

Utah Correctional Facilities Handbook



UPDATED Apr 17, 2025

Dear Incarcerated Individual,

We envision a safer Utah by providing opportunities for people to improve. We recognize that this may be a challenging time in your life, but it is also an opportunity to focus on self-improvement and prepare for your return to the community.

Our mission is:

Working Together | Transforming Lives | Protecting Communities.

I want to share how we use this mission to create a corrections system that prioritizes safe facilities and opportunities for growth.

Working Together: Our UDC staff are here to support you during your stay. Case managers will work collaboratively with you on your Case Action Plan (CAP), which identifies your unique needs. Your case manager will help you select programs, classes, and jobs that address these needs. Additionally, we collaborate with community partners, volunteers, and other agencies to build an environment that supports your success.

Transforming Lives: We are committed to helping you transform your life because we believe in your ability to change. You will have many opportunities to grow. Your CAP may include education, substance use treatment, mental health treatment, job training, parenting classes, and other programs designed to support positive change.

Protecting Communities: Our mission to protect communities extends to the correctional community as well. We must maintain a safe environment for you, our staff, volunteers, and visitors. Success requires a collective effort, which includes resisting influences and activities that can hinder progress and compromise safety. You play a critical role in creating a safe correctional system, and your positive impact will help foster a safe and rehabilitative environment. We all share in this responsibility.

This guide is designed to be a helpful resource during your incarceration. Please take the time to familiarize yourself with the policies, rules, and opportunities available to you. We look forward to your positive contributions to a safe and rehabilitative environment.

We are committed to your success.



Jared Garcia
EXECUTIVE DIRECTOR
Utah Department of Corrections

OUR VISION:

We envision a safer Utah by providing opportunities for people to improve.

OUR MISSION:

Working Together—Transforming Lives—Protecting Communities

OUR VALUES:

S: SERVICE

P: PROFESSIONALISM

A: ACCOUNTABILITY

R: RESPECT

K: KNOWLEDGE

OUR STRATEGIC PLAN ENSURES WE ACHIEVE OUR MISSION BY:

- IDENTIFYING: VISION, GAPS, AND MILESTONES
- CREATING: ORGANIZATIONAL RESILIENCE TO ADJUST TO CHALLENGES
- FOCUSING: ON THE SUCCESS OF OUR STAFF AND OFFENDERS TO CREATE SAFE COMMUNITIES

WE ARE UNITED AND ALIGNED IN OUR WORK BY OUR FIVE STRATEGIC PILLARS:

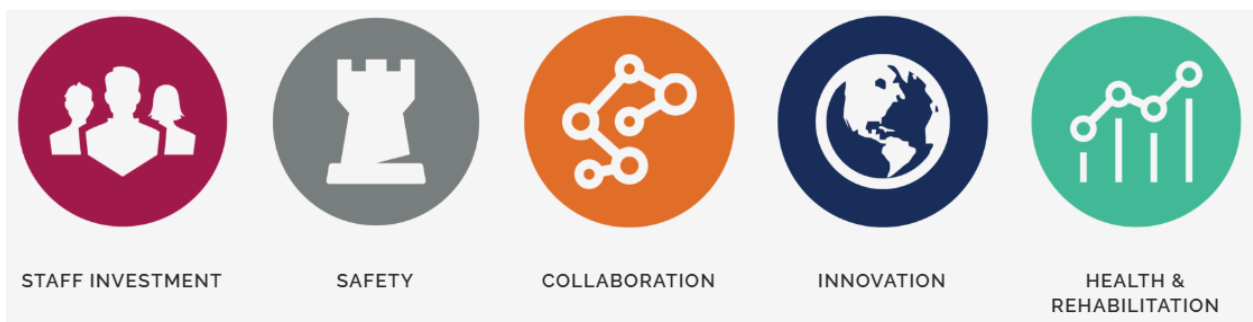


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ADA—Americans with Disabilities Act

The Americans with Disabilities Act prohibits a correctional facility from discriminating against incarcerated individuals based on a disability in the facility's programs, services, or activities. The Department is required to make reasonable modifications and accommodations to existing policies, administrative directives, and procedures to allow qualified people with disabilities the same opportunities as non-disabled people to participate in Department programs, services, and activities unless doing so would be an undue burden on the Department, jeopardize the safety or security for all, or would result in a fundamental alteration like a program or activity. The Department has many accommodations and auxiliary aids/devices to ensure that people with disabilities have equal access to the facility's programs, services, and activities.

Upon intake, you will be assessed by medical staff to determine if you have a disability that limits a major life activity. If you have no impairment upon intake, but feel you've developed a disability during your incarceration, you can request to be reevaluated by medical staff at any time.

If you feel a disability is preventing you from participating in or benefiting from a program, service, or activity offered by the Department, you may request an accommodation at any time by submitting an ADA request form to the ADA Committee Facilitator. Requests for an ADA accommodation typically require you to be limited in a major life activity such as walking, communicating, hearing, speaking, learning, writing, or breathing.

Your ADA requests will be assessed by medical staff and reviewed by the ADA Committee, which will approve or deny the request in writing. If the ADA Committee does not approve your requested accommodation, you may appeal the matter at the division level. If you are not satisfied with the division-level response, you may request a final review of your request by the Department ADA Coordinator.

ADA forms are available from your housing unit managers. In addition, a copy of the Department's ADA policy and procedure is available in the "Inmate Reference Manual" and explains in detail the ADA process as it pertains to you.

Requests for medical, dental, or mental health treatment, visits, diagnosis, medication, or medical equipment are not ADA requests. These must be rendered through the Medical Unit by a medical professional. Clearances such as bottom bunk, bottom tier, shoes, eyeglasses, hearing aids, canes, etc. may not be considered to be ADA issues unless you are limited in a major life activity and denied equal access to a Department program,

service, or activity if these items are not available. To seek medical advice, attention, equipment, or medication you must request to be seen by a medical, dental, or psychologist following the Healthcare guidelines in this manual.

To ensure effective communication with those who have a hearing disability, the Department will provide appropriate auxiliary aids and services free of charge, which may include: qualified sign language interpreters and oral transliterators, TTYs, video phones, note-takers, computer-assisted real-time transcription services, written materials, telephone handset amplifiers, assistive listening devices and systems, telephones compatible with hearing aids, closed caption decoders or TVs with built-in captioning, and open and closed captioning of Department programs. Utah State law specifically allows the Department to charge a copayment for medical services and devices for you. However, you may not be denied medical treatment or medical devices, such as hearing aids necessary for effective communication, because you are indigent.

Prison Rape Elimination Act

The Federal Government and the Utah State Department of Prison Operations, including county jails, strive to maintain the safety and security of all. If you or anyone you know has been sexually assaulted, or threatened with sexual assault, the reporting procedures vary according to the location in which you are incarcerated:

1. If you are housed in the USCF or Gunnison sites, you may A) contact any officer or staff member you feel comfortable with, or B) call the Reporting Hotline. For the USCF facilities, the number is (801) 522-7899. For the Gunnison facilities, the number is (435) 528-6099.
2. If you are housed in a county jail, see its posted procedures.
3. If you are housed in a Community Correctional Center, see its posted procedures.

If you have been sexually assaulted by anyone or you feel you are being pressured by anyone for money, property, or sexual favors, you should immediately contact a correctional officer or any staff member with whom you feel comfortable or call the confidential sexual assault reporting hotline. You must contact one of these individuals immediately so they can help you.

Victim

If you are a victim of sexual assault, you must report it immediately. If possible, *do not bathe, shower, change your clothes, brush your teeth, or use the restroom*. Evidence must be collected to assist in your attacker's prosecution.

The person you contact will immediately ensure your safety. If an examination is determined to be necessary, qualified medical personnel will perform it and you will receive treatment for any injuries. At your request, a representative will be present during the examination to assist you and provide support.

To ensure your safety, a variety of steps may be taken, based on your circumstances. Additional counseling and medical assistance are available to you continually.

Perpetrator

If you are the perpetrator of a sexual assault, the following risks are involved:

1. New criminal charges and/or loss of parole date,
2. The danger of contracting the HIV that causes AIDS and/or contracting other sexually transmitted diseases,
3. Potential disciplinary sanctions may be imposed.

Code of Conduct

All are expected and required to adhere to the following rules and regulations of the code of conduct.

You Shall:

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| respect the civil and legal rights of all persons; | not sell, trade, or loan items to others; | observe and abide by institutional rules; |
| be respectful, courteous, and civil with the public, staff, and each other and shall not use coarse, loud, profane, or unnecessarily harsh language; | not create a health, safety, or fire hazard, (i.e., clogging of any sink, shower, drain, toilet, water line, sewage system, or ventilation system); | not tamper, interfere with, alter, jam, jack, or otherwise damage or destroy a lock, locking device, locking mechanism, security device, or door; |
| not engage in "horseplay" or the playing of pranks at any time; | not accept loans, gifts, compensations, or barter from others; | not be in an area where drugs, intoxicants, or alcohol are being used; |
| not engage in or incite a riot (create or engage in a disturbance of Correctional operations); | request clarification from staff on unclear instructions, orders, policies, procedures, etc.; | not commit a sexual assault or make a verbal, physical, or written threat of sexual assault; |
| not participate in, giving or receiving indelible marks upon the body through scarring or pigmentation of the skin; | not interfere with an investigation, make false statements, or provide false identification; | not engage in or encourage others to engage in prohibited sexual activities, homosexual activities, or indecent exposure; |
| not purchase, bargain, etc. for items belonging to another person; | not be in the possession of any weapon; | not be in possession or use of a firearm, explosive weapon, or infernal device; |

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| not resist arrest or required movement or refuse a direct order; | not commit forgery, embezzlement, or theft; | not have any involvement in the setting or maintaining of any fire; |
| not commit robbery; | not fight; | not take any hostage; |
| | | |
| perform assigned duties or tasks promptly as directed and as required by law and consistent with institutional policy and procedures; | not commit assault and battery, assault with a deadly weapon, or assault with a bodily fluid or bodily waste; | not commit any act chargeable as a crime under the laws of the State of Utah or the United States of America; |
| not ridicule, mock, deride, taunt, or belittle any person or group of persons, or willfully embarrass, humiliate, or do anything that might incite any person to act inappropriately; | not engage in discussions or debates nor speak disparagingly of the nationality, race, or beliefs of any persons to the detriment of safety, security, management, or control of the institution; | not use any disguise or mask, or have any correctional staff members', volunteers', or private citizen's clothing, any part of any official uniform or ID other than your ID; |
| not engage in disorderly conduct or recklessly endanger another. | not commit an offense with one or more other people; | not use any vehicle, tool, device or object without authorization; |
| not possess or use any intoxicants or unauthorized drugs, produce a positive urinalysis or breath analysis, or refuse to submit to urinalysis or breath analysis on request; | not interfere with or fail to attend count, by being out of place, abusing passes, or having unaccountable absence; | not make obscene gestures, or use any derogatory language, toward any employee, volunteer, or agent of the Department or anyone not incarcerated; |
| not deliberately damage, lose, or destroy state property or the property of another; | not escape, attempt to escape, or plan an escape; | not be involved in gambling, loan sharking, or extortion; |

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| not use equipment, facilities, supplies, etc. for anything other than the purpose for which it was intended or without proper authorization; | not fail to take medication as prescribed, or fail to turn in prescribed medications, or have unauthorized possession of prescribed medications; | not engage in or encourage others to engage in any form of sit-down, slow down, or work stoppage for any reason, against the institution; |
| not have unauthorized possession of any tools or materials; | not intentionally cause the death of another; | not misuse the administrative review process; |
| not give or offer a bribe or anything of value to any correctional employee, law enforcement officer, government authority, volunteer, or any agent of the Department; | not violate any contract, any community release agreement, classification, day pass agreement, or any other agreement involving a community release agreement; | be provided by the institution with an identification (ID) card to be maintained in their possession when away from a designated housing unit; |
| not adulterate or alter any food or drink; not abuse the mail, telephone, or visiting privileges; | not manipulate housing assignments by use of violent, threatening, or disruptive behavior; | not have stolen property and/or obtain goods under pretenses; |
| not be in the possession of any item that may be considered contraband; | | |
| not encourage participation in any act or conduct which establishes, maintains, or promotes a staff member's relationship with an offender or an offender's immediate family which is outside the color of employment for personal benefit or gain or which compromises a member's professional role; Revised 8/27/12 FD22/02.03 | | |
| not become involved with or become a member of any organization, association, movement, group, gang, or combination that has adopted a policy of advocating violence or acts of force to deny others their constitutional rights, advocating racial or religious discrimination as a political philosophy or objective, or threatening the safety, security, management or control of the institution; | | |
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Cell Standards

All are responsible for keeping their living quarters clean. The day shift sergeant may conduct, or designate another officer to conduct, a daily inspection beginning about 9:00 a.m. Negative C-notes can be issued for areas that do not meet standards. Continual negative C-notes will result in OMR referral or disciplinary proceedings. All will be out of bed and beds will be made no later than 8:00 a.m. unless you have a medical lay-in or you are a graveyard shift worker.

1. **Bed:** Will be made before inspection. You will not be on or in bed during the inspection. All bedding will be tucked in and the blanket will be on the bed. Blankets shall not hang over the edge of the bunk obstructing the view of the officer. Bedding shall not be used as curtains, rugs, or for any purpose other than its intent.
2. **Floor:** Mopped daily concentrating on corners and toilet area. Not to be cluttered with clothes or anything else.
3. **Light:** No light covers are allowed. The light should be in place and secure. Nothing shall be hung from the light fixture.
4. **Toilet:** Cleaned daily inside and out. No toilet seat covers are allowed. No water line or ring shall be allowed on the inside of the toilet
5. **Mirror:** Shall be cleaned daily. Nothing is to be attached to the mirror, including personal mirrors.
6. **Sink:** This shall be cleaned daily inside and out. No soap residue shall be present on the inside or outside of the sink.
7. **Walls:** Nothing shall be attached to the walls, except as approved by the Deputy Warden/designee. The walls will be painted one solid color that is approved by the captain. Bulletin boards will be of uniform size and placement.
8. **Window:** This shall be cleaned regularly to maintain visual cleanliness. Covers or obstructions of view out the window shall not be permitted.
9. **Window Sill:** Shall be cleaned or dusted daily. Nothing will be stored on the windowsill.

Chain of Command (Administration Structure)

The line of administration/chain of command shall be in a progressive line of increasing authority.

