

# Stockton Workforce Analysis

## TOTAL FACILITIES STAFFING REQUIREMENTS

- California Health Care Facility
- DeWitt Nelson Converted Juvenile Justice Facility
- Northern California Reentry Facility

## STOCKTON PRISON HEALTH CARE SITES

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## Note to Reviewers



*Keep the nose up, and look towards the horizon*

**T**HIS ADVICE TO NEW PILOTS might well be good advice for all reviewers of the Stockton Workforce Analysis plan, as we are a long way from landing, and many changes are likely to occur over the years ahead.

It is probably safe to say that many of the staffing numbers used here will likely change, yet the larger conclusions—the challenges ahead, the scale of this project—will remain.

We tried to construct an organic report, one that can easily grow and change over time. The master spreadsheet at the back is linked to all of the pie charts within the narrative, and the staffing and wage references embedded within the text are linked to the sheet as well. As such, when changes occur, as they will many times, we will update the master spreadsheet, and those changes will ripple through the document.

By its nature, Census data tends to change fairly slowly unless the unexpected happens to a community, such as Hurricane Katrina. Demographics (how the workforce is divided among professions and trades) are also fairly stable within a given community, but who is, and isn't, working can change dramatically, as we have witnessed over this painful recessionary period. One month may show signs of improvement, and the following month retrenches; one industry grows while another remains stagnant. Fixing a point in time to publish a report of this nature is its own challenge. We will continue to update Census and EDD figures on a periodic basis.

Here's to keeping our eye on the horizon, and a safe landing.

## *The Reality of Prison Health Care Services*

CALIFORNIA PRISON HEALTH CARE SERVICES, working under the auspices of the federal Receiver's *Turnaround Plan of Action* for improving California inmate health care, is undertaking a complex challenge on a scale that has never been attempted before.

To begin to understand the challenge, realize that the state has a large, diverse population of men and women who are serving their sentences in one of 33 correctional facilities located throughout the state. In March 2010 we had roughly 170,000 inmates in custody, enough adults to populate an entire medium-sized city.

We don't choose who goes to prison, nor do we choose how long they will remain in custody. Some of our inmates are barely 20 years old; others are elderly individuals who will be with us for as long as they live. Every ethnic, religious, cultural, sexual orientation and social group is represented. Some inmates serve relatively short sentences and have the chance to recover a productive life; others have been sentenced to life in prison without the possibility of parole. Between the extremes is a vast sea of individuals who will require various degrees of medical and mental help while incarcerated. This is a demanding population to care for under the best of circumstances.

Here is a startling fact—we provide on average 500,000 health-care visits a month in our prison clinics. That's six million visits a year, and we do it with a staff of health care workers who devote their professional careers to helping this population irrespective of who they are or what they might have done in the past. Filling these positions is an enormous undertaking.

Three facilities are now in the planning stages for construction in Stockton, California. The largest of the three is the Receiver's California Health Care Facility (CHCF), which will have a total of 1,722 beds; the DeWitt Nelson Juvenile Justice Facility, which will be converted to contain 1,133 beds; and the Northern California Reentry Facility, which will contain 500 beds (the "Stockton Facilities"). The latter two will be built under the direction of the California Department of Corrections and Rehabilitation (CDCR), for a total of 3,355 beds serving a variety of inmates and their care needs. The construction is likely to begin in late 2010 with initial site preparation, and activated over a relatively short period of time beginning sometime in 2012-2013. To put this in perspective, the typical urban hospital has between 400 and 450 beds.

Make no mistake—our mission is profoundly complex. The Workforce Development team is not only recruiting staff locally, statewide and from across the nation, we are creating programs for training health-care workers from scratch. We will be responsible for medical, mental health and dental staff, and on top of all these challenges, we have an aging workforce of health care professionals who will retire in waves as soon as our economic ship reenters smooth waters.

In every way we are trying to make California Prison Health Care Services the best functioning organization in all of State service in spite of the enormous obstacles in front of us. It is not an option to forsake this population, as many are want to say. Instead, we must meet our objectives step-by-step with a critical eye towards cost containment. In the end our role is not prison health care, but an essential, humane part of public health care that will not go away simply because inmate health care is an expensive inconvenience that no one wants to deal with.

# STOCKTON PRISON HEALTH CARE

## Workforce Analysis

### Overview

How hard can it be to staff these facilities? Here's a hint: The two most complicated types of structures to operate are hospitals and prisons.

Consider that a hospital must perform immediate emergency care, acute care, precise surgical services, dispensing pharmacy, rehabilitation, comfortable care for various inpatient needs, a germ-free environment in a germ-infested world, all while functioning 24 hours a day.

A prison needs to maintain safe custody for a diverse group of individuals incarcerated against their will. Predatory inmates, violence, gang rivalries, rampant mental illness, infectious diseases and general overcrowding, are all challenges that the custody staff must manage without respite 24 hours a day, 365 days a year.

Although a prison medical facility will not be an acute care hospital performing surgery, it will provide medical care, mental health services, and dental needs to a population with a huge range of health and behavioral issues. Inmate-patients must be skillfully treated by medical professionals tending to a vast array of needs, while custody professionals manage every minute of every day for every one of them.

### Staffing Projections

With this complexity in mind, Workforce Development experts for both health care and custody formulated scenarios for staffing based on best practices. Fiscal experts then convert staffing needs to personnel years. The PY is thus a calculation that begins with the assumption that a full-time job slot is eight hours of work a day, five days a week, 52 weeks a year, for a total of 2,080 hours of *pay* each year. Benefit costs are a separate calculation.

But an "individual," as opposed to a PY, has vacation time, sick leave, holiday leave, and on-going training and continuing education to maintain skills and current licensures. Now add in that many medical and custody jobs require staffing three shifts a day, weekends and holidays included. Administrative, clerical and routine maintenance jobs can go unfilled for brief periods without critically affecting the mission. So each classification has a coverage requirement that varies substantially based on the criticality of the job.

To manage this coverage variance, Fiscal experts devised a concept known as the relief multiplier. This factor takes into consideration the likely number of days an employee will not be in attendance (for all of the reasons listed above, plus outright resignation or

retirement), so that each job classification can be converted into a meaningful staffing estimate. For example, an administrative staff position might have a relief multiplier of 1.0, meaning we will hire one person to do each identified job, and when they are out sick or on vacation, the job can typically wait for another day to be completed.

A registered nurse position, a core health care provider, can *never* go unfilled. Obviously, no individual works without break, so the relief multiplier is higher. In the case of a registered or licensed vocational nurse, the relief multiplier is 1.769. This means for most nursing positions we will estimate slightly more than one and three-quarters PYs in order to provide uninterrupted care for a full-time position.

