

SUICIDE PREVENTION  
COORDINATING COUNCIL  
**ANNUAL**  
**REPORT**

**2025**



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**Secretary**



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## Introduction

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

As the designated mental health authority for the state of Florida, the Department of Children and Families (Department) Office of Substance Abuse and Mental Health (SAMH) administers 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 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 SPCCs Annual Report. More information about the SPCC is detailed in the sub-section titled Suicide Prevention Coordinating Council (SPCC) under Suicide Prevention.

### **Report Purpose and Goal**

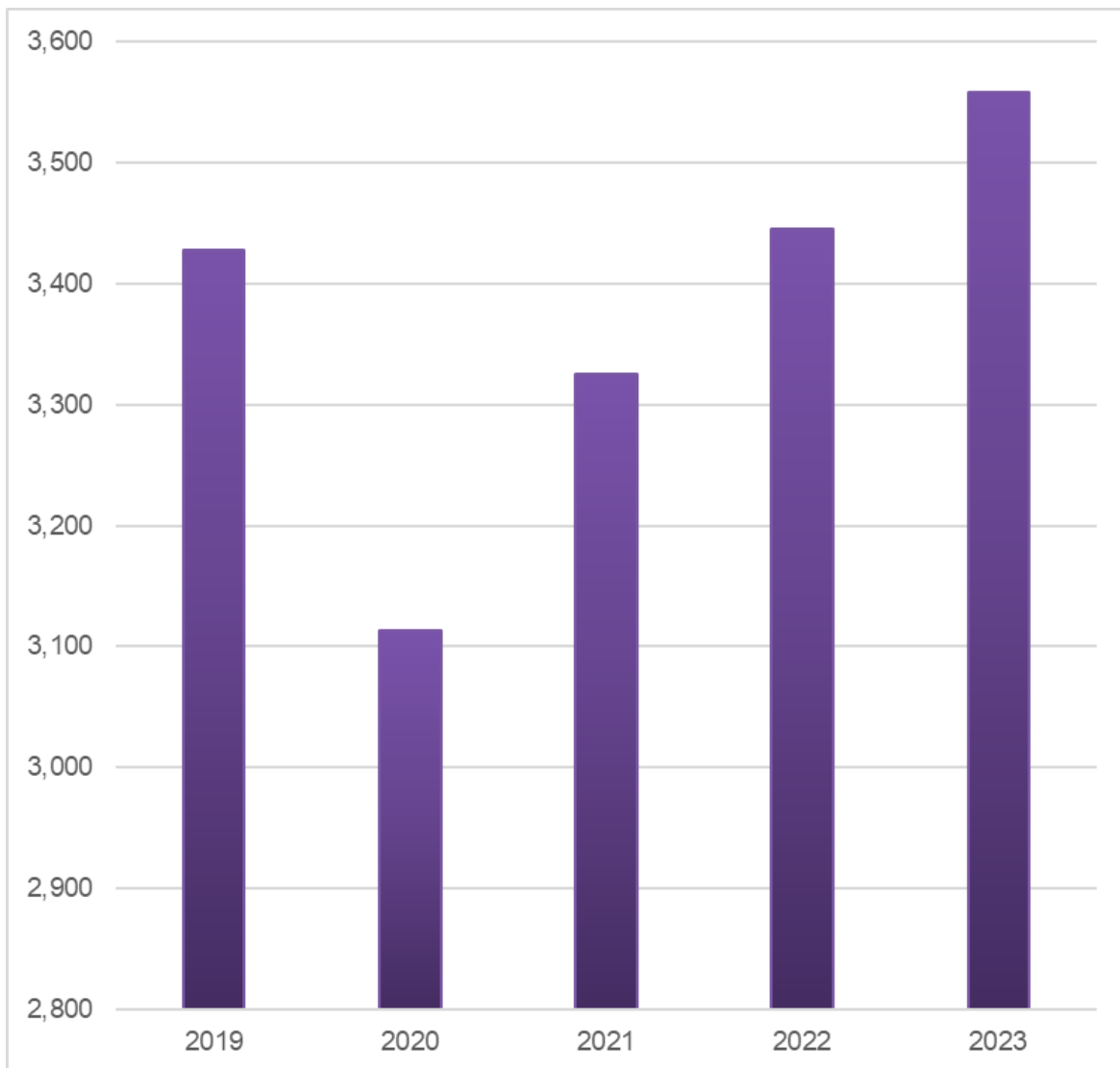
The SPCC Annual Report is prepared through collaboration between the Department's SOSP and the SPCC to fulfill section 14.20195(1)(c), F.S., which requires the SPCC to draft an annual report for submission to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1 of each year. The contents within prioritize initiatives completed by the Department and SPCC members and the status of the statewide plan for suicide prevention. The narrative and data cited in this report serves 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.

## Data Overview

### Deaths by Suicide: State Data

Suicide is the ninth leading cause of death in Florida, resulting in 3,558 deaths by suicide in 2023 (Figure 1). The increase from 2022 to 2023 aligns with national data trends. It demonstrates the continued need to make suicide prevention policy and practices a priority within Florida. Suicide data is available through a public facing dashboard from the Department of Health's Community Health Assessment Resource Tool Set which can be accessed at [flhealthcharts.gov/Charts/](https://flhealthcharts.gov/Charts/). All data is based on the most recent calendar year for which the data has been finalized.

**Figure 1: Number of Suicide Deaths, Florida Calendar Years 2019 – 2023**

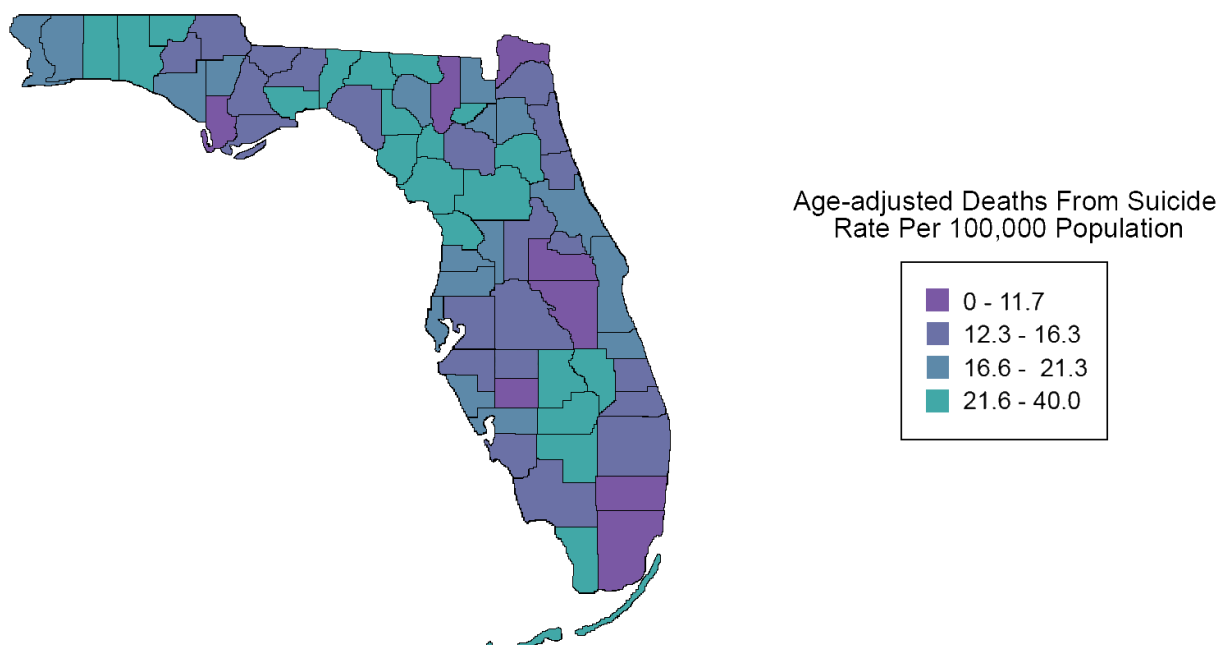


Data Source: Florida Department of Health Division of Public Health Statistics and Performance Management.

