifeline offers free, 24/7, confidential crisis counseling for individuals experiencing emotional distress. The Collaborative

Assessment and Management of Suicidality, Dialectical Behavior Therapy (DBT), and Cognitive Behavioral Therapy for Suicide Prevention are three treatment options for targeting suicidality.

### June

*Propose action items for consideration for Florida's 2024 Strategic Plan for Suicide Prevention.*

### September

*Ensure information is updated:* Ensure your agency website and phone line is updated to include information on Florida's 988 Suicide & Crisis Lifeline offering free, confidential, crisis counseling for individuals experiencing emotional distress. List on websites, signature blocks, and automated messaging.

Where else could your organization reference Florida's 988 Suicide & Crisis Lifeline?

### December

*Share the First Responder Toolkit:* The Department recently launched a customizable statewide standardized resource toolkit that provides first responder departments step-by-step guidance for developing mental health policies. The toolkit is available on the Department's First Responder Resiliency resource page.

## **First Responder Mental Health and Suicide Deterrence Subcommittee**

The Department established the First Responders Suicide Deterrence Task Force (Task Force) in 2020 as required by section 14.2019(5), F.S. Findings and recommendations for training programs and materials to deter suicide among active and retired first responders were reported to the Governor, the President of the Senate, and the Speaker of the House of Representatives each July, from 2021 through 2023. Each report included recommendations from the Task Force to revise and explore ways to integrate recommendations into policy and practice. Annual reports are published and available at [www.myflfamilies.com/suicideprevention](http://www.myflfamilies.com/suicideprevention) under the First Responder Mental Health and Suicide Deterrence Subcommittee tab.

While the statutory requirement that established the Task Force ended in July 2023, the SPCC members believed that while much progress had been made, there is work yet to do. To continue the momentum gained by the Task Force, The First Responder Suicide Deterrence Subcommittee was created under the SPCC. The First Responder Suicide Deterrence Subcommittee is charged with making recommendations on how to reduce the incidence of suicide, how to reduce the occurrence of attempted suicide, and development of training programs and materials to empower first responders to enhance mental health wellness. The recommendations will be shared in future annual reports of the SPCC.

The Subcommittee will foster a culture of mutual support and solidarity among active and retired first responders by:

- Providing training materials to first responder agencies in suicide prevention best-

practices.

- Educating active and retired first responders on suicide awareness and help-seeking.
- Promoting awareness of existing resources among active and retired first responders.

## **988 Implementation**

The National Suicide Hotline Designation Act of 2020 amended the Communications Act of 1934 to designate 988 as the easy to remember three-digit dialing code for anyone experiencing a mental health or substance use crisis, including suicidal thoughts and feelings. Serving as an expansion of the eleven-digit predecessor (the National Suicide Prevention Lifeline), 988 provides a single-point-of-entry to a robust crisis care continuum that serves individuals with a variety of crisis care needs through three essential elements: someone to talk to, someone to respond, and somewhere to go. The nationwide 988 Suicide & Crisis Lifeline went live on July 16, 2022, and has received nearly five million contacts since rollout according to the Substance Abuse and Mental Health Services Administration’s (SAMHSA) “988 The First Year and Beyond” Report.

The framework for a modernized crisis continuum of care begins when an individual experiencing emotional distress calls 988 and the call is answered by a trained crisis counselor (someone to talk to). The Department implemented the 988 Suicide & Crisis Lifeline through existing centers throughout Florida dedicating federal grant funding to build capacity. Year one data from Florida’s 988 Lifeline Centers showed that 96.8 percent of calls were resolved at this stage without the need for higher-level intervention (i.e., someone to respond and/or somewhere to go). In cases where a caller could not be de-escalated, a warm hand-off is provided to a local Mobile Response Team (MRT) (someone to respond). The 988 Lifeline Centers work in coordination with local 911 Public Service Answering Points to dispatch immediate law enforcement or Emergency Medical Services (EMS) response when there is a caller with an active suicide in progress, this is the case for 1.3 percent of 988 calls in Florida according to the most recent quarterly metrics.