Which brings us to the last point—the fractional staff member. When reading the following document, we will reference fractional staffing figures for various classifications—25.25 RNs for a particular role, as an example. This does not mean that we will have one quarter-time nurse to go along with 25 full-time employees; rather, it is a financial estimate of the staffing costs associated with a particular staff function using the relief multiplier to predict full-coverage costs for the position.

Some jobs will need fewer people than estimated, and others will need more. For that matter, some jobs may be eliminated, or job duties shifted to another classification, either because the change makes sense, or recruiting difficulties demand other solutions. As mentioned earlier, this is presented in a point in time and the numbers may vary from what we presented in other documents.

Although the estimates provided throughout this document represent the best, likely totals, the complex nature of these facilities, especially the larger, Receiver's site, means that staffing will be a work in progress for some years to come. Also, we don't open the doors with a full facility on the first day. Rather, activation is an incremental process from opening day to full capacity.

Finally, remember that staffing needs are driven by the inmate-patient mix, and that mix will be constantly changing. It is the goal of Workforce Development to be both nimble and flexible in our recruiting and training efforts so that the variable staffing needs can be met in a timely manner by the most cost-effective means.

### The Stockton Facilities

The staffing analysis is based on the total needs of all three facilities when they are fully activated—meaning all beds have been filled, and all staff to support patient needs, are in place. As employees are recruited and/or trained and then on-boarded as new civil service appointments (a civil service designation not to be confused with a governor's appointment), some appointees will be CDCR employees, such as correctional officers; others will be California Prison Health Care Services workers, such as nurses; and some will actually be Department of Mental Health employees, such as psychiatrists. We do not, however, make these distinctions in this document, as that breakdown is of little consequence here in terms of the numbers needed and the anticipated challenges that some classifications represent. What is important to note here is that Workforce

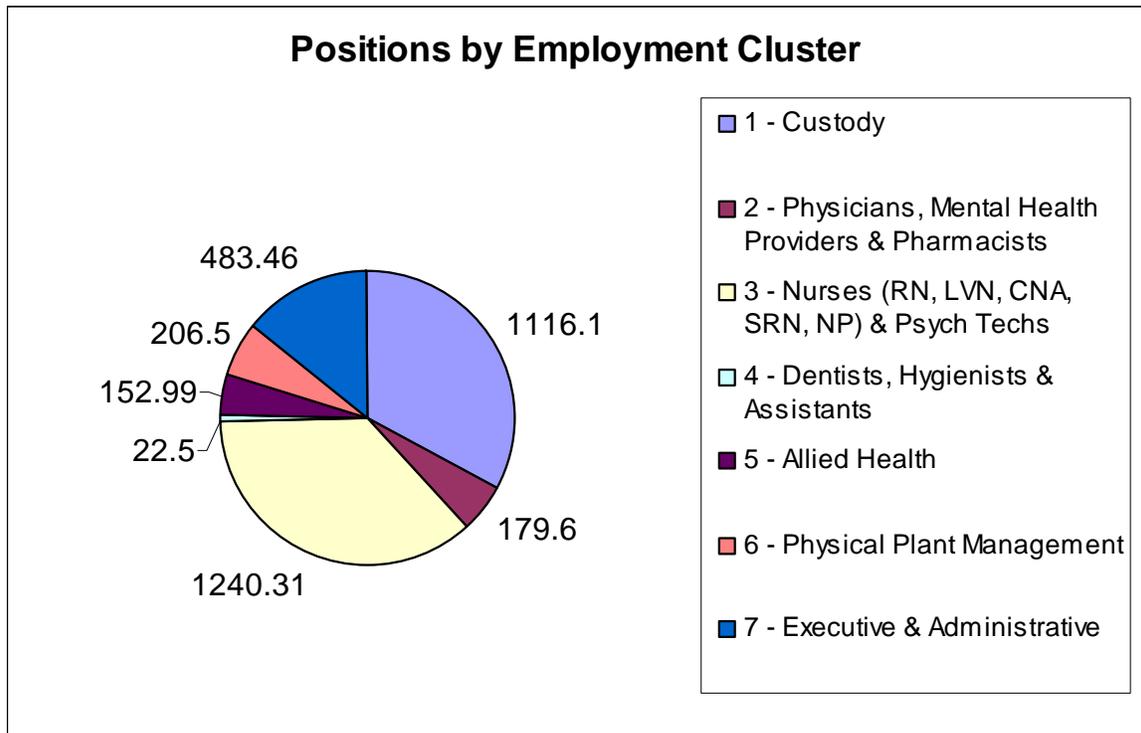
Development will have to coordinate its efforts with three complex agencies, each with its own mission and specific needs.

The analysis that follows is based on data contained in what is called the “30-Day Letter to the Joint Legislative Budget Committee (JLBC)”, the body that approves the funding needs for the project. Although the facility will be built in Stockton, much of the local data is based on San Joaquin County figures. For the purposes of this analysis, comparisons between civil service wages and comparable community wages are based on county and/or Stockton metropolitan wages even though some future employees may well commute from other counties into the area.

Historically we have staffed newly built facilities with some number of experienced employees currently working at other correctional or mental health sites. To have all new people in an all new facility would be impractical for many reasons. The percentage of relocated employees moving to a new facility is around 30 percent, though that number will vary substantially by classification. Transferred employees will be back-filled locally, and the balance of positions filled by recruitment efforts.

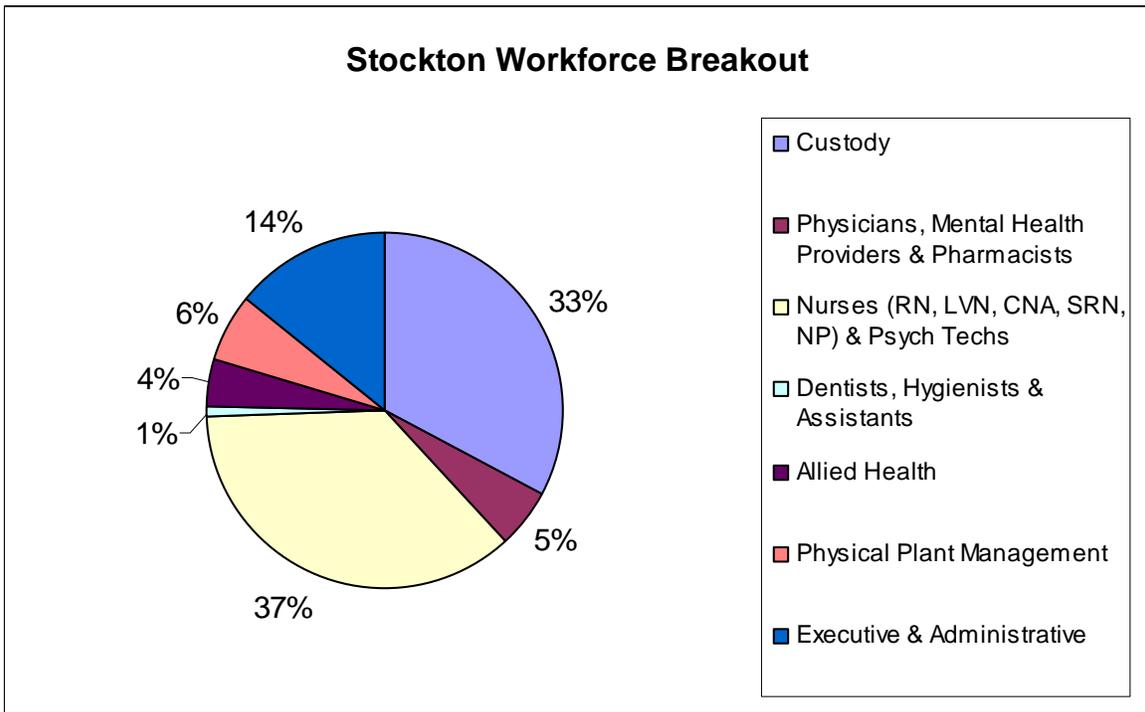
Stockton Facilities – Preliminary Estimates

