HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 447 Suicide Prevention
SPONSOR(S): Gibson and others
TIED BILLS: **IDEN./SIM. BILLS:** CS/CS/SB 210

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Future of Florida's Families Committee		Preston	Collins
2) Governmental Operations Committee			
3) Transportation & Economic Development Appropriations Committee			
4) Health & Families Council			
5)			

SUMMARY ANALYSIS

The bill creates the Statewide Office for Suicide Prevention in the Office of Drug Control within the Executive Office of the Governor and specifies duties for the office including:

- Developing a network of community-based programs to improve suicide prevention initiatives;
- Implementing the statewide plan prepared by the Suicide Prevention Coordinating Council;
- Increasing public awareness concerning topics relating to suicide prevention;
- Coordinating education and training curricula in suicide prevention efforts for professionals who may have contact with persons at risk of committing suicide; and
- Directing an interagency workgroup within the Suicide Prevention Coordinating Council.

Subject to a specific appropriation, the bill requires the director of the Office of Drug Control to employ a coordinator for the Statewide Office for Suicide Prevention and specifies the education, experience, and skills that are to be considered when hiring such coordinator. Duties of the coordinator include facilitating an interagency workgroup, reviewing suicide prevention programs to identify innovative models, developing and maintaining an Internet website related to prevention, and assisting in the development of public awareness and media campaigns.

The bill also creates a Suicide Prevention Coordinating Council in the Office of Drug Control within the Executive Office of the Governor. The council is required, among other things, to create a statewide plan for suicide prevention and create a state interagency workgroup in order to incorporate state agency plans for suicide prevention into such statewide plan. The bill specifies the membership, terms of office, and the duties of both the council and the workgroup. The council is to make findings and recommendations regarding suicide prevention programs and activities, and is required to report annually to the Governor and the Legislature.

Florida currently ranks 15th in the nation for the number of suicides. There were 2,294 suicides in the state during 2003, making it the ninth leading cause of death for the overall population. Suicide has been identified as 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.

The bill does not contain an appropriation to fund the required provisions. The Office of Drug Control reported that the Governor has included $100,000 in his recommended budget to support the Statewide Office for Suicide Prevention.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Provide limited government – The bill has the potential for one additional FTE if a coordinator for the Statewide Office for Suicide Prevention is hired. The bill provides for no additional staff or no administrative support for the required work of the Statewide Office, the Coordinating Council, or the interagency workgroup so it is unclear who will provide that additional support. If those duties are to be assumed by existing staff, it will increase the work responsibilities of those individuals.

The bill requires state employees to serve on both the Coordinating Council and the interagency workgroup which adds to their work related responsibilities. The bill also requires representatives from other entities such as the Florida Association of School Psychologists, the Alzheimer's Association, the state chapter of AARP, and the Florida Sheriff's Association to serve on the Coordinating Council.

B. EFFECT OF PROPOSED CHANGES:

The Problem –

In 2002, approximately 790,000 people in the United States attempted to take their own lives, and more than 30,000 were successful. Suicide is this country's 11th leading cause of death among all age groups, with a rate of 11.0 completed suicides per 100,000 deaths. While suicide is a public health problem for all segments of the American population, it disproportionately impacts people of certain ages, ethnic/racial backgrounds, and geographic locations. It is the eighth leading cause of death for males and the nineteenth leading cause of death for females. Some of the highest rates occur among white males over the age of 85 and residents of the mountain states. For teenagers and young adults, suicide is the third leading cause of death, ranking only behind accidental death and murder. It has been estimated that each suicide intimately affects at least six other individuals.[1]

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While suicide is often characterized as a response to a single event or set of circumstances, suicide is, in fact, an outcome of complex interactions among neurobiological, genetic, psychological, social, cultural, and environmental risk and protective factors. It follows that development of a strategy related to prevention must bring together multiple disciplines and perspectives to create an integrated system of interventions across multiple levels, such as the family, the individual, schools, the community, and the health care system. The factors that contribute to any particular suicide are diverse, therefore it is generally believed that efforts related to prevention must incorporate multiple approaches.[3]

The Federal Response –

In 1996, the World Health Organization (WHO) recognized suicide as a growing, but preventable, worldwide public health problem by publishing guidelines related to prevention that led to the formation of an innovative public/private partnership. This partnership included a number of agencies within the

[1] Centers for Disease Control and Prevention, Atlanta, GA., National Center for Health Statistics, Hyattsville, MD., National Institute of Mental Health, Bethesda, MD.
[2] Florida Vital Statistics, Annual Report. 2003.
[3] U.S. Department of Health and Human Services. National Strategy for Suicide Prevention: Goals and Objectives for Action. 2001.

United States Department of Health and Human Services[4] and a public grassroots advocacy organization[5] that came together to collaborate on the development of a national suicide prevention strategy for the United States.[6]

In 1998, this combined effort resulted in a national conference attended by more than 400 professionals, including practitioners, policy makers, advocates, researchers, suicide survivors, consumers of mental health services, and state officials. These participants reached consensus on 81 recommendations, which later served as the basis for the 15 recommendations in the Surgeon General's Call to Action to Prevent Suicide in 1999 [7] and, ultimately, for the 11 goals of the National Strategy for Suicide Prevention (NSSP).

