



Lifeline NEWSLETTER

Intranet Special
(See Back Page)

CALIFORNIA PRISON HEALTH CARE SERVICES

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New Contracts for Relief Prison Doctors Will Help Equalize Salaries

Old Pre-Receiver Rates Paid Three Emergency Prison Doctors \$1/2 Million Annually Each

Federal Receiver J. Clark Kelso recently announced agreements and signatures on three contracts for prison health care Temporary/Relief On-site Primary Physicians that are designed to bring their pay closer in line with civil service staff. The new contracts will also save taxpayers approx. 20% annually from previous rates that had been negotiated before the Receiver was appointed.

Two of the three new contracts are between California Prison Health Care Services (CPHCS) and their largest physician registry providers- NOAH Inc., and Registry of Physician Specialists, Inc. The third is with South Shores Medical Group Inc., which is also expected to be one of the largest providers in the coming year. They are the first of several contracts that are either in the bid process or are being negotiated with both doctors and nursing registry groups. The contracts reduce the old pre-receiver rate ranges which ran up to \$414 per hour in 07/08 and \$312 per hour in 08/09 to a new flat hourly rate of \$201.50. Under the prior rates, in three total instances, some registry services charged an annual amount of as much as \$500,000 per emergency physician. The 20% estimated savings from the new contract was calculated by comparing the total expenditure for doctors registry so far this year against what it will be for the same number of hours

under the new contract.

The Receiver first ordered staff to address the issue early this year. Receiver J. Clark Kelso says, "We still had a very large utilization of registry notwithstanding our successful recruitment efforts in hiring state civil service physicians and nurses. We were also still having problems recruiting in certain areas and yet were able to secure registry coverage. When staff looked into this, we learned that part of the reason is that some registry rates were very high, discouraging registry providers from coming into state service and thereby forcing us to over-utilize registry."

A long bidding and negotiation process followed and the first of the new contracts was signed June 18th by the providers and by Receiver Kelso on June 23rd.

Kelso says this latest budget-cutting success is part of a larger focus on efficiency in prison health care. "In light of the overall budget situation, our own 10% budget cut, and the Governor's contract executive order, we owe it to the taxpayers to find substantial savings in all contracts. Our I.T. shop, for example, imposed 15% cuts on all I.T. personal services contracts. Doing the same thing with all of our medical services contracts is simply the right thing to do."



Receiver's Corner by J. Clark Kelso Working Together, Now More Than Ever



Over the last four months, we have re-established professional and highly productive relationships with State officials and departments here in Sacramento. These improved relationships are helping us on a daily basis in dealing with the many challenges all of us are facing as the State struggles to manage the worst budget and fiscal crisis since the 1930's. With respect to construction and improvement of facilities, a joint planning team consisting of representatives from the Receivership and CDCR recently finished a plan that was submitted to the federal district court in the *Coleman* case, which deals with mental health services. The short-term and medium-term construction components of that plan have been accepted by the court. This is great news for addressing immediate mental health facility needs, and is a testament to the power of working together. The long-term bed plan submitted to the *Coleman* court was contingent upon the Administration agreeing to seek an additional \$2 billion in bond funding for that construction (which would have been \$2 billion on top of the more than \$6 billion which the State has already appropriated for CDCR construction purposes). Ultimately, the Administration decided that in light of the State's fiscal crisis, it could not commit that additional funding. That is not the end of the discussion, however. Secretary Matt Cate and I have directed our planning staffs to go back to the conference room to see whether a satisfactory long-term plan can be created without that additional funding. We'll soon know whether our commitment to working together and the incredible creativity of our staffs can produce another miracle. Given the work done by staff over the last several months, Matt and I are very hopeful. In addition, Sharon Aungst, Chief Deputy Secretary of the Division of Correctional Health Care Services, and I have agreed to begin joint meetings of our executive teams so we can better coordinate our activities. Particularly at this time of unprecedented budget pressure, we need to consolidate our planning and management of all healthcare operations to squeeze as much value as we can out of each dollar. Keep up the great work all of you are doing, and keep working together with your colleagues and partners through CDCR. Now more than ever, we need to join our forces together in the common mission of improving health care for our patients.

