

# **APPENDICES 19-23**

## **PART 3 OF 7**

# **APPENDIX 19**

**CALIFORNIA  
PRISON HEALTH CARE  
RECEIVERSHIP CORP.**

J. Clark Kelso  
Receiver

October 28, 2008

Matthew Cate, Secretary  
California Department of Corrections and Rehabilitation  
P.O. Box 942883  
Sacramento, CA 94283-0001

Michael C. Genest, Director  
Department of Finance  
State Capitol Room 1145  
Sacramento, CA 95814

Dear Mr. Cate and Mr. Genest:

The Receiver has supported the Administration's out-of-state transfer process from its inception. At the request of California Department of Corrections and Rehabilitation (CDCR), Receiver's staff developed screening tools; policies and procedures; and thereafter, trained physicians and nurses to conduct out-of-state prisoner screening within the critical timelines requested by CDCR. Subsequently the Receiver modified the screening process to accommodate CDCR needs; for example, at different periods of time, screening has been provided at hub prisons, at specified institutions, and at reception centers.

When the plan for out-of-state transfers was presented to the Receiver by CDCR and State officials, no one anticipated the level of monitoring of health care functions that would ultimately be necessary. In April 2008, a death occurred at the Tallahatchie County Correctional Facility (TCCF), one of the six contracted California Out-of-State Correctional Facilities (COCF) operated by Corrections Corporation of America (CCA). Following this death, a review was initiated by staff assigned to the Office of the Receiver. The results of that review found numerous systemic failures that required the development of a remedial plan and a corrective action plan (CAP) from CCA. The timely correction of problems at TCCF has had a serious, negative impact on the Office of the Receiver by drawing critical clinical personnel away from other important projects and delaying "in-state" remedial efforts. In essence, thousands of valuable clinical hours have been devoted to helping a private prison organization (CCA) rework its medical delivery system (at the request of CDCR and State officials) in an effort to keep the out-of-state transfer process from collapsing. In fact, the "in-state" remedial process has suffered as a result.

In addition to the extensive amount of work devoted to the CCA CAP, the Receiver's staff have also made the decision to modify the existing out-of-state medical screening criteria, and we are in the process of implementing policies and procedures and a training program for the nurses and physicians who will be conducting the screenings.

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Michael C. Genest, Director  
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All in all, the Receiver has identified the following four areas of additional staffing needs:

1. Additional clinical staff to conduct the modified screening process.
2. Legal staff to ensure that corrective actions conform to *Plata* standards and contract requirements (consistent with existing CDCR Legal Affairs staffing).
3. Custody staff to review access to care and clinical transportation services.
4. An expanded monitoring team to monitor the health care of all California prisoners confined in CCA facilities.

Given the need to oversee the implementation of the CCA CAP, the fact that CDCR does not have the clinical staff to evaluate CCA medical care, the number of prisoners the State anticipates sending to CCA facilities, the geographical diversity of the locations of CCA facilities, and the need for enhanced levels of monitoring at all CCA facilities, the Office of the Receiver therefore submits the attached Budget Change Proposal (BCP) to obtain the resources deemed necessary to provide the appropriate level of oversight and monitoring. In order to support CDCR and the State's ongoing effort to reduce overcrowding within California, it is imperative that budgeted position authority and funding are effective *December 1, 2008 and full-year funding be received for Fiscal Year 2009/10.*

The attached BCP addresses only item number four above. To assist the Administration, the Receiver will absorb the additional expenses incurred for items one, two, and three above until the next fiscal year. The positions and funding associated with items one, two, and three above will be requested in a future BCP. However, unless and until the requested resources and funding in the BCP are received, the Receiver will not be able to approve out-of-state transfers or provide monitoring of the out-of-state medical care being provided to the California patient-inmate population.

Next week, we will be sending a Clinical Oversight team to TCCF to verify that the corrections set forth in the CAP have been implemented. Following discussions between John Hagar and Scott Kernan, CDCR is in the process of arranging early November prisoner transfers from CCA Arizona facilities to TCCF. Once the CAP is further developed, the Office of the Inspector General (OIG) will be asked to perform a TCCF *Plata* Compliance inspection, similar to the "in-state" inspections. OIG, however, does not have the clinical resources that will be necessary to perform credentialing functions, peer reviews, patient/care reviews, and mentoring programs that will be achieved via the attached BCP.

Matthew Cate, Secretary  
Michael C. Genest, Director  
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Should you have any questions or require additional information, please feel free to contact the Office of the Receiver at (916) 323-1923.



J. Clark Kelso  
Receiver

Attachments

cc: John Hagar, Chief of Staff

Terry Hill, M.D., Chief Executive Officer, Medical Services

Dwight Winslow, M.D., Chief Physician Executive, Clinical Operations Branch

Yulanda Mynhier, Director, *Plata* Field Support Division

Carl Wolf, M.D., Chief Medical Officer, Clinical Services Support Section

Tim Rougeux, Chief Operating Officer, Medical Services

Scott Kernan, Undersecretary, Adult Operations, CDCR

Terri McDonald, Director (A), Re-Entry, Division of Adult Institutions, CDCR

Melissa Lea, Chief Deputy Administrator, California Out-of-State Correctional Facilities,  
Division of Adult Institution, CDCR



BUDGET YR:	starting July 1, 2009	Key	NEW BEDS_ Number of INMATES
FILE NAME:	9890010S	Filename	EFFECTIVE DATES
ORG CODE:	5383	Plata	WHAT'S DRIVING CODE
PROCESS CODE:	05 Non-Pop BCP		Note below, for EACH FISCAL YEAR:
FUND CODE:	0001 General		MONTHS REQUIRED (1-12)
ISSUE TITLE:	BCP workload justification		STANBARD OFFICE EQUIP ("N"=AUTO)
Analysis/Phone?:	Jeff Kjer 323-1004		

7/1/2008	RSVCM9.2	TEXT COLORS:	Start	Stop	BUDGET +1
BY+1 ADJusrment		F	12/1/2008	perm	
N=None		S			
C=Onetime		L			
L=Unlimited term					
ADJ FUNDName	ORGName abtr	PEC	RU	YR CLASS TITLE	CODE

ADJ FUNDName	ORGName abtr	PEC	RU	YR CLASS TITLE	CODE	# OF POS	MOS REQ	FULL-YR	SAL SVGS \$	SAL SVGS PY ADU	TOTAL PY_net	TOTAL SW_net	HEALTH/DIVISION	RETIREMENT	WKR'S COMP
General	Plata	5010050	020	Physician & Surgeon, CF (Internal)	9263	4.0	1.0	0.0	(39,293)	-0.2	3.8	746,563	23,904	137,450	31,277
General	Plata	5010050	020	Nursing Consultant, Pgm Review	8327	4.0	1.0	0.0	(23,986)	-0.2	3.8	456,126	23,904	78,618	19,108
General	Plata	5010050	020	Suprvy Registered Nurse II, CF	9318	1.0	12.0	0.0	(5,495)	0.0	0.9	104,401	5,976	19,221	4,374
General	Plata	5010050	020	Registered Nurse, CF	9275	2.0	12.0	0.0	0	0.0	2.0	200,642	11,952	36,940	7,958
General	Plata	5010050	130	Registered Nurse, CF	9275	1.0	12.0	0.0	0	0.0	1.0	100,321	5,976	18,470	3,979
General	Plata	5010050	020	Oic Techn Typing	1139	2.0	12.0	0.0	(3,570)	-0.1	1.9	67,830	11,952	11,691	2,842
General	Plata	5010050	020	Hlth Prog Mgr II	8428	6.0	12.0	0.0	(3,691)	-0.1	0.9	70,127	5,976	12,087	2,938
General	Plata	5010050	020	Hlth Recd Techn I	8338	2.0	12.0	0.0	(19,273)	-0.3	5.7	366,179	35,856	63,115	15,341
General	Plata	5010050	020	Hlth Recd Techn I	1869	2.0	12.0	0.0	(4,228)	-0.1	1.9	80,336	11,952	13,847	3,366
General	Plata	5010050	020	Oic Techn Typing	1139	1.0	12.0	0.0	(1,785)	-0.1	0.9	33,915	5,976	5,846	1,421
General	Plata	5010050	020	Oic Assr Typing	1379	1.0	12.0	0.0	(1,545)	-0.1	0.9	29,355	5,976	5,060	1,230
General	Plata	5010050	020	Hlth Prog Spec I	8338	1.0	12.0	0.0	(3,212)	-0.1	0.9	61,030	5,976	10,519	2,557
General	Plata	5010050	020	Travel	nsOR&E	0	NA	0.0	0	0	0.0	0	0	0	0
General	Plata	5010050	020	NON-standard OR&E costs:	nsOR&E	0	NA	0.0	0	0	0.0	0	0	0	0
				TOTAL COST		26.0			(106,077)	(1.4)	24.6	2,316,826	155,376	412,864	96,391

ADJ FUNDName	ORGName abtr	PEC	RU	YR CLASS TITLE	CODE	# OF POS	MOS REQ	FULL-YR	SAL SVGS \$	SAL SVGS PY ADU	TOTAL PY_net	TOTAL SW_net	HEALTH/DIVISION	RETIREMENT	WKR'S COMP
General	Plata	5010050	020	Physician & Surgeon, CF (Internal)	9263	4.0	1.0	0.0	(229,211)	-0.1	2.2	435,495	13,944	80,179	18,245
General	Plata	5010050	020	Nursing Consultant, Pgm Review	8327	4.0	1.0	0.0	(139,922)	-0.1	2.2	266,240	13,944	45,889	11,153
General	Plata	5010050	020	Suprvy Registered Nurse II, CF	9318	1.0	12.0	0.0	(3,205)	0.0	0.6	60,901	3,486	11,212	2,551
General	Plata	5010050	020	Registered Nurse, CF	9275	2.0	12.0	0.0	0	0.0	1.2	117,069	6,972	21,554	4,643
General	Plata	5010050	130	Registered Nurse, CF	9275	1.0	12.0	0.0	0	0.0	0.6	58,535	3,486	10,777	2,321
General	Plata	5010050	020	Oic Techn Typing	1139	2.0	12.0	0.0	(208,33)	-0.1	1.1	39,568	6,972	6,820	1,658
General	Plata	5010050	020	Hlth Prog Mgr II	8428	1.0	12.0	0.0	(215,3)	0.0	0.6	40,907	3,486	7,051	1,714
General	Plata	5010050	020	Hlth Recd Techn I	8338	6.0	12.0	0.0	(112,42)	-0.2	3.3	213,605	20,916	36,817	8,949
General	Plata	5010050	020	Hlth Recd Techn I	1869	2.0	12.0	0.0	(24,66)	-0.1	1.1	46,863	6,972	8,077	1,963
General	Plata	5010050	020	Oic Techn Typing	1139	1.0	12.0	0.0	(10,41)	0.0	0.6	19,784	3,486	3,410	829
General	Plata	5010050	020	Oic Assr Typing	1379	1.0	12.0	0.0	(9,01)	0.0	0.6	17,124	3,486	2,951	717
General	Plata	5010050	020	Hlth Prog Spec I	8338	1.0	12.0	0.0	(18,74)	-0.1	0.6	35,601	3,486	6,136	1,491
General	Plata	5010050	020	Travel	nsOR&E	0	NA	0.0	0	0	0.0	0	0	0	0
General	Plata	5010050	020	NON-standard OR&E costs:	nsOR&E	0	NA	0.0	0	0	0.0	0	0	0	0
				TOTAL COST		26.0			(61,878)	(0.6)	14.7	1,351,690	90,636	240,873	56,234

ADJ FUNDName	ORGName abtr	PEC	RU	YR CLASS TITLE	CODE	# OF POS	MOS REQ	FULL-YR	SAL SVGS \$	SAL SVGS PY ADU	TOTAL PY_net	TOTAL SW_net	HEALTH/DIVISION	RETIREMENT	WKR'S COMP
General	Plata	5010050	020	Physician & Surgeon, CF (Internal)	9263	4.0	1.0	0.0	(229,211)	-0.1	2.2	435,495	13,944	80,179	18,245
General	Plata	5010050	020	Nursing Consultant, Pgm Review	8327	4.0	1.0	0.0	(139,922)	-0.1	2.2	266,240	13,944	45,889	11,153
General	Plata	5010050	020	Suprvy Registered Nurse II, CF	9318	1.0	12.0	0.0	(3,205)	0.0	0.6	60,901	3,486	11,212	2,551
General	Plata	5010050	020	Registered Nurse, CF	9275	2.0	12.0	0.0	0	0.0	1.2	117,069	6,972	21,554	4,643
General	Plata	5010050	130	Registered Nurse, CF	9275	1.0	12.0	0.0	0	0.0	0.6	58,535	3,486	10,777	2,321
General	Plata	5010050	020	Oic Techn Typing	1139	2.0	12.0	0.0	(208,33)	-0.1	1.1	39,568	6,972	6,820	1,658
General	Plata	5010050	020	Hlth Prog Mgr II	8428	1.0	12.0	0.0	(215,3)	0.0	0.6	40,907	3,486	7,051	1,714
General	Plata	5010050	020	Hlth Recd Techn I	8338	6.0	12.0	0.0	(112,42)	-0.2	3.3	213,605	20,916	36,817	8,949
General	Plata	5010050	020	Hlth Recd Techn I	1869	2.0	12.0	0.0	(24,66)	-0.1	1.1	46,863	6,972	8,077	1,963
General	Plata	5010050	020	Oic Techn Typing	1139	1.0	12.0	0.0	(10,41)	0.0	0.6	19,784	3,486	3,410	829
General	Plata	5010050	020	Oic Assr Typing	1379	1.0	12.0	0.0	(9,01)	0.0	0.6	17,124	3,486	2,951	717
General	Plata	5010050	020	Hlth Prog Spec I	8338	1.0	12.0	0.0	(18,74)	-0.1	0.6	35,601	3,486	6,136	1,491
General	Plata	5010050	020	Travel	nsOR&E	0	NA	0.0	0	0	0.0	0	0	0	0
General	Plata	5010050	020	NON-standard OR&E costs:	nsOR&E	0	NA	0.0	0	0	0.0	0	0	0	0
				TOTAL COST		26.0			(61,878)	(0.6)	14.7	1,351,690	90,636	240,873	56,234

