



Lifeline

NEWSLETTER

CALIFORNIA PRISON HEALTH CARE SERVICES

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CDCR Files Construction Plan Kelso: 'Extraordinary Milestone'

The California Department of Corrections and Rehabilitation (CDCR), working collaboratively with the Federal Receiver, has filed a detailed long-range **Integrated Strategy Plan**, to provide medical and mental health treatment beds and increase inmate medical and mental health services, in response to the federal court order in *Coleman v Schwarzenegger* and as a part of their response to the three-judge panel. "This is an extraordinary milestone which represents a secured commitment from the state to fund one of the top goals of our turnaround plan." said Federal Receiver J. Clark Kelso.



J. Clark Kelso, Receiver

"We have reviewed all our options carefully and believe that this plan represents a wise and efficient use of state resources" said CDCR Secretary Matthew Cate. As part of those plans, Secretary Cate and Federal Receiver Kelso, have set in motion the construction of a sub-acute medical and mental health care facility, the Northern California Consolidated Care Facility (NCCCF) in Stockton. The overall plan will be funded by bonds made available from Assembly Bill 900, The Public Safety and Offender Rehabilitation Act of 2007.

The plan also includes converting three former juvenile facilities to include medical and mental health beds for adult inmates, adding additional beds to other facilities, and other projects. In total, there are 12 counties with proposed projects in the Integrated Strategy Plan.

Proposed Projects:

Sacramento County / Folsom

- ◆ California State Prison, Sacramento, Enhanced Out-patient Program (EOP) Treatment and Offices
- ◆ Psychiatric Services Unit (PSU) Treatment and Offices

Solano County / Fairfield, Vacaville

- ◆ California Medical Facility, Vacaville – 64 ICF beds, EOP Treatment and Offices
- ◆ 500 bed reentry facility in Fairfield

Marin County

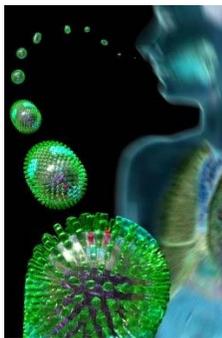
- ◆ San Quentin State Prison – 50 beds, Building 22 Medical / Mental Health (near completion); 24 Bed Medical / Mental Health with CIC/CTC project

San Joaquin County / Stockton

- ◆ Northern California Consolidated Care Facility

MAJOR CAMPAIGN LAUNCHED TO FIGHT THE FLU

This fall, California Prison Health Care Services and the California Department of Corrections and Rehabilitation are embarking on an extensive program to help protect our staff, the communities in which our facilities are located, and our inmates. Our anti-influenza program includes the flu prevention and elimination components listed below:



Mass Influenza Vaccination Program

- Seasonal influenza vaccinations began for inmates and front-line prison employees in early October– mass immunizations to be completed by end of December.
- H1N1 vaccinations offered to all inmates and front line prison employees, beginning with vulnerable at-risk groups as mandated by Centers for Disease Control.

- H1N1 mass immunization schedule to roll out based on federal supply of both nasal spray and flu shot vaccines -- vaccinations to be initiated in November, completed by end of January 2010.

Stay-at-Home Directive

- Joint Memo (9/3/09) to all staff from J. Clark Kelso, Receiver and Matthew L. Cate, CDCR Secretary cites CDC guidelines regarding employees who develop flu-like symptoms:
- Stay home until fever free (< 100 degrees F) for 24 hours without fever-reducing medication, or go home if fever symptoms develop at work.
- Do not go back to work with a fever.
- Seek medical care if short of breath, dehydrated from vomiting or diarrhea, or if you develop complications from underlying medical condition -- but wear a surgical mask if you must go out to public places.

Hand Washing & Cough Etiquette Program

- Mass distribution of "Cover Your Cough" flyers and posters, educational campaigns for front line health care and custody staff.
- Mass distribution of a variety of flyers and posters stressing importance of proper soap and water hand washing after coughing, contact with others, or contact with germ-laden hard surfaces.
- Promotion of the use of alcohol-based hand sanitizers in health care and front-line staff locations, and use in cafeterias, and other inmate loca-

As the workload mounted, they made it work...