Florida’s large geographical area and wide-ranging demographics require an expansive 988 network of 13 Lifeline Centers (tied for the most with California, New York, and Kentucky) to properly serve the state. A 988 caller in Florida is routed to one of the 13 Lifeline Centers through a routing algorithm using designated county coverage areas. If a center is unable to answer a call within 120 seconds, the call is then routed to an in-state backup center (one of the remaining centers assigned to backup calls from the county coverage area). This provides two levels of localized support before a call is routed to a national backup that, while serviceable, may be unaware of the nuances within the crisis care landscape of a given state or region.

### **Florida Year One Data Highlights (July 2022 – June 2023)**

- Florida’s 988 Suicide & Crisis Lifeline served 173,520 individuals through calls, chat, and text.



- The 988 Lifeline Centers reported a 96.8 percent diversion rate, or crisis calls that did not require an in-person response after telephonic support.
- In-state answer rates improved by 21 percent, rising from 54 percent in July 2022 to 75 percent in June 2023.
- From the time data collection began in October of 2022, through June of 2023, there were 786 suicide attempts in progress averted by Florida’s 988 Lifeline Centers.

In January of 2022, SAMHSA released a two-year grant to support state and territory efforts for the 988 implementations. The Department was awarded \$5.3 million in funding for capacity building intended to provide initial support for implementation efforts. In addition, the Department set aside funding from other federal grants to further assist in capacity building and implementation.

Subsequently, the Department was awarded a three-year state and territories Cooperative Agreement Grant from SAMHSA in September of 2023. The award for year one of the grant is \$8.1 million and is intended to continue improving local capacity, interoperability between 988 and 911 Public Service Answering Points, coordination with statewide MRTs, and marketing of Florida’s 988 Suicide & Crisis Lifeline.

**Table 3: Florida’s 988 Suicide & Crisis Lifeline Funding**

<b>Florida’s 988 Suicide &amp; Crisis Lifeline Funding</b>		
<b>Fund Source</b>	<b>FY 2022-23</b>	<b>FY 2023-24</b>
Community Mental Health Services Block Grant Supplemental	\$8,461,833	\$8,461,833
988 State and Territory Cooperative Agreements Capacity Building Grant	\$2,805,776	\$2,478,612
988 State and Territory Cooperative Agreements Supplemental	\$800,000	\$1,200,000
988 State and Territory Cooperative Agreements Improvement Grant	\$0	\$6,024,263
<b>Total Funding</b>	<b>\$12,067,609</b>	<b>\$18,164,708</b>

*Note: Federal awards are based on the federal fiscal year, October – September. This table depicts budget for the state fiscal year, July – June.*

## Florida Year Two Areas of Focus

### 1. Enhancing the In-State Backup Routing System

While Florida’s 988 network was able to accept 82 percent of year one calls, preventing routing to the national backup line, enhancements to the system will support reaching the 90 percent answer rate milestone.

The current routing structure has call centers serving as both primary and backup centers depending on the county coverage area. For example, call center A may be the primary center for County X and serve as the in-state backup center for County Y.

In year two, the goal is to collaborate to address inefficiencies within the current backup



routing system with a focus on capacity to meet the projected demand and the most effective method of distributing the projected call volume among the 13 Lifeline Centers.

## 2. 911/988 Interoperability

With the implementation of 988, the need for standardized interoperability practices between Public Service Answering Points/Emergency Communications Centers and 988 Lifeline Centers became evident. The National Emergency Number Association released the draft “Standard for 911/988 Interactions” for public comment in August 2023. The 48-page document includes sample memorandums of understanding (MOUs), sample information sharing agreements, recommendations for call transfer protocols, and an expansive overview of technical and operational standards for collaboration between the two lines.

