

APPENDICES 30-34

PART 6 OF 7

APPENDIX 30



CALIFORNIA
PRISON HEALTH CARE
RECEIVERSHIP CORP.



Project Statistics

- **Location:**
San Quentin State Prison
- **Procurement Method**
Design-Build
Design-Bid-Build
- **Program Stage**
Several projects are complete. The Central Health Services Building, medical modular building, personnel building and rotunda clinics are under construction. The medical warehouse project is in the design phase.

Program Issues

- Construction of the new CIC complex requires relocation of Hensel Phelps' and Vanir's project trailers. Details are being worked out with San Quentin to determine a new trailer site location, laydown areas and confirm available infrastructure.
- The San Quentin Supplemental Master Plan Report is complete. The report identifies 5 more potential medical projects that would complete the full list of the 15 projects previously identified.

VANIR CONSTRUCTION MANAGEMENT, INC.
PROGRAM SUMMARY

Program Description

The main feature of the San Quentin Health Care Improvement Program is its new Central Health Services Building. The building is a five-story structure with a program budget of \$146 million.

Other projects include the expansion of the rotundas at East and West block to create clinic space; new personnel building; and temporary medical and administrative modulars on the upper yard. These projects are currently in construction.

The medical warehouse project is design build/build. A Notice to Proceed was issued June 26, 2008, initiating the start of the design phase.

Completed projects include the TTA renovation, additional parking lots, temporary admin modulars, medical records renovation, relocation of the exercise yard, pump station upgrade and remodel of the R & R

Schedule Narrative

- The medical modular project is complete and operational except for hardening of the Ad Seg inmate toilet room. The toilet room work will be complete by mid-November 2008.
- Contaminated soil was encountered during installation of underground utilities at the medical warehouse site. Its uncertain at this time what impacts the discovery will have on the schedule.



Aerial view of San Quentin



Front elevation of new personnel building

BUDGET STATUS*

Original Program Budget	\$170,000,000
Projected Program Budget:	\$161,800,000
Budget Status: (Over)/Under	\$8,200,000
Encumbered to date:	\$134,000,000
Expended to date (construction only):	\$57,378,400

* Note: Cost information has not been reconciled with accounting

SCHEDULE STATUS

Program start time:	September 2006
Planned Completion Time:	Spring 2010
Projected Completion Time:	Spring 2010



CALIFORNIA
PRISON HEALTH CARE
RECEIVERSHIP CORP.



Project Statistics

- **Location:**
San Quentin State Prison
- **Project Name**
Central Health Services Building (CHSB)
- **Vanir CM Representative**
David Leak
- **Design Build Team**
Hensel Phelps & HOK Architects
- **Procurement Method**
Design/Build
- **Project Stage**
CD and Construction Phase

VANIR CONSTRUCTION MANAGEMENT, INC.
CENTRAL HEALTH SERVICES BUILDING

Project Description

The new Central Health Services Building site is located on the lower yard of San Quentin State Prison, within the prison walls. The project involves demolition of the existing 54,100 sq. ft. Building 22 and replacing it with a new 5 level, 116,100 sq.ft. medical building. The new building will also house San Quentin's receiving and release center, library and television station.



Courtyard view

Project Issues

- The first occupancy and transition meeting has been scheduled for early November 2008. The objective is to develop a occupancy schedule and assemble an activation team.
- The dedicated workmen pedestrian sallyport became operational in late October. The new sallyport will significantly reduce the amount of construction traffic on the existing vehicle sallyport.

Schedule Narrative

Installation of the precast exterior panels is complete except where the equipment elevator is located. Rough-in of the mechanical, plumbing, electrical and electronic systems is ongoing on all levels. Interior wall framing is also ongoing on all levels. The contractor is still on schedule for having the building weatherized by mid-December 2008. Hensel Phelps aggressively pursuing completion by end of year 2009.



Typical plumbing systems



Backside of Historical Facade

BUDGET STATUS

Original Project Budget	\$146,160,000
Design/Build Contract Amount:	\$108,277,000
Change Orders Approved to Date:	\$1,928,087
Change Orders Pending:	\$2,600,000
Change Orders Projected:	\$3,051,303
Projected Construction Contract Cost:	\$118,856,390
Projected Project Cost:	\$146,160,000
Paid to Date (D/B contract only):	\$50,611,699

SCHEDULE STATUS

Project is currently on schedule

Date of Notice to Proceed:	
Abatement & Design	29 Aug 07
Demolition & Construction	12 Nov 07
Contract Completion Date:	12 Feb 10
Projected Completion Date:	12 Feb 10
Projected Occupancy Date:	08 Apr 10



CALIFORNIA
PRISON HEALTH CARE
RECEIVERSHIP CORP.



Project Statistics

- **Location:**
San Quentin State Prison
- **Project Name**
Upper Yard Medical Modular Project
- **Vanir CM Representative**
Lynelle Onishi
- **Contractor**
JLC Construction
- **Procurement Method**
Design—Build
- **Project Stage**
Completion of Change Orders

VANIR CONSTRUCTION MANAGEMENT, INC.
UPPER YARD MEDICAL MODULAR BUILDING

Project Description

Fabrication and assembly of the new modular building was completed off-site. The building was then disassembled, transported & reassembled at the upper yard. The building has fire sprinklers, electrical, data, fire alarm, telephone, data pathway, which is connected to existing systems. Domestic water, separate fire sprinkler water, and sanitary sewer connections were available on site. Existing inmate small management yards were removed from the site. The new building is now occupied and operational.



Preparing for awnings.

Project Issues

The Ad Seg toilet cannot be used until the toilet is hardened. The medical staff has made program modifications to treat the Ad Seg inmates until the hardening modifications are complete.

Schedule Narrative

- Work on hardening of Ad Seg toilet ongoing. The new door and frame will be installed early Nov.
- Awning work still ongoing.
- Contractor completed installation of plumbing chase flooring.



Hardening of Ad Seg toilet.

Exam room

BUDGET STATUS

Original Project Budget	\$5,000,000
Actual Contract Amount:	\$3,167,000
Change Orders Approved to Date:	\$1,038,836
Change Orders Pending:	\$ 332,738
Change Orders Projected:	\$ 24,000
Projected Construction Contract Cost:	\$4,093,637
Projected Project Cost:	\$4,734,529
Paid to Date (construction only):	\$3,954,213

SCHEDULE STATUS

The project is on schedule with approved time extensions.

Date of Notice to Proceed:	13 Nov 07
Contract Completion Date:	4 Sept 08
Projected Completion Date:	10 Sept 08
Project Occupancy (Administration side):	10 Sept 08
Project Occupancy (Clinic side)	22 Sept 08



Project Statistics

- **Location:**
San Quentin State Prison
- **Project Name**
Medical Warehouse Building
- **Vanir CM Representative**
Cindy Rocha
- **Contractor**
W.E. Lyons Construction Co.
- **Procurement Method**
Design-Build
- **Project Stage**
Design

Project Issues

- Excavated soil is being stockpiled pending testing for metals and other contaminants.
- Sitework has not progressed because approval of sitework submittals is pending completion of the CDs.
- The contractor is approx. 8 weeks behind schedule due to delays in completing the design.

VANIR CONSTRUCTION MANAGEMENT, INC.
MEDICAL WAREHOUSE BUILDING

Project Description

The new 7,000 SF pre-manufactured steel building will include interior warehouse space allowing for pallet stacking of bulk supplies, fixed shelving, a roll-up door, and a man door; a fully caged secure storage area; a freezer; work space for six warehouse staff, including two offices, a workroom, and a unisex toilet; plus a covered loading dock area with stairs, a dock leveler, and a permanent scissor lift. The foundation will be a structural slab on piers. The facility will have a personal alarm system, HVAC in the offices and staff work room, exhaust systems in the restroom and medical gas storage room, and heating/ventilation in the warehouse. Exterior work includes asphalt concrete paving and other site improvements.



Soil from the building pad excavations is being stockpiled

Schedule Narrative

The design-builder's Construction Documents (CDs) have been approved by the State Fire Marshal. A structural engineer is peer reviewing the design for the foundation and the metal building. The contractor is in process of addressing peer review comments on the foundation, so that the formwork for the footings and suspended slab may begin.

BUDGET STATUS

Original Project Budget	\$2,800,000
Actual Contract Amount:	\$2,298,896
Change Orders Approved to Date:	\$ 0
Change Orders Pending:	\$ 225,000
Change Orders Projected:	\$ 300,000
Projected Construction Contract Cost:	\$ 2,823,896
Projected Project Cost:	\$ 3,020,056
Paid to Date:	\$ 249,823

SCHEDULE STATUS

Project is behind Schedule	
Date of Notice to Proceed:	June 29, 2008
Contract Completion Date:	March 1, 2009
Projected Completion Date:	April 30, 2009
Project Occupancy:	May 15, 2009



CALIFORNIA
PRISON HEALTH CARE
RECEIVERSHIP CORP.



Project Statistics

- **Location:**
San Quentin State Prison
- **Project Name**
East / West Rotunda Sick Call Units
- **Vanir CM Representative**
Aaron Kael
- **Contractor**
BBI Construction
- **Procurement Method**
Design-Bid-Build
- **Project Stage**
Construction

Project Issues

The contractor has requested a time extension. They have not clarified whether this time extension is compensable or non compensable. The contractor cut through the existing perimeter wall. The contractor is currently working on construction of partition walls and mechanical, electrical, plumbing rough in. Finishes should begin shortly.

VANIR CONSTRUCTION MANAGEMENT, INC. EAST / WEST ROTUNDA SICK CALL

Project Description

Construction of a new sick call unit and pill depository in both the East and West Rotundas. The scope of work includes selective demolition of the existing concrete wall; removal of interior wood framed walls; relocation of electrical generators, transformers, and conduits; Fire Department connections; fire sprinkler system; construction of an exterior CMU addition; as well as mechanical, plumbing, electrical, and site work.

Schedule Narrative

The project is currently behind schedule. We anticipate the work completing in the end of January. Weather could adversely affect project progress. The building is not water tight and gypsum wall installation will not begin until the roof is installed.



New Sick Call Unit Structure



Demolition of Existing Wall



First Course of CMU

BUDGET STATUS

Original Project Budget	\$2,900,000
Actual Contract Amount:	\$2,372,778
Change Orders Approved to Date:	\$37,564
Change Orders Pending:	\$374,577
Change Orders Projected:	\$64,859
Projected Construction Contract Cost:	\$2,849,778
Projected Project Cost:	\$3,719,778
Paid to Date (construction only):	\$1,478,878

SCHEDULE STATUS

Project is currently 71 days behind schedule

Date of Notice to Proceed:	17 Mar 08
Contract Completion Date:	12 Nov 08
Projected Completion Date:	22 Jan 08
Project Occupancy:	03 Feb 08



CALIFORNIA
PRISON HEALTH CARE
RECEIVERSHIP CORP.



- **Project Statistics**
- **Location:**
San Quentin State Prison
- **Project Name**
New Personnel Building
- **Vanir CM Representative**
Lynelle Onishi
- **Contractor**
Purdy Builders, Inc.
- **Procurement Method**
Design—Bid—Build
- **Project Stage**
Construction

Project Issues

Construction efforts progressing satisfactorily. No major issues that would affect schedule or completion date were encountered this month. Currently project is approximately 22days behind schedule.

VANIR CONSTRUCTION MANAGEMENT, INC.
NEW PERSONNEL BUILDING

Project Description

Demolition of existing 1,500 SF, wood-framed building and concrete foundation; construction of a new wood-framed, single-story, 4,000 SF office building with restrooms, storage, and training room for new personnel; and the construction of all associated site improvements.

Schedule Narrative

- 10/1/08 Grading around building for placement of asphalt/concrete.
- 10/7/08 Poured pads for HVAC. Electrical panel hook-up continues.
- 10/9/08 Interior spraying of primer. Concrete work at rear of building
- 10/13/08 Electrical shutdown to splice in electrical power to building.
- 10/29/08 Interior finish work. Power turned on.



Entrance at South Side



Interior Finishes



The Lights are on!

BUDGET STATUS

Original Project Budget	\$2,100,000
Actual Contract Amount:	\$1,248,538
Change Orders Approved to Date:	\$ 92,760
Change Orders Pending:	\$ 89,900
Change Orders Projected:	\$ 24,167
Projected Construction Contract Cost:	\$ 1,433,286
Projected Project Cost:	\$,2,475,465
Paid to Date (construction only):	\$ 1,083,762

SCHEDULE STATUS

Date of Notice to Proceed:	3/26/08
Contract Completion Date:	10/14/08
Projected Completion Date:	11/14/08
Projected Occupancy Date:	11/17/08

Project is approximately 22 days behind schedule

APPENDIX 31



Project Statistics

- **Location:**
San Quentin State Prison
- **Procurement Method**
Design-Build
Design-Bid-Build
- **Program Stage**
Several projects are complete. The Central Health Services Building, medical modular building, personnel building and rotunda clinics are under construction. The medical warehouse project is in the design phase.

Program Issues

- A unilateral change order for a 43 day time extension has been issued on the East/West Rotunda project. The action was necessary because there was a need to establish a revised completion date and contractor was unwilling to negotiate the change.
- The San Quentin Supplemental Master Plan Report is complete. The report identifies 5 more potential medical projects that would complete the full list of the 15 projects previously identified.

VANIR CONSTRUCTION MANAGEMENT, INC.
PROGRAM SUMMARY

Program Description

The main feature of the San Quentin Health Care Improvement Program is its new Central Health Services Building. The building is a five-story structure with a program budget of \$146 million.

Other projects include the expansion of the rotundas at East and West block to create clinic space; new personnel building; and temporary medical and administrative modulars on the upper yard. These projects are currently in construction.

The medical warehouse project is design build/build. A Notice to Proceed was issued June 26, 2008, initiating the start of the design phase.

Completed projects include the TTA renovation, additional parking lots, temporary admin modulars, medical records renovation, relocation of the exercise yard, pump station upgrade and remodel of the R & R and upper yard medical modulars.



Aerial view of San Quentin

Schedule Narrative

- Completion of the new personnel building is forecast for December 15, 2008. Completion is delayed, for the most part, due to encountering multiple underground utilities in the sewer pipe pathway. Other unforeseen site conditions are responsible for the remainder of the delays.
- Master planning of the supplemental medical projects is still in flux. Potential projects include H Unit renovations and AC clinics.
- The San Quentin program is on schedule for a spring 2010 completion, as planned.



Front elevation of new personnel building

BUDGET STATUS*

Original Program Budget	\$170,000,000
Projected Program Budget:	\$161,700,000
Budget Status: (Over)/Under	\$8,300,000
Encumbered to date:	\$134,000,000
Expended to date (construction only):	\$61,305,251

* Note: Cost information has not been reconciled with accounting

SCHEDULE STATUS

Program Start Date:	September 2006
Planned Completion Date:	Spring 2010
Projected Completion Data:	Spring 2010



CALIFORNIA
PRISON HEALTH CARE
RECEIVERSHIP CORP.



Project Statistics

- **Location:**
San Quentin State Prison
- **Project Name**
Central Health Services Building (CHSB)
- **Vanir CM Representative**
David Leak
- **Design Build Team**
Hensel Phelps & HOK Architects
- **Procurement Method**
Design/Build
- **Project Stage**
CD and Construction Phase

VANIR CONSTRUCTION MANAGEMENT, INC.
CENTRAL HEALTH SERVICES BUILDING

Project Description

The new Central Health Services Building site is located on the lower yard of San Quentin State Prison, within the prison walls. The project involves demolition of the existing 54,100 sq. ft. Building 22 and replacing it with a new 5 level, 116,100 sq.ft. medical building. The new building will also house San Quentin's receiving and release center, library and television station.



Courtyard view

Project Issues

- Progress continues on the design and function of the CHSB telecom and data systems. The new voice system will be voice-over internet protocol.
- Water contaminated with E. Coli bacteria is draining through the dungeon retaining wall. San Quentin is investigating the possibility of a broken sewer line at the north end of the building.

Schedule Narrative

Mechanical, plumbing and electrical rough-in is ongoing on every floor. There is an emphasis on installing the roofing, windows and other assemblies that weatherize the interior for winter. Other ongoing activities are: installation of the masonry walls, metal security walls and interior door frames. Overall, construction is approximately 3 months ahead of schedule.



Typical overhead plumbing systems



Backside of Historical Facade

BUDGET STATUS

Original Project Budget	\$146,160,000
Design/Build Contract Amount:	\$108,277,000
Change Orders Approved to Date:	\$2,102,474
Change Orders Pending:	\$2,500,000
Change Orders Projected:	\$3,100,500
Projected Construction Contract Cost:	\$115,980,000
Projected Project Cost:	\$146,160,000
Paid to Date (D/B contract only):	\$59,931,113

SCHEDULE STATUS

Project is currently on schedule

Date of Notice to Proceed:	
Abatement & Design	29 Aug 07
Demolition & Construction	12 Nov 07
Contract Completion Date:	12 Feb 10
Projected Completion Date:	12 Feb 10
Projected Occupancy Date:	08 Apr 10



CALIFORNIA
PRISON HEALTH CARE
RECEIVERSHIP CORP.



Project Statistics

- **Location:**
San Quentin State Prison
- **Project Name**
Upper Yard Medical Modular Project
- **Vanir CM Representative**
Lynelle Onishi
- **Contractor**
JLC Construction
- **Procurement Method**
Design—Build
- **Project Stage**
Project Complete

Project Issues

No project issues.
Project is completed.

VANIR CONSTRUCTION MANAGEMENT, INC.
UPPER YARD MEDICAL MODULAR BUILDING

Project Description

Fabrication and assembly of the new modular building was completed off-site. The building was then disassembled, transported & reassembled at the upper yard. The building has fire sprinklers, electrical, data, fire alarm, telephone, data pathway, which is connected to existing systems. Domestic water, separate fire sprinkler water, and sanitary sewer connections were available on site. Existing inmate small management yards were removed from the site. The new building is now occupied and operational.

Schedule Narrative

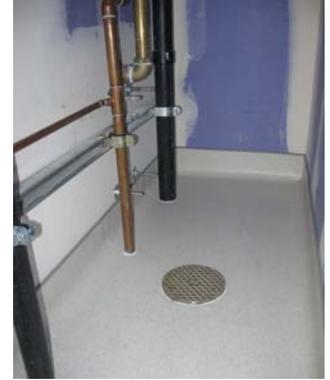
- 11/4/08 completed flooring in exterior plumbing chase.
- 11/19/08 awnings on west-side of building and the hardening of the Ad Seg toilet completed.
- 11/20/08 walk through the hardening of the Ad Seg toilet with the Institution.



New Hardened Ad Seg Toilet



Awning over doorways



Exterior Plumbing Chase Floor

BUDGET STATUS

Original Project Budget	\$5,000,000
Actual Contract Amount:	\$3,167,000
Change Orders Approved to Date:	\$ 748,799
Change Orders Pending:	\$ 315,758
Change Orders Projected:	\$ 0
Projected Construction Contract Cost:	\$4,231,593
Projected Project Cost:	\$4,884,485
Paid to Date (construction only):	\$3,775,783

SCHEDULE STATUS

The project is on schedule with approved time extensions.

Date of Notice to Proceed:	13 Nov 07
Contract Completion Date:	4 Sept 08
Projected Completion Date:	10 Sept 08
Project Occupancy (Administration side):	10 Sept 08
Project Occupancy (Clinic side)	22 Sept 08



CALIFORNIA
PRISON HEALTH CARE
RECEIVERSHIP CORP.



Project Statistics

- **Location:**
San Quentin State Prison
- **Project Name**
Medical Warehouse Building
- **Vanir CM Representative**
Cindy Rocha
- **Contractor**
W.E. Lyons Construction Co.
- **Procurement Method**
Design-Build
- **Project Stage**
Construction

Project Issues

- Excavations are complete. Stockpiled soil has been determined to be above regulatory limits for lead, which requires its disposal at a Class 1 landfill.
- Groundwater from the excavations is being stored in baker tanks, pending hazardous materials testing. The water will be tested for contaminants, and either trucked to the sanitary district for disposal, or discharged directly into the sewer system upon issuance by the sanitary district of a discharge permit.
- The contractor is approx. 8 weeks behind schedule due to delays in completing the design.

VANIR CONSTRUCTION MANAGEMENT, INC.
MEDICAL WAREHOUSE BUILDING

Project Description

The new 7,000 SF pre-manufactured steel building will include interior warehouse space allowing for pallet stacking of bulk supplies, fixed shelving, a roll-up door, and a man door; a fully caged secure storage area; a freezer; work space for six warehouse staff, including two offices, a workroom, and a unisex toilet; plus a covered loading dock area with stairs, a dock leveler, and a permanent scissor lift. The foundation will be a structural slab on piers. The facility will have a personal alarm system, HVAC in the offices and staff work room, exhaust systems in the restroom and medical gas storage room, and heating/ventilation in the warehouse. Exterior work includes asphalt concrete paving and other site improvements.



Formwork for the building's concrete footings is in progress

Schedule Narrative

The design-builder's Construction Documents (CDs) have been approved by the State Fire Marshal. Structural peer review has resulted in modification of the design for the foundation, crawl space, and the metal building. Site utilities have been installed, and the contractor is completing the formwork for the footings. This activity will be followed by CMU block placement, and then the suspended slab on a metal deck.

BUDGET STATUS

Original Project Budget	\$2,800,000
Actual Contract Amount:	\$2,298,896
Change Orders Approved to Date:	\$ 0
Change Orders Pending:	\$ 225,000
Change Orders Projected:	\$ 500,000
Projected Construction Contract Cost:	\$ 3,024,000
Projected Project Cost:	\$ 3,524,000
Paid to Date:	\$ 249,823

SCHEDULE STATUS

Project is behind Schedule	
Date of Notice to Proceed:	June 29, 2008
Contract Completion Date:	March 1, 2009
Projected Completion Date:	April 30, 2009
Project Occupancy:	May 15, 2009



CALIFORNIA
PRISON HEALTH CARE
RECEIVERSHIP CORP.



Project Statistics

- **Location:**
San Quentin State Prison
- **Project Name**
East / West Rotunda Sick Call Units
- **Vanir CM Representative**
Aaron Kael
- **Contractor**
BBI Construction
- **Procurement Method**
Design-Bid-Build
- **Project Stage**
Construction

Project Issues

The contractor is having difficulty developing a flow of work due to the size constraints of the Rotundas project. The small size and complexity of the project requires exceptional coordination which appears to be lacking to an extent. In addition, BBI Construction has assigned their third Project Manager. Staff turnover is slowing progress of the work.

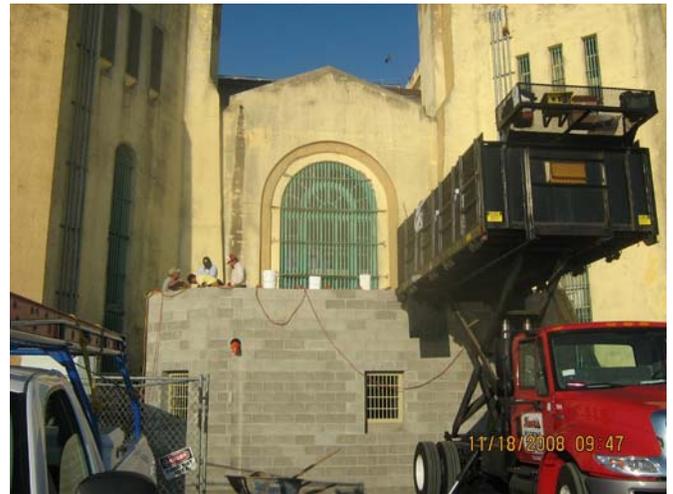
VANIR CONSTRUCTION MANAGEMENT, INC.
EAST / WEST ROTUNDA SICK CALL

Project Description

Construction of a new sick call unit and pill depository in both the East and West Rotundas. The scope of work includes selective demolition of the existing concrete wall; removal of interior wood framed walls; relocation of electrical generators, transformers, and conduits; Fire Department connections; fire sprinkler system; construction of an exterior CMU addition; as well as mechanical, plumbing, electrical, and site work.

