ZERO SUICIDE FRAMEWORK

A Statewide Suicide Prevention Framework for the Florida Fire Service

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UCF RESTORES | UCF RESTORES 2nd Alarm Project | In Partnership with the Florida Division of State Fire Marshal

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Executive Summary:

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Overview

The Zero Suicide Framework is a nationally recognized, evidence-informed approach to suicide prevention that emphasizes leadership commitment, workforce education, early risk identification, streamlined access to care, and ongoing evaluation. In partnership with UCF RESTORES and the UCF RESTORES 2nd Alarm Project, the Florida Division of State Fire Marshal has adapted this framework for the Florida fire service to embed suicide prevention into organizational culture and reduce preventable firefighter suicides. The seven elements- Lead, Train, Identify, Engage, Treat, Transition, and Improve- represent a holistic strategy to build resilience, support firefighters across their careers, and ensure consistent access to mental health resources.

Why "Zero Suicide"

The name 'Zero Suicide' is aspirational, grounded in the belief that many suicide deaths are preventable and that none should be accepted as inevitable. The framework signals a commitment to continuous improvement and accountability, moving beyond risk management to system-wide prevention. While some may find the name controversial, it reflects a bold cultural shift toward proactive and comprehensive suicide prevention.

Why the Florida Fire Service Should Implement Zero Suicide

Firefighters face unique occupational risks, including repeated trauma exposure, demanding shift schedules, and a culture that has not always encouraged seeking help. At the same time, the fire service embodies strength, camaraderie, and resilience. The Zero Suicide Framework provides a structured, adaptable plan to leverage those strengths while addressing obstacles to care. Implementing this framework can normalize help-seeking, strengthen resilience, and integrate suicide prevention into the operational fabric of Florida's fire service.

Key Elements of the Plan

- **Lead:** Integrate suicide prevention into policies, training, and leadership practices.
- **Train:** Provide ongoing, role appropriate training across the career continuum, from academy through retirement.
- **Identify:** Recognize warning signs early and connect at-risk individuals to vetted providers.
- **Engage:** Ensure care is confidential, non-punitive, occupationally competent, and accessible.
- **Treat:** Guarantee access to suicide-specific, evidence-based interventions.
- **Transition:** Support members during high-risk career and life transitions, including clear postvention protocols for use following suicide related critical incident or loss.
- **Improve**: Continuously evaluate, collect data, and advance research to refine efforts.

Methods

The Director of the Division of the State Fire Marshal convened an Ad Hoc Fire Service Behavioral Health Committee (BHC) comprised of key subject matter experts in firefighter behavioral health and suicide prevention to lead this effort. The BHC developed this framework by adapting the national Zero Suicide model and synthesizing relevant evidence and best practices. To validate and tailor it to Florida's fire service, the BHC organized a workgroup of key community stakeholders in August 2025. The group included the Florida Division of State Fire Marshal, fire service membership and leadership, peer support specialists, occupationally competent behavioral health providers, and other stakeholders. Their feedback and expertise shaped the final framework, ensuring it is evidence-informed, operationally practical, and aligned with the needs of Florida's fire service.

Navigating This Document

This document is organized around the seven core elements of the Zero Suicide Framework: Lead, Train, Identify, Engage, Treat, Transition, and Improve. Each element begins with a brief description of its purpose, followed by clearly defined priorities and SMART goals that provide specific, measurable steps for implementation. The goals are presented in table format, with columns outlining deliverables, metrics, barriers, and solutions to support practical application.

Conclusion

Talking about suicide does not increase risk- it opens the door to support and prevention. By adopting the Zero Suicide Framework, the Florida fire service can build a culture of wellness and safety where mental health care is as essential and routine as physical health and safety practices.

Zero Suicide Workgroup Members

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Implementing the Zero Suicide Framework in the Florida Fire Service

Element 1: Lead

Description and Application for the Florida Fire Service

The Lead element establishes suicide prevention as a core responsibility of leadership across all levels of the fire service. Executives are tasked with securing funding, shaping statewide policies, and advancing legislation; administrators embed safe disclosure, confidentiality, and best-practice programs; managers model psychological safety, resource awareness, and peer accountability; and teams reinforce wellness and resilience through structured activities and cultural change. By unifying leadership commitments, appointing champions, and embedding wellness into core operations, the fire service can sustain a supportive environment where mental health is prioritized, stigma is reduced, and resilience is cultivated.

Priorities

1.1 Adopt a Statewide Suicide Prevention Mission Statement
Develop and implement a unified mission statement that formalizes commitment, accountability, and resilience across the Florida fire service.

1.2 Safe Disclosure & Confidentiality Policies
Ensure every agency adopts policies protecting personnel who disclose mental health concerns, balancing confidentiality with legal obligations.
**Cross-referenced: See Train 2.4 (Leadership Participation) for confidentiality and disclosure training.*

1.3 Culture of Psychological Safety & Respectful Language
Normalize respectful, non-stigmatizing language (e.g., "died by suicide") and integrate psychological safety into policies, training, and standard operating procedures (SOPs).
**Cross-referenced: See Train 2.4 (Leadership Participation) for psychological safety and communication modules.*

1.4 Appoint Suicide Prevention Champions
Identify and train champions in every agency to lead initiatives, monitor progress, and serve as points of contact for suicide prevention efforts.

1.5 Secure Funding & Conduct Legislative Advocacy
Advocate for state-level funding to sustain coordinated mental wellness infrastructure and advance legislation protecting peer support programs, reducing barriers, and ensuring affordable behavioral health care.

