

EXHIBIT 13



**PHARMACY MANAGEMENT CONSULTING
SERVICES**

**Monthly Progress Report
To The
California Prison Health Care
Receivership Corporation**

February 2007

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PHARMACY MANAGEMENT CONSULTING SERVICES

Monthly Progress Report February 2007

Introduction

The California Prison Health Care Receivership Corporation (CPR) and Maxor National Pharmacy Services Corporation (Maxor) entered into an agreement to provide pharmacy management consulting services for achieving necessary improvements to the California Department of Corrections and Rehabilitation (CDCR). The collective efforts of the pharmacy improvement program evolve around the court approved *Road Map* to excellence with priority given to a California approach for achieving patient safety, evidenced based practice and cost efficiency.

Since commencement of the contract on January 1, 2007, and last month's progress report, several key accomplishments have been realized. A reconstituted Pharmacy and Therapeutics Committee was formed and an introductory meeting held to establish the organizational structure, empowerment and charter of the Committee. In addition, Maxor presented to the Committee for review and approval a new correctional formulary (based on the California Common Drug Formulary), a disease management guideline release schedule, asthma guidelines, and the first of many policy and procedure revisions. Additional meetings were also held with pharmacy, medical and nursing staff to complete a system wide orientation to the *Road Map* and further relations toward accomplishing the goals and objectives set forth.

State wide facility inspections have commenced and several targets for immediate service improvements and model implementation possibilities have been identified. From inspections conducted thus far, the overall pharmacy drug distribution system appears to be in moderately good working order while the medication management system (what happens outside the pharmacy walls from dispensing to administration) is in need of restructuring. With the approval of the Receiver, a professional nurse liaison (Marjory Pulvino, RN, PhD) with expertise in corrections and medication management systems was added to Maxor's correctional consulting team to assist with nursing related issues. Also, an Assistant Director of Pharmacy Services (Lucy Michael, RPh, PharmD, MS) was hired and will officially join the Maxor Team the first week of March 2007.

This document provides a status report of the progress made during February 2007 towards achieving each goal, summarizes any changes to the projected timelines, identifies potential obstacles or issues that may delay or impact progress and provides an updated timeline and financial status for the project.

Summary of Key Points in this Report

The following summary listings highlight key accomplishments, delays experienced and obstacles or issues related to achieving the required goals and objectives noted in more detail within this month's Progress Report.

Objectives Completed

- Objective A.1. A central pharmacy services administration, budget and enforcement authority was established on January 23, 2007. Recruitment and selection efforts for key management positions continued in the month of February.
- Objective A.2. Direct lines of authority were established to all pharmacy services personnel and linkages to central medical staff were defined. Meetings were held with CPR legal and personnel representatives to further define direct line authority with regards to State personnel requirements. Orientation meetings for key pharmacy staff and health care providers were conducted during the month.
- Objective B.2. A revised and reconstituted Pharmacy & Therapeutics Committee was established and held its organizational meeting on February 13, 2007. Current membership includes representation from central, regional and institutional level providers, as well as experts representing *Coleman* and *Perez* issues.

Objectives Delayed

- All objectives except for F.2 are progressing according to schedule.
- A change requested in the January Monthly Progress Report relating to the timeline for Objective C.2.1 has been submitted for approval to the Receiver.

Obstacles or Issues for Success

- The issue identified in the January Monthly Progress Report relating to the lack of an active process for central operational procedure review and approval is being addressed through recommendations in Pharmacy Policy & Procedures that were presented at the first system-wide P&T Committee.
- Maxor has been unsuccessful in retrieving PPTS data from every facility for 2006. At this time we have not received 4th quarter 2006 data for 9 facilities. We are coordinating with Dr. Eugene Roth (CDCR central pharmacist) in an attempt to obtain the remaining information.
- DGS confidentiality agreements with specific vendors (Roche, Astra Zeneca and Lilly) in earlier preferential pricing contracts have presented a challenge in providing aggregate data to the Heinz Family Foundation for analysis of 340B pricing. The problem is expected to be resolved within the next reporting period.
- IT related challenges at several targeted facilities continue delaying the establishment of an interim pharmacy information management system. A joint CPR/Maxor IT working group is addressing ways to resolve connectivity issues.

Progress Report by Goal

For each goal in the *Road Map*, a summary of actions taken and progress achieved during the last 30 days is listed, along with the identification of any obstacles or issues that may impede progress.

Goal A

Develop meaningful and effective centralized oversight, control and monitoring over the pharmacy services program.

