

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 897 w/ CS Suicide Prevention
SPONSOR(S): Berfield
TIED BILLS: None **IDEN./SIM. BILLS:** CS/SB 2042

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Elder Affairs & Long Term Care (Sub)	8 Y, 0 N	Meyer	Liem
2) Future of Florida's Families	16 Y, 0 N w/CS	Meyer	Liem
3) State Administration		Williamson	Everhart
4) Transportation & Econ. Dev. Apps. (Sub)			
5) Appropriations			

SUMMARY ANALYSIS

This bill creates the Suicide Prevention Coordinating Program within the Office of Drug Control. It creates sections 14.2017 and 14.2018, F.S., and transfers the Office of Drug Control and the Statewide Drug Advisory Council to those two sections, respectively. This bill appropriates \$100,000 and one FTE to the Office of Drug Control.

This bill creates the Suicide Prevention Coordinating Council, which is required to have at least seven and no more than 20 members. Participation is voluntary. Appointing agencies, other than state departments, must bear the cost of serving on the Council.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives.

STORAGE NAME: h0897c.sa.doc
DATE: March 28, 2004

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. DOES THE BILL:

- | | | | |
|--------------------------------------|------------------------------|--|---|
| 1. Reduce government? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. Lower taxes? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 3. Expand individual freedom? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 4. Increase personal responsibility? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 5. Empower families? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |

For any principle that received a “no” above, please explain:

This bill creates a Suicide Prevention Coordinating Program within the Office of Drug Control (office), and requires the office to submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives, an annual report beginning January 1, 2005. It also creates the Suicide Prevention Coordinating Council to guide the office.

To the extent that a new function is added to government, taxes are not lowered by this bill, and government is not reduced.

B. EFFECT OF PROPOSED CHANGES:

Background

The National Institute for Mental Health (NIMH) describes suicidal behavior as “complex” with risk factors that include age, gender, and ethnic group. Research reported by the NIMH indicates that the vast majority, more than 90 percent, of people who kill themselves have depression or another diagnosable mental or substance abuse disorder.

Suicide Rates

Florida currently ranks tenth in the nation for suicides per 100,000 in the population, and the state’s suicide rate is higher than the national average. Suicide was the ninth leading cause of death in Florida in 2001, and it is the third leading cause of death for 15-24 year olds.¹

State Efforts to Combat Suicide in Florida

In 1984, the Legislature passed the Florida Emotional Development and Suicide Prevention Act.² It required the Department of Health and Rehabilitative Services, in cooperation with the Department of Education and the 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 was 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 and submitted. The plan provided a model that addressed detailed prevention, intervention, and treatment strategies. The plan was never implemented.

¹ There were 2,332 suicides in Florida during 2001 (an average of 44 suicide deaths every week). Suicide claimed the lives of 209 of Florida’s youth under the age of 24. Florida Vital Statistics, Annual Report, 2002.

² Chapter 84-317, L.O.F.

In 1990, Florida 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 Department of Children and Family Services funded a Youth Suicide Prevention Study. The study was presented to the Legislature by the Louis de la Parte Florida Mental Health Institute at the University of South Florida. It 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.

The House of Representatives and the Senate both passed resolutions in 1999 encouraging suicide prevention efforts and declaring suicide prevention a state priority. The Department of Education introduced the SAFE School Action Planning and Preparedness Program. 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 Department of Health, Bureau of Emergency Medical Services. The report's findings 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 that same year, the Governor directed the Office of Drug Control (office) to assist in decreasing the incidence of suicide in Florida. The director of the office 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 state and community leaders in order to decrease the incidence of youth suicide.

Office of Drug Control

The Office of Drug Control was established in the Executive Office of the Governor to address the problem of drug abuse in Florida. The office is designed to coordinate all of the Florida's activities related to the reduction of drug abuse and its consequences in the state. The director of the office works with the Legislature and appropriate state agencies to ensure that a comprehensive, balanced, and accountable drug control policy is implemented in Florida.

Effect of Bill

The bill creates the Suicide Prevention Coordinating Program (program) within the Office of Drug Control (office). The program is created to serve as the focal point on statewide suicide prevention efforts. Within existing resources, the bill directs the office and the program to build community networks, create public awareness of suicide prevention, coordinate education, provide training for affected personnel, and coordinate an interagency workgroup. It also requires the office to submit recommendations regarding suicide prevention to the Governor, the President of the Senate, and the Speaker of the House of Representatives, annually beginning January 1, 2005. Contingent upon an appropriation, the director of the office may employ a coordinator to administer the program.