1.6 Adopt Best-Practice Mental Wellness Programs
Disseminate statewide evidence-based behavioral health programs and encourage agency-level adoption with technical assistance and model policies.
**Cross-referenced: See Train 2.5 (Career-Long Education Continuum) and Train 2.6 (Suicide Prevention Training for All).*

1.7 Leadership by Example
Equip and require company officers and supervisors to model supportive wellness behaviors, reinforcing trust and accountability through daily actions.
**Cross-referenced: See Train 2.4 (Leadership Participation) for officer development and mentorship modules.*

1.8 Awareness & Resource Knowledge
Train all leaders and officers on available wellness resources and referral pathways, with annual refreshers and updated guides.
**Cross-referenced: See Train 2.5 and Identify 3.3.*

1.9 Accountability & Peer Support
Implement structured peer-to-peer check-ins at the crew level to foster dialogue, early identification, and support.

1.10 Engagement in Health & Wellness Activities
Promote firefighter participation in health-promoting activities and provide voluntary self-assessment tools.

1.11 Strengthen Community Partnerships
Formalize partnerships with vetted mental health providers, unions, and insurers to improve access and affordability of care.

1.12 Cultivate a Culture of Wellness & Resilience
Commit to long-term cultural change by embedding resilience, transparency, and support into leadership practices.

Implementation Table: Suicide Prevention Priorities – Lead Element

Priority	SMART Goal	Deliverables	Metrics	Barriers	Solutions	Cross-References
1.1 Mission Statement	Within 9 months, adopt and publish a unified statewide suicide prevention mission statement.	Mission statement; statewide rollout campaign.	Adoption rate; awareness survey results.	Limited engagement.	Secure endorsement from FFCA, unions, and SFMO.	—

Priority	SMART Goal	Deliverables	Metrics	Barriers	Solutions	Cross-References
1.2 Safe Disclosure & Confidentiality Policies	Within 12 months, implement confidentiality and safe disclosure policies in 100% of agencies.	Model policy templates; adoption tracking; officer training refreshers.	% of agencies with adopted policies.	Balancing confidentiality with legal duties.	Embed in annual officer training; draft policies aligned with best practices.	Train 2.4
1.3 Culture of Psychological Safety & Respectful Language	Within 12 months, revise 100% of policies and communications to reflect respectful language and integrate psychological safety practices.	Model SOP language; leadership communications; officer training modules.	% of agencies updating policies; % of officers trained.	Resistance to change in language norms.	Leadership modeling; embed into officer curriculum.	Train 2.4
1.4 Appoint Suicide Prevention Champions	Within 18 months, appoint at least one champion per agency with defined roles and training.	Role descriptions; training modules.	% of agencies with champions in place.	Limited personnel capacity; competing priorities.	Provide recognition and training; integrate role into leadership pathways.	—
1.5 Secure Funding & Conduct Legislative Advocacy	Within 12 months, secure state-level funding & introduce at least one bill supporting liability protections or reduced copays.	Toolkit; technical assistance; adoption tracking system.	% of funds secured; legislation passed.	Competition for funds; lack of champions.	Return on Investment (ROI)-focused proposals; engage legislators with unions and chiefs as advocates; use survivor/peer testimony.	Train 2.5; Train 2.6
1.6 Adopt Best-Practice Mental Wellness Programs	By 36 months, achieve 80% agency adoption of statewide best-practice behavioral health programs.	Toolkit; technical assistance; adoption tracking system; training integration and support.	% adoption rate; utilization data.	Variation in agency capacity.	Provide training, model policies, and technical assistance.	Train 2.5; Train 2.6

Priority	SMART Goal	Deliverables	Metrics	Barriers	Solutions	Cross-References
1.7 Leadership by Example	Within 18 months, ensure officers conduct at least one wellness-focused discussion per quarter. **(ongoing)**	Mentorship guide; wellness logs.	% of officers meeting requirement.	Inconsistent modeling; time demands; entrenched culture.	Integrate into leadership training and performance reviews.	Train 2.4
1.8 Awareness & Resource Knowledge	Within 12 months, train 100% of officers on wellness resources and referral pathways, with annual refreshers. **(annual)**	Training curriculum; resource guides; digital toolkit.	% of officers completing refreshers annually.	Knowledge gaps; access issues.	Statewide repository; digital app/QR code resource cards; provide annual updates.	Train 2.5; Identify 3.3
1.9 Accountability & Peer Support	Implement structured peer-to-peer check-ins at the crew level. **(ongoing)**	Peer check-in guide; documentation templates; quarterly reporting.	# of check-ins completed; crew satisfaction.	Inconsistent implementation.	Provide structured templates; monitor compliance.	—
1.10 Engagement in Health & Wellness Activities	Encourage all firefighters to participate in one health-promoting activity per week and complete semiannual self-assessments. **(ongoing)**	Self-assessment tools; activity planning guides; campaign materials.	# of participants; usage rates.	Scheduling barriers; low motivation.	Integrate activities into schedules; incentivize participation.	—
1.11 Strengthen Community Partnerships	Formalize partnerships with at least two vetted providers per county. **(ongoing)**	MOUs; partnership agreements.	# of partnerships formed; utilization rates.	Provider shortages; lack of trust.	Leverage RedlineRescue; implement statewide vetting.	—

Priority	SMART Goal	Deliverables	Metrics	Barriers	Solutions	Cross-References
1.12 Cultivate a Culture of Wellness & Resilience	Within 24–36 months, achieve 70% participation in anonymous wellness surveys and report results annually. **(long-term)**	Survey tools; annual progress reports.	Participation rate; cultural trend indicators (eg. beliefs, behaviors, practices)	Stigma; survey fatigue.	Transparency in reporting; highlight success stories.	—

Implementing the Zero Suicide Framework in the Florida Fire Service

Element 2: Train

Description and Application for the Florida Fire Service

The Train element ensures that every level of the fire service receives role-specific, evidence-based training to support mental wellness, reduce suicide risk, and promote a culture of safety. Training is progressive and layered, spanning the career continuum, from academy through retirement. It incorporates leadership training, administrative and management refreshers, peer support team development, and crew-level resilience practices. By aligning training with evidence-based standards, the Florida fire service can strengthen resiliency, reduce risk, and normalize mental health as a core competency of the profession.