First Responders offer help to Community.

CTF Emergency Personnel Rush to Assist Tour Bus Crash Victims

Recently, the fire department at the California Training Facility received a distress call from local community emergency authorities. At approximately 3:30 pm on April 28th, a tour bus carrying mostly French tourists crashed and overturned on a stretch of highway outside Soledad, CA. Staff at CTF were contacted through a mutual aid call requesting help from any available emergency resources to respond to the gruesome accident.



Emergency personnel respond to the Soledad tour bus crash site

Photo Courtesy of The Monterey Herald/Vern Fisher

Staff from the CTF Fire Department were some of the first responders to arrive at the accident site and quickly radioed back to the institution to request medical help on the "scene of devastation". Immediately, an emergency medical response team was assembled and deployed to the crash site. The medical team was composed of over twenty medical staff, including physicians, nurses, and even psychiatrists. They were

rushed to the scene by correctional officers and alerted the incident commander that they were willing and able to provide necessary medical assistance. Fortunately, the rapid response of several community emergency crews meant that there were only a few remaining victims when the CTF medical team arrived.

Five of the 36 bus passengers involved in the crash died, but Dr. Joseph Chudy, Chief Medical Officer at CTF, later reflected that "The coordinated response of the Monterey County EMS certainly saved

lives that day." He goes on to say "I am very proud of the performance of all involved from CTF Fire, Custody, and Medical." By going above and beyond the call of duty that day, CTF emergency responders truly demonstrated the spirit of community engagement and support found throughout the California prison system.

Allied Health Services

New Dictation & Transcription System "Faster, Saves Money"

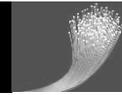
Beginning in July 2009, Central California Women's Facility, Valley State Prison for Women, and California State Prison, Los Angeles County will pilot a Centralized Dictation and Transcription (D&T) project. This initiative, led by Debra Stinson, will have a major impact on CPHCS operations by providing clinical staff with improved access to patient health information at the point of care. "Having the medical reports available



