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The Turnaround Lifeline

California Prison Health Care Services

Inside this issue

Response to State Filing 1
State is "Wrong... Reckless..."

Receiver's Corner 1
Coming to you Soon...

Above and Beyond 2
CVSP Hosts First "Nursing Skills Day"

Team Member's Spotlight 2
Nurse Helps Others Eat Healthy

Construction Update 3
Receiver Presents 3 Cost Options

New Prison Population Report: 3
Inmate Release Only Slightly Reduces Medical Bed Needs

IT Recruitment Begins 4
Full Staffing Expected in June

Recent Editorials

Sacramento Bee, February 23rd:

"Certainly, the Receiver has made progress, especially in filling doctor and nurse vacancies. But should the receivership end just as it is beginning to show results? Given the state's history, you can be sure that things would immediately freeze in place – with a likelihood of backsliding to where we were three years ago."

LA Daily News, February 16th:

"Instead of compromising, the state will waste more taxpayer money with a plea to the U.S. Supreme Court. Even the federal judges, in their most recent ruling, urged the state to reach a settlement with the inmates' lawyers, but that's unlikely."

Contra Costa Times, February 2nd:

"State leaders cannot believe that a court could be cruel enough to demand $8 billion or more during a time of economic crisis. But a brief history shows the state is actually paying for dragging its feet. We have long urged the state to show some kind of good-faith progress with prison medical care. That did not happen."

Receiver: State "Fails to Provide Any Basis for Termination"

Kelso's Attorneys: State is "Wrong... Unclear... False... Reckless"

The California Prison Health Care Receiver's Lead Attorney, James Brosnahan, has filed an opposition brief against the State's motion before the U.S. District Court in the Northern District of California to terminate the Receivership and its Construction Program. Calling it "the same reckless approach" used by the State before, the Receiver's attorneys categorize the State's motion this way; "it is wrong on the applicable legal standards. It is unclear about what it seeks. It glosses over the facts and levels false accusations at the Receiver. And perhaps most reckless of all, Defendants ask the court to terminate ongoing remedial measures without submitting even a scrap of evidence suggesting that they have a better solution or an alternative plan of any kind."

The opposition brief staunchly defends against the State's only argument for terminating the Receivership and replacing it with a special master; that the Prison Litigation Reform Act (PLRA) prohibits the appointment of receivers. The Receiver's attorneys cite case law proving that federal courts retain all their traditional powers that are not expressly revoked by the PLRA. "The PLRA does not expressly or even impliedly revoke the Court's power to appoint a receiver." Additionally, attorneys for the Receiver quote the State's representatives telling the court in previous hearings that they, "do not dispute that the court has the power to appoint a receiver..."

Also in the opposition brief, the Receiver's attorneys brush aside the state's contention that the Receiver's Construction plan should be denied because the court has yet to approve a final construction plan. In fact, the brief states that the public comment period has just concluded and the Receiver has recently filed a court report on options for the long-term care facilities construction. The State's attorneys, the brief says, "come nowhere near meeting their burden of showing the construction would violate the law:" and " fail to acknowledge" that most of the costly and most often criticized components "were included at the request of state Officials." The opposition brief calls for an evidentiary hearing if the court chooses to make specific findings about whether the construction goals comply with the Prison Litigation Reform Act. Additionally, the opposition brief points out that the state does not dispute that unconstitutional conditions persist in California Prison Health Care and that the three-judge panel has already tentatively ruled that ongoing constitutional violations exist.

