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Receiver seeks \$8 Billion in Court Order Federal Judge Asked to Seize Funds

Federal Receiver J. Clark Kelso has filed a motion in the United States District Court, Northern District of California, seeking orders to ensure full state funding for the Receiver's \$8 Billion Dollar Capital Construction Program which



Courtesy- Sacramento Bee

the court previously approved in the Receiver's Turnaround Plan of Action. Kelso says, "We have fully explored and exhausted every avenue for securing this funding in a manner that least affects California's taxpayers and this year's budget process, but the state's leaders have failed to act. Therefore, it is with great reluctance, and yet a sense of firm conviction, that I seek the court's intervention to secure this funding."

The motion comes after the California Senate twice failed to authorize bond funding for the Receiver's construction program, a refusal born of the Senate Republican Caucus's insistence that funding for the Receiver be tied to changes in other legislation. Bond funding would have spread the costs of construction over a twenty-five year period and delayed any impact on the General Fund for several years. Subsequent to the

Legislature's refusal, California's Governor and Controller repeatedly refused to provide timely construction funding to the Receiver. Kelso seeks \$6 Billion to construct new prison health care facilities, and \$2 Billion more to complete the improvements to existing facilities.

The court order, if granted, would add \$3.1 Billion to the state's budget deficit during the current fiscal year. The motion calls for Defendants, Governor Arnold Schwarzenegger and State Controller John Chiang, to be held in contempt of court and orders the State to pay fines of not less than \$2 Million daily until the Defendants establish to the satisfaction of the court that the Receiver's Capitol Construction program will be fully funded. The motion further asks that the fines grow by \$1 Million Dollars every 10th day until the court is satisfied the funding will be secured. The motion also asks Federal District Court Judge Thelton Henderson to encumber any investment earnings in the state's Surplus Money Investment Fund (SMIF) and earmark the earnings for use by the Receiver for his Capital Construction project until and if another suitable source of funding is found. The motion also asks for an order that state laws be waived which may obstruct funds transfers to the Receiver.

DID YOU KNOW ?

Inmates' family members who have health-related concerns or complaints will get an answer in 48 hours or less by leaving a recorded message on the:

California Prison Health
Care Services Hotline
(916) 324-1403

The CPHCS Personnel
Department has processed
1,416 New Hires
in the last year.

Our Turnaround Plan of Action

Many draw a blank when asked, "What is the Receiver's *Turnaround Plan of Action*?" Because the Plan impacts everyone associated with health care delivery for inmates, it is important to understand what it's all about. The Plan is basically a 33 page document on reforming prison health care delivery in California over the next three to five years. In summary, the plan establishes six strategic goals to achieve our mission:

- 1) Ensure timely access to health care services.
- 2) Establish a prison medical program addressing the full continuum of health care services.
- 3) Recruit, train and retain a professional quality medical care workforce.
- 4) Implement a quality assurance and continuous improvement program.
- 5) Establish medical support infrastructure.
- 6) Provide for necessary clinical, administrative and housing facilities.

Each goal lists several objectives and actions necessary to accomplish each improvement within a specified timeline. Many of the stories you see in this newsletter tell about upcoming changes, projects and initiatives that are part of the plan. To read the *Turnaround Plan of Action* in its entirety, please log on to our website at www.cphcs.ca.gov.



A Year and 500,000 Files Later,

HEALTH RECORDS CENTER CREW LAYS GROUNDWORK FOR E-RECORDS



HEALTH RECORDS CENTER CREW AND THEIR 500K FILES

Renaldo Raeheim, Laura Lloyd, Janine Brown, Andre Breaux, Shari Wilkie, Ron Dixon, Freda Baham, Stephanie Prochaska, Amy Sammons.

