SPRING CONFERENCE on Correctional Health Care

Bright Ideas & New Solutions

ON-SITE PROGRAM

Preconference Seminars: April 11-12, 2015
Conference: April 13-14, 2015
Hyatt Regency New Orleans

www.ncchc.org/spring-conference
THE CENTURION DIFFERENCE

TRUCARE/IMPACT PRO™
The largest, most sophisticated predictive modeling solution available to corrections today.

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“I’m excited to be able to help correctional agencies implement Centurion’s real managed care solutions. Using systems that were developed and perfected in the Medicaid managed care marketplace, Centurion improves clinical outcomes and lowers costs by engaging inmates and incentivizing them to lead healthier lifestyles. Our systems are not only different, but better than any approach I’ve seen in my nearly 30 years in the field of correctional healthcare.”

BECKY LUETHY, RN, MSN, CCHP
DIRECTOR OF OPERATIONS DEVELOPMENT
28 YEARS OF EXPERIENCE

800.416.3649
Visit www.centurionmanagedcare.com for more info.
SPRING CONFERENCE on Correctional Health Care

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All events take place at the Hyatt Regency New Orleans.

This program would not be possible without the hard work and dedication of the members of the NCCHC Education Committee:

Nancy White, LPC (chair)
Carolyn Sufrin, MD (vice chair)
Dean Aufderheide, PhD
Margaret Collatt, BSN, CCHP-RN, CCHP-A
Mark Ellsworth, MSN
Thomas Fagan, PhD, CCHP-MH
Mark Fleming, PhD, CCHP-MH
Renee Kanan, MD
JoRene Kerns, BSN, CCHP
Ilse Levin, DO
John Miles, MPA
George Pramstaller, DO, CCHP
Jayne Russell, MEd, CCHP-A
Sue Smith, MSN, CCHP-RN
Ohiana Torrealday, PhD, CCHP-MH

Staff liaisons:
Deborah Ross, Jaime Shimkus

No relevant financial relationships were disclosed.

National Commission on Correctional Health Care
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Phone: 773-880-1460 • Fax: 773-880-2424
info@ncchc.org • www.ncchc.org

Welcome to New Orleans

Welcome to the NCCHC Spring Conference on Correctional Health Care, where you will find Bright Ideas & New Solutions to the professional challenges you face. We are so pleased you have chosen to join us for what promises to be an energizing, inspiring and valuable conference. Based on your feedback from past conferences, we have assembled an impressive roster of educational sessions and speakers covering every aspect of correctional health care. This is your chance to connect with peers and leaders from all over the country. While you’re here, take a few hours to enjoy some of New Orleans’ food, music and merriment. And return to work armed with new knowledge, new professional contacts and a renewed sense of purpose.

If at any time you require assistance, please ask the NCCHC staff at the registration desk or the hotel personnel at the concierge desk.

Conference registration includes:
• Admission to all educational sessions (Monday –Tuesday)
• Access to exhibits and exhibit hall functions
• Exhibit hall opening reception (Sunday evening)
• Educational breakfast (Monday)
• Exhibit hall lunch (Monday)
• Roundtable breakfast discussion (Tuesday)
• Educational luncheon (Tuesday)
• Daily networking breaks
• Final program and session abstracts
• Downloadable digital proceedings, available before the conference begins
• Up to 12.75 hours of continuing education credits, 26.75 with preconference seminars

Preconference seminars require separate registration fees.

Registration and Information Desk Hours – Empire Foyer
Saturday, April 11 8:00 am – 5:00 pm
Sunday, April 12 8:00 am – 6:30 pm
Monday, April 13 7:00 am – 5:15 pm
Tuesday, April 14 7:00 am – 5:15 pm

Bookstore Hours
Saturday, April 11 10:00 am – 2:00 pm
Sunday, April 12 10:00 am – 2:00 pm
Monday, April 13 10:00 am – 2:00 pm
Tuesday, April 14 10:00 am – 2:00 pm

Photography
Registration for, attendance at or participation in NCCHC conferences and other associated activities constitutes an agreement by the registrant to permit NCCHC to use and distribute (both now and in the future) the registrant’s or attendee's image or voice in photographs, videotapes, electronic reproductions and audiotapes of such events and activities.

Proceedings
Presentation materials are available for download at
www.ncchc.org/spring-conference-2015-proceedings
**General Meeting Information**

**Exhibit Hall Events**

**Exhibit Hall Opening Reception**

**Sunday, 5:00 pm – 6:30 pm**

The opening of the exhibit hall is the perfect time to catch up with old friends and make new ones. It’s also your first chance to view the wealth of health care products and services on display. Enjoy appetizers while strolling the hall and chatting with representatives of exhibiting companies.

*Sponsored by MHM Correctional Services*

**First-Time Attendee Orientation**

**Sunday, 6:30 pm – 7:00 pm**

Is this your first time joining us for an NCCHC conference? NCCHC staff members will give you tips on how to navigate the conference like a pro.

**RAFFLE: LUCKY IN LOUISIANA**

**Tuesday, 11:00 am – 12:00 pm**

Fun gifts you can use professionally or personally and weekends in Las Vegas are all in the mix for the dozens of prizes that will be awarded. It’s fun and free! Please fill out your raffle ticket (provided with your name badge) and put it in the raffle drum located in the lounge area.

*Come to the exhibit hall to see for yourself!*

---

**Commonsense tips for conference success**

The bustling environment and packed schedules of a multiday meeting can feel overwhelming. To help make your experience pleasant and productive, NCCHC offers the following tips.

- **Hand out business cards.** The conference is a great place for networking, but your contacts need to know how to reach you. Remember to ask for their business cards, too.
- **Arrive early.** You’ll have time to sort through your materials and better plan your time. This also will help you avoid the stress of feeling rushed.
- **Ask questions.** If you’re unclear about something, just ask! Chances are you’re not the only one puzzled, so you’ll be doing others a favor.
- **Attend with coworkers.** Learn as a team so you can share ideas and bring them back to your facility.
- **Participate.** If you contribute to the discussion, you’ll retain more of what was discussed. And remember: Sharing goes both ways. If you have a good idea or solution, let others benefit from your knowledge.
- **Jot down “action items.”** Don’t rely on your memory. If you hear about something that would work in your facility, add it to a list you can share with your manager and coworkers.
- **Take notes.** Even if you never read them again, it will aid comprehension and help you remember questions to ask at the end of the session.
- **Dine with a stranger.** Sit with someone you do not know during lunch or other breaks and networking events. That person will soon become a professional contact, and you’ll both be glad you met.
- **Break the ice.** Introduce yourself to people sitting near you. This is a low-risk proposition, since you share interest in the same session.
- **Make a plan.** Don’t drift into sessions aimlessly. Instead, identify the programs and resources on the subjects that interest you most.

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**STEP 1**
Scan the QR Code

OR

Search for NCCHC Events app in your app store.
After you download it ...

**STEP 2**
1) Click “Download Your First Guide”
2) Click “Redeem”
3) Enter ncchc0415
4) Say “Yes” to “enable push notifications” to get messages from NCCHC

Get started! Make connections, set up your schedule, research the speakers and sessions!

**FEATURES**
• Organized agenda
• Search for sessions by keyword or browse by time or type and create your own itinerary.
• Searchable exhibitor directory
• Learn about new products and great offerings and where to find them.
• Venue and show floor maps
• Messaging and attendee connection
• See who’s attending and reach out to make valuable connections.
• Receive important messages from NCCHC and get real-time updates.
Educational Objectives

Attendees will be able to:

- List major health care issues that commonly affect incarcerated individuals, including diabetes, hepatitis, HIV, hypertension, mental illness, oral health and substance abuse.

- Describe current legal, ethical and administrative issues and ways to prevent potential problems that arise in correctional settings.

- Employ new practices for the treatment of major health care issues in order to better manage common medical, nursing, dental and mental health problems found in correctional settings.

- Express increased understanding of common correctional health care issues by exchanging ideas with colleagues about new developments in specialty areas.

Continuing Education Credit

This meeting will offer up to 26.75 hours of continuing education credit:

- **CCHPs:** Certified Correctional Health Professionals may earn up to 26.75 contact hours of Category I continuing education for recertification.

- **Nurses:** The National Commission on Correctional Health Care is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. NCCHC designates this educational activity for a maximum of 26.75 contact hours.

- **Physicians:** The National Commission on Correctional Health Care is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. NCCHC designates this live activity for a maximum of 26.75 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

- **Psychologists:** The National Commission on Correctional Health Care is approved by the American Psychological Association to sponsor continuing education for psychologists. NCCHC maintains responsibility for this program and its content. This educational activity has been approved for up to 26.75 hours of credit. See the Schedule at a Glance for sessions that have been approved for APA credit (marked with an asterisk).

- **Social Workers:** This program is approved by the National Association of Social Workers (Approval #886452976-6197) for 26.75 social work continuing education contact hours.

Obtaining Continuing Education Credits

To receive continuing education credit, you must complete the conference evaluation form. Visit https://orders.ncchc.org/evaluations.aspx to access the form. Simply log in with the same username and password you used to access registration. Once you complete the evaluation, you may print your continuing education certificate.

FACULTY DISCLOSURE STATEMENT

In accordance with the disclosure policy of the National Commission on Correctional Health Care, everyone who is in a position to control the educational content of the Spring Conference on Correctional Health Care (including planners, speakers and moderators) has been asked to disclose all relevant financial interests with any commercial interest that might be germane to the content of the presentations. Such disclosure is not intended to suggest or condone bias in any presentation but rather is elicited to provide information that attendees might deem important to their evaluation of a given presentation. NCCHC ensures that all potential conflicts of interest are identified and mechanisms are implemented to resolve them prior to the individual’s involvement in the CME activity. For each of the individuals listed below who has disclosed a relevant financial relationship, NCCHC has documented a process whereby the conflict of interest was satisfactorily resolved and the individual was permitted to participate in the CME activity. The commercial interest and nature of the relationship is described. Those individuals whose names do not appear have indicated they have no relevant financial relationships with any commercial interests.

<table>
<thead>
<tr>
<th>Individual</th>
<th>Commercial Interest</th>
<th>Relevant Financial Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard Feffer, MS, CCHP</td>
<td>Gilead, Janssen</td>
<td>Advisory board, speakers bureau</td>
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<tr>
<td>Neil Fisher, MD, CCHP</td>
<td>Abbott, BMS, Gilead, Viiv</td>
<td>Speakers bureau</td>
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<tr>
<td>Harish Moorjani, MD</td>
<td>AbbVie, Gilead, Janssen, Merck, Viiv</td>
<td>Speakers bureau</td>
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</table>
Think of our quality management program as 24-hour surveillance on risks, costs and compliance.

