



# Georgia Suicide Prevention Program

## ANNUAL SUICIDE PREVENTION PROGRAM REPORT: 2019



Georgia Department of Behavioral Health &  
Developmental Disabilities  
Office of Behavioral Health Prevention & Federal Grants

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## **Introduction**

In 2010, the Georgia legislature made the finding and approved under Georgia Code 37 that the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) shall manage the newly created Suicide Prevention Program (SPP).

Pursuant to the code, the department, in implementing the Suicide Prevention Program, has and continues to establish linkages between state agencies and offices, including the Division of Aging Services, the Division of Family and Children Services, the Department of Public Health, local government agencies, health care providers, hospitals, nursing homes, and more.

In addition, DBHDD has expanded statewide training capacity and access to clinicians, clergy, teachers, law enforcement, and other workers on how to identify and respond to persons at risk of suicide. Through public policy and technical assistance, the state has developed standardized procedures and protocols to be used by the community service boards and department in both preventing suicide deaths and conducting suicide death scene investigations.

## **The Suicide Burden in Georgia**

The negative impact of suicide deaths and suicide attempts in Georgia and across the nation are having an extreme emotional toll on the families and friends of those who died, as well as on attempt survivors. With 159 counties, many rural, a state as large and diverse as Georgia can face disproportionate burdens when it comes to mental health disparities, specifically suicide. Suicide is a major public health and behavioral health problem.

In the last two decades, the rate of suicide has increased by 16 percent in Georgia and 30 percent across the nation, according to the Centers for Disease Control and Prevention (CDC). The CDC also reports that suicide was the tenth leading cause of death in Georgia for 2017. During the same year, Georgia ranked 39<sup>th</sup> compared to other states, with 1,451 deaths by suicide recorded; in 2018 the number was 1,565. Rural counties tend to have higher suicide rates while non-rural counties tend to have higher numbers of suicide deaths.

Understanding there is no one single cause that leads to suicide, our collective prevention, intervention, and postvention strategies to combat suicide behaviors and deaths must be multi-layered and ongoing. To most effectively prevent suicide behaviors and deaths in Georgia, the Suicide Prevention Program executes multiple evidence-based and/or evidence-informed strategies and programs. We are proud to share some of our most successful and impactful programs.

## **Strategic Prevention Framework – Suicide Prevention (SPF-SP)**

The Strategic Prevention Framework for Suicide Prevention is an innovative pilot project using SAMHSA's SPF model, historically used for substance abuse prevention, for the purpose of suicide prevention. The project targets counties in each region of the state with high rates of suicide death. The SPF model stresses using data-driven, research-validated, evidence-based approaches to adapt unique prevention responses to the needs of diverse communities to solve public health problems.

In 2019, providers in each Georgia DBHDD region were selected to begin the SPF process: Assessment, Capacity, Planning, Implementation, and Evaluation, with the cross-cutting values of Sustainability and Cultural Competence. Projects have been successfully launched in nine high burden counties across the state. Each SPF-SP Provider is now in the Implementation Phase, using targeted evidence-based strategies based on the needs and capacity of each community. In addition, SPF-SP providers have been collaborating with community prevention alliance workgroups (CPAWs) or starting local suicide prevention coalitions and working to increase the availability of suicide prevention gatekeeper trainings, decrease the stigma surrounding the topic of suicide, and increase awareness of suicide prevention resources in each region.

Research on the Strategic Prevention Framework model shows that it has been successful in increasing prevention capacity and infrastructure across multiple infrastructure domains where implemented.

<b>SPF-SP Provider</b>	<b>Coalition / CPAW Support</b>	<b>Counties Served</b>
The Council on Alcohol and Drugs	Towns CPAW; Union CPAW	Towns (16.9 average rate) Union (22.9 average rate)
Augusta University Research Institute	Suicide Prevention Strategy Team; Jones County Suicide Prevention Coalition	Richmond (13 average rate) Jones (20.2 average rate)
Gwinnett United in Drug Education	GUIDE Prevention Advisory Board (GPAB)	Gwinnett (11.6 average rate)
HEARTS for Families	STEP Up Grady	Grady (15.9 average rate) (adding Colquitt in 2020)
Camden Connection	Camden Suicide Prevention Coalition & Camden Family Connection; Brantley Family Connection & Brantley County Youth Board	Camden (17.1 average rate) Brantley (14.8 average rate)
Twin Cedars / TCAD	none currently active - emerging	Crawford (19.9 average rate) (adding Peach in 2020)

### **Mental Health Awareness Training (MHAT) Project**

The MHAT Project is a federally funded three-year program to train individuals to recognize the signs and symptoms of mental health disorders, educate individuals about mental health resources in the community, establish links with mental health agencies to refer individuals to appropriate services, and train gatekeepers and first-responders to employ crisis de-escalation techniques.

