NATIONAL CONFERENCE ON CORRECTIONAL HEALTH CARE
REAL-WORLD EXPERTISE, INNOVATIVE SOLUTIONS

NASHVILLE

FINAL PROGRAM

October 26-30, 2013
Nashville Convention Center
www.NCCHC.org/National-Conference
TB testing has evolved—has your practice?

- Unaffected by BCG, providing highly accurate results (1, 2)
- Outperforms TST in immune suppressed patients (2, 3)
- Identifies those who are truly infected (4)

References:

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*Unless noted, all room numbers are for the convention center.*

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

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Staff liaisons: Kris Mayo and Jaime Shimkus
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 jails, prisons 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.

Building 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 a commercial exhibition, the National Conference attracts thousands of dedicated professionals each fall. Similar in format but smaller in scale, our Spring Conference presents a content-rich program and cutting-edge topics. The two-day Correctional Mental Health Care Conference, held in July, draws hundreds of practitioners and administrators seeking to improve mental health and substance abuse services. The two-day intensive Leadership Institutes gives medical directors and health services administrators a unique opportunity to learn from and connect with peers.

NCCHC also provides technical assistance and quality improvement reviews on correctional health care management and policy issues, 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 clinical guidelines and other support materials.
We founded MHM in 1981 to fill a need in the acute care hospital market for a better management solution for inpatient psychiatric units. In the 1990's we transitioned into the corrections market, and became the leading national provider of correctional behavioral health services. Today, we see needs in the broader correctional healthcare spectrum for a better managed care solution.

The Changing Landscape of Correctional Healthcare
The coming national healthcare reforms and continued budget pressures for correctional agencies will make the challenge of staffing and efficiently managing correctional healthcare programs more difficult than ever before. Correctional agencies will need a healthcare system that delivers the level of expertise and proven results in staffing, clinical operations, and client satisfaction that MHM is known for, coupled with a new level of managed care resources to contain costs - a level historically unavailable in correctional settings.

Introducing Centurion
MHM formed Centurion in 2011 in partnership with Centene Corporation, a Fortune 500 Medicaid managed care company with over 3 million covered lives and business in 18 states. Centurion represents the next generation of correctional healthcare and incorporates elements of managed care perfected in state Medicaid programs. We have on board some of the correctional industry's most experienced healthcare professionals to manage Centurion.

A Winning Solution
The marketplace is responding favorably to our Centurion model. We are proud to announce we recently started up two state correctional medical contracts in Massachusetts and Tennessee, and we are in contract negotiations with a third state. I want to personally thank the thousands of employees at MHM and Centene for their efforts that make this new model possible, and we look forward to demonstrating the "Centurion difference" in the coming months.
Welcome to Nashville

Real-World Expertise, Innovative Solutions
The National Conference is the largest educational event in the world for correctional health care and features the most comprehensive and highest quality programming you’ll find anywhere. NCCHC uses the best expertise in the field and constituent input to identify needs, select topics and craft the program. With sessions featuring the latest research, cost-effective solutions and interactive discussions, this program has been designed to meet your needs and exceed your expectations. This event is your opportunity to learn, network and share, choosing from more than 100 exceptional sessions, preconference seminars, expert panels and roundtables on every facet of correctional health care.

Registration
Participation in the National Conference is limited to registered attendees. Full registration includes:

- Admission to all educational sessions (Monday - Wednesday), opening ceremony and keynote address and roundtable breakfast discussions (Tuesday - Wednesday)
- Access to exhibits and exhibit hall functions
- Access to poster displays
- Invitation to exhibit hall reception (Sunday evening)
- Lunch on Monday and Tuesday
- Final program and session abstracts
- Conference proceedings available online
- Up to 18 hours of continuing education credit and certificate of participation.

Preconference seminars require separate registration fees and offer up to 14 continuing education hours.

Special registration for the following events is available at the registration desk:

- Guest badge, $65 (access to exhibit hall activities only)
- Exhibit hall only (qualified professionals only), $65 (access to exhibit hall activities only)

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 at www.NCCHC.org/NC13-presentations.

Registration and Information Desk Hours
Saturday, October 26 ............... 8:00 am – 5:30 pm
Sunday, October 27 ............... 8:00 am – 6:30 pm
Monday, October 28 ............... 7:00 am – 5:00 pm
Tuesday, October 29 ............... 7:00 am – 6:00 pm
Wednesday, October 30 .......... 7:00 am – 5:00 pm

Bookstore Hours
Saturday, October 26 .......... 11:00 am - 5:30 pm
Sunday, October 27 .......... 11:00 am - 6:30 pm
Monday, October 28 .......... 9:45 am - 6:00 pm
Tuesday, October 29 .......... 9:45 am - 6:00 pm
Wednesday, October 30 ........ 9:30 am - 3:45 pm

Tai Chi Class
Renaissance Hotel Ryman Room
Sunday, 7:00 am – 8:00 am

Rise early for a one-hour tai chi class and you’ll have far more energy than if you slept in. Carl Bell, MD, CCHP, an eminent psychiatrist, NCCHC board member and longtime tai chi instructor, will demonstrate how the practice of this ancient discipline integrates mind with body to restore natural health and relieve stress. The slow, controlled movements, deep breathing and use of mental imagery work in harmony to boost balance, flexibility, vitality and inner strength. The class is appropriate for all levels. Wear loose, comfortable clothes.

Facility Tour
Sunday, tours leave at 11:30 am and 1:30 pm

The Lois M. DeBerry Special Needs Facility provides acute and convalescent health care, intensive mental health intervention, a therapeutic program for sex offenders and departmental pharmaceutical services. Two skilled nursing units in the health center provide care for inmates recovering from surgery or serious illness. The center also provides housing for inmates whose treatment regimen is not manageable at other Tennessee Department of Correction facilities. A rehabilitation unit houses inmates with long-term medical needs. Registration is limited. Please check with the registration desk for more information.
At Wexford Health, we take our responsibilities seriously. That’s why we have been a trusted partner to more than 250 correctional facilities across the country, helping them to control costs without sacrificing quality of care, cutting corners, or inappropriately denying services. The pride we take in meeting your needs is plain to see.

Controlling your health care costs isn’t just a matter of POLICY.

It’s a matter of PRIDE.
Conference 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

The maximum CE hours indicated below include participation in preconference seminars.

**CCHPs:** Certified Correctional Health Professionals may earn up to 32 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 32 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 32 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Psychologists:** Nova Southeastern University’s Center for Psychological Studies is approved by the American Psychological Association to sponsor continuing education for psychologists. Nova Southeastern University’s Center for Psychological Studies maintains responsibility for this program and its content. This educational activity has been approved for up to 32 hours of credit.

**Social Workers:** This program is approved by the National Association of Social Workers (approval #886452976-2349) for up to 32 continuing education contact hours.

Continuing Education Credits and Conference Evaluations Online

To receive continuing education credit, you must complete the conference evaluation form. Visit [https://orders.ncchc.org/evaluations.aspx](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. Please help us plan the best in correctional health care education by evaluating each session you attend.

When you choose Corizon as your partner, you will work hand-in-hand with a skilled team that has the proven ability to face the unique challenges of correctional healthcare.

With nearly 35 years of innovation expertise in both jail and prison environments, we are prepared to partner with you in customizing a healthcare plan to fit the needs of your organization.

There is a reason we are the industry leader.

www.corizonhealth.com
IN THE EXHIBIT HALL

Educational Poster Display
Sunday, 5:00 pm – 6:30 pm
Meet one-on-one with the poster authors to discuss their findings during the exhibit hall opening reception. The display is open for viewing throughout the conference during exhibit hall hours. Poster topics run the gamut—from program innovations to research findings to treatment recommendations and more.

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 more than 100 exhibiting companies.
*Sponsored in part by MHM Services and Centurion, LLC*

First-Time Attendee Orientation
Sunday, 6:30 pm – 7:00 pm
Will this be your first time joining us for the National Conference on Correctional Health Care? Make plans to attend the First-Time Attendee Orientation. NCCHC staff members will give you tips on how to navigate the conference like a pro.

Raffle: Strike It Lucky in the Exhibit Hall
Tuesday, 11:00 am
Gift cards, medical equipment, electronics and future conference registrations are all in the mix for the dozens of prizes that will be awarded. It’s fun and free! Thank you to early contributors: Accu-flo by Creative Strategies, Fresenius Medical Care, Creative Strategies and Correctional Healthcare Companies.

Come to the show floor to see for yourself!

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

Corporate Sponsors

![Bristol-Myers Squibb](image)
For the Tuesday Lunch & Learn

![Gilead Sciences, Inc.](image)
For the hotel keycards

![MHM Services, Inc.](image)
Contributions to the Exhibit Hall Opening Reception
Co-sponsor of the CCHP-MH Celebration

![Wexford Health Sources Incorporated](image)
For the attendee badge holders

Educational Grants
Alkermes for session 552 Rethinking Substance Abuse Treatment: Doing the Right Thing Right and 558 Synthetic Drugs: How to Identify, Manage and Treat Impaired Inmates.

Central Plains Geriatric Education Center for sessions 590 and 596, Model Approaches to Care of Aging Inmates, Parts 1 and 2, as well as session 601, Palliative and End-of-Life Care in Prisons.

Pfizer Independent Grants for Learning & Change for session 554 The Pharmacological and Psychological Approaches to Pain Management.
NCCHC thanks our conference cohosts for their support of the National Conference on Correctional Health Care.

- Davidson County Sheriff’s Office
- Shelby County Sheriff’s Office
- Tennessee Department of Correction

Special thanks to
- National Tuberculosis Controllers Association
- Tennessee Association of Mental Health Organizations
STRIBILD is indicated as a complete single-tablet regimen for the treatment of HIV-1 infection in adults who are antiretroviral treatment-naïve.

**Powerful performance in HIV**

STRIBILD is the first integrase inhibitor–based single-tablet regimen

- STRIBILD achieves strong efficacy with an overall rapid reduction in viral load:
  - Noninferior efficacy at week 48
  - 90% of subjects taking STRIBILD reached undetectable viral loads compared to 87% of subjects taking ATV + RTV + FTC/TDF
  - 88% of subjects taking STRIBILD reached undetectable viral loads compared to 84% of subjects taking EFV/FTC/TDF
- Convenient single-tablet regimen dosing
  - 1 tablet taken once daily with food
  - Do not initiate in patients with eGFR <70 mL/min; discontinue in patients with eGFR <50 mL/min; not recommended in patients with severe hepatic impairment
- Safety and tolerability profile through 48 weeks
  - The most common adverse drug reactions (all severity grades) reported in ≥5% of subjects were nausea (16%), diarrhea (12%), abnormal dreams (9%), headache (7%), and fatigue (5%)
  - 3.7% of subjects taking STRIBILD discontinued therapy due to adverse events compared to 5.1% of subjects taking either ATV + RTV + FTC/TDF or EFV/FTC/TDF

**BOXED WARNING**

**WARNING: LACTIC ACIDOSIS/SEVERE HEPATOMEGALY WITH STEATOSIS and POST TREATMENT ACUTE EXACERBATION OF HEPATITIS B**

- Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported with the use of nucleoside analogs, including tenofovir disoproxil fumarate, a component of STRIBILD, in combination with other antiretrovirals.
- STRIBILD is not approved for the treatment of chronic hepatitis B virus (HBV) infection and the safety and efficacy of STRIBILD have not been established in patients coinfected with HBV and HIV-1. Severe acute exacerbations of hepatitis B have been reported in patients who are coinfected with HBV and human immunodeficiency virus-1 (HIV-1) and have discontinued EMTRIVA or VIREAD, which are components of STRIBILD. Hepatic function should be monitored closely with both clinical and laboratory follow-up for at least several months in patients who are coinfected with HIV-1 and HBV and discontinue STRIBILD. If appropriate, initiation of anti-hepatitis B therapy may be warranted.

Please see additional Important Safety Information on the next page.

**Study designs:** STRIBILD was assessed in 2 randomized, double-blind, active-controlled, phase 3, noninferiority clinical trials in treatment-naïve, HIV-1–infected subjects with baseline estimated creatinine clearance >70 mL/min. Study 103 compared STRIBILD (n = 353) to ATV + RTV + FTC/TDF (n = 355); Study 102 compared STRIBILD (n = 348) to a single-tablet regimen consisting of EFV/FTC/TDF (n = 352). The primary endpoint of both studies was the proportion of subjects with viral suppression (<50 copies/mL) at week 48 according to FDA snapshot analysis.

**Baseline characteristics:** Viral load: In Studies 103 and 102, respectively, 41% and 33% of subjects had baseline viral loads >100,000 copies/mL. CD4 count: Mean baseline CD4+ cell count was 370 cells/mm³ (range 5 to 1132) in Study 103, and 386 cells/mm³ (range 3 to 1348) in Study 102; 13% of subjects in both studies had CD4+ cell counts <200 cells/mm³.

**Abbreviations:** ATV, atazanavir; EFV, efavirenz; eGFR, estimated glomerular filtration rate; FTC, emtricitabine; RTV, ritonavir; TDF, tenofovir disoproxil fumarate.
Important Safety Information (continued)

Contraindications

- Coadministration: Do not use with drugs highly dependent on CYP3A for clearance and for which elevated plasma concentrations are associated with serious and/or life-threatening events. Do not use with drugs that strongly induce CYP3A as this may lead to a loss of virologic response and possible resistance to STRIBILD. Use with the following drugs is contraindicated: alfuzosin, rifampin, dihydrotreotamine, ergotamine, methylerg是个, cisapride, lovastatin, simvastatin, pimozide, sildenafil for pulmonary arterial hypertension, triazolam, oral midazolam, and St. John’s wort.

Warnings and precautions

- New onset or worsening renal impairment: Cases of acute renal failure and Fancconi syndrome have been reported with the use of tenofovir DF and STRIBILD. Monitor estimated creatinine clearance (CrCl), urine glucose, and urine protein in all patients prior to initiating and during therapy; additionally monitor serum phosphorus in patients with or at risk for renal impairment. Cobicistat may cause modest increases in serum creatinine and modest declines in CrCl without affecting renal glomerular function; patients with an increase in serum creatinine >0.4 mg/dL from baseline should be closely monitored for renal safety. Do not initiate STRIBILD in patients with CrCl below 70 mL/min. Discontinue STRIBILD if CrCl declines below 50 mL/min. Avoid concurrent or recent use with a nephrotoxic agent.

- Use with other antiretroviral products: STRIBILD is a complete regimen for the treatment of HIV-1 infection. Do not coadminister with other antiretroviral products, including products containing any of the same active components; products containing lamivudine; products containing ritonavir; or with adefovir dipivoxil.

- Decreases in bone mineral density (BMD) and cases of osteomalacia have been seen in patients treated with tenofovir DF. Consider monitoring BMD in patients with a history of pathologic fracture or risk factors for bone loss.

- Fat redistribution and accumulation have been observed in patients receiving antiretroviral therapy.

- Immune reconstitution syndrome, including the occurrence of autoimmune disorders with variable time to onset, has been reported.

Adverse reactions

- Common adverse drug reactions in clinical studies (incidence ≥5%; all grades) were nausea (16%), diarrhea (12%), abnormal dreams (9%), headache (7%), and fatigue (5%).

Drug interactions

- CYP3A substrates: STRIBILD can alter the concentration of drugs metabolized by CYP3A or CYP2D6. Do not use with drugs highly dependent on these factors for clearance and for which elevated plasma concentrations are associated with serious and/or life-threatening adverse events.

- CYP3A inducers: Drugs that induce CYP3A can decrease the concentrations of components of STRIBILD. Do not use with drugs that strongly induce CYP3A as this may lead to loss of virologic response and possible resistance to STRIBILD.

- Antacids: Separate STRIBILD and antacid administration by at least 2 hours.

- Prescribing information: Consult the full prescribing information for STRIBILD for more information on potentially significant drug interactions, including clinical comments.

Dosage and administration

- Adult dosage: One tablet taken orally once daily with food.

- Renal impairment: Do not initiate in patients with CrCl below 70 mL/min. Discontinue in patients with CrCl below 50 mL/min.

- Hepatic impairment: Not recommended in patients with severe hepatic impairment.

Pregnancy and breastfeeding

- Pregnancy Category B: There are no adequate and well-controlled studies in pregnant women. Use during pregnancy only if the potential benefit justifies the potential risk. An Antiretroviral Pregnancy Registry has been established.

- Breastfeeding: Emtricitabine and tenofovir have been detected in human milk. Because of both the potential for HIV transmission and the potential for serious adverse reactions in nursing infants, mothers should be instructed not to breastfeed.

Please see Brief Summary of full Prescribing Information, including BOXED WARNING, on the following pages.


STRIBILD®

evlitegravir 150mg/ cobicistat 150mg/ emtricitabine 200mg/ tenofovir disoproxil fumarate 300mg tablets

Performance by design

Learn more at www.STRIBILD.com/hcp
STRIIBILD® (elvitegravir 150 mg/cobicistat 150 mg/emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg) tablets, for oral use

brief summary of all Prescribing Information. See full Prescribing Information. Rx only.

WARNING: LACTIC ACIDOSIS/SEVERE HEPATOMEGALY WITH STEATOSIS AND POST TREATMENT ACUTE EXACERBATION OF HEPATITIS B  
Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported with nucleoside analogs, including tenofovir disoproxil fumarate (tenofovir DF), a component of STRIBILD, in combination with other antiretrovirals [See Warnings and Precautions].

STRIIBILD is not approved for the treatment of chronic hepatitis B virus (HBV) infection and the safety and efficacy of STRIBILD have not been established in patients coinfected with HIV-1 and hepatitis B virus (HBV). A total of 6 subjects (1.7%) in the STRIBILD group have been reported in patients who are coinfected with HBV and human immunodeficiency virus-1 (HIV-1) and have discontinued EMTRIVA or VIREAD, which are components of STRIBILD. Hepatic function should be monitored closely during both clinical and laboratory follow-up for at least several months in patients who are coinfected with HIV-1 and HBV and discontinue STRIBILD. If appropriate, initiation of anti-HBV therapy may be warranted [See Warnings and Precautions].

INDICATIONS AND USAGE:
STRIIBILD is indicated as a complete regimen for the treatment of HIV-1 infection in adults who are antiretroviral treatment-naive.

DOSEAGE AND ADMINISTRATION:
The recommended dose is one tablet taken orally once daily with food.

Renal Impairment: Do not initiate in patients with estimated creatinine clearance (CrCl) below 70 mL/min. Discontinue if CrCl declines below 50 mL/min during treatment [See Warnings and Precautions, Adverse Reactions, Use in Specific Populations].

Hepatic Impairment: No dose adjustment is required in patients with mild (Child-Pugh Class A) or moderate (Child-Pugh Class B) hepatic impairment. No pharmacokinetic or safety data are available regarding use in patients with severe hepatic impairment (Child-Pugh Class C). STRIBILD is not recommended for use in patients with severe hepatic impairment [See Use in Specific Populations].

CONTRAINDICATIONS:
Coadministration: Do not use with drugs highly dependent on CYP3A for clearance and for which elevated plasma concentrations are associated with serious and/or life-threatening adverse events, or with drugs that strongly induce CYP3A as this may decrease STRIBILD plasma concentrations leading to a loss of virologic response and possible resistance [See Drug Interactions].

• Alpha-1-anti-trypsin deficiency: afluzorin. For potentiation.

• Antimycobacterial: rifampin. May lead to a loss of virologic response and possible resistance to STRIBILD.

• ERT derivatives: dhtedroergotamine, ergotamine, methylergogonovine. Potential for acute ergot toxicity characterized by peripheral vasospasm and ischemia of the extremities and other tissues.

• Glucocorticoids: potential for cardiac: antiarrhythmias.

• Herbal products: St. John’s wort (Hypericum perforatum). May lead to a loss of virologic response and possible resistance to STRIBILD.

• HMG-CoA reductase inhibitors: lovastatin, simvastatin. Potential for myopathy, including rhabdomyolysis.

• Niacin: prescription. Potential for cardiac: antiarrhythmias.

• PDE-5 inhibitors: sildenafil when dosed as REVAIO for the treatment of pulmonary arterial hypertension. A safe and effective dose has not been established; the potential for sildenafil-associated adverse events (visual disturbances, hypotension, priapism, and syncope) is increased.

• Sedative/hypnotics: benzodiazepines. Parenteral midazolam: coadministration should be done in the setting of an ongoing sedation indication.

Lactic Acidosis/Severe Hepatomegaly with Steatosis: Lactic acidosis and severe hepatomegaly with steatosis, including fatal cases, have been reported with nucleoside analogs, including tenofovir DF, a component of STRIBILD, in combination with other antiretrovirals. A majority of these cases have been in women. Obesity and prolonged nucleoside exposure may be risk factors. Particular caution should be exercised when administering nucleoside analogs to any patient with a history of pathologic bone fracture or other risk factors for osteoporosis or bone loss. Although the effect of supplementation with calcium and vitamin D was not studied, such supplementation may be beneficial in all patients. If bone abnormalities are suspected appropriate consultation should be obtained.

Fat Redistribution: Redistribution accumulation of body fat including central obesity, dorsocervical "buffalo hump", peripheral wasting, facial wasting, breast enlargement, and "cushingoid appearance" have been observed in patients receiving antiretroviral therapy. The mechanism and long-term consequences of these events are currently unknown. A causal relationship has not been established.

Immune Reconstitution Syndrome (IRS): IRS has been reported in patients treated with combination antiretroviral therapy, including STRIBILD. During the initial phase of antiretroviral treatment, patients whose immune system responds may develop an inflammatory response to reactivated latent infections such as Mycobacterium avium, cytomegalovirus, Pneumocystis jiroveci pneumonia (PCP), or tuberculosis, which may necessitate further evaluation and treatment. Autoimmune disorders (such as Graves’ disease, polymyositis, and Guillain-Barre syndrome) have been reported to occur in the setting of immune reconstitution, however, the time to onset is more variable, and can occur many months after initiation of treatment.

ADVERSE REACTIONS:
See BOXED WARNINGS and WARNINGS AND PRECAUTIONS sections for additional serious adverse reactions.

Adverse Reactions from Clinical Trials Experience: The safety assessment of STRIBILD is based on pooled data from 1482 subjects in two Phase 3 trials, Study 102 and Study 103, in antiretroviral treatment-naive HIV-1 infected adult subjects. A total of 701 subjects received STRIBILD once daily for at least 48 weeks. The proportion of subjects who discontinued treatment with STRIBILD due to adverse events, regardless of severity, was 3.7%.