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|----------------------|----------------------------------|
| Officer | Assistant Division Chief |
| Sergeant | Division Chief |
| Lieutenant | Executive Deputy Director |
| Captain | Executive Director |
| Deputy Warden | |
| Warden | |

Count

Whenever a count is announced, all are expected to be in their assigned housing area. Anyone not in their assigned housing area during a count may be subject to disciplinary action. Officers are expected to see skin and will order you to position yourselves where the officer can see you while counting. A stand-up count is required at least two times a day. During this count the officers will require you to stand up to be recognized. Count times are as follows:

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|---------------------------------------|--|
| 0000 hrs (Skin Count midnight) | 1200 hrs (Stand Up count) |
| 0200 hrs (Skin Count 2:00 am) | 1700 hrs (Skin Count 5:00 pm) |
| 0400 hrs (Skin Count 4:00 am) | 2100 hrs (Stand Up count / 9:00 pm) |

An emergency count may be called at any time. If you fail to be in your assigned area, you may be subject to disciplinary action.

“Rack in” may be called at any time for reasons of safety, security, control, or management needs. You are to report directly to your assigned housing unit. During counts, the cell doors will be closed and locked.

Emergency (Weather Related)

In case of emergency actions for a fire or natural disaster, instructions to rack in or evacuate will be paged over the loudspeakers. Evacuation plans and routes are posted on the housing area bulletin boards.

Lay Down Siren

When there is a disturbance a siren will sound. If you are in an area and you hear the siren you are to immediately lay on the ground face down with your fingers interlocked on your head. If you do not get down you will be perceived as a part of the disturbance and force will be used according to the use of force policy. Once you are on the ground you will wait for commands from responding Officers.

Urine Collection and Testing

You are routinely tested for unauthorized substances. Staff may request a urine sample at any time. Failure to produce one will result in disciplinary action.

Staff of your same-sex will observe urine sample collection. It shall be your responsibility to provide a sample within two hours from the time of the request.

If you refuse or are unable to produce the requested sample within the given time frame, a disciplinary report will be issued to you for failure to provide a urine sample.

Testing positive will subject you to disciplinary actions. Those found guilty of substance abuse may also be subjected to other administrative sanctions such as loss of privileges.

Disciplinary Procedures and Sanctions

The Disciplinary System was established to promote safety and order within the institution. The entire disciplinary policies and procedures are located in the “Inmate Reference Manual” in every housing unit. You may check out the policy to learn the complete process.

The following is only a summary of the process.

Major Disciplinary

A major infraction includes acts of misconduct for which a serious or grievous loss can be imposed as punishment. A major disciplinary requires a due process hearing

Due Process

Due process in an administrative disciplinary hearing affords you with the following rights:

1. To be present for the hearing (though in some circumstances a hearing *in absentia* can be done),
2. To have written notice of charges 24 hours before the hearing,
3. To present a defense of the allegations verbally, written, and/or by requesting witnesses (you have no Constitutional right to confront or cross-examine witnesses),
4. Witnesses may be dismissed for several reasons during the hearing, refer to your Disciplinary Policy and Procedures for details,
5. You do not have a right in the disciplinary hearing to refuse to answer questions; Your Disciplinary Hearing Officer may make an adverse inference towards an assumption if you refuse to answer a question,
6. To receive written findings of the hearing, and
7. To appeal the findings of the hearing.

Appeal

Major disciplinary convictions and sanctions may be appealed to the Appeals Hearing Office based only on one or more of the following factors:

1. Disciplinary procedures were not properly followed,
2. There was not at least some evidence to support the disciplinary findings, or
3. The disciplinary sanction was arbitrary or capricious or was unreasonably harsh or unreasonably light.

Appeal forms may be obtained from the DHO (hearing officer) or the housing unit.

Disciplinary Sanctions

After a guilty finding, the DHO has a choice whether to fine, restrict privileges, place-specific expectations, give disciplinary restrictions, or impose a combination of the above. Fines will be taken from your account as funds are placed into it.

Fines and Restitutions

Fines are sanctions intended to discourage misconduct by requiring you to pay an additional cost for the misconduct. Restitution is the sanction to pay for the cost of administration to deal with the misconduct in which you had deliberately engaged.

Disciplinary Restrictions

While on Disciplinary Restriction you will be sequestered in your cell. You may be subject to the following limitations:

1. No phone calls,
2. No visiting except legal,
3. No recreation,
4. Out-of-cell time every Monday, Wednesday, and Friday for 15 minutes;
5. Mail, meals, medical, and laundry will be delivered to you in your cell,
6. Commissary is limited to hygiene items and envelopes, and
7. Religious counseling is in the cell, and school and work attendance is suspended.

Policies & Procedures

All are required to follow institutional policies and procedures along with rules and regulations. Failure to do so may result in a “Negative C-note” or a disciplinary report.

Every housing unit should have a set of selected complete Policies and Procedures chapters for you to check out. Some of these chapters are Classification, Disciplinary, Grievances, Mail, Property, Commissary, and Legal Access. If you are unclear about any policies, procedures, rules, or regulations, it is *your* responsibility to contact staff members of your assigned facility to clarify any questions you may have.

DNA Testing

The Utah legislature has passed a law requiring all convicted felons to submit to DNA testing. It has mandated the cost of the test to be \$100.00, which will be charged to the individual being tested. This means any money collected will be by AP&P, and/or the county jail where the DNA sample was taken. If a second test is needed you will be charged only once.

Keep in mind that this is Utah Law. The Department of Prison Operations is merely tasked with enforcing this mandate.

Grievances

A grievance is a written complaint by you within the jurisdiction of the Department alleging personal injury, loss, or harm caused by the application or omission of a policy or practice, a member, or an incident.

You have the responsibility to provide all currently known facts and information regarding a complaint.

All grievances must be filed on an individual basis by the respective person identifying the specific nature of the grievance.

You may file grievances regardless of status or classification. The grievance process is designed to resolve issues at the lowest administrative level. As such, every effort should be made to resolve the grievance at the lowest possible level.

In general, all your complaints may be grieved except complaints against decisions and procedures of the Board of Pardons, disciplinary decisions, GRAMA decisions, classification decisions, ADA decisions, PREA incidents, or other matters outside the Department's jurisdiction or governed by a separate process.

A malicious or frivolous grievance may subject you to criminal, civil, or disciplinary action including assessment of restitution for incurred investigative costs. A "malicious grievance" is any grievance where you willfully falsified information with the intent to annoy, slander, or injure a member of the Department or any other person. A "frivolous grievance" is any grievance that you know or should have known is without merit, irresponsible, or has no rational basis in fact or law.

You must attempt to resolve any non-medically related complaint before submitting a grievance. You may be required to meet with your OMR team, to resolve your non-medically related complaint, before your grievance is processed.

Grievances about Clinical Health Services should be routed directly to "CHS" for processing.

Grievances can be Rejected or returned to you with a Problem Form. If you receive a Problem Form, please make the outlined corrections to your grievance and resubmit it. Reasons for receiving a Rejection or Problem Form can be found in UDC procedures AG38.01.06.

There are three levels of the grievance process:

Level One, Informal

You complete the level one grievance form within 14 calendar days of knowing that a grievance exists. You place the original form in a grievance envelope addressed to the Level One Grievance Coordinator or CHS Grievance Coordinator and place it in the facility mail drop. The responsible facility or bureau has 30 calendar days to respond and attempt to resolve the grievance from the date it was received and opened.

If the grievance is not resolved at this level, you may proceed to Level Two.

Level Two, Formal

Complete a Level Two Grievance Form explaining why the Level One Response is unacceptable within 7 calendar days of receiving the Level One Response. Place the completed form in a grievance envelope addressed to the appropriate Level Two Grievance Coordinator or CHS Grievance Coordinator and place it in the facility mail drop. The responsible facility or bureau has 30 calendar days to respond and attempt to resolve the grievance from the date the grievance was received and opened.

If the grievance is not resolved at this level, you may proceed to Level Three.

Level Three, Final

Completes a Level Three Grievance Form explaining why the Level Two Response is unacceptable within 7 calendar days of receiving the Level Two Response. Place the completed form in a grievance envelope addressed to the appropriate Level Three Grievance Coordinator or CHS Grievance Coordinator and place it in the facility mail drop. The Department has 30 calendar days to respond and attempt to resolve the grievance from the date the grievance was received and opened.

Once the grievance has been denied at Level Three, your administrative remedies have been exhausted. All complaints about grievance responses or decisions will be returned as Rejected.

Inmate Placement Program

County Jails—IPP

The department contracts with 20 county jails across the state to house state inmates. IPP is the Department of Prison Operations unit that oversees this program. Through O-Track identification and screening protocols qualifying individuals are referred for county housing. IPP case managers work with those in our custody and are on-site in the jails. County jails offer education, programming/treatment, classes, and work opportunities.

Interstate Compassionate Transfers

You may apply for an Interstate Corrections Compact Transfer, prison to prison, where an immediate family resides. Per policy, you are responsible for round-trip costs. See your case manager for the application and the policy.

International Transfer

Per federal treaty and state law, anyone may apply to return to his or her home country in which he or she is a citizen. See your case manager for a list of participating countries and the requirements involved.

Legal Access

The complete Policies and Procedures of your Legal Access are available from the “Inmate Reference Manual” located in each housing unit. It is available for you to read and follow. The policy includes procedures for legal mail, telephone access, visiting access, and possession, transferring, and duplication of legal materials.

You are provided with two plastic pouches. These pouches are provided as a secure place to keep legal documents. One is labeled “Privileged” and the other is labeled “Public”. These pouches are for the two types of legal documents privileged and Public. Privileged documents are letters to or from your attorney and any other documents which could compromise your case. Items in this pouch may be inspected but not read by staff. Public documents are discovery responses, court rulings, etc. These items may be inspected and read by staff.

You will have access to legal counsel.

1. You shall be provided reasonable access to courts and legal counsel. Contract Attorneys paid for by the Department shall provide the primary means of access to legal services.
2. You may seek legal counsel at their own expense if they prefer not to use a contracted legal firm or they may represent themselves.
3. You may request public interest groups such as the ACLU, Legal Aid Society, Salt Lake County Bar, Legal Services, etc., to represent them. You may represent yourself but not others.

4. Visits between you and legal counsel will not be monitored and shall occur in areas, which permit maximum privacy. However, privacy requirements shall not prohibit visual observation nor jeopardize security in any way.
5. Each facility utilizes a specific procedure for attorney appointments. It is your responsibility to comply with this procedure.
6. You are prohibited from charging a fee or attempting to receive payment for providing legal assistance to others. If found doing so, you shall be subject to major disciplinary action.
7. The Department shall provide copies of non-confidential documents to those who are not indigent at a specified price per sheet.
8. There are specified procedures for copying legal papers for those who are indigent vs. non-indigent. Upon your arrival at your assigned facility, it shall be your responsibility to become familiar with and observe the procedures regarding the copying of legal papers.
9. You shall be permitted to make collect telephone calls to your attorneys/representatives, which shall originate from the telephones located in your assigned housing unit.
10. Attorneys/representatives may leave telephone messages requesting you to return a call.
11. Prison staff shall not monitor calls between you and attorneys/representatives.
12. When making a collect call to your attorney/representative, you are responsible for notifying staff that you are placing a call to your attorney/representative to avoid being monitored. Staff may monitor the call long enough to verify it is a legal call.
13. Staff can have you sign a **Legal Release Authorization** form if they feel it is appropriate when staff have you in their office accommodating a legal/media call.
14. Visits and telephone calls with the attorney or representative may be canceled due to any emergency.

Requesting Legal Assistance

Obtain and fill out an Attorney Request form, put it in an envelope marked “Legal Correspondence,” and place it in the mailbox. Your attorney will then be placed on the prison’s attorney list.

If you need papers notarized, contact a staff member assigned to your unit to make an appointment. Your access to attorneys and legal counsel, except for exigent circumstances, shall be through correspondence, attorney visits at the prison, telephone (ICS), and contract attorney appointments on appropriate matters.

Contract Attorneys

The Department of Prison Operations provides limited legal services and access to the courts through contract attorneys.

The contract attorneys assist you with initial pleadings for meritorious claims regarding conditions of confinement and post-conviction challenges, through 1983 Civil Rights Complaints, 65B Petitions for Extraordinary Relief, for conditions while in Utah State Custody and housed at state or county jails, and 65C Petitions for Post Conviction Relief with Utah Jurisdiction.

The Contract Attorneys’ legal services include the following:

1. Visit with you, upon your request,
2. Assist you in matters that are either grounded in fact and supported by legal arguments that are warranted by existing law, or contain good faith argument for the extension, modification, or reversal of existing law,
3. Photocopy legal materials upon proper requests,
4. Transfer “inmate-to-inmate” Legal Mail upon review for only legal content,
5. Screen your claims for meritorious legal content, upon request.
6. Conduct the amount of legal research, if appropriate, to support your claims with legal merit that the contract attorneys are assisting your draft,
7. Assist you in drafting pleadings setting forth your legal claims having legal merit.
8. Assist you in securing case law and other authority relevant to pending legal actions being handled by the contract attorneys, if necessary,

9. Assist you in filing initial pleadings, by copying, addressing, franking, and posting your pleadings to the courts.
10. Assist those housed at the UDC facility with actions where the Board of Pardons has denied parole in a manner that violates rights secured under the U.S. Constitution or the Utah Constitution.

Getting a Legal Phone Call

IMPORTANT! In exigent circumstances, attorneys may be allowed to call you if coordinated and approved by the warden's office. *Your case manager cannot initiate it!*

1. Your lawyer must call the Warden's office to request a legal conference call. The lawyer/lawyer's office should call the Warden's office at:

USCF: 801-522-7001 CUCF: 435-528-6017

2. The Warden's office staff will give your lawyer the information needed to have the legal call approved.
3. If/when it is approved, You will be notified.

If you are requesting a legal call with your lawyer, you need to write to the Warden's office for approval. The Warden's office will need to verify the attorney of record information.

Mail

Mail delivery shall be held Monday through Friday, except holidays, in each facility. In some housing units, a mailing list will be posted. You must have your I.D. card to receive mail. If you do not pick up your mail at this time, it will be returned to the Mail Department.

Your mail will be handled per U.S. Postal Service regulations insofar as safety, security, or operational requirements are met. Outgoing mail is picked up Monday through Friday, except holidays, from the mailbox located in the various housing units.

There is no limit to the number of letters you may send as long as there are funds in your account to cover the postage. If you do not have sufficient funds (not more than \$9.00 in

your account during the previous 45 days), you may qualify for free mailing privileges, otherwise known as indigent mail status. Free mailing privileges allow you to send one First Class letter per week. You may not save free mailing credits or let others use your credits.

