



# UPAN Newsletter

Volume 2 Number 5 | MAY 2015

*“Empowerment and Growth Through Knowledge and Unity”*

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### UPCOMING MEETINGS:

JUNE UPAN MEETING Monday June 8, 2015 6:30 - 8:30 pm. Hunter Library 4740 West 4100 South, West Valley City UT 84120 (Same location as March UPAN Meeting). Family Meeting with Speaker/Topic TBA

THERE WILL BE NO JULY UPAN MEETING DUE TO JULY HOLIDAYS.

AUGUST UPAN MEETING Monday August 10, 2015 6:30 – 8:30 pm. Ruth Vine Tyler Library 8041 Wood Street, Midvale, UT 84047 (Same location as May UPAN Meeting). Family Meeting with Speaker/Topic TBA

JULY FOCUS MEETING Monday July 6, 2015 6:00 - 8:00 pm. Adult Probation and Parole Office 36 W. Fremont Avenue SLC UT 84101. Guest speaker will be Steve Gherke, the new full time Transition Specialist for Utah Dept of Corrections.

**Hello folks** - It is time to mark calendars for the meetings of the CCJJ and Sentencing Commission. Below is the upcoming schedule for them.

Our earlier email with PDF file had 2015 potential study items to be looked at by the Utah Sentencing Commission. We encourage anyone who has the interest, opportunity, and time in their schedule to attend the meetings and get familiar with these issues. Let your voices be heard and educate your legislators. Thank you, UPAN Directors

### 2015 CRIMINAL JUSTICE REINVESTMENT / REFORM MEETINGS:

Note: you may call 801-538-1031 to confirm the dates and times in case of change

#### Commission on Criminal and Juvenile Justice

Director: Ron Gordon – [rgordon@utah.gov](mailto:rgordon@utah.gov)

Citizen Chair: Judith Atherton - [atherton540@gmail.com](mailto:atherton540@gmail.com)

Staff: Monica Taylor - [monicataylor@utah.gov](mailto:monicataylor@utah.gov)

Thursday June 11	12-2 p.m.	Copper Room (Senate Building)
Thursday August 13	12-2 p.m.	Copper Room (Senate Building)
Thursday October 8	12-2 p.m.	Copper Room (Senate Building)
Thursday December 10	12-2 p.m.	Copper Room (Senate Building)

#### Sentencing Commission

Director: Jennifer Valencia - [jvalencia@utah.gov](mailto:jvalencia@utah.gov)

Citizen Chair: To Be Announced in June

Staff: Jo Lynne Kruse - [jkruse@utah.gov](mailto:jkruse@utah.gov)

Thursday June 4	12-2 p.m.	Senate Caucus Room (Capitol Building)
Wednesday August 5	12-2 p.m.	Senate Caucus Room (Capitol Building)
Wednesday October 7	12-2 p.m.	Senate Caucus Room (Capitol Building)
Wednesday December 2	12-2 pm.	Senate Caucus Room (Capitol Building)

## The Prison Relocation Commission

The Prison Relocation Commission is hosting a series of public Open Houses in the next month. If you are able to attend one in your area, we encourage you to do so.

The People Not Prisons Coalition is going to be present and UPAN will have representatives present wherever possible. The point will be to counter stigmatization of prisoners, their families, and people involved with the criminal justice system and to discuss the significant improvements that a new and better prison facility would provide for our incarcerated loved ones, families, visitors, prison staff, etc.

Here is information on these Open Houses from the ACLU Website - Prison Relocation "Open Houses" for

**IN SALT LAKE COUNTY:** Wednesday, May 20, 4:00 - 9:00 p.m., Promontory Building, Utah State Fairpark  
155 N 1000 W Salt Lake City, UT 84116

**IN TOOELE COUNTY:** Thursday, May 28, 4:00 - 9:00 p.m., Grantsville High School 155 E. Cherry Street Grantsville, UT  
84029

**IN UTAH COUNTY:** Tuesday, June 2, 4:00 - 9:00 p.m., Frontier Middle School 1427 Mid Valley Road Eagle Mountain,  
UT 84005

We encourage members of the public to attend and share their thoughts about this process! **We also ask that all those who attend the Open Houses speak fairly and respectfully about the people who are incarcerated at the Utah State Prison, and not misrepresent inmates' public safety risk.**

As an organization that cares about prisoners' rights, and protecting the rights and dignity of people who are trapped in the criminal justice system, the ACLU of Utah recognizes that the prison relocation presents

the Public 05 May 2015 Published in The ACLU of Utah Activist.

