



UPAN Newsletter

Volume 6 Number 9 | SEPTEMBER 2019

"Empowerment and Growth Through Knowledge and Unity"

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Prison Phone Rates – Security Threat Group Changes Hospice & Palliative Services and Care – 3 Articles

OCTOBER UPAN MEETING: MEET YOUR LEGISLATORS Mon., OCT 14th, 6:00 – 8:15 p.m.

SPECIAL LOCATION: Marmalade Branch, SLC Public Library 280 W 500 N SLC

Topic: Meet Your Legislators and limited attendees presentations in the Multi-Purpose Room

Parking is adequate but for overflow parking, use church lot located across the street, south of library.

November UPAN Meeting: Kafeneio Coffee House 258 West 3300 South, SLC

TOPIC: Family Meeting, Updates and Gratitude

All UPAN Meetings are free and open to the public.

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Be impeccable with your word. Speak with integrity. Say only what you mean. Avoid using the word to speak against yourself or to gossip about others. Use the power of your word in the direction of truth and love. Miguel Angel Ruiz

Real integrity is doing the right thing, knowing that nobody's going to know whether you did it or not. Oprah

**Disclaimer: Formulate your own opinions about the information presented.
This information is presented for the reader's enlightenment and evaluation.**

Seeking Short Articles from Inmates on Gratitude

Thanksgiving will be upon us in 2 short months. The focus of the November newsletter has traditionally been thankfulness and gratitude. Once again, UPAN is seeking poems and articles from incarcerated individuals about their experiences with gratitude despite being in prison. Please submit to PO Box 464 Draper, UT 84020. Please specify if you give permission for your name to be published with the article. **Submission deadline is October 20, 2019.**

Private Attorneys Collecting Information from Inmates Experiencing ADA Violations (Deaf, Hard of Hearing and Other Disabilities)

If anyone is experiencing health care problems or ADA violations in Utah's prison system, they are being encouraged to write their issues in detail to these two private attorneys who are collecting information. This is FREE. It is open to anyone who is deaf or hard of hearing as well as other disabilities. Please write to: Jared Allebest and Dale Boam, 8978 South Quarry Stone Way, Sandy Utah 84094

*"There may be times when we are powerless to prevent injustice,
but there must never be a time when we fail to protest." Elie Weisel*

Prison Phone Rates for the Utah Department of Corrections

by Patrick Sullivan

There is a lot of interest in prison phone rates, both on the local level and on the national level. The FCC tried (unsuccessfully) to stop the gouging of inmates, their friends, and families who wish to talk to their loved ones. So what gives? Prior to the introduction of Inmate Calling Service (ICS) providers (like CenturyLink /IC Solutions); regular phone companies were the method inmates would use to call home via collect calls. The phone company collected the fees and it was as simple as that. As technology evolved cell phones became more common, as did the need for prisons to record phone calls. These needs were met by ICS providers. They provided all the necessary equipment to record calls and allowed families of inmates to set-up prepaid calling accounts. As a reward for providing these contracts, prisons would receive a kickback in the form of a commission from the ICS provider. However, this has a negative effect on the families and friends of inmates who would like to remain in contact with them.

Calls reduce recidivism. Studies have consistently shown that communication with family members lowers the rates of prisoner recidivism. But calls are often too expensive for lower-income people, which make up the vast majority of those who are incarcerated. According to a survey by the Ella Baker Center for Human Rights, there are 2.4 million confined/incarcerated in American. This survey found that 34% of families of inmates go into debt to cover the costs of communicating with their loved ones. Of everyone putting money into prison and jail systems to stay in touch and support an inmate, 87% are women. The families of inmates should not be used as a revenue stream. Yet that is exactly what is happening, both here in Utah and across the country.

In this article I have chosen to focus on UDC (the Draper and Gunnison prisons) because the current contract expires in less than two months. It should be noted that this is even a bigger problem in Utah jails. And the prices vary widely from as low as \$1.56 for a

15-minute call (Box Elder) to as high as \$11.46 for a 15-minute call (Millard). In a future issue of the UPAN Newsletter we will talk more about the cost of phone calls from county jails.

UDC Inmate Phone Contract – the Numbers

The UDC and CenturyLink/IC Solutions have negotiated a contractual agreement for all inmate telephone services at the Utah State Prison in Draper and Gunnison. This agreement provides that UDC receives a 78.2% commission (kickback) on all phone calls made by inmates. This means that when an inmate makes a phone call and is paying 10 cents a minute, the prison is getting over 7 cents of that as a commission. When a long-distance call is costing 19 cents a minute, the prison is getting over 14 cents of that as a commission. UDC does nothing to earn the commission, other than participate in the contract bidding/award process. They literally do no more than sign on the dotted line and unlock the front door for the phone company to come in. The phone company does all the rest and pays for all of the associated costs out of their modest 21.8 percent share of the rates being charged. So let's talk numbers!

