



## UPAN Newsletter

Volume 9 Number 3 | MARCH 2022

*“Empowerment and Growth Through Knowledge and Unity”*

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### Commissary Shortages – Healthcare Audit Overview, Part 3 – Volunteers Needed to Print/Mail UPAN Newsletters – Women’s History Month – What is UCI? – Self-help & Inspiring Books

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Next Meetings: March 14, 2022 6:30 p.m. Topic: Family Meeting. Free/open to public.

Meeting Location: Virtual Zoom Meeting – link <https://bit.ly/3vqQjiA> Following meeting, April 11th, 2022

*UPAN continues virtual meetings. Also available on UPAN Facebook Live and on Facebook page afterwards. Visit UPAN website for link (p. 10) to current monthly meeting. Free to public.*

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***NOTE: Since it is Women’s History Month, all quotes are from famous women to hopefully inspire all.***

**“We cannot solve a crisis without treating it as a crisis. If solutions within the system are so impossible to find, then maybe we should change the system itself?” – Greta Thunberg**

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

### Commissary Shortages in Utah Prisons

By Evelyn Matue

**The importance of commissary.** As you all know, commissary is extremely important to our loved ones behind bars for many reasons. Having access to these items keeps morale high, encourages a more positive environment and contributes to the all-around good order of the prison. Commissary represents the only normalcy and choice that the incarcerated may feel they have left.

Contrary to popular belief, most of the money spent on

commissary is for basic necessities, not luxuries. The food items as well as vitamins are used to supplement the lack of calories from small food portions coming from the kitchen and there are some who rely on commissary food items because of certain dietary restrictions or medical conditions. Personal hygiene products including toothpaste, soap, shampoo, lotion, and deodorant are important to maintain health and well-being, as well as help people sharing small spaces stay clean, sanitary, and reduce offensive odors.

**Commissary shortages and COVID.** Hygienic items, such as soap, shampoo and deodorant have been nearly impossible to get from commissary over the past few months, during a time when cleanliness and hygiene are so important. According to the CDC website, “Handwashing is one of the best ways to protect yourself and [others] from getting sick.” But without adequate access to soap, incarcerated people are unable to follow those preventative guidelines as easily. The February UPAN newsletter mentioned that soap can also be used to effectively disinfect surfaces, which is crucial to preventing the virus from spreading.

When you have a group of people in a confined area without proper hygiene products, and there's COVID, that becomes a big problem. With the pandemic disrupting the supply chain and the commissary shortages likely contributing to the transmission of COVID and other viruses, it can easily become a vicious cycle if new variants appear. (Heaven forbid).

**Clothing items are also in short supply.** UPAN has received concerns from both incarcerated people and family members about the difficulty in obtaining basic clothing items through commissary since the fall. These items include socks, underwear, t-shirts, thermals, sweatshirts, and shoes.

**UPAN is listening to family members and offering UDC solutions.** There are many families here in Utah that have expressed willingness to help by donating items or buying commissary packs thru other vendors. Utah Correctional Industries (UCI) operates the commissary for UDC. UPAN directors have asked UDC about the possibility of UCI coming up with a product list of acceptable commissary items that families could order from outside retail vendors such as Amazon or Walmart, to be delivered directly into the prisons for their loved ones. So far, no answer to this suggestion. Unfortunately UCI does not normally allow anything to

come in from external sources – despite other states and even some Utah jails allowing the practice.

**Other states and their response to similar issues.** I have been monitoring DOCs in other states that have been experiencing similar commissary shortages and how they are responding to the issue.

After a contentious bidding process which resulted in miscalculated bids and a cancelled contract with Keefe Group, the DOC in Illinois recently received approval and entered into five emergency contracts with vendors in an attempt to restock commissary shelves. The latest update stated that some reports from incarcerated people have suggested that the issue has started to improve in some prisons under the emergency contracts. They have even started accepting donations from organizations in the community and family.<sup>1</sup>

In an attempt to relieve some of the stress from the shortages, the Illinois DOC distributed free care packages to prisoners containing hygiene items and food products worth about \$25 according to an article in the St. Louis Post-Dispatch on February 13, 2022.<sup>2</sup>

Meanwhile, Missouri has taken on an entirely different approach to the shortages. Governor Michael Parson established through Executive Order 21-13 the Missouri Supply Chain Task Force – whose purpose is to “identify specific supply chain issues... and address those challenges.”<sup>3</sup> The task force has found other vendors with available inventory to provide temporary relief or acceptable alternatives when possible. At times, they have even contacted warehouses across the country on a daily basis to find out what products were in stock and to immediately place orders.

Amazingly, steps are being taken around the country to combat this issue. I have hope that we might be able to start doing the same here in Utah. Even if it isn't immediately successful, the least we can do is try!