The Department will continue to work with 911 and 988 stakeholders to identify local standards of care and introduce the appropriate elements of the National Emergency Number Association’s standard for interactions document to Florida’s communities.

## 3. Increasing Awareness of Florida’s Crisis Care Continuum

Informing the public of the 988 Suicide & Crisis Lifeline’s scope of services will be a component of the next wave of messaging. A misconception that 988 is a rebranding of the National Suicide Prevention Lifeline was a common theme throughout year one, and the need to identify the 988 Suicide & Crisis Lifeline as a single point-of-entry for any behavioral health crises still exists.

Florida’s 988 Suicide & Crisis Lifeline is the first intervention in a crisis care continuum that works to serve individuals experiencing a crisis. The Department will increase awareness of the crisis care continuum through presentations, marketing campaigns, and collaboration with the Managing Entities, behavioral health providers, advocacy organizations and other stakeholders across the state.

## 4. Improving Collaboration with Mobile Response Teams (MRTs)

The second element to the crisis continuum of care is mobile response. In 2018, following recommendations from the Marjory Stoneman Douglas Commission, the Department established MRTs statewide serving youth and young adults ages 26 and under. In 2022, the Legislature provided additional funding to expand MRTs across the state. The expansion allowed for increased capacity in existing MRTs, creation of new MRTs, and the ability to serve individuals of all ages.

Florida’s MRTs are available 24 hours a day, 365 days per year to provide in-person support to assist in diffusing crises and diverting individuals from involuntary Baker Acts. MRTs provide on-demand crisis serves in any setting and allow individuals to safely recover within communities. In Fiscal Year 2022-2023, MRTs had a Baker Act diversion rate of 82 percent.

For individuals that cannot be de-escalated by a 988-crisis counselor, and need someone to respond, it is imperative to have strong partnerships that allow for the warm hand-off

of these individuals needing a higher level of care. In Fiscal Year 2022-2023, 988 Lifeline Centers and MRTs across the state began establishing formal MOUs. In year two of the 988 Suicide & Crisis Lifeline, the Department will continue to strengthen these relationships through further enhancement to policy and guidance and monitoring data to troubleshoot and eliminate gaps in the crisis framework.

### **Florida Governor's Challenge Team**

In March 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 United States 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” were established.

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 United States territories have accepted the Governor’s Challenge with the purpose of helping local leaders in community and state government work together to prevent suicide among veterans. The Florida Governor’s Challenge Team is led by Major General James S. “Hammer” Hartsell, United States Marine Corps (Retired), Florida Department of Veterans Affairs, with secondary support lead Danielle Morabito, Florida Department of Veterans Affairs. The team is a public-private partnership, with dedicated individuals from over 20 organizations, including the Departments SOSP.

Recent accomplishments of the Florida Governor’s Challenge Team include development and implementation of a suicide prevention training for County Veteran Service Officers and Veteran Claims Examiners, promotion of Watch Stander training geared toward the public across the state, promotion of the Veterans Affairs’ safety planning app, and development of public service announcements along with a comprehensive media campaign. The Florida Governor’s Challenge Team is also engaging with firearms dealers and other businesses to promote lethal means safety through the Five Star Business Incentive Program.

### **The Florida Violent Death Reporting System**

The Department of Health maintains the Florida Violent Death Reporting System (FLVDRS), a state-based surveillance system developed and funded by the Centers for Disease Control and Prevention. FLVDRS collects and abstracts data on at least 60 percent of violent deaths occurring in Florida, with expanded data collection efforts expected in subsequent years. All information is entered into an anonymous encrypted database. Data sources include vital statistics death certificates, medical examiner records (with toxicology when available), 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. The information provides comprehensive context and answers about the “who, what, when, where, and why” leading to violent deaths.

### **Florida Launch Engage Activate Departments and Systems for Zero Suicide**

The University of Central Florida operates the Florida Launch Engage Activate Departments and Systems (LEADS) for Zero Suicide project, a federally funded project through SAMHSA. The five-year grant project began April 2021. The goal of the Florida 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.