The Stockton Facilities are estimated to employ 3401.46 fulltime employees. For this analysis the employee population has been divided into seven clusters (or groups of employees) that represent core tasks—nurses, for example, are separated from custody or plant management roles. This helps to more easily align employment needs for the site as they relate to the community at large.



The figure above shows the number of positions by cluster, with the numbers outside of each pie wedge representing anticipated employees within the cluster. Color coding remains consistent throughout. (If the document is reproduced in black & white, the cluster at 12 o'clock is Custody, then working clockwise, each cluster is presented on the chart in the order they are listed on the legend at the right. Typical for all figures.)

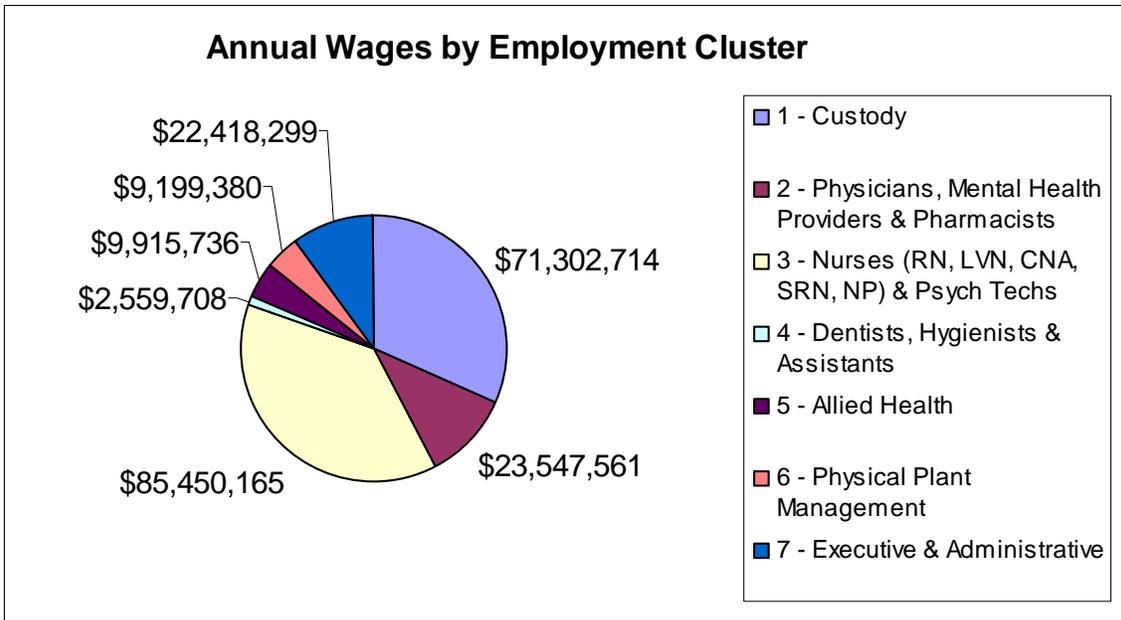
On the figure below, the workforce is presented in percentage by cluster, so that we can see that Custody employees represent 32.81 percent of the total workforce, and Nurses & Psych Techs represent 36.46 percent. Since the nurse portion of the total is the largest, it is important to point out that this group includes registered nurses (RNs), licensed vocational nurses (LVNs), certified nursing assistants (CNAs), psychiatric technicians (Psych Techs), supervising nurses (SRNs), and nurse practitioners (NPs).



In terms of our economic impact on the community, the Stockton Facilities represent an approximate \$224,393,562 annual payroll exclusive of benefits or other indirect compensation, such as health care insurance and retirement benefits. Typically we estimate that the benefit package is worth about 30 percent additional compensation over and above wages.

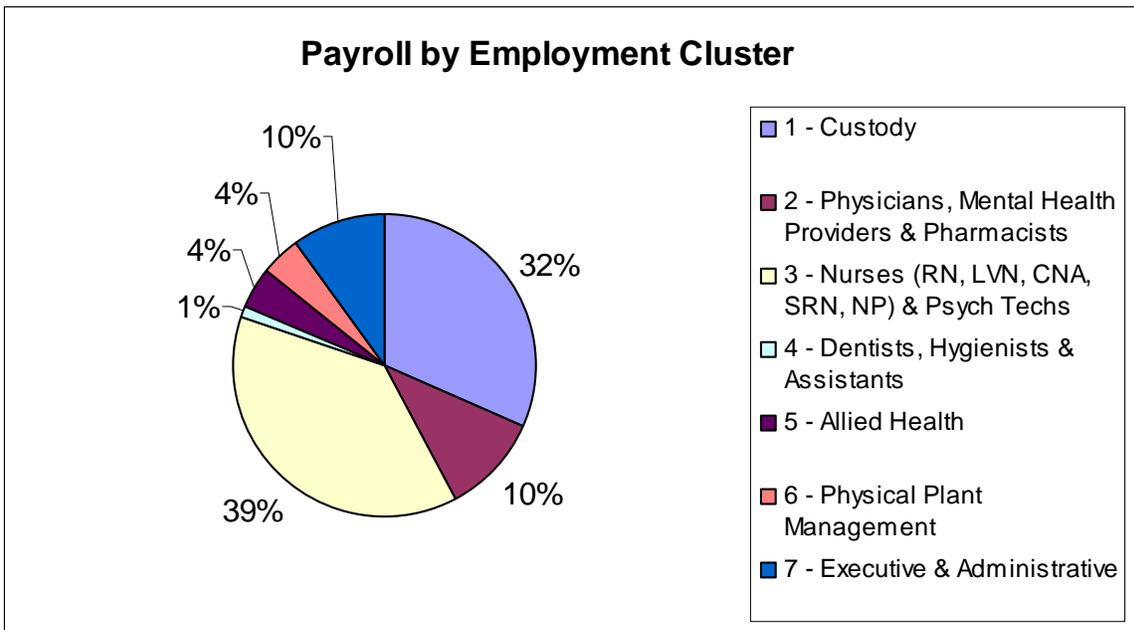
When calculating wages, the figures in this report are the mean (average) wage within the classification from the starting wage in the lowest range to the highest wage in the top range for that classification.

