CORRECTIONAL MENTAL HEALTH CARE CONFERENCE

JULY 17-18, 2016
THE WESTIN COPLEY PLACE, BOSTON

PATHWAYS TO SUCCESS

ON-SITE PROGRAM

SUPPORTED BY

Academy of Correctional Health Professionals
American Psychiatric Association
American Psychological Association
MHM is proud to sponsor the 2016 NCCHC Correctional Mental Health Care Conference

**Dates**
July 17th - July 18th, 2016

**Come See Us!**
MHM is sponsoring the conference luncheon on **Sunday, July 17th**

MHM Services is the national leading provider of mental health services to state correctional systems. With 35 years of experience providing mental health services, MHM now provides staffing, program management, and healthcare services in 380 settings across 15 states.

MHM is also a parent company of the Massachusetts Partnership for Correctional Healthcare, which provides medical and mental health services throughout the Massachusetts prison system and Bridgewater prison system.

Visit [www.mhm-services.com](http://www.mhm-services.com) for more info.
1593 Spring Hill Road, Suite 600, Vienna, Virginia 22182  P. 703.749.4600
Welcome to Boston and the 2016 Correctional Mental Health Care Conference. The program has been designed not only for mental health professionals, but also for anyone interested in learning new strategies for dealing with correctional health’s biggest challenge: the large and growing mentally ill inmate population. We hope that the conference leads you to find new Pathways to Success.

During the next few days you will enjoy:

- Two days of educational sessions
- Educational breakfast on Sunday morning (session sponsored by Alkermes)
- Educational luncheon on Sunday (sponsored by MHM Correctional Services, Inc.)
- Roundtable breakfast discussions on Monday morning
- Educational luncheon on Monday
- Daily networking and exhibit breaks
- Access to exhibits
- Downloadable presentation materials
- Up to 15 hours of continuing education credit

Thanks to our Mental Health Subcommittee

This program would not be possible without the hard work and dedication of the members of the NCCHC Mental Health Subcommittee:

Nancy White, MA, LPC (chair)
Sharen Barboza, PhD, CCHP-MH
Robin Belcher-Timme, PsyD, CCHP-MH
Thomas Fagan, PhD, CCHP-MH
JoRene Kerns, BSN, CCHP
David Stephens, PsyD
Carolyn Sufrin, MD, PhD
Staff liaison: Deborah Ross

No relevant financial relationships were disclosed.
CONTINUING EDUCATION

CONFERENCE LEARNING OBJECTIVES

- Demonstrate an increased understanding of pervasive as well as emerging mental health problems within correctional populations and related management issues.
- Identify best practices in evaluation, treatment and management for incarcerated individuals with mental illness.
- Enhance skills necessary to manage mental health care delivery in correctional settings.
- Apply the NCCHC standards for mental health services to mental health programs in correctional facilities.

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 when you registered for the conference. Once you complete the evaluation, you may print your continuing education certificate. Please help us plan the best in correctional mental health care education by evaluating each session you attend.

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 Correctional Mental Health Care Conference (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.

No individuals have disclosed a relevant financial relationship with a commercial interest outside of any employers listed in the program.

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.

CONTINUING EDUCATION CREDIT

CCHPs: Certified Correctional Health Professionals may earn up to 15 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 15 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 15 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 15 hours of credit.

Social Workers: This program is approved by the National Association of Social Workers (Approval #886452976-2404) for 15 Social Work continuing education contact hours.

Use this program and the conference mobile app to plan which sessions to attend. To access the app, search for “NCCHC Events” in the Apple App Store or the Google Play Store, or scan this QR code with your mobile phone. The mental health conference guide will be listed under “Download Guides.”
When it comes to innovative ideas in correctional health care, we’ve taken the shackles off.

Wexford Health is stretching the boundaries of innovation to bring you more efficient, safer, and smarter health care. Our 340-B pharmacy, re-entry, and Medicaid reimbursement programs are at the forefront of the industry. And with our telehealth services and electronic medical records, we can speed up care, improve outcomes, and save you money. For ideas that break out of the box, but don’t break the bank, visit wexfordhealth.com.
NCCHC RESOURCES, INC.

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.

NRI provides:

• Education and Training
• Performance Improvement Initiatives
• Preparation for Accreditation
• Preparation for Professional Certification
• Technical Assistance

“I am convinced that the decision to ... reach out to you for technical assistance is undoubtedly one of the best that I have made since my arrival.”