ADJ FUNDName	ORGName abtr	PEC	RU	YR CLASS TITLE	CODE	# OF POS	MOS REQ	FULL-YR	SAL SVGS \$	SAL SVGS PY ADU	TOTAL PY_net	TOTAL SW_net	HEALTH/DIVISION	RETIREMENT	WKR'S COMP
General	Plata	5010050	020	Physician & Surgeon, CF (Internal)	9263	4.0	1.0	0.0	(229,211)	-0.1	2.2	435,495	13,944	80,179	18,245
General	Plata	5010050	020	Nursing Consultant, Pgm Review	8327	4.0	1.0	0.0	(139,922)	-0.1	2.2	266,240	13,944	45,889	11,153
General	Plata	5010050	020	Suprvy Registered Nurse II, CF	9318	1.0	12.0	0.0	(3,205)	0.0	0.6	60,901	3,486	11,212	2,551
General	Plata	5010050	020	Registered Nurse, CF	9275	2.0	12.0	0.0	0	0.0	1.2	117,069	6,972	21,554	4,643
General	Plata	5010050	130	Registered Nurse, CF	9275	1.0	12.0	0.0	0	0.0	0.6	58,535	3,486	10,777	2,321
General	Plata	5010050	020	Oic Techn Typing	1139	2.0	12.0	0.0	(208,33)	-0.1	1.1	39,568	6,972	6,820	1,658
General	Plata	5010050	020	Hlth Prog Mgr II	8428	1.0	12.0	0.0	(215,3)	0.0	0.6	40,907	3,486	7,051	1,714
General	Plata	5010050	020	Hlth Recd Techn I	8338	6.0	12.0	0.0	(112,42)	-0.2	3.3	213,605	20,916	36,817	8,949
General	Plata	5010050	020	Hlth Recd Techn I	1869	2.0	12.0	0.0	(24,66)	-0.1	1.1	46,863	6,972	8,077	1,963
General	Plata	5010050	020	Oic Techn Typing	1139	1.0	12.0	0.0	(10,41)	0.0	0.6	19,784	3,486	3,410	829
General	Plata	5010050	020	Oic Assr Typing	1379	1.0	12.0	0.0	(9,01)	0.0	0.6	17,124	3,486	2,951	717
General	Plata	5010050	020	Hlth Prog Spec I	8338	1.0	12.0	0.0	(18,74)	-0.1	0.6	35,601	3,486	6,136	1,491
General	Plata	5010050	020	Travel	nsOR&E	0	NA	0.0	0	0	0.0	0	0	0	0
General	Plata	5010050	020	NON-standard OR&E costs:	nsOR&E	0	NA	0.0	0	0	0.0	0	0	0	0
				TOTAL COST		26.0			(61,878)	(0.6)	14.7	1,351,690	90,636	240,873	56,234

BUDGET YR:	starting July 1, 2009	Okay	NEW BEDS_ Number of INMATES
FILE NAME:	98900105	Filename	EFFECTIVE DATES
ORG CODE:	5383	Plata	WHAT'S DRIVING Code
PROCESS CODE:	05 Non-Pop BCP		MONTHS REQUIRED (1-12)
FUND CODE:	0001 General		STANDARD OFFICE EQUIP ("A"-AUTO)
ISSUE TITLE:	BCP workload justification		
Analysis/Phone#:	Jeff Kler 323-1004		

7/1/2008	RSWCM8.2	TEXT COLORS:	Start	Stop	CURRENT	BUDGET	BUDGET +1
BY+1 Adjustment		F	12/1/2008	perm	7.0	12.0	7.0
N=None		S					
O=Oneline		L					
L=Unlimited term		C					

ADJ. FUND/Name	ORGname abbr	PEC	RU	YR CLASS TITLE	CODE	# OF POS	MOS REQ FULL-YR	OASDI	MEDICARE	TOTAL BENEFITS	GENERAL EXPENSE	PRNTG	COMM	POSTG
General	Plata	5010050	020	B Physician & Surgeon, CF (Internal	9263	4.0	12.0 0.0	0	10,825	203,456	1,284	84	4	0
General	Plata	5010050	020	B Nursing Consultant, Pgrm Review	8327	4.0	12.0 0.0	28,280	6,614	156,524	1,284	84	4	0
General	Plata	5010050	020	B Supervising Registered Nurse II, CF	9318	1.0	12.0 0.0	0	1,514	31,085	321	21	1	0
General	Plata	5010050	020	B Registered Nurse,CF	9275	2.0	12.0 0.0	0	2,909	59,759	642	42	2	0
General	Plata	5010050	130	B Registered Nurse,CF	9275	1.0	12.0 0.0	0	1,455	29,880	321	21	1	0
General	Plata	5010050	020	B OIC Techn-Typing	1139	2.0	12.0 0.0	4,205	984	31,674	642	42	2	0
General	Plata	5010050	020	B Hlth Prog Mgr II	8428	1.0	12.0 0.0	4,348	1,017	26,366	321	21	1	0
General	Plata	5010050	020	B Hlth Recd Techn I	8338	6.0	12.0 0.0	22,703	5,310	142,325	1,926	126	6	0
General	Plata	5010050	020	B Hlth Recd Techn I	1869	2.0	12.0 0.0	4,981	1,165	35,311	642	42	2	0
General	Plata	5010050	020	B Oic Techn-Typing	1139	1.0	12.0 0.0	2,103	492	15,838	321	21	1	0
General	Plata	5010050	020	B Oic Assit-Typing	1379	1.0	12.0 0.0	1,820	426	14,512	321	21	1	0
General	Plata	5010050	020	B Hlth Prog Spec I	8338	1.0	12.0 0.0	3,784	885	23,721	321	21	1	0
General	Plata	5010050	020	B Travel	nsOFAE	NA	12.0 0.0	0	0	0	0	0	0	0
NON-standard O&E costs:														
TOTAL COST														
26.0														

General	Plata	5010050	020	C Physician & Surgeon, CF (Internal	9263	4.0	7.0 --	0	6,315	118,683	632	42	2	0
General	Plata	5010050	020	C Nursing Consultant, Pgrm Review	8327	4.0	7.0 --	16,507	3,860	91,353	632	42	2	0
General	Plata	5010050	020	C Supervising Registered Nurse II, CF	9318	1.0	7.0 --	0	883	18,132	158	11	1	0
General	Plata	5010050	020	C Registered Nurse,CF	9275	2.0	7.0 --	0	1,698	34,867	316	21	1	0
General	Plata	5010050	130	C Registered Nurse,CF	9275	1.0	7.0 --	0	849	17,433	158	11	1	0
General	Plata	5010050	020	C OIC Techn-Typing	1139	2.0	7.0 --	2,453	574	18,477	316	21	1	0
General	Plata	5010050	020	C Hlth Prog Mgr II	8428	1.0	7.0 --	2,536	593	15,380	158	11	1	0
General	Plata	5010050	020	C Hlth Prog Spec I	8338	6.0	7.0 --	13,243	3,097	83,022	949	63	4	0
General	Plata	5010050	020	C Hlth Recd Techn I	1869	2.0	7.0 --	2,905	680	20,597	316	21	1	0
General	Plata	5010050	020	C Oic Techn-Typing	1139	1.0	7.0 --	1,227	287	9,239	158	11	1	0
General	Plata	5010050	020	C Oic Assit-Typing	1379	1.0	7.0 --	1,062	248	8,464	158	11	1	0
General	Plata	5010050	020	C Hlth Prog Spec I	8338	1.0	7.0 --	2,207	516	13,836	158	11	1	0
General	Plata	5010050	020	C Travel	nsOFAE	NA	7.0 --	0	0	0	0	0	0	0
NON-standard O&E costs:														
TOTAL COST														
26.0														

ADJ. FUND/Name	ORGname abbr	PEC	RU	YR CLASS TITLE	CODE	# OF POS	MOS REQ FULL-YR	OASDI	MEDICARE	TOTAL BENEFITS	GENERAL EXPENSE	PRNTG	COMM	POSTG
General	Plata	5010050	020	BY1 Class Code										
General	Plata	5010050	020	BY1 Class Code										
General	Plata	5010050	020	BY1 Class Code										
General	Plata	5010050	020	BY1 Class Code										
General	Plata	5010050	020	BY1 Class Code										
General	Plata	5010050	020	BY1 Class Code										
General	Plata	5010050	020	BY1 Class Code										
General	Plata	5010050	020	BY1 Class Code										
General	Plata	5010050	020	BY1 Class Code										
General	Plata	5010050	020	BY1 NON-standard O&E costs:										
General	Plata	5010050	020	BY1 NON-standard O&E costs:										
TOTAL COST														
0.0														

Budget Year +1 Total: [The Total of BY, BY+(Complement), & BY+1]	72,224	33,596	770,451	8,346	546	26	0
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*Plata* Field Support Division  
 Identification of Existing Resources as of October 1, 2008

<b>Position</b>	<b>Office</b>	<b>FY 07/08 Pop Process</b>	<b>FY 07/08 May Revise Process</b>	<b>FY 07/08 Internal Redirects</b>	<b>Total Positions</b>
Director	<i>Plata</i> Field Support Division			1.0	1.0
Office Technician (Typing)	<i>Plata</i> Field Support Division	1.0			1.0
Chief Medical Officer	Clinical Services Support Section	1.0			1.0
Nursing Consultant, Program Review	Clinical Services Support Section	2.0	1.0		3.0
Registered Nurse, CF	Clinical Services Support Section	2.0			2.0
SSA/AGPA	<i>Plata</i> Field Support Division	1.0	1.0		2.0
Health Record Technician II (Supvr)	Health Records & Admin Support Section	1.0			1.0
Health Record Technician II (Supvr)	Health Records & Admin Support Section			2.0	2.0
Office Assistant (Typing)	Health Records & Admin Support Section			1.0	1.0
<b>Totals</b>		<b>8.0</b>	<b>2.0</b>	<b>4.0</b>	<b>14.0</b>

California Prison Health Care Services  
*Plata* Field Support Division  
 California Out of State Correctional Facilities  
 FY 2009/10 Budget Change Proposal  
 WORKLOAD JUSTIFICATIONS

Attachment	Position	Office	# of PY	CY	BY
1	Physician and Surgeon	Clinical Services Support Section	4.0	2008/09	2009/10
2	Nursing Consultant, Program Review	Clinical Services Support Section	3.0	2008/09	2009/10
3	Nursing Consultant, Program Review (Lead)	Clinical Services Support Section	1.0	2008/09	2009/10
4	Supervising Registered Nurse II	Clinical Services Support Section	1.0	2008/09	2009/10
5	Registered Nurse, CF	Clinical Services Support Section	2.0	2008/09	2009/10
6	Registered Nurse, CF	Appeals - <i>Plata</i> Field Support Division	1.0	2008/09	2009/10
7	Office Technician (Typing)	Clinical Services Support Section	2.0	2008/09	2009/10
8	Health Program Manager II	Health Records & Admin Support Section	1.0	2008/09	2009/10
9	Health Program Specialist I	Health Records & Admin Support Section	6.0	2008/09	2009/10
10	Health Record Technician I	Health Records & Admin Support Section	2.0	2008/09	2009/10
11	Office Technician (Typing)	Health Records & Admin Support Section	1.0	2008/09	2009/10
12	Office Assistant (Typing)	Health Records & Admin Support Section	1.0	2008/09	2009/10
13	Health Program Specialist I (Asst. to Director)	<i>Plata</i> Field Support Division	1.0	2008/09	2009/10

**Total**

**26.0**

**California Prison Health Care Services  
Plata Field Support Division  
California Out of State Correctional Facilities  
FY 2009/10 Budget Change Proposal**