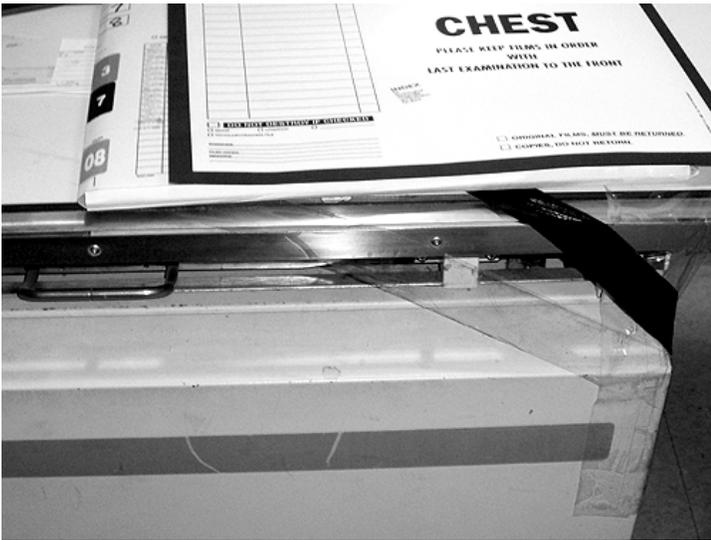
Debra Stinson

within only a 6-to-24-hour turnaround time and the clinicians being able to access them electronically will surely promote positive patient outcomes," said Stinson. As part of the pilot program, health care providers at the three selected pilot institutions will dictate medical reports by telephone into a new dictation system. Then, transcription department staff in Sacramento will access these audio files and transcribe them into medical and mental health reports using new transcription software. These reports will then be automatically routed to the institutions for electronic signatures and batch printing in the Health Records Department. This new program is a huge improvement over the old system that Stinson said was "outdated, failing, and unable to support our efforts to be consistent with federal constitutional standards." Stinson added that the new program is not merely faster and more effective, but it saves money as well. "For example," the program manager said, "CPHCS will no longer have to maintain transcription equipment at 33 institutions." The pilot project is now flight ready. Stinson said that the dictation system and transcription software have already been purchased from Crescendo, a company that designs devices and software for voice processing, transcription, electronic signature and remote communication. She continued by saying that her team is almost complete with two Senior Medical Transcriptionists and seven Medical Transcriptionists already aboard and three additional Medical Transcriptionists joining within the next few months. The newly-recruited team members are now trained. Stinson said that the two Senior Medical Transcriptionists have participated in Crescendo supervisor training and will lead the trainer sessions over the next two months. The supervisors will then train the Medical Transcriptionists as they join the department. The pilot team members are confident that this project will be a success. "We are very enthusiastic about piloting this new program. Centralizing the dictation and transcription services enables CPHCS to provide improved efficiency and delivery of medical care to patient inmates while at the same time saving the State and taxpayers money," said Stinson.

Article submitted by Ancillary Services Project Manager Denise Harris



Clinical Imaging Effort: A Look Inside Reveals Replacing Equipment Saves Money



Radiology equipment at ASP held together by tape is scheduled for replacement.

By Jef Williams of McKenzie-Stevenson, Inc.

Everyone, at one time or another, has experienced an X-Ray, MRI, or CT for some sort of diagnostic exam that was ordered by their physician. Clinical Imaging plays a critical role in the patient care continuum by providing key information for the diagnosis and treatment of disease and was identified as a critical, time-sensitive component of healthcare delivery in the Receiver's Turnaround Plan of Action. In January 2009, CPHCS engaged McKenzie Stephenson, Inc (MSI) to implement a remediation plan for the "Clinical Enterprise Imaging Services" effort. The foundation of this plan was brought forth from the initial "Imaging Assessment and Strategic Roadmap," which was submitted in July 2008. The focus of this important work is on viable work processes, equipment replacement, technology implementation, vendor contracts, organizational oversight, and the stabilization of existing film-based workflow, which will ensure standardization and regulatory compliance.

Radiology Department Assessments

The first step of this plan was to conduct a full assessment of imaging services in all 33 CDCR adult institutions. This examination included film catalogs and retention, workflow, radiation safety, staffing, condition of diagnostic equipment, and a review of all existing contracts with vendors and service providers. Early

discoveries have revealed a number of opportunities to improve the level of care to basic constitutional standards, with an expected benefit of significantly reduced costs associated with services and operations.

The condition of imaging equipment at many institutions has eroded substantially and in some cases is broken beyond repair. Sometimes, this requires institution personnel to transport patient-inmates to costly off-site locations for the most basic imaging studies. The cost of these off-site services, coupled with the transportation requirements and associated custodial costs, is considerably higher than if equipment were replaced or upgraded at CDCR institutions. Nowhere is this more evident than at Avenal State Prison, where packing tape is being utilized to keep the X-ray machine from falling apart. Due to the condition of this equipment, most inmates are transported to local imaging centers, hospitals, and adjacent Pleasant Valley State Prison for what should be considered routine radiology exams.

Hope for the Future

While deploying efficient diagnostic equipment will solve many of the problems within Clinical Imaging Services, there are numerous important efforts underway to stabilize and remediate radiology. For instance, properly categorized film along with viable retention policies is critical to the evaluation of patient illness and ongoing care. Relevant prior exams are required for comparison during the diagnostic interpretation of newly acquired patient images. However, all too often, patient-inmate clinical images are lent out never to be seen again. MSI has completed a Round One visit of nearly half of the 33 adult institutions and implemented standardized filing of patient film jackets. Standardized filing will allow for quick storage and retrieval of all patient studies and is an important step to ensure that patient-inmate imaging case histories can be easily requested and retrieved. It also lays the groundwork for digital imaging which will be introduced in a later phase of the project. This initial effort is expected to be completed in August 2009, at which time every adult institution within the CDCR will be equipped with the supplies, knowledge, and policies to properly manage patient records in a way that meets the Receiver's goals and is standardized throughout the State.



