

HOUSE BILL NO. 453

INTRODUCED BY J. WINDY BOY

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A BILL FOR AN ACT ENTITLED: "AN ACT REVISING THE STATE SUICIDE PREVENTION PROGRAM;
REVISING REQUIREMENTS FOR SUICIDE PREVENTION GRANTS; PROVIDING AN APPROPRIATION;
AMENDING SECTIONS 52-2-302 AND 52-2-304, MCA; AND PROVIDING AN EFFECTIVE DATE."

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

Section 1. Section 52-2-302, MCA, is amended to read:

"52-2-302. Definitions. The following definitions apply to this part:

(1) (a) "High-risk child with multiagency service needs" means a child under 18 years of age who:

(i) is seriously emotionally disturbed, who is placed or who imminently may be placed in an out-of-home setting, and who has a need for collaboration from more than one state agency in order to address the child's needs; or

(ii) has risk factors for suicidality and is eligible for suicide prevention programs administered or funded by one or more state agencies.

(b) The term does not include a child incarcerated in a state youth correctional facility.

(2) "Least restrictive and most appropriate setting" means a setting in which a high-risk child with multiagency service needs is served:

(a) within the child's family or community; or

(b) outside the child's family or community where the needed services are not available within the child's family or community and where the setting is determined to be the most appropriate alternative setting based on:

(i) the safety of the child and others;

(ii) ethnic and cultural norms;

(iii) preservation of the family;

(iv) services needed by the child and the family;

(v) the geographic proximity to the child's family and community if proximity is important to the child's treatment.

(3) "Provider" means an agency of state or local government, a person, or a program authorized to



1 provide treatment or services to a high-risk child with multiagency service needs who is suffering from mental,
2 behavioral, or emotional disorders.

3 (4) "Services" has the meaning as defined in 52-2-202.

4 (5) "System of care" means an integrated service support system that:

5 (a) emphasizes the strengths of the child and the child's family;

6 (b) is comprehensive and individualized; and

7 (c) provides for:

8 (i) culturally competent and developmentally appropriate services in the least restrictive and most
9 appropriate setting;

10 (ii) full involvement of families and providers as partners;

11 (iii) interagency collaboration; and

12 (iv) unified care and treatment planning at the individual child level.

13 (6) "Wraparound philosophy of care" means a planning process that is designed to address the needs
14 of a child and the child's family and that:

15 (a) empowers the family to take the lead in making decisions affecting the planning for support systems
16 and services;

17 (b) reflects the family's values, preferences, culture, strengths, and needs;

18 (c) emphasizes community-based natural and informal support systems;

19 (d) involves collaboration among members of a team that is developed with involvement of the family
20 and that includes agencies, providers, and others who offer support to the child and family;

21 (e) provides services in the least restrictive and most accessible setting possible; and

22 (f) contains measurable outcomes that are regularly reviewed by the team and adjusted as necessary."
23

24 **Section 2.** Section 52-2-304, MCA, is amended to read:

25 **"52-2-304. Committee duties.** (1) The committee established in 52-2-303 shall, to the extent possible
26 within existing resources:

27 (a) develop policies aimed at eliminating or reducing barriers to the implementation of a system of care;

28 (b) promote the development of an in-state quality array of core services in order to assist in returning
29 high-risk children with multiagency service needs from out-of-state placements, limiting and preventing the
30 placement of high-risk children with multiagency service needs out of state, and maintaining high-risk children

1 with multiagency service needs within the least restrictive and most appropriate setting;

2 (c) advise local agencies to ensure that the agencies comply with applicable statutes, administrative
3 rules, and department policy in committing funds and resources for the implementation of unified plans of care
4 for high-risk children with multiagency service needs and in making any determination that a high-risk child with
5 multiagency service needs cannot be served by an in-state provider;

6 (d) encourage the development of local interagency teams with participation from representatives from
7 child serving agencies who are authorized to commit resources and make decisions on behalf of the agency
8 represented;

9 (e) specify outcome indicators and measures to evaluate the effectiveness of the system of care;

10 (f) develop mechanisms to elicit meaningful participation from parents, family members, and youth who
11 are currently being served or who have been served in the children's system of care; ~~and~~

12 (g) take into consideration the policies, plans, and budget developed by any service area authority
13 provided for in 53-21-1006;

14 (h) promote the inclusion of suicide prevention services in the system of care; and

15 (i) on request of the department, review grant applications received by the department pursuant to
16 53-21-1111 and provide feedback regarding which applications have the highest potential to help leverage and
17 integrate existing suicide prevention services.