In this business, there’s no such thing as the “end of the day.” Wexford Health can help ease your workload with a Quality Management and Contract Compliance team that constantly focuses on ways to improve health care outcomes, increase efficiencies, and lower costs. So when you go home, you can feel good that we’re still hard at work for you. To learn more, visit wexfordhealth.com.
<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Room</th>
<th>Event/Presentation Title</th>
<th>Presenters</th>
<th>Content Area</th>
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<tbody>
<tr>
<td>SATURDAY APRIL 11</td>
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<td>8 am–5 pm</td>
<td>Empire Foyer</td>
<td>Registration</td>
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<td>9 am–5 pm</td>
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<td>Preconference Seminars</td>
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<td>Strand 10 P-01 In-Depth Review of NCCHC’s 2014 Jail Standards*</td>
<td>Jeffrey Alvarez MD CCHP;</td>
<td>NCCHC Standards</td>
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<td>Richard Clarke MD CCHP</td>
<td>and Accreditation</td>
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<td>Strand 11 P-02 In-Depth Review of NCCHC’s 2014 Prison Standards*</td>
<td>B. Jaye Anno PhD CCHP-A;</td>
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<td>Steven Shelton MD CCHP-A</td>
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<td>Strand 12 P-03 In-Depth Review of NCCHC’s 2015 Mental Health Standards*</td>
<td>Judith Cox MA CCHP;</td>
<td>NCCHC Standards</td>
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<td>Steven Helfand PsyD CCHP</td>
<td>and Accreditation</td>
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<td>Empire Foyer</td>
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<td>SUNDAY APRIL 12</td>
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<td>Empire Foyer</td>
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<td>9 am–12:30 pm</td>
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<td>Strand 10 P-04 Affordable Care Act and How It Will Affect Correctional Health Care*</td>
<td>Therese Brumfield MBA CCHP;</td>
<td>Training/</td>
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<td>Mark Fleming PhD CCHP-MH</td>
<td>Administration</td>
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<td>Strand 11 P-05 Principles for a Viable Suicide Prevention Program*</td>
<td>Lindsay Hayes MS</td>
<td>Suicide Prevention</td>
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<td>Empire Foyer</td>
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<td>12:30 pm</td>
<td>Empire D</td>
<td>CCHP Exam Check-in</td>
<td>Joel Andrade PhD LICSW</td>
<td>Quality Improvement</td>
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<td>1–3 pm</td>
<td>Empire D</td>
<td>CCHP Exam <em>(advance registration required)</em></td>
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<td>1:30–5 pm</td>
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<td>Strand 10 P-06 Continuous Quality Improvement: Strategies and Techniques to Improve</td>
<td>Patricia Blair JD PhD CCHP;</td>
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<td></td>
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<td>Patient Care*</td>
<td>Mark Muse MS RN CCHP-RN CCHP-A; Rebecca Pinney MSN RN CCHP-RN</td>
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<td>Strand 11 P-07 Nurses’ Scope of Practice and Delegation Authority</td>
<td>Patricia Blair JD PhD CCHP;</td>
<td>Nursing</td>
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<td>Mark Muse MS RN CCHP-RN CCHP-A; Rebecca Pinney MSN RN CCHP-RN</td>
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<td>Strand 12 P-08 Latest Advancements in HCV Management in Corrections Supported by an</td>
<td>Harish Moorjani MD;</td>
<td>Infectious Disease</td>
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<td></td>
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<td>independent educational grant from AbbVie</td>
<td>Glenn Treisman MD</td>
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<td>5–6:30 pm</td>
<td>Elite Hall B</td>
<td>Exhibit Hall Opening Reception</td>
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<td>6:30–7 pm</td>
<td>Elite Hall B</td>
<td>First-Time Attendee Orientation <em>(in the Exhibit Hall Lounge)</em></td>
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<td>MONDAY APRIL 13</td>
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<td>7 am–5:15 pm</td>
<td>Empire Foyer</td>
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<tr>
<td>8–9 am</td>
<td>Empire B</td>
<td>Educational Breakfast: Best Practices for HIV Management in Corrections’ Supported by</td>
<td>Harish Moorjani MD</td>
<td>Infectious Disease</td>
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<td>an independent educational grant from Merck</td>
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<td>9 am–1 pm</td>
<td>Elite Hall B</td>
<td>Exhibit Hall Open</td>
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<td>9:15–10:30 am</td>
<td>Elite Hall B</td>
<td>Exhibit Hall Refreshment Break</td>
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<td>9 am–3 pm</td>
<td>Bolden 5</td>
<td>Active Surveyor Training <em>(by invitation only)</em></td>
<td>Tracey Titus RN CCHP-RN</td>
<td>NCCHC Standards</td>
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<td>Empire Foyer</td>
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<td>10:45–11:45 am</td>
<td>Empire C</td>
<td>Concurrent Session 1</td>
<td>Eileen Couture DO CCHP</td>
<td>Medical/Emergency</td>
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<td>Empire D</td>
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<td>Lori Roscoe PhD MSN CCHP-RN</td>
<td>Nursing/Chronic</td>
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<td>Strand 10</td>
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<td>Joel Andrade PhD LICSW;</td>
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<td>Strand 11</td>
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<td>Dana Neitlich MSW</td>
<td>Health</td>
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<td>Strand 12</td>
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<td>Thomas Gilevich JD CCHP</td>
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<td>Alexandra Pajak MSW CCHP</td>
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<td>Michael Paul Hughes MA BSN CCHP-MH; Melissa Hamachek MSN RN</td>
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*=APA Approved  
Skill Level (SL)  
B=Basic  
I=Intermediate  
A=Advanced
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<td>1:15–2:15 pm</td>
<td>Empire C</td>
<td>Concurrent Session 2</td>
<td>107 Abdominal Pain: Causes and Clinical Significance</td>
<td>Winifred Tate ARNP</td>
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<td>108 Nursing Plan for Females: An Effective Medical Intake</td>
<td>Michelle Burton RN CCHP; Melissa Hamacheck MSN RN; Kelly O'Brien MD CCHP</td>
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<td>109 Intensive Medical Management: How to Handle Prisoners Who Self-Mutilate, Slime, Starve, Spit and Scratch*</td>
<td>Todd Wilcox MD MBA CCHP-A</td>
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<td>110 Utilizing Inmates as Peer Health Educators*</td>
<td>Richard Feller MS CCHP</td>
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<td>111 How to Predict and Manage Changes in Health Care Costs*</td>
<td>Greg Lockman; Mark Overturf</td>
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<td>112 Challenges for Correctional Health in Low-Income Countries</td>
<td>John May MD CCHP</td>
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<td>113 Sick Call: Managing Difficult Patients’ Expectations*</td>
<td>Keith Courtney DO CCHP; Donald Kern MD MPH CCHP</td>
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<td>Empire D</td>
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<td>114 Postbariatric Surgery Concerns and Challenges</td>
<td>Margaret Collatt BSN RN CCHP-RN CCHP-A; Barbara Waken MA RD CCHP</td>
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<td>115 Understanding Gender Dysphoria in a Correctional Environment*</td>
<td>Mark Fleming PhD CCHP-MH; Laura McKinnon MA CCHP</td>
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<td>116 Adolescent Drug Use: What Long-Term Use Looks Like*</td>
<td>Robert Morris MD CCHP</td>
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<td>117 Components Necessary for an Effective Infection Prevention and Control Program*</td>
<td>Sarah Bur MPH BSN</td>
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<td>118 Developing Connectivity: Innovations in Discharge Planning and Reentry*</td>
<td>Robin Belcher-Timme PsyD CCHP; James Welch HNC RN; Chris Devaney MS</td>
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<td>3–5 pm</td>
<td>Bolden 5</td>
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<td>100-A Lead and Physician Surveyor Training (by invitation only)</td>
<td>Tracey Titus RN CCHP-RN</td>
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<td>119 Oral Anticoagulants: What’s New?</td>
<td>Richard Kosierowski MD CCHP</td>
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<td>120 On-Site Chemotherapy Treatment: What Nurses Need to Know*</td>
<td>Brenda Boyd ADN RN-C CCHP; Asher Turney MD MSPH CCHP; Kenneth Williams MD PhD CCHP</td>
<td>Nursing/Medicaiton Management</td>
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<td>121 Mentally Ill, Pregnant and in Jail: A Proactive Approach to Treatment for Special Needs Inmates*</td>
<td>Maurianna Swanson LMHC</td>
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<td>122 Important Techniques in Communicating With Your Legal Counsel*</td>
<td>Deana Johnson JD</td>
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<td>123 Effective Suicide Prevention Training: Recommendations for Developing a Successful Program*</td>
<td>Katherine O’Neill LICSW; Mitzi Peterson MSW LICSW</td>
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<td>124 Putting Plans Into Practice: Emergency Exercise Design for Correctional Health*</td>
<td>Bethany Moore</td>
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<td>Empire B</td>
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<td>Qiagen Product Theater: Improve the TB Screening Process in Correctional Facilities</td>
<td>Tai Cooper</td>
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**Schedule at a Glance**

