



*Montana State Legislature*  
MONTANA HOUSE OF REPRESENTATIVES

**Representative Bill Mercer**  
House District 46 - Billings

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DURING THE SESSION  
State Capitol Building  
P.O. Box 200400  
Helena, MT 59620-0400  
Phone: (406) 444-4800  
Web: leg.mt.gov

COMMITTEES  
Appropriations

July 31, 2024

HOME ADDRESS  
P.O. Box 2118  
Billings, MT 59103  
Phone: (406) 698-1671  
bill.mercer@legmt.gov

Rep. Bob Keenan  
Chairman, Behavioral Health Commission  
P.O. Box 697  
Bigfork, MT 59911

By E-mail ([Bob.Keenan@legmt.gov](mailto:Bob.Keenan@legmt.gov))

RE: Comments on the HB 872 Commission's Draft Recommendations

Dear Chairman Keenan:

Thank you for the opportunity to comment on the Commission's draft recommendations. It is clear that the Commission and DPHHS staff have dedicated substantial time and effort to develop the recommendations. Thank you to you and your colleagues for your dedication to the task. I offer the following comments for your consideration:

Comment # 1: This comment cuts across a number of your recommendations. In order to have baselines to evaluate the outcomes with respect to the key performance indicators ("KPI") for each recommendation, you should explain what data collection will be conducted to publish the baseline to be used at the time a program is implemented. For the Department to annually analyze what has been achieved based upon the KPIs, data collection is necessary before implementation to establish a baseline for each KPI. For example, Recommendation # 1 purports to evaluate outcomes through the following:

- Reduced emergency department visits and/or out-of-state placements
- Increased availability of data through the MMIS to support budgeting and waitlist management
- Increased stability and/or expansion of provider capacity
- Reduced reliance on state-operated facilities

To know whether implementation of Recommendation # 1 achieved your stated goals, you would need to know whether (1) emergency room visits, patient census counts at state-operated facilities, and out-of-state placements went down, and (2) whether provider capacity went up. Is there a plan in place to collect all necessary information to establish baselines (e.g., number of emergency room visits, out-of-state placements, and provider capacity) and publish them so that

policymakers know what outcome data is being measured against? If so, who is responsible for this work and when will it be completed and available for review?

Comment # 2: Like Comment # 1, this observation applies to whatever recommendations the Commission ultimately makes. I was glad to see that each recommendation included potential outputs, outcomes, and KPIs. All stakeholders in this process need to have clarity on what the Commission aspires to achieve through the recommendations. To have clarity, we need to know what will be done, what impact is desired, how the impact will be measured, and the means by which it will be measured. This hard look needs to be a “look before you leap”. It will be essential to develop the outcomes, outputs, and KPIs before the Legislature deliberates to understand how and when the analysis on program impacts will be completed for regular and on-going reporting. It will be important for these disclosures to be a component of the Commission’s final recommendations.

One of the reasons why this needs to be a focus of the Commission now is DPHHS’s history on strategic planning and evaluation. The draft recommendations include a running start on this work, but the granularity noted above would provide important assurances given past challenges. As noted in Exhibit 1, DPHHS had a number of similar tasks required by statute beginning in 2003. When I requested information from the Department in December, 2022 on its compliance and implementation of strategic planning, output and outcome requirements in statute over the last twenty years, Department officials were unable to produce anything. It would be a complete abdication of our responsibility if legislators in the 2043 Session got the same answers with respect to program evaluation associated with House Bill 872.

Comment # 3: In Recommendation # 5, the KPI is a process goal, not an impact goal. It seems like the goal should be, “By 2026 [and beyond] have we reduced the waitlist and/or have we minimized the time individuals spend on the waitlist?”

Comment # 4: As with Recommendation # 1, Recommendation # 6 will require collection of data to establish baselines. Do we have data on the number of emergency room visits and primary care visits for TCM participants in 2023? Is that the right data set to establish the baselines?

