



**UPAN Newsletter Volume 10 Number 8 | AUGUST 2023**  
*“Empowerment and Growth Through Knowledge and Unity”*

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**Thanks to UPAN Families – Clinical Services New Name and Interim Director –  
 New BOPP Director – Prison Healthcare Q/A with DHHS & UDC & Thoughts on  
 Benefits – PREA in UDC – *Dell-Emerald Topics* Quality of Life**

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**Next Meeting:** Monday, August 14, 2023 6:30 pm - 8:30 pm on Zoom. Guest Speaker: Dr. Sam Arungwa on his pilot program and no cost college programs in jails.

**Meeting Location:** Virtual Zoom Meeting – link <https://bit.ly/3vqQjiA> Meetings are FREE and open to the public.

**Following Monthly Meeting:** Monday, September 11, 2023 on Zoom. Guest Speaker: UDC Executive Director Brian Redd. \*\*\*\*For this meeting – please email [utahprisoneradvocate@gmail.com](mailto:utahprisoneradvocate@gmail.com) with specific questions or concerns you would like addressed with “Sept Meeting Questions” in the Subject Line.\*\*\*\*

UPAN continues virtual meetings. Also available on UPAN Facebook Live and on Facebook page afterwards. Use link above or visit UPAN website for link (p. 10), or Utah Prisoner Advocate Facebook Page for link to current monthly meeting. Free to public.

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

**“Always walk through life as if you have something new to learn, and you will.” Unknown**

**Recognizing UPAN Prison Families**

By Shane Severson

Hello, UPAN Family! I just want to take a moment to recognize each and every one of you. Your resilience, strength, and unwavering support for your incarcerated loved ones during this challenging journey is nothing short of inspiring.

It's not easy to walk this path, and there may be days when hope seems faint, but remember, every sunrise brings a new day and a chance for positive change. Your loved ones behind bars are not alone. They have

YOU - their fiercest advocates, their rock, their beacon of hope.

Thank you for being part of the UPAN Family. Everyone has something to contribute. The UPAN Family Support Group community on Facebook is stronger because of your participation, and your shared stories continue to encourage and uplift us all.

So many of you are able to give valuable information, support and meaningful advice to those just starting their prison journey. There is a lot of love and support for

those going through some of the many transitions and changes that occur during prison when loved ones are moved around, go into programming, are sent to max, sent out to county jails, or are preparing for release.

You're not alone in this journey. We're all in this together, navigating the highs and lows, and leaning on

one another for strength and comfort. Here's to you, the brave and resilient families and friends of our incarcerated loved ones in Utah!!! Keep holding on, believing, and keep pushing forward. Love and strength to you all!

***“The world breaks everyone, and afterward, some are strong at the broken places.” —E. Hemingway***

### **The UDC Clinical Services Bureau is now the Division of Correctional Health Services.**

This information adapted from the Dept. of Health & Human Services Website <https://dhhs.utah.gov/chs/>

**New Name.** In July 2023, the Utah Department of Corrections Clinical Services Bureau officially transferred responsibilities to the Department of Health and Human Services (DHHS) as a new Division of **Correctional Health Services (CHS)**. The UDC and DHHS will work together in a partnership to provide safety and care for the incarcerated population.

CHS will operate infirmaries at both the Utah State Correctional Facility and the Central Utah Correctional Facility. The infirmaries are certified by the National Commission on Correctional Health Care and offer comprehensive, on-site medical care where medical staff can treat or stabilize inmates needing health care.

**Vision:** Deliver whole-person data-driven care to improve health and safety outcomes while individuals are incarcerated, and as they transition to their communities.

**Mission:** Improve the lives of staff and individuals who are incarcerated and promote public safety by delivering safe and effective integrated healthcare.

**Correctional Health Services Includes:** Medical care; Physical/Recreational therapy; Specialty/Emergency care; X-Ray services; Dietitian service; Telemedicine; OB/GYN; In-house pharmacy; Palliative care; Infectious disease services; Mental/Behavioral health care; Dental care; Vision services; Chronic care management. Medication-assisted treatment.

**Co-Pays and Cost of Medical Services to Incarcerated Persons in the Care & Custody of the Utah Dept. of Corrections Remains the Same.** As of 2009 under Utah law, inmates are assessed \$5 co-pay for primary medical and dental care. They are also

charged a \$2 co-pay for each prescription medication they receive each month.

When a state inmate receives care at a medical facility or hospital in the community, he or she is responsible for 10 percent of the costs, with a cap of \$2,000 per fiscal year. (The fiscal year goes July 1 to June 30).

An inmate who has assets exceeding \$200,000 upon arrival at the prison is expected to pay costs of all medical and dental care up to 20% of his or her total asset value.

Incarcerated individuals pay 50% of the cost for braces, eyeglasses, prosthetics and medical supplies. Inmates are also responsible for 100% of the cost for dentures.

That said, health care is considered a basic need and is provided to every inmate regardless of ability to pay.

