APPENDIX 7

California Prison Health Care Services

Pain Care Report

An Analysis of Pain Medication Prescribing at CDCR Institutions during April 2010.

Quality Management Section
501 J Street, Suite 310
Sacramento, CA 95814
Report Issued: September 2010

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Introduction

Pain management presents challenges in any health care environment, and can be especially challenging in a correctional setting. To provide a standardized framework for addressing the problem of pain with patients, the California Prison Health Care Services (CPHCS) released Pain Management Guidelines with a number of clinical decision support tools in November 2009. Continuing Medical Education sessions on pain management were provided in the latter part of 2009 and beginning of 2010.

In 2010, pain management continues to be a priority area for improving quality of care and patient safety for a number of reasons, including, but not limited to:

- Wide variation in prescribing of short-acting and long-acting narcotics and adjunctive medications such as Gabapentin among CPHCS providers and prisons;
- Workload for pharmacy and nursing staff related to resource-intensive dispensing and administering requirements for controlled drugs, including crushing and observation;
- Workload for staff involved in processing inmate appeals;
- Risk of drug diversion noted in several overdose cases, leading to some deaths and many hospitalizations;
- Wide variation in documentation by providers of the clinical justifications for prescribing narcotics and Gabapentin;
- Medicolegal requirements by the California Medical Board regarding proper documentation and treatment of patients with chronic pain and cancer-related pain.

The purpose of this report is to provide institution healthcare managers and line staff with timely, relevant, and actionable information to improve pain care. The report includes normalized pain medication prescribing rates with institution-to-institution comparisons. The report's recommendations offer additional activities intended to extend the benefits of the guidelines, initial staff educational activities, and this baseline report.

Data Sources and Methodology

- Drugs identified for this study were non-opioid, opioid and adjunctive medicines in the CPHCS Pain Management Guidelines that were noted to be among the top 200 most commonly prescribed statewide.
- The figures in this report are based on April 2010 Guardian data related to filled prescriptions.
- Unduplicated patient counts are based on the institution in which the medication was dispensed.

- Category and statewide patient counts are unduplicated between drugs and institutions. Individuals receiving different drugs within a category are counted only once in the category. Overall pain medication recipient totals also are unduplicated between drug categories. Statewide counts are unduplicated between institutions in cases where a patient may have received a medication in more than one facility.
- CMF data are included in the data and charts, however they are not included in the analytic narrative, as April 2010 represents the first month of their Guardian implementation, and their data may be incomplete.
- Salinas Valley Psychiatric Program (SVPP) is excluded from the institution-specific comparisons, although SVPP usage data are included in the statewide totals. SVPP usage and patient-inmates are excluded from SVSP results.

Institution names are abbreviated in this report. Table 6 in the Appendix provides a list of all abbreviations and the full title for each institution.

Major Findings

- Prescriptions for pain medications comprised approximately 15% of total all CDCR prescriptions.
- Thirty percent (30%) of the inmate population statewide was prescribed one or more pain medications during April 2010, the month on which data for this report are based. The rate varies from a low of 15% at PBSP to a high of 48% at CCWF.
- As a percentage of the total prison population, Ibuprofen (12%), Gabapentin (8%), and Acetaminophen (8%) were dispensed to more patient-inmates than other pain medications. Acetaminophen with Codeine was the most commonly prescribed opioid (3%).
- Usage of Tramadol, Oxycodone, and Acetaminophen with Codeine, three medications with formulary controls, were very high at PVSP, SAC, SOL, VSPW, and DVI.
- Thirteen percent (13%) of all inmates were taking an opioid or adjunctive pain medication. PVSP had the highest proportion of its population (30%) using opioid or adjunctive pain medications and CCC had the lowest (3%).
- PVSP was consistently among those institutions with the highest proportion of its population using pain medications in various categories. Patient-inmates at CCC, PBSP and SCC were consistently among the lowest users of the various categories of pain medications.
- Normalized pain medication prescribing rates for several institutions at the high and low ends in various medication categories require further review.