Priorities

2.1 Awareness Campaign
Launch a statewide suicide prevention awareness campaign with consistent, strengths-based messaging. This priority also integrates team-level modules on stress recognition, resilience, and positive coping practices.
**Cross-referenced: See Identify 3.3 for integration with awareness and education initiatives.*

2.2 Lethal Means Safety
Incorporate lethal means reduction strategies into all suicide prevention trainings, equipping personnel with practical, life-saving knowledge.
**Cross-referenced: See Treat 5.1 for clinical and community partnership alignment.*

2.3 Peer Support Team Skill Development
Equip peer support teams with specialized training in suicide risk identification, crisis intervention, and referral pathways. This integrates one-on-one and resilience-focused team training strategies.
**Cross-referenced: See Engage 4.2 for peer support activation and Treat 5.3 for referral pathway alignment.*

2.4 Leadership Participation and Training
Establish leadership-focused training that embeds principles of psychological safety, stress management, and effective communication within officer development pathways. Require fire service leaders to attend in-person suicide prevention and mental health trainings. This integrates executive and management training modules to ensure leaders model commitment to mental wellness and reduce stigma.
**Cross-referenced: See Lead 1.2, 1.3, and 1.7 for connected leadership practices and policy reinforcement.*

2.5 Career-Long Education Continuum
Develop a structured and progressive education continuum incorporating mental wellness, suicide prevention, and peer support across all fire service career stages—from academy to retirement. This includes administrative training such as the 'Legalities of Behavioral Health' course and management refreshers tied to FO1 renewal.
Cross-referenced: See Lead 1.6 and 1.8 for adoption and annual refreshers.

2.6 Suicide Prevention and Mental Health Training for All
Create and deliver a comprehensive, standardized, and evidence-based suicide prevention and mental health curriculum accessible to all Florida fire service personnel. Ensure all personnel receive training on suicide prevention, mental health awareness, risk factors, and intervention programs such as ASIST or QPR. Integrate executive leadership curriculum modules and state-level testing requirements.
**Cross-referenced: See Lead 1.6 and Treat 5.4 for statewide alignment and integration.*

Implementation Table: Suicide Prevention Priorities – Train Element

Priority	SMART Goal	Deliverables	Metrics	Barriers	Solutions	Cross-References
2.1 Awareness Campaign	Within 12 months, launch a statewide, strengths-based, suicide prevention campaign promoting resilience, stress recognition, and positive coping reaching at least 80% of personnel and families.	Campaign toolkit; print, digital, and video materials; team-level stress recognition and resilience curriculum.	Reach metrics (views, downloads); % of agencies using campaign; % of personnel completing resilience modules.	Inconsistent communication channels; reluctance to engage in mental health discussions.	Partner with statewide associations; distribute through chiefs/unions; normalize resilience through positive coping (yoga, breathing, team building).	Identify 3.3
2.2 Lethal Means Safety	Within 18 months, integrate lethal means safety into 100% of suicide prevention trainings.	Curriculum updates; firearm safety modules; instructor training; integration into all training levels.	% of trainings including lethal means safety content.	Resistance to firearm-related discussions; cultural barriers.	Use evidence-based models (e.g., CALM); provide culturally competent instructors; frame as life-saving skill.	Treat 5.1

Priority	SMART Goal	Deliverables	Metrics	Barriers	Solutions	Cross-References
2.3 Peer Support Team Skill Development	Within 18 months, train 90% of peer support team members statewide in advanced suicide prevention competencies.	Specialized training modules; certification for peer supporters; integration of one-on-one and resilience-building practices.	% of peer supporters trained satisfaction scores; retention and morale outcomes.	Limited access to advanced training; reluctance to engage as peers.	Offer regional trainings; provide online options for rural agencies; integrate resilience practices into peer programming; normalize human connection.	Engage 4.2; Treat 5.3
2.4 Leadership Participation and Training	Within 18 months, require 100% of company officers and chiefs to attend in-person suicide prevention and mental health trainings.	Leadership training rosters; attendance records; executive-level curriculum; management FO1 refresher modules.	% of leaders completing training	Competing time demands; entrenched culture; leadership turnover.	Tie participation to leadership evaluations and promotions; integrate into leadership academies; incorporate into performance review systems.	Lead 1.2, 1.3, 1.7
2.5 Career-Long Education Continuum	Within 36 months, establish a training continuum embedded in academies, mid-career refreshers, and pre-retirement programs.	Career-long framework; integration into academy curricula; administrative two-day course ('Legalities of Behavioral Health'); management FO1 refresher course every 3 years.	# of academies adopting framework; % of officers completing refresher courses; % of personnel completing all career stages.	Curriculum overload; fragmented training systems; limited qualified instructors; inconsistent administrative buy-in.	Develop standardized framework; build train-the-trainer cadre; tie FO1 renewal to refresher completion; secure program manager approval.	Lead 1.6, 1.8

Priority	SMART Goal	Deliverables	Metrics	Barriers	Solutions	Cross-References
2.6 Suicide Prevention and Mental Health Training for All	Within 36 months, ensure 100% of personnel complete a certified suicide prevention and mental health training (ASIST/QPR or equivalent).	Standardized curriculum; testing materials; certification records; executive-level modules aligned with state minimum standards.	% of personnel trained ; test pass rates; adoption into state fire academy curricula.	Variability in agency capacity; lack of standardized curriculum; limited buy-in from leadership.	Provide state-funded training; integrate into mandatory minimum standards; compile top three best-practice resources; engage fire service leadership.	Lead 1.6; Treat 5.4