## 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 2023, Desoto County had the lowest rate (2.1 per 100,000 individuals). The counties with the highest rates included Levy County (40.1 per 100,000 individuals), followed by Lafayette County (36.4 per 100,000 individuals), and then Gilchrist County (35.6 per 100,000 individuals). Data showed that nearly half of Florida's counties had a suicide rate of 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, 2023**

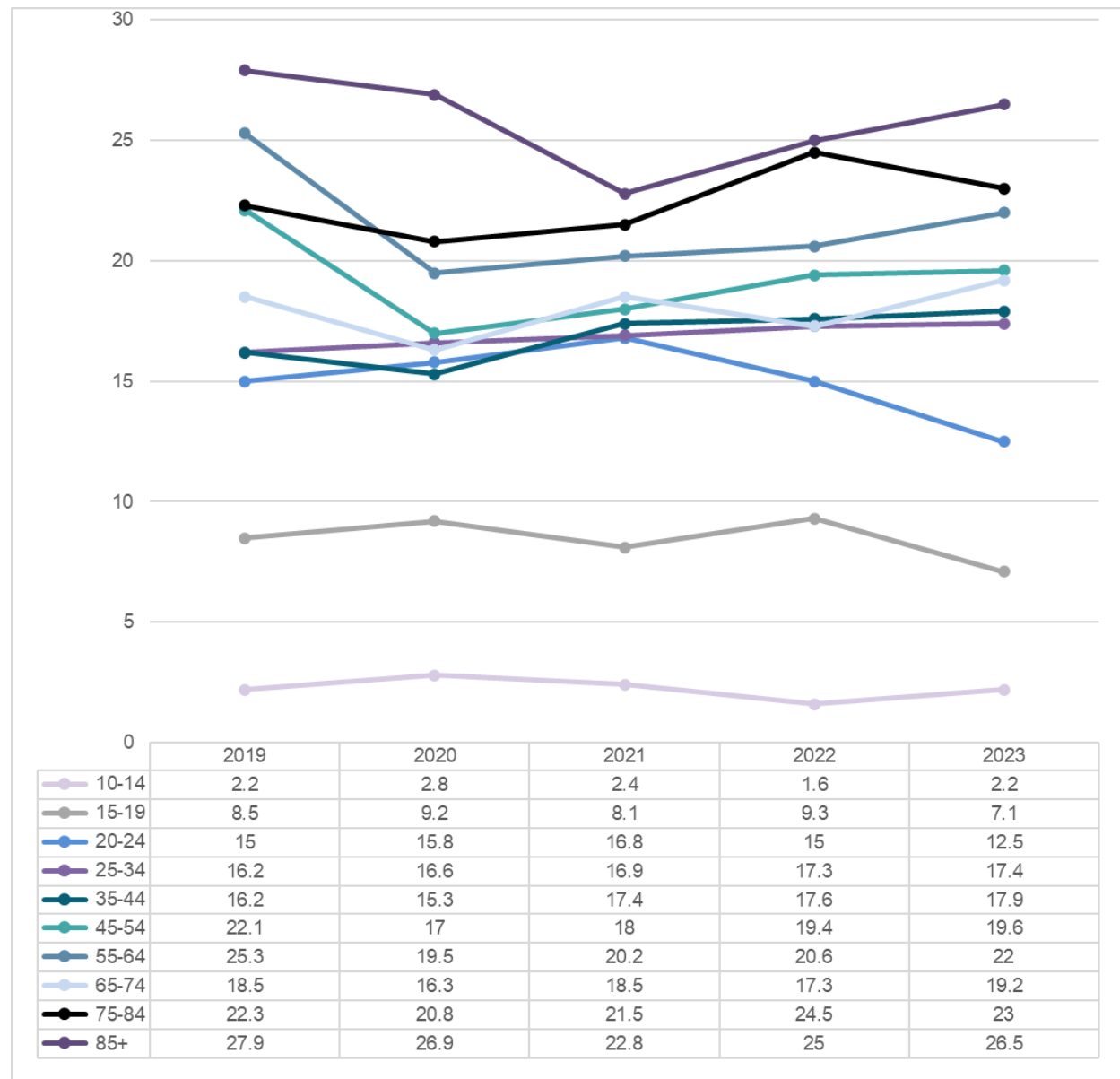


Data Source and Chart by: Florida Department of Health Division of Public Health Statistics and Performance Management.

## Age

The trajectory of the suicide death rate relating to age over the past five years varies. The suicide death rate continues to be the highest in those aged 85 or older from 2019 through 2023. In 2023, 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, higher rates may be a result of a single digit number of suicide fatalities among the smaller population size of these three age ranges. In comparison to 2022, the data for 2023 shows a reduction in the rate for those aged 10 to 14, 15 to 19, and 20 to 24.

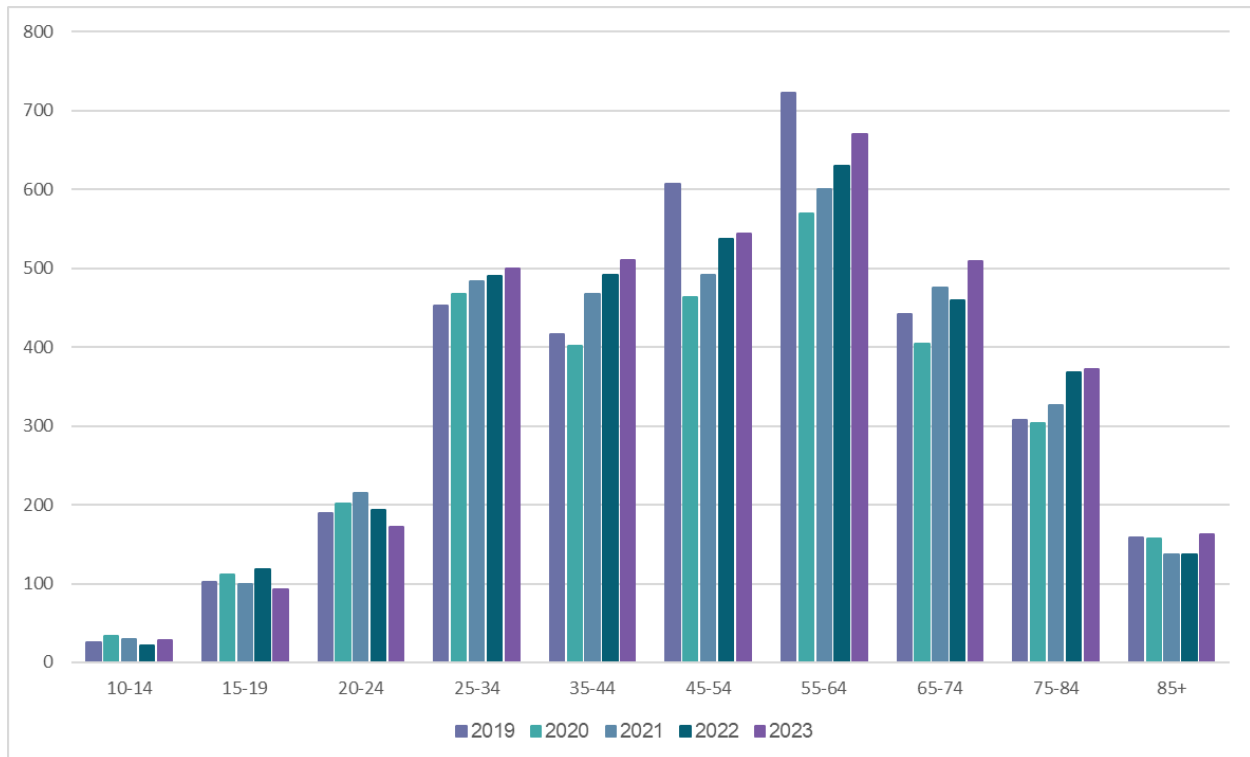
**Figure 3: Crude Suicide Death Rate by Age, Calendar Years 2019 – 2023**



Data Source: Florida Department of Health Division of Public Health Statistics and Performance Management.

