



AN ACT REQUIRING THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO IMPLEMENT A COMPREHENSIVE SUICIDE PREVENTION PROGRAM, INCLUDING A SUICIDE PREVENTION OFFICER, A COMPREHENSIVE SUICIDE REDUCTION PLAN, AND A 24-HOUR SUICIDE PREVENTION HOTLINE; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, the State of Montana has, according to 2003 federal data, the second highest rate of suicide in the nation, which is almost twice the national rate; and

WHEREAS, those Montanans completing suicides include children, adolescents, adults, and the elderly and residents of urban, rural, and frontier areas; and

WHEREAS, the vast majority of individuals that complete suicide suffer from a diagnosed or undiagnosed mental illness that prevents them from making a "rational" choice to end their life; and

WHEREAS, Montana's high rate of suicide is attributable to the complex interaction of many factors, including but not limited to lack of access to both crisis mental health services and noncrisis mental health care, including psychosocial interventions, effective supports and medication, and the barriers that often prevent youth and adults from seeking treatment because of stigma, myths, and misunderstandings about mental illnesses; and

WHEREAS, past statewide efforts to reduce suicide have lacked sufficient cohesiveness and resources to be effective.

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

Section 1. Suicide prevention officer -- duties. (1) The department of public health and human services shall implement a suicide prevention program by January 1, 2008. The program must be administered by a suicide prevention officer attached to the office of the director of the department.

(2) The suicide prevention officer shall:

(a) coordinate all suicide prevention activities being conducted by 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, department of

military affairs, and the university system;

(b) develop a biennial suicide reduction plan that addresses reducing suicides by Montanans of all ages;

(c) direct a statewide suicide prevention program whose activities include but are not limited to:

(i) conducting statewide public awareness campaigns utilizing both paid and free media and including input from government agencies, school representatives from elementary schools through higher education, mental health advocacy groups, and other relevant nonprofit organizations;

(ii) initiating, in partnership with Montana's tribes and tribal organizations, a public awareness program 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; and

(v) providing grants to communities or other government, nonprofit, or tribal entities to start new or sustain existing suicide prevention activities.

Section 2. Suicide reduction plan. (1) The department of public health and human services shall produce a biennial suicide reduction plan 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 the appropriate interim committee of the legislature, the director of the department, and the governor.

Section 3. Suicide hotline. (1) The department of public health and human services is required to have a suicide crisis hotline available, staffed by paid, trained employees 24 hours a day and 365 days a year.

(2) The hotline may be operated by the department or by a qualified Montana-based, nonprofit organization.

(3) The department shall conduct an annual review of hotline utilization and operator performance.

Section 4. Notification to tribal governments. The secretary of state shall send a copy of [this act] to each tribal government located on the seven Montana reservations and to the Little Shell Chippewa tribe.

Section 5. Codification instruction. [Sections 1 through 3] are intended to be codified as an integral part of Title 53, chapter 21, and the provisions of Title 53, chapter 21, apply to [sections 1 through 3].

Section 6. Effective date. [This act] is effective July 1, 2007.

- END -

I hereby certify that the within bill,
SB 0478, originated in the Senate.

Secretary of the Senate

President of the Senate

Signed this _____ day
of _____, 2019.

Speaker of the House

Signed this _____ day
of _____, 2019.

SENATE BILL NO. 478

INTRODUCED BY WEINBERG, CLARK, W. JONES

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