Implementing the Zero Suicide Framework in the Florida Fire Service

Element 3: Identify

Description and Application for the Florida Fire Service

The Identify element focuses on ensuring firefighters at all levels are equipped to recognize warning signs of suicide risk early and respond with clarity and compassion. Identification is built through proactive education, cultural change, consistent processes, and peer engagement. Leaders create visibility through advocacy and messaging, administrators foster policies and training expectations, managers and officers reinforce recognition at the station level, and crews maintain peer awareness and access to care. Standardizing identification and referral pathways, partnering with occupationally competent clinicians, and equipping officers and peers with compassionate response skills ensures that at-risk firefighters are never overlooked or unsupported.

Priorities

3.1 Standardize Identification and Referral
Develop clear, consistent processes for identifying at-risk personnel and connecting them to care. Standardize templates, resource cards, and minimum standards for wellness training and screening.
**Cross-referenced: See Lead 1.8 and Train 2.5 for awareness campaign and educational integration.*

3.2 Train Officers in Risk Recognition and Response
Ensure company officers can identify high-risk situations, provide immediate non-judgmental support, and reinforce compassionate workplace practices through consistent messaging and modeling.
**Cross-referenced: See Train 2.4 for leadership training integration.*

3.3 Strengthen Peer Support
Strengthen peer support as a primary access point for help. Train all firefighters to at least a peer support awareness level while building advanced capacity among designated peer supporters.
**Cross-referenced: See Train 2.3 and Engage 4.2 for peer team training and activation alignment.*

3.4 Provider Network Development
Build and maintain a vetted statewide network of occupationally competent clinicians familiar with the fire service. Ensure widespread dissemination of trusted directories such as RedlineRescue.org and require annual updates.
**Cross-referenced: See Treat 5.2 for provider designations and RedlineRescue integration.*

3.5 Promote Early Identification

Equip all personnel with knowledge and tools to recognize suicide risk through ongoing education, observation, and engagement. Integrate resilience modules, wellness screenings, and daily peer interactions to normalize early detection.
**Cross-referenced: See Train 2.1 and 2.5 for integration into awareness campaigns and career-long education.*

Implementation Table: Suicide Prevention Priorities – Identify Element

Priority	SMART Goal	Deliverables	Metrics	Barriers	Solutions	Cross-References
3.1 Standardize Identification and Referral	Within 12 months, distribute statewide templates and minimum standards for referral processes and resource cards to 100% of agencies.	Resource card templates; standardized policy language; screening integration.	% of agencies adopting templates; referral timeliness; utilization of resource cards.	Variation in department practices; redundancy fatigue; complexity of templates.	Simplify templates; deliver via apps/posters; provide annual refreshers; keep resources current.	Lead 1.8; Train 2.5
3.2 Train Officers in Risk Recognition and Response	Within 12 months, train 100% of company officers in suicide risk recognition and compassionate response skills.	Officer curriculum; quick-reference guides; consistent messaging plan.	% of officers trained; utilization of officer guidance; # of reported interventions.	Time constraints; resistance; funding limitations.	Tie to officer certification; integrate into FO1; provide flexible delivery platforms (apps, short modules).	Train 2.4
3.3 Strengthen Peer Support	Within 18 months, ensure 90% of departments have peer support teams or trained peer liaisons.	Peer awareness curriculum; advanced peer support training; broadened participation beyond small groups.	% of departments with active peer teams; % of personnel trained in peer awareness.	Stigma; confidentiality concerns; resistance from culture.	Guarantee non-punitive confidentiality; broaden peer networks; highlight family and union advocates.	Train 2.3; Engage 4.2

Priority	SMART Goal	Deliverables	Metrics	Barriers	Solutions	Cross-References
3.4 Provider Network Development	Within 18 months, build and disseminate a vetted statewide directory of fire service–informed clinicians, updated annually.	Directory of trusted providers; dissemination plan; integration with RedlineRescue.org.	# of providers in directory; % of agencies aware; usage rates.	Keeping resources current; personalization needs across agencies; funding for technology.	Assign maintenance team; conduct annual reviews; leverage partnerships with universities/foundations.	Treat 5.2
3.5 Promote Early Identification	Within 24 months, integrate suicide risk identification into all academy and annual refresher programs, reaching 100% of personnel.	Resilience modules; mental health screening expectations; executive-level white paper and video for awareness.	% of personnel trained; # of screenings completed; # of leaders engaged.	Stigma; limited training time; reluctance to read formal materials.	Normalize through policies; prioritize wellness training; pair facts with personal stories; use video advocacy.	Train 2.1; Train 2.5

Implementing the Zero Suicide Framework in the Florida Fire Service

Element 4: Engage

Description and Application for the Florida Fire Service

The Engage element focuses on ensuring that firefighters and their families know where and how to access mental health support, feel safe in doing so, and are consistently encouraged to use available resources. Engagement requires leadership at every level: executives to advocate and align statewide resources, administrators to implement supportive policies, company officers to normalize help-seeking, and crews to embed support in daily culture. By promoting trusted platforms like RedlineRescue.org, eliminating structural and cultural barriers, and involving families and retirees, engagement becomes a shared responsibility that strengthens resilience, reduces stigma, and prevents crises from escalating.

