

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 897 Suicide Prevention
SPONSOR(S): Rep. Berfield & Others
TIED BILLS: **IDEN./SIM. BILLS:** SB 2042

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Elder Affairs & Long Term Care (Sub)	8 Y, 0 N	Meyer	Liem
2) Future of Florida's Families			
3) State Administration			
4) Transportation & Economic Development Appropriations (Sub)			
5) Appropriations			

SUMMARY ANALYSIS

HB 897 creates the Office of Suicide Prevention in the Office of Drug Control Policy in the Executive Office of the Governor. The bill creates a 20 member coordinating council to guide the Office of Suicide Prevention.

The bill appropriates \$100,000 and one FTE for the new Office of Suicide Prevention.

The bill takes effect July 1, 2004.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives.

STORAGE NAME: h0897a.fff.doc
DATE: March 15, 2004

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. DOES THE BILL:

- | | | | |
|--------------------------------------|------------------------------|--|---|
| 1. Reduce government? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. Lower taxes? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 3. Expand individual freedom? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 4. Increase personal responsibility? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 5. Empower families? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |

For any principle that received a “no” above, please explain:

The bill creates a new Office for Suicide Prevention in the Office of Drug Control Policy (ODCO) in the Executive Office of the Governor. To the extent that a new function is added to government, taxes are not lowered by this bill, and government is not reduced.

B. EFFECT OF PROPOSED CHANGES:

The bill creates in the Governor’s Office of Drug Control Policy a new office called: “The Office for Suicide Prevention”. That Office is to be the focal point on suicide prevention efforts. Within existing resources, the bill directs the Office to build community networks, create public awareness of suicide prevention, coordinate education, provide training for affected personnel, and coordinate an interagency workgroup. The bill creates the Suicide Prevention Coordinating Council.

The Suicide Prevention Coordinating Council consists of 20 members. The Director of the ODCP is directed to appoint 18 members to the Council representing: The Florida Substance Abuse and Mental Health Corporation, Inc.; the Florida Association of School Psychologists; the Florida Sheriff’s Association; the Suicide Action Network USA, the Florida Initiative of Suicide Prevention, the Alzheimer’s Association, the Department of Education, the Agency for Health Care Administration, the Department of Health, the Department of Elderly Affairs; the Department of Children and Family Services; the Department of Corrections, the Department of Veteran’s Affairs, and a representative from the Governor’s Mentoring Initiative. Further, the Governor *may* appoint an additional five members who have critical expertise. The Council is to establish as a sub-group of the council an interagency workgroup with a representative of the Departments of Elderly Affairs, Health, Education, Children and Family Services, and Juvenile Justice, and the Agency for Health Care Administration.

The Office of Suicide Prevention is authorized to hire 1 staff person and is appropriated 1 FTE and \$100,000. The Office is directed to implement the statewide plan developed by the Suicide Prevention Coordinating Council.

The National Institute for Mental Health (NIMH) describes suicidal behavior as “complex” with risk factors that include age, gender, and ethnic group. Research reported by the NIMH indicates that the vast majority, more than 90 percent, of people who kill themselves have depression or another diagnosable mental or substance abuse disorder.

Suicide Rates

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.¹

- Suicide was the 11th leading cause of death in the United States.
- Suicide was the 8th leading cause of death for males, and the 19th leading cause of death for females.
- Suicide outnumbered homicides (16,899) by 5 to 3.
- Suicide by firearms was the most common method for both men and women (57%).
- More men than women die by suicide; the ratio is 4:1.
- 72% of all suicides are committed by white men.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 was 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 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 that 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.

¹ Florida Vital Statistics, Annual Report, 2002.

² Health Place.com and American Association of Suicidology

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 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.