Schedule Narrative

The project is currently behind schedule. The contractor's schedule shows the work completing on February 25, however, we anticipate the work completing in the middle of March. Progress of the work has been slowed by a lack of approved fire sprinkler drawings.



New Sick Call Unit Structure Roof Installation



New Sanitary Sewer at West Rotunda



Rough In Utilities

BUDGET STATUS

Original Project Budget	\$2,900,000
Actual Contract Amount:	\$2,372,778
Change Orders Approved to Date:	\$227,106
Change Orders Pending:	\$260,391
Change Orders Projected:	\$40,000
Projected Construction Contract Cost:	\$2,900,275
Projected Project Cost:	\$4,019,767
Paid to Date (construction only):	\$1,802,262

SCHEDULE STATUS

Project is currently 105 days behind schedule

Date of Notice to Proceed:	17 Mar 08
Contract Completion Date:	12 Nov 08
Projected Completion Date:	25 Feb 09
Project Occupancy:	15 Mar 09



CALIFORNIA PRISON HEALTH CARE RECEIVERSHIP CORP.



- **Project Statistics**
- **Location:**
San Quentin State Prison
- **Project Name**
New Personnel Building
- **Vanir CM Representative**
Lynelle Onishi
- **Contractor**
Purdy Builders, Inc.
- **Procurement Method**
Design—Bid—Build
- **Project Stage**
Construction

Project Issues

Construction efforts progressing satisfactorily. Connecting to sanitary sewer required extensive coordination and cooperation with Institution as construction was in the main roadway. This location required restricted working hours and limited access. Project is nearing completion.

VANIR CONSTRUCTION MANAGEMENT, INC. NEW PERSONNEL BUILDING

Project Description

Demolition of existing 1,500 SF, wood-framed building and concrete foundation; construction of a new wood-framed, single-story, 4,000 SF office building with restrooms, storage, and training room for new personnel; and the construction of all associated site improvements.

Schedule Narrative

- 11/4/08, 11/11/08 Poured Eastside step and front of dry cleaning. Installed attic vent.
- 11/19/08 Painting all interior doors. Saw cutting and excavating for new sanitary sewer.
- 11/25/08 New furniture installed. Excavation for sanitary sewer continues.



Front Entrance Nearing Completion



New Training Room



New work stations

BUDGET STATUS

Original Project Budget	\$2,100,000
Actual Contract Amount:	\$1,248,538
Change Orders Approved to Date:	\$ 63,929
Change Orders Pending:	\$ 326,756
Change Orders Projected:	\$ 190,000
Projected Construction Contract Cost:	\$ 1,829,223
Projected Project Cost:	\$2,409,330
Paid to date(construction only)	- \$ 1,221,568

SCHEDULE STATUS

Date of Notice to Proceed:	3/26/08
Contract Completion Date:	11/2/08
Projected Completion Date:	12/22/08
Projected Occupancy Date:	1/8/08

APPENDIX 32

California Prison Health Care Services
Project Management Office

Receiver's Turnaround Plan of Action
Goals 1 – 6

Executive Project Data Sheets
(December, 2008)

CALIFORNIA PRISON HEALTH CARE SERVICES
PROJECT MANAGEMENT OFFICE
LIST OF PROJECTS (SORTED BY GOAL)

	Project	Manager	Receiver's Turnaround Plan of Action Goals
2	Access To Care	Langdale, Corey	1: TIMELY ACCESS TO CARE
3	Access to Care Registry	Amo, Cary	1: TIMELY ACCESS TO CARE
4	Access to Care: Chronic Disease Management	Spray, Brian	1: TIMELY ACCESS TO CARE
5	Access to Care: Reception, Receiving and Release	Vercoe, David	1: TIMELY ACCESS TO CARE
6	Access To Care: Sick Call/Primary Care	Spray, Brian	1: TIMELY ACCESS TO CARE
7	Access to Care: Utilization Management	Johnson, Bob	1: TIMELY ACCESS TO CARE
8	Health Care Scheduling System (HCSS)	Davis, Sara J.	1: TIMELY ACCESS TO CARE
9	Nurse Staffing Assessment	Robinson, Greg	1: TIMELY ACCESS TO CARE
10	Public Health	Forbes, David	1: TIMELY ACCESS TO CARE
11	Contracts Medical Database, (CMD) Upgrade	Sakamoto, Mike	2: MEDICAL PROGRAM
12	Emergency Response Initiative	Klutz, Richard	2: MEDICAL PROGRAM
13	Palliative Care Program	Clark, Charmaine	2: MEDICAL PROGRAM
14	Prodagio (HCDMS)	Dickson, Ned	2: MEDICAL PROGRAM
15	On Line Exams	Meyerhoff, Keith	3: RECRUIT, TRAIN, RETAIN MED WFORCE
16	Business Information System, HR/Nursing	Muniappan, Senthil	4: QUALITY IMPROVEMENT PROGRAMS
17	Business Information Systems (BIS)	Mengers, Gary	4: QUALITY IMPROVEMENT PROGRAMS
18	Clarity Project & Portfolio Management	Ysunza, Joan	4: QUALITY IMPROVEMENT PROGRAMS
19	Contract Medical Database, Statewide Reporting	Harris, Denise	4: QUALITY IMPROVEMENT PROGRAMS
20	CPHCS HQ Relocation	O'Connor, Diane	4: QUALITY IMPROVEMENT PROGRAMS
21	Hourly Contracted Staff Contracts FY2008/2009	Ysunza, Joan	4: QUALITY IMPROVEMENT PROGRAMS
22	IT Security	Berry, Chris	4: QUALITY IMPROVEMENT PROGRAMS
23	PMO Project Oversight	Houston, Mark	4: QUALITY IMPROVEMENT PROGRAMS
24	Program Management Office Organization	Williams, Ben	4: QUALITY IMPROVEMENT PROGRAMS
1	Healthcare Network Phase II (Full Build-out)	Nordstrom, Evan	5: MEDICAL SUPPORT INFRASTRUCTURE
25	Central Fill Pharmacy	Rendon, Erick	5: MEDICAL SUPPORT INFRASTRUCTURE
26	Centralized Dictation & Transcription	Harris, Denise	5: MEDICAL SUPPORT INFRASTRUCTURE
27	Change Management	Dorsey, Nancy	5: MEDICAL SUPPORT INFRASTRUCTURE
28	Claims Management and Invoice Processing	Lasiter, Holly	5: MEDICAL SUPPORT INFRASTRUCTURE
29	Clinical Data Repository	Sullivan-King, Tammy	5: MEDICAL SUPPORT INFRASTRUCTURE
30	Clinical Imaging Services	Casey, Craig	5: MEDICAL SUPPORT INFRASTRUCTURE
31	Data Center & End User Migration	Wood, Fred	5: MEDICAL SUPPORT INFRASTRUCTURE

CALIFORNIA PRISON HEALTH CARE SERVICES
PROJECT MANAGEMENT OFFICE
LIST OF PROJECTS (SORTED BY GOAL)

	Project	Manager	Receiver's Turnaround Plan of Action Goals
32	Enterprise Architecture	Griffith, Mark	5: MEDICAL SUPPORT INFRASTRUCTURE
33	Health Care Data Center Migration	Harris, Denise	5: MEDICAL SUPPORT INFRASTRUCTURE
34	Health Information Management	Mabra-Hobson, JoAnna	5: MEDICAL SUPPORT INFRASTRUCTURE
35	Laboratory Services Management	Ketchum, Stan	5: MEDICAL SUPPORT INFRASTRUCTURE
36	Maxor Pharmacy Conversion	Mondragon, Ed	5: MEDICAL SUPPORT INFRASTRUCTURE
37	Mental Health Tracking System (MHTS)	Block, Carl	5: MEDICAL SUPPORT INFRASTRUCTURE
38	Telemedicine Services - Provider On Boarding	Harris, Denise	5: MEDICAL SUPPORT INFRASTRUCTURE
39	VOIP-Unified Messaging	Williams, Doug	5: MEDICAL SUPPORT INFRASTRUCTURE
40	10,000 Bed Activation Program	Freeman, Tracy	6: CLINICAL, ADMINISTRATIVE & HOUSING
41	10,000 Bed IT Activation Project	Eichstaedt, Fred	6: CLINICAL, ADMINISTRATIVE & HOUSING
42	10K Bed-Administrative-Support-Facilities (ASF Team)	Vaden, Mitch	6: CLINICAL, ADMINISTRATIVE & HOUSING
43	10K Bed-Integrated Care Team (IC Team)	Freeman, Tracy	6: CLINICAL, ADMINISTRATIVE & HOUSING
44	NorCal Re-Entry Facility	Haag, Stephen	6: CLINICAL, ADMINISTRATIVE & HOUSING
45	Site Activation - 33 Institutions	Haag, Stephen	6: CLINICAL, ADMINISTRATIVE & HOUSING

CALIFORNIA PRISON HEALTH CARE SERVICES
PROJECT MANAGEMENT OFFICE
LIST OF PROJECTS (SORTED BY PROJECT NAME)

	Project	Manager	Receiver's Turnaround Plan of Action Goals
40	10,000 Bed Activation Program	Freeman, Tracy	6: CLINICAL, ADMINISTRATIVE & HOUSING
41	10,000 Bed IT Activation Project	Eichstaedt, Fred	6: CLINICAL, ADMINISTRATIVE & HOUSING
42	10K Bed-Administrative-Support-Facilities (ASF Team)	Vaden, Mitch	6: CLINICAL, ADMINISTRATIVE & HOUSING
43	10K Bed-Integrated Care Team (IC Team)	Freeman, Tracy	6: CLINICAL, ADMINISTRATIVE & HOUSING
2	Access To Care	Langdale, Corey	1: TIMELY ACCESS TO CARE
3	Access to Care Registry	Amo, Cary	1: TIMELY ACCESS TO CARE
4	Access to Care: Chronic Disease Management	Spray, Brian	1: TIMELY ACCESS TO CARE
5	Access to Care: Reception, Receiving and Release	Vercoe, David	1: TIMELY ACCESS TO CARE
6	Access To Care: Sick Call/Primary Care	Spray, Brian	1: TIMELY ACCESS TO CARE
7	Access to Care: Utilization Management	Johnson, Bob	1: TIMELY ACCESS TO CARE
16	Business Information System, HR/Nursing	Muniappan, Senthil	4: QUALITY IMPROVEMENT PROGRAMS
17	Business Information Systems (BIS)	Mengers, Gary	4: QUALITY IMPROVEMENT PROGRAMS
25	Central Fill Pharmacy	Rendon, Erick	5: MEDICAL SUPPORT INFRASTRUCTURE
26	Centralized Dictation & Transcription	Harris, Denise	5: MEDICAL SUPPORT INFRASTRUCTURE
27	Change Management	Dorsey, Nancy	5: MEDICAL SUPPORT INFRASTRUCTURE
28	Claims Management and Invoice Processing	Lasiter, Holly	5: MEDICAL SUPPORT INFRASTRUCTURE
18	Clarity Project & Portfolio Management	Ysunza, Joan	4: QUALITY IMPROVEMENT PROGRAMS
29	Clinical Data Repository	Sullivan-King, Tammy	5: MEDICAL SUPPORT INFRASTRUCTURE
30	Clinical Imaging Services	Casey, Craig	5: MEDICAL SUPPORT INFRASTRUCTURE
19	Contract Medical Database, Statewide Reporting	Harris, Denise	4: QUALITY IMPROVEMENT PROGRAMS
11	Contracts Medical Database, (CMD) Upgrade	Sakamoto, Mike	2: MEDICAL PROGRAM
20	CPHCS HQ Relocation	O'Connor, Diane	4: QUALITY IMPROVEMENT PROGRAMS
31	Data Center & End User Migration	Wood, Fred	5: MEDICAL SUPPORT INFRASTRUCTURE
12	Emergency Response Initiative	Klutz, Richard	2: MEDICAL PROGRAM
32	Enterprise Architecture	Griffith, Mark	5: MEDICAL SUPPORT INFRASTRUCTURE
33	Health Care Data Center Migration	Harris, Denise	5: MEDICAL SUPPORT INFRASTRUCTURE
8	Health Care Scheduling System (HCSS)	Davis, Sara J.	1: TIMELY ACCESS TO CARE
34	Health Information Management	Mabra-Hobson, JoAnna	5: MEDICAL SUPPORT INFRASTRUCTURE
1	Healthcare Network Phase II (Full Build-out)	Nordstrom, Evan	5: MEDICAL SUPPORT INFRASTRUCTURE
21	Hourly Contracted Staff Contracts FY2008/2009	Ysunza, Joan	4: QUALITY IMPROVEMENT PROGRAMS
22	IT Security	Berry, Chris	4: QUALITY IMPROVEMENT PROGRAMS

CALIFORNIA PRISON HEALTH CARE SERVICES
PROJECT MANAGEMENT OFFICE
LIST OF PROJECTS (SORTED BY PROJECT NAME)

	Project	Manager	Receiver's Turnaround Plan of Action Goals
35	Laboratory Services Management	Ketchum, Stan	5: MEDICAL SUPPORT INFRASTRUCTURE
36	Maxor Pharmacy Conversion	Mondragon, Ed	5: MEDICAL SUPPORT INFRASTRUCTURE
37	Mental Health Tracking System (MHTS)	Block, Carl	5: MEDICAL SUPPORT INFRASTRUCTURE
44	NorCal Re-Entry Facility	Haag, Stephen	6: CLINICAL, ADMINISTRATIVE & HOUSING
9	Nurse Staffing Assessment	Robinson, Greg	1: TIMELY ACCESS TO CARE
15	On Line Exams	Meyerhoff, Keith	3: RECRUIT, TRAIN, RETAIN MED WFORCE
13	Palliative Care Program	Clark, Charmaine	2: MEDICAL PROGRAM
23	PMO Project Coordination & Oversight	Larson, Cheryl	4: QUALITY IMPROVEMENT PROGRAMS
14	Prodagio (HCDMS)	Dickson, Ned	2: MEDICAL PROGRAM
24	Program Management Office Organization	Williams, Ben	4: QUALITY IMPROVEMENT PROGRAMS
10	Public Health	Forbes, David	1: TIMELY ACCESS TO CARE
45	Site Activation - 33 Institutions	Haag, Stephen	6: CLINICAL, ADMINISTRATIVE & HOUSING
38	Telemedicine Services - Provider On Boarding	Harris, Denise	5: MEDICAL SUPPORT INFRASTRUCTURE
39	VOIP-Unified Messaging	Williams, Doug	5: MEDICAL SUPPORT INFRASTRUCTURE

Receiver's Turnaround Plan of Action

Goal 1

Project Name: Access to Care, Chronic Disease Management Program (CDMP)

Project Executive: Terry Hill, MD

Project Sponsor: Thomas Bzoskie, MD

Project Manager: Corey Langdale

E-Mail:	Corey.Langdale@cdcr.ca.gov		
Phone	(916) 712-0580	Proj ID:	PRJ031
Start Date:	July 2008	Est Finish Date:	December 2009

Solution Vision:

Apply process improvement concepts and specifically Plan-Do-Study-Act (PDSA) cycles to improve the quality of care to the patient inmate population. Also move to a Chronic Disease Management and Primary Care model for the clinic visit.

Project Description:

- Pilot PDSA cycles and process improvement concepts to six (6) pilot sites for chronic disease management and then deploy statewide.
- Improve clinic efficiency by moving to the planned visit and primary care model

Organization Impact:

The Chronic Disease Management Program impacts all CDCR resources including facilities, human resources, and Information Technology.

Project Purpose:

Create a collaborative environment where custody and health care staff collectively guarantee access to care and improvements in morbidity and mortality which will meet constitutional standards of care.

Strategic Plan Objectives:

- Primary Goal: 1: Timely Access to Care
- Objective: 1.2: **Staffing & Processes for Health Care Access**
- Actions: Fully Implement Health Care Access Teams

Major Milestones

Milestones	Planned	Actual
Selection of Vendor	Apr 08	Apr 08
Kick-Off of CDMP	Jul 08	Jul 08
Conduct Learning Sessions for pilot sites	Nov 08	Nov 08
Produce Change Package	Dec 08	
Conduct Diabetes Learning Sessions for pilot sites	Jan, Mar, May 09	
Conduct Statewide Learning Sessions	Jan-Nov 09	
Conduct Regional Workshops	Feb-Dec 09	

Key Work Products:

1. Monthly leadership reports
2. Change Package
3. ACIC Survey reports

Dependencies/Constraints:

1. Centralized support for policy change
2. Devotion of adequate institution staff
3. Registry development and roll out
4. Training in rapid cycle qlty improvement
- 5.

Risks:

1. Lack of adequate institution resources.
2. Aggressive electronic registry roll out schedule.
3. Post and Bid process within state nursing classification could result in team instability.
4. Change management is challenging, difficult to measure and hard to sustain.

Project Team:

Annette Lambert, Team Lead
 Deborah Roberts, Nursing Consultant
 Darrin Dennis, Nursing Consultant
 Liana Lianov, MD, QI Chief Med. Officer
 Cathi Murdoch, Custody Administrator
 Vickie Bertucci, Custody Captain
 Kent Imai, MD, Physician Consultant
 Lori Weiselberg, HMA Consultant
 Lyndon Greco, Analyst Support
 Jennifer Smith, Clerical Staff

Specific Performance Measures:

1. By 12/30/2008, 80 percent or more of all pilot institution clinics will have an Assessment of Chronic Illness Care (ACIC) Chronic Disease Model grade of "B" or better.
2. By 03/31/2009, 80 percent or more of all pilot institution clinics will have an Assessment of Chronic Illness Care (ACIC) Chronic Disease Model grade of "B" or better.
3. By 03/31/2009, 95 percent or more of the daily point of care visits in pilot clinics will be entered in the state's Care Management Registry.
4. By 6/30/2009, 95 percent or more of the daily point of care visits in pilot institutions will be entered in the state's Care Management Registry.

Additional Information (Optional):

Lifecycle: The project is in the pilot implementation stage having delivered the Chronic Disease Primary Care model to the 6 pilot sites through 4 learning collaboratives. Lifemasters nurses are on site at each of the pilot clinics to promote the delivery of the model to the other clinics through March-09.

The project is also in the planning stage for the delivery of the Diabetes/Hep C Learning Collaborative to the 6 pilots sites and Asthma Learning Collaboratives from Jan-2009 through October 2009. Regional Workshops will be delivered by Quality Improvement Advisors from Feb-2009 to Dec-2009 to integrate Diabetes and HEP C throughout all institutions.

1.

PROJECT SCHEDULE

Project Name		Access To Care -Chronic Care		
Project Manager		Corey Langdale/Brian Spray		
PM Phone		916-712-0580		
ORDER	INSTITUTION	Implementation Start (aka "Kick-Off") Week Of	Site Visits	Go-LIVE Date Asthma
Pilot #1	FOL - Folsom	7/15/08		4/31/09
Pilot #2	MCSP - Mule Creek State Prison	7/15/08		4/31/09
Pilot #3	CMC - CA Men's Colony	7/15/08		4/31/09
Pilot #4	CCWF - Central CA Women's Facility	7/15/08		4/31/09
Pilot #5	RJD - RJ Donovan Correctional Facility	7/15/08		4/31/09
Pilot #6	CIW - California Institute for Women	7/15/08		4/31/09
#1	SAC - CA State Prison, Sacramento	1/30/09	TBD - 2 per month	7/31/09
#2	SATF - CA Substance Abuse Trtmt. Fac.	1/30/09	TBD - 2 per month	7/31/09
#3	COR - CA State Prisons, Corcoran	1/30/09	TBD - 2 per month	7/31/09
#4	SQ - San Quentin	1/30/09	TBD - 2 per month	7/31/09
#5	ISP - Ironwood State Prison	1/30/09	TBD - 2 per month	7/31/09
#6	CVSP - Chuckawalla Valley State Prison	1/30/09	TBD - 2 per month	7/31/09
#7	CCC - CA Correctional Center	1/30/09	TBD - 2 per month	7/31/09
#8	HDSP - High Desert State Prison	1/30/09	TBD - 2 per month	7/31/09
#9	VSPW - Valley State Prison for Women	1/30/09	TBD - 2 per month	7/31/09
#10	DVI - Deuel Vocational Institute	1/30/09	TBD - 2 per month	7/31/09
#11	KVSP - Kern Valley State Prison	1/30/09	TBD - 2 per month	7/31/09
#12	NKSP - North Kern State Prison	1/30/09	TBD - 2 per month	7/31/09
#13	PVSP - Pleasant Valley State Prison	1/30/09	TBD - 2 per month	7/31/09
#14	LAC - CA State Prison, Los Angeles	1/30/09	TBD - 2 per month	7/31/09
#15	SVSP - Salinas Valley State Prison	1/30/09	TBD - 2 per month	7/31/09
#16	CCI - CA Correctional Institute	1/30/09	TBD - 2 per month	7/31/09
#17	PBSP - Pelican Bay State Prison	1/30/09	TBD - 2 per month	7/31/09
#18	ASP - Avenal State Prison	1/30/09	TBD - 2 per month	7/31/09
#19	CEN - Centinela State Prison	1/30/09	TBD - 2 per month	7/31/09
#20	CAL - Calipatria State Prison	1/30/09	TBD - 2 per month	7/31/09
#21	SCC - Sierra Conservation Center	1/30/09	TBD - 2 per month	7/31/09
#22	WSP - Wasco State Prison	1/30/09	TBD - 2 per month	7/31/09
#23	SOL - CA State Prison, Solano	1/30/09	TBD - 2 per month	7/31/09
#24	CRC - CA Rehabilitation Center	1/30/09	TBD - 2 per month	7/31/09
#25	CMF - CA Medical Facility	1/30/09	TBD - 2 per month	7/31/09
#26	CTF - Correctional Training Facility	1/30/09	TBD - 2 per month	7/31/09
#27	CIM - CA Institute for Men	1/30/09	TBD - 2 per month	7/31/09
#28				
#29				
#30				
#31				

Project Data Sheet

Project Name: Access to Care - Primary Care/Sick Call Project

Project ID:

Project Executive: Dr. Kent Imai
Project Sponsor: Dr. Jeff Carrick
Project Manager: Brian Spray
Start Date: 07/08/08
Estimated Finish Date: 07/31/10
Updated by: Brian Spray

Project Objective Statement:

The Primary Care/Sick Call project will create new standardized, reliable, and measurable sick call processes that will streamline workflow and ensure inmate/patients timely and quality access to medical care at all California Department of Corrections and Rehabilitation (CDCR) institutions. Within the scope of its individual Access to Care domain, the Primary Care/Sick Call project will promote the transition to a primary care model of care, emphasizing care coordination and accountability for patient outcomes.

Matrix

	Not Flexible	Somewhat Flexible	Most Flexible
Resources			X
Schedule		X	
Scope	X		

Deliverables

1. Review and revise standardized nursing procedures and approved protocols.
2. Redesign of nursing supervision as called for by new Supervising RN (SRN II) deployment.
3. Review queuing theory models now being used in private and public health care systems.
4. Redesign the primary care/sick call process to incorporate the assignment of patient panels to primary care providers and nursing staff and promote accountability for patient outcomes.

