12	SANITATION & JANITORIAL Team Oversight: L. Buzzini	Start Date	Completion Date	Responsible Party
	Ensure all clinical space is clean, sanitary and meets with customary and accepted medical practice standards.	**7/5/2006**	**11/2/2006**	**B. Welch**
12.1	**Evaluate the following:** Whether there are appropriate hand washing facilities for all clinical personnel. Biohazard disposal processes Supplies, equipment and staffing Alternatives for securing janitorial maintenance (e.g., contract, in-house, vocational training program for inmates)	**7/5/2006**	**7/19/2006**	**B. Welch**
12.2	**Establish an Environmental Services Program at SQ that includes janitorial services and bio-waste management**	**9/7/2006**	**10/3/2006**	**T. Roberts & K. Mitchell**
12.2.1	Define the Environmental Services program and provide a description to the Receiver's Team regarding how the program will function	9/7/2006	9/21/2006	T. Roberts
12.2.1.1	Determine what services are necessary in the medical areas	9/7/2006	9/21/2006	TBD
12.2.1.2	Create a schedule regarding what needs to be cleaned and how often	9/7/2006	9/21/2006	TBD
12.2.1.3	Determine if contractors will be needed to augment the Environmental Services program	9/21/2006	9/21/2006	TBD
12.2.2	Secure an instructor for the program	9/21/2006	10/3/2006	T. Roberts
12.2.3	Evaluate previously developed curriculum and update as necessary	9/7/2006	9/21/2006	T. Roberts
12.2.4	Obtain necessary supplies and tools	9/21/2006	10/3/2006	T. Roberts
12.3	**Order and install foot pedals on all sinks in medical clinic areas**	**7/19/2006**	**8/7/2006**	**B. Welch**
12.4	**Metrics**	**9/15/2006**	**TBD**	**SQ Project Team**

13. Custody & Clinical Relations

Project Lead: Joe McGrath

Most of the objectives for this subproject were accomplished. Three sessions of the "Promoting a Positive Corrections Culture" training were completed and a "values statement" was composed by the participants and distributed to all Institution staff following the training. Unfortunately, the final summary and course analysis has not yet been compiled and provided to the Warden; this report is critical and is expected to be forwarded to the Warden and the Receiver's group by INSERT DATE. Though the report is not complete, one critical finding is that civil service medical staff were underrepresented in each of the three courses due to the large volume of registry staff at the Institution. Even considering the lack of clinical presence however, San Quentin staff contend that rolling out this training to the entire Institution is valuable, and Captain John Day will recommend course expansion to the Warden in the course report.

Jayne Russell is working with San Quentin staff to create a joint orientation for clinical and custody staff. This orientation was intended to be part of the original pilot; however this effort could not be completed effectively until now. (Joe to get completion date). Additional items not included in the original pilot but which are necessary are completion of a "Values and Culture" training for San Quentin supervisors and implementation of a Plata Ombudsman. The supervisory training is being conceptualized currently, and the function of an ombudsman position is being reviewed and considered. Estimated implementation of both of these items is unknown at this time.

Monitoring of this subproject should continue through 2007.

13	CUSTODY/ CLINICAL RELATIONS Team Oversight: J. McGrath	Start Date	Completion Date	Responsible Party
	Prepare and implement a plan to improve relations between health care and custody staff for the betterment of medical health care delivery, including the following elements:	**7/5/2006**	**11/2/2006**	**Capt. Day**
13.1	**Establish a mechanism of communication between Specialty Svs., Transportation, R&R, clinics, OHU, and TTA (i.e. shift reports)**	**8/3/2006**	**10/3/2006**	**J. Robinson**
13.2	**Provide "Promoting a Positive Corrections Culture" course**	**7/19/2006**	**11/14/2006**	**Capt. Day**
13.2.1	Determine general and specific issues (e.g., reception, transportation, incident reporting, professionalism)	7/19/2006	7/28/2006	
13.2.2	Contact the course instructors and schedule course date	7/19/2006	7/28/2006	
13.2.3	Contact the course developer (Carol Falherty-Zonis) and schedule her participation	7/19/2006	7/28/2006	
13.2.4	Order O.C.I. survey materials	7/19/2006	8/1/2006	
13.2.5	Schedule the course location (off-site)	7/19/2006	8/4/2006	
13.2.6	Identify staff to participate in first course session	8/24/2006	9/21/2006	
13.2.7	O.C.I. survey at least 250 SQ staff	9/26/2006	9/27/2006	
13.2.8	Order materials, refreshments, lunch for group session (CPR to pay for lunch & refreshments)	8/24/2006	9/8/2006	
13.2.9	Conduct first course session (three days)	10/3/2006	10/6/2006	
13.2.10	Evaluate course outcome	10/10/2006	10/10/2006	
13.2.11	Identify staff to participate in second course session	10/12/2006	10/12/2006	
13.2.12	Conduct second session (one day)	10/18/2006	10/18/2006	
13.2.13	Evaluate course outcome from second session	10/20/2006	10/20/2006	
13.2.14	Identify staff to participate in third course session	10/26/2006	10/26/2006	
13.2.15	Conduct third course session (one day)	11/2/2006	11/2/2006	
13.2.16	Evaluate course progress	11/3/2006	11/3/2006	
13.2.17	Complete report to Warden, SQ staff, and Receiver	11/3/2006	11/14/2006	
13.3	**Develop and implement joint orientation for custody and healthcare staff based on findings of training as well as general information necessary to healthcare and custody staff**	**7/19/2006**	**unknown**	**J. Russell, Capt. Day & T. Church**
13.4	**Convene team building activities and implement employee recognition**	**9/1/2006**	**ongoing**	**Dr. Saylor & Warden**
13.5	**Metrics (staff survey)**	**9/15/2006**	**TBD**	**SQ Project Team**