I like numbers and I think they give a good perspective on what is really going on. You may wonder how much UDC is actually making from this contract. The answer: a lot! For the most recent fiscal year, 2019, UDC made \$1,882,303.28 from the phones in Draper, Gunnison and the halfway houses. (The fiscal year runs from July to June, so fiscal year 2019 is July 1, 2018 to June 30, 2019.) Were UDC to forego this commission, phone rates would be drastically reduced. CenturyLink could easily offer 3 cents per minute for local and 6 cents per minute for intra- and inter-state long distance. [For math challenged readers, that's 45 cents and 90 cents, respectively, for 15 minutes. You're welcome. Ed.]

What the law says about this. The Public Communications Law, Utah Code Annotated. § 54-8b-1.1 states:

"The Legislature declares it is the policy of the state to: [provide] (2) ... affordable public telecommunications services to *all residents in the state*; (5) ... including networks with *nondiscriminatory* prices, terms, and conditions of interconnection; (7) seek to prevent prices for tariffed public telecommunications services or price-regulated telecommunications corporations; and (10) endeavor to *protect customers who do not have competitive choice*." Further, Utah Code Ann. § 54-8b-11 states: "In administering this title, the commission shall endeavor to make available high-quality, universal telecommunications services at *just and reasonable rates for all classes of customers* throughout this state."

What is just and reasonable about charging inmates, their families, and friends such a high cost just to use something as basic as the phone? Remember the friends and families of inmates are ultimately the ones who are bearing this cost. They already pay taxes. So why are they being asked to pay even more for prison phone services?

Exactly what does UDC do with the money they make from inmate phone calls? It might make you ask: what is UDC doing with this money? That's a great question. Utah Code Ann. § 64-13-42(2) specifically governs the revenue earned from phone commissions. Per this statute money from this account may *only* be used for education and training programs for inmates and offenders. Other than that, I can't tell you what they've actually been doing with it.

GRAMA fees required to access this information. Both UPAN and I have attempted to access these

records through the Government Records Access and Management Act (GRAMA) but UDC wants us to pre-pay \$50 before they'll provide the records. Can you believe that? Do the people who are paying into this account (inmates and their friends/families) not have a right to see exactly how this money has been spent? To require that this group of people pay to see what UDC has spent their money on is an insult. Hopefully in the future UDC will have a change of heart and will be willing to show transparency and let us see what is contained within these records. When they do, we will pass that information along.

Current Phone Contract Expires November 1. It may seem like we are helpless, right? Well we are not! We have a voice and together we can make change. But it will only work if we band together and work together to make change. The current contract with CenturyLink expires November 1. It will have to be re-bid and re-negotiated. It is likely currently in that process. UDC and the State could lower the phone rates to something more reasonable if they so desired.

You Can Stop This Expense on Families Who Can't Afford It. Contact Info: It would be helpful if you would email UDC's Executive Director, Mike Haddon, and ask him to lower the phone rates in the new contract. His email address is: mhaddon@utah.gov and his phone number is (801) 545-5513. *The more people who ask him to lower the phone rates the more likely he is to do something about it. So please reach out to him.* It would be helpful if you explain your situation and how much it would mean to you if phone costs were more affordable.

UDC To Change Security Threat Group (STG – gangs) Housing and Recreation Schedules

UPAN has received many emails from family members and concerned individuals about the Utah Department of Corrections plans to eliminate the A/B STG (gang) schedule. When UPAN contacted UDC about these concerns, a Memorandum dated August 27, 2019 was received via email. It is re-printed below.

UPAN has also received a response to concerns about the rumors that officers are telling inmates that they need to watch out for being harmed or killed when this

new schedule takes place. Or about the rumors about how inmate compliance and order will be enforced in the yards. UDC stated that a memo has gone out to all staff regarding appropriate and factual communication with inmates and about this change.

UPAN is sharing this for your information and to honor UDC's request for UPAN to share it with anyone who has concerns. This newsletter is one way to do that.

Memorandum from Mike Haddon, Executive Director, Utah Department of Corrections **Elimination of the A/B Security Threat Group (Gang) Schedule**

Five years ago, the Department of Corrections experienced an increase in gang violence between two specific gangs within the prison system. As with all significant safety and security related matters, the prisons were locked down, investigations were conducted, steps were taken to mitigate risk and the prisons were supposed to return to normal operations.