Health Care OTLA gets creative to dial back inmate appeals backlog



Office of Third Level Appeals—Health Care: **Front row**, left to right: Marianne Cosby, NCPR; Jean Walker, Chief OTLA; Judy Moore, NCPR; Nancy Warren, HPM II. **2nd row**, left to right: Theresa Matsuura-Kubo, AHPA; Don Beireis, OT; Cathy Ruebusch, NCPR; Priscilla Perez, HPS; Wendy Feichter, HPM II; Arlene Guerra, HPS; Darlene Gant, HPS; Sharon Simas, SSM II; Jill Cortez, HPS; Amanda Chacon, AHPA. **Back row**, left to right: Crystal Blount, HPS; Mary Wells, OT; Andy Livingston, NCPR; Rudy Garza, HPS; Dean Falltrick, HPAS. **Not pictured**: Dr. Tamara Robinson; Bob Keller, HPS; Christina Chinn; Carissa Desmangles, OT; Susan Burnett Hampson, NCPR; Nan Clark, NCPR; Diane Dineen, NCPR; Joyce Lofton, NCPR; Catherine Portman, NCPR and Dakila Cabrera, SSA; Anne Rico, SSM III.

In California, an inmate has the right to appeal any decision, action, condition, or policy that he or she feels has an adverse effect upon their welfare while incarcerated. This appeal process is an important part of the Turnaround Plan of Action, but it sure does create a lot of work. Enter the CPHCS Office of Third Level Appeals (OTLA).

The OTLA for health care was created in August of 2008 in response to the Turnaround Plan of Action's objective to centralize management over all patient-inmate health care appeals. All appeals are initially submitted to their institution's Health Care Appeals Office to begin the process, but if the patient-inmate is not satisfied with the response they receive at the institutional level, they can submit their appeal to the OTLA for a final decision. Not surprisingly, the OTLA deals with a lot of appeals each month, and that number has grown ever since the office was established.

Previous to the inception of the health care OTLA, Third Level health care appeals were responded to by CDCR custody staff at headquarters without the input of clinicians. Now, when the Third Level appeals are screened for submission criteria and specific health care issues, clinicians review relevant portions of patient-inmate medical records to determine if the decisions made at the institution level should be upheld or overturned. Typically, the OTLA receives between 900 and 1000 new Third Level health care appeals every month from patient-inmates at California's state, out-of-state, and community correctional facilities. According to Jean Walker, Chief of OTLA, this number is about three times more than was expected when the office was first established. Despite the best efforts of dedicated staff, within a few months it became clear that significantly more appeals were coming in every month than going out. Something

had to change. To help alleviate the appeals backlog that developed with the increasing workload, the OTLA established a new "strike-team" approach to knock out especially large backlogs at certain institutions. This new procedure involves OTLA analysts and loaned Clinical Support Unit doctors working on-site at an institution for a week to expedite appeal responses. The OTLA regularly works closely with institution staff who provide specific medical information contained in patient-inmate medical records to the OTLA, but even though they work well together, having to communicate between headquarters and the institutions is not ideal. The "strike teams" are effective and efficient because they have the added advantage of being in the same location as the relevant health care records and clinical staff pertaining to their appeals. "We just finished our first strike team effort at High Desert State Prison and were able to perform clinical reviews on 77 appeals," reports Walker. "We will continue to pursue the strike team concept at those institutions with historically high numbers of pending Third Level appeals." The next few locations tentatively targeted for "strike team" visits are PVSP, CSP-Corcoran, and SATF.