With MHAT Project providers and host sites in each of the Georgia DBHDD regions, the project exceeded its Year 1 target by offering 25 trainings, training 338 unduplicated individuals, and having 1,968 referrals to resources and services reported by MHAT trainees. Evidence-based mental health and suicide prevention trainings offered included:

- Assessing and Managing Suicide Risk (AMSR) – 6 trainings
- Applied Suicide Intervention Skills Training (ASIST) – 9 trainings
- Mental Health First Aid (MHFA) – 7 trainings
- Youth Mental Health First Aid (YMHFA) – 3 trainings

### **Garrett Lee Smith Youth Suicide Prevention Grant (SAMHSA)**

The Garrett Lee Smith (GLS) grant focuses on youth, ages 10 to 24, living in three Georgia counties (Bartow, Newton, and Oconee) with youth suicide death rates higher than the national average of 8.02 for the years from 2011 - 2013. Selected populations of focus include African American youth, youth suicide attempters, and family members of youth who have been identified with suicide ideation or a suicide attempt. Community assessments in each county help identify county specific populations of focus. The project target is for 1,000 to be served annually with a total of 5,000 over the life of the 5-year project in Bartow, Newton, and Oconee counties.

GLS continues to provide care and support to individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides in accordance with policy, national strategy, and grant requirements.

The GLS program aims to build infrastructure and increase the suicide-specific continuum of care within our three grantee sites – Advantage Behavioral Health, ViewPoint Health, and Highland Rivers.

## **GLS Accomplishments for Fiscal Year 2019 Include:**

- Question, Persuade, Refer (QPR) Instructor Certification Training - 59 trained in September 2019
- Collaborative Assessment and Management of Suicide (CAMS) - 23 trained in July 2019
- Dialectical Behavior Therapy (DBT) Skills - 30 trained in October 2019
- GLS 2-day Retreat - This retreat focused on sustainability and capacity building for the sub-grantee sites. In addition, our grantees had a refresher training to assist with implementing the DiDi Hirsch Survivors of Suicide Attempts Group (SOSA)
- The Georgia College and University Collation, in collaboration with DBHDD and the GLS Project, hosted a College Town Hall at the Georgia Suicide Prevention Conference
- More than 4,000 Early Identification Referral and Follow-up (EIRF) Individual Forms were completed for youth who were identified and referred for mental or non-mental health related services
- Collectively, over 800 individuals have been trained in QPR through efforts of the site coordinators and Certified Peer Specialists in their respective counties
- GLS State Youth Suicide Prevention Coordinator, Shevon Jones, participated as a speaker at the Children's Mental Health Symposium, discussing youth suicide prevention and the GLS Project
- Social work staff at Children's Healthcare of Atlanta, Egleston and Scottish Rite locations, were trained in suicide risk assessment and safety planning

GLS sites have completed several community mental health projects, prevention week activities, and large-scale conferences that included suicide prevention messaging. These activities reached upwards of 3,000 in various agencies within the state office and communities within metro Atlanta.

## **2020-2025 Georgia Suicide Prevention Strategic Plan**

In March 2019, suicide prevention stakeholders across the state convened to prioritize goals and strategies to address the burden of suicide in Georgia. Many of Georgia's top leaders in suicide prevention gathered, committed to forging a new path forward with recommended goals, objectives, and strategies for all stakeholders to invest their time and energy. Over fifty workgroup members were assigned to committees focused on Prevention in Healthcare; Wellness, Resiliency, and Recovery; Safe Messaging; Evidence-Based Prevention and Interventions; Training and Technical Assistance; and Postvention.

The final document of the proposed 2020-2025 Georgia Suicide Prevention Strategic Plan is anticipated for summer 2020 distribution, with nine goals to guide prevention efforts for years to come.