Recommendations

A variety of tools have been distributed to the field, and others will be issued in the coming months, to assist health care staff in improving quality, safety and cost-effectiveness of pain care. Institutions can use these tools to improve pain care, including, but not limited to, the following activities:

Ensure consistent application of guidelines through clinical decision support, providing staff development, and maintaining an effective Pain Management Committee. With this report, institutions will receive a Pain Management Care Guide and Quality of Care Review Tool. These materials remind providers of the key messages in the CPHCS Pain Management Guidelines, assist providers to appropriately document encounters related to pain care, and support patient self-management. Suggestions for application of these materials are provided below:

- Distribute **CareGuides** to Primary Care Teams. The Pain Management CareGuide is a distillation of the pain care guidelines and is designed to remind Primary Care Teams of important aspects of care. The CareGuide includes a summary of treatment goals, medication information, treatment algorithms, and patient self-management information. Make sure all primary care teams are familiar with CareGuide contents and have ready access to CareGuides at the point of care. Updated guidelines also should be available to inmates where appropriate.
- Reinforce training messages through local staff development activities. You will receive a Pain Management **Quality of Care Review Tool**, an audit tool that can be applied during chart reviews to assess whether the documentation of providers' care aligns with CPHCS guidelines and medicolegal requirements. Use the Quality of Care Review Tool in provider self-assessments, staff evaluations by physician managers, and during weekly provider meetings, in the context of group case conferences.
- Review select pain management cases at the institution's **Pain Management Committee** and document decision-making. For example, complex patient cases or cases where narcotics are being started or renewed for inmate-patients with chronic pain. Use the Quality of Care Review Tool as a group to evaluate these cases, as appropriate. Institutions have been provided with a template for Pain Management Committee documentation that can be used to record findings.

Monitor pain treatment to reduce inconsistency and identify impacts on other program areas. Institutions can use local information sources and local quality improvement forums to monitor adherence to pain management guidelines, further analyze problems in pain care quality, and determine whether local interventions have resulted in improvements, including the recommended steps below:

- **Conduct chart reviews and use local pharmacy data** to assess guideline adherence and quality of care, including documentation quality. Many providers continue to prescribe medications that are used for acute pain to treat chronic pain. For example, monitoring Tramadol and Tylenol #3 prescriptions that exceed 30 days will help institution administrators to identify whether that is a quality problem at your institution, and using the Quality of Care Review Tool to review patients who have been prescribed these medications will help to determine whether the treatment provided is appropriate and well-documented. A similar strategy might be used for other opioids and adjunctives.

- Consider **other program indicators** in monitoring pain care improvements. This report monitors one dimension of pain care – prescribing of pain medications. There are multiple other program areas or domains that might be monitored in conjunction with this report to provide a fuller picture of the quality of pain care including, but not limited to:
  - Overdose cases
  - Inmate appeals
  - Access to health care services
  - Prescribing practices for other chronic conditions
  - Overtime and registry usage for pharmacy and nursing staff

Increase communication with other health care staff and custody staff. Effective implementation of improvements in any health care area generally require the coordination of multiple disciplines, such as nursing, pharmacy, primary care provider, administrative, and custody staff. In planning phases, custody staff should be alerted of upcoming program changes so they can prepare for behavioral issues that may arise in response; during implementation, custody staff can provide valuable input and feedback. At all phases of the improvement initiative, patients need to hear consistent messages from the various institution health care staff involved in pain care. Institution managers can facilitate this with the following activity:

- **Disseminate this report broadly**, and encourage discussion and action. Institutions maintain a number of meeting forums to improve the quality of health care services, including the Quality Management Committee, Pain Committee, Medical Program Subcommittee, Pharmacy and Therapeutics Committee, weekly provider meetings, and management and staff meetings. Present the findings during these meetings and assign ownership for specific follow-up tasks or improvement activities to each group; make meeting participants aware of the training and tools available to them.[1]

Increase communication with patients. As part of an overall strategy to engaging patients in improving their own health outcomes, it is important to increase patient communication as institutions begin to align pain management practices with CPHCS guidelines. By explaining the rationale behind the changes in pain care, institutions may be able to mitigate tension between patients and providers, and increases in appeals. Institutions should consider the following strategies, among others:

- Meet with the institution **Men's Advisory Council / Women's Advisory Council** or holding an information session in each housing unit to explain the new pain management guidelines, the benefits and disadvantages of certain medications, and the partnership between the patient and the Primary Care Team in improving personal health outcomes.
- Enlist the assistance of **peer educators** in educating patients about the new approach to pain management, particularly as it relates to patient self-management.
- Use the **CareGuide self-management materials** at the point of care to help patients identify and achieve treatment goals, and use **pain contracts** to clarify the patient's responsibilities in pain care.

