



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

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

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

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

(2) The suicide prevention officer shall:

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

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

(c) direct a statewide suicide prevention program with ~~evidence-based~~ activities based on the best available evidence that include but are not limited to:

- (i) conducting statewide ~~public awareness communication~~ campaigns aimed at normalizing the need for all Montanans to address their mental health ~~problems~~ and utilizing both paid and free media, including digital and social media, and including input from government agencies, school representatives from elementary schools through higher education, mental health advocacy groups, veteran groups, and other relevant nonprofit organizations;
- (ii) initiating, in partnership with Montana's tribes and tribal organizations, ~~a public awareness program~~ communication and training that is culturally appropriate and ~~that~~ utilizes the modalities best suited for Indian country;
- (iii) seeking opportunities for research that will improve understanding of suicide in Montana and provide increased suicide-related services;
- (iv) training for medical professionals, military personnel, school personnel, social service providers, and the general public on recognizing the early warning signs of suicidality, depression, and other mental illnesses as well as actions, based on the best available evidence, to take during and after a crisis; and
- (v) identifying and using available resources, which may include providing grants to entities, including but not limited to tribes, tribal and urban health organizations, local governments, schools, health care providers, professional associations, and other nonprofit and community organizations, for development or expansion of evidence-based suicide prevention programs in accordance with the requirements of 53-21-1111;
- (vi) building a multifaceted, lifespan approach to suicide prevention; and
- (vii) obtaining, analyzing, and reporting program evaluation data, quality health outcomes, and suicide morbidity and mortality data, subject to existing confidentiality protections for the data."

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

"53-21-1102. Suicide reduction plan. (1) The department of public health and human services shall produce a ~~biennial~~ biennial suicide reduction plan ~~that must be submitted to the legislature as provided in 5-11-240~~ that must be submitted to the legislature as provided in 5-11-210.

- (2) The plan must include:
 - (a) an assessment of both risk and protective factors impacting Montana's suicide rate;
 - (b) specific activities to reduce suicide;

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

(d) measurable outcomes for all activities; and

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

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

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

(b) the director of the department; and

(c) the governor."

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

- END -

I hereby certify that the within bill,
HB 70, originated in the House.

Chief Clerk of the House

Speaker of the House

Signed this _____ day
of _____, 2021.

President of the Senate

Signed this _____ day
of _____, 2021.

HOUSE BILL NO. 70

INTRODUCED BY K. HOLMLUND

BY REQUEST OF THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

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