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April 10, 2008

J. Clark Kelso, Receiver
California Prison Health Care Receivership Corporation
P.O. Box 4038
Sacramento, CA 95812-4038

Re: **Receiver's Strategic Plan**

Dear Mr. Kelso:

SEIU Local 1000 appreciates the opportunity to comment on the first draft of the federal receiver's strategic plan for reforming the prison health care system. SEIU Local 1000 remains concerned that the expertise and perspectives of frontline workers are not being sufficiently considered as we undertake such "an extraordinarily broad organizational change effort within CDCR's health care program."

Upon receipt of your draft plan, SEIU Local 1000 solicited input from our members and we convened a group of frontline health care staff to review and comment on the plan. Following is a summary of the most repeated comments by our members.

Overall, many of the objectives rely on effective communication between management and frontline staff.

- One of the most frustrating problems confronting frontline staff is the lack of clear and consistent communication from management.
- Changes to policies and procedures often are not communicated effectively, if at all.
- Policies and procedures, when implemented, should reference the literature on which the policies were based.
- Local managers and supervisors often use the receiver's name in vain, by claiming a greater authority to implement changes (some of which violate our Collective Bargaining Agreement) than actually granted by the judge or the receiver.
- Lack of experienced or trained trainers. Training provided by people less qualified or with a lesser license not only is a waste of time and money; it also creates a hostile work environment.
- Many frontline employees are frustrated by the lack of communication regarding changes orders by the receiver's office. For instance, one RN noted that "the supervising nurse at my institution has not held any kind of meeting since last September. Most of us have no idea what is going on."

Objective 1.4. Staffing and Processes.

- Concern that some custody staff is still not educated on the rights of inmates to have access to medical care.
- There is still a lack of presence by custody staff in some work locations. Some institutions made adjustments to provide additional correctional officers after the Medical Technical Assistant positions were transitioned to LVN positions. However, some institutions have been slower or more resistant to providing the levels of custody staff necessary to insure the safety of health care staff (as demonstrated by a recent arbitration decision ordering additional custody staff for a dental clinic at Pelican Bay State Prison).

Objective 2.2. Pharmacy Program.

- Many of our members perceive the pharmacy program implemented by Maxor to be particularly unwieldy and laden with medical errors.
- We should utilize the same storage, access and administrative methods which are standard in community care.
- For quicker improvements, utilize existing pharmacy systems and equipment, such as Medicine-on-Time and Pyxis. The use of these systems also assures greater accountability with regard to the dispensing of narcotics.
- The draft plan notes that the receiver has established Pharmacy Nursing Liaison staff to work with "nursing leadership" on medication management processes. Many members commented that frontline staff, not "nursing leadership," should be consulted if a true assessment of the problems is to be achieved.
- All staff utilizing pharmacy programs should be involved in quality improvement programs. This cannot be accomplished from the top down.
- The implementation of standardization of formulary has to be done with concern for the specific needs of women.

Objective 3.1. Recruitment.

- Registry employees often enjoy the opportunity to choose shifts, an advantage sometime denied to their state employee counterparts (in violation of our Collective Bargaining Agreement).
- Registry employees often lack training comparable to that of state employees.
- Registry employees are not held accountable to the same standards as state employees.
- Registry employees receive higher salaries than state employees, contributing to dissent in the workplace.

Objective 3.3. Peer Review and Discipline.

- Given the long-standing problems with the supervisory and management staff at the institution level, and given the lack of well-communicated standards as previously outlined, the objective of establishing a viable peer review and discipline program by July 1, 2008 is highly unlikely and will most probably cause even greater damage to an already badly dysfunctional system.

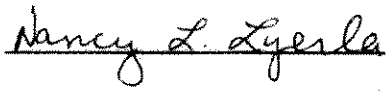
- It will be next to impossible to fairly enforce standards that have not been effectively communicated to frontline employees.
- Having a new system with the same bad supervisors and managers will not generate a different outcome. Management will simply pick their favorite employees to conduct the peer reviews.

SEIU Local 1000 has been extremely supportive of efforts to improve prison health care, especially since our members have long been advocating for many of the changes that the receiver's office has implemented to date. Better models for change already exist: one only needs to look at the innovative partnership among Kaiser Permanente managers, workers and physicians—the Labor Management Partnership—to understand the type of cooperative spirit between an employer and its union employees that we are seeking. Kaiser's Partnership with its union employees is the largest and most comprehensive of its kind and is credited with yielding superior health care results and a high-performance workplace.

The magnitude of changes and accelerated timelines proposed can only be achieved if the receiver brings managers, frontline workers and physicians together to make full use of each group's—and each individual's—expertise. These different perspectives will help to more rapidly resolve systemic issues, improve service and quality of care, and eliminate waste that drives up costs. Frontline employees, who do the job every day, are able to offer innovative solutions to the many problems at hand. Moreover, without their active participation, any strategy for change is doomed to fail.

As SEIU Local 1000 leaders from CDCR emphasized at their recent meeting with you, our members and leaders are deeply committed to improving the prison medical system. Past administrations have chosen not to involve frontline employees, ultimately resulting in your appointment as the receiver. Your initial commitment to involve frontline employees by meeting on a monthly basis with SEIU Local 1000 is an encouraging step in the right direction. On behalf of our members, thank you for considering our input.

Sincerely,



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