



## H.B. 398 Inmate Health Care Study Committee Report to the Legislature – November 2019 Utah Commission on Criminal & Juvenile Justice

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### Problem Statement

Correctional facilities in Utah are, by default, the front line provider of health care for incarcerated individuals, and this encompasses physical health, mental health, and substance use (including withdrawal and detox from substances) services. As a result of this, some inmates will be at high risk for serious illness or injury, and even death, including suicide (see 2018 USAAV+ Council S.B. 205 Workgroup Report). Jails and prisons also house a disproportionate number of individuals with mental illness. The challenges this presents are neither new nor unique to Utah, but must be dealt with in a broad and systematic way and addressed through cooperation and coordination of the State and counties together. This report evaluates policies and practices related to a variety of health care issues in the correctional population and makes recommendations accordingly. In order for correctional facilities to properly diagnose and treat many of these conditions and confront common health care-related situations, there must be financial support and proper funding streams equal to the task – both from the State and the counties. A continuum of care should include, first and foremost, diversion from incarceration for low risk offenders – particularly those with mental health and substance use disorders better served in a non-correctional setting. If diversion is not available, this continuum of care should also include: screening, assessment, and evaluation; triage; emergency intervention; treatment, including medication assisted treatment; and the capacity to address more chronic, longer term needs. Lastly, evidence based practices and protocols should guide public policy development on this issue.

### Charge of the Committee

The Inmate Health Care Study (IHCS) Committee was formed pursuant to the passage of *H.B. 398 – Substance Use and Health Care Amendments* by Representative Brad Daw and Senator Todd Weiler during the 2019 Utah Legislative Session. H.B. 398 directed the Commission on Criminal and Juvenile Justice (CCJJ) to convene a committee to study certain health care and other services provided to inmates in a correctional facility (i.e., prisons and county jails). These services were to be studied and evaluated through the collection of identified policies, procedures, and protocols from correctional facilities in the state. The policies identified for study included:

1. Screening, assessment, and treatment of an inmate experiencing a substance use or mental health disorder, including withdrawal from alcohol or other drugs;
2. Providing medication and mental health treatment for inmates who are transferred between county jails and the Department of Corrections;
3. Providing contraception to a female inmate in a correctional facility;
4. Providing health care and treatment for a pregnant inmate in a correctional facility, including any restraints required during a pregnant inmate’s labor and delivery; and
5. Body cavity searches of an arrestee or inmate in a correctional facility.

After CCJJ collected the policies and convened the IHCS Committee, the charge was to:

1. Survey the policies, procedures, and protocols submitted by a correctional facility taking the following into consideration:
  - a. The needs and limitations of correctional health care, particularly in rural areas of the state;
  - b. Evidence-based practices;
  - c. Tools and protocols for substance use screening and assessment;
  - d. The transition of an inmate from treatment or health care in a correctional facility to community-based treatment or health care; and
  - e. The needs of different correctional facility populations.
2. Based on the results of the survey, develop recommendations related to:
  - a. Whether model policies, procedures, and protocols for correctional facilities are necessary; and
  - b. Development and implementation of any model policies the committee finds necessary.

CCJJ was then directed to present a report of the results of the survey and the IHCS Committee's recommendations to the Law Enforcement and Criminal Justice Interim Committee before November 30, 2019.

## Context and Related Work

H.B. 398 arose out of a context in which county jails had been experiencing an increasing number of inmate deaths, as well as other questions about policies within correctional facilities that might put these facilities at risk for legal liability. In the 2018 Utah Legislative Session, *S.B. 205 – Incarceration Reports* by Senator Todd Weiler and Representative Carol Spackman Moss was passed, which directed CCJJ and the Utah Substance Use and Mental Health Advisory (USAAV+) Council to collect and study data on inmate deaths in the county jails and policies pertaining to alcohol and substance use withdrawal. This data collection and policy review led to a series of recommendations, many of which have carried into this report as recommendations from the Committee's Substance Use and Mental Health Workgroup below. The inmate death data collection by CCJJ also continues on an annual basis, and several trends are useful to identify:

- It is important to note that deaths in county jails and deaths in Utah's prisons are generally different in nature.
  - Over three quarters (78%) of deaths in prisons over the past two years were due to illness and other factors related to chronic conditions and old age.
  - More county jail deaths in the past six years resulted from suicide (54%) or alcohol/drug intoxication (9%), and almost half (45%) occur in the first week.
- In 2018, there were 7 deaths in the county jails and 17 in the prisons, both on par with or down from the previous year (7 and 20 respectively in 2017).
- Of the 7 deaths in the county jails in 2018, 4 were suicides and 3 were due to alcohol/drug intoxication.
  - These 3 deaths were almost half of the total intoxication deaths from 2013-18 (7).
- While jail deaths were elevated from 2013-2016 (average of 16/year, highs of 19 in 2014 and 18 in 2016), the 7 deaths each in 2017 and 2018 represent a significant decrease from these previous levels.

- These numbers, however, speak to a continuing need to address suicide and substance use/withdrawal in the county jails in a comprehensive and standardized manner.

In addition to S.B. 205 in 2018, several other bills related to policies and practices in correctional facilities were run in the 2019 Utah Legislative Session that ultimately became incorporated into H.B. 398 for further study. These included:

- Several bills opened from the S.B. 205 group's recommendations but not funded
- *H.B. 156 – Search Amendments* (passed) by Representative Kim Coleman and Senator Daniel Thatcher, which required the development and adoption of a model policy for body cavity searches in the county jails
- *H.B. 318 – Inmate Restrictions Standards Amendments* (passed) by Representative Stephanie Pitcher and Senator Jacob Anderegg, which created standards for the treatment of pregnant inmates in correctional facilities, including the use of restraints
- *H.B. 275 – Contraception for Women Prisoners* (held in committee) by Representative Jennifer Dailey-Provost, which required jails to provide continued access to contraceptives while incarcerated

## Summary of CCJJ and Committee Activities

Shortly after H.B. 398 was signed by the Governor, CCJJ began working to recruit the statutorily required members of the IHCS Committee (see Appendix 1) and to formulate the requests for policies and data that would be sent out the county sheriffs and the Utah Department of Corrections (UDC). In early May, the formal request was sent out by CCJJ's Executive Director, Kim Cordova. CCJJ engaged in outreach to the Utah Sheriff's Association and the individual counties to ensure a high level of participation in this effort ahead of the June 15 deadline.

CCJJ secured submissions from all 25 counties with jails in addition to UDC by the deadline. UDC was able to submit all requested policies, while the presence of a particular policy varied across the county jails. It is important to note that even when a county jail had a particular policy, there was a great deal of variability in how complete or extensive it was. Most county jails had some form of policy for body cavity searches (96%), providing health care and treatment for pregnant inmates including use of restraints (96%), screening and assessment (92%), and substance use and mental health disorder treatment (76%). Only a couple jails (8%) had some policy related to provision of contraceptives, while the presence of policies related to providing medication and mental health treatment for inmates transferred between county jails and UDC was more mixed (64%) and many of these were somewhat vague.

