FETAL EXPOSURE REPORTING AND TREATMENT
AMENDMENTS
2020 GENERAL SESSION
STATE OF UTAH
Chief Sponsor: Merrill F. Nelson
Senate Sponsor: Allen M. Christensen
LONG TITLE
General Description:
This bill addresses fetal exposure to alcohol or drugs.
Highlighted Provisions:
This bill:
defines terms;
requires certain health care providers to report a newborn child's exposure to
alcohol or drugs, or the child's parent or caregiver's substance abuse, to the Division
of Child and Family Services;
 clarifies the circumstances under which the Division of Child and Family Services
is required to conduct an investigation after receiving a report relating to a newborn
child's exposure to alcohol or drugs;
 allows the Division of Child and Family Services to share a report of a woman's
substance abuse during pregnancy with the Division of Substance Abuse and
Mental Health, the Department of Health, or a local substance abuse authority for
certain purposes;
 directs the Division of Substance Abuse and Mental Health to coordinate with the
Department of Health and other health care providers to develop a program
designed to reduce substance abuse during pregnancy; and
makes technical changes.
Money Appropriated in this Bill:

29	None
30	Other Special Clauses:
31	None
32	Utah Code Sections Affected:
33	AMENDS:
34	62A-4a-404, as last amended by Laws of Utah 2012, Chapter 293
35	62A-4a-409, as last amended by Laws of Utah 2018, Chapters 91 and 415
36	62A-4a-412, as last amended by Laws of Utah 2019, Chapter 335
37	62A-15-103, as last amended by Laws of Utah 2019, Chapters 110, 440, and 441
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39	Be it enacted by the Legislature of the state of Utah:
40	Section 1. Section 62A-4a-404 is amended to read:
41	62A-4a-404. Fetal alcohol syndrome or spectrum disorder and drug dependency
42	Reporting requirements.
43	[When an individual, including a licensee under the Medical Practice Act or the Nurse
44	Practice Act,]
45	(1) As used in this section:
46	(a) "Health care provider" means:
47	(i) an individual licensed under:
48	(A) Title 58, Chapter 31b, Nurse Practice Act;
49	(B) Title 58, Chapter 44a, Nurse Midwife Practice Act;
50	(C) Title 58, Chapter 67, Utah Medical Practice Act;
51	(D) Title 58, Chapter 68, Utah Osteopathic Medical Practice Act;
52	(E) Title 58, Chapter 70a, Utah Physician Assistant Act; or
53	(F) Title 58, Chapter 77, Direct-Entry Midwife Act; or
54	(ii) an unlicensed individual who practices midwifery.
55	(b) "Newborn child" means a child who is 30 days of age or younger.

56	(c) "Qualified medical provider" means the same as that term is defined in Section
57	<u>26-61a-102.</u>
58	(d) (i) "Substance abuse" means the misuse or excessive use of alcohol or other drugs
59	or substances.
60	(ii) "Substance abuse" does not include use of drugs or other substances that are:
61	(A) obtained by lawful prescription and used as prescribed; or
62	(B) obtained in accordance with Title 26, Chapter 61a, Utah Medical Cannabis Act,
63	and used as recommended by a qualified medical provider.
64	(2) A health care provider who attends the birth of a newborn child or cares for a
65	newborn child[;] and determines [that the child, at the time of birth, has fetal alcohol syndrome
66	fetal alcohol spectrum disorder, or fetal drug dependency, the individual shall report that
67	determination any of the following, shall report the determination to the division as soon as
68	possible[.]:
69	(a) the newborn child:
70	(i) is adversely affected by the child's mother's substance abuse during pregnancy;
71	(ii) has fetal alcohol syndrome or fetal alcohol spectrum disorder; or
72	(iii) demonstrates drug or alcohol withdrawal symptoms; or
73	(b) the parent of the newborn child or a person responsible for the child's care
74	demonstrates functional impairment or an inability to care for the child as a result of the
75	parent's or person's substance abuse.
76	Section 2. Section 62A-4a-409 is amended to read:
77	62A-4a-409. Investigation by division Temporary protective custody
78	Preremoval interviews of children.
79	(1) (a) The division shall make a thorough preremoval investigation upon receiving
80	either an oral or written report of alleged abuse[;] or neglect, [fetal alcohol syndrome, or fetal
81	drug dependency] or an oral or written report under Subsection 62A-4a-404(2), when there is
82	reasonable cause to suspect that a situation of abuse, neglect, [fetal alcohol syndrome, or fetal