All mail and correspondence must contain your name, offense number, and housing information in the top left-hand corner. Envelopes must contain the institution's return address as follows:

Your full name and Offense Number

Your Housing facility

| Utah State Correctional Facility or USCF - 1700 | Central Utah Correctional Facility or CUCF - 1701 |
|--|--|
| PO Box 96777 | PO Box 96777 |
| Las Vegas, NV 89193 | Las Vegas, NV 89193 |

Personal Property

The property officer will distribute personal property on the unit. Property not authorized to be in your possession will be regarded as contraband. Such property will be confiscated and a write-up may be issued. Personal property is subject to the following conditions:

1. All personal property shall be obtained through authorized channels,
2. You shall retain in your possession an authorization or property receipt for any personal property item,
3. You shall obey the institution's code of conduct regarding property,
4. Your personal property is subject to the facility rules and regulations which dictate the type and amount of personal property allowed,
5. The alteration of any personal property from its original state or condition is prohibited,

6. Altered property shall be considered contraband and is subject to confiscation;
7. The state shall not be liable for damage, destruction, or loss of personal property in the possession of another person,
8. The state may assume limited liability for damage, destruction, or loss of your personal property when that property is in the possession of the state.
9. Books purchased or from free sources are not allowed in Receiving and Orientation (R&O). You will have to wait until you are placed into the main population to receive books. Religious books are from the Chaplain only.

If you are moved to a housing unit that disallows any or all of your personal property, that property shall be placed in the property room and you shall have a specified time limit in which to dispose of the property. Failure to do so shall result in the property being disposed of by the state. For more detailed property information, refer to the Department's policies and procedures from the "Inmate Reference Manual".

The property schedule is available on each housing unit. This schedule identifies the days you will be issued property and the days, hours, and locations at which property can be left for you.

If you have visitors who are bringing in personal property for you, it should be left at the property office based on the posted schedule. Approved property will then be forwarded to you along with a personal property slip.

Accounts/Funds

You are prohibited from receiving currency or personal checks directly. When currency or personal checks are received, they will be returned to the sender. Funds are accepted in the form of a cashier's check or money order only.

Funds can be mailed to:

Access Corrections – Utah DOC

P.O. Box 12486

St. Louis, MO 63132

There is a money order deposit form that should be included with the money order/check. The money order deposit form can be found on the Access Corrections website.

The website to make internet deposits and print the money order deposit form is accesscorrections.com

According to the corrections.utah.gov website, the fees associated with making deposits are:

- \$6.95 for phone and internet deposits
- \$3.00 for cash transactions at the kiosks
- \$3.95 for debit/credit card transactions at the kiosks

A KIOSK is available in the Screening Center at USCF.

At CUCF it is located inside the lobby of the Administration Building.

The KIOSK is accessible during regular business hours. THE KIOSK DOES NOT ACCEPT CHECKS OR MONEY ORDERS! The KIOSK will accept Debit or Credit Cards or will take cash; no coins or \$1 bills accepted, only \$5 bills and larger will be accepted. Funds will not be accepted at “Inmate Accounting”.

Funds may also be deposited to your account through your employment. Payroll funds are deposited once a month for the previous month worked.

Money may be removed from your account for the following reasons:

1. Court-ordered garnishments,
2. Assessments from the Office of Recovery Services (child support),
3. Your disciplinary fines or restitution,
4. Medical co-pays and prescriptions, and/or
5. Court filing fees.

Money Transfers

You will need to use money transfers for all financial transactions, purchase commissaries, send money home to your family or friends, etc.

1. A money transfer properly completed and signed by the appropriate staff member shall allow you to carry out appropriate business transactions while at the institution.
2. Money transfers are available in each housing unit. You shall be informed by staff members of the appropriate method and day to forward the money transfer to the accounting office. Money transfers may be turned in daily and are taken to the business office once a week by the Unit Manager or designee.

3. You may request assistance from staff members when completing the information required by these forms.
4. If the money transfer is not properly completed and signed by staff it shall be rejected by the accounting office.
5. Your signature must be witnessed by appropriate staff members. Therefore, do not sign your money transfer until you are in the presence of the appropriate staff member.
6. Any Money Transfer for \$200 or more needs to be signed by the housing unit Captain.
7. Money transfers are not to be returned to you after having been witnessed by a staff member.
8. Stop payments initiated by yourself for money transfers is prohibited. You may initiate a stop payment of a check being sent by the business office for \$10.00.

GRAMA Requests

You are allowed a maximum of five (5) approved GRAMA (Government Records Access Management Act) records requests per year that are specifically related to you. Requests for records are processed at a charge of \$0.25 per page, as allowed by statute. Each request must be completed on a GRAMA Request Form with a completed Money Transfer or a staff signature verifying indigent status. If neither is completed correctly, the form will be returned to you for correction. Requests are processed within ten (10) business days of receipt. You will be notified with an extension if additional time is required. The statute requires the Records Officers to classify documents as “public”, “private”, “protected”, or “controlled.” You are allowed access to public and private records. However, redactions are made to protect the privacy of other individuals. Protected and controlled documents can only be released with a court order or subpoena.

Commissary

To order items from a commissary, you must order by phone or tablet.

Commissary orders may be submitted from Sunday to the following Sunday at midnight. Commissary food items will be delivered to the units on their scheduled day the same week. Property items will be delivered two weeks after the property order. Offenders will be informed of their housing unit's schedule for delivery day. The commissary will be distributed to offenders by housing unit activities.

Commissary allows family and friends to order one quarterly package per inmate per quarter. When these packages are available, offenders will be notified of the timeline and how family and friends can place the order. A notice will also be placed on the department web page. Packages are still restricted by housing and privilege levels.

1. Commissary is a privilege, not a right. This privilege may be lost due to disciplinary action or TRO status.
2. A commissary list will be available on the tablets.
3. Commissary orders will be refused if the inmate's financial account has insufficient funds or their account has been frozen.

Commissary spending allowance and items are restricted by housing and privilege levels,

Time frames for commissary delivery may vary according to housing unit assignment.

An inmate may maintain in his or her possession commissary items that are not identified on the approved property list if:

1. Proof of purchase is provided,
2. The items are on the inmate's approved commissary list for the facility, and
3. The quantity of commissary items is not over the facility's property matrix.

When receiving commissary orders, offenders must present their identification cards and sign the BOL. Any discrepancy must be noted and signed by the officer on the BOL, or no credit will be issued. The commissary strongly suggests offenders keep copies of the item sheets to reconcile any problems or discrepancies. Once an offender leaves the presence of supervising staff, no credits will be issued, and sales will be final.

It is the offender's responsibility to check their commissary purchase in front of staff at the time of delivery to ensure that the order was filled correctly and that all items were accounted for.

Offenders may ask questions or submit issues using the commissary tablet inquiry program on the tablet. Ensure the form is filled out correctly, or you will not receive an answer.

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Indigent Status

The business office determines indigent status. Anyone who has not had over nine dollars in their account for 45 consecutive days may be eligible for indigent status.

Indigent status shall include mail privileges, personal hygiene items (e.g. a toothbrush every 90 days, toothpaste, soap, a small comb, and 1 disposable razor every week), duplication of legal papers (25 copies per week), I.D. cards (those on indigent status shall NOT be required to pay the \$5.00 replacement fee for a new I.D. card if theirs is lost or stolen), information from UDC records, and writing materials.

Indigent Mail

1. Those approved for indigent mail may receive a maximum of one First Class, one-ounce envelope or equivalent per week. A one-ounce First Class letter consists of one envelope and five 8 ½” x 11” sheets of paper.
2. If you do not use your weekly postage allocation you shall not be allowed to carry it over to the following week.
3. Housing units shall issue writing paper, envelopes, pencils, and institutional pens to you.
4. Postage shall be placed on envelopes at the mail unit upon receipt. If you require additional postage on privileged correspondence you shall have a Request for Additional Privileged Mail Postage form attached to the correspondence containing the court/attorney, the case number, and an explanation for why additional postage is required.
5. Authorization shall take place within seven days. However, initial authorization may be for less than seven days to allow for a common accounting period (the first day of each month).
6. Misuse or abuse of indigent status shall subject you to disciplinary action.
7. Those who qualify for indigent status shall request the approved items as needed as per indigent status. For further information, refer to the Indigent Policy.

Feminine Hygiene Products

Females are provided with unlimited feminine hygiene products (pads and tampons) at no cost. Feminine hygiene products are readily available in all female housing units.

Tablets and Kiosks

Tablets are tools provided to you to assist in working on your reentry into society. The tablets are a privilege and not a right. The tablets provide the opportunity to connect with community providers, case managers, Religious services, Medical, and other staff

throughout the institution. The tablets also provide opportunities to enhance yourself through programming educational classes and library books. Additionally, tablets are a source of entertainment through the use of music and games.

Kiosks are tools provided to you to assist in ordering commissary and assisting in checking your account balances.

Utah Correctional Industries (UCI)

Working During Incarceration

Utah Correctional Industries (UCI) provides meaningful employment opportunities for qualified incarcerated individuals within Utah Department of Corrections facilities.

UCI operates diverse businesses, including furniture manufacturing, construction, printing, and more, offering hands-on training and industry-standard instruction. Through these work programs, incarcerated individuals gain valuable skills in manufacturing, operations management, purchasing, computer applications, customer service, and construction trades.

UCI positions are paid, with earnings deposited into inmate accounts. Interested individuals should apply for available positions and participate in the interview process. Job placement is based on factors such as an individual's qualifications, security level, and interview performance.

UCI is committed to providing a supportive and productive work environment where individuals can learn and grow while contributing to the facility and the state's economy.

We offer valuable apprenticeship programs in Janitorial Services, Graphic Design, Customer Service, CNC Operator-Milling, Upholsterer, and Cabinet Making.

We encourage you to explore the opportunities offered by UCI. These skills are directly transferable to the workforce upon release, increasing the likelihood of successful re-entry into society.

Reentry Preparation

UCI is committed to supporting your successful re-entry into the community. In addition to the valuable job skills you'll gain through our work programs, UCI offers the Makin' It Work class.

Makin' It Work focuses on developing essential soft skills and cognitive behavioral techniques crucial for success in the workplace and life.

Key Features of the Makin' It Work Class:

- **Comprehensive Curriculum:** The 10-week class covers a range of topics, including:
 - Recognizing High-Risk Situations
 - Identifying and Managing Triggers
 - Stop and Think Strategies
 - Understanding the Consequences of Your Actions
 - Effective Teamwork and Communication
 - Problem-Solving Skills
- **Engaging Learning Experience:** The class utilizes a student workbook with real-life scenarios and relatable stories.
- **Supportive Environment:** You'll learn in a supportive environment with guidance from certified instructors.
- **Graduation Ceremony:** Successful completion of the class is celebrated with a graduation ceremony featuring guest speakers, including UCI staff and fellow participants.
- **Valuable Resource:** Upon release, you'll receive your completed Makin' It Work workbook as a valuable resource for continued personal and professional growth.

By participating in the Makin' It Work class, you'll gain valuable skills and insights to increase your chances of finding and maintaining employment, building positive relationships, and successfully navigating life after incarceration."

Visiting

You are eligible for visiting based on their privilege level matrix and the institution's policies and procedures. As a general rule, the information contained in this handbook regarding visiting shall apply to all areas.

1. Visitation is a privilege, not a right, afforded to you and visitors at the USCF,
2. Visitation may be approved, canceled, and or otherwise restricted when necessary to preserve the safety and security of the institution,
3. You shall comply with all applicable prison rules while visiting. Failure to do so may result in termination of the visit, suspension from visiting, and possible disciplinary action,
4. When processing through the Receiving and Orientation unit, potential visitors may start the process of submitting their visiting applications. Visiting request forms may be found online at corrections.utah.gov and by selecting the **Visitation** tab.
5. The potential visitor shall attach the appropriate personal documentation, as described on the back of the application form, or as specified by the Visiting Staff.
6. Forms may be scanned and returned via email to uspvisiting@utah.gov or cucfvisiting@utah.gov
7. Those who return to the prison shall be required to have their potential visitors reapply for visitation before receiving any visits.
8. Visits may be denied if a prospective visitor has an extensive and/or recent history of criminal activity.

9. A visitor's name shall be on an approved visiting list before visits shall be permitted.
10. You shall be notified regarding approval/denial of the visiting application. It is your responsibility to notify your visitors about the decision,
11. You and the escorting adult visitor are responsible for the behavior of visiting children.
12. All minor visitors shall be accompanied by their parents or legal guardians. A notarized statement to bring the child if the parent and/or legal guardian are unable to visit.
13. Visitors who have approval to be on more than one visiting list shall only visit with one individual per visiting session. The Warden/designee may make exceptions. Exceptions shall be in writing and approved on a case-by-case basis.
14. You may remove an individual from your list by filling out a Removal Request Form and forwarding it to visiting staff for processing.
15. Visitors removed from a visiting list may not be reinstated for 90 days without the approval of the visiting staff.
16. You or visitors wishing to appeal a visiting decision will need to write to the Deputy Warden/designee of Security.
17. Visitors attempting to introduce contraband onto prison property are subject to criminal prosecution and shall be banned from visiting
18. You are required to initiate any requests for special visits through the Visiting Department.
19. A maximum number of three visitors, including minors, will be allowed to visit you per visiting session. Depending on housing location and visiting space available.
20. Immediate family is generally defined as a spouse, children, mother, father, brother, sister, grandmother, grandfather, and grandchildren. Stepchildren, mother-in-law, father-in-law, sister-in-law, brother-in-law, step-mother, step-father, step-brother, step-sister, half-brother, and half-sister may be considered immediate family in some cases.

Board of Pardons & Parole

Once you are sentenced to prison, the Utah Board of Pardons and Parole (Board) takes responsibility for making release decisions and deciding when and how your prison sentence will end. If you are returned to prison for a parole violation, please see the information below about parole violation hearings.

The Board makes decisions about parole, prison release, commutation, executive clemency, and pardons for all individuals in the custody of the Utah Department of Corrections. There are five full-time Board members and up to five part-time (*pro tempore*) members. The Governor appoints them, and the Senate approves them for five-year terms.

The Board uses a **structured decision-making framework** (SDMF) to guide all release decisions. This system is evidence-based and considers different parts of your history and behavior, called "domains," that research shows impact successful reentry into the community.

- Criminal and supervision history
- Self-control
- Programming
- Institutional and Community Behavior
- Offender Change
- Release Plan
- Case Specific Factors
- Victim Impact
- Statutory Considerations
- Community Considerations

Utah uses indeterminate sentencing, which means judges give a range of time for incarceration instead of a fixed amount (e.g., "0 to 5 years" rather than "2.5 years"). After you arrive at prison, the Board uses a form called a matrix, provided by the Utah Sentencing Commission, to calculate your sentencing guideline.* The guidelines determined by AP&P in the Pre-Sentence Investigation report before you are sentenced are *not* used by the Board.