However, in this particular situation, it became clear that several vulnerabilities needed to be addressed to maintain the safety of staff and inmates. Many of those

changes required long-term projects that would take time to implement. In order to minimize the negative impacts of keeping the prisons locked down for an extended period of time, a schedule (known as the A/B schedule) was developed for those two gangs as a temporary solution allowing the prison to come off lockdown while mitigating violence between the two groups. The Department anticipated moving away from this temporary schedule once changes were completed and implemented.

Since that time, the Department has been working through significant adjustments to our facility structures, policies, staffing, processes, communications, equipment, programming, etc. These include:

- Adjusting policies to allow more opportunities for gang members to step away from a gang without having to completely debrief or be housed in a more restrictive housing environment.
- Modifying facility structures, policies and training to create a faster and more appropriate staff response to prevent or mitigate violent situations that may occur.
- Changing our restrictive housing model to remove inmates from our maximum-security housing who only committed minor offenses and instead, focus this housing on inmates involved in physical or sexual violence, predatory or major person related behaviors.
- Adjusting emergency processes and training inmates on the new expectations.
- Improving processes related to contraband control, which includes the addition of new security equipment, in order to minimize the presence of weapons, drugs, and other items.
- Implementing evidence-based programming to address conflict resolution, anger management, effective communications, etc. to give a gang-involved inmate constructive tools to work through conflicts without violence.

These are only a few examples of changes implemented with a focus on minimizing gang influence within the prison system, while also assisting gang involved and non-gang involved inmates to successfully enter our communities and successfully exit the criminal

justice system. With the adjustments now implemented, the Department is communicating to

inmates and staff our expectation to transition away from the A/B schedule in the very near future.

We understand there are those who are concerned about this change. Please know that we take inmate and staff safety very seriously, and the A/B schedule, while temporary, was problematic. First, it only applied to two specific gangs (not all of them). Second, it only applied to the prisons and not to the contracted county jails that house over 20% of the State's inmate population. Finally, and importantly, it has created negative impacts on inmates such as limiting access to programming, treatment, work opportunities & housing that can affect board hearings and prison releases.

A significant amount of thought and preparation has been put into this decision, and it is important that you understand why the change is taking place. Please communicate to your family and/or friends who are incarcerated that the Department takes violence within the prison system very seriously, and we want the safest environment possible for them to experience positive personal growth. If they are gang involved, encourage them to disengage from the behaviors associated with inmate violence. If they are not gang involved, encourage them to stay away from the behaviors associated with inmate violence.

Every inmate deserves to live safely within the prison system whether they are incarcerated for life or until reentering the community and successfully exiting the criminal justice system. Your help and your influence to effect this positive change will be incredibly powerful.

“Hardships often prepare ordinary people for an extraordinary destiny.” C.S. Lewis

Hospice & Palliative Services Needed for Utah's Aging Inmate Population

Summary of August UPAN meeting and information on Prison Hospice by Molly Prince

Stephanie Puffer with Bristol Hospice, which has offices in Ogden and Salt Lake City, was the featured speaker at UPAN's August 12, 2019 meeting. Puffer is also the President of Utah Hospice & Palliative Care Organization and goes to Washington DC to talk to lawmakers in an effort to pass the Palliative Care and Hospice Training Act to increase the training of various disciplines in palliative and hospice care. Puffer has been in the healthcare industry for many years, studying with the National Hospice Organization. She shared that 75 prisons across the nation have hospice programs. Utah does not have a full hospice program.

Angola has the oldest prison hospice program.

Since 1998, Louisiana State Penitentiary (LSP) at Angola has become a model for end-of-life care within corrections. Angola's commitment to improving end-of-life care within the institution helped it transform from one of America's largest maximum-security prisons,

once considered one of the “bloodiest prisons” into a national model for corrections. The majority of Angola's inmate population is serving life without possibility of parole. The aging population desperately needed long term, palliative, and hospice care. This is depicted in the documentaries *Serving Life* on Amazon Prime, and *Opening the Door: Angola Prison Hospice* on YouTube. I recommend anyone with internet access watch these powerful documentaries.

Ms. Puffer is enthusiastic that we can create a state-of-the-art prison hospice in Utah! But it will take work in educating the public as well as legislators because it would need to be funded.

Palliative care is an interdisciplinary approach to specialized medical and nursing care for people with life-limiting illnesses. It focuses on providing relief from the symptoms, pain, physical stress, and mental stress

at any stage of illness. Palliative care also treats emotional, social, practical, and spiritual problems that illnesses can bring up. When the person feels better in these areas, they have an improved quality of life. Palliative care may be given when the illness is diagnosed, throughout treatment, during follow-up, and at the end of life. Palliative care is offered for people with illnesses such as: heart disease, lung diseases, kidney failure, cancer, dementia/Alzheimer's, HIV/AIDS, and any other degenerative or terminal illness.