Treatment Emergent Adverse Drug Reactions: Treatment emergent adverse drug reactions (all grades) reported in ≥5% of subjects receiving STRIBILD (N=701) in Studies 102 and 103 (Week 48 analysis) included: nausea (16%), diarrhoea (12%), abnormal dreams (9%), headache (8%), rash (7%), increased appetite (6%), pyrexia (2%), and cough (2%). These reactions were generally mild to moderate in severity and were not associated with the development of resistance to STRIBILD. Coadministration not recommended.

Laboratory Abnormalities: Treatment emergent laboratory abnormalities (Grades 3-4) occurring in ≥2% of subjects receiving STRIBILD (N=701) in Studies 102 and 103 (Week 48 analysis) included: increased serum creatinine (≥1.0 x ULN), 5%; urine RBC (hematuria) (≥75 RBCHPF), 3%; AST >5 x ULN, 2%; and amylase (≥2.0 x ULN), 2%. For subjects with serum alanine aminotransferase >1.5 x ULN, an increase in platelet count was also observed. The frequency of increased platelets (Grades 3-4) occurring in STRIBILD (N=58) was reported in 15% of subjects (all grades) occurring in 39% of subjects receiving STRIBILD. It was shown to decrease anti-HBVDU due to inhibition of tubular secretion of creatinine without affecting renal glomerular function. In Studies 102 and 103, decreases in CrCl occurred early in treatment with STRIBILD, after which they stabilized. Mean ± SD changes after 48 weeks of treatment were 0.1 ± 0.3 mg/dL for serum creatinine and -13.0 ± 14.9 mg/dL/min for estimated glomerular filtration rate (eGFR) by Cockcroft-Gault method. Elevated serum creatinine (all grades) occurred in 7% of subjects.

Serum Lipids: In the clinical trials of STRIBILD, 11% of subjects were on lipid lowering agents at baseline. While receiving study drug treatment through Week 48, an additional 4% of subjects were started on lipid lowering agents. Through Week 12, 1% or fewer subjects on therapy with STRIBILD (N=701) in Clinical Trials had any lipids that met the criteria for treatment. In clinical trials of STRIBILD over 48 weeks (N=701), 8 (1.1%) subjects in the STRIBILD group and 1 (0.1%) subject in the combined comparator groups discontinued study drug due to a renal adverse event. Four (0.6%) of the subjects who received STRIBILD developed laboratory findings consistent with proximal renal tubular acidosis leading to discontinuation of STRIBILD compared to none in the comparator groups. Two of these 4 subjects had renal impairment (CrCl less than 70 mL/min) at baseline. The laboratory findings in these 4 subjects improved but did not completely resolve in all subjects upon discontinuation. Renal replacement therapy was not required. STRIBILD should be avoided with concurrent or recent use of a nephrotoxic agent. Monitoring: CrCl, urine glucose and urine protein should be documented in all patients prior to initiating therapy. STRIBILD should not be initiated in patients with CrCl below 70 mL/min. Routine monitoring of CrCl, urine glucose, and urine protein should be performed during STRIBILD therapy in all patients. Additionally, serum phosphorus should be monitored in patients at risk for renal impairment. Although cotichosin may cause modest increases in serum creatinine and modest declines in CrCl without affecting renal glomerular function [See Adverse Reactions], patients who experience a confirmed increase in serum creatinine of greater than 0.4 mg/dL from baseline should be closely monitored for renal safety. STRIBILD should be discontinued if CrCl declines below 50 mL/min.

Use with Other Antiretroviral Products: STRIBILD is a complete regimen for the treatment of HIV-1 infection and should not be coadministered with other antiretroviral products. STRIBILD should not be coadministered with products containing any of the same active components (ATRIPILA, COMPLERA, EMTRIVA, TRIANTUS, VIREAD), or with products containing lamivudine (COMPLERA, EMTRIVA, EFV/HIV-EPZICON, TRIZIVIR). STRIBILD should not be administered with adefovir dipivoxil (HEPSERA).

Decreases in Bone Mineral Density (BMD): In previous clinical trials, tenofovir DF has been associated with decreases in BMD and increases in biochemical markers of bone metabolism (serum bone-specific alkaline phosphatase, serum osteocalcin, C telopeptide, and urinary N-telopeptide), suggesting increased bone turnover. Serum bone-specific alkaline phosphatase and C telopeptide were higher in the tenofovir DF group than in the atazanavir or ritonavir plus emtricitabine/tenofovir DF group (N=66) at the lumbar spine (-2.6% versus -3.3%, respectively) and at the hip (-3.1% versus -3.9%, respectively). In Studies 102 and 103, bone fractures occurred in 9 subjects (1.3%) in the STRIBILD group, 6 subjects (1.7%) in the efavirenz/emtricitabine/tenofovir DF group, and 6 subjects (1.7%) in the atazanavir + ritonavir + emtricitabine/tenofovir DF group. These findings were consistent with data from an 14-week trial of treatment of HIV-1 infected patients with tenofovir DF + lamivudine + efavirenz. Assessment of BMD should be considered for patients who have a history of pathologic bone fracture or other risk factors for osteoporosis or bone loss. Although the effect of supplementation with calcium and vitamin D was not studied, such supplementation may be beneficial in all patients. If bone abnormalities are suspected appropriate consultation should be obtained.

Antiretroviral Pregnancy Registry: To
Emtricitabine and Tenofovir DF: Adverse drug reactions: In addition to the adverse drug reactions observed with STRIBILD, the following adverse drug reactions occurred in at least 5% of treatment-experienced or treatment-naive subjects receiving emtricitabine or tenofovir DF with other antiretroviral medications. In general, similar adverse events were observed in subjects treated with other antiretroviral agents in other clinical trials: Grades 3-4 laboratory abnormalities of ALT (M: greater than 215 U/L; F: greater than 170 U/L), alkaline phosphatase (greater than 550 U/L), bilirubin (greater than 2.5 x ULN), serum glucose (less than 40 or greater than 250 mg/dL), glycemia (greater than or equal to 3.0), neutrophils (less than 750 x 10^3/mm^3), and fasting triglycerides (greater than 750 mg/dL).

Postmarketing Events: The following adverse reactions have been identified during post approval use of tenofovir DF: allergic reaction (including angioedema), lactic acidosis, hypokalemia, hypophosphatemia, dyspnea, pancreatitis, increased amylase, abdominal pain, hepatitis, rash, osteomalacia (manifested as bone pain and which may contribute to fractures), muscular weakness, myopathy, acute renal failure, rebleeding following endoscopic or surgical intervention, nausea, diarrhea, abdominal pain, headache, urinary tract infection, pyelonephritis, and lupus.

DRUG INTERACTIONS: See CONTRAINDICATIONS for additional serious adverse reactions.

STRIBILD is a complete regimen for the treatment of HIV-1 infection. STRIBILD should not be used in conjunction with other antiretroviral medications for treatment of HIV-1 infection.

Complete information regarding potential drug-drug interactions with other antiretroviral medications is not provided.

STRIBILD should not be used in conjunction with protease inhibitors or non-nucleoside reverse transcriptase inhibitors due to potential drug drug interactions including altered and/or suboptimal pharmacokinetics of cobicistat, elvitegravir, and/or the antiretroviral medications. Cobicistat is not recommended for use in combination with STRIBILD.

Potential for STRIBILD to Affect Other Drugs: Cobicistat is an inhibitor of CYP3A and CYP2D6. Elvitegravir is a potent inhibitor of CYP3A. Cobicistat is also metabolized, to a minor extent, by CYP2D6.

Drugs that induce CYP3A activity are expected to increase the clearance of elvitegravir and cobicistat, resulting in decreased plasma concentration of cobicistat and elvitegravir, which may lead to loss of therapeutic effect of STRIBILD and development of resistance. Coadministration of STRIBILD with other drugs that inhibit CYP3A may decrease the clearance and increase the plasma concentration of cobicistat.

Ducks Affecting Renal Function: Because emtricitabine and tenofovir are primarily excreted by the kidneys by a combination of glomerular filtration and active tubular secretion, coadministration of STRIBILD with drugs that reduce renal function or compete for active tubular secretion may increase exposure to emtricitabine, tenofovir, and/or other antiretrovirals eliminated by these pathways.

Established and Other Potentially Significant Interactions: The drug interactions described are based on studies conducted with either STRIBILD, the components of STRIBILD as individual agents and/or in combination, or are predicted drug-drug interactions that may occur with STRIBILD. The list includes potentially significant interactions but is not all inclusive. An alteration in dose or regimen may be recommended for the following drugs when coadministered with STRIBILD:

- Acid Reducing Agents: antacids. Separate STRIBILD and antacid administration by at least 2 hours.
- Antiarrhythmics: class I antiarrhythmic agents, class III antiarrhythmics, class IV antiarrhythmics, diltiazem, felty-line, lidocaine, mexiletine, propafenone, quinidine. Caution warranted and therapeutic concentration monitoring recommended.
- Antihypertensives: calcium channel blockers, clonidine, guanethidine, methyldopa, nifedipine, verapamil. Caution warranted and clinical monitoring recommended.
- Corticosteroids (Systemic): dexamethasone. May lead to loss of virologic response and possible resistance to STRIBILD.
- Corticosteroids (Inhaled/Nasal): fluticasone. Alternative corticosteroids should be considered, particularly for long term use.
- Endothelin Receptor Antagonists: bosentan. Discontinue bosentan at least 36 hours prior to initiating STRIBILD. For patients taking STRIBILD for at least 10 days, start or resume bosentan at 62.5 mg once daily or every other day based on individual tolerability.
- HMG CoA Reductase Inhibitors: atorvastatin. Initiate with the lowest starting dose and titrate carefully while monitoring for safety.
- Hormonal Contraceptives: norgestimate/ethinyl estradiol. Coadministration with STRIBILD resulted in decreased plasma concentrations of ethinyl estradiol and an increase in norgestimate. The effects of increased progestosterone exposure are not fully known. The potential risks and benefits of coadministration should be considered, particularly in women who have risk factors for progestosterone exposure. Alternative (non hormonal) methods of contraception can be considered.
- Immune suppressants: cyclosporine, rapamycin, sirolimus, tacrolimus. Therapeutic monitoring recommended.
- Neuroleptics: perphenazine, risperidone, thioridazine. Decrease in dose of the neuroleptic may be needed.
- Phosphodiesterase-5 (PDE5) Inhibitors: sildenafil, tadalafil, vardenafil. Dosage for erectile dysfunction: sildenafil, a single dose not exceeding 25 mg in 4 hours; tadalafil, a single dose not exceeding 5 mg in 2 hours; tadalafil, a single dose not exceeding 10 mg in 72 hours; increase monitoring for PAH associated adverse events. Dosage for pulmonary arterial hypertension (PAH): tadalafil stop tadalafil at least 24 hours prior to initiating STRIBILD; start or resume at 20 mg once daily in patients receiving STRIBILD for at least 1 week and increase to 40 mg once daily based on individual tolerability.
- Sedative/hypnotics: Benzodiazepines. Parenteral midazolam: coadministration should be done in a setting ensuring close clinical monitoring and appropriate medical management in case of respiratory depression and/or prolonged sedation; dose reduction should be considered, especially if more than a single dose is administered. Other sedative/hypnotics: dose reduction may be necessary and clinical monitoring recommended.

Consult the full PI prior to and during treatment with STRIBILD for potential drug interactions; this list is not all inclusive.

USP IN SPECIFIC POPULATIONS:

Pregnancy: STRIBILD is Pregnancy Category B; however, there are no adequate and well-controlled studies in pregnant women. STRIBILD should be used during pregnancy only if the potential benefit justifies the risk to the fetus. Antiretroviral Pregnancy Registry: To monitor fetal outcomes of pregnant women exposed to STRIBILD, an Antiretroviral Pregnancy Registry has been established. Healthcare providers are encouraged to register patients by calling 1-800-258-4263.

Nursing Mothers: The Centers for Disease Control and Prevention recommend that HIV infected mothers not breastfeed their infants to avoid risking postnatal transmission of HIV. Studies in rats have demonstrated that elvitegravir, cobicistat, and tenofovir are secreted in milk. Emtricitabine and tenofovir have been detected in human milk; it is not known if elvitegravir or cobicistat is secreted in human milk. Because of both the potential for HIV transmission and the potential for serious adverse reactions and/or drug resistance in nursing infants, mothers should be instructed not to breastfeed if they are receiving STRIBILD.

Pediatric Use: Safety and effectiveness in children less than 18 years of age have not been established.

Geriatric Use: Clinical studies of STRIBILD did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects.

Renal Impairment: STRIBILD should not be initiated in patients with CrCl below 70 mL/min. STRIBILD should be discontinued if CrCl declines below 50 mL/min during treatment with STRIBILD. (See Warnings and Precautions, Adverse Reactions).

Hepatic Impairment: No dose adjustment is required in patients with mild (Child-Pugh Class A) or moderate (Child-Pugh Class B) hepatic impairment. STRIBILD is not recommended for use in patients with severe hepatic impairment (Child-Pugh Class C) as no pharmacokinetic or safety data are available in these patients. (See Dosage and Administration).

OVERDOSAGE: In the event of overdose the patient must be monitored for evidence of toxicity. Treatment consists of general supportive measures including monitoring of vital signs as well as observation of the clinical status of the patient.
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NCCHC is supported by the major national organizations representing the fields of health, law and corrections. Each of these organizations has named a liaison to the NCCHC board of directors.

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PRECONFERENCE SEMINARS

Take advantage of the extra learning you can receive over the weekend before the conference starts. All seminars will take place in the convention center.

**P-01 An In-Depth Look at NCCHC’s 2014 Standards for Health Services in Jails**

Room NCC 102

Tracey Titus, RN, CCHP, National Commission on Correctional Health Care; Richard Clarke, MD, CCHP, Berkshire County Sheriff’s Office Jail and House of Correction; Jeffrey Alvarez, MD, CCHP, Maricopa County Correctional Health Services

These seminars will discuss the new 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. Groundbreaking changes in these editions have the potential to reduce the costs of operations as well as accreditation, while at the same time providing a framework for improved patient care and outcomes. Whether or not your facility is accredited (or plans to be), these practical seminars will give 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 care, fewer adverse events and reduced liability risk. The registration fee includes a copy of the relevant Standards (jail or prison), to be issued upon publication in 2014.

**Educational Objectives**

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

**P-02 An In-Depth Look at NCCHC’s 2014 Standards for Health Services in Prisons**

Room NCC 103

B. Jaye Anno, PhD, CCHP-A, Consultants in Correctional Care; Patricia Voermans, APRN, MSN, CCHP-RN, Correctional Health Care Consultant; Steven Shelton, MD, CCHP-A, Oregon Department of Corrections; Joseph Penn, MD, CCHP, University of Texas Medical Branch

These seminars will discuss the new 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. Groundbreaking changes in these editions have the potential to reduce the costs of operations as well as accreditation, while at the same time providing a framework for improved patient care and outcomes. Whether or not your facility is accredited (or plans to be), these practical seminars will give 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 care, fewer adverse events and reduced liability risk. The registration fee includes a copy of the Mental Health Standards.

**Educational Objectives**

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

**P-03 An In-Depth Look at NCCHC’s Standards for Mental Health Services in Correctional Facilities**

Room NCC 104

Judith Cox, MA, CCHP, JFC Consulting; Steven Helfand, PsyD, CCHP, Correct Care Solutions

The groundbreaking Standards for Mental Health Services provides 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.

**Educational Objectives**

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

**P-04 Nursing Skills Forum: Hands-On Practice in Five Key Skills**

Room NCC 108

Eileen Couture, DO, CCHP, OSF Saint Elizabeth Medical Center

Nurses are often called upon to think and react to unpredictable situations using critical skills but may have few opportunities to to have hands-on practice in key skills, such as use of a defibrillator or initiating an IV. What better way to review necessary nursing skills than hands-on practice? This review will blend hands-on sessions with focused lectures on the AED, EKGs, TB skin testing and intravenous initiation, as well as communication skills. Each participant will have the opportunity to practice each skill with guidance in a relaxed learning environment. EKG machine generously provided by Quality Mobile X-ray Services, Inc., Nashville, TN. Medical supplies generously provided by Moore Medical LLC

**Educational Objectives**

- Describe a simple, effective way to standardize communication between health care providers
- Review review indications and use of the AED and EKG
- Demonstrate the proper technique of intravenous initiation and TB skin testing
P-05 Affordable Care Act and How It Will Affect Correctional Health Care

Therese Brumfield, MBA, CCHP, Correct Care Solutions; Benjamin Sohr, Correct Care Solutions

Major provisions of the Affordable Care Act take effect in 2014. This seminar will discuss how the ACA will affect 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. Coordination with state Medicaid agencies and other organizations will be critical and can result in significant savings for correctional health care.

Educational Objectives
• Describe the key provisions of the ACA that will have an impact on correctional health care
• Outline steps to take to successfully plan for the ACA in 2014
• Develop strategies for partnerships with state and community agencies that can help correctional institutions

P-06 Beyond Good and Evil: Inside the Mind of the Psychopath

Donald Stewart, PhD, CCHP, Florida Department of Corrections; Joshua May, MS, Student, Florida State University

Take an extraordinary journey through the twisted corridors of the mysterious mind of the psychopath. This seminar will explore the origin and evolution of the concept of the psychopath while peeling back the layers of criminal thinking to discover how and why psychopaths see the world the way they do. It will investigate the genetic and environmental influences on psychopath behavior and learn how the minds of some individuals may be wired for crime and why their distorted inclinations are beyond good and evil. Using videotaped interviews of psychopaths, participants will learn to identify the unique signs and symptoms of the psychopathic personality and the distinct traits that are “inside the mind of the psychopath.”

Educational Objectives
• Describe the origin and historical evolution of the concept of psychopathy
• Identify the diagnostic criteria and distinctive traits that comprise the psychopath personality
• Explore the issues and concerns in managing the psychopath in correctional settings

P-07 Correctional Nursing: Applying the New ANA Scope and Standards of Practice - Part 1

Patricia Voermans, APRN, MSNC, CCHP-RN, Correctional Health Care Consultant; Catherine Knox MN, RN, CCHP-RN, Catherine Knox LLC; Lorry Schoenly, PhD, RN, CCHP-RN, Correctional Health Care Risk Consultant; Margaret Collatt, BSN, RN, CCHP-RN, CCHP-A, Oregon Department of Corrections; Deborah Stewart, FNP, MSN, CCHP, Southern Correctional Medicine; Jacqueline Moore, PhD, RN, CCHP-RN, Jacqueline Moore & Associates; Ellyn Presley, CCHP-RN, Prince William County Juvenile Detention Center; Lori Roscoe, MPA, PhD, CCHP-RN, Correctional Health Care Consultant; Mary Muse, MS, RN, CCHP-RN, CCHP-A, Wisconsin Department of Corrections

The American Nurses Association has recognized correctional nursing as a specialty area of practice since 1995. The ANA Correctional Nursing: Scope and Standards of Practice defines the specialty, describes its distinguishing features, delineates the basic principles that guide correctional nursing practice and offers guidance on practice improvement. The second edition was published this year. Members of the ANA Scope and Standards Workgroup will describe the process used to revise the manual and highlight emerging themes and content changes. Each of the 16 standards will be reviewed, with case examples to illustrate how each is applied in the correctional setting and resources to understand and apply the standards.

Educational Objectives
• Describe the relevance of the ANA scope and standards to correctional nursing practice
• Identify an aspect of the ANA scope and standards for correctional nursing that has significance for one’s own practice
• List a resource or reference that can be used to further one’s understanding or application of the ANA scope and standards to professional practice

P-08 Guiding Principles for a Viable Suicide Prevention Program

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 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
PRECONFERENCE SESSIONS

P-09 Correctional Nursing: Applying the New ANA Scope and Standards of Practice - Part 2  Room NCC 103

Patricia Voermans, APRN, MSN, CCHP-RN, Correctional Health Care Consultant; Margaret Collatt, BSN, RN, CCHP-RN, CCHP-A, Oregon Department of Corrections; Deborah Stewart, FNP, MSN, CCHP, Southern Correctional Medicine; Catherine Knox MN, RN, CCHP-RN, Catherine Knox LLC.; Lori Roscoe, MPA, PhD, CCHP-RN, Correctional Health Care Consultant; Mary Muse, MS, RN, CCHP-RN, CCHP-A, Wisconsin Department of Corrections; Sue Smith, MSN, RN, CCHP-RN, Instructional Connections

The American Nurses Association has recognized correctional nursing as a specialty area of practice since 1995. The ANA Correctional Nursing: Scope and Standards of Practice defines the specialty, describes its distinguishing features, delineates the basic principles that guide correctional nursing practice and offers guidance on practice improvement. The second edition was published this year. Members of the ANA Scope and Standards Workgroup will describe the process used to revise the manual and highlight emerging themes and content changes. Each of the 16 standards will be reviewed, with case examples to illustrate how each is applied in the correctional setting and resources to understand and apply the standards.

Educational Objectives

• Describe the relevance of the ANA scope and standards to correctional nursing practice
• Identify aspects of the ANA scope and standards for correctional nursing that have significance for one’s own practice
• List resources or references that can be used to further one’s understanding or application of the ANA scope and standards to professional practice

P-10 Practical Preparation for Initial NCCHC Accreditation  Room NCC 104

Tracey Titus, RN, CCHP, National Commission on Correctional Health Care; Peter Heffernan, MBA, CCHP, Consultant, Correctional Health Services

This seminar addresses the practicalities of NCCHC accreditation; it is not a standards review. Focus includes the four phases of the accreditation process: preparing your facility; what to expect during the survey, with tips on how to make the visit as painless as possible; Accreditation Committee review of findings and follow-up corrective action; and how to unwind afterward. Benefit from the experiences of those who have been through the process many times and have your questions answered. This seminar is intended for those unfamiliar with the process or those applying for accreditation for the first time.