Keep in mind, guidelines are recommendations, not mandates. Statute requires incarceration for the maximum sentence unless the Board grants an earlier release. The Board can choose to release someone either before or after the guideline. The guideline is just a starting point. The Board also looks at other factors including, but not limited to, the harm done to the victim, your behavior in prison, progress in treatment or education, and your criminal history.

Because of this, people convicted of similar crimes can get different decisions from the Board regarding release, parole, parole conditions, and how long they stay in prison.

Getting to Your Original Hearing

Scheduling Review:

Within the first six months of going to prison, the Board will conduct a **Scheduling Review** to set the date for your Original Hearing (OH). When deciding the date, the Board looks at factors like your:

- Minimum sentence
- Sentencing guidelines
- Nature of the offense
- Victim impact (if applicable)
- Rehabilitation needs
- Reports and other relevant documents

You will receive the **Scheduling Review**, which includes the tentative month and year for your Original Hearing. The review may also include orders for assessments, treatment, or other programs, which will be added to your Case Action Plan (CAP) by UDC. When the Board orders assessments, the request is entered into O-Track, and the assessment will be scheduled automatically as your hearing date approaches. You do not need to take any action to get this scheduled. The Board expects you to follow your CAP and avoid any discipline violations before your Original Hearing.

Once the Scheduling Review is complete, the Board will also send you information about your guideline and decisions made about credit for time served.

Before Your Hearing

- **Notification:** A few weeks before your tentative hearing date, you will receive an exact hearing date and time. Your hearing will be before a Board member or hearing officer, and the prison will arrange your appearance in person or by video.
- **Disclosure “Blue” Packet:** At least three weeks before your hearing you’ll receive a disclosure (often called a “blue” packet) containing all the information the Board will use to make its decision about parole. If information is received by the Board after you receive the Blue Packet, it will be sent to you as a “late disclosure.” Review the packet carefully to ensure the information is accurate. You can correct or discuss anything that is wrong or missing before or during the hearing.

At Your Original Hearing

On the day of your Original Hearing:

- The hearing officer or Board member will ask you questions.
- You will have the opportunity to speak.
- Victims or victim representatives may speak.
- You may have legal counsel present, but they will not be permitted to speak.

The Board does not issue a decision on the day of the hearing. Instead, they consider the information presented and make a decision afterward.

Possible outcomes of the hearing include:

- Setting a future rehearing date without a parole date (may include required programs or evaluations).
- Setting a parole date and conditions (may include completing specific programs or evaluations before release).
- Setting a paper review if there are pending charges.

Parole Violations

If someone is accused of violating their parole terms, Adult Probation and Parole (AP&P) can ask the Board to issue a warrant for their arrest and return to prison. This is called a "Board Warrant." If a Board Member reviewing the request finds there is enough evidence (probable cause) to support the alleged violation(s), they may issue the warrant. Sometimes a parole violation allegation results in new, pending criminal charges.

Parole Violation Hearing

Once the individual is in custody, they have the right to a **Parole Violation Hearing**.

- The Board screens all violations for **waiver** eligibility. If eligible, a waiver is sent to you. Signing the waiver means admitting to the violation and skipping the hearing process.
- If you decline, write “decline” on the waiver and return it. If you do not return it, the Board waits up to 30 days before moving forward.

If no new criminal charges are involved, the hearing usually occurs within 60 days. If there are new charges, the hearing may be postponed until those charges are resolved in court.

At the hearing:

- You can admit, plead no contest, or deny each alleged violation.
- If you deny one or more violations, an **Evidentiary Hearing** may be scheduled.
- If you admit or plead no contest, the hearing officer may collect statements from you and your parole agent.

The Board will provide an attorney for this process.

Evidentiary Hearing

An Evidentiary Hearing is scheduled when parole violations are denied, and AP&P does not drop the allegations.

In an Evidentiary Hearing:

- The individual can be represented by a Board-provided attorney or hire their own.
- They have the right to question witnesses and present evidence.

After the hearing, a summary goes to the Board for review and decision. Note that the Board only determines if it’s “more likely than not” that parole terms were violated, based on a **preponderance of the evidence**. The Board does not decide on new criminal charges; that is the court’s role.

For More Information

The Board does several other types of hearings and reviews. You can find more information about the Board on:

1. Tablets have a Board-specific course. It is divided into short modules, so you can easily look up the information you need.
2. The Board's inmate handbook that is available through multiple venues. Your advocates should also have copies.
3. You may write to the Board if you have specific questions.

Finally, to communicate with the Board, you can:

1. Have a family member or advocate contact the Board on your behalf.
2. Write to the Board, sending the letter through State Mail.

Reentry and Rehabilitation

You will have a case manager assigned to you throughout your time in prison, including in R&O. Their role is to understand why you are here, what needs you have that should be addressed, work with you to address those needs, and help you prepare for your eventual release.

Your case manager will meet with you to answer any questions & determine how often you should meet. Based on several factors, your case manager may want to meet with you on a monthly basis, every 90 days, or somewhere inbetween. Your case manager can be accessed by sending them a message through the tablets or through Offender Management Review (OMR).

Your case manager will assist you with reentry efforts which includes creating a release plan. A release plan should address any barriers you have to release and help set you up for a successful life after prison. This includes, but is not limited to, helping to connect you to resources in the community that offer assistance, evaluating potential addresses and helping you find a healthy address to be released to, and assisting you as needed in finding employment.

On release day you will have the opportunity to get a temporary state ID and sign up for medicaid services. You will also be able to meet with various resources before you leave. Your family will be offered to participate in an orientation on what they can expect when you leave the facility.

Notary Services: Contact Any Staff Member for times and locations.

Assessments help us identify your needs and match the level of service.

The most common assessments used by Reentry and Rehabilitation staff are the following:

- Level Services Risk Needs Responsivity (**LS/RNR**) - Identifies your risk to re-offend and services needed. This will help build your CAP and determine which classes and programs will benefit you the most.
- Educational assessment **CASAS** - Reading & math comprehension as well as your understanding of the English language.
- **ASAM** - Identifies the level of service for specialized programs (drugs and alcohol)

Note: You may be asked to participate in one or more of these assessments in R&O or shortly after. If given the opportunity, please don't hesitate to participate. This also helps assist the Board of Pardons when making determinations.

Case Action Plan (CAP)

A Case Action Plan (CAP) is a tool we use to create a plan to lower your risk of recidivism. Identifying goals and milestones helps you receive the right programs, classes, and services at the right time. Your CAP will track your progress and provide essential data to the Board of Pardons & Parole to enable them to make informed decisions. You can receive a printout of your CAP through your assigned case manager.

Institutional Progress Report (IPR)

Before your hearing date with the Board of Pardons & Parole (BOPP), your case manager will provide you a questionnaire which you need to complete and return to your case manager. The questionnaire is attached to the IPR which is sent to the BOPP to report your progress, your behavior while incarcerated, and your plans upon release.

Substance Use Treatment

Substance Use Treatment Programs have been established in both correctional facilities and some county jails to provide the needed treatment and skills for you to overcome substance use dependency prior to your release back into the community.

USCF Achieve Recovery (male):

- Pre-Substance Use Treatment
- Residential Substance Use Program
- Intensive Outpatient Substance Use Program
- Aftercare
- Atlas Tablet SU program in Antelope

USCF Elevate (female):

- Pre-Substance Use Treatment

- Intensive Outpatient Substance Use Program
- Residential Substance Use Program
- Aftercare

CUCF HOPE (male):

- Pre-Substance Use Treatment
- Intensive Outpatient Substance Use Program
- Residential Substance Use Program
- Aftercare

Sex Offense Treatment

Sex Offense Treatment Programs have also been established in both correctional facilities to provide the needed treatment and skills. The following is offered at USCF, CUCF, and County Jails for men:

- Pre-Sex Offense Treatment
- Residential Sex Offense Treatment
- Sex Offense Treatment for low IQ,
- Building Resilience

Intergenerational Services

The goal of UDC's Intergenerational Program is to support children of incarcerated parents by strengthening families. Services available:

- **Parenting Classes:** We have several parenting classes available for biological and step parents. Ask your case manager to CAP you for one of our parenting classes if you are in a parenting role.
- **Family Strengthening Classroom:** We have parenting information and resources on the tablet. Please ask your case manager to have you added to this classroom if you are interested in accessing this information.
- **DCFS Collaboration:** The Division of Child & Family Services (DCFS) supports children who have been abused or neglected. We can help you connect with DCFS if you have children in foster care. Please let your case manager know if you have an **open** DCFS case. This is *not* the same as a child support case.

- **DCFS Post-Adopt Resources:** If your children were adopted through DCFS, the DCFS post-adopt team can answer questions about your adoption. Their contact info is available in the **Family Strengthening Classroom** (request to be added by your case manager).
- **Child Support or Paternity:** The Office of Recovery Services (ORS) handles child support and paternity issues. Contact ORS at (801) 536-8500 or 195 North 1950 West; Salt Lake City, UT 84116. There is information about child support and paternity available to read in the **Family Strengthening Classroom** (request to be added by your case manager).
- **Civil Custody Cases (protective orders, custody, etc.)** Work directly with the courts or an attorney. UDC staff are not able to help you navigate private custody matters. Those housed at USCF can access free legal consultations with the **Pro Bono Initiative** by requesting an appointment in the “Forms” section of the tablet.
- **Family Visits:** Direct your child’s caregiver to the Family/Friends tab on the Department of Corrections website or contact uspvisiting@utah.gov (USCF) or cucfvisiting@utah.gov (CUCF).
- **Temporary Delegation of Parental Authority (Power of Attorney)** for your child’s caregiver: Contact your case manager to request a copy of this form. They can help you get it notarized.
- **Resources for your Child’s Caregiver** (Medicaid, financial support, support groups, etc.): Encourage them to contact Children’s Service Society at 801-326-4409 or cssutah.org. There are also resources available for you to share with them in the **Family Strengthening Classroom** (request to be added by your case manager).

Education—School/Community

Education is one of the most impactful opportunities you will have during your time with UDC. Completing one or more of the education programs available to you will open doors of opportunity upon release for a successful career, higher salary, and potential earlier release date. We encourage you to participate in as many education opportunities as possible.

Space is limited in all of our programs. Therefore, enrollment is prioritized based on release dates and program readiness. Please be patient with the enrollment process as we try to provide everyone with the education opportunities they desire.

Your ability to take courses at UDC (risk reduction classes (formerly known as life skills courses), high school classes, and any post-secondary or vocational technical programs) as well as attend any treatment classes or programs depend upon your CASAs test. Do not worry, the CASAs test is NOT to determine your IQ, it is needed to place you into the appropriate setting.

Technical Program - The ability to read is crucial to your success during and after incarceration. For this reason, UDC measures the reading level of everyone whether or not they are participating in an education program. The test that UDC uses to measure reading and math levels is called the CASAS test. You will receive a personalized invitation to participate in the CASAS test. Taking the CASAS test is a requirement in order to participate in any UDC education program.

UDC offers the following education programs at its state facilities and county jail sites:

Adult High School Diploma:

- USCF: Sky View Academy
- CUCF: Central Utah Academy
- County Jail: Adult education is provided by the school district in which the jail is located.

To participate: *Please tell your case manager that you would like to participate in high school. Watch for announcements about registration dates and instructions.*

Per Utah Code 77-27-5.4, earning a high school diploma while incarcerated results in a four-month earned time credit.

Technical Education:

- **USCF:** Davis Technical College (* programs rotate throughout the facility)
 - **Programs for women:** Web & Graphic Design, Automation & Robotics, Culinary Arts, Business Administrative Services
 - **Programs for men:** Welding, Automotive Repair, CNC Machining, IT, Business Administrative Services
- **CUCF:** Snow College
 - **Programs:** Culinary Arts, Construction & Building Trades

- **Duchesne Co. Jail:** Uintah Basin Technical College
 - **Program:** Construction Management

To participate: *A high school diploma is required in order to participate in a Technical Education program. Appropriate Reading and Math levels are also required (CASAS Reading & Math level 4 or higher). Programs take 6-9 months to complete. Enrollment priority is given to individuals with five years or less prior to release. Upon enrollment, students sign a promissory note agreeing to begin payment of ½ of the tuition cost back to the state of Utah upon release.*

Please tell your case manager if you would like to participate in Technical Education. Watch for announcements about registration dates and instructions.

Per Utah Code 77-27-5.4, earning a Technical Education certificate while incarcerated results in a four-month earned time credit.

Associate Degree:

- USCF: Salt Lake Community College
- CUCF: Snow College

To participate: *A high school diploma is required in order to participate in an Associate Degree program. Appropriate Reading and Math levels are also required (CASAS Reading & Math level 4 or higher). Students may be eligible for Pell Grants or other funding opportunities upon enrollment. Registration of new students happens during the summer. Please watch for announcements about registration dates and instructions.*

Per Utah Code 77-27-5.4, earning an Associate Degree while incarcerated results in a four-month earned time credit.

Bachelor's Degree:

- USCF Women: University of Utah

To participate: *An Associate degree is required to participate in a Bachelor's degree program. Students may be eligible for Pell Grants or other funding opportunities upon enrollment. Please watch for announcements about registration dates and instructions.*

Per Utah Code 77-27-5.4, earning a Bachelor's Degree while incarcerated results in a four-month earned time credit.

College & Career Readiness:

The College and Career Readiness program can help you improve your reading and English language skills.

To participate: *Based on your CASAS score, you may be invited to participate in a College & Career Readiness course. Participation is voluntary. Please tell your case manager if you would like to participate in the College & Career Readiness program.*

Risk Reduction Classes:

Upon incarceration, your Case Manager will work with you to complete the Level of Service/Risk Need Responsivity (LS/RNR) evaluation. The LS/RNR assesses the rehabilitation needs of offenders, their risk of recidivism, and the most relevant factors related to supervision and programming. Based on this evaluation, you may be asked to participate in certain Risk Reduction classes. The purpose of these classes is to help you address risk factors and build the skills that will help you succeed after release and avoid future incarceration.

Religious Services, Counseling, and Religious Items

Everyone will be allowed access to religious services, except when your behavior poses a safety threat to the religious counselor or others attending the religious service. Chaplains are available to facilitate your religious needs; such as individual discussion, spiritual guidance, and self wellness.