Major Milestones

Milestones	Planned	Actual
Establish pilot site criteria and performance measures for processes	11/13/08	11/13/08
Choose pilot sites to participate in sick call	11/13/08	11/13/08
Visit pilot sites to evaluate and establish process flows	12/23/08	

Major Milestones

Milestones	Planned	Actual
Monitor, evaluate, change and re-evaluate pilot site processes	1/22/08	
Finalize process and policies for institution implementation	1/22/08	
Phase in implementation of new medical request process	4/12/10	
Transfer project functions to programmatic operations	6/23/10	

Dependencies/Constraints

1. Adequate space provision for working conditions
2. Adequate resources allocated throughout lifecycle of project.
3. Adequate funding throughout lifecycle of project.
4. Executive level support to ensure project success.
5. Local level support to ensure project success
6. Centralized support and assistance with policy and procedure revision, including analysis of Court orders and state and federal regulations.
7. Information system for referrals, scheduling, tracking and reporting.
8. Other identified project directly affecting the Access to Care – Sick Call project.

Project Core Team Members

Team Members	Role
Dr. Jeff Carrick	Clinical Chair
Doug Mudgett	Nursing Lead
Brian Spray	Project Manager
Richard Martin	Team Lead
Darrin Dennis	Nursing Consultant
Nan Clark	Nursing Consultant
Vickie Bertucci	Correctional Consultant
Patricia Castille	Core Team Member
Jennifer Guzman	Clerical Support
Vacant	IT Consultant

Project Data Sheet

Project Name: Access to Care - Primary Care/Sick Call Project

Key Work Products

1. Weekly core project meeting minutes
2. Weekly implementation team meeting minutes
3. Bi-weekly executive steering committee meeting minutes
4. Specific Access to Care – Primary Care/Sick Call project reports

Specific Performance Measures

1. By 7/31/09 in pilot clinics 75%+ of medical 7362s collected will have time stamp.
2. By 7/31/09 in pilot clinics 80%+ of requests for clinical services will have clinical evaluation within 24 hours.
3. By 7/31/09 in pilot clinics 80%+ of scheduled routine will be seen by PCP within 14 days of triage.
4. By 7/31/09 in pilot clinics 70%+ of scheduled follow-ups will be seen within specified timeframe of face to face.

Issues

1. Time frames very aggressive
2. Resource requirements not at full levels

Lifecycle:

The sick call project is in the pilot implementation stage. The team has currently visited three of the six pilot sites to complete patient chart reviews and gather baseline data related to the current medical triage process.

The team has also completed a draft change package and has begun a pilot at Folsom State Prison (FSP) to test the implementation of a new triage process that includes Nurse Practitioners in the triage process.

The project is also in the planning stage of developing a Patient-Centered Medical Home (PCMH) model of care that will introduce Primary Care concepts in the yard clinics.

PROJECT SCHEDULE

Project Name		Access To Care - Sick Call		
Project Manager		Brian Spray		
PM Phone		916-764-4800		
ORDER	INSTITUTION	Implementation Start (aka "Kick-Off") Week Of	Site Visits	Pilot Dates
Pilot #1	FOL - Folsom	7/15/08	TBD - 3 per month	10/6/08-4/6/09
Pilot #2	MCSP - Mule Creek State Prison	7/15/08	TBD - 2 per month	12/8/08-4/6/09
Pilot #3	CMC - CA Men's Colony	7/15/08	TBD - 2 per month	12/8/08-4/6/09
Pilot #4	CCWF - Central CA Women's Facility	7/15/08	TBD - 3 per month	12/15/08-4/6/09
Pilot #5	RJD - RJ Donovan Correctional Facility	7/15/08	TBD - 2 per month	11/24/08-4/6/09
Pilot #6	CIW - California Institute for Women	7/15/08	TBD - 2 per month	11/24/08-4/6/09
#1	SAC - CA State Prison, Sacramento	1/30/09	TBD - 2 per month	
#2	SATF - CA Substance Abuse Trtmt. Fac.	1/30/09	TBD - 2 per month	
#3	COR - CA State Prisons, Corcoran	1/30/09	TBD - 2 per month	
#4	SQ - San Quentin	1/30/09	TBD - 2 per month	
#5	ISP - Ironwood State Prison	1/30/09	TBD - 2 per month	
#6	CVSP - Chuckawalla Valley State Prison	1/30/09	TBD - 2 per month	
#7	CCC - CA Correctional Center	1/30/09	TBD - 2 per month	
#8	HDSP - High Desert State Prison	1/30/09	TBD - 2 per month	
#9	VSPW - Valley State Prison for Women	1/30/09	TBD - 2 per month	
#10	DVI - Deuel Vocational Institute	1/30/09	TBD - 2 per month	
#11	KVSP - Kern Valley State Prison	1/30/09	TBD - 2 per month	
#12	NKSP - North Kern State Prison	1/30/09	TBD - 2 per month	
#13	PVSP - Pleasant Valley State Prison	1/30/09	TBD - 2 per month	
#14	LAC - CA State Prison, Los Angeles	1/30/09	TBD - 2 per month	
#15	SVSP - Salinas Valley State Prison	1/30/09	TBD - 2 per month	
#16	CCI - CA Correctional Institute	1/30/09	TBD - 2 per month	
#17	PBSP - Pelican Bay State Prison	1/30/09	TBD - 2 per month	
#18	ASP - Avenal State Prison	1/30/09	TBD - 2 per month	
#19	CEN - Centinela State Prison	1/30/09	TBD - 2 per month	
#20	CAL - Calipatria State Prison	1/30/09	TBD - 2 per month	
#21	SCC - Sierra Conservation Center	1/30/09	TBD - 2 per month	
#22	WSP - Wasco State Prison	1/30/09	TBD - 2 per month	
#23	SOL - CA State Prison, Solano	1/30/09	TBD - 2 per month	
#24	CRC - CA Rehabilitation Center	1/30/09	TBD - 2 per month	
#25	CMF - CA Medical Facility	1/30/09	TBD - 2 per month	
#26	CTF - Correctional Training Facility	1/30/09	TBD - 2 per month	
#27	CIM - CA Institute for Men	1/30/09	TBD - 2 per month	
#28				
#29				
#30				
#31				

Project Name: Access to Care, Registry

Project Executive: Terry Hill

Project Sponsor: Tom Bzoskie, MD

Project Manager: Cary Amo

E-Mail:	Cary.amo@cdcr.ca.gov		
Phone	(916) 217-4124	Proj ID:	PRJ-071
Start Date:	10/2/2008	Est. Finish Date:	6/30/2008

Solution Vision:

The Receiver's job is to establish constitutionally adequate prison medical care as quickly as practicable and in a way which will be sustainable. A highly visible and volatile area of care involves managing and monitoring inmates with certain chronic diseases using improved workflows and automation. This will result in improved healthcare and reduced crisis management and associated costs treating inmates in a reactive, emergency mode.

Project Description:

The Registry Project is a software application which supports the monitoring and management of certain patient populations with chronic diseases. It uses as its starting point, a software application called CDEMS originally developed by the Washington State Disease Prevention and Control Program, first released for use by other healthcare organizations in 2002 at no cost. The Registry is designed around a progress note that facilitates standardization of care for patients with a particular chronic condition(s). Printed progress notes, patient lists, and summary reports are generated for use by clinical staff. For CDCR, the Registry Application is being dramatically enhanced and will focus on the highest priority, chronic diseases, initially Asthma, Diabetes and Hepatitis C.

Organization Impact:

The first Phase of the Registry will be limited to 6 pilot Institutions, implementing in a single clinic using a single Virtual Machine (the application and data will be accessed via the Internet using desktop computers in the Institution. However, the actual application and data will be physically housed on Servers at 501 J St. and eventually at the new Data Center. Phase 2 of the Registry will be to expand the number of clinics within each of the 6 pilot sites to 5. Phase 3 will be to roll out the use of Registry in a single clinic at the remaining 27 Institutions. Phase 4 will be to expand Registry into multiple clinics within each of the 27 Institutions.

Key Work Products:

1. Registry Software Application
2. Model workflow for Institutions
3. Change Package
4. Virtual Machine solution
5. On-site Training

Dependencies:

1. EIS DDPS Data Extract
2. Maxor for Pharmacy Data
3. Quest for Lab Data
- 4.
- 5.

Constraints:

1. Possible contention for technical resources at Quest supporting CDR/Lab interface.
2. Resources (with prior relevant experience) are needed to scope Phase 2 – technology platform change in for expansion into multiple clinics at pilot sites.
3. The Registry technology platform will change beyond Phase 1.

Risks:

1. Conversion of the Access DB platform for Phase 2.
2. Old network connectivity at any of our implementation sites can impact use of Registry until HCIT Lan/Wan implemented.
3. Stability of the Production Processing environment at 501 J St. is not as reliable as a Data Center environment .

Project Team:

Cary Amo – Project Manager

Tim Tracy – Staff Services Analyst

Larry Hicks - Staff Information Systems Analyst

Jackie Khoury – Mechanical & Technical
Occupational Trainee

Allie Baker – Research Analyst II

Darrin Dennis – Nurse Consultant

Karey Hart – Associate Programmer Analyst

Project Purpose:

The Registry Project is a tactical solution to improve the quality of care provided to patients suffering from certain chronic diseases. Initially, the diseases that will be monitored are Asthma, Diabetes and Hepatitis C. New diseases will be added over time.

Strategic Plan Objectives:

Primary Goal: 1:Timely Access to Care

Objective: 2.2 Chronic Care

Actions: 2.2.1 Chronic Care Initiative

Major Milestones

Milestones	Planned	Actual
Project Team formed	10/20/08	10/20/08
Project Kickoff	10/23/08	10/23/08
Training Learning Session 4	11/19/08	11/19/08
Development & Testing Phase 1	11/24/08	12/05/08
Phase 1 Go Live	11/25/08	12/08/08
Phase 2 Scope	12/08	
Phase 2 Go Live	TBD	

Life Cycle: Registry is currently in the Deployment phase for our Pilot Sites. The first site which we will deploy is Mule Creek followed by CCWF and CIW.

Specific Performance Measures:

1. Clinics can identify their patients with chronic diseases.
2. Clinics can track patient progress improvements.
3. The type of care provided for specific Dx's can be tracked to determine best practices.
4. Improved tracking of patients based upon their acuity level(s).

Additional Information (Optional):

- 1.
- 2.
- 3.

Project Data Sheet

Project Name: Reception Center Process Improvement

Project ID: Access to Care – R&R
Project Sponsor: Jamie Mangrum, CIO
Project Manager: David Vercoe
Start Date: 07/01/08
Estimated Finish Date: June, 2010
Updated by: David Vercoe (12/05/08)

Project Goal Statement:

The Reception Center process will provide initial triage to 100% of the Reception Center inmates on the day of arrival and a comprehensive healthcare assessment within two business days, providing the foundation of care management by establishing identification and timely treatment of contagious diseases, acute and chronic illness, or other health problems.

Project Tradeoff Matrix

	Not Flexible	Somewhat Flexible	Most Flexible
Resources		X	
Schedule			X
Scope	X		

Deliverables

1. Plan-Do-Study-Act assessment of reception processes.
2. Monthly reporting to Senior Leadership.
3. Rollout of new processes to twelve Reception Centers.
4. Ongoing evaluation and mentoring of Reception health care teams.

Major Milestones

Milestones	Planned	Actual
Determine pilot site	August, 2008	August, 2008
Hire project staff including physicians, project managers, nurses and leaders	Summer, 2008	Summer, 2008
Naming of appropriate staff, Subject Matter Experts, etc	Summer, 2008	Summer, 2008
Pilot site completion	December, 2008	December, 2008
Assessment complete – Remaining Sites	June, 2009	
Implementation Complete	January, 2010	

Dependencies/Constraints

1. Adequate staffing will be provided.
2. Funding will continue as planned.
3. Designated Staff at all Reception sites will become actively engaged in the project.
4. All key staff will remain in place throughout the entirety of the project.

Project Core Team Members

Team Members	Role
Annette Lambert	Access to Care Team Lead
Jayne Russell	Reception Team Lead
Mary Ann Simanello, RN, PhD	State-wide Nursing Consultant
Dr. Brett Williams	A2C Clinical Manager
Dr. Grace Song	Reception Clinical Mgr.
Doug Mudgett, RN	Nursing Manager
Michael McDonald	Custody Representative
Corey Langdale	A2C Project Manager
David Vercoe, PMP	Reception Project Mgr.
Project Subject Matter Experts	Health Care Managers Physician Champions
Site Subject Matter Experts	Associate Wardens Local Nurse Champion Local Physician Champion

Key Work Products

1. PSDA cycles
2. Intake Performance Log

Risks/Constraints

1. Change management is challenging, difficult to measure and hard to sustain.
2. Space constraints at the institutions make new processes difficult to implement.
3. Adequate resources may not be sustainable.
4. Project timeframes are very aggressive.

Specific Performance Measures

1. By 1/31/2009, 95 percent or more of all inmates will have received a full health screening within two business days after arrival at the pilot institution Reception Center.
2. By 1/31/2009, 95 percent or more of priority medications will be delivered to the inmate within 24 hours of arrival at the pilot institution Reception Center.

3. By 1/31/2009, 95 percent or more of patients who needed MD- and/or RN-line follow up appointments will be scheduled prior to leaving the pilot institution Reception Area.

4. By 1/31/2009, 99 percent or more of Reception Center inmates will be triaged by a registered nurse or provider on the day of arrival.

Lifecycle: The pilot site will begin its Deployment phase in December 22nd. The rest of the Reception Center sites are in the Planning phase at this time.

Project Name: Access to Care, Utilization Mgmt.
Project Executive: John Hagar
Project Sponsor: Jamie Mangrum, CIO, Dr. Ricki Barnett
Project Manager: Bob Johnson

E-Mail:	Bob.johnson@cdcr.ca.gov		
Phone	(916) 207-1043	Proj ID:	PRJ032
Start Date:	July 8, 2008	Est Finish Date:	October 31, 2010

Solution Vision:

To provide evidence based decision tools and interdisciplinary review processes to increase access to Specialty Care and reduce morbidity and mortality at the state's institutions.

Project Description:

- To standardize medical necessity criteria for specialty care referrals using evidence based medical guidelines.
- To standardize medical necessity criteria for infirmary bed occupancy using consistent interdisciplinary concurrent review processes.

Organization Impact:

Access to Care – Utilization Management projects impacts all CDCR resources, current projects and respective portions of CDCR in one form or another.

Project Purpose:

To standardize medical necessity criteria for specialty care referrals using evidence based medial guidelines, and infirmary bed occupancy using consistent interdisciplinary concurrent review processes.

Strategic Plan Objectives:

Primary Goal: 2 Prison Medical Program Services

Objective:

- Improve Specialty Care and Hospitalization

Actions:

- By June 2009, establish standard utilization management and care management processes and policies applicable to referrals to specialty care and hospitals

Major Milestones

Milestones	Planned	Actual
Establish pilot site criteria and performance measures for Specialty Care processes	Aug. – Sept. 2008	Sept. 2008
Implement InterQual criteria based decision	Oct. – Dec. 2008	

Key Work Products:

1. Weekly core project minutes
2. Weekly implementation team meeting minutes
3. Bi-weekly executive steering committee meeting minutes
4. Specific Access to Care – Utilization Management project reports
5. Specific Access to Care – Bed Access Management project reports

Dependencies:

1. Executive level support to ensure project success.
2. Adequate resources allocated throughout lifecycle of project.
3. Adequate funding through lifecycle of project
4. Adequate space provisions for working conditions
5. Local level support to ensure project success
6. Information system for referrals, scheduling, tracking and reporting

Risks:

1. Inadequate resource staffing could result in project not meeting projected end date
2. Slippage in other project schedules could impact Utilization Management project schedule and milestones
3. Inadequate hardware or incomplete network connections could impact project implementation schedule

Project Team:

Dr. Ricki Barnett, Clinical Manager
 Bob Johnson, Project Manager
 Rick Robinson, Team Lead
 Beatrice Dube, Nursing Consultant
 Angel Cardona, Nursing Consultant
 Mo Mock, Nursing Supervisor
 Gary White, Nursing Supervisor
 Nora Estillore, Nursing Supervisor
 Blake Lim, Analyst Support
 Genifer Espinoza, Clerical Support

Specific Performance Measures:

1. Total number of Request for Services (RFS)
2. Total number of RFS approved and denied after all appeals
3. Number of RFS meeting InterQual criteria and approved, including all appeals
4. Number of RFS not meeting InterQual

software and train selected users throughout the state.		
Migrate institutions to the InterQual production server for data collection	Nov. 2008 – July 2009	
Monitor, evaluate, and support InterQual implementation	Jan. 2009 – Dec. 2010	
Establish pilot criteria and census data for Bed Access processes	Dec. 2008 – March. 2009	
Establish pilot sites to create and evaluate bed census process and data	Dec. 2008 – June 2009	
Implement bed access processes to remaining institutions	July 2009 – Aug. 2010	
Maintenance and Operations turnover	Sept. 2010 – Oct. 2010	
Project closure	Oct. 2010	

- criteria and approved, including all appeals
5. Number of 602s relating to Specialty Referral denials
 6. Number of appointments within:
 - 14 days (Urgent)
 - 90 days (Routine)
 7. Weekly backlog analysis for:
 - Urgent referrals
 - Routine referrals
 8. Number of Hospital aberrant days
 9. Average daily census of hospital beds
 10. MAR subcommittee meetings:
 - Minutes kept (Yes or No)
 - Weekly meetings (Yes or No)
 11. Daily rounds for institutional bed occupancy
 - % compliance
 12. Daily review community bed occupancy
 - % compliance

Lifecycle:

1. Project initiation phase complete
2. InterQual training for UM nurses complete
3. RFS project pilot site wrapping up (FSP – will be migrating to production on January 5, 2009
4. Central Region institutions being prepped for InterQual migration to production server – January 5, 2009
5. InteQual Central Region data gathering relating to RFSs – Jan. – Feb, 2009.
6. Southern Region InterQual rollout – February – April, 2009
7. Northern Region InterQual rollout – May – July, 2009
8. Bed Access Central Region pilot project – start date Dec. 4, 2009

Project Name: Health Care Scheduling System (HCSS)
Project Executive: John Hagar
Project Sponsors: Jamie Mangrum, Dr. Terry Hill,
 Betsy Chang-Ha
Project Manager: Sara Davis

E-Mail:	sara.davis@cdcr.ca.gov		
Phone	(916) 214-6213	Proj. ID:	PRJ013
Start Date:	06/23/2008	Est. Finish Date:	01/31/2013

Solution Vision:
 Implement an enterprise-wide approach to health care scheduling within the adult California Department of Corrections and Rehabilitation (CDCR) institutions.

Project Description:
 The overall Health Care Scheduling System (HCSS) will schedule medical, dental, and mental health care appointments for offenders based upon mandated health care requirements, offender requests, referrals, medical orders, and on-going treatment plans.

Organization Impact:
 This project will impact schedulers, medical/dental/mental health staff, external health care providers, custody, transportation, and offenders.

Project Purpose:
 Avoid health care scheduling conflicts and missed appointments, allow for a consolidated view of an offender's schedule, comply with legally mandated timeframes and metrics, and optimize resources.

Strategic Plan Objectives:
Primary Goal: 1: Timely Access to Care
Objective: 1.3: Scheduling and Tracking System
Actions: 1.3.1: Strategic Offender Mgmt System

Major Milestones

Milestones	Planned	Actual
Release of RFI	10/2/08	10/2/08
Release of RFP	1/07/09	Pending
Vendor Evaluation & Final Selection	7/06/09	Pending
Solution Ready for Rollout	6/30/10	Pending
Institution Rollouts Complete	12/31/12	Pending
Project Closeout	1/31/13	Pending

- Key Work Products:**
1. Request for Information (RFI)
 2. Request for Proposal (RFP)
 3. Vendor Evaluation & Recommendation
 4. HCSS Solution & Documentation
 5. Rollout Plan
 6. Support Plan

- Dependencies:**
1. CDCR Strategic Offender Management System (SOMS) and Business Information System (BIS) projects
 2. CPHCS Clinical Data Repository (CDR) project
 3. CPHCS Network and Data Center projects

- Constraints:**
1. Time constraints of subject matter experts and core team members who may be on multiple projects

- Major Risks:**
1. Solution not commercially available from a single vendor that includes Health Care, Corrections, and Scheduling
 2. Environmental risk of large number of offenders and large size of individual institutions plus frequent movement of offenders
 3. Combining scheduling for both health care and custody requires achieving consensus on business rules
 4. Solution rollouts for multiple solutions in the same timeframe may overwhelm staff at institutions
 5. Organizational change management considerations

Project Team:
 The team will consist of representatives from Medical, Mental Health, Dental, IT, Nursing, Administration, Human Resources, and the Project Manager. The core team will be supplemented by various subject matter experts. Gartner Consulting will be assisting the team during the RFP and Vendor Evaluation phases.

- Specific Performance Measures:**
1. Development of a health care scheduling solution which meets the requirements of our corrections environment
 2. Successful rollouts at each institution

Additional Information (Optional):

We are currently in the Planning phase of this project. The next phase will be the Vendor Evaluation & Selection (Procurement) Phase, which begins January 2009.

Project Name: Nurse Staffing Assessment Team
Project Executive: B. Chang-Ha
Project Sponsor: J. Hagar
Project Manager: G. Robinson

E-Mail:	greg.robinson@cdcr.ca.gov		
Phone	916-956-2851	Proj ID:	
Start Date:	May 2008	Est Finish Date:	

Solution Vision:

Fiscal approval of budget for recommended nursing positions (classification mix and volume) to provide constitutional care to persons in custody.

Project Description:

There are two primary objectives:

1. Develop a methodology to equitably and adequately staff the facilities with a validated proper classification mix of nursing staff.
2. Extend recommendations to the Receivers office concerning actual levels required to adequately staff the facilities

Organization Impact:

Increase in overtime and registry usage by properly enumerating and allocating the right classification mix and volume of nursing staff used in institutions, based on a sound methodology.

Project Purpose:

Provide models of nursing staff needs for all institutions according to future model of delivery of care.

Strategic Plan Objectives:

Primary Goal: To provide Finance and other stakeholder departments (e.g. CDCR Human Resources) with sound reasoning for proper recommendations of amounts and types of nurses required for institutions to deliver nursing care.
Objective: Create documentation to support end goals
Actions: Perform onsite assessments (data gathering) and offsite methodologies in support of the objectives.

Major Milestones

Milestones	Planned	Actual
Develop Methodology	June 2008	June 08
Develop Audit Tools	July 08	July 08
San Quentin Audit	July 08	Aug 08
San Quentin Report	Aug 08	Aug 08
SATF Audit	July 08	Sept 08

Key Work Products:

1. Nurse Staffing Assessment Methodology
2. Levels of Nursing Care based of acuity of Inmate Diseases and Conditions
3. Primary Care Model for the Delivery of Health Services
4. Facility Matrix

Dependencies:

1. Availabilities to RN to complete workload
2. Access to Care initiatives for related data gathering

Constraints:

1. Need for additional temporary (Registry) staff to perform best practice assessments under revised methodology

Major Risks:

1. Steering Committee lack of full engagement

Project Team:

Carmen Hobbs, RN, MSN (SRN II); Lilia Meyer, RN (NCRP), Ted Udseth, RN (SRN III), Wendy Carlsen, RN (SRN II); Suzanne Hermreck (SSA); Greg Robinson (PM)

Specific Performance Measures:

1. Project calendar
2. Written Reports
- 3.

Additional Information (Optional):

SATF Report	Sept 08	Sept 08
PBSP Audit	Oct 08	Oct 08
CIW Audit	Nov 08	Nov 08
Revise Methodology	Nov 08	Nov 08
Present Finding and Recommendations to John Hagar	Dec 08	In Progress
Perform Best Practice Assessments (Planning)		

Current Project Positioning Within Lifecycle

The project is currently at the point of vetting the revised methodology and approach to move forward with the successful completion of this project in a timely and integrated manner. The new methodology has been developed, and vetted with the Steering Committee for the project. The next step is putting the final touches on it and then reviewing it with the Chief of Staff in mid-December.

