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The TURNAROUND Lifeline

California Prison Health Care Services

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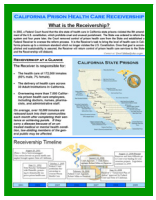
Did You Know?

California Prison Health Care Services was recently granted Continuing Medical Education (CME) Accreditation by the Institute for Medical Quality/ California Medical Association (IMQ/CMA). The provisional two-year accreditation means that CPHCS can now plan and certify all CME programs internally, as opposed to having to apply to outside organizations for CME status. CME credits are required to maintain medical licensure for physicians, so the ability to offer certification for CPHCS programs is a significant accomplishment. The new certification results from a year-long application process during which time CPHCS executed two CME programs in order to demonstrate the clinical proficiency required for accreditation.

Receivership's Leadership Structure Streamlined

At the inception of the California Prison Receivership (CPR), experienced consultants were brought in to temporarily help provide direction and guidance for planning purposes. Since the planning stage is largely completed, the executive level structure of the California Prison Health Care Services has been reorganized. This structure, staffed with state-employed civil servants, is designed so that CPHCS will be prepared to function as an entity within the State of California once the goal of improving prison health care services to a constitutionally acceptable and sustainable level has been met. Inside the Lifeline Newsletter is the first in a series of occasional inserts. The insert in this newsletter is designed to inform all the CPHCS team members about who serves in vital headquarters functions and gives phone numbers so that team members in the field can contact them when necessary. Please note that some of the phone numbers are for the Administrative Assistants who can put you in touch with the Executive Staff. On the other side of the insert you will find a sheet of Basic Receivership Facts that explain the Receivership, the size and scope of our services and that gives a timeline of the Receivership's history. The fact sheets are hole-punched so that they may be easily kept in a binder for quick access. If you have suggestions for other similar inserts of information you'd like to have at-the-ready, please e-mail Lifeline@cdcr.ca.gov.



Above and Beyond — Transcending and Transforming

CMC Reverend and Coordinator Teach Inmate Volunteers about Compassion & Responsibility

(front row, left to right): Lorie Adoff; Inmates Edward Estrada and Roger Brown; Coordinator Sandy Shelton; (back row, left to right): Inmates Steven Berry (tan shirt), Billy Brandon, Bill Williams, Thomas Reese III

Deep in a prison near San Luis Obispo, there are rare transformations taking place. They are metamorphoses that are coming late in life- often in the last few hours or even minutes. Changes that are happening to men - once criminally violent in the very worst way, who are coming to grips with their own mortality; despised criminals seeking forgiveness, lonely souls seeking a connection. And through it all there is hope: of redemption, of rehabilitation, of recognition for the pain caused by the most heinous of sins. Welcome to the Supportive Care Services (SCS) a hospice based program at California Men's Colony a state prison. This place is a portal between life and death, between loneliness and vital companionship as last breaths are taken and, as inmate Ben Williams writes, between darkness and light. "I'd lost many friends. They would get sick, and with the help of friends, they would hang on to their jobs and quad housing as long as they could. Then one day they would disappear into the prison hospital, a storied, fearful, Black Hole of a place." "Their friends, men like me, were left lost and bewildered as to their fate, and they too were lost, facing death without companionship. There was no friend to offer a smile and cheerful greeting; no friend to write a letter home when they couldn't; no friend to carry greetings back and forth. They ended up dying alone. Staring at the ceiling while locked in a cold and sterile room, a high barred window looking out at a cinder block wall."

