

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: Health and Human Services Appropriations Committee

BILL: CS/CS/SB 1008

INTRODUCER: Health and Human Services Appropriations Committee, Governmental Oversight and Productivity Committee and Senator Lynn and others

SUBJECT: Suicide Prevention

DATE: April 24, 2006 REVISED: _____

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

I. Summary:

Senate Bill 1008 creates the Statewide Office for Suicide Prevention as a unit of the Office of Drug Control 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 office 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: 14.2019 and 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.¹ 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.²

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.³ This partnership included a number of agencies within the United States Department of Health and Human Services⁴ and a public grassroots advocacy organization⁵ 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.⁶

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. Suicide was the ninth leading cause of death in Florida in 2004. There were 2,376 suicides in

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

² National Institutes of Mental Health, December 2003, Suicide Facts.

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

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

Florida during 2004 ⁷(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.⁸

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.

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

⁷ 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>.

⁸ Florida Vital Statistics, Annual Report, 2004.

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.

Office of Drug Control – Section 397.332, F.S., provides for the creation of the Office of Drug Control. The office is created within the Executive Office of the Governor. The director of the office is appointed by the Governor and must be confirmed by the Senate. The purpose of the office is to work in collaboration with the Office of Planning and Budgeting on issues related to drug control efforts.

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.⁹

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.¹⁰ The responsibility for the implementation of programs must be clearly fixed and ascertainable.¹¹ Departments are to be organized along function or program lines, and overlapping activities are required to be eliminated.¹²

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.

⁹ Section 20.02 (1), F.S.

¹⁰ Section 20.02 (3), F.S.

¹¹ Section 20.02 (4), F.S.

¹² Section 20.02 (5), F.S.

The Executive Office of the Governor (the “EOG”)¹³ is created in s. 14.201, F.S., and the Governor is designated the agency head. It is not specifically identified as a “department” nor is it connected to one. Nevertheless, the EOG is organized and functions as a principal administrative unit of the executive branch. The EOG is composed of a variety of administrative sub-units under the direction of the Governor, consistent with the requirement for the supervision of departments as provided in s. 6, Art. IV, of the State Constitution. The functions placed in the EOG are not constitutional in nature, but delegated by the Legislature. Thus, the EOG may be a “department” for purposes of the constitutional limit on departments.

III. Effect of Proposed Changes:

Senate Bill 1008 creates the Statewide Office for Suicide Prevention as a unit of the Office of Drug Control within the Executive Office of the Governor.

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

- 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;

¹³ The “Executive Office of the Governor” is not the same office or entity as the “Office of the Governor.”

- 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., and advisory body 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 28 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.

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:

The Statewide Office for Suicide Prevention and the Suicide Prevention Coordinating Council are both subject to open government requirements.

C. Trust Funds Restrictions:

None.

D. Other Constitutional Issues:

A state agency, such as a department, is a creature of statute and, as such, it has only those rights and privileges given to it by the Legislature in statute.¹⁴ A department is created in the executive branch and, therefore, is subject to the administrative control of an executive officer who is appointed by, and serves at the pleasure of, the Governor or a Cabinet officer. Nevertheless, the powers and duties which the department is authorized to execute are delegated by the Legislature:

An agency has only such power as expressly or by necessary implication is granted by legislative enactment. An agency may not increase its own jurisdiction and, as a creature of statute, has no common law jurisdiction or inherent power such as might reside in, for example, a court of general jurisdiction. When acting outside the scope of its delegated authority, an agency acts illegally and is subject to the jurisdiction of the courts when necessary to prevent encroachment on the rights of individuals.¹⁵

Further, as the Florida Supreme Court noted in *Bush v. Schiavo*¹⁶

¹⁴ *Seaside Properties, Inc., v. State Road Department*, 190 So.2d 391 (3rd DCA 1966).

¹⁵ *Lee v. Division of Florida Land Sales and Condominiums*, 474 So.2d 282 (5th DCA 1985).

¹⁶ 885 So.2d 321 (Fla. 2004).