Element 4: Engage

Priorities

4.1 Ensure Firefighters Know Where and How to Access Support
Provide proactive, clear communication about mental health services during onboarding, annual refreshers, and post-incident briefings. Develop resource guides and communication templates to ensure consistency.
**Cross-referenced: See Lead 1.8 and Identify 3.1 for communication and referral alignment.*

4.2 Promote Use of RedlineRescue.org
Encourage use of RedlineRescue.org as a vetted, confidential resource for first responders. Integrate it into all training, peer support, and awareness campaigns.
**Cross-referenced: See Treat 5.2 and Identify 3.4 for clinician network integration.*

4.3 Implement Routine Debriefings After Critical Incidents
Establish structured mental wellness check-ins and debriefings after high-stress calls. Train officers and peers to lead these sessions using frameworks like HELP (Hear, Empathize, Lookout, Protect).
**Cross-referenced: See Train 2.3 and Treat 5.3 for post-incident and referral continuity.*

4.4 Eliminate Structural and Cultural Obstacles
Review and revise policies that discourage help-seeking. Establish confidential, non-punitive policies to ensure firefighters can access care

without fear of job loss or retaliation.
**Cross-referenced: See Lead 1.2 and 1.3 for confidentiality and psychological safety alignment.*

4.5 Strengthen Peer Support as a Bridge to Professional Help
Equip peer support teams to act as the first line of connection, building trust and helping firefighters navigate toward professional clinical support.
**Cross-referenced: See Train 2.3, Identify 3.3, and Treat 5.3 for escalation and referral integration.*

4.6 Engage Families in Mental Health Awareness
Include families and retirees in education, outreach, and access to resources. Provide them with information on early detection of behavioral changes and how to connect loved ones to care.
**Cross-referenced: See Train 2.1 and Identify 3.5 for awareness and early identification overlap.*

Implementation Table: Suicide Prevention Priorities – Engage Element

Priority	SMART Goal	Deliverables	Metrics	Barriers	Solutions	Cross-References
4.1 Ensure Firefighters Know Where and How to Access Support	Within 12 months, launch a statewide task force to unify behavioral health communication, require all agencies to conduct annual self-assessments on dissemination of access information, and ensure officers deliver consistent confidential messaging through crew-level briefings.	Departmental self-assessment tool; behavioral health resource reports; standardized communication templates; shift-level briefing scripts.	% of agencies completing self-assessments; % of personnel aware of resources; % of officers trained.	Inconsistent dissemination; lack of visibility; stigma.	Standardize posters and digital access; embed in annual reviews; normalize through leadership and officer messaging.	Lead 1.8; Identify 3.1

Priority	SMART Goal	Deliverables	Metrics	Barriers	Solutions	Cross-References
4.2 Promote Use of RedlineRescue.org	Within 12 months, integrate RedlineRescue.org into statewide awareness campaigns, embed it into Behavioral Health Access Program (BHAP) toolkits and agency policies, and ensure consistent promotion by officers and peer support teams.	Training modules; station posters; BHAP integration; peer support quick-reference guides.	% of firefighters aware of RedlineRescue; site utilization metrics; % of agencies embedding in policies.	Lack of awareness; trust issues; inconsistent dissemination.	Highlight confidentiality; mandate inclusion in BHAP materials; promote via unions, retiree groups, and family associations.	Treat 5.2; Identify 3.4
4.3 Implement Routine Debriefings After Critical Incidents	Within 12 months, adopt statewide guidance requiring debriefings after critical incidents, incorporate structured debriefing protocols into BHAP policies, and ensure officers and peers lead debriefings.	HELP framework modules; structured BHAP debrief protocols; officer and peer training curriculum.	% of incidents with debriefs conducted; # of firefighter self-reports on stress; % of officers and peers trained.	Time constraints; confidentiality concerns; cultural reluctance.	Train officers and peers in HELP; normalize as part of operational readiness; monitor compliance quarterly.	Train 2.3; Treat 5.3

Priority	SMART Goal	Deliverables	Metrics	Barriers	Solutions	Cross-References
4.4 Eliminate Structural and Cultural Obstacles	Within 18 months, adopt statewide model policies ensuring confidential, non-punitive access to behavioral health support, implement these policies across all agencies, and train officers and crews to reinforce confidentiality and reduce stigma.	Model policy templates; agency adoption records; officer and crew-level training modules.	% of agencies adopting policies; reported utilization of services; % of officers trained.	Stigma; liability concerns; leadership resistance.	Provide cost-of-inaction data; highlight chiefs with success stories; integrate into performance reviews and SOPs.	Lead 1.2, 1.3
4.5 Strengthen Peer Support as a Bridge to Professional Help	Within 18 months, expand peer support statewide, integrate peer support roles into BHAP referral processes, and ensure officers and crews are trained to escalate concerns.	Peer support curriculum; referral escalation protocols; HELP framework guides.	% of peer supporters trained; % of successful referrals; % of officers applying protocols.	Peer capacity limits; stigma; uneven training standards.	Build cadre of advanced peer supporters; integrate with BHAP and leadership training; normalize HELP use in station culture.	Train 2.3; Identify 3.3; Treat 5.3

Priority	SMART Goal	Deliverables	Metrics	Barriers	Solutions	Cross-References
4.6 Engage Families in Mental Health Awareness	Within 24 months, integrate family engagement into statewide initiatives, distribute quarterly family outreach packets, train officers to facilitate retiree and family sessions, and conduct regular workshops to strengthen home-based support.	Family outreach packets; quarterly updates; retiree and family workshop guides.	# of families reached; % of retiree groups engaged; participant satisfaction surveys.	Limited communication with families/retirees; time constraints.	Leverage retiree associations; build quarterly communication systems; normalize family-focused education through agencies.	Train 2.1; Identify 3.5

Implementing the Zero Suicide Framework in the Florida Fire Service

Element 5: Treat

Description and Application for the Florida Fire Service

The Treat element ensures firefighters have access to suicide-specific, evidence-based mental health care that is rapid, affordable, and culturally competent. Treatment must be structured, consistent, and seamlessly connected across statewide systems, local agencies, and peer networks. Executive leaders establish oversight and funding mechanisms; administrators create protocols and BHAP-aligned workflows; managers normalize early check-ins and support; and crews embrace resilience, readiness, and shared responsibility for wellness. By embedding treatment into operational readiness standards and removing barriers to care, the Florida fire service can ensure that no firefighter faces crisis or recovery alone.

