

;['ppp6The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

BILL: SB 478

INTRODUCER: Senator Brodeur

SUBJECT: Suicide Prevention

DATE: January 10, 2022

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Delia	Cox	CF	Pre-meeting
2.			AHS	
3.			AP	

I. Summary:

SB 478 directs the Statewide Office for Suicide Prevention (the Statewide Office) within the Department of Children and Families (the DCF) to conduct a study examining the following services and programs relating to suicide prevention:

- The National Suicide Prevention Lifeline (the NSPL);
- Crisis response services;
- Strategies to improve linkages between NSPL infrastructure and crisis response services;
- Available mental health block grant funds;
- Funding sources available through Medicaid; and
- Strategies to ensure that managing entities work with community stakeholders in furtherance of supporting the NSPL and other crisis response services.

The bill requires the Statewide Office to submit a report detailing the findings of the study to the following individuals:

- The President of the Senate;
- The Speaker of the House of Representatives;
- The chairs of the appropriations committees;
- The chairs of the committees having jurisdiction over behavioral health care services; and
- The Secretary of the DCF.

The bill may have an indeterminate negative fiscal impact to state government. See Section V. Fiscal Impact Statement.

The bill is effective July 1, 2022.

II. Present Situation:

Suicide Prevention

Suicide is a major public health issue and a leading cause of death nationally, with complex causes such as mental health and substance use disorders, painful losses, exposure to violence, and social isolation.¹ Suicide rates increased every year from 1999 through 2018.² In 2017, suicide was the second leading cause of death nationwide for persons aged 10–14, 15–19, and 20–24.³ After stable trends from 2000 to 2007, suicide rates for persons aged 10–24 increased 56 percent from 2007 to 2017,⁴ before declining 2 percent from 2018 to 2019.⁵

In 2019, 3,427 Floridians died by suicide, representing a 3.5 percent decrease from the number of deaths in 2018.⁶ Over half of suicide deaths in 2019 involved a firearm.⁷ According to preliminary medical examiner's reports, approximately 2,975 Floridians died from suicide in 2020, a decrease of 13 percent from 2019.⁸

Statewide Office for Suicide Prevention

The Statewide Office, housed within the Department of Children and Families (the DCF), is responsible for coordinating education and training curricula in suicide prevention efforts for law enforcement personnel, first responders to emergency calls, health care providers, school employees, and others who may have contact with persons at risk of suicide.⁹ The Statewide Office is allowed to seek and accept grants or funds from federal, state, or local sources to support the operation and defray the authorized expenses of the Statewide Office and the Suicide Prevention Coordinating Council.¹⁰

¹ Substance Abuse and Mental Health Service Administration, *Suicide Prevention*, available at <https://www.samhsa.gov/suicide-prevention> (last visited January 5, 2022).

² The Centers for Disease Control and Prevention (The CDC), *Suicide in the U.S. Declined During the Pandemic*, available at <https://www.cdc.gov/nchs/pressroom/podcasts/2021/20211105/20211105.htm> (last visited January 5, 2022).

³ *Id.*

⁴ Heron M., Curtin, S., *Death Rates Due to Suicide and Homicide Among Persons Aged 10-24: United States, 2007-2017*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention National Center for Health Statistics, available at <https://www.cdc.gov/nchs/data/databriefs/db352-h.pdf> (last visited January 5, 2022).

⁵ The CDC, *Changes in Suicide Rates – United States, 2018-2019*, available at <https://www.cdc.gov/mmwr/volumes/70/wr/mm7008a1.htm> (last visited January 5, 2022).

⁶ The DCF, *2020 Suicide Prevention Coordinating Council Annual Report*, January 1, 2021, p. 7, available at <https://www.myflfamilies.com/service-programs/samh/prevention/suicide-prevention/docs/2020%20SUICIDE%20PREVENTION%20COORDINATING%20COUNCIL%20annual%20report%20-%20FINAL.docx> (last visited January 5, 2022).

