

## 1 HOUSE BILL NO. 70

2 INTRODUCED BY K. HOLMLUND

3 BY REQUEST OF THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

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 5 A BILL FOR AN ACT ENTITLED: "AN ACT GENERALLY REVISING THE DEPARTMENT OF PUBLIC  
 6 HEALTH AND HUMAN SERVICES SUICIDE PREVENTION PROGRAM; MODERNIZING THE PROGRAM TO  
 7 BUILD ON EXISTING PROGRAMS AND REFLECT NATIONAL RESEARCH AND CURRENT BEST  
 8 PRACTICES; REVISING REQUIREMENTS FOR THE SUICIDE REDUCTION PLAN; AMENDING SECTIONS  
 9 53-21-1101 AND 53-21-1102, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."

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 11 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

12  
 13 **Section 1.** Section 53-21-1101, MCA, is amended to read:

14 **"53-21-1101. Suicide prevention officer -- duties.** (1) The department of public health and human  
 15 ~~services~~ shall implement a suicide prevention program administered by a suicide prevention officer attached to  
 16 ~~the office of the director of the department~~ division responsible for administering adult mental health services.  
 17 The program must be informed by the best available evidence.

18 (2) The suicide prevention officer shall:

19 (a) coordinate all suicide prevention activities being conducted for both children and adults by ~~the all~~  
 20 divisions within the department, including activities in the addictive and mental disorders division, the health  
 21 ~~resources division, and the public health and safety division,~~ and coordinate with any suicide prevention  
 22 activities that are conducted by other state agencies, including the office of the superintendent of public  
 23 instruction, the department of corrections, the department of military affairs, ~~and the university system,~~ and  
 24 other stakeholders;

25 (b) develop a ~~biennial~~ BIENNIAL suicide reduction plan in accordance with 53-21-1102 that addresses  
 26 reducing suicides by Montanans of all ages, ethnic groups, and occupations;

27 (c) direct a statewide suicide prevention program with ~~evidence-based activities~~ BASED ON THE BEST  
 28 AVAILABLE EVIDENCE that include but are not limited to:

1 (i) conducting statewide ~~public awareness communication~~ campaigns aimed at normalizing the need  
 2 for all Montanans to address their mental health ~~problems~~ and utilizing both paid and free media, including  
 3 digital and social media, and including input from government agencies, school representatives from  
 4 elementary schools through higher education, mental health advocacy groups, veteran groups, and other  
 5 relevant nonprofit organizations;

6 (ii) initiating, in partnership with Montana's tribes and tribal organizations, ~~a public awareness program~~  
 7 communication and training that is culturally appropriate and ~~that~~ utilizes the modalities best suited for Indian  
 8 country;

9 (iii) seeking opportunities for research that will improve understanding of suicide in Montana and  
 10 provide increased suicide-related services;

11 (iv) training for medical professionals, military personnel, school personnel, social service providers,  
 12 and the general public on recognizing the early warning signs of suicidality, depression, and other mental  
 13 illnesses as well as actions, based on the best available evidence, to take during and after a crisis; and

14 (v) identifying and using available resources, which may include providing grants to entities, including  
 15 but not limited to tribes, tribal and urban health organizations, local governments, schools, health care  
 16 providers, professional associations, and other nonprofit and community organizations, for development or  
 17 expansion of evidence-based suicide prevention programs in accordance with the requirements of 53-21-1111;

18 (vi) building a multifaceted, lifespan approach to suicide prevention; and

19 (vii) obtaining, and reviewing ANALYZING, AND REPORTING PROGRAM EVALUATION DATA, QUALITY HEALTH  
 20 OUTCOMES, AND suicide morbidity and mortality data, subject to existing confidentiality protections for the data."

21  
 22 **Section 2.** Section 53-21-1102, MCA, is amended to read:

23 **"53-21-1102. Suicide reduction plan.** (1) The department of public health and human services shall  
 24 produce a ~~biennial~~ BIENNIAL suicide reduction plan ~~that must be submitted to the legislature as provided in 5-11-~~  
 25 240 EVERY 5 YEARS THAT MUST BE SUBMITTED TO THE LEGISLATURE AS PROVIDED IN 5-11-210.

26 (2) The plan must include:

- 27 (a) an assessment of both risk and protective factors impacting Montana's suicide rate;
- 28 (b) specific activities to reduce suicide;

1 (c) concrete targets for suicide reduction among various demographic populations, including but not  
2 limited to American Indians, veterans, and youth;

3 (d) measurable outcomes for all activities; and

4 (e) information on all existing state suicide reduction activities for all state agencies, as well as any  
5 known local or tribal suicide reduction activities.

6 (3) Upon the development of a suicide reduction plan draft, the department shall initiate a public  
7 comment period of not less than 21 days during which members of mental health advocacy groups and other  
8 interested parties may submit comments on and suggestions for the plan. The department shall produce a final  
9 plan, which takes public comment into account, no later than 60 days after the close of the comment period.  
10 The plan must be published on the department's website and submitted to:

11 (a) ~~the appropriate children, families, health, and human services~~ interim committee ~~of and~~ the  
12 legislature as provided in 5-11-210;

13 (b) the director of the department; and

14 (c) the governor."

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16 NEW SECTION. Section 3. Effective date. [This act] is effective on passage and approval.

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