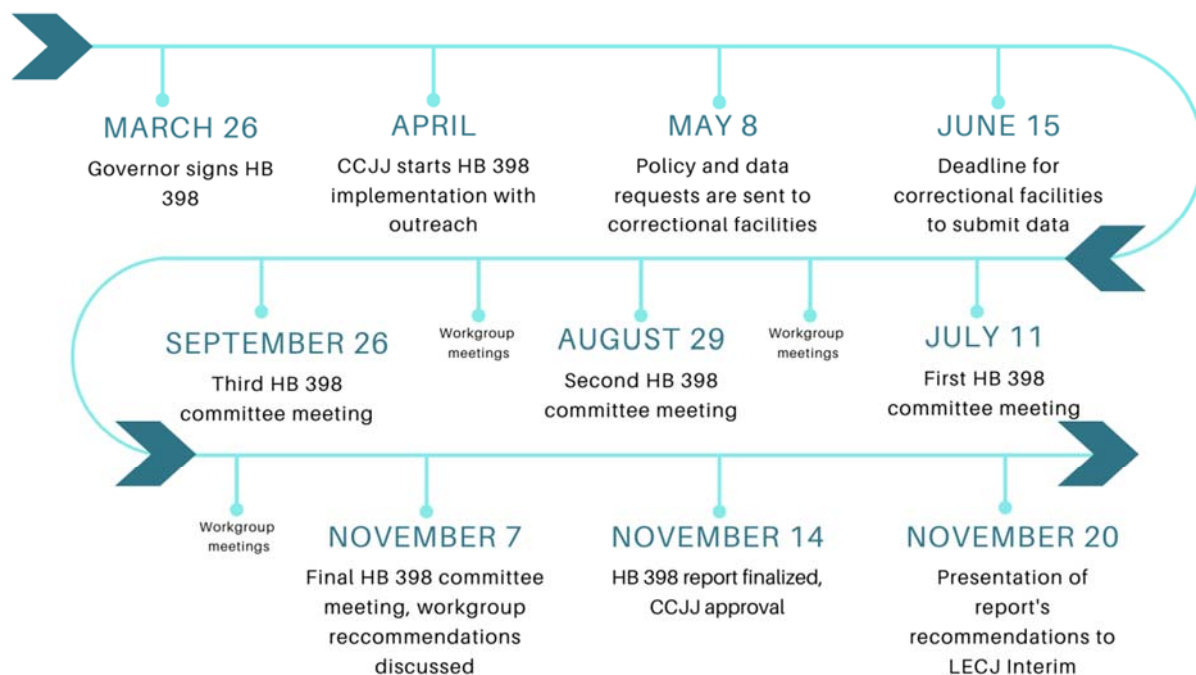
Once all the policy submissions were obtained, organized, and placed in a secure location for shared access by committee members, CCJJ convened the first meeting of the IHCS Committee in early July. During this meeting, it was determined that the bulk of the policy review and discussion would be best done in specialized workgroups that would then report back to the Committee:

1. The **Mental Health and Substance Use Workgroup** was tasked with reviewing policies 1 & 2 above (p. 1), as well as related policies carried over from S.B. 205 related to withdrawal, and to develop recommendations. This workgroup was in many ways an extension of the S.B. 205 workgroup from 2018, and their main goal was to update and extend their previous recommendations.

2. The **Women’s Health Workgroup** was tasked with reviewing policies 3 and 4 above (p. 1). As each stemmed from bills during the 2019 Legislative Session that either passed (H.B. 318) or did not pass (H.B. 275), much of the discussion in this group surrounded developing minimum standards and model policies that would strengthen, and be consistent with the goals of these two bills.
3. The **Body Cavity Searches Workgroup** was tasked with reviewing the body cavity search policies in the county jails and UDC (#5 above). The task of this workgroup flowed from H.B. 156 passed during the 2019 Legislative Session, which directed CCJJ to develop a model policy for body cavity searches and provided a template for minimum standards.

In total, the IHCS Committee met four times between July and November, while the workgroups had regular meetings between these larger committee meetings. The recommendations below (and in the appendices that follow) were finalized in early November and approved in the final IHCS Committee meeting, and then by CCJJ’s full Commission shortly thereafter.

The figure below provides a timeline of the activities of CCJJ and the IHCS Committee pursuant to the directive provided by H.B. 398.



## Summary of Committee and Workgroup Recommendations

An overarching theme of the recommendations and model policies developed by the Committee and its workgroups was that minimum standards were necessary across correctional facilities not only to protect the health, safety, and rights of inmates, but also to protect the facilities against legal liability that might arise from an inmate death or other events that may occur in the absence of such standards. This includes screenings and assessments performed at intake, medications and treatments provided (including contraceptives), health care workforce levels (including telehealth technologies that might accentuate this), exceptions and limits to restraints

policies due to medical conditions (particularly pregnant inmates), and restrictions on certain types of searches that are more appropriately considered medical procedures (body cavity searches). What follows is a summary of the full recommendations from each of the three workgroups. Please find the detailed recommendations of the Substance Use and Mental Health Workgroup (Appendix 2) and the complete drafts of model policies developed by the Women’s Health (Appendix 3) and Body Cavity Search (Appendix 4) Workgroups at the end of this report.

### Mental Health and Substance Use Workgroup

Note: The following recommendations represent a reinforcement and expansion of recommendations originally included in the November 2018 *USAAV+ Council S.B. 205 Workgroup Report to the Law Enforcement and Criminal Justice Interim Committee*. This workgroup sunsetted on November 30, 2018, but was reconstituted under CCJJ with the passage of H.B. 398.

#### **Recommendation 1: Funding and Other Resources to Implement Recommendations**

The Utah Legislature should work with Utah’s counties to set priorities regarding the provision of adequate and effective medical and mental health care, as well as treatment for substance use disorders, in Utah’s county jails. Consistent with those priorities, the Utah Legislature should work collaboratively with Utah’s counties to ensure sufficient funding and other necessary resources to enable effective implementation of the six other recommendations below. This includes establishing and maintaining appropriate staffing levels for jail-based medical and mental healthcare.

#### **Recommendation 2: Screening and Assessment**

All inmates booked in to stay at Utah’s county jails should undergo physical, behavioral health, and suicide screenings<sup>1</sup> before or immediately following booking and, if indicated, undergo further assessment to determine possible medical, mental health, or substance use disorders, including the potential for substance use-related overdose or withdrawal, medical or mental health crisis, or suicide. Screening and assessment instruments should be evidence-based.