Palliative care is often provided by any combination of the following: doctors; physician assistants, nurses and nurse practitioners, registered dietitians, social workers, counselors and therapists, psychologists, massage therapists, music therapists, chaplains and spiritual volunteers, and other trained hospice or palliative care volunteers. It is commonly used in long term care for patients who suffer from chronic lingering illnesses, or with patients who are terminally ill. The goal is to improve the quality of life for the patient for whatever time they have left.

Hospice care is reserved for terminally ill patients when treatment is no longer curative during the last 6 months of life, assuming the disease takes its normal course. It includes all the components of palliative care as well as a goal of having someone staying at the bedside of the dying person around the clock when death is imminent in the last 72 hours.

Utah has a high rate of deaths in prisons and jails. Puffer cited statistics for in-custody deaths in Utah. She reports that since the year 2000 there have been 357 deaths in Utah prisons and jails. She did not have the breakdown on how many of that total were from chronic or terminal illness versus suicides, drug overdoses, or murders. She shared the number of institutional deaths between 2013 and 2017. 2013 had 23 deaths in facilities; 2014 saw 23, making us 4th in the nation that year; in 2015 we had 16; in 2016 there were 21; and in 2017 we had 20 deaths in correctional facilities, placing Utah 1st in the nation that year for deaths in a correctional institution.

It should be noted that the "in-custody" death reports are limited to those deaths in which the individual actually is declared dead in the prison or jail. If the prisoner had been transported from the facility to a hospital and later died at the hospital, then the correctional institution does not have to list the death as a death in the institution. In reality, there are more deaths for individuals in custody than reported because the unreported deaths have occurred outside of the correctional facility.

Compassionate release cannot address all chronically or terminally ill inmates. Depending on where you get the statistics, there are anywhere between 6 to 30 people who qualify for compassionate release in the State of Utah each year. Many of those granted

compassionate release are simply paroled a few months earlier than their established parole dates due to pending death of a family member. Usually only a handful of inmates who are on sentences of life without possibility of parole can obtain a compassionate release to a care center or nursing home for serious, chronic illness, terminal illness, or dementia.

Prison palliative and hospice care changes lives. In many prisons that have palliative and hospice programs there are 40-hour training programs that train inmates as hospice volunteers. This includes the rules of the unit, how to give bed baths, tend wounds, how to deal with and safely handle and dispose of hazardous materials (bodily fluids), how to do end of life nursing assistant care, how to communicate with those in the dying process, and other skills.

There is a very informative research article about how prison volunteers are trained in end-of-life care entitled *Caring to learn, learning to care: Inmate Hospice Volunteers and the Delivery of Prison End-of-Life Care*. This research was funded by the University of Utah Center on Aging Faculty Pilot Grant and a University of Utah College of Nursing Faculty Research Grant. It was published in the Journal of Correctional Healthcare on January 18, 2017 (available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5484572>). It focuses on the Louisiana State Prison at Angola Hospice Program.

A number of prisons in the U.S. have implemented inmate volunteer or worker programs, based on peer-support models, to provide hospice and end-of-life care to fellow prisoners with terminal illness. In these programs, inmates volunteer their time and services to provide end-of-life support and direct care for gravely ill inmates. Research indicates the participation of inmate volunteers enables the prison to provide more comprehensive and personalized end-of-life care than would be otherwise possible using available health care staff alone.

The "bookwork" part of the training program that inmate hospice volunteers receive includes a general discussion of core principles and concepts of hospice care and how these principles are adapted within the prison setting. Also included is an introduction to concepts of death and dying, interpersonal communication, the bereavement process, the psychological and spiritual dynamics of dying, communication with the dying, symptom management of disease and conditions, care and comfort measures, and legal choices in living and dying.

New volunteers also receive hands-on clinical training. They begin by practicing with each other, under the direction and guidance of a hospice program RN and more experienced volunteers, then progress to supervised care of hospice patients as they gain skills. Hands-on training focuses on practicing basic nurse's

aid skills including infection control, handwashing, clean technique, avoidance of cross-contamination, proper body mechanics, safe patient transfers, use of adaptive equipment, assisting with patient hygiene and ADLs (Activities of Daily Living, i.e. feeding ourselves, bathing, dressing, grooming, etc.), prevention of skin breakdown, and maintaining the bedside environment.

Puffer explained what a transformative experience it is for inmate volunteers who become a hospice worker in a prison. It has “changed hearts” and she discussed how inmates have expressed their appreciation for “giving me back my humanity” through their process in hospice.

Sitting Vigil. One powerful process that prisoner volunteers talk about is referred to as “sitting vigil.” This is a highly significant event for volunteers. It is a classic example of the role of the “bedside” experience in learning how to provide end-of-life care. Sitting vigil with dying patients—which is the special role of volunteers—is a central feature of Angola’s prison hospice program, as well as in most other prison hospice programs.

