



AN ACT APPROPRIATING MONEY FOR SHORT-TERM VOLUNTARY INPATIENT MENTAL HEALTH TREATMENT; PROVIDING RULEMAKING AUTHORITY; AMENDING SECTIONS 53-21-1202, 53-21-1203, AND 53-21-1204, MCA; AND PROVIDING AN EFFECTIVE DATE.

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

Section 1. Section 53-21-1202, MCA, is amended to read:

"53-21-1202. Crisis intervention programs -- rulemaking authority. (1) The department shall, subject to available appropriations for the purposes of this part, establish crisis intervention programs. The programs must be designed to provide 24-hour emergency admission and care of persons suffering from a mental disorder and requiring commitment in a temporary, safe environment in the community as an alternative to placement in jail.

(2) The department shall provide information and technical assistance regarding needed services and assist counties in developing county plans for crisis intervention services and for the provision of alternatives to jail placement.

(3) The department may provide crisis intervention programs as:

- (a) a rehabilitative service under 53-6-101(4)(j); and
- (b) a targeted case management service authorized in 53-6-101(4)(n).

(4) The department shall adopt rules to:

- (a) implement the grant program provided for in 53-21-1203;
- (b) contract for detention beds pursuant to 53-21-1204; and
- (c) pay for short-term inpatient treatment that is provided pursuant to 53-21-1205."

Section 2. Section 53-21-1203, MCA, is amended to read:

"53-21-1203. State matching fund grants for county crisis intervention, jail diversion, precommitment, and short-term inpatient treatment costs. (1) As soon as possible after July 1 of each year, from funds appropriated by the legislature for the purposes of this section, the department shall grant to each

eligible county state matching funds for:

(a) jail diversion and crisis intervention services to implement 53-21-1201 and 53-21-1202;

(b) insurance coverage against catastrophic precommitment costs if a county insurance pool is established pursuant to 2-9-211; and

(c) short-term inpatient treatment.

(2) Grant amounts must be based on available funding and the prospects that a county or multicounty plan submitted pursuant to subsection (3) will, if implemented, reduce admissions to the state hospital for emergency and court-ordered detention and evaluation and ultimately result in cost savings to the state. The department shall develop a sliding scale for state grants based upon the historical county use of the state hospital with a high-use county receiving a lower percentage of matching funds. The sliding scale must be based upon the number of admissions by county compared to total admissions and upon the population of each county compared to the state population.

(3) In order to be eligible for the state matching funds, a county shall, in the time and manner prescribed by the department:

(a) apply for the funds and include in the grant application a detailed plan for how the county and other local entities will collaborate and commit local funds for the mental health services listed in subsection (1);

(b) develop and submit to the department a county or multicounty jail diversion and crisis intervention services strategic plan pursuant to 53-21-1201 and 53-21-1202, including a plan for community-based or regional emergency and court-ordered detention and examination services and short-term inpatient treatment;

(c) participate in a statewide or regional county insurance plan for precommitment costs under 53-21-132 if a statewide or regional insurance plan has been established as authorized under 2-9-211;

(d) participate in a statewide or regional jail suicide prevention program if one has been established by the department for the state or for the region in which the county is situated; and

(e) collect and report data and information on county jail diversion, crisis intervention, and short-term inpatient treatment services in the form and manner prescribed by the department to support program evaluation and measure progress on performance goals.

~~(4) The department shall adopt rules by August 1, 2011, to implement the provisions of this section."~~

Section 3. Section 53-21-1204, MCA, is amended to read:

"53-21-1204. Department to contract for detention beds --rulemaking. (1) To the extent funding is appropriated for the purposes of this section, for each service area, as defined in 53-21-1001, the department shall contract with a mental health facility for psychiatric treatment beds that may be used for:

(a) inpatient crisis intervention services needed prior to an involuntary commitment petition being filed; and

(b) emergency detention under 53-21-129 and court-ordered detention under 53-21-124 after an involuntary commitment petition has been filed but before final disposition.

(2) Contracting pursuant to this section must take into consideration county strategic plans developed pursuant to 53-21-1201 and 53-21-1202 and local need for precommitment and short-term inpatient treatment services.

(3) Each contract must provide that for payment of costs for detention, evaluation, and treatment pursuant to subsection (1), the facility shall bill for payment of costs in the order of priority provided for under 53-21-132(2)(a).

(4) Each contract must require the collection and reporting of fiscal and program data in the time and manner prescribed by the department to support program evaluation and measure progress on performance objectives. The department shall establish baseline data on emergency and court-ordered detention admissions to the state hospital from each county and analyze the effect of contracting under this section on state hospital admissions.

~~(5) The department shall adopt rules to implement this section."~~

Section 4. Appropriation. (1) There is appropriated \$1 million from the general fund to the department of public health and human services for the biennium beginning July 1, 2015.

(2) The money must be:

(a) used to pay for short-term inpatient treatment that is provided pursuant to 53-21-1205; and

(b) spent in accordance with rules adopted pursuant to 53-21-1202.

(3) Expenditures from this appropriation are intended to be ongoing and must be included in the budget prepared by the governor for the 2019 biennium.

Section 5. Coordination instruction. If both House Bill No. 2 and [this act] are passed and approved

and House Bill No. 2 contains an appropriation of \$1 million to the department of public health and human services for the biennium beginning July 1, 2015, for short-term inpatient treatment provided pursuant to 53-21-1205, then [section 4] of [this act] is void.

Section 6. Effective date. [This act] is effective July 1, 2015.

- END -

I hereby certify that the within bill,
HB 0035, originated in the House.

Chief Clerk of the House

Speaker of the House

Signed this _____ day
of _____, 2015.

President of the Senate

Signed this _____ day
of _____, 2015.

HOUSE BILL NO. 35

INTRODUCED BY R. EHLI

BY REQUEST OF THE CHILDREN, FAMILIES, HEALTH, AND HUMAN SERVICES INTERIM COMMITTEE

AN ACT APPROPRIATING MONEY FOR SHORT-TERM VOLUNTARY INPATIENT MENTAL HEALTH TREATMENT; PROVIDING RULEMAKING AUTHORITY; AMENDING SECTIONS 53-21-1202, 53-21-1203, AND 53-21-1204, MCA; AND PROVIDING AN EFFECTIVE DATE.