*(Special Note from UPAN: It is often families who shoulder the burden of paying for these services and supplies. These costs are a significant percentage of an inmate's income if they are fortunate enough to be working making 80 cents an hour.*

*The unpaid fees charged to incarcerated persons while in prison for medical care, prescriptions, supplies and eyeglasses or prosthetics, etc. are turned over to be billed to the released person while on parole by Access Corrections along with supervision fees and any other fees. If someone completely expires their prison sentence with outstanding medical fees, the outstanding debt will be turned over to the Utah Office of State Debt Collection. Once this happens, interest will be added).*

**The Family Medical Line remains 801-522-7293.**

### **Correctional Health Services Interim Director: Dr. Marcus Wisner** Source: <https://dhhs.utah.gov/chs/>

DHHS has appointed Dr. Marcus Wisner to serve as Interim Director of Correctional Health Services during the transition - UDC Clinical Services Bureau to a division of Utah's Department of Health & Human Services called Correctional Health Services.

Prior to this role, Dr. Wisner served as the dental director for the UDC. He oversaw the modernization of the dental program and the integration of dental health into the greater health care picture. He developed and

refined the facial trauma service and implemented treatment and pharmacy formularies increasing the rates of predictable, positive outcomes.

Dr. Wisner is a colonel in the Utah Army National Guard. He currently serves as the Commander of the Medical Readiness Command. He has held several successful leadership roles in the Army, most recently serving as Commander, U.S. Medical Forces-Humanitarian and Civic Assistance-Morocco.

Dr. Wisner earned Doctor of Dental Medicine degree from Oregon Health and Science University. He received a Bachelor of Arts in Spanish from the

University of Nevada Las Vegas. He has attended the Army's Command and General Staff College.

***"In the end, we are all just walking each other home." Ram Dass***

### **New Administrative Director of the Utah Board of Pardons & Parole: Jennifer Yim**

Jennifer Yim took the position of Administrative Director of the Board of Pardons & Parole in May 2023. Prior to taking this important position at the BOPP, beginning in 2016, Jennifer Yim served as the executive director of the Utah Judicial Performance Evaluation Commission (JPEC), an independent state government commission that evaluates the performance of Utah judges for voters.

Director Yim has over 20 years of experience in a variety of roles in Utah's justice system including having been appointed as a member in the merit selection process of judges and magistrate judges at the state and federal court levels, a Youth Parole Authority member in the juvenile justice system, and as a founding commissioner on JPEC. She began her justice system career with the Utah Administrative Office of the Courts, as the lead staff for a task force examining racial and ethnic bias in the criminal and juvenile justice system.

Yim received a BA in sociology from Pomona College. From University of Utah, she earned an MPA, a graduate certificate in ethics and public affairs, and a Ph.D. in political science, with emphases in public administration and political theory. Her dissertation received the Leonard D. White Award for the best dissertation in public administration by the American Political Science Association. Yim's current interests include the impact of bias and noise on group decision-making and conceptions of fairness in the justice system. She looks for ways to bring academic insights to the public sector.

Recently Ms. Yim wrote on LinkedIn, "My work at the Board has just begun. Exciting things are happening at the Board these days. Improvements in data-informed decision-making, transparency, public outreach, and the use of best practices to achieve public safety and positive outcomes for those under our jurisdiction."

### **Follow-up on Q/A from Prison Healthcare Listening Sessions with DHHS and UDC**

After the Listening Sessions that were held online on May 15 and May 19, 2023, the following was sent to UPAN and other stakeholders, and signed by Tracy Gruber, Executive Director of Dept. of Health & Human Services (DHHS), Dr. Michelle Hofmann, Executive Medical Director, DHHS, and Brian Redd, Executive Director, UDC. UPAN wants to share them with our prison families and incarcerated loved ones.

The email reads: *Stakeholders: We wanted to thank you again for joining our listening sessions held in May. As we have stated, your input and voice is a critical component of our work to improve the healthcare outcomes for those we serve. We will continue to hold these stakeholder listening sessions...*

*As part of our commitment to transparency, we are providing the following responses to the questions that were elevated in these sessions. These will also be included on our website...please feel free to forward these responses to those in your network, or direct them to our webpage. Thank you again for your participation and input.*

**Issue: Feedback, Complaints, Contacts** *How do I elevate a concern for a loved one in UDC care?*

If you are calling on behalf of an individual, and you have a medical release, please contact the family medical line at 801-522-7293. If it is a general question or you do not have a medical release, please contact UDC constituent services at 801-545-5505.

*How can I provide feedback to UDC or the Department of Health and Human Services?*

For UDC, contact constituent services at 801-545-5505. For DHHS, please visit <https://dhhs.utah.gov/contacts/>

**Issue: Inmate Care Requests (ICR's)** *How does an incarcerated individual request healthcare services?*

Incarcerated individuals submit Inmate Care Requests (ICRs). The process for submitting ICRs can be found in the inmate handbook. Currently, it is a paper process and the incarcerated individual completes an ICR form and then places it in either the "sick call box" or provides it to clinical staff. This will lead to a "face to-face" review of the request. This review is conducted to assess urgency and should take place within 24 hours. During this process, the ICR is entered into the electronic health record and then is triaged and placed in the queue for scheduling. Depending on the situation, an incarcerated individual should be seen either the next day, within 3 -7 days, and no longer than 14 days.