<sup>1</sup> <https://prismreports.org/2022/02/08/the-illinois-department-of-corrections-commissary-shortage-harms-incarcerated-people/>

<sup>2</sup> [https://www.stltoday.com/news/local/crime-and-courts/inmates-complain-as-missouri-prisons-deal-with-shortages-of-apparel-hygiene-products-and-other-items/article\\_ab314687-b24a-5aa7-8d20-9b3800f7b850.html](https://www.stltoday.com/news/local/crime-and-courts/inmates-complain-as-missouri-prisons-deal-with-shortages-of-apparel-hygiene-products-and-other-items/article_ab314687-b24a-5aa7-8d20-9b3800f7b850.html)

<sup>3</sup> <https://www.sos.mo.gov/library/reference/orders/2021/eo13>

## **Part 3 of Overview of Performance Audit of Healthcare in Utah's State Prisons**

### **Summary of Chapter III**

by Molly Prince, LCSW

*This is the third in a series of articles summarizing the Performance Audit of Healthcare in Prisons, Report #2021-17, presented to the Utah Legislature in December 2021. Refer to the first two Overview articles in the January & February 2022 UPAN Newsletters for background, introduction to the audit, and summary of Chapters 1 and 2 of the report.*

The third chapter of the Audit Report addresses findings and concerns regarding lack of compliance with standards put forth by the National Commission for Correctional Health Care (NCCHC). Here is a bit of background on the NCCHC not included in the audit report.

**The NCCHC is the official accreditation body for prisons in the United States.** NCCHC is an independent, non-profit organization whose mission is to improve the standard of care in the correctional healthcare in the United States.

It began as an outgrowth of an American Medical Association study of healthcare in jails in the 1970s which found inadequate, disorganized health services and a lack of national standards. In collaboration with other organizations, the AMA established a program that in the early 1980s became the NCCHC, which is now supported by the major national organizations representing the fields of health, law, and corrections.

It sets standards, provides education, technical assistance, and certifies correctional health professionals. These standards are designed to help correctional and detention facilities throughout the US to improve the health of incarcerated individuals and the communities to which they return; increase the efficiency of correctional health services delivery; and strengthen the organizational effectiveness of health care delivery systems in correctional facilities.

Utah Code 64-13-39 requires UDC to comply with NCCHC's standards. Online sources suggest that NCCHC's leadership in setting standards for health services has improved health care in correctional facilities across the country. Yet, considering the experiences of Utah inmates, prison families, and this Audit, it's difficult to see how the NCCHC's inspection of UDC's Clinical Services Bureau (CSB) helped improve the provision of medical services when conducted in 2019. NCCHC gave UDC Clinical Services Bureau accreditation in 2020, according to the audit report.

**The Legislative Audit is not intended to supersede NCCHC accreditation.** It is intended to determine if the CSB is functioning in an efficient and effective manner and to help UDC ensure that it does. Chapter 3 reports on areas needing improvement to comply with NCCHC standards. It shows seven NCCHC standards that have not been consistently followed by CSB and need immediate correction. This chapter reinforces a previous chapter that the data provided to the auditors were "poorly kept" which limited the auditors in doing their analysis. They were, however, able to document lack of compliance to essential standards with the data that was provided them by UDC.

**CSB management is using Emergency Medical Technicians (EMTs) in situations they are not adequately trained for.** The NCCHC Essential Standard P-C-05(2) regarding this: "*Staff administering or delivering a prescription medication should be trained in common side effects.*" Page 23 of the report identifies that EMTs "are delivering medication at pill lines and are assessing routine healthcare requests." The audit questions the appropriateness of using EMTs in a non-emergency setting to perform duties in situations beyond their limited clinical training and education, which is focused on medical emergencies and not the provision of diagnosis and treatment. Page 32 of the report includes the audit's concerns with using EMTs in a non-emergency setting. It cites a statement from the audit's medical consultant, Marc E. Babitz, MD, who is also the

former division director of Family Health and Preparedness at the Utah Department of Health, "*They [EMTs] do not have patient assessment education and training beyond emergency situations. Since the vast majority of medical concerns from the inmates do not involve the medical emergencies for which EMTs are trained, they are not appropriately suited to correctly evaluate these inmates and their medical concerns.*"

The audit explains that use of EMTs in the capacity that USP is using them "appears to exceed national Emergency Medical Services Education Standards."

Page 33 cites this standard, "*The primary focus of the Emergency Medical Technician is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system.*"

Further, Appendix B of the audit report contains Dr. Babitz' Medical Consultant Report for the Office of the Legislative Auditor General for Utah. This report includes more information related to UDC's routine use of EMTs rather than nurses in the prison setting. It states that according to state law, EMTs are only permitted to work in an emergency health care setting, which is appropriate to their training. This would be in an ambulance or an emergency room.

His summary also states that "*While EMTs may administer medications on the order of a licensed health care provider, the vast majority of the medications that they are charged with administering (in USP) would not have been included in their EMT training. Lack of familiarity with a medication is concerning because the EMT would not know what the medication is treating, and the expected outcome and they would not be familiar with common side effects or adverse reactions. EMTs are assigned to the 'pill lines' where they distribute all the medications that have been ordered for each inmate. This role is not really appropriate for the kind of training that an EMT receives*" (page 58). Dr. Babitz contrasts Draper's use of EMTs with CUCF's use of nurses in the med tech role and notes that the role of med tech is within the scope of practice of a registered nurse because they have received the appropriate education and training for overall patient assessment.