[1] The Implementation Package affiliated with the Diabetes Clinical Outcomes Initiatives, disseminated in April 2010, includes a "Roles and Responsibilities" document that outlines the role of different meeting forums in supporting the Diabetes Clinical Outcomes Initiative and describes key tasks to be performed in each forum. The Implementation Package features a sample project management plan and sample agenda, meeting minutes, and action item lists. Institution executives can adapt these materials in organizing local quality management efforts to improve pain management.

Further Data Analysis and Support for Institutions with the Highest and Lowest Prescribing Rates.
Selected institutions with high or low prescribing rates compared to most institutions will receive additional support from quality advisors to analyze prescribing practices and assess the quality of pain care. In addition, quality advisors will identify a subset of patients for quality of care reviews and will visit these institutions to assist physician managers in performing the reviews and providing onsite staff development. Quality Management staff may also assist with problem analysis, staff development activities, and other quality improvement work.

Please see the following pages for detailed findings in each major pain medication category.

Detailed Findings – Overall Prescribing Patterns

Nearly one-third of the California prison population had a prescription filled for at least one pain medication in April 2010. Table 1 summarizes the percentage of inmates receiving pain medications.

Summary of High and Low Pain Medication Prescribing Rates

Table 1 shows a summary of the top five and bottom five institution percentages in each of the various pain medication categories reviewed in this report.

- In four of the five categories reviewed, PVSP pain medication prescribing rates were among the highest statewide.
- CCC, PSBP, and SCC pain medication use rates were among the lowest in all five categories reviewed.

Table 1

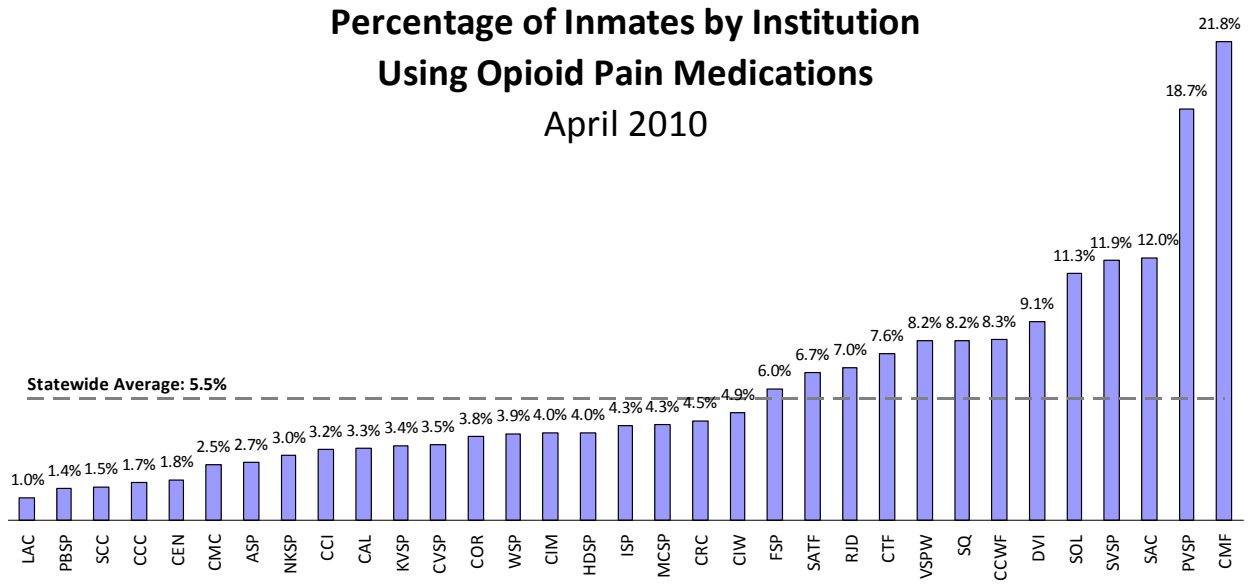
Category	Statewide Usage Rate	Highest Rates		Lowest Rates	
Any Pain Medication	30.1%	VSPW	41.6%	PBSP	14.8%
		CIW	42.5%	SCC	16.0%
		DVI	43.6%	CCC	16.2%
		PVSP	44.0%	CEN	20.1%
		CCWF	47.7%	ISP	21.6%
Opioid	5.5%	DVI	9.1%	LAC	1.0%
		SOL	11.3%	PBSP	1.4%
		SVSP	11.9%	SCC	1.5%
		SAC	12.0%	CCC	1.7%
		PVSP	18.7%	CEN	1.8%
Adjunctive	9.7%	RJD	17.1%	CCC	2.0%
		SAC	17.7%	PBSP	2.6%
		COR	17.7%	SCC	3.4%
		MCSP	18.8%	CVSP	3.9%
		PVSP	20.4%	CEN	4.6%
Opioid or Adjunctive	13.0%	COR	19.6%	CCC	2.9%
		RJD	20.0%	PBSP	3.6%
		MCSP	20.9%	SCC	4.2%
		SAC	25.0%	CEN	5.6%
		PVSP	29.8%	CVSP	6.3%
Non-Opioid	22.5%	MCSP	28.1%	PBSP	13.0%
		VSPW	32.3%	SCC	13.6%
		CIW	33.8%	CCC	15.0%
		DVI	35.5%	HDSP	16.0%
		CCWF	38.0%	ISP	16.9%