*The audit found that ICRs are not always entered or responded to or were even found in the trash. What are you doing to fix this issue?*

Currently, ICRs are submitted through a manual process. We recognize there have been gaps in the ICR process. We are committed to fixing these problems. We are working to move ICRs to an electronic system that gives incarcerated individuals more control and transparency in the process. In the meantime, we are shifting our practice to ensure the ICRs are collected and entered. Steps being taken include:

(1) The creation of locked ICR sick call boxes that incarcerated individuals will use to submit an ICR request, ensuring that they will be entered into the system. Designated medical staff will be given access to the locked sick call box every day.

(2) The ICRs, along with the housing unit of the incarcerated individuals, will be entered into a tracking sheet by the designated medical staff.

(3) A separate member of the nursing staff will then verify and reconcile that the ICR count is correct.

**Issue: Audit** *I heard about the recent audit. How was that conducted and where can I find a copy of it?*

The audits of the prison healthcare system were conducted by the Office of the Legislative Auditor General (“OLAG”) at the request of the Legislature. You can find the most recent audit at [\(last line of this article\)](#).

*Why did OLAG conduct a follow-up audit?*

It is not uncommon for OLAG to conduct follow-up audits to determine whether recommendations in initial audits are fully implemented. In this instance, OLAG conducted a follow-up audit to determine if the recommendations in the initial 2021 audit were implemented. Upon completion of the follow-up audit, OLAG determined that four of the recommendations were fully implemented; one of the recommendations was partially implemented; and eight of the recommendations were not implemented. UDC and DHHS provided a comprehensive response outlining plans to address those recommendations.

*How does UDC and DHHS use audits to improve operations in the Clinical Services Bureau?*

Audits are an important tool in evaluating whether policies, procedures and rules are being followed by a governmental entity. Furthermore, audits are designed to support continuous quality improvement. State agencies, including UDC and DHHS, rely on audits for independent evaluations of operations and to identify issues or potential problems in programs or processes. Our role in these audits is to provide a response to the auditing team’s recommendations.

*When will the audit recommendations be implemented?*

A full list of our implementation timeframes can be found in the audit. These timelines were established before DHHS was deeply involved in the operations of Correctional Health Services (CHS) and may need to be adjusted based on the complexity of the issues found. Currently, we estimate some recommendations will be in place by July 2023, some by January 2024, while others will take until July 2024.

**Issue: Diabetic Care** *My family member is diabetic. How does CHS care for people with diabetes?*

Caring for people with diabetes in incarcerated settings is challenging. However, individuals who are diabetic need effective care management to prevent serious complications. We are continuing to evaluate our practices in this space. Some of the specific approaches we currently take as it relates to diabetic care include:

- Medications of incarcerated individuals are reviewed upon intake and labs are drawn and reviewed, including their hemoglobin A1C levels. Individuals with diabetes are then entered onto the Chronic Care team log for follow up visits. Annual follow up visits include: 2-3 visits with nursing staff, and 1 visit with a provider.

- Individuals will also be referred for a dietary consultation. Based on this consultation, the Dietitian will order the appropriate diet.

*I know diabetic care was a key focus in the recent audit. What changes have been made in light of that audit?*

We recognize this is a specific area we need to improve. We are reviewing guidelines from both the American Diabetes Association and the Federal Bureau of Prisons to ensure evidenced-based practices regarding diabetic care in locked settings. Some changes that have been recently made include:

- Insulin prescriptions are reviewed and changed if appropriate. For example, if a person with diabetes is prescribed a short-acting insulin, the provider will assess a change to intermediate or long-acting insulin. This is a step taken to provide better care in a setting where mealtimes can unexpectedly be disrupted.

- We are also working on providing better direction to, and coordination with, officers on the type of carbohydrate and the number of carbohydrates to be given when an incarcerated individual reports their blood sugar may be low.

- We are working now to establish quality controls to ensure these practices are followed and maintained.

*How are individuals with diabetes monitored at UDC?*

Individuals with diabetes are followed by our Chronic Care team to monitor treatment plans and labs. The provider orders individualized treatment and follow-up visits. In addition, the Clinical Services Diabetic Committee conducts case reviews monthly (based on a sampling of patients with diabetes) to confirm practice strengths, as well as identify alternative approaches or changes needed in current practice.

**Issue: Preventive Care and Chronic Care** *Does CHS offer preventive care?*

Yes. CHS does offer some preventive care. For example, all individuals over age 50 are offered free physicals, which includes bloodwork. EKGs are also offered to each individual turning 50. In addition, mammograms, pap smears, and colonoscopy screenings are offered based on evidence-based standards and recommendations.

Other preventive care includes vaccinations, preventive eye exams for patients with diabetes, and preventive dental cleanings on a yearly basis for those who have been incarcerated at least 24 months.

*How does CHS help manage ongoing or chronic healthcare issues (e.g., high blood pressure)?*

We have a variety of services offered in this space; however, we know there are opportunities to improve.