Element 5: Treat

Priorities

5.1 Guarantee Rapid Access in Crisis
Create systems for immediate connection to qualified clinicians during crisis through on-call, contracted, or regionalized services.
**Cross-referenced: See Engage 4.3 and Identify 3.3 for crisis response and referral integration.*

5.2 Prioritize Suicide-Specific, Evidence-Based Treatment
Ensure firefighters receive care from clinicians trained in suicide-specific interventions (e.g., CBT-SP, CAMS) rather than generalized services.
**Cross-referenced: See Train 2.2 for lethal means integration and Treat 5.3 for clinician alignment.*

5.3 Train Officers and Peers in Warm Handoffs
Equip supervisors and peer support team members to personally introduce firefighters to clinicians, reducing drop-off at the point of referral.
**Cross-referenced: See Engage 4.5 and Train 2.3 for peer-to-clinician transition pathways.*

5.4 Designate Fire-Informed Providers in Health Plans
Collaborate with insurers to identify, verify, and mark culturally competent, fire service–informed therapists in all referral networks.
**Cross-referenced: See Identify 3.4 and Engage 4.2 for RedlineRescue integration.*

5.5 Remove Financial Barriers
Work with insurers to reduce out-of-pocket costs like copays and deductibles, and pursue state-level funding for uncompensated mental health care.
**Cross-referenced: See Lead 1.5 for funding advocacy alignment.*

5.6 Integrate Treatment into Operational Readiness Standards
Normalize mental health care as essential to fitness for duty, like medical exams or injury rehabilitation.
**Cross-referenced: See Lead 1.10 and Train 2.5 for readiness integration.*

Implementation Table: Suicide Prevention Priorities – Treat Element

Priority	SMART Goal	Deliverables	Metrics	Barriers	Solutions	Cross-References
5.1 Guarantee Rapid Access in Crisis	Within 12 months, build regional on-call clinician systems with 24/7 response capacity, modeled on existing fire service mutual aid and task force structures.	Regionalized crisis teams; written protocols; monthly/quarterly utilization reports.	Response times; # of crisis calls connected.	Funding limitations; staffing shortages.	Establish state/regional oversight; pool funding across agencies; leverage State Fire Marshal for coordination.	Engage 4.3; Identify 3.3
5.2 Prioritize Suicide-Specific, Evidence-Based Treatment	Within 18 months, ensure 100% of clinicians in referral networks complete suicide-specific training (CBT-SP, CAMS), supported by statewide protocols and certification incentives.	Provider training modules; certification tracking system; standardized statewide protocols.	% of clinicians trained; utilization of suicide-specific modalities.	Limited clinician capacity; lack of awareness.	Partner with universities for training; create incentives for certification.	Train 2.2; Treat 5.3
5.3 Train Officers and Peers in Warm Handoffs	Within 18 months, train 90% of officers and peer supporters to provide warm handoffs to clinicians, reducing drop-off at referral points and increasing follow-through.	Training curriculum; role-play scenarios; supervisor quick guides.	% of officers/peers trained; % of successful handoffs.	Stigma; lack of officer confidence.	Formalize quarterly officer training; embed into FO1 renewal and peer support modules.	Engage 4.5; Train 2.3

Priority	SMART Goal	Deliverables	Metrics	Barriers	Solutions	Cross-References
5.4 Designate Fire-Informed Providers in Health Plans	Within 24 months, designate at least 2 fire service–informed providers per region in insurer directories and integrate them into vetted statewide provider lists such as RedlineRescue.	Vetted provider directory; health plan labeling; RedlineRescue integration.	# of designated providers; % of agencies with access.	Lack of culturally competent clinicians; network delays.	Collaborate with insurers; partner with RedlineRescue.org; offer continuing education for providers.	Identify 3.4; Engage 4.2
5.5 Remove Financial Barriers	Within 24 months, reduce firefighter copays/deductibles by 50% through insurer agreements, grants, or foundation funding.	State–insurer agreements; grant-funded offset programs; legislative advocacy.	Average cost per firefighter; utilization rates; cost-offset funding secured.	Insurer reluctance; inconsistent funding availability.	Negotiate with insurers; diversify funding sources (grants, foundations, state funds).	Lead 1.5
5.6 Integrate Treatment into Operational Readiness Standards	Within 36 months, embed mental health care into statewide operational readiness standards and BHAP-aligned SOPs, ensuring treatment access is as routine as medical exams.	BHAP-aligned SOPs; resilience training programs; annual readiness exams.	% of agencies adopting SOPs; completion of mental health exams; firefighter satisfaction surveys.	Cultural resistance; HR limitations; privacy concerns.	Normalize mental health as strength training; create care pledges; embed clinician support at department level.	Lead 1.10; Train 2.5

Implementing the Zero Suicide Framework in the Florida Fire Service

Element 6: Transition

Description and Application for the Florida Fire Service

The Transition element addresses the critical periods when firefighters face heightened mental health and suicide risk, such as return-to-duty after leave, promotions, retirement, or separation from the fire service, and in the aftermath of suicide related critical incidents or the suicide death of a fire service member. Supporting members through these changes and/or tragic events requires intentional policies, proactive check-ins, structured reintegration, and strong peer and retiree networks. At the state level, leaders must provide standardized resources, exit protocols, and postvention plans. Administrators develop processes like exit interviews, annual mental health check-ins, and pre-retirement training. Company officers model compassionate leadership, conduct crucial conversations, and monitor crew well-being during transitions. At the team level, peer mentors, family engagement, and retiree outreach foster a culture of continuity and belonging. Together, these actions normalize care during role changes and sustain connection across the fire service career continuum.