Opioids

Chart 1 and Table 2 show the variation in the percentage of patients at each institution who have received one or more prescriptions for opioid medications.

- 5.5% of all CDCR patients had a prescription filled for one or more opioid medications.
- Over half of all opioid recipients were on a short-acting formulation. Acetaminophen with Codeine was the most commonly prescribed short-acting opioid, followed by non-formulary Tramadol.
- Morphine was the most common long-acting opioid, which was prescribed for approximately one-quarter of the opioid recipients.
- DVI, SOL, SVSP, SAC, and PVSP opioid prescribing rates are more than 1.5 times the statewide average.
- The percentage of inmates at LAC, PBSP, SCC, CCC, CEN, CMC and ASP who were prescribed one or more opioid medications is less than half the statewide average.

Chart 1

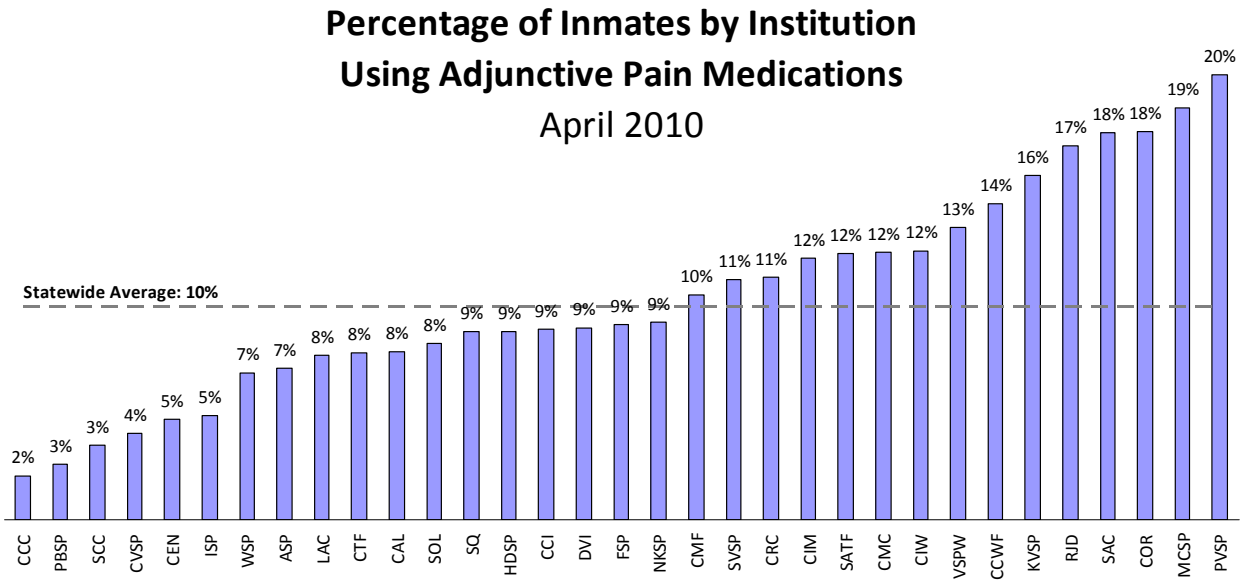


Adjunctives

Chart 2 and Table 3 show the percentage of patient inmates who have been dispensed adjunctive pain medications.

- Ten percent (10%) of California's prison population had a prescription for adjunctive pain medication, most of which were anti-convulsants.
- The majority of adjunctive pain medication prescriptions were for Gabapentin, which is dispensed to over one-quarter (> 25%) of all patients taking a pain medication.
- PVSP, MCSP, COR, SAC, RJD and KVSP inmate population are prescribed adjunctive medications at over 1.5 times the statewide average of 10%.
- CCC, PBSP, SCC and CVSP inmates received adjunctive pain medications at less than half of the statewide average.