Currently, incarcerated individuals with chronic healthcare issues are offered an appointment yearly with a provider (usually corresponding to their birthdate), and every 6 months with the chronic care nurse. All appointments include checks on vital signs. These individuals also receive labs at least yearly. There are some conditions that require more frequent visits with a multidisciplinary chronic care team.

Chronic Care health issues will be a particular area of focus over the coming year. CHS has also been given new resources to help better monitor and respond to some of these issues.

*What does UDC do to prevent overdose from opiates?* Opiates are used in limited circumstances at the prison and alternatives are chosen when appropriate. Any time long-term / high-dose opiates are ordered by a provider, there should be a discussion on risk of overdose. None of these opiates are retained by the incarcerated individuals. In the rare instance an overdose does occur, UDC maintains Naloxone in all areas of the prison and staff are trained on its administration.

**Issue: Dental Care:** *I know there has been limited dental services in Gunnison. What is being done to fix this?*

We typically have two full-time dentists providing care at Central Utah Correctional Facility (CUCF). One of these dentists retired recently and the other moved to part-time. We are actively engaged in ongoing efforts to ensure access to dental services. These efforts include working to procure additional dental resources through state contracts, as well as opening recruitments for full- and part-time dental positions.

Until these efforts are successful, we are continuing to have two dentists rotate from USCF to work alongside the CUCF dentist and dental staff. We also leverage the dental providers employed by county jails (Washington County) to treat incarcerated individuals in the county jails when appropriate.

Additionally, we recently hired another dentist at USCF. This will allow us to see incarcerated individuals quicker at USCF and allow a more consistent dental presence at CUCF until the positions can be permanently filled.

*How long does it take to receive dental services?* Routine care at USCF is at 4-5 weeks out with emergencies seen the same day they are reported. Routine care at CUCF is around 8 weeks out with emergencies seen within 24 hours. Historically, these visits would occur within 2-3 weeks, and we are hopeful with new resources being dedicated to dentistry, we can get back to this pace.

*What is UDC doing to ensure there is timely access to dental services?* We have hired another dentist at USCF and are attempting to hire another dental assistant soon. This will allow us to see incarcerated individuals more quickly and also provide more

consistent dental coverage at CUCF until we can fill the vacant positions in that facility.

**Issue: Notice** *Where can I find the laws relating to medical notification for incarcerated individuals?*

The statute governing "inmate medical notification" is Utah Code Ann. §64-13-49

*When will I be notified by UDC if a loved one is injured or has an illness?* When an incarcerated individual is taken off prison property and enters the care of a treatment facility, the Department takes significant precautions to protect the individual's safety along with the safety of our staff and medical providers.

If an incarcerated individual is hospitalized, it is the decision of the medical professionals to decide when communication should be initiated with the family of the individual. However, there are certain cases where notification must be provided, if to do so will not compromise an investigation:

- If there is a signed medical release form and there is a serious injury or illness, notification must be provided within 5 days of the injury or illness if the patient is not transferred offsite for care, or on the day of return if the patient is hospitalized.
- If there is a signed medical release form and there is a medical condition that is determined to be an end of life situation, or may result in incapacitation, notification shall be provided within 48 hours, or as soon as possible.
- When there is a death, notification will be provided within 24 hours, or as soon as possible.

*How is serious illness or injury defined?* "Serious illness" means, as determined by the incarcerated individual's physician, an illness that substantially impairs quality of life. "Serious injury" means, as determined by the incarcerated individual's physician, bodily injury that involves a substantial risk of death, prolonged unconsciousness, prolonged and obvious disfigurement, or prolonged loss or impairment of the function of a bodily member, organ, or mental faculty.

*How can I learn about my loved one's health issues?* You can contact the prison by calling 801-545-5505 (Public Info Office). However, healthcare information can only be provided to those identified on an incarcerated individual's medical release form. (Call 801-522-7293 for the Family Medical Line).

Upon intake, the incarcerated individual is provided with a release form where they designate those individuals that we may share healthcare information with.

**Issue: Access to Mental Health Services** *In general, there seems to be a shortage of mental health providers in CHS. What is being done to address this shortage?*

The shortage of mental health providers in CHS is one which is being experienced nationwide, across all sectors and populations.

Despite these nationwide challenges, CHS continues to evaluate different strategies for recruitment and retention of mental health staff. These strategies include working

with universities across the state to seek interns; ongoing evaluation of pay across the system; professional development opportunities; education assistance; training; and supervisor development and support.

**Issue: Medication Management** *We have consistently heard that certain medications are withheld as a form of punishment or sanction. Is this happening?*

There are no policies or procedures that allow medication to be withheld as a form of punishment. This is not a practice that is engaged in or that we are aware of. When this complaint occurs, please provide specific examples of the incarcerated individuals involved so we can look into these claims.

For over-the-counter (OTC) medication, the UDC inmate privilege level policy allows for those with even the most restrictive privilege levels to purchase OTC medication.

When an incarcerated individual is transferred from one facility to another facility, the UDC policy is to allow all incarcerated individuals to keep their retained medication and legal materials during transport so even if the rest of their property is not with them immediately, they always have their retained prescription medication with them.