Actions Taken

- An Assistant Director of Pharmacy has been selected. Dr. Lucy Michael will start on March 5, 2007. (Objective A.1)
- Maxor continues to actively recruit for the Director of Pharmacy and Clinical Pharmacist positions. One candidate for Director and 4 candidates for clinical pharmacist were interviewed this month. (Objective A.1)
- Approval was obtained from the Receiver's office to create a "drop-in" team to include a pharmacist manager and 4 technicians to help remedy problems in pharmacies with significant and immediate service issues. Maxor is actively recruiting for these positions. Two candidates have been interviewed for the drop-in team management position and twenty technician applications are being screened. (Objective A.1)
- A professional nurse liaison position was approved by the Receiver to aid in resolving nursing issues associated with the distribution and administration of medications to patients. Dr. Marjory Pulvino joined the Maxor Team on February 26, 2007. Her expertise and extensive experience as a professional nurse liaison will provide essential skills required for restructuring the medication management system. (Objective A.1)
- At the invitation of the Receiver, members of the Maxor Team briefed the Coleman Special Master and Perez Experts on February 23, 2007, on the Maxor Road Map and process thus far in meeting the goals and objectives. (Objective A.2)
- Orientations were held with all Pharmacists-in-Charge (PIC) the week of February 12, 2007, to educate staff on the *Road Map* objectives and to clearly delineate lines of authority. Quarterly PIC meetings will be conducted to keep key pharmacy personnel abreast of current initiatives and ensure timely implementation of the *Road Map* objectives. (Objective A.2)
- A second Regional Provider (Medical, Nursing, Mental Health, Administrator) meeting was held February 15, 2007, to clarify direction on the *Road Map* goals and objectives and to assist in developing the relationships necessary for success. Monthly meetings have been scheduled to discuss ongoing operational issues and ensure achievement of the stated goals & objectives. (Objective A.2)
- A review of system wide pharmacy policy and procedures was initiated and continues as on ongoing effort. Three key policy revisions (relating to the functions and authority of the P&T Committee, the management of the CDCR

Formulary and the processes for pharmacy policy & procedure manual updates) and one new policy (Disease Management Guidelines) were presented to the state wide P&T Committee on February 13, 2007. Approval and finalization of these policies will occur at the March 2007 P&T Committee meeting. Once the initial policy and procedure review is complete, a schedule for annual reviews of policies and procedures will be put into practice to assure an accurate reflection of practice maturation. (Objective A.3)

- Facility level policy and procedures have been collected and will be reviewed in tandem with facility inspections. (Objective A.3)
- Revisions to policies and procedures related to controlled substances have been initiated. Facility specific operational procedures related to controlled substances are being evaluated to ensure that the revised policy and procedure provides consistency and meets all state and federal legal requirements. A meeting with the California State Board of Pharmacy has been scheduled for March 1, 2007, to clarify board rules as they apply to corrections. (Objective A.3)
- PPTS prescription data is being compiled and will be made available for reporting and monitoring purposes. (Objective A.4 & A.5)
- A pharmacy initiative tracking grid, balanced scorecard and dashboard were developed and presented last month. Reports are continually updated as data becomes available. Operational targets will be modified as processes improve, procedures are modified and data availability and reliability improve. (Objective A.4 & A.5)
- Initial facility inspections are underway and scheduled to be completed March 30, 2007. The eight facility inspections completed in February included (Objective A.5):
 - Sierra Conservation Center
 - San Quentin
 - California Medical Facility
 - High Desert State Prison
 - California Correctional Center
 - Ironwood State Prison
 - Chuckawalla Valley State Prison,
 - Centinela State Prison.
- A schedule for disease management guideline adoption and release including a standardized format and development process was prepared and submitted to the P&T Committee on February 13, 2007 for approval. Maxor's goal is to establish at least one new or revised and updated disease management guideline per month. In February, asthma disease management guidelines were submitted for review of content and form. The guideline schedule, standard format, process for development and asthma guidelines will be finalized at the March 2007 P&T Committee meeting. (Objective A.5)

Objectives Completed

- Objective A.1. A central pharmacy services administration, budget and enforcement authority was established on January 23, 2007. Recruitment and

selection efforts for key management positions continued in the month of February.

- Objective A.2. Direct lines of authority to all pharmacy services personnel were established and linkages to central medical staff were defined. Meetings were held with CPR legal and personnel representatives to further define direct line authority with regards to State personnel requirements. Orientation meetings for key pharmacy staff and health care providers were conducted during the month.