#### **Recommendation 3: Medication-Assisted Treatment for Substance Use Disorders, Both While Incarcerated and Post-Release**

Recognizing the risk of serious injury or death to inmate-patients while they are withdrawing from alcohol or drugs, and further recognizing that recidivism levels may be reduced through continuity of behavioral healthcare upon release from jail, establish evidence-based substance use withdrawal protocols and treatment programs in jails that include referrals on release to community-based treatment and recovery support.

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<sup>1</sup> It should be noted that, as part of the criminal justice reforms passed in 2015 (H.B. 348) and the Justice Reinvestment Initiative (JRI), the Utah Legislature funded jail-based screenings at booking for mental health and substance use disorders, and a model was developed through CCJJ to implement this in several of the larger county jails with remote capability to do screens in smaller counties. The funding for this was cut in subsequent years, and then completely taken away after FY 2018. These previous efforts should be included in the broader recommendation calling for an improved screening and assessment process in the county jails, including expanded technology, data sharing, and access to referrals for full assessments where indicated. The current recommendation incorporates a broader effort that also involves minimum standards for physical health, withdrawal, suicide, and other evidence-based screening practices that should help correctional facilities with offender management.



**Recommendation 4: Improve Medicaid Availability and Effectiveness for Criminal Justice-Involved Individuals**

Enact State laws to maximize the availability of Medicaid funds in Utah’s county jails, recognizing that every available avenue to increase Medicaid funding should be identified and utilized to offset state and local correctional healthcare costs. Where savings to the state are achieved due to the increased use of Medicaid funds in, and in support of, programming by Utah’s county jails, earmark and allocate those savings directly back to fund more and better correctional healthcare in Utah’s county jails and to provide inmates continuity of care upon release.

**Recommendation 5: Telehealth**

Explore ways to support and expand treatment services utilizing telehealth technology in the jails, including by interlocal agreement and pooled funding resources, with specific emphasis on shared treatment resources through remotely located qualified medical, behavioral health, or other staff authorized to perform assessments or prescribe medication in accordance with their licensure with DOPL or an equivalent organization.

**Recommendation 6: Student Loan Forgiveness and Tax Incentives to Expand the Jail Healthcare Workforce**

Provide student loan forgiveness and tax incentives for medical, mental health, and substance use professionals who provide treatment services for jail inmates.

**Recommendation 7: Evidence-Based Sequential Intercept Models to Divert Low-Level Offenders with Mental Illness or Substance Use Disorders from County Jails**

Given the longer term needs of the criminal justice system, as well as limited public and private mental health resources, a committee comprised of relevant stakeholders should work to identify or develop evidence-based models (e.g., sequential intercept models) to divert low-level offenders with mental illness or substance use disorders, as well as those with traumatic brain injury or other cognitive disabilities, from being booked into or housed at Utah county jails.

**Women’s Health Workgroup**

**Recommendation 1: Adopt Draft/Model Policy on Restraints to recommend to correctional facilities**

Physical restraints are commonly used tools for securing inmates, especially inmates who are transported outside the security perimeter of the correctional facility. However, there are some circumstances where restraints may result in harm or pain to the inmate due to the inmate’s medical condition or interfere with medical procedures. All correctional facilities should have a policy to address pregnant inmates. Specifically, the policy should direct the staff of a correctional facility to use the least restrictive restraints necessary to ensure the safety and security of the inmate and others. A model policy can be found in Appendix 3a that outlines different procedures during (1) transport; (2) labor; and (3) postpartum recovery.

**Recommendation 2: Adopt Draft/Model Policy on Contraception to recommend to correctional facilities**

Recognizing that correctional facilities become the healthcare provider for incarcerated individuals, and the high risk for pregnancy in the absence of contraception and in the incidence of incarceration, correctional facilities need to offer contraception services in a noncoercive manner while individuals are in custody. Correctional facilities should allow a continuation of methods incarcerated individuals are already on, especially if their incarceration is short term (a length of stay less than 30 days) or if the method is for medical reasons. Options for the initiation of contraceptive care in preparation for release should also be made available. Contraception options should include long-acting reversible contraceptives (LARC) and emergency contraception (EC). A model policy can be found in Appendix 3b that outlines definitions and procedures that correctional facilities are encouraged to follow.

**Body Cavity Searches Workgroup**

**Recommendation: Adopt Draft/Model Policy on Body Cavity Searches to recommend to correctional facilities**

The model policy developed by this workgroup (Appendix 4) addresses the following concerns:

1. It is very important to clarify definitions and distinguish between *body cavity* searches (“physical” searches of body cavities using fingers or other instruments) and *strip* searches (“visual” searches that do not involve contact with the body on the part of the individual doing the search).
2. A body cavity search should be considered a medical procedure, and treated/authorized in a similar manner to other medical procedures. Such searches must be authorized by the chief administrator of the jail or prison (or designee) in consultation with a medical professional.
3. Except in exigent circumstances, the least invasive search procedures should be used prior to authorizing a body cavity search. These could include inmate statements, physical searches (pat or rub searches), X-rays or body scanners, and strip searches, as well as the use of dry cells.
4. It is recommended that the correctional facility secure a search warrant prior to authorizing a body cavity search. At a minimum, a body cavity search must be supported by reasonable suspicion that an inmate/arrestee is concealing contraband in a body cavity.
5. A body cavity search policy should be flexible to account for the fact that many counties, particularly in rural areas, will outsource the body cavity searches to local hospitals and medical facilities. As a medical procedure, authorized medical professionals will determine how a body cavity search should be conducted.
6. Correctional staff present during a body cavity search should take measures to respect the privacy of the inmate/arrestee while addressing safety and security concerns. If practicable, those present should be of the gender of preference of the inmate/arrestee being searched. It is recommended that these measures also be applied to strip searches.
7. Correctional facilities should carefully document the circumstances leading to a decision to authorize a body cavity search and, if applicable, the nature and outcome of the search.