Chart 2

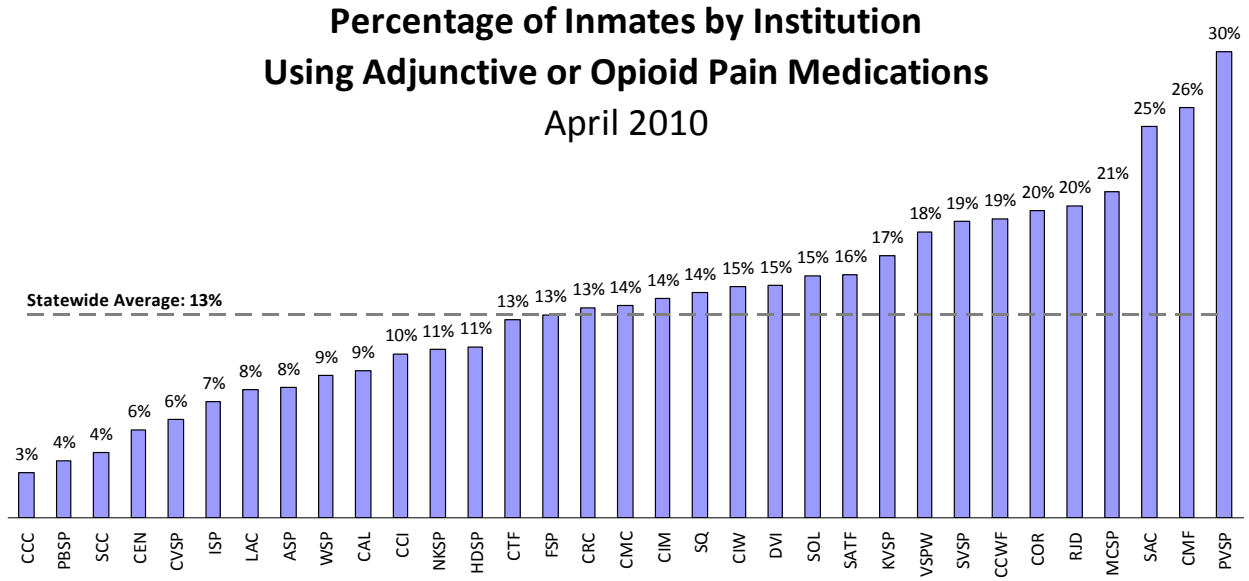


Opioid or Adjunctive Pain Medication

Chart 3 and Table 5 show the percentage of inmates who have been prescribed either an opioid or adjunctive medication.

- The percentage of the population at COR, RJD, MCSP, SAC, and PVSP receiving opioids or adjunctives was over 1.5 times the statewide average of 13%.
- CCC, PBSP, SCC, CEN and CVSP inmates were less than half as likely to be taking an adjunctive or opioid medication than the state average.