* = APA Approved  
B = Basic  
I = Intermediate  
A = Advanced

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**TUESDAY APRIL 14**

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<th>Date/Time</th>
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<td>8:15–9:15 am</td>
<td>Empire C</td>
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<td>125 Pain Management in Patients With Substance Use Disorders*</td>
<td>Aleksander Shalshin MD CCHP</td>
<td>Chronic Care/Substance Abuse</td>
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<td>Empire D</td>
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<td>126 Nurses’ Assessment of Dental Problems</td>
<td>Mark Szarejko DDS CCHP</td>
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<td>127 The Many Faces of Trauma: Individualized Treatment for Survivors*</td>
<td>Robin Belcher-Timme PsyD CCHP; Mark Fleming PhD CCHP-MH</td>
<td>Mental Health</td>
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<td>128 CHORDS: Applying Improvement Science to Correctional Health Care</td>
<td>Brent Gibson MD MPH CCHP; Diane Jacobsen MPH; Deborah McBride</td>
<td>Quality/Research</td>
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<td>129 Tuberculosis: Preventing the Next Outbreak</td>
<td>Sarah Bur MPH BSN; Tara Ross RN</td>
<td>Infectious Disease</td>
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<td>130 Opioid and Substance Abuse Treatment in Corrections*</td>
<td>Scott Huntington MA LPC</td>
<td>Mental/Substance</td>
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<td>Empire C</td>
<td>131 Minimizing 30-Day Acute Hospital Readmissions*</td>
<td>Clarence Cryer Jr. MSPH CCHP</td>
<td>Medical/Utilization Review</td>
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<td>Empire D</td>
<td>132 Nursing Care Challenges of Women Behind Bars*</td>
<td>Melissa Hamachek MSN RN</td>
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<td>Strand 10</td>
<td>133 Clinical Management of Polydipsia*</td>
<td>Scott Ellason MD CCHP-MH; Mark Fleming PhD CCHP-MH; Lekshmi Venugopal</td>
<td>Mental Health/Medical</td>
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<td>134 Why Are You Being Sued? Important Differences Between Medical Malpractice and Deliberate Indifference Claims*</td>
<td>Deana Johnson JD</td>
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<td>Strand 12</td>
<td>135 Hazardous Duty: The Invisible Effects of Working in Corrections</td>
<td>Sharen Barboza PhD CCHP-MH</td>
<td>Professional/Mental Health</td>
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<td>Strand 13</td>
<td>136 Effective Coordination of Correctional Health Care Services*</td>
<td>Sue Smith MSN RN CCHP-RN; Margaret Collatt BSN RN CCHP; RN CCHP-A</td>
<td>Quality Improvement/Administration</td>
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<td>Empire B</td>
<td>Educational Luncheon: Your Next Steps in HCV Management Supported by an independent educational grant from Gilead</td>
<td>Neil Fisher MD CCHP</td>
<td>Infectious Disease</td>
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<td>Empire C</td>
<td>137 Avoiding Legal, Operational and Medical Problems*</td>
<td>Todd Wilcox MD MBA CCHP-A</td>
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<td>Empire D</td>
<td>138 Accreditation and Certification: Recognition for Correctional Health Care Excellence</td>
<td>Tracey Titus RN CCHP-RN; Mattisa Sammons CCHP</td>
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<td>Strand 10</td>
<td>139 Sex Offender Assessment, Treatment, Reentry and Beyond*</td>
<td>Gary Junker PhD; Mark Simpson PhD; Michael Rich MSW</td>
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<td>140 Treating the Adolescent Male Psychopath*</td>
<td>Mark Fleming PhD CCHP-MH</td>
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<td>141 Age-Specific Disease Management: Training Your Security and Administrative Staff*</td>
<td>Kori Novak-Tennyson PhD</td>
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<td>Strand 13</td>
<td>142 Hepatitis C: Challenges and Treatment Options</td>
<td>Richard Feffer MS CCHP</td>
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<td>Empire C</td>
<td>143 Treatment of Febrile Neutropenia in Corrections*</td>
<td>Surinder Kumar Kad MD MPH CCHP</td>
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<td>Empire D</td>
<td>144 Challenges in Correctional Nursing Practice</td>
<td>Mary Muse MS RN CCHP-RN CCHP-A</td>
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<td>145 RISE: A Collaborative Approach to a Therapeutic Competency Restoration Unit in Jails*</td>
<td>Danielle Wittenhiller Mason PsyD; Karen Galin PhD; Leah Wallerstein PsyD</td>
<td>Mental Health/Discharge Planning</td>
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<td>146 Protecting Your Nursing License: Avoiding Documentation Pitfalls in an Electronic World</td>
<td>Jacqueline Griffin-Rednour RN CCHP</td>
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<td>147 Predicting Future Behavior: Performing More Accurate Risk Assessments*</td>
<td>Merideth Smith PhD</td>
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<td>Strand 13</td>
<td>148 Treating Dementia: What Do the Outcome Data Teach Us? (Part 1)*</td>
<td>John Wilson PhD CCHP-MH</td>
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<td>Empire C</td>
<td>149 Exploring Palliative Care in Corrections: Implications of a Scoping Review*</td>
<td>Cindy Petermeij-Taylor MSc RN</td>
<td>Medical/End-of-Life</td>
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<td>Empire D</td>
<td>150 Disaster Planning for Infectious Disease Outbreaks</td>
<td>Sue Lane RN CCHP; Sue Smith MSN RN CCHP-RN</td>
<td>Disaster Planning/Infectious Disease</td>
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<td>151 Innovative Practice to Reduce Long-Term Segregation: Positive Interventions – A UK Perspective</td>
<td>Danny Angus; Mark Chandley PhD; Ben Johnson MD; Jennifer Kilcoyne PhD</td>
<td>Mental Health</td>
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<td>Strand 11</td>
<td>152 Treating Dementia: What Do the Outcome Data Teach Us? (Part 2)*</td>
<td>John Wilson PhD CCHP-MH</td>
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<td>153 Naloxone Delivery Upon Release: Why It's a Good Idea*</td>
<td>Lisa Leiding BSN RN CCHP-RN</td>
<td>Discharge Planning/Substance Abuse</td>
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<td>Strand 13</td>
<td>154 CCHPs: Take Your Certification to the Next Level*</td>
<td>Margaret Collatt BSN RN CCHP; RN CCHP-A; Mark Fleming PhD CCHP-MH; Mattisa Sammons CCHP</td>
<td>Professional Development</td>
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*=APA Approved  Skill Level (SL) B=Basic I=Intermediate A=Advanced
NCCHC thanks our conference cohosts for their support of the Spring Conference on Correctional Health Care:
Jefferson Parish Sheriff’s Office
Lafayette Parish Sheriff’s Office
Orleans Parish Sheriff’s Office
And cost savings your CFO will love.

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American Pharmacists Association

Henry C. Weinstein, MD, CCHP
American Psychiatric Association

Thomas J. Fagan, PhD, CCHP-MH (treasurer)
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Joseph Goldenson, MD
American Public Health Association

Kevin Fiscella, MD
American Society of Addiction Medicine

Ana Viamonte Ros, MD
Association of State and Territorial Health Officials

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International Association for Correctional and Forensic Psychology

Christopher Rodgers, MPA
National Association of Counties

Eric Handler, MD
National Association of County and City Health Officials

Judith Robbins, LCSW, CCHP-MH, CCHP-A
National Association of Social Workers

Carl C. Bell, MD, CCHP
National Medical Association

David W. Roush, PhD
National Partnership for Juvenile Services

Sheriff B. J. Roberts
National Sheriffs’ Association

Robert E. Morris, MD, CCHP
Society for Adolescent Health and Medicine

Steven Shelton, MD, CCHP-A
Society of Correctional Physicians

Thomas L. Joseph, MPS, CAE
NCCHC president & CEO

About The National Commission on Correctional Health Care

With support from the major national organizations representing the fields of health, law and corrections, the National Commission on Correctional Health Care is committed to improving the quality of health care in our nation’s jails, prisons and juvenile confinement facilities.

NCCHC’s origins date to the early 1970s, when an American Medical Association study of jails found inadequate, disorganized health services and a lack of national standards. In collaboration with other organizations, the amA established a program that in the early 1980s became the National Commission on Correctional Health Care, an independent, not-for-profit 501(c)(3) organization. NCCHC’s early mission was to evaluate and develop policy and programs for an area clearly in need of assistance.

NCCHC’s leadership in setting standards for health services in correctional facilities is widely recognized. Established by the health, legal and corrections professions, NCCHC’s Standards are recommendations for the management of correctional health services systems. Written in separate volumes for prisons, jails and juvenile confinement facilities—and with additional manuals for mental health services and opioid treatment programs—the Standards cover the areas of care and treatment, health records, administration, personnel and medical-legal issues. These essential resources have helped correctional and detention facilities improve the health of their inmates and the communities to which they return, increase the efficiency of health services delivery, strengthen organizational effectiveness and reduce the risk of adverse legal judgments.

On that foundation, NCCHC offers a broad array of services and resources to help correctional health care systems provide efficient, high-quality care. Our educational conferences are unsurpassed. With exceptional programming, networking and exhibitions, the National Conference and Spring Conference present content-rich programs on practical and cutting-edge topics. Each summer, an intensive, two-day mental health conference helps correctional health professionals and administrators address the challenges presented by inmates with mental illness and substance abuse problems. Preceding the mental health conference, the two-day Leadership Institutes helps specific audiences such as medical directors and health services administrators focus on efficient management and improving patient care.

NCCHC also conducts research on the correctional health care field, operates the premier national certification program for correctional health professionals, sponsors other educational and training programs and develops position statements and other support materials. Our partner, NCCHC Resources, Inc., provides technical assistance and quality improvement reviews on correctional health care management and policy issues.
Not all correctional healthcare providers are the same.

As the correctional healthcare pioneer and leader for 35+ years, Corizon Health provides client partners with high quality healthcare at an affordable cost. We are a company built on innovation and expertise. Our people, practices and commitment to constant improvement enable us to meet and exceed client expectations.


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- **Corizon** provided funding in support of an exhibit hall aisle sign.
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- **NaphCare** provided funding in support of the exhibit hall lunch and coffee tumblers.
- **Qiagen** provided funding in support of a product theater.
- **Wexford Health** provided funding in support of attendee badge holders.

EDUCATIONAL GRANTS

- **AbbVie** provided an independent educational grant in support of preconference seminar P-08 on HCV.
- **Alkermes** provided an independent educational grant in support of educational session 130 on opioid treatment.
- **Gilead** provided an independent educational grant in support of Tuesday’s educational luncheon on HCV.
- **Janssen** provided an independent educational grant in support of educational session 142 on HCV.
- **Merck** provided an independent educational grant in support of Monday’s educational breakfast on HIV.
- **Pfizer** provided an independent educational grant in support of an educational session on pain management.
Specialty certifications for qualified mental health professionals and registered nurses

**CCHP-MH** Correctional mental health professionals face unique challenges. They must provide effective, efficient care to a high-acuity population while facing strict security regulations, crowded facilities and myriad legal and public health concerns. Specialty certification recognizes dedication to quality service delivery. Eligibility is extended to qualified mental health professionals as defined by NCCHC’s Standards for Mental Health Services.

**CCHP-RN** Specialty certification makes a difference—to the patients whose care is provided by certified correctional nurses, to employers who desire top-notch nurses on staff and to the nurses who attain the credential. CCHP-RN certification recognizes registered nurses who have demonstrated the ability to deliver specialized nursing care in correctional settings.

Advanced certification for seasoned professionals

**CCHP-A** The CCHP-Advanced program recognizes CCHPs who have demonstrated excellence, commitment and contribution to the field of correctional health care and their relative discipline or profession. Advanced certification requires at least three years of participation in the certification program, completion of a detailed application and demonstration of extensive experience in and 360-degree knowledge of correctional health services delivery.

Exams are administered several times throughout the year. Apply today and join the thousands of correctional health professionals who have earned the distinction of certification from NCCHC.

For more information, visit [www.ncchc.org/CCHP](http://www.ncchc.org/CCHP).
Preconference Seminars

Take advantage of the extra learning and up to 14 additional credit hours. Separate registration is required.

P-01 An In-Depth Review of NCCHC's 2014 Standards for Health Services in Jails
Saturday, April 11, 9 am–5 pm
Jeffrey Alvarez, MD, CCHP, Maricopa County Correctional Health Services, and Richard Clarke, MD, CCHP, Berkshire County Sheriff’s Office Jail and House of Correction, Correctional Health Services
This seminar will discuss the 2014 Standards, which are NCCHC's recommendations for managing medical and mental health care delivery in adult correctional facilities and the foundation of its accreditation program. This thoroughly updated edition recognizes current best practices and conditions in the field, with new recommendations for continuous quality improvement, clinical performance enhancement, patient safety, initial health assessment, pharmaceutical operations and women's health. Whether or not your facility is accredited (or plans to be), this practical seminar will give you an overview of the changes and guidance in how to achieve and demonstrate compliance. You will leave equipped to implement quality improvements that will lead to more efficient and effective delivery of services, better patient health care, fewer adverse events and reduced liability risk. The registration fee includes a copy of the relevant Standards (jail or prison)—an $80 value.

Educational objectives
• Describe how to comply with NCCHC standards
• Identify ways to improve quality in health services delivery systems
• Discuss strategies for reducing liability and risk

P-02 An In-Depth Review of NCCHC's 2014 Standards for Health Services in Prisons
Saturday, April 11, 9 am–5 pm
B. Jaye Anno, PhD, CCHP-A, Consultants in Correctional Care, and Steven Shelton, MD, CCHP-A, Oregon Department of Corrections
(See above for details.)

Educational objectives
• Describe how to comply with NCCHC standards
• Identify ways to improve quality in health services delivery systems
• Discuss strategies for reducing liability and risk

P-03 An In-Depth Review of NCCHC’s 2015 Standards for Mental Health Services in Correctional Facilities
Saturday, April 11, 9 am–5 pm
Judith Cox, MA, CCHP, JFC Consulting, and Steven Helfand, PsyD, CCHP, Correct Care Solutions
The 2015 edition of the groundbreaking Standards for Mental Health Services will be reviewed at this seminar. The Standards provide a framework for improved mental health care delivery and outcomes in adult correctional facilities. The foundation of NCCHC's mental health accreditation program, these standards parallel those for health services in format and substance. The difference is that they make more explicit what the standards require for adequate delivery of mental health services. Whether or not your facility plans to be accredited, this practical seminar will explain what the standards say with regard to the general areas of care and treatment, clinical records, administration, personnel and legal issues. You will leave equipped to implement quality improvements that will lead to more efficient and effective delivery of services, better patient care, fewer adverse events and reduced liability risk. The registration fee includes a copy of the Mental Health Standards, an $80 value.