Educational Objectives

• Review what to expect during an on-site survey
• Describe how to prepare your facility for accreditation
• Outline the accreditation review process and corrective follow-up

P-11 Prison Rape Elimination Act Training for Health Staff  Room NCC 108

Jayne Russell, MEd, CCHP-A, JR Russell & Assoc.; B. Jaye Anno, PhD, CCHP-A, Consultants in Correctional Care; Robert Dumond, MA, LCMHC, Just Detention International; Karla Vierthaler, MPA, Pennsylvania Coalition Against Rape; Stephen Goux, MSN, AFN-BC, SANE-A, International Association of Forensic Nurses

Beginning in August 2013, the U.S. Justice Department expects jails, prisons and juvenile confinement facilities to provide specialized training to medical and mental health personnel on specific areas of the law surrounding the Prison Rape Elimination Act. Attend this seminar to receive training on how to detect and assess signs of sexual abuse, preserve physical evidence and respond effectively and professionally to victims, all tailored for the health professional.

Educational Objectives

• Review the role of medical and mental health personnel in complying with the PREA standards
• Describe how to detect and assess signs of sexual abuse in inmates
• Discuss the appropriate professional response when inmate sexual abuse occurs

Supported by the National PREA Resource Center via Grant No. 2010-RP-BX-K001 awarded by the Bureau of Justice Assistance
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For the past 10 years RWJF has been led by Risa Lavizzo-Mourey, who in 2013 was named, for the eighth time, one of the 100 most influential people in health care by Modern Healthcare magazine. Dr. Lavizzo-Mourey asserts that good health should be a fundamental expectation for all and not an accident of geography or socioeconomic status.

Correctional populations have long been a target of the Foundation’s work, with dozens of projects and reports addressing everything from infectious disease screening to chronic care, drug treatment, juvenile populations, reentry and more. These projects have had a major impact by shedding light on deficiencies in correctional health systems, providing research to drive improvement in health care delivery and bringing correctional health care into the mainstream of public health concerns.

In the early 1980s, RWJF provided critical support that laid the groundwork for profound transformation of correctional health services, an evolution that continues today. A grant to the American Medical Association sustained its successes in developing standards and accreditation for our field. With that support and the AMA project on sound footing, the project became the National Commission on Correctional Health Care.

Most recently, RWJF supported publication of Health and Incarceration—A Workshop Summary, which synopsizes a 2012 roundtable convened by the National Academy of Sciences and the Institute of Medicine to discuss the challenges and opportunities for improving health and health care of incarcerated populations.

Teletechnology can connect rural health settings with academic medical centers to enhance primary care doctors’ knowledge and to deliver high-quality specialty care to underserved populations. Project ECHO is a collaborative practice model that originated at the University of New Mexico and now, through the RWJF-supported ECHO Institute, is spreading throughout the country. Through this project, participating jails and prisons have been able to provide inmates with expert specialty care.

Because of the importance of community support when an inmate is released, reentry and continuity of care have been the focus of many RWJF-funded projects. Since 2006, RWJF has championed Community Oriented Correctional Health Services, a nonprofit organization that builds partnerships between jails and community health care providers to establish medical homes for former inmates.

Importantly, the Foundation is not content to produce research and conduct evaluations for their own sake. Rather, the aim is to produce evidence that both policy makers and practitioners in the field can use. With a 42-year history of bold, wide-ranging projects that have advanced policy and practice, the Robert Wood Johnson Foundation has, indeed, benefitted the health and health care of all Americans—incarcerated individuals among them.

B. Jaye Anno Award of Excellence in Communication
This award pays tribute to innovative, well-executed communications that have had a positive impact on the field of correctional health care, or to individuals for bodies of work. The award is named after NCCHC’s cofounder and first vice-president.
Lorry Schoenly, PhD, RN, CCHP-RN

On Facebook, Dr. Schoenly peppers her page with posts about the joys and travails of writing—and the incredible willpower it takes: “Writing this morning, even though I don’t feel like it. Do I get an extra star?” Happily, she subscribes to the philosophy that “writers write” and she musters the self-discipline to do so with impressive frequency. Long a nurse educator by vocation, she has always relied on the printed word to assist with staff development and other educational activities. But it was after she found correctional health care that her writing really blossomed.

Dr. Schoenly started out as a critical care nurse, but soon was promoted to staff development instructor. Professional education has been her passion ever since. Her career path led her to serve as assistant vice president of education and development at a two-hospital system, and then as director of education for the National Association of Orthopaedic Nurses. Along the way she advanced her own education, earning a doctoral degree. In 2005, she joined a large correctional health care contract management firm and became its clinical education manager.

Dr. Schoenly retired from 9-to-5 employment in 2009 and now devotes much energy to educate others through writing, teaching and consulting. Notably, 2012 saw the publication of Essentials of Correctional Nursing, a much-lauded text that she co-edited with Catherine Knox, MN, RN, and for which she wrote seven chapters. She also contributed to the American Nurses Association’s 2013 edition of Correctional Nursing: Scope and Standards of Practice. She often writes for CorrectCare and other periodicals.

But Dr. Schoenly also embraces the new media. She writes a blog at CorrectionalNurse.net, produces Correctional Nursing Today podcasts, is a health care columnist for CorrectionsOne.com and has a lively presence on Twitter, Facebook and LinkedIn.

Dr. Schoenly finds writing to be rewarding because it can reach so many people, and her prolific output shows no signs of abating. Just check her Facebook page: She is sure to be giving herself a pep talk to tackle the next chapter in her forthcoming book on the principles of patient safety.

NCCHC Facility of the Year Award

This prestigious award is presented to one facility selected from among the nearly 500 prisons, jails and juvenile facilities accredited by NCCHC.

Essex County Juvenile Detention Center
Newark, New Jersey

A prom in a juvenile detention center is a rare thing, but this event for junior and senior high school students has proven to be a great success. Proposed by one of the facility’s educators as a way to motivate the youth and open their minds to a better life, prom is now held regularly, with security, medical, mental health, social services, food service and volunteers pitching in. Participants must earn the privilege of attending, and they are coached in etiquette, grooming and ballroom dancing—skills that fill them, and their invited parents, with pride.

Prom is but one example of the exceptional caring and dedication demonstrated by the staff. The inner-city facility houses nonadjudicated youth, primarily males, aged 10 to 18. The daily population is about 100, the average stay 30 days. Health staff are on-site 24/7. Staffing includes a health services administrator, physician, RNs, LPNs, psychiatrist, psychologist, mental health worker, dentist, dental assistant and medical records clerk. The facility has been accredited since 2004 and in its latest survey achieved 100% compliance with the standards.

The programming focuses on providing services to address chronic behavioral problems and criminal behavior, and strives to divert the youth into detention alternatives, such as in-home monitoring, when appropriate. Residents receive schooling that emphasizes personal responsibility, mentoring, job training and other assistance to help them function well in society.

The surveyor who nominated the facility—and attended the prom—said some parents are so grateful for the staff’s hard work and devoted attention to their sons and daughters that they volunteer at the facility. She added, “I can’t think of any more deserving group to receive this award.”

NCCHC Program of the Year Award

This award recognizes programs of excellence among the thousands provided by accredited prisons, jails and juvenile facilities.

Harris County Downtown Central Jail, Houston, Texas
Mental Health and Medical Security Unit

The largest mental health institution in Texas is the Harris County Jail, where 25% to 30% of the approximately 9,300 inmates are prescribed psychotropic medication. To better serve those who need the most intense treatment, several years ago the jail created a four-pod, 188-bed unit designed to provide more efficient, effective care.

This award recognizes the program in which specially trained sheriff’s deputies are assigned exclusively to this mental health unit as well as the medical security unit. To be eligible to join this elite team, the officers undergo rigorous training in skills such as crisis intervention, use of force, de-escalation techniques and suicide detection, and must obtain certification as a mental health peace officer. A visible symbol of this novel approach is the team members’ uniform, which includes blue polo shirts rather than patrol shirts, designed to appear less intimidating to inmates. These deputies are cross-trained to work in both the mental health and medical security units, and they receive incentive pay.

The team members work in close cooperation with medical and mental health staff to ensure the inmates’ well-being. This collaborative approach has decreased use-of-force incidents and has eliminated the need for restraints for the last two years, demonstrating the success of this innovative, practical program.
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Presentation materials are available at www.NCCHC.org/NC13-presentations. All sessions will take place in the convention center.

Monday, October 28

Concurrent Session 1
11:00 am – 12:00 pm

501 Violence and Bullying in the Workplace: Breaking the Cycle
Room NCC 102
Margaret Collatt, BSN, RN, CCHP-RN, CCHP-A, Oregon Department of Corrections; Sabrina McCain, RN, CCHP, Oregon State Penitentiary

The concept of “health care worker” exemplifies caring and compassion, yet bullying exists in the health care arena. Bullying usually involves a “power gradient,” with the bully in a position of power as compared with the victim. Many health care workers have either fallen victim to or observed bullying in the workplace. This presentation explores bullying in the workplace, the cost of bullying and the first steps in stopping this behavior.

Educational Objectives
• Define bullying in the workplace
• Describe the effects of horizontal hostility or lateral violence
• Discuss how to deal with a workplace bully

502 Code Red! Applying the ANA Code of Ethics for Nurses in the Correctional Setting
Room NCC 103
Denise Rahaman, MBA, RN, CCHP-RN, CFG Health Systems, LLC; Lorry Schoenly, PhD, RN, CCHP-RN, Correctional Health Care Risk Consultant

Correctional nurses are often challenged by ethical issues that can cause significant moral distress. The ANA Code of Ethics for Nurses provides support and guidance for responding to the specific ethical needs in this specialty. Each provision of the code will be explained and applied to corrections-specific examples. Common correctional nursing ethical issues will be explored through case study.

Educational Objectives
• Describe the provisions of the ANA Code of Ethics for Nurses as they apply to correctional nursing practice
• Apply the ANA Code of Ethics to common correctional nursing ethical dilemmas to determine an appropriate course of action
• Outline strategies for overcoming possible barriers to Code application in the correctional setting

503 Performance Improvement at the Care Team Level
Room NCC 104
Renee Kanan, MD, MPH, California Correctional Health Care Services

Continuous quality improvement is required for NCCHC accreditation and is a required part of “meaningful use” under the Affordable Care Act and the Health Information Technology for Economic and Clinical Health Act (HITECH). Quality improvement also is part of the physician recertification process. Applying CQI principles at the individual health staff or primary care team level is a relatively new concept. Team members may find the proposition daunting and have trouble knowing where to start. Learn about tools that can help facilities and physicians develop a performance improvement initiative.

Educational Objectives
• State the benefits of applying CQI at the care team level
• Use the three steps in the “cycle of change” to plan a performance improvement
• Describe two incentives for physicians to implement quality improvement projects in one’s own practice

504 DSM-5: An Overview (Part 1)
Room NCC 108
Mark Fleming, PhD, CCHP-MH, Corizon – Brentwood Regional; Scott Eliason, MD, CCHP, Corizon – Boise

The fifth edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders represents a fundamental shift in how disorders are conceptualized and diagnosed. This workshop provides an overview of the DSM-5 manual’s new organization and other innovations such as spectrum disorders. It will review the changes to the DSM, including changes to major psychiatric diagnostic groups. Participants will learn about challenges they may encounter as they navigate the new manual in a correctional environment.

Educational Objectives
• Identify the significant changes from the DSM-IV to the DSM-5
• Outline the changes in diagnostic criteria for commonly diagnosed disorders in correctional behavioral health practice
• Discuss controversy surrounding some of the changes
**EDUCATIONAL SESSIONS**

**505 How to Make Quality Improvement Everyone’s Business**  
Room NCC 208  
Margaret Conrad, DNP, Rutgers University Correctional Health Care; Lisa DeBilio, PhD, UMDNJ-University Correctional Health Care

This presentation will share University Behavioral HealthCare’s experiences with continuous quality improvement programming and its strategies to increase staff involvement in the CQI process. It will provide participants with the tools to engage and motivate colleagues in their work setting to take the initiative to identify and carry out CQI opportunities and to make CQI everyone’s business.

**Educational Objectives**
- Explain methods for incorporating the goals and objectives of a strategic plan into CQI programming and performance evaluations
- Describe how to incorporate a general CQI model, tools and step-by-step activities into CQI staff training
- Discuss ways to organize an annual forum for staff to share the results of their CQI initiatives

**506 Hepatitis C Treatment in New York State Prisons With the New DAAs: Lessons Learned**  
Room NCC 207  
Harish Moorjani, MD, New York Medical College

Treating hepatitis C in prisons presents challenges, but creative solutions can help to manage the various aspects of treatment. This talk will discuss the experience in New York State prisons of treating hepatitis C with the new protease inhibitors, including the challenges in delivering medications, promoting adherence and managing side effects, as well as and measures taken to provide safe, effective treatment that saves millions of dollars in future costs.

**Educational Objectives**
- Review the epidemiology of hepatitis C in New York State prisons
- Discuss approaches to managing treatment of hepatitis C in prisons
- Explore future options for treating hepatitis C in prisons

**508 New Trends in Telemedicine: An Evolving Technology**  
Room NCC 209  
Lawrence Mendel, DO, CCHP, Leavenworth Detention Center

Decreasing equipment and telecommunication costs and increased familiarity with telemedicine is spurring new uses. Even some of the smallest facilities have implemented programs, and the greater versatility of equipment has enabled the use of laptop units to connect home-based providers to care for patients in multiple states. The presentation will review new trends in telemedicine and discuss the evaluation process as well as implementation challenges. Legal requirements including HIPAA data security rules and medical licensure will also be addressed.

**Educational Objectives**
- Review the basic elements of every telemedicine system
- Describe the major challenges to successful implementation of telemedicine
- Explain the process required to determine cost-effectiveness of telemedicine projects

**509 Institutional Self-Injury: Managing the Self-Destructive Juvenile**  
Room NCC 210  
Joseph Penn, MD, CCHP, University of Texas Medical Branch; Ohiana Torrealday, PhD, CCHP-MH, University of Texas Medical Branch

Along with mental health and substance abuse problems commonly found among juvenile-justice involved youth, health care providers must address self-inflicted injuries. Because engaging in NSSI does increase the overall risk of suicide, youth who self-harm must also be carefully evaluated for suicide risk. This presentation will discuss the prevalence of nonsuicidal self-injury in juvenile correctional settings, the assessment and multidisciplinary management of self-injurious behavior and unique challenges in addressing this behavior in confinement.

**Educational Objectives**
- Summarize the challenges faced by clinicians and other health care workers in providing care for self-injurious youth
- Describe the multimodal and function-driven approach to assessment of nonsuicidal self-injury
- Outline the multidisciplinary model of treatment and management of self-injurious youth

**507 The Reality and Practicality of Prison Dental Care Standards: Laws, Standards and Practical Considerations That Impact Dental Care Delivery**  
Room NCC 109  
Anne Douds, JD, PhD, Federal & Hasson, LLP

A systematic analysis of statutory, common law, regulatory and professional standards for prison dental care was conducted to describe the composite requirements that apply across the nation. This talk will explain what the standards are and compare those standards to the findings of a qualitative study of 30 inmates’ prison dental care experiences. It also will explore the practical considerations as prisons and jails attempt to comply with applicable laws. Relationships between prison dental care and former inmates’ reentry experiences will also be discussed.
Concurrent Session 2
1:15 pm – 2:15 pm

510 Changing a Culture: Implementation of the ANA Correctional Nursing Competencies  Room NCC 102
Deborah Shelton, PhD, RN, CCHP, University of Connecticut; Desiree Diaz, PhD, RN, University of Connecticut; Denise Panosky, RN, CCHP, University of Connecticut Health Center; Constance Weiskopf, APRN, PhD, CCHP, University of Connecticut Health Center; Michael Nicholson, University of Connecticut Health Center

The speakers will provide an update on a statewide effort to implement the ANA correctional nursing competencies guided by implementation science for development of this educational innovation. The objective of the three-year program is to improve the quality and outcomes of inmate care through enhanced nurse competencies. Year 2 acts as pretest measurement, and Year 3 as the posttest measurement. Modifications and adaptations for the correctional system are discussed.

Educational Objectives
• Describe how implementation science can guide development of an education project
• Explain the steps taken to transition from faculty teaching to staff leadership
• Apply the challenges of changing an organization’s culture to a personal work experience

511 RN vs. LPN Scope of Practice: Clarifying Roles  Room NCC 103
Sue Smith, MSN, RN, CCHP-RN, Instructional Connections; Patti Woodard, LPN, Wisconsin Department of Corrections; Catherine Knox MN, RN, CCHP-RN, Catherine Knox, LLC.; Mary Muse, MS, RN, CCHP-RN, CCHP-A, Wisconsin Department of Corrections

The results of the 2003 LPN Practice Analysis reports wide variation in LPN scope of practice nationwide leading to confusion about differentiating between RN and LPN practice. This panel presentation will discuss the differences between RN and LPN scopes of practice and offer strategies to develop RN and LPN roles that ensure correctional nurses are working to the full extent of their practice and potential.

Educational Objectives
• Compare RN and LPN scopes of practice
• Discuss variations in LPN scope of practice nationwide
• Propose strategies for developing RN and LPN roles that are cohesive and collaborative

512 Preventing Burnout in Medical Staff  Room NCC 104
Harish Moorjani, MD, New York Medical College; Dana Gage, MD, Sing Sing Correctional Facility

Correctional health professionals practice in relative isolation. The patients are demanding, difficult and at times demeaning. Patient complaints are unrelenting and often repetitive. These factors can lead to burnout. It is nearly impossible to perform well when mentally and emotionally fatigued, and job satisfaction is compromised. This talk will describe the signs of burnout and worker fatigue, propose ways to combat burnout and engage participants in a narrative exercise.

Educational Objectives
• List several factors contributing to burnout
• Describe methods to assess oneself and one’s coworkers for sign of burnout
• Explore ways to combat burnout in correctional health care practice

513 DSM-5: An Overview (Part 2)  Room NCC 108
Mark Fleming, PhD, CCHP-MH, Corizon - Brentwood Regional; Scott Eliason, MD, CCHP, Corizon - Boise

The fifth edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders represents a fundamental shift in how disorders are conceptualized and diagnosed. This workshop provides an overview of the DSM-5 manual’s new organization and other innovations such as spectrum disorders. It will review the changes to the DSM, including changes to major psychiatric diagnostic groups. Participants will learn about challenges they may encounter as they navigate the new manual in a correctional environment.

Educational Objectives
• Identify the significant changes from the DSM-IV to the DSM-5
• Outline the changes in diagnostic criteria for commonly diagnosed disorders in correctional behavioral health practice
• Discuss controversy surrounding some of the changes
EDUCATIONAL SESSIONS

514 Department of Justice: An Ally in the Journey to Excellence  
Esmaeil Porsa, MD, MPH, CCHP, Parkland Health & Hospital System

In 2006, Dallas County entered into a consent decree agreement with the Department of Justice to address 58 areas of noncompliance with best practice standards for health care and sanitation in the Dallas County Jail. This talk will describe the partnership between the jail and Parkland Health and Hospital System and the steps taken to accomplish the DOJ requirements in every aspect of health care delivery, from intake to release. The DCJ daily quality assurance dashboard will be shared.

Educational Objectives
• Recognize the Department of Justice’s role as a potential ally in improving health care delivery in correctional facilities
• Review Dallas County Jail’s “Journey to Excellence” model
• Assess the effectiveness of Dallas County Jail’s current health care delivery model

515 No EMR Data Yet? How to Use Other Readily Available Data to Improve Quality and Reduce Costs  
John Dunlap, DO, CCHP, California Department of Corrections and Rehabilitation

You don’t have to wait for a fully integrated electronic health record system to begin reporting regularly on process and outcome measures and to undertake immediate improvements in care. This presentation describes how you can use commonly available data sources and software to evaluate performance, and offers a set of practice tools—specs, tip sheets, practical examples—to jump-start your performance evaluation system.

Educational Objectives
• List four critical data sets used to calculate health care performance metrics that are commonly available in a correctional setting
• Describe four strategies that can be used to validate report data
• Explain how providing performance data at different levels of the organization can serve as an effective method to promote behavior change

516 Preventive Medicine 2013  
Donald Kern, MD, MPH, CCHP, University of Alabama at Birmingham

Primary prevention is generally the most cost-effective way to maintain the health and functioning of a population. This session will review some current recommendations for preventive medicine practice applicable to correctional populations, focusing on guidelines from the U.S. Preventive Services Task Force. Emphasis will be placed on interventions for otherwise healthy populations, along with suggestions for efficient implementation of screening programs. Recent recommendations on areas such as obesity screening will be discussed.

Educational Objectives
• State the importance of prevention
• Design specific preventive and screening interventions
• Select appropriate evidence-based limitations in correction prevention knowledge

517 Using Evidence-Based Programs With Women in Jail: A Comprehensive Integrated Model of Treatment  
Doreen Salina, PhD, Northwestern University, Feinberg School of Medicine

With the emphasis on providing evidence-based programming for persons with substance use and mental health disorders, there is a movement to provide these effective interventions to incarcerated women. However, jails do present challenges for implementation. This talk describes the development and implementation of a comprehensive model of treatment using EBP. All treatment reinforces the message that women can change through understanding what keeps them engaged in maladaptive criminal behaviors. The various barriers to implementing these programs will be outlined.

Educational Objectives
• Identify various evidence-based programs to use with women
• Select various evidence-based practices to implement with one’s own population
• Define the various barriers to implementing evidence-based programming in correctional settings

518 Hostage Negotiation: A Basic Overview  
Nancy Zarse, PsyD, Chicago School of Psychology

Participants will gain an awareness of the critical incidents pivotal to the field of hostage negotiation. The lessons learned from both tragedies and successes are essential to effective management of critical incidents and negotiation skills. The types of critical incidents will be discussed, as will response options and the six stages of negotiation. Active listening skills are paramount, along with teamwork and the ability to put aside personal ego.

Educational Objectives
• Review the critical incidents that led to modern-day hostage negotiation
• Identify the response options for various type of critical incidents
• Describe the six stages of hostage negotiation
Concurrent Session 3
2:30 pm – 3:30 pm

519 Essentials of Nurse Leadership: Work Environments That Support Professional Nursing Practice  Room NCC 102
Becky Pinney, MSN, RN, CCHP-RN, Corizon - Brentwood Regional; Patricia Blair, JD, PhD, CCHP, The Blair Firm; Catherine Knox, MN, RN, CCHP-RN, Catherine Knox, LLC

Nurses are the backbone of correctional health care and as a result have important leadership roles in delivering care to a vulnerable and disenfranchised population. This first session in the Essentials of Nurse Leadership series presents a model to understand how work environments are structured to support professional nursing practice. It will discuss the role and responsibilities of the nurse leader as well as strategies to enhance the work environment to support nursing practice.