When a patient is thought to be nearing the final 72 hours of life, a 24-hour vigil is initiated during which volunteers take turns, normally in four-hour shifts, remaining at the patient’s bedside constantly until the patient dies. Most vigil volunteers have worked with the same patient since their hospice admission and have come to establish a relationship. These volunteers use their knowledge of the individual patient and his preferences to facilitate their interactions with the patient and any family members allowed to be present during vigil. Ways of being present with and providing comfort for dying hospice patients have included speaking to them, telling stories, singing, reading letters from family and spiritual texts, reassurance of being present, massage, hand-holding and maintaining patient comfort by administering comfort measures and communicating issues like pain and agitation to nursing staff.

One inmate volunteer in a prison hospice program was quoted as saying, “The more you work with a patient, the more you get attached to them. But it’s good; it’s good in a way because he [the patient] knew one thing. He knew he was loved, he was cared for, he was treated right... That’s something you want to show your patient when you’re with them, that... I’m here for you.”

According to Puffer, research has shown that the recidivism rate of inmate hospice workers is reduced. Inmates involved in hospice work also increase their productivity and it transforms their attitudes and views of themselves and life in general. They find meaning in their work and themselves. They feel like they are contributing something. And so they are. They are giving back humanity to the inmate who is dying inside the institution. They are providing care and compassion

in a prison setting where those experiences are not generally common.

Mentorship from experienced hospice workers to new volunteers. New volunteers are generally assigned mentors – seasoned volunteers who can guide and teach the new ones. The research in the above mentioned research article shows, “This strong value of mentorship is present in the relationships among inmate volunteers, and it supports the informal mentoring that continues long after newer volunteers begin taking their own patients independently.” Inmate hospice workers and volunteers at all levels of experience have expressed that the mentoring and emotional safety in that process has helped lessen the stress of providing end-of-life care and reduced their initial anxieties about encountering new situations and doing something that could cause patients pain or risk their safety. Knowledge that more experienced volunteers always “have their back” and are available to process the feelings during and after the dying process of a patient is considered invaluable. Volunteers feel safe and comfortable seeking guidance from more experienced mentors. This experience reaches past the hospice experience, giving both the mentors and mentees an opportunity to work as a team and build trust while putting the best interest of the patient at the forefront of the process.

Positive professional relationships between inmate hospice volunteers and the medical and correctional staff in the unit. Research has shown that in correctional hospice programs, both nurses and inmate volunteers describe the need to work together as a team for the purpose of the patients and how this level of interaction ultimately “pays it forward” in time saved and better patient care, especially when nurses must rely on inmate volunteers because they are “the eyes and ears” at the bedside when nurses are attending to many other responsibilities.

Nursing staff has highlighted the importance of listening to inmate volunteers as they share their insights about patient histories, preferences, and psychosocial concerns. In the study on the Angola Hospice Program, one nurse is quoted as saying, “They get a very, very close relationship or rapport with the [patients]... That’s why we really respect whenever they say something’s wrong with one of the patients, they see those declining health issues.” A different nurse noted that “sometimes they’ll even tell us things like he’s depressed, and they know the reason why.”

Utah State Prison at Draper is where the chronic medical care takes place. Unfortunately, the infirmary was not built with long-term and end-of-life care in mind. UPAN families have been told of the terrible conditions individuals ending up in the little rooms in the infirmary have to endure for anything from recovery from surgeries at a community hospital to end-of-life care.

In the UPAN meeting it was discussed that there are two housing units in the Draper Prison that house a geriatric or medically infirm population who are not needing round-the-clock hospital care – Oquirrh 5 and Lone Peak. These are general population facilities where individuals who are aging, or suffering from cancer, Parkinson's Disease, dementia, and any number of other chronic or terminal conditions are housed. These areas have inmate volunteer aides (called ADA aides – aides to persons defined with a disability under the Americans with Disabilities Act) who are assigned to help a particular inmate with various activities of daily living. More serious patients who cannot remain in these general population housing units are kept in the Infirmary in Wasatch.

It was discussed by UPAN meeting attendees that possibly SSD, B-North, or Charlie block in Wasatch could be opened up to create a palliative care and hospice facility since the prison has emptied certain housing units over the past few years. Ms. Puffer said she would be excited to participate in helping to get a hospice program going in USP. She states that as a state we should know about hospice and "Serve each

other with dignity. We can do kindness in our prison system."

Maybe we are slow at getting palliative care and hospice in Utah's prison because Utah has a low utilization of hospice overall. Puffer discussed that for some reason, even though Utah has the highest deaths per capita, only 58% of individuals in Utah who would qualify actually use hospice care. She wants to educate the general population on the benefits of hospice to the patients as well as the family and caregivers for those who are terminally ill and dying.