Some of the various religious services that are available to you include Non-Denominational Services, Catholic Services, Islamic Services, Native Services, Church of Jesus Christ of Latter Day Saints Institute, etc.

Services are held in chapels or multipurpose areas depending on volunteer availability. Level 3 and 4 individuals may attend scheduled religious services in the chapel. Those with a more restrictive security level may be refused or have limited opportunities to attend regular services based on institutional security considerations.

Religious symbols or medallions that are approved may be worn based on your classification and housing assignments. Religious services operate solely on donations from the community. You may obtain a donated item by requesting it through Religious Services or a Chaplain as long as it is in stock. Otherwise, the Chaplain will help provide an approved vendor for a religious item that you may purchase from. You will also have access to religious writings unless such writings advocate actions that could present a clear and present danger to the security of the institution. You may be permitted to

possess religious books as part of your property for up to ten total per FD14, "Inmate Property."

Food Services -- Culinary

A balanced diet is served at the institution using food selected from the four basic food groups: Milk, meat, fruits, and vegetables/grains. A registered dietician prepares the menu. Food preparation is inspected and approved regularly by the Salt Lake County Health Department.

If you require a religious meal the following steps need to be followed:

1. You must complete the Religious Meal Request Form and send it to Religious Services.
2. The Religious Meal Request Form is considered for sincerity.
3. The necessary standards for the religious request are researched and verified.
4. Religious Services sends a request to Food Services with a justification for the religious diet.
5. Food Services will begin serving your religious fare within 24 hours from the time of the Religious Services notification.

If you require a special or medical diet, please follow the following steps:

1. If you have any previously documented allergies or medical dietary restrictions that are known, you may sign the medical information release form with medical staff to initiate the process.
 - a. Medical will verify the information and approve the special diet.
 2. If you do not have any previously documented known allergies or medical dietary restrictions, you must schedule an appointment with the medical provider and determine if the allergy or medical dietary restriction is legitimate. The provider's recommendation is then reviewed by a DHHS dietitian. If approved, you will be added to the approved special diet listing.
-

Telephones

Telephone privileges are designed to supplement, not replace, regular correspondences.

Application and Guidelines

1. You shall complete the “Inmate Telephone Request form” that is available in R&O and each housing unit.
2. Telephones are available for your use based on the facility’s needs.
3. Personal telephone calls may be monitored and/or recorded. Calls are subject to termination if circumstances indicate that there is a threat to the order, discipline, or security of the facility.
4. Calls to attorneys shall not be monitored. Applying for legal calls will follow the same process as personal calls except for listing it as “Legal” under the “Relationship to you” portion of the application.
5. Incoming telephone calls will not be accepted. However, in the event of an emergency, the facility staff will relay a message to you upon verification of the emergency,
6. Phone conversations shall be in English unless prior authorization has been obtained from your housing unit administration.
7. Your phone account deposits can be found on your bi-weekly IFAO statement. Phone account balances can be accessed through the telephone system by following the prompts.

Telephone Conduct

1. You shall not engage in threatening, harassing, foul, or abusive calls.
2. Misuse of telephone equipment shall **not** be permitted and may be subject to disciplinary action.
3. The use of the telephone is a privilege that can be lost by misuse, abuse, and/or violation of rules and regulations.
4. Phone privileges may be blocked for disciplinary/privilege matrix reasons to include selected numbers that have been misused, for the entire phone privilege.

5. In emergencies, you are required to terminate your telephone conversation at once and return to his or her assigned area.
 6. Credit card calls and third-party billings are prohibited,
 7. You shall use only your assigned PIN to make phone calls. Anyone using another person's PIN to make phone calls is subject to disciplinary action.
 8. For additional information on the use of telephones, you should contact your housing unit administrator and or access the policy reference library.
-

Pre-Release Office

The Pre-release office staff assists with the release process for you; the following information is to help you prepare for your release when that time comes.

1. Gate Money-

- a. Each releasing person is screened for gate money by the Pre-Release office.
- b. Gate money cannot be requested by you or your families.
- c. Gate money can be \$50 or \$100.
- d. Case managers can request gate money for an individual if they would normally be denied but there is good reason for the individual to receive the money. The request will be made from the Case Manager to the Pre-Release office with the final decision being made by the Pre-Release office.
- e. In short, the Pre-Release office only assigns \$100 gate money if all the following criteria are met:
 - i. You are not a parole violator;
 - ii. You are paroling to a CCC; and
 - iii. You have an average of less than \$100 on their account over the last 6 months
- f. Common reasons to deny Gate Money
 - i. Stable Address (Has a non-CCC address to go to)
 - ii. Parole Violator
 - iii. Averaged over \$100 on account over last 6 months
 - iv. You have applied to an interstate compact

2. Inmate Accounting-

- a. All money that is in your account will be withdrawn and provided to you by the Finance division.
 - b. Anyone with a detainer will either be given a check from the money in their account or be provided the opportunity to fill out a form to have it mailed to a family member.
- 3. Medication-**
 - a. On release day, you will be provided with a 30-day supply of medications that are not available over the counter.
- 4. Social Security Card, Birth Certificate, and other forms of identification-**
 - a. If you have a social security card, birth certificate, or any other form of ID that has been held in Records, it will be given to you on release day.
- 5. Drivers License Division-**
 - a. You will be allowed to receive a temporary State ID card from the Drivers License Division before release.
 - b. Temporary State ID cards are free of charge. If you do not want to get one on the day of release, you will be given a voucher to take to the DLD later.
 - c. Receiving an ID is not required but strongly encouraged for all releasing individuals.
 - d. If you opt-in to get an ID, it will cancel any existing driver's current license.
- 6. Medicaid-**
 - a. On release day, each individual will be allowed to fill out a Medicaid application and meet with our partner agency, Utah Health Policy Project (UHPP).
- 7. Clothing-**
 - a. You will be released in any commissary clothing you have.
 - b. If you are not going to be paroled to a CCC, the person picking you up can bring clothing for you to wear when you are released.
 - c. If you do not have any clothing to be released in, you will be provided with 2nd hand clothing to leave the facility in.
- 8. Reentry Fair-**
 - a. As part of the release process, you will be provided the opportunity to attend the reentry fair.
 - b. Several state agencies and private agencies will be present to assist you with assistance.

Facial Recognition Notice

The Department routinely captures images of inmates for security and identification purposes. These images may be used in conjunction with facial recognition technology.

Facilities

To maintain a clean and safe environment please consider the following things that will help you while living in this facility:

- Keep your areas clean per the facility's cell standards. This will prevent the area from looking run down and prevent health risks from developing.
- Be mindful of what you are flushing down the toilets. Items not meant to be flushed for example paper towels, articles of clothing, and any other type of contraband. These items will block the system and create an inconvenience for yourself and others in your area as water has to be shut off for some time to repair.
- Attaching items or covering vents causes an issue with the facility's ventilation system and only affects those living in or around your section and cells. This system if blocked can cause serious issues for you during a fire and can restrict the airflow to direct smoke to the proper channels. For your safety please keep this area clear.
- Outlets and facility televisions should not be altered or messed with. These items provide you with many possibilities. If damaged or altered will result in the loss of service for some time. Please leave these items free from alteration.
- Locks. It is a violation to alter any locking device. These locks and keyholes should be kept clear from any debris as it is for your safety the staff can access this area for you.

If you see any issues with the facility please let your housing staff know as soon as possible so they can submit a work ticket to get it fixed.

Treatment Resource Centers

The mission of our Treatment Resource Centers is to offer treatment and resources to support the long-term success of those under the supervision of Adult Probation and Parole.

The centers create the necessary environment for the personal growth and success of individuals on probation or parole. We are committed to providing evidence-based programs so that our clients achieve lifelong success. Our staff ensures a safe learning environment for clients to address their issues and engage in programming, specifically targeted to address their needs. This mission is accomplished through collaboration with community partners and our dedicated staff.

Centers are located throughout the state in various Adult Probation and Parole Offices. The centers are staffed by correctional officers, correctional specialists, AP&P officers, licensed clinical therapists, and case workers who work together to provide classes and programming.

The staff specializes in working with people involved in the criminal justice system and has an in-depth knowledge of risk factors that impact the likelihood of success, as well as the diverse needs of clients. Client safety and mutual respect are foundations of our programs, which are continually evaluated and improved.

In addition to offering classes, the centers provide assessments and referrals to treatment providers in the community. We understand the importance of referring the right client to the right program and thus may act as a liaison to ensure appropriate community support and treatment are provided.

PROGRAMS OFFERED AT THE COMMUNITY CORRECTIONAL CENTERS:

- Cognitive Behavior Therapy & Dialectical Behavioral Therapy
- Substance Use
- Anger Management
- Parenting
- Seeking Safety
- Relapse Prevention

Case Management is available at All TRCs

- Housing

- Dental/Medical
- Employment
- Education
- Community Resources

Northern Utah Region Treatment Resource Center, Ogden

2445 South Water Tower Way

Ogden, UT 84401

Telephone: 801-627-7810

Classes offered:

- Cognitive Behavior Therapy Groups
- Parenting
- Relapse Prevention
- Anger Management
- Theft (Something for Nothing)

Therapy offered:

- Women's substance use/mental health groups
- Men's substance use/mental health groups
- Women's General Outpatient substance use program
- Men's General Outpatient substance use program
- Assessments

Case Management:

- Housing
- Dental/Medical
- Employment
- Education
- Community Resources

Northern Utah Region Treatment Resource Center, Farmington (AP&P Office)

883 West Clark Ln#2 (Upstairs)

Farmington, UT 84025

Telephone: 801-451-4700

Classes offered:

- Cognitive Behavior Therapy Groups
- Parenting
- Relapse Prevention
- Anger Management
- Theft (Something for Nothing)

Therapy offered:

- Women's substance use/mental health groups
- Men's substance use/mental health groups
- Women's General Outpatient substance use program
- Men's General Outpatient substance use program
- Assessments

Case Management:

- Housing
- Dental/Medical
- Employment
- Education
- Community Resources

Northern Utah Region Treatment Resource Center, Brigham City (AP&P Office)

11 West Forest St

Brigham City, UT 84302

Telephone: 435-734-2066

Classes offered:

- Cognitive Behavior Therapy Groups
- Parenting
- Relapse Prevention
- Anger Management
- Theft (Something for Nothing)

Therapy offered:

- Women's substance use/mental health groups

- Men's substance use/mental health groups
- Women's General Outpatient substance use program
- Men's General Outpatient substance use program
- Assessments

Case Management:

- Housing
- Dental/Medical
- Employment
- Education
- Community Resources

Northern Utah Region Treatment Resource Center, Logan (AP&P Office)

1225 W. Valley View Drive

Logan UT 84321

Telephone: 801-713-6240

Classes offered:

- Cognitive Behavior Therapy Groups
- Parenting
- Relapse Prevention
- Anger Management
- Theft (Something for Nothing)

Therapy offered:

- Women's substance use/mental health groups
- Men's substance use/mental health groups
- Women's General Outpatient substance use program
- Men's General Outpatient substance use program
- Assessments

Case Management:

- Housing
- Dental/Medical
- Employment
- Education

- Community Resources
-

AP&P Central Valley Office

3888 West 5400 South

Taylorsville, UT 84129

Telephone: 801-957-8818

Classes offered:

- Moral Recognition Therapy (MRT)(12 weeks)
- GED (weekly as needed)
- Co-dependency (12 weeks)
- Relapse Prevention (8 weeks)
- Intervention (4 weeks)
- Job club/vocational rehabilitation (weekly classes)
- Job readiness class (weekly classes)
- Trauma Therapy (coming soon)

Therapy offered:

- Women's substance use/mental health groups
 - Men's substance use/mental health groups
 - Women's Intensive outpatient substance use program (three hours three times a week)
 - Men can be placed at Fortitude Treatment Center for residential treatment and then have aftercare at the TRC.
 - Treatment assessments (some clients may be referred out for assessments)
-

Region 4 Treatment Resource Center, Provo

150 E. Center Street

Provo, UT 84603

Telephone: 801-344-1200

Classes offered:

- Substance use education classes
- Moral Recognition Therapy

Therapy offered:

- Women's substance use groups
 - Men's substance use groups
 - Trauma groups
 - Individual therapy sessions
 - Substance and mental health assessments
 - Intensive outpatient treatment will be starting soon
-

Richfield, Satellite office

835 E. 300 N. #500

Richfield, UT 84701

Telephone: 435-896-2770

Classes offered:

- Substance use education classes
- Moral Recognition Therapy

Therapy offered:

- Women's substance use groups
 - Men's substance use groups
 - Substance use assessments
-

Region 5 Treatment Resource Center, Hurricane

620 S. 5300 West, Ste. 247

Hurricane, UT 84737

Telephone: 435-634-2800

Classes offered:

- Moral Recognition Therapy
- Relapse Prevention
- Anger Management
- Substance use education
- Thinking for a Change 3.1
- Parenting

- Employment class once a month
- Re-entry Program for probationers

The center currently has one therapist who provides evaluations and intensive outpatient, mental health, group and individual counseling.

The Re-entry Program for probationers is for individuals who are ordered to serve more than 90 days in jail. If the probationers complete 30 hours in Thinking for a Change, 15 hours of substance use education and 30 hours of group therapy they may be eligible for an early release provided they continue treatment at the Treatment Resource Center.

Region 6 Treatment Resource Center, Price

1365 S. Carbon Avenue

Price, UT 84501

Telephone: 435-636-2800, ext. 817

Classes offered:

- Moral Recognition Therapy (12 weeks)
- Co-dependency (12 weeks)
- Relapse Prevention (8 weeks)
- Maintenance (20 weeks)
- Risk Reduction (3 weeks)
- Strengthening Families
- Tooele Treatment Center

Adult Probation and Parole Office

528 E. 2400 North

Tooele, UT 84074

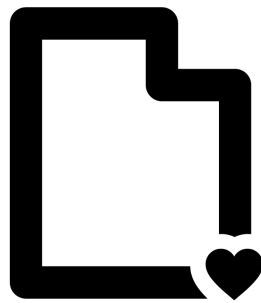
Telephone: 435-882-1404

Classes offered:

- Moral Recognition Therapy (12 weeks)
- Relapse Prevention (8 weeks)
- Substance Use Education

HEALTH SERVICES HANDBOOK

16th Edition



Utah Department of
Health & Human Services
Correctional Health Services

Correctional Health Services

Introduction to Correctional Health Services

This handbook provides information about health services. In July 2023, the Division of Correctional Health Services (CHS), under the Utah Department of Health and Human Services (DHHS), became the agent to deliver health services for the Utah Department of Corrections prisons.