Project Name: Public Health Unit
Project Executive:
Project Sponsor: Janet Mohle-Boetani
Project Manager: David Forbes

E-Mail:	David.forbes@cdcr.ca.gov		
Phone	916-764-4703	Proj ID:	PRJ006
Start Date:	12-1-2008	Est Finish Date:	12-1-2010

Solution Vision:

To ensure that public health prevention and control services are standardized, and provided to all patient-inmates and CDCR staff in 33 adult correction institutions statewide.

Project Description:

Provide project management services for the development of a Public Health Unit with an employee health function, including scope, planning, scheduling, monitoring and control.

Organization Impact:

Project influences the clinical practice of all 33 adult correction institutions, and benefits both employees and inmates throughout CDCR.

Project Purpose:

To ensure adequate public health prevention and control to in all California Adult correctional facilities.

Strategic Plan Objectives:

- Primary Goal: 1:Timely Access to Care
- Objective: Ensure assess to public health services
- Actions: Develop people, policies and technology to support public health care unit development

Major Milestones

Milestones	Planned	Actual
Needs Assessment and Design for Public Health Unit information systems	7-1-09	
Implement Employee Public Health Pilot	8-30-09	
Evaluate Public Health Pilot	12-1-09	
Hire Public Health Staff	12-1-10	
Implement Management and Tracking Systems for Public Health Unit	12-1-10	

Key Work Products:

1. Public Health Unit Pilot Evaluation
2. Public Health Unit Staffing Plan
3. Public Health Unit Information Systems Design

Dependencies:

1. Public Health Unit Pilot Evaluation Requires Public Health Unit Pilot completion.
2. Implementation of Management and Tracking Systems requires completion of Information Systems needs assessment.

Constraints:

1. Public Health Unit expansion requires approval of staff acquisition

Risks:

1. Acceptance of public health policy and procedures may vary between institutions.
2. IT Infrastructure may not be adequate for broad adoption of required IT solutions.

Project Team:

- Dave Forbes, Project Manager
- Dr. Janet Mohle-Boetani, Project Sponsor
- Nancy Snyder, Nurse Consultant Program Review

Specific Performance Measures:

1. Progress Against Schedule
2. Resolution of risks and issues
3. # of nurses trained in public health procedures and policies

Additional Information (Optional):

1. N/A

Where the Project is in the Lifecycle:

All aspects of this project are in the initiation phase. The Project Manager was hired on 12-1-2008, and key project artifacts such as the project management plan are just now being created.

Initial planning meetings are being held to further define the scope of the project so that a work breakdown structure, project schedule, and associated task lists can be developed. The Project Team is expected to expand as the project progresses.

Receiver's Turnaround Plan of Action

Goal 2

Project Name: Emergency Medical Response
Project Executive: Dr. Terry Hill
Project Sponsor: Betsy Chang Ha; Dr. Dwight Winslow
Project Manager: Rich Klutz

E-Mail:	Richard.Klutz@cdcr.ca.gov		
Phone	916-807-0654	Proj ID:	PRJ036
Start Date:	03/01/08	Est Finish Date:	06/01/09

Solution Vision:

A standard medical emergency response system that meets community standards and reduces avoidable morbidity and mortality.

Project Description:

Develop an Emergency Response System that meets community standards and includes standard policy and procedures, training and certification in emergency response, and acquisition and placement of appropriate emergency response equipment.

Organization Impact:

Reduced morbidity and mortality; training and certification activities; equipment inventory and maintenance activities; documentation, medical oversight, quality improvements.

Project Purpose:

Standardize the structure and organization of the CDCR Emergency Medical Response System including policy, equipment and personnel certification and training.

Strategic Plan Objectives:

- Primary Goal: 2: Medical Program
- Objective: 2.3 Improve Emergency Response to Reduce Avoidable Morbidity and Mortality
- Actions: 2.3.1 Immediately finalize, adopt and communicate an Emergency Medical Response System policy to all institutions
- 2.3.2 By July 2009, develop and implement certification standards for all clinical staff and training programs for all clinical and custody staff
- 2.3.3 By January 2009, inventory, assess and standardize equipment to support emergency medical response

Major Milestones

Milestones	Planned	Actual
Pre-implementations and video conference	12/05/08	12/05/08
Follow-up implementations	01/31/09	
Post implementations	03/30/09	
BLS/ACLS training	05/30/09	
Equipment assessment	01/31/09	

Key Work Products:

1. Emergency Medical Response Program Policies and Procedures
2. Certification and Training standards for all clinical staff
3. EMR equipment inventory and standards

Dependencies:

- 1.

Constraints:

1. EMR training standards may be constrained by labor relations considerations.

Risks:

1. Scope changes may hinder timely delivery of the program
2. Budget delays could delay standardization of EMR equipment.
3. Inaccurate and/or untimely training and equipment inventories will prevent timely standardization.
4. Lack of a single point of contact in institutions responsible for EMR equipment support and maintenance may hinder full compliance with equipment inventory and maintenance requirements.

Project Team:

Ivan Gallardo	Lilia Nash
Terri Taylor	Janet Burrow
Wesley Capon	Valerie Tennesen
Cynthia Ramsey	Dr. Alan Frueh
Wendy Lee	Lewiette Wilkins
Dora Galvez-Moretti	Cathi Murdoch
Mary Barnett	Ian Branaman

Specific Performance Measures:

1. Policy Adoption
2. % Certified and Trained
3. % Equipment Standardized

Additional Information (Optional):

Status as of 12/10/08:

Emergency Medical Response Policy and Procedure Implementation

- All pre-implementation Emergency Medical Response (EMR) assessments have been completed and are being compiled into a summary "scorecard" type of report by region that displays % compliance per institution. This report is the basis for on-going quality improvement assessments and focused improvement efforts.
- Implementation of the policy and procedures was completed via two video conference sessions on December 2nd and 5th.
- Focused implementation follow-up visits and post implementation audit visits to institutions have been planned and will be completed by March, 2009.

Emergency Medical Equipment Standardization

- EMR bags:
 - As of December 5th, 391 EMR bags have been shipped to institutions. Every institution has at least two new EMR bags. Distribution of EMR bags to all institutions will be completed by the end of December. A total of 486 EMR bags will be distributed to institutions.
 - Procurement Services has developed a procurement form for on-going replenishment of major supplies in the bag as well as replacement of the bag.
- Other EMR equipment needs:
 - A preliminary EMR equipment inventory has been completed and staff is verifying the information collected to eliminate duplicate counts and clarify possible misinterpretation of survey questions.
 - A standard list of EMR equipment has been developed and Procurement Services has verified that all of the equipment items can be procured through existing State procurement methods (e.g., DGS MRD Safety Contract or CMAS).

Develop and Implement Certification Standards for all clinical staff and training programs for all clinical and custody staff

- The Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) training survey has been completed.
- An existing contract that provides BLS and ACLS training at three institutions is being expanded and a total of 18 institutions have expressed interest in participating in this contract. The new contract is a master services type contract that will enable each participating institution to choose when to schedule classes at the institution and the vendor will provide all materials needed for the training.
- In addition, American Heart Association certified training providers for BLS and ACLS that are in close proximity to each institution have been identified. This information will be disseminated to all institutions.
- CPHCS Workforce Development has identified another valuable source of training that will provide Emergency Nursing Orientation (ENO) and Emergency Nursing Triage (ENT) online training courses. The proposal for this training is in the review/approval process.

Project Name: Prodagio / Health Care Document Management System (HCDMS)
Project Executive: John Hagar
Project Sponsor: Jamie Mangrum, Mitzi Higashidani
Project Manager: Ned Dickson

E-Mail:	ned.dickson@cdcr.ca.gov		
Phone	(916) 317-2935	Proj ID:	PRJ009
Start Date:	10/1/2006	Est Finish Date:	2/5/2009

Solution Vision:

Improve the medical services contracting processes by implementing electronic document creation, workflow management and storage for contracts and invoice payments.

Project Description:

Configure, pilot and implement the Health Care Document Management System (HCDMS) which includes separate but integrated applications for invoice processing and contracts management.

Organization Impact:

Stakeholders include Plata Contracts and Health Care Invoice Processing Branches, CDCR Accounting and all 33 Institutions. Implementation requires new business processes and enterprise-scale technology.

Project Purpose:

1. Reduced medical contract processing time.
2. Reduced invoice payment processing time.

Strategic Plan Objectives:

Primary Goal: 2. Medical Program
Objective: 2.4 Specialty Care and Hospitalization
Actions: 2.4.3 Specialty Care Invoice Payments

Major Milestones

Milestones	Planned	Actual
Pilot (CCWF, CMF, PBSP, SQ)	12/11/06	2/18/07
VSPW, CSP SAC	1/28/08	1/28/08
FSP	2/25/08	6/2/08
SOL	6/23/08	6/23/08
CCC, HDSP	7/28/08	7/28/08
COR, SATF	8/11/08	8/11/08
CIM, CIW, CRC	10/15/08	10/30/08
DVI, MCSP, SCC	10/30/08	10/30/08
ASP, CMC, PVSP, SVSP	12/4/08	12/4/08
CCI, KVSP, NKSP, LAC, WSP, CRC, CTF	1/15/09	
CAL, CEN, CVSP, ISP, RJD	2/5/09	

Key Work Products:

1. Pilot system implementation at first four institutions and two Regional Accounting Offices (RAOs)
2. Implementations at each remaining institution and RAO

Dependencies:

1. Network access required for all users.
2. Integration of Prodagio with BIS requires upgrade of Prodagio software. Software upgrade is planned but not currently funded.

Constraints:

1. Implementation cannot proceed faster than HQ Invoice Processing team can support added workload
2. All users must have access to CDCR network and PC workstations.

Risks:

1. System or business processes fail to scale up to provide adequate performance.
2. Limited network connections at Institutions delays implementation
3. Network capacity limitations impact system performance

Project Team:

Team Members	Role
Ned Dickson	Project Manager
Quan Vu	Application Support
Anna Kula	Application Support
Kevin Rollins	Help Desk Lead
Antoine Hernandez	Help Desk
Michelle Ogata	Project Stakeholder (Invoicing)
Gayle Fifield	Project Stakeholder (Accounting)
Marnell Voss	Project Stakeholder (Contracts)

Specific Performance Measures:

1. Progress against schedule
2. % of invoices paid within 30 days
3. % of non-bid contracts created within 30 days
4. % of bid/master contracts created within 60 days

Additional Information (Optional):

- 1.
- 2.
- 3.

Current Lifecycle Stage:

- Contracts Management – Implementation Phase, Cluster 2 with 21 institutions completed.
- Invoice Processing – Implementation halted after 12 institutions completed.

Invoice processing system performance issues that appeared in September were significantly improved via update of the Prodagio database software over Columbus Day holiday. This greatly reduced instances of poor system performance. Two additional improvements were implemented to shorten the invoice payment business process.

Most of these improvements were measured prior to the October 24 deadline given by the Receiver's office to assess system performance. The report of performance results was communicated to stakeholders on October 27.

In spite of these improvements, confidence in the scalability of the invoice payment portion of the Prodagio system remains low enough that Receiver's Office approved the request from the Healthcare Invoice Data and Provider Services Branch (HIDPS) to suspend use of the Prodagio system for invoice payments. HIDPS has reverted to manual invoice processing. We are working with HIDPS to use Prodagio in a limited fashion at HQ only to support invoice tracking and reporting.

Implementation of Prodagio Contracts continues on schedule. This implementation schedule is not impacted by the issues with the invoice payment side of Prodagio. Latest round of user training was provided for ASP, CMC, PVSP, and SVSP on December 2-4. Prodagio Contracts is now in use at 21 institutions plus HQ.

Receiver's Turnaround Plan of Action

Goal 3

Project Name: On-Line Exams
Project Executive: Jamie Mangrum
Project Sponsor: Kathy Stigall
Project Manager: Keith Meyerhoff

E-Mail:	keith.meyerhoff@cdcr.ca.gov		
Phone	916 322-8505	Proj ID:	not assigned
Start Date:	12/8/2008	Est Finish Date:	6/30/2009

Solution Vision:

On-Line Exams will enable Human Resources to accelerate the hiring process: Candidates will be able to complete exams at the same time they apply. HR will be able to enter exams without the involvement of State Personnel Board.

Project Description:

Develop a web based examination system that integrates employment exams into the on-line recruitment and applicant tracking systems.

Organization Impact:

More efficient hiring process in Human Resources. Reduced turnaround time in the hiring of a professional quality medical care workforce. Increased capacity in HR staff for the new facilities.

Project Purpose:

Develop a web based examination system that integrates employment exams into the on-line recruitment and applicant tracking systems.

Strategic Plan Objectives:

Primary Goal:

3:Recruit, Train Retain Medical Workforce

Objective:

Actions:

Major Milestones

Milestones	Planned	Actual
Project Charter	12/19/2008	
Contract Finalized	12/26/2008	
Project Plan	12/26/2008	
Project Scope Defined	12/31/2008	
Project Kickoff	1/5/2009	
Requirements Completed	2/1/2009	
UI Design Completed	3/1/2009	
Alpha Version Delivered	5/1/2009	
Beta Version Delivered	6/1/2009	
Go Live	6/30/2009	

Key Work Products:

1. Inception - Project Charter
2. Inception - Project Plan
3. Requirements - Use Case Document
4. Design -Mockups of Key User Interfaces
5. Design - Prototype
6. Development - Test Plan
7. Implementation - User Documentation
8. Implementation - Training Plan

Dependencies:

1. Contract Complete and Signed by 12/26/2009

Constraints:

1. The two primary client departments are Selection Services and Workforce Planning, both within Human Resources. Both departments are very busy but there participation is vital. A possible constraint is the amount of time they can commit. They have been very willing to commit time so far.

Risks:

1. Project scope needs to be clarified, specifically how much of the current exam and certification system provided by SPB will be replaced by this new system and for what job classes. Project Charter will help clarify as well scope definition in early phase or requirements.
2. The examination scoring module will be a complex algorithm. One vendor has already failed to understand and implement this process for the State Personnel Board. Therefore clear understanding of the user requirements and an early prototype are recommended to mitigate this complexity risk.

Project Team:

Keith Meyerhoff – Project Manager
 Daisy McKenzie – Client Manager
 Lesa Saville – Client Manager
 Michelle Stone – Vendor Project Manager

Subject Matter Experts:

1. Teresa Graber
2. Rosie Jauregui
3. Allison Sanjo
4. Julia Shelmire
5. Tom Gjerde

Specific Performance Measures:

1. In cooperation with clients, develop specific

Project Status 12/10/08

Completed scoring bids from three vendors.

Project is at inception stage. Just kicked off this week. However we have already been working on developing a requirements document under the assumption that this would be the first deliverable required.

Have received bids from three vendors, two for COTS exam systems designed generically for government hiring, one for a custom solution.

We will be going with the custom solution vendor which is Hodes IQ, a vendor who has already proven themselves capable by implementing an applicant tracking system for Workforce Planning.

project milestones and deliverables per schedule.

2. Set up criteria for system performance measures: capacity, speed, and efficiency.
3. With client departments, develop measures of system effectiveness. For instance, reduction in the number of days a position remains open from job requisition to hire date.

Additional Information (Optional):

None at this time.

Receiver's Turnaround Plan of Action

Goal 4

Project Name: Business Information System (BIS)
Project Executive: Mitzi Higashidani, Kathy Stigall
Project Sponsor: Jamie Mangrum
Project Manager: Gary Mengers

E-Mail:	Gary.Mengers@cdcr.ca.gov		
Phone	916 502-9606	Proj ID:	PRJ030
Start Date:	11/2/2007	Est Finish Date:	10/30/2009

Solution Vision:

Implement standardized, streamlined business processes that are integrated and based on industry best practices

Project Description:

Implementation of CDCR's Business Information System (SAP financials, supply chain management and human resources) for CPHCS

Organization Impact:

Major impact on headquarters and institution personnel due to the implementation of new, standardized business processes and automated tools

Project Purpose:

Standardize, automate and integrate CPHCS's financial, procurement and human resources business processes for the headquarters and all 33 institutions

Strategic Plan Objectives:

- Primary Goal: 4:Quality Improvement Programs
- Objective: 4.2: Quality Improvement Program
- Actions: 4.2.3: Statewide Process Improvement Programs

Major Milestones

Milestones	Planned	Actual
Release 1A (core financials) Go-Live	7/1/2008	6/30/2008
Release 1A.5 (budgets) Go-Live	10/1/2008	9/15/2008
Release 1B (accounting and procurement) Go-Live	11/3/2008	11/3/2008
Release 2 (human resources) Go-Live	3/2/2009	
Release 1C (CPHCS requirements) Go-Live	7/1/2009	

Key Work Products:

1. Identification of CPHCS BIS users and security roles
2. CPHCS BIS user training
3. Identification of business processes, security roles and system configuration requiring modification for CPHCS

Dependencies:

1. CDCR BIS Project - configuration and implementation
2. Prodagio system for medical contracts
3. BIS and CPHCS networks/active directories (single sign-on)
- 4.
- 5.

Constraints:

1. Limited number of SAP/BIS experienced trainers and support personnel

Risks:

1. CDCR planned deployment approach (aggressive timeline)
2. Not all CPHCS requirements met during initial implementation
3. Delay in approval of BIS SPR & contract amendment caused some delays

Project Team:

CPHCS's core project team consists primarily of the project manager, who has acted as the Receiver's BIS representative and advisor, supported by subject matter experts, who have participated in project workshops and user acceptance testing. To support deployment, four CPHCS staff attended BIS train-the-trainers classes and are training/supporting CPHCS staff.

Specific Performance Measures:

1. Standardized business processes for headquarters and institutions
2. Integrated budget, accounting, procurement and human resources
3. On-line, real-time financial reporting
4. Timely processing of vendor and provider payments

Additional Information (Optional):

- 1.
- 2.
- 3.

Project Lifecycle Status:

The BIS budget, accounting and procurement functions were implemented on November 3, 2008 and are currently operational in CDCR and CPHCS headquarters. Institutions, including health care, are preparing for their implementations and will begin training in January 2009 for the northern region, continuing through February and March for the central and southern region institutions. All institutions will be operational by April 1, 2009 with the Release 1 BIS functions.

Release 2 BIS functions, including human resources, shift planning/time management and position budgeting, are nearing completion of development and will begin user acceptance testing in January 2009. Deployment to headquarters and the institutions will be conducted in four phases, beginning in March 2009. All functions are planned to be operational in all locations by July 2009. In addition, CPHCS specific requirements modifications for BIS will be addressed beginning in February 2009, with a planned implementation during July through September 2009.

Project Name: Business Information System (BIS)

HR/Nursing

Project Executive: Betsy Chang-Ha, Kathy Stigall

Project Sponsor:, Jamie Mangrum

Project Manager: Senthil K Muniappan

E-Mail:	Senthil.muniappan@cdcr.ca.gov		
Phone:	916 764 4766	Proj ID:	PRJ075
Start Date:	10/28/2008	Est Finish Date:	6/30/2009

Solution Vision:

Implement standardized, streamlined business processes that are integrated and based on industry best practices

Project Description:

Implementation of CDCR's Business Information System (SAP human resources for all CPHCS and Shift Planning for Nursing) for CPHCS

Organization Impact:

Major positive impact on headquarters and institution personnel due to the implementation of new, standardized HR business processes and automated tools

Project Purpose:

Standardize, automate and integrate CPHCS' human resources, Post & Bid and Shift Planning business processes for the headquarters and all 33 institutions

Strategic Plan Objectives:

Primary Goal: 4:Quality Improvement Programs

Objective: 4.2: Quality Improvement Program

Actions: 4.2.3: Statewide Process Improvement Programs

Major Milestones

Milestones	Planned	Actual
Release 2 HQ Go-Live	3/1/2009	
Release 2 North Go-Live	4/1/2009	
Release 2 Central Go-Live	5/1/2009	
Release 2 South Go-Live	6/1/2009	
Release 2 Completion	6/30/2009	

Key Work Products:

1. Identification of CPHCS BIS HR/Nursing users and security roles (01/30/2009)
2. CPHCS BIS HR/Nursing Training and Support Plan (01/09/2009)
3. Identification of business processes, security roles and system configuration requiring modification for CPHCS HR/Nursing (12/26/2008)
4. Power users Sign-off for Blueprint documents (01/07/2009)
5. Change Agents and Steering committee Sign-off for Release 2 completion (06/30/2009)

Dependencies:

1. CDCR BIS Project – Release 1B implementation
2. BIS and CPHCS networks/active directories (single sign-on)
3. Access to Care initiatives for related data gathering, HR policies and procedures
4. Nurse Staffing Assessment methodology
5. 10,000 Bed project – HR related policies and procedures

Constraints:

1. Insufficient number of SAP/BIS experienced trainers

Risks:

1. CDCR planned deployment approach (“big bang”)
2. Not all CPHCS requirements met during initial implementation
3. Not enough trainers available from CPHCS
4. Aggressive time line for implementation

Project Team:

CPHCS's core project team consists primarily of the project manager, who is acting as the Receiver's one of the two BIS representatives and advisor, supported by subject matter experts, who will participate in project workshops and user acceptance testing.

Specific Performance Measures:

1. Standardized business processes for headquarters and institutions
2. Integrated budget, accounting, procurement and human resources
3. On-line, real-time shift planning and scheduling
4. Automated HR Reporting

Where the Project is in the life cycle:

The project is in 'System development' or 'Realization' phase with around 70% completed. System design ('Blue printing') has already been completed and key stakeholders signed-off.

Though the 'Blue printing' or design is completed, some of the Nursing related designs need to be revisited and signed-off to make sure all the design requirements are considered and incorporated into the final work product. In addition to this, identifying the train-the-trainers, power users, training logistics are some of the high priority items dealt with.