Issues or Obstacles to Success

- The issue identified in the January Monthly Progress Report relating to the lack of an active process for central operational procedure review and approval is being addressed through recommendations in Pharmacy Policy & Procedures that were presented at the first system-wide P&T Committee.
- Maxor has been unsuccessful in retrieving PPTS data from every facility for 2006. At this time we have not received 4th quarter 2006 data for 9 facilities. We are coordinating with Dr. Eugene Roth (CDCR central pharmacist) in an attempt to get the remaining information.

Goal B

Implement and enforce clinical pharmacy management processes including formulary controls, Pharmacy and Therapeutics committee, disease management guidelines, and the establishment of a program of regular prison institution operational audits.

Actions Taken

- A reconstituted Pharmacy & Therapeutics Committee was established. Membership currently includes:
 - Dr. Terry Hill (Chief Medical Officer, CPR)
 - Dr. Dwight Winslow (State wide Medical Director, CDCR)
 - Dr. Steven Ritter (Regional Medical Director, South, CDCR)
 - Dr. Glenn Thiel (Regional Medical Director, North, CDCR)
 - Dr. Jasdeep Bal (Chief Medical Officer, SAC, CDCR)
 - Dr. Andrew Swanson (Chief Psychiatrist, CDCR)
 - Dr. William Kuykendall (Chief Dentist, CDCR)
 - Dr. Susan Odegaard-Turner (State wide Nursing Director, CPR)
 - Dr. Jeffrey Metzner (Coleman Expert)
 - Dr. Joe Scalzo (Perez Expert) or Dr. Jay Shulman (Perez Experts) and,
 - The Maxor Team (Johnson, Keith, Cason, and Roberts).
- A P& T Meeting schedule has been adopted. Monthly meetings will be held on the second Tuesday of each month. (Objective B.1)
- A revised Policy & Procedure detailing the organizational structure, empowerment and charter of the P&T Committee was submitted for Committee review in February with final approval pending in March 2007. (Objective B.1)

- Further discussion and delineation of roles and responsibilities of P&T Committee members will take place at the March 2007 meeting. (Objective B.1)
- A formal routine agenda format was presented and approved by the Committee. (Objective B.1)
- The California Common Drug Formulary was reviewed identifying redundant medications and patient safety risks. From this review, a new correctional CDCR Formulary was proposed and presented for review and approval by the P&T Committee. Formal Committee approval of the Correctional Formulary will take place at the March 2007 meeting. (Objective B.1)
- A tracking system for monitoring Formulary adherence and compliance has been established and will be implemented upon approval of the Correctional Formulary. Until the proposed pharmacy management system is in operation, data gathering will remain unreliable. (Objective B.2)
- Current CDCR medication use protocols and disease management guidelines were reviewed. Revisions and recommendations are underway and will be provided to the P&T Committee for review and adoption. (Objective B.3)
- A schedule including the development process and format for Disease Management Guidelines was presented to the P&T Committee this month for review and approval in March. Asthma guidelines and suggested related asthma management indicators were also introduced. (Objective B.3)
- As noted under Goal A, facility inspections are underway by the Maxor Team. Once initial inspections are complete, pharmacists-in-charge will be responsible for conducting monthly facility inspections. The final reports will be submitted on an ongoing basis to the P&T Committee utilizing the Facility Inspection Grid. (Objective B.4)

Objectives Completed

- Objective B.2. A revised and reconstituted Pharmacy & Therapeutics Committee was established on February 13, 2007. Current membership includes representation from central, regional and institutional level providers. Operational guidance and direction in the form of a P&T Committee policy and procedure statement, agenda format, and a schedule for development of disease management guidelines were prepared and presented.

Issues or Obstacles to Success

- No previously unidentified or significant issues or obstacles have been encountered in this reporting period.

Goal C

Establish a comprehensive program to review, audit and monitor pharmaceutical contracting and procurement processes to ensure cost efficiency in pharmaceutical purchases