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- 83 drug dependency exists] or the circumstances described under Subsection 62A-4a-404(2) exist. 84 (b) The primary purpose of the investigation described in Subsection (1)(a) shall be 85 protection of the child. 86 (2) The preremoval investigation described in Subsection (1)(a) shall include the same 87 investigative requirements described in Section 62A-4a-202.3. (3) The division shall make a written report of its investigation that shall include a 88 89 determination regarding whether the alleged abuse or neglect is supported, unsupported, or 90 without merit. 91 (4) (a) The division shall use an interdisciplinary approach when appropriate in dealing 92 with reports made under this part. 93 (b) The division shall convene a child protection team to assist the division in the division's protective, diagnostic, assessment, treatment, and coordination services. 94 95 (c) The division may include members of a child protection unit in the division's 96 protective, diagnostic, assessment, treatment, and coordination services. 97 (d) A representative of the division shall serve as the team's coordinator and chair. 98 Members of the team shall serve at the coordinator's invitation. Whenever possible, the team 99 shall include representatives of: 100 (i) health, mental health, education, and law enforcement agencies; 101 (ii) the child; 102 (iii) parent and family support groups unless the parent is alleged to be the perpetrator; 103 and 104 (iv) other appropriate agencies or individuals. 105 (5) If a report of neglect is based upon or includes an allegation of educational neglect, 106 the division shall immediately consult with school authorities to verify the child's status in
 - (6) When the division completes [its] the division's initial investigation under this part, [it] the division shall give notice of that completion to the person who made the initial report.

accordance with Sections 53G-6-201 through 53G-6-206.

(7) Division workers or other child protection team members have authority to enter
upon public or private premises, using appropriate legal processes, to investigate reports of
alleged abuse or neglect, upon notice to parents of their rights under the Child Abuse
Prevention and Treatment Act, 42 U.S.C. Sec. 5106, or any successor thereof.
(8) With regard to any interview of a child prior to removal of that child from the
child's home:
(a) except as provided in Subsection (8)(b) or (c), the division shall inform a parent of
the child prior to the interview of:
(i) the specific allegations concerning the child; and
(ii) the time and place of the interview;
(b) if a child's parent or stepparent, or a parent's paramour has been identified as the
alleged perpetrator, the division is not required to comply with Subsection (8)(a);
(c) if the perpetrator is unknown, or if the perpetrator's relationship to the child's family
is unknown, the division may conduct a minimal interview or conversation, not to exceed 15
minutes, with the child prior to complying with Subsection (8)(a);
(d) in all cases described in Subsection (8)(b) or (c), a parent of the child shall be
notified as soon as practicable after the child has been interviewed, but in no case later than 24
hours after the interview has taken place;
(e) a child's parents shall be notified of the time and place of all subsequent interviews
with the child; and
(f) the child shall be allowed to have a support person of the child's choice present,
who:
(i) may include:
(A) a school teacher;
(B) an administrator;
(C) a guidance counselor;
(D) a child care provider;