In creating their strike team, OTLA "borrowed" several staff from other units and worked extra hours to combat the constant stream of appeals that had previously been piling up around them. Rudy Garza, Health Program Specialist with the OTLA, described the dedication of staff in addressing the appeals workload and the general positive attitude of the unit: "There were days when some people would come in early and still be there when we left in the evening. Everybody just wants to accomplish our goal of ensuring a constitutional level of care for the inmates by getting through these appeals." He went on to say "the whole unit works well together. Normally, the chances of getting an entire group of only good people is pretty low, but we seem to have gotten lucky." Clinical leaders around CPHCS are noticing the effort. Dr. Bick, Chief Deputy of Clinical Services at California Medical Facility (CMF), recently wrote the Receiver's Office with praise for the quality of the responses. "These cases are



"the staff spend a significant amount of time researching the issues involved and endeavoring to balance patient rights, medical necessities, and various court mandates when preparing their responses. My staff and I are very appreciative of the time and effort that goes into these responses." - Dr. Joseph Bick

typically quite medically complex," he said. "It is clear that the staff spend a significant amount of time researching the issues involved and endeavoring to balance patient rights, medical necessities, and various court mandates when preparing their responses. My staff and I are very appreciative of the time and effort that goes into these responses."

Thanks to the dedicated efforts of staff and new creative management strategies, the appeals backlog is now beginning to diminish. In October of this year, for the first time since its inception, the health care OTLA processed and completed more appeals than it received. Congratulations to all involved for the great strides in improving the responsiveness of the OTLA.



Lifeline

Special H1N1 Pull-out Section CALIFORNIA PRISON HEALTH CARE SERVICES

The H1N1 virus is cause for worldwide pandemic concerns this season. The California Prison Health Care Services, Division of Public Health teamed up with the Communications Department to produce this special pull-out section for CPHCS/CDCR Staff and related agencies. The special insert includes an English/Spanish Poster for visitor areas with a list of flu symptoms and the special hotline number. We also remind everyone of the basics for staying healthy : **EAT WELL * REST * EXERCISE * STAY INFORMED**

GET VACCINATED!



Both seasonal and 2009 H1N1 vaccines are crucial. Depending on supplies and distribution, choose the **EARLIEST** source of vaccine for flu immunization: your

health care provider, pharmacy, or CDCR workplace (for front-line prison staff only).

Make sure everyone in your family over 6 months old is vaccinated with both vaccines – children 9 years old and younger will need three vaccinations (one seasonal, and two for 2009 H1N1, spaced four weeks apart).



COVER YOUR COUGH, COUGH INTO YOUR SLEEVE!

Cover your nose and mouth with a tissue or – better yet -- in your sleeve, inside the bent elbow of either arm. Put used tissues immediately in the trash. Clean your hands with soap or an alcohol-based hand cleaner after coughing.

CLEAN YOUR HANDS FREQUENTLY



Use soap for 20 seconds or more or use an alcohol-based hand cleaner, especially after touching hard surfaces like

doorknobs, pens, light switches, remote controls, key boards, grocery carts, and after using tissues to blow your nose.

CLEAN HARD SURFACES



Use common household cleaning agents. Special disinfectants are not necessary.

PRACTICE SOCIAL DISTANCING



**AVOID
PUBLIC
PLACES
IF YOU
ARE
SICK**

- ◆ Don't shake hands, limit body contact with others.
- ◆ Avoid crowds as much as possible.
- ◆ Limit unnecessary travel.
- ◆ Prioritize or limit attendance at community events, sports gatherings.
- ◆ Observe local health department guidance about school, church, community event attendance.
- ◆ Sit 6 feet away from anyone with cold or flu symptoms.

WHEN FLU STRIKES: WHAT YOU AND YOUR FAMILY SHOULD DO

STAY HOME



When you are sick, stay home.

Also, keep your children home at first signs of flu.

- ◆ If already at work when you develop a fever, sore throat, and cough immediately don a mask, tell your supervisor, and go home!
- ◆ Stay at home for a full 24 hours after fever is gone without the use of fever-reducing medicine like Tylenol® or Motrin®.
- ◆ Most illness can be managed at home without a visit to the doctor. Congregating in doctors' offices and hospitals may in fact increase the risk of contagion.
- ◆ Call your doctor to ask for medical advice.