Key milestones coming up are:

User Acceptance Testing	- 1/15/2009
Train the Trainers	- 1/31/2009
End User Training (PA, OM)	- 2/28/2009
End User Training (TM)	- 5/31/2009
Release 2 HQ Go-Live	- 3/1/2009
Release 2 North Go-Live	- 4/1/2009
Release 2 Central Go-Live	- 5/1/2009
Release 2 South Go-Live	- 6/1/2009
Release 2 Completion	- 6/30/2009

PROJECT SCHEDULE

Project Name: Business Information System (BIS) HR/Nursing		
Project Manager: Senthil K Muniappan		
PM Phone: (916) 764-4766		
PM Email: senthil.muniappan@cdcr.ca.gov		

ORDER	INSTITUTION	Implementation Start (aka "Kick-Off") Week Of	Training Date (regional, off-site)	Go-LIVE Date
Beta Site				
Pilot #1	CPHCS - Headquarters	January 2009	March 2009	April 1, 2009
Pilot #2				
#1	FOL - Folsom	February 2009	April 2009	May 1, 2009
#2	SAC - CA State Prison, Sacramento	February 2009	April 2009	May 1, 2009
#3	SQ - San Quentin	February 2009	April 2009	May 1, 2009
#4	CCC - CA Correctional Center	February 2009	April 2009	May 1, 2009
#5	HDSP - High Desert State Prison	February 2009	April 2009	May 1, 2009
#6	PBSP - Pelican Bay State Prison	February 2009	April 2009	May 1, 2009
#7	SOL - CA State Prison, Solano	February 2009	April 2009	May 1, 2009
#8	CMF - CA Medical Facility	February 2009	April 2009	May 1, 2009
#9	MCSP - Mule Creek State Prison	March 2009	May 2009	June 1, 2009
#10	CMC - CA Men's Colony	March 2009	May 2009	June 1, 2009
#11	SATF - CA Substance Abuse Trtmt. Fac.	March 2009	May 2009	June 1, 2009
#12	COR - CA State Prisons, Corcoran	March 2009	May 2009	June 1, 2009
#13	CCWF - Central CA Women's Facility	March 2009	May 2009	June 1, 2009
#14	VSPW - Valley State Prison for Women	March 2009	May 2009	June 1, 2009
#15	DVI - Deuel Vocational Institute	March 2009	May 2009	June 1, 2009
#16	PVSP - Pleasant Valley State Prison	March 2009	May 2009	June 1, 2009
#17	SVSP - Salinas Valley State Prison	March 2009	May 2009	June 1, 2009
#18	ASP - Avenal State Prison	March 2009	May 2009	June 1, 2009
#19	SCC - Sierra Conservation Center	March 2009	May 2009	June 1, 2009
#20	CTF - Correctional Training Facility	March 2009	May 2009	June 1, 2009
#21	NKSP - North Kern State Prison	April 2009	June 2009	July 1, 2009
#22	WSP - Wasco State Prison	April 2009	June 2009	July 1, 2009
#23	KVSP - Kern Valley State Prison	April 2009	June 2009	July 1, 2009
#24	ISP - Ironwood State Prison	April 2009	June 2009	July 1, 2009
#25	CVSP - Chuckawalla Valley State Prison	April 2009	June 2009	July 1, 2009
#26	CIW - California Institute for Women	April 2009	June 2009	July 1, 2009
#27	LAC - CA State Prison, Los Angeles	April 2009	June 2009	July 1, 2009
#28	CCI - CA Correctional Institute	April 2009	June 2009	July 1, 2009
#29	CEN - Centinela State Prison	April 2009	June 2009	July 1, 2009
#30	CAL - Calipatria State Prison	April 2009	June 2009	July 1, 2009
#31	CIM - CA Institute for Men	April 2009	June 2009	July 1, 2009
#32	RJD - RJ Donovan Correctional Facility	April 2009	June 2009	July 1, 2009
#33	CRC - CA Rehabilitation Center	April 2009	June 2009	July 1, 2009
#34				

Project Name: Contract Medical Database (CMD) Upgrade

Project Executive: Jamie Mangrum

Project Sponsor: Rich Kirkland

Project Manager: Corey Langdale/Mike Sakamoto

E-Mail:	corey.langdale@cdcr.ca.gov		
Phone	916-712-0580	Proj ID:	PRJ012
Start Date:	5/19/08	Est Finish Date:	12/26/08

Solution Vision:

Upgrade the technology of the Contract Medical Database (CMD) to provide:

Improved application stability and multi-user access

Improved data consistency and real time reporting

Project Description:

Complete an upgrade of the CMD application replacing 33 separate Access databases with a web application interacting with a single SQL database

Organization Impact:

A single centralized database will provide access to medical claims data instantaneously rather than the current 40 days in arrears.

Invoicing group will centralize maintenance of Contracts and Contractors under 2-3 people rather than the current method of 45 plus HCCUP analysts maintaining data across 33 databases allowing for more consistent data capture.

Project Purpose:

Upgrade CMD application to improved technologies to provide real time access to medical claims data and enhanced application stability.

Strategic Plan Objectives:

Primary Goal: 2:Medical Program

Objective: 2.4 Improve the Provision of Specialty Care

Actions: 2.4.3 Process Invoices in a Timely Manner

Major Milestones

Milestones	Planned	Actual
Project Charter	06/06/08	06/16/08
Design Document	06/30/08	07/01/08
Source Code Delivery	09/03/08	09/16/08
Integration Testing	09/17/08	09/26/08
Performance/UAT Testing	10/17/08	11/20/08
Phase I Deployment	11/17/08	12/03/08
Phase II Deployment	12/01/08	12/11/08
Phase III Deployment	12/15/08	

Key Work Products:

1. Web forms which closely replicate the legacy CMD application
2. Database Consolidation
- 3.

Dependencies:

1. Prodiagio Deployment
- 2.
- 3.
- 4.
- 5.

Constraints:

1. None

Risks:

1. Conflicting resource priorities may impact project schedule
2. IT support needs to ramp up quickly working with Riley Consulting to get training and knowledge transfer; all aspects of CMD including the web front-end, application source code and database.
- 3.

Project Team:

- Mike Sakamoto - Deputy Director PMO
- Riley Consulting - Technical Implementors
- Rosie Williams - IT Manager
- Andy Hall - IT Manager
- Tim Crump - IT Support
- Dawn Kearns - Invoicing Manager
- Diane Petty - Manager
- Pat Day - CMD SME
- Diane Berg - CMD SME
- Karen Mattes - CMD SME

Specific Performance Measures:

1. Real time access to medical claims data
2. Improved stability of application - Multi-user data entry for a single insitution
3. Enhanced data consistency - Consolidation of Contractor & Contract data

Additional Information (Optional):

- 1.
- 2.
- 3.

Project Status 12/11/08

The team has successfully completed the Pilot Implementation Phase with a GO Live of the following institutions DVI on 11/20/08 and SAC on 11/25/08.

We have started the Post-Pilot Implementation Phase with successfully completing

1st Wave Group 1 (FSO, ASP, CEN, CIM, and CIW)

GO Live: 12/03/08;

1st Wave Group 2 (PBSP, CMC, CRC, CTF, ISP, SVSP)

GO Live: 12/08/08;

2nd Wave Group 1 (CCC, CCWF, CMF, COR, HDSP)

GO Live: 12/09/08

2nd Wave Group 2 (MCSP, SATF, SOL, SQ, VSPW)

GO Live: 12/10/08

The scheduled plan for the remaining 10 institutions is as follows:

3rd Wave Group 1 (CCI, KVSP, NKSP, LAC, WSP)

Planned 12/17/08

3rd Wave Group 2 (CAL, CVSP, PVSP, RDJ, SCC)

Planned 12/22/08

Technical Support Plan is being developed by the Riley Team to transition technical support and application maintenance to CPHCS IT. Draft: 12/08/08

Project Name: Headquarters Relocation Project
Project Executive: John Hagar
Project Sponsor: Glenn Welker
Project Manager: Diane O'Connor

E-Mail:	Diane.O'Connor@cder.ca.gov		
Phone	445-1101	Proj ID:	070
Start Date:	November 17, 2008	Est Finish Date:	2012

Solution Vision:

Relocate HCS Headquarters staff to a single building location or campus environment

Project Description:

Plan and relocate Headquarters HCS program staff from current multiple real estate locations to a single building or campus office environment enabling Headquarters program collaboration and unified management of HCS.

Organization Impact:

This project will have a major impact on all Headquarters Program staff in that they will be able to better collaborate, meet, organize and manage HCS from a single location. The solution will provide a single point of presence for the HCS HQ Program infrastructure and administration. The single presence will allow HCS Management to function as a unified organization utilizing consolidated infrastructure and resources to better manage HCS in the future.

Project Purpose:

To provide a single presence for HCS HQ Management in the Sacramento region.

Strategic Plan Objectives:

Primary Goal: 4:Quality Improvement Programs

Objective: N/A

Actions: N/A

Major Milestones

Milestones	Planned	Actual
Project Kick Off	12/8/08	12/8/08
Deliverable I: Documentation on current HCS space and locations within the Sacramento Headquarters region	12/12/08	
Deliverable II: Documentation of forecasted fiscal staff through 2013	12/12/08	
Project Charter complete	12/18	
Deliverable III: Project Charter submitted		
Project Charter approved		

Key Work Products:

1. Deliverable I: Documentation of current HCS space locations and square footage.
2. Deliverable II: Documentation of estimated fiscal headcount forecast through 2013.
3. Deliverable III: Project Charter.

Dependencies:

1. Executive Level approval of project Charter.
2. Funding for leased space, build to suit or lease to own.

Constraints:

1. Search for space will be based on estimated fiscal staff forecast for 2013 unless otherwise stated by Executive level Management.
2. Confidentiality during project request phase does not allow for obtaining actual real estate availability.
3. Project site is constrained to specific location (Downtown Sacramento or within 15 miles of Downtown Sacramento) unless otherwise stated by Executive Level Management

Risks:

1. Lack of approved funding
2. Charter not approved
3. Cost will be estimated at high level until project charter is approved and is made public via the request for space (form 9, form10) to Department of General Services.

Project Team:

The Headquarters Relocation core project team is comprised of approximately 5 team members that include representative staff from HCS Business Operations.

Specific Performance Measures:

1. Acceptance of documentation
2. Approval of Charter

Additional Information (Optional):

The following assumptions have been made and may be changed/corrected by Executive Management:

1. HQ Relocation project to complete 2011-2013 (?)
2. Location to be downtown Sacramento or within 15 miles of downtown
3. The charter will be approved before

The Headquarters Relocation Project is in the Request Phase as of 12/09/2008.

- requesting real estate search via Department of General Services. (DGS will make search public)
4. An estimated price per square foot will be provided within the Project Charter for feasibility purposes before making project public via Department of General Services. The estimates will be the current average lease rates per square foot for office space located: Downtown Sacramento, Natomas, West Sacramento, Rancho Cordova and Elk Grove (unless specifically requested from Executive level Management)
 5. Headcount estimate data for 2013 will be provided by HCS Fiscal Planning.
 6. Formula used to determine space size will be determined by the State Standards (SAM Guide)

Receiver's Turnaround Plan of Action

Goal 5

Project Name: Centralized Dictation & Transcription
Project Executive: Dr. Terry Hill / Bonnie Noble
Project Sponsor: Jamie Mangrum
Project Manager: Denise Harris

E-Mail:	Denise.Harris@cder.ca.gov		
Phone	916-206-7276	Proj ID:	PRJ019
Start Date:	07/01/08	Est Finish Date:	10/30/09

Solution Vision:

Implement a centralized dictation and transcription solution that standardizes health record documentation at the enterprise-level.

Project Description:

The purpose of this project is to implement a centralized dictation and transcription department for four pilot institutions: San Quentin (SQ), Folsom State Prison (FSP), California Medical Facility (CMF), and California State Prison, Sacramento (SAC).

Organization Impact:

This project will have a major impact on CPHCS in that it will provide CPHCS clinical staff with immediate access to patient health information at the point-of-care. The solution will better enable analysis, reporting, and clinical decision-making required to accurately determine patient health status, prepare recommendations, and ensure patient safety in prescriptive actions.

Project Purpose:

The purpose of this project is twofold: (1) a model for centralized dictation and transcription statewide; and; (2) improvement in timeliness and accuracy of transcribed documents.

Strategic Plan Objectives:

- Primary Goal: 5: Medical Support Infrastructure
- Objective: 5.2: Health Records
- Actions: 5.2.1: Standardize Health Records Practice

Major Milestones

Milestones	Planned	Actual
Dictation & Transcription Assessment	04/08	04/08
Approved Project Charter	07/08	07/08
Applications Vendor Selected (Crescendo)	10/08	10/08
Turnkey Facility in Sacramento	02/09	
Staffed and Trained Dept.	03/09	
Pilot Closeout & Eval	10/09	

Key Work Products:

1. Project Charter
2. Project Schedule
3. Post Pilot Evaluation and Recommendation

Dependencies:

1. CPHCS Network Project
2. CPHCS Data Center Project

Constraints:

1. CPHCS Network Rollout
2. CPHCS Data Center Implementation

Risks:

1. Verizon Data Center availability
2. Network availability
3. Incompatible component structure; component integration to achieve operability

Project Team:

The Centralized Dictation and Transcription project team is comprised of approximately 30 team members that include representative staff from CPHCS, California Prison Receivership Corporation, VerizonBusiness and Crescendo.

Specific Performance Measures:

1. 150 lines/hr per medical transcriber
2. 98% accuracy rate for all transcribed documents
3. 24 hour turnaround time for all transcribed reports
4. All pertinent medical records dictated and transcribed.

Additional Information (Optional):

1. Working with Verizon to add network drops at pilot institutions
2. Purchasing desktops and network printers as needed

The Centralized Dictation and Transcription project is in the procurement phase. We have selected the Crescendo dictation and transcription solution which includes software and end user training. We are in the process of ordering dictation and transcription hardware that will reside in the Torrance Data Center. We are, additionally, defining business and system requirements.

Our next step is to build the Statement of Work which will include a design and implementation plan with high-level timeline.

Project Name: Central Fill Pharmacy Project
Executive: John Hagar
Project Sponsor: Betsy Chang-Ha, Jamie Mangrum
Project Manager: Erick Rendón

E-Mail:	Erick.Rendon@cdcr.ca.gov		
Phone	916-956-5045	Proj ID:	PRJ072
Start Date:	December 2008	Est Finish Date:	December 2009

Solution Vision:

Implement a centralized pharmacy to consolidate ordering and logistic distribution of prescriptions; reducing cost and unnecessary waste while improving tracking of medications to increase patient utilization.

Project Description:

Central Fill Pharmacy will fill prescriptions for all 33 correctional centers. It will order bulk pharmaceuticals, pre-package them and automatically fill orders entered in GuardianRx. The facility will have automated inventory management; medication checks and provides distribution of prescriptions by next business day to all facilities.

Organization Impact:

Immediate reduction in tasks done by sites personnel. Increase ability for Pharmacist to focus on patient interactions, better tracking of prescriptions and extended hours to enter orders late in the day at sites. Savings will be realized through centralized ordering, increase adherence to Pharmacy and Therapeutic Committee recommendations and decrease overall inventory in stock based on accurate inventory levels.

Project Purpose:

To reduce cost and errors; increase patient utilization by better patient tracking and reduce waste by limiting local pharmacies to limited stock.

Strategic Plan Objectives:

- Primary Goal: 5.0 Medical Support Infrastructure
- Objective: 5.1 Pharmacy Programs
- Actions: 5.1.3 Central-Fill Pharmacy

Major Milestones

Milestones	Planned	Actual
Project Charter	TBD	
Team identification & RACI	TBD	
Project Kickoff	TBD	
Automation vendor contract	TBD	
Site selection /contract	TBD	
Site design / build out process	TBD	

Key Work Products:

1. Project Charters
2. Site Selection / Automated Vendor Contract
3. Roles/ responsibilities

Dependencies:

1. Architectural design and site contract
2. Contract for automation vendor
3. CPHCS Network Project
4. Maxor Pharmacy (Guardian) Project

Constraints:

1. Maxor Guardian Rollout Schedule / Decisions
2. CPHCS Network Rollout Schedule / Decisions
3. Procurement
4. Construction

Risks:

1. Long lead times for procurement / service contracts

Project Team:

Project Manger: Erick Rendón
 Maxor National Pharmacy Services: Dick Cason
 Cornerstone Automation: Michael Doke

Specific Performance Measures:

1. Quality Assurance Matrix
2. Service Matrix
3. Delivery Matrix

Additional Information (Optional):

1. Currently in the Initiation Phase

The project is technically in initiation. While Maxor has done much work in developing and sending out an RFP, completed the selection of an automation vendor and I have met with both the automation vendor and Maxor concerning design needs for the facility build out; neither the site contract nor the automation vendor contracts have been completed. All the necessary documentation to implement this project, i.e. charters, schedules etc. is still required and is still in the initiation phase for this project.

In addition, I am in early stages of identifying all the interdependency needed for this project as well as determining roles and responsibilities between CDCR, Maxor and Cornerstone. I will need additional time to determine an adequate plan to identify, plan and integrate all dependency to develop a useful roadmap for implementation.

Project Name: Change Management Initiative
Project Executive: John Hagar
Project Sponsor: Betsy Chang Ha and Steve Cambra
Project Manager: Nancy Dorsey

E-Mail:	Nancy.Dorsey@cdcr.ca.gov		
Phone	(916) 215-7205	Proj ID:	67
Start Date:	11-17-08	Est Finish Date:	12-31-11/ ongoing

Solution Vision: Create an environment where employees want to work, clinicians want to practice and our primary customers (inmates) are provided regulatory compliant, equitable quality healthcare and rehabilitation.

Project Description: The change management initiative's primary customer is the inmate, but the stakeholders also impacted by our efforts are a broad mix of internal and external entities. All will be a consideration in the development of our comprehensive programs. The initiative will evolve with the addition of other programs, activities and processes in response to the strategic projects undertaken by the organization.

Organization Impact: A culture of service excellence and quality that is sustainable

Project Purpose: Change Management is the mission critical foundation to meet the objectives of the Receiver's Turnaround Plan of Action.

Strategic Plan Objectives:

- Primary Goal: #5 Infrastructure
- Objective: To create a self sustaining culture of service excellence and quality within Healthcare, It and Custody/Corrections
- Actions: Define change

Major Milestones-Planning Phase

Milestones	Planned	Actual
Global Strategy agreement	2-15-09	
Initiative Charter finalized	1-31-09	
Low hanging fruit identified	1-31-09	
Executive leadership "lessons learned" symposium	1-31-09	
Focus Group meeting(s) current in the trenches view	2-31-09	
Healthcare strategy agreement		
Custody/Corrections strategy(s) agreement		

Key Work Products: Pending governance approval

1. Evidence Based Leadership Development Program
2. Human Capital Development Program
3. Objective Performance Measurement Program
4. Comprehensive Communication Program
5. Accelerated Implementation Methodology
6. Continuous quality improvement processes that are patient centered, customer centered, with appropriate infrastructure and optimized best practice processes.

Dependencies:

1. Committed Leadership actively involved throughout initiative
2. Shared vision, purpose and values
3. Change Management is a key risk factor across all projects and mission critical foundation to sustainability
4. Effective management of resistance
5. Flexibility
6. Strategy and communication tailored to stakeholder
7. Interwoven project management process and change management process
8. Peer change agents actively involved across organization (top down and bottom up)
9. Early efforts must demonstrate benefits and establish a basis of hope/trust
10. External influencers or drivers represent a significant long term risk to all efforts undertaken

Constraints/Challenges:

1. A diverse set of personality and behavioral styles across the organization
2. Trained incapacity
3. Enormous and diverse set of external and internal influences/drivers
4. Appropriate resources with the knowledge and experience initiated at the right time, place and with necessary tools.
5. A focus on customer, patient and employee satisfaction

Risks:

1. Failure to get buy in from stakeholders
2. Failure to ensure sustainability
3. Failure to align behaviors with organizational goals with accountability

Project Team: (in development)

Betsy Chang Ha

Steve Cambra

Bonnie Noble

Joe McGrath

Kathy Stigal

Jamie Mangrum

Terry Hill

Tim Rougeaux

Richard Kirkland

John Dovey

Specific Performance Measures:

1. Decreased litigation/risk management
2. Customer, employee and patient satisfaction
3. Improved employee retention

Additional Information (Optional):

General: System Lifecycle Status- Planning first 120 days

The major objectives of this phase include leadership:

committed to active involvement 12-31-08

share the same vision, values and goals 2-15-09

agree on global strategy 2-15-09

A baseline of the current "in the trenches view" established 2-31-09

Potential "low hanging fruit" identified 2-31-09

Project Name: Claims Management and Invoice Processing

Project Executive: John Hagar

Project Sponsor: Jamie Mangrum, CIO

Project Manager: Holly Lasiter

E-Mail:	Holly.lasiter@cdcr.ca.gov		
Phone	916-764-4677	Proj ID:	PRJ066
Start Date:	11/29/08	Est Finish Date:	11/29/10

Solution Vision:

Provide a healthcare claims processing system that is typically found in commercial or public health plans. The system will utilize industry standard coding and allow standard reporting, benchmarking and utilization management. The system will improve the quality, efficiency, and timeliness of payments to health care vendors serving CDCR's patient population, while also implementing effective cost management.

Project Description:

Contract with a qualified third party administrator to take over claims processing services for an initial period of 24 months (with three 12 month options) to put into practice the required improvements prior to transition of all operations back to State control.

Organization Impact:

Using industry standard coding will allow CPHCS to perform standard reporting and benchmarking. Utilization Management will have access to data necessary to make decisions in specialty care. Claims processors will be elevated to other jobs.

Project Purpose:

Enable CPHCS to administer healthcare claims and capture utilization and payment data for ongoing analysis and reporting.

Strategic Plan Objectives:

Primary Goal: 5. Establish Medical Support

Objective: 5.2 Establish Standardized Health Records Practice

Actions: 5.2.1 Create a roadmap for Achieving an Effective Management System

Major Milestones

Milestones	Planned	Actual
Issue Request for Proposal	12/10/2008	
Bidder's Conference	12/19/2008	
Deadline for questions	12/31/2008	
Respond to questions	1/7/2009	

Milestones	Planned	Actual
Proposals due	1/15/2009	
Notification for interviews	1/23/2009	
Conduct interviews/ demos	week of 1/26/2009	
On site visits	week of 2/2/2009	
Announce selection	2/16/2009	
Contract Start Date	2/23/2008	

Key Work Products:

1. Request for Proposal
2. Vendor Proposals
3. Signed Vendor Contract
4. Statement of Work
5. Service Level Agreement

Dependencies:

1. Health Information Management
2. CPHCS Network Project
3. CPHCS Data Center Project
4. ProdAgio Enhancement
5. IT Security
6. BIS Project
7. Utilization Management

Constraints:

1. Backlog of unpaid claims
2. ProdAgio does not have capability to adjudicate and pay healthcare claims.

Risks:

CPHCS will not have technology, trained staff and a sustainable and manageable program in place once the third party administrator's contract expires.

Project Team:

Holly Lasiter
 Dr. Ricki Barnett
 Mitzi Higashidani
 Michelle Ogata
 Marnell Voss
 Shelby Chapman
 Dawn Kearns
 Ned Dickson

Specific Performance Measures:

1. Business Requirements
2. Vendor Selection

Additional Information (Optional):

Currently in the Proposal Phase. The Request for Proposal will be released on December 10, 2008.

The Request for Proposal and the Bidder's Library will be posted at http://www.cphcs.ca.gov/project_rfp.aspx. The Bidder's Conference will be held on December 18 covering such topics as business requirements, data requirements for utilization management, information technology requirements, interfaces and contractual requirements. Bidders will have until the end of December to submit any follow on questions. Final proposals are due January 15. Vendor demonstrations and onsite visits will be conducted (from the top candidates) at the end of January and early February, consecutively. The contract will be awarded mid-February with work starting shortly thereafter.

Project Name: Clinical Data Repository
Project Executive: Glen Moy / Justin Graham
Project Sponsor: Jamie Mangrum
Project Manager: Tammy Sullivan-King

E-Mail:	Tammy.Sullivan-King3@cdcr.ca.gov		
Phone	(916) 445-1019	Proj ID:	PRJ024
Start Date:	07/01/2008	Est Finish Date:	06/30/2010

Solution Vision:

Implement a centralized clinical data repository and portal solution that serves as the foundation for an enterprise-level, integrated Health Information Management System.

Project Description:

Compile health data - Clinical, Mental Health, and Dental - obtained from several disparate data sources into a unified health information management system.

Organization Impact:

This project will have a major impact on CPHCS in that it will provide CPHCS clinical staff with immediate access to patient health information at the point-of-care. The solution will better enable analysis, reporting, and clinical decision-making required to accurately determine patient health status, prepare recommendations, and ensure patient safety in prescriptive actions.

Project Purpose:

To begin establishing a longitudinal (end-to-end) Electronic Health Record for every CDCR inmate.

Strategic Plan Objectives:

- Primary Goal: 5: Medical Support Infrastructure
- Objective: 5.4: Clinical Information Systems
- Actions: 5.4.1: Medical Data Repository

Major Milestones

Milestones	Planned	Actual
Project Kickoff	7/5/08	7/15/08
User Group Session - 1	8/5/08	8/5/08
User Group Session - 2	9/10/08	9/10/08
User Group Session - 3	11/21/08	11/19/08
Solution Outline Completed	10/17/08	11/03/08
Project Charter Submitted	10/3/08	11/24/08
Solution Design Complete	12/5/08	
Project Charter Approved	12/5/08	
Site Introductions / Assess	1/6-8/09	

Key Work Products:

1. Project Charter
2. Project Schedule
3. Solution Outline Document

Dependencies:

1. CPHCS Network Project
2. CPHCS Data Center Project
3. CPHCS End-User Computer Rollout
4. Maxor Pharmacy (Guardian) Project
5. Trading Partner Data – Quest and Foundation Laboratories

Constraints:

1. CPHCS Network Rollout Schedule / Decisions
2. Maxor Guardian Rollout Schedule / Decisions
3. CPHCS Data Center Implementation Schedule / Decisions

Risks:

1. Verizon Data Center availability
2. Source Data from CDCR legacy systems quality and availability
3. Incompatible component structure - Integration of components to achieve operability

Project Team:

The Clinical Data Repository’s core project team is comprised of approximately thirty (30) team members that include representative staff from CPHCS, California Prison Receivership Corp., IBM, Oracle, Initiate Systems, and Orion Health.