The Prison Relocation Commission recently announced a series of "Open Houses" in various locations for members of the public to learn more, and ask questions, about the relocation of the primary Utah State Prison facility currently in Draper, Utah.

Please note that for each Open House, there will be opportunities between 4:00 and 7:00 p.m. to look at informational displays about the prison relocation process, and from 7:00 to 9:00 p.m. there will be a Q&A program. Here are the dates, times and locations of these events.

some important opportunities to improve conditions for the people who are incarcerated at Draper.

**People can disagree about the necessity of the prison relocation, and can have different ideas about the best location for the prison facility. We encourage an open dialogue! However, we hope that community members will share their thoughts in a way that does not further stigmatize inmates, their families, people who volunteer in prison programs, and public servants who work in correctional facilities. ##**

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### **MENTAL HEALTH AND MEDICAL PRESENTATIONS GIVEN AT MAY 4, 2015 FOCUS MEETING**

#### **GRAMA AND VERBAL MEDICAL RELEASE FORMS**

Director Steve Turley addressed unfinished business from previous FOCUS meetings and requests from UPAN for the DOC to come up with a process for inmates to provide a release of information for verbal communication between inmate's families / representatives and medical providers.

**GRAMA Requests** are to be used by the inmate to request physical medical records to be sent to either the inmate or an identified third party. GRAMA requests are not useful for the inmate to authorize verbal (or email) communication between Clinical Services staff and designated individuals in the inmate's family / support system outside the prison system.

The steps are as follows:

1. Inmate requests GRAMA form from caseworker.
2. Inmate fills out GRAMA form with the most specific information possible under section B, including specific medical record to be released, for what condition and date(s) of treatment. Inmate also needs to fill out Section E with address information for third-party.
3. Inmate gives the form to the caseworker to have it notarized.
4. Inmate provides a blank money transfer to cover cost of records at 25-cents per page. If inmate is indigent, per page cost will be assessed against his 100-page allotment for the calendar year.
5. Caseworker gives the form back to the inmate to

submit by mail to Gina Proctor, records specialist.

6. Gina Proctor logs the request and forwards it to the Clinical Services Bureau records specialist.

7. The Clinical Services Bureau sends the record, if it exists, to the third party.

**NOTE:** Either the records specialist or the Clinical Services Bureau may reject the request if there are insufficient funds to cover the cost of the records OR if the inmate has stated he or she is indigent but that status is not verified in our records or if the description of the records sought is too vague or overly broad.

*Editor's note: Molly Prince asked if there is a way that the family or recipient of the records requested through GRAMA can pay for the copies of the records in cases where a patient/inmate owes money and has their account garnished whenever funds are deposited to the inmate account. The answer is that the family or outside party CANNOT directly pay for the copies of the records, the charges for copies will come off the inmate's account. The best the family can do is deposit funds for the copies to their loved one's account.*

**Coming Soon - A release / authorization form the inmate can use to designate someone to receive /**

**exchange verbal information about inmate medical situation.**

The Utah Department of Corrections is working on a separate authorization form that can be used by the inmate to identify a representative to be allowed to have verbal communication with medical providers within the Utah prison system. This form will involve the inmate providing the representative's name as well as having the identified representative provide the last four digits of their social security number as a password.

Corrections wants to be assured that when a family member or representative of the inmate calls to discuss medical issues with the medical staff that they are truly the person the inmate has authorized verbal communication with. Using a password will enable this process to occur. As of May 18, the form had not been completed nor implemented and we don't have a name for the form. UPAN has been assured that we will be notified when it is available and that the caseworkers and prison staff will also be made aware of where to find the form on the corrections inner web to print out for inmates to use. We will keep you informed as we receive more information on this important issue. # #

## MENTAL HEALTH SERVICE

Mike Hoglund, LCSW presented at the May 4, 2015 FOCUS meeting. He is the Mental Health Director at USP Draper with oversight of Gunnison. (Gunnison's medical administrator directly supervises Mental Health in that facility). He reported that both Draper and Gunnison have the same programs and procedures for Mental Health Services. Director Hoglund has weekly contact with Gunnison's mental health staff.