*How does UDC ensure there are no medication disruptions when incarcerated individuals are transferred between prison sites, or to county jails under the inmate placement program?* Individuals receive instructions to

Several efforts are currently underway to improve the following:

- Medication Administration
- Nurse Intake Assessment
- Location identification of all patients
- Inmate Sick Call Request
- Chronic Care Treatment Plans

**Audit reports:** [https://olag.utah.gov/audits\\_all.jsp#](https://olag.utah.gov/audits_all.jsp#) look for Healthcare in Prisons Audits from Dec 2021 and Jan 2023

**We hope this info is useful to UPAN families. Remember it's from DHHS & UDC. UPAN is simply sharing it here.**

### **Thoughts on Potential Benefits & Improvements Resulting From DHHS Administering Clinical Health Services at UDC** by Shane Severson

After careful consideration of the changes coming in the transition from Utah Department of Corrections' oversight of the Clinical Services Bureau to the Utah Department of Health and Human Services (DHHS) taking on the role of administrative directors, here are some thoughts on the benefits of this move. DHHS is now calling prison medical in Utah's prisons Correctional Health Services (CHS).

*This transition could lead to a pivotal shift in the management of inmates' health and well-being and help address the numerous barriers that hinder effective healthcare delivery within Utah's correctional system.*

**Broader expertise and resources.** The Utah DHHS, being a specialist agency, has a broader expertise in addressing diverse health needs. In overseeing prison healthcare, it can potentially bring a more patient-centered approach to health services within Utah's prison system. The DHHS has strong relationships with

ensure there are no medication disruptions when they are moved. These instructions include the following:

- Place their medication with their personal hygiene items so that the items will arrive at their new housing assignment.
- The incarcerated individual will not be issued replacements of "keep on person" ("KOP") medications, without submitting an ICR and seeing a provider.
- For retained medications, an incarcerated individual should inform the med tech in their new housing area that they recently moved and that they have retained medications that need to be forwarded. Timely notification of a recent move to a med tech or RN is one way to mitigate delays in receiving retained medications.
- In addition, we recognize that there are complications in our Electronic Health Record (EHR) that have caused problems coordinating location and medical information. These issues have been identified and are currently being worked on with our EHR vendor.

**Issue: Electronic Medical Health Record** *What are you doing to fix the EHR?* Moving to a new EHR has been challenging. We've had to convert data from the old HER to the new EHR, change the way healthcare is documented, and train employees on how to use the new system. There have and continue to be bumps along the way; however, over the coming year, we are committed to continually improving the EHR until it works efficiently and meets the needs of our healthcare staff and incarcerated persons.

other healthcare providers and organizations across the state. Leveraging these relationships could improve access to specialist services and comprehensive care within the prisons.

A transition to DHHS could lead to a shift towards a more preventative and holistic healthcare model, rather than the primarily reactive model, which has been prevalent within the UDC. This shift has the potential to stimulate a broader cultural change within the prison system, placing health at the center of discussions and leading to a more compassionate understanding of the needs of the people in the care and custody of the State of Utah.

Additionally, the DHHS has the resources and infrastructure to manage and analyze health data effectively. This capability could enhance our understanding of the health needs of Utah's prisoners, inform the effectiveness of interventions and treatment,

and influence policy changes addressing the health needs of the incarcerated population. Furthermore, the DHHS could work with local organizations to create support structures for individuals upon release from prison, ensuring they continue to have access to necessary health services.

**Improved training, responses, and quality of treatment approaches.** With the DHHS overseeing CHS, we could expect better training for prison staff, particularly in dealing with mental health and substance abuse issues. This improved understanding can lead to better responses and treatment approaches. Moreover, we could see a greater level of transparency and accountability in inmate care, contributing to a wider cultural shift that treats incarcerated persons as individuals with legitimate health needs deserving of quality care.

We could also expect to see much needed attention paid to the level and quality of medical, dental, and mental health care provided to State inmates who are assigned to do their prison time in the county jails that UDC contracts with across the state.

### **UDC Prison Rape Elimination Act (PREA) Implemented in UDC & Explained in April Meeting**

by Molly Prince, LCSW

Doug Fawson, UDC's PREA Coordinator and Liz Landry, the former PREA Specialist at the Salt Lake Rape Recovery Center, presented in the APRIL UPAN meeting and discussed the status of PREA in Utah's two prisons.

Mr. Fawson has been with UDC since 1983 and served in many capacities. He currently is the victim advocate, PREA coordinator, and also has the difficult job of notifying families when a death of an incarcerated person occurs.

Until May 15, 2023, Ms. Landry was the Mobile Response Team Advocate and PREA Specialist for the Rape Recovery Center in Salt Lake City. RRC is a non-profit organization based in Salt Lake City dedicated to serving and empowering survivors of sexual violence. Since Utah has not ever had a PREA response community partner with UDC, Ms. Landry created the PREA outreach program which is used in partnership with UDC. It is the first of its kind in Utah. She reached out to other states including Oregon, California, Maine, and Texas in her research and learned how to create a PREA advocate program in Utah for prison sexual assaults. Ms. Landry has done remarkable in this work for Utah. She did all of it on her own time in addition to her other duties at RRC.