The standard formula to calculate suicide rates, commonly referred to as the “crude” rate, is the number of events divided by the total population multiplied by 100,000. Figure 4 provides an overview of the suicide death rate by age from 2019 through 2023. In 2023, suicides decreased for those ranging from ages 15 to 19 and 20 to 24, as compared to the year prior. The death count in this table just shows the total number of deaths with no rate adjustment.

**Figure 4: Suicide Death Count by Age, Calendar Years 2019 – 2023**

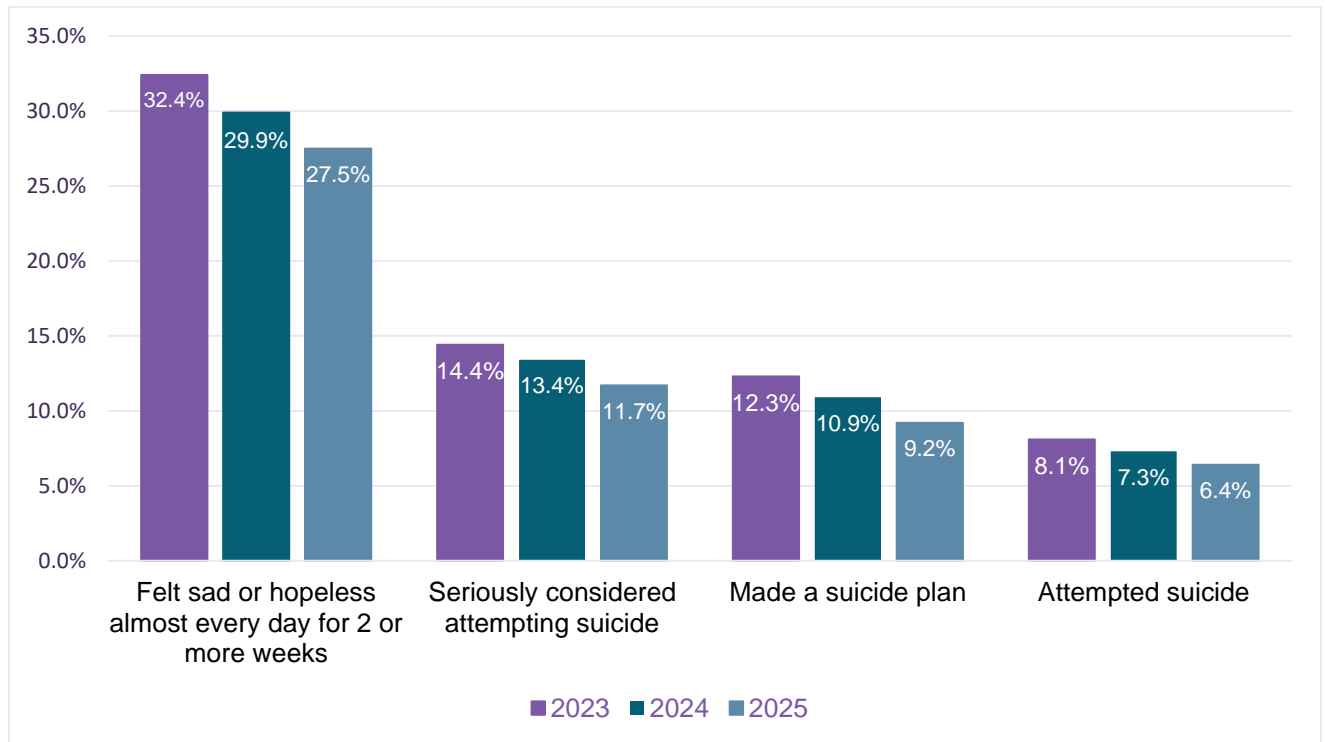


Data Source: Florida Department of Health Division of Public Health Statistics and Performance Management.  
Note: Age group 5 – 9 was removed for privacy.

Encouragingly, suicidal thoughts and behaviors decreased among youth from 2023 to 2025 according to the Florida Youth Substance Abuse Survey, shown in Figure 5. This survey is a collaborative effort between the Florida Department of Health, Department of Education, Department of Children and Families, Department of Juvenile Justice, and the Governor’s Office of Drug Control. The survey is administered annually to Florida middle and high school students. Of those surveyed in 2024, 20.9 percent of middle school students and 15 percent of high school students were very likely to call 988 when experiencing suicidal thoughts, as compared to 19.3 percent of middle school students and 13.4 percent of high school students in 2023. Additionally, the percentage of students reporting symptoms of depression has declined since 2022. By 2025, the rate of students reported having “felt depressed or sad most days” dropped to 37.3 percent.



**Figure 5: Florida Youth Substance Abuse Survey, Comparison of Calendar Years 2023 – 2025**



Data Source: Florida Youth Substance Abuse Survey.

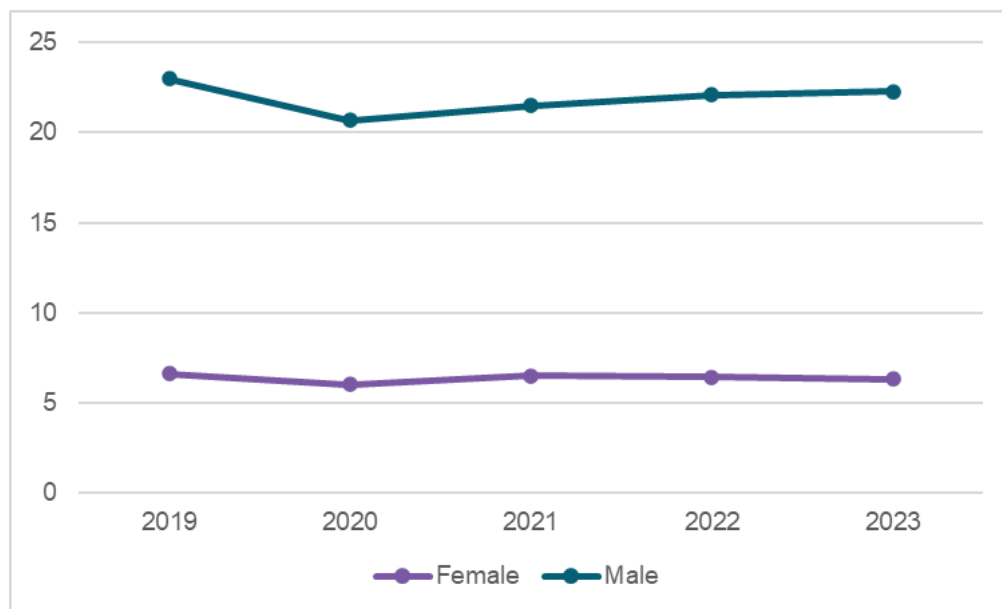
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## Sex

In Florida, males experience more than three times the rate of suicide deaths compared to females, a trend that has persisted for over 50 years. In 2023, the rate of suicide death for males was 22.3 per 100,000 individuals, compared to females at 6.3 per 100,000 individuals (Figure 6). The female death rate has decreased slightly since 2021 (6.5 per 100,000 individuals). The rate of male suicide death has risen slightly since 2021, although the rate is still lower than that of the most recent peak in 2019 (23.0 per 100,000 individuals). Overall, rates remained relatively stable from 2019 to 2023 (Figure 6).

