

II. Present Situation:

In 1984, the Legislature passed the Florida Youth Emotional Development and Suicide Prevention Act.¹ The 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. While the initial state initiative highlighted suicide prevention among Florida's youth, subsequent prevention initiatives over the years have covered other age groups and populations. In February 2004, the Governor's Task Force on Suicide Prevention held a retreat for the purpose of developing a strategy to reduce suicide in our communities. Participants included representatives from state agencies, universities, crisis centers, and health care professionals and community activists. In December 2006, the Florida Suicide Prevention Symposium was held, wherein efforts to encourage the establishment of a Statewide Office for Suicide Prevention were highlighted.

In 2007, the Legislature established the Statewide Office of Suicide Prevention within the Governor's Office of Drug Control. The purpose of this office is to develop a network of community-based programs to improve suicide prevention initiatives, prepare and implement a statewide plan, increase public awareness, and coordinate education and training curricula in suicide prevention.²

According to the Statewide Office of Suicide Prevention:

Nationally, suicide is the third leading cause of death among young people ages 15-24 and the second leading cause of death for young adults ages 25-34. Overall, suicide is America's leading cause of death, claiming the lives of over 30,000 Americans per year. Of those deaths, 2,410 occurred within the state of Florida in 2006 at a rate of 13.1 per 100,000---far higher than the national average.³ Florida ranks second in the nation for highest number of suicide fatalities, and has the thirteenth highest suicide rate. It is the state's tenth leading cause of death.⁴

The Florida Department of Veterans' Affairs estimates there are 1.8 million veterans in Florida. Of these, approximately 30 percent receive health care services from the U. S. Department of Veterans' Affairs (VA). The VA operates a statewide system of health care facilities including six medical centers or hospitals, with a seventh in development and supported by a system of 42 mid-sized outpatient clinics and small-sized, community-based outpatient clinics.

Mental health services are available throughout Florida's VA system either on site, if available, or through referral to a nearby VA facility where mental health professional staff is available. In addition, the VA operates 15 Vet Centers and Vet Center Outstations throughout the state providing counseling services for post-service readjustment, Post Traumatic Stress Disorder (PTSD), and sexual assault.

¹ Chapter 84-317, L.O.F.

² Section 14.2019, F.S.

³ According to the Centers for Disease Control and Prevention (CDC), the 2005 national average suicide rate was 11.05 per 100,000. See CDC Suicide Data Sheet, available at: <http://www.cdc.gov/ncipc/dvp/Suicide/SuicideDataSheet.pdf> (last visited March 31, 2008).

⁴ Florida Statewide Office of Suicide Prevention Annual Report, January 2008, page 2.

Vet Centers primarily focus on providing services to combat veterans and their families. Vet Centers are a separate program, independent from the VA healthcare system, but work in conjunction with nearby VA healthcare facilities for certain mental health services.⁵ Enrollment in the VA healthcare system is not required for veterans to use the services of a Vet Center.

In November 2007, Congress passed H. R. 327, the Joshua Omvig Veterans Suicide Prevention Act. The act expresses the sense of Congress that suicide among veterans suffering from PTSD is a serious problem and that the Secretary of Veterans Affairs should take into consideration the special needs of such veterans and of elderly veterans who are at high risk of depression and experience high rates of suicide. The act directs the Secretary to develop a comprehensive program to reduce the incidence of suicide among veterans. Prior to the adoption of this act, the VA already had suicide prevention measures in place. For example, in 1998, the VA mandated annual depression screening at all VA primary clinics.⁶ The VA established the National Center for Post Traumatic Stress Disorder which treats PTSD and sponsors research into the relationship between PTSD and the risk of suicide. The center's website publishes information relating to PTSD and the risk of suicide.⁷ Further, the VA provides information regarding suicide prevention awareness and a 1-800 suicide crisis hotline.⁸ According to the Florida Department of Veterans' Affairs, the VA spends nearly three billion dollars annually for mental health services nationwide.

Each of the military services has an active suicide prevention program.⁹ Further, military members returning from combat deployment, including members of the National Guard, receive a Post-Deployment Health Re-Assessment which is administered within 90 to 120 days of return. Data from these assessments indicate 38 percent of Soldiers and 31 percent of Marines report psychological symptoms. Among members of the National Guard, the figure rises to 49 percent.¹⁰ The Florida National Guard is currently developing improvements to its outreach program to assist returning members and their families in obtaining available VA healthcare.¹¹

However, the Department of Defense's Task Force on Mental Health identified significant gaps in the continuum of care for psychological health, citing among other issues, insufficient access to mental health professionals for service members and their family members.¹²

⁵ Senate Committee on Military Affairs and Domestic Security Interim Project Report 2008-145, Florida Veterans' Healthcare Facilities and Outreach Services, October, 2007.

⁶ Depression Screening in a VA Primary Care Clinic, available at: <http://www.ps.psychiatryonline.org>, December 2006, Vol. 57, No. 12, page, 1694.

⁷ United States Department of Veterans Affairs, National Center for Posttraumatic Stress Disorder, website: http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_suicide.html (last visited on March 31, 2008).