CARING FOR A SICK PERSON AT HOME

Relieving fever, chills, aches, sore throat and headache:

- ◆ Take and record the patient's temperature in the morning and evening.
- ◆ Give fever-reducing medications containing acetaminophen or ibuprofen.

Aspirin and other medications with salicylates must be avoided in anyone under age 20.

- ◆ A lukewarm bath may help reduce temperature.
- ◆ Home remedies for sore throat:
 - ◆ Encourage gargling with warm salt water (1 TSP of salt with 8 oz H₂O),
 - ◆ Use throat lozenges or mint teas, and
 - ◆ Offer ice cream, sherbet or popsicles to ease sore throat pain, especially in children too young to gargle or use lozenges.

Encourage good pulmonary hygiene to help prevent pneumonia and ease respiratory symptoms:

- ◆ Avoid prolonged bed rest.
 - ◆ Have the ill person change positions in bed every hour and get into a chair or take brief walks around the room every 2-3 daytime hours.
 - ◆ Have the ill person take 4-5 slow, deep breaths and try to cough up secretions at least once an hour to promote lung expansion and clearing of phlegm.
 - ◆ Elevate the ill person's head and upper body with cushions as this may ease breathing.
 - ◆ Provide cough syrup (if > 2 years old) as directed, seek medical advice for children, and provide warm beverages and/or have the ill person spend time in a steamy bathroom to ease congestion.
-

Relieving nausea, vomiting and diarrhea:

- ◆ Offer clear liquids in small but frequent sips (or use ice chips). Give water, juices, Jell-O®, broths, ginger ale, and decaffeinated tea as tolerated.
- ◆ Avoid alcohol and beverages with caffeine, as these tend to dehydrate.
- ◆ Give fluids that contain electrolytes like Pedialyte® for children or sports drinks for adults.
- ◆ Once diarrhea, nausea and vomiting have stopped, offer soft bland food like: white toast (no butter), rice, potatoes (no skin), skinless chicken, and crackers. Avoid concentrated sugars and fatty foods.
- ◆ Watch for signs of dehydration including dry lips or mouth and decreased amounts of urine that appears darker than normal. In infants watch for a decreased number of wet diapers.

Use of anti-diarrheal and anti-vomiting medications may lead to dehydration.

If you or your family have signs of dehydration or are unable to keep fluids down, contact your health care provider.

In general, flu patients should be seen by a health care provider ASAP when:

The patient has **difficulty breathing** or **chest pain**, has **bluish skin or lips**, or has any **cough producing frothy or red sputum**.

The patient has a **high fever**:

- ◆ Children and adults - 105° and higher
- ◆ Babies 3 to 24 months - 103° and higher
- ◆ Babies under 3 months - a rectal temperature of 100.4° and higher

The patient exhibits any of these **other symptoms**:

- ◆ Stiff neck
- ◆ First time seizure
- ◆ Confusion and irritability
- ◆ Inability to move an arm or leg



FAMILY PANDEMIC FLU PREPAREDNESS KIT

Get Two Weeks Worth of:

- ◆ Food that does not need refrigeration.
- ◆ Water, at least one gallon per person per day stored in sealed, unbreakable containers (in an emergency, filling the bathtub can help).
- ◆ Prescription medication and over-the-counter medications for fever, such as ibuprofen (e.g., Motrin®) or acetaminophen (e.g., Tylenol®).
- ◆ Thermometer, surgical masks, gloves, soap, alcohol hand cleansers, tissues, paper towels and cleaning supplies.
- ◆ Keep cell phone charged and have charger available.



Flu Symptoms ? Avoid 'Presenteeism'

With the flu season rolling in fast, we've just provided you with prevention measures, healthy habits, recovery tips, etc. While contrary to what is normally asked of a good employee, that is to consistently be at work and on time, one of the best methods of flu prevention is to stay home. "Presenteeism", the opposite of absenteeism, is a tendency that could help spread the flu around the workplace.