**Figure 6: Age-Adjusted Suicide Rate per 100,000 Individuals by Sex, 2019 – 2023**



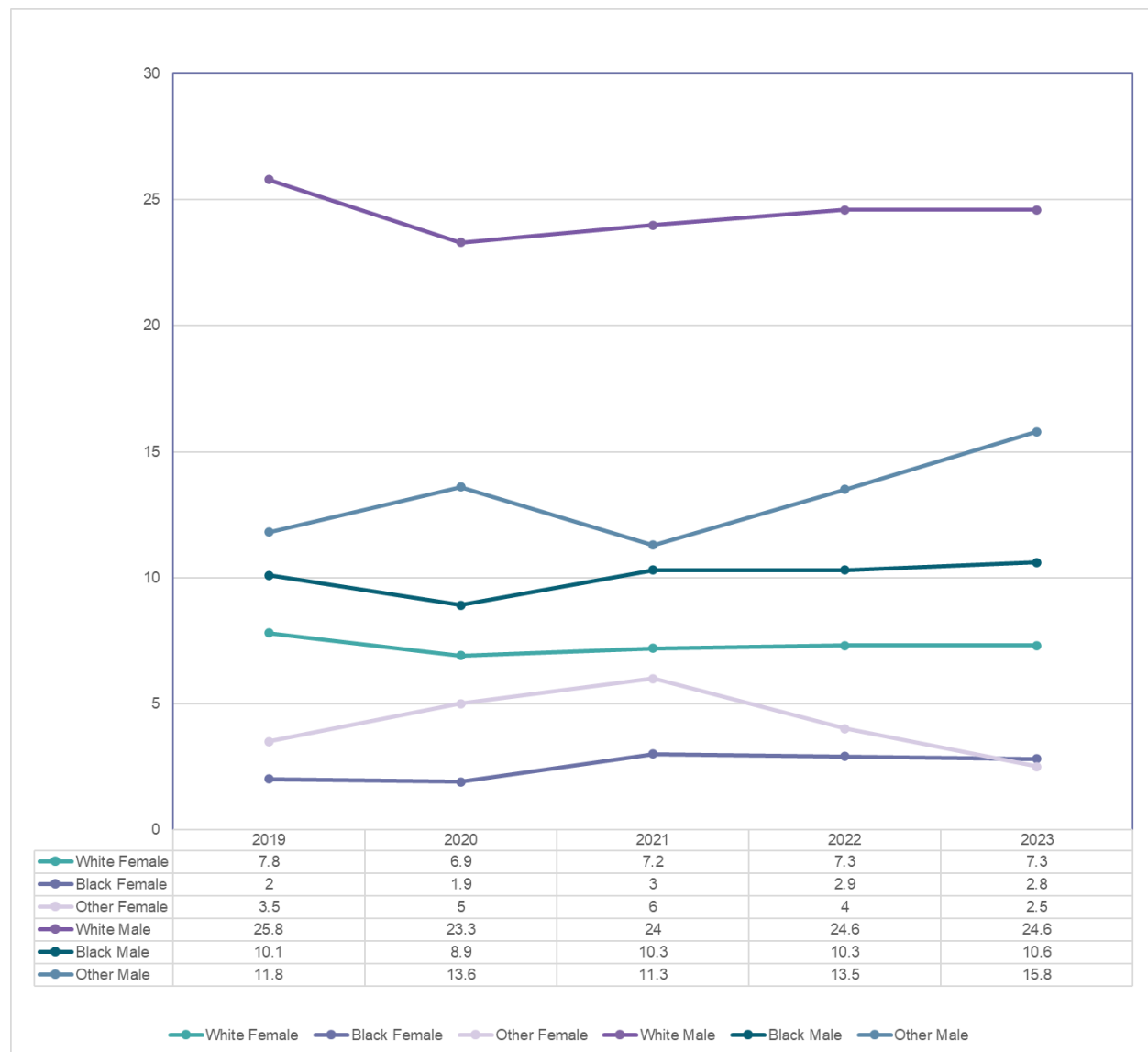
Data Source: Florida Department of Health Division of Public Health Statistics and Performance Management.

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## Race and Sex

The rate of suicide death is highest among White Males. In 2023, the suicide rate of death per 100,000 individuals was 24.6 for White males (Figure 7). The suicide death rate for Black Females, which had a notable upward trend in 2021, decreased to 2.8 per 100,000 in 2023. The suicide death rate of females of other races is trending downwards, while the rate of males of other races is increasing.

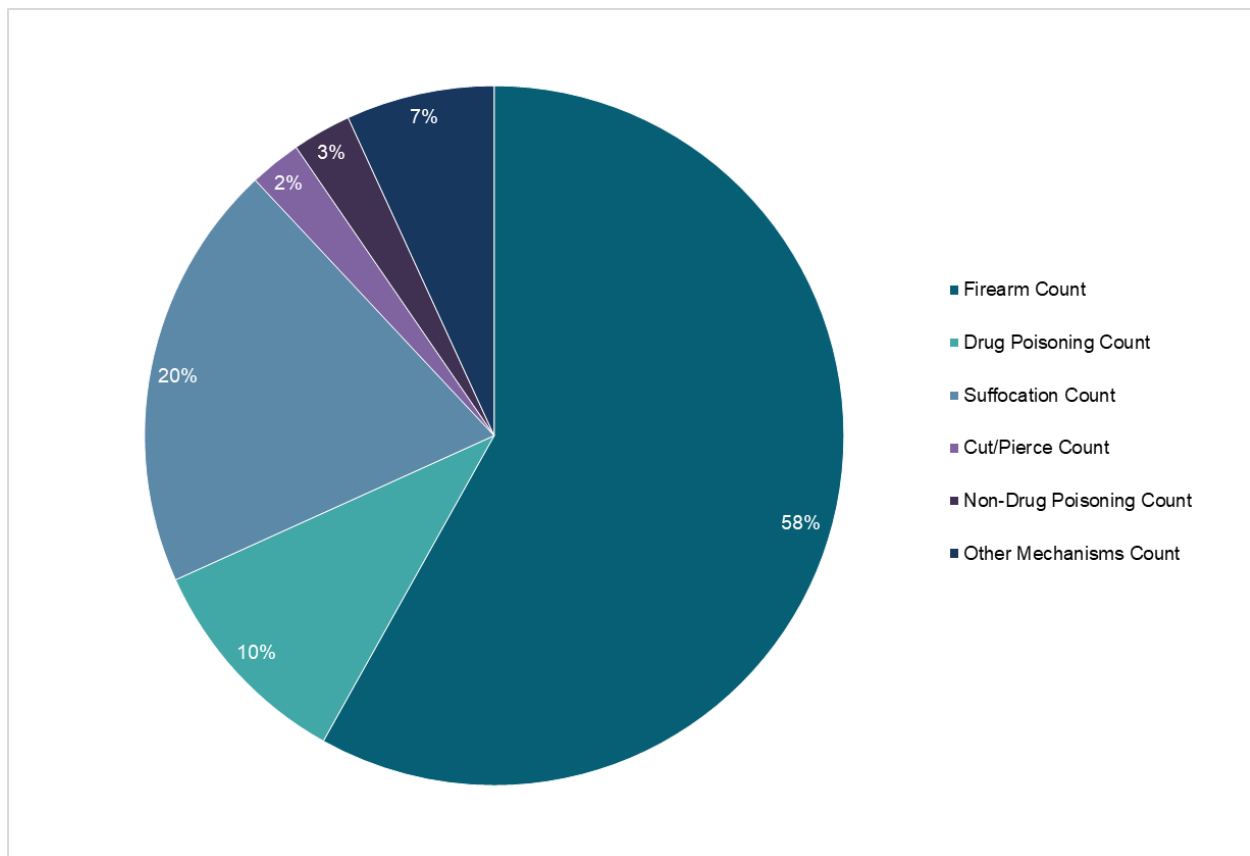
**Figure 7: Age-Adjusted Suicide Rate per 100,000 Individuals by Race and Sex, Calendar Years 2019 – 2023**



Data Source: Florida Department of Health Division of Public Health Statistics and Performance Management.

## Mechanism

**Figure 8: Suicide Death by Mechanism – Calendar Year 2023**



Data Source: Florida Department of Health Division of Public Health Statistics and Performance Management.

A significant number of suicide deaths were linked to the use of methods with a high risk of fatality. This trend persists across decades of data in the nation and in Florida.

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## Florida Suicide Prevention Initiatives

Utilizing data and direct feedback from those impacted by suicide, the State continues to pursue a variety of initiatives aimed to proactively support well-being, deescalate crisis, and promote resiliency. The following pages provide an overview of these collaborative efforts taking place statewide, representing partnerships involving the Department's Statewide Office of Suicide Prevention, Suicide Prevention Coordinating Council, other state agencies and stakeholders.

