Implementation plan for Utah's DCRA (Death in Custody Reporting Act) data collection infrastructure.

(October 2023)

1. Utah DCRA Data Collection Infrastructure:

a) *Does your state have a death-in-custody reporting law, requiring state and local agencies to report the related data to a state entity?*

- Yes, State of Utah Code UCA 17-22-32, requires the reporting of inmate mortality to be reported to the Utah Commission on Criminal and Juvenile Justice.
  - Section (2)(g): the number of in-custody deaths that occurred at the county jail; (h) for each in-custody death; (i) the name, gender, race, ethnicity, age, and known or suspected medical diagnosis or disability, if any, of the deceased; Utah Code Page 2 (ii) the date, time, and location of death; (iii) the law enforcement agency that detained, arrested, or was in the process of arresting the deceased; and (iv) a brief description of the circumstances surrounding the death; (i) the known, or discoverable on reasonable inquiry, causes and contributing factors of each of the in-custody deaths described in Subsection (2)(g); (j) the county jail's policy for notifying an inmate's next of kin after the inmate's in-custody death; (k) the county jail policies, procedures, and protocols:

b) *How many non-federal law enforcement agencies, municipal or county jails or lockup facilities, state or contract prisons, or state-run/contract boot camp facilities are in your state?*

- Non-Federal Law Enforcement Agencies: arresting agencies = 140 *(2018 U.S. Dept. of Justice - Bureau of Justice Statistics).*
- Municipal/County Jails/Lockup Facilities = 25
- State or Contract Prisons = 1
- State-run/Contract Boot Camp Facilities = 0

c) *Are there any agencies that are not actively participating in your state's DCRA data collection?*

- No, there are no agencies to our knowledge that have openly refused to actively participate in DCRA or other reporting requirements.

d) *If agencies are not actively participating in your state's DCRA data collection, establish lines of communication and encourage non-reporting entities to start reporting.*

- N/A

e) *Do you provide training or technical assistance (TTA) to assist state and local agencies with reporting DCRA data?*

- The criminal justice reporting database currently under construction by CCJJ for DCRA and other reporting requirements, will include user guidance. Additionally, CCJJ staff as well as

staff with the Utah Department of Public Safety will be available to assist agencies in completing DCRA and other reporting requirements.

f) *Do you need TTA from BJA as it relates to complying with the requirements of DCRA?*

- No, not at this time, but we will reach out to BJA if the need arises.

2. Utah DCRA Data Collection Methods:

a) *Who within your agency is responsible for DCRA data collection from state/local agencies?*

- Mr. Angelo Perillo, CCJJ Data Coordinator is responsible for data collection from the UCJIS module and distributing the information to necessary personnel for reporting requirements.

b) *Examine your methods for collecting reportable death data from each type of reporting entity (e.g., local law enforcement, local jails/lockup, and state correctional institutions).*

- Utah is using a secure web application form built within the Utah Criminal Justice Information System (UCJIS). The DCRA data is collected from reporting agencies and held in a secure database with UCJIS. DCRA data collected in UCJIS each quarter will be uploaded to the BJA DCRA site within PMT.

c) *What challenges does your state face in collecting and reporting DCRA data? What can be done to overcome those challenges?*

- Challenges Include: Reporting requirements of the death and jails propriety identifiable information, quarterly reporting requirements and creating and managing updated email list for all Terminal Agency Coordinator (TAC) at Utah correctional facilities and Utah LEA's.

d) *What data collection tools does your state use for DCRA data (e.g., spreadsheets, administrative records, data systems, etc.)?*

- Please see Utah DCRA reporting interface screenshots at the end of this document.

3. **Utah DCRA Data Reporting Methods:**

a) *How is DCRA data reported to BJA (e.g., manual data entry in the Performance Measurement Tool [PMT] or the data import feature in the PMT)?*

- Currently it is done manually, but once our UCJIS web application for DCRA reporting is fully operational and collecting data, we will utilize the PMT data import feature.

b) *Does your agency have a process for reviewing and cleaning records prior to submission to BJA?*

- Once data is entered into UCJIS it is sent to a database owned by CCJJ. The form has checks to ensure the data is entered correctly. A standardized automated form will be used by

every agency reporting DCRA data in UCJIS and the data export from UCJIS will be cleaned prior to importing our data to the PMT.
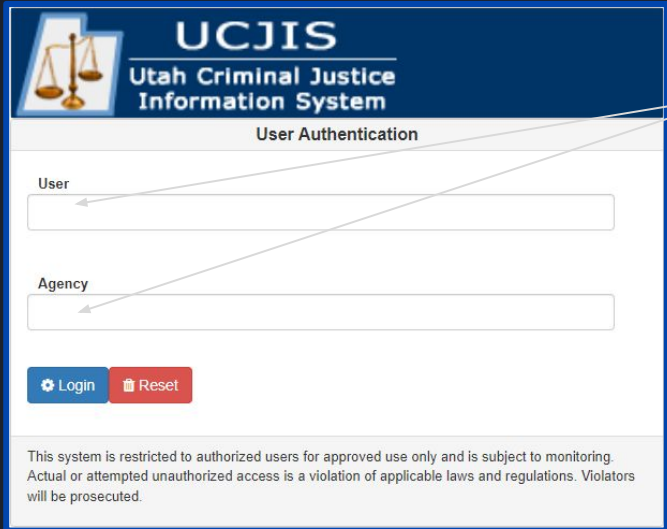
c) *Does your agency have a process for tracking and updating the status of records that are open or pending investigation?*

- Agencies have the option to enter the data before or after they receive the final report from the Utah Coroner's Office. When an agency initiates a DCRA report in UCJIS, the record will have a unique identifier number. To avoid any possible duplication of records, all updates or edits will be made within the established DCRA record in UCJIS.

