

# Offender Health Services Handbook

11th Edition



# CLINICAL SERVICES

# Taking Care of Your Healthcare Needs

Shortly after your arrival at the Utah State Prison, you will be offered the following;

- a free nursing intake to determine your immediate healthcare needs.
- a free physical exam by a physician assistant or nurse practitioner.
- a free mental health evaluation.
- a free dental screening.

Please inform officers or medical staff of any emergencies.

Please be cooperative and honest during these exams so we can best determine your healthcare needs.

# IF YOU NEED TO SEE A MEDICAL DOCTOR, MENTAL HEALTH PROFESSIONAL, DENTIST, OR OPTOMETRIST

Fill out a Health Care Request form. Health Care Request forms are available on all housing units. Clearly state your health problem and put your name, offender number, and housing/cell on the form.

<small>CLINICAL SERVICE DOES NOT RETAIN THIS FORM.</small>	
<b>HEALTH CARE REQUEST</b>	
<p>Date _____ <small>(Check one item per form)</small></p> <ul style="list-style-type: none"><li><input type="radio"/> I am requesting a medication refill.</li><li><input type="radio"/> I have a question about a recent test or procedure.</li><li><input type="radio"/> I am requesting to have a medical visit.</li><li><input type="radio"/> I am requesting to have a mental health visit.</li><li><input type="radio"/> I am requesting a dental visit.</li><li><input type="radio"/> I am requesting an eye doctor visit.</li></ul> <p>_____</p> <p>_____</p> <p>_____</p>	<div style="border: 1px solid black; padding: 5px;"><small>CLINICAL SERVICE USE ONLY</small></div>
<b><u>IF THIS IS AN EMERGENCY TALK TO AN OFFICER OR MED TECH.</u></b>	
Offender Name _____	Offender # _____
Housing/Cell _____	
<b>DEPOSIT THIS COMPLETED FORM IN A SICK CALL BOX</b>	

Entering prison is a difficult and stressful time. Even if you've never before been depressed or had thoughts of suicide you could be struggling now. Please, if you find yourself having thoughts of suicide request help by submitting a Health Care Request form or tell a clinical staff member. Equally important is if you suspect that another offender is having suicidal thoughts please tell an Officer or clinical staff member. Please help us to help you and your fellow offenders.

# How to Access Sick Call

**DO** Place the Health Care Request (HCR) form in a sick-call box.

- The med techs pick up the Health Care Request (HCR) forms from the sick-call boxes daily.
- If you have an emergency see a med tech or officer immediately.

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

- **DO NOT** give Health Care Request (HCR) forms to clinic staff at pill line.
- **DO NOT** put a Health Care Request (HCR) in a mailbox because it could delay the HCR process.
- **DO NOT** use the grievance process to request healthcare because it could delay the HCR process.
- **DO NOT** send a letter to a provider to request healthcare. Submit an HCR.

# WHAT HAPPENS AFTER YOU SUBMIT A HEALTH CARE REQUEST

- All Health Care Requests are reviewed daily.
- All requests are scheduled for the next available provider clinic.
- The schedule is determined by the clinical staff based on the severity of the problem; it is not first in - first seen.
- Schedules will be posted in your housing area.
- If you feel you have an emergency, tell an officer or clinical staff member.



# WHAT TO DO AT SICK CALL

- Explain your problem clearly to the healthcare provider.
- Listen and do the treatment or therapy prescribed by the healthcare provider.
- If the problem doesn't clear up, submit a Health Care Request for another appointment. A provider does not normally reschedule you for a follow-up appointment.
- For each Health Care Requested provider visit for dental, optical, or medical a \$5.00 fee will be charged. There is no charge to see a Mental Health Provider or Therapist.  
**Clinical health services will not be denied for lack of money.**



# PRESCRIPTION MEDICATION

- Generally, within 24 hours after your appointment at sick call, any prescribed medication will be available at the pill line (except over the weekend).
- Take the medication as directed. If you are issued a blister pack, you **MUST NOT**:
  - abuse the medication
  - take more than directed
  - give, sell or trade to other offenders
  - destroy, throw away or mutilate the blister pack
  - pop your pills out and keep in a non-labeled container
- A new blister pack will only be issued when an old blister pack is turned in.
- Failure to take prescribed medication may increase your risk of serious health problems and could eventually lead to problems that are untreatable.
- A dispensing fee of \$2 for a 30 day supply (or less) of medication will be charged. **Clinical health services will not be denied for lack of money.**
- When you are ordered to pack your things, place your medications with your personal hygiene items. By doing this your meds do not leave your personal item bag and will be there for you when you arrive at your new bed assignment. You will not be issued replacement medications without seeing a provider.