—Medical Director, Department of Youth Rehabilitation Services, Washington, DC

For more information on how NRI can help your facility improve the quality of health care delivery, contact info@ncchcresources.org or 773-880-1460.
### Schedule at a Glance

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Location</th>
<th>Event/Session</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td><strong>SUNDAY, JULY 17</strong></td>
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<tr>
<td>6:30 am - 5 pm</td>
<td>Convention Office</td>
<td>Registration</td>
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<tr>
<td>6:30 am - 5 pm</td>
<td>3rd Floor Foyer</td>
<td>Exhibits</td>
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<tr>
<td>7:30 am - 8:30 am</td>
<td>Essex Center &amp; South</td>
<td>B1 Educational Breakfast: Perspectives on Opioid and Substance Abuse Disorders (session sponsored by Alkermes)</td>
<td>Andrew Angelino MD</td>
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<tr>
<td>8:30 am - 8:45 am</td>
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<td>Break</td>
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<td>8:45 am - 9:45 am</td>
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<td>Break</td>
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<td>11 am - 11:30 am</td>
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<td>Exhibit Refreshment Break</td>
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<td>11:30 am - 12:30 pm</td>
<td>CONCURRENT SESSION 3</td>
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<tr>
<td>12:30 pm - 1:45 pm</td>
<td>Essex Center &amp; South</td>
<td>L1 Educational Luncheon: Class Actions in Corrections: A Look at the Resurgence of This Trend (sponsored by MHM Correctional Services, Inc.)</td>
<td>Deana Johnson JD</td>
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<tr>
<td>1:45 pm - 3:15 pm</td>
<td>CONCURRENT SESSION 4</td>
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<td>3:45 pm - 5 pm</td>
<td>CONCURRENT SESSION 5</td>
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**PROCEEDINGS**

Presentation materials are available for download at [www.ncchc.org/2016-mental-health-proceedings](http://www.ncchc.org/2016-mental-health-proceedings).

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### Proceedings

- **Presentation materials are available for download at [www.ncchc.org/2016-mental-health-proceedings](http://www.ncchc.org/2016-mental-health-proceedings).**
With rates of mental illness among incarcerated populations exceeding 50%, the nation’s jails and prisons are challenged to provide constitutionally acceptable care. NCCHC has the resources and programs you need to meet this challenge.

**AUTHORITATIVE STANDARDS**

The *Standards for Mental Health Services in Correctional Facilities* present NCCHC’s recommendations for managing mental health services delivery. These standards support adult correctional facilities in achieving and maintaining compliance with NCCHC accreditation requirements.

**VALIDATION THROUGH ACCREDITATION**

Accreditation provides public recognition that correctional mental health care providers and facilities are meeting national standards. It reduces exposure to costly liability and recognizes the institution’s commitment to meeting quality goals and using acceptable practices.

**PROFESSIONAL CERTIFICATION**

The Certified Correctional Health Professional – Mental Health program provides formal recognition for practitioners who have engaged in a process of ongoing, focused and targeted professional development. A CCHP-MH has demonstrated a mastery of specialized content developed by experts in this field.