He explained that the Mental Health Service is constitutionally mandated to be provided in prison. It falls under the Clinical Services Department at USP. There are approximately 1,700 inmates in Draper and Gunnison prisons that have some form of mental health issues and have some contact with mental health providers. The types of issues range from depression or anxiety and other mental health diagnoses that can be managed with medication and the offender remains in general population to seriously and persistently mentally ill who need to be housed in a separate mental health unit. In Draper, Olympus is a 160 bed facility for the seriously mentally ill male population, and there are 36 mental health beds in Timpanogos for the women.

In terms of psychiatrist coverage there is a ¾ time psychiatrist for Olympus, and one full time psychiatrist at Draper which covers all of Wasatch, Oquirrh and Unita housing areas and conducts Telemed psychiatric appointments with Gunnison. There is a Psychiatric Physicians Assistant who covers North Point at Draper (Timpanogos, Lone Peak, and Promontory). The psychiatrist who takes care of Olympus also spends ¼ of

his time at Bonneville Community Correctional Center in Salt Lake City for the Mentally Ill Offender's (MIO) program there. The PA from North Point goes to the Atherton Community Treatment Center (formerly known as Fremont CCC) to see the female residents there who have mental health issues and prescriptions.

Therapists in the Mental Health service at USP have training at the Master's degree level.

Inmates that need to be seen by mental health need to put in an Inmate Care Request (ICR). While there are skills classes and groups held, individual sessions with therapists are not frequent due to the limited number of therapists and the staggering number of inmates who receive mental health attention in some form or another. Mental Health also holds "Lifer Groups" for inmates who have received a life without parole sentence, including those who are now more frequently than ever before receiving "natural life" decisions from the Board of Pardons and Parole. Olympus does have a sex offender treatment group that is held there. Life Skills Classes are also offered in Olympus.

### **Mental Health Assessment:**

Inmates are assessed upon entry to USP during the first 60 to 90 days. This assessment includes not only assessment regarding security and custody, but medical, mental health, dental, and programming needs. Currently, if an inmate comes in on prescribed psychotropic medications, they are supposed to remain on their medications during the assessment period. It is

possible the specific medication may be changed if the inmate comes in on a medication that is not authorized to be prescribed in the prison setting. In those cases, the medication will be discontinued and changed to a medication that is used by the prison. In some cases, it is determined once the inmate is titrated off the medication they were on in the community that the inmate is able to function appropriately without it.

Each offender is supposed to be assessed carefully for mental health issues. We were assured that the old practice of taking offenders off all psychotropic medications upon entry into the prison and before assessment has been stopped. Now, the assessment serves to help mental health staff determine what psychiatric medications will be continued and prescribed to maintain stability.

**Coordination between Prison and Jail:**

UPAN attendees were disappointed to learn that currently, there is no coordination between the jails and the prison regarding an individual's diagnosis and treatment to support the transition between any mental health treatment received at the jail, behavior management at the jail, and entry into Utah State Prison.

**The numbers are very discouraging:**

Over the past 15 years the numbers of inmates requiring mental health attention have almost tripled while the funding for mental health staff positions has not increased. Currently there are 15 positions within mental health throughout the Dept of Corrections prison system, which includes master's level therapists and psychiatric providers. Two of these therapists are in Gunnison, the rest are in Draper. Having only 15 positions has been sorely inadequate to address the growing needs of the incarcerated population with mental health issues.

Recently, Mental Health received monies from the Utah CCJJ (Commission on Criminal and Juvenile Justice) for additional positions in the prison system. It is still being determined how many additional positions Mental Health will receive, but they have proposed for 10 new positions which will include therapists, psychiatrist, and support staff. It should be noted that Mr. Hognlund credits Department of Corrections Director Rollin Cook as being instrumental in obtaining this additional funding, and he stresses that Director Cook is a strong advocate for Mental Health Services within the DOC.

**Problems with continuity and transition when moving from incarceration to parole:**

The problem with offenders being released on parole with only a 30 day supply of their mental health (or any

other type) medications was discussed briefly. Since it is difficult for someone just released from prison to get into a doctor quickly for an initial visit to get medications prescribed before their 30 day supply is exhausted, we asked if it is possible for the prison to supply a prescription good for 60 or 90 days in addition to the 30 day blister pack supply. The answer we were given by Michelle Buswell, of Clinical Nursing Services is no. She reported that prescribing staff at the prison (MD, PA) will not be willing to write a prescription for an individual that they will not be seeing again to follow up on.