137	(E) a family member;
138	(F) a family advocate; or
139	(G) a member of the clergy; and
140	(ii) may not be an individual who is alleged to be, or potentially may be, the
141	perpetrator.
142	(9) In accordance with the procedures and requirements of Sections 62A-4a-202.1
143	through 62A-4a-202.3, a division worker or child protection team member may take a child
144	into protective custody and deliver the child to a law enforcement officer, or place the child in
145	an emergency shelter facility approved by the juvenile court, at the earliest opportunity
146	subsequent to the child's removal from the child's original environment. Control and
147	jurisdiction over the child is determined by the provisions of Title 78A, Chapter 6, Juvenile
148	Court Act, and as otherwise provided by law.
149	(10) With regard to cases in which law enforcement has or is conducting an
150	investigation of alleged abuse or neglect of a child:
151	(a) the division shall coordinate with law enforcement to ensure that there is an
152	adequate safety plan to protect the child from further abuse or neglect; and
153	(b) the division is not required to duplicate an aspect of the investigation that, in the
154	division's determination, has been satisfactorily completed by law enforcement.
155	(11) With regard to a mutual case in which a child protection unit was involved in the
156	investigation of alleged abuse or neglect of a child, the division shall consult with the child
157	protection unit before closing the case.
158	Section 3. Section 62A-4a-412 is amended to read:
159	62A-4a-412. Reports, information, and referrals confidential.
160	(1) Except as otherwise provided in this chapter, reports made under this part, as well
161	as any other information in the possession of the division obtained as the result of a report are
162	private, protected, or controlled records under Title 63G, Chapter 2, Government Records
163	Access and Management Act, and may only be made available to:

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(a) a police or law enforcement agency investigating a report of known or suspected 165 abuse or neglect, including members of a child protection unit; 166 (b) a physician who reasonably believes that a child may be the subject of abuse or 167 neglect; 168 (c) an agency that has responsibility or authority to care for, treat, or supervise a minor who is the subject of a report; 170 (d) a contract provider that has a written contract with the division to render services to a minor who is the subject of a report; 172 (e) except as provided in Subsection 63G-2-202(10), a subject of the report, the natural 173 parents of the child, and the guardian ad litem; 174 (f) a court, upon a finding that access to the records may be necessary for the 175 determination of an issue before the court, provided that in a divorce, custody, or related 176 proceeding between private parties, the record alone is: 177 (i) limited to objective or undisputed facts that were verified at the time of the 178 investigation; and 179 (ii) devoid of conclusions drawn by the division or any of the division's workers on the 180 ultimate issue of whether or not a person's acts or omissions constituted any level of abuse or neglect of another person; 182 (g) an office of the public prosecutor or its deputies in performing an official duty; 183 (h) a person authorized by a Children's Justice Center, for the purposes described in 184 Section 67-5b-102;

(i) a person engaged in bona fide research, when approved by the director of the

(i) the State Board of Education, acting on behalf of itself or on behalf of a school

district, for the purpose of evaluating whether an individual should be permitted to obtain or

information with substantiated or supported findings involving an alleged sexual offense, an

retain a license as an educator or serve as an employee or volunteer in a school, limited to

division, if the information does not include names and addresses;

191	alleged felony or class A misdemeanor drug offense, or any alleged offense against the person
192	under Title 76, Chapter 5, Offenses Against the Person, and with the understanding that the
193	office must provide the subject of a report received under Subsection (1)(k) with an
194	opportunity to respond to the report before making a decision concerning licensure or
195	employment;
196	(k) any person identified in the report as a perpetrator or possible perpetrator of abuse
197	or neglect, after being advised of the screening prohibition in Subsection (2);
198	(l) except as provided in Subsection 63G-2-202(10), a person filing a petition for a
199	child protective order on behalf of a child who is the subject of the report;
200	(m) a licensed child-placing agency or person who is performing a preplacement
201	adoptive evaluation in accordance with the requirements of Sections 78B-6-128 and
202	78B-6-130; [or]
203	(n) an Indian tribe to:
204	(i) certify or license a foster home;
205	(ii) render services to a subject of a report; or
206	(iii) investigate an allegation of abuse, neglect, or dependency[-]; or
207	(o) the Division of Substance Abuse and Mental Health, the Department of Health, or a
208	local substance abuse authority, described in Section 17-43-201, for the purpose of providing
209	substance abuse treatment to a pregnant woman, or the services described in Subsection
210	62A-15-103(2)(o).
211	(2) (a) A person, unless listed in Subsection (1), may not request another person to
212	obtain or release a report or any other information in the possession of the division obtained as
213	a result of the report that is available under Subsection (1)(k) to screen for potential
214	perpetrators of abuse or neglect.
215	(b) A person who requests information knowing that [it] the request is a violation of
216	Subsection (2)(a) [to do so] is subject to the criminal penalty in Subsection (4).
217	(3) (a) Except as provided in Section 62A-4a-1007 and Subsection (3)(b), the division