**Appendix 1:**

**a. Inmate Health Care Study Committee Members**

**b. Workgroup Participants**



## H.B. 398 Inmate Health Care Study Committee – Membership List

1. Division of Substance Abuse and Mental Health (DSAMH):
  - **Thomas Dunford**
2. Local Substance Abuse and Mental Health Authority, county of 1<sup>st</sup> class:
  - **Tim Whalen**, Salt Lake County Behavioral Health Services
  - **Jeannie Edens**, Salt Lake County Behavioral Health Services
3. Local Substance Abuse and Mental Health Authority, county of 2<sup>nd</sup> or lower class:
  - **Karen Dolan**, Four Corners Community Behavioral Health
4. Department of Health:
  - **Dr. Joseph Miner**
  - **Dr. Marc Babitz**
5. Utah Sheriffs' Association:
  - **Sheriff Chad Jensen**, Cache County
6. Statewide Association of Prosecutors (SWAP):
  - **Margaret Olson**, Summit County
7. Utah Association of Counties (UAC):
  - **Chief Matt Dumont**, Salt Lake County Jail Commander
  - **Sheriff Travis Tucker**, Duchesne County
  - **Chief Deputy Aaron Perry**, Weber County
8. Utah Association of Criminal Defense Lawyers (UACDL):
  - **Kyler Ovard**
9. Physician actively engaged in correctional health care in a county jail, county of 1<sup>st</sup> class:
  - **Dr. Todd Wilcox** (works in Salt Lake County jail)
10. Physician actively engaged in correctional health care in a county jail, county of 2<sup>nd</sup> or lower class:
  - **Dr. Ed Redd** (works in Cache County jail)
11. Psychiatric service provider actively engaged in correctional health care:
  - **Dr. Anthony Petersen** (works in Salt Lake County jail)
12. District/county attorney actively engaged in civil law, county of 1<sup>st</sup> class:
  - **Darcy Goddard**, Salt Lake County
13. District/county attorney actively engaged in civil law, county of 2<sup>nd</sup> or lower class:
  - **Ryan Peters**, Juab County
14. Community-based substance use treatment provider:
  - **Christina Zidow**, Odyssey House
  - **Santiago Cortez**, Private treatment provider
15. Physician from community-based health care facility that specializes in women's health:
  - **Dr. Marcela Smid**, University of Utah, Department of Obstetrics and Gynecology
  - **Jasmin Charles**, PA, University of Utah, Department of Obstetrics and Gynecology

16. Department of Corrections (UDC):

- **Chyleen Richey**, Deputy Director
- **Jeremy Sharp**, Director of Prison Operations
- **Mike Haddon**, Executive Director

17. Organization with expertise in civil rights/civil liberties of incarcerated:

- **Marina Lowe**, ACLU
- **Sara Wolovick**, ACLU

18. Legislature:

- **Rep. Brad Daw**
- **Karin Rueff** (Legislative Research)
- **Rep. Stephanie Pitcher**
- **Rep. Jen Dailey-Provost**
- **Rep. Carol Spackman Moss**

19. CCJJ Staff: **Kim Cordova, Dave Walsh, Ben Peterson, Mary Lou Emerson, Angelo Perillo, Van Nguyen**

## **Workgroup Participants**

### **Mental Health and Substance Use Workgroup**

Dr. Marc Babitz, Utah Department of Health  
Robb Ballard, Salt Lake County Sheriff's Office  
Jeremy Christensen, Utah Division of Substance Abuse and Mental Health  
Weston Clark, Salt Lake County Mayor's Office  
Santiago Cortez, Clinical Consultants, Inc.  
Representative Jen Dailey-Provost, Utah House of Representatives  
Karen Dolan, Four Corners Community Behavioral Health  
Mary Lou Emerson, CCJJ (Staff)  
Chief Matt Dumont, Salt Lake County Sheriff's Office  
Thomas Dunford, Utah Division of Substance Abuse and Mental Health  
Jeannie Edens, Salt Lake County Division of Behavioral Health Services  
Darcy Goddard, Salt Lake County District Attorney's Office (Chair)  
Aaron Kinikini, Disability Law Center  
Holly Langton, Governor's Office  
VaRonica Little, Utah Division of Substance Abuse and Mental Health  
Marina Lowe, ACLU Utah  
Heather McGinley, Salt Lake County District Attorney's Office  
Representative Carol Spackman Moss, Utah House of Representatives  
Ryan Peters, Juab County Attorney's Office  
Dr. Anthony Petersen, Salt Lake County Jail  
Dr. Ben Peterson, CCJJ (Staff)  
Sue Robbins, Transgender Education Advocates of Utah  
Karin Rueff, Legislative Research  
Dr. Todd Wilcox, Salt Lake County Jail  
Sara Wolovick, ACLU Utah  
Christina Zidow, Odyssey House of Utah

**Women’s Health Workgroup**

Dr. Marc Babitz, Utah Department of Health  
Robb Ballard, RN, Salt Lake County Sheriff’s Office  
Jasmin Charles, PA, University of Utah, Department of Obstetrics and Gynecology  
Kim Cordova, CCJJ (Staff)  
Representative Jen Dailey-Provost, Utah House of Representatives (Chair)  
Darcy Goddard, Salt Lake County District Attorney’s Office  
Deputy Chief Shanda Gonzalez, Salt Lake County Sheriff’s Office  
June Hiatt, Non-Profit Advocate  
Erin Jemison, YWCA of Utah  
Sheriff Chad Jensen, Cache County Sheriff’s Office  
Marina Lowe, ACLU Utah  
Dr. Van Nguyen, CCJJ (Staff)  
Dr. Ben Peterson, CCJJ (Staff)  
Representative Stephanie Pitcher, Utah House of Representatives  
Sue Robbins, Transgender Education Advocates of Utah  
Jeremy Sharp, Utah Department of Corrections  
Blitch Shuman, RN, Utah Department of Corrections  
Dr. Marcela Smid, University of Utah, Department of Obstetrics and Gynecology  
Sheriff Travis Tucker, Duchesne County Sheriff’s Office  
Tony Washington, Utah Department of Corrections  
Dr. Todd Wilcox, Salt Lake County Jail

**Body Cavity Searches Workgroup**

Lieutenant Brian Baggs, Weber County Sheriff’s Office  
Larry Benzon, Utah Department of Corrections  
Captain Corey Kiddle, Salt Lake County Sheriff’s Office  
Marina Lowe, ACLU Utah (Chair)  
Jason Nicholes, Utah Department of Corrections  
Angelo Perillo, CCJJ (Staff)  
Chief Deputy Aaron Perry, Weber County Sheriff’s Office  
Dr. Ben Peterson, CCJJ (Staff)  
Sue Robbins, Transgender Education Advocates of Utah  
Sheriff Travis Tucker, Duchesne County Sheriff’s Office





**Appendix 2:**

**Substance Use and Mental Health Workgroup**

**Detailed Recommendations**



## **Substance Use and Mental Health Workgroup – Detailed Recommendations**

### **Recommendation 1: Funding and Other Resources to Implement Recommendations**

The Utah Legislature should work with Utah’s counties to set priorities regarding the provision of adequate and effective medical and mental health care, as well as treatment for substance use disorders, in Utah’s county jails. These priorities should include, on a county-by-county basis, the appropriate level of monetary, human resource, and technological assets necessary to provide needed medical, mental health, and substance use screening, assessment, and follow-up treatment to inmates housed in each county, both while they are incarcerated and at the time they are released back into the community.