18 (2) The committee shall coordinate responsibility for the development of a stable system of care for
19 high-risk children with multiagency service needs that may include, as appropriate within existing resources:

20 (a) pooling funding from federal, state, and local sources to maximize the most cost-effective use of
21 funds to provide services in the least restrictive and most appropriate setting to high-risk children with multiagency
22 service needs;

23 (b) applying for federal waivers and grants to improve the delivery of integrated services to high-risk
24 children with multiagency service needs;

25 (c) providing for multiagency data collection and for analysis relevant to the creation of an accurate
26 profile of the state's high-risk children with multiagency service needs in order to provide for the use of services
27 based on client needs and outcomes and use of the analysis in the decisionmaking process;

28 (d) developing mechanisms for the pooling of human and fiscal resources; and

29 (e) providing training and technical assistance, as funds permit, at the local level regarding governance,
30 development of a system of care, and delivery of integrated multiagency children's services.

1 (3) (a) In order to maximize integration and minimize duplication, the local interagency team, provided
2 for in subsection (1)(d), may be facilitated in conjunction with an existing statutory team for providing youth
3 services, including:

4 (i) a child protective team as provided for in 41-3-108;

5 (ii) a youth placement committee as provided for in 41-5-121 and 41-5-122;

6 (iii) a county interdisciplinary child information and school safety team or an auxiliary team as provided
7 for in 52-2-211;

8 (iv) a foster care review committee as provided for in 41-3-115;

9 (v) a local citizen review board as provided for in 41-3-1003; and

10 (vi) a local advisory council as provided for in 53-21-702.

11 (b) If the local interagency team decides to coordinate and consolidate statutory teams, it shall ensure
12 that all state and federal rules, laws, and policies required of the individual statutory teams are fulfilled."

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14 NEW SECTION. Section 3. Appropriation -- grant eligibility -- reporting requirements. (1) There
15 is appropriated \$500,000 from the state special revenue account established in 53-6-1201 to the department of
16 public health and human services for the biennium beginning July 1, 2019, for the purpose of assisting with state
17 and tribal efforts to implement suicide prevention activities made pursuant to 53-21-1111 that are school based,
18 youth focused, or both.

19 (2) The legislature intends that the appropriation made in subsection (1) be a one-time-only
20 appropriation.

21 (3) To be eligible for a suicide prevention grant funded under 53-6-1201, an entity shall demonstrate that
22 its proposal will accomplish one or more of the following:

23 (a) assist one or more existing programs or organizations to leverage resources and staff for additional
24 impact by providing:

25 (i) technical assistance;

26 (ii) staff training or coaching;

27 (iii) volunteer training or credentialing;

28 (iv) volunteers; or

29 (v) other implementation support;

30 (b) develop a coordination protocol for use between one or more school-based suicide prevention

1 programs and one or more state or tribal suicide prevention programs to increase efficiency and enhance the
2 experience of people utilizing services from multiple organizations; or

3 (c) create a platform for multiple organizations or programs serving populations with one or more
4 commonalities to access and share suicide prevention data, resources, and other information.

5 (4) Grant applicants are encouraged to pursue opportunities for federal and private matching funding and
6 should include information about any matching or supplemental funding in the grant application.

7 (5) The department shall forward grant applications received to the children's system of care planning
8 committee established in 52-2-303, request that the committee review the grant applications, and consider the
9 feedback of the committee in its selection process.

10 (6) The department shall report regularly to the appropriate interim committees on the use of the
11 appropriation, including the activities undertaken by the department and by grantees.

12 (7) The grantees shall report to the department of public health and human services at the end of the
13 biennium on the outcomes of the grant activities. The department of public health and human services shall
14 provide the report to the office of public instruction and the 2019 joint appropriations subcommittee on health and
15 human services.

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

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21 **NEW SECTION. Section 5. Effective date.** [This act] is effective July 1, 2019.

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