and law enforcement officials shall ensure the anonymity of the person or persons making the initial report and any others involved in its subsequent investigation.

- (b) Notwithstanding any other provision of law, excluding Section 78A-6-317, but including this chapter and Title 63G, Chapter 2, Government Records Access and Management Act, when the division makes a report or other information in [its] the division's possession available under Subsection (1)(e) to a subject of the report or a parent of a child, the division shall remove from the report or other information only the names, addresses, and telephone numbers of individuals or specific information that could:
 - (i) identify the referent;
 - (ii) impede a criminal investigation; or
- 228 (iii) endanger a person's safety.

- (4) Any person who wilfully permits, or aides and abets the release of data or information obtained as a result of this part, in the possession of the division or contained on any part of the Management Information System, in violation of this part or Sections 62A-4a-1003 through 62A-4a-1007, is guilty of a class C misdemeanor.
- (5) The physician-patient privilege is not a ground for excluding evidence regarding a child's injuries or the cause of those injuries, in any proceeding resulting from a report made in good faith pursuant to this part.
- (6) A child-placing agency or person who receives a report in connection with a preplacement adoptive evaluation pursuant to Sections 78B-6-128 and 78B-6-130:
 - (a) may provide this report to the person who is the subject of the report; and
- (b) may provide this report to a person who is performing a preplacement adoptive evaluation in accordance with the requirement of Sections 78B-6-128 and 78B-6-130, or to a licensed child-placing agency or to an attorney seeking to facilitate an adoption.
 - Section 4. Section **62A-15-103** is amended to read:
- 243 62A-15-103. Division -- Creation -- Responsibilities.
- (1) (a) There is created the Division of Substance Abuse and Mental Health within the

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(B) jail and prison populations;

245	department, under the administration and general supervision of the executive director.
246	(b) The division is the substance abuse authority and the mental health authority for
247	this state.
248	(2) The division shall:
249	(a) (i) educate the general public regarding the nature and consequences of substance
250	abuse by promoting school and community-based prevention programs;
251	(ii) render support and assistance to public schools through approved school-based
252	substance abuse education programs aimed at prevention of substance abuse;
253	(iii) promote or establish programs for the prevention of substance abuse within the
254	community setting through community-based prevention programs;
255	(iv) cooperate with and assist treatment centers, recovery residences, and other
256	organizations that provide services to individuals recovering from a substance abuse disorder,
257	by identifying and disseminating information about effective practices and programs;
258	(v) except as provided in Section 62A-15-103.5, make rules in accordance with Title
259	63G, Chapter 3, Utah Administrative Rulemaking Act, to develop, in collaboration with public
260	and private programs, minimum standards for public and private providers of substance abuse
261	and mental health programs licensed by the department under Title 62A, Chapter 2, Licensure
262	of Programs and Facilities;
263	(vi) promote integrated programs that address an individual's substance abuse, mental
264	health, physical health, and criminal risk factors;
265	(vii) establish and promote an evidence-based continuum of screening, assessment,
266	prevention, treatment, and recovery support services in the community for individuals with
267	substance use disorder and mental illness that addresses criminal risk factors;
268	(viii) evaluate the effectiveness of programs described in this Subsection (2);
269	(ix) consider the impact of the programs described in this Subsection (2) on:
270	(A) emergency department utilization;