Comment # 5: The KPIs for Recommendation # 7 are process-oriented and will not lead to measurement of its impact on service delivery. We should be making inquiry on how the development of a targeted case management training program impacted the TCM population. How should it be measured?

Comment # 6: Do we have baseline data to allow assessment of Recommendation # 8? We would need historical information on the number of readmissions to psychiatric settings and the number of individuals re-integrated into communities post-discharge.

Comment # 7: Recommendation # 10 seeks to expand mobile crisis response programs and plans to issue an RFP for creation of new rural programs. In 2019, the Legislature enacted House Bill 660 (“An Act Creating a Mobile Crisis Unit Program”), but no rural communities applied for the grants available. Attached as Exhibit 2 is House Bill 660 and the evaluation of its

implementation prepared by DPHHS. Why does the Commission think this program will work now when there appeared to be very limited interest in it five years ago? House Bill 660 had a matching requirement for the grantees. Has the Commission considered whether such a requirement would be appropriate as part of your recommendation?

Comment # 8: Recommendation # 14 calls for a public relations campaign to reduce stigma associated with seeking behavioral health services. If we are aiming to reduce stigma associated with seeking mental health services, that is one thing. But I am concerned that illegal drug use will be something that the campaign will attempt to de-stigmatize.<sup>1</sup> It is unwise and imprudent to treat illegal drug use as acceptable. The government should be attempting to prevent drug abuse, which cannot be done when messaging condones it, affirms it, or otherwise makes it seem like an acceptable “disorder”. By treating illegal drug use as a behavioral health problem, we undermine the prevention message, which is “don’t use illegal drugs; they are inherently bad and lead to addiction; which then leads to other downstream problems like mental health problems.” We should be trying to minimize Montanans’ mental health problems by minimizing addiction to illegal drugs which causes mental health problems. In his essay, “Defining Deviancy Down,” the late Daniel Patrick Moynihan flags this problem of normalizing behavior. Daniel Patrick Moynihan, “Defining Deviancy Down,” *The American Scholar*, Vol. 62, No. 1 (Winter 1993), pp. 17-30. Will the Commission consider whether it would establish sideboards on the media campaign to ensure that any messaging does not undermine the key principle that illegal drug use is inherently bad?

Comment # 9: Recommendation # 18 seeks additional investment in school-based behavioral health initiatives. CSCT has had a broad reach in the State. I am not aware of any report from DPHHS that describes unmet needs under CSCT or other shortcomings with its offerings. What is the empirical case for the expansion in Recommendation # 18.

In addition, the KPIs for Recommendation # 18 are problematic. They focus exclusively on process - - the timing of release of funds and increasing training opportunities.

Comment # 10: How would you tailor the tuition reimbursement mechanism in Recommendation # 19? Would you limit it to certain employers? Certain job classifications? Both? Are there other mechanisms from loan forgiveness programs that you have considered in scoping this recommendation?

Comment # 11: Near-Term Initiative # 10 calls for \$ 6.5 million for expansion of behavioral health and developmental disabilities capacity by Tribes. This makes it seem like the State is assuming a responsibility that should be met by the Federal Government pursuant to its trust responsibility to tribes through the Indian Health Service or other PL-638 resources. Through NTI # 10, is the State letting the federal government off the hook so that it need not address the issue?

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<sup>1</sup> Earlier this week, the *Wall Street Journal* published a commentary that summarized my comments at last week’s hearing. Naomi Schaefer Riley, “Destigmatizing Drug Abuse Is A Dopey Idea,” *Wall Street Journal*, July 30, 2024.

Comment # 12: Please incorporate in the final report a list of things that were proposed or recommended to the Commission in the course of your proceedings that you rejected and, therefore, are not included in the Recommendations.

Comment # 13: The Commission should evaluate the facts that Representative Gillette asked about in our July 23rd meeting. Are there other programs (e.g., monies from opioid litigation being distributed to local governments, the State and the Abatement Trust) that would be funding and/or implementing any of the recommendations in the absence of implementation of a Commission recommendation?