For more information, visit [www.ncchc.org](http://www.ncchc.org).
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<tr>
<th>Date/Time</th>
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<td>Exhibits</td>
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<tr>
<td>7 am - 8 am</td>
<td>Essex Center &amp; South</td>
<td>B2 Roundtable Breakfast Discussions (see page 12 for list of topics)</td>
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<tr>
<td>8 am - 8:15 am</td>
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<td>Break</td>
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<tr>
<td>Essex North</td>
<td></td>
<td>317 Involuntary Medication: A Primer for Clinician Defense Against Civil Rights Lawsuits</td>
<td>Jacqueline Genesio JD</td>
</tr>
<tr>
<td>Staffordshire</td>
<td></td>
<td>318 Developing a Jail-Based Mental Health CQI Program</td>
<td>William Kissel MS MAS CCHP-MH</td>
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<tr>
<td>9:15 am - 9:30 am</td>
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<td>Essex North</td>
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<td>320 CCHP-MH: Specialty Certification for Correctional Mental Health Professionals</td>
<td>Matissa Sammons MA CCHP</td>
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<tr>
<td>Staffordshire</td>
<td></td>
<td>321 Serious Mental Illness and Segregation: How Massachusetts Resolved This Litigation</td>
<td>Joel Andrade PhD LICSW CCHP</td>
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<td>10:30 am - 11 am</td>
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<td>11 am - 12 pm</td>
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<tr>
<td>Essex North</td>
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<td>323 Tips, Tricks and Troubleshooting: Common Pitfalls in Interpreting NCCHC Standards</td>
<td>Tracey Titus RN CCHP-RN</td>
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<td>Staffordshire</td>
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<td>324 Parenting From Prison: Communication Strategies for Relationship Healing</td>
<td>Helena Valenzuela PhD CCHP</td>
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<td>12 pm - 12:15 pm</td>
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<td>12:15 pm - 1:30 pm</td>
<td>Essex Center &amp; South</td>
<td><strong>L2 Educational Luncheon: Reentry to Recovery: Beyond the Walls</strong></td>
<td>Robin Belcher-Timme PsyD CCHP-MH</td>
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<td>1:30 pm - 1:45 pm</td>
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<td><strong>CONCURRENT SESSION 9</strong></td>
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<td>Essex North</td>
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<td>326 Suicide Risk Assessment, Documentation and the Law</td>
<td>Jeffrey Garbelman PhD</td>
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<td>Staffordshire</td>
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<td>327 Medication-Assisted Treatment and Community Linkage: Lessons Learned</td>
<td>Merideth Smith PhD; Debbie Hissom BSN RN CCHP</td>
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<td>3 pm - 3:30 pm</td>
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<td>3:30 pm - 4:30 pm</td>
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<td>Essex North</td>
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<td>329 Stress-Reduction Techniques That Work in Corrections</td>
<td>Nancy Davenport MSN APRN CCHP-MH</td>
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<tr>
<td>Staffordshire</td>
<td></td>
<td>330 Locked Up and Can't Get High: The Psychology of Addiction</td>
<td>Melissa Caldwell PhD</td>
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<tr>
<td>4:30 pm</td>
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<td><strong>CONFERENCE ADJOURNS</strong></td>
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EDUCATIONAL BREAKFAST

7:30 am – 8:30 am

Perspectives on Opioid and Substance Abuse Disorders

ESSEX CENTER AND SOUTH

Andrew Angelino, MD, Johns Hopkins University School of Medicine

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 rising, 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

Session sponsored by an independent educational grant from Alkermes.

CONCURRENT SESSION 1

8:45 am – 9:45 am

301 The Many Faces of Trauma: Individualized Treatment for Survivors

Robin Belcher-Timme, PsyD, CCHP-MH, Connections Community Support Programs, Inc.; Mark Fleming, PhD, CCHP-MH, Corizon Health - 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 consulting/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

- Explain why inmate suicides are often preventable
- Examine how to identify suicidal inmates beyond the self-reporting of suicidal ideation
- Outline the guiding principles for suicide prevention in correctional facilities

302 Gender Dysphoria: Recommendations for a Successful Program

Joel Andrade, PhD, LICSW, CCHP, MHM Correctional Services, Inc.; Keelin Garvey, MD, Massachusetts Department of Correction

Massachusetts has implemented a comprehensive approach to effectively treating and managing inmates diagnosed with gender dysphoria. This approach includes the development of a policy to guide mental health and correctional staff in the treatment of inmates meeting clinical criteria for this diagnosis. This presentation will review essential elements of this effective program and provide recommendations for implementation and ongoing monitoring.

Educational Objectives

- Summarize the diagnostic criteria for gender dysphoria
- Review the research literature on effective strategies of gender dysphoria treatment for use in one’s practice
- Identify essential elements used to develop and implement an effective program to treat symptoms and successfully manage inmates diagnosed with gender dysphoria

303 Suicide Prevention: Guiding Principles for a Sound Program

Lindsay Hayes, MS, National Center on Institutions and Alternatives

Suicide remains a leading cause of death in jails and prisons. Many of these deaths are preventable. Unfortunately, prevention measures are often limited to keeping inmates safe while on precautions, and little effort is made to identify suicidal inmates who have not been identified as such. Suicidal patients often are unable or unwilling to articulate the severity of their thoughts and plans. This workshop will offer principles for a sound prevention program, focusing on management and, more importantly, identification of suicidal behavior.

Educational Objectives

- Explain why inmate suicides are often preventable
- Examine how to identify suicidal inmates beyond the self-reporting of suicidal ideation
- Outline the guiding principles for suicide prevention in correctional facilities
CONCURRENT SESSION 2

10 am – 11 am

304 Malingering of Psychosis: Detection and Treatment Implications
Mark Fleming, PhD, CCHP-MH, Corizon Health - Brentwood Regional
This presentation will focus on various aspects of malingering and how correctional professionals can better understand the reasons why inmates malinger as well as how they can respond as professionals.