Postvention – defined as organized, compassionate response following a suicide attempt, death, or suicide related critical incident – is a core component of this element and a suicide prevention strategy in itself. When implemented well, postvention supports affected members, families, and units while reducing subsequent suicide risk.

Element 6: Transition

Priorities

6.1 Recognize Transitions as High-Risk Periods
Acknowledge and proactively support firefighters during major transitions—including promotions, return-to-duty, and retirement—through structured check-ins, educational resources, and peer/mentor programs.
**Cross-referenced: See Lead 1.8 (Awareness & Resource Knowledge) and Engage 4.1 (Access to Support) for resource communication alignment.*

6.2 Ensure Continued Peer Support During Transitions
Equip peer support teams and retiree associations to conduct regular check-ins for firefighters entering new roles or leaving the service, ensuring ongoing support.
**Cross-referenced: See Engage 4.5 (Peer Support Bridge to Professional Help) and Treat 5.3 (Warm Handoffs) for continuity of support.*

6.3 Develop Suicide Postvention Plans
Equip departments with clear, compassionate protocols for responding to suicide loss, supporting families, peers, and agencies to reduce stigma and prevent future tragedies.
**Cross-referenced: See Lead 1.3 (Psychological Safety & Respectful Language) and Treat 5.3 (Warm Handoffs) for compassionate leadership and continuity of care.*

6.4 Implement Structured Reintegration Plans
Create return-to-duty protocols that ease firefighters back into operational roles after extended leave, including transitional duty assignments, re-certifications, and mentorship support.
**Cross-referenced: See Treat 5.6 (Integrate Treatment into Operational Readiness) for reintegration alignment.*

6.5 Offer Pre-Retirement Mental Health Planning
Provide annual or quarterly pre-retirement programs covering psychological, financial, and identity-related challenges, coordinated with unions and clinicians.
**Cross-referenced: See Lead 1.10 (Engagement in Health & Wellness Activities) and Engage 4.6 (Family Engagement) for alignment with holistic wellness efforts.*

6.6 Engage Retirees Through Mentorship and Networks
Sustain connection and purpose by involving retirees in teaching, disaster relief, mentoring, and alumni networks, including retiree luncheons and associations.
**Cross-referenced: See Engage 4.6 (Family Engagement) and Train 2.5 (Career-Long Education Continuum) for lifelong learning and engagement models.*

6.7 Normalize Mental Health Care Across Role Changes
Embed mental health assessments and check-ins into every career stage, from academy through retirement, making care a routine component of transitions.
**Cross-referenced: See Treat 5.6 (Operational Readiness Integration) and Train 2.5 (Career-Long Education Continuum) for annual readiness and education alignment.*

Implementation Table: Suicide Prevention Priorities – Transition Element

Priority	SMART Goal	Deliverables	Metrics	Barriers	Solutions	Cross-References
6.1 Recognize Transitions as High-Risk Periods	Within 12 months, implement structured check-ins and statewide resource packets for 100% of firefighters experiencing promotions, retirement, or return-to-duty.	Transition checklists; statewide resource packets; peer mentor assignments.	% of personnel receiving resources; satisfaction surveys.	Budget limits; cultural stigma.	Provide low-cost templates; leverage union and retiree groups for dissemination.	Lead 1.8; Engage 4.1
6.2 Ensure Continued Peer Support During Transitions	Within 12 months, establish structured peer/mentor check-ins for 100% of firefighters transitioning roles or leaving service.	Peer support protocols; mentor program rosters; outreach schedules.	% of transitioning firefighters assigned a mentor; follow-up compliance rates.	Lack of peer training; confidentiality concerns.	Train advanced peer mentors; normalize check-ins as standard practice.	Engage 4.5; Treat 5.3
6.3 Develop Suicide Postvention Plans	Within 12 months, distribute statewide postvention templates to 100% of departments, including funeral protocols and survivor support.	Postvention guideline packets; training modules for chiefs and peers.	% of departments adopting postvention plans.	Lack of awareness; discomfort with suicide response.	Provide flexible templates; train chiefs in compassionate leadership.	Lead 1.3; Treat 5.3
6.4 Implement Structured Reintegration Plans	Within 18 months, implement return-to-duty protocols in 90% of agencies, including transitional duty options, re-certification, and mentorship support.	SOPs for reintegration; task books; transitional duty assignments.	% of agencies adopting protocols; successful reintegration rates.	Resistance to change; staffing shortages.	Share model protocols statewide; highlight successful reintegration cases.	Treat 5.6

Priority	SMART Goal	Deliverables	Metrics	Barriers	Solutions	Cross-References
6.5 Offer Pre-Retirement Mental Health Planning	Within 24 months, deliver quarterly pre-retirement workshops statewide covering psychological, financial, and family impacts.	Training curricula; union-clinician partnerships; retirement planning guides.	# of workshops; % of retirees reached.	Time constraints; limited clinician availability.	Partner with unions, retirees, and Employee Assistance Program (EAPs) to co-deliver workshops.	Lead 1.10; Engage 4.6
6.6 Engage Retirees Through Mentorship and Networks	Within 24 months, create retiree associations or alumni networks in 80% of counties, offering mentorship, volunteer opportunities, and quarterly luncheons.	Alumni network structure; mentorship rosters; outreach event calendar.	# of retiree networks; # of mentorship pairings.	Disconnection post-retirement.	Build retiree contact lists; formalize alumni programs through unions.	Engage 4.6; Train 2.5
6.7 Normalize Mental Health Care Across Role Changes	Within 36 months, implement annual mental health check-ins for all personnel, from academy through retirement.	Statewide guidelines; annual assessment tools; EAP/BHAP integration.	% of personnel completing annual check-ins.	Time and contractual limits; stigma.	Embed in SOPs; incentivize through certification or promotion credits.	Treat 5.6; Train 2.5

