

Sent: Friday, March 28, 2008 2:57 PM
To: CPR Receiver
Subject: Fwd: Comments on Strategic Plan

Comments on strategic plan.

Mr. Kelso,

I thought I could quickly review your strategic plan but the thoroughness of the plan and the detailed short term focus required more time than I had anticipated. My comments below are intended to be constructive and may reflect my 5 year absence from the state, so please excuse any comments that may derive from lack of specific information. Overall, I found the plan very ambitious and compelling, requiring lots of sincere cooperation from CDR from the top to the bottom (including the unions), a deep pocket, knowledgeable staff who can establish credibility within the various institutions, and a commitment to follow-up and follow through. (As a Californian, I remember when our correctional system was a model not a tragedy.) My second overall comment is that I would acknowledge that a key to real implementation is that correctional officers are trained and understand that better medical care for inmates benefits them and makes their job easier rather than provides benefits to undeserving people when they and their families confront inadequate medical care. In my experience, if we fail to acknowledge the animosity that many (most) people have about criminals benefiting from their crime, as in good/free medical attention, we set ourselves up for failure in the long term and for obstruction in the short term.

And, finally, what about the special medical and psychological needs of female inmates? Although all your recommendations would undoubtedly raise the level of medical care for women inmates...I always look for some acknowledgement of the special and in many cases, more entrenched health problems of female inmates. As you know, there is significant current research on the medical needs of female inmates and the higher frequency of mental health diagnoses among the female inmate population than the male inmate population.

The following are some specific comments which I hope are useful to your planning:

PP 3 (Paragraph 2) I would add a reference to the savings that come from early and good medical care.
Don't forget correctional officers/security personnel.

PP 9/32 from a correctional administrator perspective, your first sentence sends chills up my back when I think of my deposition being taken in civil lawsuits from the families of the deceased.

PP 10/32 I would reference more training --academy and in service- for the line staff and inclusion of line staff in your teams. Uniformity is very important given the likelihood that staff transfer/promote among the institutions and facilities. ACA standards and prison health standards link medical care to institutional security.

PP 11/32 Health care access units (teams) is an excellent idea, should include COs.

An immediate task, if not already done, would be revising policies and procedures providing for medical access. Do you have someone at each institution assigned as your local contact to create a pipe line (if only temporary) between COs and other staff and inmates...might save you some time when it comes to implementation of immediate projects.

Asthma Initiative is critical---you target the biggest problem and describe a strategy that is workable in the short term.

I was astonished that CDR had no statewide formulary. More and new positions are essential. The nursing liaison staff and the "drop-in" teams should make a big difference, quickly. Creating the category of "nurse executives" acknowledges the critical and under appreciated role of nurses. Are you also using PAs?

I like the idea of creating a "culture of organizational quality". It would certainly be in stark contrast to the culture that has evolved in CDR over the past two decades.

Regarding the Guardian Rx system--I would describe it, unless everyone is acquainted with it in other jurisdictions.

3.2 Training for new medical personnel that includes a proctoring program is a good idea. These doctors and nurses will be working in a unique environment and we don't want them resigning before they have completed their probationary term or before they find their parking space.

3.4.1 The health care appeals process reminds me of Kaiser Hospital. The external, independent review process gives the entire system from intake, through classification, to assignment, and sick call much more credibility.

Goal 4 (24/32) It is important to stress that there cannot be continuity of care without establishing a medical support infrastructure. Medical care depends in large part on good information.. how many inmates come into the system with a complete set of medical records from the county jails and with recent examinations?

4.2 I appreciated your acknowledgement that measuring outcomes must be an integral part of a strategic plan. Developing a balanced scoreboard for each institution including disease burden, staffing, access to care etc. produces a powerful tool for management and for the budgetary process, while acknowledging the inherent differences among the institutions.

4.3 I was very pleased to see that you acknowledged the you assumed the responsibility for review of medical care for inmates housed out of state, in community corrections and in the county reentry facilities. These are often forgotten populations until someone dies and the lawsuit is filed.

5. Construction/renovation

I don't have enough information to comment on the specifics;however, I think your acknowledgement of the need for long-term care facilities will save the state lots of money in the long run.

I enjoyed having access to this plan. If I can be of help to your work in other ways, please contact me.
I recommend an executive summary as well.

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