

SUICIDE PREVENTION AND GUN DATA STUDY

2016 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Brian S. King

Senate Sponsor: Curtis S. Bramble

LONG TITLE

General Description:

This bill modifies the duties of the state suicide prevention coordinator.

Highlighted Provisions:

This bill:

- ▶ requires the state suicide prevention coordinator to conduct a study on violent incidents that involve a gun;
- ▶ authorizes the state suicide prevention coordinator to contract with a state agency, private entity, or research institution to assist in the study;
- ▶ requires reports to the Health and Human Services Interim Committee; and
- ▶ makes technical changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

62A-15-1101, as last amended by Laws of Utah 2015, Chapter 85

ENACTS:

62A-15-1102, Utah Code Annotated 1953

Be it enacted by the Legislature of the state of Utah:

Section 1. Section **62A-15-1101** is amended to read:

30 **62A-15-1101. Suicide prevention -- Reporting requirements.**

31 (1) As used in the section:

32 (a) "Bureau" means the Bureau of Criminal Identification created in Section 53-10-201
33 within the Department of Public Safety.

34 (b) "Division" means the Division of Substance Abuse and Mental Health.

35 (c) "Intervention" means an effort to prevent a person from attempting suicide.

36 (d) "Postvention" means mental health intervention after a suicide attempt or death to
37 prevent or contain contagion.

38 (e) "State suicide prevention coordinator" means an individual designated by the
39 division as described in Subsections (2) and (3).

40 (2) The division shall appoint a state suicide prevention coordinator to administer a
41 state suicide prevention program composed of suicide prevention, intervention, and postvention
42 programs, services, and efforts.

43 (3) The state suicide prevention program may include the following components:

44 (a) delivery of resources, tools, and training to community-based coalitions;

45 (b) evidence-based suicide risk assessment tools and training;

46 (c) town hall meetings for building community-based suicide prevention strategies;

47 (d) suicide prevention gatekeeper training;

48 (e) training to identify warning signs and to manage an at-risk individual's crisis;

49 (f) evidence-based intervention training;

50 (g) intervention skills training; and

51 (h) postvention training.

52 (4) The state suicide prevention coordinator shall coordinate with ~~[at least]~~ the
53 following to gather statistics, among other duties:

54 (a) local mental health and substance abuse authorities;

55 (b) the State Board of Education, including the State Office of Education suicide
56 prevention coordinator described in Section 53A-15-1301;

57 (c) the Department of Health;

58 (d) health care providers, including emergency rooms; [~~and~~]
59 (e) federal agencies, including the Federal Bureau of Investigation;
60 (f) other unbiased sources; and
61 [(e)] (g) other public health suicide prevention efforts.
62 (5) The state suicide prevention coordinator shall provide a written report, and shall
63 orally report to the Health and Human Services Interim Committee, by the October meeting
64 every year, on:
65 (a) implementation of the state suicide prevention program, as described in Subsections
66 (2) and (3);
67 (b) data measuring the effectiveness of each component of the state suicide prevention
68 program;
69 (c) funds appropriated for each component of the state suicide prevention program; and
70 (d) five-year trends of suicides in Utah, including subgroups of youths and adults and
71 other subgroups identified by the state suicide prevention coordinator.
72 (6) The state suicide prevention coordinator shall report to the Legislature's:
73 (a) Education Interim Committee, by the October 2015 meeting, jointly with the State
74 Board of Education, on the coordination of suicide prevention programs and efforts with the
75 State Board of Education and the State Office of Education suicide prevention coordinator as
76 described in Section 53A-15-1301[-]; and
77 (b) Health and Human Services Interim Committee, by the October 2017 meeting,
78 statistics on the number of annual suicides in Utah, including how many suicides were
79 committed with a gun, and if so:
80 (i) where the victim procured the gun and if the gun was legally possessed by the
81 victim;
82 (ii) if the victim purchased the gun legally and whether a background check was
83 performed before the victim purchased the gun;
84 (iii) whether the victim had a history of mental illness or was under the treatment of a
85 mental health professional;

86 (iv) whether any medication or illegal drugs or alcohol were also involved in the
87 suicide; and

88 (v) if the suicide incident also involved the injury or death of another individual,
89 whether the shooter had a history of domestic violence.

90 (7) The state suicide prevention coordinator shall consult with the bureau to implement
91 and manage the operation of a firearm safety program, as described in Subsection
92 [53-10-202\(18\)](#) and Section [53-10-202.1](#).

93 (8) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the
94 division shall make rules governing the implementation of the state suicide prevention
95 program, consistent with this section.

96 Section 2. Section **62A-15-1102** is enacted to read:

97 **62A-15-1102. Study on gun use -- Report.**

98 (1) As used in this section:

99 (a) "Coordinator" means the state suicide prevention coordinator described in Section
100 [62A-15-1101](#).

101 (b) "Legal intervention" means an incident in which an individual is shot by another
102 individual who has legal authority to use deadly force.

103 (c) "Shooter" means an individual who uses a gun in an act that results in the death of
104 the actor or another individual, whether the act was a suicide, homicide, legal intervention, act
105 of self-defense, or accident.

106 (2) The coordinator shall, by October 30, 2018, conduct a study on use of guns in the
107 state and on an ongoing basis report on the progress and findings of the study to the Health and
108 Human Services Interim Committee.

109 (3) By October 30, 2016, the coordinator shall:

110 (a) determine what information, and from which state, local, and federal agencies, will
111 be necessary to complete the study;

112 (b) determine how much the study will cost;

113 (c) make recommendations for legislation, if any, that will be necessary to facilitate

114 information-sharing between local, state, federal, and private entities and the coordinator; and

115 (d) report the findings described in Subsections (3)(a) through (c) to the Health and
116 Human Services Interim Committee.

117 (4) The study described in Subsection (2) shall investigate:

118 (a) the number of deaths in the state that involved a gun, including deaths from suicide,
119 homicide including gang-related violence, legal intervention, self-defense, and accidents;

120 (b) where and how a gun that was involved in a death described in Subsection (4)(a)
121 was procured, and whether that procurement was legal;

122 (c) demographic information on the shooter and, where applicable, a victim of a death
123 described in Subsection (4)(a), including gender, race, age, criminal history, and gang
124 affiliation, if any;

125 (d) the total estimated number of gun owners in the state;

126 (e) information on the shooter, including whether the shooter has a history of:

127 (i) mental illness; or

128 (ii) domestic violence; and

129 (f) whether gun deaths are seasonal.

130 (5) The coordinator shall ensure that the study described in Subsection (2) is conducted
131 in an unbiased manner, with no preconceived conclusions about potential results.

132 (6) The coordinator may contract with another state agency, private entity, or research
133 institution to assist the coordinator and office with the study required by Subsection (2).

134 (7) (a) The coordinator shall submit a final report on the study described in Subsection
135 (2), including proposed legislation and recommendations, to the Health and Human Services
136 Interim Committee before November 30, 2018.

137 (b) The final report shall include references to all sources of information and data used
138 in the report and study.