Educational Objectives
- Discuss the motivation for malingering
- Describe real and malingered hallucinations
- Examine common misconceptions about malingering

305 Important Techniques in Communicating With Counsel
Deana Johnson, JD, MHM Correctional Services, Inc.
For health care providers particularly, being accused of wrongdoing by a patient and served with a lawsuit can be an uncertain time. The speaker will educate participants about what to expect at each stage of the litigation process and provide tips on how you can best work with your lawyer to optimize the legal defense.

Educational Objectives
- Demonstrate an understanding of each stage of the litigation process
- Describe how to best assist your lawyer in defending your claim
- Discuss how to disarm the cross examiner in a deposition

306 Hepatitis C Infection: Antiviral Treatment and Mental Health
Glenn Treisman, MD, PhD, Johns Hopkins University 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 provide information on the latest recommended treatment regimens as well as the psychiatric complications that make treatment more challenging for many patients. Participants will learn about assessments and treatments for psychiatric complications through the use of graphic presentations and patient examples.

Educational Objectives
- Identify the risks and symptoms of depression in patients being treated for hepatitis C
- Outline a treatment algorithm for depression in patients receiving therapy for hepatitis C
- Describe the interactions of personality and substance use disorders with treatment for hepatitis C

CONCURRENT SESSION 3

11:30 am – 12:30 pm

307 Childhood Trauma, Anxiety and Corrections: Interventions and Outcomes
Melanie Farkas, PhD, MGH Child CBT Program
A significant percentage of juveniles in correctional facilities present with symptoms of clinical anxiety and related distress. Anxiety and anxiety disorders can present in a variety of manners and be difficult to accurately diagnose and effectively address. The impact of a history of trauma is particularly important to understand with this at-risk population. This presentation will discuss symptoms and prevalence of clinical anxiety as well as assessment strategies and interventions.

Educational Objectives
- Describe symptoms of clinical anxiety and how they may present within juvenile corrections
- Discuss assessment strategies for this population
- Identify key elements of interventions in supporting juveniles presenting with anxiety

308 Managing the Complexities of Schizophrenia
Andrew Angelino, MD, Johns Hopkins University School of Medicine
Schizophrenia is a disease of the brain with symptoms that overlap several different domains of mental life. While many practitioners are familiar with outward symptoms of schizophrenia, patients suffer from additional deficits that can impair social and occupational aspects of life. This lecture will explore the symptom domains in schizophrenia and discuss current and future treatment options for successful rehabilitation of patients, including reintegration strategies for inmates leaving correctional facilities.

Educational Objectives
- Describe symptom clusters in patients with schizophrenia
- Outline current treatment strategies for patients with schizophrenia
- Discuss future directions in schizophrenia treatment and the types of symptoms targeted
309 Help for Your “Help Wanted” Challenges
Jessica Lee, MSN, RN, Rikers Island Correctional Facility; Nancy Roesler, Corizon Health - Brentwood Regional
Learn tips for recruiting the best employees to your organization. Topics to be discussed include factors that influence your hiring decisions and how to improve your ability to attract and hire the right employees. Participants will practice a successful interview technique known as behavioral interviewing and gain tips on how to time interviews, evaluate candidates and make a good impression on potential employees.

Educational Objectives
• Summarize successful hiring practices
• Practice behavioral interviewing techniques
• List tools for selecting the right employees for the job

SUNDAY, JULY 17
EDUCATIONAL LUNCHEON
12:30 pm – 1:45 pm
Class Actions in Corrections: A Look at the Resurgence of This Trend
ESSEX CENTER AND SOUTH
Deana Johnson, JD, MHM Correctional Services, Inc.
Class action litigation has the power to transform systems in a unique way. As the judiciary is not confined by the same budgetary and societal constraints as other branches of government, it can order systemic changes with long-standing impact. This examination of class action litigation’s impact on corrections touches on its historic reach and then turns to the current trends, outlines what to expect in the various phases of litigation and discusses implementation of consent decrees.

Educational Objectives
• Explain what elevates a matter to class action status
• Outline the roles of the witnesses, document custodians, corporate representatives and experts in this type of case
• Explore the unique implementation of the final decision, whether by consent or judgment

Sponsored by an independent educational grant from MHM Correctional Services, Inc.

CONCURRENT SESSION 4
1:45 pm – 3:15 pm
310 Reaching the Patient: Psychotherapy in Segregation
Providing psychotherapy services in segregated housing units presents unique challenges and opportunities for clinicians and patients. Patient factors, therapist factors and environmental factors interact in ways that are undocumented in the literature. This presentation discusses those factors and presents case studies that exemplify the adventures of clinicians into the psychological world of the segregated patient.