14. ORGANIZATIONAL STRUCTURE

PROJECT LEAD: LINDA BUZZINI

Some of the objectives for this subproject were accomplished; however most are ongoing due to the complexity of implementation. A proposed organizational structure/chart, developed by the Receiver's group and Mercer, was submitted to the Receiver for review. This model is temporarily in place at San Quentin, and some of the positions associated with the organizational structure have been filled (i.e. Giselle Matteson as the Chief of Support Operations). Career Executive Assignments are proposed for nursing and other clinical management positions throughout the State, and implementation of these positions will occur at San Quentin as soon as approval is obtained. A care management model was proposed for San Quentin but has only been partially implemented, as full implementation of this care structure requires more analysis and approval by the Receiver.

Monitoring implementation of the new healthcare structure at San Quentin should continue through 2007.

14	ORGANIZATIONAL STRUCTURE Team Oversight: L. Buzzini	Start Date	Completion Date	Responsible Party
	Ensure that the organizational relationship of clinical and administrative personnel enables the efficient delivery of quality medical care.	**7/5/2006**	**11/2/2006**	**J. Robinson**
14.1	**In conjunction with a health care organizational consultant, develop prototype organizational structure, as a result of the study, and evaluate feasibility of application at San Quentin**	**8/1/2006**	**8/15/2006**	**L. Buzzini & Team**
14.1.1	Consider implementing a clerical and analyst pool to enhance productivity and to provide consistent supervision to staff	8/1/2006	8/15/2006	L. Buzzini
14.2	**In conjunction with a health care organization consultant, develop duty statements and MQs for top 3-layers of SQ's healthcare structure**	**8/15/2006**	**9/1/2006**	**L. Buzzini**
14.3	**In conjunction with a health care organizational consultant, study organization needs and research organizational models for application to CDCR's health care system**	**TBD**	**TBD**	**L. Buzzini**
14.4	**Implement a Care Management structure (with an RN as a case manager for a population of patients who will coordinate with Spec. Svs., transportation, OHU etc.)**	**8/3/2006**	**11/2/2006**	**J. Robinson**
14.4.1	Develop and provide a detailed written plan to Receiver's staff	8/3/2006	10/4/2006	Dr. Kanan & J. Robinson
14.4.2	Initiate staffing movements necessary to implement this model (move RN to day shift; move OTs)	8/16/2006	10/3/2006	J. Robinson
14.4.3	Coordinate with Mercer to ensure this model is incorporated in the Mercer study	8/16/2006	8/18/2006	J. Robinson
14.4.4	Implement and train staff on Care Management processes	8/3/2006	11/2/2006 and ongoing	J. Robinson
14.5	**Metrics**	**9/15/2006**	**TBD**	**SQ Project Team**

15. STAFFING

PROJECT LEAD: LINDA BUZZINI

The objectives for this subproject have been accomplished and, in most cases, are ongoing. San Quentin was granted delegated authority for all local employee classifications and now does not rely upon CDCR's Headquarters' Personnel Services for this testing function. Many new positions were authorized and filled at the Institution which relieved some areas that were severely impacted. All Office Assistant positions were updgraded to Office Technicians to recruit staff with a higher skill level. Class specifications for the Medical Records Director was modified and the position was recently filled. The class specs for social workers were also modified to create a position to assist with development of public health programs; however, this position is currently vacant. Staffing ratios with relief factors were created for San Quentin and included all clinical and support functions. San Quentin implemented post and bid for nursing on January 19, 2007, and the Receiver's group coordinated with the nurses' union on this modified staffing program. A relocatable building will be placed on grounds by November 2007 for Personnel Services and recruiting and will greatly assist in the ability of San Quentin to appropriately receive possible job candidates, interview in a designated area, and expeditiously complete the hiring processes locally. A Live-Scan fingerprinting machine was purchased and will be utilized to expedite the hiring process, as well, in the new relocatable building.