#### Florida LEADS Project Achievements (April 2021- October 2023)

##### Collaborative Network

To date, the Florida LEADS Project has developed 51 MOUs and informal partnerships with state and regional agencies throughout Florida to implement Zero Suicide components and practices. Partners include:

- SOSA and SAMH
- Florida Department of Health
- Agency for Persons with Disabilities
- Florida Department of Elder Affairs
- Lutheran Services Florida Health Systems
- Lakeview Center
- Molina Healthcare of Florida
- Florida Behavioral Health Association
- Peer Support Coalition of Florida
- The Fire Watch/Veteran Overwatch Program
- Gulf Coast Veterans Health Care System
- Santa Rosa Department of Health
- Tri-County Human Services
- Northwest Florida Health
- Henley Foundation
- Veterans Affairs of North Florida

##### Suicide Prevention and Intervention Training

The Florida LEADS project has trained over 2,800 individuals throughout the state using suicide prevention curriculums. The following training programs have been provided to project partners:

- Zero Suicide workshops: 366 trained.
- Safety Planning: A Linking Individuals Needing Care (LINC) to Life (LINC2Life)

Workshop: 333 trained.

- Question, Persuade, Refer (QPR) Suicide Gatekeeper Training: 1,833 trained.
- LINC Care Coordination Training: 211 trained.

### Crisis Response Services

The Florida LEADS project has partnered with Lakeview Center, which serves Escambia, Santa Rosa, Okaloosa, and Walton Counties, to implement Florida LEADS LINC 90-day care coordination program model. This model seeks to enhance MRT services for adults at risk of suicide. The Florida LEADS project previously worked with Meridian Behavioral Health MRTs to enhance services.

A total of 109 clients have been enrolled into the LINC Care Coordination program since the start of the project. Preliminary review shows a reduction of both depressive symptoms and suicide risk levels.

### Social Awareness

The Florida LEADS project has developed a website to highlight program goals, promote training opportunities, and disseminate educational resources. The Florida LEADS project is 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 and is working to launch the marketing campaign later in 2023.

### **School Mental Health Assessment, Response, and Training for Suicide Prevention (SMARTS)**

The School Mental Health Assessment, Response, and Training for Suicide Prevention (SMARTS) project through the University of South Florida and the University of Central Florida. The project is a five-year federally funded training model to facilitate youth suicide prevention and early intervention strategies. The SMARTS project aims to use a multisystem, interconnected approach across multiple delivery systems of care, including middle schools, high schools, and community behavioral health agencies to reduce suicide rates, decrease mental health risks, and build sustainable prevention services. The SMARTS project aims to improve equity in access to high-quality behavioral health care to school systems in Florida.

### Project Achievements (October 2022 - October 2023)

#### Collaborative Network

Since its launch in 2022, the SMARTS project has built a collaborative network of partnerships with the following agencies and community providers:

- University of South Florida
- University of Central Florida
- Pasco County Schools
- Miami-Dade County Schools
- Pinellas County Schools

- BayCare Behavioral Health
- Florida Department of Education
- Florida Statewide Office for Suicide Prevention

### Suicide Prevention and Intervention Training

The SMARTS project provided the following training programs to its partners at no cost, decreasing the burden of training staff to implement life-saving strategies to community youth:

- QPR: 21 trained.
- LINC: In-progress.
- LINC2Life (safety planning): 21 trained.
- Zero Suicide: 27 trained.

The SMARTS project will begin offering DBT training in January 2024 to its partners.

The SMARTS project will also offer trainings in three assessment tools to partners:

1. Columbia-Suicide Severity Rating Scale (C-SSRS)
2. Patient Health Questionnaire-9 (PHQ-9)
3. Social, Academic, and Emotional Behavior Risk Screener (SAEBRS)

Adaptations of Zero Suicide, QPR, LINC, and LINC2Life geared toward school-aged children are also underway. Training plans are under development with the Florida Department of Education.