Although the facilities will be a three watch (shift) operation with employees present at all times, no overtime figures are included here.

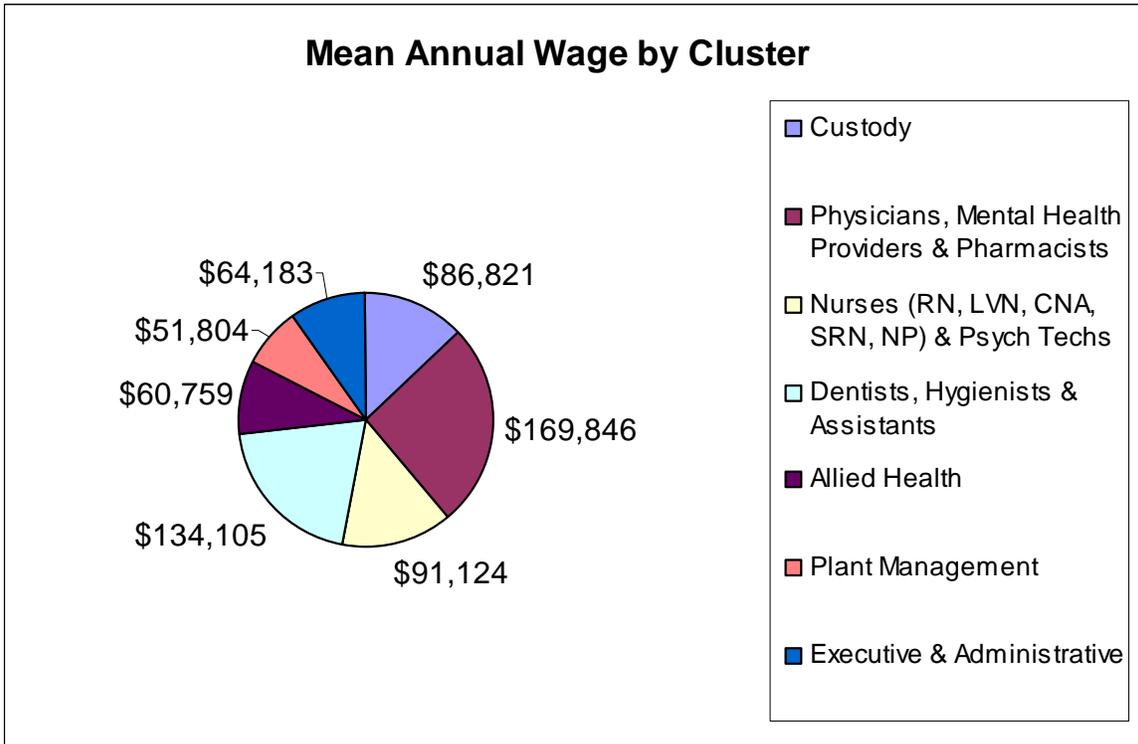


A final word on wages: all figures presented here are based on current classification wages, with a mean (average) wage derived by taking the lowest wage in the starting pay range and averaging it with the highest pay in highest pay range for that classification.

We can see that all Nurses and Psych Techs, at \$85,450,165, represent the largest payroll group, Custody employees at \$71,302,714 are second, and Physicians and Pharmacists, totaling \$23,547,561, is the third largest payroll cluster.



When we look at the percentage of the payroll by cluster, we see that Custody and Nursing maintain their relative share; Custody is 32.81 percent of the total workforce and 31.78 percent of the payroll. Nurses are 36.46 percent of the facility workforce, and 38.08 percent of total wages. The biggest shift, not surprisingly, from employees to payroll, is Physicians and Pharmacists, which are 5.28 percent of the workforce but 10.49 percent of payroll. Executive and Administrative employees go in the opposite



direction, with the total number of employees within this cluster totaling 14.21 percent of the workforce but only 9.99 percent of payroll wages. Although our executives, such as the Receiver’s Career Executive Assignment (RCEA), Career Executive Assignments (CEA), and the Health Care Manager, are senior-level employees, the vast army of administrative, support, analysts and office technicians, are moderately compensated classifications.

Lastly, the figure above presents the mean (average) annual wage by cluster. Averages can be misleading in some respects, as no one works for the “average wage.” However, what averages help us do, not only in this figure but all five figures that break down the Stockton Facilities workforce, is give us the analytical tools to present our plans to community leaders and employers in such a manner that they can visualize the number of employees, the different kinds of work that they will be doing, and the estimated average wages that these employment opportunities will be bringing to the community. The mean annual wage comparing the total of all employees to the total payroll is \$65,970.

## San Joaquin County and the City of Stockton

When a health care campus employing 3401.46 workers is dropped into a relatively small metropolitan area with high unemployment, it is important that we remain sensitive to the scale of our project. We must do all that we can to complement the local economy and not cause disruption to regional employers.

From an economic impact point of view, the combined construction costs are likely to exceed \$1 billion, and the estimated payroll based on average wages (without benefits) exceeds \$224,393,562 annually. Although many jobs can be filled from within the community, and the employment will be welcomed by all, we do have competitive factors for numerous health-care classifications, and some local employers fear we will recruit their best workers and leave them in the lurch.

To destabilize the local health-care employment environment is not to our advantage, and as such we expect to work cooperatively with local public and private hospitals, as well as other public and private employers, so that we can recruit, train and advance the overall medical workforce to the benefit of everyone. This is not an insignificant challenge, but we have begun initial coordinating efforts with local leaders far in advance of the first hire coming on board, so we have every expectation that we will succeed in balancing everyone's needs. We hope to share our candidate lists with local health care employers (subject to privacy concerns) and conduct joint recruitment if possible.

### **Census Data**

Using U.S. Census Bureau figures, the 2009 estimated population of San Joaquin County is 674,860. Based on the 2006-2008 American Community Survey (ACS) (U.S. Census Bureau), of those persons over the age of 25, 76.4 percent have high school diplomas, and 16.3 percent have a bachelor's degree or higher. For all workers over the age of 16, the average commute time to work is just a few seconds shy of 30 minutes.

The U.S. Census Bureau estimated in 2008 that the population of Stockton was 287,037, or just over 43 percent of the county's population. High school graduates over 25 years are 73.2 percent of the population, and those over 25 with a bachelor's degree or higher are 16.9 percent. Mean commute time is just over 27 minutes.

Medium household income in the county is \$54,711 (2006-2008 est.), with slightly more than 11 percent of families living in poverty.