This Court . . . has traditionally applied a strict separation of powers doctrine [citation omitted], and has explained that this doctrine ‘encompasses two fundamental prohibitions. The first is that no branch may encroach upon the powers of another. The second is that no branch may delegate to another branch its constitutionally assigned power [citation omitted].

As the court also noted in *Schiavo*, the Legislature is permitted to transfer subordinate functions "to permit administration of legislative policy by an agency with the expertise and flexibility to deal with complex and fluid conditions."¹⁷ However, under s. 3, Art. II of the State Constitution, the Legislature "may not delegate the power to enact a law or the right to exercise unrestricted discretion in applying the law."¹⁸ The nondelegation doctrine requires that "fundamental and primary policy decisions . . . be made by members of the legislature who are elected to perform those tasks, and [that the] administration of legislative programs must be pursuant to some minimal standards and guidelines ascertainable by reference to the enactment establishing the program."¹⁹ Statutes that grant power to the executive branch “must clearly announce adequate standards to guide . . . in the execution of the powers delegated. The statute must so clearly define the power delegated that the [executive] is precluded from acting through whim, showing favoritism, or exercising unbridled discretion.”²⁰ The requirement that the Legislature provide sufficient guidelines also ensures the availability of meaningful judicial review.

On page 2, line 22, the Statewide Office for Suicide Prevention is required, within available resources, to “. . . implement the statewide plan prepared by the Suicide Prevention Coordinating Council.” The coordinating council, however, is only an advisory body and, as such, has only advisory powers. Further, it appears that this plan has already been approved by the office.

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.

¹⁷ *Microtel, Inc. v. Fla. Public Serv. Comm’n*, 464 So.2d 1189, 1191 (Fla. 1985).

¹⁸ *Sims v. State*, 754 So.2d 657, 668 (Fla. 2000).

¹⁹ *Askew v. Cross Key Waterways*, 372 So.2d 913, 925 (Fla. 1978).

²⁰ *Lewis v. Bank of Pasco County*, 346 So.2d 53, 55-56 (Fla. 1976).

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.²¹

C. Government Sector Impact:

The bill appropriates one full-time-equivalent position and \$100,000 from the General Revenue Fund to the Office of Drug Control in the Executive Office of the Governor to support activities of the Office for Suicide Prevention during Fiscal Year 2006-2007.

The bill authorizes the Statewide Office for Suicide Prevention to seek and accept grants from federal, state and local sources to support the operation of the office and the council. The bill does not authorize the office to request increases in budget authority to utilize grant funds in excess of the appropriation, and does not make provisions for grant funds to be deposited in the State Treasury.

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 2004.²² 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."²³ ²⁴ Also, research indicates that alterations in neurotransmitters such as serotonin are associated with the risk for suicide.²⁵ 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 47th in the nation in per capita funding for mental health services.²⁶

²¹ 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>.

²² Department of Health, Florida Vital Statistics Annual Report 2004.

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

²⁴ Conwell, Y. Brent, D. Suicide and aging. I: patterns of psychiatric diagnosis. *International Psychogeriatrics*, 1995; 7(2): 149-64

²⁵ 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.

²⁶ 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>.

Units within the executive branch are defined in ch. 20, F.S., in order to provide a uniform nomenclature. Section 20.04, F.S., does not currently contain a general definition for “office,” although there are a few departments that are explicitly created with offices.²⁷

Typically, the head of an agency is appointed by the Governor and confirmed by the Senate. Such an agency head, however, is an “officer” and not an “employee.” For example, the Office of Drug Control, pursuant to s. 397.332, F.S., is a director who is appointed by the Governor and confirmed by the Senate. The committee substitute explicitly makes clear that the Statewide Office of Suicide Prevention is a unit of the Office of Drug Control and provides that the Statewide Office of Suicide Prevention has a “coordinator” who is specifically identified as an “employee” and not as an “officer.” As a result, the coordinator is clearly under the direction of the Office of Drug Control.

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

²⁷ 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.

VIII. Summary of Amendments:

None.

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