In May, 2023, Ms. Landry moved to another position in a different state. UPAN wants to acknowledge and thank her for her tremendous contributions to laying the foundation for the position of community PREA specialist in partnership with UDC.

There is a new PREA Specialist through the Rape

In this restructuring, we hope to see expanded healthcare services within Utah's prisons, including sometimes neglected areas like dental and eye care. This could also be a step towards greater health equity, ensuring all individuals within the prison system have access to necessary and appropriate care.

### **Long term benefits to both prisoners and society.**

The long-term benefits of this restructuring could be substantial. By focusing on preventative care, appropriately and adequately addressing mental health needs, and managing chronic conditions, we could see healthier inmates, reduced recidivism, and ultimately, cost savings for the state.

Most importantly, this transition could help ensure that health becomes a fundamental part of the conversation within the prison system. This shift could lead to better health outcomes for incarcerated patients, which will contribute to improved physical and mental health. This will then contribute to a healthier and safer community upon their release.

Recovery Center working with Doug Fawson and UDC, and we appreciate that the RRC will provide the support to people who have been victimized in our prisons as things move forward.

**History of PREA.** The idea of PREA reportedly began at the federal level in 1973. On September 4, 2003, President George W. Bush signed into law the Prison Rape Elimination Act (PREA) of 2003. The goal of PREA is to eradicate prisoner rape in all types of correctional facilities in this country. As a result of PREA, the Bureau of Justice Assistance (BJA) established the Protecting Inmates and Safeguarding Communities Program in 2004. Funding was made available to states to support efforts to prevent and eliminate prisoner rape between inmates in state and local prisons, jails, and police lockup facilities and to safeguard the communities to which inmates return. The two main goals of the Protecting Inmates and Safeguarding Communities Program are to assist states and local jurisdictions in ensuring that budget cuts don't compromise efforts to protect inmates and to safeguard communities upon the inmate's reentry. <https://bj.a.ojp.gov/program/prea/overview>

However, each state has had the choice to independently implement PREA. Failure to enact PREA means those states which do not comply with the federal law cannot receive federal funding to support it. Until Utah's legislature passed HB 095 in 2021, Utah's Governors and UDC resisted becoming completely compliant with the federal law designed to reduce the incidence of sexual assault, rape, and sexual harassment in prisons. PREA applies to all lockup facilities.

Doug Fawson explained that in 1994 UDC began to work toward PREA compliance. Under PREA, a person under the age of 18 cannot be housed in an adult prison with adult inmates. In Utah, they're housed in the Utah Juvenile Justice System, with one exception. Mr. Fawson did not elaborate on that exception.

Rep. Angel Romero sponsored HB 095. This legislation passed that complies with national standards made under the 2003 federal law by mandating the implementation of policies and data collection relating to the sexual assault of inmates. It requires the creation of policies to prevent, detect, and respond to inmate sexual assault; specifies requirements for investigations of inmate sexual assaults; and requires the collection and reporting of data regarding inmate sexual assaults. PREA establishes a "zero tolerance standard" for sexual assault and harassment, and ensures that all agencies adopt high standards to prevent, detect, and respond to sexual abuse of inmates by other inmates or prison staff, contractors, or volunteers.

**Utah's Implementation of HB 095.** Doug Fawson teaches a 3-hour PREA class to staff, all cadets, and in the jails. He described a three prong approach to the problem: Prevention; Detection; and Response.

In 2022, the Rape Recovery Center extended its reach to offer outside confidential victim advocacy services to incarcerated survivors at USCF, CUCF, and Salt Lake County Metro Jail. This included the ability for the PREA Specialist at RRC to visit and talk with a victim of a sexual assault in person. UDC will accommodate this via a zoom (online) meeting, telephone contact, or an in person visit at the prison.

There is a process in place that may or may not be the most confidential or efficient to report sexual assault or harassment. It involves picking up a phone in a housing section and pressing buttons to share information. This hotline method has never been a good approach, it is not confidential as anyone in the section can hear what the person on the phone is saying, and so people who have been victimized in prison have not used it.

Other suggestions UDC offers for reporting of sexual assaults is to notify PREA contacts (such as Liz Landry and now Sofia Alcalá of RRC) through tablets. UDC also says they can report to officers or other staff members.

Other methods prisoners have used over the years include writing letters to family or advocacy groups such as UPAN disclosing the assault and asking for help. While we cannot speak to how families or other organizations handle these reports, UPAN has always contacted Doug Fawson about these situations we become aware of and request that he follow up and make sure there is an investigation and that the person who was victimized is safe. Of course, letter communication through US Mail can take days or weeks

for us to receive and then it must be routed to the person who handles the various issues. For UPAN, Deon Corkins picks up all mail from the UPAN post office box, opens, reads, and then forwards to the appropriate director to handle. Molly Prince, LCSW is the UPAN director that reports all sexual assault cases to UDC when UPAN receives them.