Specific Performance Measures:

1. User Group Sessions w/Subject Matter Experts are held to validate and approve use cases.
2. Scope and requirements are agreed upon and validated by system component (Clinical Portal, Clinical Data Repository, Enterprise Master Patient Index) Subject Matter Experts
3. Key System Performance Indicators (as stated in Solution Outline Document)

Additional Information (Optional):

Phase Alignment CPHCS/IBM:

1. Currently in the Planning/Solution Design Phase
2. Budget Forecast is available upon request.

The Clinical Data Repository Project is currently in the Solution Design/Planning Phase having completed the Clinical User Group Workshops/Sessions 1, 2, and 3. The IBM team is engaged in the re-baseline of the project schedule to include the hours increase prescribed post the Solution Outline/Initiation phase and the approved modifications within the Solution Design while continuing with solution Development and Integration Test activities.

The CDR project team is also in the planning phase for the delivery of the End-User Computing Devices to the three (3) Pilot Sites. We are in the process of researching Vendors/Manufacturers that produce medical-grade devices to begin the solicitation process for securing those devices and services for rollout in March 2009. Once analyzed – with size and space considerations examined - the CDR project team will begin the Pilot Site Introductions / Assessments in January 2009, implementation of the devices in March 2009, and “Go-Live” of the CDR solution in April 2009.

Executive Project Data Sheet**As of: December 9, 2008**

Project Name: Clinical Imaging Services
Project Executive: Terry Hill, MD
Project Sponsor: Bonnie Noble, Jamie Mangrum, Justin Graham
Project Manager: Craig Casey

E-Mail:	Craig.Casey@cdcs.ca.gov		
Phone	916-764-4730	Proj ID:	PRJ017
Start Date:	09/02/2008	Est Finish Date:	2011

Solution Vision: To provide appropriate and timely imaging and interpretation services for the incarcerated population at all CDCS institutions and facilities. Install centralized and distributed management and infrastructure to sustain and refine/improve these services indefinitely.

Project Description: Implement the Enterprise Imaging & Radiology Assessment & Planning remediation roadmap presented July 14, 2008 to the Receiver.

Organization Impact: This project will significantly impact CDHCS clinical staff in all CDCS locations with the provision of tools and infrastructure for the timely diagnosis/evaluation of inmate patients within the institutions.

Project Purpose: Provide minimum acceptable level of ancillary care to CDCS incarcerated population.

Strategic Plan Objectives:

Primary Goal: 5:Medical Support Infrastructure

Objective: 5.3: Radiology and Laboratory Services

Actions: 5.3.1: Establish strategy for improvements and implement.

Major Milestones

Milestones	Planned	Actual
Complete final draft of RFP	Sept 26	Sept 26
Finalize & release	Oct 3	Oct 6
Conduct solicitation	Nov 7	Nov 7
Vender selection	Dec 5	Dec 8
Completion of negotiations	Dec 23	
Project Charter	Dec 30	
Contract signing/close initial procurement phase	Approx Dec 30	
Start of Management firm engagement	Jan 5, 2009	
Detailed project plan	Mar, 2009	

Key Work Products:

1. Approved vender contract.
2. Project Charter
3. Completed institutional assessments and interim staffing model.
4. Detailed project plan.

Dependencies:

1. CDHCS Data Center project.
2. CDHCS Telemedicine project.
3. CDHCS Network project.
4. Clinical and executive recruiting success.

Constraints:

1. CPHCS network rollout schedule
2. Recruitment of imaging leadership roles throughout the State.
3. Successful & timely negotiation with radiology equipment vender(s).

Risks:

1. Lack of institutional resources.
2. As yet undefined schedules and interaction with parallel projects engaging the institutions.

Project Team:

The CPHCS core project team is comprised of approximately thirty (30) team members and key stakeholders including contributors from CPHCS, CDCS, MSI and selected subcontractors. This team will engage/include the management and staff from every institution in the State during the life cycle of this project.

Specific Performance Measures:

Performance measures will be developed as part of detailed project planning and reviewed on a regular basis with the Project Steering Committee.

Additional Information (Optional):

The right hand column of this Data Sheet can be expected to change/evolve over the early phases of this project.

Current Project Status:

This project is closing the RFP stage with the selection of McKenzie Stephenson, Inc. An "Intent to Award" announcement has been made. The first draft of the contract for this project is in development. Negotiations, final edits and subsequent approval by leadership and the Receiver are expected by mid January, 2009.

Phase 0, Planning will "formally" start upon obtaining wet signatures from both parties to the contract. The planning phase duration is anticipated to be 10-12 weeks.

Project Name: Data Center & End User Migration
Project Executive: John Hagar
Project Sponsor: Jamie Mangrum, Liana Bailey-Trimmins
Project Manager: Fred Wood

E-Mail:	Fred.Wood@cdcr@ca.gov		
Phone	916.215.5235	Proj ID:	PRJ002
Start Date:	11/14/08	Est Finish Date:	3/31/10

Solution Vision:

Migration of existing CPHCS staff and hardware within CDCR to the new network infrastructure and support for new CPHCS staff, hardware, and applications connectivity.

Project Description:

CPHCS is implementing a new medical-grade data center to support the CPHCS network infrastructure consisting of Headquarters and thirty-three (33) adult institutions. The DC&EUM Project will migrate existing CPHCS staff and hardware, integrating Active Directory, MS Exchange, local LAN to LAN applications connectivity, and new network infrastructure and support for new CPHCS staff and applications.

Organization Impact:

Impacts all existing CPHCS staff and affected portions of CDCR. During the migration, CPHCS staff will continue to use the CDCR network infrastructure to access their applications until they are called for in the migration plan to be "cutover" to the new network path.

Project Purpose:

The DC&EUM Project is a downstream component of the initiative to implement a new medical-grade data center for existing and future CPHCS, staff, hardware, and applications.

Strategic Plan Objectives:

Primary Goal: 5. Medical Support Infrastructure

Major Milestones

Milestones	Planned	Actual
Project Charter completed and approved	Jan 09	
Acquire EUM Specialist Team	Jan 09	

Major Milestones Continued:

Milestones	Planned	Actual
Complete migration of all existing CPHCS network objects at HQ and all 33 institutions managed on the new CPHCS network.	Oct 09	
Complete migration of all CPHCS staff operating on new CPHCS network	Mar 10	

Key Work Products:

1. Project Charter
2. EUM Design Documents
3. EUM Plan
4. EUM Integration Plan

Dependencies:

1. Torrance data center contract secured
2. Healthcare IT network implementation
3. Acquire EUM Specialist Team

Constraints:

1. All Data Center Infrastructure prerequisites

Risks:

1. Lack of participation and allocation of CDCR EIS staff and/or lack of cooperation from Institutional management could result in failure to meet estimated project completion schedule
2. Failure to properly identify all CPHCS objects for migration could result in failure to meet EUM Project Scope

Project Team:

The core EUM Project team is comprised of CPHCS executives, managers, and technical support staff; project management consultant and technical advisor (subject matter expert), EUM consultant specialist team, and subject matter experts from Microsoft and Quest. Experts from CDCR EIS and other areas supplement the core team as needed.

Specific Performance Measures:

1. 100% of CPHCS network objects and end user migrated successfully
2. Local LAN to LAN connectivity

Additional Information:

The Data Center & End User Migration Project (DC&EUM) is a downstream component of the initiative to implement a new medical-grade data center for existing and future CPHCS, staff, hardware, and applications.

Often referred to as "Data Center Phase II" the DC&EUM Project is in the Initiation Phase and currently concerned with project staffing and start-up activities. The Project Charter will be crafted for review in January and the End User Migration consultant specialist should be on board by the first of the year to begin vetting the Active Directory migration design document. Also working with the Data Center "Phase I" infrastructure effort to coordinate all dependent downstream activities.

Project Name: Enterprise Architecture
Project Executive: John Hagar
Project Sponsor: Jamie Mangrum
Project Manager: Mark Griffith

E-Mail:	mark.griffith@cdr.ca.gov		
Phone	(916) 764-4516	Proj ID:	PRJ069
Start Date:	11/17/08	Est Finish Date:	

Solution Vision:
 Establish an Enterprise Architecture (EA) program for CPHCS based on the State's and Federal EA programs.

Project Description:
 Create EA program and adopt EA framework and models, methodology, standards and governance plan.

Organization Impact:
 Enterprise Architecture will have a major impact on CPHCS by adopting policies, standards and governance for all CPHCS IT projects.

Project Purpose:
 Improve interoperability and efficiencies across all CPHCS IT projects. Establish architectural framework and requirements for project development efforts and RFP's. Provide enterprise level business, data, and technical models. Leverage the Health Information Technology Executive Committee (HITEC) governance for enterprise architecture for all CPHCS IT projects.

Strategic Plan Objectives:
Primary Goal: 5:Medical Support Infrastructure
Objective:
Actions:

Major Milestones

Milestones	Planned	Actual
Project Kickoff	11/17/08	11/17/08
Initial interviews	12/23/08	
Project Charter Approved	1/1/09	
EA Roadmap	1/1/09	
EA Requirements Document	2/1/09	

- Key Work Products:**
1. Project Charter
 2. Enterprise Architecture Framework Document for RFP's
 3. Enterprise Business Reference Model
 4. Enterprise Data Reference Model
 5. Application and Technical Frameworks and Standards
 6. Enterprise Architecture Governance Plan
 7. Enterprise Performance Reference Model
 8. Enterprise Service Component Reference Model

- Dependencies:**
1. CDR Project Architecture
 2. SOMS Project
 3. CPHCS Data Center Project
 4. HIM Project
 5. HCSS Project
 6. All other IT related projects

- Constraints:**
1. CPHCS Projects rollout schedules and progress.

- Risks:**
- 1.
 - 2.
 - 3.

Project Team:
 The EA project team consists of Mike Sakamoto, (PMO Deputy Director), and consultants Mark Griffith and Dustin Laine.

- Specific Performance Measures:**
1. Prepare EA framework document to include with all future RFP's.
 2. Creation of High Level Business Model for CPHCS
 3. Adoption of technical standards and policies for CPHCS.

The Enterprise Architecture project has just begun and is in the initial startup phase. Meetings are currently underway to identify a roadmap and set priorities for the EA effort. The Clinical Data Repository project architecture is being reviewed, followed by the creation of an Enterprise Architecture Framework Requirements Document to be used with future RFP's.

Project Name: Healthcare Data Center

Project Executive: John Hagar

Project Sponsor: Jamie Mangrum

Project Manager: Denise Harris

E-Mail:	denise.harris@cdcr.ca.gov		
Phone	(916) 323-2309	Proj ID:	PRJ018
Start Date:	05/08	Est Finish Date:	05/09

Solution Vision:

Implement a medical-grade data center as part of the healthcare network to enhance access to and management of inmate/patient information.

Project Description:

Implement a data center to support the CPHCS network infrastructure consisting of Headquarters and thirty-three (33) adult institutions. Integration of Active Directory, E-mail, Call Center, Centralized Services, and Network Storage to support CPHCS organizational requirements. Migration of existing CPHCS staff and hardware within CDCR to the new network infrastructure and support for new CPHCS staff and hardware.

Organization Impact:

Impacts all CPHCS staff and respective portions of CDCR. During the transition, CPHCS staff will continue use the CDCR network infrastructure to access their applications. All CPHCS staff and hardware will be centralized on the CPHCS network allowing for improved user management.

Project Purpose:

Design and implement a new medical-grade data center for existing and future CPHCS staff and hardware. Phase one includes data infrastructure and two pilot applications in production: Clinical Data Repository and Centralized Dictation & Transcription

Strategic Plan Objectives:

Primary Goal: 5:Medical Support Infrastructure
Objective: (not found in Receiver's Plan of Action)

- By February 2009, have a fully-functional data center to support CPHCS staff and hardware
- By June 2009, complete a migration of all existing CPHCS network objects (Active Directory users, computers, and groups) from CPHCS Headquarters and CDCR's 33 adult institutions to the new CPHCS network managed through the data center
- By March 2010, have all current and new CPHCS staff functioning on the new CPHCS network through the CPHCS data center

Major Milestones

Milestones	Planned	Actual
Project Charter completed & approved	Dec 08	
CPHCS Data center completed	May 09	
Pilot migration completed (Clinical Data Repository)	April 09	
Pilot migration completed (Dictation & Transcription)	May 09	

Key Work Products:

1. Project Charter
2. Data Center Design Documents
3. Migration Plan
4. Integration Plan

Dependencies:

1. Torrance data center contract secured
2. Healthcare IT network implementation
3. Migration software procured
4. Migration and Integration services RFO

Risks:

1. Lack of a fully-defined and agreed-to Scope Statement could result in a failure to fulfill the project product
2. Lack of participation and allocation of CDCR EIS staff and/or lack of cooperation from Institutional management could result in failure to meet the estimated project completion date
3. Failure to properly identify all CPHCS objects for migration could result in failure to meet the Project Scope

Project Team:

The core project team is comprised of CPHCS executives, managers, and technical support staff; project management consultant and technical advisor; and subject matter experts for Microsoft and Quest. Experts from CDCR EIS and other areas supplement the core team as needed.

Specific Performance Measures:

1. 100% of CPHCS network objects migrated
2. Pilot Applications in production
3. Call Center availability 24x7x365

Additional Information (Optional):

The Health Care Data Center Migration project is in the Procurement phase. We are following internal California Department of Health Care Services purchasing processes to procure hardware and software identified in our Detailed Design Documents.

Next steps are to install and configure equipment at the Torrance Data Center based on timelines defined in the project schedule. Timelines are dependent upon build-out of the Health Care Network project for LAN/WAN connectivity.

Project Name: Health Care Network
Project Executive: Jamie Mangrum
Project Sponsor: Liana Bailey-Crimmins
Project Manager: Victor Krause – Evan Nordstrom

E-Mail:	evan.nordstrom@cdcr.ca.gov		
Phone	916-216-6831	Proj. ID:	PRJ010
Start Date:	09/05/2007	Estimated Finish Date:	12/31/2009

Solution Vision:

Build a dedicated high-speed data network for CPHCS.

Project Description:

Design, build, install and maintain a CPHCS dedicated high-speed data network for 33 institutions and CPHCS HQ.

Organization Impact:

This project is critical for CPHCS and CDCR. A dedicated Health Care Network allows the delivery of applications and electronic communication between all 33 institutions and CPHCS HQ. Having this network operational is critical to the success of all other CPHCS projects that require network connectivity to the institutions.

Project Purpose:

To enable health care workers the ability to utilize current and future technology to improve healthcare delivery to life patients.

Strategic Plan Objectives:

- Primary Goal: Timely access to health care
- Objective: A complete, working data network
- Actions: Installation of a data network

Major Milestones

Milestones	Planned	Actual
Institution WAN site surveys	12/21/07	01/03/08
Develop detailed design	02/01/08	02/01/08
Install WAN data circuits into each institution	04/30/08	30 institutions complete
Install 'Phase I' LAN equip. into each institution	02/01/09	29 institutions complete
Install 'Phase II' LAN equip. into each institution	12/18/09	1 institution complete
Test and configure Phase II LAN	03/01/10	
Final Test of each Network	03/15/10	
Project Closure (33 institutions + HQ 501J tested and completed)	03/31/10	

Key Work Products:

1. Detailed design Site Survey Reports
2. Detailed design Site LAN documents
3. Detailed design Wireless LAN documents
4. Construction Statements of Work
5. Bill of Materials PO
6. 'Final Test Complete' Documents

Dependencies:

1. CDCR to install Single Mode Fiber at all 33 institutions.
2. CDCR facilities to increase electrical and cooling capacities to support additional power requirements.
3. Collaborate with CDCR Facilities and Assoc. Business Wardens (ABW), to secure adequate floor space for CPHCS equipment.
4. Coordinate with ABW's to schedule construction activities within their institutions.

Constraints:

- 1.

Risks:

1. Space availability within institutions for additional network hardware.
2. Available facilities (electrical power and cooling) within institutions for additional network hardware
3. The ability to install high-speed data circuits into remote institution locations.
4. Vendor capabilities.
5. Scope Creep caused by 'late' additions from other projects.
6. Out-of-Scope additions to cover orphaned or currently unassigned issues.

Project Team:

The Health Care Network project team is comprised of two (2) Program Managers, monitoring, controlling, and assisting the activities of several vendors and CDCR staff.

Specific Performance Measures:

1. Data Circuit installation intervals
2. Site prep. intervals (space and power)
3. Phase I install/completion progress
4. Phase II install/completion progress
5. Phase III install/completion progress
5. Final Test of completed Network (within each institution)

Additional Information (Optional):

AS of December 4, 2008, 33 institutions + HQ (501 J St.) have had Phase I implemented (three are partial with work ongoing).

Phase I was the installation of major hardware into the TELCO rooms of each institution and increasing the power and cooling to support the added equipment.

Phase II is in progress at two locations, with additional locations being scheduled. Phase II consists of installing Switch racks, Wireless Access Points, Uninterruptable Power Supplies and LAN drops inside of numerous buildings within each institution. Each institution will require an average of over 1000 LAN drops (computer outlets in the wall), spread amongst the buildings, with the majority going into the hospitals.

During Phase II, institutions will also be receiving new or upgraded network connections to the outside world.

These will eventually be connected to the Data Center.

Phase III will consist of testing and validating the HealthCare Network, "as it exists within each institution".

With the absence of the Data Center at this time, connectivity cannot be tested fully outside the institution, nor the wireless Access Points be used (due to authentication protocols being resident inside the Data Center). As the Data Center is brought online, connectivity with our institution network will be implemented and tested.

Synopsis:

At the end of the HealthCare Network Project, (estimated to be on/before March 31, 2010), each institution will have a complete and functional high-speed data system ready for connection to the Data Center. If the Data Center is online, each institution will be connected directly to the Data Center and the network fully tested.

Project Name: Maxor Pharmacy Conversion
Executive: John Hagar
Project Sponsor: Betsy Chang Ha, Jamie Mangrum
Project Manager: Ed Mondragon

E-Mail:	Ed.Mondragon@cdcr.ca.gov		
Phone	916-467-6866	Proj ID:	PRJ029
Start Date:	June 2007	Est. Finish Date:	December 2009

Solution Vision:

Implement a computerized prescription software management system in all institutions to improve tracking, safety and dispensing of drugs with enterprise wide information availability.

Project Description:

Pharmacy software conversion – Implement Guardian Rx software in all 33 adult prison pharmacies. Execute workflow processes, policies and procedures necessary to support best practice pharmacy operations throughout the prison and across all disciplines.

Organization Impact:

Improvement of processes, policies and procedures by site personnel. Improved dispensing accuracy and accountability of prescriptions.

Project Purpose:

Manage and process medications to safely and accurately dispense and administer medications.

Strategic Plan Objectives:

Medical Support Infrastructure
 Pharmacy Program
 Pharmacy Policies and Practices

Major Milestones

Milestones	Planned	Actual
Pharmacy conversions completed at 17 institutions	July 2008	July 2008
Complete 19 pharmacy conversions	January 2009	Est. January 2009
Expanded network access to MCSP	November 2008	November 2009
Improve CMC network access and processes	January 2009	Est. January 2009

Key Work Products:

1. Pharmacy workflow modifications
2. Clinical process modifications
3. Medical management gap analysis
4. Network and Migration Plan
5. Weekly project workflow plan
6. Budget documentation

Dependencies:

1. Third party software vendors
2. Space constraint --pharmacy size
3. Space constraint--Computer access locations
4. Network dependency- Healthcare Network project and the information technology infrastructure build out project
5. Procurement dependency
6. Construction dependent-- if necessary
7. Clinical staffing and recruiting dependant

Constraints:

1. Network Rollout Schedule
2. Existing infrastructure
3. Data Center Implementation Schedule

Risks:

1. Network performance issues with existing infrastructure
2. Space and/or construction requirements
3. Long lead times for equipment or network installations

Project Team:

Team Members	Role
Ed Mondragon	Project Management Lead
David Thomas	Project Management
Jason Gentry	Project Management
Phil Jarvis	Project Management
Erick Rendon	Central Fill Project Management
Grace Dodd	Clinical Process Improvement Advisor Lead
Rosalia Malonzo	Clinical Process Improvement Advisor
Suellen Clayworth	Clinical Process Improvement Advisor
Gloria Myers	Clinical Process Improvement Advisor
Terri Van Aalst	Clinical Process Improvement Advisor
Debra Truelock	Sr. Analyst
Peter Boyum	Analyst
Breanna Long	Office Technician
David Williams	SISA Special Projects
John Dovey	Custody Liaison

Specific Performance Measures:

1. Point of service metrics pharmacy
2. Point of service metrics nursing
3. Network speed and availability

Additional Information (Optional):

1. Pre-implementation software integration work is in progress at Pelican Bay.
2. Re-engagement and infrastructure improvements at CMC is also in process
3. Rescheduling the remaining 10 institutions on December 15th of 2008
4. Re-aligning project schedule with the Healthcare network project, and the Department of Correction's infrastructure project- Consolidated Information Technology Infrastructure Program (CITIP)
5. Re-aligning project schedule with construction

Project Lifecycle:

The project is in the execution phase. The team is simultaneously converting the pharmacies at Pleasant Valley and Los Angeles County state prisons which will bring the total conversions to 19 by January 2009. The team is also currently engaged in the second phase of the conversion at the Ca. Men's Colony and in a design and pre-implementation phase at Pelican Bay State Prison. CMC second phase will be completed in January and PBSP will be completed in April 2009.

Two additional institutions begin their pharmacy conversion each month beginning in January 2009 and the central pharmacy implementation will run concurrently to finish with the last pharmacy conversion. The schedule to convert the remaining institutions will be prioritized on 12/15/08.