Educational objectives
• Describe how to comply with NCCHC standards
• Identify ways to improve quality in mental health services delivery systems
• Discuss strategies for reducing liability and risk

P-04 The Affordable Care Act and How It Will Affect Correctional Health Care
Sunday, April 12, 9 am–12:30 pm
Therese Brumfield, MBA, CCHP, and Mark Fleming, PhD, CCHP-MH, Corizon–Brentwood Regional
Major provisions of the Affordable Care Act took effect in 2014. Millions of individuals in jails who have not yet been adjudicated are now eligible for coverage. This seminar will discuss how the ACA is affecting health care in corrections, with a focus on what correctional health care professionals must consider to meet the law's requirements and take advantage of the opportunities presented by health care reform. Setting up systems and coordination with state Medicaid agencies and other organizations is critical. With new coverage opportunities, correctional facilities may see significant savings on health care.

Educational objectives
• Describe the key provisions of the ACA that have an impact on correctional health care
• Outline steps to take to successfully implement plans for the ACA in 2015
• Develop strategies for partnerships with state and community agencies that can help correctional institutions
Preconference Seminars

P-05 Principles for a Viable Suicide Prevention Program
Sunday, April 12, 9 am–12:30 pm
Lindsay Hayes, MS, National Center on Institutions and Alternatives
Suicide continues to be a leading cause of death in correctional facilities. These deaths represent a serious public health problem to correctional, medical and mental health administrators as well as their staff. Many of these deaths are preventable. This preconference seminar will provide an overview of inmate suicide and offer guiding principles for suicide prevention and critical components to developing and/or revising suicide prevention policies.

Educational objectives
• Identify the guiding principles for suicide prevention in correctional facilities
• List critical components to a suicide prevention program
• Describe the key elements to the mortality review process

P-06 Continuous Quality Improvement: Strategies and Techniques to Improve Patient Care
Sunday, April 12, 1:30–5 pm
Joel Andrade, PhD, LICSW, MHM Correctional Services, Inc.
Effective continuous quality improvement programs will advance patient care, improve efficiencies in the delivery of medical and mental health services, help health professionals practice smarter, produce methods for analysis of outcomes and lead to objective analyses of areas that require improvement. A well-formulated CQI program also provides a format for a correctional system to effectively respond to litigation. Despite these benefits, health professionals often view CQI as an “accreditation requirement” rather than an essential component of the overall program. Participants in this seminar will gain appreciation for the clinical and administrative value of a comprehensive CQI program and learn how to implement a useful program.

Educational objectives
• List the necessary components of a comprehensive continuous quality improvement program
• Develop specific strategies to develop a comprehensive CQI program
• Explain how to implement a comprehensive CQI program based on information learned

P-07 Nurses’ Scope of Practice and Delegation Authority
Sunday, April 12, 1:30–5 pm
Patricia Blair, JD, PhD, CCHP, The Blair Firm; Mary Muse, MS, RN, CCHP-A, Wisconsin Department of Corrections; and Rebecca Pinney, MSN, RN, CCHP-RN, Corizon, Brentwood Regional
This seminar addresses the proper delegation and assignment of nursing personnel based on scope of practice as defined by state boards of nursing. After a background review of nursing practice issues in correctional settings, it will focus on the risks and liabilities that arise when nurses perform work that is outside their lawful scope of practice; RNs’ legal authority to delegate and supervise care provided by other nursing personnel; and recommendations to ensure provision of appropriate health care, including communication with the responsible health authority, working effectively with personnel, essential nursing leadership skills and the need for increased nursing education and preparation.

Educational objectives
• Examine the legal and ethical issues of nurses’ scope of practice in correctional settings
• Review nurses’ legal authority to delegate and supervise care provided by other nursing personnel
• Design a list of recommendations that will ensure provision of appropriate health care delivery in nurse participants’ practice settings

P-08 Latest Advancements in HCV Management in Corrections
Sunday, April 12, 1:30–5 pm
Harish Moorjani, MD, New York Medical College, and Glenn Treisman, MD, Johns Hopkins School of Medicine
Chronic hepatitis C infection affects 12% to 35% of inmates nationally. Practitioners providing treatment in corrections need up-to-date information about treatment options and patient safety. This lecture will share information on the latest recommended treatment regimens and newer treatment modalities; address challenges in delivering medications, promoting adherence and managing side effects; and explore the economic impact of HCV on correctional health care budgets. The presenters’ engaging styles will help attendees understand the assessments, treatments and complications using graphics and patient examples.

Educational objectives
• Identify new measures to control the cost of treating HCV patients within the correctional system
• Compare established and newer treatment modalities for HCV, particularly with regard to integrating treatments to achieve optimal outcomes
• Describe the roles of current treatments in the management of HCV as well as the potential impact of future therapies in the HCV pipeline

Supported by an independent educational grant from AbbVie
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- Objectively validates the areas in which the health care facility is doing well and areas for improvement
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Best Practices for HIV Management in Corrections

**Empire B**

**Harish Moorjani, MD, New York Medical College**

As of 2008, prevalence of AIDS in corrections was about three times higher than in the general U.S. population. People living with HIV who are unaware of their HIV-positive status account for about 49% of HIV transmissions. The Centers for Disease Control and Prevention recommends routine opt-out testing in the general community and correctional settings. Testing and treatment of inmates during incarceration may help reduce HIV transmission within corrections and following reentry into the community. Earlier treatment of HIV infection may reduce HIV-associated morbidity and mortality, as well as lower lifetime cost of care for HIV-positive patients.

**Educational objectives**

- Review the epidemiology of HIV in corrections
- Describe the appropriate testing initiatives for HIV in correctional settings
- Identify treatment and linkage to care in corrections

Supported by an independent educational grant from Merck

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**100 Active Surveyor Training**

Tracey Titus, RN, CCHP-RN, National Commission on Correctional Health Care

The National Commission on Correctional Health Care continuously monitors and explores methods to improve the accreditation survey process. An integral component of the process is the development and education of NCCHC surveyors. Through lecture and group discussion, this session will provide instruction on recent changes to the survey process and survey instruments. This session is open only to active surveyors. Attendance is required for surveyors who wish to remain active in NCCHC’s surveyor program. It is recommended that attendees bring a copy of the 2014 Standards for Health Services for jails or prisons for reference during group discussions.

**Educational objectives**

- Using case scenarios, discuss the appropriate survey methods to use to evaluate compliance with NCCHC standards
- Examine the evolving roles of each team member during a survey
- Review changes in NCCHC survey instruments

(open only to active surveyors, by invitation only)

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**100-A Lead and Physician Surveyor Training**

Tracey Titus, RN, CCHP-RN, National Commission on Correctional Health Care

The National Commission on Correctional Health Care continuously monitors and explores methods to improve the accreditation survey process. An integral component of the process is the development and education of NCCHC surveyors. This session will provide instruction for lead and physician surveyors on recent changes to the survey process and survey instruments and how they will be used to gather data to evaluate compliance with NCCHC standards.

**Educational objectives**

- Discuss the roles of lead and physician surveyors during a survey
- Review changes in NCCHC survey instruments used by lead and physician surveyors
- Identify best practices for gathering data to evaluate compliance with the standards

(open only to lead and physician surveyors, by invitation only)
**Educational Sessions**

**MONDAY, APRIL 13**

**Concurrent Session 1**

10:45 am - 11:45 am

101 PQRST: Critical Skills for Interpreting EKGs

_Eileen Couture, DO, CCHP, OSF Saint Elizabeth Medical Center_

Chest pain is one of the most common presenting complaints among detainees seeking health care. An EKG is an important diagnostic tool. EKG interpretation will be reviewed, focusing on the principles of rate, rhythm and axis. Sample EKGs will be used for interpretation. Participants will gain a better understanding of how to systematically approach reviewing an EKG.

**Educational objectives**
- Identify basic anatomy and blood supply to the heart
- Describe how to obtain an EKG tracing with lead placement
- Review abnormal EKGs and interpret the findings

102 Diabetes Primer for the Correctional Nurse

_Lori Roscoe, PhD, MSN, CCHP-RN, Correctional HealthCare Consultants_

Participants will review the basic pathophysiology of type 1 and type 2 diabetes, as well as the recommended care and monitoring of the incarcerated diabetic patient. That review will be followed by a discussion of the new (and not so new) medications for diabetes that may be used in correctional facilities, and typical nursing interventions for patients with type 1 or type 2 diabetes.

**Educational objectives**
- Compare and contrast type 1 and type 2 diabetes
- Discuss five medications typically used for diabetes, including their mechanism of action, their usual dosages and their potential side effects
- Identify three common nursing interventions for patients with diabetes

103 Psychopathy: Providing Treatment and Managing Risk

_Joel Andrade, PhD, LICSW, and Dana Neitlich, MSW, MHM Correctional Services, Inc._

Psychopathic offenders are more likely to engage in violent behavior, break institutional rules and generally disrupt routine operations in correctional settings. This presentation will provide an overview of the interpersonal and behavioral manifestations of psychopathy in a correctional setting and a detailed overview of a treatment unit designed for psychopathic offenders, including four years of outcome data.

**Educational objectives**
- Review the interpersonal and behavioral manifestations of psychopathy
- Describe the general tenets for developing a treatment program for psychopathic offenders
- Explore how to apply skills learned in this presentation to work in correctional health care

104 Too Sick for Prison: Economic, Political and Legal Bases for Early Medical Release

_Thomas Gilevich, JD, CCHP, California Department of Corrections and Rehabilitation_

The ability of dying inmates to obtain a compassionate release from prison has long been a humanitarian (but rarely successful) public policy. The problems with compassionate release have led to “medical parole” or “medical furlough” processes to increase the numbers of severely ill inmates that can be released. The history and overview of these new processes will be presented.

**Educational objectives**
- Review the considerations used by decision makers and legislatures in handling requests for compassionate release and similar early release programs
- Describe the roles of health care providers to recognize and participate in early release processes
- Discuss confidentiality and other ethical problems that requests for early release present to the treating providers
**Educational Sessions**

**105 Efficacy and Implementation of Dialectical Behavior Therapy in Juveniles**
*Alexandra Pajak, MSW, CCHP, Corizon – Brentwood Regional*

Correctional settings pose unique challenges to mental health care professionals, including high rates of inmate aggression and nonsuicidal self-injury, as well as environmental challenges and security concerns. Dialectical behavior therapy has emerged as an effective treatment modality in the treatment of aggressive behaviors and NSSI in the correctional setting.

**Educational objectives**
- Identify the benefits of dialectical behavior therapy in correctional settings as related to inmate aggression and nonsuicidal self-injury
- Describe the unique challenges of a correctional environment that can interfere with therapeutic progress
- Review strategies for using DBT in corrections

**106 Effective Communication: Training Frontline Staff in Motivational Interviewing Techniques**
*Michael Hughes, MA, BSN, CCHP-MH, California Department of Corrections and Rehabilitation, and Melissa Hamachek, MSN, RN, Wisconsin Department of Corrections*

Motivational interviewing is a well-researched set of skills and techniques proven to be effective in helping people change their behavior. Participants will be introduced to the basic principles and techniques of MI, learn why teaching frontline staff to use these techniques can improve health care outcomes in correctional settings and learn a concrete set of proven tools for communicating with inmates.