**Physician and Surgeon  
Positions - 4.0**

Task/Job Summary per position - Physician and Surgeon	Hours per year	% of Position
Consult with and provide clinical and technical advice to the Chief Medical Officers, Receiver's Office, administrative, management, and other health care staff on utilization management, quality assurance, peer review, litigation review, patient-inmate movement, public health and other health care and Departmental policies and issues. Provide clinical leadership to field health care staff on health care issues. Form and manage ad hoc work groups consisting of PFSD operations and field administrative and health care staff to implement and ensure compliance with federal and state laws, rules and regulations, policies, procedures and program standards for health care provided to inmates. Prepare written memoranda on specific issues.	710	40%
Review statewide institutional field and private/public contracted facility operations and assist with implementation of policies, procedures and health care programs; provide consultation to field health care staff; interview staff, interview and examine patient-inmates on site for the purpose of: conducting investigations, investigating complaints, reviewing litigation, reviewing appeals for health care services, providing consultations, providing corrective action or peer education. Conduct on site visits with field health care staff to ensure compliance with various health care polices and programs including, but not limited to, utilization management, public health, and peer review. Participate in training as necessary.	355	20%
Assist with the handling of crisis events at specific institutions or private/public contracted facilities. Investigate and respond to queries about individual patient-inmate care issues. Plan for and conduct facility based or statewide training events. Mentor (group or individually) faculty medical staff. Coordinate medical-nursing-administrative care improvement initiatives.	355	20%
Review all patient-inmate deaths or other incidents in accordance with Departmental rules, regulations, policies and procedures. In selected cases of patient-inmate deaths, review the health record, analyze the data pertaining to the death, and prepare a written report. Assist in investigations of deaths or incidents that have an appearance of negligence, incompetence, unprofessional conduct or criminal activity. Act as an advisor to field investigatory staff when requested, in collaboration with institutional health care and custody staff. Collect and analyze data about deaths and significant incidents related to the delivery of health care in the COCF and CCF. May testify as an expert witness in inmate litigation and staff adverse actions.	178	10%
Participate in the recruitment process for physicians and/or review professional credentials of physician applicants to the California Prison Health Care Services and private/public contracted facilities. Participate in hiring interviews for health care staff at central office and the COCF and CCF.	178	10%
<b>TOTAL</b>	<b>1,776</b>	<b>100%</b>

**California Prison Health Care Services**  
**Plata Field Support Division**  
**California Out of State Correctional Facilities**  
**FY 2009/10 Budget Change Proposal**  
**Nursing Consultant, Program Review**  
**Positions - 3.0**

Task/Job Summary - Nursing Consultant, Program Review	Hours per year	% of Position
Responsible for the implementation and monitoring of health care programs in COCF and CCF institutions/facilities. Provides overall consultation of all health care and nursing services in assigned institutions/facilities. Evaluates the effectiveness of complex and varied administrative nursing care functions and programs. Develops, recommends and/or reviews appropriate clinical health care policies and procedures pursuant to the Inmate Medical Services Policies and Procedures (IMSP&P) to ensure effective compliance with all applicable regulatory agencies for each site. Assists in the development and implementation of nursing services activities to meet the needs of the patient-inmate population, services provided, educational programs and management support.	<b>710</b>	<b>40%</b>
Provides consultation in the planning, development, implementation, evaluation and monitoring of nursing services programs and projects. Assists in the training of medical personnel and provides assistance to nurse managers with the management of personnel related issues. Develops standards for and monitors, appropriate staffing levels. Analyzes complex operational problems and issues, and advises appropriate personnel in methods of correction. Responsible for the implementation, monitoring of compliance, and quality improvement plans to ensure the medical care provided is pursuant to the IMSP&P. Travels to assigned institution/facilities and performs onsite health care program monitoring and assessments. Extensive statewide and national travel is associated with this position.	<b>533</b>	<b>30%</b>
With institution/facility health care staff, assist in developing 'quality management' programs for areas identified as needing improvement. Provide nursing and program consultation to quality management programs, including Quality Management Committees, subcommittees and Quality Improvement Teams. Provides guidance in developing outcome studies, and establishing on-going institutional/facility self-monitoring. Deliver on-site training as needed.	<b>355</b>	<b>20%</b>
Act as subject matter expert in the development of policies and procedures, training programs for health care personnel and custody staff. Participates in in-service training sessions, staff meetings, and must maintain current registered nursing licensure and CPR certification.	<b>178</b>	<b>10%</b>
<b>TOTAL</b>	<b>1,776</b>	<b>100%</b>

**California Prison Health Care Services  
Plata Field Support Division  
California Out of State Correctional Facilities  
FY 2009/10 Budget Change Proposal  
Nursing Consultant, Program Review (Lead)  
Positions - 1.0**

Task/Job Summary - Nursing Consultant, Program Review	Hours per year	% of Position
Responsible for the implementation and monitoring of health care programs in COCF and CCF institutions/facilities. Provides overall consultation of all health care and nursing services in assigned institutions/facilities. Evaluates the effectiveness of complex and varied administrative nursing care functions and programs. Develops, recommends and/or reviews appropriate clinical health care policies and procedures pursuant to the Inmate Medical Services Policies and Procedures (IMSP&P) to ensure effective compliance with all applicable regulatory agencies for each site. Assists in the development and implementation of nursing services activities to meet the needs of the patient-inmate population, services provided, educational programs and management support.	510	29%
Provides consultation in the planning, development, implementation, evaluation and monitoring of nursing services programs and projects. Assists in the training of medical personnel and provides assistance to nurse managers with the management of personnel related issues. Develops standards for and monitors, appropriate staffing levels. Analyzes complex operational problems and issues, and advises appropriate personnel in methods of correction. Responsible for the implementation, monitoring of compliance, and quality improvement plans to ensure the medical care provided is pursuant to the IMSP&P. Travels to assigned institution/facilities and performs onsite health care program monitoring and assessments. Extensive statewide and national travel is associated with this position.	433	24%
Responsible for the supervision and management of all nursing staff assigned to COCF and CCF within the Plata Field Support Division. Directs and reviews the workload assigned to all Nurse Consultants and SRN II and the progress of tasks assigned. Maintains oversight responsibility over workload including review and evaluation of program responses to specific assignments.	300	17%
With institution/facility health care staff, assist in developing 'quality management' programs for areas identified as needing improvement. Provide nursing and program consultation to quality management programs, including Quality Management Committees, subcommittees and Quality Improvement Teams. Provides guidance in developing outcome studies, and establishing on-going institutional/facility self-monitoring. Deliver on-site training as needed.	355	20%
Act as subject matter expert in the development of policies and procedures, training programs for health care personnel and custody staff. Participates in in-service training sessions, staff meetings, and must maintain current registered nursing licensure and CPR certification.	178	10%
<b>TOTAL</b>	<b>1,776</b>	<b>100%</b>

**California Prison Health Care Services**  
**Plata Field Support Division**  
**California Out of State Correctional Facilities**  
**FY 2009/10 Budget Change Proposal**  
**Supervising Registered Nurse II**  
**Positions - 1.0**

Task/Job Summary	Hours per year	% of Position
Plan, organize and direct the work of RNs assigned to the program and ensures duties are assigned within the scope of licensure, ensure application of nursing process, ensures the qualifications and current licensure of nursing staff on an ongoing basis, ensures the provision of quality nursing care including audits and quality reviews, assesses training needs and plans and coordinates in-service and out-service training programs for nursing staff, collaborates with physicians, Nurse Consultants and other health care providers at in-state facilities, as well as with contracted staff at COCF and CCF.	799	45%
Oversees the screening criteria processes for all COCF and CCF to ensure that the appropriate patient-inmates are being identified for each program. Prepares statistical reports related to this process and develops reports identifying deficiencies. Notifies appropriate in-state institutions of findings and monitors implementation of corrective action plans to ensure appropriate use of criteria.	450	25%
Participate, in conjunction with other staff members, in the development of on-going training to be given to nursing staff at in-state institutions, as well as COCF and CCF when deficiencies are identified. Provides institution specific support by redirecting PFSD RN staff to institutions requiring assistance or hands on training related to appropriate use of screening criteria.	355	20%
Conducts periodic on-site visits at in-state institutions, attends meetings locally with PFSD staff, CDCR staff, and others as appropriate, providing nursing expertise and participates in special projects as requested.	172	10%
<b>TOTAL</b>	<b>1,776</b>	<b>100%</b>

**California Prison Health Care Services**  
**Plata Field Support Division**  
**California Out of State Correctional Facilities**  
**FY 2009/10 Budget Change Proposal**  
**Registered Nurse, CF**  
**Positions - 2.0**

Task/Job Summary for each position - Registered Nurse, CF	Hours per year	% of Position
Utilizing PFSD approved objective criteria, and in conjunction with the SRN II, the RN will research, analyze and provide written documentation of diagnostic procedures and other patient-inmate medical services at selected COCF and CCF. Areas of review will include treatment settings, contract medical facilities, and outpatient referrals to specialty clinicians or contract medical providers. Collaborates with primary care providers, nursing staff and other health care providers at headquarters, COCF and CCF facilities/institutions to ensure continuity, timeliness and appropriateness of health care to patient-inmates utilizing professional training and various resources (i.e., state and federal laws, rules regulations policies, procedures, communication skills, knowledge, etc.) in accordance with regulatory agencies and established guidelines base on Inmate Medical Services Policy and Procedures (IMSP&P).	<b>612</b>	<b>34%</b>
The RN will review and provide an analysis of health record charts of all patient-inmates at selected COCF, CCF and contracted medical facilities. The RN will interact with appropriate members of the health care team, including physicians, to assist in the determinations of the appropriateness of California Department of Corrections and Rehabilitation (CDCR) patient-inmates health care needs prior to transfer to COCF or CCF. Provides professional training/orientation to nursing staff in COCF and CCF to provide continuity of and quality care to patient-inmates and to ensure adherence to various state and federal laws, rules, regulations, policies, procedures etc., in accordance with regulatory agencies and established guidelines based on IMSP&P.	<b>355</b>	<b>20%</b>
The RN will collect adequate data for compilation of statistical reports regarding the effectiveness of COCF and CCF health care programs. Serves as a resource/nursing expert to departmental staff, the public and other entities to provide subject matter expertise on nursing or health related topics utilizing communication skills, knowledge, laws, rules, regulations, policies, procedures, established guidelines based on IMSP&P, etc., as required.	<b>89</b>	<b>5%</b>
Review screening criteria processes occurring at institutions for COCF and CCF and provide program oversight to ensure screening criteria is being used appropriately. Provide remedial training as required at impacted institution. Make recommendations for changes to existing policies and procedures related to the screening process, generate modified policies and procedures, develop lesson plans and provide training to field staff as required. Monitor the status of compliance by conducting unit health records review to ensure all required forms are processed appropriately and in a timely manner. Modify policies and procedures and provide direction/guidance to screening RNs at institutions statewide on problems or process improvements required. Travel to institutions as necessary to conduct training and assist with backlogs.	<b>720</b>	<b>41%</b>
<b>TOTAL</b>	<b>1,776</b>	<b>100%</b>

**California Prison Health Care Services  
Plata Field Support Division  
California Prison Health Care Services  
FY 2009/10 Budget Change Proposal  
Registered Nurse, CF (Appeals)  
Positions - 1.0**

Task/Job Summary for each position - Registered Nurse, CF	Hours per year	% of Position
Review, research and perform clinical investigation of Second Level health care appeals filed by inmate prisoners confined in Out of State Correctional Facilities (COCF) to determine if the inmate-patients are being treated in accordance with departmental regulations, policy and procedures, state and federal laws, and court mandates; clinical review of the California and COCF documentation; request additional information as necessary. Research, interpret, and apply the provisions of the California Penal Code, the California Code of Regulations (CCR), Title 15, the Department Operations Manual, and applicable court decisions, interview inmate-patient, reporting staff, staff and inmate witnesses, health services administrator, medical staff, custody and supervisory staff as necessary for appropriate adjudication the appeal; collaborate with the Chief Medical Officer (CMO) of COCF to determine appropriate modalities of care as necessary.	710	40%
Prepares Second Level appeal responses to ensure appropriate standards pursuant to the Inmate Medical Services policies and procedures and CCR Title 15; submit the written appeal recommendation to the HIM II and COCF CMO for approval and signature.	355	20%
Triages COCF health care correspondence and initiates physician review where appropriate; determines other follow up (e.g. nursing contact) as necessary; follows cases through entire process to completion, coordinating with physician reviewers, institution medical staff and CPR executive staff as required. Interfaces with appropriate personnel at individual prisons and headquarters; communicates by phone and in writing with patient/prisoners and family members when necessary to clarify issues and/or to provide updates on the review status; assist in the coverage of Controlled Correspondence and Litigation Support Unit (CCLSU) RN staff during periods of vacation and sick leave.	355	20%
The RN will provide the COCF CMO with clinical concerns identified through investigation of COCF appeals regarding the effectiveness of COCF health care programs; serves as a resource/nursing expert to departmental staff, the public and other entities to provide subject matter expertise on nursing or health related topics utilizing communication skills, knowledge, laws, rules, regulations, policies, procedures, established guidelines based on IMSP&P, etc., as required.	178	10%
Works in collaboration with headquarters and institution staff to ensure responses include adequate clinical analysis and achieve goals of providing response and/or relief to patient/prisoners while also delivering pertinent information to executive management staff about the state of medical care at the individual institutions.	89	5%
Attend meetings; maintain working knowledge of requirements regarding health care appeals, major litigation, regulations and legislation relating to the provision of patient/prisoner health care.	89	5%
<b>TOTAL</b>	<b>1,776</b>	<b>100%</b>

**California Prison Health Care Services**  
**Plata Field Support Division**  
**California Out of State Correctional Facilities**  
**FY 2009/10 Budget Change Proposal**  
**Office Technician, Clinical Services Support Section**  
**Positions - 2.0**