Monitoring of staffing matters and Personnel Services should continue until the relocatable building is fully operational (through 2007) so the Receiver's group can assist with full implementation of this critical function at San Quentin.

15	STAFFING Team Oversight: L. Buzzini	Start Date	Completion Date	Responsible Party
	Ensure qualified, competent and committed clinical and administrative support personnel are present in adequate numbers for delivery of quality medical care and support activities.	**7/5/2006**	**11/2/2006**	**J. Robinson & K. Mitchell**
15.1	**Implement temporary reporting relationships**	**7/21/2006**	**7/21/2006**	**Dr. Saylor**
15.2	**Improve SQ staffing levels by filling vacancies and increasing staffing levels**	**7/19/2006**	**ongoing**	**K. Mitchell**
15.2.1	Acquire delegated testing to be administered on a continuous testing basis for all clinical classes and for the following additional classifications: Materials and Stores Supervisor I and II; Health Records Technician I, II (specialist and supervisor), and III; Property Controller II; Custodian, Plumber, Electrician, Office Assistant, and Office Technician.	7/19/2006	7/28/2006	L. Buzzini
15.2.2	Acquire delegated testing for Office Technician on an open and promotional basis	8/22/2006	9/7/2006	K. Mitchell & S. Duveneck
15.2.3	Hire immediately the following positions: 5 Office Technicians, 1 Health Records Technician III; 2 Health Records Technicians II, 6 Health Records Technicians I, 1 Property Controller II, 1 Warehouse Worker, 1 Materials & Stores Supervisor II, 1Staff Information Systems Analyst, 2 Janitors, 1 Registered Nurse, 1 Associate Personnel Analyst, 1 CEA III, 1 attorney (for the Patient Advocacy and Correspondence Program), and 1 locksmith.	7/21/2006	11/2/2006	K. Mitchell & L. Buzzini
15.2.4	Upgrade all Office Assistant positions in SQ medical departments to Office Technician	8/10/2006	9/1/2006	K. Mitchell
15.3	**Expedite hiring at SQ**	**7/19/2006**	**10/3/2006**	**K. Mitchell**
15.3.1	Identify HQ Personnel Office liaison to report to SQ to assist in giving initial exams	7/21/2006	8/2/2006	S. Duveneck
15.3.2	Acquire local delegation to approve all out of class assignments	8/10/2006	10/3/2006	K. Mitchell
15.3.3	Acquire local delegation to approve Training and Development assignments	8/10/2006	10/3/2006	K. Mitchell
15.3.4	Acquire local delegation to approve Temporary Appointments Authority (TAU)	8/10/2006	10/3/2006	K. Mitchell
15.3.5	Acquire local delegation to approve Hiring Above Minimum (only to be exercised after receiving case by case approval from the Receiver's Office	8/10/2006	10/3/2006	K. Mitchell
15.3.6	Acquire local authority to reclassify all positions regardless of difference in salary	8/10/2006	10/3/2006	K. Mitchell
15.4	**Implement 'post' positions for clinical personnel**	**8/3/2006**	**10/5/2006**	**J. Robinson**
15.4.1	Determine staffing levels for each work site by classification and shift	8/3/2006	10/3/2006	J. Robinson
15.4.2	Determine which positions should be considered post positions	8/3/2006	10/3/2006	J. Robinson