Actions Taken

- A system for downloading and monitoring CDCR purchases on an ongoing basis to assure that the correct price is charged, eligible rebates are obtained, and contract terms are met is operational. (Objective C.1)
- Credit and rebill information was identified and has been discussed with the wholesaler and the Department of General Services (DGS). A detailed report was sent to Amerisource Bergen. (Objective C.1)
- A "requirements notification" was sent to Amerisource Bergen to ensure the wholesaler is stocking all contracted items at an appropriate level in each of its local distribution centers. (Objective C.1)
- A procedure was established and implemented to provide all facility pharmacists-in-charge with a list indicating medications they should have purchased under contract in lieu of more expensive comparable items that were purchased. (Objective C.4)
- CDCR CY 2006 purchase and prescription data have been collected and will be analyzed for trends and projections. (Objective C.1)
- Registry contracts were obtained and will be audited for billing hours. (Objective C.1)
- A baseline inventory of all controlled substances is being conducted in conjunction with facility inspections. The controlled substance inventory will be completed by March 30, 2007. (Objective C.2)
- A contract amendment with Amerisource Bergen was reviewed and proposed recommendations were made to the DGS regarding the return and destruction of pharmaceuticals. Any contract negotiated should include a clause pertaining to the destruction of "loose waste". (Objective C.2)
- Maxor has obtained and is carefully reviewing copies of all current contracts from the DGS. (Objective C.3)
- Maxor has scheduled weekly meeting with the DGS in order to coordinate and improve pharmaceutical procurement and contracting activities. (Objective C.3)
 - The DGS will be provided a calendar of the Pharmacy and Therapeutics Committee therapeutic category reviews in order to facilitate manufacturer contract requests.
 - The DGS presented Maxor with a list of drugs for which they have requested bids to obtain contracts. Two of the drugs are not currently part of the Common Drug Formulary, and will need to be reviewed by the Common Drug Formulary P&T Committee. The other medications appeared to be sole source brands, in which any contract price reductions achieved would be beneficial as long as the contract language did not preclude the CDCR P&T Committee from removing the medications from

the formulary in the future if their use was not clinically indicated, or alternative medications were available. (Objective C.3)

- Maxor was provided "The Department of General Services Request for Business Proposal" format and is reviewing the document. Feedback will be provided at the next DGS meeting. (Objective C.3)
- Research and efforts toward achieving 340B pricing are continuing.

Objectives Completed

- All objectives are in progress.

Issues or Obstacles to Success

- DGS confidentiality agreements with specific vendors (Roche, Astra Zeneca and Lilly) in earlier preferential pricing contracts have presented a challenge in providing aggregate data to the Heinz Family Foundation for analysis of 340B pricing. The problem is expected to be resolved within the next reporting period.

Goal D

Develop a meaningful pharmacy human resource program that effectively manages staffing, compensation, job descriptions, competency, performance assessment, discipline, training, and use of the workforce including temporary employees and non pharmacist staff.

Actions Taken

- Separate meetings with union officials from CCSO (California Correctional Supervisors Organization) and AFSCME (American Federation of State, County and Municipal Employees) were held in order to establish a working relationship, to clarify issues regarding union rules and regulations and to provide them with an introduction to the *Road Map* goals and objectives as they relate to union employees. (Objective D.1)
- Maxor obtained copies of Registry contracts in order to compare, cross reference and analyze submitted billing hours for accuracy. (Objective D.1)
- A personnel survey including staffing levels and position descriptions (CDCR, Registry, and Vacant) has been completed and will be verified during on-site facility inspections within the next thirty days. A state employee list was provided to Maxor by CPR officials. The information acquired will be used to populate an employee tracking system capable of identifying vacancies to be filled as well as provide a tracking mechanism for employee training, education and disciplinary actions. (Objectives D.1, D.2 & D.3)
- Maxor is working with CPR staff to clarify direct management authority and hiring authority at facilities. Facility pharmacists-in charge have been informed to

advise, and receive recommendations from Maxor until facility hiring authority coordination has been achieved. (Objective D.1)

- A software web-based training program has been selected and will be implemented in March 2007 to deploy key information and training modules to CDCR pharmacy staff. The product will allow competency assessments, report cards and training verification to be maintained electronically. (Objective D. 2)
- A needs assessment survey was sent to all staff to be completed and returned by March 1, 2007. The results will be tabulated and used to determine a starting point for developing a learning growth program and to assist in identifying necessary operational and fiscal requirements. (Objective D.2)
- Data gathered during facility inspections will be used to evaluate staffing patterns and workload statistics. Appropriate pharmacist and technician staffing numbers will be determined after a close review. (Objective D.1 & D.4)

Objectives Completed

- All objectives are in progress.

Issues or Obstacles to Success

- No previously unidentified or significant issues or obstacles have been encountered in this reporting period.

Goal E

Redesign and standardize overall institution level pharmacy drug distribution operations for inpatient and outpatient needs. Design, construct and operate a centralized pharmacy facility.