### 988 Implementation

The 988 Florida Lifeline is a free behavioral health support service, available 24/7, that connects Floridians experiencing suicidal thoughts, substance use, mental health crises, or any other kind of emotional distress to a crisis counselor in their immediate area. It provides a universal entry point to a coordinated crisis response system that begins when an individual dials 988 and has their call answered by a 988 crisis counselor. Crisis counselors are required to complete an extensive training program and are equipped with specialized skills and knowledge to de-escalate and, if needed, link callers to community-based providers who can deliver a full range of crisis care services.

On October 17, 2020, The National Suicide Hotline Designation Act of 2020 amended the Communications Act of 1934 to designate 988 as the new, easy to remember three-digit dialing code for anyone experiencing a mental health or suicidal crisis. The Department has successfully managed the 988 program from the initial planning grant in 2021, through its implementation in 2022, supporting its continued growth into a life-saving behavioral health crisis service. Since its launch in 2022, the 988 Florida Lifeline has answered over 370,000 calls with 96 percent of callers receiving the support they need from a crisis counselor, without requiring an in-person response. The 988 Lifeline has also handled 3,574 calls involving an active suicide attempt in progress, with each individual successfully reaching the next level of care alive.

In cases where a caller cannot be de-escalated, a warm hand-off is provided to a local Mobile Response Team (MRT) – this is the outcome for less than 3 percent of 988 Florida Lifeline calls. In situations where an individual is in need of short-term stabilization, the MRT will facilitate the transition to a designated receiving facility or a Crisis Stabilization Unit (CSU). Less than 1.5 percent of calls result in emergency rescue, and over half of those rescues occur with the explicit consent of the caller.

### 988 Call Center Data

In Fiscal Year (FY) 2024-25, the 988 Florida Lifeline:

- Answered 144,981 calls from individuals experiencing suicidal, substance use, and/or emotional distress.
- Reported a 96 percent diversion rate, or crisis calls that did not require an in-person response after telephonic support.

- Experienced a call volume increase of 17 percent, rising from 155,188 calls received in FY 2023-2024 to 181,056 in FY 2024-2025.
- Answered 1,364 calls that included a suicide attempt in progress, with 100 percent reaching the next phase of care alive.

The Department continues to work towards sustainability for 988 in Florida. In FY 2023-24, the Department increased the 988 Lifeline budget from \$12 million in the initial implementation year, to \$20.5 million. These increases resulted from the Department receiving a three-year federal discretionary grant (988 Cooperative Agreement 2023-2026) and through securing additional federal discretionary grant funding through the Building Safer Communities Act appropriation. Additionally, a legislative budget request resulted in approx. \$2.5 million in state general revenue for FY 2024-25.

The budget for FY 2024-25 is \$21.3 million, with funding coming from multiple sources, including a Federal State and Territory Cooperative Agreement Grant, the Substance Abuse and Mental Health Block Grants, and state general revenue. These funds provide support to hire, recruit, and retain crisis counselors to meet call volume, provide marketing and awareness supports and continued improvements to infrastructure.

**Table 1: Florida's 988 Lifeline Funding**

988 Funding			
Funding Source	FY 2022-2023	FY 2023-2024	FY 2024-2025
American Rescue Plan	\$8,400,000	\$8,400,000	\$0
Bipartisan Safer Communities Act	\$0	\$2,381,827	\$2,381,827
Discretionary Grants	\$3,642,194	\$9,788,543	\$8,195,132
Block Grants	\$0	\$0	\$8,174,475
General Revenue	\$0	\$0	\$2,567,586
<b>Total</b>	<b>\$12,042,194</b>	<b>\$20,570,370</b>	<b>\$21,319,020</b>

*Note: Federal awards are based on the Federal Fiscal Year, October – September. This table depicts budget for the State Fiscal Year, July – June.*

### 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, and appropriations from SB 7026, the Marjory Stoneman Douglas High School Public Safety Act, the Department established Mobile Response Teams (MRTs). MRTs provide a range of crisis response services to eligible persons and their families, designed to address individual and family needs. This includes in-person and telehealth services to provide on-demand crisis interventions in any setting in which a behavioral health crisis occurs. Initial implementation supported 29 teams, serving ages 0 to 26 across the state. In 2020, House Bill 945 amended s. 394.495, F.S., to include MRT in the child and adolescent

array of services, outlined programmatic requirements, and expanded MRT eligibility for specific individuals. In FY 2022-23 and FY 2023-24, the Legislature provided additional funding to expand MRTs statewide. These expansions increased capacity in existing MRTs, created new MRTs, and expanded MRT services to individuals of all ages.

Florida's MRTs are available 24 hours a day, 365 days a year to provide in-person support to assist in diffusing crises and diverting individuals from involuntary Baker Acts. MRTs provide on-demand crisis services in any setting and allow individuals to safely recover within communities. In FY 2024-25, 34,609 individuals received care from MRTs and 78 percent were successfully stabilized at home and did not require an involuntary Baker Act.

### Community Mental Health Crisis Services

The Department partners with seven Managing Entities across the state to implement a comprehensive behavioral health system of care. Recent investments of state general revenue from the Florida Legislature have greatly enhanced community mental health services and supports provided through Managing Entities and their subcontracted network service providers.

The enactment of Chapter 2024-245, Laws of Florida (House Bill 7021), in 2024 substantially changed the current standards for crisis behavioral health care in Florida. \$48.3 million in new state general revenue was appropriated to these Managing Entities to implement the new mandates in House Bill 7021. Services that were supported by the \$48.3 million allocation include:

- **Crisis treatment beds such as Detox beds, Crisis Stabilization Unit beds and Short-term Residential Treatment beds which serve individuals with a serious behavioral health condition who are at imminent risk to harm themselves or others.** Managing Entity network service providers served 152,413 individuals in FY 2024-25 as compared to 147,580 in 2023-24. These crisis beds ensure immediate access to care within a secure and supportive environment, facilitating seamless connections to essential resources.
- **Involuntary inpatient and outpatient services for individuals with a serious mental illness.** These services are an important investment and offer significant cost savings to acute care and residential treatment settings. Teaming models such as Florida Assertive Community Treatment (FACT) teams which have a 99 percent diversion rate for individuals enrolled from a State Mental Health Treatment facility, and Community Action Treatment (CAT) teams which have a 97 percent diversion rate for youth from the highest level of care for children which is a Statewide Inpatient Psychiatric Program.
- **Discharge Planning services.** Effective discharge planning enhances long-term

recovery, reduces readmission rates, and empowers individuals to manage their condition successfully after leaving care. By coordinating care and setting clear goals, discharge planning promotes continuity, stability, and overall well-being for those in recovery. 5,402 individuals were provided care coordination in FY 2024-25 compared to 5,281 in the previous year, including:

- 1,553 adults who demonstrate high utilization of acute care services
- 567 adults at risk of readmission into acute care services
- 262 adults awaiting placement to, or awaiting discharge from, a State Mental Health Treatment Facility.

This total of individuals served also includes 189 families involved with the child welfare system with behavioral health needs, and 848 children and adolescents who demonstrate high utilization due to their serious behavioral health condition.

### **First Responder Resiliency Program**

With the support of First Lady Casey DeSantis, the Department awarded contracts through temporary federal American Rescue Plan funding, to five behavioral health providers across Florida for the First Responder Resiliency Program, during FY 2021-22, through a competitive Request for Proposal (RFP) procurement. The program developed peer support teams for first responders and families, creating connection and belonging by integrating behavioral health supports into a peer-to-peer model. The program provides clinical direction and oversight of peer support programs. Additionally, the program provides peer support training, helping first responder peers stay informed of options for referrals, information, and counseling opportunities.

In FY 2024-25, the program served 14,068 individuals, including first responders and their family members, providing 966,630 program contacts. These program contacts include case management and referrals for behavioral health support or other needed resources. Additionally, the program had 77,000,000 public awareness campaign impressions, collected throughout the year. Public awareness campaigns were varied in type to reach as many first responders as possible. Campaigns included social media posts and digital advertising, email blasts, and multi-media advertisements.