15.4.3	Determine appropriate "relief factor" to each positions (i.e., 1.8 for RNs) to determine number of staff to hire to ensure coverage in post positions	8/3/2006	10/3/2006	J. Robinson
15.4.4	Based on 9/7/2006 presentation of staffing plan, develop a 3-phased implementation plan/roadmap for clinical personnel staffing plan (including PY's, post positions, and compliment of staff by classification)	9/7/2006	10/5/2006	J. Robinson
15.5	**Implement a strategy for post and bid for clinical & custody staff**	**8/3/2006**	**10/3/2006**	**L. Buzzini**
15.5.1	Identify source of all post/bid requirements	8/3/2006	10/3/2006	L. Buzzini
15.5.2	Evaluate impact of post/bid by classification, determine changes need to be made to various classifications, and consider legal implications	8/3/2006	10/3/2006	L. Buzzini
15.6	**Evaluate custody staff support**	**8/3/2006**	**8/31/2006**	**D. Meier**
15.7	**Evaluate the need for administrative and clerical support personnel by class, shift, work site**	**8/1/2006**	**9/27/2006**	**J. Robinson & Dr. Saylor**
15.7.1	Provide information to Mercer consultants for determination about where they fit into organizational structure	8/1/2006	8/9/2006	L. Buzzini & Dr. Saylor
15.8	**Evaluate enhanced technical support (e.g., telemedicine, training, orientation, information technology, facilities)**	**8/1/2006**	**8/9/2006**	**Dr. Saylor**
15.10	**Develop a medical staffing levels package with the Receiver's staff based on medical services and level of care**	**7/19/2006**	**post - 10/26/2006**	**J. Russell & Dr. Saylor**
15.10.1	Evaluate adequacy of staffing levels	8/3/2006	10/3/2006 and ongoing	Dr. Saylor & J. Robinson
15.10.2	Evaluate roles and responsibilities of clinical staff	8/1/2006	post - 10/26/2006	J. Russell & Dr. Saylor
15.10.3	Establish timekeeping and time accountability (e.g. administrative leave)	7/19/2006	post - 10/26/2006	J. Russell & Dr. Saylor
15.10.3.1	Implement staff sign-in/sign-out sheets	7/19/2006	8/18/2006	Dr. Saylor
15.10.3.2	Establish accountability and supervision of the sign-in/sign-out process (Dr. Saylor or designee) for HR, providers, clinic staff, clerical staff etc. (i.d. the area and develop process for various clinical areas)	8/1/2006	8/18/2006	Dr. Saylor & D. Meier
15.10.3.3	Establish accountability and supervision of overtime (OT pre-approved in writing)	8/1/2006	post - 10/26/2006	Dr. Saylor & D. Meier
15.11	**Develop a long-term medical staffing package (duty statements, adding posts, scheduling, etc.) based upon recommendations from an outside consultant**	**8/15/2006**	**post - 10/26/2006**	**L. Buzzini, J. Russell & Dr. Saylor**
15.12	**Metrics**	**9/15/2006**	**TBD**	**SQ Project Team**

16. SALARIES

PROJECT LEAD: LINDA BUZZINI

The objectives for this subproject were accomplished statewide, with the exception of laboratory services personnel. Salary adjustments for these classes are currently being analyzed.

16	SALARIES Team Oversight: L. Buzzini	Start Date	Completion Date	Responsible Party
	Ensure competitive salaries that support the recruitment and retention of competent and committed clinical and support personnel within 60 days.	7/5/2006	11/2/2006	L. Buzzini
16.1	Collect and analyze existing comparable salaries in the public and private sectors and recently completed studies and data from the DPA	7/5/2006	7/14/2006	L. Buzzini
16.2	Review pay differential data and court orders related to pay increases for various medical classifications	7/5/2006	8/4/2006	L. Buzzini
16.3	Propose salary ranges for review	8/4/2006	8/11/2006	L. Buzzini
16.4	Prepare a motion regarding salary increases	8/10/2006	8/24/2006	L. Buzzini
16.5	Implement	9/1/2006	9/1/2006	L. Buzzini
16.6	Metrics	9/15/2006	TBD	

17. Internal & External Communications

Project Lead: Rachael Kagan

The objectives for this subproject were accomplished and are ongoing.

17	INTERNAL & EXTERNAL COMMUNICATION Team Oversight: R. Kagan	Start Date	Completion Date	Responsible Party
	Ensure ongoing, accurate information about the project reaches all relevant audiences.	7/5/2006	11/2/2006	E. Messick
17.1	Develop and distribute initial communication regarding the San Quentin project	7/5/2006	7/5/2006	R. Kagan & E. Messick
17.2	Develop and distribute ongoing internal communication regarding San Quentin project, including patients	7/21/2006	10/3/2006	R. Kagan & E. Messick
17.3	Develop and distribute ongoing external communication regarding San Quentin project, including CDCR, other correctional facilities, elected officials, counsel (including the Prison Law Office and Attorney General's Office), the media and the public	7/5/2006	11/2/2006 and ongoing	R. Kagan & E. Messick
17.4	Metrics	9/15/2006	TBD	SQ Project Team

18. Plata Remedial Plan Requirements

Project Lead: All

No activities related to this subproject have been initiated to date.

18	PLATA REMEDIAL PLAN REQUIREMENTS Team Oversight: Receiver's Staff	Start Date	Completion Date	Responsible Party
	Evaluate which provisions of the (1) June 13, 2002, stipulation for injunctive relief, and (2) September 17, 2004, stipulated order re quality of patient care and staffing order and injunction (and/or policies or procedures required thereby), should be carried forward and which, if any, should be modified or discontinued due to changed circumstances.	11/2/2006	TBD	TBD