## **Georgia Suicide Prevention Coalitions**

The Suicide Prevention Program continued its collaboration with community-based Suicide Prevention Coalitions to enhance skills, facilitate growth, build capacity, and support sustainability of local suicide prevention efforts. As of December, there were 22 active Coalitions in Georgia. Monthly technical assistance calls provided these Coalitions with the opportunity to network and provide peer support while exploring topics relevant to Coalition development. As Coalitions have previously operated mostly in isolation, they report these meetings have helped generate new ideas and access the resources and knowledge of the collective group.

In addition to the monthly calls, Coalitions were also invited to participate in a Statewide Coalition Summit at the Georgia Suicide Prevention Conference. During this one-day learning event, leaders representing 13 communities participated in skill-building and planning activities related to member involvement, community readiness, planning, and community engagement. In the months since the Summit, coalitions have reported using the information to identify and recruit new members, assess needs and gaps, and create strategic plans for the coming year.

Coalitions reported a variety of activities, mostly focused around awareness and prevention, including tabling at events and participating in community meetings. Groups also reported hosting community forums or awareness

events, such as the Sounds of Support Music Festival, Forsyth Suicide Prevention Summit, Community Mental Health Screenings, and viewings of The Ripple Effect, as part of outreach and stigma reduction efforts.

### **DBHDD Public Policy on Suicide Prevention, Screening, Brief Intervention and Monitoring: Policy 01-118 and Policy 01-126**

The Georgia DBHDD public policies are applicable to Comprehensive Community Providers (Tier 1) and Community Medicaid Providers (Tier 2 and Tier 2+) organizations approved to serve individuals with mental illness and/or addictive diseases, wherein those services are financially supported in whole or in part by funds authorized through DBHDD.

With the feedback of a statewide expert advisory committee, the Suicide Prevention Program completed its first revision of Policy 01-118. As much of the input from the committee centered around implementation questions, a Companion Guide was created to guide clinical use of the policy. Additionally, a similar policy, Policy 01-126, was developed for Tier 2 and Tier 2+ providers to be congruent with Tier 1 providers.

The public policy revision along with the Companion Guide were widely promoted throughout 2019 with the assistance of the Georgia Association of Community Service Boards. Over a four-month timeframe, the online version of the revised policy was accessed 130 times.

### **2019 Georgia Suicide Prevention Conference – “Connect, Communicate, Care”**

The Georgia Suicide Prevention Conference was hosted at the Lodge & Spa at Callaway Gardens in Pine Mountain by the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), the Garrett Lee Smith Youth Suicide Prevention Program, and the Georgia College and University Suicide Prevention Coalition. This was the first time the Georgia Suicide Prevention College and University Conference was combined with the State Suicide Prevention Conference, culminating in attendance reaching historic levels with 350 registrants and a waiting list. The overall goal of the 2019 conference was to provide a forum for supportive learning to those who share an interest in suicide prevention, intervention, and postvention.

The suicide prevention conference welcomed stakeholders in suicide prevention, intervention, and postvention across the state of Georgia, as well as team leaders and team members representing technical schools and public and private colleges and universities from all over the state of Georgia. The furthest attendee traveled from Anchorage, Alaska and approximately two dozen colleges and universities were represented.

A total of 291 individuals checked-in on the first day of the conference, 255 individuals checked-in on day two, and 187 on day three. Attendees included participants, exhibitors, presenters, panelists, and planning committee members. Researchers, mental health professionals, survivors, and administrators across several settings (including behavioral health agencies, hospitals, and universities) participated.

### **Mental Health America of Georgia (MHAG)**

The Suicide Prevention Program contracted with Mental Health America of Georgia to provide targeted Mental Health First Aid and Question, Persuade, Refer trainings in rural and high-burden areas as well as to public safety personnel. Nine specific counties were identified for training based on their high suicide rate. As of July 2019, trainings were conducted in 7 of the 9 identified counties (Chatham, Richmond, Hall, Henry, Paulding, Forsyth, Houston). In addition to these seven counties, training was also conducted in 17 counties for a total of 24 counties receiving training. Training across the state totaled 880 individuals as of July 1<sup>st</sup>, 2019, with an additional 122 trained through December.

As a result of the partnership, MHAG was able to increase visibility in rural and high-risk areas throughout Georgia. Groups of interest included LGBTQ communities, homeless shelter staff, hospital staff working with sex

trafficking victims, faith-based organizations, and others. MHAG is currently targeting rural communities, law enforcement, and staff members of nursing homes and other older adult serving facilities.