Consistent with those priorities, the Utah Legislature should work collaboratively with Utah’s counties to ensure sufficient funding and other necessary resources to enable effective implementation of Recommendations 2 through 7 below (including sub-parts). The Utah Legislature should also work with Utah’s counties to establish and maintain appropriate staffing levels for jail-based medical and mental healthcare, including, for example, adequate in-house assessments and follow-up care and 24/7 medical and mental health crisis care provided by individuals operating within the scope of their licensing and qualifications.

### **Recommendation 2: Screening and Assessment**

All inmates booked in to stay at Utah’s county jails should undergo physical, behavioral health, and suicide screenings before or immediately following booking and, if indicated, undergo further assessment to determine possible medical, mental health, or substance use disorders, including the potential for substance use-related overdose or withdrawal, medical or mental health crisis, or suicide. Screening and assessment instruments should be evidence-based.

**Sub-recommendation 2(a):** Screenings should be conducted by qualified medical or behavioral health professionals, if possible, or by health-trained correctional or civilian personnel. If no staff is available, consideration may be given to the use of questionnaires or other means of self-reporting by the patient.

1. Health screenings should involve the collection of detailed history of the patient’s physical health, including: level of consciousness; orientation; behavior; motor skills; whether and what type of force was used immediately prior to or during arrest; whether drugs or alcohol were found at the time of the arrest; allergies; recent and current medical issues, especially if significant (e.g., heart disease, diabetes, seizures, asthma); recent serious medical procedures (e.g., major surgery); pregnancy; infectious diseases; current signs/symptoms of illness; and current medications.
  - A HIPAA- and 42 C.F.R. part 2-compliant release for the patient’s medical history should be presented to and signed by the patient if the patient indicates recent or current serious medical issues or prescription medication.
  - Current prescriptions should be verified by jail medical staff as soon as possible and, in all events, within 24 hours of booking.
    - Where possible, if verified and medically necessary or appropriate, and if not potentially compromising to correctional safety and security, prescription medication should be continued as-prescribed, or with a therapeutic substitution, while the inmate-patient is housed in the correctional facility.

- If a medical professional inside a correctional facility determines, after weighing the risks and benefits, that specific prescribed medication must or should be discontinued while the inmate-patient is incarcerated, consideration should be given to the proper approach to discontinuing the medication and whether, in particular, the medication should be tapered off (e.g., benzodiazepines).
  - If changes are made to an inmate-patient's prescribed medication, qualified medical or mental health professionals should provide appropriate in-house follow-up care to determine whether the change in medication is safe and effective.
2. Suicide risk screenings should involve the collection of information regarding the patient's current mental state and past mental health issues or diagnoses, including: past or current history of mental illness and diagnoses; past or recent hospitalizations for mental illness or related conditions; current physical health; past suicide attempts by the patient or the patient's family or close friends; current conflict with family or close friends; past or current interaction with law enforcement or commitments to a correctional setting; current suicidal thoughts or feelings of helplessness or lack of personal safety in a correctional setting.
    - In addition to the above factors, the screening employee should take note of the patient's current affect and ability/willingness to communicate and any specific indicators that the patient may be at heightened risk (including, among others, high profile or stigmatized pending charges, including sex crimes or crimes against children; gender dysphoria or gender non-conformity; first-time incarceration; or withdrawal from alcohol or controlled substances).
    - Before removing an inmate-patient from suicide watch, an appropriate risk assessment should be completed by a qualified health care provider, whether in person or by remote access.
  3. Behavioral health screenings should involve the collection of detailed history of the patient's drug and alcohol use, including: social history; education; history of traumatic brain injury or developmental delay; type of drug/alcohol used; duration of use; frequency of use; amount of use; last use; current intoxication; current withdrawal; history of prior withdrawal; history of treatment for withdrawal; current signs/symptoms of withdrawal (including tremors, vomiting, diarrhea, hallucinations, or suicidal ideation).
    - A HIPAA- and 42 C.F.R. part 2-compliant release for information regarding substance use disorders should be presented to and signed by the patient if the patient indicates current or past treatment for withdrawal or use management. Information should be requested by jail medical staff from current or past treatment professionals as soon as possible.
  4. This broader screening effort should be informed by and incorporate prior efforts, through the Justice Reinvestment Initiative (JRI), that established a screening process at booking that addressed criminogenic risk and need, including evidence-based mental health and substance use screens. The model that was developed, including using larger jails to conduct screens through remote technology in the smaller jails, could be used and expanded moving forward, and should be funded accordingly.

**Sub-recommendation 2(b):** Further assessment, if indicated during an intake screen, should be conducted onsite by qualified medical, behavioral health, or other staff authorized to perform assessments in accordance with their licensure with the Utah Division of Occupational and Professional Licensing (DOPL). Where on-site assessment is not feasible, assessments should be performed via expanded telehealth technology in jails by remotely located qualified medical, behavioral health, or other staff authorized to perform assessments in accordance with their licensure with DOPL.

**Recommendation 3: Medication-Assisted Treatment for Substance Use Disorders, Both While Incarcerated and Post-Release**

Recognizing the risk of serious injury or death to inmate-patients while they are withdrawing from alcohol or drugs, and further recognizing that recidivism levels may be reduced through continuity of behavioral healthcare upon release from jail, establish evidence-based substance use withdrawal protocols and treatment programs in jails that include referrals on release to community-based treatment and recovery support.

**Sub-recommendation 3(a):** Expand the Vivitrol pilot to additional counties, focusing on smaller counties where possible, and provide sufficient funds to facilitate community-based care and follow-up with inmate participants in the counties choosing to participate in the pilot. By no later than 2022, collect and assess national and county data relating to inmates given Vivitrol on release from jail to determine costs, effectiveness rates, and appropriateness of longer-term study and state funding.

**Sub-recommendation 3(b):** In addition to the expanded Vivitrol pilot discussed in sub-recommendation 3(a), facilitate and encourage, through financial or other incentives to counties and treatment providers, other evidence-based medication-assisted treatment programs—including with the support of suboxone, buprenorphine, or methadone—that are reasonably likely to decrease both the risk of withdrawal-related deaths and the likelihood of relapse upon release from jail. Encourage county jails to obtain pharmacy and DEA licenses to stock necessary medications, including MAT medications, in-house. By no later than 2022, collect and assess national and county data relating to these additional MAT programs to determine costs, effectiveness rates, and appropriateness of longer-term study and state funding.

- In regard to methadone, work with opioid treatment programs (OTPs) to facilitate timely information-sharing of patient treatment records, particularly the timing and amount of recent methadone treatments, necessary both to support the patient’s recovery and to prevent inadvertent overdose.