HOW DOES A LAYOFF WORK?

The Department of Personnel Administration (DPA) provides consultation and oversight to the State agencies required to reduce their work forces. Lack of work or funds or the interest of economy can prompt layoffs.

The law provides the State Personnel Board (SPB) the authority to review DPA's decisions about the layoff process. DPA and SPB statutes and rules govern the layoff process.

Some Memoranda of Understanding negotiated between DPA on behalf of the Governor and the exclusive representatives of bargaining units contain layoff-related provisions that supersede the statutes and rules.

Prior to any layoffs occurring, there are many actions that must be taken, including that State agencies determine the need for layoffs and submit implementation plans to DPA for approval.

These plans include

- Classes of layoff,
- Number of positions reduced,
- Geographic areas in which positions will be reduced,
- Number of employees to be laid off by class and area, and...
- Area of layoff (statewide or limited to one or more specific geographic areas).

The plans also request

- Seniority scores for employees in the classes of layoff and for employees in any classes to which employees may demote in-lieu-of being laid off, and
- That the employees in jeopardy of layoff be placed on State Restriction of Appointments (SROA) lists.

An employee must be given at least 30-day notice prior to the effective date of layoff. Most unions require at least a 60-day notice that layoffs will occur so they may start discussions to lessen the impact. The notice to an employee must include any options in lieu of a layoff, such as demotion or transfer.

For more information, see the DPA Layoff Manual:

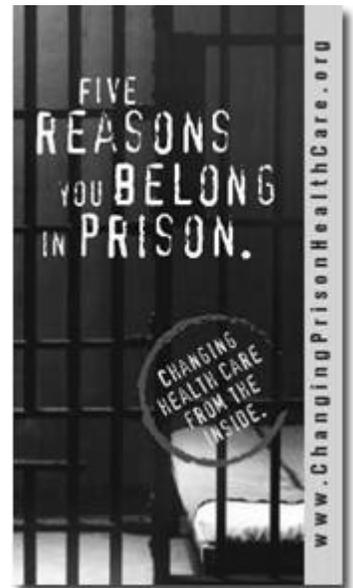
<http://www.dpa.ca.gov/publications/layoff/2008/index.htm>

YOU ARE A RECRUITER

Word of mouth is a very effective recruitment tool. In fact, it's one of the most frequently cited ways candidates hear about our career opportunities. So who better to share the benefits of working for California Prison Health Care Services (CPHCS) than a current employee?

"Recruiter-at-Large" cards have been sent to Chief Medical Officers, Regional Medical Directors, and Regional Directors of Nursing. These cards are to be shared with staff as a tool for recruiting new candidates. The cards were designed so that staff can easily share the great reasons they decided to work for CPHCS and to provide interested candidates with our contact information. If you would like a supply of "Recruiter-at-Large" cards, please contact a recruiter at the phone number or email below.

If you know someone who is interested in pursuing a career with CPHCS, whether they are a Medical Transcriber, Nurse, Psychiatric Technician, Physician, or any of our many clinical classifications, please refer them to our recruitment website at www.ChangingPrisonHealthCare.org to access our exams and apply for vacancies. They can also reach a recruiter via e-mail at MedCareers@cdcr.ca.gov or toll-free at 1-877-793-HIRE (4473). Our recruiters are devoted to providing health care professionals with first class customer service and will guide them through the hiring process or answer any questions.





FAQs

Q: I have completed a Direct Deposit enrollment form. Do I send this directly to the State Controller's Office (SCO)?

A: No, you would submit the form to your Personnel Office, which will confirm your eligibility before forwarding it to SCO (there are minimum leave balance requirements. Check with your Personnel Office for more information.)

Q: Does a State employee get an automatic raise after earning a college degree?

A: Most State employees do not automatically receive a raise after completing a college degree. Certain classifications such as Psychiatric Technician, some Accounting classifications, etc., may be eligible for payment in a higher salary range upon completion of specific college courses. There are some classifications that receive an Education Incentive differential based upon completion of a college degree. Specific college courses or a degree can also be helpful in meeting the minimum qualifications for certain State examinations.

