

The Florida Senate
PROFESSIONAL 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 224

INTRODU Health and Human Services Appropriations Committee, Children, Families and Elder Affairs Committee and Senators Lynn, King and Geller

SUBJECT: Suicide Prevention

DATE: April 24, 2007 REVISED: _____

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

I. Summary:

The Committee Substitute for Committee Substitute for Senate Bill 224 creates the Statewide Office for Suicide Prevention as a unit of the Office of Drug Control within the Executive Office of the Governor.

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 Coordinating Council, including a duty to prepare and present a report annually to the Governor and the Legislature.

The bill creates the following sections of the Florida Statutes: 14.2019 and 14.20195.

II. Present Situation:

National Suicide Prevention Strategy - In 2004, suicide was the eleventh leading cause of death in the United States, costing the lives of 32,439 individuals.¹ It was the eighth leading cause of death for males and the sixteenth leading cause of death for females. For teenagers and young adults, suicide was the third leading cause of death after accidental death and homicide. Among the highest rates (when categorized by gender and race) were suicide deaths of white

¹ Centers for Disease Control WISQUARS™ website “Fatal Injury Reports” and “Leading Cause of Death Reports”: <http://www.cdc.gov/ncipc/wisquars/>; obtained December 12, 2006 (last visited March 3, 2007).

men over the age of 85, who had a rate of 17.8 suicide deaths per 100,000. This figure is significantly higher than the national average of 10.9 suicides per 100,000 people in the general population.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 suicide deaths, with a rate of 13.7 per 100,000 in the population, higher than the national average.⁷ In 2005, there were 2,308 suicide deaths in Florida, making suicide the ninth leading cause of death in Florida in 2005.⁸ 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 in the state.⁹

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

² National Institute of Mental Health, *Suicide in the U.S.: Statistics & Prevention*, 2006 (rev).

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.

⁷ Centers for Disease Control WISQUARS™ website "Fatal Injury Reports" : <http://www.cdc.gov/ncipc/wisquars/>; obtained December 12, 2006 (last visited March 3, 2007).

⁸ Florida Department of Health, Office of Planning, Evaluation and Data Analysis, Florida CHARTS, Major Causes of Death, 2005, <http://www.floridacharts.com/charts/SpecReport.aspx?RepID=378>

⁹ Florida Vital Statistics, Annual Report, 2005.

Suicide Prevention Act (Ch. 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 Senate and the Florida House of Representatives 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 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 - Units within the executive branch are defined in ch. 20, F.S., in order to provide a uniform nomenclature. 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.”

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 (“EOG”). The director of the office is appointed by the Governor and confirmed by the Senate. The purpose of the office is to work in collaboration with the Office of Planning & Budgeting on issues related to drug control efforts.

III. Effect of Proposed Changes:

The Committee Substitute for Committee Substitute for Senate Bill 224 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;
- Prepare and implement a statewide plan with the advice of 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 upon a specific appropriation, the bill authorizes the director of the Office of Drug Control to employ and direct the work of a coordinator for the Statewide Office for Suicide Prevention.

The bill authorizes the Statewide 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 authorized expenses, and provides that grant revenue shall be deposited in the Grants and Donations Trust Fund within the Executive Office of the Governor. The bill 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, 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;
- Identify ways to improve access to crisis services for 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;
- Make findings and recommendations regarding suicide prevention programs and activities; and,
- 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, 2008, and each year thereafter. The report must describe the status of the existing and planned initiatives identified in the statewide plan and of any recommendations arising from it.

The Suicide Prevention Coordinating Council will consist of 28 voting 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 to be a non-voting member of the coordinating council and act 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 provides an effective date of July 1, 2007.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

Both the Office and the Council must meet the requirements of Article I, s. 24 of the State Constitution, as well as ch. 119, F.S., and s. 286.011, F.S.

C. Trust Funds Restrictions:

None.

D. Other Constitutional Issues:

Departments and other agencies are “creatures of statute” and only have those rights and privileges given to them by the Legislature in statute:¹⁰

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.¹¹

The formulation of public policy is the duty of the Legislature.¹² This power cannot be exercised by another branch of government.¹³ Nevertheless, executive agencies may play an important part in the development of public policy through the development of administrative rules. Executive agencies, however, do not have inherent rulemaking authority.¹⁴ It is the prerogative of the Legislature to give agencies authority to adopt rules that implement, enforce, and interpret a statute.¹⁵ Such enabling statute may not provide unbridled authority to an administrative agency to decide what the law is.¹⁶ An enabling statute must be complete in itself,¹⁷ must declare the legislative policy or standard,¹⁸ and must operate to limit the delegated power.¹⁹ Pursuant to s. 120.54(1)(a), F.S., rulemaking is not a matter of agency discretion. Each agency statement defined as a rule must be adopted as a rule. A rule is

. . . each agency statement of general applicability that implements, interprets, or prescribes law or policy or describes the procedure or practice requirements of an agency and includes any form which imposes any requirement or solicits any information not specifically required by statute or by an existing rule. . . .