Receiver's Corner: Coming to you soon

By J. Clark Kelso

While the State continues to think about how to deal with overcrowding and its aging and inadequate facilities, the Receivership continues to make progress on the ground with a whole series of interrelated information technology and organizational improvement projects. During the summer and fall of 2008, more than a dozen projects were kicked off covering everything from the clinical data repository to scheduling to clinical imaging services to a patient registry to dictation and transcription to basic business systems. These projects are part of a larger portfolio of CDCR projects that were authorized by the Legislature several years ago and are intended to bring virtually all CDCR operations into the 21st century. It is a good investment decision by the State of hundreds of millions of dollars in improvements. During 2009, you will see many of these projects move into their "pilot implementation" phase in institutions around the State. The Receivership learned early on with the Maxor pharmacy implementation that attempting to rollout any new system statewide all at the same time is a prescription for disaster. So both the Receivership and CDCR are rolling these other projects out in waves, institution by institution or region by region. Because of the State's serious budget problem, I have decided to accelerate implementation of our utilization management program. We will be implementing UM based on the well known Interqual processes and criteria. I hope by this implementation to help clinicians make better referral and hospitalization decisions that they know are empirically supported and defensible. We simply must reduce expenditures on unnecessary referrals and hospitalizations, and UM is the solution. We will be implementing UM by regions. The Central Region has already begun, and the Southern and Northern Regions will be done by mid-2009. (Continued on page 2)

Above and Beyond

Raising the Standard of Emergency Care

Chuckawalla Training Seminar Teaches Nurses Skills they Need to Save lives

Nurses at the training learn about spinal immobilization from Kathleen "Cassie" Davis of Blythe Ambulance Service.

Those who work in a prison environment often learn to expect the unexpected, to be ready for anything. Fortunately, CDCR Medical Staff in the State's southern desert region are now better prepared to handle whatever comes their way after Chuckawalla Valley State Prison (CVSP) recently hosted their first "Nursing Skills Day". Attendees of the program were privileged to receive the specialized training. Andy Cole, an RN at CVSP, will tell you that most of the skills covered by the training are not normally within the repertoire of the average nurse, but the high-risk State Prison environment makes them exceedingly valuable. The training included medication management, spinal immobilization, airway management, patient assessment, splinting and bandaging techniques, departmental radio use, defensive driving, and the use of emergency medical response equipment. An effective training style utilizing individual teaching stations for each subject was developed to reduce the student-to-instructor ratio and students had the chance to participate in hands-on training at each station before moving on. Instructors for the different topics were drawn from experienced CDCR staff with extensive knowledge of their subject areas. Additionally, the local Blythe Ambulance Service provided two certified Paramedics to teach hands-on emergency medical skills. Nora Hart, SRN II, was glad for the extra experience. "As nurses, we generally see patients after they have been packaged and stabilized by paramedics" she says. "This taught us how to package and stabilize the patient ourselves." The "Nursing Skills Day" was put on by the nursing staff at Chuckawalla in cooperation with custody staff and the local community and was attended by close to 100 people.

From left: Mark Richardson, Nurse instructor; Sally Rodriguez, Director of nursing; and J.F. Salazar, Warden at CVSP

Attendees at the training came from CVSP, Ironwood, Centinela, and Calipatria State Prisons. Patrick Phillips, SRN II at CVSP, helped to organize the event and says he expects similar nursing skills program to continue in the future. In fact, Centinela State Prison has already hosted a skills fair of their own which was modeled after CVSP's "Nursing Skills Day".

