Suicide Prevention Best Practices

Authority: The 2021-2023 Florida Suicide Prevention Interagency Action Plan; 14.20195, F.S.

Requirement: Contract

Frequency: Ongoing

Description:

LSF Health Systems is committed, with the Department of Children and Families and other state agencies, is committed to reducing deaths by suicide in Florida. Suicide prevention, particularly among individuals receiving state-funded behavioral health services, remains a priority for the DCF Office of Substance Abuse and Mental Health and the Statewide Office for Suicide Prevention. As the Managing Entity, LSFHS collaborates with the Suicide Prevention Coordinating Council and contributes to the annual statewide report. All Network Service Providers (NSPs) are required to integrate suicide prevention best practices into their services. Suicide prevention is a shared responsibility across the entire provider network.

LSFHS will monitor NSPs to ensure that individuals receive best practice screening, risk assessment, safety planning, lethal means counseling, and post crisis care transition support. Using the Zero Suicide framework and recommended instruments, LSFHS will:

- Increase public knowledge of protective factors and promote wellness and recovery.
- Implement and monitor evidence based programs to prevent suicide related behaviors.
- Provide suicide prevention training to community partners and network providers.
- Promote suicide prevention as a core component of healthcare services.
- Support implementation of evidence-based clinical practices for screening, assessing, and treating individuals at risk.

Background Data:

Suicide remains a leading cause of death nationally and significantly impacts families, communities, and service systems. In 2024, Florida lost 3,591 lives to suicide.
According to Florida Health Charts (2024), 19 of the 23 counties in the LSFHS catchment area have suicide rates higher than the state average of 13.9 per 100,000

Suicide Age Adjusted- Death Rate, 2024 (LSFHS Counties)		
County	**Count**	**Rate**
Florida	**3,591**	**13.9**
Alachua	37	13.2
Baker	3	8.6
Bradford	7	26.0
Citrus	56	28.8
Clay	36	14.3

Columbia	18	23.9
Dixie	4	20.9
Duval	163	14.6
Flagler	28	18.6
Gilchrist	3	16.6
Hamilton	3	29.6
Hernando	46	21.0
Lafayette	0	0.0
Lake	82	16.7
Levy	12	28.2
Marion	94	19.3
Nassau	24	17.5
Putnam	15	21.0
Saint Johns	52	15.3
Sumter	24	15.6
Suwannee	7	17.3
Union	6	31.1
Volusia	122	17.4

From 2023 to 2024, suicide deaths increased by 0.93%, rising from 3,558 to 3,591. Although the age adjusted rate decreased by 1.42%, this reflects population changes rather than reduced risk. The increase in total deaths underscores the ongoing need for strong prevention practices. Firearms remain a leading method of suicide statewide. Many counties in the LSFHS region meet or exceed the statewide firearm suicide rate of 8.2 per 100,000, highlighting the importance of lethal means safety education and planning.

The Network Service Provider Requirements

All Network Service Providers must maintain policies that guide care for individuals at varying levels of suicide risk. Providers are expected to use validated screening tools at intake and during ongoing care, conduct comprehensive suicide risk assessments when indicated, and develop collaborative safety plans for all individuals at elevated risk. Safety plans must include warning signs, coping strategies, supportive contacts, crisis resources, and steps to reduce access to lethal means. Providers must ensure that individuals identified as at risk receive evidence-based treatment or are referred to clinicians trained in suicide-specific interventions such as CAMS, CT SP, CBT SP, or DBT. Each provider must also maintain protocols for timely follow-up after crisis stabilization and for active outreach when individuals miss appointments. Root cause analyses or mortality reviews are required for all suicide deaths among

individuals in care or within 30 days of case closure, and findings must be used to update policies and staff training.

Scope of Practice Expectations

Provide care to those at risk of suicide. The NSP will have a policy and procedure to provide guidance for care management for individuals at different risk levels, including frequency of contact, care planning, and safety planning. Use an evidence-based screener at intake for all individuals receiving either behavioral health or primary medical care and reassess at every visit for those at risk. Examples are the Patient Health Questionnaire-9, Columbia-Suicide Severity Rating Scale screener.

All providers are responsible for carrying out suicide prevention activities within their professional scope of practice.

- Develop and maintain suicide prevention policies and procedures that define required screening tools, timeframes, safety planning expectations, referral pathways, and follow up protocols. Policies must reflect the provider's service model and scope of practice, including settings without clinical staff such as recovery community organizations, homeless coalitions, peer programs, outreach teams, and case management agencies.
- Ensure that suicide risk screenings are completed at intake, every 90 days, and sooner if risk is observed or if the individual's presentation indicates concern. Providers shall use validated screening tools such as the PHQ-9, ASQ, or C-SSRS and document all results in the individual's record.
- Ensure that comprehensive suicide risk assessments are completed by licensed clinical staff when screening results or clinical presentation indicate elevated risk. Providers that do not employ clinical staff must refer individuals who screen positive or express safety concerns to a licensed clinician or crisis service for a full suicide risk assessment.
- Develop, monitor, and update safety plans for all individuals at elevated risk, including those assessed as low, moderate, or high risk. All safety plans, including basic plans completed by non-clinical providers, must include warning signs, triggers, coping strategies, supportive contacts, crisis resources, and steps to limit access to lethal means. Providers shall use a standardized safety plan template and ensure that staff receive training in collaborative safety planning.
- Provide a signed copy of the completed safety plan to the participant and maintain a copy in the record. For minor clients, a copy of the safety plan must be provided to the parent or caregiver.
- Include lethal means restriction in every safety plan. Providers shall involve family members in means restriction planning when appropriate and ensure that staff receive training in counseling on access to lethal means. Each provider shall establish policies that define the minimum required actions for restricting access to means.
- Provide or coordinate evidence-based suicide specific treatment for individuals identified as at risk. Providers with licensed clinical staff may deliver interventions such as CAMS, CT SP, CBT SP, or DBT. Providers without clinical staff must refer individuals to qualified

clinicians for all suicide specific treatment needs. All providers shall ensure that staff have access to competency-based training or referral protocols appropriate to their role.

- Establish protocols for follow up after discharge from crisis stabilization services. Individuals with suicide risk who miss appointments must receive active outreach until contact is made, and safety is confirmed. Outreach may include phone calls, contact with family members, home visits, or virtual check-ins, depending on the provider's scope and capacity.

Zero Suicide implementation

Zero suicide is aspirational. If followed, a suicide care pathway will be observed for individuals with elevated risk. It is recommended that suicide care become entirely embedded in an NSP's Electronic Health Record, with a flagging system developed. Data from EHR or chart reviews are routinely examined (at least every two months) by a designated team to determine that staff are adhering to suicide care policies and to assess for reductions in suicide.

More information on Suicide Prevention Training and Best Practices can be found at:

- http://zerosuicide.edc.org/
- http://www.sprc.org/
- https://www.myflfamilies.com/service-programs/samh/prevention/suicide-prevention/
  https://qprinstitute.com/become-an-instructor
  https://training.sprc.org/enrol/index.php?id=20