Make no mistake, there is a full realization here that many in the outside world think that is as it should be. But Reverend Lorie Adoff, *(continued on Page 2)*

Above and Beyond

Cont. from page 1

the Director of Spiritual Care, who trains prisoners to offer comfort to their dying fellow inmates at the SCS, disagrees. "It is the wisdom of the ancient, our duty as companions in the human race that we offer companionship to those who are dying -no matter what they have done." What they have done is often heinous indeed. Many of the inmates, both volunteers and patients, are 'lifers.' There is no denial of that, no attempt to skirt the fact that with their brutal crimes many here have stolen whatever comfort their victims could have been given as they took their abrupt final breaths. "And do you know that is one of the very things inmates address," adds the Reverend. It is as those last breaths are taken that the memories of their victims often loom largest. It is in those final moments that many, both inmate volunteers and the dying patients are forced to face the pain they have caused to others. Rev. Adoff sees it almost every time. "They begin to see that all of life is sacred. They begin to recognize the pain, and their connection to the pain that they have caused." And for the volunteers there is "the hope that they can alleviate someone else's pain." "They know they can never make up for it but would like to give back in some way. They recognize their victims died often very lonely deaths and they don't want others to die that way."

The Reverend has come face to face herself with the family members of victims who question what she does for a living, parents who want her to know about their suffering. They often say, "My child didn't have this. I am in so much pain." But she says, "Acting out of pain and anger doesn't heal. We need a positive experience" she says, to transcend the crimes "once and for all."

Transcending and transforming: that, she insists is the crux of her mission, especially for the living volunteers: "They understand what they have taken from someone else." "Being that person of responsibility and compassion changes a man from the inside out." "Of all the inmates who have left, (about 10 were eventually paroled,) no one has ever come back." Inmate Williams writes "Little did I know that I would learn so much about the true meaning of being a caring human being or how much such service would change me. Every dying man I've been with, has taught me how to live, to forgive, to love, and the truth and joy in serving."

So now, some simple wreaths of ribbons or feathers hang at this portal as a testimony to those journeys. One in particular holds perhaps the most meaningful of the ribbons for those who gather here. Each ribbon on this wreath holds the name of one convict - some would say, one sinner, who is no more. There are about 200 ribbons in all, tied together -memorializing those who found 'connectedness.' 'Sinners' who in their final moments may have finally understood the pain they caused their victims and the precious moments they stole from their victims' families. The ribbons symbolize dying human beings who sought forgiveness because they were not alone. But together those ribbons also form a wreath that means something more for the men left behind. It is a symbol of hope for the volunteers that transformations can still occur… even after serving most of their lives behind bars.

Nursing Services Team Pulse

Nurses new to corrections often say they feel left out of mainstream nursing and lament that there is no professional group to belong to like the AORN, AACN, NASN, and so on. Did you know that the American Nurses Association has recognized correctional nursing since 1995? This is when the first scope and standards of practice for correctional nursing were published. These standards recently went through revision and were released in January 2007. They are listed in simplified version below, but to learn more you can obtain your copy of these standards and the measurement criteria from http://www.nursebooks.org.

Standards of Practice:

1. Assessment The corrections nurse collects comprehensive data pertinent to the patient's health and condition or the situation.

2. Diagnosis The corrections nurse analyzes the assessment data to determine the diagnoses or issues.

3. Outcomes Identification The corrections nurse identifies expected outcomes for a plan individualized to the patient or the situation.

4. Planning The corrections nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

5. Implementation The corrections nurse implements the identified plan.

5A: Coordination of Services The corrections nurse coordinates care delivery.

5B: Health Education and Health Promotion. The corrections nurse employs strategies to promote health and a safe environment.

5C: Consultation The advanced practice registered nurse and the nursing role specialist provide consultation to influence the identified plan, enhance the abilities of others, and effect change.

5D: Prescriptive Authority The advanced practice registered nurse uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.

6: Evaluation The corrections nurse evaluates progress towards attainment of outcomes.

Standards of Professional Performance:

7. Quality of Practice The corrections nurse systematically enhances the quality and effectiveness of nursing practice.

8. Education The corrections nurse attains knowledge and competency that reflects current nursing practice.

9. Professional Practice Evaluation The corrections nurse evaluates one's own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.

10. Collegiality and Professional Relationships The corrections nurse interacts with and contributes to the professional development of peers and colleagues.