Pharmacy Conversion Master Schedule

ORDER	INSTITUTION	Implementation Planning Start (aka "Kick-Off") Week Of	Phase I Singlephase Go-LIVE Date	Phase II Go-LIVE Date
Beta Site	FOL - Folsom		6/4/07	
Pilot #1	MCSP - Mule Creek State Prison		9/10/07	11/17/08
Pilot #2	CMC - CA Men's Colony	9/19/2007	11/12/07	2/2/09
#1	SAC - CA State Prison, Sacramento	12/10/2007	2/4/08	
#2	SATF - CA Substance Abuse Trtmt. Fac.	2/13/2008	4/7/08	
#3	COR - CA State Prisons, Corcoran	2/13/2008	4/7/08	
#4	SQ - San Quentin	3/24/2008	6/23/08	
#5	ISP - Ironwood State Prison	3/31/2008	5/27/08	
#6	CVSP - Chuckawalla Valley State Prison	3/31/2008	5/27/08	
#7	CCC - CA Correctional Center	5/5/2008	6/30/08	
#8	HDSP - High Desert State Prison	5/5/2008	6/30/08	
#9	CIW - California Institute for Women	6/9/2008	8/4/08	
#10	CCWF - Central CA Women's Facility	6/9/2008	8/4/08	
#11	VSPW - Valley State Prison for Women	6/9/2008	8/4/08	
#12	DVI - Deuel Vocational Institute	7/14/2008	9/8/08	
#13	KVSP - Kern Valley State Prison	7/28/2008	10/6/08	
#14	NKSP - North Kern State Prison	7/28/2008	10/6/08	
#15	PVSP - Pleasant Valley State Prison	11/10/2008	1/19/09	
#16	LAC - CA State Prison, Los Angeles	11/10/2008	1/19/09	
#17	SVSP - Salinas Valley State Prison	1/5/2009	3/2/09	
#18	CCI - CA Correctional Institute	1/5/2009	3/2/09	
#19	PBSP - Pelican Bay State Prison	2/2/2009	4/6/09	
#20	ASP - Avenal State Prison	2/9/2009	4/6/09	
Schedule to be determined 12/15/08- Single Phase				
1	CAL - Calipatria State Prison			
2	WSP - Wasco State Prison			
3	CRC - CA Rehabilitation Center			
4	CEN - Centinela State Prison			
5	SCC - Sierra Conservation Center			
6	SOL - CA State Prison, Solano			
7	RJD - RJ Donovan Correctional Facility			
8	CTF - Correctional Training Facility			
9	CIM - CA Institute for Men			
10	CMF - CA Medical Facility			
Schedule yet to be determined - Single Phase - not prioritized				
	SQ - San Quentin			
	CCC - California Correctional Center			
	HDSP - High Desert State Prison			
	FOL - Folsom			
	SAC - CA State Prison, Sacramento			
	COR - CA State Prisons, Corcoran			
	SATF - CA Substance Abuse Trtmt. Fac.			
	CVSP - Chuckawalla Valley State Prison			
	ISP - Ironwood State Prison			
	CIW - California Institute for Women			

Guardian Implemented (phase I or single phase)

Go-Live will always be on a Monday, unless that Monday is a holiday - then it will be Tuesday.
The Kick-off is planned for the "WEEK OF"

Project Name: Mental Health Tracking System (MHTS) Upgrade

Project Executive: Mr John Hagar

Project Sponsor: Dr Marion Chiurazzi and Mr Jamie Mangrum

Project Manager: Carl Block

E-Mail:	carl.block@cdcr.ca.gov		
Phone	916-708-0644	Proj ID:	PRJ039
Start Date:	10/28/08	Est Finish Date:	7/31/09

Solution Vision:

Upgrade the current Mental Health Tracking System (MHTS) to provide improved application stability and multi-user access, plus improved data consistency and real-time reporting.

Project Description:

Complete an upgrade of the Mental Health Tracking System application replacing 32 separate Access databases with a web application and a single centralized database.

Organization Impact:

Streamlined centralized reporting of Mental Health information.

Significantly reduced retyping of mental health records when a patient-inmate transfers to a new institution.

Reduce data corruption from copying current 32 databases

Centralize maintenance of MHTS

Project Purpose:

Upgrade MHTS application to improved technologies to provide central database for future integration with Health Care Scheduling System.

Strategic Plan Objectives:

Primary Goal: 5 Medical Support Infrastructure

Objective: 5.4 Establish Clinical Information Systems

Actions: N/A

Major Milestones

Milestones	Planned	Actual
Project Charter Approved	11/21/08	11/18/08
Requirements Complete	12/19/08	
Design Complete	3/13/09	
Development Complete	5/22/09	
System Test Complete	6/3/09	
User Test Complete	7/8/09	
Training Complete	7/13/09	
Deployment Complete	7/31/09	

Key Work Products:

1. Web forms that replicate legacy MHTS application
2. Database Consolidation
3. User and System Administrator Training

Dependencies:

1. Network Project
2. Data Center Project
3. Maxor Pharmacy Project
4. Strategic Offender Management System

Constraints:

1. Development contract ends 30 Jun 2009 and needs to be extended to 31 July 2009

Risks:

1. Possible scope increase due to vast number of previously un-met user requirements
2. Source data quality (MHTS-Legacy, DDPS, and Keyhea data)
3. Training - 22 of the institutions do not use the latest version of MHTS-Legacy
4. Sufficient internet connectivity at institutions
5. Short time for deployment

Project Team:

- Mr Carl Block - Project Manager
- Dr David Leidner - Mental Health
- Mr Mike Morrison - Mental Health
- MGT of America - Technical Implementers
- Mr Andy Hall - IT Manager
- Ms Tuong-Nga Nguyen - IT Staff Programmer
- Ms Bernadette Serrano - IT Operations

Specific Performance Measures:

1. Operational central database
2. 32 MHTS-Legacy databases converted
3. At least 1 user trained at each institution

Additional Information (Optional):

1. California Medical Facility (CMF) uses FileMaker-Pro instead of MHTS. CMF's database is outside the scope of this project.
2. Several institutions have created extra databases that depend on MHTS. Upgrade of these applications is out of scope.

As of 12/10/09, the MHTS Upgrade project is in the Requirements Definition phase. The implementation team has visited 3 sites (DVI, CMC, and SVSP) to gather requirements. We have also held a focus group with representation from 6 institutions to review requirements. Finally, we created a MHTS User Group, and polled the user group regarding which reports from the legacy system are actually needed by users.

Project Executive Summary

Project Name: Telemedicine Services – Provider On-Boarding

Project ID: PRJ014

Project Executive: Bonnie Noble

Project Sponsor: Jamie Mangrum

Project Manager: Denise Harris

Start Date: 05/08

Estimated Finish Date: 4/09

Updated by: Denise Harris

Receiver's Plan Goal: 5 – Medical Support Infrastructure

Solution Vision:

Expand and improve telemedicine capabilities to improve access to care and to reduce custody and transportation costs.

Project Purpose:

The purpose of this project is to implement a process for on-boarding medical facilities and doctors who wish to provide telemedicine services for California's correctional institutions. This project shall be piloted with Alvarado Hospital, San Diego, California and the following facilities: Ironwood, R.J. Donovan Correctional Facility, Chuckawalla Valley State Prison, Centinela State Prison and Calipatria State Prison.

Organization Impact:

Impacts Office of Telemedicine Services staff and respective Southern Region Institutions participating in the project pilot.

Strategic Plan Objectives:

Primary Goal: 5: Medical Support Infrastructure

Objective: (5.5: Expand and Improve Telemedicine Capabilities)

- By January 2009, have a fully documented process for on-boarding providers
- By February 2009, implement provider on-boarding process with Alvarado Hospital

Project Outcome:

The outcome of this project will result in a streamlined process, administered by the Office of Telemedicine Services, for on-boarding medical providers in an efficient manner.

Deliverables

1. Approved and implemented process for on-boarding medical providers for California Prison Health Care Services
2. Evaluation and recommendations based on pilot results.

Major Milestones

Milestones	Planned	Actual
Approved Project Charter	12/08	
Approved on-boarding process	12/08	
Pilot implementation	01/09	
Pilot closeout and evaluation	04/09	

Dependencies/Constraints

1. Telemedicine provision included in Alvarado contract

Project Core Team Members

Team Members	Role
Bonnie Noble	Project Executive
Jamie Mangrum	CPHCS CIO
Denise Harris	Project Manager
Linda McKenney	Business Sponsor
Unrika Simon-McCaulley	Subject Matter Expert
Annie Brennan	Scheduler

Key Work Products

1. Project Charter
2. On-Boarding Guidelines
3. Updated Office of Telemedicine Services Program Manual
4. Monthly performance reports
5. Evaluation and recommendations for Pilot

Specific Performance Measures

1. Increased number of specialty services provided
2. Expanded provider network
3. Reduced per patient seen cost
4. Reduced patient backlog by Institution

Issues

1. Lacking permanent Office of Telemedicine management team
2. Staffing shortages

This project is in the planning phase. We are prepared to move forward now that Bonnie Noble is the new Program Manager and Linda McKenny has been hired as the manager of the Office of Telemedicine Services.

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Project Name: Voice Over Internet Protocol (VoIP) and Unified Messaging

Project Executive: Jamie Mangrum

Project Sponsor: Jamie Mangrum, Liana Bailey-Crimmins

Project Manager: Doug Williams

E-Mail:	Doug.Williams@cdcr@ca.gov		
Phone	916.956.8120	Proj ID:	PRJ068
Start Date:	11/3/08	Est Finish Date:	12/31/09

Solution Vision:

Migration of existing CPHCS staff within CDCR to the new VoIP network infrastructure and support for new CPHCS staff, connectivity to VoIP network.

Project Description:

CPHCS is implementing a new medical-grade data center to support the CPHCS network infrastructure consisting of Headquarters and thirty-three (33) adult institutions. The VoIP Project will migrate existing CPHCS staff to the new VoIP network infrastructure and provide support for new CPHCS staff.

Organization Impact:

Impacts all existing CPHCS staff and affected portions of CDCR. During the migration, CPHCS staff will continue to use the CDCR legacy voice network until they are migrated "cutover" to the new VoIP platform.

Project Purpose:

The VoIP Project is a downstream component of the initiative to implement a new medical-grade data center for existing and future CPHCS, staff, hardware, and applications.

Strategic Plan Objectives:

Primary Goal: 5. Medical Support Infrastructure

Major Milestones

Milestones	Planned	Actual
Project Charter completed and approved	Jan 09	
SOW completed and approved	Jan 09	

Major Milestones Continued:

Milestones	Planned	Actual
VoIP design and project plan	Feb 09	
Begin VoIP deployment	April 09	

Key Work Products:

1. Project Charter
2. VoIP SOW
3. VoIP design documents
4. VoIP project plan
5. VoIP deployment plan and schedule

Dependencies:

1. Senior Management decision on Global VoIP dependency issues.
2. Approval to deploy VoIP as a stand alone system at selected sites.
3. Torrance Data Center up and running
4. Healthcare IT network deployed to all sites

Constraints:

1. All Data Center and Network Infrastructure prerequisites.

Risks:

1. Lack of participation and allocation of CDCR EIS staff and/or lack of cooperation from Institutional management could result in failure to meet estimated project completion schedule
2. Failure to properly identify all CPHCS locations for migration could result in failure to meet VoIP Project Scope

Project Team:

The core VoIP Project team is comprised of CPHCS executives, managers, and technical support staff; project management consultant and technical advisor (subject matter expert). Experts from CDCR EIS and other areas supplement the core team as needed.

Specific Performance Measures:

1. 100% of CPHCS network locations migrated successfully.
2. No loss of critical connectivity between CPHCS and CDCR locations at institutions.

Additional Information:

The Voice Over Internet Protocol (VoIP) and Unified Messaging Project is a downstream component of the initiative to implement a new medical-grade data center and IT network for existing and future CPHCS, staff, hardware, and applications.

Often referred to as “VoIP” the Voice Over Internet Protocol (VoIP) and Unified Messaging Project is in the Initiation Phase and currently concerned with developing project SOW and identifying start-up activities. The Project Charter will be crafted for review in January. The Project Plan, Deployment Plan and Schedule will be developed in a cascade fashion once SOW is approved.

Receiver's Turnaround Plan of Action

Goal 6

Project Name: 10K Bed – Administrative Support Facilities (ASF)

Project Executive: John Hagar

Project Sponsor: Steve Cambra

Project Lead: David Runnels

Project Manager: Mitch Vaden

E-Mail: mitch.vaden@cdcr.ca.gov

Phone 916-764-4485 **Proj ID:** PRJ078

Start Date: November 2008 **Est Finish Date:** March 2009

Solution Vision:

Activate seven Prison Health Care Facilities (10,000 Beds), in support of Goal # 6 of the Receiver’s Turn Around Plan of Action.

Expand administrative, clinical and housing facilities to serve up to 10,000 patient-inmates with medical and/or mental health needs.

Project Description:

Develop a Service Delivery Program Model and identify the Organizational and Staffing Design necessary to support seven new California Prison Health Care facilities. Work closely with the Joint Venture Integrated Project Delivery (JV-IPD) Teams to develop a facility design that will support the mission of the California Prison Health Care Receivership.

Organization Impact:

1. Defined Facility Design.
2. Defined Facility Staffing Plan.
3. Provide information needed by the JV-IPD Teams to complete the facility design.

Project Purpose:

Provide Service Delivery Program Model and Organizational staffing Model to allow activation of 10,000 Beds in seven facilities on time, within budget and scope.

Strategic Plan Objectives:

Primary Goal: 6: Clinical, Administrative Housing

Objective: Manage and Report on the activation tasks

Actions: Plan, Monitor and Report

Major Milestones

Milestones	Planned	Actual
Complete “Staffing Level” Coordination for Master Schedule	12/12/08	
Complete Preliminary Staffing Review	12/15/08	

Complete Analysis and Receive Decision on:	12/19/08	
<ul style="list-style-type: none"> • Facility Elevator • Firing Range • Patient Property • Radio Frequency ID 		
Evaluate Procurement Strategic Plan	12/31/08	
Complete Warehouse Design Review	12/31/08	
Complete Food Service Process	12/31/08	
Complete Model Facility Staffing Plan	02/15/09	
Complete Final Prototypical Facility Staffing Plan	03/01/09	
90-Day Project Closure	03/15/09	

Key Work Products:

1. Action Plan/Schedule for the completion of work products.
2. Action Item Tracking Tool.
3. Risk and Issues Tracking Tool.

Dependencies:

1. Leadership Decisions.
2. Staffing/Resource.

Constraints:

1. Aggressive schedule/timeframes

Risks:

1. TBD

Project Team:

Sponsor: Steve Cambra
 Team Lead: Dave Runnels
 Assistant Team Lead: Lisa Heintz
 Project Manager: Mitch Vaden
 Owner Rep.: Michael Bean
 Owner Rep.: Tom Felker
 HR Lead: Karen Coffee
 Procurement Lead: Susan Lew
 IT Lead: David Noronha

Specific Performance Measures:

1. Milestones, activities and task deliverables:
 - Facility Design,
 - Staffing Plan.

Current Lifecycle Status:

The Administrative Support Services and Facilities project is currently in the Planning phase of the project lifecycle. We are on schedule to complete the milestones specified above. Tasks and deliverables completed to date include:

- Documented ASF Team Charter
- Identified potential design impact areas-assigned team leaders
- Completed mandatory review of FPS Version 2
- Assessed and identified FPS areas with design/space/operational impact
- Assigned/obtained resources to address all impact areas.
- Developed/submitted Whitepapers to Leadership for review/decision
- Documented all Leadership recommendations and communicated to IPD
- Completed red line comparison of FPS Version 2 and 3
- Completed November action plans for remaining 90-day deliverables

In addition, the ASF Team has assessed and identified Facility Program Statement (FPS) areas with design, space or operational impacts, and submitted recommendation white papers to leadership for decision. The team has received decisions on the following facility design areas:

- Plant Maintenance
- Mails Services
- Food Service
- Fire Protection
- Security Perimeter
- Entrance Building
- Administration Building
- Visiting Room Location
- Central Control Location
- Fleet Management

Executive Project Data Sheet

Project ID: 10K Bed IT project: PRJ064

Project Executive: Jamie Mangrum

Project Sponsor: David Noronha

Project Manager: Fred Eichstaedt

E-Mail:	Fred.Eichstaedt@cdcr.ca.gov		
Phone	(916) 764-4749	Proj ID:	PRJ064
Start Date:	Jan. 2009	Est Finish Date:	2013

Solution Vision:

The 10K bed program is designing, building and activating seven hospital facilities that will house 10,000 patient inmates in support of Goal # 6 of the Receiver's Turn Around Plan of Action. The 10K Bed IT Activation Project, together with other 10K bed partners and stakeholders is developing an IT program that will support all the IT application, infrastructure and operational needs of the seven hospitals.

Expand administrative, clinical and housing facilities to serve up to 10,000 patient-inmates with medical and/or mental health needs.

Project Description:

Definition, management and reporting on the tasks, activities and projects for the IT activation of 10,000 beds. Gather requirements from all end users of the new facilities ensuring fitness for use and within planned budgets. Perform gap analyses and when needed supplement the project with sub-projects providing a complete and successful implementation of the hospital IT systems.

Strategic Plan Objectives:

Primary Goal: 6: Clinical, Administrative Housing

Objective: Manage and Report on the activation tasks

Actions: Plan, Monitor and Report

Major Milestones

Milestones	Planned
Project requirements gathering	Jan. 2009
Selection of Vendor / Applications	Feb. 2009
Establish Project Schedule and develop project management plans	Jan. 2009
Develop detailed project schedule.	Feb. 2009
Activation of the First Facility	Feb. 2011
Activation of the Second Facility	Apr. 2011
Activation of the Third Facility	Jul. 2011
Activation of the Fourth Facility	Jan. 2012
Activation of the Fifth Facility	Jun. 2012
Conduct Learning Sessions	

As of: December 15, 2008

Key Project Work Products

1. Fully documented list of IT requirements for the seven new facilities

Dependencies/Constraints

1. Project budgeting timetables.
2. Aggressive schedule and timeframes
3. Staffing and Resource availability.

Risks:

1. Funding
2. Needs of the facilities over or under the needs of Receivers "Turn Around Plan of Action"
3. Scope / Focus

Project Core Team Members

Team Members	Role
Jamie Mangrum	Executive Sponsor
David Noronha	Program Development
Dennis Hirning	Program Development
Fred Eichstaedt	Project Manager
Dave Winters	Infrastructure Lead
William Roush	Records Coordinator
Staff ISA	Application Lead
Bonnie Noble	Medical & Ancillary Services
Amy Rassen	Nursing / Medical / LTC
Dave Runnels	Security and Transportation
Lisa Heintz	Security and Transportation
Wendy Stills	Recidivism Rehab.
Paul Carlisle	Physical Rehab.
Michael Barks	Dental

Specific Performance Measures:

1. Project in compliance with Goal # 6 of the Receiver's Turn around Plan of Action.

Expand administrative, clinical and housing facilities to serve up to 10,000 patient-inmates with medical and/or mental health needs.

Additional Information (Optional):

This project is unique from the others; most of the IT requirements for the seven new hospitals are being met with projects currently in progress in the 33 institutions. However as the meetings currently in process with our 10K bed champions bear fruit; we may see gaps between what is installed in the existing institutions and what is needed in the new hospitals. We may need to deploy new projects, modify existing projects, or modify customer expectations. This project is currently in very early stages of the Initiation life cycle. The following activities are currently in progress;

- New employee orientation, peer networking, team kickoff and development.
- Project realization and objective creation.
- Project requirement gathering
- Updating project applications and prison end user expectation matrix, defining gaps, customers, and project owners.
- Project definition
- Schedule development

Project Name: Site Activations, 33 Existing

Project Executive: John Hagar

Project Sponsor: Richard Kirkland

Project Manager: Stephen M. Haag

E-Mail: Stephen.haag@cdcr.ca.gov

Phone	(916) 323-4226	Proj ID:	
Start Date:	November 2008	Est Finish Date:	January 2012

Solution Vision:

Ensure a safe, predictable, effective transition from construction activities to health care delivery operations at each of CDCR's 33 existing adult institutions.

Project Description:

Activation planning is the process of defining, developing and executing activities associated with opening, moving into and initiating health care delivery at the new or renovated health care facilities.

Organization Impact:

Major impact on institutional personnel due to the level of planning and detail necessary to ensure a safe, predictable, effective transition to occupancy and health care delivery operations.

Project Purpose:

Develop detailed site specific activation plans for occupancy and transition to health care delivery operations at each of CDCR's 33 institution locations.

Strategic Plan Objectives:

Primary Goal: 6. Provide for Necessary Clinical, Administrative and Housing Facilities.

Objective: 6.1 Upgrade administrative and clinical facilities at each of CDCR's 33 Institution locations to provide patient-inmates with appropriate access to care. Objective: 6.3 Complete Construction at San Quentin State Institution.

Actions: Plan, Monitor, and Report on the development of activation plans at each of CDCR's 33 Institution locations.

Major Milestones

Milestones	Planned	Actual
Complete San Quentin Activation	12/01/2009	
Complete Avenal, Mule Creek, and 8 other sites TBD.	12/31/2010	
Complete balance of sites TBD	12/31/2011	

Key Work Products:

1. Activation plan for each of CDCR's 33 existing locations.
2. Schedule of activations for each of CDCR's existing locations.
3. Schedule and Milestone Management

Dependencies:

1. Assessments and planning activities for program and construction is completed.
 2. Availability of dedicated activation staff at project sites.
- Construction activities remain on schedule.

Constraints:

1. Continued project funding

Risks:

1. Not enforcing the transition from design and construction to activation/health care delivery at the new facility.
2. Eighteen to twenty-four month lead times are the norm. We have substantially less time/site.
3. Availability of dedicated staff at the project sites.
4. Resource requirements are not yet fully identified.

Project Team:

The core project team is comprised of:

Richard Kirkland – Project Sponsor
 Lorretta Fine – Deputy Director of Activation Planning
 Stephen Haag – Project Manager

Executives, managers, technical support staff, and other site specific contributors support the core team and required.

Specific Performance Measures:

1. On-time transition to operations at each of CDCR's 33 existing adult institutions.
2. Successful mitigation of risks.

Additional Information (Optional):

1. An ancillary goal is to boilerplate the task lists and activation plans as much as possible early in the site selections to reduce the impacts and refine the processes moving toward completion of 33 sites.

This project is in the very beginning of the initiation lifecycle stage. The Associate Director of Activation Planning has been brought on board. Construction is in progress at San Quentin and initial contacts have been made with local representatives at the site. The outer building envelope is nearly weather tight. Construction is estimated to be complete by the end of 2009. Initial requirements planning and project tracking for the creation of the SQ activation plan are in development at the very beginning stages.

APPENDIX 33



The **TURNAROUND** Lifeline

California Prison Health Care Services

INSIDE THIS ISSUE

Historic Contempt Hearing Over Failure to Fund 10k Beds	1
CPHCS Prestige Heightened Chang-Ha becomes 3rd Fellow	1
▲ Above and Beyond ▶ Block Scheduling & Communication Keys to Custody/Clinical Partnerships	2
Receiver's Corner: Steady Progress Marked	2
Death Rates Down Statewide Media Takes Notice	3
San Quentin: Permanent Health Facility to Open Summer 2009	3
Important Personnel Message Open Enrollment Ends Soon	3
American Pharmacists Month What Guardian RX means to you	4

Stage Set for Historic Contempt Hearing in October Receiver Addresses Governor's Opposition to Motion



The stage is set for an historic legal hearing in San Francisco, between Federal Prison Health Care Receiver J. Clark Kelso and California State Governor Arnold Schwarzenegger and Controller John Chiang. Kelso has asked the Federal Judge that appointed him Receiver, Judge Thelton Henderson, to hold the Governor and Controller in contempt of Court because the State has not come up with a plan to fund the Receiver's \$8 billion plan to build the 10,000 beds that are central to his court-approved Turnaround Plan of Action. As the Defendants in the *Plata* lawsuit, the Governor and Controller have the responsibility to find funding for Kelso's plan to fix the health care system in California Prisons. The State of California has been judged in violation of U.S. Constitutional protections against "cruel and unusual punishment" because of the lack of access inmates have to health care. The Governor had previously asked the Receivership to seek legislative funding, however, the lawmakers have now failed to pass funding legislation four times by narrow partisan margins. Recently, Attorney General G. Edmund Brown filed a brief opposing the contempt motion on behalf of the Governor and Controller. Kelso's attorneys issued a reply. In regards to the failed legislation, the reply states that if legislation is the Defendants' preferred funding method, "then one would have expected them to move heaven and earth to encourage the legislature to authorize such fund-

ing. Defendants have offered no evidence to show that they have made any effort to cause the legislature to act." The Attorney General's opposition brief also states that the scope and projected cost of the Receiver's construction project has taken the Governor and Controller by surprise. Kelso's brief replies, "for roughly two years, State representatives have been working closely with the Receiver's staff to plan and develop the very projects that Defendants now claim are so startling in scope and cost." "Without so much as a whisper of an objection from Defendants," add Kelso's lawyer, "Judge Thelton Henderson's Court specifically approved the capital projects *and their estimated cost* when it ruled that the Receiver's Turnaround Plan of Action is the "plan for moving this case forward." The reply adds, "Defendants and the Attorney General have relied upon the Receiver's plans as a basis for contesting the overcrowding claim in the three-judge panel proceeding. Just last week, a Deputy Attorney General filed a declaration arguing that improvements are being made in the delivery of health care, notwithstanding overcrowding in the prisons. The defendants cannot have it both ways. They cannot rely upon the Receiver's construction plans in one set of proceedings, but seek to challenge those same plans in another proceeding." The Hearing is scheduled in Judge Henderson's courtroom on October 6, 2008.