272	(C) the homeless population; and
273	(D) the child welfare system; and
274	(x) promote or establish programs for education and certification of instructors to
275	educate persons convicted of driving under the influence of alcohol or drugs or driving with
276	any measurable controlled substance in the body;
277	(b) (i) collect and disseminate information pertaining to mental health;
278	(ii) provide direction over the state hospital including approval of [its] the state
279	hospital's budget, administrative policy, and coordination of services with local service plans;
280	(iii) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
281	Rulemaking Act, to educate families concerning mental illness and promote family
282	involvement, when appropriate, and with patient consent, in the treatment program of a family
283	member; and
284	(iv) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
285	Rulemaking Act, to direct that an individual receiving services through a local mental health
286	authority or the Utah State Hospital be informed about and, if desired by the individual,
287	provided assistance in the completion of a declaration for mental health treatment in
288	accordance with Section 62A-15-1002;
289	(c) (i) consult and coordinate with local substance abuse authorities and local mental
290	health authorities regarding programs and services;
291	(ii) provide consultation and other assistance to public and private agencies and groups
292	working on substance abuse and mental health issues;
293	(iii) promote and establish cooperative relationships with courts, hospitals, clinics,
294	medical and social agencies, public health authorities, law enforcement agencies, education and
295	research organizations, and other related groups;
296	(iv) promote or conduct research on substance abuse and mental health issues, and
297	submit to the governor and the Legislature recommendations for changes in policy and
298	legislation;

299	(v) receive, distribute, and provide direction over public funds for substance abuse and
300	mental health services;
301	(vi) monitor and evaluate programs provided by local substance abuse authorities and
302	local mental health authorities;
303	(vii) examine expenditures of local, state, and federal funds;
304	(viii) monitor the expenditure of public funds by:
305	(A) local substance abuse authorities;
306	(B) local mental health authorities; and
307	(C) in counties where they exist, a private contract provider that has an annual or
308	otherwise ongoing contract to provide comprehensive substance abuse or mental health
309	programs or services for the local substance abuse authority or local mental health authority;
310	(ix) contract with local substance abuse authorities and local mental health authorities
311	to provide a comprehensive continuum of services that include community-based services for
312	individuals involved in the criminal justice system, in accordance with division policy, contract
313	provisions, and the local plan;
314	(x) contract with private and public entities for special statewide or nonclinical
315	services, or services for individuals involved in the criminal justice system, according to
316	division rules;
317	(xi) review and approve each local substance abuse authority's plan and each local
318	mental health authority's plan in order to ensure:
319	(A) a statewide comprehensive continuum of substance abuse services;
320	(B) a statewide comprehensive continuum of mental health services;
321	(C) services result in improved overall health and functioning;
322	(D) a statewide comprehensive continuum of community-based services designed to
323	reduce criminal risk factors for individuals who are determined to have substance abuse or
324	mental illness conditions or both, and who are involved in the criminal justice system;
325	(E) compliance, where appropriate, with the certification requirements in Subsection