Educational Objectives
- Identify one factor in the work environment that supports professional nursing practice
- List the responsibilities of the nurse leader to ensure the work environment supports professional practice
- Describe a strategy used by nurse leaders to enhance professional nursing practice in the correctional environment

520 Effectively Manage Growing Numbers of Nursing Sick-Call Requests  Room NCC 103
Jessica Lee, MSN, RN, CCHP, Corizon - Brentwood Regional; Elmeada Frias, MAS, CCHP, Corizon – Brentwood Regional

In this time of budget cutbacks and decreased staffing, it is important to effectively manage your nursing sick-call process. This presentation will summarize NCCHC guidelines for conducting sick call and examine strategies to help help administrators and nurses manage the growing number of sick-call requests without increasing staffing levels. Review common mistakes and proper utilization of written responses.

Educational Objectives
- List the components of an effective nursing sick-call encounter
- Describe the proper use and implementation of written responses
- Analyze a case study involving a jail that conducts nursing sick call seven days a week on day and evening shifts

521 Medical Illnesses That Mimic Psychiatric Conditions  Room NCC 104
Paul Zetterower, ARNP, CCHP, Armor Correctional Health Services, Inc.

The presentation will identify several medical conditions that mimic psychiatric conditions, possibly leading to misdiagnosis. These conditions include, but are not limited to, encephalopathy, serum glucose imbalances, thyroid imbalances, complex partial seizures, substance withdrawal, vitamin deficiencies (B-1, B-6, B-9, B-12 and vitamin D). The findings will focus on the importance of ruling out medical conditions prior to ruling in psychiatric conditions.

Educational Objectives
- List at least five medical conditions that mimic psychiatric conditions
- Identify five assessment or data-gathering methods for identifying a medical illness that may be mimicking a psychiatric condition in a patient
- State one reason why it is important to identify or rule-out a medical illness that may be mimicking a psychiatric illness

522 Unacceptable Casualties: Mentally Ill Veterans in the Criminal Justice System  Room NCC 108
Donald Stewart, PhD, CCHP, Florida Department of Corrections

This session will examine the challenges facing mentally ill veterans in the criminal justice system and as they reenter society. Risk factors associated with post-traumatic stress disorder, traumatic brain injury and substance abuse will be discussed in the context of prison adjustment and reentry planning. Evidence-based practices and innovative initiatives, such as veterans dorms and memorandums of agreement, will be explored as important strategies for assisting mentally ill veterans. Videoclips will serve as a catalyst for audience participation.

Educational Objectives
- Identify the demographic characteristics pertinent to the behavioral health needs of incarcerated veterans
- Recount the challenges associated with providing treatment and reentry planning for veteran offenders
- Explore evidence-based best practices in emerging programs provided by the Veterans Health Administration
523 Arthritis: A Simple Tool for Accurate Diagnosis  
Room NCC 109

Bertram Hurowitz, MD, CCHP-A, University of Arizona, Maricopa Medical Center

As the inmate population ages and with more women incarcerated, the incidence of the various types of arthritis will increase. This presentation will supply a simple tool based on a brief history and physical examination of the patient to arrive at a diagnosis or short list of possibilities. Since some types of arthritis preferentially cause pain and inflammation in specific locations, emphasis will be placed on the “distribution of joints” of the arthritis complaint.

Educational Objectives
• Review the common types of arthritis seen in correctional facilities
• Explain how to prioritize the medical treatment of the problem present
• Evaluate clues presented to identify the type of arthritis

524 Evidence-Based Strategies for Managing Mentally Ill Inmates in the Context of PREA  
Room NCC 207

Daryl Kroner, PhD, Southern Illinois University; Jeremy Mills, PhD, Carleton University; Robert D Morgan, PhD, Texas Tech University

This presentation addresses the classification and management of inmates with mental illness, focusing on the reduction of prison rape. Correctly identifying predators and vulnerable inmates is valuable information for placement and interventions. Mental illness adds to the complexity. Evidence-based strategies for managing male inmates with mental illness in the context of PREA will be provided.

Educational Objectives
• Describe screening procedures appropriate for classification of inmates with mental illness
• Review assessment instruments appropriate for measuring institutional adjustment and predatory and vulnerabilities
• Explain how screening and assessment procedures are linked to the management strategies that decrease vulnerabilities and exposure related to behaviors covered by PREA

525 Journal of Correctional Health Care: Opportunities for Authors and Reviewers  
Room NCC 208

John Miles, MPA, Journal of Correctional Health Care

NCCHC’s journal continues to grow in quality and influence. Published by Sage, which specializes in scholarly, educational and professional works, it has a robust website and is indexed on Medline. We invite you to share your expertise. Whether you’ve submitted to JCHC before or are a first-timer—or would like to be a peer reviewer—attend this session to learn the ropes. The editor will discuss the Journal’s mission, subject matter, submission requirements and review process—and will ask what you’d like to see in the only peer-reviewed journal in our field

Educational Objectives
• Describe the value of the Journal, including the benefits for contributors
• Review the manuscript submission requirements and process
• Assess the opportunity to contribute professional expertise by becoming a peer reviewer

526 Measuring Quality and Compliance: Lessons Learned in California’s Health Care Litigation  
Room NCC 209

Jared Goldman, JD, Best Best & Krieger LLP; Renee Kanan, MD, MPH, California Correctional Health Care Services; Diana Toche, DDS, California Department of Corrections and Rehabilitation

Executive staff from the California prison health care system will examine the legal compliance and quality measurement methodologies currently being applied in California in response to four major health care class actions. The presentation will provide attendees with a foundation for analyzing various compliance approaches and will present emerging data about the efficacy of using a quality management model as the foundation for compliance measurement.

Educational Objectives
• Differentiate various compliance measurement methodologies used in resolving health-care-related class action litigation
• State the key components of a bona fide quality management program
• Assess the potential benefits of augmenting compliance programs with quality management programs

527 Mock Trial: Decide the Case of Billy Bouncer and His Broken Patella  
Room NCC 210

Robert Vogt, JD, CCHP, Weldon-Linne, & Vogt; Steven Shelton, MD, CCHP-A, Oregon Department of Corrections; Brian Hamilton, Correct Care Solutions; Susan Gritton, JD, Correct Care Solutions LLC

Billy Bouncer enters Tough County Jail with a fractured patella supported by a leg brace. The Tough County Jail doctor and the Off-Site Referral Committee believe that surgery is elective given that Billy’s injury is stable and does not interfere with his activities of daily living. Is it right to deny the surgery? Be the jury and decide the case.

Educational Objectives
• Review components of a correctional health care lawsuit through the presentation of a fictional case
• Explore arguments or and against a legal claim through case presentation
• Describe components contributing to a decision in a correctional health care lawsuit
Concurrent Session 4
3:45 pm – 4:45 pm

528 Essentials of Nurse Leadership: Delegation and Supervision  Room NCC 102
Mary Krahn, RN, CCHP, Conmed Healthcare Management, Inc.; Georgia Perdue, DNP, MSN, CCHP, Conmed Healthcare Management, Inc.

This session will review material from the National Council of State Boards of Nursing on this topic of delegation and supervision. It will provide a clear picture of the elements and responsibility for all nursing parties involved in a delegation and supervision relationship, and present the core principles of the delegation decision-making process as defined by NCSBN. Participants will discuss the benefits and pitfalls associated with delegation of nursing tasks in the correctional setting.

Educational Objectives
• Outline the delegation decision-making process
• Specify the steps to be used by the nurse when delegating in the correctional setting
• Examine the legal implications in the supervision of the delegation process

529 Nurse-Driven Chronic Care  Room NCC 103
Tara Taylor, RN, CCHP, Corizon - Missouri Regional; Monica Gipson, RN, Corizon - Indiana Regional

An efficient and effective chronic care program is essential in correctional health care. A proactive approach can improve outcomes and limit complications. Physician hours are at a premium, and health staff must make the most of this valuable resource. A nurse-driven chronic care program can do just that. Nursing staff can streamline the chronic care process through use of effective tools to monitor and measure outcomes, proper preparation of the patient, physician collaboration and patient education.

Educational Objectives
• Describe methods for identifying and tracking chronic care patients
• Discuss how to prepare patients for a chronic care provider visit
• Identify ways to measure effectiveness of the chronic care program

530 Adults With ADHD in Jails: Why It Matters  Room NCC 104
Janet Kramer, MD, CCHP, Attention Deficit Disorder Association; Judith Cox, MA, CCHP, JFC Consulting; Carol Kuprevich, EdD, Delaware Division of Substance Abuse and Mental Health

It is estimated that more than 20% of incarcerated adults have ADHD, a widely recognized chronic neurobehavioral disability. Current evidence-based screening, diagnosis and treatment modalities will be discussed, along with strategies to develop a plan to identify and treat those with ADHD in jails and suggestions for transition of these individuals into the community. Insights derived from an ongoing pilot program and recently developed resources will be shared.

Educational Objectives
• Review ways to recognize the behavioral characteristics of adults with ADHD
• Describe the two major treatment modalities effective for those with ADHD
• Discuss how appropriate approaches to the inmate with ADHD can improve safety in the jail setting

531 Medical Assessment Program: Continuity of Care From Intake to Release  Room NCC 108
Oladoyin Isiaka, MPA, PA-C, CCHP, Parkland Health & Hospital System; Esmaeil Porsa, MD, MPH, CCHP, Parkland Health & Hospital System

The medical assessment program is a comprehensive approach to the delivery of efficient and effective health care, beginning with comprehensive intake screening and continuing through an inmate’s release. The MAP program fosters improved access to care, timeliness of care and continuity of care, and has proven to be cost-saving for the institution.

Educational Objectives
• Explain the key features of the medical assessment program
• Describe the comprehensive intake screening process
• Examine outcomes of the MAP initiative
EDUCATIONAL SESSIONS

532 Emerging Issues in Suicide Risk Management and Prevention
Michael Saucier, JD Thompson & Bowie; Elizabeth Ali, JD, Western Litigation; Donald Leach, II, PhD, Donald L. Leach & Associates, Ltd.

Although suicide rates have decreased dramatically over the past three decades, even the best suicide prevention policies have not eliminated the problem. This talk will discuss suicide-related litigation trends, as well as risk management assessments from various perspectives: inside the correctional facility; the insurer handling notices of claims, preliminary investigations and litigation risk management; and defense counsel engaged wrongful death and civil rights lawsuits. It will focus on practical suicide risk management practices and meaningful policy implementation.

Educational Objectives
• Restate the current legal trends in civil rights and common law cases involving in-custody suicides
• Evaluate actual case scenarios to review risk management practices from correctional staff and insurer viewpoints
• Examine key issues in multidisciplinary risk reduction and suicide prevention strategies

533 Using Health Information Exchange to Improve Provision of Care
Honey Pivirotto, MBA, Pima County Adult Detention Center; Amy Fish, BAN, PhD, Pima County Adult Detention Center; David Moss, BN, MBA, Conmed Healthcare Management, Inc.; William McCracken, Student, University of Arizona College of Pharmacy; India Davis, BA, Pima County Adult Detention Center

Rapid access to health information at all points along the continuum of care improves the delivery of mental and physical health care. Pima County leveraged the opportunity to participate in the statewide health information exchange. Presenters will describe strategies to solve disconnects in treatment as individuals move between county and state correctional settings and from community provider to correctional settings, as well as lessons learned. Preliminary data on the impact will be presented.

Educational Objectives
• Identify health information sharing options to solve the challenges of meeting a community standard of care for patients in correctional settings
• Develop strategies to use a health information exchange to improve delivery and continuity of care
• Cite lessons learned from the Pima County experience to aid implementation and utilization of a health information exchange

534 Fetal Alcohol Spectrum Disorders: A Panel Discussion
Carolyn Szetela, PhD, Meharry Medical College; Carl Bell, MD, CCHP, Institute for Juvenile Research; Roger Zoorob, MD, MPH, Meharry Medical College

Studies have begun to demonstrate the high prevalence of inmates who are affected by prenatal exposure to alcohol, having what are now known as fetal alcohol spectrum disorders. The organic brain damage of FASDs is linked to cognitive impairments, mental health problems, disrupted schooling, inappropriate sexual behavior, addiction, trouble with the law and a high risk of incarceration. This panel will discuss the medical, behavioral, ethical and addressable aspects of FASDs so that attendees may better recognize and address this disorder in their populations.

Educational Objectives
• Describe FASD and its correlation with common inmate behaviors
• State the prevalence and impact of FASDs in correctional populations
• Consider responses and interventions for addressing FASD among inmates

535 CCHP-MH: Specialty Certification for Correctional Mental Health Professionals
Sharen Barboza, PhD, CCHP-MH, MHM Services, Inc; Mark Fleming, PhD, CCHP-MH, Corizon - Brentwood Regional; Matissa Sammons, CCHP, National Commission on Correctional Health Care

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

Educational Objectives
• State the eligibility criteria for CCHP-MH certification
• Produce an application for mental health certification that meets the program requirements
• Describe the purpose and content outline of the CCHP-MH exam
536 TLC for HIV-Infected Jail Detainees: Setting Up a Screening Program, Treating the Newly Diagnosed  Room NCC 210
Anne Spaulding, MD, MPH, CCHP, Rollins School of Public Health

Drawing on the experience of an innovative testing and linkage to care (TLC) program for HIV in the Fulton County (GA) Jail, the speakers will describe how they implemented and sustained a rapid HIV screening program for jail entrants, which was the subject of a recent article in the MMWR. They will also review medical management of newly diagnosed HIV disease and therapeutic considerations for treating persons who have fallen out of care.

Educational Objectives
• Describe how to set up an HIV testing program that is integrated into the jail entry process
• Review the currently recommended medical evaluation of an individual newly diagnosed with HIV
• Discuss how to resume antiretroviral treatment of persons who have fallen out of care and who soon may be leaving the correctional environment

Tuesday, October 29

Concurrent Session 5
8:45 am - 9:45 am

537 Essentials of Nurse Leadership: Clinical Management  Room NCC 102
Mary Raines, RN, CCHP, Conmed Healthcare Management, Inc.; Lisel Browe, BSN, CCHP, Conmed Healthcare Management, Inc.

Many activities critical to the provision of adequate health care depend on what occurs in the clinic. These activities are intertwined. While clinical operations has many components, this presentation will focus on four key drivers of patient care delivery that often consume most of a nursing manager’s time. The speakers will review each area—receiving screening, providing access to care, medication services and delivery of chronic care—and make suggestions based on case studies to assist in clinical management.

Educational Objectives
• Examine fundamental areas of correctional clinic management, including receiving screening, access to care, medication services and chronic care
• State essential elements of each clinical management area
• Establish outcomes for measuring success in each area of clinic management

538 Asthma Self-Management: Teaching Patients to Succeed  Room NCC 103
Patricia Voermans, APRN, MSN, CCHP-RN, Correctional Health Care Consultant; Jamie Barker, BSN, RN, Wisconsin Department of Corrections

Although asthma management is possible for most individuals, studies show goals are not being met. National Asthma Education and Prevention Program guidelines indicate that patient education by a qualified health care provider is the most effective means to provide asthma disease control and prevent untoward patient outcomes and costly emergency care. Nurses, as the most predominant caregivers in the correctional health delivery system, are often the first to see patients for health problems and are in a unique position to teach patients. This session will provide participants with the necessary knowledge to teach patients’ self-assessment skills.

Educational Objectives
• Describe two self-monitoring techniques for asthma control
• Compose a written self-action asthma plan
• Differentiate the role of inhaled corticosteroids from rescue inhalers in asthma management

539 Principles of Administrative Management: Staff, Budgets, Contracts and More  Room NCC 104
Ronald Wiborg, MA, MBA, CCHP, Creative Government Solutions

This workshop is intended to assist nursing supervisors and health services administrators—particularly those who are new to the role—to understand and use principles of nonmedical management. Topics will include effective staff supervision, discipline, budget planning, contract management, cost analysis, cost reduction, trend analysis and how to present your ideas to the “boss.”

Educational Objectives
• Explore how to effectively make the transition from staff nurse to supervisor or health services administrator
• Review the basics of budgeting and cost analysis
• Discuss how to “buy” a new staff position or equipment without increasing your budget

540 Prostate Cancer: An Update on Screening and Treatment Recommendations  Room NCC 208
Richard Kosierowski, MD, CCHP, Corizon - Brentwood Regional

Prostate cancer is the most common malignancy in the incarcerated population. Recent research has redefined the role of PSA testing for prostate cancer. Rather, a variety of clinical and laboratory values must be considered to identify patients for biopsy. Prostate cancer patients are assigned to a risk category that defines optimal therapy options. The Pivot trial has redefined the optimal therapy. The changes in recommendations for diagnosis and treatment of prostate cancer will be reviewed.

Educational Objectives
• Define the role of PSA in prostate cancer diagnosis
• Describe the role or the primary care provider in treatment of low-risk prostate cancer
• Explain the role of the primary care provider in prostate cancer surveillance

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EDUCATIONAL SESSIONS

541 An Evidence-Based Approach for Treating Inmates With Mental Illness

Robert Morgan, PhD, Texas Tech University; Jeremy Mills, PhD, Carleton University; Daryl Kroner, PhD Southern Illinois University

Historically, better mental health care was assumed sufficient for treating offenders with mental illness, but we now know that to improve criminal justice outcomes, we must provide services that address the underlying causes of criminal behavior. Unfortunately, offenders with mental illness have limited access to comprehensive treatments that target co-occurring issues of mental illness and criminality. This talk will provide a model and summarize an evidence-based intervention for intervening with offenders with mental illness.

Educational Objectives
- Cite statistics and demographics of co-occurring mental illness and criminal risk in justice-involved persons with severe and persistent mental illnesses
- Identify effective correctional and mental health interventions for intervening with persons with mental illness
- Examine a theoretical model and evidence-based intervention to guide clinical service delivery for justice-involved persons with mental illness

542 Anxiety Disorders in Juvenile Detention: Strategies for Assessment and Intervention

Melanie Farkas, PhD, MGH Child CBT Program; Ohiana Torrealday, PhD, CCHP-MH, University of Texas Medical Branch

Clinical anxiety is one of the most prevalent mental health concerns in juvenile detention facilities nationwide. Anxiety disorders present in a variety of manners and can be difficult to accurately diagnose and effectively target in treatment. This presentation will discuss the nature of anxiety disorders as well as empirically supported assessment and interventions strategies recommended for juvenile correctional settings.

Educational Objectives
- Delineate symptoms of anxiety and how it may present in juvenile detention facilities
- Review empirically supported assessment strategies
- Cite key elements of CBT interventions in supporting children presenting with anxiety

543 Jail Linkages: Two Evidence-Based Approaches for Linkages to Care in the Community

Alison Jordan, MSW, Hampden County Correctional Center; Thomas Lincoln, MD, Hampden County Correctional Center; Maureen Desabrais, LSW, Hampden County Correctional Center

Continuity of care from jails to community health care presents challenges that include short and unpredictable stays and lack of community resources. A HRSA grant for Enhancing Linkages to Care for People Leaving Jails With HIV had 10 demonstration sites. Two sites—Hampden County, MA, and Rikers Island, NY—will present their approaches to overcome barriers to care linkages aimed at improving community health and reducing recidivism. Tracking outcome data and program evaluations led to improvements and helped build sustainable programs.

Educational Objectives
- Present two approaches to facilitate linkages from jail to community care
- Identify four ways to reduce barriers to linkages from jail to community care
- Examine how linkages to care impact clinical outcomes and recidivism rates

544 Meeting the Nutritional Needs of Youthful Offenders

Barbara Wakeen, MA, RD, CCHP, Correctional Nutrition Consultants, Ltd.

Youth have different nutritional needs than adults. Adding incarceration to the mix, whether in adult institutions or dedicated juvenile facilities, presents additional considerations to meet their nutritional needs. This presentation will address nutrition for healthy youth along with variations to meet medical needs, the child nutrition program, those on drug therapy, standards compliance and more.

Educational Objectives
- Summarize the nutritional requirements for youth according to governing agency standards
- State the differences in providing adequate nutrition to youth housed in juvenile detention vs. adult detention
- Review special considerations related to food intake where health status is affected

545 From Blame and Shame to Sustainable Change: Building a Patient Safety Program

John Dunlap, DO, CCHP, California Department of Corrections and Rehabilitation

At the end of 2012, California’s prison system launched a new statewide patient safety program, including performance objectives, a health incident reporting system and a new process for review of adverse events. This presentation describes the journey to date from an organizational culture that emphasized finger-pointing in the face of health care errors to one that looks for system fixes to reliably prevent further patient harm.
Educational Objectives
• Describe five major components of a patient safety program, including the elements required in NCCHC accreditation standard P-B-02
• Evaluate how taxonomies used in the broader health care industry to categorize and analyze adverse events might be applied to correctional systems
• Cite the seven major steps in California’s root cause analysis procedure

12:00 pm – 1:15 pm
LUNCH & LEARN

Bristol-Myers Squibb Product Theater
Noah Lee, DO, Midland Medical Center, and Chad Zawitz, MD, Cook County Health & Hospitals System

This educational program will discuss the management of patients with HIV who are transitioning back into the community. This presentation will address key management issues, implications of the Affordable Care Act and a comprehensive clinical case discussion.

Sponsored by Bristol-Myers Squibb. This is a non-CE activity.

Concurrent Session 6
1:30 pm – 3:00 pm

546 Chronic Care: The Biggest Bang for Your Buck
Room NCC 104
Mary Jane Bookstaver, MBA, BSN, Corizon - St. Louis Regional

This interactive workshop will discuss chronic conditions requiring enrollment in chronic care clinics and review guidelines for chronic care treatment. The discussion will look at costs associated with chronic care according to standards of care vs. the cost of hospitalization when chronic care is not optimal. Actual case scenarios will be presented to spark conversation about care.