DHHS Vision:

The Utah Department of Health and Human Services will advocate for, support, and serve all individuals and communities in Utah. We will ensure all Utahns have fair and equitable opportunities to live safe and healthy lives. We will achieve this through effective policy and a seamless system of services and programs.

CHS Vision:

Our vision at CHS is to deliver whole-person, data-driven care that will improve health and safety outcomes while individuals are incarcerated and as they transition to their communities.

Your Mental Health Matters

Do you have thoughts of harming yourself?

Entering prison can be a difficult and stressful time. Even if you've never before been depressed or had thoughts of suicide, you could be struggling now. If you find yourself having suicidal thoughts, please alert a staff member. A referral will be sent to Mental Health for help. Equally important is if you suspect another offender is having suicidal thoughts, please tell an officer or clinical staff member.

Receiving Screening

If you are experiencing an emergency, please notify custody or medical staff immediately.

Screening is performed on all inmates upon arrival at the intake facility to ensure emergent and urgent health, dental, and mental health needs are met. The receiving screening is to fulfill the following purposes:

- Identify and meet any urgent health needs of those being admitted.
- Identify and meet any urgent mental health needs of those being admitted.
- Identify and meet any known or easily identifiable health needs that require medical intervention.
- Identify any urgent dental needs of those being admitted.
- Identify and isolate inmates who appear potentially contagious from the general population (e.g., TB, HEP C, HIV).
- Obtain a medical clearance when necessary.

You should inform officers or medical staff of any health or mental health emergencies you are currently experiencing.

Your cooperation and honesty during these exams will assist healthcare providers in determining your healthcare needs.

Accessing Care with Correctional Health Services

You have the right to privacy, access to care, and the right to refuse medical procedures. These rights are the same as the rights you have outside the correctional facility. However, security regulations may limit some rights.

Health Care Request Form (HCR)

Healthcare requests are available in all housing units in paper form and, in some housing units, on tablets as electronic forms. Please complete the form with your name, offender number, and housing and cell designation.

Place the HCR form in a sick-call box for paper forms. Sick-call boxes are located near medical and pill line services. In more restrictive housing units, sick-call boxes may be nearby. HCRs may be submitted to the officer and placed in the sick-call box.

The following services can be requested using an HCR:

- Medical/including prescription refills
- Mental Health
- Vision
- Dental

An HCR should not be completed for emergencies. If you have an emergent medical condition (chest pain, difficulty breathing, severe pain, etc.), please notify an officer or member of the medical staff.

Non-urgent or elective procedures may not be provided 90 days before release.

The CHS medical staff will pick up the HCR forms from the sick-call boxes daily.

Things that delay the process:

- **Do not** put an HCR in a mailbox.
- **Do not** send a letter to a provider to request healthcare.
- **Do not** use the grievance process to request healthcare.

HCR Process

If an inmate believes they need immediate medical attention, they should notify the first available staff person of their condition.

1. A CHS staff member will collect and review all HCRs daily.
2. A CHS staff member will assess your medical needs or concerns.
3. A registered nurse completes the evaluation, and you will be scheduled to see an appropriate provider (medical, mental health, or dental) as indicated.

Health care request (HCR)

If this is an emergency, talk to an officer or medical staff

Health care requests must be submitted to the locked medical box on your housing unit or section. Officers and medical staff may help you fill out the HCR and submit the HCR into the locked medical box. A member of the clinical team will then visit with you face to face to confirm your request and gather any needed information. HCRs **may not be submitted at the pill line or through the mail.**

Please select only 1 item per request. **Do not add additional comments** as they will not be entered into the initial health care entry. You can review your concerns with medical staff during your face to face appointment.

Medical

- ☐ Routine medical request
- ☐ Urgent medical need for an injury, illness, or concern
- ☐ Follow-up visit for a prior medical appointment (e.g. discuss labs, x-rays). This visit may result in a copay charge.
- ☐ New medication
- ☐ Expired or expiring medication to be renewed (refill requests should be placed in the med box)

Vision

- ☐ Routine eye visit
- ☐ Urgent eye appointment for injury, pain, or concern
- ☐ Follow-up visit for a prior eye appointment. This visit may result in a copay charge.

Mental Health

- ☐ Talk to a therapist
- ☐ New mental health medication
- ☐ Expired or expiring mental health medication (refill requests should be placed in the med box)
- ☐ Follow-up visit for a prior mental health medication appointment. This visit may result in a copay charge.

Dental

- ☐ Routine dental visit
- ☐ Urgent dental appointment for injury, tooth pain, or concern
- ☐ Follow-up visit for a prior dental appointment. This visit may result in a copay charge.

Inmate name _____ Date _____

Offender number _____ Housing cell _____

Please deposit the completed health care form in the locked medical box.

Sick Call Visit

Clinical services will not be denied for lack of money.

1. Clearly explain your problem to your healthcare provider.
2. Listen to the healthcare provider and complete all treatment or therapy recommended or prescribed by the healthcare provider.
3. If the problem isn't resolved after seeing a provider, please submit an HCR for a follow-up appointment.
4. Follow-up appointments requested by an offender will be assessed a copay.
5. If the healthcare provider at sick call suggests that you need a follow-up appointment, you must submit an HCR for a follow-up appointment.
6. A \$5 copay is charged for each health care request submitted for dental, optical, or medical services.
7. There is no charge for mental health visits.

Access to Mental Health Services

CHS provides many different mental health services to offenders who have mental health, emotional, behavioral, or related problems. The mental health staff reviews offenders and refers them for treatment during reception and orientation. To request mental health care, fill out an HCR and put it in the sick-call box.

Services available through mental health include:

1. Crisis calls: If at any time you are having thoughts of suicide or hurting yourself or others, tell the officer on duty you need to speak to a crisis worker.
 - a. The officer will contact the crisis service mental health team and a staff member will talk to you.
2. Inpatient mental health services:
 - a. If the mental health staff determines an offender to be mentally ill and unable to care for his/her/themselves safely, the offender may be transferred to an inpatient mental health program.
 - b. Inpatient mental health treatment occurs in special housing units. Mental health treatment or assessment may include medication management, individual therapy, group therapy, and psychological testing.

- i. Therapy may focus on understanding the need for taking medication, improving coping skills, learning better social skills, and participating in recreational activities.
 - c. Mental health services aim to return an offender to regular housing when appropriate.
3. Outpatient mental health services:
- a. Outpatient mental health services are for offenders with mental health concerns. Treatment options may include individual therapy, group therapy, or referral to a psychiatric provider for further assessment.
 - b. Time-limited counseling services are available to all offenders as resources allow.

Requesting services

HCRs are available in all housing units in paper form and, in some housing units, on tablets as electronic forms. Please complete the form with your name, offender number, and housing and cell designation.

Place the HCR form in a sick-call box for paper forms. Sick-call boxes are located near medical and pill line services. In more restrictive housing units, sick-call boxes may be nearby. HCRs may be submitted to the officer and placed in the sick-call box.

You will be scheduled to see a mental health professional.

If you have thoughts of harming yourself or others or are suicidal, notify any staff member immediately. A crisis visit will be arranged for you as soon as possible.

If you know of another offender considering suicide, please report this to staff. You may be able to help prevent unnecessary injury or death to another individual.

Dental Care

If you have a dental emergency, notify medical or custody staff immediately.

Requesting services

Clinical services will not be denied for lack of money.

HCRs are available in all housing units in paper form and, in some housing units, on tablets as an electronic form. Please complete the form with your name, offender number, and housing and cell designation.

Routine dental work will not be provided within 90 days of your release date. Emergency care will be provided up to the day of your release.

Dentures and partial dentures

Dentures can be replaced every eight years. Patients are responsible for covering up to \$300 for dentures and partial dentures.

Copay

Please refer to the Copay Policy/Charges section.

Vision Care

Requesting services

Clinical services will not be denied for lack of money.

HCRs are available in all housing units in paper form and, in some housing units, on tablets an electronic form. Please complete the form with your name, offender number, and housing and cell designation.

Glasses

Only one pair of glasses will be ordered every two years. Additional glasses during the two-year timeframe will be assessed as a copay of 100% of the cost.

New lenses will only be ordered for state-issue frames. CHS will not order lenses for frames purchased from other vendors.

Inmates will be allowed to purchase frames and lenses from outside vendors only after an examination with the prison optometrist. Glasses must be sent directly from the vendor. All other glasses will be refused and returned to the sender.

CHS will not place an order for glasses if inmates have less than six months to parole, terminate, or go to a community corrections center.

Copay

Please refer to the Copay Policy/Charges section.

Physical Therapy

Clinical services will not be denied for lack of money.

Physical therapy services are available by referral only from your healthcare provider. Physical therapy is considered an optional, voluntary medical treatment.

Due to physical therapy's gym-like nature, more than one patient can be seen at the same time.

The physical therapist has no control over medications. The therapist cannot order medication, increase or decrease medication doses, or stop medications. You will need to talk to a medical provider for these services. Results of lab tests, x-rays, MRIs, UMC consultations, etc., should be discussed with the medical provider. The physical therapist may make therapy recommendations based on these tests.

Copay

Please refer to the Copay Policy/Charges section. Copays are assessed with walkers, wheelchairs, and canes. Physical therapy has limits on what we can issue through clearances.

Telemedicine

If it is determined that specialty care is needed during medical treatment, you may be evaluated via the Telemedicine Clinic.

- Telemedicine is a technological process whereby offenders and specialty physicians are seen via the telephone, camera, and large TV screen.
 - You will not leave the prison. Your specialist will be in another facility. Participation is voluntary and cooperation is expected.

Prescription Medications

New formulary prescription medications ordered by a CHS provider are generally available at the pill line within one business day of your appointment. Formulary medications are prescription drugs covered by CHS's prescription plan.

Non-formulary medications may take longer due to the approval and purchasing processes involved. Non-formulary medications are not included on the CHS's "formulary" or list of covered medications.

Medication misuse or abuse

Abuse or misuse of medication will be reported to the prescribing provider and may result in a change of administration or change in medication.

The following examples are considered medication abuse or misuse:

- Taking more medication than instructed in the prescription directions
 - Failure to take your medication as prescribed may increase your risk of severe health problems.
- Giving, selling, or trading medication to other offenders
- Destroying, throwing away, or mutilating the blister pack or prescription label
- Popping out your pills and keeping them in a container other than the one the pharmacy dispensed it in
- Refusing to show your mouth after administration of retained meds
- Testing positive for a controlled substance you are not prescribed

Housing transfer

If you are transferred or ordered to “roll up” and pack up your belongings:

- Place your medications with your personal hygiene and legal items so they will travel with you to your new housing assignment.
- You will not be issued replacements of keep-on-person (KOP) medications without submitting an HCR and seeing a provider. **Make sure you take your medication with you.**
- For **retained** medications:
 - Inform the medical staff in your new housing area of your recent move. Medical staff will forward retained medications from the prior housing area to your new location. Failure to notify nursing staff of a recent move may cause a delay in receiving your retained medications.

Prescription Refills and Renewals

Prescription dispensing will not be denied for lack of money.

Medications may be dispensed in a blister pack.

If you are taking medications for a long-term (chronic) problem, or the healthcare provider instructs you to take a medication for a longer time than is covered by one blister pack, the following applies:

- Keep on person (KOP) medications are not automatically refilled. When a refill is needed for your KOP medications, you must submit a yellow refill request slip to medical staff.
- Refill requests should include the patient name, UDC number, drug name, and, if available, RX number. (All required information is on the small detachable sticker on the right side of the prescription label, which can be used for your convenience.)
- Medical staff will manage refills of retained (DOT) medications.
- Requesting a refill **does not** automatically mean a refill will be immediately available.
 - Once requested, the refill will be added to the pharmacy's queue to be processed when it is **next due**, based upon the provider's instructions.
 - Refill requests currently due may take up to two days to process. Please submit your refill request four (4) days before your blister pack is empty.
 - Occasionally, medications may be delayed due to manufacturer availability or shortages. Providers will be notified of ongoing shortages.
 - Do not assume the prescription can be filled beyond expiration because the prescription label said you had more refills remaining.
 - The "remaining refill number" printed on your prescription is an estimated number of possible refills if filled at the maximum quantity or frequency. This number is not guaranteed and will change based on the time remaining in the prescription's life rather than by the number of previous fills.
- To obtain a refill, you must exchange the current blister pack or package.
 - Please use all your medication before exchanging it for a new refill.
- Please be aware that all prescriptions expire. You are responsible for submitting an HCR to obtain a new prescription (renewal) from a provider. The provider may renew the prescription or schedule you for a follow-up appointment if your medication or condition needs to be monitored or your prescription needs to be changed. Please plan accordingly and submit an HCR **before** your current prescription expires.
 - The pharmacy **cannot** refill expired prescriptions.
 - Most retained medications are written for six (6) months or less and require provider visits for renewal.
 - If there is a problem with your medication, submit an HCR to discuss the issue with a CHS provider.

- Over-the-counter (OTC) medications and supplies are available from the commissary without a prescription.
 - Please check your catalog for available items.

Pill Line Process and Rules

Take medication as prescribed and directed. You must come to the pill line with the following:

- Water in a clear cup
- Your I.D. card

You will be sent away from the pill line to obtain these items if you do not bring them with you.

1. Identify yourself to the medical staff by name and housing.
2. When pill lines begin on housing units or at cell doors, come to pill line or cell door:
 - a. Dressed appropriately
 - b. Make sure the housing unit light is on
 - c. Your identification will be verified by the medical staff using your ID card
3. Checking for compliance with medication use is done by provider order, housing area, or type of medication. Most pain medications and mental health medications fall into this category.
4. Take medication as ordered. Medical staff will not let you take or keep the medication for later use.
5. After your medication is given to you, show medical staff the pill in your mouth before drinking.
6. After drinking, you must show the med tech your mouth, under your tongue, and any other areas as directed, such as hands, cheeks, cup, etc.
7. Being belligerent or refusing to follow the medical staff's direction will not be tolerated. These behaviors will be reported to the provider or custody staff.
8. Retained medication will be given at the morning or afternoon pill line.
9. Treatments should be completed at morning pill lines unless you are otherwise instructed.
10. Treatments may include:
 - a. Blood pressure checks. If you have a blood pressure check ordered, go to the morning pill line.

- i. If you do not come to the pill line, medical staff will chart the treatments as a “no show.”
11. Discuss non-urgent healthcare issues with the medical staff at the morning pill line. They have more resources to address your concerns.

Medical Screenings

Medical screenings may include, but are not limited to:


- Mammograms
- Colorectal screenings
- Infectious disease testing
- Vision exams
- Blood pressure

Medical screenings may be refused. An informed refusal must be completed and signed and witnessed by either custody or CHS staff.