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 webpage: [myflfamilies.com/first-responder-resiliency](https://myflfamilies.com/first-responder-resiliency). 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. In 2024, the 2nd Alarm Project introduced Family, Retirees, and Cadet Supports – providing resources, mental health navigation, and workshops to support first responder families and retirees.



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

**Table 2: First Responder Resiliency Program Achievements FY 2024-2025**

Resource and Referrals to Services		Peer Support		Public Awareness Campaign
Number of Contacts	966,630	Number of Persons Served	14,068	77,218,514
Number of Referrals	6,552	Number of Direct Staff Hours	15,278	Number of Impressions
Number of Direct Staff Hours	41,242			

With the sunset of federal grant funding, the First Responder Resiliency Program successfully concluded in 2025. The workplace wellness resources, and toolkit developed under the program remain available for use.

### Florida Governor's Challenge Team

In March 2019, President Donald 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 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” were established.

Governor Ron DeSantis accepted the Governor’s Challenge<sup>1</sup> in December 2019, making Florida one of the first 10 states to act. The Florida Governor’s Challenge Team is a public-private partnership, with dedicated individuals from over 20 organizations, including the Florida Department of Veterans Affairs serving as lead, the Department’s SOSF, and other state agencies and community organizations working together to prevent veteran suicide.

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 while advancing the Veterans Administration national strategy for preventing veteran suicide utilizing evidence-based approaches. The Governor’s Challenge Process includes four phases:

<sup>1</sup> For more information on the Florida Governor’s Challenge see [FDVA - Florida Governor's Challenge to Prevent Veteran Suicide](#).

- Phase One – Orientation (completed early 2020)
- Phase Two – Policy Academy and Site Visit (completed 2020-2021)
- Phase Three - Implementation Academy (completed 2021-2022), and
- Phase Four – Follow-Up Site Visits and Progress Reports (2022-Ongoing).

In 2025, work in the phase four stage continues among identified priority areas. Examples include:

- Identify additional entry points for connecting with Veterans, targeting critical milestone transitions such as the separation from active military duty to civilian.
- Maximize entry points and partnerships to bolster communication by streamlining educational materials and accelerating access to meaningful supports.

Recent accomplishments of the Florida Governor’s Challenge Team include the development and implementation of a suicide prevention training for County Veteran Service Officers and State Veterans Service Officers, and the promotion of Watch Stander training through *The Fire Watch Program*, geared towards the following:

- Training community members to recognize signs of veterans in crisis and connect them to vital resources,
- Promotion of the Veterans Affairs’ safety planning application, and
- Development of public service announcements along with a comprehensive media campaign.

### **The Florida Violent Death Reporting System (FLVDRS)**

The Florida 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 analyzes data on violent deaths in Florida, a category that includes suicides, as well as other manners of violent death.

Beginning in 2024, FLVDRS collected and analyzed data on at least 70 percent of violent deaths occurring in Florida, with expanded data collection efforts 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.

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. By combining information from these sources, FLVDRS enhances public health data surveillance of all types of violent deaths, including suicides, enabling more accurate trend identification and in-depth analysis. This information supports the development and implementation of targeted, evidence-based strategies to improve suicide prevention and intervention efforts.

## Suicide Prevention Communication and Marketing

As required by section 14.2019, F.S., the Department is responsible for increasing health communication around topics related to suicide prevention and acting as a clearinghouse for information and resources related to suicide prevention by disseminating and sharing evidence-based best practices relating to suicide prevention.

In Florida, the need to continuously evolve and inform the public about resources available at the earliest moment possible is critical as is the need to inform the public regarding crisis intervention resources, and after care supports.

As a case study example, a Pew Trusts survey released nine months after the rollout of 988 reported that only 13 percent of U.S. adults were aware of 988 and knew its purpose.<sup>2</sup> That number more than doubled nearly three years later when the National Alliance on Mental Illness (NAMI) published a July 2025 poll that revealed 28 percent of Americans were familiar with 988, giving credence to the impact that increased outreach and marketing have had since the Lifeline's launch in July 2022.<sup>3</sup>

Below are examples of the communication pathways and access points currently utilized to meet the statutory expectation, respond to data, and reflect feedback from those with lived experience.

**Zero Suicide Initiatives:** Community providers and suicide prevention coalitions participate in a wide variety of outreach and awareness activities at the local level. Zero Suicide initiatives have been increasing across the state, with one provider in southeast Florida reporting 992 individuals trained in suicide prevention.

Zero Suicide is an evidence-based model for suicide prevention that utilizes seven core elements:

- Lead system-wide culture change committed to reducing suicides.
- Train a competent, confident, and caring workforce.
- Identify individuals with suicide risk via comprehensive screening and assessment.
- Engage all individuals at-risk of suicide using a suicide care management plan.
- Treat suicidal thoughts and behaviors directly using evidence-based treatments.
- Transition individuals through care with warm hand-offs and supportive contacts.
- Improve policies and procedures through continuous quality improvement.

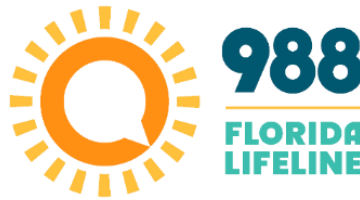
Awareness of these trainings are posted on the websites of providers and other community partners, suicide prevention coalition newsletters, and through outreach to local businesses who may be interested in integrating the Zero Suicide framework into their employee well-being policies.

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<sup>2</sup> [Most U.S. Adults Remain Unaware of 988 Suicide and Crisis Lifeline | The Pew Charitable Trusts](#)

<sup>3</sup> [Poll of Public Perspectives on 988 & Crisis Response \(2025\) | NAMI](#)

**988 Florida Lifeline Marketing Toolkit:** A requirement of the 988 State and Territory Cooperative Agreement Grant is to create a Communications Plan for messaging and marketing for 988.



To this end, the [988 Florida Lifeline Marketing Toolkit](#) is updated annually to include new educational materials. The Department's 988 and Suicide Prevention Coordinators provide technical assistance, dedicated resources, and information on local resources to community members to promote 988, suicide prevention, and mental health resources.

In the past year, resources have been provided to colleges, schools, state agencies, churches, volunteer and hobby groups, and substance abuse and mental health partners. There was a significant spike in direct traffic to 988floridalifeline.com following social media activity, a published press release by the Department, and other outreach activities during Suicide Prevention Awareness Month in September 2025. The website went from averaging 400 users in prior months, to 12,275 users during the month of September. This substantial increase demonstrates the effectiveness of coordinated outreach and media efforts in raising awareness of the 988 Florida Lifeline and expanding public engagement with crisis support resources.

In a recent statewide survey covering suicide prevention topics, 81 percent of respondents reported being somewhat or very familiar with the topic of suicide prevention and 87 percent of survey participants indicated that they are somewhat or very comfortable directing a friend or loved one to care and resources for suicidal thoughts. When provided a list of suicide prevention resources that they might direct a friend or loved one to, respondents selected the following as their top choices: doctor or therapist (65 percent), support group (58 percent), DCF Suicide Prevention webpage (44 percent), and 988 (41 percent).

**Suicide Prevention Awareness Month:** The Department create social media shareables and utilized partners and these platforms to expand reach. Posters and videos were created and deployed which included messaging for the public and for groups vulnerable to suicide including males, first responders, Veterans, and youth.

Facebook and Instagram social media posts during the month of September included information about extending support to Florida's continued observance of Suicide Prevention Awareness Month each year. Social media posts included the risk and warning signs for suicide, common misconceptions about suicide, and help-seeking

information, including the promotion of the suicide prevention website and the 988 Florida Lifeline. These posts accumulated more than 21,000 impressions.

**Public Service Announcements:** Informed by trends in Florida’s suicide data and lived experience, the Department developed a suicide prevention and 988 public service announcement (PSA), targeting three populations at high risk of suicide: veterans, males in rural areas, and youth. The PSA features a veteran who reaches out to a fellow friend and veteran, a rural Florida farmer who turns to his wife and general practitioner, and a teenage girl who reaches out to 988 and speaks with her mother and a therapist for support. The central focus of the PSA was authentic storytelling, and realistic depictions of individuals experiencing mental health crises who ultimately choose to seek help by reaching out to trusted individuals for support. Four videos were created: the full 60 second video which includes all three stories, and three 30 second videos that highlight each individual story. These videos are currently available on the 988 Florida Lifeline website.