Family members, service providers, and therapists in attendance at the FOCUS meeting expressed deep concern about the problems faced by individuals needing psychotropic medications on parole. The problem is far reaching and we will attempt to explain it clearly here.

Many parolees do not have family to help them make appointments with a psychiatrist, psychiatric APRN, or even a family practice MD to get a new prescription prior to running out of their 30 day supply. It takes time to get permanent ID. Most parolees do not have the financial resources to pay over \$100 for a medical appointment to get the prescription even if they do get in to an initial "new patient" appointment within 30 days. There are a few prescription discount programs at community pharmacies that could help with the cost of the medications, but many do not have funds to pay for the medications. It can take weeks to months to be eligible for medical insurance.

The Affordable Health Care Act does not insure individuals without an income. Medicaid will only cover individuals with established disabilities verified by medical doctors for men (thus the problem of affording to see a physician quickly). An individual released to a Community Correctional Center to stabilize prior to living in the community is not eligible to apply for or receive public assistance of any kind, including Medicaid or Social Security Disability, even if they were qualified and received it prior to incarceration.

Community resources that were available to parolees in the past to help with accessing medical and mental health care have, over the past few years, tightened their eligibility requirements and are not options for parolees the way they were in the past. For example, 4<sup>th</sup> Street Clinic, which used to serve individuals in the halfway houses, no longer serves anyone except for those who are homeless. It is not acceptable for an individual just released on parole to be homeless, and the individual could be found in violation of parole if he/she doesn't have an address where he/she is living. Malihah Free Clinic has a waiting list that often is weeks out.

**MEDICAL CARE AND INFIRMARIES IN DRAPER AND GUNNISON**

Clinical Services also covers the Medical and Nursing Service. The infirmaries offer X-ray, physical therapy,

vision, OB/GYN (Wasatch) and dental services. Hospice care for terminally ill inmates is available at the Draper

Infirmery. Inmates who display particularly concerning behavior, such as suicidal tendencies, may be temporarily housed at an infirmary so they can be carefully monitored and access to materials that might be used in harmful ways is reduced.

The Clinical Services Bureau (Medical) operates a pharmacy to provide prescription medications to inmates. Depending on the type of medication, inmates may receive a blister pack of pills that he or she may self-administer. Pill lines are held twice a day for medications that must be more carefully monitored.

### **R & O MEDICAL ASSESSMENT INCLUDES:**

- a nursing intake assessment to determine immediate health care needs;
- a physical exam by a physician assistant or nurse practitioner;
- a mental health evaluation;
- a dental screening.

Michelle Buswell, an RN who has worked in the DOC medical services for 18 years presented on Clinical Services Bureau and Nursing Services. She discussed the R & O assessment of each incoming inmate. She reports that within one week a physical exam is offered and she wants families to encourage the incoming inmates to accept the exam. She reports that they ask inmates to sign a release of information so USP can get their medical records from the community if there are chronic medical problems.

### **Inmate Care Requests - ICRs also known as “kites”**

(Note, comments in italics have been added by Molly Prince, author of this summary).

Ms. Buswell discussed an Inmate Care Request (ICR) must be submitted by the inmate to be seen by medical. When asked how this process works since UPAN participants have loved ones who have not received medical attention in a timely manner as well as receiving many letters about inmates not being seen by medical in a timely manner, she reported the following process:

1. ICRs are picked up in Draper daily and delivered to the infirmary by 11 a.m. She did not detail the process in Gunnison. *(This means an inmate needs to get their ICR in EARLY!)*
2. The ICRs are then triaged and screened by medical staff. This means they are reviewed and prioritized based on the severity of the medical issue described on the ICR. *(We are still unclear on the logistics of how this is staffed and how the process is supposed to work on holidays and weekends versus how it actually works in reality.)*
3. The RN then calls to have the inmate brought to the infirmary and seen face to face the same day if it is an urgent situation.
4. The other ICRs are forwarded to the scheduling secretary for appointment with a medical provider. *(Again, we are still not clear on how this process works if the scheduling secretary is*

*not working, or for holidays and weekends. Most UPAN participants have, over the years, had loved ones who have become ill after hours, on weekends or holidays and had to wait until a weekday and sometimes several days for attention, even in urgent cases because a physician or PA was not available to order specific treatment.)*

5. A provider may be a registered nurse or physician's assistant, depending on the type and severity of the problem.
6. In situations where it is an urgent or emergency situation, Ms. Buswell stated that rather than wait to process a ICR, inmates may speak to officers on the block or med techs at the nursing station to notify them about medical situations where medical attention is needed quickly. She indicated that the officers and medical staff at the nursing stations are then supposed to notify the infirmary so Nursing Services can have the patient seen quickly.
7. Ms. Buswell also reported that inmates may speak about their urgent medical issues with the Med Techs (described as individuals who have EMT training) during pill lines. Then the Med Techs should facilitate the process to resolve the issues, whatever that may be.