### Community Advisory Board

The purpose of the Community Advisory Board (CAB) is to help guide and inform Florida SMARTS project practices to better meet the needs of different school districts in Florida. The Florida SMARTS CAB is comprised of school-affiliated individuals, mental health practitioners, and parents/caregivers from each school district. CAB members are individuals with lived mental health and/or suicide-related experiences providing culturally diverse insight from the community.

### Crisis Response Services

MRTs within Florida SMARTS partner counties receive training in QPR, LINC, LINC2Life, and Zero Suicide. The adoption of the LINC care coordination model is ongoing for Florida SMARTS partners at BayCare Behavioral Health. BayCare is the largest full-service community-based health care system in the Tampa Bay Area serving Pinellas, Hillsborough, Polk, Pasco, and Hernando Counties.

### Social Awareness

The SMARTS project aims to highlight program goals, promote training opportunities, and disseminate educational resources to community stakeholders and mental health services providers. The SMARTS project is working with stakeholders and providers to enhance wraparound care opportunities for our school partners. A forthcoming training initiative will offer comprehensive system of care for everyone who is providing mental

health services to students within Florida SMARTS partner school districts to community providers working within the schools.

## 2023 Suicide Prevention Coordinating Council Recommendations

### **Support the Sustainability of 988 as the Suicide & Crisis Lifeline**

Following the national roll out in July of 2022, over 86,000 contacts have been made by Floridians for behavioral health support. Sustainable funding is needed 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.

### **Continue the First Responder Resiliency Program**

The First Responder Resiliency Program has seen success in its two years of implementation which pair first responders and families to behavioral health supports, yet more work is needed. The program needs sustainable funding to continue serving first responders, who protect communities every day.

## Appendix A: 2020 – 2023 Action Plan

Overview of the baseline and progress of each action item.

Focus Area		Awareness	
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 10 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 health care 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	<b>Completed</b> Q2/Y1
<b>Strategy</b>	1.2	Improve quality of information available about suicide prevention in local communities.	<b>Status</b>
<b>Action Items</b>	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	<b>Completed</b> Q2/Y1
	1.2.2	By June 2021, increase the number of case reviews from zero 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	<b>Completed</b> 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	<b>Completed</b> Q3/Y2
<b>Strategy</b>	1.3	Raise awareness on how to enhance safety.	<b>Status</b>
<b>Action Items</b>	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	<b>Completed</b> 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	<b>Completed</b> 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	<b>Completed</b> Q2/Y1
<b>Strategy</b>	1.4	Increase the collection and analysis of suicide prevention data.	<b>Status</b>
<b>Action Items</b>	1.4.1	By June 2022, increase suicide prevention data on the suicide prevention website.  Lead Agency: Department of Children and Families SAMH	<b>Completed</b> 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	<b>Completed</b> 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	<b>Completed</b> 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	<b>Ongoing</b> Continuing into next suicide prevention strategic plan
	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	<b>Completed</b> 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	<b>Completed</b> Q4/Y4
<b>Focus Area</b>		<b>Prevention</b>	
<b>Strategy</b>	2.1	Implement suicide prevention trainings.	<b>Status</b>
<b>Action Items</b>	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	<b>Ongoing</b> Continuing into next suicide prevention strategic plan
	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	<b>Completed</b> 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	<b>Completed</b> 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	<b>Ongoing</b> Continuing into next suicide prevention strategic plan

	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	<b>Completed</b> 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	<b>Ongoing</b> Continuing into next suicide prevention strategic plan
<b>Strategy</b>	<b>2.2</b>	Increase suicide prevention efforts to target high-risk and special populations.	<b>Status</b>
<b>Action Items</b>	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	<b>Completed</b> 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	<b>Ongoing</b> Continuing into next suicide prevention strategic plan
	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	<b>Completed</b> 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	<b>Completed</b> 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	<b>Completed</b> Q2/Y1
<b>Strategy</b>	<b>2.3</b>	Adopt an evidence-based suicide prevention model.	<b>Status</b>
<b>Action Items</b>	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	<b>Ongoing</b> Continuing into next suicide prevention strategic plan
<b>Focus Area</b>	<b>Intervention</b>		