**Barriers to reporting.** If the sexual assault or harassment was perpetrated by a staff member, most prisoners are reluctant to report. If the assault was committed by a cell mate, it can take weeks or months before the victim feels safe enough to report, particularly if they continue to be housed together.

Both Fawson and Landry agree that if word gets around that UDC is complying with PREA and will take action, will treat victims with empathy, then maybe more people will report when they are assaulted. Fawson states that staff has been asked to watch so vulnerable individuals will not be housed with more aggressive prisoners.

**Some stats on reports.** Mr. Fawson reported that the most recent information that was reported to the Dept of Justice on sexual assaults in Utah prisons demonstrate the difference in the types of behaviors that are included in PREA between the men and women's sections. The reports are made to DOJ for three years at a time. The latest information was for 2019 – 2021. During that time, most sexual assaults in men's sections were committed by cellmates and are more violent. 20% of sexual assaults are by cell mates in the women's section. The women's prison has more voyeurism and sexual harassment than hands on assaults.

**What happens after a report.** The prison Sexual Assault Response Team (SART) is notified. This includes someone from Mental Health and the person who was victimized is offered mental health support and offered the opportunity to talk to the RRC advocate. If the victim is not offered to talk to the specialist from RRC, they should ask for that connection.

The report is done quickly in a case of physical sexual assault / rape. The person who was victimized will be taken to Medical to undergo a Code R exam. This is done in private, with Nurse Berland. The specialist from the Rape Recovery Center will be present. Doug Fawson will be involved in the reporting and investigative process, as is an internal investigator for the state. If a victim needs to talk to the RRC specialist, they can go through Fawson to reach RRC.

It should be noted that RRC is specified as private advocacy and emotional support. RRC staff cannot make the report of a sexual assault to UDC. That still must be done by UDC immediately, if possible. Of course families and advocates can report the assaults to UDC.

Ms. Landry explained that RRC is also acting as a bridge with the staff on how to create an environment that is



safe for people who have been assaulted to come forward. She and Mr. Fawson are working to change the culture in prison from acceptance of sexual harassment and assault to the reality that rape, sexual assault, and sexual harassment are not acceptable. She states her goal is to “create an empowering community for healing.”

The housing situation is examined and efforts are made to make sure the person who was victimized is no longer housed around the person who is accused of the assault. UPAN did express concerns that it is often the victim who loses their housing and moved elsewhere, often also losing opportunity to continue programming, education, or employment due to being moved to a section that they cannot access these important activities. UPAN also expressed concerns that the victim often never knows if the person who attacked them receives sanctions or charges. Mr. Fawson responded that UDC is working to improve these situations for people who are victimized.

**Goals of PREA Response.** RRC continues collaborating with UDC as they establish accessibility to outside support services related to sexual abuse and trauma. A confidential victim advocate at RRC may provide an incarcerated survivor with the following services:

- Emotional support, advocacy, mental health resources, and crisis intervention.
- Coping skills, de-escalation techniques, and safety planning.
- Accompaniment to medical forensic examinations and legal interviews upon request.
- Information about the reporting process and rights in regards to PREA

The RRC has a live hotline open Monday – Friday. They can receive letters through their PO Box (listed below). Liz Landry reported that RRC and UDC are working on getting a messaging system up and running on the tablets that incarcerated people have access to.

**There have been hurdles to overcome to get this far.**

As with everything else, politics and prison processes make it challenging to get this moving along in the prison system. RRC had to wait months for clearance for even phone numbers, confidential codes, and even Liz Landry’s clearance to go out to USCF in person to meet with victims. That has been accomplished. Now it is

about spreading the word, uploading packets of information on sexual assault and rape, support information, consent, and resources to the tablets. All inmates need to have access to the tablets.

Landry has talked to the person over the tablets about getting ALL PREA info on ALL tablets. The law states that reporting and accessing information about sexual assault in prison must be private, confidential, and a free service.

**No Funding for PREA.** The legislation passed in 2021 requiring UDC to implement full PREA compliance did not have a fiscal note (financial budget) attached to it. RRC does not receive any funding from UDC to set up and maintain their PREA specialist program. Since Utah’s legislature did not see fit to provide funding to support this collaboration between UDC and RRC, everyone is having to be creative in how it is being accomplished. Ms. Landry discussed her willingness to work with chaplains and all staff.

As reported in a previous UPAN article on PREA (December 2022), Doug Fawson stated, “Sexual assault is no less traumatic for incarcerated offenders than for victims living in our communities. Now as we work to provide access to advocates from the Rape Recovery Center, victims of sexual assault housed in our prisons will receive invaluable ongoing support.”

RRC believes incarcerated persons are deserving of the same dignity, respect, and sensitivity non-incarcerated survivors of sexual violence are granted.

“No one deserves to be raped,” says Liz Landry. “Prisoners are people too and have the right to supportive services. I am grateful for the support we have received from community partners and the Utah Department of Corrections. They have played a critical role in the initial development and implementation of our services. Our program is committed to helping incarcerated survivors find their voice. We strive to empower every victim in their pathway to healing.”