City numbers from 2006-2008 ACS (U.S. Census Bureau) have a household medium income of \$49,090, with 14.7 percent of families living in poverty.

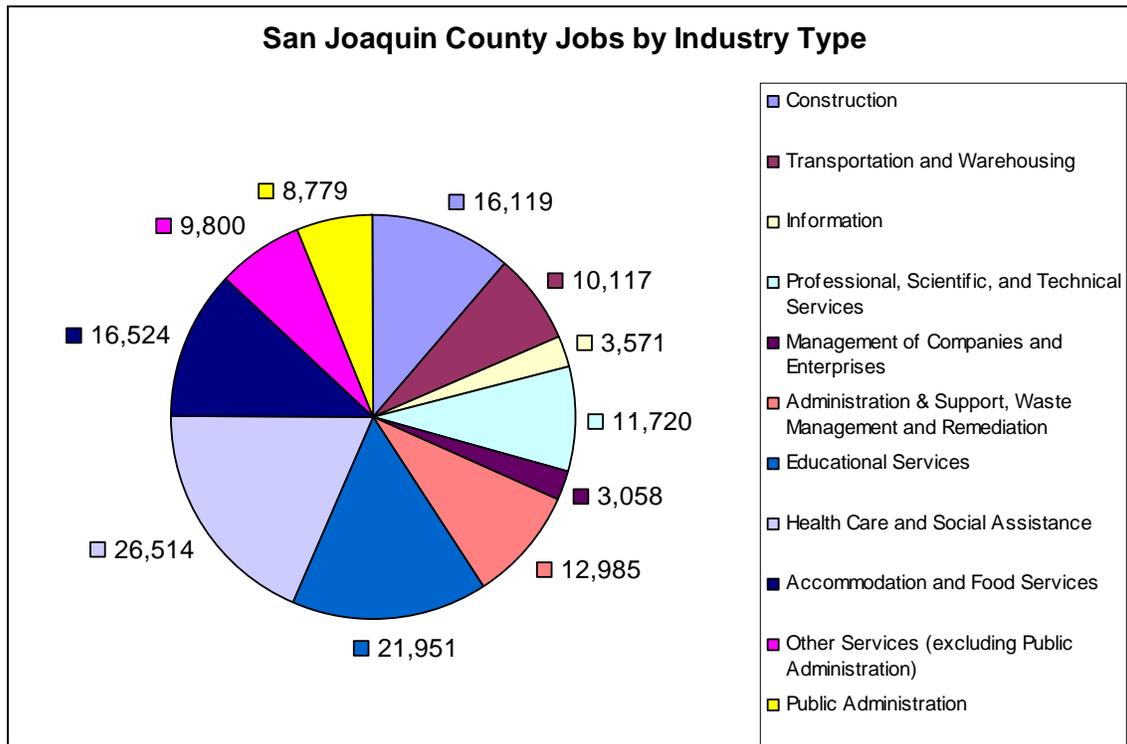
Unemployment rates for the Stockton metropolitan area have increased dramatically during the recent economic downturn. The March 2010 unemployment rate for the county was 18.4 percent, well above the state and national averages of 12.5 percent and 9.7 percent. In addition, more than 30,000 jobs were lost in April 2010 due to the closure of the New United Motor Manufacturing, Inc. (NUMMI) plant in Fremont,

California. Seven NUMMI subsidiaries located in San Joaquin County were forced to close.

The Home Area Profile Report (U.S. Census Bureau) for San Joaquin County reports that in 2008 there were 230,186 primary jobs in the county. In other words, the Stockton Facilities would represent just slightly less than a 1.5 percent increase in total jobs for the county. However, county health care employment will rise dramatically by 15 percent once the facilities are fully activated.

From a demographic perspective, those workers 30 or younger are 28.3 percent of the workforce (65,163); workers 31 to 54 are 56.0 percent of the workforce (128,827); and those workers 55 and older are 15.7 percent of the workforce (36,196).

From an income perspective, 21.4 percent of primary job workers earn less the \$1,250 per month; 38.7 percent earn between \$1,251 to \$3,333 per month; and 39.9 percent earn more than \$3,334 per month.



The Home Area Profile Report lists a total of 20 job categories by industry type, with the ten categories shown above more *representative* of the types of jobs that will be filled at the Stockton Facilities. Jobs in these categories total 141,138, so that the total employment of the Stockton Facilities would be just slightly more than 2.4 percent of these jobs.

## Analysis of Key Employment Clusters

The analysis below looks at the four key clusters of employees within the seven totals that have been defined. These four key groups are Custody; Physicians, Mental Health Providers & Pharmacists; Nurses & Psychiatric Technicians; and Dental. Combined, these classifications represent 77 percent of all fulltime employees at the Stockton Facilities, and 82 percent of the total annual payroll.

### **Custody**

The act of providing custody services is a civil service job. Individuals *arrested* for a violation of the law and those convicted of certain crimes are held in a jail, which are staffed by county sheriff's employees. Individuals *convicted* of a felony and sentenced to a year or more of incarceration are sent to a state prison, which is staffed by the California Department of Corrections and Rehabilitation. The most equivalent community employment is Sheriff's Correctional Officers who staff and manage the local jail.

To find *near equivalencies* we looked at law enforcement and private security employment. About 24 percent of the Stockton Facilities, or 1116.1 positions, will be Custody slots. San Joaquin County has approximately 930 police and sheriffs officers. The Sheriff's Correctional Officers (jailers) earn from \$45,336 to \$55,116 annually, where many sheriffs begin their careers. Deputy Sheriffs (patrol officers) earn from \$52,488 to \$63,768 annually.

CDCR Correctional Officers earn an average \$59,508, and a Correctional Sergeant's mean annual wage is \$75,402.

Sheriff and police chiefs working in the western U.S. earn on average \$96,600, which is less than a CDCR captain at \$103,920.

Security managers working in firms with 100-500 employees are earning roughly \$77,500 annually, which puts them in line with a CDCR sergeant.

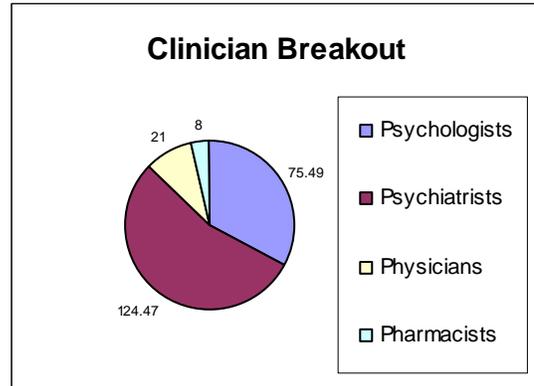
It is probably fair to assume that Custody employees will have some amount of overtime during the course of the year, which is understandable given the round-the-clock staffing demands that a prison has to manage. We can probably also assume that city and county law enforcement safety employees have overtime demands as well.