### **OTHER INFORMATION ON ACCESSING HEALTH CARE AND SICK CALL**

The following is taken directly from the current Offender Health Services Handbook, 11<sup>th</sup> Edition, available online at [www.corrections.utah.gov](http://www.corrections.utah.gov) . *(Note for families: ICR and HCR are the same thing, both are used in corrections.)*

- DO Place the Health Care Request (HCR) form in a sick-call box.
- DO NOT give Health Care Request (HCR) forms to clinic staff at pill line.

DO NOT put a Health Care Request (HCR) in a mailbox because it could delay the HCR process. (*UPAN has been told in past years that some housing units do not have separate boxes. We are not aware if that problem has been remedied.*)

DO NOT use the grievance process to request healthcare because it could delay the HCR process.

DO NOT send a letter to a provider to request healthcare. Submit an HCR

Questions about your medication prescriptions are best answered at morning pill line so the med tech has time to research and address the issue.

### **PHYSICALS for AGE 50 and OVER**

We learned in the May 4, 2015 FOCUS meeting that annual physical exams for screening are offered to inmates 50 and over. Not everyone accepts this opportunity. *UPAN would recommend that any time a physical is offered, it should be an opportunity taken by inmates over 50.* Ms. Buswell indicated that the annual over 50 physicals can include a “flex-sig” to screen for possible polyps or colon problems. If something is found then the patient would be referred to the U of U for a colonoscopy. EKG screening can also be conducted.

#### **Women’s Health Concerns**

Ms. Buswell stated that hormones and gynecological attention is offered for women's concerns in Draper at

the Wasatch Infirmary.

#### **Telemedicine is used more frequently these days**

Telemedicine is available for many types of medical issues and providers. Telemedicine is available in the Draper Wasatch Infirmary and uses a camera and a telephone connection to provide live-video conferences with specialists, who are able to see and converse with inmates. It is becoming more and more prevalent. It reduces the necessity of transporting inmates to outside medical providers. Some of the specialties that take advantage of the telemed process include cardiology and neurology. There is an MRI trailer that comes once a month to Draper.

### **CLARIFICATION ON MEDICAL RECOMMENDATION AND TREATMENT BETWEEN UNIVERSITY MEDICAL CENTER (UMC) AND THE PRISON MEDICAL SERVICE.**

It was clarified in this FOCUS meeting that an inmate’s primary healthcare provider is the Prison Medical Clinical Services. We were informed that doctors and staff from the UMC make recommendations, but it is up to the Prison Medical Staff to determine the actual treatment and care the inmate receives based on the UMC recommendation.

*We have some concerns about this process in cases of*

*life threatening and/or chronic medical conditions, particularly based on procedures in past years that have resulted in the patient ending up with infections or post-surgical problems due to the prison medical staff not following the recommendations for follow up care that were made in the discharge instructions by the hospital doctors. This is something that will need to be explored and addressed more fully in the future.*

### **MEDICAL GRIEVANCE PROCESS**

by Molly Prince

UPAN has received a variety of conflicting reports and responses from both inmates and prison staff over the years related to how the Grievance Process works for medical issues. We have received letters from inmates who were told that there is not a grievance process for medical and to talk to their medical provider. On the other hand, we have had inmates who have gone through the three-level grievance process report to us on the outcome of that process.

At the May 4, 2015 FOCUS meeting we were advised that the incarcerated patient who has a grievance must fill out the grievance form and it is forwarded to Medical from Corrections. However, we were also told that simply filing a grievance because an inmate patient feels they are not getting the treatment they want may not result in the inmate being seen by the provider they want

or getting the prescription they are asking for and they will be referred back to their medical provider (doctor, physician’s assistant, etc).