Task/Job Summary - Office Technician Clinical Services Support Section	Hours per year	% of Position
Develop, maintain, and perform periodic tracking of all new assignments being generated by the Section Manager/Chief using Access-based or other departmentally approved database files and a variety of hardcopy files. Ensure easy retrieval of all field data and documents. Monitors status of all open assignments and provides responsible staff person with a reminder of outstanding/overdue assignments prior to bi-weekly PFSD Meetings so that staff can provide updates related to each outstanding/overdue assignment. Ensures all open assignments are monitored through completion and/or extension requests are made and approved to extend due date. Reconciles assignments with the Receiver, Chief Executive Officer, Medical Services, Director, PFSD and Section Manager/Chief to ensure timely completion of all required assignments by due date, and/or extensions are requested and approved to extend due date. Maintain a chronological file of completed assignments.	622	35%
Independently, or with minimal direction, compose correspondence on a wide range of subjects requiring general knowledge of the procedures and policies within the unit using MS Word software and/or other departmentally approved software programs. Collect data, type reports, letters, and memorandums as assigned. Reviews outgoing correspondence prepared by other staff members for the Section Manager/Chief and/or Director, PFSD, signature and checks for consistency with administrative policy, as well as format, grammatical construction, adherence to departmental policies and clerical error, returning for corrections as needed. Screens and maintains a chronological file of all incoming and outgoing correspondence. Arranges correspondence in order of priority for the Section Manger/Chief's review. Distributes outgoing correspondence.	533	30%
Prepare statistical charts and graphs using Excel and the Access-based databases developed for monitoring and evaluating compliance with the PFSD policies and procedures, and Inmate Medical Services Policies and Procedures policies, procedures, and programs (e.g., depicting statewide comparisons in various formats), and preparation of monthly management reports and ad hoc reports as requested	355	20%
Attend meetings and take meeting minutes; prepare agendas for meetings; arrange meetings, including scheduling participants and meeting rooms using departmentally approved software programs; ensure appropriate documents are available for meetings; and provide administrative support. Provides general support and performs other clerical duties as required, such as faxing, copying, general word processing, distributing mail, and acting as a messenger to headquarters. Provides back-up clerical support for clerical staff within the PFSD as required. Attends training and assists with ordering and maintaining supplies.	178	10%
Makes necessary travel arrangements, including transportation, lodging, travel advances, and travel claims and ensures travel claims are completed and processed according to established timeframes established by the Accounting Office. Monitors, tracks and processes timesheets (CDC 998s) for all staff supervised by the Section Manager/Chief, within established timelines. Maintain and update the Section Manager/Chief's calendar.	89	5%
<b>TOTAL</b>	<b>1,776</b>	<b>100%</b>

**California Prison Health Care Services  
Plata Field Support Division  
California Out of State Correctional Facilities  
FY 2009/10 Budget Change Proposal  
Health Program Manager II, Administrative Support Section  
Position 1.0**

Task/Job Summary - Health Program Manager II	Hours per year	% of Position
Supervise diverse technical/professional staff performing journey level work in monitoring correctional health care programs and projects to ensure appropriate access to care, quality of care, and continuity of care are provided to the inmates/patients in the COCF and CCF. Ensure compliance with laws, rules, regulations, and court mandates utilizing effective communication skills, effective supervisory skills, organizational skills, laws, rules and regulations, Departmental policies and procedures, etc. on a daily basis.	<b>533</b>	<b>30%</b>
Consult with all staff levels and other agencies concerning highly sensitive issues in order to gather, compile, coordinate and disseminate information, and provide direction, etc. utilizing effective communication skills, computer programs (e.g., Excel, Word, Access, Project Manager, etc.), laws, rules, regulations, Departmental policies and procedures, and court mandates governing correctional health care programs.	<b>355</b>	<b>20%</b>
Provide recommendations to management in order to ensure departmental compliance with the governing rules, regulations, and policies utilizing effective analytical and communication skills, professional knowledge, etc. as required.	<b>355</b>	<b>20%</b>
Direct staff on requirements for all management reports. Review, edit and ensure reports are developed in compliance with policies and procedures. Ensure timely submittal of reports to Executive Staff.	<b>178</b>	<b>10%</b>
Establish goals and objectives for each unit, develop action plans, provide guidance, establish priorities, and ensure unit objectives are accomplished	<b>178</b>	<b>10%</b>
Participate in the employee corrective/discipline process (e.g., verbal counseling, Employee Counseling Records, Letter of Instruction, adverse action, etc.) in order to improve employee performance or address issues of substandard performance, etc. by utilizing various resources (e.g., MOU, SPB laws and rules, Departmental policies and procedures, etc.) on an as needed basis.	<b>89</b>	<b>5%</b>
Attend meetings, and represent the CPHCS on task forces. Coordinate with all departmental and divisional staff to ensure remediation and improvement of health care operations	<b>89</b>	<b>5%</b>
<b>TOTAL</b>	<b>1,776</b>	<b>100%</b>

**California Prison Health Care Services  
Plata Field Support Division  
California Out of State Correctional Facilities  
FY 2009/10 Budget Change Proposal  
Health Program Specialist I, Administrative Support Section  
Position 6.0**

Task/Job Summary for each position - Health Program Specialist I	Hours per year	% of Position
<p>Provide information and training to all levels of health care staff at the COCF and CCF sites in regard to the approved process improvement model(s) pursuant to the IMSP&amp;P and provide technical consultation in the planning, development, approval, implementation, review, evaluation and modification, as needed, of the IMSP&amp;P model. Perform complex health care analyses on the various program needs relating to the IMSP&amp;P with administrative implications of policy, planning, program, and service coordination; and provide technical clinical program considerations to planning, data and research development activities. Facilitate and coordinate the creation of Proof of Practice binders in Health Care Services at the institutions/facilities that shall include at a minimum; a master set of the IMSP&amp;P with the most recent dates or the development date clearly indicated and signed by the appropriate management staff. The Proof of Practice binders shall also include evidence of the Health Care Manager and/or Local Governing Body review, approval and date of approval of the IMSP&amp;P model, to include any corresponding developed local Operating Procedure (OP) to define specifically how the IMSP&amp;P model will be implemented, and evidence of OP final approval from the Plata Field Support Division (PFSD). Further requirements include keeping copies of in-service training lesson plans and staff sign-in sheets; where appropriate, proof of Competency Validations; and evidence of local OP implementation (chart reviews, process evaluations, quality management monitoring activities, etc.)</p>	<b>799</b>	<b>45%</b>
<p>Provide specialized policy, planning, and systems assistance to California Department of Corrections and Rehabilitation (CDCR) institutions, PFSD, COCF, CCF and RFs with interpretation for operational development regarding health services administrations issues. Analyze administrative problems related to the implementation and program adherence of standard IMSP&amp;P model and recommend appropriate/effective actions; and monitor program operational needs and the requirements of both clinical and custody considerations in the planning, development, implementation and evaluation of the IMSP&amp;P model program and related activities.</p>	<b>444</b>	<b>25%</b>
<p>Track and coordinate data gathering activities throughout the health care system; generate various reports and ensure all levels of the organization and PFSD are apprised of the results. Serve as technical program consultant to PFSD and other CDCR staff in areas of high sensitivity regarding IMSP&amp;P model process; and participate in complex planning and coordination of program development for both short and long-term considerations of the various IMSP&amp;P model processes.</p>	<b>266</b>	<b>15%</b>
<p>Serve as a team member in COCF and CCF audits and evaluations of IMSP&amp;P model process. Serve as a team member or leader in special projects involving the development, modification and/or evaluation of PFSD programs and services, and provide technical consultation for various special projects such as developmental, evaluation or operational implementation tasks or corrective action plans. Prepare responses to inquiries or correspondence regarding the IMSP&amp;P model.</p>	<b>266</b>	<b>15%</b>
<b>TOTAL</b>	<b>1,776</b>	<b>100%</b>

**California Prison Health Care Services  
Plata Field Support Division  
California Out of State Correctional Facilities  
FY 2009/10 Budget Change Proposal  
Health Record Technician I  
Position - 2.0**

Task/Job Summary for each position - Health Record Technician I	Hours per year	% of Position
Assists with the retrieval, filing, duplication, and release of health-related information within statutory and regulatory guidelines. Utilizes the terminal digit filing system and standard classification systems to perform detailed coding. Works with highly sensitive confidential information. Complies with State and Federal regulations, and CDCR policies and procedures, in order to ensure the confidentiality of inmate-patient health records including medical, substance abuse, mental health and HIV information.	799	45%
Abstracts health record data such as history, diagnostic procedures and treatments. Reviews health records for paroled and discharged inmate-patients to ensure they accurately reflect collected, abstracted, and encoded clinical diagnostic, therapeutic and mental health care information.	444	25%
Uses established criteria and acceptable professional practices to ensure that inmate-patient records are developed and maintained in accordance with community standards. Maintains various electronic logs to track health record data including death, incomplete patient records and discharge. Provides data to be used for statistical purposes. Prepares various written documents to request information from, or provide information to, institutions and paroles regions.	355	20%
May be asked to join special committees, or participate in projects aimed at improving patient care and record keeping practices. Prepares meeting agendas, meeting minutes, localized procedural or training materials, documents and reports. Performs other duties as necessary.	178	10%
<b>TOTAL</b>	<b>1,776</b>	<b>100%</b>

**California Prison Health Care Services**  
**Plata Field Support Division**  
**California Out of State Correctional Facilities**  
**FY 2009/10 Budget Change Proposal**  
**Office Technician, Health Records & Administrative Support Section**  
**Position - 1.0**

Task/Job Summary - Office Technician	Hours per year	% of Position
Develop, maintain, and perform periodic tracking of all new assignments being generated by the Section Manager/Chief using Access-based or other departmentally approved database files and a variety of hardcopy files. Ensure easy retrieval of all field data and documents. Monitors status of all open assignments and provides responsible staff person with a reminder of outstanding/overdue assignments prior to bi-weekly PFSD Meetings so that staff can provide updates related to each outstanding/overdue assignment. Ensures all open assignments are monitored through completion and/or extension requests are made and approved to extend due date. Reconciles assignments with the Receiver, Chief Executive Officer, Medical Services, Director, PFSD and Section Manager/Chief to ensure timely completion of all required assignments by due date, and/or extensions are requested and approved to extend due date. Maintain a chronological file of completed assignments.	622	35%
Independently, or with minimal direction, compose correspondence on a wide range of subjects requiring general knowledge of the procedures and policies within the unit using MS Word software and/or other departmentally approved software programs. Collect data, type reports, letters, and memorandums as assigned. Reviews outgoing correspondence prepared by other staff members for the Section Manager/Chief and/or Director, PFSB, signature and checks for consistency with administrative policy, as well as format, grammatical construction, adherence to departmental policies and clerical error, returning for corrections as needed. Screens and maintains a chronological file of all incoming and outgoing correspondence. Arranges correspondence in order of priority for the Section Manger/Chief's review. Distributes outgoing correspondence.	533	30%
Prepare statistical charts and graphs using Excel and the Access-based databases developed for monitoring and evaluating compliance with the PFSD policies and procedures, and Inmate Medical Services Policies and Procedures policies, procedures, and programs (e.g., depicting statewide comparisons in various formats), and preparation of monthly management reports and ad hoc reports as requested	355	20%
Attend meetings and take meeting minutes; prepare agendas for meetings; arrange meetings, including scheduling participants and meeting rooms using departmentally approved software programs; ensure appropriate documents are available for meetings; and provide administrative support. Provides general support and performs other clerical duties as required, such as faxing, copying, general word processing, distributing mail, and acting as a messenger to headquarters. Provides back-up clerical support for clerical staff within the PFSD as required. Attends training and assists with ordering and maintaining supplies.	178	10%
Makes necessary travel arrangements, including transportation, lodging, travel advances, and travel claims and ensures travel claims are completed and processed according to established timeframes established by the Accounting Office. Monitors, tracks and processes timesheets (CDC 998s) for all staff supervised by the Section Manager/Chief, within established timelines. Maintain and update the Section Manager/Chief's calendar.	89	5%
<b>TOTAL</b>	<b>1,776</b>	<b>100%</b>

**California Prison Health Care Services  
Plata Field Support Division  
California Out of State Correctional Facilities  
FY 2009/10 Budget Change Proposal  
Office Assistant (Typing)  
Position - 1.0**

Task/Job Summary	Hours per year	% of Position
Assists in establishing the permanent filing system for COCF and/or CCF UHR. Transports boxes of files from staging area to shelving area using a cart. Files documents. Locates and pulls patient-inmate UHR for various internal and external processes between COCF, CCF, and statewide institutions. Photocopies documents as necessary. Prepares and monitors incoming and outgoing files from COCF, CCF and statewide institutions.	888	50%
Types correspondence and related documents. Queries various computer programs to gain access for patient - inmate transfers using the Offender Based Information System (OBIS).	533	30%
Answers telephone calls. Responds to routine inquiries regarding requests for records from COCF, CCF and statewide institutions. Directs calls to the appropriate staff person. Processes incoming and outgoing mail.	178	10%
Prepares, monitors and tracks incoming and outgoing files from COCF, CCF and statewide institutions. Provides back-up clerical support for clerical staff within PFSD as required. Attends training and assists with ordering and maintaining supplies. Performs other duties as required.	178	10%
<b>TOTAL</b>	<b>1,776</b>	<b>100%</b>

**California Prison Health Care Services**  
**Plata Field Support Division**  
**California Out of State Correctional Facilities**  
**FY 2009/10 Budget Change Proposal**  
**Health Program Specialist I (Admin. Asst. to Director)**  
**Position - 1.0**