Once again, thanks to the Commission and DPHHS personnel for the work that led to the draft recommendations. Thank you for considering my comments.

Sincerely,



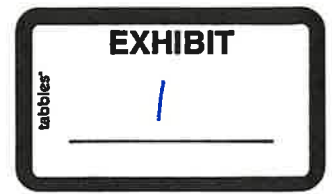
Rep. Bill Mercer

cc: Julia Hamilton



*Montana State Legislature*

**MONTANA HOUSE OF REPRESENTATIVES**



**Representative Bill Mercer**  
House District 46

December 13, 2022

Charles Brereton  
Director  
Montana Department of Public Health and Human Services  
111 North Sanders Street  
Room 301  
Helena, Montana 59601

Re: Documents generated by DPHHS since 2003 to comply with §§ 2-15-2221, 2-15-2222, 2-15-2223, 2-15-2224, 2-15-2225, and 2-15-2226, MCA

Dear Director Brereton:

In 2003, through Senate Bill 160 sponsored by Senator John Cobb, the State created strategic planning and performance measurement requirements for DPHHS. These provisions are codified in §§ 2-15-2221, 2-15-2222, 2-15-2223, 2-15-2224, 2-15-2225, and 2-15-2226, MCA. They were effective on July 1, 2003.

Among the bill's requirements were creation of outcome measures and output measures. It required the department's performance measurement system to be "result-oriented, focusing on outcome measures and output measures." § 2-15-2223(1)(a). It also defined outcome measures and output measures. An outcome measure is "a quantifiable indicator of the public and customer benefits derived from actions by the department and its agencies." § 2-15-2221(3), MCA. An "output measure" is "a quantifiable indicator of the number of goods or services that the department or an agency produces." § 2-15-2221(4), MCA. Performance measures are also defined. The bill makes it clear that they are to be included in the Department's strategic plan and are "intended to guide government and make it accountable." § 2-15-2221(5), MCA. The bill required development of a strategic plan to cover no more than 5 years with "goals and objectives that the Department or an agency intends to accomplish and the performance measures that will track success in meeting missions, goals, and objectives." § 2-15-2221(6), MCA.

Before preparing this letter, I reviewed the Department's website to see if I could find current and historic information on its outcome measures, output measures, performance measures, and strategic plans. I could not locate any outcome and output measures. I found the current strategic plan, but it did not appear to be complete because it contains neither performance measures as defined by § 2-15-2221(5), MCA, nor goals and objectives that will be tracked for success in meeting them. Therefore, before January 5, 2023, please send me the following

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Appropriations  
Appropriations-General Government

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information:

- (a) outcome measures established by DPHHS from July 1, 2003 to the present;
- (b) output measures established by DPHHS from July 1, 2003 to the present;
- (c) DPHHS strategic plans developed between July 1, 2003 and the present; and
- (d) performance measures established by DPHHS from July 1, 2003 to the present;

Thanks for your attention to this request. Please contact me if you have questions about it on (406) 698-1671.

Sincerely,

A handwritten signature in blue ink, appearing to read "Bill Mercer", with a large flourish at the end.

Rep. Bill Mercer

SENATE BILL NO. 160  
INTRODUCED BY COBB

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A BILL FOR AN ACT ENTITLED: "AN ACT REQUIRING AGENCIES THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO DEVELOP STRATEGIC PLANS; REQUIRING THE STRATEGIC PLAN TO CONTAIN PERFORMANCE MEASURES; DESCRIBING CRITERIA FOR PERFORMANCE MEASURES; DESCRIBING REQUIREMENTS FOR DATA COLLECTION AND REPORTING; ALLOWING THE LEGISLATIVE AUDIT DIVISION TO PROVIDE CERTAIN INFORMATION; OUTLINING LEGISLATIVE AND AGENCY USE OF PERFORMANCE MEASURES; AND PROVIDING AN EFFECTIVE DATE."

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

NEW SECTION. Section 1. Definitions. As used in [sections 1 through 6], the following definitions apply:

(1) "Agency" ~~has the meaning provided in 2-15-102~~ MEANS A DIVISION OF THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES.