C. SECTION DIRECTORY:

Section 1. The bill creates the Office of Suicide Prevention within the Office of Drug Control Policy in the Executive Office of the Governor to develop a network of community-based programs for suicide prevention. This section outlines the duties of the Office and directs that a Coordinator be hired. Education and training are specified but can be waived by the Director of the Office of Drug Control Policy. The bill provides lists, tasks, and duties the Coordinator is to complete, to the extent that funding is available.

Section 2. The bill creates the Suicide Prevention Coordinating Council within the Office of Drug Control Policy in the Executive Office of the Governor for the purpose of preventing suicide. The Council is directed to develop a suicide prevention plan and strategies "to align and provide direction" to statewide prevention initiatives. This section enumerates six specific strategies that must be included in the plan.

Section 3. The bill provides an appropriation of \$100,000 and 1 FTE for fiscal year 2004-2005.

Section 4. This act shall take effect July 1, 2004.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

No revenues are identified.

2. Expenditures:

The bill provides an appropriation of \$100,000 for the Office. The bill directs that the Departments of Elderly Affairs, Health, Education, Children and Family Services, and Juvenile Justice, and the Agency for Health Care Administration assign representatives to the interagency workgroup. Those employees would be entitled to be reimbursed for travel and per diem expenses. It is not possible to project the costs associated with those employees serving on this workgroup because the bill specifies where the workgroup will meet; however, it does require quarterly meetings.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

No revenue is identified.

2. Expenditures:

No immediate fiscal impact is created.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

No fiscal impact is projected.

D. FISCAL COMMENTS:

The bill creates one staff position in the Office of Drug Control Policy and appropriates \$100,000, but the source of those funds is not identified. There are federal grant opportunities available to states and other groups involved in suicide prevention. This appropriation may not be sufficient to support a highly educated and skilled director (1 FTE) and any travel expenses he or she will incur.

The bill provides that the travel expenses of all members of the Advisory Council will be borne by the appointing agency. This is not customary for statutorily created advisory councils. This requirement may make it more difficult for persons with disabilities and groups with limited financial resources to participate. The appointed entities appear to be required to serve; therefore, some may interpret that requirement without travel reimbursement as creating a fee or other financial burden.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable.

2. Other:

B. RULE-MAKING AUTHORITY:

No rule making authority is granted.

C. DRAFTING ISSUES OR OTHER COMMENTS:

The bill creates an Office within an Office. The only statutory reference to the Office of Drug Control policy is in chapter 397 which is the substantive law related to substance abuse treatment. It may be constructive to transfer the Office of Drug Control Policy's enabling statute and this new mission to chapter 20, F.S., which is related to the structure of government.

The bill provides great detail related to the training, experience, and education requirements for the Coordinator of the Office of Suicide Prevention and then provides that the Director of the Office of Drug Control Policy may waive those requirements. It may be more useful to direct the Director to establish standards for the position in conjunction with the advisory council, if the Director needs outside guidance.

The Suicide Prevention Coordinating Council is required to have 20 members. The bill provides that the Director of ODCP appoint 15 people from specific organizations and then provides that the governor "may" appoint five people. It is not clear who the other three ODCP appointments would be or what would happen if the Governor failed to make the appointments that he is permitted but not required to make.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES

The Subcommittee on Elder Affairs & Long Term Care amended the bill in their March 15 meeting.

- Instead of an Office of Suicide Prevention, the amendment creates the Suicide Prevention Coordinating Program in the Office of Drug Control.
- The amendment creates sections 14.2017 and 14.2018, F.S., and transfers the Office of Drug Control and the Statewide Drug Advisory Council to those two sections, respectively.
- The amendment removes the detailed requirements related to the training, experience, and education requirements for the Coordinator of the Office of Suicide Prevention and the provision that allowed the Director of the Office of Drug Control to waive those requirements.
- The Suicide Prevention Coordinating Council is revised. Now it is required to have at least 7 and no more than 20 members, and participation is voluntary. The amendment lists organizations that are to appoint a representative and allows the secretaries of the named state agencies to each appoint one additional person.