It is also very likely that many of the custody slots in Stockton will be filled by transferring employees from some of the regionally located prisons in the Sacramento-Stockton-Tracy-Vacaville areas, with those vacancies back-filled with statewide eligible candidates.

Many of these positions are good working class jobs, somewhere in that mid-level vocational job sphere, that would be a very nice addition to the San Joaquin County/Stockton community. Custody leadership represents professional employment opportunities with well-above average wages.

## Physicians, Mental Health Providers and Pharmacists

This cluster includes physicians and surgeons, psychiatrists, psychologists, and pharmacists. These are the high-wage clinicians who determine and deliver treatment protocol. Including medical executives and clinical administrators, this group is 179.6 full-time appointments, representing 5.28 percent of the Stockton Facilities workforce.



Based on Employment Development Department (EDD) figures, if we were to total comparable professionals working in San Joaquin County, that total is 1,110. The largest local group is pharmacists, with 470 in the community. There are 250 clinical psychologists, 330 family physicians and general physicians and surgeons, and 60 psychiatrists. Additionally there are 80 obstetricians and 50 diagnosing practitioners, as well as small numbers of various specialists.

Local wages within these classifications are presented below in a range from the 25<sup>th</sup> percentile to the 75<sup>th</sup> percentile for Stockton based on wage surveys on [www.salary.com](http://www.salary.com) as of December 2009, and EDD hourly mean wages, when available, as calculated to represent fulltime annual income:

Stockton Wages <sup>1</sup>	www.Salary.com		EDD annual mean <sup>2</sup>
	25 <sup>th</sup> percentile	75 <sup>th</sup> percentile	
Family Practice Physician	\$146,549	\$190,878	\$125,236 <sup>3</sup>
ER Physician	\$219,132	\$283,374	Not reported
Surgeon	\$279,849	\$382,232	\$142,105
Psychiatrist	\$175,291	\$217,619	\$158,163
Psychologist	\$76,005	\$96,949	\$95,493
Pharmacists	\$110,550	\$122,706	\$114,525
Clinical Pharmacist	\$100,751	\$114,708	Not reported
Pharmacist Manager	\$119,004	\$136,168	Not reported

1. Stockton MSA wages are the same as San Joaquin County
2. EDD annual mean = hourly mean x 2080 hours for equivalent fulltime employment
3. 25<sup>th</sup> percentile as reported by EDD; no other figures reported for this classification

The other income variable that is not considered here is that many practitioners are also business owners (practices and pharmacies). Income can be derived from more than professional services, such as the sale of non-prescription items, income derived from associate employees, owning in whole or in part other medical services, such as lab and radiological services, the opportunity to own real property rather than renting practice space that may well produce a substantial asset value over time, as well as the sale of the business as an operating entity at the end of a working career.

When we compare Salary.com figures with EDD reported income, both the pharmacist and the psychologist classifications have wage rates that are really quite close to their

private-sector counterparts. The psychiatrist classification has EDD reporting an annual mean wage of 95 percent of the Salary.com 25<sup>th</sup> percentile. Wage rates for family practice doctors are substantially inconsistent from the two reporting sources.

To what can we attribute this variance? We could conduct our own salary survey, but we may well be relying on some of this same data, so we would have to ask ourselves what is the value of averaging figures that are inconsistent.

Intuitively we might also consider what could be called the range of “professional ambition” that exists within each classification—some doctors are happy working 3 1/2 low-stress days a week and others are working five 12-hour days each week. This workload differential may well contribute more to income variations than any other factor we might discover.

Civil service employment for these professionals is a lifestyle choice, with private practice offering certain lures, while state appointments offer other inducements. We are also seeing a trend for both recent graduates and those already in private practice gravitating to correctional medicine for a steady paycheck, no practice overhead to manage, and no malpractice insurance payment.

Based on experience, recruitment for these 179.6 fulltime positions will be very challenging. We will likely expand recruiting efforts outside of the county, but regardless of where these professional appointments come from, we believe the community as a whole should welcome them because they are high-paying occupations that will bring income to the community.

### **Nurses & Psychiatric Technicians**

At 36.46 percent of the total workforce, with over 1240.31 fulltime positions, our registered nurses, licensed vocational nurses, certified nursing assistants, psychiatric technicians, nurse practitioners, and the supervising, senior and nurse instructors guiding this team, are the backbone for providing care to the more than 3,337 inmate-patients who will one day fill these facilities.

Without a doubt, this group represents an enormous challenge to recruit and retain. Based on U.S. Census data, health care and social services as an employment sector within San Joaquin County represent of 26,500 jobs in total, but the breakout and wage structure within each discipline will challenge both CPHCS and the community at large. We will be recruiting locally, regionally and statewide for many of these positions; we will be transferring others in comparable positions at other facilities to Stockton; and we will see an evolving commitment to a “grow-our-own” program where interested and capable individuals will get the opportunity to complete classroom and clinical training as a precursor to a state appointment within the broad range of nursing and Psych Tech careers. The emphasis will be on timing candidate graduation to match the opening of the new Stockton Facilities.

**Registered Nurses**

Registered nurses (RNs) comprise 377.05 fulltime positions at the Stockton Facilities, and when we add in supervising RNs (SRN II & SRN III), nurse instructors, and public health nurses, the total increases to 461.95 fulltime nursing positions, or 37.24 percent of the total nursing staff of 1240.31.

EDD estimates that there are 3,520 RNs in San Joaquin County, which means that this facility would add about 11 percent to the total RN population, a substantial number of hires to manage carefully.

Using EDD wages as a starting point, the reported hourly mean average for RNs in the Stockton MSA is \$36.89/hour. Calculating fulltime employment as 2080 hours per year, that brings the annual Stockton wage for RNs to \$76,731. In the 25<sup>th</sup> percentile, considered by EDD as a starting wage, the hourly figure is \$30.89, or \$64,251 annually. In the 75<sup>th</sup> percentile (senior, more experienced RNs), the hourly wage is \$44.15, for an annual compensation of \$91,932.

Stockton MSA <sup>1</sup>	25 <sup>th</sup> percentile	Hourly Mean	75 <sup>th</sup> percentile
Annual RN Wages - EDD	\$64,251	\$76,731	\$91,932

1. Stockton MSA wages the same as San Joaquin County

Using [www.Salary.com](http://www.Salary.com) as an additional wage source for RNs, the annual wages are lower. Based on different reporting methods, the figures below are for three RN classifications for the 25<sup>th</sup>, 75<sup>th</sup> and 90<sup>th</sup> percentile of wages.