Educational Objectives
• Discuss chronic conditions requiring enrollment in chronic care clinics
• Review guidelines for treatment of chronic conditions
• Examine costs associated with chronic care vs. cost of hospitalization

547 Autonomy in Correctional Nursing Practice: Exploring Responsibility and Accountability
Room NCC 102
Mary Muse, MS, RN, CCHP-RN, CCHP-A, Wisconsin Department of Corrections; Steve Linn, BS, RN, CCHP, Wisconsin Department of Corrections; Morgan Bailey, Wisconsin Department of Corrections

Nursing autonomy is often associated with increased nurse satisfaction. Exploring correctional nurses’ perceptions and understanding of nurse autonomy is useful in examining the nurses’ impact on enhanced patient care. Some questions to consider: What behaviors are associated with nurse autonomy in correctional health care? Is accountability and responsibility for nursing practice interwoven with nurse autonomy in this environment? The speakers will offer strategies and recommendations for enhancing autonomous nursing practice.

Educational Objectives
• Clarify expectations about clinical nurse autonomy and its relevance to correctional nursing
• Evaluate opportunities for enhancing control of nursing practice
• Propose strategies for enhancing nurse autonomy and control of nursing practice

548 Clinical Performance Enhancement for Nursing Staff
Room NCC 103
Carol Bryner, BSN, RN, King County Correctional Facility

This talk will present the clinical performance enhancement process for nursing staff in the King County Jails. The facility standardized the clinical competencies in selected nursing practice areas to improve patient safety, reduce variation in nursing practice and improve the quality of care. This process includes systematic review of nursing performance in several bodies of work, using both direct observation and documentation review, and performance improvement plans as indicated.

Educational Objectives
• Describe how this clinical performance enhancement model improves patient care through review of the nurses’ practice
• Explain the importance of data collection and tracking to the overall success of the CPE program
• Compare the CPE review process described with that used in one’s own accredited facility
549 Merging Electronic Databases for Clinical and Administrative Management  Room NCC 108

Steven Hammond, MD, PhD, Washington State Department of Corrections; Ronna Cole, Washington State Department of Corrections

This session will describe the “data warehouse” developed for the Washington State Department of Corrections health services. The merger of multiple electronic databases for analytic and management purposes supports quality, clinical functions, chronic care, utilization, finance, staff management and more. The speakers will share examples of the project’s current and potential utility and explain how this approach can complement and supplement an EMR.

Educational Objectives
• Review how to merge disparate electronic databases
• Describe the potential for enhanced management capabilities from use of merged databases
• Discuss the potential for systemic quality reporting and management from use of merged databases

550 Keys to Effective TB Prevention and Control  Room NCC 109

Sarah Bur, MPH, BSN, Federal Bureau of Prisons

The incidence of tuberculosis in correctional facilities is four to five times greater than in the general population of the United States. Effective systems for TB detection, treatment, prevention and contact investigation are critically important to maintain a safe correctional environment. This session outlines key components of successful TB program. Case studies will be used to illustrate key points.

Educational Objectives
• Discuss the importance of TB prevention and control in correctional facilities
• Outline components of an effective TB prevention and control program
• Describe methods to meet the TB educational need of correctional health care providers

551 Adolescent Dermatology  Room NCC 207

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

Dermatological conditions are a major concern to adolescents and present as a major proportion of a practitioner’s adolescent caseload. Once a clinician recognizes the conditions and their consequences, appropriate management can be planned, including referral to a dermatologist when necessary. Because much of dermatology is based on skin appearance, the presentation will use photographs followed by a description of the patterns of presentation to help practitioners make correct diagnoses and provide the correct treatment.

Educational Objectives
• Recount the obstacles to effective assessment and treatment of self-injury among criminal offenders
• Differentiate between self-injury resulting from suicidal vs. nonsuicidal intent and the unique characteristics associated with serial self-injurious behaviors
• Explore how a profiling system may be useful in developing a classification system and a paradigm for understanding serial self-injurious behaviors

552 Rethinking Substance Abuse Treatment: Doing the Right Thing Right  Room NCC 208

Mark Simpson, PhD, Tennessee Department of Correction

Substance abuse treatment is the most widely offered behavioral health intervention across the criminal justice system. Despite the proliferation of programs to target offenders’ drug use, research evidence suggests effective programs should first target offenders’ antisocial attitudes that support their decision to commit crime rather than their substance use behavior. This presentation additionally challenges what constitutes evidence-based treatment for this population.

Educational Objectives
• List the risk factors that leave offenders most vulnerable to continued criminal activity
• Describe the factors that are most strongly associated with effective substance treatment with criminal offenders
• Identify evidence-based treatments that support effective interventions with substance abusing criminal offenders


William Bales, PhD, Florida State University; Samuel Scaggs, MS, Florida State University

Self-injurious behavior, and especially serial behavior, is a significant problem in corrections, compounded by confusion about how to define self-injurious behavior and the motivational and etiological factors. The self-injury profiling system identifies diagnostic and personality characteristics, behavioral patterns and associated risk factors to construct a SIPS profile and to analyze individual and group trends. The SIPS system facilitates the implementation of evidence-based interventions, improvement in clinical outcomes and reduction in associated health care costs.

Educational Objectives
• Recount the obstacles to effective assessment and treatment of self-injury among criminal offenders
• Differentiate between self-injury resulting from suicidal vs. nonsuicidal intent and the unique characteristics associated with serial self-injurious behaviors
• Explore how a profiling system may be useful in developing a classification system and a paradigm for understanding serial self-injurious behaviors
The Pharmacological and Psychological Approaches to Pain Management

Mark Fleming, PhD, CCHP-MH, Corizon - Brentwood Regional; Peter Lee, PharmD, MBA, CCHP, PharmaCorr; Chuck Jones, PharmD, CCHP, PharmaCorr

Treating pain and chronic pain in a correctional environment can be quite complicated. Providers typically have to consider many factors including cost, malingering and drug utilization management. Providers often rely solely on pharmacological methods of addressing pain. This presentation will explore the appropriate types of medications for treating pain in a correctional environment as well as how to use nonpharmacological treatments and how to create a system that uses both treatment modalities effectively and collaboratively.

Educational Objectives

• Review the psychological components of pain
• Explain how to effectively create a treatment plan for pain using both medications and behavioral health treatment
• Examine how to best use pharmacology in treating both pain and chronic pain in a correctional environment

Essentials of Nurse Leadership: Performance Enhancement

Denise Panosky, RN, CCHP, University of Connecticut Health Center; Constance Weiskopf, APRN, PhD, CCHP, University of Connecticut Health Center; Deborah Shelton, PhD, RN, CCHP, University of Connecticut

This session provides content and instruction about overall nursing competencies (baseline through expectations); measurement of nursing competencies (self-assessment and tools); evaluation of employees, including associated performance improvement plans (peer supervision); and continuing education (looking at the evidence, best practice and models).

Educational Objectives

• Describe nursing competencies for correctional nurses
• Identify two tools that may be used to measure nursing competencies
• Explain the importance of continuing education and how this is related to correctional nursing competency

Understanding the Application of HIPAA in Corrections and the Proper Handling of Requests for Patient Information

Deana Johnson, JD, MHM Services, Inc.

Due to significant changes in the application of HIPAA to the correctional health care environment, there is ongoing confusion as to how the law applies and what correction-specific exemptions currently exist. This presentation reviews the changes in HIPAA since its inception and examines the current applicability to corrections. Participants will also receive advice about the safest practices when faced with requests for protected health information of inmate patients.

Synthetic Drugs: How to Identify, Manage and Treat Impaired Inmates

Janice Stepnoski, MSW, LCSW, Corizon; Svoboda Holt, LMHC, Corizon - Brentwood Regional

The epidemic use of synthetic drugs will be discussed along with prevalence statistics. Symptoms of intoxication, impairment and detoxification will be discussed. Synthetic drug-impaired inmates present specific management problems that differ significantly from other drug intoxication and withdrawal processes. The various management modalities and tools in managing impaired inmates will be explored with the goal of risk reduction to the inmate, staff, and facility.

Educational Objectives

• Identify the signs and symptoms of individuals detoxing from synthetic substances
• Effectively treat and manage those individuals as part of a multidisciplinary team
• Demonstrate knowledge of the types, composition and prevalence of use of synthetic drugs

Teledermatology: What You Need to Know

Matt Hardin, MD, Federal Bureau of Prisons

Using simple and easily available technology, a store-and-forward teledermatology program can transform dermatologic care. Teledermatology decreases medical costs, improves security and minimizes geographic and institutional barriers. This session will highlight relevant teledermatology practice management literature and, using the Federal Bureau of Prisons teledermatology program as a model, will present the practical details of implementation. Case studies will describe common conditions (eczema, psoriasis, scabies) and how these cases can teach primary care providers and prevent delayed diagnoses.

Educational Objectives

• Summarize the current store-and-forward teledermatology literature
• Outline store-and-forward teledermatology application in the Federal Bureau of Prisons
• Discuss the educational opportunities in using teledermatology to manage common skin conditions

Due to significant changes in the application of HIPAA to the correctional health care environment, there is ongoing confusion as to how the law applies and what correction-specific exemptions currently exist. This presentation reviews the changes in HIPAA since its inception and examines the current applicability to corrections. Participants will also receive advice about the safest practices when faced with requests for protected health information of inmate patients.
EDUCATIONAL SESSIONS

559 Developing a Staffing Plan to Meet the Needs of Your Institution
Mark Ellsworth, MSN, RN, Salt Lake County Metro Jail
This talk outlines the administrative approach to creating a staffing plan and actualization of it for a facility. It will cover how to perform assessment of needs, matching staffing to models and calculation of staffing levels. Attendees will gain momentum to propel them forward in creating or revising a facility’s staffing, with a pathway on how to achieve the necessary resources to accomplish it.

Educational Objectives
• Create a model of assessment of the staffing needs of one’s own facility
• Develop an objective staffing model
• Devise ways to implement the staffing plan

560 Restoration of Competency in Jail: A Proven Program That Saves Time and Money
Terry Fillman, MBA, RN, CCHP; San Bernardino County Sheriff’s Department
Kevin Rice, MSW, LCSW, Mental Health in Corrections Consortium
Greg Garland, San Bernardino County Sheriff’s Department
Challenges with the incompetent-to-stand-trial inmate population include unnecessary lengthy custody stays, mental health treatment delays, court process delays, restoration treatment delays, costs to the county and public sector, and behavior and housing management issues. In 2011, the San Bernardino County Sheriff’s Department launched an innovative jail-based competency restoration treatment program, the first of its kind in California corrections. This presentation describes how the program addresses these issues, earning it the California State Counsel on Mentally Ill Offenders’ “Best Practices” award.

Educational Objectives
• Describe the challenges with the management of incompetent-to-stand-trial inmates
• Illustrate how to effectively implement a jail-based restoration of competency program
• Explain the health care, time and cost benefits of an effective restoration program

561 Bridging the Gap Between Medical Staff and Security Staff
Robert Cromwell, BBA, MS, CCHP; Licking County Justice Center
This presentation identifies the communication problems that exist between medical/mental health staff and security staff. These two professions come together in a correctional environment with completely different goals and objectives. Facilitating and fostering an understanding of each other’s profession, goals and mission is paramount to a successful working environment. This talk will provide some strategies and tools facilities can implement to foster excellent communication between medical/mental health staff and security staff.

Educational Objectives
• Differentiate between the goals and objectives of medical/mental health staff and those of security staff
• Describe communication techniques that will enhance the working environment between medical/mental health staff and security staff
• Explore how to bridge the gaps between medical/mental health staff and security staff through better communication strategies

562 Ethics in Correctional Mental Health
Thomas Fagan, PhD, CCHP-MH, Nova Southeastern University
John Baxter, EdD, Corrections Corporation of America
As a rule, the ethical principles governing correctional mental health care are the same as community standards. However, balancing security and treatment needs can create role ambiguities and ethical concerns. From breaching confidentiality for rule violations to participation in disciplinary hearings and competency evaluations, correctional mental health professionals often struggle with the custody–treatment conflict in their perceived dual-agent role. This session will discuss the pertinent ethical standards and guidelines and offer strategies for sound, ethical decision-making.

Educational Objectives
• Review the basic ethical guidelines governing correctional mental health care
• Describe the ethical decision-making process
• Identify potential role conflicts in correctional settings
563 Community-Based Approach to Stopping the Revolving Door of Recidivism

Rita Torres, CCHP, Health Care Partners Foundation; Kevin McClintock, San Miguel County Detention Center; Patrick Snedeker, San Miguel County Detention Center

This presentation will demonstrate how to develop and implement a collaborative, community-based well-being program aimed at reducing recidivism through community safety-net systems. The program integrates community resources to provide an accountable continuity-of-care system of services beginning at the time of incarceration with early identification of inmate needs. It is focused on total well-being inclusive of mental health, education, work skills, socioeconomic environment, family and cultural values.

Educational Objectives
• Identify the community resources and networks that encompass the well-being of the inmate
• Relate the importance of safety-net agreements and compliance commitments for inmate and community
• Examine the use of affordable data and tracking systems to implement a continuity cycle to produce effective results

Concurrent Session 8
4:30 pm - 5:30 pm

564 Essentials of Nurse Leadership: Business Skills and Benchmarking Performance

Karen Rea-Williams, MSN, FNP, CCHP, California Correctional Health Care Services; Jennifer Hoke, MSN, RN, California Correctional Health Care Services

This session covers the importance and benefits of benchmarks and strategic plans and how these management tools work together. It will discuss what a strategic plan is, why one is needed and how to create one. The speakers will review an example of a strategic plan that uses the “magnet status” goals of transformational leadership, clinical competence, structural empowerment and exemplary professional practice.

Educational Objectives
• State the definition and purpose of a strategic plan
• Describe how strategic plans are applied in the work setting
• Discuss how benchmarks strengthen a strategic plan

565 Improving Nursing Care of Older and Dying Inmates in Forensic Psychiatry in Germany

Harald Kolbe, MSN, Province of Westfalia-Lippe LWL-Correctional Services

Demographic change has arrived in the correctional environment. The number of older and terminal ill inmates is increasing. This talk will discuss the situation of old and dying inmates in Germany and describe a practice development project based on the PARIHS-framework that was conducted to improve the quality of care. The study design, data collection methods and analysis will be presented, along with implementation strategies and outcomes.

Educational Objectives
• Analyze two case studies for evidenced-based care of old and terminally ill inmates
• Assess the PARIHS-framework for improving evidenced-based practice
• Explore the health needs of older and terminally ill inmates through their perspective

566 Limiting Your Risk in a High-Risk Environment

Carol Dillon, JD, Bleeke Dillon Crandall, PC; Jeb Crandall, JD, Bleeke Dillon Crandall, PC

This presentation shares insight into the litigation process that most correctional health care providers will face at some point in their career as well as practical tips to help reduce risk and gain a level of comfort about the litigation process. Topics will include the most prevalent medical issues being litigated, ways the everyday actions of health care providers can affect litigation and simple suggestions to reduce risk.

Educational Objectives
• Summarize how correctional health care cases are litigated
• Cite practical things correctional health care providers can do every day to help reduce risk of being sued
• Demonstrate increased understanding and comfort about litigation

567 Treating Sexual Offending Behaviors

Stacey Goldstein-Dwyer, MA, LMHC, Massachusetts School of Professional Psychology

This session will cover current research on how to best treat sexual offending behaviors, including treatment modalities and empirically identified approaches. Peer-reviewed literature on the etiological and theoretical explanations to sexual offending will be discussed to enhance understanding of the motivations behind the behavior. Statistical data on both sex offenders and victims of sexual assault across the lifespan will shed light on how early life experiences and trauma impact developmental and life trajectories in relation to future sexual deviancy.

Educational Objectives
• Demonstrate good understanding of sexual offending etiology and theory
• Discuss the relevant research on sex offender treatment
• Explain how to determine sex offender treatment needs/targets
568 Caring for the Mind: Locating Online Mental Health Information  Room NCC 109

Naomi Gonzales, National Library of Medicine

According to the Bureau of Justice Statistics, over half of all jail and prison inmates have mental health issues; an estimated 1.25 million suffer from mental illness. Correctional staff need to be knowledgeable on mental health information resources available on the Internet. This presentation will assist attendees in locating free, dependable information about a variety of mental illnesses and treatments, including depression, anxiety, PTSD and medications.

Educational Objectives
- Describe how to locate free, high-quality Internet information on mental illnesses
- Review how to locate free, high-quality Internet information on the types of medications used to treat mental disorders
- Identify online resources to locate evidence-based mental health research

569 Multidisciplinary Approach to HIV Care Through Telemedicine  Room NCC 207

Melissa Badowski, PharmD, BCPS, AAHIVP, University of Illinois College of Pharmacy at Chicago; Jeremy Young, MD, MPH, University of Illinois College of Medicine at Chicago; Pyrai Vaughn, MA, University of Illinois College of Medicine at Chicago

This talk will discuss a multidisciplinary approach to use of telemedicine to provide specialized care for HIV-infected patients in corrections, describing the benefits as well as initial barriers. Implementation of such a program at the Illinois Department of Corrections will be described. After three years, it was found that telemedicine increases access to HIV care while decreasing transportation and security costs.

Educational Objectives
- Describe how telemedicine may be used in the correctional setting
- Identify benefits and potential barriers to telemedicine
- State the importance of a multidisciplinary approach to the HIV patient in corrections

570 What Would You Do? Ethical Dilemmas in Correctional Mental Health  Room NCC 209

Thomas Fagan, PhD, CCHP-MH, Nova Southeastern University; John Baxter, EdD, Corrections Corporation of America

This session will briefly summarize the ethical guidelines governing correctional mental health (i.e., those presented in Session 562) and use a series of case vignettes to highlight ethical concerns, dispel erroneous disbeliefs and increase competency in ethical decision-making. We will learn together that, when it comes to ethics, good questions produce the best answers.

Educational Objectives
- List organizations with ethical guidelines governing correctional mental health care
- Describe common correctional mental health situations that may raise ethical concerns
- Analyze cases where mental health ethical dilemmas may arise in correctional settings

571 Toward an Integrated System of Clinical Service Delivery: The Tennessee Model  Room NCC 208

Mark Simpson, PhD, Tennessee Department of Correction; Kenneth Williams, MD, PhD, Tennessee Department of Correction

Departments of correctional clinical services typically are organized into separate divisions (medical, mental health, substance abuse, etc.), leading to a “silo mentality” in which services are compartmentalized and practitioners are isolated within their disciplines. This presentation outlines the Tennessee Department of Correction’s recent reorganization into an integrated model of service delivery. This approach is expected to lead to cost containment through use of behavioral interventions to address inmate emotional/behavioral concerns and less reliance on psychopharmacological interventions.

Educational Objectives
- Define the concept of “silo mentality”
- Describe an integrated model of clinical service delivery
- List anticipated cost containment objectives

572 Working With Advanced Practitioners in Corrections  Room NCC 210

Rebecca Lubelczyk, MD, CCHP, MHM Services, Inc.

Many correctional health program models heavily emphasize care delivered by advanced practitioners such as nurse practitioners and physician assistants. Usually this is a result of their ability to perform similar scope of practice at much reduced cost compared to a physician. This presentation will review the different kinds of advanced practitioners and their training, and provide suggestions on how to work with and supervise NPs and PAs.

Educational Objectives
- Explain the difference between a nurse practitioner and a physician assistant
- Elucidate the physician’s role as supervisor
- Outline how to work as a health care team in a correctional setting
Wednesday, October 30

Concurrent Session 9
8:45 am – 9:45 am

573 Essentials of Nurse Leadership: Personnel Management
Room NCC 102
Becky Pinney, MSN, RN, CCHP-RN, Corizon - Brentwood Regional

Effective staff management has a major impact on patient safety and care, as well as staff morale. This presentation will provide nurse managers/health care managers with valuable information regarding their role in personnel matters at their facility. It will provide fundamental information about hiring, on-boarding, directing and supervising other providers, as well as effective interaction with other medical personnel.

Educational Objectives
• State the importance of the nurse managers’ role in addressing all aspects of personnel issues for those employees under their responsibility
• Explain the various aspects of personnel management.
• Examine the impact of effective management on patient safety, patient care and staff morale

574 Application of NCCHC Standards to Inmate Lawsuits: Current Trends and Useful Tips
Room NCC 103
Daniel Griffith, JD, Whiteford, Taylor, Preston, LLP

Each year, correctional health care providers devote hundreds of thousands of dollars to defend and settle inmate health care claims. Plaintiffs’ experts often cite NCCHC standards as representing the standard of care, and the courts use them in determining whether an institution’s policies and procedures are appropriate. This presentation emphasizes adherence to those standards most commonly cited in litigation, with examples of how they have been applied in a litigation setting. It also shares ways to minimize the provider’s exposure.

Educational Objectives
• Apply NCCHC standards commonly cited in litigation to one’s day-to-day practices
• Discuss the importance of the NCCHC standards in avoiding and defending inmate health care claims
• Explore how to defend inmate health care litigation more effectively

575 Special Needs of and Promising Solutions for Incarcerated Veterans of Operation Enduring Freedom and Operation Iraqi Freedom
Room NCC 210
Alexandra Pajak, MSW, CCHP, Corizon - Brentwood Regional

The Institute of Medicine identified conflict with the criminal justice system as a major challenge for veterans of Operation Enduring Freedom and Operation Iraqi Freedom. Incarcerated veterans of these conflicts also face high risks of suicide, mental illness and homelessness. This presentation will provide information and review promising solutions for correctional health care professionals treating this vulnerable population.

Educational Objectives
• Identify unique experiences of incarcerated OEF/OIF veterans compared to incarcerated veterans from other service eras
• Describe mental health diagnosis, suicide and homelessness as major risks for incarcerated OEF/OIF veterans
• Summarize the policies of Veterans Health Administration, Veterans Justice Outreach Initiative, Healthcare for Homeless Veterans Initiative and Veterans Treatment Court

576 Economic Analysis of Mental Health Services to Improve Care Delivery
Room NCC 108
Daniel Berman, PsyD, RN, Center for Healthcare Thinking and Innovations

This session examines the cost factors that influence the budget projections for mental health and substance abuse services. It will outline how the application of cost/benefit analysis and cost/utility analysis provides a programmatic and economic analysis of these services, helping to identify economic barriers to successful delivery of care. The discussion will show how the combination and integration of health and mental health services is economically sound and improves clinical outcomes.

