

**RECEIVER RELEASES PLAN OF ACTION FOR
CONSTITUTIONAL CARE**

***Federal Judge considering proposal to revamp
California prison medical care system
Quality, access, safety and efficiency stressed***

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SAN JOSE, Calif. – Robert Sillen, the federal-court appointed Receiver of the state’s prison medical system today submitted a Plan of Action to U.S. District Court Judge Thelton E. Henderson that lays out a comprehensive vision for the constitutional prison medical care system that will be created under the Receivership.

The Plan of Action is the first of its kind released by the Receiver. It is a health care document, not a fact-finding report. It delineates long-term goals for the prison medical care system as well as specific projects that will be undertaken in the next two years.

“The plan is comprehensive, responsible and best of all, achievable,” Sillen said. “It reflects the stellar thinking and experience of my team of health care and corrections experts. It is truly a bright spot, filled with real solutions. Barring the success of efforts to derail it, the plan will result in a system that provides quality, timely, accessible and efficient care to California’s thousands of inmate patients. The new system will eliminate the unconscionable human suffering currently taking place in our prisons, and make California communities safer from disease as inmates revolve in and out of the institutions. Furthermore, taxpayers will get better value for their dollars when we are able to deliver medical care in an organized, standardized and cost-effective manner. Good care is less costly than bad care. Implementation of the plan will ensure the reestablishment and protection of inmates’ constitutional rights.”

The conceptual underpinning of the plan is rooted in the Institute of Medicine’s recent work in response to the quality crisis within mainstream American health care, which represents the most up to date thinking in terms of health care and organizational change.

The Plan of Action also is informed by a year of confronting the challenges unique to California Department of Corrections and Rehabilitation (CDCR). In that vein, the Receiver notes that significant barriers exist to achieving the plan’s goals, ranging from the chaotic state of CDCR operations, prison culture that devalues inmates, poor working conditions, punishing physical environments, to the lack of qualified staff and leadership, resistance from entrenched interests that do not want the change to occur, state

bureaucracy and last but not least, prison overcrowding. The 50-page plan is a first installment. A revised version is due to the Court on November 15 2007.

The Receivership is the result of a 2001 class action law suit - *Plata v. Schwarzenegger* - that found the medical care in California's 33 adult prisons violates the Eighth Amendment of the U.S. Constitution, which forbids cruel and unusual punishment. Judge Henderson appointed Sillen as Receiver in February 2006 and charged him with taking over the operations of the state's prison medical care system in order to bring it up to constitutional levels. Sillen started work April 17 2006.

Today's Plan of Action builds on the groundwork laid in the first year of the Receivership. That includes:

- Raising medical staff salaries to competitive levels;
- Expediting the clinical hiring process;
- Launching a turnaround of the pharmacy system;
- Fixing medical services contracting and piloting an automated contracting system;
- Beginning repairs on the broken discipline system that endangers patients, wastes taxpayers' money and hurts staff morale;
- Visits to 24 prisons and delivery of needed medical equipment and supplies to individual institutions;
- Initiating a project to build 5,000 medical and 5,000 mental health beds statewide;
- Restructuring nurse staffing by converting the Medical Technical Assistant position to that of Licensed Vocational Nurse, resolving a conflict between peace officer and clinician roles and saving the taxpayers \$39 million a year;
- Requesting that the Court approve narrow waivers of state law to address physician discipline, management personnel, pharmacy staffing and the Receiver's ability to enter into contracts on behalf of the California prison medical care system, thus streamlining the system and saving taxpayers additional millions.

“The overall goals of a constitutionally adequate prison medical care system are to reduce unnecessary morbidity and mortality, improve inmates' health status and functioning, coordinate care with mental health and dental, and protect public health,” Sillen wrote in the plan.

Highlights of the vision for a new prison medical care system include:

- Establish crisis response teams made up of clinicians and administrators to travel to institutions experiencing medical crisis;
- Create smaller regions made up of three to five prisons (currently, CDCR divides the 33 prisons into three regions containing about 11 prisons each) managed by a new group of clinical and administrative leaders;
- Create a quality control mechanism to measure care quality and access;
- Develop monthly medical score cards for each prison;
- Take the first steps toward creating an electronic medical record for each patient. This includes building an IT infrastructure to allow Internet access, connectivity between departments and availability of health care data for decision makers.

- Implement a significant human resources program to recruit, hire, train and retain essential medical staff.
- Tighten up CDCR's health care budgeting and accounting practices, overhaul financial management and record keeping to ensure accountability and responsible stewardship of taxpayer resources;
- Pilot health care access teams to improve each prison's capacity to provide custody escort and transport for medical services, on and off-site;
- Evaluate clinical space needs at all 33 prisons.

The plan also discusses clinical initiatives to improve patient care in areas including:

- Pain management;
- Chronic care;
- Peer education on infectious disease and prevention;
- Pre-natal care and post-delivery services;
- Telemedicine for specialty services;
- Long-term care for aging and disabled inmates;
- Public health – communicable disease prevention and response;
- Pharmacy;
- Nutrition;
- Ethics;
- X-Ray and laboratory services;
- Quality and safety, evaluation and measurement;
- Physician clinical review and discipline.

In a Motion filed along with the Plan of Action, the Receiver recommends specific changes to previous court orders in the *Plata* case. Prior to the Receivership, the State had entered into stipulated agreements with the court to complete certain improvements in prison medical care. The State's failure to fulfill those commitments prompted the creation of the Receivership. Now the Plan of Action serves as the road map for change. The Receiver, considering 61 *Plata* stipulations, recommends that the Court preserve all 28 of those that spell out standards of care, eliminate 17 that directed CDCR's implementation of changes -- as many of these were never done, didn't work, or conflict with the Receiver's plan of action -- and modify one stipulation regarding institutional monitoring and inspections.

To read the Plan of Action, accompanying Motion and Receiver's Report on the Plan of Action in full, please visit the California Prison Health Care Receivership web site at www.cprinc.org. The documents are posted in the Court Materials section under Receiver's Reports.

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Advisory: The Receiver will file a report to Judge Henderson on May 15 regarding the impact of prison overcrowding on the remedial efforts to bring medical care up to constitutional standards.