Historically, the highest rates of suicides have consistently been among men ages 45 – 65<sup>4</sup>. As part of efforts to better reach this demographic, the Department engaged in an outreach event at the annual rivalry game between the University of Florida and the University of Georgia in Jacksonville in November 2025. During this event, the PSA debuted for the first time on the screens inside the stadium during the football game. The Department also sponsored the Information and First Aid Zone tents in the vicinity of the stadium and passed out information and educational materials about suicide prevention and 988, and distributed naloxone kits for overdose prevention.

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<sup>4</sup> [FLHealthCHARTS.gov: Home](https://www.flhealthcharts.gov/)



FL/GA Game Outreach Event November 1, 2025

Educational materials and other interactive media continue to be created to increase awareness and knowledge of these programs.





Suicide Prevention social media shareables, published September 2025.

**Resource Webpage:** The Department maintains a suicide prevention webpage that provides suicide prevention information and resources ([myflfamilies.com/suicideprevention](https://myflfamilies.com/suicideprevention)). The webpage 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.

To support outreach initiatives, the Department regularly coordinates with the Department of Health, Florida Department of Veteran's Affairs, and the Florida Department of Law Enforcement to analyze data and trends in violent death reporting related to suicides and self-harm. This continual analysis drives resource and marketing materials.

**Additional:** This year, over 6,500 marketing materials with the suicide prevention website and 988 Florida Lifeline contact information were distributed across Florida, through meetings and events in August and September, SPCC meetings, the annual Florida Behavioral Health Conference, and the annual Florida Children and Families Summit. SOSF staff provided marketing materials, logistical and resource information, and direction to comprehensive resources for state agencies, non-profit organizations, faith-based organizations, and behavioral health organizations that contacted the office for support to promote local events during Suicide Prevention Awareness Month.

One example was setting up a table in the student union at Tallahassee State College for 988 Day on September 8, where college students could learn about 988 and suicide prevention and participate in writing positive notes and affirmations for a wall collage.





988 Day Outreach Event at Tallahassee State College Student Union

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## Florida Suicide Prevention Training

In general, suicide prevention training educates both members of the public and behavioral health professionals about suicide and suicide prevention strategies. Ideally, training participants develop a better understanding of warning signs, risk factors, and effective ways to prevent suicide and support those at risk. Many programs also provide tools for helping family members who have been directly impacted by suicide. All trainings are based on national evidence-based suicide prevention models and are conducted by experienced trainers

A myriad of suicide prevention related courses are offered throughout the state, including assessing suicide risk, suicide prevention, and youth suicide prevention. These courses are offered both in-person and online, and include the following:

### **Question, Persuade, and Refer (QPR)**

The three simple steps anyone can learn to help save a life from suicide. Individuals trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help.

### **Question, Persuade, Refer, Treat (QPRT)**

QPRT is an advanced suicide prevention and assessment training that helps participants understand risk factors, warning signs, and protective factors along with how to appropriately assess suicide risk during a crisis. It is appropriate for those with clinical backgrounds and completed in small groups to allow for role-playing and practice.

### **Linking Individuals Needing Care (LINC)**

LINC is a skills-based training focused on engagement strategies, screening and risk identification, safety planning, and collaboration with behavioral health providers for client safety.

## Florida Launch Engage Activate Departments and Systems (LEADS) for Zero Suicide

The University of Central Florida operates the LEADS for Zero Suicide project, a federally funded project through the Substance Abuse and Mental Health Services Administration (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 works with regions and counties to ensure effective targeting of suicide prevention efforts and provides free suicide and intervention trainings to community agencies, mental health professionals, system administrators, and the general public. The trainings are designed to provide the necessary knowledge and skills to effectively identify and offer support to individuals who may be suicidal.

The website for the [Florida LEADS Project](#) also provides regional resources related to mental health and substance use services, as well as non-behavioral health supports.<sup>5</sup>

**Partners:** To date, the Florida LEADS Project has developed 79 partnerships with state and regional agencies throughout Florida to implement Zero Suicide components and practices. Partners include:

Virginia B Andes Volunteer Community Clinic	Veterans Affairs of North Florida / South Georgia Health System
Salus Care	Lutheran Services Florida Health Systems
David Lawrence Center	Lakeview Center
Florida State Guard	Molina Healthcare of Florida
Clay Behavioral Health Center	Florida Behavioral Health Association
The House Next Door	Peer Support Coalition of Florida
Christ's Church Jacksonville	The Fire Watch/Veteran Overwatch Program
Broward Suicide Prevention Coalition	Gulf Coast Veterans Health Care System
K9s for Warriors	Santa Rosa Department of Health
Henley Foundation	Tri-County Human Services
Florida Department of Health	Northwest Florida Health
Agency for Persons with Disabilities	Florida Department of Elder Affairs
Florida Department of Children and Families	

A highlight of partnership includes the connection with Charlotte Behavioral Health Care and Salus Care to implement Florida LEADS Linking Individuals Needing Care (LINC) 90- day care coordination program intervention. This intervention aims to enhance follow-up care for adults at risk of suicide. The Florida LEADS project previously worked with Meridian Behavioral Health MRTs and Lakeview Center to enhance services.

Over 240 clients have been enrolled in the LINC Care Coordination intervention since the start of the project. Preliminary evaluation of the intervention shows a reduction of both depressive symptoms and suicide risk levels, with a 35 percent decrease in depressive symptoms and an 89 percent decrease in suicide ideation scores from baseline to discharge.

## **LEADS Suicide Prevention and Intervention Training: The Florida LEADS project**

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<sup>5</sup> see [Florida LEADS Project](#)

has trained over 5,600 individuals in suicide prevention and intervention across the state. Training programs include: QPR, Zero Suicide, LINC Care Coordination, and LINC-2-LIFE Safety Planning. Evaluation outcomes from these training programs are summarized below:

#### **Training Outcomes:**

- **Question, Persuade, and Refer:** Significant improvements in participants' confidence in handling a situation involving suicide risk, attitudes about taking on gatekeeper roles, and knowledge of suicide warning signs and risk factors were observed before, immediately after, and 3-months following the training.
- **Zero Suicide:** Significant pre, post, and follow-up training changes were found in participants' knowledge of Zero Suicide and perceived ability to facilitate Zero Suicide implementation strategies within their organization.
- **Linking Individuals Needing Care:** Participants showed statistically significant increases in perceived ability to implement care coordination strategies within their organization and in attitudes toward engaging in care coordination behaviors with suicidal clients. Improvements were found between pre-training and post-training, and at follow-up. Participants' intentions to implement care coordination strategies within their organization significantly improved from pre-to post training.
- **LINC-2-LIFE:** Significant increases were observed in participants' perceived ability to implement safety planning within their organization and in attitudes toward engaging in the safety planning process with suicidal clients, across pre, post, and follow-up timepoints. Knowledge of components to include in a safety plan significantly improved from pre-to posttest. Barriers to implementing safety planning and perceived risks associated with engaging suicidal clients in the safety planning process significantly decreased from pre-to post-test. Finally, participants showed a significant decrease in negative emotions about working with suicidal clients (pre-training to follow-up).

**Social Awareness:** The Florida LEADS project has developed a website to highlight program goals, promote training opportunities, and disseminate educational resources. The project has also hosted 60 focus groups with 89 community stakeholders to obtain recommendations on ways to increase awareness about suicide prevention. Resulting recommendations were used to create messaging shared and promoted.

To learn more about the Florida LEADS Project, visit [www.floridaleadsproject.com](http://www.floridaleadsproject.com).

## School Mental Health Assessment, Response, and Training for Suicide Prevention

The School Mental Health Assessment, Response, and Training for Suicide Prevention (SMARTS) project is operated 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 uses 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 by improving access to high-quality behavioral health care within Florida's school systems.