⁷ *Id.*

⁸ The Tampa Bay Times, *A Pandemic Plus: Florida Suicides Plummeted. Experts Worry it Won't Last*, available at <https://www.tampabay.com/news/florida-politics/2021/02/10/a-pandemic-plus-florida-suicides-plummeted-experts-worry-it-wont-last/> (last visited January 5, 2022).

⁹ Section 14.2019, F.S.

¹⁰ Section 14.2019(3), F.S.

National Suicide Prevention Lifeline

The NSPL is a suicide prevention network of over 180 crisis centers that provides 24/7 service to anyone in a suicidal crisis or emotional distress via a toll-free hotline.¹¹ The U.S. Substance Abuse and Mental Health Services Administration (the SAMHSA) and Vibrant Emotional Health launched the Lifeline on January 1, 2005.¹²

The NSPL is independently evaluated by the Columbia University's Research Foundation for Mental Hygiene, and receives ongoing consultation and guidance from national suicide prevention experts, consumer advocates, and other stakeholders through the NSPL's Steering Committee; Consumer/Survivor Committee; and Standards, Training and Practices Committee.¹³ The NSPL grant is one component of the National Suicide Prevention Initiative, a multi-project effort to reduce suicide, led by the SAMSHA's Center for Mental Health Services.¹⁴

Managing Entities (MEs)

The DCF administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment and recovery for children and adults who are otherwise unable to obtain these services. SAMH programs include a range of prevention, acute interventions (e.g. crisis stabilization), residential treatment, transitional housing, outpatient treatment, and recovery support services. Services are provided based upon state and federally-established priority populations.¹⁵

In 2001, the Legislature authorized the DCF to implement behavioral health managing entities (ME) as the management structure for the delivery of local mental health and substance abuse services.¹⁶ The implementation of the ME system initially began on a pilot basis and, in 2008, the Legislature authorized DCF to implement MEs statewide.¹⁷ Full implementation of the statewide ME system occurred in 2013 and all geographic regions are now served by a managing entity.¹⁸

¹¹ The National Suicide Prevention Lifeline, *About*, available at <https://suicidepreventionlifeline.org/about/> (last visited January 3, 2022).

¹² *Id.*

¹³ *Id.*

¹⁴ The SAMSHA, *National Suicide Prevention Initiative*, available at <https://web.archive.org/web/20080201122133/http://mentalhealth.samhsa.gov/cmhs/nspi/> (last visited January 5, 2022).

¹⁵ See s. 394.674(1), F.S., for a complete list of priority populations.

¹⁶ Chapter 2001-191, L.O.F.

¹⁷ Chapter 2008-243, L.O.F.

¹⁸ Florida Tax Watch, *Analysis of Florida's Behavioral Health Managing Entity Models*, p. 4, March 2015, available at <https://floridataxwatch.org/Research/Full-Library/ArtMID/34407/ArticleID/15758/Analysis-of-Floridas-Behavioral-Health-Managing-Entities-Model> (last visited January 5, 2022).

Mobile Response Teams

A mental health crisis can be caused by a variety of factors at any hour of the day.¹⁹ Family members and caregivers of an individual experiencing a mental health crisis are often ill-equipped to handle these situations and need the advice and support of professionals.²⁰ Law enforcement or emergency medical technicians (EMTs) are frequently called to respond to mental health crises and they may lack the training and experience to effectively handle the situation.²¹ Mobile crisis response teams (MRTs) can be beneficial in such instances.