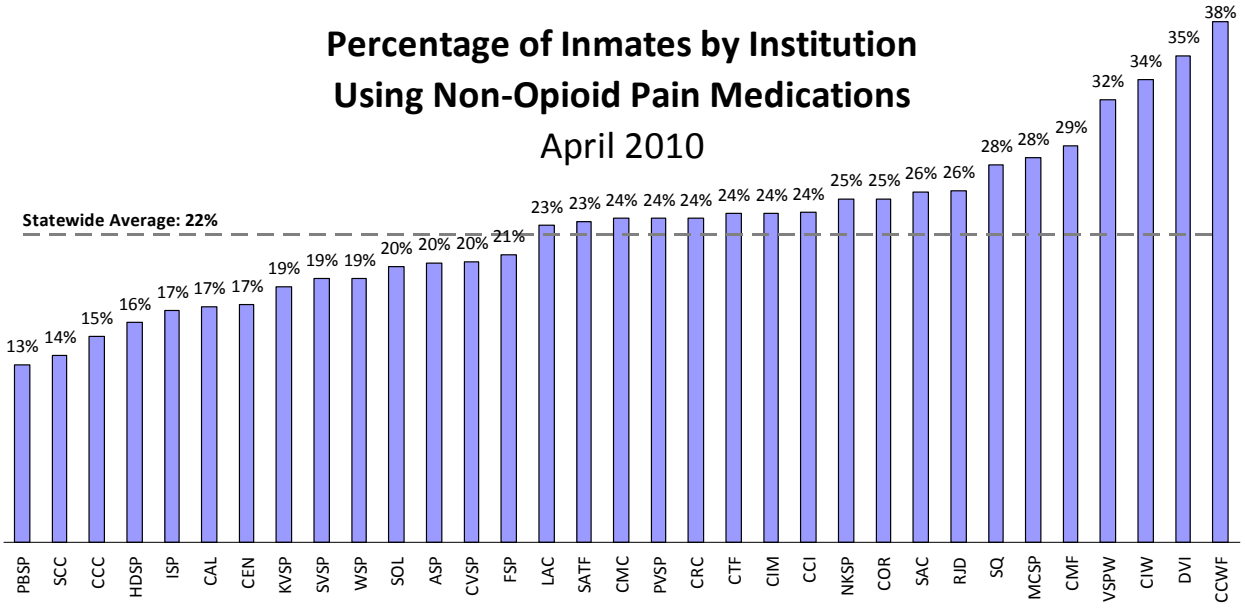
Chart 3



Non-Opioids

Chart 4 and Table 4 show the prescribing rates for non-opioid medications. Twenty-three percent (23%) of patients were prescribed non-opioid drugs used for pain. Prescribing patterns in this category vary somewhat, but the differences between institutions are not as wide as in other medication categories.

Chart 4



Appendix

Table 2

Percentage of Inmates Prescribed Opioids in April 2010, By Institution

Location	Any Opioid*	Acetaminophen + Codeine	Methadone	Morphine	Oxycodone	Tramadol
Statewide	5.5%	2.5%	0.6%	1.4%	0.04%	1.4%
ASP	2.7%	1.5%	0.2%	0.6%	0.0%	0.5%
CAL	3.3%	2.8%	0.1%	0.2%	0.0%	0.5%
CCC	1.7%	1.5%	0.0%	0.3%	0.0%	0.0%
CCI	3.2%	1.2%	0.1%	0.3%	0.0%	1.8%
CCWF	8.3%	4.3%	0.2%	2.2%	0.3%	1.7%
CEN	1.8%	1.1%	0.2%	0.2%	0.0%	0.4%
CIM	4.0%	2.5%	0.3%	0.6%	0.0%	0.9%
CIW	4.9%	2.9%	0.0%	0.5%	0.3%	1.5%
CMC	2.5%	1.0%	0.5%	1.2%	0.0%	0.2%
CMF	21.8%	7.2%	6.5%	9.7%	0.1%	0.8%
COR	3.8%	1.8%	0.5%	1.3%	0.0%	0.5%
CRC	4.5%	2.2%	0.1%	0.9%	0.0%	1.5%
CTF	7.6%	3.3%	0.3%	4.2%	0.0%	0.2%
CVSP	3.5%	1.3%	0.0%	0.5%	0.0%	1.9%
DVI	9.1%	6.2%	0.4%	1.5%	0.0%	1.4%
FSP	6.0%	2.8%	0.2%	3.3%	0.0%	0.1%
HDSP	4.0%	2.7%	0.2%	1.0%	0.2%	0.7%
ISP	4.3%	1.9%	0.0%	0.8%	0.0%	1.9%
KVSP	3.4%	1.0%	0.4%	0.7%	0.0%	1.3%
LAC	1.0%	0.7%	0.1%	0.2%	0.0%	0.2%
MCSP	4.3%	1.8%	0.3%	0.9%	0.0%	1.8%
NKSP	3.0%	2.2%	0.1%	0.3%	0.0%	0.6%
PBSP	1.4%	1.1%	0.1%	0.4%	0.0%	0.1%
PVSP	18.7%	3.8%	0.4%	4.0%	0.0%	11.2%
RJD	7.0%	3.4%	0.6%	2.4%	0.0%	0.9%
SAC	12.0%	5.3%	4.4%	1.3%	0.0%	1.9%
SATF	6.7%	2.8%	0.8%	1.8%	0.0%	1.7%
SCC	1.5%	1.0%	0.1%	0.5%	0.0%	0.1%
SOL	11.3%	3.9%	2.3%	0.1%	0.8%	5.7%
SQ	8.2%	2.5%	1.5%	2.8%	0.0%	2.1%
SVSP	11.9%	4.9%	1.2%	5.1%	0.0%	1.6%
VSPW	8.2%	6.6%	0.0%	1.3%	0.0%	0.7%
WSP	3.9%	1.5%	0.6%	0.1%	0.0%	1.9%

**Totals are unduplicated and are not the sum of the categories, as patient-inmates may be prescribed more than one pain medication.*