<b>Strategy</b>	<b>3.1</b>	Facilitate interagency collaboration to improve access to mental health care and suicide intervention services.	<b>Status</b>
<b>Action Items</b>	<b>3.1.1</b>	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	<b>Completed</b> Q2/Y1
	<b>3.1.2</b>	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	<b>Completed</b> Q2/Y1
	<b>3.1.3</b>	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 five percent yearly.  Lead agency: Department of Veterans' Affairs	<b>Ongoing</b> Continuing into next suicide prevention strategic plan
<b>Strategy</b>	<b>3.2</b>	Promote the use of evidence-based interventions that target suicide risk.	<b>Status</b>
<b>Action Items</b>	<b>3.2.1</b>	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	<b>Completed</b> Q2/Y1
	<b>3.2.2</b>	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	<b>Completed</b> Q2/Y1
<b>Focus Area</b>	<b>Caring Follow-up and Support</b>		
<b>Strategy</b>	<b>4.1</b>	Implement caring follow-up and support training in the workplace.	<b>Status</b>
<b>Action Items</b>	<b>4.1.1</b>	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	<b>Completed</b> Q2/Y1
<b>Strategy</b>	<b>4.2</b>	Provide resources that assist with caring follow-up and support.	<b>Status</b>

<b>Action Items</b>	<b>4.2.1</b>	<p>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.</p> <p>Lead Agency: Department of Children and Families SAMH</p>	<b>Completed</b> Q2/Y1
	<b>4.2.2</b>	<p>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.</p> <p>Lead Agency: Guardian ad Litem</p>	<b>Completed</b> Q3/Y1

## Appendix B: Membership

### 2023 Suicide Prevention Coordinating Council Members and Designees

Representing	Appointed Official or Designee	
Statewide Office for Suicide Prevention	Anna Sever, Chair (non-voting)	
1. Florida Association of School Psychologists	Dr. Gene Cash	
2. Florida Sheriffs Association	Matt Dunagan	Allie McNair
3. Florida Initiative of Suicide Prevention	Vacant	
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	Suzanne Mailloux	
12. Florida Medical Association	Dr. Ryan Hall	
13. Florida Osteopathic Medical Association	Dr. Ramsey Pevsner	
14. Florida Psychiatric Society	Dr. Joseph Edward Thornton	
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 – Department of Health	Dr. Joseph Ladapo	Shay Chapman / Cory Smith / Rhonda Jackson
20. Commissioner of Education	Manny Diaz, Jr.	Beverley Wilks / Anna Williams-Jones
21. Secretary of Health Care Administration	Jason Weida	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 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 L. Harris	Erica Floyd Thomas / Shila Salem
27. Secretary of Department of Commerce	J Alex Kelly	Caroline Womack
28. Secretary of Department of Transportation	Jared W. Perdue	Mark Eacker / Brenda Young / Lora Hollingsworth
29. – 31. Governor’s Appointees	Vacant	

**Suicide Prevention Coordinating Council Planning and Evaluation Committee Members**

**Cory Smith** (Chair), Department of Health  
**Anna Sever** (Co-Chair), Department of Children and Families  
**Ashley Apthorp**, Department of Elder Affairs  
**Alexis DiBlanda**, Department of Health  
**Al Carter**, Department of Veterans Affairs  
**Beverley Wilks**, Department of Education  
**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  
**Greta Jones**, Department of Elder Affairs