(2) "DEPARTMENT" MEANS THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES PROVIDED FOR IN 2-15-2201.

~~(2)~~(3) "Outcome measure" means a quantifiable indicator of the public and customer benefits derived from an agency's actions BY THE DEPARTMENT AND ITS AGENCIES.

~~(3)~~(4) "Output measure" means a quantifiable indicator of the number of goods or services THAT THE DEPARTMENT OR an agency produces.

~~(4)~~(5) "Performance measures" means monitoring tools included in THE DEPARTMENT'S OR an agency's strategic plan that are intended to help guide government and make it accountable.

~~(5)~~(6) "Strategic plan" means a planning document, covering up to 5 years, that contains the mission, goals, and objectives that the DEPARTMENT OR AN agency intends to accomplish and the performance measures that will track success in meeting ~~the mission~~ MISSIONS, goals, and objectives.

NEW SECTION. Section 2. Policy -- performance measures. (1) It is the policy of the legislature that agencies THE DEPARTMENT shall adopt comprehensive accountability systems. As part of the accountability



1 systems, agencies THE DEPARTMENT shall develop strategic plans.

2 (2) The performance measures included in a strategic plan must indicate how progress toward THE  
3 DEPARTMENT'S OR an agency's goals and objectives is succeeding. Performance measures are intended to focus  
4 DEPARTMENT OR agency efforts in implementing legislative intent, prioritizing goals and objectives, and allocating  
5 resources. Performance measures must focus on key processes. Each measure must be central to the success  
6 of the process being measured. The performance measures must be designed to provide information that is  
7 meaningful and that is useful to decisionmakers.

8

9 **NEW SECTION. Section 3. Criteria for measurement system.** (1) Each agency's THE DEPARTMENT'S  
10 system of performance measures must satisfy the following criteria:

11 (a) The system must be result-oriented, focusing on outcome measures and output measures.

12 (b) The system must be selective, concentrating on the most important indicators of performance.

13 (c) The system must be useful, providing information that is of value to THE DEPARTMENT, the agency,  
14 and decisionmakers.

15 (d) The system must be accessible and must provide periodic information concerning results.

16 (e) The system must be reliable, providing accurate and consistent information.

17 (2) Unless otherwise provided by law, performance measures must be developed and revised as part  
18 of the strategic planning process in even-numbered years. The performance measures should not be designed  
19 to report every DEPARTMENT OR agency activity but must measure key processes and activities.

20

21 **NEW SECTION. Section 4. System requirements -- input from legislative audit division.** All  
22 systems described in [section 3(1)] that support performance measure data collection must have effective  
23 controls that provide reasonable assurance that the information is properly collected and accurately reported.  
24 If directed by the legislative audit committee, the legislative audit division may provide information concerning  
25 the accuracy of data collection and reporting.

26

27 **NEW SECTION. Section 5. Legislative use of performance measures.** (1) During an interim, each  
28 agency THE DEPARTMENT shall report performance data to the appropriate interim committee as provided for in  
29 Title 5, chapter 5, part 2, and to the office of budget and program planning. Interim committees shall use  
30 performance data in reviewing agency THE DEPARTMENT'S strategic planning documents as they relate to





1 prospective legislation.

2 (2) When reviewing the strategies of DEPARTMENT OR agency management in implementing programs  
3 authorized by the legislature, the committees may provide input on:

4 (a) the direct effects of each strategy on ~~the agency's~~ DEPARTMENT AND AGENCY customers;

5 (b) the information that management needs to track progress toward achieving key goals and  
6 objectives;

7 (c) the performance measures that best reflect the expenditure of the ~~agency budget~~ DEPARTMENT AND  
8 THE AGENCIES' BUDGETS; and

9 (d) whether the performance measures clearly relate to the ~~agency's mission~~ DEPARTMENT'S AND THE  
10 AGENCIES' MISSIONS, goals, objectives, and strategic plan.

