

**RECEIVER RELEASES UPDATED PLAN OF ACTION
FOR
CONSTITUTIONAL PRISON MEDICAL CARE**

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*Federal Judge considering in-depth proposal for the next three years of
work to improve the California prison medical care system*

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Asthma care, new construction, information technology highlighted

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ALSO RAISES PRISON PHYSICIAN SALARIES AGAIN

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Action needed to meet recruitment challenges

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SAN JOSE, Calif. – Robert Sillen, the federal-court appointed Receiver of the state’s prison medical system took two major steps this week toward the establishment of a constitutional medical care system in California’s adult prisons.

- Sillen submitted a revised Plan of Action to U.S. District Court Judge Thelton E. Henderson providing a road map of the changes necessary to uplift the system to constitutional levels. The latest edition of the plan builds on an earlier version delivered in May, and spells out steps that will be undertaken in the next three years.
- Sillen also announced a second round of salary increases for physicians working in California’s 33 adult prisons, in order to improve recruitment of these essential members of the medical staff. The raises follow previous increases for physicians the Receiver instated in March 2007.

The Receivership is the result of a 2001 class action law suit - *Plata v. Schwarzenegger* - that found the medical care in California’s 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 muster.

Since beginning work in April 2006, Sillen has taken several actions to improve prison medical care, including raising the salaries of medical staff, recruiting hundreds of nurses, supplying prisons with medical equipment and supplies, launching an overhaul of the pharmacy system and creating new clinical space in which to deliver care. However, the years of neglect and decay in the system, overcrowded conditions and a culture that neither values inmate health nor embraces change has posed enormous challenges to reform. The size and scope of the project also is unprecedented, covering 33 institutions from the Mexico to Oregon borders, all of which lack appropriate infrastructure, centralized medical policies, space, resources and staff.

The cost in human suffering and waste of taxpayer dollars of this disorganized, mismanaged system is high. Recently, the Receiver commissioned a report on inmate deaths in 2006 which found that 66 of them – or 15 percent – were preventable or possibly preventable. Asthma was the leading cause of preventable deaths.

“It is unconscionable that people in our prisons would be dying of asthma in this day and age,” Sillen said. “That tragic fact indicates that the problems in the system run deep, extending well beyond physician performance into the realms of medical records, lab tests and basic communication and information flow within and among prisons. There is much work to be done. This week's actions will result in the recruitment of more good physicians and adherence to a carefully laid out plan to achieve improvements in quality and access to care for California's 173,000 inmate patients.”

PLAN OF ACTION

The approximately 300-page plan encompasses fundamental aspects of the ailing medical system, including recruitment of qualified staff, nurse and physician performance and development, access to care, specialty services, pharmacy, laboratory, radiology, medical records, quality measurement, inmate appeals, information technology, medical services contracting, fiscal organization, construction of new facilities, the San Quentin project and coordination with three other federal court cases governing mental health, dental care and inmates with disabilities.

The plan also lays out metrics and timelines with which to measure progress on 22 distinct initiatives. For example, within one year all 33 prisons will be connected to a newly created statewide computer network, and individual networks within each prison will be installed. Within two years, as many as 21 prisons will have new health care facilities either completed or being constructed or renovated, and the planning for creating additional clinical space at all 33 prisons will be complete. Also during that time, a new asthma care program will be developed, piloted and implemented at all prisons. In three years, the pharmacy operations in all 33 prisons will be automated, and new systems for lab, radiology and medical records will be underway. In addition, several

clinical improvement projects will be developed in collaboration with the University of California.

“The plan lays out a bright and achievable future for the prisons,” Sillen said. “However, the obstacles – those known and yet to be revealed – are substantial. For instance, when approaching the prison medical staff to assess their information technology needs we found that for many of them working phones is a top priority. Despite many steps forward, we continue to discover that the situation is much worse than the court or the public ever imagined.”

The Plan of Action is available on the Receiver’s web site www.cprinc.org in the court materials section.