Educational Objectives
• Detail the reasons behind the rising rates of mental illness in correctional populations
• Articulate the factors unique to providing psychotherapy in segregation
• Discuss strategies for approaching psychotherapy in segregation

311 Developing Work–Life Balance to Manage Occupational Stress
Dana Neitlich, MSW, and D. J. Hager, LMHC, CCHP, Massachusetts Partnership for Correctional Health
Stress is part of the unique professional world of corrections. Working in harsh environments with depleted resources and support is stressful and sometimes traumatic. Recognizing how chronic exposure affects the ability to maintain the superior judgment necessary to effectively perform can help reduce stress and increase productivity and fulfillment. Participants will learn life-balancing techniques for use at work and at home to counteract stress.

Educational Objectives
• Examine the trauma and stress experience in correctional settings
• Define correctional stress as an occupational risk
• Explore strategies for prevention and intervention of correctional stress
312 Strategies for Understanding and Working With Personality-Disordered Patients

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

During this workshop, participants will explore the concept of personality, review what it means to have a personality disorder and discuss impairments in personality functioning and pathological personality traits common among incarcerated patients. The discussion will include how personality-disordered patients present in health care settings and provide recommendations for addressing pathological personality traits among inmate-patients.

Educational Objectives
• Discuss the two basic elements of personality functioning
• Review pathological personality traits
• Identify at least three strategies for working with personality-disordered patients

313 Reducing Use-of-Force Incidents With Mental Health Patients

Allison Genberg, LCSW, CCHP, Corizon Northeast Region; Joel Federbush, MD, Corizon Health

Mental health consumers comprise a small percentage of inmates at any facility; however, they tend to represent in larger numbers in areas like use of force and restraint. Interventions can be initiated to reduce these numbers, and in the last year Passaic County Jail reduced force with mental-health-rostered inmates through interdisciplinary interventions. This presentation will describe plans to safely manage this population at any facility.

Educational Objectives
• Define use of force, restraint and emergency medication
• Discuss how to assess the level of force being used at a correctional facility
• Explain how to integrate appropriate interventions at a correctional facility

314 Legal Updates on Correctional Mental Health Issues

Rebecca Ramirez, JD, MHA, CCHP, Texas Tech University Health Sciences Center

The speaker will present an overview of legal issues affecting inmates with mental illness, including timely concerns such as restrictive housing, gender dysphoria and aging behind bars. Recent updates on these issues will address local, state and national movement in policies, procedures and best practices. Participants will gain an understanding of the legal precedent in place, pending issues and the administrative impact of these decisions on the incarceration and treatment of the mentally ill.

Educational Objectives
• Demonstrate a general understanding of legal issues affecting inmates with mental illness
• Summarize the recent legal and policy discussions regarding inmates with mental illness
• Identify similarities and differences between policies and procedures of other entities and one's own facility

315 Crisis Intervention Partner (CIP) Training Programs in Prison

Jeffrey Garbelman, PhD, Wisconsin Department of Corrections

Crisis intervention partner training is one step toward improving the beliefs, skills and behaviors associated with increased likelihood of a positive and safe outcome in crisis situations with mentally ill inmates. This presentation will summarize CIP, discuss key lessons learned from implementation and review the results following the training of more than 1,000 employees working in prison settings.

Educational Objectives
• State the need for CIP training within the prison system
• Discuss implementation roadblocks and successful implementation strategies
• Review outcome data related to attitudes, beliefs and skills
EDUCATIONAL SESSIONS: Monday, July 18

MONDAY, JULY 18

ROUND TABLE BREAKFAST DISCUSSIONS

7 am – 8 am
ESSEX CENTER AND SOUTH
NCCHC invites you to participate in roundtable
breakfast 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
mental health care
• Describe solutions to common problems in
correctional mental health care
• Outline strategies and techniques used by others for
improving mental health care delivery