11

12 **NEW SECTION. Section 6. Agency DEPARTMENT AND AGENCY use of performance measures.**

13 **Agency** DEPARTMENT AND AGENCY managers shall use performance measures as an integral part of their strategic  
14 and operational management for THE DEPARTMENT OR an agency. Performance measures must be derived from  
15 the DEPARTMENT'S OR AN agency's mission, goals, objectives, and strategies with an emphasis on serving the  
16 DEPARTMENT'S OR AN agency's customers. In the review in even-numbered years, the DEPARTMENT AND ITS  
17 agencies shall assess and propose changes needed to make certain that existing performance measures relate  
18 logically to other elements of the strategic plan and provide a focus on serving customers.

19

20 **NEW SECTION. Section 7. Codification instruction.** [Sections 1 through 6] are intended to be  
21 codified as an integral part of Title 47 2, chapter 4 15, PART 22, and the provisions of Title 47 2, chapter 4 15,  
22 PART 22, apply to [sections 1 through 6].

23

24 **NEW SECTION. Section 8. Effective date.** [This act] is effective July 1, 2003.

25

- END -



# Department of Public Health and Human Services

Addictive & Mental Disorders Division ♦ PO Box 202905 / 100 North Park Avenue, Suite 300  
♦ Helena, MT 59620-2905 ♦ (406) 444-3964 ♦ Fax: (406) 444-4435

Steve Bullock, Governor

Sheila Hogan, Director

June 22, 2020

Sue O'Connell  
Children, Families, Health and Human Services Interim Committee  
State Capitol  
PO Box 201706  
Helena, MT 59620-1706

Dear Ms. O'Connell:

House Bill 660 was passed in the 2019 Legislative Session, which provides appropriation to fund Mobile Crisis Units. This report is intended to meet the reporting requirements in subsection (5).

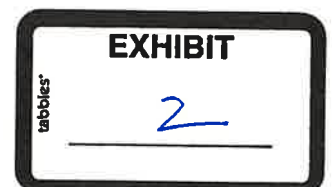
Please note that we are unable at this time to present outcome measures for the grant. The attached one-pager explains the actions taken and challenges faced by this project.

Please do not hesitate to contact with questions. My work phone is (406) 437-4062 or email [zbarnard@mt.gov](mailto:zbarnard@mt.gov)

Sincerely,

Zoe Barnard  
Administrator

cc: Sheila Hogan, Director, DPHHS  
Marie Matthews, Medicaid and Health Services Branch Manager, DPHHS  
Erica Johnston, Operations Services Branch Manager, DPHHS  
David Crowson, Chief Information Officer, DPHHS



**Overview:** In the 2019 Legislative Session, HB 660 obligated funding for a mobile crisis unit program under the Department of Public Health and Human Services, Addictive and Mental Disorder Division (the Department), providing for: local community grants, rulemaking authority, an appropriation, and effective and termination dates. The one-time appropriation of \$500,000 was reserved for use during the biennium July 1, 2019 - June 30, 2021, in grant awards of no more than \$125,000, which required a local government match at a \$1 to \$1 rate.

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**Summary:** Between July 1, 2020 and November 1, 2020, the Department held three public calls to promote the grant opportunity, answer questions, and to educate communities on the RFP process. The Department also worked with the Department's Tribal Relations Program Manager to conduct a call specific for tribal leadership. The Department published a Request for Proposal (RFP) on November 1, 2019, through the State Procurement Bureau. The Department received three applications for the Mobile Crisis Unit Program Grant. Of the three applicants, one did not meet the statutory requirements and one decided to withdraw the application. The Department issued a grant contract to the third applicant, Gallatin County, for the timeframe of January 1, 2020 to June 30, 2021.

The RFP was rereleased on June 1, 2020, with the goal of providing an additional opportunity for funding. In May 2020, the Department hosted an additional informational call and dispersed information to key stakeholders, including tribal leadership to promote interest and provide information on the grant and the RFP process.