SROA CANDIDATES HAVE UNLIMITED WAIVERS

Effective June 3, 2009, employees on State Restrictions of Appointments (SROA) lists have unlimited waivers.

SROA candidates:

- No longer need to return a contact letter if they are not interested in a job vacancy.
- Are still required to accept a valid job offer for a vacant position.

INSURANCE POLICY CONVERSION AVAILABLE

For employees who are separating from State service and are enrolled in the Basic Group Term Life Insurance/Supplemental Life Insurance Program, who lose their life insurance coverage due to the separation are eligible to convert to an individual insurance policy.



To convert a policy, employees must contact MetLife at (800) 252-8524 within 30 days of their separation to request a conversion authorization form.

Teach LEARN TRAINING

CORNER

No money for training? No problem. There are many free online webinars, classes and tutorials available on the web. With the approval of your supervisor, you can Google what type of training you are looking for and sign up. In addition, all Microsoft Office applications have tutorials built in. You can learn about PowerPoint, Outlook, Excel, Word, etc. Microsoft also provides online tutorials: <http://office.microsoft.com/en-us/training/default.aspx>

Health Care New Employee Orientation (HCNEO) for Sacramento Area staff is continuing to be offered (To sign up please complete a 854 Training Request form with your supervisor/manager approval and submit to [Lisa Blutman](#) or [Rabbil Green](#) in the Education and Training Unit, suite 350, 501 J Street). New Employee Orientation for field staff is handled at the local level currently, due to the budget restrictions on traveling.

Don't forget about the Safari Books online. Here is the link for those that missed it last month. You can access the books from your work computer, since it has a State IP address, or from home using your state library card with access PIN. Visit the site for more detailed information: <http://proquest.safaribooksonline.com/>

Upcoming Events:

- Golden 1 Workshops June / July 2009 (contact [Rabbil Green](#) for more information)
- Sacramento based HCNEO: June/July 2009 (contact [Lisa Blutman](#) or [Rabbil Green](#) for more information)





Nursing



Karen's Corner

Karen Rea

Chief Nurse Executive

As you read below, ask yourself if you meet each letter in URGENT. Your viewpoint and responses along with leadership's understanding of those are key to the ongoing success in Nursing Services.

URGENCY is essential for first responders and a proactive management team in this economic and resource-challenging time. A key requirement for all positions.

RESPONSIVENESS is vital to all stakeholders in correctional health care, which goes hand in hand with good communication.

GOOD COMMUNICATION is critical while collaborating with others in an emergency situation as well as within your normal workday. Always leave avenues of communication open.

EFFICIENCY is practiced. Skills in Emergency Medical Response become apparent in your actions. Nursing efficiency must be universal. Your ability to accomplish a job by not working harder but working smarter should be the goal. Therefore, knowledge of policy and procedure demonstrates efficient and effective patient care.

NCESSITY is primary; to know where the EMR kits are located within your institution is crucial when attending to an emergency situation. Do you know the location of the EMR kits at your place of work?

TRAINING is evident and leads to effective responses in emergency treatments. Continual training and our commitment to you in providing the necessary tools for Emergency Medical Response is fundamental to your nursing leaders. The best training is from one skilled clinician to another.

Pass on your knowledge - it's rewarding.

Test Your Knowledge About Emergency Response

Scenario - At 00:10 a housing officer during rounds finds a 55yr old Caucasian inmate dressed only in t-shirt and boxers hanging from a noose tied to the window bar. The officer observes that inmate is non-responsive and also has a reddish purple discoloration of his lower extremities. It takes several minutes to get the inmate down and the noose removed. The RN who responds to the alarm notes that the inmate is pulseless, not breathing, unresponsive, and has a reddish purple color from the waist down. The responding nurse and officers transport the inmate to the Triage and Treatment Area (TTA). Nursing staff receiving the inmate in the TTA chart their assessment that the inmate is cold to the touch, pulseless, pupils fixed and dilated, with a rigid jaw and dependent lividity of the lower extremities.