Task/Job Summary for each position - Health Program Specialist	Hours per year	% of Position
<p>Serve as the project lead within the <i>Plata</i> Field Support Division (PFSD) directing special projects assigned by the Director on access to and quality of health care services provided at the COCF and CCF. Prepare and coordinate in-depth responses addressing critical challenges on health care issues related to patient-inmate access to care in COCF and CCF, Budget Concept Proposals, Corrective Action Plans, <i>Plata</i> inquires/mandates, and federal court monitors in the <i>Plata</i> litigation. Perform complex health care analyses on the various program needs relating to the IMSP&amp;P with administrative implications of policy, planning, program, and service coordination; and provide technical clinical program considerations to planning, data and research development activities.</p> <p>Facilitate and coordinate the creation of Proof of Practice binders in Health Care Services at the institutions/facilities that shall include at a minimum; a master set of the IMSP&amp;P with the most recent dates or the development date clearly indicated and signed by the appropriate management staff. The Proof of Practice binders shall also include evidence of the Health Care Manager and/or Local Governing Body review, approval and date of approval of the IMSP&amp;P model, to include any corresponding developed local Operating Procedure (OP) to define specifically how the IMSP&amp;P model will be implemented, and evidence of OP final approval from the Plata Field Support Division (PFSD). Further requirements include keeping copies of in-service training lesson plans and staff sign-in sheets; where appropriate, proof of Competency Validations; and evidence of local OP implementation (chart reviews, process evaluations, quality management monitoring activities, etc.)</p>	799	45%
<p>On behalf of the Director, provide direction to health care program evaluation and quality improvement coordinators. Provide specialized policy, planning, and systems assistance to California Department of Corrections and Rehabilitation (CDCR) institutions, PFSD, COCF and CCF with interpretation for operational development regarding health services administrations issues. Analyze administrative problems related to the implementation and program adherence of standard IMSP&amp;P model and recommend appropriate/effective actions; and monitor program operational needs and the requirements of both clinical and custody considerations in the planning, development, implementation and evaluation of the IMSP&amp;P model program and related activities.</p>	444	25%
<p>Track and coordinate data gathering activities throughout the health care system; generate various reports and ensure all levels of the organization and PFSD are apprised of the results. Serve as technical program consultant to PFSD and other CDCR staff in areas of high sensitivity regarding IMSP&amp;P model process; and participate in complex planning and coordination of program development for both short and long-term considerations of the various IMSP&amp;P model processes.</p>	266	15%
<p>Act as a liaison for the Director with other areas of the Department, the Office of the Receiver, and with stakeholder groups, such as the Legislature, Inspector General, and <i>Plata</i> federal court. Serve as a team member in COCF and CCF audits and evaluations of IMSP&amp;P model process. Serve as a team member or leader in special projects involving the development, modification and/or evaluation of PFSD programs and services, and provide technical consultation for various special projects such as developmental, evaluation or operational implementation tasks or corrective action plans. Prepare responses to inquiries or correspondence regarding the IMSP&amp;P model.</p>	266	15%
<b>TOTAL</b>	<b>1,776</b>	<b>100%</b>

**PLATA FIELD SUPPORT DIVISION  
COCF/CCF ESTIMATED TRAVEL EXPENSES  
FISCAL YEAR 2008/2009**

Attachment IV

	Number of Staff Traveling	Number of Trips per Year to each Facility	Number of Facilities	Total # of Individual Trips	Average # of Days per Trip	Total # of Individual Travel Days
California Out-of-State Correctional Facilities Site Visit Trips	4	4	6	96	4	384
Community Correctional Facility Site Visit Trips						
Travel via Airline	4	4	4	64	4	256
Travel via Car	4	4	9	144	4	576
<b>Grand Totals</b>		<b>12</b>	<b>19</b>	<b>304</b>	<b>12</b>	<b>1216</b>

	Total # of Individual Trips	Total # of Individual Travel Days	Average Cost per Ticket	Average Cost per Day	Total Trip Costs
Round Trip Air Fare	160		\$500		\$80,000
Car Rental		1520		\$40	\$60,800
Hotel Fee		1520		\$125	\$190,000
Per Diem		1520		\$40	\$60,800
<b>Grand Totals</b>			<b>\$500</b>	<b>\$205</b>	<b>\$391,600</b>
<b>FY 07/08 May Revise Funding</b>					<b>\$ (84,000)</b>
<b>Total Funding Requested</b>					<b>\$307,600</b>

**Team Members:**

NC, PR	2.0
P&S	1.0
HPS I	1.0

# APPENDIX 20



**PHARMACY MANAGEMENT CONSULTING  
SERVICES**

**Monthly Summary Report  
To The  
California Prison Health Care  
Receivership Corporation**

**September 2008**

# PHARMACY MANAGEMENT CONSULTING SERVICES

## Monthly Summary Report September 2008

### Summary of Activities September 2008

Implementation of the goals and objectives of the Road Map for improvements to the CDCR pharmacy program continued to make progress during this reporting period. This report updates activities during the month of September 2008.

Key activity during this reporting period focused on:

- activities related to building and equipping a central fill pharmacy;
- addressing pharmacy staffing needs through a revamped centralized hiring process and continuing the development of improved staff competencies;
- actively working with the ongoing CDCR Pharmacy & Therapeutics Committee to continue to foster improvement;
- maintaining an active and aggressive purchasing and contracting program;
- continuing to extend the GuardianRx® pharmacy operating system to additional facilities; and,
- assisting in the 2008 Influenza patient and employee vaccination initiative.

#### Central Fill Pharmacy Facility

During the month of September, work began to implement two approved recommendations related to the Central Fill Pharmacy Facility. The Receiver has approved the selection of a Sacramento site location for the proposed Central Fill Facility and has approved the recommendation of an automation vendor to design and equip the facility.

With the final recommendation on the site location approved, DGS, CDCR and Maxor are working cooperatively to negotiate final lease and/or purchase terms with the property owner. Additionally, preliminary work has been initiated on block diagram floor plans for the new pharmacy facility and development of build-out specifications.

Concurrently, work has commenced to finalize a contract for automation equipment and services for the Central Fill Pharmacy facility. A draft contract document detailing the specifications and requirements has been prepared in conjunction with attorneys representing the CPHCS and with contracting specialists at CDCR. Final review and approval processes are underway, with approval anticipated by mid October 2008.

### Pharmacy Staffing and Training Activities

During September, the newly implemented statewide process of centralized hiring for Pharmacist I and Pharmacist II positions continued to yield positive results. This effort, initiated by the Office of the Receiver and involving both Maxor and CDCR, is intended to assist in filling critical vacancies for pharmacists and includes updated processes for credentialing, coordination of interviews and making final selections. Centralizing the hiring process for Pharmacist I and Pharmacist IIs has greatly facilitated filling vacant positions. Since Centralized hiring began in May 2008, a total 48 interviews have been conducted. To date, seven (7) pharmacists have been hired and have started their employment in CDCR. 10 offers are pending and 6 others are in late stages of the hiring process.

In the meantime, recruiting activities continue at high gear by the Plata Workforce Support unit and Maxor. The group has participated in several national and local events, and several will participate in career days at colleges of pharmacy throughout the State as well as the annual meetings of the CSHP and the American Society of Health System Pharmacists.

Clinical Pharmacy Specialists (CPS) continued their active support of pharmacy initiatives by providing in-service training to providers, pharmacy and nursing staff on the Chronic Obstructive Pulmonary Disease (COPD), Asthma and PUD/GERD Disease Medication Management Guidelines. CPS provided in-service to mental health providers on the Schizophrenia DMMG and outlined the Abilify therapeutic interchange program. Additionally, the CPS team conducted multiple in-services to health care staff on pharmacy policies and procedures, formulary changes, the non-formulary process and other topics as requested.

The use of the *MC Strategies* online training and assessment tool to provide in-service training has continued, with new modules added for pharmacists on pharmacy policies and procedures including Chapters 9, 11 and 16. A direct link has been added to all GuardianRx computers to allow direct access to MC Strategies modules. A monthly progress report on training activities is provided to each PIC.

### Pharmacy and Therapeutics Committee Activities

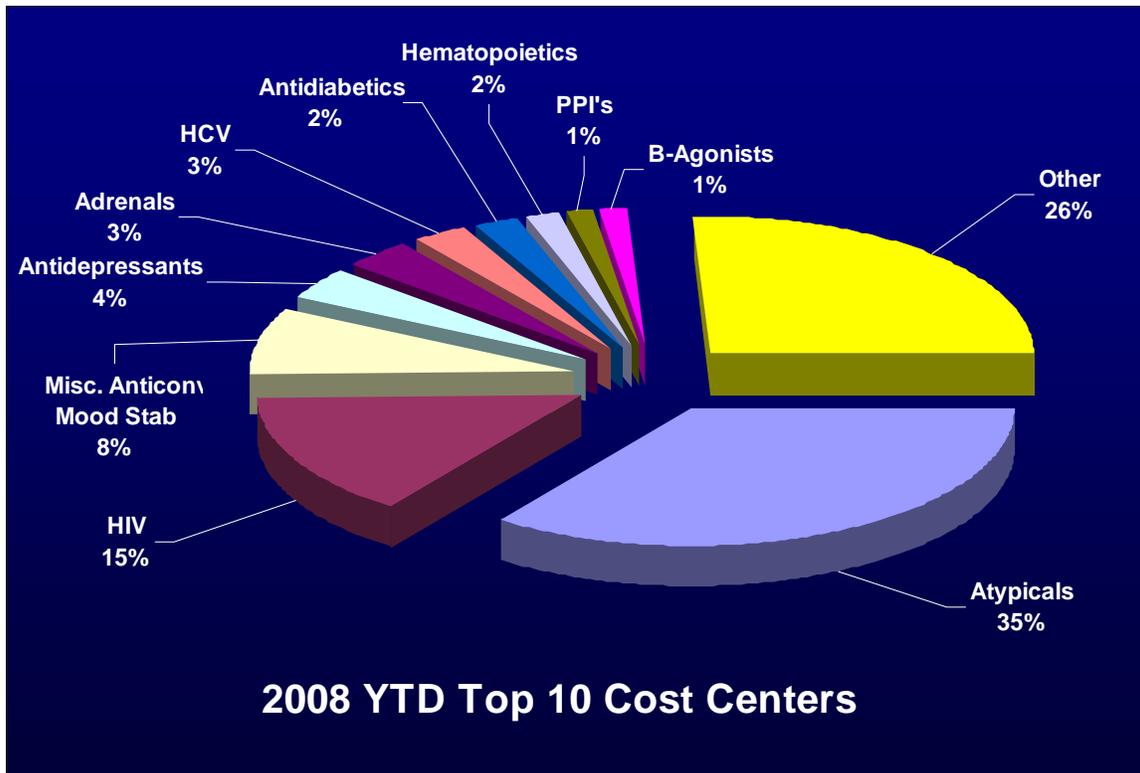
The Pharmacy and Therapeutics (P&T) Committee has continued its monthly meetings to address formulary issues, discuss and approve Disease Medication Management Guidelines (DMMG), and review and approve pharmacy policies and procedures. The P&T Committee approved revisions to Chapter 26-Investigational Medications, Chapter 39-Transfer Medications, and Chapter 30-Pharmacy Technicians and Ancillary Staff. In addition, a new policy, Chapter 31-Use of Tricyclic Antidepressants was approved.

Formulary changes were reviewed and one addition and three deletions approved. The EENT Therapeutic Category Review was completed. As a result of this review, atropine

(Isopto-Homatropine) 1% solution was added to the formulary. Homatropine (Isopto-Homatropine) 5% solution and mupirocin (Bactroban) nasal ointment were deleted from the formulary.

A renewed emphasis on provider education in formulary processes and medication utilization management was initiated in September, with participation of the Maxor Medical Director in both medical and mental health clinical leadership meetings. During these meetings, information on the formulary and non-formulary processes was shared and data showing utilization trends and costs was provided. This ongoing effort is intended to increase provider awareness and responsiveness to medication utilization issues. Included in this information was a chart (Figure 1) depicting the top ten cost center medication categories in 2008 to date:

**Figure 1**



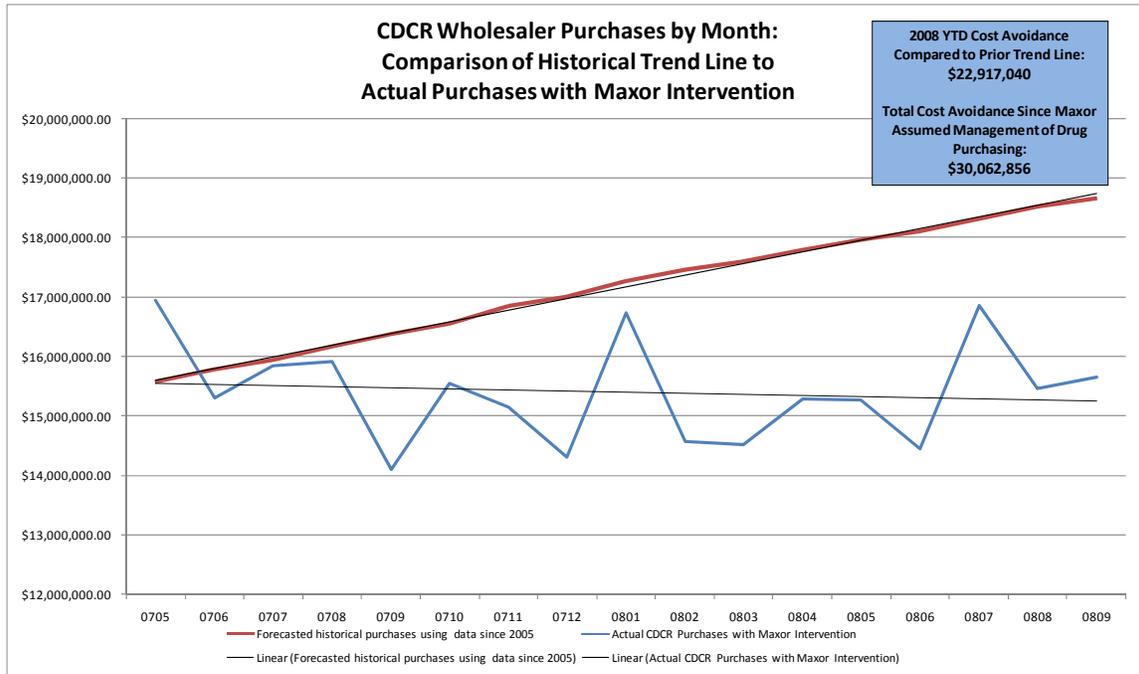
In addition to sharing this type of data directly with the provider leadership groups, a series of informational columns will be provided for general consumption via the pharmacy newsletter, beginning with the September issue.