The contract entered into with Gallatin County became effective January 1, 2020. Since that time, they have faced challenges with hiring Mobile Crisis Unit staff due to low applicant turnout and the hiring process has been further delayed by the COVID-19 pandemic. As of June 12, 2020, services have yet to begin. An individual from the Gallatin County Sheriff's Office has been assigned to manage the Mobile Crisis Unit Grant and they continue to actively recruit additional team resources.

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**Challenges:** The Department identified specific challenges applicants faced with this funding opportunity. Communities struggled to identify adequate funds to meet the 1:1 hard match required. In addition, particularly in rural communities, the staffing requirements outlined in HB 660 proved to be a barrier as Montana has faced historical shortages for the professionals defined under "Mobile Crisis Unit Professional" and "Support person."

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**Alternative Models:** Silver Bow, Flathead, Ravalli, and Lewis and Clark counties are currently utilizing the County and Tribal Matching Grant to fund mobile crisis units. The County and Tribal Matching Grant allows an in-kind match and has less restrictive statutory requirements than HB 660, providing flexibility in both the funding and design of models that align with a community's available resources. The mobile crisis unit models include community-based therapists and support staff that can respond with or without law enforcement to behavioral health crises throughout a designated area. The majority of these programs are available 24/7 and include follow-up services aimed at diverting individuals from higher levels of care.



AN ACT CREATING A MOBILE CRISIS UNIT PROGRAM; PROVIDING FOR LOCAL COMMUNITY GRANTS; PROVIDING RULEMAKING AUTHORITY; PROVIDING AN APPROPRIATION; AND PROVIDING AN EFFECTIVE DATE AND A TERMINATION DATE.

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

**Section 1. Definitions.** As used in [sections 1 through 3], the following definitions apply:

(1) "Department" means the department of public health and human services provided for in 2-15-2201.

(2) "Mental health crisis" means a mental health condition that manifests in symptoms of sufficient severity that it is reasonable to expect the absence of immediate attention or intervention to result in:

- (a) serious jeopardy to the individual's health or well-being; or
- (b) a danger to others.

(3) "Mobile crisis intervention services" means mental health services provided by a mobile crisis unit at the location where a person is having a mental health crisis, as determined through screening by dispatch. Services are intended to:

- (a) stabilize acute psychiatric or behavioral symptoms;
- (b) evaluate treatment needs;
- (c) develop a plan to meet the ongoing needs of the person having a mental health crisis; and
- (d) transport the person to a more appropriate facility for care if applicable.

(4) "Mobile crisis unit" means a team consisting of one mobile crisis unit professional and one or more support persons who provide mobile crisis intervention services and coordinate with dispatch, local law enforcement, emergency medical services personnel, and other appropriate local or state resources.

(5) "Mobile crisis unit professional" means:

- (a) a mental health professional, as defined in 37-38-102;
- (b) a social worker licensure candidate as defined in 37-22-102;
- (c) a professional counselor licensure candidate as defined in 37-23-102; or

(d) a marriage and family therapist licensure candidate as defined in 37-37-102.

(6) "Support person" means:

(a) a physician, physician assistant, advanced practice registered nurse, or registered nurse licensed under Title 37;

(b) an emergency care provider as defined in 37-3-102; or

(c) a behavioral health peer support specialist as provided for in 37-38-101, who has completed additional training and certification requirements developed by the department.

**Section 2. Department duties -- rulemaking authority.** (1) The department shall adopt rules necessary for the administration of [sections 1 through 3].

(2) The rules may include but are not limited to:

(a) training and licensure requirements for mobile crisis unit personnel; and

(b) reporting requirements for the grant recipients.

**Section 3. Grants -- reporting requirements.** (1) Subject to appropriation by the legislature, the department shall award competitive grants to local communities for establishing mobile crisis units.

(2) A grant award under this section may not exceed \$125,000 and must be matched in the amount of \$1 in local government matching funds for each \$1 in grant money awarded.

