

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

BILL: CS/CS/SB 2042

SPONSOR: Appropriations Subcommittee on Transportation & Economic Development, Children and Families Committee, Senator Lynn, and others

SUBJECT: Suicide Prevention

DATE: April 13, 2004

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Parham</u>	<u>Wilson</u>	<u>HC</u>	<u>Favorable</u>
2.	<u>Collins</u>	<u>Whiddon</u>	<u>CF</u>	<u>Fav/CS</u>
3.	<u>Wilson</u>	<u>Wilson</u>	<u>GO</u>	<u>Favorable</u>
4.	<u>Kelly</u>	<u>Kelly</u>	<u>ATD</u>	<u>Fav/CS</u>
5.	_____	_____	<u>AP</u>	_____
6.	_____	_____	_____	_____

I. Summary:

Committee Substitute for SB 2042 creates the Statewide Office of Suicide Prevention in the Florida Office of Drug Control. The committee substitute specifies functions for the office including:

- Implementing the statewide plan prepared by the Suicide Prevention Coordinating Council;
- Building a network of community-based programs to integrate suicide prevention initiatives;
- Increasing public awareness concerning topics relating to suicide prevention; and
- Coordinating education and training curricula in suicide prevention efforts.

The committee substitute creates a position for a coordinator of the Statewide Office of Suicide Prevention and details the duties and responsibilities of the coordinator. The committee substitute also creates a Suicide Prevention Coordinating Council to develop strategies for preventing suicide, and a state inter-agency workgroup consisting of those agencies that are part of the coordinating council, in order to coordinate state agency plans for suicide prevention. The committee substitute specifies the membership, terms of office, and the duties of the council and the workgroup. The council is to provide findings and recommendations regarding suicide prevention programs and activities, and to prepare a report annually to be presented to the Governor and the Legislature.

The committee substitute creates ss. 397.3335 and 397.3336, Florida Statutes.

II. Present Situation:

National Suicide Prevention Strategy

In 2001, approximately 765,000 people in the U.S. attempted to take their own lives, and more than 30,000 succeeded. Suicide was the eleventh leading cause of death in the U.S. in 2001. It was the eighth leading cause of death for males and the nineteenth leading cause of death for females. For teenagers and young adults, suicide is the third leading cause of death, only behind accidental death and murder. Among the highest rates (when categorized by gender and race) are suicide deaths for white men over 85, who had a rate of 54/100,000. Overall, suicide takes fifty percent more lives each year than homicide.¹ In 1999, the U.S. Surgeon General declared suicide a significant public health problem. This in turn drove the development of the National Strategy for Suicide Prevention.

The National Strategy for Suicide Prevention represents the combined work of advocates, clinicians, researchers, and survivors around the nation. It lays out a framework for action to prevent suicide and guides development of an array of services and programs that must be developed. Because suicide has been identified as a serious public health problem, the National Strategy for Suicide Prevention proposed a coordinated public health approach to addressing the problem. The approach includes clearly defining the problem, identifying risk and protective factors for suicidal behavior, developing and testing interventions, implementing the interventions, and evaluating their effectiveness.

Suicide Rates in Florida

Despite a number of legislatively mandated initiatives to address suicide, Florida currently ranks tenth in the nation for suicides per 100,000 in the population. Florida's suicide rate is higher than the national average. Suicide was the ninth leading cause of death in Florida in 2001. There were 2,332 suicides in Florida during 2001 (an average of 44 suicide deaths every week), and suicide claimed the lives of 209 of Florida's youth under the age of 24. Suicide is also the third leading cause of death for 15-24 year olds in the state.²

State Efforts to Combat Suicide in Florida

The Florida Legislature recognized suicide as a major problem facing the state in 1984 by passing the Florida Emotional Development and Suicide Prevention Act (Chapter 84-317, L.O.F.). This act required the Department of Health and Rehabilitative Services, in cooperation with the Florida Department of Education and the Florida Department of Law Enforcement to develop a state plan for youth suicide prevention. The Task Force concluded that while a number of service components existed in many districts, coordination and supplementation of these services were needed in order to establish a starting point for the development of a full continuum of services, including prevention, intervention, and treatment coordinated to address children's needs in a holistic way. In 1985, a *Comprehensive Plan for the Prevention of Youth Suicide in Florida* was developed and submitted. The plan provided a model

¹ National Institutes of Mental Health, December 2003, *Suicide Facts*.

² Florida Vital Statistics, Annual Report, 2002.

that addressed detailed prevention, intervention, and treatment strategies. The plan was never implemented.

In 1990, Florida also made suicide prevention training a requirement for teacher certification, requiring that a life-management skills class, which included suicide awareness, be taught for teachers of secondary education.