According to the Inmate Healthcare Handbook, it is the inmate’s responsibility to schedule (via ICR) any follow up appointments for a condition that has not cleared up. The doctor / PA, or medical will not automatically schedule follow up appointments. While we at UPAN wonder why a physician would not schedule a follow up appointment for serious medical conditions at the time they are seen the first time (like doctors in the community do), we realize we are working with how the prison operates. Therefore, we encourage our incarcerated loved ones to always make sure they put their ICRs in for follow up appointments, or as soon as they know their condition is not clearing up in an expected recovery time.

## MEDICAL CARE COST TO INMATES:

Under State law, inmates are assessed a \$5 co-pay for primary medical and dental care and are charged a \$2 co-pay for prescription medication. (Note this is a law that was implemented by the Utah Legislature, not by the prison.) When an inmate receives care in the community, he or she is responsible for 10 percent of the costs, with a cap of \$2,000 per fiscal year. 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 percent of his or her total asset value.

The following information is taken from the Inmate Healthcare Handbook, 11th Ed. regarding medical co-pays and costs to inmates. These charges apply to all offenders regardless of Interstate Compact/Federal status.

▶ \$5.00 co-pay for each Doctor, Physician Assistant, Optometrist, and Dentist visit. This charge is assessed regardless of if the inmate is being seen for on-going health care problems.

If inmate submits a request to be seen there will be a charge for that visit. If Medical staff refers the inmate to another USP provider – that next appointment will be scheduled for him/her and will be free of charge. Dental staff schedule all necessary follow up visits for the inmate and he/she will be charged for each visit.

▶ \$2.00 co-pay dispensing fee per 30-day supply (or less) of medications. ALL MEDICATIONS are assessed the dispensing fee regardless if it's for medical, mental health, dental, etc.

▶ \$0.00 co-pay for Mental Health Therapist, Psychiatrist, or Psychologist. There is no charge to see mental health staff.

▶ 10% of the bill for all outside care provided. An inmate's maximum co-pay for outside care will be \$2,000.00 per fiscal year (July - June). Outside care is anything done by non-UDC staff, which may be done on-site or off site. This includes all appointments, surgeries, tests, x-rays, etc. done at UMC and/or Gunnison Valley or at any other outside facility or on-site by any non-UDC staff.

\*\*Please note: An inmate may receive more than one bill for a single appointment because Hospital departments bill the prison separately (doctor's fees, lab fees, x-ray fees, etc.).

### Medical Supply Costs

▶ 50% of the cost for glasses. In addition to 50% of the cost of glasses the inmate will be charged 100% of glasses' extras (such as tints, frames, etc. that the inmate requests) and his/her payment must be received prior to ordering. There is a limit of one pair of glasses

ordered per offender every two years.

▶ 50% of the cost for an inmate's first set of dentures or partials. 50% of the cost for all repairs, adjustments, etc. The inmate will be charged 100% if he/she already received dentures/partial from UDC. Only one set or partial denture will be ordered per offender every 10 years.

▶ 50% of the cost for any medical supplies – shoes, pillows, braces, prosthetics, etc.

▶ \$5 monthly rental fee on all equipment rented to the inmate with a value over \$100 (wheelchairs, O2 concentrators, C-pap machines, etc.).

▶ \$5 one-time fee on all equipment rented to an offender with a value of under \$100 (crutches, walkers, etc.).

Elective services will not be provided or will require that the inmate pay the entire cost in advance.

The Handbook states: NO MEDICAL, MENTAL HEALTH, DENTAL, OPTICAL VISIT, PROCEDURE OR SUPPLIES WILL BE DENIED DUE TO LACK OF FUNDS.

If an inmate has questions or issues about the cost or their charges for medical charges they are asked to send a letter, not a grievance, to the Co-Pay Administrator. If they have questions about their offender account, would like copies of account statements, want to know how much they owe medical, or questions about the amount of money taken out of his/her account to pay for medical charges, they should send a letter to Inmate Accounting.

We encourage all inmates to read their Inmate Healthcare Handbook, 11<sup>th</sup> Edition, about patient responsibilities. This is available online for families and community support at [www.corrections.utah.gov](http://www.corrections.utah.gov). We encourage families and friends of incarcerated loved ones to take the time to read through this handbook.

While UPAN directors and participants do not necessarily agree with each and all of the processes, policies and procedures currently required by the Clinical Services Bureau, our first step is to educate ourselves about what is required and how the processes work. Then, when it comes to our attention that the processes are not working as they are supposed to be, as family members and support systems, can do what we can to help our loved ones resolve the issue.