**Heather Allman**, Department of Children and Families  
**Heather Flynn**, Florida State University, Center for Behavioral Health Integration  
**Joy Bennink**, Department of Juvenile Justice  
**Kim Gryglewicz**, University of Central Florida  
**Kira Houge**, Department of Elder Affairs  
**Kristin Korinko**, Agency for Persons with Disabilities  
**Laurie Blades**, Guardian Ad Litem  
**Margie Menzel**, Guardian Ad Litem  
**Martha Mason**, Agency for Persons with Disabilities  
**Tara Sullivan Larsen**, American Foundation of Suicide Prevention  
**Dr. Owen Quinonez**, Department of Health, Minority Health and Health Equity

### **Suicide Prevention Coordinating Council Special Population Committee Members**

**Anna Sever** (Chair), Department of Children and Families  
**Anna Williams Jones**, 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**, 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  
**Ian Siljestrom**, Equality Florida Action, Inc.  
**Lora Hollingsworth**, Department of Transportation  
**Mark Eacker**, 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



# Appendix C: Suicide Prevention Awareness Month Proclamation



**RON DESANTIS**  
GOVERNOR

## ***SUICIDE PREVENTION MONTH***

**WHEREAS, suicide can be prevented by learning and sharing the warning signs; promoting resiliency; decreasing the stigma associated with seeking behavioral health resources; and sharing available resources; and**

**WHEREAS, for every suicide death, an estimated 135 people are affected, making suicide a public health issue that devastates individuals, families, workplaces, and communities; and**

**WHEREAS, First Lady Casey DeSantis has spearheaded suicide prevention efforts through resiliency education initiatives, which educate and empower Florida's youth and encourage them to persevere through life's challenges; and**

**WHEREAS, data shows that Florida has seen a more than 6% decrease in the number of Floridians dying by suicide since 2018; and**

**WHEREAS, the Florida Department of Children and Families and their partners are committed to working with other state agencies, school districts, first responders, health providers, community partners, and grassroots advocates to reach identified goals and advance specific action items to reduce suicide through evidence-based and best-practice programs; and**

**WHEREAS, the Suicide Prevention Coordinating Council is dedicated to working in partnership to successfully implement the 2020-2023 Florida Suicide Prevention Interagency Action Plan and is collaborating to develop Florida's next Suicide Prevention Strategic Plan starting in 2024; and**

**WHEREAS, First Lady DeSantis and Attorney General Ashley Moody have joined the fight against devastating opioid misuse and overdose with a statewide campaign and public messaging advisory regarding the dangers of fentanyl; and**

**WHEREAS, the Department of Children and Families and its partner agencies are collaborating to share resources on substance abuse and mental wellbeing to help meet the needs of Florida's communities.**

**NOW, THEREFORE, I, Ron DeSantis, Governor of the State of Florida, do hereby extend my support to all observing September 2023 as *Suicide Prevention Month*.**



**IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed at Tallahassee, the Capital, this 1<sup>st</sup> day of September, in the year two thousand twenty-three.**

  
Governor

THE CAPITOL  
TALLAHASSEE, FLORIDA 32399 • (850) 717-9249

## References

1. Office of the Surgeon General (US & National Action Alliance for Suicide Prevention (US. 2012 national strategy for suicide prevention: goals and objectives for action: a report of the US Surgeon General and of the National Action Alliance for Suicide Prevention. (2012).
2. Centers for Disease Control and Prevention National Center for Injury Prevention and Control (2022) Web-based Injury Statistics Query and Reporting System (WISQARS).
3. Ahmad, F. B. & Anderson, R. N. The Leading Causes of Death in the US for 2020. *JAMA* 325, 1829–1830 (2021).
4. Curtin, S.C., Garnett, M.F., & Ahmad, F.B. (2021). Provisional numbers and rates of suicide by month and demographic characteristics: United States, 2021. <https://stacks.cdc.gov/view/cdc/120830> (2021) doi:10.15620/cdc:120830.
5. Johns, M. M. et al. Trends in Violence Victimization and Suicide Risk by Sexual Identity Among High School Students - Youth Risk Behavior Survey, United States, 2015-2019. *MMWR Suppl.* 69, 19–27 (2020).