The NSSP, published by the U.S. Department of Health and Human Services in May 2001, laid out a framework for action to prevent suicide by proposing a coordinated public health approach to addressing the problem of suicide that included clearly defining the problem, identifying both risks and protective factors for suicidal behavior, developing, testing, and implementing interventions, and evaluating the effectiveness of those interventions. The NSSP represented the first U.S. attempt to prevent suicide through such a coordinated approach and was designed to be a catalyst for social change with the power to transform attitudes, policies, and the delivery of services. It was anticipated that the NSSP would guide the nation's suicide prevention efforts for a decade after its inception. The strategy goals include the following:[8]

- Promote awareness that suicide is a public health problem that is preventable;
- Develop broad-based support for suicide prevention;
- Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services;
- Develop and implement suicide prevention programs;
- Promote efforts to reduce access to lethal means and methods of self-harm;
- Implement training for recognition of at-risk behavior and delivery of effective treatment;
- Develop and promote effective clinical and professional practices;
- Improve access to and community linkages with mental health and substance abuse services;
- Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the entertainment and news media;
- Promote and support research on suicide and suicide prevention; and
- Improve and expand surveillance systems.

Most recently, President George W. Bush established the President's New Freedom Commission on Mental Health in April 2002 as part of his commitment to eliminate inequality for Americans with disabilities. The Commission was charged with studying the mental health service delivery system and making recommendations that would enable adults with serious mental illnesses and children with serious emotional disturbance to live, work, learn, and participate fully in their communities. In the

[4] These offices were the Centers for Disease Control and Prevention, the National Institutes of Health, the Office of the Surgeon General, the Substance Abuse and Mental Health Services Administration, the Health Resources and Services Administration, the Indian Health Service, and the National Institute of Mental Health.
[5] The Suicide Prevention Advocacy Network (SPAN) is an organization dedicated to preventing suicide through public education and awareness, community action, and federal, state and local grassroots advocacy. It is the nation's only suicide prevention organization dedicated to leveraging grassroots support among suicide survivors (those who have lost a loved one to suicide) and others to advance public policies that help prevent suicide.
[6] World Health Organization. Prevention of suicide: guidelines for the formulation and implementation of national strategies. 1996.
[7] U.S. Public Health Service, The Surgeon General's Call to Action To Prevent Suicide.1999.
[8] U.S. Department of Health and Human Services. National Strategy for Suicide Prevention: Goals and Objectives for Action. 2001.

2003 final report, the Commission urged swift implementation and enhancement of the NSSP to serve as a blueprint for suicide prevention for communities and all levels of government.[9]

The Florida Response –

The Florida Youth Emotional Development and Suicide Prevention Act passed by the Legislature in 1984, declaring the prevention of suicide by youths to be a priority of the state, was considered landmark legislation. The legislation resulted in Florida being recognized nationally as one of a handful of states, who at the time, passed legislation that established a statewide program to promote positive development of youths and to prevent suicide through coordinated educational efforts at the state and local levels. As a result of the legislation, Florida's Department of Education, Department of Law Enforcement, and Department of Health and Rehabilitative Services (now the Department of Children and Families) worked together to develop ways to inform people about the problem of youth suicide and actions that should be taken to prevent suicides. All of the activities of these state agencies, and of the district and state task forces, including the development of a training guide, Florida's Youth Suicide Prevention: A Guide for Trainers of Adult Programs, and state plan, State Plan for the Prevention of Youth Suicide in Florida, were accomplished by using existing resources and with the help of volunteers, including parent survivors of youth suicide.[10]

In 1998, the Department of Children and Family Services 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. Based on the findings from the study, the final report highly recommended that Florida utilize the expertise of an existing local advocacy organization, such as SPAN, by funding them to provide review and revisions to the Youth Suicide Prevention Guide. The report also contained recommendations to the Legislature that came from participants in 10 community forums held throughout the state.[11]

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:

> … recognizes suicide as a state problem and declares suicide prevention to be a state priority; acknowledges that no single suicide-prevention program or effort will be appropriate for all populations or communities; and encourages initiatives dedicated to preventing suicide, responding to people who are at risk for suicide and people who have attempted suicide, promoting safe and effective treatment for persons who are at risk for suicidal behavior, supporting people who have lost someone to suicide, and developing an effective state strategy for the prevention of suicide.[12]

In 2000, Governor Jeb Bush directed the Florida Office of Drug Control[13] 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 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 paper contained three stated goals:

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[9] President's New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health Care in America. Final Report. July 2003.

[10] Florida Youth Suicide Prevention Study, Report to the Florida State Legislature. Louis de la Parte Florida Mental Health Institute, University of South Florida. 1999.

[11] Florida Youth Suicide Prevention Study, Report to the Florida State Legislature. Louis de la Parte Florida Mental Health Institute, University of South Florida. 1999.