Certain screenings, such as tuberculosis and HIV screenings required by state law, may not be refused.

Informed Refusal Form

Informed Refusal



Utah Department of Health & Human Services
Correctional Health Services

INFORMED REFUSAL

Offender Name and Number: _____

I have been advised, and it has been recommended by my healthcare provider,
_____, MD/PA/NP/DDS/PT, that I undergo the following test(s),
treatment(s), operation(s), procedure(s), or examination(s):

Risks related to refusal of care include:

Clinical staff have satisfactorily explained the above test(s), treatment(s), operation(s),
procedure(s), or examination(s). In addition, I have had the opportunity to ask questions about
the proposed recommendation, and the healthcare provider has answered these to my
satisfaction. Notwithstanding the recommendation of my healthcare provider and with the
knowledge I have regarding this recommendation, I have decided **NOT** to accept/permit the
test(s), treatment(s), operation(s), procedure(s), or examination(s) listed above.

I understand that my failure to follow my healthcare provider's advice may seriously affect my
health. By signing below, I assume responsibility for all the risks and consequences of my
refusal. I also release _____ MD/PA/NP/DDS/PT and other persons
participating in my care from all responsibility for any unfavorable or harmful results, up to and
including death, which may occur as a result of my refusal to accept/permit the proposed
recommendation.

Offender Signature _____ Date _____

Witness Signature _____ Date _____

Offender refused to sign form _____
Witness Signature _____ Date _____

Correctional Health Services Revised May 2024

Offender Responsibilities

You must take responsibility for your healthcare by:

1. Coming to pill lines
2. Taking your medications as prescribed
3. Submitting health care requests
4. Submitting prescription refill slips for medications within appropriate times

5. Reporting and communicating appropriately with healthcare staff when your health needs arise
6. Arrive at your appointment at the scheduled time and place and/or be available for the transporting officer
7. Keep your scheduled appointment

*****A new HCR must be submitted when a scheduled appointment is missed.**

Infectious Disease Prevention

Infectious diseases can be a serious problem for incarcerated individuals. Not only can you catch a serious illness like TB or Hepatitis C, but you can give it to friends or family members during visits or when you leave prison.

Ways to prevent infectious disease:

- **Do not** share any needles (such as for tattooing or piercing).
- **Do not** have unprotected sexual contact.
- **Do not** share eating utensils.
- **Do not** share drug paraphernalia (such as straws to snort illegal drugs or needles).
- **Do not** share razors, nail clippers, and toothbrushes.

Human Immunodeficiency Virus (HIV) Facts

HIV is an infectious disease that infects your body's immune system, which is responsible for preventing illness. This process begins with exposure to the virus from another person's blood and body fluids either by sex, sharing a needle, or by direct contact with contaminated blood. The virus then infects your immune system and multiplies. This leads to a worsening infection and an ability to infect others. Having the virus is different from having AIDS. Currently, medication exists that is very effective at treating the infection. Although it does not cure the disease, it does decrease the chances of progressing to AIDS. If you are concerned about getting the virus or have been diagnosed with HIV or AIDS, please contact CHS.

Tuberculosis (TB) Facts

TB is a disease infecting millions worldwide. If untreated, it causes significant lung damage and eventually can lead to death in some people. Fortunately, successful treatments do exist. It is, however, essential that treatment begins early in the infection

process.

Treating and avoiding this disease centers around screening. All offenders must be tested on intake and then yearly until discharge. Due to the contagiousness and seriousness of the disease, local health laws mandate testing for TB. These tests cannot be refused. Testing benefits both you and the community.

The TB test is a skin test, usually on the forearm. If the test is positive, it **does not** indicate active disease but indicates exposure to active disease at some point. For those who test positive, a chest x-ray may be ordered and then reordered every two years. Each time, you return to prison after release to monitor. If found positive, you may be offered medications to treat the non-active disease and prevent active disease.

Hepatitis Facts

CHS is interested in helping you remain healthy while in prison. To protect your health, you must understand the nature of the different types of hepatitis.

Hepatitis A: This is a highly contagious virus that affects the liver, usually spread by contact with either food or water contaminated with the virus. The disease that results from this type of hepatitis is of short duration, self-resolving, and seldom recurs. Individuals diagnosed with this condition may be isolated from the rest of the population for a time.

Hepatitis B and C: Both viruses affect the liver. They are highly infectious and may cause long-term disease that can progress to cirrhosis and possibly death from liver cancer or liver failure. Once contracted, there is limited treatment for these conditions. You will be admitted to the chronic care clinic and be offered labs or other studies to recognize advancing liver disease states. The virus causing these diseases is spread through contaminated body fluids. You can be exposed to the virus through intravenous drug use, tattooing, body piercing, sex or sexual practices, sharing hygiene products, and/or other body fluid exposure. If you do not engage in the mentioned activities, you are essentially not at risk of hepatitis B or C.

Healthcare Records

You may be asked to sign a release of information form(s) so we can obtain information about your previous healthcare. This may help us better care for you.

Medical Records

To request copies of medical records, including dental, mental health, medical, and optical, you must complete a GRAMA request form and submit it with a money transfer (money transfers are not required for indigent offenders). GRAMA forms can be obtained at your unit or from your caseworker. Record requests submitted that are not on this form will be returned to the offender. You must have your caseworker sign all GRAMA forms for verification (the back of the GRAMA request form and the money transfer slip).

Fee to obtain medical record:

You will be charged twenty-five cents (\$0.25) for each double-sided photocopied page you receive. Requests not accompanied by a money transfer slip will only be allowed if you are verified as indigent. Indigent offenders are limited to 100 pages per calendar year.

On the GRAMA form, be specific regarding the date of service and type of records you are requesting.

Mental Health records are “controlled” and can only be released to other mental health professionals or upon receipt of a subpoena or court order.

Do not request copies of medical records using an HCR form. You must submit a GRAMA form.

GRAMA Request Form

| UTAH STATE PRISON INMATE GRAMA RECORDS REQUEST FORM | |
|--|--|
| <p>(A) Inmate Name: _____ Date: _____</p> <p>Housing Unit: _____ Offender #: _____</p> <p>Tracking #: _____ USP #: _____</p> | |
| <p>(B) 1. In accordance with the Government Records Access and Management Act, I am requesting a copy of the following record (I understand that only one record or series request per form is permitted for privacy and security)</p> <p>_____</p> <p>2. Indicate the Utah Department of Corrections division, facility, or program that created the record requested</p> <p>_____</p> <p>3. Indicate the approximate year, month, and day the information requested was entered into record</p> <p>_____</p> <p>4. Indicate the reason or need for which you are requesting this information</p> <p>_____</p> <p>_____</p> <p>5. Indicate, with as much detail as possible, the nature of the information contained in the record you are requesting</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(One record or series per form permitted)</p> | |
| <p>(C) LEGAL AUTHORITY TO RECEIVE THE INFORMATION (evidence must be provided)</p> <p>1. <input type="checkbox"/> I am requesting information which I believe to be <u>Public</u>.</p> <p>2. <input type="checkbox"/> I am the <u>subject</u> of the record being requested.</p> <p>3. <input type="checkbox"/> I am the <u>person who provided the information</u>.</p> <p>4. <input type="checkbox"/> I have a <u>Court Order</u> from a court of competent jurisdiction.</p> | |

Release of Medical Information

DHHS protects your privacy under Utah law.

If you desire a third party to access your medical information, please complete a limited power of attorney or release of medical information form and have it notarized by your case manager.

This form is offered during intake, but you can also contact your case manager at any time if you wish to obtain this form, change your contact, or withdraw your authorization. Completing this form will allow the department to discuss more of your medical status and details with a single party of your choosing.

This form is permanent unless you specifically request to withdraw access at a future date. This form will **not** give that person authority to take any other actions or gain access to non-medical private information (e.g., they cannot make financial decisions, dictate the course of your medical treatment, etc.).

If your designated contact wishes to confirm your medical status or receive basic medical information, they can contact the family medical line. The operator will review and confirm your authorization form before providing any details from your medical chart.

Medical Release Form



Utah Department of
Health & Human
Services

| |
|--|
| |
|--|

LIMITED POWER OF ATTORNEY TO REQUEST AND RECEIVE PRIVATE MEDICAL RECORDS AND INFORMATION FROM THE UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)

| | | |
|--------------------------|------|-----------------------------------|
| NAME (PRINT): | DOB: | Offender Number: |
| DATE OF FORM COMPLETION: | | Facility (at time of completion): |

Information to be Disclosed: I authorize DHHS to disclose my private medical records and information pertaining to:

☐ Health Care ☐ Dental Care ☐ Optical Care ☐ Mental Health Care ☐ All of the Above

Purpose of Form: This form is intended to provide private medical information to ONE family member, friend, or other designee. Without this form being completed, this information would be treated as "private" to you under the Government Records Access Management Act (GRAMA) and could not be shared by DHHS with anyone else, except as provided in GRAMA. This form does not give your agent any authority over your medical treatment, and it will not be used to allow individuals to dictate your treatment plan.

DESIGNATION OF AGENT: I designate the following person my agent to request and receive my private health information from DHHS:

| | |
|----------|---------------|
| Name: | Relationship: |
| Phone: | Fax: |
| Address: | |

ACKNOWLEDGEMENTS AND SPECIAL INSTRUCTIONS

- This Limited Power of Attorney authorizes DHHS to disclose my private medical information and records to ONE individual pursuant to Utah Code § 63G-2-202(1)(a)(iv)(A).
- The only authority granted to my agent under this Limited Power of Attorney is to request and receive my private medical information and records from DHHS. This Limited Power of Attorney confers no authority over my property or my medical treatment.
- If applicable, I understand the disclosure DHHS makes pursuant to this Limited Power of Attorney may include information regarding my participation in a substance abuse treatment program, sex offender treatment program, and/or mental-health/cognitive-behavioral treatment program.
- I understand that the information my agent receives may no longer be protected by federal and state regulations, and my agent may re-disclose information.
- I understand that executing this Limited Power of Attorney is completely voluntary. DHHS will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this form. I may inspect or copy information used or disclosed under this form. However, I understand the intent of this form is to share basic information about my health condition and not for a third-party to second-guess assigned treatment plans.
- This Limited Power of Attorney becomes effective immediately upon execution and shall remain effective unless I explicitly revoke it in writing.
- I understand I may revoke this Limited Power of Attorney in writing at any time by requesting to do so with my case manager.
- I understand my revocation is not effective to the extent action has been taken previously with reliance on this document.
- My agent is not entitled to compensation.
- This Limited Power of Attorney is durable, meaning that my agent can act even if I become disabled or incapacitated.

| | |
|------------|------|
| Signature: | Date |
|------------|------|

On this date, I certify that _____ (name) who is known to me or who presented satisfactory identification, in the form of _____ (form of identification), has, while in my presence and while under oath or affirmation, voluntarily signed this document and declared that it is true.

Date

Sign here ▶

Typed or printed name (Notary Public)

Notary Seal

Physician Orders for Life-Sustaining Treatment (POLST)

The POLST or Physician Orders for Life-Sustaining Treatment is a physician order that records your end-of-life wishes for resuscitation, the use of antibiotics, artificially administered fluids, and nutrition. The blue POLST form allows you to turn your wishes for life-sustaining treatment into action.

POLST is a form you should consider if you:

- Have serious health problems
- Have less than six months to live
- A physician must sign the POLST and your wishes must be followed
- You or the person you chose can start or cancel POLST at any time
- If you are unable to sign a POLST, the doctor will honor your verbal instructions
- Even without a POLST or a Do Not Resuscitate (DNR), you will receive quality medical care

Please submit an HCR and request a POLST discussion with a CHS provider who can explain the form's medical terms and options and how they relate to your current medical condition. A POLST form will also be offered during your chronic care visit starting at age 50.

Advanced Directive

If you have a chronic, debilitating, or terminal disease, you may choose to give instructions about what care you do or do not want to be provided should you become unable to communicate your wishes. This requires the completion of an “advanced directive,” which may be obtained from your caseworker or medical staff.

You can also have a trusted person make healthcare decisions for you — called a medical power of attorney or healthcare agent — if you are unable to speak for yourself. You can give that person permission on your advance directive form. The person you choose can be a friend, family member, or licensed professional. The Utah Advance, Health Care Directive forms, include both the living will and medical power of attorney for your convenience.