Death in Custody Entry Screen

Login Screen

Login to UCJIS with User ID and Agency ID

Enter DECUL in Transaction Code

Your TAC/Alt TAC will need to contact CIC to request access fo you

Inmate/Offender Personal Information

Inmate/Offender Personal Information

1. Inmate/Offender Name.

Last Name: * [ENTER LAST NAME]   First Name: * [ENTER FIRST NAME]

Middle Initial: [ENTER MIDDLE INITL]

2. Date of Inmate/Offender Death.

Date of Offender Death: * [MMDDYYYY]   [HH]   [MM]   [ ]

3. Inmate/Offender Date of Birth.

Inmate/Offender DOB Undisclosed: ☐   Date of Birth: [ENTER DOB MMDDYYYY]

4. Inmate/Offender Gender.

Gender: * [   ]

5. Was the Inmate/Offender of Hispanic, Latino, or Spanish Origin?

Ethnicity: * [   ]

6. What was the Inmate/Offender's race?

Race: * [Nothing selected   ]

- Input the Inmate/Offender personal information
- All required fields are indicated (*)

For Date of Death, death date can be anytime during the current year.

If death occurred in the previous year it may still be submitted until 6/30 of the current year.

Facility Information

Facility Information

7. What date was the Inmate/Offender admitted to a facility under your jurisdiction?

Inmate/Offender DOA Undisclosed: ☐

Date of Admittance: ENTER DOA MMDDYYYY

8. Was the Inmate/Offender being held for another agency?

🔘 Yes ◯ No

Other Law Enforcement: [dropdown]

- U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
- U.S. MARSHARLS SERVICE
- STATE OR FEDERAL PRISON, BUREAU OF INDIAN AFFAIRS, OR ANY OTHER JAIL JURISDICTION

- Inmate/Offender DOA Undisclosed will grey out Date of Admittance
- Selecting 'Yes' on Q8 will show dropdown for Other Law Enforcement for selection

Charge Information

- Input the Offense Date and the Statute or Keyword and click Lookup
- Statute Lookup Results will display
- Click on the corresponding Statute for the Inmate/Offender
- If there are duplicate charges, click the 'Duplicate' button
- If there are additional charges, click the ⊕ button
- All required fields are indicated (*)

Charge Information (pt. 2)

If additional charge(s) need to be removed, click the ⊟ button

Legal and Health Information

Legal and Health Information

10. What was the Inmate/Offender's legal status at the time of death? (For inmate/offenders with more than one status, report the status associated with the most serious offense.)

Legal Status: [dropdown]

CONVICTED - NEW COURT COMMITMENT
CONVICTED - RETURNED PROBATION/ PAROLE VIOLATION
UNCONVICTED
OTHER

Legal and Health Information

10. What was the Inmate/Offender's legal status at the time of death? (For inmate/offenders with more than one status, report the status associated with the most serious offense.)

Legal Status: OTHER

Legal Status Other: LEGAL STATUS OTHE

- Select the Inmate/Offender's Legal Status
- If 'Other' is selected, an additional field will display for input

Legal and Health Information
Mental Health & Place of Death

11. Since admission, did the Inmate/Offender ever stay overnight in a mental health observation unit or an outside mental health facility?

○ Yes   ○ No   ● Unknown

12. Where did the Inmate/Offender die?

Place Of Death: [_____ ▼]

IN A GENERAL HOUSING UNIT WITHIN THE FACILITY OR IN A GENERAL HOUSING UNIT ON THE GROUNDS
IN A SEGREGATION UNIT
IN A SPECIAL MEDICAL UNIT/INFIMARY WITHIN THE FACILITY
IN A SPECIAL MENTAL HEALTH SERVICES UNIT WITHIN THE FACILITY
IN A MEDICAL CENTER OUTSIDE THE FACILITY
INA MENTAL HEALTH CENTER OUTSIDE THE FACILITY
WHILE IN TRANSIT
ELSEWHERE

12. Where did the Inmate/Offender die?

Place Of Death: [ELSEWHERE ▼]

Place Of Death Other: [PLACE OF DEATH OT]

- Indicate selection for whether the Inmate/Offender ever spent time in a mental health observation unit
- Select where Inmate/Offender died
- If 'Elsewhere' is selected, an additional field will display for input