Team Member's Spotlight

Nurse's Focus on Healthy Eating Goes Beyond Prison Walls

Lynn Thomas , PHN

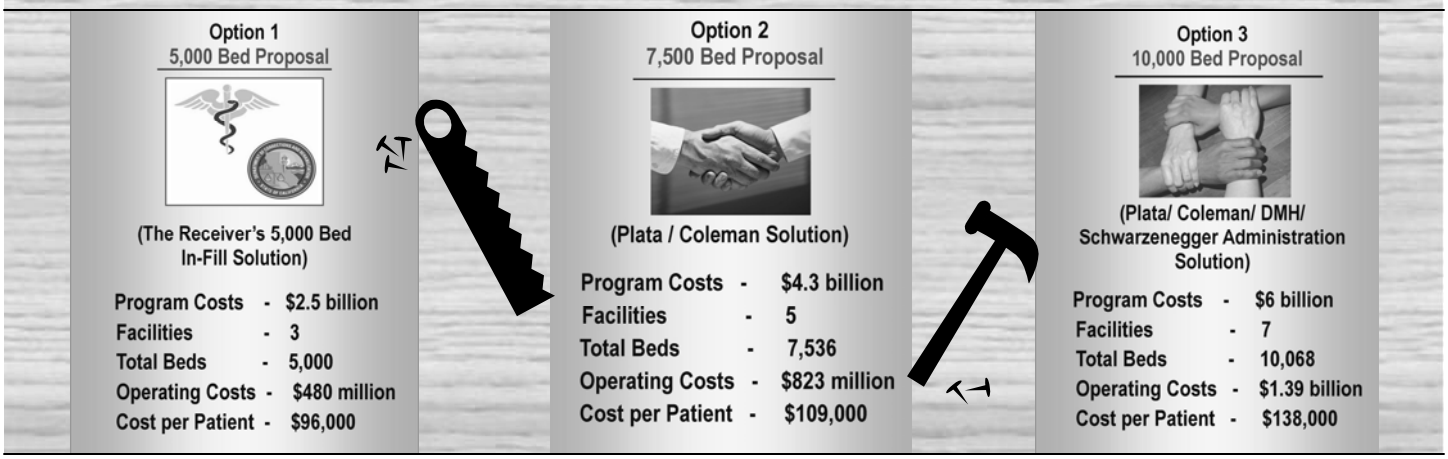
Ironwood's Lynn Thomas, Public Health Nurse, is extremely active with educating others. Not only does she teach inmates about good health practices, she teaches a community class on healthy eating. It all started with a knock on the door, well – several knocks on the door. Dr. and Mrs. Thomas are well known in the community for their knowledge of healthy eating and healthy lifestyles. People kept coming over to ask for advice and knowledge regarding healthy eating and learn how to prepare healthy foods. Many of these people had been diagnosed with health problems that would respond to a healthier lifestyle. Then came the decision to create a Healthy Cooking Class. A formal class would allow them to help more people learn how to take better care of their bodies by making better food choices. Making better food choices reduces the risk of diabetes, hypertension and heart disease. Mrs. Thomas says, "The goal of the class is to teach health promotion and prevent diseases caused by lifestyle choices." She continued, "We want to teach people how to prepare a variety of foods in a healthy way. We want people to eat a rainbow of foods. We believe that people should eat a higher ratio of raw foods over cooked foods if their doctor approves." When asked what keeps her inspired, Mrs. Thomas responded, "We are all created for a purpose. I see people who don't have simple answers to their health challenges. The world tries to make it so complicated, but it is really easy." She also mentioned a quotation from Thomas A. Edison: "The doctor of the future will give no medicine, but will interest her or his patients in the care of the human frame, in a proper diet, and in the cause and prevention of disease." Mrs. Thomas, along with her husband, Dr. Thomas, and their friend John St. Rose, have been teaching the class for the past four years. The classes are free and the participants only need to bring a pencil, paper, an appetite, and be open to new ideas to start on their path to better health.

Receiver's Corner

(continued from Page 1)

The chronic care program also enters into a series of pilots and regional workshops during 2009. The program has been expanded from just Asthma to include coverage of Diabetes and Hepatitis C. As you can see, we are now solidly into system-wide organizational change and improvement. Planning is done, and it's all about action. It's going to be tough to implement all of these new systems at the same time. Any type of organizational change is difficult, and the scope of changes you are making is unprecedented in State government. But change can also reinvigorate and reignite that spirit of exploration and professionalism that first drew you to the medical arts. Let those positive spirits carry you through the coming year.

Receiver presents three Cost Options



In early February, the Receiver presented three potential construction options for the new health care facility construction project. Because of ongoing litigation and concerns about costs due to the health of the overall economy, the program was broken down into three different cost proposals. This will allow decision-makers to assess the viability and affordability of each option while gauging their overall impact to the CDCR system.