What is the probable reason that the responding nurse did not start CPR?

Choose one:

1. A nurse must wait until ACLS staff arrive.
2. CPR is only done in the TTA.
3. The patient is dead.
4. It took too long to cut the patient down.

Reference - The CPHCS Inmate Medical Services Procedure # 12-A Emergency Medical Response System states,

"The clinical First Responder or RN shall begin CPR unless one or more of the following signs of death are present. ...

- Rigor mortis/Dependent lividity
- Tissue decomposition
- Decapitation
- Incineration."

Section B. Patient Evaluation and Initial Treatment, 3 b.

Answer: Only # 3. The nurse who first responded to the patient noted that his skin was reddish purple from the waist down. This would be consistent with the condition of dependent lividity; the gravitational pooling of blood after circulation has stopped and is one of the signs of death.

The nurse's documentation of the patient's condition supports the actions taken in this case because the patient is described as non-responsive, with no pulse, and not breathing *in addition to* the reddish purple skin color from the waist down. In this case the actions of the officers, the responding nurse and the nursing staff in the TTA are all consistent with the patient's condition as well as the actions of the



preceding provider. This is evidence of good team work and most importantly excellent communication between staff responding to a medical emergency.



Nursing



Suicide in the CDCR: What Nurses Should Know

Suicide is the third leading cause of death in CDCR. Inmates at increased risk of suicide may be encountered in yard clinics, Triage & Treatment Areas, Correctional Treatment Centers, Outpatient Housing Units, or General Acute Care Hospitals.

Suicide risk is reduced in the CDCR by:

- ◆ Screening inmates in multiple settings;
- ◆ Evidence-based treatment of suicidal behavior;
- ◆ Providing safer environments for inmates; and,
- ◆ Training all staff in suicide prevention including how and when to refer to Mental Health.

Nurses play a key role in the recognition and referral of inmates who may be suicidal. For example nurses see every inmate in CDCR at least once at R&R and usually many more times during their incarceration when only 20% of all CDCR inmates are patients of the Mental Health Service Delivery System. Half of the suicides are completed by inmates NOT receiving mental health services at the time of their death. Nurses have encounters with so many inmates, knowing what to look for will help you decide when to make a mental health referral.



About 50% of suicides in CDCR occur in Administrative Segregation Units (ASU).

Knowing the common warning signs will alert you to ask more questions and/or refer an inmate for further evaluation by mental health. Laminated 3X5 cards (Picture Right) are being distributed to help identify situations when an inmate should be referred to mental health for an evaluation of suicide risk. Please carry this card with you while on-duty and refer to it when you are assessing inmates. Make a referral using CDCR Form 128-MH5 Mental Health Referral Chrono's or contact the Mental Health Program directly. Do not hesitate to refer an inmate you believe may be suicidal.

Written By Robert D. Canning PhD., (A) Chief Psychologist Clinical Program & Policy Development, DCHCS Mental Health Program, CDCR.

Did you know that suicides in CDCR are commonly committed by white, male inmates housed in Level IV institutions and who have committed violent crimes? Middle-aged and older inmates commit suicide disproportionate to their numbers in CDCR.

ALWAYS REFER PATIENTS TO MENTAL HEALTH WHO PRESENT WITH ANY OF THE FOLLOWING

- Thoughts about death or suicide
- Evidence of recent self-harm
- Hopelessness/Worthlessness
- Worsening or unremitting pain
- Report of receiving "bad news" (including a medical dx)
- Clinical Depression (including due to medical causes)

INMATES AT IMMEDIATE RISK FOR SUICIDE MUST REMAIN UNDER CONSTANT VISUAL OBSERVATION UNTIL ASSESSED BY A MENTAL HEALTH CLINICIAN

(sample of information card being distributed)

CONSIDER REFERRAL TO MENTAL HEALTH WHEN A PATIENT PRESENTS WITH MULTIPLE STRESSORS/BEHAVIORS, INCLUDING:

- Sadness
- Substance abuse
- Chronic pain
- Recent violence
- First offense
- Long sentence
- Expressed fear for self or others
- History of suicide attempts
- Placed in Administrative Segregation
- Interpersonal loss
- Diagnosed with a mental illness
- Other stressful life concerns

TIMELY MENTAL HEALTH REFERRAL CAN SAVE A LIFE

Nurses Play a Key Role in the Recognition & Referral of Potentially Suicidal Inmates



KNOW THE WARNING SIGNS:

Here are a few scenarios in which your suicide "flag" should be raised. Match each with the warning signs. (Answers on Back Page)

Case Presentation:

1. An inmate who you know is in mental health treatment reports that he recently was locked-up in an Administrative Segregation Unit and has "reached the end of the line."
2. An inmate you see reports that he went to court and received another 10 years on his 20-year sentence. He appears despondent and tired.
3. You see an inmate in R & R who reports that he has a "third strike" and the documentation notes a history of major depressive disorder with prescription of antidepressants.
4. You see an elderly inmate for the first time after she has received a diagnosis of colon cancer. She appears at a loss for words and asks about euthanasia.
5. An inmate presents with complaints of chronic pain, some depressive symptoms, and a documented history of suicide attempts.
6. An inmate is brought to you with scabbing lacerations on both forearms.

	WARNING SIGNS
a.	Thoughts of death or suicide
b.	Recent self-harm
c.	Hopelessness/Worthlessness
d.	Worsening or unremitting pain
e.	Receiving "bad news"
f.	Clinical depression
g.	Sadness
h.	Substance abuse
i.	Chronic pain
j.	Recent Violence
k.	First offense
l.	Long sentence
m.	Fear for self or others
n.	History of suicide attempts
o.	Placement in Ad Seg
p.	Interpersonal loss
q.	Mentally ill or in MH Treatment
r.	Other stressful life concerns

Lifeline Intranet to Go Live Online Internal Site Designed with You In Mind

Very soon, you'll be able to go online the CDCR network and find a screen like the one shown on this page that will open a window into CPHCS. Click on the Receiver's Picture and let him introduce you to your new site. "Hello and welcome to the California Prison Health Care Services Lifeline Intranet site.. It's designed to be your place on the web," Mr. Kelso will explain via video. He'll show you a series of buttons that are designed to provide a personal experience for you depending on your role on our team. Those pages will give you information about special dates, updates on programs and projects, and information about policies and procedures for your department. Each of the sections also has contact information for the team leaders in every field and in every institution.

Within all of those sections, you can also find information about the different CPHCS departments, such as their mission, goals and services. Mr. Kelso's welcome message will also "encourage you to browse them all and familiarize yourself with the other segments of our team." In fact, on the front page of the site, rotating pictures of your real CPHCS co-workers will be featured. Your institution's PIO may have already asked you to pose for a picture or has a date scheduled for taking snapshots. The front page of the new site will give you valuable tools at your

fingertips such as a general calendar with pay dates, holidays and other important events. You'll find Urgent messages about important work place developments and state policies, a freshly updated rundown of the day's news about CPHCS and related topics, letterhead templates, a section for commonly used forms, information on travel requests and reimbursements, the web conferencing tool called Web X, and answers to frequently asked questions --plus much more all within a click of your mouse. The internal website will only be available to CDCR employees with valid credentials. It is being produced by the IT and Communications teams. Division representatives at headquarters are currently being



trained to insert content and maintain the site.

"While CPHCS consists of various departments, please remember that we are all one team with one mission." Kelso says on video; "we want this to be a valuable tool for increased communication that unites us as we go about our daily work." Look for messages about the launch of the intranet site in early August and click on your new Lifeline Intranet Site. Questions or ideas for the intranet?

Please e-mail lifeline@cdcr.ca.gov.

(From Pg. 7)
Answer Key:

1. c, o, q
2. e, l, g
3. l, q, e
4. a, e
5. n, l, f
6. b

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