**Recommendation 4: Improve Medicaid Availability and Effectiveness for Criminal Justice-Involved Individuals**

Enact State laws to maximize the availability of Medicaid funds in Utah’s county jails, recognizing that every available avenue to increase Medicaid funding should be identified and utilized to offset state and local correctional healthcare costs. Where savings to the state are achieved due to the increased use of Medicaid funds in, and in support of, programming by Utah’s county jails, earmark and allocate those savings directly back to fund more and better correctional healthcare in Utah’s county jails and to provide inmates continuity of care upon release.

**Sub-recommendation 4(a):** Seek a Medicaid waiver, as the State of New York has done, to allow Medicaid funds to be used in support of inmate-patient care in the 30 days leading up to release from a correctional facility.

**Sub-recommendation 4(b):** Prioritize finalization of administrative rules fully implementing HB460, Medicaid Eligibility Amendments (2019 Session), to facilitate the prompt availability of Medicaid funds to individuals released from correctional facilities. If there is a legal or other impediment to full enactment of HB460, determine what it is and how it might be resolved.

**Sub-recommendation 4(c):** Seek a Medicaid waiver under section 1915(i) to provide improved home and community-based services for mentally ill individuals released from correctional facilities.

### **Recommendation 5: Telehealth**

Explore ways to support and expand treatment services utilizing telehealth technology in the jails, including by interlocal agreement and pooled funding resources, with specific emphasis on shared treatment resources through remotely located qualified medical, behavioral health, or other staff authorized to perform assessments or prescribe medication in accordance with their licensure with DOPL or an equivalent organization.

**Sub-recommendation 5(a):** Fund a pilot program, in which counties can opt to participate, focused on developing telehealth resources for smaller counties lacking ready access to on-site or on-call professionals to perform assessments or provide prescription services, and to facilitate those counties' timely access to qualified medical, behavioral health, or other staff authorized to perform assessments or provide prescription services in accordance with their licensure with DOPL or an equivalent organization. Funding should include resources for qualified employees or independent contractors, such as RNs, to be located in-house in support of a telehealth program.

### **Recommendation 6: Student Loan Forgiveness and Tax Incentives to Expand the Jail Healthcare Workforce**

Provide student loan forgiveness and tax incentives for medical, mental health, and substance use professionals who provide treatment services for jail inmates.

### **Recommendation 7: Evidence-Based Sequential Intercept Models to Divert Low-Level Offenders with Mental Illness or Substance Use Disorders from Being Booked into County Jails**

Given the longer term needs of the criminal justice system, as well as limited public and private mental health resources, a committee comprised of members of the Utah Sheriffs Association, Local Substance Abuse and Mental Health Authorities, the Utah Division of Substance Abuse and Mental Health, medical and behavioral health providers, psychiatric service providers, judges, county attorneys, and others should work to identify or develop evidence-based models (e.g., sequential intercept models) to divert low-level offenders with mental illness or substance use disorders, as well as those with traumatic brain injury or other cognitive disabilities, from being booked into or housed at Utah county jails.

**Sub-recommendation 7(a):** The recommended models should consider the needs and limitations of behavioral health and criminal justice systems, particularly in smaller or rural counties, but should also fully consider all available avenues for diversion, including expanded use of MCOT and CIT-trained law enforcement officers, receiving centers, and detox facilities.

**Sub-recommendation 7(b):** The committee should also examine whether expanded use of specialty courts and related community supports is reasonably likely to reduce recidivism rates in individuals with mental illness or substance use disorders.



**Appendix 3:**

**Women’s Health Workgroup**

**Draft Model Policies:**

**a. Use of Restraints on Pregnant Inmates**

**b. Provision of Contraceptives in Correctional Facilities**



November 7, 2019

# DRAFT POLICY ON RESTRAINTS

## 1. PURPOSE

Physical restraints are commonly used tools for securing inmates, especially inmates who are transported outside the security perimeter of the correctional facility. However, there are some circumstances where restraints may result in harm or pain to the inmate due to the inmate's medical condition or interfere with medical procedures.

If the staff of a correctional facility knows or has reason to believe that an inmate is pregnant, the staff, when restraining the inmate, shall use the least restrictive restraints necessary to ensure the safety and security of the inmate and others. This requirement is outlined in section three and divided into the following three areas: (1) transport; (2) labor; and (3) postpartum recovery.

## 2. DEFINITIONS

The following are definitions as used in this policy.

### A. Inmate

"Inmate" means an individual who is processed or booked into custody or housed in a correctional facility.

### B. Transport

Transport encompasses an inmate who is being moved:

- i. Internal: Within a correctional facility.
- ii. External: To, during, and from a correctional facility.

### C. Labor

"Labor" means the period of time before a birth during which contractions are of sufficient frequency, intensity, and duration to bring about effacement and progressive dilation of the cervix, as determined by the appropriate medical professional.

### D. Postpartum recovery

As determined by the appropriate medical professional, "postpartum recovery" refers to the period immediately following delivery, including the entire period an inmate is in the hospital or medical facility after birth and up to eight weeks postpartum.

### E. Physical restraints

Any physical restraint or mechanical device used to control the movement of an inmate's body or limbs, including flex cuffs, soft restraints, leg restraints (shackles), or a convex shield. This does not include medical/chemical restraints that may be deemed necessary by a medical professional.

### 3. REQUIREMENTS

#### A. Transport

When moving inmates, who are medically determined by the appropriate medical professional to be pregnant, a wheelchair will be used during transport to reduce chances of injury.

Pregnant inmates will not be restrained with their hands and arms behind their back.

No ankle, leg, or waist restraints shall be used to transport or secure an inmate medically determined to be pregnant unless:

- i. A significant safety and security threat can be articulated and;
- ii. Authorization for this exception is approved by a designated authority after consulting with the appropriate medical professional.

#### B. Labor

Correctional staff present during labor or childbirth shall: (1) be stationed in a location that offers the maximum privacy to the inmate, while taking into consideration safety and security concerns; and (2) be of the gender of preference of the laboring inmate, if practicable.

The staff of a correctional facility may not use restraints on an inmate during labor unless a staff member, in consultation with the appropriate medical professional, makes a determination that there are compelling grounds to believe that the inmate presents: (1) an immediate and serious risk of harm to self or others; or (2) a substantial risk of escape that cannot be reduced by the use of other existing means.

If restraints are used, a written record of the decision and use of the restraints shall be made that includes: (1) the correctional staff member's determination on the use of restraints; (2) the circumstances that necessitated the use of restraints; (3) the type of restraints that were used; and (4) the length of time the restraints were used.

The record created (1) shall be retained by the correctional facility for five years; (2) shall be available for public inspection with individually identifying information redacted; and (3) may not be considered a medical record under state or federal law.

#### C. Postpartum recovery

Inmates will not be restrained with their hands and arms behind their back during postpartum recovery for a minimum of eight weeks post birth, as determined by the appropriate medical professional.