Educational Objectives
• Discuss how cost issues affect mental health care
• Apply the concepts of cost/benefit analysis and cost/utilization analysis to mental health services
• Devise innovative programming directed at cost containment in mental health care
EDUCATIONAL SESSIONS

577 Therapeutic Communities: Treating Offender Lifestyle Disorders Room NCC 109
Mark Simpson, PhD, Tennessee Department of Correction; Michelle Hergert, AA, Tennessee Department of Correction

This presentation will review the historical development of therapeutic communities in the United States and England as they pertain to the treatment of criminal offenders and substance abusers. It will present the elements of effective therapeutic communities and illustrate how their structure and organization directly impact criminal attitudes and behavior. Research findings that support the view that therapeutic communities are effective in reducing criminal recidivism and relapse in substance use will be shared.

Educational Objectives
• Review the historical development of therapeutic communities
• Delineate the behavioral characteristics and cognitions associated with lifestyle criminality
• Describe elements of effective therapeutic communities

578 Establishing a Nurse-Managed Infection Control Program Room NCC 209
Gene Lincoln, MS, BSN, CCHP, Corizon - Albuquerque

This presentation describes the process of establishing and maintaining a nurse-managed infection control program in a state prison system consisting of 10 facilities and a regional management center. The program gathers statistical data, monitors and tracks infectious events, coordinates care of hepatitis C and HIV/AIDS patients, and provides training to corrections officers and inmates on infection control issues. Issues of program development, logistics, coordination of care and staff training will be addressed.

Educational Objectives
• Outline the site requirements for an infection control nurse: duties, support requirements, shared job responsibilities
• Identify the organizational support necessary to provide education and support to the site-level infection control nurses from the regional office
• Describe the programs that can be supported via a coordinated, nurse-managed infection control program

579 PREA Training for Health Staff: Detecting and Assessing Signs of Sexual Abuse and Harassment Room NCC 104
B. Jaye Anno, PhD., CCHP-A, Consultants in Correctional Care; Karla Viethaler, MPA, Pennsylvania Coalition Against Rape

The U.S. Justice Department expects correctional facilities to provide specialized training to medical and mental health personnel on specific areas of the Prison Rape Elimination Act. Part 1 of this four-part series will examine the sexual abuse in prisons and how it is defined in the PREA regulations, explain how to detect signs and symptoms of abuse, review the effects of trauma on the brain, discuss the required intake screening tool and examine the health care provider’s role in detection and assessment.

Supported by the National PREA Resource Center via Grant No. 2010-RP-BX-K001 awarded by the Bureau of Justice Assistance

Educational Objectives
• Explain how to detect signs and symptoms of both acute and prior sexual abuse
• Describe considerations for the development of the intake screening tool required in PREA
• Outline the health care provider’s role in the screening process

Concurrent Session 10
10:00 am – 11:30 am

580 Essentials of Nurse Leadership: The Capstone for Nursing Leaders Room NCC 102
Lori Roscoe, MPA, PhD, CCHP-RN, Correctional Health Care Consultant; Cynthia Kienlen, MSN, RN, CCHP, Cermak Health Services; Gayle Burrow, MPH, BSN, CCHP-RN, Multnomah County Detention Center; Deborah Stewart, FNP, MSN, CCHP, Southern Correctional Medicine; Mary Muse, MS, RN, CCHP-RN, CCHP-A, Wisconsin Department of Corrections

The concepts discussed in the previous six nurse leadership sessions will be synthesized into plans of action. Participants will determine topics within the boundaries of the series: work environment, delegation and supervision, clinical management, performance enhancement, business skills and benchmarking performance, and personnel management. They will be encouraged to voice perceived barriers and implementation challenges, and seasoned nurse executives will respond, sharing their experiences and expertise to propose action items to consider for application at the work setting. Innovation in problem solving and the variety of possible solutions will be emphasized.

Educational Objectives
• Describe the role of nurse leaders in the correctional setting including administrative roles, clinical practice improvement and accountability for program performance
• Outline strategies to promote integration of the information shared in sessions 1-6 into practice as a nurse manager/leader
• Explain how innovation in problem solving looks to a variety of solutions to particular challenges in the clinical/administrative arenas

Want to present at or moderate a session at a future event? Contact Education@ncchc.org.
581 Head and Neck Exam: What Every Nurse Should Know  
Margaret Collatt, BSN, RN, CCHP-RN, CCHP-A, Oregon Department of Corrections; Susan Laffan, RN, CCHP-RN, CCHP-A, Specialized Medical Consultants

Correctional nurse examination and assessment skills are necessary to complete tasks such as sick call and emergency response. This interactive presentation will help the nurse to enhance skills by describing and demonstrating the normal head and neck examination with focused exam of the eyes, ears, cranial nerves, lymph system and oral cavity. Audience participation in selection of equipment and demonstration of the head and neck examination strengthens the participants’ skill level.

Educational Objectives
• Describe the normal head and neck examination
• Examine application of head and neck evaluation in the correctional health care setting
• Demonstrate a focused examination of the eyes, ears, teeth, cranial nerves and lymph system

582 Understanding Legal Risks With Sick Call Administration  
Sue Smith, MSN, RN, CCHP-RN, Instructional Connections; Kathryn Wild, MPA, RN, CCHP, Correctional Health Consultant; Gail Normandin-Carpio, RN, CCHP, OmniSure Consulting Group

Sick call can be risky business. This common correctional health care process requires skilled assessment and astute clinical judgment. Nurses must be able to differentiate minor conditions from those requiring physician referral or acute care intervention. Well-crafted protocols are needed to guide sick call practices. Without a consistent structure and process, nursing sick call can lead to missed diagnoses, delayed treatment or patient harm. Best practices and common pitfalls will be explored using actual cases from panelists’ clinical experiences.

Educational Objectives
• Outline key components of a safe sick call process in the correctional setting
• Describe elements of an appropriate sick call protocol
• Differentiate excellent and poor sick call practices through case presentation

583 PREA Training for Health Staff: How to Respond Professionally and Effectively to Victims of Sexual Abuse and Sexual Harassment  
Jayne Russell, MEd, CCHP-A, JR Russell & Assoc.

The U.S. Justice Department expects correctional facilities to provide specialized training to medical and mental health personnel on specific areas of the Prison Rape Elimination Act. Part 2 of this four-part series will focus on an effective and professional response to victims of sexual abuse, including discussion of the characteristics of inmates who are at risk of being sexually abused, the signs and symptoms of abuse, the medical exam and preservation of forensic evidence.

Supported by the National PREA Resource Center via Grant No. 2010-RP-BX-K001 awarded by the Bureau of Justice Assistance

584 Leveraging Telemedicine to Achieve the Triple Aim  
Rebekah Haggard, MD, CHCQM, CCHP, Corizon - Brentwood Regional

More than a decade since the Institute of Medicine report, patient safety is still a national health care concern. Review of telemedicine over four years recognized it as a means to improve processes and outcomes. Telemedicine also may alter confounding influences on the provider’s ability to think. This helps to mitigate diagnostic errors, now recognized as the most common cause for ambulatory malpractice. Telemedicine then helps achieve the Triple Aim: better care, better health and better affordability.

Educational Objectives
• Describe how the Institute of Medicine’s original six aims for quality health care have been “retooled” by the Centers for Medicare and Medicaid as better care, better health and better affordability
• Analyze the top six types of errors in ambulatory care, including diagnostic error, that have a negative impact on the Triple Aim
• Examine how telemedicine can help achieve the Triple Aim, including through mitigation of diagnostic errors

585 The Anatomy of a Jail Strike  
Keith Courtney, DO, Alberta Health Services; Kathy Schultz, RN, BN, HSM, Alberta Health Services

In April, three corrections officers in Alberta, Canada, walked off the job, initiating a wildcat strike. Within 24 hours all 10 facilities in the province had joined the strike. This presentation will discuss the steps taken by Alberta Health Services to provide essential and emergency health care during the strike and resumption of services afterward. Topics include the establishment of a command post, staffing, communications, working with corrections and unions, a poststrike analysis and planning for the future.

Educational Objectives
• Delineate the steps needed to maintain essential and emergency health care during a jail/prison strike
• Describe the importance of communication during a disaster situation
• Relate the importance of a poststrike analysis in planning for future disaster situations
EDUCATIONAL SESSIONS

586 Clinical Reentry Services Through Clinical Case Managers and Forensic Social Workers  Room NCC 210
Sheila Hubbard, Tennessee Department of Correction; Dan Ramey, LCSW, Corizon - Brentwood Regional
From incarceration to the community, clinical case managers and forensic social workers at the Tennessee Department of Correction provide comprehensive clinical assistance to the mentally and medically challenged inmates who are eligible for parole or expiration of sentence. Through the integration of clinical case management and forensic social work, this team advocates for and assists inmates in gaining access to needed treatment services, crisis intervention, and individual/group therapy, reentry and other support services.

Educational Objectives
• Describe how integration of clinical case management and forensic social work facilitates clinical reentry services for mentally and medically challenged inmates
• Devise strategies for building sustainable partnerships with departmental agencies and community providers to assist in successful reentry services
• Assess the utility of a web-based reentry portal to provide community contacts, resources and reentry services assistance

588 The Detection of Mental Illness in Administrative Segregation  Room NCC 103
Debra Guthrie, PhD, University of Texas Medical Branch; Beverly Echols, LPC, MA, University of Texas Medical Branch
Providing quality mental health services to inmates who are seriously mentally ill and assigned to administrative segregation continues to present challenges at all levels. The early detection of mental illness is important to provide timely treatment. This treatment affords the inmate a better chance for improved quality of life during and after incarceration. In this workshop, participants will consider ways to identify mental illness and develop a continuity of care plan.

Educational Objectives
• Cite techniques to assist in identifying patients with serious mental illness housed in administrative segregation
• Identify at least three challenges/obstacles to the delivery of mental health care in administrative segregation
• Devise strategies for continuity of care for the seriously mentally ill in a correctional setting

Concurrent Session 11
1:15 pm – 2:15 pm

587 Correctional Health Care Accreditation: The Benefits to Your Program  Room NCC 210
Tracey Titus, RN, CCHP, National Commission on Correctional Health Care
A well-managed, organized health care system empowers administrators, health and correctional staff with the knowledge to respond to and minimize the challenges associated with providing care in correctional settings. NCCHC’s Standards for Health Services are recognized by the medical profession and courts as the benchmark for establishing and measuring a correctional health services system. As the leader in accreditation for this field, NCCHC has a history of success in guiding jails, prisons and juvenile facilities toward continual improvement in health care delivery. Attendees will gain a better understanding of the importance and benefits of accreditation.

Educational Objectives
• Summarize the legal context of accreditation
• List at least three reasons why accreditation is important
• Describe use of the Standards for Health Services to prepare for accreditation

589 Building a Framework for the Future of Correctional Nursing  Room NCC 102
Mary Muse, MS, RN, CCHP-RN, CCHP-A, Wisconsin Department of Corrections
Correctional nursing is at an important intersection and it is essential to prepare for a higher level of practice. Nurses must be prepared to respond to the growing health care needs of an increasingly complex patient population, and to accept accountability and responsibility for this level of competency and practice. This presentation will begin the dialogue about the future, building a framework for enhancing nurse practice, competency, education and role function.

Educational Objectives
• Explore strategies to engage a highly educated nursing workforce
• Delineate critical role functions for the correctional nurse
• Identify policy and advocacy initiatives for correctional nurses

590 Model Approaches to Care of Aging Inmates (Part 1)  Room NCC 108
Linda Redford, PhD, RN, Central Plains Geriatric Education Center; Jennifer Turnage, LPC, Mental Health Management Services
The rapid increase in numbers of aging inmates is creating new challenges for our prisons. This session will discuss model programs developed to address the needs of older inmates; the administrative, organizational, structural and training components important for success; and implications of changes in health care payment under the Affordable Care Act. Part 1 will cover the demographics driving changes in prisons, and the programmatic approaches, financing and facility considerations in developing aging programs.
Educational Objectives
• Describe changes in the demographics of prison populations
• Discuss at least three program approaches to meeting the challenges of an aging inmate population
• Identify at least four characteristics of successful programs for the aged in prisons

591 PREA Training for Health Staff: Forensic Evidence Preservation
Stephen Goux, MSN, RN, AFN-BC, International Association of Forensic Nurses
The U.S. Justice Department expects correctional facilities to provide specialized training to medical and mental health personnel on specific areas of the Prison Rape Elimination Act. Part 3 of this four-part series will explore how to meet PREA regulations concerning access to a medical forensic exam and to victim advocates and how to preserve physical evidence. It also will describe the follow-up medical care necessary for victims of sexual abuse.
Supported by the National PREA Resource Center via Grant No. 2010-RP-BX-K001 awarded by the Bureau of Justice Assistance

Educational Objectives
• Outline ways to assure that the PREA standard for access to the medical forensic exam is met
• List examples of ways to meet the PREA standard for access to trained victim advocates
• State ways to meet the PREA standard for assuring that physical evidence is not destroyed

592 From Patient Safety to Information Security: The Experts Talk About Electronic Health Records
Dan Jarrett, CorrecTek, Inc.; Paul Winterton, CorEMR; Gary Steiner, NextGen Healthcare; Sam Sheffield, Marquis Software
Electronic health records are becoming increasingly common in correctional health care settings. An EHR potentially offers not only clinical benefits but also enhanced patient safety, information security and record portability. There also is the opportunity for cost savings over time. Despite this, many correctional health care systems still do not use an EHR. This panel will explore the benefits of using an EHR in the correctional setting and expand on the reasons why acceptance of these technologies is not universal.

Educational Objectives
• Summarize the key features of electronic health records
• List five potential benefits of using an EHR in correctional settings
• Identify obstacles to EHR adoption in correctional settings

Concurrent Session 12
2:30 pm – 3:30 pm

593 To Send or Not to Send: Using the Emergency Severity Index Five-Level Triage System
Susan Laffan, RN, CCHP-RN, CCHP-A, Specialized Medical Consultants; Deborah Franzoso, LPN, CCHP, Specialized Medical Consultants; Margaret Collatt, BSN, RN, CCHP-RN, CCHP-A, Oregon Department of Corrections
The nationally recognized Emergency Severity Index five-level triage system is used in emergency rooms nationwide and can be applied to correctional facilities. The ESI is an algorithm system for determining the patient’s medical needs, the availability of resources and decisions for diagnosis, treatment and intervention. Presenters will explain how this system is used, with case scenarios to illustrate critical thinking in decision making.

Educational Objectives
• List the components of triage in the ESI system
• Explain the process for ESI five-level triage
• Demonstrate proper ESI triage levels for a variety of patient case scenarios

594 Hepatitis Education Programs in Prison: Implementing Peer Outreach and More in Washington State
Richard Feffer, MS, CCHP, Washington Department of Corrections
Seattle’s Hepatitis Education Project has been providing hepatitis C education to inmates of the Washington State Department of Corrections for 10 years. Recently, HEP and WA DOC implemented the SHIELD intervention, a peer educator for risk-reduction training for HCV/HIV. HEP also manages the National Network for Prisoners With Hepatitis. This presentation provides information on successful HCV education implementation and an overview of HCV in prisons and jails.

Educational Objectives
• Review the current state of HCV in U.S. prisons
• Describe current HCV educational outreach efforts for inmates in U.S. prisons and jails
• Summarize two specific models for inmate HCV education
EDUCATIONAL SESSIONS

595 PREA Training for Health Staff: Reporting and the PREA Standards
Room NCC 104
Robert Dumond, LCMHC, MA, Just Detention International

The U.S. Justice Department expects correctional facilities to provide specialized training to medical and mental health personnel on specific areas of the Prison Rape Elimination Act. Part 4 of this four-part series describes how to document and report sexual abuse as required by the PREA regulations. This includes identifying state-specific reporting requirements as well as developing a coordinated response to sexual abuse.

Supported by the National PREA Resource Center via Grant No. 2010-RP-BX-K001 awarded by the Bureau of Justice Assistance

Educational Objectives
• Describe how to identify state-specific reporting requirements for vulnerable persons and juveniles
• Devise strategies for developing a coordinated response to sexual abuse
• Explore ways to encourage inmates residents to report sexual victimization and harassment when it occurs

596 Model Approaches to Care of Aging Inmates (Part 2)
Room NCC 108
Linda Redford, PhD, RN, Central Plains Geriatric Education Center; Jennifer Turnage, LPC, Mental Health Management Services

The rapid increase in numbers of aging inmates is creating new challenges for our prisons. This session will discuss model programs developed to address the needs of older inmates; the administrative, organizational, structural and training components important for success; and implications of changes in health care payment under the Affordable Care Act. Part 2 will cover important issues for care providers and security staff concerning older inmates, as well as barriers and strategies to overcome them.

Educational Objectives
• List three common characteristics of aging people that make prison life particularly difficult
• Describe three aspects of geriatrics important for health care providers and security in correctional settings to understand
• Identify common barriers to aging programs and strategies for addressing these barriers

597 How to Select and Successfully Implement an EHR That Is Right for Your Mission
Room NCC 109
Dan Jarrett, CorrecTek, Inc.; Paul Winterton, CorEMR; Gary Steiner, NextGen Healthcare; Sam Sheffield, Marquis Software

A variety of EHR solutions is available in the marketplace and the selection and implementation of the most appropriate solution for a specific correctional health care program can be a daunting process. In addition, there are other important considerations such as government incentives and interoperability. This panel will discuss the opportunities and challenges associated with EHR implementation and will share perspectives on different approaches to an EHR, obtaining stakeholder buy-in and the RFP process.

Educational Objectives
• Review the types of EHR options available
• Discuss important factors in the selection of an EHR for a correctional setting
• Outline steps in the EHR decision-making process

Concurrent Session 13
3:45 pm – 4:45 pm

598 Tips, Tricks and Troubleshooting: Common Pitfalls in Interpreting NCCHC Standards
Room NCC 102
Tracey Titus, RN, CCHP, National Commission on Correctional Health Care

Understanding NCCHC’s Standards for Health Services is vital to providing an effective system that meets constitutional requirements. However, despite efforts to develop correctional health care 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
• Outline ways to avoid common pitfalls and available resources for information related to the standards
599 CCHP Certification: The Mark of Professional Leadership, Competence and Expertise  
**Room NCC 103**

Matissa Sammons, CCHP; National Commission on Correctional Health Care; Steven Shelton, MD, CCHP-A, Oregon Department of Corrections; Margaret Collatt, BSN, RN, CCHP-RN, CCHP-A, Oregon Department of Corrections

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 also present unique challenges: strict security regulations, crowded facilities, myriad legal and public health considerations of providing care to inmates and more. Achieving professional certification is the surest way to prove that you have the tools to meet these challenges.

**Educational Objectives**
- State the eligibility criteria for the various types of CCHP certification
- Create an application for certification that meets the program requirements
- Describe the purpose and content outline of the certification exams

600 Medical and Mental Health Professionals’ Role in the Prevention of, and Response to, Sexual Abuse  
**Room NCC 104**

Gwyn Smith-Downes, Just Detention International

This workshop will provide practical guidance on how to create an effective coordinated response to incarcerated sexual abuse victims. It will examine the role of medical and mental health professionals in building facility-level sexual assault response teams and developing the necessary SART protocol. It will also address the responsibilities of the health professionals who serve on the SART. The information will apply broadly to all types of facilities covered by the PREA standards.

**Supported by the National PREA Resource Center via Grant No. 2010-RP-BX-K001 awarded by the Bureau of Justice Assistance**

**Educational Objectives**
- List the key components of educating medical and mental health staff on the dynamics and impact of sexual abuse in detention with a focus on the PREA standards requirements
- Explain the role of health care professionals in a coordinated response involving facility-based sexual assault response teams
- Explore protocols for SARTs and inmate sexual abuse counseling services, including the related responsibilities of medical and mental health providers

601 Palliative and End-of-Life Care in Prisons  
**Room NCC 108**

Linda Redford, PhD, RN, Central Plains Geriatric Education Center; Paul Axelander, Tennessee Department of Correction; Scott Jamieson, DeBerry Special Needs Facility

End-of-life care programs in prisons are becoming increasingly common as the prison population ages and compassionate release remains rare. This program will highlight some differences in models of palliative and end-of-life care in prisons and focus on issues that are critical in the planning and implementation of such programs, with discussion from representatives from two facilities that have such programs.

**Educational Objectives**
- Differentiate palliative and end-of-life care models in prisons
- State at least two important components in the success of end-of-life programs in correctional facilities
- Describe some strategies that are helpful in developing and maintaining an end-of-life care program

602 Nursing Care of End-Stage Liver Disease  
**Room NCC 109**

Richmond Rada, MSN, RN, CCHP; California Correctional Health Care Services

More and more people committed to jails and prisons have end-stage liver disease, primarily due to alcoholism and hepatitis C virus infection. ESLD is a very complex disease process with several sequelae and complications. Correctional nurses often struggle to provide adequate and appropriate nursing care to these very complex patients. This presentation will describe the challenges associated with providing care to these patients and identify appropriate nursing interventions.

**Educational Objectives**
- Review the hepatic anatomy and related organs of the digestive system and the main functions of the liver
- Describe the pathophysiology and related clinical manifestations of end-stage liver disease
- Outline key components of appropriate nursing care plans for ESLD patients
POSTER PRESENTATIONS

Posters are available for viewing in the exhibit hall. Meet one-on-one with the poster authors to discuss their findings during the exhibit hall opening reception on Sunday evening. Poster topics run the gamut—from program innovations to research findings to treatment recommendations and more.

650 Patient Satisfaction in a Correctional Setting: A Health Service Satisfaction Survey
Tina Hill, MHA, CCHP, Parkland Health & Hospital System
This poster will share information on how to implement, track and analyze a patient health service satisfaction survey in a correctional facility. Topics include determining which survey method to use, identifying the target audience, determining objectives, developing the questionnaire, implementation, data analysis, industry comparison and follow-up action plans.

Educational Objectives
• Outline how to implement a patient satisfaction survey in a correctional setting
• Describe how to analyze survey findings and trends
• Explore ways to follow up on the findings through action plans

651 Getting Off the Dental Waiting List Treadmill: Time to Treatment as the True Measure of Efficiency
Richard Benoit, University of Connecticut Health Center
Many correctional dental facilities spend too much time seeing inmates for exams and adding them to the waiting list for work that needs to be done, while very little treatment is being completed. The ratios need to be reversed so more treatment is being performed than work created. Break the cycle by changing the focus from exams to dental treatment. Time to treatment is the real measure of efficiency.