⁸ United States Department of Veterans Affairs, Mental Health website: <http://www.mentalhealth.va.gov> (last visited on March 31, 2008).

⁹ Suicide Prevention Resource Center Library website: <http://library.sprc.org/browse.php?catid=116646> (last visited on March 31, 2008).

¹⁰ Senate Committee on Military Affairs and Domestic Security Interim Project Report 2008-145, Florida Veterans' Healthcare Facilities and Outreach Services, October, 2007.

¹¹ *Id.*

¹² Defense Health Board Task Force on Mental Health, "An Achievable Vision: Report of the Department of Defense Task Force on Mental Health, June 2007, page ES-3.

III. Effect of Proposed Changes:

This bill substantially amends s. 14.2019, F.S., to establish a Veterans' Suicide Prevention and Mental Health Services Program within the Statewide Office for Suicide Prevention. The bill further creates s. 14.20193, F.S., to provide a framework for conducting the Veterans' Suicide Prevention and Mental Health Services Program. The bill provides that the purpose of the program is to: **(See Technical Deficiencies)**

- Coordinate veterans' suicide prevention and mental health services and resources;
- Develop a network of community-based behavioral health services providers that provide suicide prevention and mental health services for veterans and their families;
- Create standards for behavioral service providers serving veterans at risk for suicide and mental illness;
- Increase public awareness about the risk of suicide and mental illness among veterans;
- Coordinate education and training for professionals who may have contact with veterans at risk for suicide or mental illness; and
- Develop a standard operating procedure for identifying levels of support for veterans.

The bill provides that, at a minimum, the provider guidelines and standards developed by the Veteran's Suicide Prevention and Mental Health Program address a provider's:

- Status as a non-profit organizations under s. 501 (c) (3) of the Internal Revenue Code with at least five years experience providing behavioral health treatment services;
- Capability and experience;
- Cooperation with other agencies that serve the needs of veterans. The bill provides that at a minimum, the provider have four cooperative agreements with such organizations;
- Accreditation by a state-recognized accrediting organization;
- Qualifications to meet the needs of veterans at risk of suicide or mental illness;
- Adequacy of service and location of facilities;
- Privacy and confidentiality as it relates to client records, data, and other information; and
- Ability to collect, document, and report performance measures and use it for program management and continuous quality improvement.

The bill appropriates \$1.3 million in nonrecurring funds from the General Revenue Fund to the Statewide Office for Suicide Prevention for the 2008-2009 fiscal year for the purpose of funding the Veterans' Suicide Prevention and Mental Health Services Program. **(See Technical Deficiencies)**

The bill provides an effective date of July 1, 2008.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

This bill appropriates \$1.3 million in nonrecurring funds from the General Revenue Fund for FY 2008-09.

VI. Technical Deficiencies:

The purpose of the Veteran's Suicide Prevention and Mental Health Services Program is similar to that of the Statewide Office of Suicide Prevention.

According to the Statewide Office of Suicide Prevention,¹³ the intent of the bill is somewhat unclear.

The intent of the bill seems to duplicate the efforts of the VA. The Department of Veterans' Affairs recommends that any program in the area of medical care or benefits for veterans be researched and compared against existing federal care and benefits to ensure the efforts are complimentary and not duplicative.¹⁴

While the bill clearly states that the Veterans' Suicide Prevention and Mental Health Services Program, is created within the Statewide Office of Suicide Prevention, the administrative structure of this program is unclear. **(This technical deficiency is addressed in the traveling amendment, Barcode 583918.)**

¹³ Phone conversation with Erin MacInnes, Director, Statewide Office of Suicide Prevention, April 4, 2008.

¹⁴ Department of Veterans' Affairs 2008 Bill Analysis, SB 2554, March 17, 2008 (on file with committee).

The bill is unclear on how the coordination of suicide prevention and mental health services and resources provided by the Department of Veterans' Affairs, the Department of Military Affairs, and the VA will be accomplished.

The provisions of the bill are unclear as to the use of the \$1.3 million.

VII. Related Issues:

None.

VIII. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

Barcode 583918 by Children, Families, and Elder Affairs on April 8, 2008:

Makes the following changes to SB 2554:

- Provides that the establishment of the Veterans' Suicide Prevention and Mental Health Services Program will be established within available resources.
- Provides that the Veterans' Suicide Prevention and Mental Health Services Program coordinate substance abuse services for veterans and their families.
- Provides that the Veterans' Suicide Prevention and Mental Health Services Program increase the public awareness about the mental health and substance abuse services available to veterans.
- Provides that the Veterans' Suicide Prevention and Mental Health Services Program enhance mental health care services for veterans and their families in areas where veterans are underserved through existing resources.
- Reduces the appropriation of nonrecurring General Revenue funds to the Statewide Office for Suicide Prevention for FY 2008-2009 from \$1.3 million to \$700,000.
- Authorizes the EOG to provide at least one additional FTE position within the Statewide Office of Suicide Prevention to coordinate the Veterans' Suicide Prevention and Mental Health Services Program.