Finally, Dr. Babitz identified on page 59 of the report that there is not adequate supervision of EMTs by nurses in Draper.

**NCCHC also expressed concerns about use of EMTs in its review process of Clinical Services Bureau.** Auditors state on page 33-34 of the report that in January 2020, NCCHC's review of the Utah State Prison conveyed concern that medical staff (EMTs) that administer and deliver prescription medications were not trained on the administration of retained medications or the side effects of those medications. The audit explains that CSB responded to NCCHC by side-stepping the

EMT issue by replying that all registered nurses (RNs) and licensed practical nurses (LPNs) at USP had received this training as part of their orientation and get training annually. This response does not address the use of EMTs to administer pill lines rather than the more completely trained nurses.

Page 33 shares that one EMT working in Draper told the auditors that they do not feel adequately trained for some of the tasks they are asked to perform. This included the delivery of medications at pill lines.

Auditors found that prisons in Colorado, Montana, and Wyoming all use nurses to administer pill lines and conduct face-to-face assessments with inmates regarding their ICRs. CUCF in Gunnison also uses nurses for these duties. UDC maintains they have a difficult time recruiting and retaining nurses for Draper. Yet, a recent search found there's 40 nurses employed at Draper, but none seem to be present at pill lines.

The audit recommends that UDC review the use of EMTs to ensure that they are being used according to their training and scope of practice. It recommends that CSB ensure that the use of prison EMTs be consistent with state statutes and best practices, and that licensed nurses or other qualified medical professionals are used in situations when a level of skill and knowledge exceed what an EMT is certified for. Finally, it recommends that UDC ensures that all staff in CSB fully comply with required NCCHC standards (pages 33 & 38).

Rather than carefully considering the clinical reasons for moving from EMTs to nurses, and following this recommendation to hire more nurses (LPNs, and RN/CNA med tech teams), or to offer incentives for EMTs to further their education into nursing, UDC's immediate response in December 2021 was to seek legal counsel at the Utah Attorney General's Office to review USP's use of EMT's to deliver inmate medications. And...they also advertised to hire five more EMTs under UDC's employment opportunities.

UPAN suggests that the AG's office can give legal advice but cannot give best practice medical advice. The audit utilized a respected medical doctor with years of experience who did give a clinical opinion on the appropriateness and clinical best practice of who should administer pill line and associated duties. They are nurses already trained in medications, adverse reaction, and side effects. Only after the AG's office determines if use of EMT's is incompatible with laws or standards will UDC and CSB adjust its practices (page 93).

**UPAN's concern about use of EMTs and recommendation on this finding.** Frankly, the concerns UPAN has about use of EMTs rather than nurses could fill up a 4-page article all on its own. Because EMT's cannot diagnose, they have no authority to order a patient with an emergent situation be sent to a community hospital when the infirmary is unable to

accommodate treatment for those situations. This has resulted in real-life delay in getting an inmate needed emergency medical care in a hospital in at least a couple of situations that UPAN is aware of. Nurses do not diagnose, but they are more likely to advocate for transport for medical care unavailable at USP.

In addition to the auditor's recommendations, UPAN's Director of Medical & Mental Health Issues, Wendy Parmley, RN, MBA, has offered additional suggestions to address this problem and the audit's recommendations by suggesting that EMTs be phased out through attrition and replaced with RNs, or LPNs, and Certified Nursing Assistants (CNA) with their medication administration certification enrolled in an RN program as part of succession planning. Another idea Parmley has presented is if EMTs would like to remain employed as med techs, then there could be a program in which they demonstrate commitment to furthering their education by enrolling in an RN program within one year. To encourage this, UDC could offer a tuition reimbursement program to them, up to a certain amount per year.

As of this report, it is unclear what feedback the AG's office has provided UDC on this matter. The UDC indicated in a meeting with UPAN in January that the cost of using nurses versus EMT's would be prohibitive. However, Ms. Parmley did some research and finds that the starting salaries between LPNs and EMTs in Utah are relatively compatible. Further, CNAs with their medication administration certification actually make less than EMTs.

#### **Deficiencies in meeting NCCHC Standards (pages 24-34)**

##### **Intake Assessments**

NCCHC Essential Standard: P-E-04(1) "*All inmates receive an initial health assessment as soon as possible, but no later than seven calendar days after admission.*" The audit found deficiency over a three-year period between 2018- 2020 in which 180 inmates did not receive their health assessment within the 7-day standard. 34 waited longer than one month, with the longest wait time recorded at 307 days. Also, the audit found that intake records "have been poorly maintained" and that 348 inmates had no recorded assessment dates and no recorded refusals. Intake assessments are essential so medical staff can identify the incarcerated person's medical, mental health and dental needs and establish a plan for meeting those needs appropriately, and in a timely manner.