Actions Taken

- Maxor's early initial system wide assessment has determined that the pharmacy drug distribution system (within the walls of the pharmacy) is in fair working order while the medication management system outside of the pharmacy will require extensive work. (Objective E.1)
- The Receiver approved the use of a "drop-in" team to be sent to problem areas to implement pre-centralization strategies and improve work flow. (Objective E.1)
- Maxor representatives visited Pelican Bay in order to evaluate their current system's automation requirements and review the use of that system as a possible interim pharmacy system. (Objective E.1)
- The assessment of potential sites for establishing a centralized pharmacy facility continues and includes at a minimum: Fresno, Stockton and Sacramento. Criteria established include access to lines of transportation (air and ground), location, proximity to pharmaceutical distribution centers, ability to recruit and maintain qualified pharmacy staff and costs. (Objective E.2)

- Contact with potential sources of prepackaged product continues. The outsourced product will be considered prior to centralization to assist facilities in meeting their service and product control needs. (Objective E.2)
- On February 20, 2007, four Maxor Team members along with the CDCR central pharmacist completed the first facility inspection at San Quentin. While at San Quentin this group also discussed a report entitled San Quentin Medication Management Assessment written after the January 23-24th visit to San Quentin by Maxor. The report was presented to Dr. Renee Kanan (CDCR) and Jayne Russell with the Receiver's office. Maxor representatives were asked to participate in weekly facility based quality improvement meetings. (Objective E.1)

Objectives Completed

- All objectives are in progress.

Issues or Obstacles to Success

- No previously unidentified or significant issues or obstacles have been encountered in this reporting period.

Goal F

Based on a thorough understanding of redesigned work processes, design and implement a uniform pharmacy information management system needed to successfully operate and maintain the CDCR pharmacy operation in a safe, effective and cost efficient way.

Actions Taken

- Rudimentary utilization reports have been designed and will be distributed to the Receiver and the P&T Committee on a monthly basis and electronically to facilities once connectivity is established. The reports will become more sophisticated as data collection becomes more reliable. (Objective F.1)
- A repository of prescription data from the existing PPTS system has been designed and data collection is ongoing. Data will be made available for reporting and monitoring purposes. (Objective F.1)
- In coordination with the Receiver's staff, a decision was made to use Guardian Rx as an interim pharmacy management system. The Guardian system will be initially implemented at San Quentin and the California Medical Facility. Mr. Hummel is working on a contract to establish connectivity at each of these facilities. Paul Whittaker from the Receiver's office has been assigned project manager to assist in the deployment of Guardian Rx. Maxor has provided Mr. Whittaker with an implementation plan. (Objective F.2)
- A meeting between CPR IT and Maxor IT was held to discuss continuing connectivity challenges.

- CPR IT staff visited Maxor headquarters in Amarillo to confirm data confidentiality and security within the Maxor IT systems.

Objectives Completed

- All objectives are in progress.

Issues or Obstacles to Success

- IT related challenges at several targeted facilities continue delaying the establishment of an interim pharmacy information management system. A joint CPR/Maxor IT working group is addressing ways to resolve connectivity issues.

Goal G

Develop a process to assure CDCR pharmacy meets accreditation standards of the designated health care review body (NCCHC or ACA) and assist in obtaining accredited status.

Actions Taken

- No action taken in the first 90-days, pending completion of related objectives.

Objectives Completed

- All objectives are in progress.

Issues or Obstacles to Success

- No significant issues or obstacles encountered to date.

Summary of Changes to Timeline

In the sections below, a listing of completed objectives, objective timelines proposed for change (subject to review and approval of CPR) and a listing of timeline changes that have been approved by the CPR are provided.

Objectives Completed

- Objective A.1. A central pharmacy services administration, budget and enforcement authority was established on January 23, 2007. Recruitment and selection efforts for key management positions continued in the month of February.
- Objective A.2. Established direct lines of authority to all pharmacy services personnel and defined linkage to central medical staff. Meetings were held with CPR legal and personnel representatives to further define direct line authority with regards to State personnel requirements. Orientation meetings for key pharmacy staff and health care providers were conducted during the month.

- Objective B.2. A revised and reconstituted Pharmacy & Therapeutics Committee was established and held its organizational meeting on February 13, 2007. Current membership includes representation from central, regional and institutional level providers, as well as experts representing *Coleman* and *Perez* issues.

Objective Timelines Proposed for Change

- Objective F.2 – *Establish basic connectivity in all pharmacies.* Maxor will work with the CPR IT staff to establish an implementation schedule based on the establishment of connectivity. Maxor's First Ninety Day plan had assumed the availability of connectivity within the first quarter of 2007. Unanticipated challenges at several of the targeted facilities have resulted in the need to request a timeline extension for at least ninety days for implementation of connectivity required deliverables, such as the transition to a contemporary pharmacy information management system and real time data accumulation.