# REFILLS OF MEDICATION

If you are taking maintenance medications for a long-term problem, or the healthcare provider tells you to take medication for a longer period of time than is provided by the blister pack, the following applies:

- All critical medication refills are generated automatically by the Pharmacy as needed for up to 180 days. Each 30 days (or less) supply will have a \$2.00 co-pay.
- All prescriptions must be renewed every 180 days by filling out an HCR and seeing a clinical provider.
- To receive refills of non-critical meds, you must turn in a Refill Request Form. This form is attached to your blister pack.
- To obtain your new blister pack you must exchange the one you are finishing for the new one.
- If there is a problem submit an HCR and see a provider.
- Over the counter medications and supplies are available from the commissary. Please check your catalog for needed items.
- **Clinical health services will not be denied for lack of money.**

# OFFENDER RESPONSIBILITY

- Check with the housing officer or check the posted sick-call schedule daily whenever you have submitted a Health Care Request.
- Arrive at sick call at the scheduled time or be available for the transporting officer.
- If your name is not on the schedule, check the next day's schedule.
- Keep the scheduled appointment. You may have to submit another HCR if you miss your scheduled appointment.
- Only emergencies will be seen on a “drop in” basis at sick call. If you have an emergency, notify an officer. They will call for the needed clinical services.



# FOLLOW-UP CARE

- If you have a problem that continues or you need follow-up care:
  - SUBMIT a Health Care Request.
  - DO NOT mail a letter to the medical department.
  - DO NOT file a grievance to get care; the grievance process serves a different purpose.
  - Follow-up care requested by you is not free.

**Clinical health services will not be denied for lack of money.**

- If the healthcare provider at sick call suggests that you need a follow-up appointment send in a Health Care Request for a follow-up appointment. Follow up visits are not free.

## MEDICAL SCREENINGS

- Clinical Services is required to complete various medical screenings. Some medical screenings are required by policy and others are required by law. Screenings required by law are mandatory. Screenings required by policy may be refused by you and you must complete a “refusal of care” form at the time that you refuse the care.

## MEDICAL RECORDS

- You may be asked to sign a Release of Information form so we may receive information about previous healthcare. This may help us take care of you in a more effective manner.
- Your USP medical record information is classified as “private” under GRAMA (Government Records Access Management Act). If you want to receive copies of your medical record send a completed records request and money transfer to Clinical Records.

# MEDICAL CLEARANCES

If you need a medical clearance, complete a Health Care Request stating your needs and place the form in a sick-call box. Your request for medical clearance will be evaluated by the medical providers and may or may not be approved. **Clinical health services will not be denied for lack of money.**

# GRIEVANCES

To submit a grievance to Clinical Services, put your completed Grievance form in an envelope addressed to Clinical Services and deposit the envelope in a Housing Facility Mail Drop. Grievance forms are available from a unit caseworker or officer.

**Please try and resolve issues informally before filing a grievance.**

# **Co-Pay Policy/Charges for UDC Offenders**

These charges apply to all offenders regardless of Interstate Compact/Federal status.

- ▶ \$5.00 co-pay for each Doctor, Physician Assistant, Optometrist, and Dentist visit. This charge is assessed regardless of if you are being seen for on-going health care problems – if you submit a request to be seen understand that there will be a charge for that visit. If Medical staff refers you to another USP provider – that next appointment will be scheduled for you and will be free of charge. Dental staff schedule all necessary follow up visits for you and you will be charged for each visit.
- ▶ \$2.00 co-pay dispensing fee per 30-day supply (or less) of medications - ALL MEDICATIONS are assessed the dispensing fee regardless if it's for medical, mental health, dental, etc.
- ▶ \$0.00 co-pay for Mental Health Therapist, Psychiatrist, or Psychologist - there is no charge to see mental health staff
- ▶ 10% of the bill for all outside care provided. Your maximum co-pay for outside care will be \$2,000.00 per fiscal year (July - June). Outside care is anything done by non-UDC staff, which may be done on-site or off site. This includes all appointments, surgeries, tests, x-rays, etc. done at UMC and/or Gunnison Valley or at any other outside facility or on-site by any non-UDC staff. \*\*Please note: you may receive more than one bill for a single appointment as Hospital departments bill us separately (doctor's fees, lab fees, x-ray fees, etc.).