Stockton	25 <sup>th</sup> percentile	75 <sup>th</sup> percentile	90 <sup>th</sup> percentile
Staff Nurse – RN	\$58,271	\$71,445	\$76,464
Staff Nurse – RN, ICU <sup>1</sup>	\$61,182	\$72,962	\$77,848
Staff Nurse – RN, LTC <sup>2</sup>	\$52,072	\$65,884	\$72,461

1. Intensive Care Unit

2. Long Term Care facility

By comparison an RN at a correctional facility earns:

Correctional Facility	Minimum	Maximum
RN – CDCR	\$87,420	\$101,172

Our RNs earn substantially more than RN wages in Stockton. Using EDD figures, our minimum annual wage is \$10,689 more annually than the hourly mean wage in the community. The maximum CDCR RN wage is \$9,240 more annually than the 75<sup>th</sup> percentile wage.

If we do the same comparison using Salary.com wages, the differential is even greater. Even if we give ourselves the benefit of the doubt and compare our minimum to the Salary.com 75<sup>th</sup> percentile wage average, the difference at the bottom of the scale is

\$15,975 annually. Comparing our maximum to the 90<sup>th</sup> percentile average, the difference is \$24,708 annually.

Whether we use EDD figures or Salary.com, the wage differentials are substantial enough that local employers will undoubtedly express concerns. However, the concern over wage differentials should be tempered by the realization that a career as a correctional RN requires a certain type of nurse in terms of disposition and vocational objectives. The RN who finds fulfillment as an ER or ICU nurse is probably not the nurse who will be attracted to correctional medicine, and thus community leaders and health-care employers should have less of a concern regarding our hiring of specially trained RNs.

RN recruiting will also be a statewide activity, and not restricted to a local population of candidates. It is equally important to point out that there are ample eligible RNs on our statewide employment lists, which should further lessen the concern over our hiring efforts. These nurses should be welcomed as a new part of the economic vitality of the community.

***Psychiatric Technicians***

Psychiatric technicians (Psych Techs) and senior Psych Techs total 439.36 fulltime positions, or 35.42 percent of total nursing cluster employees.

Like the comedian might ask, *“What do you want first-- the bad news, or the really bad news?”*

We have a *wage* issue, and a *scarcity* issue, in terms of recruiting Psych Techs.

To keep the scarcity issue really simple, we need 9 times as many Psych Techs for our Stockton Facilities as currently work in the county. EDD estimates that there are only 50 Psych Techs in the county, and given the fact that many Psych Techs are civil service employees at one level or another, there is a high likelihood that some of these 50 already work for the state at one of the state facilities in the county.

EDD does not report a county or Stockton wage for Psych Techs.

Using [www.Salary.com](http://www.Salary.com) figures for Psych Techs in San Joaquin County, the figures look like this:

Stockton	25 <sup>th</sup> percentile	75 <sup>th</sup> percentile	90 <sup>th</sup> percentile
Psych Tech – Annual Wage	\$25,424	\$33,392	\$37,544

Comparing these wages to CDCR wages, we can see a dramatic difference:

Correctional Facility	Minimum	Maximum
Psych Tech	\$56,400	\$61,932

Much like the RNs, we have a sizable salary differential to deal with. In the case of Psych Techs, if we compare the CDCR minimum to the 75<sup>th</sup> percentile estimate from Salary.com, the differential on the low end is \$23,008 annually. Comparing CDCR maximum to the Salary.com 90<sup>th</sup> percentile, the difference is \$24,388.

EDD reports a statewide hourly mean wage for Psych Techs of \$24.38, or \$50,710 annually for Psych Techs throughout the state. This gives CDCR an annual salary differential of \$7,770 on the low end, to \$13,302 at the high end.

The salary differential, no matter how we view it, is huge within this wage bracket, and it will draw the ire of any local employers should we simply begin recruiting these workers.

But the real solution lies not in recruiting from the tiny pool of Psych Techs within the county—if we hired them all we would still have only a small percent of our needs, and then we’d be competing with local employers for all additional hires.

In that regard we have been working with San Joaquin Delta College deans and faculty in support of Department of Labor (DOL) grants that would be used to expand Psych Tech training at the college. We worked actively on the grant proposal, and lobbied for support from the Receiver, CDCR, Department of Mental Health (DMH), and the Psych Tech union (CAPT). We also garnered the support of San Joaquin Workforce Investment Board. The goal is to expand a program that currently enrolls 15 new students each year to one that could handle as many as 90. Over the course of the three-year grant period, the goal is to produce 216 licensed Psych Techs from an overall enrollment objective of 255.

As part of our contribution to the program, we will provide clinical rotation sites, either at correctional facilities and/or DMH hospitals. Although specific sites, numbers of students that could be accommodated, and other considerations are not yet worked out in detail, we are committed to supporting the expansion of Psych Tech educational programs, at Delta and at other colleges, as a proactive means of meeting our staffing requirements for the Stockton Facilities.

***Licensed Vocational Nurses***

Licensed Vocational Nurses (LVNs) are front line medical workers distributing pharmaceuticals to patient-inmates and providing other basic care. We will require 126.5 fulltime LVNs at the fully staffed Stockton Facilities.

EDD estimates that there are 910 LVNs in San Joaquin County, so our needs will add 7.3 percent to this employment classification.

EDD calculates LVN wages in the county at:

Stockton MSA <sup>1</sup>	25 <sup>th</sup> percentile	Hourly Mean	75 <sup>th</sup> percentile
Annual LVN Wages - EDD	\$43,638	\$50,128	\$58,656

1. Stockton MSA the same as San Joaquin County

For comparison, [www.Salary.com](http://www.Salary.com) estimates LVN wages in Stockton at:

Stockton	25 <sup>th</sup> percentile	75 <sup>th</sup> percentile	90 <sup>th</sup> percentile
LVN – Annual Wage	\$38,424	\$46,255	\$49,970

CDCR wages for a licensed vocational nurse are:

Correctional Facility	Minimum	Maximum
LVN	\$46,536	\$51,048

If we compare our minimum LVN wage to the EDD hourly mean, we are at a competitive annual wage disadvantage of <\$3,592>. Comparing our maximum to the EDD 75<sup>th</sup> percentile, that disadvantage becomes <\$7,608>. This is a very significant differential at this pay rate.

The wage differential nearly evaporates when comparing our wages to Salary.com. Our minimum versus the Salary.com 75<sup>th</sup> percentile is \$281; our maximum versus the 90<sup>th</sup> percentile is \$1,078. Over the last several months, the salary gap between the CDCR and Salary.com salaries has diminished and become more comparable.

For employees desiring the historic stability of state civil service employment, the wage disadvantage that we have may be surmountable. On the one hand, most families depending on moderate income levels are looking at the immediate 30-day horizon in order to pay their bills, and every dollar a month is meaningful. On the other hand, there is evidence that LVNs are having a much more difficult time finding work. Employers are using fewer LVNs than in the past, with hospitals gravitating towards an RN-centric nursing staff, rather than the more traditional blend of RNs and LVNs. If this proves to be the case over time, the Stockton Facilities will bring much needed opportunity to trained LVNs in search of stable work.