Objective Timelines Change Approvals

- Objective C.2.1 (system wide baseline inventory in the first quarter) – request for timeline change approval pending.

Conclusion

Maxor remains committed to the accomplishment of the *Road Map* goals and objectives and has prepared this Progress Report as part of its ongoing initiative to maintain direct, open and constant communication with CPR throughout the pharmacy improvement project.

Maxor would like to thank the Receiver, his staff, and CDCR for their cooperation and support.

Appendix A—Updated Timeline

Appendix B—Financial Summary

Appendix C—Pharmacy Dashboard

Appendix D—Updated Maxor Organizational Chart

Appendix E— Curriculum Vitae of incoming Maxor employees during this reporting period (Michael, Pulvino)

APPENDIX A

Maxor Timeline and Tracking Grid for Accomplishing Roadmap Objectives

Begin Activity Implementation Activity

Implementation Complete

Ongoing Activity

Progress Report

Annual Review

Meeting Target
 Not Meeting Target
 Will NOT meet Target

Objective	Description	IMPLEMENTATION TIME FRAME																																			Owner / Status	
		2007							2008							2009																						
		J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	
C.5	Evaluate feasibility of achieving 340 B preferential pricing on all drug purchases.																																					Champion / Stoplight Status
																																						Carl Birtsong / Jerry Hodge
D.4	Reevaluate previous staffing patterns at each institution in light of the adoption of new technologies to improve efficiency and the transition of volume to the centralized pharmacy.																																					Director of Pharmacy / Angela Serio
E.2	Design, construct and operate a centralized pharmacy facility.																																					Matt Keith / Jim Riley
F.6	Integrate Pharmacy information management system with auxiliary technologies such as central supply management, physician order entry, electronic MAR, and barcode checking.																																					Rick Pollard / Matt Keith
Process begins once pharmacy operating system selected																																						
G.1	Establish CDCR commitment to pursue accreditation and determine the accrediting organization standards to be followed.																																					Kaye Cloutier / Glenn Johnson
G.2	Develop a readiness grid identifying the standards and assigning assessment responsibilities to members of the team.																																					Kaye Cloutier / Glenn Johnson
G.3	Complete mock audit using credentialled audit for target credentialing body.																																					Kaye Cloutier / Glenn Johnson
G.4	Apply for accreditation audit at one or more institutions. Expand audits to all institutions on a defined schedule.																																					Kaye Cloutier / Glenn Johnson

Timeline Assumptions

- (1) The timeframes are contingent upon prerequisite approvals, funding and regulatory issues being addressed in a timely manner.
- (2) Some activities may begin earlier than shown and other activities may slide forward dependent upon the completion of related activities.
- (3) Ongoing activities may include addressing any lingering implementation issues, as well as addressing the transition of activity to the CDCR.
- (4) A proposed progress report schedule is included for documenting the accomplishments and identifying the need for schedule changes.