11. Collaboration The corrections nurse collaborates with patient, family and others in the conduct of nursing practice.

12. Ethics The corrections nurse integrates ethical provisions in all areas of practice.

13. Research The corrections nurse integrates research findings into practice.

14. Resource Utilization The corrections nurse considers factors related to safety, effectiveness, cost, benefits, and impact on practice in the planning and delivery of nursing services.

15. Leadership The corrections nurse provides leadership in the professional practice setting and the profession.

HR Connections

Senate Bill Changes Holiday Provisions

The recently passed Senate Bill X3 8 amended Government Code (G.C.) Section 19853 changes State holidays and compensation for working on a holiday. These changes are effective as of the March 2009 pay period.

The amendment to G.C. 19853 eliminated February 12 (Lincoln's Birthday) and the second Monday in October (Columbus Day) as State holidays. The 2009 holiday schedule below includes all excluded employees and employees in Bargaining Units 1, 2, 3, 4, 6, 7, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, and 21.

To determine holiday compensation for SEIU employees refer to the holiday section of the appropriate SEIU bargaining unit agreement.

For a list of Bargaining Unit Contracts, visit the Department of Personnel Administration website:

http://www.dpa.ca.gov/bargaining/contracts/index.htm

2009 Holiday Schedule

Thursday, January 1	New Year's Day
Monday, January 19	Martin Luther King Jr. Day
Thursday, February 12	Lincoln's Birthday **(2009 only)**
Monday, February 16	President's Day
Tuesday, March 31	Cesar Chavez Day
Monday, May 25	Memorial Day
Saturday, July 4	Independence Day
Monday, September 7	Labor Day
Wednesday, November 11	Veteran's Day
Thursday, November 26	Thanksgiving Day
Friday, November 27	Day after Thanksgiving
Friday, December 25	Christmas Day

New Electronic Exit Survey Improving Retention

Opinion surveys can be powerful tools to assess the health of an organization and to help identify areas needing improvement. In an effort to make California Prison Health Care Services (CPHCS) an employer of choice in the health care industry, Human Resources (HR) staff are working on several initiatives including an Employee Exit Survey for departing employees and an Employee Satisfaction Survey for existing employees.

The on-line Exit Survey was implemented in February 2009 utilizing the survey monkey platform. This survey replaced form CDC 1144 Employee Exit Questionnaire for all medical employees within the 33 adult correctional institutions and CPHCS headquarters. The process is simple: When an employee provides notice of their planned departure from their current job, their supervisor or personnel liaison will provide them with instructions for completing the on-line exit survey. Hard copy surveys are available for those who do not have access to the internet. Survey results are anonymous unless the employee volunteers his/her name and contact information. An HR analyst runs a cumulative report monthly and reports significant findings to HR management.

The Employee Satisfaction Survey is under development also utilizing the survey monkey platform. Once completed, this will serve as a valuable source of information on how staff feel about their jobs and what the organization can do better to support staff in their efforts. The Employee Satisfaction Survey will be made available to all medical staff statewide once it is completed. We look forward to receiving your feedback.

Frequently asked questions

Q: Do I have to use my furlough hours in the same month they count against my paycheck?

A: You can now save furlough hours and take them at any time, subject to supervisor approval. However, you must use all your furlough hours within two years of the end of the Furlough Program.

Military Leave Payments Now Considered Wages

On June 17, 2008, H.R. 6081, the *Heroes Earnings Assistance and Relief Tax Act of 2008 (HEART Act),* was signed by the President. The Act became Public Law No. 110-245 which amended IRS Ruling 69-13. Specifically, the amendment indicates that military leave payments are now considered wages and as such, these payments will now be subject to Federal, State, Social Security, Medicare, and SDI deductions effective within the 2009 tax year.

Effective January 1, 2009, military leave payments issued by the State Controller's Office (SCO) will be subject to Federal, State, Social Security, Medicare, and State Disability Insurance (SDI) taxes and will be reported on the Form W-2, Wage and Tax Statement.

Who needs to complete the revised Military Leave Work Sheet?

- Employees newly eligible to receive military leave pay.
- Employees deployed on a new military tour.
- Employees who wish to change their current Military Leave Work Sheet information.
- Employees who wish to participate in the Savings Plus Program 401 (k) Plan and/or 457 Plan.