PHYSICIAN SALARY INCREASES

Among the central challenges in California’s prison medical system is the lack of sufficient numbers of doctors, nurses and other medical staff. Historically, far below-market salaries offered by the state have contributed to this problem. The Receiver moved last year to raise medical staff salaries, which had a salutary, but minimal, effect on recruitment. Physician hiring still lags behind, with a 38.8 percent vacancy rate statewide. Quality medical care cannot be delivered when key members of the team are in such short supply. The Receiver’s Plan of Action includes a goal to reduce the vacancy rates for primary care providers (physicians, nurse practitioners and physician assistants) and nurses to below 10 percent within the next two years.

“We have learned over the past several months that the enhanced salaries offered to physicians were not adequate to recruit enough of the high-caliber professionals needed to provide access to quality medical care for California’s 173,000 inmate patients,” said Sillen. “Money is not the only issue, but it is a big one when competing for scarce resources like doctors and nurses. We need more good clinicians to help turn the prison system around.”

Therefore, the Receiver has implemented another round of physicians’ raises ranging from 8 to 20 percent increases, which apply both to new hires and current employees. The new salaries will be effective for the December pay period, though they may not appear in paychecks for a month or so due to the complexities of implementing the new pay scales and the workload of staff at the Department of Personnel Administration and the State Controller’s office.

“The remote locations of some prisons, the challenging work environment of any prison and the poor reputation of medical care in California’s prisons make recruitment difficult,” Sillen said. “On the other hand, it is a very exciting time to join the prison medical care team. Positive changes are afoot, and we are looking for talented, motivated people to help make a difference.”

Here are the new salaries, compared to previous ones.

Position	Qualification	Previous CDCR Salary/ Year	Current Salary/Year (1st round of raises)	NEW Salary/Year (effective Dec 2007)
Physician and Surgeon (clinic line doctor)	Non-Board Cert.	\$168,360	\$186,120	\$223,344
	Lifetime Board Cert.		\$196,452	\$235,742
	Time-limited Board Cert.		\$206,808	\$248,170
Chief Physician and Surgeon (first level institution supervisor)	Non-Board Cert.	\$ 174,696	\$196,452	\$231,161
	Lifetime Board Cert.		\$206,808	\$243,993
	Time-limited Board Cert.		\$217,140	\$256,856
Chief Medical Officer (top level institution supervisor and some positions in headquarters)	Non-Board Cert.	\$ 184,596	\$206,808	\$239,252
	Lifetime Board Cert.		\$217,140	\$252,533
	Time-limited Board Cert.		\$227,472	\$265,845
Chief Deputy Clinical Services (includes Regional Medical Directors)	Non-Board Cert.	\$185,000	\$217,140	\$247,625
	Lifetime Board Cert.		\$227,472	\$261,372
	Time-limited Board Cert.		\$237,828	\$275,150
Statewide Medical Director	Non-Board Cert.	\$185,000	\$237,132	\$256,292
	Lifetime Board Cert.		\$248,472	\$270,520
	Time-limited Board Cert.		\$260,376	\$284,780

More raises to come

Licensed Vocational Nurses (LVNs) also are scarce – with a 53 percent vacancy rate statewide, reaching as high as 87 percent in some prisons. To aid in their recruitment and retention, LVNs also will receive salary increases, the final details of which are being ironed out. The new pay scale will be effective November 2007, and will be applied retroactively to that date once in place.

The medical staff salary adjustments spring from an October 17, 2006 court order in which Judge Henderson granted the Receiver’s request to waive state law, allowing him to raise salaries of prison medical (not mental health or dental) staff. The narrowly drawn order waives specific provisions of California law and regulation that designate the state’s Department of Personnel Administration as the agency responsible for establishing and adjusting salary ranges for civil service classifications. The court’s action allows the

Receiver to exercise that authority in the case of certain prison medical staff positions including those in nursing, pharmacy, medical transcribing, X-ray, medical records and dietary services. In addition, nurse practitioner, physician assistant and physician salaries are covered by the waiver. The Receiver is still evaluating the pay scales of certain other positions and classifications in medical care and medical care support functions to determine whether salary adjustments are necessary.

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