When the Health Records Center Crew began working at the Old Army Depot in Sacramento a year ago, there were no medical files on the shelves. Since then they have gathered, coordinated transportation, carried, and opened enough boxes to fill their shelves with 500,000 medical files. Office Technician, Ronald Dixon is so proud to be part of the team, he e-mailed life_line@cdcr.ca.gov to tell us their story and give them credit "for all the great effort they have put forth in providing inmate and parolee patients access to their health records amidst this time of great change." He says it took the team months of unloading boxes and arranging the files in order.

"We've endured lots of pain, lifting boxes, it was a tough road." But the hard work will pay off for everyone involved in California Prison Health Care Services. The Receiver's Director of Information Technology, Jamie Mangrum says the team's hard work is laying the groundwork for the computerized medical files that will be compiled within the next couple of years. Source Corp. has just been selected through a bidding process to manage the transfer of the paper files to electronic data. They'll consolidate the records at the Center with those in all 33 institutions. Eventually, clinicians and other health staff will be able to get the files on their work

computers with the click of a mouse. That's motivation enough for Dixon. "I love it! I wanna see something created from beginning to end." Already, he says, records management is far improved. "People on the outside say they could never get copies of records." That was because the medical records were attached to the case files and the legal cases were the chief priority. But now, he says, medical records are separate from the case records and are given their due importance. Stored inside the Sacramento records center are medical records that belong mostly to parolees. Dixon says he and his teammates understand that these records are important for two reasons, first, the recidivism rate is high and that means many of the inmates who are released will soon return and the records are often needed again. Secondly, he says, the parolees often need the records to continue their treatments once freed.



Ron Dixon, 28, is the single father of 4-year-old, Elisa Grace Dixon, who he calls "Gracie Bear." He is a student at Cosumnes River College studying accounting, finance and business. He credits the training he and his teammates are receiving for keeping their morale high. "They call this the Happy Place," he adds with a smile. The team's trainer, Staff Services Manager, Donna Heisser, says "they work hard and because of them, we've made tremendous strides!"

Donna says many of those staff members are new to state service and the managers have made it a priority to ensure the work environment there stays focused, positive and friendly. Ron says the managers, supervisors and execs aren't afraid to roll up their sleeves and pitch in. That makes him aware of the urgency of the project and importance of his role.

There are still monumental tasks ahead for the records crew. Donna says many of the boxes came in with loose paperwork that wasn't even consolidated into files. "It will take years before we're done with that," she says. Another major challenge is that there is no tracking system to know whether an inmate's or parolee's file is at an institution or at the Records Center. She says sometimes parolees re-offend six months after being release and the center is asked for records but they have yet to receive them.

But that doesn't phase the records team. They share a sense of purpose and understand that they are helping human beings get access to needed health care. "It's their right. We're the greatest country in the world. It's their right under our constitution," says Ron.

To learn more about how the files will be tracked and eventually converted to electronic data by Source Corp., please go to: http://www.cphcs.ca.gov/docs/projects/RFP_HealthRecords_040408.pdf the Request for Proposals will explain the project details.



THE RECEIVER'S CORNER: WHY SPEND \$8 BILLION ON INMATES ?

By J. Clark Kelso

Californians have always persevered. Even through tough emotional and economic times, our American values and a persistent sense of hope and humanity in the face of adversity have served as guiding principles.

Now, once again, tough budget choices are spawning an emotional, hot-button debate over the following question: Why should the State spend billions of dollars to provide prisoners with access to basic health care when other important priorities also need funding? In answering this question, we

must turn to our basic sense of what is right, and we must live by our principles and values of hope and humanity.

The U.S. Constitution protects every person in this country from cruel and unusual punishment. Yet, after years of litigation, three federal courts have independently found that the State of California violates the U.S. Constitution's Eighth Amendment by failing to provide even the most basic medical care, mental health care, and dental care for its inmates. California can and must do better.

A free person has the ability to seek care and determine their own course of treatment. But an incarcerated person is fully dependent on the state. Denial of access to treatment or medication can seriously aggravate existing conditions and even be lethal. In fact, the courts found that unnecessary deaths were frequently occurring in California's prisons because of the lack of basic healthcare.