Puffer also answered a variety of questions about how hospice is paid for: Medicaid, Medicare and other information for use of hospice in the community. For more information on palliative and hospice care in the community, please reach out to Stephanie Puffer at Stephanie.Puffer@bristolhospice.com 801-924-0867. Bristol Hospice 3216 So. Highland Drive, Suite 100, Salt Lake City, UT 84106

Ms. Puffer to UPAN families: *"Keep up the good work. Their lives are worth the investment. Your lives are worth the investment. We all do better when helping others!"*

The Current USP Approach to Hospice Care

by Molly Prince

I reached out to Clinical Services Bureau Director Tony Washington and Programming Director Victor Kersey regarding the ongoing concerns UPAN receives from inmates and families about the situations faced by inmates who are terminally ill and about a proposal submitted by inmate Gary Hilfiker to have inmate volunteers be allowed to sit through end of life stages with dying inmates. Both directors responded quickly and acknowledged the need for a more comprehensive long-term care and hospice program.

Discussions and challenges. They have assured that they have had many discussions within administration regarding long-term and hospice care. Director Washington shared that he has considered the development of a housing area that USP Draper can dedicate to chronically ill and terminally ill inmates. UPAN had suggested re-opening SSD or possibly using Charlie Block as a dedicated long-term/hospice care unit. Director Washington has also entertained the idea of hiring CNA's (Certified Nursing Assistant) to help take care of the inmates there.

The roadblock to both Directors is that they do not presently have the staffing to open an additional wing. It is common knowledge that USP has continued to be considerably short on correctional officers over the past several years. Until UDC administration can find a remedy that works to attract enough correctional staff (with things like sign-on bonuses and a better pay plan), there is not sufficient staff to open a new area.

The directors reminded us that the prison already has an inmate helper program for inmates with disabilities (commonly known as the ADA helper). It was also stated that the prison also shares information to these helpers who give assistance with what-to-do/where-to-go for inmates with dementia. However, these helpers are very limited in what they can do and are prohibited from helping with any self-care or medical issues.

Dir. Kersey is ready to move forward when Medical is on board. Both directors referred to what Clinical Services currently considers "a geriatric/hospice program" in Oquirrh 5 and the Infirmary. While this situation is not optimal, it appears it is the best they can do at this time without adequate staff. Kersey has the programming piece waiting to be implemented once Clinical Services can move forward doing their part. This program is one he developed to comply with an audit and will use the End-of-Life Correctional Hospice Program, which was created nationally. Like Medical, one issue with the Programming aspect of such a project is funding staff necessary to dedicate to a hospice program. Not only will it require Correctional Case Managers, but Kersey will need a licensed Social Worker (or two) committed to the therapeutic portion of a full-fledged hospice program. Kersey and Washington could work together on the project if and when funding and staff are made available to them to move forward. Kersey expressed desire to set up a full hospice program. The rest depends on Medical. We

hope UDC puts together a budget to ask for funding and that the legislature will allocate funds to this.

Partial solution - compassionate release of qualified inmates. The increased instances of compassionate release in Utah for terminally ill or seriously ill inmates that the prison is not equipped to appropriately care for has been noticed in the media recently.

In an attempt to offset the problem of an increased number of inmates needing long-term or end-of-life hospice care, Washington said that Clinical Services has greatly increased their submissions for compassionate release to the Board of Pardons & Parole. Inmates that have severe health issues, dementia or poor prognoses for recovery are moved to the top of the list for submission to the Board. Dir. Washington states that Medical has presently identified about 200 potential inmates to be reviewed for early release due to serious or terminal illness or dementia. Of those 200, 50 will be prioritized as the top candidates for early release.

Washington informed us that the BOPP “has been very helpful in facilitating these requests.” He suggests that it is possible that family members who have contacted UPAN with concerns about their medically incapacitated loved ones can be encouraged to know the inmate is likely already on UPS’s list for processing for compassionate release.

Compassionate release is not a quick or easy process. Please refer to the Compassionate Release article in UPAN’s April 2019 Newsletter for a list of requirements necessary for the BOPP to consider an inmate for this special release process. This encompasses a whole host of requirements to be met, including locating a suitable release facility or care center for the inmate/patient to be released to, as well as arrangement to make sure the care is paid for, usually by Medicare and Medicaid.

Dir. Washington believes that more inmates have been approved for compassionate release this year than have been released for those same reasons over the past 4 years.

Proposal for Compassionate Care - Dying with Dignity

A proposal by Gary Hilfiker and comments by UPAN

The following proposal was originally sent to Warden of USP Draper, former DIO Director Jerry Pope, Programming Director Victor Kersey, Director of Clinical Services Tony Washington, Governor Gary Herbert, Ron Gordon of the CCJJ, Disability Law Center, UPAN & several other community agencies in June 2016.