The following three construction options each address to a varying degree the issues being considered by the Receivership:

1) 5,000 Bed Proposal (The Receiver's 5,000 Bed In-Fill Solution): To address the need for treatment of 5,000 long-term medical patients, the construction of three facilities and a total of 5,000 beds would be necessary. These facilities would only address the medical issues in the *Plata* case. The facts: $2.5 billion to build; $480 million annually to operate.

2) 7,500 Bed Proposal (Plata/ Coleman Solution): To address the long-term chronic care needs of 5,000 medical (Plata) class members and 2,500 out-patient mental health (Coleman) class members, the construction of five facilities and a total of 7,500 beds would be necessary. The facts: $4.3 billion to build; $823 million annually to operate.

3) 10,000 Bed Proposal (Plata/ Coleman/Schwarzenegger Administration/DMH Solution): To address the need for treatment of 10,000 medical and mental health patients, the construction of seven facilities and a total of 10,000 beds would be necessary. This will resolve all Plata, Coleman and Armstrong long-term care needs, and it will provide relief to the DMH mental health hospital system. The facts: $6 billion to build; $1.39 billion annually to operate.

New Abt Report: Inmate Release Would Only Slightly Decrease Medical Bed Needs

In anticipation of possible concerns regarding the Receivership's plan to build seven new health care facilities, Federal Receiver J. Clark Kelso commissioned several reports designed to justify the need for this construction. Those reports, released at the beginning of February, again demonstrate the need for the construction of new health care facilities and verify the legitimate magnitude of the project. The reports also conveniently answer several concerns raised in a Legislative Analyst's Office (LAO) report issued by the Capitol's resident policy experts.

In their report, the LAO correctly points out that the Receiver's initial bed count was based on outdated prisoner population projections and did not consider the possibility of a prisoner release program. However, Abt Associates presents updated figures in their new report that incorporate new population projections and predict that even if there was a massive release of prisoners, the need for health care beds would change very little (maybe by 5%).

(See "Abt" Continued on Page 4)

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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.

Recruitment : Do you Know someone Interested in Joining our Health Care Team?

Website: ChangingPrisonHealthCare.org

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

IT Recruitment Begins Successfully

Toward the end of 2008, the California Prison Health Care Services (CPHCS) launched an intense IT Field recruitment effort. In support of the Institution Health Care Programs, Jamie Mangrum, Chief Information Officer, devoted his IT Field Management Team to recruiting talented technology staff. A two month recruitment effort resulted in CPHCS hiring nineteen (19) new IT Field Staff and providing tentative offers to fifteen (15) additional staff. Success was a direct by-product of the harmonious collaboration efforts between the IT Field Managers (Tony Lourick and Brian Lemely), Plata HR Specialists and local Institution/Health Care Management. Recruitment efforts continue for the remaining thirty two IT Field positions, with the goal to have everyone on board by June 2009.

Jamie Mangrum

Abt Reports:

Proposed Release Won't Lessen Medical Bed Needs

(Continued from Page 3)

What's more, another report released at the same time independently reviews these projections and confirms their legitimacy, agreeing that "it would be a mistake to reduce estimated future needs based on a proposed one-time early release".

Of course, the Receiver has always maintained that the new health care facilities should be built in stages so that such scenarios can be adjusted for if they occur. However, it is now close to impossible to challenge the demonstrated need for new health care facilities within the California prison system. Also released alongside the previously mentioned studies are reports that demonstrate that 99% of inmates who would be housed in the Receiver's long-term care facilities have significant medical and/or mental functional impairment and qualify as disabled under the "Americans with Disabilities Act" (ADA). This is important because ADA facilities are not subject to the Prison Litigation Reform Act (PLRA) on which the state is basing its legal objections to the Receiver's construction plans.