Table 3

Percentage of Inmates Prescribed Adjunctive Pain Medications in April 2010, By Institution

Location	Any Adjunctive*	Carbamazepine	Gabapentin	Methocarbamol	Oxcarbazepine
Statewide	9.7%	0.7%	8.0%	1.0%	0.7%
ASP	6.9%	0.5%	5.6%	0.6%	0.7%
CAL	7.7%	0.2%	7.0%	1.3%	0.0%
CCC	2.0%	0.1%	1.5%	0.5%	0.0%
CCI	8.7%	0.6%	6.9%	0.3%	1.5%
CCWF	14.4%	2.4%	9.5%	2.0%	2.6%
CEN	4.6%	0.2%	3.9%	0.6%	0.0%
CIM	12.0%	0.6%	10.2%	1.1%	0.8%
CIW	12.3%	2.6%	8.5%	2.2%	0.7%
CMC	12.3%	0.4%	11.3%	0.2%	0.4%
CMF	10.3%	0.8%	8.8%	0.6%	0.5%
COR	17.7%	0.6%	16.3%	0.5%	1.7%
CRC	11.1%	0.4%	9.6%	1.4%	0.4%
CTF	7.6%	0.4%	7.0%	0.3%	0.1%
CVSP	3.9%	0.4%	3.2%	0.5%	0.0%
DVI	8.8%	1.0%	6.2%	1.2%	1.0%
FSP	8.9%	0.4%	6.7%	2.1%	0.4%
HDSP	8.6%	1.0%	7.2%	0.2%	0.8%
ISP	4.8%	0.3%	4.0%	0.6%	0.0%
KVSP	15.7%	0.6%	13.9%	1.4%	0.9%
LAC	7.5%	1.0%	5.1%	0.5%	1.2%
MCSP	18.8%	1.3%	15.5%	1.0%	2.7%
NKSP	9.0%	0.5%	7.0%	2.2%	0.1%
PBSP	2.6%	0.5%	0.7%	0.0%	1.6%
PVSP	20.4%	0.7%	18.9%	1.3%	0.6%
RJD	17.1%	1.4%	15.0%	1.3%	0.6%
SAC	17.7%	0.6%	13.3%	1.3%	3.8%
SATF	12.2%	0.6%	11.4%	0.3%	0.3%
SCC	3.4%	0.3%	2.8%	0.3%	0.3%
SOL	8.1%	0.6%	6.5%	1.0%	0.3%
SQ	8.6%	0.5%	7.2%	0.8%	0.4%
SVSP	11.0%	0.7%	7.4%	3.3%	0.5%
VSPW	13.3%	1.4%	8.9%	4.4%	0.8%
WSP	6.7%	0.5%	5.4%	0.5%	0.7%

**Totals are unduplicated and are not the sum of the categories, as patient-inmates may be prescribed more than one pain medication.*

Table 4

Percentage of Inmates Prescribed Non-Opioid Pain Medications in April 2010, By Institution

Location	Any Non-Opioid*	Acetaminophen	Aspirin 325 MG	Ibuprofen	Naproxen	Salsalate
Statewide	22.5%	7.9%	0.7%	11.9%	3.8%	0.8%
ASP	20.4%	6.1%	1.0%	11.3%	3.4%	0.6%
CAL	17.2%	4.1%	0.5%	8.7%	3.8%	1.7%
CCC	15.0%	2.8%	0.9%	11.5%	1.6%	0.2%
CCI	24.1%	8.1%	0.3%	13.1%	4.3%	0.8%
CCWF	38.0%	15.0%	0.3%	19.9%	7.2%	0.6%
CEN	17.4%	8.0%	0.4%	9.7%	2.2%	0.2%
CIM	24.1%	8.6%	0.4%	13.1%	3.2%	1.1%
CIW	33.8%	12.7%	0.3%	17.3%	6.8%	0.8%
CMC	23.7%	12.1%	0.8%	7.8%	4.5%	1.8%
CMF	28.9%	16.6%	2.1%	10.4%	4.4%	0.5%
COR	25.1%	10.9%	0.6%	13.0%	3.9%	0.2%
CRC	23.7%	11.9%	0.3%	12.3%	2.5%	0.3%
CTF	24.0%	9.3%	1.0%	10.8%	5.2%	0.4%
CVSP	20.4%	7.5%	0.5%	10.9%	4.2%	0.5%
DVI	35.5%	9.5%	0.7%	22.1%	5.7%	2.3%
FSP	21.0%	6.0%	1.1%	12.0%	3.1%	0.7%
HDSP	16.0%	4.4%	0.6%	9.4%	2.7%	0.4%
ISP	16.9%	4.0%	0.9%	10.2%	3.1%	0.2%
KVSP	18.7%	4.6%	0.6%	10.0%	3.9%	1.0%
LAC	23.1%	8.9%	0.4%	12.8%	3.8%	0.1%
MCSP	28.1%	11.4%	1.9%	13.5%	5.2%	1.3%
NKSP	25.1%	9.2%	0.3%	14.1%	2.8%	0.4%
PBSP	13.0%	4.0%	0.6%	6.1%	2.9%	0.7%
PVSP	23.7%	6.2%	1.1%	13.2%	4.6%	0.9%
RJD	25.7%	9.4%	0.4%	11.3%	5.8%	1.7%
SAC	25.6%	9.1%	1.1%	10.5%	5.8%	2.7%
SATF	23.4%	7.3%	0.9%	11.9%	4.9%	0.9%
SCC	13.6%	3.5%	0.3%	8.1%	2.6%	0.3%
SOL	20.1%	6.5%	0.7%	10.6%	3.5%	0.4%
SQ	27.6%	11.3%	0.8%	14.9%	3.9%	1.0%
SVSP	19.2%	5.4%	0.6%	11.4%	3.3%	0.3%
VSPW	32.3%	8.3%	0.2%	19.2%	6.1%	2.4%
WSP	19.3%	5.2%	0.3%	12.6%	2.4%	0.1%