While several responses were received and one director said that he would obtain the guidelines for prison long-term medical care and hospice care and look into establishing something in USP, inmates in USP report that they have not heard anything else since that time and nothing has been developed that fits this type of proposal for a simple compassionate care program outlined below.

Objective/Purpose: provide comfort-care to critically/terminally ill patients in the Utah State Prison Infirmary.

Description: Inmate volunteers visiting with the critically or terminally ill patients to provide comfort and solace. Volunteers will have conversations with the

patients when possible, or just talking to or praying over patients unable to respond. The holding of hands or touching the unresponsive lets them know they are not alone. Volunteers may need to contact the patient’s family via phone calls through EMRO/CHS to keep them abreast of the situation. Providing such a service is valuable to the recovery of the critically ill and it brings peace to the dying soul.

Inmate volunteer labor will be sought to refurbish the rooms of the infirmary such as cleaning carpets, floors, walls and painting ceilings and walls. Artists would paint murals on the walls to lighten the atmosphere. Coordination with Reading for the Blind is needed to provide recorded books – religious scriptures.

Note from Molly – When asked about the possibility of this compassionate program, Dir. Kersey stated there are a variety of liability and safety issues to be addressed to use inmate volunteers with the current use of the infirmary as a geriatric / hospice wing. This is why this proposal has not been made into reality.

“We must advocate for those who no longer have a voice. We must love greatly.” Dr. Christina Hibbert

A Plan to Combat Jail Deaths and Some Womens’ Issues in Prison

Summary by Deon Corkins

The Utah Legislature’s Law Enforcement & Criminal Justice Interim Committee met on Wednesday, August 21st to hear presentations regarding health care in Utah’s jails and prisons.

Rep. Carol Spackman Moss, D-Holladay, spoke about Senate Bill 205 passed in the 2019 legislative session.

This bill requires the reporting of deaths in jails. Rep. Moss meets with the Utah Substance Abuse and Mental Health Advisory Council, where she has discussed her concerns. Rep. Moss reminded the committee of the deaths in county jails from dehydration during de-tox. She mentioned that risk of suicide is

especially high during the first week of incarceration. Some of the contributing factors to these deaths are the suspension of legally prescribed medications that newly incarcerated inmates are taken off of after taking prior to entering the jail, and withdrawals from illegal drugs.

Rep. Moss' goal is to explore sponsoring a bill to create a title project in jails. Screening for opioid use upon entry is recommended. The federal government has grants that may be available. She is also interested in creating a pilot program for jails through a "Tele-Health" service. This would enable inmates to speak to health care workers through video feed when they are first booked into one of the county jails. Understaffed rural jail workers could consult with health providers in larger cities. This would assist small rural jails with more accurate screening. Faster follow-up care for addiction and mental health could then be initiated.

Healthcare resources are extremely limited at some jails in remote areas. Rep. Moss pointed out that counties are doing the best that they can but have exposure to legal liability because of inadequate services.

One member of the committee commented on women inmate issues and is for taking a hard look at providing contraception for women in incarceration. This would help to address a variety of women's health issues that are treated in the community with hormone treatment, including birth control medication (which is hormones). It also would possibly allow for women to start birth control prior to release so they are not vulnerable to unintended pregnancy during their first months back in society when they are trying to get back on their feet.

She mentioned that the 2019 legislature passed a bill banning shackling during childbirth, but there are problems regarding the definition of shackling. Hospital staff, correction officers, patients and the public do not agree on what constitutes shackling. [Wrist restraints only, ankles released, belly chain (aka waist chain), combination? Childbirth and shackles don't mix. Let's use common sense here. Ed.]

Director Tony Washington of Department of Corrections Clinical Services gave a power point presentation describing the scope of health care offered and the medical occupations available within the state prisons.

The members of the Law Enforcement and Criminal Justice Committee are:

Sen. Keith Grover [R] Chair
Rep. Lee. Perry [R] Chair
Sen. Daniel W. Thatcher [R]
Rep. Paul Ray [R]
Sen. Evan J Vickers [R]
Rep. Angela Romero [D]

Sen. Kathleen Riebe [D]
Rep. Kim F. Coleman [D]
Sen. Don L. Ipson [R]
Rep. Sandra Hollins [D]
Rep. Marie H. Poulsen [D]
Rep. John Knotwell [R]

Rep. Kelly B. Miles [R]
Rep. Val K. Potter [R]
Rep. Mike Schultz [R]
Rep. Jeffrey D. Stenquist [R]
Rep. Mark A. Strong [R]

More meetings are scheduled on the following Wednesdays, September 18, October 16, and November 20.

