1	HOUSE BILL NO. 118
2	INTRODUCED BY J. WINDY BOY
3	BY REQUEST OF THE STATE ADMINISTRATION AND VETERANS' AFFAIRS INTERIM COMMITTEE
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5	A BILL FOR AN ACT ENTITLED: "AN ACT REVISING THE STATE SUICIDE PREVENTION PROGRAM;
6	CLARIFYING THE DUTIES OF THE SUICIDE PREVENTION OFFICER; ESTABLISHING REQUIREMENTS FOR
7	SUICIDE PREVENTION GRANTS; IMPLEMENTING PORTIONS OF THE MONTANA NATIVE YOUTH SUICIDE
8	REDUCTION STRATEGIC PLAN; PROVIDING AN APPROPRIATION APPROPRIATIONS; AMENDING
9	SECTION SECTIONS 53-6-1201 AND 53-21-1101, MCA; AND PROVIDING AN EFFECTIVE DATE."
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11	WHEREAS, the State Administration and Veterans' Affairs Interim Committee examined the high rate of
12	suicide in Montana among veterans;
13	WHEREAS, the committee learned that of the 555 suicides in Montana that occurred between January
14	1, 2014, and March 1, 2016, most suicides are by white males ages 35 through 64, that 121 were by veterans,
15	42 were by American Indians, and that 27 were by youth from 11 to 17 years of age; and
16	WHEREAS, after investigating the causes of suicide and the federal, state, and local efforts to prevent
17	suicide among veterans, the committee recognized that suicide prevention efforts must be aimed at all
18	demographic groups in Montana and accomplished using various media, especially digital and social media; and
19	WHEREAS, the committee voted unanimously to enhance Montana's current state suicide prevention
20	program by promoting a statewide, multimedia suicide prevention campaign for all ages, ethnic groups, and
21	occupations that would help normalize awareness about suicide risks and suicide prevention efforts.
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23	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
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25	Section 1. Section 53-21-1101, MCA, is amended to read:
26	"53-21-1101. Suicide prevention officer duties. (1) The department of public health and human
27	services shall implement a suicide prevention program by January 1, 2008. The program must be administered
28	by a suicide prevention officer attached to the office of the director of the department.
29	(2) The suicide prevention officer shall:
30	(a) coordinate all suicide prevention activities being conducted by the department, including activities
	Legislative

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;

- (b) develop a biennial suicide reduction plan that addresses reducing suicides by Montanans of all ages, ethnic groups, and occupations;
- (c) direct a statewide suicide prevention program with <u>EVIDENCE-BASED</u> activities that include but are not limited to:
- (i) conducting statewide public awareness campaigns <u>aimed at normalizing the need for all Montanans</u> to address 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 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 EVIDENCE-BASED suicide prevention activities 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 [SECTION 2]."

NEW SECTION. Section 2. Suicide Prevention Grants. (1) The Department of Public Health and Human Services Shall administer a grant program from funds appropriated by the Legislature for Suicide Prevention activities pursuant to this Section.

(2) (A) TO BE ELIGIBLE FOR A GRANT UNDER THIS SECTION, AN ENTITY SHALL DEMONSTRATE CREDIBLE EVIDENCE

TO THE DEPARTMENT THAT THE ACTIVITY TO BE FUNDED IS EFFECTIVE IN PREVENTING SUICIDE.



1	(B) AN ACTIVITY MUST BE CONSIDERED EFFECTIVE IF IT MEETS ONE OR MORE OF THE FOLLOWING CRITERIA:
2	(I) IT HAS BEEN CITED AS EFFECTIVE BY PEER-REVIEWED RESEARCH OR LITERATURE;
3	(II) IT WAS A FORMALLY ADOPTED RECOMMENDATION OF THE MONTANA SUICIDE REVIEW TEAM ESTABLISHED IN
4	SECTION 3, CHAPTER 353, LAWS OF 2013; OR
5	(III) IT INCREASES KNOWLEDGE OF AND RESPONSE TO ADVERSE CHILDHOOD EXPERIENCES.
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7	SECTION 3. SECTION 53-6-1201, MCA, IS AMENDED TO READ:
8	"53-6-1201. Special revenue fund health and medicaid initiatives. (1) There is a health and
9	medicaid initiatives account in the state special revenue fund established by 17-2-102. This account is to be
10	administered by the department of public health and human services.
11	(2) There must be deposited in the account:
12	(a) money from cigarette taxes deposited under 16-11-119(1)(d);
13	(b) money from taxes on tobacco products other than cigarettes deposited under 16-11-119(3)(b); and
14	(c) any interest and income earned on the account.
15	(3) This account may be used only to provide funding for:
16	(a) the state funds necessary to take full advantage of available federal matching funds in order to
17	administer the plan and maximize enrollment of eligible children under the healthy Montana kids plan, provided
18	for under Title 53, chapter 4, part 11, and to provide outreach to the eligible children;
19	(b) a new need-based prescription drug program established by the legislature for children, seniors,
20	chronically ill, and disabled persons that does not supplant similar services provided under any existing program;
21	(c) increased medicaid services and medicaid provider rates. The increased revenue is intended to
22	increase medicaid services and medicaid provider rates and not to supplant the general fund in the trended
23	traditional level of appropriation for medicaid services and medicaid provider rates.
24	(d) an offset to loss of revenue to the general fund as a result of new tax credits;
25	(e) funding new programs to assist eligible small employers with the costs of providing health insurance
26	benefits to eligible employees;
27	(f) the cost of administering the tax credit, the purchasing pool, and the premium incentive payments and
28	premium assistance payments as provided in Title 33, chapter 22, part 20; and
29	(g) providing a state match for the medicaid program for premium incentive payments or premium

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assistance payments to the extent that a waiver is granted by federal law as provided in 53-2-216; and

1 (h) grants to schools for suicide prevention activities, for the biennium beginning July 1, 2017.

