

# 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.)

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Prepared By: Health and Human Services Appropriations Committee

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BILL: CS/CS/CS/SB 210

SPONSOR: Health and Human Services Appropriations Committee, Governmental Oversight and Productivity Committee, Children and Families Committee and Senator Lynn

SUBJECT: Suicide Prevention

DATE: April 21, 2005

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Collins</u>	<u>Whiddon</u>	<u>CF</u>	<u>Fav/CS</u>
2.	<u>Rhea</u>	<u>Wilson</u>	<u>GO</u>	<u>Fav/CS</u>
3.	<u>Hardy</u>	<u>Peters</u>	<u>HA</u>	<u>Fav/CS</u>
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

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## I. Summary:

The Committee Substitute for CS/CS/SB 210 creates the Statewide Office of Suicide Prevention in the Executive Office of the Governor. The bill 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 improve suicide prevention initiatives;
- Increasing public awareness concerning topics relating to suicide prevention; and
- Coordinating education and training curricula in suicide prevention efforts.

Contingent upon a specific appropriation, the bill authorizes the hiring of a coordinator for the Statewide Office of Suicide Prevention and details the duties and responsibilities of the coordinator. The bill also creates a Suicide Prevention Coordinating Council to develop a statewide plan for suicide prevention. The bill specifies the membership, terms of office, and the duties of the council. 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 bill creates sections 14.2019 and 14.20195 of the 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.<sup>1</sup>

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 that lays out a framework for action to prevent suicide and guides development of an array of services and programs that must be developed. The National Strategy for Suicide Prevention proposed a coordinated public health approach to addressing the problem of suicide that included clearly defining the problem, identifying risk and protective factors for suicidal behavior, developing and testing interventions, implementing interventions, and evaluating the effectiveness of interventions.

### **Suicide Rates in Florida**

Despite a number of legislatively mandated initiatives to address suicide, Florida currently ranks 15th in the nation for suicides per 100,000 in the population which is higher than the national average. Suicide was the ninth leading cause of death in Florida in 2003. There were 2,294 suicides in Florida during 2003 (an average of 44 suicide deaths every week), with suicide claiming the lives of 977 of Florida's citizens under the age of forty-four. Suicide has been identified the third leading cause of death for 15-24 year olds, the second leading cause of death for 25-34 year olds, and the fifth leading cause of death for 35-44 year olds in the state.<sup>2</sup>

### **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 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.

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<sup>1</sup> National Institutes of Mental Health, December 2003, *Suicide Facts*.

<sup>2</sup> Florida Vital Statistics, Annual Report, 2003.

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.

### **Organizational Structure of the Executive Branch**

Chapter 20, F.S., provides for the organizational structure of the executive branch of state government. Section 20.02(1), F.S., states:

The State Constitution contemplates the separation of powers within state government among the legislative, executive, and judicial branches of the government. The legislative

branch has the broad purpose of determining policies and programs and reviewing program performance. The executive branch has the purpose of executing the programs and policies adopted by the Legislature and of making policy recommendations to the Legislature. The judicial branch has the purpose of determining the constitutional propriety of the policies and programs and of adjudicating any conflicts arising from the interpretation or application of the laws.

Structural reorganization is a continuing process under the chapter and requires careful executive and legislative appraisal of the placement of proposed new programs.<sup>3</sup> The responsibility for the implementation of programs must be clearly fixed and ascertainable.<sup>4</sup> Departments are to be organized along function or program lines and overlapping activities are required to be eliminated.<sup>5</sup>

The types of units within the executive branch are defined in ch. 20, F.S., in order to provide a uniform nomenclature. The chapter does not contain a general definition of the term “office.” It does, however, provide definitions for “council.” Section 20.03(7), F.S., defines the term “council” or “advisory council” to mean:

. . . an advisory body created by specific statutory enactment and appointed to function on a continuing basis for the study of problems arising in a specified functional or program area of state government and to provide recommendations and policy alternatives.

Section 20.03(9), F.S., defines the term “coordinating council” to mean:

. . . an interdepartmental advisory body created by law to coordinate programs and activities for which one department has primary responsibility but in which one or more other departments have an interest.

Section 20.03(8), F.S., defines the term “committee” or “task force” to mean:

. . . an advisory body created without specific statutory enactment for a time not to exceed 1 year or created by specific statutory enactment for a time not to exceed 3 years and appointed to study a specific problem and recommend a solution or policy alternative with respect to that problem. Its existence terminates upon the completion of its assignment.

### III. Effect of Proposed Changes:

**Section 1.** Creates s. 14.2019, F.S., to establish the Statewide Office for Suicide Prevention in 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;
- Develop a network of community-based programs to improve suicide prevention initiatives;

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<sup>3</sup> Section 20.02(3), F.S.

<sup>4</sup> Section 20.02(4), F.S.

<sup>5</sup> Section 20.02(5), F.S.

- 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
- Provides that the Office of Suicide Prevention may seek and accept grants or funds from any federal, state, or local source to support its operation and defray its expenses.

This section provides authority to hire a coordinator for the Statewide Office for Suicide Prevention, contingent on a specific appropriation. The bill specifies the education, employment experience, and skills that should be considered when employing a coordinator. The coordinator is to:

- Work with the agencies that are members of 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 report to the Suicide Prevention Coordinating Council describing the feasibility of implementing some or all of the innovation models in Florida;
- 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;
- 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. 14.20195, F.S., to establish the Suicide Prevention Coordinating Council, pursuant to s. 20.03(9), F.S., whose task is to develop a statewide plan for suicide prevention. 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.
- 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.
  - Prepare and submit an annual report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2006, and each year thereafter.

This bill also specifies that the Suicide Prevention Coordinating Council will consist of 25 members and provides for the appointment, term of office, and the membership of this council. The bill requires that members of the council shall serve without compensation. However, 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.

The bill requires state agencies to support the Office of Suicide Prevention.

**Section 3.** Provides that the bill shall take effect July 1, 2005.

#### **IV. Constitutional Issues:**

##### **A. Municipality/County Mandates Restrictions:**

None.

##### **B. Public Records/Open Meetings Issues:**

None.

##### **C. Trust Funds Restrictions:**

None.

#### **V. Economic Impact and Fiscal Note:**

##### **A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

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:**

The Senate budget for Fiscal Year 2005-06 includes one full time equivalent position and \$100,000 from the General Revenue Fund to implement the Statewide Office of Suicide Prevention. This appropriation includes \$60,000 to fund the salary cost of one coordinator position and \$40,000 for administrative expenses related to the new office.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

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This Senate staff analysis does not reflect the intent or official position of the bill's sponsor or the Florida Senate.

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## **VIII. Summary of Amendments:**

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