MRTs provide readily available crisis care in a community-based setting and increase opportunities to stabilize individuals in the least restrictive setting, thereby avoiding the need for jail or hospital emergency department utilization.²² Early intervention services are critical to reducing involuntary examinations in minors and there are areas across the state where options short of involuntary examination under the Baker Act are limited or nonexistent.²³ MRTs are available to individuals under age 25 years of age, regardless of their ability to pay, and must be ready to respond to any mental health emergency.²⁴ Telehealth can be used to provide direct services to individuals via video-conferencing systems, mobile phones, and remote monitoring.²⁵ It can also be used to provide initial triage to determine if an in-person visit is needed to respond to the crisis, assessments, and follow-up consultation.²⁶

The DCF established a framework to guide procurement of MRTs. This framework suggests that the procurement:

- Be conducted with the collaboration of local Sheriff's Offices and public schools in the procurement planning, development, evaluation, and selection process;
- Be designed to ensure reasonable access to services among all counties in the ME's service region, taking into consideration the geographic location of existing mobile crisis teams;
- Require services be available 24 hours per day, seven days per week with on-site response time to the location of referred crises within 60 minutes of the request for services;
- Require the Network Service Provider to establish formalized written agreements to establish response protocols with local law enforcement agencies and local school districts or superintendents;
- Require access to a board-certified or board-eligible Psychiatrist or Psychiatric Nurse Practitioner; and

¹⁹ The DCF, *Mobile Response Teams Framework*, (August 29, 2018), p. 4, available at <https://www.myflfamilies.com/service-programs/samh/publications/docs/Mobile%20Response%20Framework.pdf> (last visited January 5, 2022)(hereinafter cited as "MRT Framework").

²⁰ *Id.*

²¹ *Id.*

²² MRT Framework, p. 2

²³ MRT Framework, p. 4.

²⁴ *Id.*

²⁵ MRT Framework, p. 7.

²⁶ *Id.*

- Provide for an array of crisis response services that are responsive to the individual and the family needs, including screening, standardized assessments, early identification, or linkage to community services as necessary to address the immediate crisis event.²⁷

Florida Medicaid

Medicaid provides medical coverage to low-income individuals and families.²⁸ The state and federal government share the cost of the Medicaid program, and Medicaid services for Floridians are administered by the Agency for Health Care Administration (the AHCA).²⁹ Medicaid eligibility in Florida is determined either by the DCF or the Social Security Administration for SSI recipients.³⁰

Florida has a Section 1115 waiver to use a comprehensive managed care delivery model for primary and acute care services, the Statewide Medicaid Managed Care (SMMC) program.³¹ Within the SMMC, the Managed Medical Assistance (MMA) program provides acute health care services through managed care plans contracted with the AHCA in the 11 regions across the state.³² Coverage includes preventive care, acute care, therapeutics, pharmacy, transportation services, and behavioral health services.³³

Current law requires each managed care plan to have an accurate and complete online database of the providers in their networks, including information about their credentials, licensure, hours of operation, and location.³⁴

Federal Assistance Related to COVID-19

CARES Act Funding

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law “to provide emergency assistance and health care response for individuals, families, and businesses affected by the 2020 coronavirus pandemic.”³⁵ The CARES Act included multiple resources for services and supports intended to benefit individuals with issues related to mental health or substance use disorder, including:

- \$425 million for the SAMHSA, including:
 - \$250 million to Certified Community Behavioral Health Clinics (CCBHCs);
 - \$50 million for suicide prevention programs;
 - \$100 million for emergency-response spending that can target support where it is most needed, such as outreach to those experiencing homelessness; and

²⁷ MDT Framework, p. 2-3.

²⁸ The DCF, Office of Economic Self-Sufficiency, *Medicaid*, available at <https://www.myflfamilies.com/service-programs/access/medicaid/> (last visited January 5, 2022).

²⁹ *Id.*

³⁰ *Id.*

³¹ Section 409.964, F.S.

³² See Agency for Health Care Administration, *A Snapshot of the Florida Statewide Medicaid Managed Care Program*, https://ahca.myflorida.com/Medicaid/statewide_mc/pdf/mma/SMMC_Snapshot.pdf (last visited January 5, 2022).

³³ *Id.*

³⁴ Section 409.967(2)(c)1., F.S.

³⁵ Pub. L. No. 116-136 (2020).