Some people feel they just can't leave the job, that if they leave for one day, everything is going to fall apart. In the wake of a flu vaccine shortage, the problem could be compounded this year because many of these dedicated workers who are more likely to go to work while sick may never get a flu shot. Everyone enjoys working alongside such devoted employees, but it could end up costing the organization more money and time in the long run, lost productivity. While *you* may get through your week, under the weather, but functional, you never know how your illness will affect others. If you are feeling "sick" from the flu or anything else that may be contagious, don't be a good employee, be a great employee, stay home and take a sick day! (With your supervisor's approval of course.) Here is some information on how to use your employee health benefits to compensate for hours missed from work due to illness:

Sick Leave

Sick Leave is designed to compensate employees for loss of income during periods of illness or injury, or for time that the employee spends in receiving medical assistance. An employee may also use sick leave credits for the illness, injury, or medical needs of a qualifying family member.

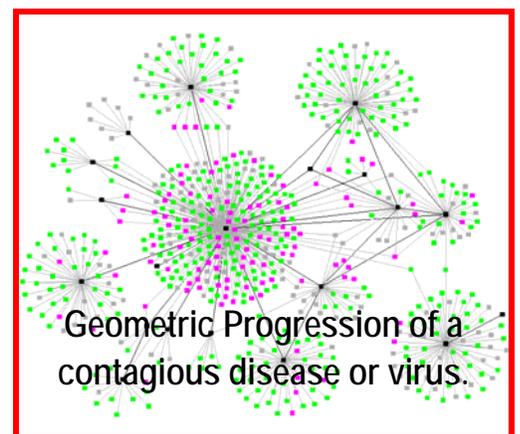
Full time employees enrolled in the Vacation & Sick Leave benefits program earn eight (8) hours of sick leave for each qualifying month of service. New-to-state employees receive their first eight hours of credit after completing a qualifying pay period. An unlimited amount of sick leave may be accumulated.

Employees enrolled in the Annual Leave benefits program do not earn sick leave credits. For Annual Leave accrual rates, visit the Department of Personnel Administration website at www.dpa.ca.gov.

Leave Credits Exhausted

In the case where all sick leave credits have been exhausted, Vacation or Annual Leave can be used in lieu of Sick Leave.

Employees may be eligible for other leave provisions such as a Catastrophic Time Bank, State Disability Leave (SDI), Non-Industrial Disability Leave (NDI), and other benefit programs. Employees, managers, and supervisors are encouraged to review the appropriate Memorandum of Understanding (MOU) or contact their Personnel Specialist for other leave program options.