326	(2)(j); and
327	(F) appropriate expenditure of public funds;
328	(xii) review and make recommendations regarding each local substance abuse
329	authority's contract with the local substance abuse authority's provider of substance abuse
330	programs and services and each local mental health authority's contract with the local mental
331	health authority's provider of mental health programs and services to ensure compliance with
332	state and federal law and policy;
333	(xiii) monitor and ensure compliance with division rules and contract requirements;
334	and
335	(xiv) withhold funds from local substance abuse authorities, local mental health
336	authorities, and public and private providers for contract noncompliance, failure to comply
337	with division directives regarding the use of public funds, or for misuse of public funds or
338	money;
339	(d) ensure that the requirements of this part are met and applied uniformly by local
340	substance abuse authorities and local mental health authorities across the state;
341	(e) require each local substance abuse authority and each local mental health authority,
342	in accordance with Subsections 17-43-201(5)(b) and 17-43-301(6)(a)(ii), to submit a plan to
343	the division on or before May 15 of each year;
344	(f) conduct an annual program audit and review of each local substance abuse authority
345	and each local substance abuse authority's contract provider, and each local mental health
346	authority and each local mental health authority's contract provider, including:
347	(i) a review and determination regarding whether:
348	(A) public funds allocated to the local substance abuse authority or the local mental
349	health authorities are consistent with services rendered by the authority or the authority's
350	contract provider, and with outcomes reported by the authority's contract provider; and

(B) each local substance abuse authority and each local mental health authority is

exercising sufficient oversight and control over public funds allocated for substance use

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353	disorder and mental health programs and services; and
354	(ii) items determined by the division to be necessary and appropriate; and
355	(g) define "prevention" by rule as required under Title 32B, Chapter 2, Part 4,
356	Alcoholic Beverage and Substance Abuse Enforcement and Treatment Restricted Account Act;
357	(h) (i) train and certify an adult as a peer support specialist, qualified to provide peer
358	supports services to an individual with:
359	(A) a substance use disorder;
360	(B) a mental health disorder; or
361	(C) a substance use disorder and a mental health disorder;
362	(ii) certify a person to carry out, as needed, the division's duty to train and certify an
363	adult as a peer support specialist;
364	(iii) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
365	Rulemaking Act, that:
366	(A) establish training and certification requirements for a peer support specialist;
367	(B) specify the types of services a peer support specialist is qualified to provide;
368	(C) specify the type of supervision under which a peer support specialist is required to
369	operate; and
370	(D) specify continuing education and other requirements for maintaining or renewing
371	certification as a peer support specialist; and
372	(iv) make rules in accordance with Title 63G, Chapter 3, Utah Administrative
373	Rulemaking Act, that:
374	(A) establish the requirements for a person to be certified to carry out, as needed, the
375	division's duty to train and certify an adult as a peer support specialist; and
376	(B) specify how the division shall provide oversight of a person certified to train and
377	certify a peer support specialist;
378	(i) except as provided in Section 62A-15-103.5, establish by rule, in accordance with
379	Title 63G, Chapter 3, Utah Administrative Rulemaking Act, minimum standards and

requirements for the provision of substance use disorder and mental health treatment to an individual who is incarcerated or who is required to participate in treatment by a court or by the Board of Pardons and Parole, including:

- (i) collaboration with the Department of Corrections and the Utah Substance Use and Mental Health Advisory Council to develop and coordinate the standards, including standards for county and state programs serving individuals convicted of class A and class B misdemeanors:
- (ii) determining that the standards ensure available treatment, including the most current practices and procedures demonstrated by recognized scientific research to reduce recidivism, including focus on the individual's criminal risk factors; and
- (iii) requiring that all public and private treatment programs meet the standards established under this Subsection (2)(i) in order to receive public funds allocated to the division, the Department of Corrections, or the Commission on Criminal and Juvenile Justice for the costs of providing screening, assessment, prevention, treatment, and recovery support:
- (j) except as provided in Section 62A-15-103.5, establish by rule, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, the requirements and procedures for the certification of licensed public and private providers, including individuals licensed by the Division of Occupational and Professional Licensing, programs licensed by the department, and health care facilities licensed by the Department of Health, who provide, as part of their practice, substance use disorder and mental health treatment to an individual involved in the criminal justice system, including:
- (i) collaboration with the Department of Corrections, the Utah Substance Use and Mental Health Advisory Council, and the Utah Association of Counties to develop, coordinate, and implement the certification process;
- (ii) basing the certification process on the standards developed under Subsection (2)(i) for the treatment of an individual involved in the criminal justice system; and
 - (iii) the requirement that a public or private provider of treatment to an individual