Note: Liz Landry has since left RRC to pursue her master’s degree in another state. Rape Recovery Center will continue to provide a Community PREA Specialist to work with incarcerated people.

**For more info**, please visit the Rape Recovery Center website or contact a confidential victim advocate:

<https://www.raperecoverycenter.org/prea>

Email: [prea@raperecoverycenter.org](mailto:prea@raperecoverycenter.org)

Hotline (Mon thru Fri 10 AM to 2 PM): (385) 271-1168

By Letter: PO Box 26625, Salt Lake City, Utah 84126

Or schedule a call through UDC’s Doug Fawson

*Dell-Emerald Topics* **Loneliness, Connection, Belonging, and Quality of Life – No Matter Where We Are**

This article was inspired by a Facebook Post by Barb Houser, and is based on Brene’ Brown’s teaching about loneliness, belonging, and connection.

Author, professor, researcher, teacher Brene’ Brown told a story about a village where all the women washed clothes together down by the river.

When they all got washing machines, there was a sudden outbreak of depression and no one could figure out why.

It wasn't the washing machines in and of themselves. It was the absence of time spent doing things together. It was the absence of community.

Our society shapes us to be so independent we forget to value connection. Going to prison intensifies this need to be self-sufficient and independent. First, because we are ripped away from our families and support system and thrown into a world of the unknown. Relationships with family and friends on the outside are often strained or significantly changed when someone goes to prison. Second, because it can be so hard to figure out who can and cannot be trusted. And prison is not a safe place to show weakness or vulnerability.

We're "fine" we tell ourselves even when in reality we're depressed, we're overwhelmed, we're lonely, we're afraid, we're hurting. "We're fine, we're just too busy right now" we say when days, weeks, months, and years go by without connecting with friends or family. "I'm fine, I'm fine." It's so easy to say, even when it's not true.

We've become so isolated and it's hard to know how to get back, to reconnect. It's so hard to know how to even begin to build the kind of relationships our hearts need. In our current culture, and particularly on the prison journey, it's just not as naturally occurring as it once was. It's a lot more work.

Those of us living in the community have our own washing machines or we go to the laundry alone. We don't depend on each other to do laundry, or cook dinner anymore. We don't really depend on each other for much of anything if we're being honest. Then in prison, we have to be careful who we look to for help or support, resulting in emotional and social isolation even if we are in the middle of dozens of other people.

In Brene' Brown's book, *Braving the Wilderness, the quest for belonging and the courage to stand alone*, she says that being lonely affects the length of our life expectancy similar to smoking 15 cigarettes a day. She also discusses the difference between belonging and fitting in. At times people settle for fitting in to combat loneliness, but it really is not belonging. The longing for

connection is a basic human need. We now know that friendship is necessary for mental and physical health.

After her research for *Braving the Wilderness*, Brown explained on the September 12, 2017 edition of CBS This Morning, "The greatest barrier to belonging is fitting in." She stated that we need daily reminders that we are intricately connected to each other and need that connection.

Brene' Brown said that prior to her research, she thought belonging was something people externally negotiated with the groups they seek to belong to.

However, "As it turns out, men and women who have the deepest sense of true belonging are people who also have the courage to stand alone when called to do that. They are willing to maintain their integrity and risk disconnection in order to stand up for what they believe in," Brown said.

Brown said that when we "fit in" we adjust to the situation instead of holding on to our authentic self. When we belong, we can remain our authentic self and still belong to our friendship groups and families.

So the message she sends is to be independent and be proud of it. AND also be aware of if you are living up to your own values and your authentic self. Also, be an independent woman who realizes the value and the importance of opening the door to other good women. This applies to friendships and relationships both inside and outside prison walls.

There's magic when women come together and share ideas, stories, struggles, solutions, and support.

If you use your gifts, I use my gifts, and we invite that woman over there to join us, who brings a completely different set of skills to the table we are building, something more than just the sum of our gifts and talents unfolds. The magic of connection, of belonging, and creation happens. Through this, we can realize our individual value and that we can offer what we have to give to others without compromising ourselves.

**It doesn't take much to be considered a difficult woman. That's why there are so many of us. Jane Goodall**

**Couple of Smiles and Maybe a Laugh** Why do bees hum? Because they don't remember the lyrics! ~~ Always remember, you're unique, like everyone else ~~ Did you know that Iceland is only one sea away from Ireland ~~ Some people cause happiness wherever they go, others whenever they go ~~ You can never lose a homing pigeon. If your homing pigeon doesn't come back, what you've lost is a pigeon.

Da days are getting shorter but da heat is lagging behind. Steer clear of biting bugs (like at USCF) and stay cool! Ed.

### **Utah Prisoner Advocate Network Contact Info**

#### **Our Contact Information:**

Utah Prisoner Advocate Network  
P. O. Box 464, Draper, UT 84020

Website: [UtahPrisonerAdvocate.org](http://UtahPrisonerAdvocate.org)  
Email: [Utahprisoneradvocate@gmail.com](mailto:Utahprisoneradvocate@gmail.com)  
Facebook: [Facebook.com/UtahPrisoner](https://www.facebook.com/UtahPrisoner)

**"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**