Educational Objectives
• Describe the common cycle of exams, waiting list and nontreatment in correctional settings
• List the benefits of prompt treatment for inmates and the dental staff
• Explain how to implement the changes needed for a more productive and professionally satisfying work environment

652 Cross-Racial Analysis of Mortality in the Wisconsin Department of Corrections
Jim Greer, MSN, RN, Wisconsin Department of Corrections; Meghan Boryssova, Wisconsin Department of Corrections
Understanding prisoner health across racial groups is important for ethical and fiscal reasons and has applications for elucidating the etiologies of racial disparities in the general population. This poster presents findings from a 10-year cross-racial retrospective analysis of mortality in the Wisconsin Department of Corrections, focusing on cardiovascular disease and cancer, the first and second leading causes of death in the United States.

Educational Objectives
• Explain what racial and ethnic health disparities are and why eliminating them is important
• Identify conjectural etiologies of racial and ethnic health disparities, with focus on the prison environment as an informative infrastructure for understanding and eliminating the disparities
• Interpret the data from an analysis of mortality across racial groups in a single DOC

653 Reducing Cardiovascular Disease Risks in the Prison Population
Johnna Trimmer, Ohio State University Hospital; Cortney Cook, RN, Ohio State University Medical Center; Ivory Dawson, BSN, Ohio State University Hospital
Cardiovascular disease is the second leading cause of death among Ohio inmates. Through staff training and patient education, including use of dietary standards, smoking cessation programs, stress management and inmate self-management, it is theorized that the hospital readmission rate due to cardiovascular episodes would decrease. Early detection of symptoms and preventative health care will be the key outcome.

Educational Objectives
• Explain how patient self-management of symptoms can decrease episodes of hospital readmission
• Develop ways to encourage self-care through an educational initiative to learn about cardiovascular risk factors
• Describe the nursing interventions for patients at risk for cardiovascular disease
657 Role of Intra- and Interagency Collaboration on Prison Releasees’ Linkage to Community HIV Care: Correctional Health, Provider and Policy Perspectives
Christina Booker, MPH, Abt Associates; Alice Lee, BA, Abt Associates; Sara Donahue, DrPH, Abt Associates
This poster will provide an overview of systems and programs that enhance or impede prisoners’ access to HIV care postrelease, along with results of a qualitative study to identify elements of successful linkage of releasees to community HIV care. The characteristics of relationships between and within prison and community programs and agencies and the role of collaboration in supporting linkage to community care will be identified.

Educational Objectives
• Describe processes to link HIV-positive prisoners to community-based care upon release
• Examine the relevance of intro- and interagency collaboration on prison releasees’ linkage to community HIV care
• Identify key agencies and programs and their role in successful linkage of HIV-positive releasees to community HIV care

658 Patient Care Facilitator Role at a Magnet University-Associated Prison Hospital
Elizabeth Landin, RN, University of Texas Medical Branch
This poster will present the association between the university and the state corrections system in administering the prison hospital and clinic system and the role of nurses in the system. It will also examine the role of a patient care facilitator and how this role functions in the prison hospital. The purpose is to improve patient care while increasing nursing satisfaction and safely reducing length of stay.

Educational Objectives
• Identify the challenges in merging a free-world hospital system with a prison hospital system
• Describe the role of a patient care facilitator in a prison hospital environment
• Assess the benefits of using PCFs in a prison hospital

659 Successful Reentry: Wisdom Shared by Children of the Incarcerated
Helena Valenzuela, PhD, Arizona State Prison Complex Tucson
This poster will fine-tune your head and heart to hear the voices of our future: children, particularly children of the incarcerated. Research data regarding coping skills and resilience gathered directly from children will be presented in a format that will demonstrate how to assist inmates in communicating with their children and the potential of transforming coping skills into resilience.

Educational Objectives
• Characterize the coping skills of the children of the incarcerated
• Describe communication techniques that will assist inmates to constructively communicate with their children for the purpose of successful reentry into the community
• Identify strategies that promote successful reentry and family reunification after release

660 Outcomes of the Parents Violence Prevention Training Program to Support the Transition of Inmates to the Community
Cheryl Cereghino, Tulare County Sheriff’s Department; Herbert Wong, PhD, John F. Kennedy University
The Adults and Children Together—Parents Raising Safe Kids is an eight-week antiviolence education program that was implemented by the Tulare County Sheriff’s Department correctional facility to inmates with young children when the inmates were transitioning back to the community. This poster will focus on the two workshop training areas that resulted in significant changes for the participants, describe key techniques and exercises, and highlight the core curriculum outcomes.

Educational Objectives
• Summarize two key skills important in reducing violence in an evidence-based antiviolence prevention program
• Describe the three training outcomes gained by the inmate parents for use in their home environments
• Examine the evidence-based knowledge of this program

661 Mumps Seroprevalence Among Detained Youth in Maryland, 2011: White Males Have Significant Seronegativity Over Other Groups
Brooke Bokor, Maryland Department of Juvenile Services
This poster compares 2011 data for all four vaccine-preventable illnesses with 2012 data in greater detail, along with a subsample chart review to assess concordance of MMRV titers and immunization records. This quality improvement and epidemiologic research is ongoing with the Maryland DJS, the Maryland Laboratories Administration Division of Virology and Immunology, and Children’s National Medical Center of Washington DC.

Educational Objectives
• Review data on mumps serology status of adolescent detainees
• Relate variations in vaccine-preventable disease seroprevalence by sex, race/ethnicity and age
• Describe health policy response to a negative mumps serology test in varied clinical scenarios
662 Evaluation of a Correctional Nursing Competency Program: Programmatic Evaluation Results Through Successful Partnerships

Deborah Shelton, PhD, RN, CCHP, University of Connecticut; Denise Panosky, RN, CCHP, University of Connecticut Health Center

Evaluation of a cutting-edge correctional nursing competency program is presented. The CIPP model by Stufflebeam (1968) provides the comprehensive framework for guiding the formative and summative evaluation for this project. This framework links evaluation with programmed decision-making based on a cycle of planning, structuring, implementing, reviewing and revising decisions; each examined through a different aspect of evaluation such as context, input, process and product evaluation.

Educational Objectives
• Cite the importance of program evaluation using the CIPP model
• Explain preliminary results and themes of correctional nurses’ evaluation of the simulation, debriefing and satisfaction with the learning experience
• Outline effective ways to collaboratively implement and evaluate new programs in challenging correctional environments

663 Prison Hospice: No One Deserves to Die Alone

Shawn Wyse, RN, Wyoming Medium Correctional Institution

Wyoming Medium Correctional Institution’s hospice program is designed to give patients with incurable disease a chance to end this life with dignity and with minimal pain, and to not pass alone. This poster will review the dying process and those it affects, outline the history and construction of WMCI’s hospice program and provide insight into the positive changes being made.

Educational Objectives
• Review NCCHC standard P-G-11 and the hospice philosophy
• Describe the program’s positive effects on the inmates and families
• Review the dying process including signs and symptoms to look for as death approaches

664 Key Findings and Recommendations From the 2010-2012 Needs Assessment of Forensic Mental Health Programs and Services for Mentally Disordered Offenders in Saskatchewan, Canada

Arlene Kent-Wilkinson, University of Saskatchewan College of Nursing; Cindy Peternelj-Taylor, RN, MSc, University of Saskatchewan College of Nursing

The needs of offenders with compromised mental health in Saskatchewan and the factors that affect criminal behavior are vast, and the challenges of providing mental health services to this complex population are enormous. A needs assessment and environmental scan of forensic mental health programs and services in the province was undertaken from 2010 to 2012. Key findings and recommendations of this provincial study will be highlighted.

Educational Objectives
• Differentiate specific issues, needs and dilemmas unique to the mentally disordered offenders in Saskatchewan vs. mentally disordered offenders nationally
• Describe the key findings of the study from the perspective of immediate family members, correctional managers and frontline staff
• Review the geopolitical, cultural and economic implications of the study

665 Needs Assessment of Forensic Mental Health Programs and Services for Mentally Disordered Offenders in Saskatchewan, Canada

Arlene Kent-Wilkinson, University of Saskatchewan College of Nursing

The needs of offenders with compromised mental health in Saskatchewan and the factors that affect criminal behavior are increasingly vast. To identify and understand these needs, in 2010-2012 a provincewide study was conducted entitled Needs Assessment of Forensic Mental Health Programs and Services for Mentally Disordered Offenders (MDOs) in Saskatchewan. This poster will highlight the methodology of this study.

Educational Objectives
• Examine the design of the research questions on the needs of mentally disordered offenders
• Identify the best practices in services where gaps in service currently exist
• Assess the benefits of a triangulated method to fully capture and understand the plight of the mentally disordered offender in Saskatchewan
667 The Relationships Among Prison and Community-Based Behavioral Health Treatment and Criminal Recidivism in a Statewide Study

Bree Derrick, LMHC, Council of State Governments Justice Center

This study examines the associations between mental illness, prison and community treatment and criminal recidivism. This study followed all offenders released from the state’s prison in 2010 for one year postrelease. This poster will provide practical recommendations for triaging incarcerated offenders, enhancing coordination of care and appropriately measuring outcomes for offenders with mental illness.

Educational Objectives
• Review the rates of recidivism among offenders who do and do not receive mental health treatment while incarcerated
• Examine the relationships between prison and community mental health treatment and recidivism
• Describe the implications of both prison and community treatment for offenders with mental illness

668 Rapid Assessment Team

Christine Joll, MBA, MSHM, CCHP, Parkland Health & Hospital System

By increasing timely intervention, you decrease adverse outcomes. Dallas County Jail piloted a rapid response team in the largest unit of 3,500 inmates, trained nurses and had them achieve certain certifications, developed charting for rapid assessment, identified and focused on problem areas and educated DSO staff. Findings: Patients received more experienced care. Officers became more proactive in identifying patients who needed care. Adverse outcomes fell significantly. Providers trusted the RAT nurses’ judgment.

Educational Objectives
• State the need for a rapid assessment team
• Explain how the rapid assessment team works in the jail setting
• Describe how to measure the success of a rapid assessment team

669 Pharmacy Waste Reduction in Correctional Health Care

Shelle Grimm Freind, MA, UMDNJ-University Correctional Health Care; Nicole DiCroce, BSN, UMDNJ-University Correctional Health Care; Michael Ajayi, DNP, CCHP, Mountainview Youth Correctional Facility

Limited resources and budgetary constraints challenge the quality of care to inmate-patient populations; it is imperative to identify and eliminate waste. Pharmaceuticals present a creative option for cost savings. Eliminating pharmaceutical waste ensures the continuity of service provision while improving quality and maximizing budget dollars. This poster describes the findings from a systematic review of literature and best practices.

Educational Objectives
• State five reasons why pharmacy waste must be reduced without compromising quality of care
• Identify five common causes of pharmaceutical waste in prison health care
• List five measures that could reduce pharmaceutical waste in correctional health care

670 One Manager’s Story of Care and Advocacy of a Patient With Sickle Cell Disease

Mary Muse, MS, RN, CCHP-RN, CCHP-A, Wisconsin Department of Corrections; Michelle Peters, RN, Taycheedah Correctional Institution; Jeananne Greenwood Zwiers, BSN, Green Bay Correctional Institution

Over the last 40 years care of incarcerated patients has improved, yet there remains gaps in care and treatment. Some alarming gaps exists with culturally diverse populations, specifically African Americans. These care gaps further widen when care providers do not understand a patient’s illness, such as sickle cell disease. This poster will share the lessons learned from advocacy and care of a patient with sickle cell disease.

Educational Objectives
• List health disparities disproportionately affecting African Americans
• Describe appropriate evaluation, management and care of patients with sickle cell anemia
• Explore ways to expand awareness of the nurse’s role in patient advocacy

671 Perceptions of Functional Loss of Incarcerated Females Comparing Age, Race and Custody

Morgan Bailey, Wisconsin Department of Corrections; Mary Muse, MS, RN, CCHP-RN, CCHP-A, Wisconsin Department of Corrections

Incarceration has a significant impact on the female inmate. Most correctional facilities lack the programming, health focus and support services needed to meet the special needs of this population. During incarceration women experience functional loss on several levels. Functional loss in women has implications depending on age, race and custody level.

Educational Objectives
• Discuss the functional loss of independence experienced by incarcerated females
• Describe the level of loss independence among an identified sample female population
• Outline ways to address assisted living and long-term care for this special population
**672 Antipsychotics and Metabolic Monitoring: Getting to the Fat of the Matter**

Jennifer Nelson, PharmD, Dallas County Jail; Tania Thomas, Parkland Health & Hospital System; Esmaeil Porsa, MD, MPH, CCHP, Parkland Health & Hospital System

Studies have shown that individuals with psychotic and mood disorders demonstrate a higher prevalence of the metabolic syndrome as compared to the general population. This poster will identify potential mechanisms for antipsychotic-induced metabolic syndrome, review the two classes of antipsychotics (typical vs. atypical) and their effects on the metabolic syndrome, and discuss barriers leading to nonadherence with guidelines for metabolic monitoring.

**Educational Objectives**
- Define metabolic syndrome and its association with increased cardiovascular risk
- Describe the prevalence of metabolic syndrome in patients with psychotic and mood disorders
- Discuss factors and potential mechanisms for increased risk of metabolic syndrome in patients with psychotic and mood disorders

**673 Attention Deficit/Hyperactivity Disorder (ADHD) in Adult Corrections**

Janet Kramer, MD, CCHP, Attention Deficit Disorder Association; Kyle Dopfel, BA, Americorp; Kristan VanDomelen, Delaware Center for Justice-ADHD Corrections Project

The high prevalence of attention-deficit/hyperactivity disorder in the U.S. prison population reveals an overwhelming area of oversight and opportunity within the justice system. This poster will highlight the importance of establishing both national and local correctional programs to address ADHD and will outline the process of developing such programs, which can significantly increase diversion and reduce recidivism levels.

**Educational Objectives**
- Describe signs and symptoms of ADHD in youth and adults
- State the relationship of ADHD behavioral symptoms to increased risk of arrest, incarceration and recidivism
- Identify the evidence-based treatment for inmates challenged with ADHD and possible ways to incorporate treatment into correctional settings

**674 Suicide in Medical Malpractice and Section 1983 Cases: Claims Perspective**

John Foley, JD, Markel Service Inc; Jennifer Hoyt-Jeske, JD, Markel Service, Inc.

This poster will address existing claims regarding inmate suicide, focusing on the unique circumstances surrounding the type of correctional institution (prison or jail) as well as whether or not that institution is located in a rural or urban area. It will present the perspective from addressing the existing loss as well as discussing issues surrounding mitigation of future losses.

**Educational Objectives**
- Review the applicable laws regarding suicide and differences between them
- Distinguish the unique circumstances presented from suicide claims in jails vs. prison
- Differentiate circumstances presented by suicide claims based on rural and urban settings

**675 When Caring for Perpetrators Becomes a Sentence: Recognizing Vicarious Trauma**

Tanya Munger, DNP, APRN, CCHP, Winnebago County Jail

Correctional health nurses are not exempt from vicarious traumatization, yet this concept has yet to be explored. Correctional health nurses practice in environments that come with significant risk for traumatic exposure. The Professional Quality of Life Scale was used as a proxy for vicarious trauma. Surveys were mailed to 2,000 correctional nurses. Findings reveal that vicarious traumatization does exist among correctional health nurses.

**Educational Objectives**
- Define vicarious trauma
- Explain how to integrate the use of the Professional Quality of Life Scale into practice
- Describe the effects of vicarious trauma among correctional nurses

**677 Challenging Case Consultations Provided by National HIV/AIDS Clinicians’ Consultation Center to Bureau of Prisons**

Betty Dong, PharmD, National HIV/AIDS Clinicians’ Consultation Center; Jeffery Allen, MD, Federal Bureau of Prisons; Ty Bingham, PharmD; Michelle Williams, PharmD; Jason Tokumoto, University of California San Francisco

The National HIV/AIDS Clinicians’ Consultation Center is a federally funded center with a strong team of clinical pharmacists and physicians that provides expert responses to questions about the diagnosis and management of HIV/AIDS, HBV and HCV. Based on a successful pilot, NCCC received funding to provide monthly case consultation and education for HIV/HBV/HCV cases presented by Federal Bureau of Prisons pharmacists. This poster will describe the collaboration and outcome of challenging cases presented by BOP pharmacists.

Interested in presenting a poster in the future? Email Education@ncchc.org.
Educational Objectives
• Describe the preconsultation process between the BOP and the NCCC
• Summarize the logistics for the one-hour consultation call between the BOP and NCCC
• Interpret outcome data resulting from this consultative process

678 Mental Health Care as a New Continuity Enhancement in a Jail Setting: Effect on HIV Outcomes
Maureen Desabrais, LSW, Hampden County Correctional Center; Thomas Lincoln, MD, Hampden County Correctional Center

Jails are an important target to screen for HIV and comorbid medical and psychiatric distress, and to improve treatment during incarceration and after release. From 9/2009 to 3/2011, HIV-infected inmates at the Hampden County Jail received mental health, case management and HIV treatment while incarcerated and for six months after release. This poster explores whether combining modified assertive community treatment with HIV services improves access to treatment postrelease and, ultimately, improves mental illness symptomology and viral suppression six months out.

Educational Objectives
• Review jails’ unique characteristics and the opportunity they present for treating HIV
• Discuss how to implement services that support the transition from jail to community for detainees
• Explore results of a pilot study that assessed HIV outcomes of these transitional services

NEW! 2014 Standards for Correctional Health Services
For Jails or Prisons

Developed by leaders in the fields of health, law and corrections, NCCHC’s nationally recognized Standards lay the foundation for constitutionally acceptable health services systems.

The Standards are NCCHC’s latest recommendations for managing health care delivery in adult correctional facilities and the foundation of its accreditation program. The editions have been updated from 2008 and recognize current practices and conditions in the field and the most up-to-date evidence-based practices. Whether or not your facility is accredited (or plans to be), the standards will help you 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. Order now and receive your copy as soon as it’s published in early 2014. Visit the NCCHC bookstore for more information.
NCCHC invites you to participate in roundtable discussion groups—small, informal gatherings for the purpose of education, information sharing and idea exchange. Bring your questions, opinions and ideas for a great way to start your day.

**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

**Tuesday, October 29**

7:30 am – 8:30 am          Room NCC 204

**Topics:**

1. Helping Prisoners With HIV Transition Health Care at Release  
   Moderator: Marian Morris, Institute for Urban Policy Research and Analysis, UT-Austin; Jemel Aguilar, Travis Singley

2. Don’t Be Afraid of EHR—The Benefits Are Real  
   Moderator: Capri Dye, Hubbert Systems Consulting

3. Professional Boundaries  
   Moderator: Sharen Barboza, PhD, CCHP-MH, MHH Services

4. CCHP – Professional Certification for All Correctional Health Professionals  
   Moderator: Matisa Sammons, CCHP, National Commission on Correctional Health Care

5. Pain Management Best Practices  
   Moderator: Chuck Jones, PharmD, CCHP, PharmaCorr

6. Ethics in Mental Health Care  
   Moderator: Thomas Fagan, PhD, CCHP-MH

7. Treating Sex Offenders  
   Moderator: Stacey Goldstein-Dwyer, MA, LMHC, Massachusetts School of Professional Psychology

8. Managing Adults With ADHD  
   Moderator: Janet Kramer, MD, CCHP, Attention Deficit Disorder Association

9. Working With Advanced Practitioners  
   Moderator: Rebecca Lubelczyk, MD, CCHP, MHM Services

10. Telemedicine Trends  
   Moderator: Lawrence Mendel, DO, CCHP, Leavenworth Detention Center

11. Correctional Nursing Competencies  
   Moderators: Deborah Shelton, PhD, RN, CCHP, University of Connecticut; Denise Panosky, RN, CCHP, University of Connecticut Health Center; Constance Weiskopf, APRN, PhD, CCHP, University of Connecticut Health Center

12. PREA for Correctional Health Care Practitioners  
   Moderators: Jayne Russell, MEd, CCHP-A, J.R. Russell, Inc.; B. Jaye Anno, PhD, CCHP-A, Consultants in Correctional Care; Robert Dumond, MA, LCMHC, Just Detention International

13. Suicide Risk Management  
   Moderator: Donald Leach, II, PhD, Donald L. Leach & Associates

14. Staffing Plans That Work  
   Moderator: Mark Eilsworth, MSN, Salt Lake County Metro Jail

15. Successful Reentry: Wisdom Shared by Children of the Incarcerated  
   Moderator: Helena Valenzuela, PhD, Arizona State Prison Complex Tucson

**Wednesday, October 30**

7:30 am – 8:30 am          Room NCC 204

**Topics:**

1. Don’t Be Afraid of EHR—the Benefits Are Real  
   Moderator: Capri Dye, Hubbert Systems Consulting

2. CCHP-MH – New Specialty Certification for Correctional Mental Health Professionals  
   Moderator: Matisa Sammons, CCHP, National Commission on Correctional Health Care

3. Violence and Bullying in the Workplace  
   Moderators: Margaret Collatt, BSN, RN, CCHP-RN, CCHP-A, Oregon Department of Corrections; Sabrina McCain, RN, CCHP, Oregon State Penitentiary

4. PREA for Correctional Health Care Practitioners  
   Moderators: Jayne Russell, MEd, CCHP-A, J.R. Russell, Inc.; B. Jaye Anno, PhD, CCHP-A, Consultants in Correctional Care; Robert Dumond, MA, LCMHC, Just Detention International

5. How to Become an NCCHC Surveyor  
   Moderator: Tracey Titus, RN, CCHP, National Commission on Correctional Health Care

6. Challenges for Clinical Leadership  
   Moderator: Brent Gibson, MD, MPH, National Commission on Correctional Health Care

7. Aging and Palliative Care  
   Moderator: Linda Redford, PhD, RN, Central Plains Geriatric Education Center

8. Antipsychotics and Metabolic Monitoring  
   Moderator: Esmiail Porsa, MD, MPH, CCHP, Parkland Health & Hospital System

9. Patient Care Facilitator Role at a University-Associated Prison Hospital  
   Moderator: Elizabeth Landin, RN, University of Texas Medical Branch
...the right people...doing the right things...doing those things right

Be a part of the solution.