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407	involved in the criminal justice system shall obtain certification on or before July 1, 2016, and
408	shall renew the certification every two years, in order to qualify for funds allocated to the
409	division, the Department of Corrections, or the Commission on Criminal and Juvenile Justice
410	on or after July 1, 2016;
411	(k) collaborate with the Commission on Criminal and Juvenile Justice to analyze and
412	provide recommendations to the Legislature regarding:
413	(i) pretrial services and the resources needed to reduce recidivism;
414	(ii) county jail and county behavioral health early-assessment resources needed for an
415	offender convicted of a class A or class B misdemeanor; and
416	(iii) the replacement of federal dollars associated with drug interdiction law
417	enforcement task forces that are reduced;
418	(l) (i) establish performance goals and outcome measurements for all treatment
419	programs for which minimum standards are established under Subsection (2)(i), including
420	recidivism data and data regarding cost savings associated with recidivism reduction and the
421	reduction in the number of inmates, that are obtained in collaboration with the Administrative
122	Office of the Courts and the Department of Corrections; and
423	(ii) collect data to track and determine whether the goals and measurements are being
124	attained and make this information available to the public;
425	(m) in the division's discretion, use the data to make decisions regarding the use of
426	funds allocated to the division, the Administrative Office of the Courts, and the Department of
427	Corrections to provide treatment for which standards are established under Subsection (2)(i);
428	[and]
129	(n) annually, on or before August 31, submit the data collected under Subsection (2)(k)
430	to the Commission on Criminal and Juvenile Justice, which shall compile a report of findings
431	based on the data and provide the report to the Judiciary Interim Committee, the Health and

Human Services Interim Committee, the Law Enforcement and Criminal Justice Interim

Committee, and the related appropriations subcommittees[-]; and

(o) consult and coordinate with the Department of Health and the Division of Child		
and Family Services to develop and manage the operation of a program designed to reduce		
substance abuse during pregnancy that includes:		
(i) providing education and resources to health care providers and individuals in the		
state regarding prevention of substance abuse during pregnancy;		
(ii) providing training to health care providers in the state regarding screening of a		
pregnant woman or pregnant minor to identify a substance abuse disorder; and		
(iii) providing referrals to pregnant women or pregnant minors in need of substance use		
treatment services to a facility that has the capacity to provide the treatment services.		
(3) In addition to the responsibilities described in Subsection (2), the division shall,		
within funds appropriated by the Legislature for this purpose, implement and manage the		
operation of a firearm safety and suicide prevention program, in consultation with the Bureau		
of Criminal Identification created in Section 53-10-201, including:		
(a) coordinating with the Department of Health, local mental health and substance		
abuse authorities, a nonprofit behavioral health advocacy group, and a representative from a		
Utah-based nonprofit organization with expertise in the field of firearm use and safety that		
represents firearm owners, to:		
(i) produce and periodically review and update a firearm safety brochure and other		
educational materials with information about the safe handling and use of firearms that		
includes:		
(A) information on safe handling, storage, and use of firearms in a home environment;		
(B) information about at-risk individuals and individuals who are legally prohibited		
from possessing firearms;		
(C) information about suicide prevention awareness; and		
(D) information about the availability of firearm safety packets;		
(ii) procure cable-style gun locks for distribution pursuant to this section;		
(iii) produce a firearm safety packet that includes the firearm safety brochure and the		