We can encourage our loved ones to follow these rules to try to reduce challenges in getting medical care. If the established protocols do not result in timely and effective medical care, then there is a grievance process or the possibility that family representatives can contact medical on behalf of their incarcerated loved one once

the inmate has completed everything they can do on

their end to try to facilitate and resolve the problems. ##

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## HOUSE BILL 348 CRIMINAL JUSTICE PROGRAMS AND AMENDMENTS

On March 31, 2015 Governor Herbert signed House Bill 348S01 into law. The bill makes changes that affect sentencing, credit for time served, parole violations, and credit for program completion. The changes affecting individuals under the jurisdiction of the Board do not go into effect until October 1, 2015.

The guidelines will suggest how long an individual should serve in prison for the original offense and subsequent parole violations. The Board may use aggravating or mitigating factors to deviate from the guidelines.

### Sentencing

The bill reduces penalties for certain drug crimes. The reduced sentences will shorten the expiration date (or maximum potential time in prison). The changes are not retroactive so they will only apply to new sentences entered after the effective date.

### Credit for Program Completion

The bill establishes a reduction of incarceration time (time cut) of at least four months for successfully completing the top Case Action Plan priority. An additional four month time cut will be granted for completing a second Case Action Plan Priority. Currently the Board may grant a time cut for program completion however the new cuts related to the Case Action Plan will be effective on October 1, 2015.

### Credit for Time Served

The bill expands the definition of jail time that can be credited as time served against a prison sentence. Jail time served as a condition of probation or for a violation of probation may be counted as time served. This change is not retroactive and applies to new prison sentences after the effective date. (Note: the Board does not grant credit for time in jail served for other convictions or for probation violations not related to the offense that resulted in the prison commitment, or when time is tolled.)

### Earned Time Credit

The Board and Department of Corrections will establish an earned time credit program for individuals on parole. Each month of successful parole will reduce the maximum term of parole for eligible parolees. Between now and October, the Board will work with the Department of Corrections and the Commission on Criminal and Juvenile Justice to create the rules and procedure implementing the legislative changes.

### Sentencing Guidelines and Parole Violations

The Sentencing Commission will update the Sentencing Guidelines and establish guidelines for parole violations.

The Board will provide more information to case managers, inmates and parolees as the October date draws near. ##

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## PrisonEd Foundation – Invitation to Inmates.

We extend an invitation to inmates to improve their lives through education by associating with PrisonEd. A comment, "PrisonEd courses give me a hope for my future which I had not had."

the inspirational stories of sixteen notable prisoners from Nelson Mandela and Corrie ten Boom to Fyodor Dostoevsky and Mohandas K. Gandhi. The book focuses on values these prisoners developed that sustained and invigorated them during prison and in creating successful lives after prison. They are values that give hope to all.

### Program Description.

PrisonEd provides college-level, non-credit courses to Utah prison and jail inmates. Services are provided without charge. PrisonEd has books mailed to inmates from the publisher or book distributor (soft cover). We provide a qualified tutor to give course guidance, assignments, feedback and evaluation of work submitted. All interaction is through the U.S. Mail. PrisonEd will provide a Certificate of Completion for courses successfully completed. Inmates are responsible for postage in mailing assignments back to PrisonEd.

### Courses

After an inmate is successfully enrolled in Great Mentors, Freedom Behind Bars, he/she may enroll in additional courses as listed below. Additional courses are being developed. Also, we sometimes enroll students in Independent Study for a course they may particularly want/need (largely self-study).

### The Beginning – Freedom Behind Bars.

For perspective and acquaintance, the program starts with the book, *Freedom Behind Bars: Mentors from Prison*, and includes written assignments. The book tells

1- Great Mentors – Freedom Behind Bars: Mentors from Prison, from the publisher, CreateSpace.

2- Writing: College and Professional Prep – No book is involved. A packet sent from PrisonEd.

3- Everyday Math for Life & Business – *All the Math*

You'll Ever Need mailed from Amazon (taking our Placement Quiz is recommended).

4- Introduction to Algebra (preparation for intermediate algebra MATH 1010) – Book is *Practical Algebra* mailed from Amazon. Students need to complete Everyday Math or take a Placement Quiz to enroll in this course.

5- Job Success: Getting a Job and Keeping It – No book. A packet will be sent from PrisonEd.