1. CCHP Specialty Certification
Moderator: Matissa Sammons, MA, CCHP
National Commission on Correctional Health Care

2. CQI: Measuring Change
Moderator: Joel Andrade, PhD, LICSW, CCHP
MHM Correctional Services, Inc.

3. How to Be Clinically and Fiscally Sound
Moderator: William Kissel, MS, MAS, CCHP-MH
Correct Care Solutions

4. Legal Issues
Moderator: Jacqueline Genesio, JD
Weber Gallagher

5. Managing Stress
Moderator: Nancy Davenport, MSN, APRN, CCHP-MH
Skyview, TDCJ Psychiatric Hospital

6. NCCHC Accreditation
Moderator: Tracey Titus, RN, CCHP-RN
National Commission on Correctional Health Care

7. Staffing Collaboration
Moderator: Donald Kern, MD, MPH, CCHP
Quality Correctional Health Care

8. Suicide Risk Assessments
Moderator: Jeffrey Garbelman, PhD
Wisconsin Department of Corrections

CONCURRENT SESSION 6

8:15 am – 9:15 am

316 Across the Great Mind-Body Divide
Donald Kern, MD, MPH, CCHP, Quality Correctional Health Care;
Keith Courtey, DO, CCHP, Albert Health Services
Correctional health care systems have the highest
concentration of patients with both medical and mental
health diagnoses and need to develop clinical approaches
to assure optimal multidisciplinary care. This session will
explore processes that health care staff may follow to
create an efficient and effective blended program.

Educational Objectives
• Identify appropriate modes of interaction between
medical and mental health clinicians
• Review methods for health care staff to support clinical
integration of mental health and medical teams
• Discuss how to evaluate the efficiency and effectiveness
of care provided to patients with dual diagnoses

317 Involuntary Medication: A Primer for
Clinician Defense Against Civil Rights
Lawsuits
Jacqueline Genesio, JD, Weber Gallagher
Clinicians may order forcible medication of an inmate if
the inmate is deemed dangerous and the medication is in
the inmate’s best interest. When faced with a civil rights
lawsuit, a prescriber is protected by a qualified immunity
defense where the decision was made “in good faith.”
Clinicians aware of the good faith requirement should
tailor their evaluation and documentation to support the
requirement for the qualified immunity defense.

Educational Objectives
• Review the requirements for involuntary medicating
inmates based on constitutional rights
• Outline best practices for evaluation of inmates prior to
deciding whether to order involuntary medication
• Discuss recommendations and best practices for
documentation when writing involuntary medication
orders

318 Developing a Jail-Based Mental Health
CQI Program
William Kissel, MS, MAS, CCHP-MH, Correct Care Solutions
Attendees will take an in-depth look at the components
of a corrections-based continuous quality improvement
program, as well as obstacles and potential areas of
study. Topics will include team makeup, development of a
continuous improvement culture, categories of studies and
NCCHC standards related to CQI (P-A-06 and J-A-06).

Educational Objectives
• Review the CQI philosophy and culture
• Delineate the structure of a jail-based CQI program
• Identify key systems of care to study
CONCURRENT SESSION 7

9:30 am – 10:30 am

319 Care of the Transgender Inmate: Running a Prison in the 21st Century
Michael Hughes, MA, BSN, CCHP-MH, California Department of Corrections and Rehabilitation; Douglas Heumann, JD, Private Practice

This presentation will provide an informed opportunity to problem-solve issues related to the health care and daily management of transgender inmates. Presenters will review current concepts and trends for effective work with transgender people and will provide a basic review of the legal landscape regarding health care for these inmates. Discussion of what works and what does not work will be encouraged.

Educational Objectives
- Review basic terms, distinctions and concepts regarding transgender people
- Summarize four notable legal cases impacting health care for transgender people in institutions
- Describe one best practice for providing health care to transgender inmates

320 CCHP-MH: Specialty Certification for Correctional Mental Health Professionals
Matissa Sammons, MA, CCHP, National Commission on Correctional Health Care

Correctional mental health professionals must provide effective, efficient care to a high-need, high-acuity population while navigating strict security regulations, crowded facilities and unique legal and public health considerations. To meet these challenges, continual professional growth is essential. CCHP-MH specialty certification provides formal recognition for practitioners who have engaged in ongoing, focused and targeted professional development and is validation of one’s dedication to continuing competence and quality service delivery.

Educational Objectives
- Describe the eligibility criteria for CCHP-MH certification
- Review an application for mental health certification that meets the program requirements
- Summarize the content outline of the CCHP-MH exam

CONCURRENT SESSION 8

11 am – 12 pm

321 Serious Mental Illness and Segregation: How Massachusetts Resolved This Litigation
Joel Andrade, PhD, LICSW, CCHP, MHM Correctional Services, Inc.

The use of segregation is a contentious topic. Courts have consistently ruled that the placement of inmates with serious mental illness in long-term segregation (e.g., 23 hours/day lockdown) is unconstitutional. This presentation will review the litigation filed in Massachusetts and a step-by-step review of how this litigation was resolved.

