

# 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.)

Prepared By: Children and Families Committee

BILL: Senate Bill 1008

INTRODUCER: Senator Lynn

SUBJECT: Suicide Prevention

DATE: January 31, 2006      REVISED: 2/14/2006 \_\_\_\_\_

|    | ANALYST       | STAFF DIRECTOR | REFERENCE | ACTION                 |
|----|---------------|----------------|-----------|------------------------|
| 1. | <u>Goltry</u> | <u>Whiddon</u> | <u>CF</u> | <b>Fav/1 amendment</b> |
| 2. | _____         | _____          | <u>GO</u> | _____                  |
| 3. | _____         | _____          | <u>HA</u> | _____                  |
| 4. | _____         | _____          | _____     | _____                  |
| 5. | _____         | _____          | _____     | _____                  |
| 6. | _____         | _____          | _____     | _____                  |

**Please see last section for Summary of Amendments**

- Technical amendments were recommended
- Amendments were recommended
- Significant amendments were recommended

**I. Summary:**

Senate Bill 1008 creates the Statewide Office for Suicide Prevention in the Executive Office of the Governor and specifies the duties of 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; and
- Coordinating education and training curricula in suicide prevention efforts.

Contingent upon a specific appropriation, the bill authorizes hiring of a coordinator for the Statewide Office for Suicide Prevention and details the duties and responsibilities of the coordinator. The bill also creates a Suicide Prevention Coordinating Council to advise the Statewide Office on the development of a statewide plan for suicide prevention. The bill specifies the membership, terms of office, meeting requirements, 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 authorizes the council to seek and accept grants to support its operation and appropriates \$100,000 and one Full Time Equivalent (FTE) position to the Office of Drug Control to implement the bill during FY 2006-2007.

This bill creates the following section of the Florida Statutes: s. 14.2019 and s. 14.20195

## II. Present Situation:

### **National Suicide Prevention Strategy**

In 2003, suicide was the eleventh leading cause of death in the United States, costing the lives of 31,484 individuals.<sup>1</sup> It was the eighth leading cause of death for males and the 17th leading cause of death for females. For teenagers and young adults, suicide is the third leading cause of death after 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 51.4/100,000. Overall, suicide takes 50 percent more lives each year than homicide.<sup>2</sup>

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.<sup>3</sup> This partnership included a number of agencies within the United States Department of Health and Human Services<sup>4</sup> and a public grassroots advocacy organization<sup>5</sup> that came together to collaborate on the development of a national suicide prevention strategy for the United States. In 1999, the U.S. Surgeon General declared suicide a significant public health problem. This further supported the development of the National Strategy for Suicide Prevention (NSSP) which describes a framework for action to prevent suicide and guides development of an array of services and programs. The NSSP 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. More recently, the 2003 final report of the President's New Freedom Commission on Mental Health urged swift implementation and enhancement of the NSSP to serve as a blueprint for suicide prevention for communities and all levels of government.<sup>6</sup>

### **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, higher than the national average.

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<sup>1</sup> Centers for Disease Control, National Center for Injury Prevention and Control, Office of Statistics and Programming, WISQUARS™, Injury Mortality Reports, 1999 – 2003, United States.

<sup>2</sup> National Institutes of Mental Health, December 2003, Suicide Facts.

<sup>3</sup> World Health Organization. (Prevention of suicide: guidelines for the formulation and implementation of national strategies). 1996.

<sup>4</sup> 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.

<sup>5</sup> 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.

<sup>6</sup> President's New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health Care in America. Final Report. July 2003.

Suicide was the ninth leading cause of death in Florida in 2004. There were 2,376 suicides in Florida during 2004 <sup>7</sup>(an average of 46 suicide deaths every week); suicide claimed the lives of 1,525 of Florida's citizens between the ages of five and of 55. 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>8</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. 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 and report were completed in 1999 by the Louis de la Parte Florida Mental Health Institute at the University of South Florida. The study described the current programs for young people and their families addressing suicide prevention, effective intervention strategies, and promising practices proven successful in reducing the risk factors associated with the incidence of child and youth suicide.

In 1999, the Florida House of Representatives and the Florida Senate passed resolutions encouraging suicide prevention efforts and declaring suicide prevention a state priority. That same year, the Florida Department of Education introduced the SAFE School Action Planning and Preparedness Program, and 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.

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<sup>7</sup> Florida Department of Health, Office of Planning, Evaluation and Data Analysis, Florida CHARTS, Major Causes of Death, 2004, <http://www.floridacharts.com/charts/SpecReport.aspx?RepID=378>.

<sup>8</sup> Florida Vital Statistics, Annual Report, 2004.

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 Task Force.

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

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.<sup>9</sup>

Structural reorganization is a continuing process under ch. 20, F.S., and requires careful executive and legislative appraisal of the placement of proposed new programs.<sup>10</sup> The responsibility for the implementation of programs must be clearly fixed and ascertainable.<sup>11</sup> Departments are to be organized along function or program lines, and overlapping activities are required to be eliminated.<sup>12</sup>

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."

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 the 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."

### **III. Effect of Proposed Changes:**

Senate Bill 1008 creates the Statewide Office for Suicide Prevention within the Executive Office of the Governor.

Section 1 creates s. 14.2019, F.S., and specifies that, within available resources, the office shall:

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<sup>9</sup> s. 20.02 (1), F.S.

<sup>10</sup> s. 20.02 (3), F.S.

<sup>11</sup> s. 20.02 (4), F.S.

<sup>12</sup> s. 20.02 (5), F.S.

