

CALIFORNIA
PRISON HEALTH CARE
RECEIVERSHIP CORP.

Robert Sillen
Receiver

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When the Receivership began in April, I promised that help was on the way. Though the problems with the prison medical system are complex and daunting, improvements have already started. Today I'd like to share with you some of the progress so far.

To start, my team and I are making headway on my commitment to visit all 33 adult prisons in the state. We've been to 11 to date -- meeting with inmate patients, medical and custody staff, wardens and physician leaders to get a feel for the realities they face every day. The working conditions are jaw dropping, and it is clear that overcrowding is at the root of many of the difficulties that afflict medical care. When on site, we meet some incredibly talented, motivated medical and custody staff who are doing their best under tough circumstances. These folks are eager to rise to the occasion presented by the Receivership to create a new, better medical care system.

At the end of each prison visit, we ask the staff to prepare a list of critically needed medical supplies and equipment, which is immediately reviewed. Essential items, such as cardiac monitors and gurneys, sphygmomanometers to read vital signs, sutures and gauze for the emergency room, are delivered as soon as possible. Even very basic materials such as training texts, eye and ear models, anatomical charts and office supplies such as dry-erase boards, folding tables and binders have been requested and delivered. It speaks volumes about the state of the clinical environment that these items had not been available until now. With them, staff's ability to provide adequate care to inmate patients is enhanced. I also have authorized a handful of new positions based on these visits. For instance, at CTF Soledad 16 Registered Nurses were trying to care for some 7,000 inmates. I immediately doubled the complement, creating 16 more RN positions for that overcrowded prison.

At San Quentin, our approach is more in-depth, with a special four-month project focused on improving medical care there. The lessons from San Quentin will be crucial to understanding systemic, bureaucratic and cultural barriers to adequate medical care, which apply to one degree or another at each prison. We started at San Quentin because of the enormous challenges that prison faces -- including overcrowding, old and older facilities, a wide variety of inmate classifications, ages and illnesses, a reception center and California's death row. Our project is not intended to "fix" San Quentin, but there is much it can do. Most immediately, it is about upgrading the working conditions of staff and medical care delivered to patients. Though much remains to be done, that work already is bearing fruit.

The commitment and creativity of many members of the San Quentin staff -- including the Warden, Associate Warden for Health Care and Chief Medical Officer -- to this project has been outstanding. They have been integrally involved in defining problems,

developing solutions and carrying out improvements. Their extra hard work deserves recognition, and it will be vital to the achievement of meaningful change.

Highlights of progress at San Quentin include:

- Authorization of 29 new clinical and administrative staff positions.
- Improved access to specialty care, back log of 200 appointments reduced.
- Reorganization of nursing, the first step toward a model for better patient care.
- Plans to build a new medical facility for clinics, emergency and urgent care, X-Ray, lab, medical records and pharmacy.
- Reception center physicals moved to appropriate clinical space.
- Development of an inmate janitorial training program to clean medical areas.

Work such as this at the individual institutions is essential to improving patient care. Of equal importance are new approaches to the big picture. I am glad to report advances in that area as well.

As you know, the Receivership early on made good on long overdue payments to specialty physician and hospital contractors, paying out more than \$58 million in bills, some of which were four years old. The next step in that process is to fix the contracting system going forward. Thanks to the diligence of CDCR and DGS contracting personnel, working together with my team, that project is well underway. We recently purchased a \$5 million software system to replace the antiquated arrangements that had been used, allowing for timely processing, payment and tracking of contracts in the future.

Most prison medical staff statewide will soon see a long overdue salary adjustment. Judge Thelton E. Henderson's order last week granted my request to raise clinical salaries. The new salaries (covering medical, not mental health or dental staff) will be closer in line with those at University of California hospitals, in an attempt to reduce the staggering vacancy rates that currently plague the prison medical system. That move will cost \$24 million in the first year, if all the positions are filled, compared to a \$90 million price tag the state currently pays for temporary staff. It's going to take more than money to recruit and retain the people we need, but it is an important first step, without which all attempts at remedial action will be fruitless. We cannot achieve a constitutionally adequate medical care system without a sufficient number of permanent, qualified staff, dedicated to the mission.

And, we will soon need even more medical professionals to staff a significant increase in beds. After the August Special Session on the prison crisis failed to produce any policy decisions, I called a September 15th meeting with CDCR and state officials to start planning the building of 5,000 new prison medical beds and 5,000 new mental health beds. Those will become a reality in the next three to five years. Meanwhile, my staff is working to find 500 additional sub-acute medical beds for those inmate patients most in need today. Now, many sub-acute patients languish in community acute care hospitals due to the unavailability of beds to return to in the prisons where they came from. Typically, beds vacated when inmates go to outside hospitals are immediately filled with more sick inmates, leaving nowhere for discharged patients to return, so they remain out

at the hospital. Not only is this less than acceptable from a medical/nursing perspective but, as well, is an enormous waste of scarce taxpayer dollars.

Additional efficiencies will result when the prison pharmacy system undergoes a turnaround. An audit commissioned by the Receiver found that California's prison pharmacies cost taxpayers \$46 to \$80 million more than equivalent prison systems. We are currently in the process of negotiating with a firm to take over management of the 33 prison pharmacies in order to correct the practices of the currently dangerous, disorganized and wasteful enterprise.

We have taken significant steps in a short time, and there is much more work ahead. Please remember, all activities of the Receivership have one bottom line in mind: ***To create a system where custody and health care staff together guarantee that access to care and quality of medical services in California prisons meet constitutional standards.***

I look forward to working with you to reach that goal.

Sincerely,



Robert Sillen
Receiver

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