APPENDIX C - Pharmacy Dashboard

Facility PMPM Report

White - Under construction
 Yellow - Short of target

Measure	Measure Definitions	Actual												FY07 Target or FY06 vs FY07	Stoplight Status (R/Y/G)	Detail Data		
		CY 2005	CY 2006	CY 2007 YTD	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07				Oct-07	Nov-07
FISCAL	Drug Purchase \$ PMPM	Mo Avg	Mo Avg	Mo Avg														
ASP - Avenal State Prison		41.66	49.15	49.15														
CAL - Calipatria State Prison		13.87	26.49	26.49														
CCC - Ca Corr Center		8.53	10.91	10.91														
CCI - Ca Corr Institute		72.31	64.11	64.11														
CCWF - Central Ca Women's Facility		193.82	221.02	221.02														
CEN - Centinela State Prison		14.58	19.21	19.21														
CIM - Ca Institute for Men		152.42	221.60	221.60														
CIM - Corr Institute for Women		131.68	140.93	140.93														
CMC - Ca Men's Colony		143.99	183.85	183.85														
CMF - Ca Medical Facility		462.05	422.29	422.29														
COR - Ca State Prisons, Corcoran		117.01	109.72	109.72														
CRC - Ca Rehabilitation Center		57.24	79.11	79.11														
CTF - CorTraining Facility		29.03	49.36	49.36														
CYSP - Chuckawalla Valley State Prison		15.48	24.42	24.42														
DVI - Deuel Vocational Institute		92.45	99.52	99.52														
FOL - Folsom		44.05	57.24	57.24														
HDSP - High Desert State Prison		36.04	43.10	43.10														
ISP - Ironwood State Prison		14.54	27.35	27.35														
KVSP - Kern Valley State Prison		31.28	40.41	40.41														
LAC - Ca State Prison LA		66.10	71.32	71.32														
MCSPP - Mule Creek State Prison		103.00	147.85	147.85														
NKSP - North Kern State Prison		70.18	65.10	65.10														
PBSP - Pelican Bay State Prison		96.19	112.78	112.78														
PVSP - Peasant Valley State Prison		99.14	124.32	124.32														
RJD - RJ Donovan Corr Facility		134.03	133.30	133.30														
SAC - California State Prison, Sacramento		172.79	185.27	185.27														
SATF - California Substance Abuse TF		54.58	90.03	90.03														
SCC - Sierra Conservation Center		23.61	26.55	26.55														
SOL - Ca State Prison, Solano		94.70	107.05	107.05														
3Q - Sam Quentin		91.77	112.66	112.66														
SVSP - Salina Valley State Prison		105.38	105.66	105.66														
VSP/W - Valley State Prison for Women		124.81	149.77	149.77														
WSP - Wasco State Prison		82.60	85.69	85.69														
CDCR Average NF+F Drug Cost PMPM		83.04	96.56	96.56														
Formulary Purchase \$ PMPM		Mo Avg	Mo Avg	Mo Avg														
ASP - Avenal State Prison																		
CAL - Calipatria State Prison																		
CCC - Ca Corr Center																		
CCI - Ca Corr Institute																		
CCWF - Central Ca Women's Facility																		
CEN - Centinela State Prison																		
CIM - Ca Institute for Men																		
CIM - Corr Institute for Women																		
CMC - Ca Men's Colony																		
CMF - Ca Medical Facility																		
COR - Ca State Prisons, Corcoran																		