No ankle, leg, or waist restraints shall be used to secure an inmate during postpartum recovery unless:

- i. A significant safety and security threat can be articulated and;
- ii. Authorization for this exception is approved by a designated authority after consulting with the appropriate medical professional.

If the staff makes the determination that restraints should be used, they shall use the least restrictive restraints.

**D. Best Practice**

In the event, a situation does not fall under the sections described above, consultation is encouraged between the appropriate medical professional and designated correctional authority to balance the risk of safety as well as the inmate's health.





October 30, 2019

# DRAFT POLICY ON CONTRACEPTION

## 1. PURPOSE

Recognizing that correctional facilities become the healthcare provider for incarcerated individuals, and the high risk for pregnancy in the absence of contraception and in the incidence of incarceration, correctional facilities need to offer contraception services in a noncoercive manner while individuals are in custody. Correctional facilities should allow a continuation of methods incarcerated individuals are already on, especially if their incarceration is short term (a length of stay less than 30 days) or if the method is for medical reasons. Options for the initiation of contraceptive care in preparation for release should also be made available. Contraception options should include long-acting reversible contraceptives (LARC) and emergency contraception (EC).

## 2. DEFINITIONS

The following are definitions as used in this policy.

### A. Inmate

"Inmate" means an individual who is processed or booked into custody or housed in a correctional facility.

### B. Contraceptives

Contraceptives are a safe, effective method of birth control that can prevent pregnancy after unprotected sex.

### C. Long-acting Reversible Contraceptives (LARC)

LARC may include intrauterine devices (IUD), subdermal implants, and long acting injections.

### D. Emergency Contraceptives (EC)

EC may include 1) the copper IUD and 2) EC pills. There are three types of EC pills: 1) ulipristal, 2) progestin-only pills, and 3) combined EC pills. EC should be administered within 5 days following unprotected sex.

## 3. PROCEDURES

A. When booked in to stay at a correctional facility, inmates should receive a medical screening as soon as possible (typically within 24 hours) and be given medically-accurate information about contraceptives, interruption, efficacy, and their right to contraceptive care during their incarceration. Inmates are then asked if they have had unprotected sex within the last five days. Unless medically contraindicated, EC should be offered upon request. Standardized consent forms should be given to the individual prior to administration of contraceptives.

- B. All correctional facilities should stock a sufficient amount of contraceptives including LARC and EC on-site to prevent delays to contraceptive administration. Facilities should also implement protocols for immediate off-site contraceptive access in the event that contraceptives are not available on-site.
- C. Correctional and medical staff should be trained on an inmate’s right to contraceptive care and proper protocol when a sexual assault occurs and/or when contraceptive care is requested. Such training should include education regarding:
  - i. How to counsel inmates about contraceptives in a culturally-competent, patient-centered, non-directive manner that centers on individual decision-making.
- D. Contraceptive care should be made available to any inmate who may be at risk of unintended pregnancy regardless of the nature, timing, location, and circumstance of the sexual encounter.
- E. Information, care, and resources shall be made available to inmates at risk for unintended pregnancy who do not wish to use contraceptives.

**Appendix 4:**  
**Body Cavity Searches Workgroup**  
**Draft Model Policy**



October 16, 2019

# DRAFT POLICY

## BODY CAVITY SEARCHES

### 1. PURPOSE

The purpose of this policy is to provide clear direction to Utah correctional facilities, including jails operated by the counties and prisons and other secure facilities operated by the Department of Corrections (UDC), on the use of body cavity searches, and less invasive searches, on arrestees brought to the correctional facility or inmates housed within the correctional facility. This policy was developed in accordance with Utah Code 77-7-17.5.

The introduction of contraband, intoxicants, or weapons into a correctional facility poses a serious risk to the safety, wellbeing, and security of staff, inmates, volunteers, contractors, and the public. Carefully restricting the flow of contraband into the facility can often be achieved through searches of inmates and their environment.

It is possible to conceal weapons, drugs, and other contraband inside body cavities, in order to avoid discovery through ordinary search methods. Although other search methods, including pat, rub, or strip searches, or the use of X-ray, body scanners, or other technology, may detect indications that contraband is hidden in a body cavity, there may be instances where the detection of contraband in a body cavity will only be possible through a body cavity search.

If the staff of a correctional facility knows or has reason to believe (reasonable suspicion) that an inmate is hiding contraband in a body cavity, the staff, when deciding the manner in which to search the arrestee/inmate, shall use the least invasive methods necessary to ensure the safety and security of the arrestee/inmate and others. If it is determined by an authorized individual that a full body cavity search is necessary, the requirements set forth in this policy document (as also set forth in Utah Code 77-7-17.5) apply, including treating these searches as a medical procedure to be conducted by a medical professional in an appropriate medical facility. These requirements are outlined in section three and divided into the following topic areas:

- A. Use of less invasive search procedures;
- B. Circumstances under which a body cavity search may be performed;
- C. Authorization of body cavity searches;
- D. Legal standard required for body cavity searches/Use of search warrant process;
- E. Individuals and locations authorized to conduct body cavity searches;
- F. Rules and procedures for conducting a body cavity search;
- G. Cross gender and transgender/intersex issues in body cavity searches;
- H. Dry cell procedures;
- I. Use of X-rays, body scanners, and other technology;

- J. Documentation and reporting requirements; and
- K. Training requirements.

Nothing in this policy is intended to prohibit the otherwise lawful collection of trace evidence from an arrestee/inmate.

The requirements of this policy are also intended to be flexible in accommodating the unique needs and limitations of many counties, particularly those in rural areas. This includes limitations that come with outsourcing a medical procedure to a local hospital or other medical facility, and acknowledgement that the correctional facility may not have control over some decisions these facilities make.

## 2. DEFINITIONS

The following are definitions as used in this policy:

### A. Arrestee

“Arrestee” means an individual who is in the custody of law enforcement for an offense for which the individual has not been convicted.

### B. Inmate

“Inmate” means an individual who is housed in a correctional facility. This is generally an individual’s status when moved to a correctional facility housing assignment.

### C. Contraband

“Contraband” means anything unauthorized for inmates to possess, or anything authorized to possess but in an unauthorized manner or quantity.

### D. Pat Search

“Pat search” (also sometimes referred to as “pat-down search” or “frisk search”) refers to the normal type of search conducted upon entry into a correctional facility to check an individual for weapons or contraband. It involves a thorough patting down of clothing to locate any weapons or dangerous items that could pose a danger to correctional staff, the arrestee/inmate, or other inmates.

### E. Rub Search

“Rub search” is essentially the same as a pat search, except that a rub search generally involves a more thorough and intensive search, including potentially a careful manual search of the genital, anal, and breast areas over the individual’s clothing.