*Purchasing and Contracting Activities*

The cost avoidance resulting from improved management oversight and direction of purchasing and contract activities continues to yield positive results. Total net savings since Maxor was asked to assume responsibility for purchasing and contracting in April

of 2007 now totals about \$30.1M (see Figure 2 below). In 2008 alone, year-to-date cost avoidance is in excess of \$22.9M.

**Figure 2**



Contract, purchase and inventory monitoring efforts continue to yield results by avoiding unnecessary costs due to out-of-stock orders and ensuring that the correct contracted items are purchased. This month, \$135,968 in cost avoidance was realized by working with the wholesaler to ensure the best priced items were sufficiently stocked at the regional distribution centers and another \$220,686 in cost avoidance by directly working with the facilities to ensure the correct contracted items were purchased. Additionally, the cost avoidance savings for this month resulting from various targeted contract initiatives totaled more than \$1.5M:

Targeted Contract Item	Cost Avoidance this Month
Statins	595,965
Pegasys	475,610
Proton Pump Inhibitors	171,738
Asmanex	126,100
Nasal Steroids	82,054
Insulin	52,706
Proventil HFA	14,310
<b>Total</b>	<b>1,532,793</b>

The Maxor team is also continuing its efforts to objectively validate the improvements for any facility moving from non-passing to passing status in their monthly inspection reports. An analysis of the inspection process including a detailed review of facility level progress was conducted and will be presented to the P&T Committee in October 2008.

An operational process review by Maxor pharmacy specialists of inventory and purchasing controls was conducted at CMC during September to assess compliance with operational policy and procedures and to identify opportunities for improved inventory control and accountability. A report detailing findings of the review is being prepared and will be provided to both the facility and CPHCS leadership in October. In addition, the Maxor executive team participated in an in-depth review, as requested by the Office of the Receiver, of medication administration practices and post-Guardian implementation status at CMC—a report was prepared and utilized by the principle CPHCS investigator for a coordinated report to be presented to the Receiver.

#### Guardian Implementation

GuardianRx® has been successfully implemented now in fifteen sites (CCC, HDSP, FOL, MCSP, SQ, SAC, CMC, CVSP, ISP, COR, SATF, CIW, CCWF, VSPW and DVI). Group training for Pharmacists-in-Charge on the GuardianRx® system and the implementation process has continued as scheduled, with two training sessions held in September. Both MCSP and SAC are now designated as training centers for the northern region.

Based on an earlier determination, a review of the GuardianRx® implementation schedule was conducted by the GuardianRx Steering Committee to assess progress following conversion of the first third of the state's facilities. A decision was jointly reached and approved by members of the steering committee to revise the GuardianRx® rollout schedule in order to allow time for more training, to allow a reasonable period of time to orient newly recruited nursing implementation leadership staff, to improve efficient use of limited rollout team resources and to allow facilities with significant infrastructure issues additional time to address those challenges. A revised schedule for the next six conversion sites has been approved, detailing conversion activities through March of 2009. A schedule for the remaining facilities is still under discussion and development by the steering committee.

In a related activity, Maxor was asked to evaluate the feasibility of replacing Pelican Bay's Drug Therapy Management System (WORx) with the GuardianRx system, due to the pending expiration of support for the WORx system. In conjunction with the CPHCS Project team, a document was prepared to outline the approach and work required to accomplish this task. The document addresses the technical aspects of this request and was based upon information obtained through project discussions and from components of technical documentation provided by the California Department of Corrections. The approach to implementation, as well as a timeline and resource requirements was detailed. Coordination of this important effort continues.

#### Influenza Vaccination Program

Working with the CPOCHS clinical leadership and the Public Health Unit, Maxor has worked to ensure that sufficient influenza vaccine was procured and distributed in a timely manner to support the 2008 Influenza Vaccination initiative. More than 120,000 doses of the vaccine are currently available and distributed throughout the various CDCR facilities in accordance with pre-determined targeted levels. During this process, the Maxor Supply team responded immediately to coordinate correction of a significant shipping error made by the manufacturer, resulting in the need to retrieve, return and replace more than 50,000 doses (at the manufacturer's costs). Corrected shipments were received and verified. Vaccine orders include a small quantity of thiomersol free vaccine for use as needed at the women's facilities. Provisions have been made for placement of the first supplemental order during October as approved by the Public Health Unit. An addition supplemental order, as necessary, will be reviewed and processed after reassessment of the initiative and need for additional doses in late October-early November.

## Summary of Changes to Timeline

In the sections below, a listing of objectives completed, objectives delayed, objective timelines proposed for change (subject to review and approval of CPR) and a listing of timeline changes that have been approved by the CPR are provided.

### Objectives Completed

- Objective A.1. A central pharmacy services administration, budget and enforcement authority was established on January 23, 2007.
- Objective A.2. Direct lines of authority were established to all pharmacy services personnel and linkages to central medical staff were defined.
- Objective A3: A complete update of system-wide pharmacy policies and procedures has been completed. Ongoing maintenance and regularly scheduled policy reviews are now underway.
- Objective B.1. A revised and reconstituted Pharmacy & Therapeutics Committee was established. Meetings are held the second Tuesday of each month. Current membership includes representation from central, regional and institutional level providers, as well as experts representing Coleman and Perez issues and the Department of Mental Health.
- Objective B.4: Develop and implement an effective and enforceable institution audit process.
- Objective C.1: Monitor wholesaler (vendor) to ensure contract compliance.
- Objective D2: Complete skill set inventory of state and registry employees and provide required training, performance measures, and disciplinary measures as needed for existing employees.
- Objective D.3: Develop an effective means of documenting and tracking employee training, education, performance, and disciplinary action.

## Objectives Delayed

All objectives except for A1.1 (hiring clinical specialists) are progressing according to the revised schedule adopted earlier this year as a part of the Receiver's overall Plan of Action. Hiring qualified clinical pharmacists has been difficult. Active recruitment efforts for hiring of clinical pharmacists continue and a new approach encouraging the development of entry-level positions to the required competency level was approved.

Objective E.2, relating to the development of the Central Fill Pharmacy Facility is progressing, but due to delays in selecting the site location and contracting for the automation services, completion of this objective will likely be delayed until mid-year 2009. Continued evaluation of the progress will be made and if necessary, a request for timeline change will be submitted once final contracts are in place for the facility build-out and equipment installations.

## Objective Timelines Proposed for Change

No additional changes to objective timelines are proposed at this time.

## Objective Timeline Change Approvals

**Objective F.4 GuardianRx® Implementation.** Approval was previously requested to change the current timeline calling for completion of the GuardianRx® implementation by the end of December 2008 to May of 2009. This change is consistent with the jointly developed implementation schedule agreed to by the Maxor/CPR GuardianRx® teams. Due to the change in the implementation schedule discussed above, it is anticipated that completion of this objective will be delayed until the end of 2009. A formal revision to the GuardianRx® schedule is forthcoming.

## Issues or Obstacles to Success

Managing change of the magnitude being implemented through the efforts of the Receiver's office and in particular, as a part of the Pharmacy Program Improvement *Road Map*, continues to present challenges, including managing labor relations as policies and procedures are amended to improve processes, enhance quality of services and increase accountability. Maxor leadership, in conjunction with CPHCS and CDCR staff are committed to working through these challenges in a timely manner. However, the coordination and implementation activities and resources required to address these challenges are significant and have resulted in unseemly delays in implementation of necessary changes. As the improvement process proceeds, managing this aspect of the change process underway will continue to present challenges requiring significant attention and resources.

## Monthly Attachments

The section below contains links to the Pharmacy Dashboard, Pharmacy Inspection Grid, and the Timeline Tracking Grid attachments provided for review.

### Appendix A - Pharmacy Dashboard



10.07.08 Pharmacy  
Dashboard.xls

### Appendix B - Pharmacy Inspection Grid



10.07.08 Pharmacy  
Inspection Grid.xls

### Appendix C – Maxor Timeline and Tracking Grid



MaxorTimeline.xls

# APPENDIX 21



**PHARMACY MANAGEMENT CONSULTING  
SERVICES**

**Monthly Summary Report  
To The  
California Prison Health Care  
Receivership Corporation**

**October 2008**

# PHARMACY MANAGEMENT CONSULTING SERVICES

## Monthly Summary Report October 2008

### Summary of Activities

Implementation of the goals and objectives of the Road Map for improvements to the CDCR pharmacy program continued to make progress during this reporting period. This report updates activities during the month of October 2008.

Key activity during this reporting period focused on:

- activities related to building and equipping a central fill pharmacy;
- actively working with the ongoing CDCR Pharmacy & Therapeutics Committee to continue to foster improvement;
- maintaining an active and aggressive purchasing and contracting program; and
- continuing to extend the GuardianRx® pharmacy operating system to additional facilities.

#### Central Fill Pharmacy Facility

During the month of October, work continued on the development of the Central Fill Pharmacy Facility. DGS, CDCR and Maxor are working cooperatively to negotiate final lease and/or purchase terms with the property owner. Additionally, preliminary work continued on block diagram floor plans for the new pharmacy facility and development of build-out specifications.

Concurrently, a contract for automation equipment and services for the Central Fill Pharmacy facility was finalized. A draft contract document detailing the specifications and requirements was prepared in conjunction with attorneys representing the CPHCS and with contracting specialists at CDCR. Final review and approval is anticipated in November with a proposed start date of November 20, 2008.

A follow up meeting was also held with the California State Board of Pharmacy to examine the applicable Board rules and to address in advance any potential licensing issues. A plan was presented to present an orientation to the centralization concept model to the Licensing Board Subcommittee in December and to the Board at large in January.

### Pharmacy Staffing and Training Activities

During October, the statewide centralized hiring efforts for Pharmacist I and Pharmacist II positions continued. Pharmacist positions continue to be difficult to recruit. During the month, three additional interviews were held for Pharmacist-In-Charge positions. Maxor pharmacy leadership met with Plata Human Resources staff to discuss a variety of recruitment options, including consideration of additional part-time pharmacist positions and to explore the possibilities related to foreign recruiting. Additionally, a recruiting event was held at the California Society of Health-System Pharmacists meeting.

Also in October, the quarterly staffing assessment was completed. A request was forwarded to Finance to move the remaining unassigned positions into place to address increased workloads at CAL, LAC, SCC, SQ and SVSP.

During October, the Quarterly PIC meeting was held and was well attended. Topics and presentations covered during the meeting included a focus on leadership, review of the centralized hiring process, staff scheduling, purchasing v. dispenses reports, an update on the GuardianRx implementation process, review of the influenza vaccination program and a discussion on procurement of specialty pharmaceuticals.

Additionally, training and review was provided to orient the PICs to the new clinical and managed care reports that will be routinely produced beginning in November. Monthly report sets will be auto-emailed to PICs starting the first week of November for the October reporting period. The expectation is for the PIC to distribute and review the reports with CMO/HCM and clinical staff. These reports include system-wide, facility level and provider level report cards.

Clinical Pharmacy Specialists (CPS) continued their active support of pharmacy initiatives by providing in-service training to providers, pharmacy and nursing staff on the Hyperlipidemia and Diabetes Disease Medication Management Guidelines. Additionally, the CPS team conducted multiple in-services to health care staff on pharmacy policies and procedures, formulary changes, the non-formulary process and other topics as requested. Policies covered by CPS staff included: Chapter 8 – CDCR Drug Formulary; Chapter 9 – Prescription Requirements; Chapter 26 – Investigational Medications; Chapter 27 – Reporting medication Errors and Adverse Drug Reactions; Chapter 30 – Pharmacy Technicians and Ancillary Staff; Chapter 31 – Use of Tricyclic Antidepressants; and Chapter 39 – Transfer Medications. The CPS staff also began targeted interventions for non-formulary medication use utilizing available purchasing data.

The use of the *MC Strategies* online training and assessment tool to provide in-service training has continued, with new modules added on pharmacy policies and procedures including Chapters 23, Repackaging and Compounding of Non-sterile Medications and 29, Impaired Pharmacy Personnel.

### Pharmacy and Therapeutics Committee Activities

The Pharmacy and Therapeutics (P&T) Committee has continued its monthly meetings to address formulary issues, discuss and approve Disease Medication Management Guidelines (DMMG); review and approve pharmacy policies and procedures.

The P&T Committee approved revisions to Chapter 15-Confiscated Medications and approved DMMGs for Bipolar Disorder and Hepatitis C. Formulary changes were reviewed and several additions approved. Additions to the formulary in October included phytonadione (Vitamin K) (tablets and injectable), two oral contraceptives Lo/Ovral (norgestrel/ethinyl estradiol) and Loestrin 1/20 (norethindrone/ethinyl estradiol). In addition, the formulary antihistamine/decongestant product was changed to a pseudoephedrine free formulation. The P&T Committee also approved two therapeutic interchanges for Alphagan P (brimonidine) and Cosopt (dorzolamide/timolol).