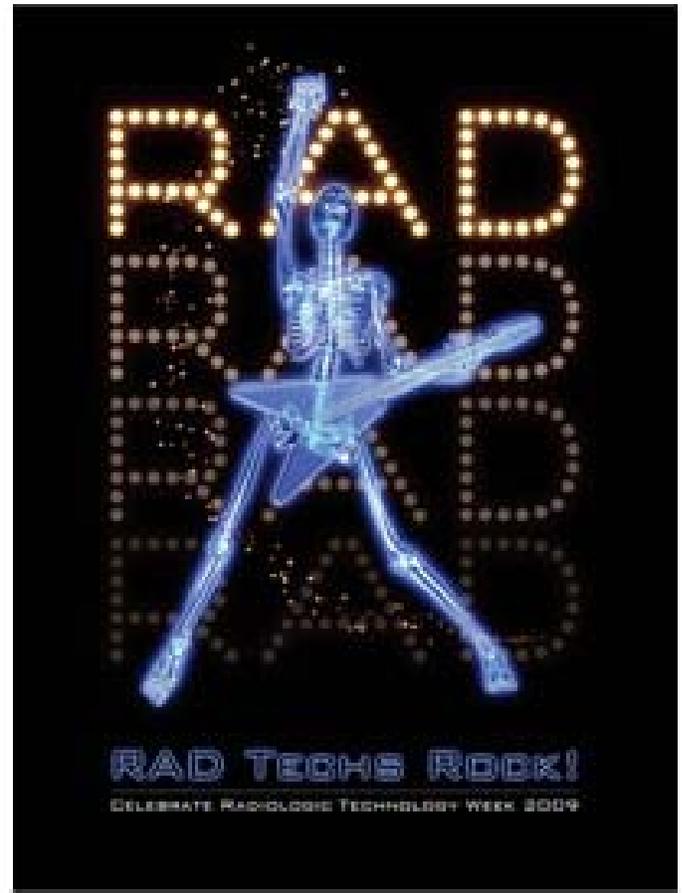
Rocking RAD Techs Celebrate Anniversary

CPHCS Radiology staff celebrated National Radiologic Technology Week November 8-14, 2009. This annual celebration commemorates the anniversary of the discovery of X-rays and calls attention to the valuable work of Radiologic Technologists (RT) and the vital role they play in the delivery of health care.

Radiographic Technologists (RT's) within CPHCS face unique challenges associated with the custodial environment. RT's are required to perform all the duties in the department including registration, preparation and filing of film file jackets, processing exam reports and performing radiographic exams. It takes a technologist like Dan Weatherspoon at PBSP to create the "whole picture". He has exhibited an exemplary ability to organize and manage his department in a way that is both accountable and professional.

For departments fortunate enough to have more than one RT or dedicated clerical support, teamwork is a big part of success. This type of teamwork is embodied by the staff at WFP. Dino Fernando, Jimmy Batista, Mary Crowe and Richard Carter manage a department that is clean, well organized, and their records are easily retrievable. The result is better patient care and an enjoyable place to work. A new challenge for CPHCS employees has been the recent budget deficit, which has led to mandatory furlough days. Three outstanding technologists from ISP and CVSP have embodied the value of flexibility.

Richard Martinez, Mae Tiejon, and Jonathon Mickle have worked together with the MSI operations team to address this new challenge. They have crafted a staff-sharing model between the two institutions that saves money and reduces backlogs.



"Thank you to all of our RT's working at the 33 adult institutions," said Merle Meland, consultant with Ascendian Health-care Consultants. "Your contribution to the continuum of patient care is invaluable. We look forward to many new opportunities for the development of the organization and the staff over the next year. There has never been a more exciting time to be working as an RT for CPHCS!"

FORMER CPHCS CO-WORKER PINS ON BADGE AND 'SMOKEY' HAT



Here's Brad & proud parents, Inga and David Sadek, after the CHP graduation ceremony in August.

Brad Sadek has always wanted to help people. Those of us who remember him as a California Prison Health Care Services co-worker knew this side of him from his days in the Receiver's Office in the fall of 2007 and later the Procurement Unit as a Staff Services Analyst. Now, at the young age of 23, he is helping people in a much bigger way as a newly graduated officer from the California Highway Patrol Academy. As one of 184 cadets, Brad graduated 30th in his class in August and now patrols the freeways of Southern California, assigned to East Los Angeles Area. He describes his new job as "awesome" and is working 12 hour shifts with a training officer for the next two months. "The academy prepares you very well," he offered during a recent phone interview. Brad has always had a leaning toward law enforcement and wanted a dynamic job helping people. "You're taught that your safety is your first priority," he said, which gives some comfort to his parents who worry constantly about the challenges his new career is sure to bring. Brad may be back in the Sacramento area one day again. He can apply for a transfer after his first year as a CHP Officer.