Even aside from legal or ideological arguments, there is a very real and direct reason why every law-

abiding Californian must demand that the state provide basic health care in our penal institutions. Public health itself is at risk. The prisons are a veritable "Petri dish" for the cultivation of diseases, such as drug-resistant tuberculosis. We need to provide health care to reduce the risk of prison-originated epidemics that may, if not appropriately managed, threaten public health.

We must turn our prison health care services around and end the disgraceful and unconstitutional denial of basic health care in California's prisons.

Nurses: #1 in Specialty Access, #1 in Heart **CCWF COMMUNITY LIAISON TEAM'S EFFORTS LEAD TO #1 DISTINCTION IN SPECIALTY ACCESS**



CCWF COMMUNITY LIAISON TEAM:

Loretta Headrick, Maria Mirelez and Stacy Hillenbrand

Maria Mirelez stresses about being out of compliance because she knows that would mean one of the women at the Central California Women's Facility in Chowchilla isn't getting the medical care they need, when they need it. "I care about them. I'm an RN. They teach us to be advocates for our patients," she explains. That's the battle cry for her small but committed team. Just ask Nursing Assistant Stacy Hillenbrand. "If anyone in my family or anyone I was close to was in the predicament these ladies are in, I wish somebody would work hard to get them the services they need."

Work hard they do. Maria comes in at least an hour early and leaves a couple of hours past her shift. They say it's the only way to keep up with the workload. "It's exhausting. There is so much that needs to be done and so few of us," Stacy adds.

But they've done much more than keep up. In about a year and a half, they've transformed their office into an organized operation with one of the highest compliance records for specialty access in the Central Valley and

SAN QUENTIN: OLDEST PRISON, NEWEST HEALTH CARE FACILITY

California's oldest correctional institution now has the system's newest health care facility. Staff is already moving into new, desperately needed administrative space and inmates will begin processing through the facility in mid-September. This facility will provide higher levels of care to inmates at San Quentin and provide far better working conditions for staff until the new Central Health Services Building is completed in March of 2010.

The Upper Yard Health Care Modulares contain 13 clinics. This provides space for face-to-face

triage with nurses and a doctor's line for specialty care like optometrists and orthopedics. The new facility triples available clinic space, enhancing staff-to-inmate communication and staff-to-staff communication. There will be a satellite blood-draw clinic and a radiology lab that meets all current safety codes. These replace extremely out-dated facilities that were not built for lab and clinical purposes. The radiology lab contains new digital equipment that will be moved to the new Central Health Services Building. A separate, secure portion of the new Upper Yard

Health Care Modulares will be used to service East Block (Condemned) inmates. Currently, East Block health care services are located in two converted cells within the facility. This puts constraints on phone and computer use for doctors and nurses. Also, lab and clinic space was non-existent. In the long-term, a new health care clinic will be built to adjoin East Block to enhance security and save on custody costs. Also, there will be additional clinic space added for the North Block general population inmates.



(Top) The Upper Yard Health Care Modulares are complete with a radiology lab and satellite blood draw clinic. (Bottom) Seen from above-the modulares provide 8,800 sq. ft.

even the state. If you ask them how they did it, they each point to the others. In fact, it was LVN Loretta Headrick who sent an e-mail into Lifeline@cdcr.ca.gov to praise Maria. "I believe she deserves statewide recognition for a job well done," she wrote. "I cannot tell you boldly enough how I admire what RN Mirelez has accomplished and continues to accomplish daily. Her perseverance is admirable, her spirit commendable, and her work ethic professional and above and beyond the call of duty."