**Educational objectives**
- Discuss the basic principles and tools of the Motivational interviewing approach that can usefully be applied in a correctional health care setting
- Describe five benefits of training frontline staff in basic MI communication techniques
- Review how to construct a cost-effective training program for improving communication skills among staff

**107 Abdominal Pain: Causes and Clinical Significance**
*Winifred Tate, ARNP, Duval Pre-Trial Detention Facility*

Participants will gain a better understanding of the anatomy of the abdomen, risk factors and causes of abdominal pain, history taking, symptoms and clinical and diagnostic findings. They will leave with an increased understanding of numerous differential diagnoses, clinical and pharmaceutical updates and ways to promote low-cost, conservative treatment while caring for the correctional patient.

**Educational objectives**
- Identify causes of acute and chronic abdominal pain
- Recognize alarm and non-alarm findings in juvenile and adult correctional health care
- Outline optimal care for the patient with abdominal pain

**108 Nursing Plan for Females: An Effective Medical Intake**
*Mic...
109 Intensive Medical Management: How to Handle Prisoners Who Self-Mutilate, Slime, Starve, Spit and Scratch
Todd Wilcox, MD, MBA, CCHP-A, Salt Lake City Metro Jail
Successful and safe management of inmates who act out behaviorally is a substantial challenge to health care and custody staff. This talk will present a balanced multidisciplinary approach to managing inmates with behavior problems when things escalate to require restraint, forced medication or seclusion. The focus is on developing legally defensible policies and procedures, establishing a rational balance between the different interests of health care and custody, and learning “tricks of the trade” to help manage these difficult patients while minimizing the profound impact they can have on the staff and the system.

Educational objectives
• Describe community standards as they apply to intensive medical management
• Review how to develop sound policies and procedures to comply with standards
• Discuss “tricks of the trade” honed over years of experience in managing inmates who act out behaviorally

110 Utilizing Inmates as Peer Health Educators
Richard Feffer, MS, CCHP, Washington State Department of Corrections
Correctional settings provide opportunities to engage difficult-to-reach populations. Peer-based health interventions in prisons and jails have a number of benefits for an institution, inmates, corrections staff and communities. This presentation will use national examples of peer-based health education programs in prisons to demonstrate the benefits of those programs and offer real-life practical strategies for implementation.

Educational objectives
• Articulate the benefits of using inmates as peer health educators in correctional settings
• Review strategies for implementing peer-based health interventions in corrections
• Describe how to access information and resources that will be helpful in developing peer-based health education programs

111 How to Predict and Manage Changes in Health Care Costs
Greg Lockman and Mark Overturf, Correctional Health Partners
Correctional systems are challenged with providing legally defensible, cost-effective care. Fully taking advantage of health care reporting can maximize an on-site health care program and reduce off-site care. Reporting provides rich insight into the inmate population and a system’s ability to predict and manage costs, and insightful use of health care data can help ensure medically appropriate care and improve overall delivery and systemic efficiency.

Educational objectives
• Describe how health care reporting can increase the ability to identify and manage underlying factors for increasing medical costs
• Identify opportunities to use data to better manage on-site and off-site health care services to provide legally defensible, cost-effective care
• Review how health care reporting can improve the ability to accurately forecast medical budget and utilization

112 Challenges for Correctional Health in Low-Income Countries
John May, MD, CCHP, Armor Correctional Health Services, Inc.
Delivery of health services in prisons in low-income countries faces multiple challenges, and meeting those challenges requires assigning priorities. Participants will learn about Health through Walls, a nonprofit group that has been assisting prison health programs in the low-income country of Haiti and others.

Educational objectives
• Examine the priorities for health care delivery in prisons in low-income countries
• Describe effective measures for mass infectious disease screening
• Discuss ways that the global community can improve health care of prisoners in low-income countries
113 Sick Call: Managing Difficult Patients’ Expectations

Keith Courtney, DO, CCHP, Alberta Health Services, and Donald Kern, MD, MPH, CCHP, Quality Correctional Health Care

Every correctional facility has inmates who are “high utilizers” of health care services. Many of those inmates are profoundly ill and require a frequent health care intervention. Others are difficult to diagnose or have diagnoses that are suspect, yet demand frequent health care intervention. Participants will review high utilizers and learn about strategies for providing appropriate health care to this population.

Educational objectives
• Review the risk factors for somatic symptom disorders, factitious disorders and malingering
• Describe typical clinical presentations for high utilizers of health care who lack a clear diagnosis
• Identify possible treatment approaches to working with high utilizers of health care services

114 Postbariatric Surgery Concerns and Challenges

Margaret Collatt, BSN, RN, CCHP-RN, CCHP-A, Oregon Department of Corrections, and Barbara Wakeen, MA, RD, CCHP, Correctional Nutrition Consultants, Ltd.

Suitable for both clinical and administrative staff, this presentation will update correctional health care providers on types of bariatric surgery and lifelong postsurgical needs, and prepare correctional administrators for this new special needs population. Postoperative complications, patient challenges and dietary and health care needs will be discussed.

Educational objectives
• Describe the similarities and differences of various types of bariatric surgeries
• Identify the dietary needs of the postsurgical bariatric patient
• Recognize the special needs of the incarcerated postsurgical bariatric patient

115 Understanding Gender Dysphoria in a Correctional Environment

Mark Fleming, PhD, CCHP-MH, Laura McKinnon, MA, CCHP, Corizon–Brentwood Regional

Treatment and management of gender dysphoria, the diagnosis given to people whose gender at birth is contrary to the one they identify with, has changed with the adoption of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders. This presentation will highlight the changes in the DSM-5, review pertinent literature on prevalence and etiology and offer recommendations for managing gender dysphoria in a correctional environment.

Educational objectives
• Analyze the significance of the change in DSM-5 from gender identity disorder to gender dysphoria
• Review biological and social learning components of gender dysphoria
• Discuss treatment and security implications for this population in a correctional environment

116 Adolescent Drug Use: What Long-Term Use Looks Like

Robert Morris, MD, CCHP, UCLA Department of Pediatrics, CHC General Pediatrics

Adolescents are especially vulnerable to long-term brain changes due to drug use. Learn about the types and properties of the drugs adolescents use, effective approaches to history-taking and ideas for motivating change and counseling adolescents regarding alcohol and drug use.

Educational objectives
• Review the reasons teens are more vulnerable to long-term brain damage from drug use
• Discuss successful history taking as it relates to drug use by adolescents
• Describe strategies for motivating teenagers to change their drug use
117 Components Necessary for an Effective Infection Prevention and Control Program

Sarah Bur, MPH, BSN, Federal Bureau of Prisons

Correctional facilities are well known to be high-risk settings for infectious disease transmission. Because effective infection prevention and control programs are critical to the safety and health of correctional employees, inmates and the larger community, the Federal Bureau of Prisons has defined a comprehensive infection prevention and control program. Participants will learn standardized tools to facilitate program implementation, including clinical practice guidelines, surveillance reporting, exposure control plans and more.

Educational objectives
• Identify the components of a comprehensive correctional infection prevention and control program
• Describe six infection prevention and control tools presented
• Discuss integration of infection prevention and control components into a correctional health care setting

118 Developing Connectivity: Innovations in Discharge Planning and Reentry

Robin Belcher-Timme, PsyD, CCHP, Delaware Department of Correction, James Welch, HNC, RN, and Chris Devaney, MS

The need for effective discharge planning strategies is clear, yet inmates with chronic conditions that are highly correlated with increased risk for recidivism continue to be released, at enormous cost to public health and taxpayers. This presentation focuses on strategies to bridge large systems of care, including that being implemented by the Delaware Department of Correction, and presents models for thinking innovatively about the concept of connectivity in reducing the cycle of recidivism.

Educational objectives
• Discuss demographic and health care characteristics common to jail-based populations
• Identify the need for innovative solutions, given those characteristics
• Describe a model for implementing innovative discharge planning strategies to improve the health of jail-based populations and develop connectivity between systems of care

119 Oral Anticoagulants: What's New?

Richard Kosierowski, MD, CCHP, Corizon-Brentwood Regional

New anticoagulants will be reviewed, compared and contrasted to standard medications such as heparin and warfarin. While the new anticoagulants offer certain advantages, physicians need to be aware of special circumstances in correctional patients that may affect the decision to use these newer agents.

Educational objectives
• Review the categories of new anticoagulants
• Discuss the FDA-approved indications of each of the new oral anticoagulants
• Describe the use of new anticoagulants among a correctional population

120 On-Site Chemotherapy Treatment: What Nurses Need to Know

Brenda Boyd, ADN, RN-C, CCHP, Asher Turney, MD, MSPH, CCHP, and Kenneth Williams, MD, PhD, CCHP, Centurion of Tennessee

On-site chemotherapy for inmates is a novel program for managing patient treatment. Advantages, including cost-efficiency, safety and security, and decreased transportation to off-site appointments, will be discussed, along with nursing concerns.

Educational objectives
• Review the management of patient treatment on-site
• Describe the challenges of introducing new programs to correctional facilities
• Discuss the importance of staff education

121 Mentally Ill, Pregnant and in Jail: A Proactive Approach to Treatment for Special Needs Inmates

Maurianna Swanson, LMHC, Corizon

The female inmate who is pregnant and mentally ill represents a distinct segment of a jail’s population with unique problems. This presentation looks at the responsibilities of medical, mental health and correctional staff in managing the mentally ill and pregnant female inmate. A proactive approach to treatment as well as housing alternatives in the correctional setting will be discussed.

Educational objectives
• Examine the special needs of the mentally ill and pregnant inmate
Educational Sessions

122 Important Techniques in Communicating With Your Legal Counsel
Deana Johnson, JD, MHM Correctional Services, Inc.
Being named as a defendant in a lawsuit is stressful enough, but not having a strong, two-way communication strategy with the legal team can add even more pressure. This lecture will explain what to expect at each stage of a suit and how to work with legal counsel for the best possible outcome. Learn how to best help the attorney craft and argue the strongest defense to a malpractice claim, keep informed about developments and obtain answers to concerning questions as the case progresses.

Educational objectives
• List the four stages of a typical malpractice or constitutional tort case
• Explore opportunities at each of the four stages to both provide counsel with assistance and obtain important information
• Explain how insurance companies/employers evaluate cases for settlement and the defendant’s ability to voice an opinion

123 Effective Suicide Prevention Training: Recommendations for Developing a Successful Program
Katherine O’Neill, LICSW, and Mitzi Peterson, MSW, LICSW, Massachusetts Department of Correction Health Services Division
Over the past few years, Massachusetts has completely revised its suicide prevention training program for correctional professionals. This presentation reviews essential elements of an effective suicide prevention staff training program and provides recommendations for implementation and ongoing monitoring. Survey results from correctional professionals responsible for facilitating the curriculum will provide insights into the impact of changes.

Educational objectives
• Review current research literature regarding evidence-based suicide prevention strategies
• Identify essential elements used to develop and implement an effective suicide prevention training program
• Describe how changes in the suicide prevention curriculum have contributed to improved understanding of the risks and warning signs for suicidal behavior

124 Putting Plans Into Practice: Emergency Exercise Design for Correctional Health
Bethany Moore, Alberta Health Services
Are all facilities prepared to respond to health-based disaster events? This practical presentation will prepare correctional professionals to exercise health outbreak, pandemic and mass casualty plans using examples from previous corrections exercises and real-life situations. Participants will leave with an understanding of the tabletop, functional and full-scale exercise design process, from planning to implementation to evaluation.