NCCHC Essential Standard P-E-05(6) "*Mental health evaluations of patients with positive screens should be completed within 30 days, or sooner if clinically indicated.*" Mental health evaluations are vital for anyone who has answered a "yes" to any critical questions during the intake mental health screening which should be included in the intake assessment. Between 2018 -2020, 3 qualifying male inmates at USP did not receive a mental health evaluation within the 30-

day standard (page 27). Over a two-year period (2019-2020), 15 qualifying female inmates at Draper did not receive an evaluation within the required 30-day time frame. USP was unable to produce data for females in Draper for 2018. In other instances, there was no recorded evaluation date despite the data indicating that an evaluation was either scheduled or completed. The auditors were “not able to verify mental health evaluations for 143 inmates due to poor record keeping”. Gunnison failed to provide the auditors with the requested data (page 25).

NCCCHC Essential Standard P-E-06(6) “*An oral examination is performed by dentist within 30 days of admission.*” The documented deficiency on this standard states, “Over a three-year period, 277 male inmates and 31 female inmates (308 total cases) at the Draper prison site did not receive an oral examination within the 30-day standard.” It goes on to say that 301 of those cases were identified as noncompliant during calendar year 2020. The auditors recognize that COVID-19 pandemic impacted clinical operations, but only 7 cases were identified as noncompliant prior to 2020. CUCF in Gunnison did not provide the auditors the requested data (page 25).

**Inmate Healthcare Requests (ICRs) and Subsequent Care.** NCCCHC Essential Standard P-E-07(4) “*A face-to-face encounter for a healthcare request is conducted by a qualified healthcare professional, or the healthcare liaison (if applicable), within 24 hours of receipt by health staff.*” It is our understanding that the qualified healthcare professional in this standard means prison medical staff including doctors, physician’s assistants, and registered nurses. The healthcare liaison refers to a contracted or outside medical provider. This standard refers to Inmate Care Requests (ICRs) that patients are supposed to submit when they request medical attention. Then this standard requires medical staff to have a face-to-face encounter with the patient that submitted the ICR within 24 hours. This is not happening. Further, UDC has a different internal standard for how long Medical can take after the inmate submits an ICR and receives a face-to-face medical visit – the audit report on page 28 states that CSB has an “internal goal of seeing inmates with 15 days of ICR submission,” despite this standard requiring a face-to-face evaluation in 24 hours. Even giving themselves two weeks from submission of the ICR still is not occurring. The auditors observed that those in charge of scheduling appointments in Draper do not use the ICR triage date (prioritization date), “but instead schedule appointments according to the oldest submission date (page 28).”

The report indicates that face-to-face encounters are occurring with nurses at the Gunnison prison site but is unclear if it is within the 24-hour NCCCHC standard or within the 15-day UDC standard.

It further identified that CSB management “needs to improve its oversight to ensure that inmate healthcare requests are handled appropriately and within a timely

manner. Page 29 states that they noted this deficiency by “observing 20 different pill lines over a 5-week period” in Draper, both in the morning and in the afternoon. In most instances, they did not observe face-to-face encounters for ICR submissions at pill line, which is staffed by EMTs in Draper.

In Draper, auditors observed “multiple instances of ICRs being collected without a face-to-face encounter (page 29).” One example given was a patient submitting a mental health ICR at pill line, but there were no follow-up questions asked by the EMT staff receiving the ICR.

In Gunnison, however, nurses (rather than EMTs) collect ICRs and then nurses contact each inmate with an ICR submission to directly assess their concerns. It is unclear if this face-to-face assessment is completed within the 24-hour NCCCHC standard or within the 15-day UDC standard.

The audit recommends that CSB ensure that both prisons conduct, and in the case of CUCF, continue to conduct, a face-to-face encounter within 24 hours of ICR receipt by health staff.

**Further explanation of how ICRs are prioritized (triaged) and rated.** Page 29 of the audit report explains how UDC’s Clinical Services Bureau sets the timelines for ICRs. It reads, “After ICRs are entered into the electronic medical record (EMR) system, nurses triage (prioritize) all ICRs, with the exception of mental health ICRs, which are triaged by mental health supervisors.” Then in Draper, the nurses assign each ICR with a value between 1 and 15 days. A triage value of 1 means that the patient should be seen within one day. With 15 as the maximum that can be assigned, all patients should be seen within 15 days. In Gunnison, the nurses use triage values of 1, 2, and 3. In this case a 1 means the patient should be seen within 1 day, a 2 means they should be seen within 7 days; and the value of 3 means the patient should be seen within 15 days.

Neither facility met with patients within the triage dates all the time, but according to a graph on page 30 of the report, Draper failed to meet with patients within the triaged time 36% to 40% of the time between 2018 and 2020. Gunnison was much more efficient, only missing targeted time frames 4% and 6% of the time.

These findings indicate that the scheduler (the person responsible to schedule medical appointments) at USP Draper are not using the triage value assigned to each ICR. The process starts with the nurse entering the triage value into the EMR system and then the scheduler retrieves it. The auditors observed schedulers in both medical and mental health in Draper not using the internal triage values when assigning appointment dates. Rather, the schedulers prioritized ICRs according to the oldest recorded submission date. This means that an ICR submitted two weeks prior could be prioritized over an emergent (urgent or emergency) ICR triaged to be

seen in one day. This makes the work of the trained nurses who actually do the triaging useless and seems to be a threat to the health and wellbeing of inmates.

