

HOUSE BILL NO. 590

INTRODUCED BY J. KARJALA

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A BILL FOR AN ACT ENTITLED: "AN ACT REVISING STATE SUICIDE PREVENTION PROGRAM LAWS; PROVIDING GRANTS FOR YOUTH SUICIDE PREVENTION; PROVIDING AN APPROPRIATION; AMENDING SECTION 53-21-1101, MCA; AND PROVIDING AN EFFECTIVE DATE AND A TERMINATION 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 ~~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, 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 evidence-based activities that 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;



1 (iv) training for medical professionals, military personnel, school personnel, social service providers, and
 2 the general public on recognizing the early warning signs of suicidality, depression, and other mental illnesses;
 3 and

4 (v) providing grants to ~~communities or other government, nonprofit, or tribal entities to start new or~~
 5 ~~sustain existing suicide prevention activities~~ entities including but not limited to tribes, tribal and urban health
 6 organizations, local governments, schools, health care providers, professional associations, and other nonprofit
 7 and community organizations for development or expansion of suicide prevention programs."

8
 9 **NEW SECTION. Section 2. Youth suicide prevention grants.** (1) The department of public health and
 10 human services shall administer a grant program from funds appropriated by the legislature for youth suicide
 11 prevention activities pursuant to this section.

12 (2) (a) To be eligible for a grant under this section, an entity shall demonstrate credible evidence to the
 13 department that the activity to be funded is effective in preventing suicide.

14 (b) An activity must be considered effective if it meets one or more of the following criteria:

15 (i) it has been cited as effective by peer-reviewed research or literature;

16 (ii) it was a formally adopted recommendation of the Montana suicide review team established in section
 17 3, Chapter 353, Laws of 2013;

18 (iii) it is a recommended strategy described in the native youth suicide reduction strategic plan, January
 19 2017; or

20 (iv) it involves efforts that seek to:

21 (A) reduce factors that increase the risk for suicidal thoughts and behaviors; or

22 (B) increase the factors that help strengthen, support, and protect individuals from suicide.

23 (c) Examples of activities that may be funded include but are not limited to:

24 (i) training and implementation of primary care or school-based depression screening;

25 (ii) prevention activities directed at school children with demonstrated effectiveness at building resiliency
 26 against suicide;

27 (iii) mechanisms for scaling evidence-based therapies to larger numbers of youth and communities, such
 28 as online mindfulness-based cognitive behavioral therapy and other technological interventions;

29 (iv) activities to increase knowledge of and response to adverse childhood experiences; and

30 (v) mental health resiliency training for youth or lay counselors for adults.