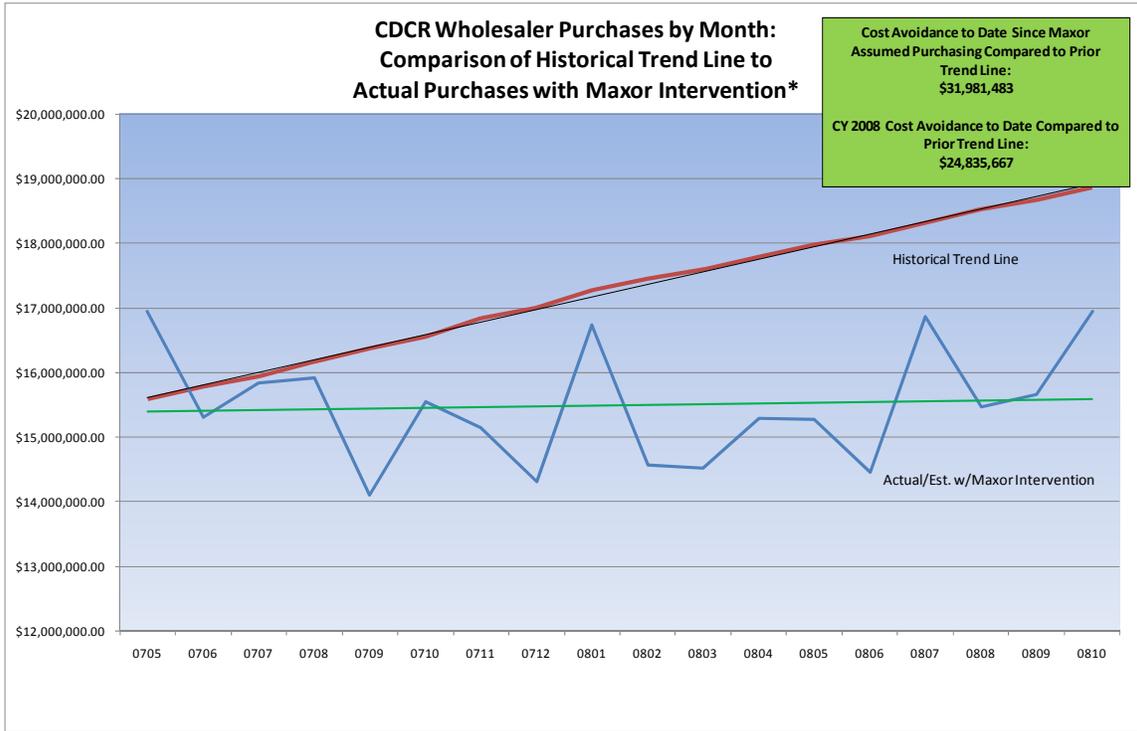
Efforts continued related to provider education in formulary processes and medication utilization management. The Maxor Medical Director has continued to participate in both medical and mental health clinical leadership meetings. During these meetings, information on the formulary and non-formulary processes is shared and data showing utilization trends and costs has been provided. Maxor's Medical Director also actively participated in the Clinical Leaders Strategic Retreat held in October.

In addition to sharing this type of data directly with the provider leadership groups, a series of informational columns are being produced for general readership via the pharmacy newsletter. The second installment in this series was published in the October *Pharmacy Horizons* newsletter.

### Purchasing and Contracting Activities

The cost avoidance resulting from improved management oversight and direction of purchasing and contract activities continues to yield positive results. Total net savings since Maxor was asked to assume responsibility for purchasing and contracting in April of 2007 now totals about \$31.98M (see Figure 1 below). In 2008 alone, year-to-date cost avoidance is approximately \$24.84M.

**Figure 1.**



Contract, purchase and inventory monitoring efforts continue to yield results by avoiding unnecessary costs due to out-of-stock orders and ensuring that the correct contracted items are purchased. This month, \$179,023 in cost avoidance was realized by working with the wholesaler to ensure the best priced items were sufficiently stocked at the regional distribution centers and another \$194,153 in cost avoidance by directly working with the facilities to ensure the correct contracted items were purchased. Cost avoidance savings for this month attributed to various targeted contract initiatives totaled more than \$1.6M:

Targeted Contract Item	Cost Avoidance this Month
Statins	\$643,565
Pegasys	501,232
Proton Pump Inhibitors	178,341
Asmanex	119,973
Nasal Steroids	78,974
Insulin	52,094
Proventil HFA	38,432
<b>Total</b>	<b>\$1,612,611</b>

The Maxor team is also continuing its efforts to objectively validate the improvements for any facility moving from non-passing to passing status in their monthly inspection

reports. An analysis of the inspection process including a detailed review of facility level progress was conducted and presented to the P&T Committee in October 2008.

An operational process review by Maxor pharmacy specialists of inventory and purchasing controls was conducted at CMC during September to assess compliance with operational policy and procedures and to identify opportunities for improved inventory control and accountability. A report detailing findings of the review was provided to both the facility and CPHCS leadership in October. In addition, the Maxor executive team participated in an in-depth review, as requested by the Office of the Receiver, of medication administration practices and post-Guardian implementation status at CMC—a report was prepared and utilized by the principle CPHCS investigator for a coordinated report presented to the Receiver.

### Guardian Implementation

GuardianRx® has been successfully implemented now in seventeen sites (CCC, HDSP, FOL, MCSP, SQ, SAC, CMC, CVSP, ISP, COR, SATF, CIW, CCWF, VSPW, DVI, NKSP and KVSP).

Based on an earlier determination, a review of the GuardianRx® implementation schedule was conducted by the GuardianRx Steering Committee to assess progress following conversion of the first third of the state's facilities. A decision was jointly reached and approved by members of the steering committee to revise the GuardianRx® rollout schedule in order to allow time for more training, to allow a reasonable period of time to orient newly recruited nursing implementation leadership staff, to improve efficient use of limited rollout team resources and to allow facilities with significant infrastructure issues additional time to address those challenges. A revised schedule for the next six conversion sites has been approved, detailing conversion activities through March of 2009. A schedule for the remaining facilities is still under discussion and development by the steering committee. Additionally, a schedule has been developed to return to facilities that have already implemented GuardianRx in order to assess their status, provide supplemental operational oversight and training and to upgrade the facilities with new system functionality. This effort is viewed as an essential component of monitoring and sustainability efforts. CCC, HDSP, FOL, MCSP, SAC, SQ, CMC, CCWF, VSPW, CIW, COR, SATF, CVSP and ISP are scheduled for Go-back training and assessments between November 2008 and April 2009.

In a related activity, Maxor continued to work with the CPHCS Project team to explore the feasibility of replacing Pelican Bay's Drug Therapy Management System (WORx) with the GuardianRx system, due to the pending expiration of support for the WORx system. Weekly conversion meetings for the PBSP effort have begun.

Operational drop-in team support was provided at both CAL and CEN in October. Assessments were completed at the DMH pharmacy in CMF as a part of the operational transition of that pharmacy to CDCR.

## Summary of Changes to Timeline

In the sections below, a listing of objectives completed, objectives delayed, objective timelines proposed for change (subject to review and approval of CPHCS) and a listing of timeline changes that have been approved by the CPHCS are provided.

### Objectives Completed

- Objective A.1. A central pharmacy services administration, budget and enforcement authority was established on January 23, 2007.
- Objective A.2. Direct lines of authority were established to all pharmacy services personnel and linkages to central medical staff were defined.
- Objective A3: A complete update of system-wide pharmacy policies and procedures has been completed. Ongoing maintenance and regularly scheduled policy reviews are now underway.
- Objective B.1. A revised and reconstituted Pharmacy & Therapeutics Committee was established. Meetings are held the second Tuesday of each month. Current membership includes representation from central, regional and institutional level providers, as well as experts representing Coleman and Perez issues and the Department of Mental Health.
- Objective B3: Develop and implement effective and enforceable Disease Medication Management Guidelines.
- Objective B.4: Develop and implement an effective and enforceable institution audit process.
- Objective C.1: Monitor wholesaler (vendor) to ensure contract compliance.
- Objective D2: Complete skill set inventory of state and registry employees and provide required training, performance measures, and disciplinary measures as needed for existing employees.
- Objective D.3: Develop an effective means of documenting and tracking employee training, education, performance, and disciplinary action.
- Objective F1: Develop and implement improved reporting and monitoring capabilities with existing pharmacy system.

### Objectives Delayed

All objectives except for A1.1 (hiring clinical specialists) are progressing according to the revised schedule adopted earlier this year as a part of the Receiver's overall Plan of Action. Hiring qualified clinical pharmacists has been difficult. Active recruitment efforts for hiring of clinical pharmacists continue and a new approach encouraging the development of entry-level positions to the required competency level was approved.

Objective E.2, relating to the development of the Central Fill Pharmacy Facility is progressing, but due to delays in selecting the site location and contracting for the

automation services, completion of this objective will likely be delayed until the third quarter 2009. Continued evaluation of the progress will be made and a request for timeline change will be submitted once final contracts are in place for the facility build-out and equipment installations.

## **Objective Timelines Proposed for Change**

No additional changes to objective timelines are proposed at this time.

## **Objective Timeline Change Approvals**

**Objective F.4 GuardianRx® Implementation.** Approval was previously requested to change the current timeline calling for completion of the GuardianRx® implementation by the end of December 2008 to May of 2009. This change is consistent with the jointly developed implementation schedule agreed to by the Maxor/CPHCS GuardianRx® teams. Due to further changes in the implementation schedule approved by the steering committee, it is anticipated that completion of this objective will be delayed until the end of 2009. A formal revision to the GuardianRx® schedule is forthcoming.

## **Issues or Obstacles to Success**

As noted in previous reports, the amendment of policies and procedures to improve processes, enhance quality of services and increase accountability creates workforce management and labor relations challenges. Maxor leadership, in conjunction with CPHCS and CDCR staff are working through these challenges as they arise, however, the coordination and implementation activities and resources required to address these challenges are significant and have resulted in some delays in implementation of amended policies. As the improvement process proceeds, managing this aspect of the change process will continue to present challenges requiring significant attention and resources.

## Monthly Attachments

The section below contains links to the Pharmacy Dashboard, Pharmacy Inspection Grid, and the Timeline Tracking Grid attachments provided for review.

### Appendix A - Pharmacy Dashboard



2008 Pharmacy  
Dashboard 11.6.08.x

### Appendix B - Pharmacy Inspection Grid



Inspection Report  
Summary 11.05.08.xl

### Appendix C – Maxor Timeline and Tracking Grid



Maxor timeline.xls

# **APPENDIX 22**



**PHARMACY MANAGEMENT CONSULTING  
SERVICES**

**Monthly Summary Report  
To The  
California Prison Health Care  
Receivership Corporation**

**November 2008**

# PHARMACY MANAGEMENT CONSULTING SERVICES

## Monthly Summary Report November 2008

### Summary of Activities

Implementation of the goals and objectives of the Road Map for improvements to the CDCR pharmacy program continued to make progress during this reporting period. This report updates activities during the month of November 2008.

Key activity during this reporting period focused on:

- actively working with the ongoing CDCR Pharmacy & Therapeutics Committee to continue to foster improvement;
- maintaining an active and aggressive purchasing and contracting program;
- extending the GuardianRx® pharmacy operating system to additional facilities and initiating a follow-up process; and,
- continuing pharmacy services support and participation in a variety of CPHCS quality and process improvement initiatives.

#### Pharmacy and Therapeutics Committee Activities

The Pharmacy and Therapeutics (P&T) Committee has continued its monthly meetings to address formulary issues, discuss and approve Disease Medication Management Guidelines (DMMG); review and approve pharmacy policies and procedures. The P&T Committee approved revisions to Chapter 34-Heat Risk Medications and Chapter 8-CDCR Drug Formulary. Three requests for Formulary change requests were reviewed by the Committee; however no changes were made in the Formulary in November. It was noted that the therapeutic interchange program now includes 19 drug classes and that all major therapeutic drug classes have been reviewed. A cycle of ongoing therapeutic class review will continue to ensure a regular review of all drug classes. The P&T Committee will continue to review Formulary related requests at each of its meetings.

Efforts related to provider education in formulary processes and medication utilization management have continued, including participation in medical and mental health clinical leadership meetings to share information on the formulary and non-formulary processes. Monthly metrics data showing utilization trends and costs are provided to the P& T Committee and are being shared for general consumption via the pharmacy newsletter (*Pharmacy Horizons*) which is sent to a wide audience of CDCR providers and pharmacists, as well as published on the CPHCS website.

Clinical Pharmacy Specialists (CPS) continued their active support of pharmacy initiatives by providing in-service training to providers, pharmacy and nursing staff on the Hepatitis, Bipolar Disorder, Hyperlipidemia and Asthma Disease Medication Management Guidelines. The CPS staff also conducted in-service to facility staff on pharmacy policy and procedures, including Chapter 8-CDCR Drug Formulary, Chapter 9-Prescription Requirements, Chapter 15-Confiscated Medications, and Chapter 27-Reporting of Medication Errors and ADRs. Additionally, the CPS team discussed targeted non-formulary purchases with facility leadership.