Educational Objectives
- Review landmark cases that have impacted how facilities treat individuals suffering from serious mental illness with regard to segregation placement
- Summarize the action taken in Massachusetts to implement alternatives to segregation units for inmates designated as SMI
- Explore how to apply findings from this presentation to one’s own practice

322 The Use of Activity Therapy in a Prison Behavioral Health Program
Ashley Jo Phelps, PhD, Margaret LaVonne Canfield, MA, and Nathan Helvey, MA, Corizon – Kansas Regional

The use of activity and recreational specialists is an ancillary service in the behavioral health program in the Kansas Department of Corrections. The program is embedded in a variety of incarcerated populations with mental health problems, including depression, anxiety and stress responses, impaired cognitive functioning, dementia and psychosis. The purpose of the ancillary services program will be discussed, along with the activities used to teach and facilitate skills targeting reduction of recidivism.

Educational Objectives
- Demonstrate a working knowledge of activity therapy
- Identify the purpose and focus of activity therapy in a correctional setting in Kansas
- Describe the collaboration between activity therapy and behavioral health
323 Tips, Tricks and Troubleshooting: Common Pitfalls in Interpreting NCCHC Standards

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

Understanding NCCHC’s Standards for Health Services is vital to developing and maintaining an effective correctional health care system that meets constitutional requirements. Despite efforts to develop standards that are easy to understand, questions may still arise when trying to comply. Whether you are a novice in correctional health care or have years of experience, this session will give you an inside look at standards that are commonly misinterpreted and tips for avoiding the pitfalls associated with each.

Educational Objectives
• Describe the “anatomy” of an NCCHC standard
• List at least three standards whose compliance indicators are often misinterpreted
• Identify ways to avoid common pitfalls that occur when trying to comply with the standards

324 Parenting From Prison: Communication Strategies for Relationship Healing

Helena Valenzuela, PhD, CCHP, Arizona Department of Corrections - Phoenix Complex

Research data gathered directly from children will be presented in a format that will demonstrate how to communicate with them and help them to cope with the issues germane to being the child of an incarcerated parent. The talk also will discuss how to assist inmate-parents in developing and maintaining a constructive, resilient familial relationship that can contribute to a successful reentry.

Educational Objectives
• Describe how coping skills of children of the incarcerated can be used by inmates to cope with life’s challenges
• Demonstrate communication techniques that parents can use to constructively engage with their children to improve the chances of successful reentry
• Explore resilient parenting strategies that promote successful reentry with family reunification after release

MONDAY, JULY 18

EDUCATIONAL LUNCHEON

12:15 pm – 1:30 pm

Reentry to Recovery: Beyond the Walls

ESSEX CENTER AND SOUTH

Robin Belcher-Timme, PsyD, CCHP-MH, Connections Community Support Programs, Inc.

Given the astronomical rates of physical and behavioral health concerns within justice-involved populations, the correctional system is in the throes of a public health crisis. Correctional facilities cannot recognize inmate-patients’ existence solely from intake to release. Rather, public health and public safety systems are inextricably linked, and these individuals move back and forth across a continuum of care, inefficiently and disproportionately utilizing resources along the way. Developing connectivity between these systems of care, and recognizing who is using these services within multiple systems, allows the clinician or administrator to view correctional facilities as an opportunity rather than a burden. This presentation explores the behavioral health needs of correctional populations, the behavioral correlates following release and strategies for implementing policies and practices that can help inmate-patients obtain the community-based services they need, reducing the likelihood of recidivism.

Educational Objectives
• Describe the prevalence rates of various behavioral health conditions in correctional settings, based on recent empirical data
• Discuss the concept and implications of connectivity between public health and public safety systems
• Identify policy-level and practice-level strategies for assisting with community reentry for individuals with behavioral health conditions
325 Managing Inmates Who Engage in High-Risk Behaviors

Beth Cheney, LICSW, CCHP, Computer Systems Integrated in Corrections; Jorge Veliz, MD, Boston Prerelease Center; Allison Dufault, MSW, Bristol County Sheriff’s Office

This presentation will explore the evolution of mental health definitions and treatment, in particular how high-risk behavior is now viewed within the context of serious mental illness. It will discuss the role of mental health in the treatment of highly disruptive, assaultive and repeatedly self-injurious inmates, and describe behavioral management units that provide focused, proactive and behavioral management for self-injurious inmates.