This is a very disturbing finding to many who have read the audit, as it has the potential to result in serious medical conditions not being seen in a timely manner, causing increased severity of health issues, or even potential life-threatening situations for patients. It is possibly the reason that individuals contact advocate organizations out here because they have not been seen for serious conditions including stroke, cancer, or thrombosis and they are frustrated and fearful about the lack of care they are receiving.

By contrast, the report indicates that in Gunnison, the schedulers use the triage values assigned by nurses to schedule medical and mental health appointments for incarcerated patients. The audit recommends that CSB requires and ensures that schedulers use the internal triage info assigned by the nurses doing the triaging.

Note - The ICR forms used by inmates state that appointments will be scheduled within 21 days or less, unless medically urgent, despite the UDC's internal standard of 15 days (page 29).

**Not all ICRs are entered into the Electronic Medical Record System.** The procedure is supposed to be that every collected ICR is to be entered into the prison's EMR system, word for word, within 24 hours of receipt. However, the auditors found that not all were being entered. After an ICR is input into the system, medical staff "commonly discard the paper ICR forms in secure shred-bins (page 31)." The auditors examined contents of shred-bins from three different medical rooms within Draper. They found 18 ICRs that had not been entered into the prison's EMR system. In addition they found 10 ICRs from two different locations that were only partially entered into the EMR. This has resulted in the recommendation that CSB management train and supervise medical personnel to ensure that all ICRs are correctly entered into the EMR system in their entirety.

NCCHC Essential Standard P-A-08(7) "*Access to health records and health information is controlled by the responsible health authority.*" The report indicates that personal health information was found in public dumpsters outside the prison. (Noted in part 1 of this series on page 5 of January's UPAN newsletter.)

NCCHC Essential Standard P-D-01(3) "*The facility maintains records necessary to ensure adequate control and accountability for all medications, except those that may be purchased over the counter.*" The auditors found medications that should have been retained and returned to the pharmacy in public dumpsters outside the prison. (This was included in part 1 of this series in January's UPAN newsletter.)

**"Fight for the things that you care about, but do it in a way that will lead others to join you."**  
– Justice Ruth Bader Ginsburg

**EMTs Are Not Completing Shift Requirements.** Page 31 of the report discusses that EMTs are responsible to keep medical rooms stocked with proper supplies. There are several medical rooms throughout the prison that service corresponding inmate housing units and these rooms need to be fully stocked with the necessary medical supplies for immediate use in an emergency. Each shift, the EMTs are supposed to complete an inventory of all medical supplies and fill out a daily log to make sure that supplies are up to date and available. This includes checking refrigerator temperatures (which hold insulin and other medications); jump bags (trauma kits with emergency supplies); oxygen tank pressure levels; oxygen masks, oral airways, and cannulas; insulin medications; glucometers; and personal protective equipment (PPE). Inventory logs are located in each medical room and are supposed to be completed daily. Page 32 reports that at the Draper prison, there were "multiple incomplete logs in multiple medical rooms, dating as far back as January 2021." In addition, auditors found "several jump bags that were missing secure seal tags." The report reads, "These findings are concerning, since a lack of properly maintained medical supplies could be disastrous in the event of an emergency." One EMT told the auditors that EMTs bring their own personal trauma bag and keep medical supplies from the medical room in it, saying they do not trust that vital medical supplies will be available in those medical rooms when needed. This resulted in another audit recommendation that UDC's CSB train and supervise EMTs to ensure that medical rooms are always stocked with the required supplies and that daily logs are consistently filled out and up to date.

#### **Clinical Services Bureau Needs to Follow the Inmate Handbook Fee Schedule.**

Page 38 of the report addresses the findings that CSB has been charging patients for mental health co-pays despite the inmate handbook stating that there is no charge for mental health services. Between fiscal years 2018 and 2021, 165 charges for mental health services which totaled \$825, were recorded. While that may not sound like a lot out in the community, it is a tremendous amount for incarcerated who make less than \$1 an hour if employed, and many needing mental health services are not employed within the prison. The audit recommends CSB review its practice to ensure that patients are not being charged for mental health services.

Please note that the Utah Legislature passed legislation in 2009 that allowed UDC to start billing for medical health and prescription medication co-pays, for some fees related to medical equipment or rentals, as well as a percent of specialty services provided at a community hospital or by community providers. Mental health fees were not part of that legislation.

## **Volunteers Needed to Print & Mail Newsletters to the Incarcerated Who Have No One**

by Molly Prince, LCSW

UPAN again needs to ask for more volunteers to print out and mail our monthly newsletters to inmates in the Utah State Prison system. UPAN is all volunteer. Utah's incarcerated that do not have family or friends to print and mail newsletters into them rely on the kindness and generosity of volunteers to do so. We have been publishing a monthly newsletter since June 2014.