### ***Certified Nursing Assistant***

The certified nursing assistant (CNA) is the entry-level rank within the medical care profession. They work under the direction of the nursing staff, and have earned a certificate acknowledging the completion of defined course work. Their duties are generally described as providing assistance for activities of daily living (ADL).

The Stockton Facilities are scheduled to employ 173.0 CNAs at capacity, which is 19 percent of the nurses and psychiatric technician employment cluster.

EDD does not report on the CNA classification, but rather clumps nursing aides, orderlies and attendants into one broader group. EDD estimates that there are 1,710 individuals working in this classification in San Joaquin County, with a mean hourly wage of \$12.52, equating to \$26,041 annually. Because certified and non-certified workers are gathered into a single group, a wage comparison is less meaningful than we would need.

However, [www.Salary.com](http://www.Salary.com) provides some wage figures for this specific job classification:

Stockton	25 <sup>th</sup> percentile	75 <sup>th</sup> percentile	90 <sup>th</sup> percentile
CNA	\$25,701	\$31,067	\$33,672
CNA – Nursing Home	\$23,510	\$26,445	\$27,842
CNA – Long Term Care	\$23,595	\$30,304	\$33,719

CDCR wages for certified nursing assistants are:

Correctional Facility	Minimum	Maximum
CNA	\$29,304	\$35,628

If we compare the average CNA annual wage in the 75<sup>th</sup> percentile as reported by Salary.com to CDCR minimum annual wage, the differential is \$1,763 annually. Comparing our maximum rate in the CNA class to the 90<sup>th</sup> percentile average, the difference is \$1,956.

Given the relative ease of obtaining a CNA certificate, which by federal law requires a minimum of 50 hours of classroom theory training and 100 hours of supervised clinical training, our ability to recruit and maybe assist in training efforts for this workforce, should allow us to fill these positions over the ramp-up period without unsettling the local workforce dynamics. These should be seen by us, and by local leaders and employers, as quality jobs for those without college degrees or other advanced training, and perhaps more importantly as an entry level medical job that can lead over time to LVN or Psych Tech certification, or even to RN status.

## Dental

The dental classification, which covers dentists, dental hygienists, and dental assistants, is small in number at a total of 22.5 fulltime positions, but it does represent a key class because of the *Perez case* implications.

Incomes as reported by [www.Salary.com](http://www.Salary.com) for these classifications are:

Stockton	25 <sup>th</sup> percentile	75 <sup>th</sup> percentile	90 <sup>th</sup> percentile
Dentist	\$124,657	\$162,277	\$183,824
Dental Hygienist	\$58,314	\$73,707	\$80,756
Dental Assistant	\$29,900	\$37,325	\$40,123

EDD reports income within these dental professions as:

Stockton MSA <sup>1</sup>	25 <sup>th</sup> percentile	Hourly Mean	75 <sup>th</sup> percentile
General Dentist - EDD	\$119,246	\$147,014	Not reported
Dental Hygienist	\$58,989	\$65,374	\$85,259
Dental Assistant	\$28,122	\$31,824	\$37,066

1. Stockton MSA the same as San Joaquin County

Correctional Facility	Minimum	Maximum
Dentist	\$152,760	\$261,792
Dental Hygienist	\$40,992	\$82,008
Dental Assistant	\$28,896	\$60,948

In addition to wages, EDD reports that there are 360 practicing dentists within San Joaquin County, 340 hygienists working in the county, and 780 assistants, so our needs are a relatively tiny fraction of current practitioners within the area, and thus recruiting will be more of a wage and lifestyle decision, rather than an availability issue.

In terms of wage comparisons, dentists fair really well within our system, with a minimum income above the annualized EDD hourly mean of \$5,746, about a 4 percent differential. At the maximum rate, our dentists are paid \$77,968 more than the 90<sup>th</sup> percentile as reported by Salary.com. Again, many of the same variables that influence physician income are present for the dentist, and professional ambition can certainly account for an even wider income range than is reported.

For hygienists, the wage picture is cloudier. CDCR minimum wages are substantially below the 25<sup>th</sup> percentile wages as reported by both Salary.com and EDD. That differential is between <\$17,997> (EDD) and <\$17,322> (Salary.com), a staggering amount for this wage range that we will find very difficult, if not impossible, to overcome.

But the differential is much narrower when we compare the top of the wage ranges. The CDCR maximum in this class is \$1,252 more than the 90<sup>th</sup> percentile on Salary.com, and a substantial differential of <\$3,251> when compared to the reported wage in the 75<sup>th</sup> percentile by EDD. Over the last several months, the salary gap between the CDCR and Salary.com salaries has diminished and become more comparable.

For dental assistants, the wage picture is almost the reverse of the hygienists. Comparing our minimum wage to the 25<sup>th</sup> percentile of Salary.com and EDD, the differential is quite small. Compared to Salary.com, we pay <\$1,004> less at our minimum; when we compare our minimum to the EDD 25<sup>th</sup> percentile, we pay \$774 *more* each year. At the maximum wage, our employees do much better than either survey reports. We pay \$20,825 more than Salary.com reports for the 90<sup>th</sup> percentile, and we pay a staggering \$23,882 more than the 75<sup>th</sup> percentile income as reported by EDD.

Overall, the dental classes have a number of variations, top and bottom that will influence our recruiting results. However, the fact is, we only have 22.5 total fulltime positions to fill within these classes.

## Conclusion

This report should be viewed as an on-going analysis of our workforce needs for the Stockton Prison Health Care Site. Although staffing needs are likely to change many

times over the course of construction and activation, it is pretty safe to say that the impact on Stockton and San Joaquin County employment will be substantial no matter what the final staffing numbers turn out to be.

As we reach out to local leaders and employers, this report helps us paint a clear picture of what our needs are, and perhaps allay any fears they might have that we are a threat to local employers. Instead, we should be seen as a huge asset to the community that will improve the lives of those who work for us, while creating numerous jobs in the private sector. At the very least, if we have an employment multiplier of 4 to 1, the Stockton site may result in over 850 new private sector jobs and small business opportunities in addition to the more than 3401.46 jobs at the Facilities. And our assistance in expanding Delta College is a community asset.

To assist Workforce Development in our needs to remain on top of a development program that remains in a state of flux, the staffing numbers that are presented in the pages that follow are linked to the pie charts contained within the text, and any staffing number embedded in the narrative is also linked to the master spreadsheet. As changes are made to the staffing estimates, we will be able to update the document virtually automatically. EDD and U.S. Census data will be managed manually.

Eventually a more tactical plan will emerge as construction deadlines firm up, and actual staffing plans and mission profiles become more fixed points. As this occurs, we will create the specific recruiting targets, the methods for achieving them, and implement the staff preparation to meet these goals in a timely, efficient manner.