## **Medical Supply Costs**

- ▶ 50% of the cost for glasses. In addition to 50% of the cost of glasses you will be charged 100% of glasses' extras (such as tints, frames, etc. that you request) and your payment must be received prior to ordering. \*\*There is a limit of one pair of glasses ordered per offender every two years.
- ▶ 50% of the cost for your first set of dentures or partials. 50% of the cost for all repairs, adjustments, etc. \*\*You will be charged 100% if you already received dentures/partial from UDC. \*\*Only one set or partial denture will be ordered per offender every 10 years.
- ▶ 50% of the cost for any medical supplies – shoes, pillows, braces, prosthetics, etc.
- ▶ \$5 monthly rental fee on all equipment rented to you with a value over \$100 (wheelchairs, O<sub>2</sub> concentrators, C-pap machines, etc.). ▶ \$5 one-time fee on all equipment rented to you with a value of under \$100 (crutches, walkers, etc.).

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

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

If you have questions or issues about the cost or your charges for medical charges please send a letter, not a grievance, to the Co-Pay Administrator. If you have questions about your offender account, would like copies of account statements, want to know how much you owe medical, or questions about the amount of money taken out of your account to pay for medical charges, please send a letter to Inmate Accounting.

# DENTAL CARE

- To request dental services, complete a Health Care Request form and place it in a sick-call box.
- For each dental visit required by the agreed upon restorative dental plan or requested by the offender, a fee of \$5.00 will be charged.
- The cost for dentures or partial plates is 50% of the total price. You must pay full price for dentures or partials if we have already made you a set.
- Only one set of dentures or partial plates will be made within a 10 year time period. You must pay for the dentures/partial plates before any work will be done.
- **Clinical health services will not be denied for lack of money.**



# OPTOMETRY (EYE DOCTOR) CARE

- To request optometry care, complete a Health Care Request form and place it in a sick-call box.
- For each optometry visit requested by the offender, a \$5.00 fee will be charged.
- Glasses cost 50% of total price. Any custom or “add-on” features are entirely (100%) the responsibility of the offender and must be paid for before the glasses will be ordered.
- Only one pair of glasses will be ordered every two years.
- New lenses will only be put in state issue frames, not 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.
- No glasses will be ordered if inmates have less than 6 months to parole, termination, or going to a community corrections center.
- **Clinical health services will not be denied for lack of money.**



# ACCESS TO MENTAL HEALTH SERVICES

The Utah State Prison Clinical Services provides many different mental health services to offenders that are having mental, emotional, behavioral, or related problems. Offenders are reviewed by the Mental Health staff and are referred for treatment during R&O (reception and orientation). To request mental health care, fill out a Health Care Request and drop it in the sick-call box.

**The services available through mental health include:**

## CRISIS SERVICES

If at any time you are having thoughts of hurting yourself or others or suicidal; talk to the officer on duty and tell the officer you need to talk to a crisis worker. The officer will contact the crisis service mental health team on duty and a staff member will talk to you.



# **INPATIENT MENTAL HEALTH SERVICES**

If an offender is determined by the Mental health staff to be mentally ill and unable to safely care for himself/herself, the offender may be moved to an inpatient mental health program. Inpatient Mental Health treatment happens in special housing units. Mental health treatment or assessment may include medication management, individual therapy, group therapy and psychological testing. Therapy may focus on understanding the need for taking medication, improving coping skills, learning better social skills, and participating in recreational activities. The goal of mental health services is to return an offender back to regular housing when appropriate.

# **OUTPATIENT MENTAL HEALTH SERVICES**

Outpatient Mental Health services are for offenders who suffer from a serious mental illness and may include psychiatric medication and individual and group psychotherapy. Time-limited counseling services are available to all offenders as resources permit. If you feel you are in need of Mental Health treatment, submit a Health Care Request in a sick-call box. You will be scheduled to see a Licensed 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, then please report this to staff. You may be able to help prevent unnecessary injury or death to another individual.