### F. Strip Search

A “strip search” is a search that requires a person to remove or rearrange some or all of his/her clothing to permit a visual inspection of the underclothing, breasts, buttocks, anus, or outer genitalia of the person, or visual inspection of other body cavities not hidden by clothing (mouth, ear canal, nasal passages). This includes monitoring of a person showering or changing clothes where the person’s underclothing, buttocks, genitalia, or breasts are visible to the monitoring employee. This also includes searching of the arrestee/inmate’s clothing, once it has been removed.



#### G. Body Cavity Search

A “body cavity search” is a search that involves a physical intrusion into a body cavity, either by any part of another individual’s body (for example, finger) and/or by an instrument or other item. A “body cavity” includes the anus, rectum, vagina, esophagus, stomach, mouth, ear canal, or nasal passages. As discussed further below, a body cavity search is to be considered a medical procedure and should be conducted by a medical professional.

This policy distinguishes body cavity searches from other “physical” searches of a less invasive nature (i.e., pat searches and rub searches above), and from more “visual” searches that may also involve the removal of clothing (i.e., strip searches), as well as X-rays and other technology that may allow a view into body cavity areas without a physical intrusion (i.e., digitally or with an instrument) to search.

#### H. Reasonable Suspicion

“Reasonable suspicion” means suspicion based on specific and articulable facts that would lead a reasonable officer to believe a specific arrestee/inmate is in possession of contraband that is hidden in a body cavity. It is a more permissive (lower) standard than probable cause, but is more than a mere hunch. It must be based on specific and articulable facts, along with reasonable inferences that may be drawn from those facts, which the officer shall document. Reasonable suspicion is determined under the totality of the circumstances, and there is no simple, exact, or mathematical formula.

#### I. Dry Cell

A “dry cell” is a room that prisoners are placed in that lacks any functioning plumbing facilities such as a toilet or shower.

### 3. GUIDELINES

#### A. Use of Less Invasive Search Procedures Prior to Body Cavity Search

Except in exigent circumstances, the least invasive search procedures should be used prior to authorizing a body cavity search. These could include inmate statements, physical searches (pat or rub searches), X-rays or body scanners, and strip searches.

#### B. Circumstances Under Which Body Cavity Search May Be Performed

A body cavity search may be authorized in circumstances where no other method would be reasonably effective in detecting or removing contraband from the inmate. This type of search should be supported by reasonable suspicion, although it is advisable that a probable cause warrant be secured prior to the search (see D below).

#### C. Authorization of Body Cavity Searches

A body cavity search is considered a **medical procedure**, and as such should be authorized like other medical procedures. If a body cavity search is deemed necessary (as outlined above), it must be authorized by the chief administrator of the jail or prison (or designee) in consultation with a medical professional.

#### D. Legal Standard Required for Body Cavity Searches/ Use of Search Warrant Process

It is recommended that the correctional facility secure a search warrant prior to authorizing a body cavity search, absent a medical emergency. At a minimum, a body cavity search must be supported by reasonable suspicion that an inmate/arrestee is concealing contraband in a body cavity.

#### E. Individuals and Locations Authorized to Conduct Body Cavity Searches

A body cavity search is considered a **medical procedure**, and as such should be authorized like other medical procedures and only performed by trained medical professionals in an appropriate medical facility. Except in exigent circumstances, the medical professional conducting the search should not also be responsible for providing ongoing care to the inmate.

#### F. Rules and Procedures for Conducting a Body Cavity Search

An authorized medical professional shall be given sole deference in determining how a body cavity search should be conducted.

#### G. Cross Gender and Transgender/Intersex Issues in Body Cavity Searches

Correctional staff present during body cavity search shall: (1) be stationed in a location that offers the maximum privacy to the inmate or arrestee, while taking into consideration safety and security concerns; and (2) be of the gender of preference of the inmate or arrestee being searched, if practicable.

- a. Additionally, it is recommended that the above guidelines relating to gender preference of the inmate or arrestee, when practicable, be applied to strip searches.

#### H. Dry Cell Procedures

When there is reasonable suspicion to believe that an arrestee/inmate has ingested contraband or concealed contraband in a body cavity, and other methods of search may result in injury to the arrestee/inmate or would be otherwise inappropriate, the chief administrator of the jail or prison (or designee) may authorize that the arrestee/inmate be placed in a room or cell to be closely observed by staff until the arrestee/inmate has voided or passed the contraband, or until sufficient time has elapsed to rule out the possibility that the detaining is concealing contraband. These placements are commonly referred to as “dry cell” status. All correctional facilities should have a policy that allows for dry cell status, including the requirements for the dry cell, the conditions of the status, close observation requirements, and length of observation.

#### I. Use of X-Rays, Body Scanners, and Other Technology

If technology, including X-rays and body scanners, is available to the correctional facility, these may be used as part of the less invasive search procedures that should be conducted prior to the decision to conduct a body cavity search. Like other less invasive procedures, this technology may provide evidence to inform a body cavity search decision. Facilities using X-rays and similar technology should also have procedures in place to screen for pregnancy and other conditions where such technology may be harmful.

#### J. Documentation and Reporting Requirements

If a body cavity search is authorized (even if not ultimately performed by the medical professional), a written record of the decision and use of the body cavity search shall be made that includes:

- a. The identity of the arrestee/inmate to be searched;
- b. A detailed description of the circumstances necessitating the decision to conduct a body cavity search, including the articulable facts that created a reasonable suspicion that the arrestee/inmate has contraband concealed in their body cavity;
- c. Other steps taken prior to authorizing the body cavity search, and the reasons less intrusive methods of searching were not used or were insufficient;
- d. The identity of the individual authorizing the search;
- e. A copy of the search warrant (if applicable);
- f. If the search is ultimately performed:
  1. The date, time, and location of the search;
  2. The identity of the individual performing the search;
  3. The name, gender, and roles of any staff present;
  4. A description of the body areas searched;
  5. The procedures followed in performing the search; and
  6. A description of any contraband or weapons discovered in the search.

The record created (1) shall be retained by the correctional facility for five years; (2) shall be available for public inspection with individually identifying information redacted; and (3) may not be considered a medical record under state or federal law.

#### K. Training Requirements

Regular training should be conducted to ensure this policy is implemented in all correctional facilities in the State.

*Note:* This draft policy was developed by the Body Cavity Searches workgroup of the Inmate Health Care Study Committee created as part of 2019 H.B. 398. Much of the policy was created and refined through discussion of the group, though some of the policy language was borrowed from other sources, including but not limited to: 2019 H.B. 156 (and corresponding statute 77-7-17.5); policies submitted by Utah county jails and the Department of Corrections, including policies written for some by Lexipol (e.g., certain definitions); and the Immigration and Customs Enforcement (ICE) detention standards for searches of detainees (2.10).