CDCR Files Construction Plan

(Cont. from page 1)

(NCCCF) – 1,734 bed medical and mental health facility in Stockton costing \$1 billion

- ◆ 500 bed reentry facility (NCRF) in Stockton
- ◆ DeWitt Conversion – 1,133 level II beds (includes 425 mental health treatment beds)

Madera County

- ◆ 500 bed reentry facility

Monterey County / Soledad

- ◆ EOP Treatment and Office Space

Kings County / Corcoran

- ◆ EOP Treatment and Office Space

Kern County / Wasco, Delano

- ◆ Wasco State Prison 180 design – 1896 level IV beds to be occupied 2012/2013
- ◆ 24 licensed medical and mental health beds to be occupied by 2012/2013
- ◆ Kern Valley State Prison Infill – 930 level IV beds to be occupied by 2012/2013, Total population will be 6900, Adding about 490 staff to bring to 2100
- ◆ 500 bed reentry facility in Delano

San Luis Obispo County / Paso Robles

- ◆ Estrella Correctional Facility Conversion – 899 level II plus 100 level I beds (includes 190 beds for mental health treatment)
- ◆ California Men's Colony MHC – 50 bed mental health facility. Projected occupancy in 2010/2011
- ◆ 500 bed reentry facility in Paso Robles
- ◆ CALFIRE / CDCR Conservation Camp in Paso Robles – 130 beds

Los Angeles County / Lancaster

- ◆ EOP Treatment and Office Space to be completed by 2012/2013

San Bernardino County / Chino, Apple Valley

- ◆ Heman G. Stark Conversion – 1,802 level III adult beds (includes 855 mental health treatment beds)
- ◆ Reception Center Facility South – 943 reception beds
- ◆ CIW – 20 PSU beds and 45 bed acute ICF
- ◆ 500 bed reentry facility in Apple Valley

San Diego County

- ◆ 500 bed reentry facility

CPHCS/CDCR Team Up to Fight Flu



Visitor Screening

- Improved screening protocols for custody officers– to prevent or minimize visits to the institutions when people arrive with fever, cough, sore throat or a runny nose.
- Posters and flyers at visiting areas of the prison for visitor education and self screening.

Targeted Isolation & Quarantine Protocols

- Strategies developed and refined by Public Health Unit and implemented successfully at institutions to limit spread of H1N1 and seasonal flu within prisons after cases develop.

- Tools and tracking mechanisms to prevent large outbreaks of flu from transferring to other CDCR locations.
- Daily advice and consultation to institution Public Health Nurses and medical/nursing staff to ensure appropriate isolation of ill inmates and quarantine of their exposed contacts in our institutions.

Pandemic Flu Planning & Coordination

- Planning and procurement of personal protective equipment (PPE) and antiviral medical treatment for system-wide use in the event of a much increased influenza attack rate of H1N1 or seasonal flu.
- Coordination with local and state public health jurisdictions and emergency preparedness authorities for "surge" influenza planning and state stockpile provisioning if institution supplies dwindle.

Enhanced Screening, Triage, Infection Control & Epidemiology

- Screening algorithms for clinicians and custody officers to identify likely flu suspects newly arriving to institution.
- Screening forms and tracking tools to better identify and track influenza cases and outbreaks that develop within each institution.
- Concrete infection control tools to maintain inmate and employee hygiene in crowded living and working conditions, environmental cleaning standards per CDC guidelines.
- Collection, analysis, and reporting of surveillance data on flu outbreaks within the prisons every week, in coordination with California Department of Public Health, to better assess disease trends for more timely decision making and adjustment/correction of prevention strategies.

CALIFORNIA PRISON HEALTH CARE SERVICES

P.O. Box 4038 Sacramento, CA 95812-4038

Phone: 916-323-1923 www.cphcs.ca.gov

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

www.ChangingPrisonHealthCare.org 1-877-793-HIRE (4473)

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 integrate the delivery of medical care with mental health, dental and disability programs.



Inmate health-related concerns or complaints? Call the CALIFORNIA PRISON HEALTH CARE SERVICES HOTLINE: (916) 324-1403

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

FOR CPHCS EMPLOYEES: TO ACCESS THE CPHCS INTRANET, GO TO [HTTP://LIFELINE/](http://LIFELINE/) OR JUST TYPE "LIFELINE" INTO YOUR BROWSER'S ADDRESS BAR