Implementing the Zero Suicide Framework in the Florida Fire Service

Element 7: Improve

Description and Application for the Florida Fire Service

The Improve element emphasizes continuous evaluation, research, and data collection to refine and sustain suicide prevention efforts in the fire service. This includes annual mental health screenings, standardized statewide data collection, confidential feedback channels, and a structured research agenda with academic partners. Executives must drive statewide assessments and enforce participation, administrators ensure BHAP integration and postvention standards, managers conduct agency-level reviews and officer training, and teams engage in annual screenings and provide feedback through anonymous channels. By promoting a culture of transparency and shared learning, Florida can build a system of continuous improvement where evidence informs practice and every lesson contributes to stronger prevention and care.

Priorities

7.1 Continuously Evaluate and Adapt Suicide Prevention Strategies
Make regular evaluation of all programs a standard practice, using measurable outcomes and feedback to guide refinement.
**Cross-referenced: See Lead 1.12 (Culture of Wellness & Resilience) and Treat 5.6 (Operational Readiness Integration) for evaluation and feedback alignment.*

7.2 Create Safe Channels for Anonymous Feedback
Develop mechanisms (QR codes, digital portals) for firefighters to confidentially share input on wellness programs and policies.
**Cross-referenced: See Engage 4.1 (Access to Support) and Identify 3.1 (Standardized Identification) for communication and data integration.*

7.3 Standardize Mental Health Data Collection
Implement consistent, confidential tools across agencies for tracking behavioral health, utilization, and program outcomes.
**Cross-referenced: See Treat 5.2 (Fire-Informed Providers) and Identify 3.4 (Provider Network Development) for data consistency and statewide integration.*

7.4 Promote a Culture of Shared Best Practices
Facilitate cross-agency collaboration to share lessons learned, model policies, and innovations, reducing redundancy and building a statewide learning network.
**Cross-referenced: See Lead 1.11 (Strengthen Community Partnerships) and Train 2.5 (Career-Long Education Continuum) for collaboration alignment.*

7.5 Establish a Statewide Behavioral Health Research Agenda

Partner with academic institutions to identify gaps, evaluate interventions, and advance evidence-based practices specific to firefighters.
**Cross-referenced: See Train 2.6 (Suicide Prevention and Mental Health Training for All) and Treat 5.1 (Evidence-Based Treatment) for research and curriculum alignment.*

7.6 Conduct Annual Confidential Screenings

Offer yearly mental health assessments for all personnel, integrated into agency BHAPs and linked to preventive care pathways.
**Cross-referenced: See Treat 5.6 (Operational Readiness Integration) and Transition 6.7 (Role Change Check-Ins) for annual screening alignment.*

Implementation Table: Suicide Prevention Priorities – Improve Element

Priority	SMART Goal	Deliverables	Metrics	Barriers	Solutions	Cross-References
7.1 Continuously Evaluate and Adapt Suicide Prevention Strategies	Within 12 months, require annual reviews of agency suicide prevention programs and use results to refine efforts statewide.	Annual evaluation reports; statewide improvement guidelines.	% of agencies completing reviews; # of program adaptations.	Survey fatigue; inconsistent follow-through.	Streamline data collection; provide state templates; integrate into officer development.	Lead 1.12; Treat 5.6
7.2 Create Safe Channels for Anonymous Feedback	Within 12 months, implement anonymous reporting channels statewide (e.g., QR codes, digital portals).	QR/poster systems; mobile apps; SFM portal.	# of reports submitted; % of agencies adopting.	Culture of avoidance; trust issues.	Guarantee confidentiality; use State Fire Marshal oversight; promote transparency in reporting outcomes.	Engage 4.1; Identify 3.1
7.3 Standardize Mental Health Data Collection	Within 18 months, implement uniform behavioral health data collection tools across 90% of agencies.	PHQ-9 and first responder–adapted tools; statewide database.	% of agencies using standardized tools; year-to-year comparability.	Lack of tailored tools; confidentiality concerns.	Adapt questionnaires for firefighters; ensure anonymity; partner with unions.	Treat 5.2; Identify 3.4

Priority	SMART Goal	Deliverables	Metrics	Barriers	Solutions	Cross-References
7.4 Promote a Culture of Shared Best Practices	Within 18 months, convene semiannual statewide forums to share lessons learned, with 80% agency participation.	Statewide forum; digital best practices repository.	# of agencies contributing; # of shared practices adopted.	Variability in engagement; oversaturation.	Incentivize participation; rotate leadership in forums; highlight successful innovations.	Lead 1.11; Train 2.5
7.5 Establish a Statewide Behavioral Health Research Agenda	Within 24 months, establish a statewide research agenda with academic partners to evaluate interventions and identify gaps.	Research partnership agreements; annual research summit.	# of studies launched; # of publications produced.	Limited funding; lack of coordination.	State grants; union/academic partnerships; prioritize practical applied research.	Train 2.6; Treat 5.1
7.6 Conduct Annual Confidential Screenings	Within 24 months, achieve 100% participation in confidential annual screenings (PHQ-9 or equivalent).	Online and in-person screening platforms; secure reporting system.	Participation rate; screening follow-up rates.	Avoidance; lack of incentives.	Tie screenings to recertification; offer incentives (PTO, stipends).	Treat 5.6; Transition 6.7