The bill also creates the Suicide Prevention Coordinating Council (council) for purposes of guiding the office. It consists of at least seven and no more than 20 members appointed by: the Florida Substance Abuse and Mental Health Corporation, Inc.; the Florida Association of School Psychologists; the Florida Sheriff's Association; the Suicide Action Network USA; the Florida Initiative of Suicide Prevention; the Alzheimer's Association; the Department of Education; the Agency for Health Care Administration; the Department of Health; the Department of Elderly Affairs; the Department of Children and Family Services; the Department of Corrections; the Department of Veteran's Affairs; and the Governor's Mentoring Initiative. Further, each Secretary may appoint one additional member who has critical expertise. The council is to establish, as a sub-group of the council, an interagency workgroup with a

representative from the Departments of Elderly Affairs, Health, Education, Children and Family Services, and Juvenile Justice, and the Agency for Health Care Administration. The director of the office serves as the chair of the council. Membership is voluntary, and members serve without compensation; however, any member who is a public employee is entitled to reimbursement for per diem and travel expenses by his or her employer.

The council is required to develop a statewide plan for suicide prevention. The council is also required to seek and accept grants or funds from any source in order to defray the expenses incurred in its operation.

The office is authorized to hire 1 staff person to serve as the coordinator for the program and is appropriated 1 FTE and \$100,000. The program is directed to implement the statewide plan developed by the council.

C. SECTION DIRECTORY:

Section 1 amends and renumbers s. 397.332, F.S., as s. 14.2017, F.S., to create the Suicide Prevention Coordinating Program within the office, and to create the Suicide Prevention Coordinating Council.

Section 2 renumbers s. 397.333, F.S., as s. 14.2018, F.S., relating to the Statewide Drug Policy Advisory Council.

Section 3 amends s. 943.031(4), F.S., to correct cross references.

Section 4 amends s. 943.042, F.S., to correct a cross reference.

Section 5 provides an appropriation of \$100,000 and 1 FTE for fiscal year 2004-2005.

Section 6 provides an effective date of July 1, 2004.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

No revenues are identified.

2. Expenditures:

The bill provides an appropriation of \$100,000 from General Revenue and 1 FTE to the Office of Drug Control. The bill directs the Departments of Elderly Affairs, Health, Education, Children and Family Services, and Juvenile Justice, and the Agency for Health Care Administration, to assign representatives to the interagency workgroup. It entitles those employees to reimbursement for travel and per diem expenses. It is not possible to project the costs associated with those employees serving on this workgroup because the bill does not specify where the workgroup will meet; however, it does require quarterly meetings.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

No revenue is identified.

2. Expenditures:

No immediate fiscal impact is created.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

No fiscal impact is projected.

D. FISCAL COMMENTS:

The bill creates one staff position in the Office of Drug Control and appropriates \$100,000. There are federal grant opportunities available to states and other groups involved in suicide prevention. This appropriation may not be sufficient to support a highly educated and skilled director (1 FTE) and any travel expenses he or she will incur.

The bill provides that the travel expenses of all members of the Advisory Council will be borne by the appointing agency.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not affect municipal or county governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES

HB 897 with CS includes the amendments that were recommended by the subcommittee.

The Subcommittee on Elder Affairs & Long Term Care amended the bill in their March 15 meeting.

- Instead of an Office of Suicide Prevention, the amendment creates the Suicide Prevention Coordinating Program in the Office of Drug Control.
- The amendment creates sections 14.2017 and 14.2018, F.S., and transfers the Office of Drug Control and the Statewide Drug Advisory Council to those two sections, respectively.
- The amendment removes the detailed requirements related to the training, experience, and education requirements for the Coordinator of the Office of Suicide Prevention and the provision that allowed the Director of the Office of Drug Control to waive those requirements.
- The Suicide Prevention Coordinating Council is revised. Now it is required to have at least 7 and no more than 20 members, and participation is voluntary. The amendment lists organizations that are to appoint a representative and allows the secretaries of the named state agencies to each appoint one additional person.