Legal and Health Information
Medical Examiner's Information

13. Are the results of a medical examiner's or coroner's evaluation (such as autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

○ Yes   ○ No   ○ Evaluation Complete

13. Are the results of a medical examiner's or coroner's evaluation (such as autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

● Yes   ○ No   ○ Evaluation Complete

14. What is
Cause Of

Official Ca
Death:

15. Where
Incident L

13. Are the results of a medical examiner's or coroner's evaluation (such as autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

○ Yes   ● No   ○ Evaluation Complete

14. What is the cause of death?
Cause Of Death: [⌄]

Official Cause Of   ○ Yes   ○ No
Death:

15. Where did the incident causing the death take place?
Incident Location Main: [⌄]

- Select the ME/Coroner's evaluation results
- If 'Yes' or 'No' is selected, question 14 and 15 will appear
- See next slide for Evaluation Complete

Legal and Health Information
Medical Examiner's Information (pt. 2)

- Select Evaluation Complete for the ME/Coroner's evaluation results
- Message will display at the top of the screen
- If you see this popup, please move forward to question 18, enter comments if necessary and then submit the entry.

Legal and Health Information
Cause of Death

14. What is the cause of death?

Cause Of Death:

[dropdown]
ILLNESS - EXCLUDE AIDS-RELATED DEATHS
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)
ACCIDENTAL ALCOHOL/DRUG INTOXICATION
ACCIDENTAL INJURY TO SELF
ACCIDENTAL INJURY BY OTHER
SUICIDE
HOMICIDE
OTHER CAUSE(S)

- Select the Cause of Death from the dropdown
- See the following slides for additional actions based on selection

Legal and Health Information
Cause of Death (pt. 2)

- For the following selections, Question 16 and 17 will appear
  - Illness - Exclude AIDS-Related Deaths
  - Acquired Immune Deficiency Syndrome (AIDS)
  - Other Causes
    - Additional field will display for input
- See the following slides for additional actions based on selection

Legal and Health Information
Cause of Death (pt. 3)

14. What is the cause of death?

Cause Of Death: ACCIDENTAL ALCOHOL/DRUG INTOXICATION

Official Cause Of Death: ○ Yes ○ No

15. Where did the incident causing the death take place?

Incident Location Main:

18. Additional comments regarding the death

- For the following selections, questions 16 and 17 are not required and will be hidden
  - Accidental alcohol/drug intoxication
  - Accidental injury to self
  - Accidental injury by other
  - Suicide
  - Homicide

Legal and Health Information
Location of Death

15. Where did the incident causing the death take place?

Incident Location Main: [dropdown]

NOT APPLICABLE-CAUSE OF DEATH WAS ILLNESS, INTOXICATION, OR AIDS-RELATED
IN THE FACILITY OR ON THE GROUNDS
OUTSIDE THE FACILITY (E.G. WHILE ON WORK RELEASE OR ON A WORK DETAIL)
ELSEWHERE

15. Where did the incident causing the death take place?

Incident Location Main: NOT APPLICABLE-CAUSE OF DEATH WAS ILLNESS, INTOXICAT

15. Where did the incident causing the death take place?

Incident Location Main: ELSEWHERE

Incident Location Main Other: INCIDENT LOCATION MAIN OTHER

- If the death was Illness, Intoxication, or AIDS-Related, additional location information is not needed
- If 'Elsewhere' is selected, an additional field will display for input
- See the following slides for additional actions based on selection

Legal and Health Information
Location of Death (pt. 2)

- If In the Facility or On the Grounds is selected, an additional dropdown will display for selection
- If 'Elsewhere in the Facility' is selected, an additional field will display for input
- See the following slides for additional actions based on selection

Legal and Health Information Medical Services

16. Excluding emergency care provided at the time of death, did the Inmate/Offender receive any of the following medical services for the medical condition that caused his/her death after admission to the facility?

Service	Yes	No
Evaluation by physicial/medical staff:	○ Yes	○ No
Diagnostic tests (x-rays, MRI, etc.):	○ Yes	○ No
Medications:	○ Yes	○ No
Treatments/care other than medications:	○ Yes	○ No
Surgery:	○ Yes	○ No
Confinement in special medical unit:	○ Yes	○ No

- Indicate the selection for each answer for question 16

Legal and Health Information
Pre-existing Condition and Comments

17. Was the cause of death the result of a pre-existing medical condition or did the Inmate/Offender develop the conditi
after admission? (If multiple conditions caused death and any of the conditions were pre-existing, select pre-existing
medical condition)

Preexisting Condition:

PRE-EXISTING MEDICAL CONDITION
CONDITION DEVELOPED AFTER ADMISSION
COULD NOT BE DETERMINED

18. Additional comments regarding the death

Notes: ENTER ADDITIONAL NOTES

ERROR

Enter DOB if it is known. Otherwise, check DOB UNKNOWN.

OK

- Make a selection from the dropdown for question 17
- Enter any additional comments before submitting
- If all required (*) information is complete, when clicking 🔍 Submit user will receive a confirmation message on the screen

- If any information is missing, an error message will display what information is missing