- \$15 million for tribal communities.³⁶

American Rescue Plan Act Funding

On March 11, 2021, the American Rescue Plan Act (the Rescue Act) was signed into law.³⁷ Under the Rescue Act, the SAMSHA distributed an additional \$3 billion in funding for mental health and substance abuse services, comprising the largest ever aggregate amount of funding for mental health and substance use block grant programs.^{38, 39} Specifically, the Community Mental Health Services Block Grant (MHBG) Program and Substance Abuse Prevention and Treatment Block Grant Program (SABG) dispersed \$1.5 billion each to states and territories.⁴⁰

III. Effect of Proposed Changes:

The bill requires the Statewide Office to study the following services and programs relating to suicide prevention:

- An overview of the National Suicide Prevention Lifeline (the NSPL);
- An analysis of the current capacity of crisis response services, including services provided by mobile response teams and centralized receiving facilities. The bill specifically requires the analysis to include:
 - The geographic area and total population served by each mobile response team;
 - The average response time to each call made to the mobile response team;
 - The number of calls each mobile response team could not respond to due to staffing issues, travel distance, or other factors; and
 - The veteran status and age groups of individuals receiving services from mobile response teams;
- Strategies to improve linkages between NSPL infrastructure and crisis response services;
- Available mental health block grant funds which can be used to support the state's NSPL infrastructure, including potential funding available through opioid settlements, the CARES Act, the American Rescue Plan Act, or other federal legislation;
- Funding sources available through Medicaid, including potential funding available via approval of a section 1115 waiver; and

³⁶ The National Alliance on Mental Illness (NAMI), *Information on the CARES Act for People with Mental Illness*, available at <https://www.nami.org/About-NAMI/NAMI-News/2020/Information-on-the-CARES-Act-for-People-with-Mental-Illness> (last visited January 5, 2022).

³⁷ Pub. L. No. 117-2 (2021).

³⁸ A block grant is a noncompetitive, formula grant mandated by the U.S. Congress where eligible entities must submit an annual application to demonstrate statutory and regulatory compliance in order to receive the formula-based funding by Congress. The SAMHSA's block grants provide funding for substance abuse and mental health services, including the Substance Abuse Prevention and Treatment Block Grant (Funds may be used to plan, implement, and evaluate activities that prevent and treat substance abuse and promote public health) and the Community Mental Health Services Block Grant (Funds may be used to provide comprehensive, community-based mental health services to adults with serious mental illnesses and to children with serious emotional disturbances and to monitor progress in implementing a comprehensive, community-based mental health system). See The SAMSHA, *Substance Abuse and Mental Health Block Grants*, available at <https://www.samhsa.gov/grants/block-grants> (last visited January 5, 2022).

³⁹ The U.S. Department of Health and Human Services, *HHS Announces \$3 Billion in American Rescue Plan Funding for SAMHSA Block Grants to Address Addiction, Mental Health Crisis*, available at <https://www.hhs.gov/about/news/2021/05/18/hhs-announces-3-billion-in-american-rescue-plan-funding-for-samhsa-block-grants.html> (last visited January 5, 2022).

⁴⁰ *Id.*

- Strategies to ensure that managing entities work with community stakeholders in furtherance of supporting the NSPL and other crisis response services.

The bill requires the Statewide Office to submit a report by July 1, 2023, detailing the findings of the study to the following individuals:

- The President of the Senate;
- The Speaker of the House of Representatives;
- The chairs of the appropriations committees;
- The chairs of the committees having jurisdiction over behavioral health care services; and
- The Secretary of the Department of Children and Families (the DCF).

The bill is effective July 1, 2022.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The bill does not appear to require cities and counties to expend funds or limit their authority to raise revenue or receive state-shared revenues as specified by Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

There may be an indeterminate negative fiscal impact to the DCF as the Statewide Office is housed within the DCF and will be conducting the study. The DCF may incur costs from providing services and administrative support.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

None.

IX. Additional Information:**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.