Educational Objectives
- Review the change in the definition of inmates diagnosed with mental illness
- Identify the motivating and disinhibiting factors leading to self-injurious and self-harming behaviors
- Describe the framework for behavioral management units designed to manage and treat self-injurious inmates with mental illness

326 Suicide Risk Assessment, Documentation and the Law

Jeffrey Garbelman, PhD, Wisconsin Department of Corrections

Given high rates of suicidal behavior and concerns relating to litigation, documentation of suicide risk is reported as a major concern for clinicians and administrators. This presentation will emphasize the role of documentation and outline an evidence-based and pragmatic approach to documentation and assessment resulting from a collaboration between correctional psychology and correctional mental health lawyers in Wisconsin.

Educational Objectives
- Outline the problems with suicide risk assessment
- Describe pragmatic evidence-based approaches to documentation of suicide risk
- Discuss documentation approaches to complex cases such as repetitive self-harm and personality disorders

327 Medication-Assisted Treatment and Community Linkage: Lessons Learned

Merideth Smith, PhD, PSIMED Corrections; Debbie Hissom, BSN, RN, CCHP, West Virginia Division of Corrections

Opioid abuse has become a public health and criminal justice crisis. With high rates of opioid abuse and difficulty obtaining treatment upon release, correctional settings can help facilitate inmate participation in community treatment. This presentation describes a medication-assisted treatment and community linkage program in the West Virginia Division of Corrections with a focus on treatment as well as implementation barriers and potential solutions.

Educational Objectives
- Review the use of medication-assisted treatments for opioid use disorders in the criminal justice system
- Describe the process of implementing a medication-assisted treatment and community linkage program in a correctional setting
- Discuss the barriers to implementing a medication-assisted treatment program in the criminal justice system

328 Alternatives to Segregation for Seriously Mentally Ill Inmates in Pennsylvania State Prisons

Lucas Malishchak, PhD, Commonwealth of Pennsylvania

The Pennsylvania Department of Corrections has developed secure residential treatment units as an alternative to segregation for inmates diagnosed with serious mental illnesses as a way to reduce self-injurious behaviors and misconduct and to provide care and security commensurate with inmates’ needs. This talk will summarize the results from a two-year qualitative multiple-case study of prison employees who work with inmates in these units. The major and minor themes that emerged from this study will be discussed.

Educational Objectives
- Identify the major and minor themes of the qualitative multiple-case study presented
- Discuss the implications of the research findings of this study
- Cite three recommendations for practice that evolved from this research
### 329 Stress-Reduction Techniques That Work in Corrections

**Nancy Davenport, MSN, APRN, CCHP-MH, Skyview, TDCJ Psychiatric Hospital**

Anxiety is a significant problem in correctional populations. Due to abuse potential, anti-anxiety agents are seldom used. Several self-care techniques are simple, effective and easy to learn and use in correctional settings. The speaker will review research, discuss modalities suited for use in corrections and provide brief experience and discussion of three proven techniques: mindfulness meditation, emotional freedom technique and HeartMath.

**Educational Objectives**
- Identify three problems that may be at least partially attributed to the heightened anxiety and stress of the correctional environment
- Discuss research findings on the efficacy of several complementary and alternative anxiety and stress reduction techniques
- Evaluate anxiety and stress reduction modalities for use in a correctional practice setting

### 330 Locked Up and Can’t Get High: The Psychology of Addiction in Correctional Settings

**Melissa Caldwell, PhD, Advanced Correctional Healthcare**

Estimates indicate that nearly 90% of people brought into correctional settings have a substance abuse problem. This talk illustrates the effects of addiction on inmate behaviors—the lengths to which people will go to get high when locked up. How do professionals ensure that medications are not being misused? How does one counter such behavior of addiction to ensure a safe and well-managed facility?

**Educational Objectives**
- Detail the prevalence of substance abuse problems among incarcerated populations
- Describe the challenges faced by correctional staff and health care practitioners when dealing with the addicted patient
- Explain the recommended approach to intervention for the addicted inmate

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**THANK YOU TO OUR SPONSORS**

The following companies have made generous grants and sponsorship investments to help support this event.

- **Alkermes** provided an independent educational grant in support of an educational session on opioid and substance abuse disorders
- **MHM Correctional Services, Inc.** provided funding in support of Sunday’s lunch on class action litigation
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UPCOMING EVENTS

2016

October 22-26, National Conference on Correctional Health Care
Paris Hotel, Las Vegas

2017

April 29-May 2, Spring Conference on Correctional Health Care
Hyatt Regency Atlanta

July 28-29, Correctional Health Care Leadership Institutes
Bally’s Las Vegas Hotel

July 30-31, Correctional Mental Health Care Conference
Bally’s Las Vegas Hotel

November 4-8, National Conference on Correctional Health Care
Hyatt Regency Chicago

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