461	cable-style gun lock described in this Subsection (3); and
462	(iv) create a suicide prevention education course that:
463	(A) provides information for distribution regarding firearm safety education;
464	(B) incorporates current information on how to recognize suicidal behaviors and
465	identify individuals who may be suicidal; and
466	(C) provides information regarding crisis intervention resources;
467	(b) distributing, free of charge, the firearm safety packet to the following persons, who
468	shall make the firearm safety packet available free of charge:
469	(i) health care providers, including emergency rooms;
470	(ii) mobile crisis outreach teams;
471	(iii) mental health practitioners;
472	(iv) other public health suicide prevention organizations;
473	(v) entities that teach firearm safety courses;
474	(vi) school districts for use in the seminar, described in Section 53G-9-702, for parents
475	of students in the school district; and
476	(vii) firearm dealers to be distributed in accordance with Section 76-10-526;
477	(c) creating and administering a redeemable coupon program described in this
478	Subsection (3) and Section 76-10-526 that includes:
479	(i) producing a redeemable coupon that offers between \$10 and \$200 off the purchase
480	price of a firearm safe from a participating firearms dealer or a person engaged in the business
481	of selling firearm safes in Utah, by a Utah resident who has filed an application for a concealed
482	firearm permit; and
483	(ii) collecting the receipts described in Section 76-10-526 from the participating
484	dealers and persons and reimbursing the dealers and persons;
485	(d) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
486	making rules that establish procedures for:
487	(i) producing and distributing the suicide prevention education course and the firearm

safety brochures and packets;

- (ii) procuring the cable-style gun locks for distribution; and
- (iii) administering the redeemable coupon program; and
- (e) reporting to the Health and Human Services Interim Committee regarding implementation and success of the firearm safety program and suicide prevention education course at or before the November meeting each year.
- (4) (a) The division may refuse to contract with and may pursue legal remedies against any local substance abuse authority or local mental health authority that fails, or has failed, to expend public funds in accordance with state law, division policy, contract provisions, or directives issued in accordance with state law.
- (b) The division may withhold funds from a local substance abuse authority or local mental health authority if the authority's contract provider of substance abuse or mental health programs or services fails to comply with state and federal law or policy.
- (5) (a) Before reissuing or renewing a contract with any local substance abuse authority or local mental health authority, the division shall review and determine whether the local substance abuse authority or local mental health authority is complying with the oversight and management responsibilities described in Sections 17-43-201, 17-43-203, 17-43-303, and 17-43-309.
- (b) Nothing in this Subsection (5) may be used as a defense to the responsibility and liability described in Section 17-43-303 and to the responsibility and liability described in Section 17-43-203.
- (6) In carrying out the division's duties and responsibilities, the division may not duplicate treatment or educational facilities that exist in other divisions or departments of the state, but shall work in conjunction with those divisions and departments in rendering the treatment or educational services that those divisions and departments are competent and able to provide.
 - (7) The division may accept in the name of and on behalf of the state donations, gifts,

515	devises, or bequests of real or personal property or services to be used as specified by the
516	donor.
517	(8) The division shall annually review with each local substance abuse authority and
518	each local mental health authority the authority's statutory and contract responsibilities
519	regarding:
520	(a) use of public funds;
521	(b) oversight of public funds; and
522	(c) governance of substance use disorder and mental health programs and services.
523	(9) The Legislature may refuse to appropriate funds to the division upon the division's
524	failure to comply with the provisions of this part.
525	(10) If a local substance abuse authority contacts the division under Subsection
526	17-43-201(10) for assistance in providing treatment services to a pregnant woman or pregnant
527	minor, the division shall:
528	(a) refer the pregnant woman or pregnant minor to a treatment facility that has the
529	capacity to provide the treatment services; or
530	(b) otherwise ensure that treatment services are made available to the pregnant woman
531	or pregnant minor.
532	(11) The division shall employ a school-based mental health specialist to be housed at
533	the State Board of Education who shall work with the State Board of Education to:
534	(a) provide coordination between a local education agency and local mental health
535	authority;
536	(b) recommend evidence-based and evidence informed mental health screenings and
537	intervention assessments for a local education agency; and
538	(c) coordinate with the local community, including local departments of health, to
539	enhance and expand mental health related resources for a local education agency.