- Develop a network of community-based programs to improve suicide prevention initiatives;
- Implement the statewide plan prepared by the Suicide Prevention Coordinating Council;
- Increase public awareness concerning topics relating to suicide prevention; and,
- Coordinate education and training curricula in suicide prevention efforts for professionals who may have contact with persons at risk of committing suicide.

Contingent on a specific appropriation, the bill authorizes the hiring of a coordinator for the Statewide Office for Suicide Prevention and specifies the education, employment experience, and skills that should be considered when employing a coordinator. The coordinator shall:

- 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;
- Review 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; and
  - Develop education and training programs for suicide prevention to be directed first to persons who have face-to-face contact with individuals who may be at risk of suicide, to assist in recognizing when an individual is at risk of suicide and how to properly refer those individuals to treatment or support services;
- 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 and develop a method by which to evaluate each prevention training and counseling program;
- 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.

The bill authorizes the office to seek and accept grants or funds from any federal, state, or local source to support its operation and defray the cost of its operation and implementation. It requires that all agencies under the control of the Governor and Cabinet support the Office for Suicide Prevention.

Section 2 creates s. 14.20195, F.S., establishing a Suicide Prevention Coordinating Council, pursuant to s. 20.03(9), F.S., whose task is to advise the Statewide Office for Suicide Prevention

regarding the development of a statewide plan for suicide prevention with the guiding principle being that suicide is a preventable problem. The statewide plan must:

- 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.

The council must also:

- 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.
- Advise the Statewide Office.
- Make findings and recommendations regarding suicide prevention programs and activities.
- 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, 2007, and each year thereafter. The report must describe the status of the existing planned initiatives identified in the plan and of any recommendations and must include information about innovative models for which legislative action may be required for implementation.

The Suicide Prevention Coordinating Council will consist of 26 members, and the bill provides for the appointment, term of office, and the membership of the council. It 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 is a non-voting, ex officio member of the coordinating council and acts as chair. The coordinating council shall meet at least quarterly or upon the call of the chair. Council meetings may be held via teleconference or other electronic means.

The bill authorizes the council to seek and accept grants or funds from any federal, state, or local source to support its operation and defray the cost of its operation and implementation.

Section 3 appropriates the sum of \$100,000 in General Revenue and one FTE position to the Office of Drug Control to implement the act during FY 2006-2007.

Section 4 provides an effective date of July 1, 2006.

#### **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:**

Estimates of the economic costs of suicide vary, but a reduction in the number of suicide attempts and completed suicides would likely result in a reduction in costs related to medical treatment and hospitalizations, costs related to disability, and lost earnings. Based on the suicide death rate of 13.5 per 100,000, it is estimated that there were approximately 386 Years of Potential Life Lost (YPLL) in 2004 from the deaths of Floridians by suicide.<sup>13</sup>

**C. Government Sector Impact:**

The bill provides an appropriation of \$100,000 in General Revenue and one FTE to the Office of Drug Control in the Executive Office of the Governor to support staff and activities of the Office for Suicide Prevention.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

In spite of the numerous activities Florida has undertaken to reduce suicide, the suicide rate has increased from 11.7/100,000 in 1994 to 13.7/100,000 in 2004.<sup>14</sup> Suicide is highly correlated with the presence of untreated mental illness. According to the National Institute of Mental Health, "Research has shown that more than 90 percent of people who kill themselves have depression or another diagnosable mental or substance abuse disorder, often in combination with other mental disorders."<sup>15</sup> <sup>16</sup> Also, research indicates that alterations in neurotransmitters such as

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<sup>13</sup> Florida Department of Health, Office of Planning, Evaluation and Data Analysis, Florida CHARTS, Major Causes of Death, 2004, <http://www.floridacharts.com/charts/SpecReport.aspx?RepID=378>.

<sup>14</sup> Department of Health, Florida Vital Statistics Annual Report 2004.

<sup>15</sup> Moscicki, E.K. Epidemiology of completed and attempted suicide: toward a framework for prevention. *Clinical Neuroscience Research*, 2001; 1: 310-23.

<sup>16</sup> Conwell, Y. Brent, D. Suicide and aging. I: patterns of psychiatric diagnosis. *International Psychogeriatrics*, 1995; 7(2): 149-64

serotonin are associated with the risk for suicide.<sup>17</sup> Diminished levels of this brain chemical have been found in patients with depression, impulsive disorders, a history of violent suicide attempts, and also in postmortem brains of suicide victims.” Currently, Florida is ranked 47<sup>th</sup> in the nation in per capita funding for mental health services.<sup>18</sup>

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.<sup>19</sup> 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” (the Executive Office of the Governor).

Current law 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.<sup>20</sup> The coordinating council created by the bill does not appear to meet that definition.

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

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<sup>17</sup> Mann, J.J., Oquendo, M, Underwood, MD, Arango, V. The neurobiology of suicide risk: a review for the clinician. *Journal of Clinical Psychiatry*, 1999; 60(Suppl 2): 7-11; discussion 18-20, 113-6.

<sup>18</sup> State Mental Health Agency, *Mental Health Actual Dollar & Per Capita Expenditures, 2001*, National Mental Health Information Center, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA), United States Department of Health and Human Services (DHHS), available at <http://www.mentalhealth.samhsa.gov/databases>.

<sup>19</sup> See, for example, s. 20.04(4)(5) and (6), F. S., 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.

<sup>20</sup> See s. 20.03(9), F. S.

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

### **Barcode # 485992 by Children and Families**

Adds a member of the Florida Counseling Association to the Suicide Prevention Coordinating Council.

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