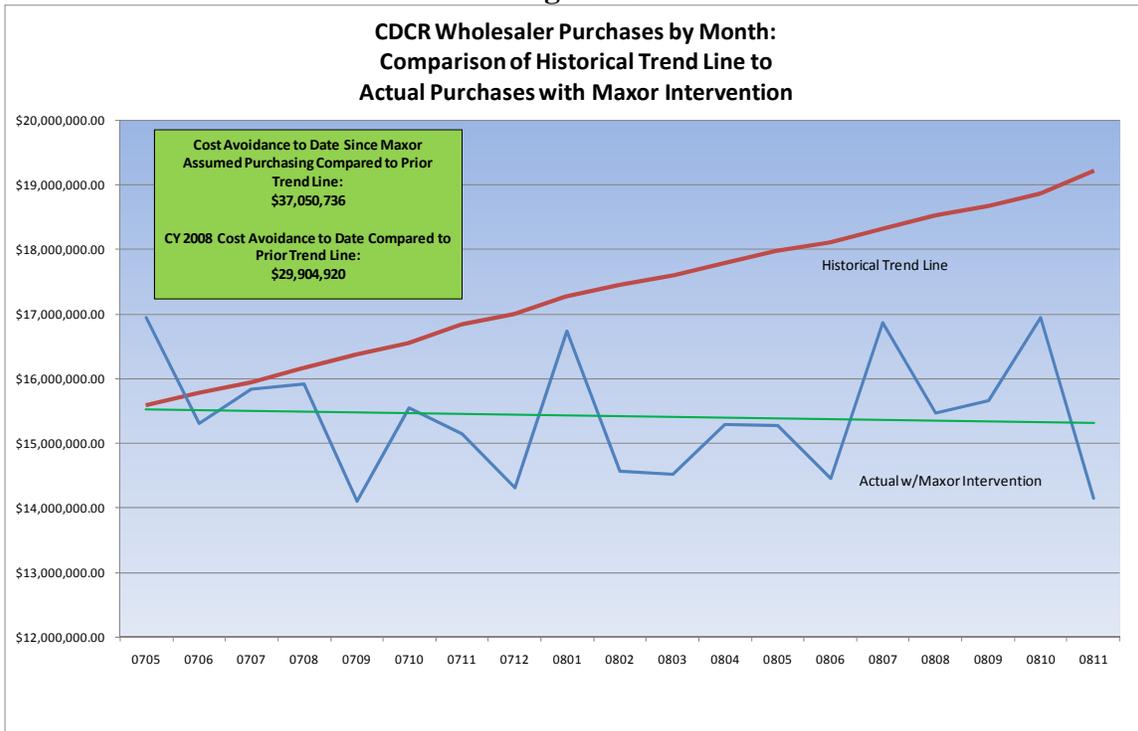
The use of the *MC Strategies* online training and assessment tool to provide in-service training has continued, with two new modules added on pharmacy policies and procedures Chapter 30-Pharmacy Technicians and Ancillary Staff and Chapter 38, Prescription Turn-Around Time.

Additionally, a self-report survey of CDCR facilities was conducted to assess the levels of service and need for sterile parenteral compounding. This review will be followed by a detailed onsite assessment and preparation of a gap analysis to identify needed improvements in this service area.

Purchasing and Contracting Activities

Cost avoidance resulting from improved management oversight and direction of purchasing and contract activities has continued. Total net savings since Maxor was asked to assume responsibility for purchasing and contracting in April of 2007 now totals about \$37.0M (see Figure 1 below). In 2008 alone, year-to-date cost avoidance is approximately \$29.9M.

**Figure 1.**



Contract, purchase and inventory monitoring efforts continue to yield results by avoiding unnecessary costs due to out-of-stock orders and ensuring that the correct contracted items are purchased. This month, \$140,720 in cost avoidance was realized by working with the wholesaler to ensure the best priced items were sufficiently stocked at the regional distribution centers and another \$213,495 in cost avoidance by directly working with the facilities to ensure the correct contracted items were purchased. Cost avoidance savings for this month attributed to various targeted contract initiatives totaled more than \$1.5M:

<b>Targeted Contract Item</b>	<b>Cost Avoidance this Month</b>
Statins	\$636,653
Pegasys	468,296
Proton Pump Inhibitors	179,670
Asmanex	103,446
Nasal Steroids	88,763
Insulin	48,434
Proventil HFA	52,000
<b>Total</b>	<b>\$1,577,262</b>

#### Guardian Implementation

GuardianRx® has been successfully implemented now in seventeen sites (CCC, HDSP, FOL, MCSP, SQ, SAC, CMC, CVSP, ISP, COR, SATF, CIW, CCWF, VSPW, DVI, NKSP and KVSP). Pre-conversion meetings and training at upcoming facilities (LAC and PVSP) continue as scheduled.

A revised schedule for the next six conversion sites has been approved, detailing conversion activities through March of 2009. Additionally, a schedule has been developed to return to facilities that have already implemented GuardianRx in order to assess their status, provide supplemental operational oversight and training and to upgrade the facilities with new system functionality. This effort is viewed as an essential component of monitoring and sustainability efforts. CCC, HDSP, FOL, MCSP, SAC, SQ, CMC, CCWF, VSPW, CIW, COR, SATF, CVSP and ISP are scheduled for “Go-Back” training and assessments between November 2008 and April 2009. As a part of the “Go-Back” schedule, an imaging application that scans prescription into the enterprise-based system is being rolled out to GuardianRx facilities. This application enhances the pharmacist review function and enables copies of prescriptions to be accessed anywhere authorized in the enterprise. Initial response to the imaging add-on has been very positive.

Maxor has continued to work with the CPHCS Project team to explore options for replacing Pelican Bay’s Drug Therapy Management System (WORx) with the GuardianRx system, due to the pending expiration of support for the WORx system.

Weekly conversion meetings for the PBSP effort have begun. Data has been collected in order to begin building conversion tables. Two conversion options are being planned, based on whether or not a replacement system can be implemented in the current software environment.

#### Other Activity

During the month of November, work continued on the development of the Central Fill Pharmacy Facility. DGS, CDCR and Maxor are working cooperatively to negotiate final lease and/or purchase terms with the property owner. Additionally, preliminary work continued on block diagram floor plans for the new pharmacy facility and development of build-out specifications. Concurrently, a contract for automation equipment and services for the Central Fill Pharmacy facility was finalized and submitted to the Receiver for final approval.

During November, the statewide centralized hiring efforts for Pharmacist I and Pharmacist II positions continued. Pharmacist positions continue to be difficult to recruit. Maxor pharmacy leadership continues to work with *Plata* Human Resources staff to discuss a variety of recruitment options, including consideration of additional part-time pharmacist positions.

Maxor has continued to support a variety of health care improvement initiatives including providing pharmacy expertise and assistance in the design and renovation projects, supporting the access to care initiative and participating in the reception center project now underway.

## **Summary of Changes to Timeline**

In the sections below, a listing of objectives completed, objectives delayed, objective timelines proposed for change (subject to review and approval of CPHCS) and a listing of timeline changes that have been approved by the CPHCS are provided.

### **Objectives Completed**

- Objective A.1. A central pharmacy services administration, budget and enforcement authority was established on January 23, 2007.
- Objective A.2. Direct lines of authority were established to all pharmacy services personnel and linkages to central medical staff were defined.
- Objective A3: A complete update of system-wide pharmacy policies and procedures has been completed. Ongoing maintenance and regularly scheduled policy reviews are now underway.
- Objective B.1. A revised and reconstituted Pharmacy & Therapeutics Committee was established. Meetings are held the second Tuesday of each month. Current membership includes representation from central, regional and institutional level

- providers, as well as experts representing Coleman and Perez issues and the Department of Mental Health.
- Objective B3: Develop and implement effective and enforceable Disease Medication Management Guidelines.
  - Objective B.4: Develop and implement an effective and enforceable institution audit process.
  - Objective C.1: Monitor wholesaler (vendor) to ensure contract compliance.
  - Objective D2: Complete skill set inventory of state and registry employees and provide required training, performance measures, and disciplinary measures as needed for existing employees.
  - Objective D.3: Develop an effective means of documenting and tracking employee training, education, performance, and disciplinary action.
  - Objective F1: Develop and implement improved reporting and monitoring capabilities with existing pharmacy system.

### **Objectives Delayed**

All objectives except for A1.1 (hiring clinical specialists) are progressing according to the revised schedule adopted earlier this year as a part of the Receiver's overall Plan of Action. Hiring qualified clinical pharmacists has been difficult. Active recruitment efforts for hiring of clinical pharmacists continues.

Objective E.2, relating to the development of the Central Fill Pharmacy Facility is progressing, but due to delays in selecting the site location and contracting for the automation services, completion of this objective will likely be delayed until the third quarter 2009. Continued evaluation of the progress will be made and a request for timeline change will be submitted once final contracts are in place for the facility build-out and equipment installations.

### **Objective Timelines Proposed for Change**

No additional changes to objective timelines are proposed at this time.

### **Objective Timeline Change Approvals**

**Objective F.4 GuardianRx® Implementation.** Approval was previously requested to change the current timeline calling for completion of the GuardianRx® implementation by the end of December 2008 to May of 2009. This change is consistent with the jointly developed implementation schedule agreed to by the Maxor/CPHCS GuardianRx® teams. Due to further changes in the implementation schedule approved by the steering committee, it is anticipated that completion of this objective will be delayed until the end of 2009. A formal revision to the GuardianRx® schedule is forthcoming.

### **Issues or Obstacles to Success**

No new issues or obstacles have been noted during this reporting period.

## Monthly Attachments

The section below contains links to the Pharmacy Dashboard, Pharmacy Inspection Grid, and the Timeline Tracking Grid attachments provided for review.

### Appendix A - Pharmacy Dashboard



2008 Pharmacy  
Dashboard 12 16 08 |

### Appendix B - Pharmacy Inspection Grid



CY 2007 2008  
Master Inspection Gri

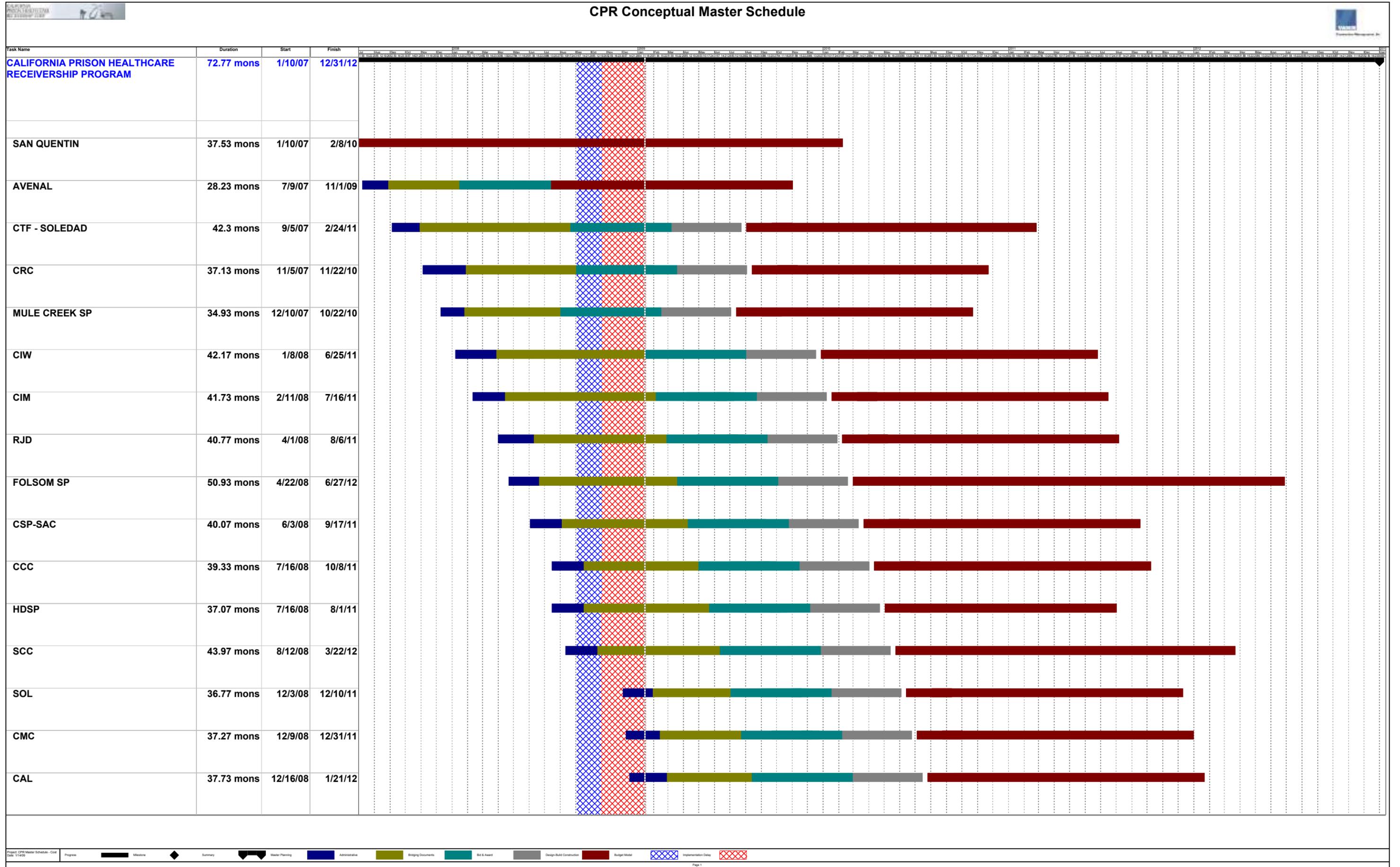
### Appendix C – Maxor Timeline and Tracking Grid



Maxor timeline.xls

# APPENDIX 23

# CPR Conceptual Master Schedule



# CPR Conceptual Master Schedule