(4) (a) On or before July 1, the budget director shall calculate a balance required to sustain each program in subsection (3) for each fiscal year of the biennium. If the budget director certifies that the reserve balance will be sufficient, then the agencies may expend the revenue for the programs as appropriated. If the budget director determines that the reserve balance of the revenue will not support the level of appropriation, the budget director shall notify each agency. Upon receipt of the notification, the agency shall adjust the operating budget for the program to reflect the available revenue as determined by the budget director.

- (b) Until the programs or credits described in subsections (3)(b) and (3)(d) through (3)(g) are established, the funding must be used exclusively for the purposes described in subsections (3)(a) and (3)(c).
- (5) The phrase "trended traditional level of appropriation", as used in subsection (3)(c), means the appropriation amounts, including supplemental appropriations, as those amounts were set based on eligibility standards, services authorized, and payment amount during the past five biennial budgets.
 - (6) The department of public health and human services may adopt rules to implement this section."

NEW SECTION. Section 2. Appropriation. There is appropriated \$500,000 from the general fund to the department of public health and human services FOR THE BIENNIUM ENDING JUNE 30, 2019, for the statewide suicide prevention program provided for in 53-21-1101.

NEW SECTION. Section 4. APPROPRIATIONS -- REPORTING REQUIREMENTS. (1) (A) THERE IS APPROPRIATED \$500,000 FROM THE TOBACCO SETTLEMENT PROCEEDS IN THE STATE SPECIAL REVENUE ACCOUNT ESTABLISHED IN 17-6-603 TO THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES FOR THE BIENNIUM BEGINNING JULY 1, 2017, FOR GRANTS MADE PURSUANT TO 53-21-1101(2)(C)(V) AND [SECTION 2] FOR THE PREVENTION OF SUICIDES BY MONTANANS, INCLUDING VETERANS.

- (B) Grant activities funded pursuant to this subsection (1) must be provided or supervised by a HEALTH CARE PROVIDER AS DEFINED IN 50-16-504(7).
- (C) THE LEGISLATURE INTENDS THAT THE APPROPRIATION IN THIS SUBSECTION (1) BE CONSIDERED A PART OF THE ONGOING BASE FOR THE NEXT LEGISLATIVE SESSION.
- (2) (A) THERE IS APPROPRIATED \$250,000 FROM THE STATE SPECIAL REVENUE ACCOUNT ESTABLISHED IN 53-6-1201 TO THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES FOR ASSISTING WITH STATE AND TRIBAL EFFORTS TO IMPLEMENT THE ACTION STEPS OF THE MONTANA NATIVE YOUTH SUICIDE REDUCTION PLAN PUBLISHED IN



1	<u>January 2017.</u>
2	(B) THE LEGISLATURE INTENDS THAT THE APPROPRIATION IN THIS SUBSECTION (2) BE A ONE-TIME-ONLY
3	APPROPRIATION.
4	(3) (A) THERE IS APPROPRIATED \$250,000 FROM THE STATE SPECIAL REVENUE ACCOUNT ESTABLISHED IN
5	53-6-1201 TO THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO PROVIDE GRANTS FOR SCHOOL-BASED
6	SUICIDE PREVENTION ACTIVITIES.
7	(B) THE LEGISLATURE INTENDS THAT THE APPROPRIATION IN THIS SUBSECTION (3) BE A ONE-TIME-ONLY
8	APPROPRIATION.
9	(4) THE DEPARTMENT SHALL REPORT REGULARLY TO THE APPROPRIATE INTERIM COMMITTEES ON THE USE OF
10	THE APPROPRIATIONS, INCLUDING THE ACTIVITIES UNDERTAKEN BY THE DEPARTMENT AND BY GRANTEES.
11	(5) THE GRANTEES SHALL REPORT AT THE END OF THE BIENNIUM ON THE OUTCOMES OF THE GRANT ACTIVITIES
12	AND WHETHER AN OBJECTIVE DECREASE IN THE SUICIDE RATE OCCURRED IN THEIR COMMUNITIES. THE REPORT MUST BE
13	PROVIDED TO THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES AND TO THE 2019 JOINT APPROPRIATIONS
14	SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES.
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16	NEW SECTION. Section 5. Notification to tribal governments. The secretary of state shall send a
17	copy of [this act] to each tribal government located on the seven Montana reservations and to the Little Shell
18	Chippewa tribe.
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20	NEW SECTION. Section 6. Codification instruction. [Section 2] is intended to be codified as an
21	INTEGRAL PART OF TITLE 53, CHAPTER 21, PART 11, AND THE PROVISIONS OF TITLE 53, CHAPTER 21, PART 11, APPLY
22	TO [SECTION 2].
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24	COORDINATION SECTION. SECTION 7. COORDINATION INSTRUCTION. IF BOTH HOUSE BILL NO. 2 AND [THIS
25	ACT] ARE PASSED AND APPROVED AND HOUSE BILL NO. 2 CONTAINS A LINE ITEM APPROPRIATION TOTALING \$1 MILLION
26	TO THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES FOR SUICIDE PREVENTION AND [THIS ACT] CONTAINS
27	APPROPRIATIONS TOTALING \$1 MILLION TO THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES FOR USE AS
28	PROVIDED IN [SECTION 4], THEN THE APPROPRIATION IN HOUSE BILL NO. 2 IS VOID.
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30	NEW SECTION. Section 8. Effective date. [This act] is effective July 1, 2017.
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