Do you know?

As of August 2008, approximately 89 percent of all nursing and physician positions statewide are filled. Some institutions are doing better than others; however, we are well within reach of the Receiver's goal of having 90 percent of nursing and physician positions filled statewide by January 2009.



(L to R: Betsy Chang-Ha, Paul Carlisle & Dwight Winslow)

CPHCS Grows in Prestige Chang-Ha: 3rd CPHCS Leader to be Awarded Fellowship

CPHCS Chief Nurse Executive Betsy Chang-Ha has been selected for a Fellowship in Cohort 8 of the Center for the Health Professions Health Care Leadership Program at the University of California, San Francisco. She is the third CPHCS executive to be accepted in to the prestigious year-long leadership program. CPHCS Chief Executive Officer Terry Hill says Chang-Ha's selection speaks well of the entire department. "It's recognition on the part of the mainstream Health Care Leadership that the population

we serve is an important one and that prisons are a vital part of the Health Care Safety net." Chang-Ha joins past fellows Dr. Dwight Winslow, Chief Physician Executive, and Dr. Paul Carlisle, Chief of Rehabilitation, as the three CPHCS leaders who have been selected for the fellowship. "The fact that we have three current or past fellows documents that we are actively involved with the best and the brightest health care change agents in the State and that we are considered among the group of leaders in the medical field." explained Dr. Hill.

"We are we, regardless of discipline."

Block Scheduling & Open Communication Create Successful Custody/Clinical Staff Relationships



(Left to Right) Captain Gerard Brochu and Special Services Nurse Diane Oblonsky from CCI Tehachapi Coordinate Block Scheduling. Nurse Dixie Harper and Captain Brian Jones enjoy excellent communication at Mule Creek State Prison.

Captain Gerard Brochu, Special Services Nurse Diane Oblonsky, and Nurse Consultant Deborah Roberts are credited with having made big changes in the way Custody Officers and the Clinical Staff work together to increase the access to medical care for inmates at the California Correctional Institution in Tehachapi. Captain Brochu came up with a simple idea that's yielding far-reaching results. He calls it the Block Schedule. "People used to tell me, we need more vans. I said, we don't need more vans, we need to use them better." That's just what they did. Instead of just faxing doctor's offices for inmate's appointments, waiting for the doctor's office to set the date and time, and just sending one inmate in each

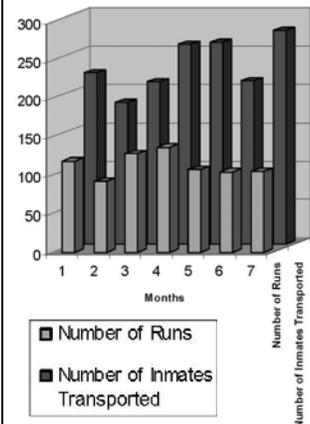
van to a single appointment, they called the Doctor's offices and coordinated blocks of time for multiple inmate appointments. "We went from sending out 1 inmate out in each of 15 trips, to sending out 15 inmates on just one trip." The result was eye-opening. As the chart on the right shows, CCI Tehachapi went from making 125 trips for servicing 210 inmates, to just little more than just 80 trips for almost 300 inmate appointments.

Another successful relationship between custody officers and clinical personnel can be found at Mule Creek State Prison. There, it's also all about teamwork, mutual respect

and communication. Director of Nursing Carolyn Clark, an 11-year veteran says it starts at the top. "I commend our Warden for communicating to custody staff that inmate-patient access to care is a shared responsibility." Facility Captain Marc Kaplan agrees. He's never seen better communication and cooperation between custody and medical staff than at MCSP. He should know. He's a veteran of more than 24 years and he's been to almost every institution within the Department. Nurse Clark adds, "I believe the reason a good working relationship exists between custody and medical at MCSP is because no matter what the goal, the issue or the new program we are tasked with, we tackle it as a team through collaboration in planning and decision making. Medical cannot succeed in inmate-patient care without custody buy-in and support." Carolyn says it's paying off with "enhanced access to medical care for the inmate-patient populations, enhanced safety for everybody and a more rewarding work experience for the staff in being part of a team." Health Care Manager Terri Weinhold is a 10-year veteran of MCSP. She says everyone shares in the Medical Team's mission. The warden includes

me in his daily briefings. The benefits of the open communication are being knowledgeable of upcoming changes, being able to handle issues and barriers at the local level more efficiently and effectively, and improved employee morale." Captain Kaplan says their formula for success can also be summed up simply. "We are we, regardless of discipline. Our obligation is to protect the public safety and public health, which is mutually dependent, not exclusive."

CCI Tehachapi: Coordination Yields More Inmates Transported With Fewer Runs



THE RECEIVER'S CORNER: STEADY PROGRESS IS EVIDENT

By J. Clark Kelso

The Receivership recently filed its Ninth Quarterly report with the federal courts, and the report is chock full of good news about our progress on virtually all objectives in our Turn-around Plan of Action. The highlights include:

- *Success in recruitment and training of clinical personnel. We are ahead of schedule concerning our goal of filling 90% of clinical positions with state employees.

- *Steady progress in all of our major medical program initiatives, including redesign of sick call (on track for completion by July 2009), improvements in

our chronic care system (with work starting at six pilot institutions: Folsom, Mule Creek, CWF, CMC, CIW and RJD), and standardization of the emergency response system. We recently hired a Chief Medical Officer to establish and administer a new Utilization Management Program.

- * All major information technology projects are still on schedule and within scope and budget, including the medical scheduling and tracking system, CDCR's BIS project and the foundational project to establish a central medical data repository. We

have brought on board a consultant to assist in bringing order to the medical records system.

Construction at San Quentin is *ahead of schedule and under budget!*

We are seeing more than just a list of accomplishments. We are seeing results. Our review of prisoner deaths shows that the rate of deaths per 100,000 is down *eighteen percent* from what it was in 2006. That means you are not just seeing an improved medical system being built around you, but each one of you is directly

contributing to better health outcomes for our patients. This reduction is particularly gratifying.

My friends, this is a remarkable list of accomplishments. I said several months ago, shortly after the Turn-around Plan of Action was approved by the court, that we were now entering the implementation phase. I did not fully appreciate then just how much we actually were going to accomplish so quickly. Each of you is doing your part to make this rapid transformation and turnaround come true.

Death Rates Decline Significantly Statewide Media Takes Notice of Improvement

The headlines told the story.

Los Angeles Times

"Inmate Death Rate Drops 30% in State Prisons"

Associated Press

"The rate at which inmates are dying in California prisons is dropping, a possible result of a federal takeover of the medical system."

While many problems of the California prison medical delivery system continue, and more remedial work (including the dire need for ade-

quate treatment space for chronically ill prisoners) is needed, there are, for the first time, indications that elements of the Turnaround Plan of Action, including the addition of clinical staff, are having a positive impact on prisoner deaths. The prisoner death rate in California's prisons has trended downward for the last 10 quarters. A more comprehensive study is due to be released in November. For more information and supporting documents on this topic please go to: <http://cphcs.ca.gov/> and click on 9th Quarterly Report.

San Quentin's New, 6-story Health Care Services Building to Replace Modulars in Summer '09

Staff and inmates at San Quentin, California's oldest prison, have watched with anticipation over the past months as the new Health Care Services Building rises up, floor by floor, before their eyes. In the next six weeks, with the steel framing complete, walls will start to enclose the structure. But the steel frame and walls are only a part of the story. Now that the walls are going up, you will not be able to see all of the work that must go into getting the building ready to use. Significant work must still be done on the inside of the building. It is likely that the doors will open in summer of 2009 replacing the recently opened modulars. Here's a rundown of what needs to be done: 1) Wiring: A health care facility like this one is full of high-tech equipment

that requires miles of cabling. 2) Interior space build out: All manner of exam rooms, labs, radiology space, offices, dental rooms and other such facilities need to be constructed. 3) Plumbing: Piping in, piping out. It's already started, but your average medical facility needs more than most regular buildings. 4) Elevators: This will be a six story building, so elevators are a must.

Creating laboratory testing and radiology space takes considerably more time and expertise than a regular exam room. When the building opens, there will be 75 medical beds, 8 dental chairs, numerous doctors' exam rooms – all contained in 138,000 square feet. For staff and inmates at San Quentin, you can expect a more comprehensive update on construction pro-

New Hotline Helps Inmates' Families Cope with Worry

Sara Gates uses one word to describe her job in Sacramento's Controlled Correspondence and Litigation Management Unit: *busy*. "There is something to do every day all day long. It's the same procedure, just with different issues" she explained. Sara is one of the analysts in her unit who deals with the large amount of health care-related correspondence that is mailed to their office on a daily basis. "We receive letters about *everything* – from an inmate with an ingrown toenail to an inmate who has cancer." Sara will soon be responsible not only for processing the written correspondence but also for responding to calls from the newly established Inmate Health Care Inquiry Hotline. The hotline is an outlet for family members or advocates to call regarding individual inmate-patient's medical care. Unit staff screen the messages from the Hotline and provide acknowledgement phone calls back to the caller within 48 hours. Responding to the specific issue is then assigned to an analyst, such as Sara, to review and begin the investigation process. The analysts have a 5-business day turnaround time to get back to the caller with their findings. Sara's workdays are undoubtedly busy, and she provides an important service to inmate-patients and their families. A job she takes great pride in.

Personnel Team: Time Running Out for Open Enrollment **OCTOBER 10TH MARKS DEADLINE FOR SIGN UPS OR CHANGES**

Open Enrollment for Health, Dental, Flex-Elect, and Consolidated Benefits (Co-Ben) is September 15, 2008 through October 10, 2008. If you want to enroll in these benefit programs, or make a change to your current enrollment, contact your Personnel Office for the necessary forms. The HBD-12 Health Enrollment Authorization form may be accessed at www.calpers.ca.gov under the forms directory. The STD. 692 Dental Plan Authorization form, FlexElect Brochure and Consolidated Brochure may be accessed at www.dpa.ca.gov.

Open Enrollment forms must be signed and submitted to your Personnel Office no later than October 10, 2008. All open enrollment actions will be effective January 1,

2009. You don't need to submit anything if you're not making any changes in your dental coverage or cash options. Permanent intermittent employees who want to continue receiving the cash option must re-enroll. If you have a FlexElect reimbursement account and want to participate again next year, you need to re-enroll during open enrollment. If you enroll in a Flex-Elect reimbursement Account, FlexElect Cash Option, or CoBen Cash Option during the open enrollment period, or if you are automatically re-enrolled in the FlexElect/ Coben Cash Option, you have until December 31, 2008 to cancel your enrollment or make changes. If you are enrolling in FlexElect Cash Option or Co-Ben Cash

Option for the first time and have a Health or Dental plan in place, you must submit cancellation of the Health and Dental with the enrollment as a package. If you are two married state employees electing these types of changes, the agency whose employee is electing the FlexElect Cash Option or CoBen Cash should coordinate the changes and submit the changes as a package to the State Controller's Office. If you have any questions regarding Open Enrollment, Please contact your respective Personnel Office.





We're on the Web at:

www.cphcs.ca.gov

RECEIVERSHIP'S MISSION

Reduce unnecessary morbidity and mortality and protect public health by providing patient-inmates timely access to safe, effective and efficient medical care, and coordinate the delivery of medical care with mental health, dental and disability programs.

CALIFORNIA PRISON HEALTH CARE SERVICES

P.O. Box 4038

Sacramento, CA 95812-4038

Phone: 916-323-1923

STORY IDEAS, COMMENTS, OR QUESTIONS: lifeline@cdcr.ca.gov

RECRUITMENT : DO YOU KNOW SOMEONE INTERESTED IN JOINING OUR HEALTH CARE TEAM?

[Website: ChangingPrisonHealthCare.org](http://ChangingPrisonHealthCare.org)

Phone: 1-877-793-HIRE (4473)

Guardian Rx Implementation at Halfway Point Full Conversion Expected by December 2009



A new pharmacy system (Guardian Rx) is being installed in the California Prison Health Care Services system to replace the antiquated PPTS system. The conversion to the new system includes a lengthy, multidisciplinary effort including training before, during and after "go-live," as well as several weeks of facility assessment, process improvement meetings and efforts to standardize key aspects of the medication management process at each facility.

The advantages of moving to the new operating system are numerous and include contributing to

the CPHCS goals associated with enhanced patient safety, better continuity of care, and increased access to prescription information, as well as resulting in improved operational processes, meeting regulatory and practice standard requirements, and providing for more accountable inventory control. Examples of improvements begin with the move to a system that is enterprise based. This means the medication profile information is available at all sites in real time allowing prescribers, nurses and pharmacy staff to access the patient medication information and history immediately

when inmate patients move between prisons. It also allows the immediate printing of medication reconciliation forms and other reports to support patient care. The new system meets regulatory and practice standard requirements, and, allows pharmacists and technicians to be supported with drug interaction and allergy flags and bar code checks to assure the correct product is selected, resulting in safer medication processes. Inventory is tracked and a manifest is provided allowing nursing staff to know what they received upon delivery. The system creates a clinical review allowing pharmacists to properly assess the patient medication prior to filling new orders and to provide a safety review and feedback to prescribers when appropriate. The system provides the pharmacist a product description and, in most cases, a picture of the product, to assist them in completing the final safety check before dispensing. The new system is also a key element in allowing facilities to access the central fill pharmacy due to open in 2009.

Unlike PPTS, the new system includes a new level of user support. There is a centralized Helpdesk for questions, operational

implementation staff (pharmacist managers and nurses) for training and ongoing support, and mechanisms to constantly assess quality to improve the program and functions, thereby meeting the unique needs of CPHCS. The new software and conversion process assists in building the pharmacy infrastructure and standardization of processes necessary to assure quality in medication management, helping move the system forward with the next steps in the court ordered reform. Guardian Rx has been implemented in 15 sites to date and it is anticipated that all sites will have been converted to the new operating system by late 2009.



APPENDIX 34



The TURNAROUND Lifeline

California Prison Health Care Services

INSIDE THIS ISSUE

Major Firepower Receiver Hires Top Litigator	1
Receiver's Corner Justice Will Be Done	1
Do You Know? Medical Transcription Pilot Program	1
▲ Above and Beyond ▲ Avenal's Stellar ADA Team	2
Construction: Pictures Tell Tale of "Classic" Efficiency	2

DO YOU KNOW? Medical Transcription Pilot

Medical Transcription will undergo a pilot program at four institutions for six months beginning March, 2009 in order to try a new centralized method of delivering the service. Under the current program there are 147 medical and mental services transcriber positions. About 25 of those positions remain unfilled. Those vacant positions will be moved to Sacramento and filled in order to pilot the centralized process through which providers dictate their notes into an automated system via the telephone and the transcribers also retrieve those notes by phone.

Meanwhile, the existing medical transcribers at those four facilities will remain in their current positions but may be loaned to other units during the pilot phase of the project. It's expected that a decision will be made in August of 2010 on whether to drop the concept, expand the pilot, or fully adopt the new method. If the pilot is successful and full implementation begins, Human Resources will launch a methodical placement plan consistent with the impacted employees' Memorandum of Understanding and civil service laws and rules. It must be emphasized that there are at least six months before any final decision is made on whether to implement the centralized program on a statewide basis and that it is the goal of the Receivership to implement the most effective transcription program available while minimizing, to the degree possible, any negative impact to current staff.

RECEIVER HIRES ONE OF THE COUNTRY'S TOP LITIGATORS JAMES BROSNAHAN KNOWN FOR SKILL AND EXPERTISE



James Brosnahan, J. Clark Kelso

Federal Receiver for California's Prison Health Care, J. Clark Kelso, a respected law professor himself, has added substantial legal firepower to the team that is litigating his contempt of court hearings against Governor Arnold Schwarzenegger and Controller John Chiang for failing to fund the 10K bed project. Kelso has hired one of the nation's most respected and recognized trial lawyers, James Brosnahan, of the San Francisco based law firm Morrison Foerster. Brosnahan recently concluded a review of the legal proceedings undertaken by the Receiver so far and says the case is on solid legal ground. "I think that the Receiver has a very strong case because of the careful way he has proceeded in Federal Court with each step and receiving a tremendous amount of input and agreement involving all the state agencies going back several years. The record shows there have been no objections to bringing the prisons into compliance with minimum constitutional standards."

Brosnahan would know. *The National Law Journal* listed him as one of the "Top 100 Most Influential Lawyers in America." He literally wrote the book on trying cases in California. His book, the *Trial Handbook for California Lawyers*, was published by Bancroft-Whitney. The Harvard Law School Graduate is the go-to-guy for the most sophisticated legal and corporate minds. He successfully defended a California Appellate Court Justice in disciplinary proceedings and his many successful court trials range from acting as the Lead Prosecutor in the Iran Contra hearings back in the early 1990s to the defense of a global positioning system inventor and the defense of the former Chairperson of Hewlett-Packard. The inductee of the State Bar of California's Hall of Fame, also successfully defended the City of Oakland in the Oakland Raiders litigation in their 5-month jury trial. But although Brosnahan packs mega-wattage in legal star-power, he has agreed to take this historic case for about 40% of his customary fees. "I think there is a need to illuminate prison conditions so that the public realizes we're talking about minimal health care, we're talking about addressing the minimal needs of human beings," he explains. Having served as special counsel to the California Legislature's Joint Subcommittee on Crude Oil Pricing, he is no stranger to the State Capitol, but he seems somewhat surprised at what some are calling the "political" tactics being taken by the Attorney General (A.G.) in defending the Governor and Controller in contempt proceedings. "That requires that the A.G. perform the lawyerly function of representing his clients. It doesn't allow for independent action as though it was only a pending policy matter. Contempt is a very serious problem for any office holder and they deserve, and I hope they will get, the kind of conciliatory representation required in those circumstances," he says. Because Brosnahan and Kelso agree this matter has reached a very serious stage. Brosnahan adds; "We're giving the defendants every chance to comply with Judge Henderson's orders. We want them to do that. We're very hopeful they will do that. But if anyone has to be found in contempt, it will certainly be done... reluctantly."



RECEIVER'S CORNER: JUSTICE WILL BE DONE BY J. CLARK KELSO

You've probably heard about our lawsuit against the Governor and the Controller. Let me share with you my thoughts on this subject.

Politicians being who they are, making politically unpopular decisions – even decisions that are consistent with good policy and law – does not come naturally. Much better to duck a decision today and get elected tomorrow, than to make hard choices that risk rejection at the polls.

Political inertia has been one of the major reasons California's prison system has fallen behind. Being "tough on crime" is politically easy. Not so easy is paying the bills to support the type of prison system that results from being "tough on crime."

I had hoped the combination of multiple Federal Court orders in four different Federal Court lawsuits would bring Sacramento's politicians to the table voluntarily. But horse trading and politics got in the way when Republicans decided they wouldn't vote for our construction program unless they got action on other prison legislation. And the Republican and Democrats deadlocked. I had also hoped, based upon extensive discussions throughout the Spring and Summer, the Administration would join us in taking

action once it became clear that the Legislature was not going to act. Unfortunately, politics seems to have overtaken the Schwarzenegger Administration as well. That's the bad news.

The good news is that Federal Courts are not swayed by politics. Federal judges are independent of the political branches, and they make decisions based on the Constitution and the law, not based upon poll numbers. By filing a motion in Federal Court, I have taken the funding issue out of a political context, and put it into a judicial context. In a judicial context, our case is very strong. We are supported by court findings over a six-year period which detail the prison's unconstitutional health care system, a series of court orders which the State has not opposed, active State participation in planning and designing our construction program, and the reality that we have already spent tens of millions of dollars in construction-related expenses. Ground has already been broken at several prisons where we are making improvements.

I am confident that we will secure the necessary financing. With the Court's help, justice will triumph over political expediency.



We're on the Web at:

www.cphcs.ca.gov

RECEIVERSHIP'S

MISSION

Reduce unnecessary morbidity and mortality and protect public health by providing patient-inmates timely access to safe, effective and efficient medical care, and coordinate the delivery of medical care with mental health, dental and disability programs.

Do you know?

The San Quentin Health Services Building will have 16 dental chairs and 52 beds for care (four of the beds will be equipped with negative pressure to house those needing respiratory isolation.)

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Ten Months Later,



Avenal ADA Team Vastly Improves Service



Avenal's ADA Team: (Left to Right) Maria Barriga and Marcel Salery R.N.

When R.N. Marcel Salery first took the job as Avenal State Prison's Americans with Disabilities Act Nurse, inmates would have to wait several months before getting needed wheelchairs, canes, or crutches. "Things were in complete disarray, no structure, no organization and no procedures to determine how inmates were

supposed to get things. There was no tracking in place to see if inmates had received an item that was ordered," he says. That was ten months ago; now, Nurse Salery beams with pride when he mentions that his two-person team delivers a doctor-issued appliance on the same day that it's ordered almost 50% of the time. "I'm blessed to say my superiors gave me the green light to get us into compliance. It was very stressful at first," he says. So Salery turned to "a lot of education." First, he read and analyzed the judges orders from the *Armstrong v. Schwarzenegger* lawsuit which orders that all state institutions- including prisons, must comply with Americans with Disabilities Act stipulations. With the safety of the custody officers in mind, he also got educated about appliances that can be turned into weapons. Then he went about changing the system the old fashion way. "Basically, go out and talk

to people, I would ask: when he (the provider) writes that order where do you send it?" He found out most orders were being sent to a dead end. He created forms so that orders for disability appliances could be placed, tracked and catalogued. And with the outstanding help of his assistant, Maria Barriga, he turned the ADA office around 180 degrees. "She does an excellent job. She's a hard worker, self motivated, and she takes a lot of personal pride in what she does." Now the team has even devised a tracking system that allows them to spot troubled areas that can delay their service. With their cataloguing system, they can even stockpile appliances for temporary users so that they can service inmates immediately when necessary. Everyone there, it seems, is taking notice. "they say, 'I just ordered it yesterday and I'm already getting it?' It's a good

feeling." He says it's all about helping people, no matter who they are, "you just see them as human beings." After all, he says, regardless of whether it may sound corny or not, "when I became a nurse I did it to help people." That's just what he's doing, and he's doing it so well that the Chief Medical Officer at Avenal, Ellen Greenman M.D. nominated his team as an Above and Beyond Prison Health Care Services featured team of the month. "It feels great to have someone recommend you for something like this. It shows, you're recognized, that you're trying to do your best and that you're doing a good job." Nurse Marcel Salery's goal when he took the job as Avenal's ADA Nurse was to become the best in the state. Many would agree that, 10 months later, he and his team have succeeded.

Efficient New Construction Methods Create Classic Look at San Quentin

Staff and inmates alike are watching in anticipation as the new Health Care Services Building at San Quentin State Prison continues to rise. (A) Pre-cast walls are now being attached to the steel frame – an amazing sight as a crane that stands several hundred foot high swings the massive walls into place. (B) A historic facade of an old building will be integrated into the new structure. This will help maintain the classic look of the building and meet the State of California's preservation requirements. During construction of the new building, health care services for San Quentin are working out of several modular buildings. (C) In a first for this facility, there is dedicated x-ray equipment. This cuts down significantly on having to transport inmates off site for x-rays, saving a tremendous amount of staff time and enhancing patient care.