UPAN emails the newsletter to over 1200 individuals that include family members and friends of incarcerated persons, interested community members, various community agencies, legislators, and other elected and appointed government officials, corrections officials, and news reporters.

**Family members are asked to print and mail the newsletter into their own incarcerated loved ones.**

**Volunteers.** There are approximately 60 wonderful volunteers that currently print and mail monthly newsletters to over 400 state inmates who do not have family or friends to do this for them. Volunteers do not necessarily have a lot of time, they just have the heart!

We have some volunteers who have offered this service since 2014. We have had many others that have been able to volunteer for shorter periods. Deon Corkins is our Coordinator of Inmate Newsletter Volunteers. If you want to help, please email her or show your interest at UPAN's general email. Let us know how many individuals you wish to send newsletters to. All coordination is via email. [deon.corkins@utahprisoneradvocate.org](mailto:deon.corkins@utahprisoneradvocate.org) or [utahprisoneradvocate@gmail.com](mailto:utahprisoneradvocate@gmail.com)

**Assignment of inmates.** If you volunteer to do this, Deon Corkins will assign you the number of inmates you have requested. She will respond to you via email with the name, offender number, and housing mailing address of the incarcerated folks assigned to you.

**Printing and mailing the newsletter.** The 10-page newsletter can be printed front and back on lightweight (20-lb.) printer or copy paper for a total of 5 printed pages that will fit into one white #10 envelope for the cost of one Forever stamp. The newsletters need to be printed in black and white to comply with the prison mail room policies and mailed in a standard white envelope. Heavy stationary-type envelopes or colored envelopes will not be accepted by Utah's prisons. You will use UPAN's return address of UPAN, PO Box 464, Draper, UT 84020 for newsletters that you mail in. When addressing the envelope, it's important to list not only the

prisoner's name but also the offender number for the facility he / she is housed in. The prisons will return any mail that does not contain offender numbers, or if the offender number does not match the name. The county jail rules vary by jail (jail mailing info on internet).

**Double checking addresses.** Each month, before doing your mailing, please check the Offender Search on the Utah Department of Corrections website at <https://corrections.utah.gov> to confirm that the housing location of the people on your assigned list has not changed. Utah moves state inmates frequently between prisons and jails. Volunteers checking before they mail reduces the amount of wasted envelopes and postage on your part and reduces the amount of returned mail UPAN receives. Sending to the current location also eliminates UPAN directors having to look up and re-send to incarcerated persons who have been moved to the various locations that house state inmates throughout Utah. Volunteer mailers can check the locations of several inmates in less than 5 minutes.

UPAN's very grateful for volunteers who do this, freeing up time for UPAN directors to work on other issues related to the well-being of our prisoners and staying on top of communicating with UDC about serious issues.

**If you need to discontinue volunteering,** please notify Deon at the above email address as soon as you are aware that you need to discontinue volunteering so she can arrange to assign your list to another volunteer.

**A hint about obtaining office supplies at discounted prices.** I have been sending the newsletter to between 35 – 50 incarcerated persons since we began the newsletter in 2014. Envelopes and printer paper can be expensive in an office supply store. I have found that going to the NPS Store periodically has saved me a lot of money in supplies. Reams of printer/copy paper are generally available at a discounted price there. While not available all the time, I have found boxes of 500 #10 white envelopes there for under \$10 at NPS, while the cost in office supply stores can be over \$25 for 500 envelopes. Sometimes this size box can be found online for between \$10 and \$20.

UPAN has provided timely information to thousands of inmates via the newsletter over the past 7½ years. We hope to be able to continue to provide newsletters to prisoners who have no one out here to print and mail to them. The tireless efforts of our newsletter mailing volunteers over the years has been key to its success!

***"The success of every woman should be the inspiration to another. We should raise each other up.  
Make sure you're very courageous: be strong, be extremely kind, and above all be humble."  
– Serena Williams***

***"Every moment wasted looking back keeps us from looking forward." Hillary Clinton***

# *Timely Timpanogos Topics* -- March Is Women's History Month

By Molly Prince, LCSW

**The first Women's History Day was held in 1909.** February 28, 1909 was the first Woman's History Day. Held in New York City, it honored the one-year anniversary of the immigrant women garment workers strikes. From 1909 to 1910, 15,000 of them marched through lower Manhattan protesting working conditions in garment factories.

**The day became Women's History Week in 1978.** According to the National Women's History Alliance (NWHA), an education task force in Sonoma County, California kicked off the first Women's History Week in 1978 on March 8, International Women's Day. Their focus was education and focused on the fact that women's history wasn't really included in K-12 school curriculums at the time. In 1980, President Jimmy Carter declared the week of March 8 as National Women's History week.

**In 1987, it became Women's History Month.** According to the NWHA, in March of 1987, activists successfully lobbied Congress to declare March Women's History Month. It passed. President Ronald Reagan signed it.

**2022's theme is "Women Providing Healing, Promoting Hope."** This theme not only honors the tireless work of caregivers and frontline workers during the Covid-19 pandemic, but also women of all backgrounds who have provided compassionate healing and hope for the betterment of patients, friends, and family.