6- Communication – 3 parts to the course: Vocabulary Building, Spelling, Grammar (not necessary to take all). Books are: *30 Days to a More Powerful Vocabulary*; and *Better Spelling in 30 Minutes a Day*. Books will be sent from Amazon. Grammar will use a packet sent from PrisonEd.

7- Write Your Own Story – Book is *Breathe Life into your Life Story*. For prison inmates, book will be mailed from University of Chicago Press For jails, inquire of PrisonEd.

8- Personal Finance – Money management and investing – Two books: *Personal Finance Simplified* and *The Richest Man in Babylon*, both mailed from Amazon.

**Inmate Procedure.**

1. Obtain a property contract for the book *Freedom Behind Bars*, mailed from CreateSpace, the publisher). Or, follow the proper procedure at your facility.

2. When a property contract has been approved (or appropriate permission), write PrisonEd and tell us you have clearance to receive the book. We will order the book to be mailed to you.

3. If you know one of the other courses you want to take, go ahead and be arranging a property contract (or permission) to receive the book.

Don Wright, Ph.D., President, PrisonEd Foundation; P.O. Box 900693, Sandy, UT 84090

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**PrisonEd Full Report April 30, 2015**

**Inmates Enrolled By Month:**

8	June 30
17	July 31
34	August 31
49	September 30
61	October 31
73	November 30
101	December 31
122	January 31, 2015
134	February 28, 2015
149	March 31, 2015
152	April 30, 2015 (dropped several inactive students from the program)

	<u>JAILS</u>	<u>73</u>
Beaver	2	3
Daggett Co	17	13
Davis	4	3
Kane Co	2	2
Purgatory	20	16
San Juan Co	18	18
Wasatch Co	<u>10</u>	<u>8</u>
Totals	73	63

TOTAL 152 STUDENT ENROLLMENT

**Courses & Number of Students Enrolled** (totals more than 152 due to some students taking multiple courses)

**Participation By Facility:**

	<u>DRAPER 52</u>	
	Previous Month	Current Month
Lone Peak	3	5
Oq 2	2	2
Oq 4	1	1
Oq 5	0	1
Timp 1	7	8
Timp 2	4	4
Uinta 3	1	1
Uinta 4	1	2
W-A East	2	2
W-B	3	4
W-C	19	21
W-D	<u>1</u>	<u>1</u>
Totals	44	52

	<u>GUNNISON 32</u>	
Original Group	7	7
Prep Academy	<u>25</u>	<u>30</u>
Totals	32	37

**Great Mentors**

44	Freedom Behind Bars (1st cour for most)
46	Completers – Freedom Behind Bars
16	Additional Reading of Mentors Part 2 (Read 2 additional books of the mentors)
9	Completers of Part 2

**Job Success**

12	Getting a Job & Keeping It - Part 1
8	Completers of Part 1
3	Getting a Job & Keeping It Part 2
1	Completers of Part 2

**Math**

21	Everyday Math for Life & Business
2	Introduction to Algebra

**Personal Finance**

4	Personal Finance
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**Vocabulary**

8	Vocabulary Building
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**Writing, College Prep**

16	College and Professional Success
1	Completed

Write Your Personal Story

2 Write Your Personal Story

Independent Study

13

**Assignments Received**

To date, we have received at least one assignment back from 79% of students registered in various courses. During this month, we have dropped several students from the rolls for non-participation or being released.

**Comment of a Student Responding to *Freedom Behind Bars: Mentors from Prison***

“If I would of never came to prison, I would most likely be dead right now. Prison is teaching me to become a man and let go of all the stupidity I've allowed in my life. This place gives me all the time in the world to just think on life.

“You can think wicked thoughts if you want, but then you just imprison yourself once again, why do something so stupid. I never thought about how clear my head can be, and how free it can make me feel. How crazy is this, to be able to liberate one’s self? Alexander Solzhenitsyn's story and what he says has open my eyes and mind. “

Report submitted by Don Wright, PrisonEd # #

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**Utah Prisoner Advocate Network**

P.O. Box 464, Draper, UT 84020

Website: UtahPrisonerAdvocate.org

Email: Utahprisoneradvocate@gmail.com

President: Molly Prince

Vice-president: Shauna Denos

Secretary/Treasurer: Heather Fabian

Website Design: Shane Severson

Graphic Designer: Holly Moore

Newsletter Editor: Warren Rosenbaum