APPENDIX C - Pharmacy Dashboard

Therapeutic Category Report

Therapeutic Category (AHFS)	CY 2006	CY 2006 %	CY 2007 YTD	CY 2007 YTD %	2007				Oct-Dec 07		FY07 Target of FY06 vs FY07	Stoplight Status (R/Y/G)	Detail Data	
					Jan-Mar 07	Apr-Jun 07	Jul-Sep 07	Mo	Mo	Mo				Mo
					Avg	Avg	Avg	Avg	Avg	Avg				Avg
Fiscal System Wide														
40404 ANTIHISTAMINE DRUGS: 1st Gen. Ethanolamine Derivatives	10,668.92	0.08	11,845.91	0.08										
40412 ANTIHISTAMINE DRUGS: 1st Gen. Phenothiazine Derivatives	4,188.32	0.03	4,790.37	0.03										
40420 ANTIHISTAMINE DRUGS: 1st Gen. Propylamine Derivatives	7,081.85	0.05	9,780.42	0.06										
40492 ANTIHISTAMINE DRUGS: 1st Gen. Miscellaneous	1,359.64	0.01	1,443.64	0.01										
40800 ANTIHISTAMINE DRUGS: 2nd Gen.	25,763.81	0.19	25,371.15	0.16										
80800 ANTI INFECTIVES: Anthelmintics	304.93	0.00	172.00	0.00										
81202 ANTI-INFECTIVES: Antibiotics: Aminoglycosides	6,320.79	0.05	11,439.60	0.07										
81206 ANTI-INFECTIVES: Antibiotics: Cephalosporins	23,674.29	0.18	14,710.38	0.09										
81207 ANTI-INFECTIVES: Antibiotics: Misc. B-Lactams	6,540.82	0.05	5,464.86	0.03										
81212 ANTI-INFECTIVES: Antibiotics: Macrolides	41,179.13	0.30	41,317.18	0.26										
81216 ANTI-INFECTIVES: Antibiotics: Penicillins	45,361.62	0.34	55,479.60	0.36										
81218 ANTI-INFECTIVES: Antibiotics: Quinolones	54,333.74	0.40	75,006.16	0.48										
81220 ANTI-INFECTIVES: Antibiotics: Sulfonamides	11,652.47	0.09	20,192.11	0.13										
81224 ANTI-INFECTIVES: Antibiotics: Tetracyclines	10,165.56	0.08	7,800.11	0.05										
81228 ANTI-INFECTIVES: Antibiotics: Miscellaneous	47,136.19	0.35	58,624.50	0.39										
81404 ANTI-INFECTIVES: Antifungals: Allylamines	34,637.61	0.26	61,602.06	0.39										
81408 ANTI-INFECTIVES: Antifungals: Azoles	82,795.95	0.61	176,227.00	1.13										
81428 ANTI-INFECTIVES: Antifungals: Polyenes	3,424.41	0.03	914.36	0.01										
81432 ANTI-INFECTIVES: Antifungals: Pyrimitides	831.78	0.01	0.00	0.00										
81492 ANTI-INFECTIVES: Antifungals: Miscellaneous	52,049.59	0.39	53,526.50	0.34										
81694 ANTI-INFECTIVES: Antihycochacterials: Antituberculosis Agents	36,996.80	0.27	30,486.55	0.20										
81808 ANTI-INFECTIVES: Antihelminthics	448.31	0.00	354.48	0.00										
81820 ANTI-INFECTIVES: Antivirals: Interferons	1,676,417.44	12.41	2,093,879.97	13.41										
81828 ANTI-INFECTIVES: Antivirals: Neuraminidase Inhibitors	197,037.70	1.46	221,299.67	1.42										
81832 ANTI-INFECTIVES: Antivirals: Nucleosides & Nucleotides	725.92	0.01	798.60	0.01										
81892 ANTI-INFECTIVES: Antivirals: Miscellaneous	94,362.78	0.70	73,148.87	0.47										
83004 ANTI-INFECTIVES: Antiprotozoals: Amebicides	327.34	0.00	0	0										
83008 ANTI-INFECTIVES: Antiprotozoals: Antimalarials	8.30	0.00	0	0										
83092 ANTI-INFECTIVES: Antiprotozoals: Antimalarials	2,661.69	0.02	2,554.68	0.02										
83600 ANTI-INFECTIVES: Urinary Antihelminthics	13,652.81	0.10	12,406.79	0.08										
100000 ANTINEOPLASTIC AGENTS	2,870.29	0.02	1,250.76	0.01										
10400 AUTONOMIC DRUGS: Parasympathomimetics (Cholinergics)	85,961.64	0.64	97,138.25	0.62										
20804 AUTONOMIC DRUGS: Anticholinergics: Antiparkinsonian Agents	6,485.30	0.05	6,748.47	0.04										
120908 AUTONOMIC DRUGS: Anticholinergics: Antimuscarinics/Antispasmodics	20,053.95	0.15	17,507.50	0.11										
121200 AUTONOMIC DRUGS: Sympathomimetic Adrenergic Agents	56,018.03	0.41	80,897.54	0.39										
121204 AUTONOMIC DRUGS: Sympathomimetic Adrenergic Agents	95,490.80	0.71	90,669.20	0.58										
121208 AUTONOMIC DRUGS: Sympathomimetic Adrenergic Agonists	64.96	0.00	0.98	0.00										
121212 AUTONOMIC DRUGS: Sympathomimetic Adrenergic Agonists	221,989.85	1.64	291,896.71	1.87										
121600 AUTONOMIC DRUGS: Sympathomimetic Adrenergic Blocking Agents	1,256.78	0.01	2,619.02	0.02										
122000 AUTONOMIC DRUGS: Skeletal Muscle Relaxants	2,465.94	0.02	3,072.94	0.02										
129200 AUTONOMIC DRUGS: Miscellaneous	31,034.48	0.23	33,444.93	0.21										
160000 BLOOD DERIVATIVES	-14.75	0.00	272.52	0.00										
200404 BLOOD FORMATION & COAGULATION: Antianemia Drugs: Iron Preparations	344.53	0.00	0.00	0.00										
201218 BLOOD FORMATION & COAGULATION: Anticoagulants	4,253.63	0.03	5,383.18	0.03										
201220 BLOOD FORMATION & COAGULATION: Thrombolytic Agents	10,616.16	0.08	917.93	0.01										
201800 BLOOD FORMATION & COAGULATION: Hematopoietic Agents	121.26	0.00	331.90	0.00										
202400 BLOOD FORMATION & COAGULATION: Hemoreologic Agents	206,134.52	1.53	282,757.11	1.61										
202616 BLOOD FORMATION & COAGULATION: Hemostatics	477.90	0.00	657.17	0.00										
240404 CARDIOVASCULAR DRUGS: Cardiac Drugs: Antiarrhythmic Agents	18,110.08	0.13	4,077.42	0.03										
240408 CARDIOVASCULAR DRUGS: Cardiac Drugs: Cardiotonic Agents	4,137.99	0.03	4,077.42	0.03										
	1,336.30	0.01	1,466.47	0.01										

White - Under construction
 Yellow - Short of target
 Target of FY07 vs FY06