The NWHA website states, "This year, in particular, we are reminded of the importance of healers and caregivers who are helping to promote and sustain hope for the future. The NWHA encourages communities throughout the country to honor local women who bring and have historically brought these priceless gifts to their families, workplaces, and neighborhoods, sometimes at great sacrifice. These are the women who, as counselors and clerics, artists and teachers, doctors, nurses, mothers, and grandmothers listen, ease suffering, restore dignity, and make decisions for our general as well as our personal welfare."

<https://nationalwomenshistoryalliance.org/2022-theme/>

Women have often been the force behind great movements for compassionate treatment and well-being of others. That is what Women's History Month is about.

**UPAN recognizes ALL women who do what they can, where they can, and when they can to promote**

*Think like a queen. A queen is not afraid to fail. Failure is another stepping-stone to greatness. Oprah Winfrey*

**"I have learned over the years that when one's mind is made up, this diminishes fear; knowing what must be done does away with fear." – Rosa Parks**

**well-being of others.** There are countless women volunteers who carve out time from their busy schedules to advocate for improvement in our criminal justice and prison systems, who go into our prisons to support, teach, and minister to those inside.

Women are impacted by inequities in our society that can contribute to involvement in the system. These women still often strive to do their best to be the best they can, even in prison.

**Women often sacrifice their own well-being for the well-being of others.** This is also true for our women in prison. It may be that they forgo medical care, or tell their family that they have enough money for commissary this month when they do not. Because they want the family to be able to help their child pay for fees to participate in sports, or to not take away from the fees for a school trip.

I read a research article once on women's health in prison that found that they are less likely to use medical services in prisons due to co-pays. Since the majority of incarcerated women do not hold jobs in prison – because in most prisons, including Utah's, there are not enough jobs available for the women wanting them – the cost of co-pays will either be borne by their families, or be collected at some point when a loved one puts funds on their books. This has been borne out by reports of women not putting in health care requests because they would rather that \$5 co-pay go to their families to help raise their children.

Women give their time, talents, and heart. They send beautiful letters and drawings and words of encouragement to their families – parents, siblings, spouses, partners, and children.

I know of women helping each other inside prison to survive through illness, depression, and deep grief.

**Women are healers.** Women have long advocated for improvement in all areas of life. Women have historically led the way in mending divisions, healing wounds, and finding peaceful solutions. This timeless work, in so many ways and in addition to so many other tasks, has helped countless individuals in our communities recover and follow their dreams.

UPAN sends love and appreciation to all women who, in both public and private life, inside and out, provide healing and promote hope for the betterment of all.

## What is Utah Correctional Industries, aka UCI?

By Molly Prince, LCSW

All information in this article was found on the Utah Department of Corrections website. With so much attention on the lack of products available through commissary these past several months, we decided it's time to help educate families and the public about what UCI is, since it is unique to Utah's prison system.

**In 1985, UCI was created by the Utah Legislature.** (Utah Correctional Industries Act, 1985, Utah Code 64-13a), to provide cost savings for various products to state agencies. Over time, the opportunity to purchase products through UCI has been extended to other gov't agencies, including counties, cities, school districts, special service districts and qualifying nonprofit orgs..

"State Agencies and other procurement units shall purchase goods and services provided by UCI as provided in Section 63G-6a-804 of Utah State Code. Procurement units may not purchase any goods or services provided by UCI from any other source unless an exception is granted by the UCI Director and the Director of State Purchasing. Other governing statutes are: Inmate Employment, Utah Code 64-13-16, Labor at Correctional Facilities, Utah Code 64-13-19 and Work to be voluntary, Utah Code 64-9b-4." \*\*

**UCI Jobs in 12 work programs employ approximately 400 inmates between USP and CUCF.** As of February 28, 2022, <https://uci.utah.gov/business-operations/> lists the following UCI businesses which produce products and / or services for the UDC itself and for other government agencies. Incarcerated persons may be employed in any of the following:

Beverage Processing Plant – Commissary – Data Entry  
Construction – Document Scanning & Micrographics Services – Furniture Manufacturing – Embroidery and Silk Screening – License Plate Plant – Printing Services – Welding – Seating & Upholstery – Sewing (including inmate clothing) – Signs

**Reduce recidivism.** One of UCI's purposes is to provide opportunities for incarcerated people to learn job

***"Tolerance and compassion are active, not passive states, born of the capacity to listen, to observe and to respect others." – Indira Gandhi***

## Recommended Self-Help and Inspiring Books for Incarcerated and their Families

compiled by Molly Prince, LCSW

**Screaming From The Inside: Incarcerated Women And The Journey To Awakening** by Annala D'Diors. Published by Dream Catch Publishing, 2020. ISBN13 978-0578637686. A description from the author: "Writing this book helped me to reshape the narrative that had been written ages ago about my ancestors and allowed me to transform pain into power. *Screaming From The Inside* is not your typical go-to prison book

skills and how to make successful choices by offering them employment in "a real-world business environment." It states, "Through the teaching of job skills and positive work ethics, it has the ability to make lasting changes."

