

**CALIFORNIA  
PRISON HEALTH CARE  
RECEIVERSHIP CORP.**

J. Clark Kelso  
Receiver

VIA ELECTRONIC MAIL

April 23, 2008

**Re:** Prison Law Office, Steve Fama

Dear Mr. Fama:

Thank you for your letter in response to the draft strategic plan "Achieving a Constitutional Level of Medical Care in California's Prisons." Your insight and comments are extremely valuable and we are grateful for your commitment to support the California Prison Health Care Receivership while developing our strategic plan. Below is a response to items addressed in your letter.

**Item # 6.** *The Plan does not include any interim or stop-gap measures.*

*Certain plan goals or objectives will take years to achieve, including for example the building of necessary additional medical clinic space at the prisons. The Plan indicates that this will be done in phases, and that "assessments and preliminary planning" for this task will be done for the final 13 prisons by January 2010. See Plan at 24-25. After this preliminary planning, plans will next be completed and then construction will be authorized by the Receiver. Id. at 26. Once each prison upgrade project is approved, it will take 18 to 24 months to complete construction. Id. at 26. The Plan thus provides a December 2011 target date for completing clinic and other building upgrades at the final 13 prisons. Id.*

*Given the importance of adequate clinic space, the Plan should provide for interim measures, particularly at those prisons at which the upgrades will not be completed for more than three years. Recent action at Avenal State Prison regarding space deficiencies provides a model for interim measures. At Avenal, the Receiver working with local prison staff and a retained private construction company, established and is now implementing a clinic space initiative that involves emergency, interim, and permanent projects. Emergency and interim measures provide for the immediate or short term use of "5 Wheel Trailer Clinics" and modular trailer space, and the conversion of certain existing space.*

*Similarly, the Objectives related to specialty care services provide for completion dates in January or July 2009 (see Plan at pages 13-14), with related Objectives slated for completion two years after that (see, e.g., Objective 1.4 at page 7 (full implementation of Health Care Access Units at all prisons by July 2011)). Given that these time-frames are measured in years, interim measures to improve the provision of specialty care should be taken, at least at those prisons where access to such care is a particularly acute problem.*

*Almost two years ago the Receiver showed that focused efforts regarding specialty care at a specific prison, including reviewing and triaging pending requests, securing additional providers, and emergency measures to increase transportation resources, can greatly reduce the risk of harm to patients with very complicated medical conditions. See Second Report at 30-37 (reporting on activities regarding specialty care).*

The Health Care Facilities Improvement Program is a highly aggressive program that includes the development of Facility Master Plans and completed construction at all 33 prisons by December 2011 (assuming funding is obtained). It is not our plan to add an additional facility review as an interim measure as it will only delay the efforts of completing the construction of appropriate clinical space for the prisons. As with Avenal and other reviews conducted thus far, as immediate space and/or resource needs are identified every effort will be made to accommodate the needs as appropriate and consistent with the overall Facility Master Plan at each prison. Most of the projects will require the use of temporary mobile clinics and interim measures to facilitate the delivery of care pending the completion of the permanent construction projects.

We also note that the Receivership has implemented and continues to implement short term remedial measures. We look forward to discussing short term interim measures on May 3, 2008.

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We agree that efforts to improve access to specialty care should not be delayed. In order to complete the stated strategic plan objectives regarding specialty care, the Office of the Receiver will need to accelerate the current ongoing improvement efforts. The Access-to-Care Initiative expands upon the strategic plan to describe the Receiver's direction. These efforts to ensure appropriate specialty care are not "interim," but part and parcel of the strategic plan, and inmate-patients will reap benefits prior to the 2009 benchmarks.

Your comments proved to be very helpful and supportive. We look forward to working collaboratively with you in the future.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Clark Kelso", with a long horizontal flourish extending to the right.

J. Clark Kelso  
Receiver