# **TELEMEDICINE**

If, in the course of medical treatment, it is determined that specialty care is needed, you may be evaluated via the Telemedicine Clinic. Telemedicine is a technological process whereby offenders are seen via the telephone and a camera. You will not leave the prison and your specialty physician will be located at another facility. Participation is not voluntary and your cooperation is expected.

# **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 provided should you become unable to tell us. This requires the completion of an “advanced directive” which may be obtained from your caseworker or clinical staff.

# **HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFORMATION YOU NEED TO KNOW**

Education about HIV and preventing exposure is a goal of Clinical Services.

The Human Immunodeficiency Virus 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 than having AIDS. Currently, medication exists that are very effective at treating the infection. While not providing a cure it does decrease the chances of progressing to AIDS. If you are concerned about getting the virus or have been diagnosed with either HIV or AIDS please contact Clinical Services.

**Sharing is not caring.**

# TUBERCULOSIS (TB)

## INFORMATION YOU NEED TO KNOW

TB is a disease infecting millions of people worldwide. If left untreated it results in significant damage to the lungs 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.

The treatment and avoidance of this disease centers around screening. Here at USP all offenders are mandated to be tested on intake and yearly thereafter – you cannot refuse. Because of the contagiousness and seriousness of the disease, local health laws mandate testing for TB. Testing benefits both you and the community.

The test is a skin test usually on the forearm. If the test is found positive it does not indicate active disease, rather it indicates exposure to active disease at some point in the past. For those tested positive a chest x-ray may be ordered and then ordered yearly to monitor. If found positive you may be offered medications for 6 months to treat the non-active disease and prevent active disease.

# HEPATITIS INFORMATION

## YOU NEED TO KNOW

Clinical Services is interested in helping you to remain healthy while within the prison. To protect your health, it is necessary that you understand something about the nature of the different types of hepatitis.

One of the most common types of hepatitis is hepatitis A. This is a very contagious type of inflammation of the liver, usually spread by contact with either food or water which has been contaminated with the virus. The disease that results from this type of hepatitis is of short duration and seldom recurs. Individuals who are diagnosed with this condition are usually isolated from the rest of the population.

Of major concern is the risk of hepatitis B and C. Both of these types of hepatitis can result in long-term disease that can progress to cirrhosis and/or liver cancer and eventually death from liver failure. Once contracted, there is limited treatment for these conditions. The virus that causes these illnesses is spread through blood and/or contaminated body fluids. You can be exposed to the virus through intravenous drug use, tattooing and other body piercing, sex, and/or other blood exposure. If you do not engage in the mentioned activities you are essentially not at risk of hepatitis B or C.

**Sharing is not caring.**

# AMERICANS WITH DISABILITIES ACT (ADA)

If you have a disability that requires special ADA accommodations, you can submit a request for an ADA accommodation by doing the following:

- 1) Ask your assigned Correctional Habilitative Specialist (CHS) – caseworker or your housing unit officer for an ADA Request Form.
- 2) Complete the requested information on the ADA Request Form. If you are unable to write the requested information, your assigned CHS/caseworker will complete it for you. Keep for your record the Offender Copy of the ADA Request Form.
- 3) Place the completed and signed ADA Request Form in an envelope addressed to your housing facility Correctional Facility Administrator (Example – Uinta Facility, Correctional Facility Administrator) and place the addressed envelope in an outgoing mail box.

Your request for an ADA accommodation will be evaluated to determine if you have an ADA defined problem requiring an ADA accommodation. You will be notified by your Facility ADA Coordinator as to whether your request for an accommodation is approved or denied. If your request is approved you will be told the type of accommodation you will receive.

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

# 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, there is no cost to your family. All expenses are paid by the recovery agencies. 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 lifesaving efforts have been exhausted and death has been legally declared.

Saying "yes" and enrolling in the Utah Donor Registry means your family will not need to make the decision 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 would like to donate please see your caseworker to get a Utah Donor Registry form or there are forms available in the library. Once the form is completed please send to medical records.





## **KEEP THIS HANDBOOK REMEMBER**

- If you feel like harming yourself or someone else tell any prison staff member immediately.
- For any other health problems
  - 1) Fill out a Health Care Request Form
  - 2) Deposit the form in a sick-call box
  - 3) Watch for your appointment to be posted in your housing area
  - 4) Show up for your appointment
  - 5) Follow instructions given by health care provider
  - 6) If instructed to follow up or a problem continues or worsens, submit another Health Care Request form