UCI works to provide inmates work opportunities to help them succeed upon release from prison. This is accomplished through allowing offenders the ability to make successful choices while working in meaningful jobs in a business environment. Through the teaching of job skills and positive work ethics, it has the ability to make lasting changes." \*\*

**UCI is mandated by the legislature to be a self-supporting organization.** The Utah Correctional Industries Fund pays all expenses associated with the administration of UCI. This includes wages to employees, administrative salaries, overhead expenses, purchase of equipment and raw materials, etc. This fund is funded by the retained earnings and income generated through the sale of products and services. The UCI Fund is completely separate from the Utah Department of Corrections. UDC does not pay for UCI, it must pay for itself.

Therefore, UCI must consistently produce enough income from its sale of goods and services to cover all operating expenses. It does this by selling products and services to state and local government offices / agencies, "while efficiently managing internal operation procedures costs, UCI is able fulfill its financial operating obligations." \*\*

This same webpage states, "Research is done to ensure that market trends are identified and that customer needs are met. As with any business, UCI strives to be competitive in all aspects, including price, quality, lead-time, customer service, product diversification, and availability." Prison families hope that this includes the customers of commissary items, the prisoners.

\*\*<https://uci.utah.gov/about-uci/>

and learn about God. In this book, you will find yourself checking your moral compass, and then taking a careful look at the world that you have been creating.

You will laugh and cry, but beyond that, you will learn a vital truth at every turn. You will begin to realize that we are greater than the journey. Moreover, you will learn that within you lives a conqueror, you are that conqueror.

*Screaming From The Inside* unpacks the knowledge that may allow you to release the power that is within us, but because of an untrained mind, we have allowed the illusions of this world to hide such power in the shadows. So, sit back, open your mind, and read about the journey that shifted pain into power for me.

It is my heartfelt desire that after you read this book, you will see from within. Then you too will "Scream From The Inside," as the Truth has always been present!"

***Chicken Soup for the Prisoner's Soul: 101 Stories to Open the Heart and Rekindle the Spirit of Hope, Healing and Forgiveness*** by Jack Canfield, Mark Victor Hanson & Tom Lagana. This version was published in 2012 by Backlist, LLC. ISBN13 978-1623610968. This book has been around for a long time and, and has been published in various editions beginning in 2000. The story behind this particular book is that it was written and complied about and from stories and writings of many incarcerated individuals. It was originally only available through free distribution to prisoners, prison libraries, and prison ministries.

It is recommended for anyone who is incarcerated or works in a correction facility, has a loved one in prison, has ever been a victim of a crime, or any concerned citizen who knows that criminal justice and our correctional system is everyone's responsibility. These stories will leave an indelible imprint on your heart and inspire you to live with hope, gratitude, and joy regardless of

your circumstance.

***Serving Productive Time: Stories, Poems and Tips to Inspire Positive Change From Inmates, Prison Staff and Volunteers*** by Tom and Laura Lagana. Published by Health Communications Inc. in 2009. ISBN13 978-0757307829. If you have a loved one in jail or prison, then you realize incarceration affects everyone. Only through positive change can we begin to heal and grow. a program that develops positive change for inmates and their loved ones. This book is written by co-author of *Chicken Soup for the Prisoner's Soul*, Tom Lagana and his wife Laura.

In *Serving Productive Time*, they go further than the Chicken Soup book, using powerful stories, poems, and cartoons created by inmates and others to address the realities of penal existence. They build on these voices of experience with essays and advice that show incarcerated people how to truly make their time count, and give meaning to their lives right now, while making amends for their crimes and working toward release.

This book has inspired people in prison to use programs and resources, perform positive deeds, and acquire skills as part of their prison journeys to help them transform themselves. It also is designed to empower correctional staff, counselors, families, and volunteers to help those who want to make positive changes in their lives.

***"At the end of the day, we can endure much more than we think we can." – Frida Kahlo***

***"Don't ever make decisions based on fear. Make decisions based on hope and possibility. Make decisions based on what should happen, not what shouldn't." – Michelle Obama***

### **Couple of Smiles and Maybe a Laugh**

The seven ages of human beings: spills, drills, thrills, bills, ills, pills, and wills ~ The consensus after elections is that 100% of voters think that 50% of them have lost their minds ~ When I see chocolate, I hear two voices in my head. The first one says, "Eat the chocolate." The second one says, "You heard him, eat the chocolate!"

Be like sunshine on a rainy day. Smiles are contagious. Laughter is infectious. Be all! That is really cool. Ed.

\* \* \* \* \*

### **Utah Prisoner Advocate Network**

Director, Co-Founder & Treasurer: Molly Prince  
Director of Communications: Shane Severson  
Director of Sex Offense Policy Issues: Faye Jenkins  
Director of Women's Issues: Gayle Dawes  
Director, Medical/Mental Health Issues: Wendy Parmley  
Director, Board of Pardons Issues: Ernie Rogers  
Director, Newsletter Editor: Warren Rosenbaum  
UPAN Volunteer Coordinator: An Bradshaw  
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**"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**