**Totals are unduplicated and are not the sum of the categories, as patient-inmates may be prescribed more than one pain medication.*

Table 5

Percentage of Inmates Prescribed 1) Any Pain Medications and 2) Any Opioid or Adjunctive in April 2010, By Institution

Location	Any Pain Medication*	Any Opioid or Adjunctive*
Statewide	30.1%	13.0%
ASP	25.7%	8.3%
CAL	22.5%	9.4%
CCC	16.2%	2.9%
CCI	30.0%	10.5%
CCWF	47.7%	19.1%
CEN	20.1%	5.6%
CIM	32.5%	14.0%
CIW	42.5%	14.8%
CMC	31.1%	13.6%
CMF	45.7%	26.2%
COR	36.2%	19.6%
CRC	31.1%	13.4%
CTF	31.4%	12.6%
CVSP	23.5%	6.3%
DVI	43.6%	14.9%
FSP	27.6%	13.0%
HDSP	22.4%	11.0%
ISP	21.6%	7.5%
KVSP	30.1%	16.8%
LAC	28.6%	8.2%
MCSP	40.1%	20.9%
NKSP	31.1%	10.8%
PBSP	14.8%	3.6%
PVSP	44.0%	29.8%
RJD	37.6%	20.0%
SAC	41.4%	25.0%
SATF	32.9%	15.6%
SCC	16.0%	4.2%
SOL	30.3%	15.5%
SQ	36.5%	14.4%
SVSP	33.0%	19.0%
VSPW	41.6%	18.3%
WSP	24.9%	9.1%

**Totals are unduplicated and are not the sum of the categories, as patient-inmates may be prescribed more than one pain medication.*

Table 6

Institution Abbreviations

ASP	Avenal State Prison
CAL	Calipatria State Prison
CCC	California Correctional Center
CCI	California Correctional Institution
CCWF	Central California Women's Facility
CEN	Centinela State Prison
CIM	California Institution for Men
CIW	California Institution for Women
CMC	California Men's Colony
CMF	California Medical Facility
COR	California State Prison, Corcoran
CRC	California Rehabilitation Center
CTF	Correctional Training Facility
CVSP	Chuckawalla Valley State Prison
DVI	Deuel Vocational Institution
FSP	Folsom State Prison
HDSP	High Desert State Prison
ISP	Ironwood State Prison
KVSP	Kern Valley State Prison
LAC	California State Prison, Los Angeles County
MCSP	Mule Creek State Prison
NKSP	North Kern State Prison
PBSP	Pelican Bay State Prison
PVSP	Pleasant Valley State Prison
RJD	Richard J. Donovan Correctional Facility
SAC	California State Prison, Sacramento
SATF	California Substance Abuse Treatment Facility & State Prison at Corcoran
SCC	Sierra Conservation Center
SOL	California State Prison, Solano
SQ	California State Prison, San Quentin
SVSP	Salinas Valley State Prison
VSPW	Valley State Prison for Women
WSP	Wasco State Prison