What Loretta didn't say is that she works very hard herself. Maria remembers fondly what Loretta often does to help Maria stay in compliance. Loretta has no phone of her own, so she uses the unit's only other telephone to schedule inmate's appointments. That phone happens to be mounted to the wall above the microwave in a room across from their office. "She uses that phone and the microwave is her desk," Maria says with a chuckle. But she says things are getting better, if slowly. After months of asking, Loretta received a re-furbished computer. She didn't have one of those either. Now, they're waiting patiently for Maria to have an Office Technician assigned to her full-time. She got her first part-time Office Technician just three weeks ago.

But aside from all this, Maria says she feels respected and appreciated. All three women tell the story of the "flowers from the Receiver" with pride. John Dovey and a team from the Custody Support Division in Sacramento visited the operation to access the staffing needs. The team was impressed, "by how hard this person worked; her commitment to the job, working in tough conditions without help. Clearly, her commitment to the patient is just amazing," Dovey says. At the time, Maria was #1 in compliance (95%) in the Receivership's Standards for request for both urgent and routine services. That means her routine appointments are all seen within 90 days and all her Urgent appointments were seen within 10 days or better. The Custody Support Division from the Receivership; Dovey, Anastasia Bartle and Randy Tronti, wanted to do something special for Maria and her team. So they returned with a bouquet of flowers. Dovey says his visit showed him, "how bad our conditions are and what kind of people we have working in our prisons." For Maria, Dovey's gesture showed her, "that they appreciate what we're doing and it's a promise that things will get better."

If you know of someone on the Prison Health Care Services team who goes ABOVE and BEYOND, please e-mail us at lifeline@cdcr.ca.gov.



We're on the Web at:

www.cphcs.ca.gov

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COMMENTS OR QUESTIONS: lifeline@cdcr.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.

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

Website: ChangingPrisonHealthCare.org

Phone: 1-887-793-HIRE (4473)

What are Project Managers? Pride in Getting the Job Done Right



Meet some of the new Project Managers: (Left to Right:) Dennis Hirning, Ed Mondragon, Victor Krause, Bob Johnson, David Thomas, Denise Jurca, Jason Gentry, Phillip Jarvis, Corey Langdale, and Tray Freeman

The Receivership (Prison Health Care Services) now employs 20 full time project managers working on 28 different projects. The list of projects includes: Access to Care, Health Care Scheduling, Clinical Data Repository and the Health Care Data Network. By definition, "a project manager is the person accountable for accomplishing the stated project objectives." That means a project manager is the per-

son that brings organization, communication and structure to a project.

Victor Krause, for example has been with the Receivership for about 11 months. He's in charge of planning and delivering the new computer and phone network to the 33 existing prisons and building the network that will allow all health service workers access to patient records, data, test results, and medi-

cation histories.

Krause first described what work needs to be performed to accomplish a project. Like a police sketch artist, the project managers listen and capture the image of the project. The project image is the project plan. Once the plan is approved the project manager is responsible for tracking work progress, money spent and changes.

Krause says his primary goal is to instill confidence that his project will be beneficial both to the health care workers in the field and to the system in general. Case in point: the obstacles which nurses Maria and Loretta must currently deal with will be a thing of the past when their computers are installed and paired with sophisticated phones. (Please see : "CCFW Nurses" bottom of page 2)

Coordination of Federal Cases Promotes Success

The Receiver is coordinating with the monitors of the other three health care class action cases (*Coleman* [mental health], *Perez* [dental] and *Armstrong* [ADA]) on issues related to intersecting remedies in each of the cases. This collaborative effort between the Receiver and the other health care class action monitors is very important in that it will help to prevent any duplication of efforts. It also ensures that the enactment of the remedies ordered in each of the cases will not impinge upon each other. To date, agreements reached between the coordination group include, but are not limited to, credentialing and privileging of health care providers, contracts, information technology including telemedicine reform, pharmacy oversight, and construction. In his quarterly reports to the Courts, the Receiver reports on the ongoing coordination efforts. To read more about the coordination efforts of the four health care class action cases, check out the Receiver's reports on the CPHCS website at: <http://www.cphcs.ca.gov/>