### **Behavioral Health Link**

Behavioral Health Link (BHL) operates the only crisis call center in Georgia and is an active member of the National Suicide Prevention Lifeline network. Prior to 2018, BHL answered Lifeline calls Monday through Friday between 8:30am and 4:30pm. The remaining calls received on evenings and weekends were answered by Lifeline network crisis centers outside of Georgia. As part of its ongoing commitment to serve as many Georgians as close to home as possible, DBHDD has allocated bridge funding with the goal of the Georgia Crisis and Access Line being able to answer 90% of the Lifeline calls originating from Georgia.

### **Survivor Support Services – Georgia Postvention Program**

The Georgia Postvention Program provides response, resource, support, and referral services to families and communities after a suicide loss. It also serves to train and provide technical support to Survivors of Suicide Support Group Facilitators as well as provide technical assistance to Suicide Prevention Coalitions.

In 2019, the program, which is implemented by SPAN-GA (Suicide Prevention Action Network), carried out the following activities:

- Distributed 200+ Postvention Packets to CSBs and survivors across the state
- Trained 10 new Survivors of Suicide Facilitators
- Coordinated Postvention Roundtable Meetings to prepare recommendations for the 2020-2025 Georgia Suicide Prevention Strategic Plan
- Provided postvention support to survivors and communities after a suicide loss
- Conducted four Survivors of Suicide Loss workshops
- Hosted technical assistance calls for SOS Group Leaders
- Participated in various events as a presenter and/or exhibitor
- Consulted with Suicide Prevention Coalitions on postvention planning and implementation

### **Drugs Don't Work Partnership**

The Office of Behavioral Health Prevention and Federal Grants has partnered with The Council on Alcohol and Drugs for the Drugs Don't Work Campaign. As part of this project in fiscal year 2019, 1,117 attendees at 52 Drugs Don't Work seminars statewide received information on the correlation between substance abuse and suicide, statistics on the increase in suicides, the availability of free suicide prevention training in the workplace, and QPR suicide prevention information and materials. Additionally, a total of 121 attendees at more than 100 organizations received full QPR training. From October through December of 2019, an additional 497 received the suicide prevention component of the Drugs Don't Work seminars.

The Suicide Prevention Team also contributes bi-monthly suicide prevention columns to the monthly newsletter targeted to employees of the 7,500 state-certified drug free workplace companies in Georgia. Topics have included The Connection Between Stress and Suicide Risk, What Parents Need to Know About Suicide Warning Signs Among Teens, and Support After a Suicide Loss.

### **Marketing & Community Events**

The Suicide Prevention Program added two new brochures to their growing collection of marketing materials. These brochures provide basic and targeted information to support professional caregivers in their work with youth and older adults, respectively. Wallet cards were also designed to be distributed at events. One card provides steps to help someone who is considering suicide, while the other offers helpful tips for recovery from suicide thoughts. Throughout the development process, feedback was gathered from the Suicide Prevention

Program Community Advisory Council to ensure the materials were relevant to the intended population, provided information that was clear, and represented diverse populations.

The Suicide Prevention Program team distributed these materials to over 2,500 people at community events (see below). In addition to providing materials, team members were also invited to speak at several events and ran a series of radio interviews about suicide prevention with Q99.7 and KICKS 101.5.

<b>Date</b>	<b>Activity</b>	<b>Event</b>	<b>Host</b>	<b>Location</b>	<b>Attendance</b>
4/18/19	Presenter / Panelist	Suicide Awareness Community Conversation	Carroll County Mental Health Advocates	City Station, Carrollton, GA	50-60
5/19/19	Tabling / Exhibitor	Q99.7 My Voice	Q99.7	Lassiter High School, Marietta, GA	300
5/31/19	Tabling / Exhibitor	State Opioid Response Kick-Off Event	Office of Behavioral Health Prevention	Delta Flight Museum, Atlanta, GA	125-150
6/13/19	Panel / Moderator	You Matter Workshop	Georgia Violent Death Reporting System Unit, DPH	Middle Georgia State University, Macon, GA	75
8/20/19	Radio Interview	Community Affairs	Q99.7/WWWQ and KICKS 101.5/WKHX	Atlanta, GA	Appx Reach 1.5 million
8/30/19	Tabling / Exhibitor	Panther Welcome	Georgia State University Campus Police	Georgia State Campus – Downtown Atlanta	75
9/10/19	Speaker / Presenter	Forsyth Suicide Prevention Summit	Forsyth Mental Wellness Task Force	Forsyth Co, GA	125
9/10/19	Speaker / Presenter	Stop the Stigma	Georgie Public Safety Training Center	Forsyth, GA	150
9/19/19	Radio Interview	Community Affairs	Q99.7/WWWQ and KICKS 101.5/WKHX	Atlanta, GA	Appx Reach 1.5 million
9/23/19-9/26/19	Tabling / Exhibitor	Georgia Suicide Prevention Conference	GA DBHDD OBHP SPP	Callaway Gardens, Pine Mountain, GA	350
9/25/19	Speaker / Presenter	Georgia Suicide Prevention Conference	GA DBHDD OBHP SPP	Callaway Gardens, Pine Mountain, GA	350
10/1/19	Tabling / Exhibitor	Q99.7 My Voice	Q99.7	Centennial High School, Roswell, GA	50
10/2/19-10/4/19	Presenter / Speaker	GA DBHDD Behavioral Health Symposium	GA DBHDD OBHP	Callaway Gardens, Pine Mountain, GA	291
10/5/19	Tabling / Exhibitor	Clayton County Public Schools	Clayton County Public Schools	Lee Street Park, Jonesboro, GA	500-900