In 1998, the Florida Department of Children and Families funded a Youth Suicide Prevention Study. The study report was presented to the Legislature by the Louis de la Parte Florida Mental Health Institute at the University of South Florida. The study, completed in September 1999, described the current programs for young people and their families addressing suicide prevention, knowledgeable intervention strategies, and promising practices that have been successful in reducing the risk factors associated with the incidence of child and youth suicide.

The Florida House of Representatives and the Florida Senate both passed resolutions in 1999 encouraging suicide prevention efforts and declaring suicide prevention a state priority. Also in 1999, the Florida Department of Education introduced the SAFE School Action Planning and Preparedness Program. School Critical Response Plans incorporated suicide threats and gestures at all levels.

In June 2000, the Florida Adolescent Suicide Prevention Plan Task Force submitted a report to the Florida Department of Health, Bureau of Emergency Medical Services. The findings in this report provided information to better understand the problem of youth suicide and recommended methodologies for evaluation of prevention and intervention efforts targeting families and professionals.

In the same year, the Governor directed the Florida Office of Drug Control to assist in decreasing the incidence of suicide in Florida. The Director of the Florida Office of Drug Control convened a workgroup to begin establishing an infrastructure for a state suicide prevention task force, now called the Florida Task Force on Suicide Prevention.

In August 2002, the Florida Suicide Prevention Task Force released a Statewide Suicide Prevention Strategy paper to provide policy direction to Florida's state and community leaders in order to decrease the incidence of youth suicide in Florida.

The Youth Suicide Prevention Prototype Program was developed in response to the guidelines that were set forth in the paper released by the Florida Suicide Prevention Task Force. The program plan was designed to span a five-year period. The Youth Suicide Prevention Prototype program takes a broad-based approach, which considers the entire continuum of a community-based youth suicide prevention, intervention, and post trauma intervention. The overall goal is to decrease the incidence of youth suicidal behavior (fatal and non-fatal) by one-third in Alachua and Broward Counties. Specific objectives are to examine the epidemiology and potential risk and protective factors related to youth suicide in a combined population base of 1.8 million residents; describe the epidemiologic characteristics and design choices of different intervention strategies for preventing suicide; and evaluate the impact of these interventions on youth suicide.

Office of Drug Control

The Florida Office of Drug Control was established by the Governor to address the problem of drug abuse in Florida. This office is designed to coordinate all of the State of Florida's activities related to the reduction of drug abuse and its consequences in the state. The director of the office works with the Legislature and appropriate state agencies to ensure that a comprehensive, balanced, and accountable drug control policy is implemented in Florida. The office was implemented to develop a statewide strategy that incorporates all aspects of solving the drug problem, including effective education, prevention, and treatment.

III. Effect of Proposed Changes:

Section 1. Creates s. 397.3335, F.S., to establish the Statewide Office for Suicide Prevention in the Office of Drug Control within the Executive Office of the Governor. This section specifies that the statewide office shall:

- Implement the statewide plan prepared by the Suicide Prevention Coordinating Council;
- Build a network of community-based programs to integrate suicide prevention initiatives into the programs' activities;
- Increase public awareness concerning topics relating to suicide prevention;
- Coordinate education and training curricula in suicide prevention efforts for law enforcement personnel, first responders to emergency calls, health care providers, school employees, and other persons who may have contact with persons at risk of suicide; and
- Direct an interagency workgroup within the Suicide Prevention Coordinating Council to prepare a suicide prevention communication plan among state agencies. The communication plan must be incorporated into the council's statewide plan.

This section provides that the director of the Office of Drug Control shall employ a coordinator for the Statewide Office for Suicide Prevention. The committee substitute specifies the education, employment experience, and skills the coordinator must have. The coordinator will work under the direction of the director of the Office of Drug Control to achieve the goals and objectives proposed in this section. Contingent upon specific appropriations, the coordinator is to:

- Facilitate an interagency workgroup within the Suicide Prevention Coordinating Council to integrate state agency programs for suicide prevention into a unified statewide plan;
- Conduct a review of local, state, and national suicide prevention programs for examples of innovative suicide prevention models. If innovative models are discovered, the coordinator is required to prepare a presentation to describe the feasibility of implementing some or all of the innovation models in Florida. The innovative models, and the feasibility of their implementation, are to be evaluated by the Suicide Prevention Coordinating Council;
- Develop and maintain an Internet website with links to appropriate suicide prevention resource documents, suicide hotlines, state and community mental health agencies, and appropriate national suicide prevention organizations;
- Identify and disseminate information regarding crisis services for suicide prevention;
- Join with stakeholders in suicide prevention to develop public awareness and media campaigns in each county directed towards persons who are at risk of suicide;