Your medical power of attorney should be:

- 18 years or older

- Willing and able to speak on your behalf
- Know you and your wishes well
- Able to advocate for you with your doctors and family
- Willing to talk with you about sensitive issues
- Able to make decisions important to you

¹Physician Orders for Life-Sustaining Treatment (POLST)

| Provider Order for Life-Sustaining Treatment (POLST) Utah Life with Dignity Order <small>Bureau of Licensing and Certification, Utah Department of Health State of Utah Rule R432-31 v3.1 February 2019 (http://health.utah.gov/hflicra/forms.php)</small> | | | |
|--|---------------------------------------|---|---|
| Patient's Last Name | First Name/Middle Initial | Effective Date of this Order | U T A H P O L S T |
| Date of Birth | Last 4 of SS# | Address (street/city/state/zip) | |
| Medical Provider's Name (MD/DO/PA/APRN) | | Medical Provider's Phone | |
| Brief description of patient's medical condition | | | |
| Patient's stated goals for medical care | | | |
| A. CARDIOPULMONARY RESUSCITATION (CPR) Treatment options when the patient does not have a pulse and is not breathing (CHECK ONE) | | | |
| <input type="checkbox"/> Attempt to resuscitate (selecting attempt to resuscitate requires selecting full treatment in Section B) <input type="checkbox"/> Do not attempt or continue any resuscitation (DNR) (Allow Natural Death) <input type="checkbox"/> I do not wish to express a preference (selecting this may lead to attempt to resuscitate) | | | |
| B. MEDICAL INTERVENTIONS Treatment options when the patient has a pulse and is breathing (CHECK ONE) | | | |
| <input type="checkbox"/> FULL TREATMENT: Prolonging life by all medically effective means. Medical care may include endotracheal intubation, mechanical ventilation, defibrillation/ cardioversion, vasopressors, and any other life-sustaining care that is required. Also includes medical care described below. | | | |
| <input type="checkbox"/> LIMITED ADDITIONAL INTERVENTIONS: Treating medical conditions while avoiding burdensome measures. Medical care may include treatment of airway obstruction, bag/valve/mask ventilation, monitoring of cardiac rhythm, IV fluids, IV antibiotics and other medications as indicated. Also includes medical care described below. No endotracheal intubation or mechanical ventilation. Generally avoid the Intensive Care Unit. | | | |
| <input type="checkbox"/> COMFORT MEASURES: MAXIMIZING comfort and dignity. Medical care may include oral and body hygiene, reasonable efforts to offer food and fluids orally, medication, oxygen, positioning, warmth and other measures to relieve pain and suffering. Transfer to the hospital only if comfort measures can no longer be managed at the current setting. | | | |
| <input type="checkbox"/> NO PREFERENCE: I do not wish to express a preference (selecting this may lead to full treatment). | | | |
| Other Instructions or clarification; Describe goals and/or time period if a trial intervention is desired: | | | |
| C. ARTIFICIAL NUTRITION | | | |
| <input type="checkbox"/> Long term artificial nutrition with feeding tube <input type="checkbox"/> Trial period of artificial nutrition with feeding tube <input type="checkbox"/> No artificial nutrition <input type="checkbox"/> I do not wish to express a preference | | | |
| Describe goals and/or time period if a trial is desired: | | | |
| D. ADVANCE DIRECTIVE AND PATIENT PREFERENCES | | | |
| <input type="checkbox"/> Advance Directive available, reviewed and confirmed without conflicts <input type="checkbox"/> No Advance Directive available | | | |
| Health care agent named in Advance Directive | | Phone Number | |
| <input type="checkbox"/> I, the patient, want this order to serve as a general guide. I understand in some situations, the person making decisions for me may decide something different if they think it is consistent with my preferences. | | <input type="checkbox"/> I, the patient, want this order to be followed strictly. | |
| Discussed with: | | | |
| REQUIRED SIGNATURES | | | |
| Print Name | Relationship: (write self if patient) | Signature | |
| Signature of Medical Provider (MD/DO/PA/APRN) <small>Two signatures required for minors</small> | Print Name | License Number | Date |
| | | | |
| Signature of licensed professional preparing form | Print Name | Title | Date |
| | | | |

¹ Provider Order for Life-Sustaining Treatment (POLST): Utah Life with Dignity Order. Utah Commission on Aging. (2019, February). https://ucoa.utah.edu/_resources/documents/directives/POLSTStaticRevised219.pdf

²Comparing POLST and Advance Directives



Comparing Advance Directives and POLST

This chart gives an overview of some key differences between advance directives and POLST forms:

| | Advance Directives | POLST Form |
|--|---|---|
| What is it? | Legal Document | Medical Order |
| Who should have this document? | All adults | Anyone (regardless of age) who is seriously ill or frail |
| Why would I need this? | <ul style="list-style-type: none">• To tell others who you want to make medical decisions for you, if you can't communicate• Tell others what medical treatments you would want, your values, what you care about. | <ul style="list-style-type: none">• Order providers to give specific treatments during an emergency• Supports the patient across care settings |
| Who fills it out? | The individual | Health care professional (after discussion with patient) |
| Can I use it to appoint my surrogate? | Yes | No |
| Can emergency responders use it? | No | Yes—It tells them if the patient was CPR and if the patient wants to go to the hospital |
| Is the document easily found? | Not always. Be sure you give a copy of your advance directive to your provider and surrogate. | Yes. You have a copy, your provider has a copy, and it may also be in a registry. |

² Chart Comparing Advance Directives and POLST. National POLST. (n.d.).
<https://polst.org/wp-content/uploads/2020/06/2020.06.05-Chart-Comparing-Advance-Directives-and-POLST.pdf>

Medicaid and Other Benefits

Once an individual has been incarcerated, Medicaid benefits are limited to "inpatient procedures" requiring inpatient hospitalization. In these instances, Medicaid will cover the cost of your medical procedures, and there will be no associated copays.

Any care provided on an outpatient basis is not eligible for Medicaid while incarcerated, even if you have an established Medicaid benefit. Once you leave the prison, your full Medicaid benefits may be reinstated if you continue to meet qualification requirements.

Other benefit programs, such as VA benefits, may be available to you, but they require any necessary examinations or qualifying assessments to be completed via appointments completed directly with representatives from those agencies.

Correctional Health Services does not provide or arrange these assessments for outside benefit programs but may provide copies of your medical records upon request.

Copay Policy/Charges

All offenders will be assessed by the statutory copay for outside healthcare regardless of the cause for the healthcare need. In its sole discretion, the department may waive this copay in appropriate circumstances. These charges apply to all offenders regardless of Interstate Compact/Federal status.

Per Utah state law, charges are as follows:

For doctor, physician assistant (PA), advanced nurse practitioner (APRN), optometrist, and dental visits, you will be charged a \$5 copay for each visit. This charge is assessed regardless of whether you are being seen for ongoing healthcare problems or a new problem.

If medical staff refer you to another CHS provider, your next appointment will be scheduled.

Dental staff schedules all necessary follow-up visits for you, and you will be charged for each visit.

A \$5 copay for physical therapy is charged for the first visit. There is no charge for follow-up visits for the same condition/ same episode.

Prescription Copay Fee

You will be charged a \$2 copay fee per prescription dispensed each month. **ALL** prescriptions are assessed the copay fee regardless of the type of administration (Keep-on-Person (KOP) or retained (DOT)) or type of provider prescribing (medical or mental health.)

Prescriptions are identified by their prescription (RX) number rather than drug name. If you have multiple prescriptions for the same drug or a new prescription is written to renew an expired prescription in the same calendar month, separate copays may be assessed for each prescription.

Mental health staff, including mental health therapist, psychiatrist, or psychologist

There is no copay to see mental health staff.

Off-site Healthcare

You will be charged 10% of the cost for all off-site or specialty care provided. The maximum copay for specialty healthcare is \$2,000.00 per fiscal year (July 1 through June 30).

Specialty healthcare is anything done by non-CHS staff, either on-site or off-site. This includes all appointments, surgeries, tests, imaging, oral surgery, etc. Specialty healthcare may be provided at the University of Utah Hospital, Gunnison Valley Hospital, any other outside facility, or on-site by non-CHS staff.

You may receive an Explanation of Benefits from PEHP. Please disregard this invoice, as these costs are billed directly to CHS.

****Please note:** you may receive more than one bill for a single appointment as hospital departments bill us separately (doctor's fees, lab fees, imaging fees, etc.).

Below is an estimate of common copay charges.

| | | | |
|-------------------------|--------------|-------------------------------|--------------|
| Ambulance | \$50 - \$200 | Moran Eye Center office visit | \$30 - \$270 |
| Cardiology office visit | \$35 - \$100 | MRI | \$50 - \$300 |
| CT scan | \$28 - \$100 | Nephrology office visit | \$6 - \$20 |

| | | | |
|---|----------------|-------------------------------|----------------|
| Dermatology office visit | \$20 - \$50 | Neurology office visit | \$15 - \$35 |
| Dialysis | \$15 - \$60 | Neurosurgery clinic | \$20 - \$100 |
| EKG | \$15 - \$80 | Nuclear medicine office visit | \$50 - \$100 |
| EMG | \$20 - \$80 | OB-GYN office visit | \$20 - \$100 |
| ENT office visit | \$6 - \$80 | Oral surgery office visit | \$25 - \$200 |
| ER services | \$40 - \$700 | Orthopedic office visit | \$20 - \$75 |
| Gastroenterology office visit | \$10 - \$80 | Pathology | \$7 - \$40 |
| GI clinic | \$20 - \$70 | Plastics office visit | \$45 - \$70 |
| GI procedures | \$20 - \$40 | Podiatry office visit | \$3 - \$7 |
| Hearing aids | \$300 per side | Pre Surgery office visit | \$8 - \$100 |
| Hematology/Oncology office visit | \$15 - \$30 | Pulmonary office visit | \$2 - \$5 |
| Hospital Intensive Care Unit (daily cost) | \$50 - \$300 | Radiology | \$4 - \$20 |
| Huntsman Cancer Center office visit | \$40 - \$100 | Surgery | \$100 - \$2000 |
| Infectious disease office visit | \$15 - \$75 | Ultrasound | \$15 - \$80 |
| Infusion | \$300 - \$450 | Urology office visit | \$10 - \$90 |
| In-patient stay (depends on length of stay) | \$250 - \$2000 | Vascular office visit | \$20 - \$75 |
| Lab work | \$20 - \$50 | X-ray | \$3 - \$10 |
| Mammogram | \$30 - \$200 | | |

Medical Equipment

Medical services will not be denied for lack of money.

If you need medical equipment such as a wheelchair or walker, please submit a health care request. The medical provider will evaluate your request, which may or may not be approved.

You are responsible for 50% of the medical equipment's cost, which will then become your property. A \$5 monthly fee will be assessed for medical equipment rented to you (such as wheelchairs, CPAP machines, etc.) and health management supplies provided to you daily/weekly/monthly.

Other Medical Costs

Clinical services will not be denied for lack of money.

Glasses: You will be charged 50% of the total cost. Any custom or “add-on” features are entirely (100%) the offender's responsibility and must be paid for before the glasses are ordered.

****Each offender can only order one pair of glasses every two years. Any additional glasses ordered within those two years will be charged 100% of the total cost.**

Dentures/partials: Offenders are responsible for up to \$300 for dentures or partial plates. UDC will not pay to replace partial or full dentures before eight years (except in specific dental emergencies).

Medical supplies: You will be charged 50% of the cost for medical supplies such as braces, prosthetics, etc. Medical supplies purchased are yours to keep.

Rental equipment valued over \$100: You will be charged a \$5 monthly rental fee on all equipment valued over \$100, such as wheelchairs, walkers, oxygen (O₂) concentrators, CPAP, etc.

Rental equipment valued under \$100: You will be charged a \$5 one-time fee on all equipment rented under \$100, such as crutches and canes.

Supplies provided daily, weekly, or monthly: You will be charged a \$5 monthly fee for all medical supplies provided daily, weekly, or monthly.

Questions About Medical Charges

If you have questions or issues about the cost of your medical services, send a completed copay reconciliation form to the CHS Copay Administrator.

Copay Reconciliation Form



Copay Reconciliation Form

Please utilize your monthly account statements to identify the task number associated with cost you have concerns with. This document is for co-pay related issues, anything requiring medical attention or rx's will require the submission of a health care request (HCR).

Offender Name and Number: _____

Housing: _____

Date: _____

What type of copay reconciliation are you seeking?

- ☐ RX not received
- ☐ Service not received
- ☐ Service refusal
- ☐ Duplicate charge
- ☐ Medical supplies or device issue (explain in detail below)
- ☐ Workplace injury or assault

Further Information:

Account Statement - Task #'s:

Task #: _____

Task #: _____

Task #: _____

Task #: _____

Task #: _____

Per Section 64-13-30 and the Offender Handbook, once an individual has been incarcerated, Medicaid benefits are limited to "inpatient procedures" requiring an inpatient hospital admission. In these instances, Medicaid will cover the cost of your medical procedures, and there will be no associated copays. Any care provided on an outpatient basis is not eligible for Medicaid while incarcerated, even if you have an established Medicaid benefit. Once you leave the prison, your full Medicaid benefits may be reinstated if you continue to meet qualification requirements.

Correctional Health Services

Medical Related Grievances

To submit a grievance to Correctional Health Services, complete a grievance form available from a unit caseworker or officer. Put your completed grievance form in an envelope addressed to Correctional Health Services and deposit the envelope in a Housing Facility Mail Drop.

Please try and resolve issues informally before filing a grievance.

Writing letters to administration or outside entities does not replace the grievance process. Clinical issues are not resolved through correspondence. Please take the steps to see a provider by submitting an HCR before filing a grievance.

Americans with Disabilities Act (ADA)

If you have a disability requiring special ADA accommodations, you can request an ADA accommodation by doing the following:

1. Ask any UDC staff in your housing unit for an ADA request form.
2. Complete the requested information on the ADA request form.
 - a. If you cannot write the requested information, custody or someone in your assigned housing unit can complete it.
3. Place the completed and signed ADA request form in an envelope addressed to your housing facility deputy warden. Place the addressed envelope in an outgoing mailbox.
4. Any ADA form submitted in the sick-call box will be returned.

Your request for an ADA accommodation will be evaluated to determine if you have an ADA-defined problem requiring an ADA accommodation. The DHHS ADA Coordinator will notify you whether your accommodation request is approved or denied. If your request is approved, you will be told what accommodation you will receive.

If your request for ADA accommodation is denied or if you did not get the accommodation you believe is justified by the ADA, you may file an ADA appeal.

Medical Diets

Medical diets are ordered based on medical needs. If you need a medical diet, please submit an HCR to see a medical provider. Medical providers evaluate the appropriateness of medical diets during a sick call.

- **Do not** write culinary or the dietitian to request a medical diet.
- **Do not** ask your housing unit to call Culinary to request a medical diet.
- Medical diets are ordered for a maximum of one year.
 - When your medical diet expires, it will be discontinued.
 - You are responsible for submitting an HCR to speak with a provider about renewing the medical diet.
- Only documented and verified allergies are approved and provided a medical diet.
 - If you have an allergy, please submit an HCR to speak with a medical provider.
 - Food sensitivities are not accommodated.
 - If you have a sensitivity or an unverified food allergy, you are encouraged to avoid these on your own.
- Religious diets, including vegan diets, can only be initiated via religious services and cannot be combined with a medical diet.

Utah Donor Registry

Your decision could save the lives of up to nine people – ordinary people with families, jobs, hopes, and dreams, and improve the lives of 50 others, too. It's saying "yes" to life itself.

When you donate organs or tissue, there is no cost to your family. The recovery agencies pay all expenses. The donor family pays for medical expenses incurred before death is declared and for funeral expenses. Your choice will never interfere with your medical care because organ and tissue recovery occurs only after all life-saving efforts have been exhausted and death has been legally declared.

Enrolling in the Utah Donor Registry means your family will not need to decide to donate organs and tissue on your behalf. Your family will, however, be informed and cared for by hospital and agency professionals at the time of your death. Because your family will not be able to override your donation decision, it is helpful to inform your family of your decision to join the Utah Donor Registry.

If you want to donate, please see your caseworker to get a Utah Donor Registry form.

Parole/Release Medications

CHS is interested in helping you succeed in your transition back into the community. To help meet your immediate medical needs upon parole/release, CHS will provide you with up to 30 days' worth of your current (active CHS) prescription medications, excluding those available over the counter without a prescription.

USCF Pharmacy is unable to dispense medications that require administration by a healthcare professional or have medication-specific REMS requirements. (REMS is a risk evaluation and mitigation strategy that the FDA requires for specific medications.)

Prescriptions written by CHS providers cannot be transferred to community pharmacies.