**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	BayCare Behavioral Health
University of Central Florida	Florida Department of Education
Pasco County Schools	The Florida Center for Early Education
Miami-Dade County Schools	Prosperity Social & Community Development Group

**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. There are approximately 50 CAB Members, with eight meetings held to date.

**Suicide 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: 900 individuals trained
- LINC: 160 individuals trained
- Dialectical Behavior Therapy (DBT): 150 individuals trained
- Zero Suicide: 350 individuals trained
- LINC-2-Life Safety Planning 175 individuals trained

Adaptations of QPR-Youth, Suicide Risk Assessment and Management, and LINC-2-Life geared toward school-aged children are underway. Training plans are under development with the Florida Department of Education.

## Suicide Prevention Resources

Project SMARTS aims to highlight program goals and disseminate educational resources to community stakeholders and mental health service providers. Additionally, Project SMARTS has developed three suicide prevention resources:

- **Resources for Caregivers** This resource educates caregivers on how to talk about suicide with their loved ones. Caregivers will find information on common myths and facts about suicide, how to recognize risk and warning signs, and how to create a safety plan for at-risk youth. Caregivers will be able to access links embedded in the resource for more suicide prevention resources and referral options if needed.
- **Suicide Bereavement** This resource connects individuals who have lost someone to suicide with support groups and local resources. It also offers guidance on supporting others experiencing suicide loss and facilitates conversations about grief after losing someone close.
- **Guiding Schools Through a Suicide Loss** This resource examines best practices for preparing and responding to suicide loss within a school district. It guides school personnel on developing a crisis prevention team, intervening during a crisis, and supporting the school and community in the aftermath of a suicide.

## Follow-up Care

Project SMARTS has worked with school partners to implement care coordination; an intervention used to monitor and manage suicide risk. School districts will select a care coordinator(s) to provide intervention to youth who return from hospitalization up to 90 days. These interventions will include developing personal safety plans, providing psychological education, and assessing barriers to services. Care coordinators will also readminister SMARTS screeners to monitor the reduction of suicidal ideation and intent.

## Evaluation of Project SMARTS

- **QPR Training Evaluation:** Trainees of the Question, Persuade, and Refer training program have shown significant improvements in their knowledge of warnings signs and risk factors for suicide immediately after training and in the months following training. Trainee perceived behavioral control in addressing suicide risk situations also significantly improved after the training and at follow-up, indicating that QPR trainees felt more confident to handle suicide risk after receiving the QPR training. Finally, trainee attitudes significantly increased at both post-training and at a 3-month follow-up, indicating that trainees had better attitudes towards serving as a gatekeeper for suicide prevention.
- **LINC Care Coordination Training Evaluation:** Trainees from the LINC Care Coordination training consisted of mainly professionals working in community

mental health and student services. Care coordination knowledge was assessed using a case vignette, with results showing significant improvements from pre-training to 3-month follow up, demonstrating a large effect of training. Trainees perceived confidence to facilitate care coordination also significantly increased from training, at both immediately after the training and 3-months following training. Attitudes towards engaging in care coordination with a youth at-risk for suicide also significantly improved from both pre- to post-training and from pre-training to follow-up, both demonstrating a medium effect of training.

- **Zero Suicide Evaluation:** Trainees of the Zero Suicide training program have shown significant improvements in their knowledge of the Zero Suicide framework, a framework that aims to create cohesive and comprehensive suicide prevention policies/procedures in one's organization. Confidence in implementing this framework also significantly increased from pre- to post-training and at 3-months following the training.
- **LINC-2-Life Evaluation:** The LINC-2-Life (L2L) Safety Planning training adapted for youth in schools was delivered for the first time in year three. L2L trainees showed significant improvements in safety planning knowledge, perceived confidence to facilitate safety planning implementation, and attitudes towards implementing safety planning. Follow-up data collection is ongoing for this training.
- **Dialectal Behavioral Therapy Evaluation:** In June 2025, SMARTS and the Mazza group provided Dialectal Behavioral Therapy STEPS-A to Miami-Dade County Public Schools. Analyses from this training are ongoing.

To learn more about Project SMARTS, visit <https://testsite.usf.edu/education/school-mental-health-collaborative/index.aspx>.

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

In accordance with the implementing statute, the Department's Director of the Statewide Office for Suicide Prevention is a nonvoting member of the coordinating council and also acts as chair of the Suicide Prevention Coordination Council. Membership of the Council includes 30 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 A.

Council meetings are held quarterly and are organized by the Department. Each quarterly meeting provides an overview of provisional data and trends and at least two speakers are chosen to provide presentations to the Council on a variety of topics relevant to suicide data, trends, high-risk populations, and programs or initiatives. Examples of recent topics include crisis intercept mapping, suicide risk by occupation, disaster



behavioral health supports, overdose prevention, human trafficking and suicidality, state needs assessment survey results, suicide risk for individuals with disabilities, Dance for Life, Mind Your Melon farmer wellbeing, LOSS teams and community resources for survivors.

The SPCC advises the Department in the development of the statewide strategic plan for suicide prevention; utilizing member surveys and work groups, the SPCC makes findings and offers recommendations regarding evidence-based suicide prevention programs and activities; and it contributes to the annual report regarding the status of suicide prevention efforts and recommendations for further improvement. For the upcoming state strategic plan, the Department created a survey for SPCC members' input on the proposed goals and activities, including which areas of the plan their respective agency or organization could commit to working towards.

Department SPCC Planning Committee and September 2025 Suicide Prevention Coordinating Council Meeting.



The Department of Children and Families, through the Statewide Office for Suicide Prevention, remains committed to advancing Florida's comprehensive approach to suicide prevention. The Department extends its sincere appreciation to the Florida Department of Health for its ongoing partnership in advancing suicide prevention efforts. We also express our gratitude to the members of the Suicide Prevention Coordinating Council, advocates, stakeholders, Managing Entities, behavioral health providers, impacted family members, and survivors. Their tireless work to implement suicide prevention strategies across Florida along with their invaluable input and feedback that inform this report are essential to Florida's shared mission of saving lives and promoting mental well-being.

By supporting the Suicide Prevention Coordinating Council and implementing the statewide plan, the Department fosters collaboration among agencies, organizations, and community partners to address suicide and its devastating impact. This annual report documents Florida's approach to suicide prevention and serves as a roadmap for future

initiatives, ensuring that evidence-based strategies and coordinated efforts guide Florida's mission to save lives and promote mental well-being across the state.

## Appendix A: Membership

### 2024 Suicide Prevention Coordinating Council Members and Designees

Representing	Appointed Official or Designee	
Statewide Office for Suicide Prevention	Jessica Felts, 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	Paul Jaquith	
4. Florida Suicide Prevention Coalition	Rachelle Burns	
5. American Foundation of Suicide Prevention	Courtney Collins	Wendy Thompson
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	Melanie Brown Woofter	Jennifer Johnson / Ute Gazioch
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	Danna Fowble

16. Veterans Florida	Joe Marino	Jeremy Sinnemaki
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 / Rhonda Jackson
20. Commissioner of Education	Anastasios Kamoutsas	Beverley Wilks / Anna Williams-Jones
21. Secretary of Health Care Administration	Shevaun L. Harris	Dr. Timothy Buehner
22. Secretary of Juvenile Justice	Matthew Walsh	Dr. Tracy Shelby / Joy Bennink
23. Secretary of Corrections	Ricky D. Dixon	Dr. Adam Wasserman / Dr. Angela Williams
24. Commissioner of Department of Law Enforcement	Mark Glass	Mike Phillips / Rebekah Corley
25. Executive Director of Department of Veterans Affairs	James Hartsell	Al Carter/ Roy Clark
26. Secretary of Department of Children and Families	Taylor N. Hatch	Kathryn Williams / Amanda VanLaningham / William Hardin
27. Secretary of Department of Economic Opportunity	J Alex Kelly	Wendy Castle
28. Secretary of Department of Transportation	Jared W. Perdue	Mark Eacker / Brenda Young / Lora Hollingsworth
29. – 31. Governor’s Appointees	Vacant	

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