

Letter from the Receiver, Vol. 2, Number 2
20 April 2007

Greetings to all on the first anniversary of the Receivership!
What a year it has been. I would like to share with you six significant accomplishments that, together, we have made that will contribute greatly to the improvement of the prison medical care system.

1. Salary crisis addressed

One year ago, prison doctors, nurses, pharmacists and other medical staff were paid drastically depressed wages. The below-market salaries caused high vacancies, the use of expensive temporary agencies (costing taxpayers \$90 million per year), often attracted poor performers and added to the chaos and discontinuity of care. The state's own salary surveys confirmed that prison medical staff were underpaid, but the problem had remained unaddressed.

Today, medical staff are paid competitive salaries, (costing \$30 million per year when all the positions are filled), and vacancies are starting to shrink. So far, we have hired more than 500 Licensed Vocational Nurses (LVNs) and almost 300 Registered Nurses (RNs). It took a waiver of state law by federal Judge Thelton E. Henderson to accomplish this essential change. We are not done. There are several classes that were not addressed last year that will be addressed this year. We will, on an ongoing basis, make sure that salaries are competitive in the marketplace and appropriate for recruitment and retention of quality staff.

2. Pharmacy crisis addressed

One year ago, the prison pharmacy system was out of control, wasting \$46 to \$80 million tax dollars per year. Drugs went missing, there were no inventory or purchasing controls, lax oversight, and an atmosphere ripe for medical errors. Despite numerous reviews and audits over the past six years that found serious, wasteful and dangerous deficiencies in the prison pharmacy system, nothing had been done.

Today, national correctional pharmacy experts are managing the system and a turnaround is underway. Already, Maxor National Pharmacy Services Corp. has identified nearly \$500,000 in rebates that the state never collected. We are in the process of transferring control of the purchasing and procurement processes from the Department of General Services (DGS) in order to achieve more cost effective and efficient results, which will save taxpayer money and ensure better service for our clinicians and patients.

3. Nurse staffing restructured

One year ago, Medical Technical Assistants (MTAs) served as LVNs in the prison medical system, but their dual role as correctional officer (CO) and nurse caused confusion in the workplace, divided loyalties and made it even more difficult to recruit RNs. This problem had been previously identified by court experts but not addressed.

Today, LVNs are replacing MTAs at a savings to taxpayers of \$39 million per year. The new staffing is improving clarity of roles in the medical system. MTAs may opt to help fill vacant CO slots or remain as LVNs. We wish the many high quality MTAs well in their new careers and understand, but regret, that their underlying peace officer pay and benefits make it impossible for most to stay in medical.

4. Contracting crisis under control

One year ago, specialty physicians and community hospitals that contract with state prisons had not been paid some \$100 million for up to four years of work. As a result, the sickest and most medically needy patients were no longer getting care.

Today, all outstanding invoices have been paid and there is a four-prison pilot (at San Quentin, California Medical Facility, Pelican Bay State Prison, Central California Women's Facility) of a new automated contracting system that will replace CDCR's unwieldy, inefficient and broken paper-based system that handles 2,600 contracts worth \$433 million annually. The new system will save time and money, make fewer mistakes and provide better access to care. Our private and public sector partners deserve fair and timely payment for services they provide to our patients on behalf of the state.

5. Broken discipline system under repair

One year ago, medical staff worked without accountability. Efforts by supervisors to discipline incompetent or uncaring clinicians were often turned back by the machine of state bureaucracy. The Administrative Time Off (ATO) system had run amok, with at least 40 health care staff, about half physicians, sitting home with full pay for weeks, months and years, at an enormous waste of tax dollars and an immeasurable impact on morale.

Today, there are zero medical staff on ATO. They all have been called back to work, performing non-patient care duties, rather than being allowed to sit at home collecting full pay and benefits. Instead they are reporting to mailrooms, warehouses and filing paperwork. We are working together with the physicians' union to develop new systems for doctors' discipline, accountability and performance. We are on our way to creating a real-world medical environment for staff.

6. Medical equipment and supplies delivered

One year ago, prison medical staff worked without the most basic medical supplies and equipment. During my prison visits, I learned of a staggering unmet need – for sutures and gauze, cardiac monitors, gurneys, anatomical charts, white boards, sphygmomometers, microscopes, training texts -- the list goes on and on.

Today, those in the clinical trenches have felt some relief, with \$5.6 million of medical equipment and supplies ordered, and more on the way. Though there is still a long way to go, working conditions and the ability to provide adequate care have improved with the delivery of such items as stretchers, otoscopes, IV pumps, defibrillators, wheelchairs, physician tables, exam lights, crash carts, transport vehicles, faxes, copiers, shredders and other fundamentals needed to operate medical offices and provide patient care.

I didn't do this alone. All the work of the Receivership is conducted under the watchful eye of Judge Henderson, to whom I report. The progress so far took long hours and lots of hard work by the members of my team, wardens, custody and medical leaders in the 33 prisons, CDCR health care, contracting, personnel and business staff and many others, including you. In particular, Warden Robert Ayers and the staff at San Quentin have made great efforts and strides this year to improve the medical care delivered there. Everyone involved is to be commended for their creativity, dedication and persistence in seeing these projects through despite tremendous obstacles. Working together, all of us will turn this system around and deliver constitutionally adequate medical care to California's inmate patients.

Coming up next, I am approaching Judge Henderson with requests to waive state law to allow improvements in staffing, discipline, working conditions and to ensure that the remedial actions of the Receivership happen in a timely manner. We also continue to move forward with multiple initiatives to build 5,000 prison medical beds statewide; recruit qualified, dedicated medical professionals; coordinate the efforts of the *Plata* medical, *Coleman* mental health and *Perez* dental cases; improve prisons' emergency response; collaborate with custody to create new approaches to health care access; and develop the appropriate orientation and training, roles, responsibilities and working conditions for nurses, physicians and other clinicians and support staff who are essential to quality patient care and the proper functioning of a constitutional health care delivery system.

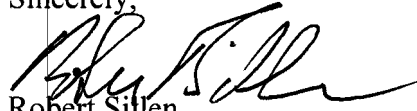
It is gratifying to see and hear that the Receivership already is making a difference. In visits to 20 prisons so far there has been an outpouring of support and interest from staff, many of whom have been desperately waiting for this opportunity for change. I also appreciate the positive feedback from the public, inmate patients and their families.

However, it took decades for the system to devolve into the terrible shape it's in, and it will be a long process digging it out. One of the key lessons of the past year is the interconnected nature of the problems – nearly every solution unearths new problems. There is a thick tangle of reasons, history and culture that keep so much of prison medical care

trapped in its sub-standard state. There is a great and corresponding need for thorough, thoughtful approaches to create long-term systemic change. It is a job worth doing, and it will save lives. Remember, all of our actions 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 continuing to work with you to achieve that goal as we embark upon the second year of the Receivership. Thank you for your support and your efforts on behalf of our patients.

Sincerely,



Robert Sillen
Receiver

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