The authority delegated to the Suicide Prevention Coordinating Council is the power to advise the Statewide Office for Suicide Prevention. The authority delegated to the Statewide Office for Suicide Prevention is to: (1) align and provide direction for statewide suicide initiatives; (2) establish partnerships with state and private agencies for the purpose of promoting public awareness of suicide prevention; (3) address specific at-risk populations; (4) identify ways to improve access to crisis services for individuals in acute situations; and (5) identify resources to support the implementation of the

¹⁰ *Seaside Properties, Inc., v. State Road Department*, 190 So.2d 391 (3rd DCA 1966).

¹¹ *Lee v. Division of Florida Land Sales and Condominiums*, 474 So.2d 282 (5th DCA 1985).

¹² *Carter v. City of Stuart*, 468 So.2d 955, 957 (Fla. 1985).

¹³ *Smith v. State*, 537 So.2d 982, 985 (Fla. 1989).

¹⁴ *Grove Isle, Ltd. V. State Dep't of Env'tl. Reg.*, 454 So.2d 571, 573 (Fla. 1st DCA 1984).

¹⁵ *State v. Atlantic C.L.R. Co.*, 47 So. 969 (1909).

¹⁶ *State ex rel. Davis v. Fowler*, 114 So. 435, 437 (Fla. 1927).

¹⁷ *Florida Beverage Corp. v. Wynne*, 306 So.2d 200, 202 (Fla. 1st DCA 1975).

¹⁸ *Chiles v. Children A, B, C, D, E, & F*, 589 So.2d 260, 268 (Fla. 1991).

¹⁹ *City Council of N. Miami Beach v. Trebor Constr. Corp.*, 254 So.2d 51, 53 (Fla. 3^d DCA 1971), cert denied, 260 So.2d 514 (Fla. 1972).

statewide plan. Under the act, the council must prepare a report to the Governor and Legislature that includes recommendations arising from the statewide plan. The need for additional legislative direction and delegations of authority should be noted in this report and, if necessary, obtained through the passage of additional legislation.

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 12.8 per 100,000, it is estimated that there were approximately 369 Years of Potential Life Lost (YPLL) in 2005 from the deaths of Floridians by suicide.²⁰

C. Government Sector Impact:

The bill authorizes the Statewide Office for Suicide Prevention to seek and accept grants from federal, state and local sources to support its operation. The bill provides that revenues from grants are to be deposited in the Grants & Donations Trust Fund, and provides that pursuant to s. 216.181(11), F.S., the EOG is permitted to request changes to the approved operating budget to allow the expenditure of any additional grant funds collected.

VI. Technical Deficiencies:

None.

VII. Related Issues:

Florida Suicide Prevention Strategy 2005-2010 - The Office of Drug Control, Executive Office of the Governor, has published a document called, "Florida Suicide Prevention Strategy 2005-2010." Page 3-2 of this document contains a list of 10 objectives: (1) Raise awareness and disseminate information about the risk factors and warning signs associated with suicide; (2) Overcome the reluctance to talk about suicide as a major debilitating social phenomenon; (3) Debunk myths about suicide that lead to greater risk of suicide or hinders its prevention; (4) Implement prevention, intervention, and treatment activities that are effective in prevention of suicide and suicide attempts; (5) Expand accessibility to substance abuse and mental health treatment; (6) Mitigate risk among potential suicides by reducing access to lethal means; (7) Provide training to gatekeepers and first responders on intervention skills in threatening

²⁰ Florida Department of Health, Office of Planning, Evaluation and Data Analysis, Florida CHARTS, Major Causes of Death, 2005, <http://www.floridacharts.com/charts/SpecReport.aspx?RepID=378>

situations; (8) Implement screening systems to help identify those at risk for suicide; (9) Support research for improved prevention and treatment modalities; (10) Develop broad-based support for suicide prevention.

Page 4-2 states:

Accordingly, in order to ensure suicide prevention remains a priority in Florida, it is crucial that a state infrastructure be in place to support the sustainable reduction of suicide. It is proposed that a Statewide Office for Suicide Prevention be formed to coordinate the state's suicide prevention efforts. The Office, in conjunction with the current Suicide Prevention Task Force or some successor body, would oversee the planning, resourcing, implementation, and evaluation of suicide prevention initiatives across the state.

It may be appropriate to clarify that the office, in its annual report to the Legislature, shall include proposed legislation or rule change recommendations.

Rulemaking – The bill does not provide any rulemaking authority to the Office of Suicide Prevention. Neither does the bill exempt the office from the requirements of ch. 120, F.S.

VIII. Summary of Amendments:

None.

This Senate Professional Staff Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