Once the work sheet is completed, it must be turned in to the Personnel Office. The revised Military Leave Work Sheet can be downloaded from the SCO website:

http://www.dpa.ca.gov/personnel-policies/pmls/2009/attachments/2009008-01.pdf

Getting Married?

If you're getting married, it's important that you understand how your CalPERS benefits are affected by the changes in your life.

Your Long-Term Care Coverage

Your new spouse and parents in-law may be eligible for the CalPERS Long-Term Care Program. You can contact the CalPERS Long-Term Care Customer Service to find out more. (www.calpers.ca.gov)

Your Supplemental Retirement Savings Plans

If you are part of the Savings Plus Plans, you should contact your savings plan to review and modify your beneficiary information as needed. (www.sppforu.com)

Your Health Benefits Coverage

Contact your Personnel Office as soon as possible to add your new spouse (and any stepchildren) to your health coverage or to get information regarding other options (Flex "Cash" in lieu of benefit coverage, etc.) In order to add your new spouse to your benefit coverage, your Personnel Office will need a copy of your marriage certificate.

Your Taxes

You may need to review your current tax withholding and exemptions. Need to update? Complete the Employee Action Request form (STD 686) and submit to your Personnel Office.

Your Retirement

Be sure to review your Beneficiary Designation form. Your marriage revokes a designation you may currently have on file with CalPERS. There are separate Beneficiary Designation forms you need to complete so be sure you use the correct version. The forms are available in your Personnel Office.

In order for the Survivor Continuance benefit to be payable to your spouse in the event of your death, you must be married at least one year prior to your retirement date.

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

California Prison Health Care Receivership

What is the Receivership?

In 2002, a Federal Court found that the dire state of health care in California state prisons violated the 8th amendment of the U.S. constitution, which prohibits cruel and unusual punishment. The State was ordered to reform the system and four years later, the Court removed control of prison health care from the State and established a Federal Receiver to oversee the reform process. It is the Receiver's task to bring the level of health care in California prisons up to a minimum standard which no longer violates the U.S. Constitution. Once that goal is accomplished and sustainability is assured, the Receiver will return control of prison health care services to the State and the Receivership will disband.

Contact us! Email lifeline@cdcr.ca.gov

Receivership at a Glance

The Receiver is responsible for:

- **The health care of 172,000 inmates (93% male, 7% female).**
- **The delivery of health care across 33 Adult Institutions in California.**
- **Overseeing more than 7,000 California prison health care employees, including doctors, nurses, pharmacists, and administrative staff.**

On average, over 10,000 inmates are released back into their communities each month after completing their sentence or achieving parole. If they carry a disease because of an untreated medical or mental health condition, law-abiding members of the general public may be affected.

Receivership Timeline

August 20, 2001
(Plata v. Davis/Schwarzenegger)
Class action lawsuit on prison health care neglect brought against State of California.

June 13, 2002
State Reaches Settlement with Plaintiffs, promising to dramatically improve prison health care.

October 3, 2005
Federal Court establishes Receivership to oversee Prison Health Care.

February 14, 2006
Federal Court Appoints Robert Sillen as Receiver.

January 23, 2008
Court Appoints J. Clark Kelso, replaces Robert Sillen as Receiver.

June 16, 2008
Receiver's "Turnaround Plan of Action" approved by Federal Court and State of California.

August 13, 2008-Present
Receiver and State Officials go to Court over funding for construction projects. Legislation continues in 2009.

2001	2002	2005	2006	2007	2008	2009

The California Prison Health Care Services (CPHCS) Executive Level Organizational Chart was included with each hard copy of the May Lifeline Newsletter which was sent to all CPHCS Staff. However, this org chart is not included in the public electronic copy of the Lifeline Newsletter in order to avoid undue workplace interruption from public phone calls, especially during the H1N1-related visitation closures. Please contact the CPHCS Communications Department at lifeline@cdcr.ca.gov if you would like to request another copy.