		2 <sup>nd</sup> Annual Suicide Prevention Walk			
10/26/19	Tabling / Exhibitor	State Opioid Response Fall Festival	Office of Behavioral Health Prevention	Jaemor Farms, Alto, GA	500-600
10/27/19	Radio Interview	Community Affairs	Q99.7/WWWQ and KICKS 101.5/WKHX	Atlanta, GA	Appx Reach 1.5 million
11/9/19	Tabling / Exhibitor	Faith-Based Mental Health Conference	Faith-Based Mental Health Initiative	Greater Piney Grove Baptist Church	200-400
11/14/19 - 11/15/19	Presenter / Exhibitor	Networking & Training Event	Office of Behavioral Health Prevention	Anderson Conference Center, Macon, GA	68
12/5/19	Radio Interview	Community Affairs	Q99.7/WWWQ and KICKS 101.5/WKHX	Atlanta, GA	Appx Reach 1.5 million
12/5/19	Speaker / Exhibitor	Residential and Supportive Housing Statewide Provider Coalition	DBHDD Adult Mental Health	Anderson Conference Center, Macon, GA	85

## Program Data

The following data was collected from training conducted through the Mental Health Awareness Training (MHAT) Project or coordinated directly through the Georgia DBHDD Suicide Prevention Program.

### Training Demographics

Gender	MHFA	YMHFA	ASIST	QPR	Total
<i>Male</i>	16	5	-	40	<b>61</b>
<i>Female</i>	74	45	-	63	<b>182</b>
<i>Neither Male nor Female</i>	1	-	-	1	<b>2</b>

Race/Ethnicity	MHFA	YMHFA	ASIST	QPR	Total
<i>Asian/Asian American</i>	2	-	1	2	<b>5</b>
<i>Black/African American</i>	38	28	31	70	<b>167</b>
<i>Caucasian/White</i>	41	4	40	26	<b>111</b>
<i>Hispanic/Latino</i>	7	-	5	2	<b>14</b>
<i>Jewish</i>	-	-	1	-	<b>1</b>
<i>Middle Eastern</i>	-	-	-	-	<b>-</b>
<i>Native American</i>	2	1	2	-	<b>5</b>
<i>Native Hawaiian or other Pacific Islander</i>	-	-	-	-	<b>-</b>
<i>Native American &amp; Italian</i>	1	-	-	-	<b>1</b>
<i>African American, African</i>	-	-	-	1	<b>1</b>
<i>African American, Asian American, Caucasian, Latino/Hispanic, Native American</i>	-	-	-	1	<b>1</b>
<i>African, Caucasian</i>	-	-	-	1	<b>1</b>
<i>Black Caribbean American</i>	-	-	-	1	<b>1</b>

Age	MHFA	YMHFA	ASIST	QPR	Total
<i>18-24</i>	4	4	2	17	<b>27</b>
<i>25-44</i>	50	27	40	36	<b>153</b>
<i>45-60</i>	33	18	17	24	<b>92</b>
<i>61-80</i>	6	2	2	5	<b>15</b>
<i>81 or older</i>	-	-	-	-	<b>-</b>

## Gatekeeper and Clinical Trainings

Trainings directly offered by the DBHDD Suicide Prevention Program for Fiscal Year 2019:

Course	# Trained
<i>QPR</i>	107
<i>QPR Instructor Certification</i>	55*
<i>ASIST</i>	94
<i>MHFA</i>	97
<i>YMHFA</i>	53
<i>AMSR</i>	132
<i>CAMS</i>	30
<i>DBT Skills</i>	23
<i>Total</i>	<b>591</b>

### \*QPR Instructor Certification Course

Number of **trainers** representing counties within DBHDD Regions (some may represent multiple areas):

Region/Area	# Trainers
<i>Region 1</i>	4
<i>Region 2</i>	11
<i>Region 3</i>	18
<i>Region 4</i>	2
<i>Region 5</i>	4
<i>Region 6</i>	5
<i>Statewide</i>	13

## Upcoming 2020 Suicide Prevention Program Activities

- The Strategic Prevention Framework for Suicide Prevention (SPF-SP) Project will expand from nine to a total of eleven counties in 2020, and still more by 2021.
- The Mental Health Awareness Training (MHAT) Project will add Question, Persuade, Refer (QPR) to the menu of training options in 2020 and will offer an increase in Training of Trainer certification courses, including: AMSR, MHFA, and QPR.
- Implementing Garrett Lee Smith sustainability activities in collaboration with Project Sites: Advantage Behavioral Health, ViewPoint Health, and Highland Rivers.
- The American Foundation for Suicide Prevention will work in collaboration with Georgia DBHDD for Suicide Prevention Day at the Capitol in February 2020.
- The Suicide Prevention Coalitions plan to continue their important work in 2020 while also expanding to include postvention activities. The group has appointed a committee to plan quarterly statewide prevention activities that coalitions and communities can carry out together.
- A new Postvention Guide for Survivors of Suicide Loss is planned for 2020. The guide will provide details about national, state, and local resources, and Survivors of Suicide (SOS) Support Groups. The guides will be distributed to survivors after a loss to help facilitate connections to supports and resources that can assist in recovery.
- A Suicide Prevention website is currently in development to house all suicide-specific activities, updates, and communication for stakeholders and community members.
- The Suicide Prevention Program Team will present at the national conference of the American Association of Suicidology in Portland, Oregon, on the Garrett Lee Smith Youth Suicide Prevention Project outcomes and the 2020-2025 Georgia Suicide Prevention Strategic Plan development process.
- Launching the Georgia Suicide Prevention Clinician Network to support clinicians conducting suicide screening, executing safety plans, and/or implementing specific suicide prevention, intervention, and postvention services. In addition, this network will mobilize clinicians to manage local and statewide capacity specific to suicide prevention clinical skills.
- Launching the Georgia Mental Health Trainer Network to support trainers, educators, facilitators, etc. in managing their certification status, creating opportunities to leverage training, trouble-shoot training/trainer challenges, and mobilize to manage local and statewide capacity.

## Conclusion

In summary, the Georgia Department of Behavioral Health and Developmental Disabilities, Office of Behavioral Health Prevention and Federal Grants, Suicide Prevention Program is supported through both state and federal funding. The team of four full-time staff work across state agencies, DBHDD divisions, and programs to provide direction and support for counties with high suicide burden (i.e., death rates, hospital discharges) and at-risk populations. Additionally, DBHDD's Suicide Prevention Program leverages state and local partnerships to expand access to training and technical assistance, suicide intervention, postvention care and education, as well as public policy guidance.

To continue to serve the 159 Georgia counties in areas of mental health promotion and suicide prevention, there are opportunities that can be pursued with a commitment of additional resources. Multiple opportunities exist to expand suicide prevention efforts in Georgia. Here are just three of those opportunities:

- First, there is an opportunity to build staffing support in all regions of the state by securing additional state and federal funds for both full-time professional staff within state government and expanded capacity building for suicide prevention coalitions, first responders, educators, and community leaders.
- Second, there is a need for additional suicide prevention, care services, and targeted outreach to rural and socioeconomically disadvantaged communities in Georgia. Rural clinicians and community members are often not able to access on-demand clinical services, training, or postvention support due to limited number of suicide prevention professionals available in the jurisdiction.
- Another area of priority consideration is the development of statewide suicide surveillance for Georgia's behavioral health service delivery system specific to suicide screening, assessment, care, safety planning, and follow-up. Georgia's future suicide prevention work would greatly benefit from a comprehensive data collection process and application.

Thank you to the leadership of the Georgia Department of Behavioral Health and Developmental Disabilities for their unwavering support for the Suicide Prevention Program.