- Provide technical assistance with educational activities for residents of Florida relating to suicide prevention;
- Cooperate with school districts to develop training and counseling programs for school-based suicide prevention activities. The coordinator and school districts must also develop a method by which to evaluate each prevention training and counseling program;
- Join with stakeholders in suicide prevention to develop education and training programs for suicide prevention. The programs must be directed first to persons who have face-to-face contact with individuals who may be at risk of suicide. The training must assist persons to recognize when an individual is at risk of suicide and how to properly refer those individuals to treatment or support services;
- Review current research data and findings to identify at-risk populations, factors relating to suicide, and suicide prevention activities and disseminate this research to the Suicide Prevention Coordinating Council to develop strategies to prevent suicide; and
- Develop and submit proposals to state and federal agencies and nongovernmental organizations to fund suicide prevention activities.

Section 2. Creates s. 397.3336, F.S., to establish the Suicide Prevention Coordinating Council, whose task is to develop strategies for preventing suicide. The council shall advise the Statewide Office of Suicide Prevention and shall:

- Develop a statewide plan for suicide prevention with the guiding principle being that suicide is a preventable problem. The statewide plan shall:
 - Align and provide direction for statewide suicide prevention initiatives;
 - Establish partnerships with state and private agencies to promote public awareness of suicide prevention;
 - Address specific populations in Florida who are at risk for suicide;
 - Improve access to help individuals in acute situations; and
 - Identify resources to support the implementation of the statewide plan.
- Create an interagency workgroup within the council in order to incorporate state agency plans for suicide prevention into the statewide plan. The committee substitute specifies the composition of the interagency workgroup.
- Assemble an ad hoc advisory committee with membership from outside the council when necessary for the council to receive advice and assistance in carrying out its responsibilities.
- Make findings and recommendations regarding suicide prevention programs and activities. The council shall prepare an annual report and present it to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2005, and each year thereafter. The annual report must describe the status of existing and planned initiatives identified in the statewide plan for suicide prevention and provide recommendations.

The Suicide Prevention Coordinating Council will consist of 23 members. Nine of the members are to be appointed by the director of the Office of Drug Control and shall include:

- The Substance Abuse and Mental Health Corporation, described in s. 394.655, F.S.;
- The Florida Association of School Psychologists;
- The Florida Sheriffs Association;
- The Suicide Prevention Action Network USA;
- The Florida Initiative of Suicide Prevention;
- The Florida Suicide Prevention Coalition;
- The Alzheimer's Association;
- The Florida School Board Association; and
- A representative from the Governor's Mentoring Initiative.

Each identified organization shall recommend three individuals to the director for appointment to membership on the coordinating council.

The following state officials, or their designees, shall be appointed to serve on the coordinating council:

- The Secretary of Elderly Affairs;
- The Secretary of Health;
- The Commissioner of Education;
- The Secretary of Health Care Administration;
- The Secretary of Juvenile Justice;
- The Secretary of Corrections;
- The Executive Director of the Department of Law Enforcement;
- The Executive Director of Veterans' Affairs; and
- The Secretary of Children and Family Services.

The Governor shall appoint five additional members to the coordinating council. The appointees shall have expertise critical to the prevention of suicide or represent an organization that is not already represented on the coordinating council.

Council members shall be appointed to 4-year terms. The committee substitute specifies the manner for filling any vacancy on the coordinating council. Members of the coordinating council shall serve without compensation. Any member of the coordinating council who is a public employee is entitled to reimbursement for per diem and travel expenses as provided in s. 112.061, F.S.

The director of the Office of Drug Control shall be a non-voting, ex officio member of the coordinating council and act as chair. The coordinating council shall meet at least quarterly or upon the call of the chair. The council meetings may be held via teleconference or other electronic means. Public organizations shall participate and cooperate with the coordinating council.

The coordinating council may seek and accept grants or funds from any federal, state, or local source to support its operation and defray the expenses incurred in its operation and implementation of this section.

Section 3. Provides that the committee substitute shall take effect July 1, 2004.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this committee substitute have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this committee substitute have no impact on public records or open meetings issues under the requirements of Article I, s. 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this committee substitute have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

According to state hospital discharge data, the cost of completed and medically considered youth suicide acts in Florida in 2000 was \$40 million. The creation of the Statewide Office of Suicide Prevention may help in the prevention of suicide which, in turn, could provide savings to counties and cities that must deal with the cost of providing health care to individuals who attempt or commit suicide.

C. Government Sector Impact:

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Amendments:

None.