[12] See HR 9233 (1999) and SR 2684 (1999).

[13] The Florida Office of Drug Control was created in 1999 within the Executive Office of the Governor (Chapter 99-187, Laws of Florida) to coordinate Florida's efforts related to the reduction of drug abuse and its consequences to the state. See section 397.332, Florida Statutes.

- To decrease the incidence of *suicide* in Florida by one third, from 13.64 per 100,000 in 1998 to approximately 9.0 per 100,000 in 2005;
- To decrease the incidence of *teen suicide* in Florida by one third, from 9.52 per 100,000 in 1998 to approximately 6.0 per 100,000 in 2005; and
- To decrease the incidence of *elder suicide* in Florida by one third, from 20.34 per 100,000 in 1998 to approximately 13.0 per 100,000 in 2005.[14]

The Bill –

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C. SECTION DIRECTORY:

Section 1. Creates section 397.3335, Florida Statutes, related to the Statewide Office for Suicide Prevention.

Section 2. Creates section 397.3336, Florida Statutes, related to the Suicide Prevention Coordinating Council.

Section 3. Provides for an effective date of July 1, 2005.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

[14] Florida Task Force on Suicide Prevention. Preventing Suicide in Florida, A Strategy Paper. Office of Drug Control, Executive Office of the Governor. 2002.

1. Revenues:

   None.

2. Expenditures:

   The bill does not contain an appropriation to fund the required provisions. The Office of Drug Control reported that the Governor has included $100,000 in his recommended budget to support the Statewide Office for Suicide Prevention.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

   None.

2. Expenditures:

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

In a report of the Committee on Pathophysiology and Prevention of the Adolescent and Adult Suicide Board on Neuroscience and Behavioral Health, it was stated that the emotional cost of suicide is great and that for family and friends of suicide victims, the personal loss is most important. Nonetheless, there is an additional economic cost that society incurs with suicides that is made up of four factors:

- Medical expenses of emergency intervention and non-emergency treatment. These medical costs are not borne by the health care industry alone, but by all of society through higher health care costs that are ultimately passed on to workers and taxpayers;
- The lost and/or reduced productivity of people suffering from a suicide attempt;
- The lost productivity of the loved ones grieving a suicide; and
- Lost wages of those completing suicide.[15]

Estimates of the economic costs of suicide vary, but a reduction in the number of suicide attempts and completed suicides would result in a reduction in costs related to medical treatment and hospitalizations, costs related to disability, and lost earnings.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

   The bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds. The bill does not reduce the percentage of a state tax shared with counties or municipalities. The bill does not reduce the authority that municipalities have to raise revenue.

2. Other:

   None.

B. RULE-MAKING AUTHORITY:

[15] S. Goldsmith, T. Pellmar, et al. Reducing Suicide: A National Imperative. The National Academies Press. 2002.

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

Chapter 20, Florida Statutes, provides for the organizational structure of the executive branch of state government and also provides a uniform nomenclature for entities within that branch. The Legislature is not bound by the definitions contained in that chapter and may create executive branch entities that do not conform to the standard; however, consistency with that uniform nomenclature provides for greater consistency across state government entities. Section 20.04, Florida Statutes, does not currently contain a general definition for "office," although there are a few departments that are explicitly created with offices.[16] Typically, such "offices" do not formally contain other "offices," but "units" or "sections." This bill creates an "office" (Statewide Office for Suicide Prevention) within an "office" (Office of Drug Control) within an "office" (the Executive Office of the Governor).

Section 20.03(9), Florida Statutes, 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. The coordinating council created by the bill does not appear to meet that definition.

The language in lines 31-43 appear to use the terms "programs," "stakeholders," and organizations/agencies" somewhat interchangeably. A program and an organization, for example, are typically not construed to be the same type of entity. It is unclear whether the newly-created statewide office is to create a network of new or currently existing community-based programs. It is also unclear how the network referenced on lines 31-43 differs from the network referred to on line 48.

All of the tasks required of the Statewide Office for Suicide Prevention that are specified in lines 31-61 and 91-144 and the Suicide Prevention Coordinating Council that are specified in lines 152-201 appear to be massive, complex, statewide endeavors requiring extensive resources. The bill does not provide for these resources.

The bill specifies on lines 67 through 87 the qualifications that are to be considered by the director of the Office of Drug Control when hiring a coordinator for the newly-created Statewide Office for Suicide Prevention. There is nothing in the bill that prevents an individual who does not meet those standards from being hired for the position.

The bill contains multiple reporting requirements to the Governor and the Legislature (lines 97-99, 105-108, and 195-201). It is difficult to determine whether these multiple reports are conflicting, duplicative, or necessary.

The coordinating council and the interagency workgroup created by the bill have a number of the same members in common, with the workgroup members appearing to be a "subset" of the council members. It is unclear whether it is necessary for these members to wear "two hats."

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

[16] See, for example, s. 20.04(4)(5) and (6), Florida Statutes, where the Departments of Children and Family Services, Corrections and Transportation are specifically created to be outside of the uniform structure provided by chapter 20, Florida Statutes.