Educational objectives
• Review the importance of health-focused exercises in corrections
• Discuss an emergency exercise appropriate to correctional health and facility needs
• Evaluate the outcomes of an emergency exercise to determine next steps to improve correctional health emergency preparedness

MONDAY, APRIL 13
Product Theater/Reception
5:15 pm – 6:15 pm

Improve the TB Screening Process in Correctional Facilities
EMPIRE B
Tai Cooper, Wyoming Department of Health
After years of using the tuberculin skin test (TST) to identify tuberculosis infection, the Wyoming Department of Health switched to a modern testing method, QuantiFERON®-TB Gold (QFT®), in the state’s correctional facilities. The department’s communicable disease prevention program manager will share a review and evaluation of each TB testing method, including data collection, analysis, process and cost considerations, and will provide insight into the intricacies of implementing QFT in Wyoming correctional facilities.

This session is sponsored by Qiagen. It is not eligible for continuing education credit.
**Educational Sessions**

**TUESDAY, APRIL 14**

**Roundtable Breakfast Discussions**

7 am – 8 am

**EMPIRE B**

NCCHC invites you to participate in roundtable discussion groups – small, informal gatherings for the purpose of education, information sharing and idea exchange. Look for the corresponding table number.

**Educational objectives**

- Identify emerging trends and issues in correctional health care
- Describe solutions to common problems in correctional health care
- Outline strategies and techniques used by others in one's discipline or area of specialty for improving health care delivery

**Concurrent Session 5**

8:15 am – 9:15 am

125 Pain Management in Patients With Substance Use Disorders

**Aleksander Shalshin, MD, CCHP, New York City Correctional Health Services**

Pain, one of the most common reasons patients seek medical care, is often undertreated. Patients with addiction have special clinical considerations and are at risk of receiving inadequate pain management. Correctional health care professionals must be well-versed in the subject of pain management and substance use disorders in order to provide effective pain relief. This session will review best strategies for recognizing and treating pain symptoms in patients with coexisting addiction disorders.

**Educational objectives**

- Summarize the prevalence of substance use disorders among incarcerated populations
- Review strategies for recognizing and treating pain symptoms in patients with coexisting addiction disorders
- Identify barriers to adequate pain relief in patients with substance use disorders

126 Nurses’ Assessment of Dental Problems

**Mark Szarejko, DDS, CCHP, Hillsborough County Sheriff’s Office - Dental Department**

Nurses are generally the first correctional health care professionals to assess inmates’ dental problems, often a result of the long-term neglect of oral health leading to acute dental problems. This presentation will give correctional nurses a means to assess and triage many common oral conditions and help the nurse establish a protocol to determine which are dental emergencies.

**Educational objectives**

- Explain the importance of treating the entire patient
- Discuss the range of oral issues beyond bacterial infections
- Review the treatment of dental infections
127 The Many Faces of Trauma: Individualized Treatment for Survivors

Robin Belcher-Timme, PsyD, CCHP, Delaware Department of Correction, and Mark Fleming, PhD, CCHP-MH, Corizon-Brentwood Regional

Conceptualizing each survivor of trauma as unique while connecting symptoms to the DSM-5 diagnosis of post-traumatic stress disorder is critical to developing effective treatment strategies and collaborating with security personnel and other stakeholders. This presentation uses very specific DSM-5 diagnostic criteria as well as case studies to convey the importance of individualized treatment planning and conceptualization.

Educational objectives
• Describe the need for innovative strategies for diagnosing and conceptualizing post-traumatic stress disorder in justice-involved populations
• Review the DSM-5 diagnostic criteria to apply to clinical cases
• Discuss the importance of tailoring diagnosis and treatment to the uniqueness of each case

128 CHORDS: Applying Improvement Science to Correctional Health Care

Brent Gibson, MD, MPH, CCHP, National Commission on Correctional Health Care, Diane Jacobsen, MPH, Consultant, Deborah McBride, Consultant

Applying tested improvement techniques and structured processes in a variety of health care settings has improved outcomes, lessened costs and reduced mortality. This session will provide a background on improvement science and present an analysis of NCCHC survey data with attention to standards associated with noncompliance in jails and prisons as a means of improving correctional health. The resources NCCHC will introduce for implementation in correctional health care via the CHORDS program will be explored, and a plan for how facilities can participate will be unveiled.

Educational objectives
• Describe the collaborative model of health care improvement in the context of correctional health care
• Explain the plan-do-study-act cycle deployed in a jail or prison
• Identify staff members in a correctional institution who could comprise a change team for improvement

129 Tuberculosis: Preventing the Next Outbreak

Sarah Bur, MPH, BSN, and Tara Ross, RN, Federal Bureau of Prisons

Rates of TB are significantly higher among inmates than in the general population. Failure to prevent and detect this airborne disease can result in significant TB transmission affecting staff and inmates. Elements of an effective correctional TB prevention and control program will be reviewed, with case studies used to illustrate key points.

Educational objectives
• Describe the risk of tuberculosis in the correctional setting
• Review diagnosis and treatment of active TB and latent TB infection
• Identify key components of a comprehensive correctional TB prevention and control program

130 Opioid and Substance Abuse Treatment in Corrections

Scott Huntington, MA, LPC, Genesis Behavioral Health Services

Patients with opioid and substance use disorders often struggle with relapse and disjointed treatment. Many times, failures occur due to a lack of attention to common psychiatric comorbidities. With the new age of integrated health care, providers are being asked to better coordinate psychiatric and substance use assessment and care. This presentation will describe common psychiatric comorbidities in patients with opioid and substance use disorders and the roles they play in presentation and treatment.

Educational objectives
• Identify types of depressive syndromes that are frequently comorbid with substance use disorders
• Explain the role of temperament in substance use disorder and its treatment
• Describe integrated treatment for comorbid substance use and mental disorders

Supported by an independent educational grant from Alkermes
Concurrent Session 6
10 am - 11 am

131 Minimizing 30-Day Acute Hospital Readmissions
Clarence Cryer Jr., MSPH, CCHP, California Substance Abuse Treatment Facility and State Prison at Corcoran
Acute care hospital readmissions have been a health challenge and a cost driver at the Substance Abuse Treatment Facility and State Prison, an all-male prison with multiple missions including dialysis, Americans with Disability housing, a developmentally disabled program and a 40-bed subacute care unit. Participants will learn how SATF used LACE (Length of hospital stay, Acuity of illness, Comorbid conditions and frequency of Emergency room visits/hospitalization), a risk-stratification and discharge planning tool, and coordinated the plan of care between hospital and prison to reduce readmissions.

Educational objectives
• Articulate how coordinated chronic disease management can be practiced in a correctional setting
• Review how a health care team approach enhances quality and efficiency of care
• Explain how the risk-stratification tool LACE has reduced exacerbations and 30-day readmissions for the chronically ill

132 Nursing Care Challenges of Women Behind Bars
Melissa Hamachek, MSN, RN, Wisconsin Department of Corrections
Incarcerated women present health staff with unique challenges to providing care. This session will differentiate between male and female patients, exploring how psychological symptoms often manifest as physical complaints. Through case studies, participants will use the nursing process to assess, diagnose and plan care for common conditions incarcerated women face.

Educational objectives
• Identify three characteristics of the female incarcerated patient
• List four common gender-specific health presentations of the female incarcerated patient
• Analyze five case studies for nursing diagnoses

133 Clinical Management of Polydipsia
Scott Eliason, MD, CCHP-MH, Corizon–Boise, and Mark Fleming, PhD, CCHP-MH, Corizon–Brentwood Regional, Lekshmi Venugopal
Psychogenic polydipsia, excessive fluid-seeking, is a life-threatening condition that is both more common than believed and very difficult to manage in the correctional environment. This presentation will discuss signs and symptoms, the differential diagnosis and medical and behavioral treatment options.

Educational objectives
• Define psychogenic polydipsia
• Review medication treatments for the condition
• Describe psychological interventions for psychogenic polydipsia

134 Why Are You Being Sued? Important Differences Between Medical Malpractice and Deliberate Indifference Claims
Deana Johnson, JD, MHM Correctional Services, Inc.
To convey accurate information to subordinates facing suits, supervisors need to have a fairly sophisticated understanding of the types of claims prisoners bring. Learn the major differences between state law negligence and federal constitutional claims. Those distinctions are critically important when applying for malpractice insurance, applying for staff privileges, completing annual licensing applications and conducting the defense of a suit.

Educational objectives
• Describe the types of federal constitutional claims that are the most challenging to defend
• Differentiate between federal claims and state law medical negligence actions
• Demonstrate how to complete applications for privileges, insurance and licenses
135 Hazardous Duty: The Invisible Effects of Working in Corrections

Sharen Barboza, PhD, CCHP-MH, MHM Correctional Services, Inc.

Correctional professionals understand that they work in potentially hazardous environments, but some risks are more obvious than others. In addition to physical safety risks, staff can face emotional and psychological health risks as well. This presentation will discuss correctional stress, how to recognize it and how to effectively cope with the corrections environments to reduce its impact.

Educational objectives
• Describe the trauma and stress experiences of individuals working in correctional settings
• Discuss the risks and protective factors associated with correctional stress
• Identify effective strategies to reduce the impact of correctional stress

136 Effective Coordination of Correctional Health Care Services

Sue Smith, MSN, RN, CCHP-RN, Instructional Connections, and Margaret Collatt, BSN, RN, CCHP-RN, CCHP-A, Oregon Department of Corrections

Correctional health care staff expend huge amounts of time and energy to provide coordinated health services to patients who are often very unhealthy, highly transient and lacking in health literacy. This session will explore areas where critical needs can “slip through the cracks” and the role of correctional nurses in coordinating and managing health services to inmates, as well as discussing the small changes that can result in significant improvement in the efficiency and effectiveness of correctional health care delivery.

Educational objectives
• Explain risks associated with correctional health care services that are not well coordinated
• Describe solutions that will increase effectiveness and efficiency in managing health care operations
• Review clinic operations to identify improvements in efficiency and effectiveness

TUESDAY, APRIL 14

Educational Luncheon

12 pm-1:15 pm

Your Next Steps in HCV Management

EMPIRE B

Neil Fisher, MD, CCHP, Wexford Health Resources

Approximately 1.4 million HCV-infected individuals pass through the correctional system each year. Physicians and health care providers lack a thorough understanding of cost-effective HCV screening, prevention and treatment programs among incarcerated populations. This educational luncheon will help correctional health care providers understand the challenges and treatment of hepatitis C while also providing creative solutions to managing various aspects of treatment, including financial and logistical impediments, evaluation and treatment options.

Educational objectives
• Discuss possible measures for controlling the cost of treating HCV patients in correctional settings
• Identify ways to integrate new and established treatments for HCV for optimal outcomes
• Describe the roles of current treatments in the management of HCV

Supported by an independent educational grant from Gilead
TUESDAY, APRIL 14
Concurrent Session 7
1:30 pm – 2:45 pm

137 Avoiding Legal, Operational and Medical Problems
Todd Wilcox, MD, MBA, CCHP-A, Salt Lake County Metro Jail
This presentation is an introduction to medical, operational and legal problems that frequently arise in correctional health care settings and tend to be problematic from the standpoint of quality, efficiency, accreditation and litigation. The speaker will present a checklist of items to be aware of, as well as potential solutions for implementing changes to address the problems.

Educational objectives
• Identify basic operational issues that can impact correctional health care delivery systems
• Discuss potential areas of risk for providers and health care systems that are frequently part of plaintiff cases
• Review mechanisms and policy changes to address problem areas

138 Accreditation and Certification: Recognition for Correctional Health Care Excellence
Tracey Titus, RN, CCHP-RN, and Matisa Sammons, CCHP, National Commission on Correctional Health Care
NCCHC’s accreditation and certification programs are based on the NCCHC Standards, nationally recognized as the benchmark for establishing and measuring a correctional health services system. Having a well-managed, organized health care system and knowledgeable staff empowers a facility to operate at its fullest potential. Attendees of this session will gain an understanding of the similarities and differences between accreditation and certification and why these programs are so important to the field.