"Whenever one person stands up and says. 'Wait a minute, this is wrong', it helps other people do the same." Gloria Steinem

Important Information Regarding International Visitors

by Molly Prince

A family requested UPAN share information regarding visiting by individuals coming from out of country – also known as "international visitors."

This summer, a mother came to visit family from another country. She came on a VISA that allows her to visit in the US for six months. One member of her family is incarcerated in the Utah State Prison.

When she arrived in Utah in May, the international visitor (mother of inmate) received help from her granddaughter to complete all the visiting application paperwork so she could visit her son. Then waited. And waited. And waited. By August the granddaughter had talked to Visiting several times and had been told that despite the mother of the inmate having a legitimate VISA to visit in the US, and her application was accepted by USP visiting office, they then

submitted her information to undergo an FBI background check.

As of the end of August they were informed by visiting staff that the FBI background check would take until the end of 2019. The inmate's mother only has a six-month VISA and will be leaving the US to return home in November 2019.

With all the focus on immigration and visitors from other countries, it is surprising that USP would not accept a valid VISA without waiting for months and months for the FBI to do a background check.

Luckily, UPAN was able to help the family obtain permission from the Division of Prison Operations and Visiting administration for several special visits for the mother to visit her son, whom she had not seen for

years. She has been able to begin enjoying these special visits with her son.

It is through these very unfortunate situations that UPAN learns information that people need in order to navigate our prison system in Utah. The family that this happened to would like this experience shared with other prison families. They hope that anyone else who may have someone planning to visit from another

country can prepare for the ridiculously lengthy process it takes for a visiting application to be granted due to the FBI back-ground check not being completed in a timely manner.

The family also wants to express their appreciation to UDC administration for granting the special visits so the mother does not have to leave the country without seeing her son.

The Updated Sentencing Guidelines are Available for Public Comments.

The most significant changes focus on presentence reports, aggravating and mitigating circumstances, and defining substantial risk to public safety for Tool 6. Use internet link below. Changes are highlighted in yellow.

The window for public comments closes September 28th. This allows a week or two for comments, depending on how quickly people go to the link (below), <https://justice.utah.gov/Sentencing/Guidelines/Supervision/Adult%20Guidelines%202019%20REVISIONS%20PUBLIC%20COMMENTS.pdf>

read, and take action. This is the public's opportunity to speak up. Comments don't need to focus only on the proposed changes. Think of the wide disparity in the prison matrix for physical and sexual assault for second- and third-degree felony offenses. And length of all sentences! All thoughts are important.

UPAN Writing Exercise: Rereading entries is underway and certificates will be mailed sometime about mid-October. Thanks again for your participation. Ed.

Christmas Card Design Contest: Closing date (for mailing) is Tuesday, October 15th. **Categories:** Religious, Traditional, Contemporary, or Humorous. Submit for one or one for each category, limited to four submissions per inmate. Original artwork can be any size, such as 8½ x 11, and will be resized to one of two sizes that you specify: 5½ x 8½ (folded once), or a 1/3rd fold (folded twice, example: fits USP #10 envelope. Complete details in August UPAN Newsletter. Mail to UPAN Christmas Card Design Contest, P.O. Box 1018, Pleasant Grove, UT 84062.

Plan Ahead – Meetings in Year 2020

Next year's first two meetings are: Monday, January 13th, 2020 at Kafeneio, 6:30 PM. Potential presenters will be Cindy Fierro and students from U of U. Subject: Report on Research About Transgender and the Criminal Justice System. This is NOT firmed up and more info on the January meeting will be published in a later newsletter.

On Monday, February 10th, at Kafeneio, a presentation is scheduled about electronic tablets titled: Focused Reentry Tablet Program by Eric Barker, Assistant Regional Director and his two associates, Katie Bennett and Lauren Guido.

A Couple of Smiles and Maybe a Laugh

An old one worth resurrecting: A fish was swimming in a reservoir. Suddenly he bumped his nose on a concrete wall. He didn't say "Ouch!" He said "Dam!" **Next:** How does NASA organize a party? They planet. **Last one:** How do mathematicians scold their children? "if I've told you n times, I've told you $n + 1$ times."

I hope everyone had their vision corrected this year so we go into next year with 2020 vision. That's cool. Ed.

Utah Prisoner Advocate Network

President: Shauna Denos
Past-President & Treasurer: Molly Prince
Director of Communications: Shane Severson
Inmate Newsletter Volunteer Coord: Deon Corkins
Director of Sex Offender Policy Issues: Faye Jenkins
Director of Women's Issues: Britnee Webb
Volunteer Coordinator: An Bradshaw
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(Note: go there to view recent UPAN meetings)

"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has." Margaret Mead