(3) (a) At least one grant awarded under this section must be awarded to a rural community, unless no rural community applies for a grant under this section. Two or more rural communities located in close proximity to each other may apply jointly for a grant under this section.

(b) For the purposes of this subsection (3), "rural community" means a city, town, consolidated city-county, or unincorporated area with a population of no more than 15,000 inhabitants.

(4) A grant application must include, at a minimum, the following elements:

(a) a proposal containing information that is sufficient for the department to obtain an adequate understanding of how the program will operate, including the:

(i) days and hours proposed to be staffed;

(ii) criteria for hiring mobile crisis unit personnel;

(iii) plan for training and certification of mobile crisis unit professionals, which must include first aid,

cardiopulmonary resuscitation, and nonviolent crisis resolution; and

(iv) plan for transporting mobile crisis units;

(b) the proposed budget;

(c) proof of available local government matching funds in the amount of \$1 for each \$1 applied for in grant money;

(d) written confirmation from the local law enforcement agency that the local law enforcement agency is amenable to coordinating with the mobile crisis unit and the proposed coordination protocol; and

(e) the name of the consulting company that will be utilized, if applicable.

(5) Grant recipients shall collect data and information on emergency room and jail diversion, crisis intervention, and connection with followup services and present the data and information in the form and manner prescribed by the department to support program evaluation, measure progress on performance goals, and allow for a state plan amendment establishing the reimbursement rate for mobile crisis services to be drafted and sent to the centers for medicare and medicaid services for approval.

(6) The department shall present a report containing the information received and processed in subsection (5) to the children, families, health, and human services interim committee by June 15, 2020.

**Section 4. Appropriation.** (1) There is appropriated \$500,000 from the state general fund to the department of public health and human services for use during the biennium beginning July 1, 2019, for the purposes of [section 3].

(2) The appropriation is intended to be a one-time-only appropriation.

**Section 5. Coordination with existing programs -- legislative intent.** The legislature intends that the department of public health and human services coordinate the provisions of [this act] with current suicide and mental health crisis response programs as recommended in the 2016 Montana suicide mortality review team report.

**Section 6. 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 7. Codification instruction.** [Sections 1 through 3] are intended to be codified as an integral part of Title 53, chapter 21, part 12, and the provisions of Title 53, chapter 21, part 12, apply to [sections 1 through 3].

**Section 8. Effective date.** [This act] is effective July 1, 2019.

**Section 9. Termination.** [This act] terminates June 30, 2021.

- END -

I hereby certify that the within bill,  
HB 0660, originated in the House.

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Speaker of the House

Signed this \_\_\_\_\_ day  
of \_\_\_\_\_, 2019.

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Chief Clerk of the House

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President of the Senate

Signed this \_\_\_\_\_ day  
of \_\_\_\_\_, 2019.



HOUSE BILL NO. 660

INTRODUCED BY J. KRAUTTER, F. ANDERSON, D. BARRETT, B. BENNETT, C. BOLAND, G. CUSTER,  
K. DUDIK, M. DUNWELL, J. ELLIS, D. FERN, S. FITZPATRICK, P. FLOWERS, M. FUNK, F. GARNER,  
J. GROSS, D. HARVEY, K. HOLMLUND, L. JONES, J. KEANE, K. KELKER, E. KERR-CARPENTER,  
D. LOGE, M. MACDONALD, S. MALEK, E. MCCLAFFERTY, M. MCNALLY, J. POMNICHOWSKI, C. POPE,  
D. SALOMON, D. SANDS, J. SESSO, R. SHAW, J. SMALL, C. SMITH, M. SWEENEY, G. VUCKOVICH,  
S. WEBBER, T. WELCH, K. WHITE, T. WOODS

AN ACT CREATING A MOBILE CRISIS UNIT PROGRAM; PROVIDING FOR LOCAL COMMUNITY GRANTS;  
PROVIDING RULEMAKING AUTHORITY; PROVIDING AN APPROPRIATION; AND PROVIDING AN  
EFFECTIVE DATE AND A TERMINATION DATE.