Educational objectives
• List at least three reasons why accreditation and certification are important
• Review the steps necessary to obtain accreditation and certification
• Describe the use of NCCHC’s Standards for Health Services to prepare for accreditation and certification

139 Sex Offender Assessment, Treatment, Reentry and Beyond
Gary Junker, PhD, Corizon–Brentwood Regional, and Mark Simpson, PhD, Tennessee Department of Corrections, Michael Rich, MSW, Corizon
Incarceration of sex offenders has grown exponentially in the last decade, resulting in increased demand for accurate risk assessment, evidence-based interventions and cohesive discharge planning. This presentation will discuss sex offender typologies, models for effective intervention and strategies for managing a sex offender population. Recommendations for a collaborative approach and continuity of care upon release will be outlined.

Educational objectives
• Identify sex offender typologies
• Review research-informed approaches to sex offender risk assessment and treatment
• Describe a model for successful reentry

140 Treating the Adolescent Male Psychopath
Mark Fleming, PhD, CCHP-MH, Corizon–Brentwood Regional
The adolescent male is a population that is often ignored in the clinical world. The effects of biology and gender role socialization play an integral role in the development of a young boy’s brain and maturity development. The conditions necessary to create an adolescent male psychopath will be explored and how, if untreated, these young men will become adult offenders. Treatment implications for this population will be explored.

Educational objectives
• Explore psychopathic personality disorder and its emergence in adolescent males
• Compare adult male and adolescent male psychopathy
• Review psychopathy in adolescent males in a correctional environment
141 Age-Specific Disease Management: Training Your Security and Administrative Staff
Kori Novak-Tennyson, PhD, The Mellivora Group
As the inmate population continues to age, differences between age-related illness, mental illness and behavioral issues becomes blurred. How can one tell if inmates are being difficult or manipulative or if they truly are struggling with the onset of an aging disease such as dementia? This presentation will examine these areas and provide tips on helping staff understand this important issue.

Educational objectives
• Discuss issues related to aging inmates
• Contrast aging diseases with aberrant behaviors
• Review best practices for training staff in dealing with aging inmates

142 Hepatitis C: Challenges and Treatment Options
Richard Feffer, MS, CCHP, Washington State Department of Corrections
Correctional institutions face a disproportionate amount of the hepatitis C disease burden. Seroprevalence in U.S. prisons is estimated at 17.4% and chronic infection is estimated to be between 12% and 35%. Correctional populations represent about one-third of total HCV cases. Recent changes in treatment options have significantly changed the hepatitis C landscape. This presentation will describe the impact changing therapies have in correctional systems and discuss possible solutions to common challenges.

Educational objectives
• Describe epidemiology of the hepatitis C virus in U.S. prisons and jails
• Explain how recent changes in HCV treatment options have impacted correctional settings
• Identify practical models that increase quality of hepatitis prevention and care in correctional settings

143 Treatment of Febrile Neutropenia in Corrections
Surinder Kumar Kad, MD, MPH, CCHP, Kentucky State Reformatory
This discussion will explore the current management of patients with neutropenic fever, including challenges in the treatment of these infections, the changing spectrum of infections and the emergence of resistance. The current literature will be reviewed, along with guidelines, criteria to make the diagnosis and recommendations for management of febrile patients.

Educational objectives
• Review the pathophysiology and etiology of neutropenia
• Describe the management of neutropenic patients with fever
• Discuss antibiotics, latest recommendations and preventive measures

144 Challenges in Correctional Nursing Practice
Mary Muse, MS, RN, CCHP-RN, CCHP-A, Wisconsin Department of Corrections
Correctional nursing is a unique area of nursing practice, always balancing the nurse’s primary responsibility to the patient and the patient’s family with corrections’ mission to protect the public and enforce designated punishments. How can nurses promote positive work environments and professional growth? How does the nurse maintain professional identity and positively impact patients while behind bars? By identifying the struggle for professional practice, correctional nurses can build practices and policy that promote healthy environments, allow for caring and compassion and attract the best nurses to the field.

Educational objectives
• Identify the barriers and challenges of correctional nursing practice
• Discuss the patient care consequences and outcomes when the nurse is not the “gatekeeper” to manage access to care
• Describe strategies to influence nursing practice, set policy to promote nursing practice and advance the specialty
Educational Sessions

145 RISE: A Collaborative Approach to a Therapeutic Competency Restoration Unit in Jails
Danielle Weittenhiller Mason, PsyD, Karen Galin, PhD, and Leah Wallerstein, PsyD, Colorado Department of Human Services

After the push for deinstitutionalization from state psychiatric hospitals, jails and prisons have increasingly become de facto mental health facilities, a task they are often ill equipped to perform. RISE is a state-directed, jail-based, collaborative competency restoration program that addresses mental health and competency and assists individuals with reentry to the community. This presentation will describe the RISE program, including collaborative approaches to mental health care in a jail, behavioral consultation with jail staff and administration, medication and treatment compliance, decreased length of stay, decreased use of disciplinary action and discharge planning for reentry.

Educational objectives
• Describe the role of collaboration and behavioral consultation between clinical and jail staff
• Discuss outcomes data related to a jail-based, collaborative competency restoration program program
• Review issues encountered in running a therapeutic program in a jail-based setting and the solutions and/or outcomes to those issues

146 Protecting Your Nursing License: Avoiding Documentation Pitfalls in an Electronic World
Jacqueline Griffin-Rednour, RN, CCHP, PsiMed, Mount Olive Correctional Complex

The world has become increasingly technological, and health care clinicians must keep up with the times. For most, that means giving up the comfort of paper health records and transitioning to electronic health records. This presentation discusses the benefits of an EHR and strategies to protect professional licenses and avoid common electronic documentation pitfalls, including tips on the best practices for documentation in an electronic environment.

Educational objectives
• Describe benefits of an electronic health record
• Identify common pitfalls related to electronic health record documentation
• Discuss strategies to avoid pitfalls and protect licenses in an electronic environment

147 Predicting Future Behavior: Performing More Accurate Risk Assessments
Merideth Smith, PhD, PsiMed, Mount Olive Correctional Complex

The crisis of overcrowding in the prison system highlights the need for accurate identification of criminogenic risk and the need to reduce overcrowding and increase successful reentry. With a wide variety of assessment tools available, it is important that staff members understand the leading theories of risk and the evidence for available measures. This presentation will review theories of risk assessment and the evidence of predictive accuracy for widely used assessments. Best practices when addressing cultural and individual factors, such as severe mental illness, will also be discussed.

Educational objectives
• Summarize the associated theory behind the various risk assessments
• Describe how to compare and contrast the predictive validity of risk assessment measures
• Recognize cultural and individual factors that may decrease accuracy of risk assessments

148 Treating Dementia: What Do the Outcome Data Teach Us? (Part 1)
John Wilson, PhD, CCHP-MH, MHM Correctional Services, Inc.

The aging of the inmate population and growing prevalence of dementia are among the largest growth factors in correctional health care costs. This presentation examines available outcome studies regarding the treatment of dementia and draws conclusions regarding treatment recommendations that are evidence-based. Both medication and behavioral interventions are reviewed, and a multidisciplinary approach is described.

Educational Objectives
• Analyze estimates of growth in prevalence of dementia
• Identify the extent to which pharmacological and behavioral interventions for dementia are effective
• Describe “state-of-the-science” recommendations for treating dementia in corrections
149 Exploring Palliative Care in Corrections: Implications of a Scoping Review

Cindy Peternelj-Taylor, MSc, RN, University of Saskatchewan College of Nursing

Managing terminally ill offenders within the prison milieu is a time-consuming, resource-intense endeavor fraught with perplexing practical and moral dilemmas not commonly encountered in traditional health care settings. The presenter conducted a scoping review of palliative care in corrections from 2000 to 2014 to synthesize the global evidence and knowledge in order to guide related research, practice and policy. Results will be presented, and participants will consider the review’s implications in light of the tensions that exist between theory and practice.

Educational objectives
• Review methodology as a way of moving toward a more complex understanding of end-of-life care in the correctional milieu
• Explore priority issues identified in the literature regarding end-of-life care in correctional environments
• Discuss the implications of a scoping review of palliative care in corrections for research, practice and policy development

150 Disaster Planning for Infectious Disease Outbreaks

Sue Lane, RN, CCHP, Armor Correctional Health Services, and Sue Smith, MSN, RN, CCHP-RN, Instructional Connections

Throughout history there have been epidemics and pandemics. The first reaction, among those not familiar with infection prevention and control, is often panic. In any disaster, there should always be a basic plan in place to minimize the spread and continuation of morbidity and mortality. This presentation will explore historic and current epidemics and pandemics, lessons learned through those events and how we can stay prepared for the next outbreak of an infectious disease.

Educational objectives
• Compare and contrast historic and current epidemics and pandemics
• Identify transmission-based protection and procedures for reducing the spread of diseases
• Discuss preparedness planning, policies, procedures and training to fit a variety of settings with differing needs

151 Innovative Practice to Reduce Long-Term Segregation: Positive Interventions—A UK Perspective

Jennifer Kilcoyne, PhD, Danny Angus, Ben Johnson, MD and Mark Chandley, PhD, Mersey Care NHS Trust

The workshop outlines a multifaceted positive interventions approach in the resocialization of long-term segregated patients in a UK maximum security forensic hospital. A detailed clinical case study illustrates the pathway, formulation, clinical and systemic strategies and efficacy of this approach with this complex and hard-to-reach patient group. Strategies for delivering effective changes in the environment, individual and system will be explored, and the efficacy of a recovery-based clinical model will be reviewed.

Educational objectives
• Examine the utility of theoretical models associated with recovery and long-term segregation
• Describe therapeutic practical strategies that clinicians and organizations can employ in everyday clinical practice
• Evaluate the potential benefits and clinical efficacy of structured resocialization and risk reduction interventions with long-term segregated inmate-patients

152 Treating Dementia: What Do the Outcome Data Teach Us? (Part 2)

John Wilson, PhD, CCHP-MH, MHM Correctional Services, Inc.

The aging of the inmate population and growing prevalence of dementia are among the largest growth factors in correctional health care costs. This presentation examines available outcome studies regarding the treatment of dementia and draws conclusions regarding treatment recommendations that are evidence-based. Both medication and behavioral interventions are reviewed, and a multidisciplinary approach is described.

Educational Objectives
• Analyze estimates of growth in prevalence of dementia
• Identify the extent to which pharmacological and behavioral interventions for dementia are effective
• Describe “state-of-the-science” recommendations for treating dementia in corrections
Educational Sessions

153 Naloxone Delivery Upon Release: Why It’s a Good Idea
Lisa Leiding, BSN, RN, CCHP-RN, Santa Fe County Youth Development Program

Santa Fe County is a leader in the country in providing inmate education and naloxone kits upon release. Working closely together, the New Mexico Department of Health and Santa Fe Community Health Services developed an innovative education program to reduce opioid overdose deaths in the community. Learn the “hows and whys” of establishing a similar program. Copies of training materials, data collection forms, policies and procedures will be available to participants.

Educational objectives
• Discuss why discharge planning in the opioid addicted population is a good community health practice
• Analyze the importance of participating in community health groups
• Review opioid overdose education and discharge planning practices

154 CCHPs: Take Your Certification to the Next Level
Margaret Collatt, BSN, RN, CCHP-RN CCHP-A, Oregon Department of Corrections, Mark Fleming, PhD, CCHP-MH, Corizon–Brentwood Regional, Matissa Sammons, CCHP, National Commission on Correctional Health Care

The rewards of a career in correctional health care are many: experience with a wide variety of patients, playing an important role in public health and working with other dedicated professionals, to name a few. But correctional settings present unique challenges: strict security regulations, crowded facilities, myriad legal and public health considerations and more. Achieving professional specialty certification is the surest way to prove that you have the tools to meet those challenges.

Educational objectives
• Discuss the eligibility criteria for CCHP-RN, CCHP-MH and CCHP-Advanced certification
• Review information on CCHP-RN, CCHP-MH and CCHP-A certification applications that meet the program requirements
• Describe the purpose and content outline of the CCHP-RN, CCHP-MH and CCHP-A exams
Posters are available for viewing in the exhibit hall. Meet one-on-one with poster authors to discuss their findings during the exhibit hall opening reception on Sunday evening.

201 Analysis of Diversion Programs to Improve Outcomes in Mentally Ill Offenders
Cynthia Kidd, MHMR of Tarrant County
The care of those with mental illness has shifted from the hospital to the criminal justice system. Prebooking diversion programs, postbooking diversion programs and outpatient competency restoration programs in Texas and across the United States were reviewed to determine which improve outcomes in mentally ill offenders.

Educational objectives
• Review the problem of mentally ill inmates in the correctional system
• Describe the differences between prebooking and postbooking diversion programs
• Discuss the impact of jail diversion programs on the mentally ill

202 Parental Acceptance/Rejection and the Relationship to Health and Lifetime Experience of Abuse
Elizabeth Vanessa Hoener, MA, LPC, ComCor, Inc.
This presentation describes a research study of the relationship of perceived parental acceptance/rejection to health and lifetime experience of abuse among incarcerated women. The study results provide valuable insight for future program development related to life skills, stress, coping, parental role behaviors, violence prevention strategies and health care for incarcerated women who plan to return to the community with their children.

Educational objectives
• Describe parental acceptance/rejection of incarcerated women
• Discuss the implications of parental acceptance/rejection on lifetime experience of violence and health status
• Identify opportunities for programming for incarcerated women

203 Leveraging the Benefits of the Affordable Care Act to Improve Correctional Health and Outcomes
Alicia Kusiak, Treatment Alternatives for Safe Communities, and Marlena Jentz, Cook County Sheriff’s Office
The justice population has higher rates of mental health and substance use disorders and associated chronic medical conditions than the rest of society and has traditionally been uninsured. Using lessons learned in the Cook County Jail, the presenters will discuss Medicaid enrollment assistance in a jail setting and correctional workers’ role in continuity of health care after discharge.

Educational objectives
• Review basic principles of the Affordable Care Act as they apply to the justice population, especially those with behavioral health disorders
• Describe how to ensure that clients are enrolled in health care at discharge so that they may receive continuity of care
• Discuss electronic health records to make certain that all clients are accounted for and receiving care

204 Preventing Recidivism: The Role of the Reentry Specialist in Continuity of Care
Danielle Weittenhiller, PsyD, Colorado Department of Human Services, Karen Galin, PhD, Correct Care Solutions, Leah Wallerstein, PsyD, and Andrea Weiner, MA
This poster describes an innovative addition to a jail-based competency restoration program to promote continuity of care: Restoring Individuals Safely and Effectively. The RISE reentry specialist prepares patients for discharge, consults with home jails when the patient returns there, provides support while the patient is awaiting trial and assists with community reintegration. Data on recidivism and aggression will be presented to demonstrate the importance of addressing reentry.

Educational objectives
• Explain the importance of addressing continuity of care
• Describe the role of the RISE program’s reentry specialist
• Review how the reentry specialist has impacted recidivism and aggression
205 Aviation Medical Clearance Considerations for Prisoner Transport on USMS JPATS Flights
Edward Chin, U.S. Marshals Service

This presentation provides an overview of key factors for health care providers to consider in the correctional care setting before giving a prisoner medical clearance to fly on JPATS flights. All prisoners should be screened to minimize the risk of injuries in the flight environment and to prevent the spread of infectious diseases on JPATS flights and between correctional facility populations.

Educational objectives
• Describe the important physiologic changes and potential impacts on major organ systems during flight
• Review JPATS clearance guidelines for tuberculosis screening and sickle cell screening
• List recommendations for transport of prisoners with limited mobility

207 Health and Health Care Among Correctional Populations: Data Collection Efforts by the Bureau of Justice Statistics
Laura Maruschak and Elizabeth Ann Carson, PhD, Bureau of Justice Statistics

An estimated 6.9 million adults are incarcerated or under community supervision in the United States. This population has an elevated prevalence of serious mental illness, chronic conditions and infectious disease compared to the general population. The U.S. Department of Justice’s Bureau of Justice Statistics recognizes the importance of tracking key health-related statistics and the need to develop a framework for measuring key statistics needed by correctional health care administrators and providers to make informed decisions. BJS is working to improve measures of health and health care and is working on a project to develop a comprehensive framework to guide national statistical data collection on health and health care in criminal justice populations.

Educational objectives:
• Discuss domains of health and health care delivery that should be measured at a national level
• Identify principles and priorities to guide the selection of future measures of health and health care delivery for criminal justice populations
• Discuss a key set of preliminary key indicators to be measured by BJS

206 Compassion Fatigue in the Correctional Environment
Maurianna Swanson, LMHC, Corizon

This presentation examines the concept of compassion fatigue. Though often thought of as identical to burnout, compassion fatigue, particularly among correctional professionals, often occurs as a result of repeated exposure to traumatic events experienced directly by others. This often leads to burnout, increased risk for the development of mental health issues (like PTSD, depression and anxiety) and poor work performance.

Educational objectives
• Identify the signs and symptoms of compassion fatigue
• Explore how correctional health professionals are uniquely affected by compassion fatigue
• Discuss positive ways for correctional health care workers to manage compassion fatigue on a daily basis

208 The Benefits of Electronic Health Records in Prison: Bolstering Safer, More Productive Care
Clarence Cryer, Jr., MSPH, CCHP, California Substance Abuse and Treatment Facility and State Prison at Corcoran

This presentation will provide participants with a realistic overview of the challenges associated with systemwide implementation of the electronic health record.

Educational objectives
• Describe the impact of electronic health records on the efficiency of health care delivery in the correctional setting
• Discuss the EHR with industrywide solution requirements, such as sharing electronic health information regardless of the source as more entities adopt EHRs
• Examine the integration of offender management systems with health care scheduling systems
210 Medication Management Through Observation
Rita Torres, CCHP, Health Care Partners Foundation, Ty Shaffer, EMT, CCHP, Health Care Partners Foundation, and Kevin McClintock, San Miguel County Detention Center
Too many times, medications are prescribed based on an inmate’s complaints and self-described symptoms. Learn how a medication observation protocol was established in partnership with security and medication in a detention center to address health care needs appropriately, resulting in better outcomes and continuity of care.

Educational objectives
• Review chief complaints prior to medication administration
• Describe outcomes of chief complaints with provider for medication observation prior to administration
• Discuss the establishment of medication observation protocol and flow chart

211 Caring in Correctional Nursing: A Systematic Search and Narrative Synthesis
Kirn Dhaliwal, Student
Correctional nurses play a key role in providing care to inmates in North American correctional facilities. Caring, a key component of professional nursing practice, can be difficult in this context. A systematic search and narrative synthesis of literature on caring in correctional nursing was undertaken. Results of the review of literature are described along with a discussion of implications for practice and recommendations to assist in promoting caring in correctional nursing practice. These recommendations address the challenges of correctional nursing from research, policy, education and clinical practice perspectives.

Educational objectives
• Describe the systematic review process used to obtain literature on caring within the context of correctional nursing
• List key themes that emerged as a result of this systematic review
• Review recommendations that will assist in promoting caring in correctional nursing
Official Exhibit Hours

Monday, April 13
Exhibit Hall Open ............................................. 9:00 am–1:00 pm

Tuesday, April 14
Exhibit Hall Open ............................................. 9:00 am–12:00 pm
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The American Association of Public Health Physicians, founded in 1954, is the voice of public health physicians. AAPHP members have national impact, directly and through AMA Delegate representation. AAPHP’s liaison to the NCCHC board of directors has been continuous since NCCHC’s genesis in 1983. Volunteer structure maximizes physician input and keeps dues affordable. “Every physician’s second specialty should be public health.” (J. Edward Hill, MD, AMA President 2005-2006).

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www.calcoast.edu
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800-416-3649  
www.centurionmanagedcare.com  

Centurion, LLC is a partnership between MHM Services, Inc., a national leader in providing health care services to correctional systems, and Centene Corporation, a Fortune 500 company with over 25 years of experience in managed care systems. Centurion, LLC was established to deliver quality correctional health care.

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Chicago, IL 60614  
773-880-1460  
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The CCHP program is the premier national certification dedicated to recognizing the special skills and knowledge necessary to provide correctional health care. Includes specialty certifications for nurses and mental health professionals as well as advanced certification.

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MHM & Centurion are co-sponsoring the Opening Reception in the Exhibit Hall on Sunday, April 12 from 5:00pm - 6:30pm

Please stop by!

MHM Correctional Services, Inc. and Centurion, LLC are proud sponsors of the NCCHC’s Spring conference in New Orleans. We hope you enjoy the presentations and please visit us at our booths (#204, #206).

Sunday, April 12th to Tuesday, April 14th

www.centurionmanagedcare.com | www.mhm-services.com
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Exhibitor Listing

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1145 W. Diversey Parkway  
Chicago, IL 60614  
773-880-1460  
www.ncchc.org

NCCHC’s mission is to improve the quality of health care in jails, prisons and juvenile confinement facilities. Visit our booth to learn about standards, accreditation and other resources to help correctional health care systems provide efficient, high-quality care.

National Library of Medicine  
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Bethesda, MD 20894  
888-346-3656  
www.nlm.nih.gov

As part of the National Institutes of Health, the library offers free access to reliable information resources, including MedlinePlus (information about diseases and conditions for all ages, medlineplus.gov); the Drug Information Portal (informational database on drugs and herbal supplements, druginfo.nlm.nih.gov), HIV/AIDS information (aids.nlm.nih.gov) and more.

NCCHC Resources, Inc.  
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Chicago, IL 60614  
773-880-1460  
www.ncchc.org

Leveraging NCCHC’s expertise in correctional health care, NCCHC Resources, Inc., provides customized education and training, preparation for accreditation and professional certification, performance improvement initiatives and technical assistance to correctional facilities interested in health care quality improvement. NRI will put together a team of experts – clinicians, educators, administrators or other thought leaders – to address any sized project or challenge. A nonprofit organization, NRI works to strengthen NCCHC’s mission: to improve the quality of health care in prisons, jails and juvenile detention and confinement facilities.

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www.sapphire-health.com

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<td>Matissa Sammons, CCHP</td>
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<td>Merideth Smith, PhD</td>
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<td>Danielle Weittenhiller, PsyD</td>
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<td>Kenneth Williams, MD, PhD, CCHP</td>
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References:

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UPCOMING EVENTS

Correctional Health Care Leadership Institutes
July 10-11, 2015, Hyatt Regency, Long Beach, CA

Correctional Mental Health Care Conference
July 12-13, 2015, Hyatt Regency, Long Beach, CA

National Conference on Correctional Health Care
October 17-21, 2015, Hilton Anatole, Dallas, TX

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