- Advance your career
- Experience tailor made benefits
- Make a difference... every day

For more information visit correctcaresolutions.com
CCHP: The Mark of Professional Leadership, Competence and Expertise

The NCCHC Certified Correctional Health Professional program recognizes mastery of national standards and the knowledge expected of leaders in this complex, specialized field. The CCHP credential is a symbol of achievement and leadership that provides immeasurable benefits, including professional recognition and pride. It is also a stepping-stone (and an eligibility requirement) toward advanced and specialty certifications.

NEW in 2013!

**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 the most qualified 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.

Visit the CCHP Booth #711 in the Exhibit Hall

Learn about the many benefits of certification, requirements for application and the best ways to prepare for the exam from the knowledgeable CCHP staff and volunteers. Ask about the new CCHP-MH credential for qualified mental health professionals, CCHP-RN for registered nurses and CCHP-A for advanced expertise. Review the handbooks and pick up an exam application.

Special CCHP Sessions – Stop In and Learn!

**535 CCHP-MH: Specialty Certification for Correctional Mental Health Professionals**  
Room NCC 209  
Monday, 3:45 pm – 4:45 pm

How does specialized mental health certification make a difference? This overview will provide insight on the development of this specialty certification, explain the importance of staff certification and provide information on eligibility requirements, the application and examination process, and topic areas in the exam.

**599 CCHP Certification: The Mark of Professional Leadership, Competence and Expertise**  
Room NCC 103  
Wednesday, 3:45 pm – 4:45 pm

Achieving professional certification is the surest way to prove that you have the tools to meet the challenges of providing high quality care in a correctional institution. Learn more about the various types of certification programs that NCCHC offers.

CCHP-MH Launch Celebration!  
Renaissance Hotel Music City Ballroom

Monday, 5:00 pm – 6:00 pm

The first group of CCHP-MH applicants will have taken the exam on Sunday, October 27. Join other CCHPs to recognize the hard work of the task force. A slice of cake, a glass of cheer—join and toast with friends and colleagues. **Sponsored by MHM Services, Inc.**

The CCHP program thanks the members of the CCHP-Mental Health task force:

Thomas Fagan, PhD, CCHP-MH (chair)  
Vickie Alston, DCSW, LCSW, CCHP-MH  
Sharen Barboza, PhD, CCHP-MH  
Maria Brooks, PsyD, CCHP-MH  
Charlene Donovan, PhD  
Mark Fleming, PhD, CCHP-MH  
Jonathan Harry, MD, MPH, CCHP-MH  
William Kissel, MS, CCHP-MH  
Edwin Megargee, PhD, CCHP-MH  
Judith Robbins, JD, LCSW, CCHP-MH, CCHP-A  
David Stephens, PsyD  
Ohiana Torrealday, PhD, CCHP-MH  
Nancy White, MA, LPC  
W. Diane Wood, MEd, LPC, CCHP-MH

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Nancy White, MA, LPC  
W. Diane Wood, MEd, LPC, CCHP-MH
Special recognition goes out to those CCHPs listed below who are presenting educational programs, preconference seminars and posters at the National Conference. We thank them for sharing and leading!

<table>
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<tr>
<th>Michael Ajayi, DNP, CCHP</th>
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NCCHC ACCREDITATION AND STANDARDS

For more than 35 years, NCCHC has been at the forefront of correctional health care. With our pioneering work and expertise in establishing correctional health care standards, we have helped thousands of correctional systems provide health services qualified to meet constitutional requirements and standards in the most cost-effective ways. Our success—and the success of facilities that have been accredited by NCCHC—is unparalleled.

Benefits of NCCHC Accreditation

Accreditation provides public recognition that correctional 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.

Correctional health care facilities use the accreditation process to fine-tune policies and streamline operations. NCCHC surveyors conduct an extensive on-site review and bring years of experience and familiarity with NCCHC standards and best practices in correctional health care.

• Validates objectively the areas in which the health care facility is doing well and the areas for improvement
• Promotes and documents an efficient, well-managed system of health care delivery with feedback from knowledgeable correctional health care professionals
• Protects the institution by minimizing the occurrence of adverse events and often reducing liability premiums
• Educates and trains staff on NCCHC standards
• Recognizes staff contributions and excellence, improves morale and aids recruiting
• Helps obtain community support and provides justification for budget requests
• Protects the health of the public, staff and inmates

To keep you abreast of changes in the NCCHC standards and accreditation program, we provide several learning opportunities at the National Conference.

Focus on Accreditation

P-10 Practical Preparation for Initial NCCHC Accreditation

Room NCC 104

Sunday, 1:30 pm – 5:00 pm

Unfamiliar with the accreditation process or applying for accreditation for the first time? Led by NCCHC surveyors who have been through the process themselves (many times), this preconference seminar will answer your questions about accreditation.

587 Correctional Health Care Accreditation: The Benefits to Your Program

Room NCC 210

Wednesday, 1:15 pm – 2:15 pm

Accreditation is not just a certificate! Having your facility accredited for health services will support the quality of the care you provide and help you increase efficiencies. It is a learning process that will benefit your facility in many ways. Learn more in this concurrent session.

Focus on the Standards

P-01, P-02, P-03 An In-Depth Look at NCCHC’s Standards for Health Services

Rooms NCC 102, 103, 104

Saturday, 9:00 am – 5:00 pm

Three preconference seminars (jail, prison and mental health) provide essential information about NCCHC’s standards. Whether or not accreditation is your goal, compliance with these standards increases the quality and efficiency of health services delivery, promotes cooperation among correctional health staff and enhances your ability to address liability issues.

598 Tips, Tricks and Troubleshooting: Common Pitfalls in Interpreting NCCHC Standards

Room NCC 102

Wednesday, 3:45 pm – 4:45 pm

NCCHC’s accreditation manager, an experienced surveyor, walks you through common errors and misinterpretations of NCCHC standards. This concurrent session presentation can save you time and money by showing you the insider’s view of the standards.

Opening Ceremony

Room NCC 204

Monday, 8:00 am – 9:30 am

Each year, NCCHC honors accredited facilities for excellence in correctional health care. Join us in congratulating this year’s honorees during the awards ceremony on Monday morning.

• Facility of the Year: This prestigious award is presented to one facility selected from among the nearly 500 prisons, jails and juvenile detention and confinement facilities accredited by NCCHC.
• Program of the Year: This designation recognizes programs of particular excellence among the thousands provided by NCCHC-accredited prisons, jails and juvenile detention and confinement facilities.

Find out how accreditation and NCCHC standards can save your facility time and money and support high quality health care. Visit NCCHC booth #705 to chat with staff and surveyors who can answer your questions. Pick up an accreditation brochure while you’re there and learn about other NCCHC products and services.
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Annual Academy Day
Tuesday
Help us celebrate Academy Day by donning an “Academy Day” sticker, enjoying special discounts on Academy merchandise and NCCHC publications and contributing to the Academy scholarship fund by purchasing fun-themed ribbons at the conference bookstore. Show your pride in the Academy and in our profession!

National Correctional Health Professionals Week
October 27 – November 2
Correctional health professionals provide health care in some of the most challenging environments across the country, including adult jails and prisons, juvenile detention centers and a variety of alternative correctional settings. In recognition of their contributions, the Academy of Correctional Health Professionals proclaims October 27 – November 2 as National Correctional Health Professionals Week.

During this week, the Academy invites you to celebrate the ongoing efforts and achievements of correctional health professionals across the United States. The Academy is proud to be part of the premier educational meeting in our field: the National Conference on Correctional Care.

Find Out More
Stop by the Academy booth #506 in the exhibit hall to find out more about the benefits of membership in the nation’s largest correctional health care membership organization. While you’re there, meet other members, grab one of our valuable giveaways, sign up to become a career mentor or volunteer for exciting committee work.

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 National 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. The following individuals have disclosed a relevant financial relationship with a commercial interest. 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.

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<td>Donald C Kern, MD, MPH, CCHP</td>
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<td>Harish Moorjani, MD</td>
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Boehringer Ingelheim Consultant Fee
# GUIDE TO EXHIBITS

## Exhibit Hall Hours

### Sunday
Opening Reception: 5:00 pm – 6:30 pm

### Monday
Exhibit Hall Open: 9:30 am – 1:15 pm
Exclusive Refreshment Break: 9:30 am – 10:45 am
Exhibit Hall Lunch: 12:00 pm – 1:15 pm

### Tuesday
Exhibit Hall Open: 9:00 am – 12:00 pm
Exclusive Refreshment Break: 9:30 am – 10:45 am
Exhibit Hall Open: 9:30 am – 1:15 pm

## Exhibit Hall Lunch
12:00 pm – 1:15 pm

## Raffle
11:00 am – 11:45 am

## Exclusive Refreshment Break
9:45 am – 11:45 am
9:30 am – 10:45 am

## Exhibit Hall Hours

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As of September 30, 2013
AbbVie, Inc.
Booth #220
1 North Waukegan Road
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AbbVie is a global, research-based biopharmaceutical company which combines the focus of a leading-edge biotech with the expertise and structure of a long-established pharmaceutical leader. AbbVie is committed to using unique approaches to innovation to develop and market advanced therapies that address some of the world’s most complex and serious diseases.

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Booth #506
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Chicago, IL 60614
877-549-2247
www.correctionalhealth.org

Academy of Correctional Health Professionals provides professional development tools to correctional health care professionals and is the nation’s largest correctional health membership organization.

ACC Health
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Albuquerque, NM 87107
505-323-1300
www.acchealthcare.com

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ACM Medical Laboratory
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www.acmlab.com

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781-609-6000
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Alkermes is a fully integrated biopharmaceutical company that applies its scientific expertise and technological know-how to develop innovative medicines designed to help patients with serious, chronic conditions better manage their disease. For more information, please visit us online.

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www.achsa.org

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www.armorcorrectional.com

Armor is a physician and minority-owned enterprise that provides comprehensive medical, dental and mental health services exclusively for patients in jails and prisons.

ATC Healthcare Services
Booth #124
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516-750-1711
www.atchealthcare.com

ATC is a nationwide medical staffing company and is currently working with numerous state and county prison and jail systems across the country and currently the exclusive medical staffing vendor for the Ohio Department of Corrections. This contract has saved ODRC millions in just the first 18 months.
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605-322-4677
avera.org/ecare

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800-462-3626
www.benco.com

Benco Dental is the largest privately owned full-service distributor of dental supplies, equipment, consulting and equipment services in the US. Founded in 1930, Benco is focused on the mission “delivering success smile after smile.”

Bio-Reference Labs
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www.bioreference.com

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Ridgefield, CT 06877
203-798-9988
http://us.boehringer-ingleheim.com

Boehringer Ingelheim Pharmaceuticals, the US subsidiary of Boehringer Ingelheim, headquartered in Germany, operates globally with more than 44,000 employees. The company is committed to researching, developing, manufacturing and marketing novel products of high therapeutic value for human and veterinary medicine.

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Princeton, NJ 08543
609-897-2000
www.bms.com

Business Computer Applications, Inc.
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Atlanta, GA 30326
678-221-9001
www.bca.us

BCA is a leading provider of health information technology and EMR systems to the correctional health care market. For over 10 years, state department of corrections and local sheriff offices have used BCA’s solutions to help control the cost of providing quality health care.

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714-840-3405
www.calmoseptine.com

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Laramie, WY 82070
307-721-3822
http://carerighttech.com

Centurion, LLC
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Atlanta, GA 30309
800-416-3649
www.centurionmanagedcare.com

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

See our ad on the back cover
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Chicago, IL 60614
773-880-1460
www.ncchc.org/cchp

The CCHP program is the mark of leadership, competence and expertise, certifying more than 3,000 correctional health professionals. It is the premier national certification dedicated to recognizing the special skills and knowledge necessary to provide care in the complex world of corrections. Specialty and advanced certifications take your knowledge and professionalism to the next level.

See our ad on page 75

CFG Health Systems, LLC
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Marlton, NJ 08053
856-797-4800
www.cfghealthsystems.com

CFG Health Systems provides comprehensive medical and behavioral healthcare services to correctional facilities consistent with NCCHC, ACA and community standards of care and best practices to ensure the physical and psychological well-being of the inmate.

Clinical Solutions Pharmacy
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P.O. Box 110725
Nashville, TN 37211
877-826-5488
www.clinicalsolutionspharmacy.com

Clinical Solutions is an innovative pharmaceutical dispensing and project management company exclusively serving correctional facilities—more than 150 across the U.S.

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www.contractrx.com

Contract Pharmacy Services specializes in providing total pharmaceutical care to correctional facilities nationwide. CPS is owned and operated by Wayne Shafer, RPh, and Jean A. Shafer, with 25 years of correctional pharmacy business. CPS has extensive experience in providing cost-effective pharmacy services. We offer our customers state-of-the-art technology providing proven systems of medication management and accountability.

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801-225-0317
www.coremr.com

CorEMR is the electronic medical record software designed for the unique correctional environment. With a proven track record of performance we will help you save time and money, increase efficiency and improve accountability. CorEMR is affordable, flexible and user-friendly. Our demonstrations will help you discover the power of CorEMR.

Corizon
Booth #421
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Brentwood, TN 37027
800-729-0069
www.corizonhealth.com

As the proven correctional healthcare leader, Corizon provides affordable, quality care to client partners. Through the work of our dedicated employees, we consistently exceed client expectations.

See our ad on page 7

Correct Care Solutions
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1283 Murfreesboro Road, Suite 500
Nashville, TN 37217
615-324-5774
www.correctcaresolutions.com

Correct Care Solutions (CCS) is the nation’s premier correctional health care management company. We partner with 108 select clients to care for 100,000 patients in 29 states. Be a part of the solution!

See our ad on page 55

Correct Rx Pharmacy Services, Inc.
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803 A Barkwood Court
Linthicum, MD 21090
800-636-0501
www.correctrxpharmacy.com/proveit

Correct Rx is the only institutional pharmacy that practices clinical pharmacy, providing a collaborative, big-picture medical service to ensure the optimal use of medication, positive health outcomes and lower overall medical or health care costs.

See our ad on page 59
CorrectCare-Integrated Health  
Booth #507
366 S. Broadway  
Lexington, KY 40508  
859-225-7999  
www.correctcare.com

CCIH is an experienced cost containment partner, providing correctional specific TPA services; reducing inmate medical bills through claim adjudication and repricing, utilization management, and provider networks.

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www.correctek.com

CorrecTek is the national leader in correctional-specific electronic health records (EHR). CorrecTek boasts a 100% client retention rate and proudly offers superior software solutions, onsite training and implementation services, and 24/7 technical support. The product is ONC-ACB certified as a complete EHR.

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866-932-7185  
www.CorrectionalHealthPartners.com

Correctional Health Partners utilizes evidence based approaches to improve the quality and cost of care for incarcerated individuals within state and local correctional systems.

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Greenwood Village, CO, 80111  
866-246-5245  
www.correctioncare.com

CHC is a national provider of high-quality medical, mental, and behavioral health care solutions that address offender and agency needs in pre-custody, custody, and post-custody settings.

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800-626-2163  
www.dhpionline.com

Dental Health Products, Inc. is a nationwide full-line dental supplier serving public and private institutions in the dental industry for over 22 years. Authorized dealer for all major name brand products, solutions and services.

Dentrust Optimized Care Solutions  
Booth #428
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Warrington, PA 18976  
267-927-5000  
www.DentrustOCS.com

Dentrust has 23 years experience providing on location correctional dental care. Dentrust provides full service dental treatment without the associated cost to the facility of building a complete dental unit. Dentrust meets all state, local, NCCHC and ACA standards.

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800-882-6337  
www.diamondpharmacy.com

Diamond is the nation’s largest correctional pharmacy, providing comprehensive inmate specific prescriptions servicing approximately 500,000 inmates in prisons, jails, and juvenile centers nationwide. Diamond offers overnight delivery, competitive pricing, med carts, MAR’s, and online ordering with electronic MAR software.

eClinicalWorks  
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Westborough, MA 01581  
508-836-2700  
www.eClinicalWorks.com

eClinicalWorks develops and implements health IT, including EMR/PM software, patient portals and community health records for customers of all sizes and specialties.

Fresenius Medical Care  
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920 Winter Street/Inpatient Services  
Waltham, MA 02451  
877-369-0547  
www.fmcna.com/inpatientservices.html

Fresenius Medical Care provides on site medical care equipment with maintenance and repairs; supplies; nursing staff and nephrologist oversight. Local medical director provides program oversight. Assistance placing patient into an outpatient dialysis facility upon parole or discharge.

Fusion Consulting  
Booth #528
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Woodbridge, NJ 07095  
732-218-5705  
www.fusionmgt.com

Our team with over 100 years of combined experience provide procurement support, implementation, customized solutions and change management services for EMR, JMS/ OMS, APS, eMAR and customized/integrated solutions for the corrections and health care industry.
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Jackson, MI 49203
800-888-8598
www.garcialab.com

Garcia Lab serves over 300,000 lives in nearly 400 correctional facilities across 27 states. We are a certified WBE business that was founded in 1971 and have been specializing in correction needs for over 15 years. We pride ourselves on world class customer service which is rival to none.

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Burlington, VT 05402
802-859-6476
www.gehealthcare.com

GE Healthcare provides transformational medical technologies and services that are shaping a new age of patient care.

The GEO Group, Inc.
Booth #607
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Boca Raton, FL 33487
561-999-7561
www.geogroup.com

The GEO Group is the world’s leading provider of correctional, detention and community reentry services with 96 facilities, approximately 73,000 beds, and 18,000 employees around the globe. GEO’s facilities are located in the United States, United Kingdom, Australia and South Africa.

See our ad on page 21

Gilead Sciences Inc.
Booth #305
333 Lakeside Dr.
Foster City, CA 94404
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July 20-21, Omni Interlocken, Denver

National Conference on Correctional Health Care
October 18-22, Paris Hotel, Las Vegas

Visit www.ncchc.org/events/conferences for more information!
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CCHP The Mark of Professional Leadership, Competence and Expertise

A program of the National Commission on Correctional Health Care

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.

For all professionals working in correctional health, including administrative and support staff

CCHP The NCCHC Certified Correctional Health Professional program recognizes your mastery of national standards and the knowledge expected of leaders in this complex, specialized field. The CCHP credential is a symbol of achievement and leadership that provides immeasurable benefits, including professional recognition and pride. It is also a stepping-stone (and an eligibility requirement) toward advanced and specialty certifications.

For more information, visit www.ncchc.org/CCHP.
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<td>NCC 102</td>
<td>P-01 An In-Depth Look at NCCHC’s 2014 Standards for Health Services in Jails*</td>
<td>Tracey Titus, RN, CCHP; Richard Clarke, MD, CCHP; Jeffrey Alvarez, MD, CCHP</td>
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<td>P-02 An In-Depth Look at NCCHC’s 2014 Standards for Health Services in Prisons*</td>
<td>B. Jaye Anno, PhD, CCHP-A; Steven Shelton, MD, CCHP-A; Joseph Perea, MD, CCHP</td>
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<td>NCC 104</td>
<td>P-03 An In-Depth Look at NCCHC’s Standards for Mental Health Services in Correctional Facilities*</td>
<td>Judith Cox, MA, CCHP; Steven Helfand, PsyD, CCHP-A; Mary Muse, MS, RN, CCHP</td>
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<td>P-04 Nursing Skills Forum: Hands-On Practice in Five Key Skills</td>
<td>Eileen Couture, DO, CCHP</td>
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<td>P-05 Affordable Care Act and How It Will Affect Correctional Health Care*</td>
<td>Therese Brunfield, MBA, CCHP; Benjamin Sohr</td>
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<td>P-06 Beyond Good and Evil: Inside the Mind of the Psychopath*</td>
<td>Donald Stewart, PhD, CCHP; Joshua May, MS</td>
<td>Legal issues</td>
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<td>P-07 Correctional Nursing: Applying the New ANA Scope and Standards of Practice (Part 1)</td>
<td>Patricia Voermans, APRN, MSN, CCHP-RN; Catherine Knox, MN, RN, CCHP-RN; Lorry Schoenly, PhD, RN, CCHP-RN; Margaret Collatt, BSN, RN, CCHP-RN; Deborah Stewart, FNP, MSN, CCHP; Jacqueline Moore, PhD, RN, CCHP-RN; Ellyn Presley, CCHP-RN; Lori Roscoe, MPA, PhD, CCHP-RN; Mary Muse, MS, RN, CCHP-RN, CCHP-A</td>
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<td>NCC 102</td>
<td>P-08 Guiding Principles for a Viable Suicide Prevention Program*</td>
<td>Lindsay Hayes, MS</td>
<td>Suicide prevention Risk management</td>
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<td>NCC 103</td>
<td>P-09 Correctional Nursing: Applying the New ANA Scope and Standards of Practice (Part 2)</td>
<td>Patricia Voermans, APRN, MSN, CCHP-RN; Margaret Collatt, BSN, RN, CCHP-RN; CCHP-A; Deborah Stewart, FNP, MSN, CCHP; Catherine Knox, MN, RN, CCHP-RN; Dolores Collett, BSN, RN, CCHP-RN; Mary Muse, MS, RN, CCHP-RN, CCHP-A; Sue Smith, MSN, RN, CCHP-RN</td>
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<td>NCC 104</td>
<td>P-10 Practical Preparation for Initial NCCHC Accreditation*</td>
<td>Tracey Titus, RN, CCHP; Peter Heffeman, MBA, CCHP</td>
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<td>P-11 Prison Rape Elimination Act Training for Health Staff *</td>
<td>Jayne Russell, MEd, CCHP-A; B. Jaye Anno, PhD, CCHP-A; Robert Dummund, MA, LCMHC; Karla Vierthaler, MPA; Stephen Goux, MSN, AFN-B/C, SAN-E</td>
<td>Training Policies &amp; procedures</td>
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All programs take place in the Convention Center unless otherwise indicated.
* Sessions with an asterisk are approved for APA continuing education credit.

Skill Level (SL)  B=Basic  I=Intermediate  A=Advanced
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- 7:30 am – 5:00 pm
- 8:00 am – 9:30 am
- 9:30 am – 1:15 pm
- 9:30 am – 10:45 am
- 11:00 am – 12:00 pm
- 12:00 pm – 1:15 pm
- 1:15 pm – 2:30 pm
- 2:30 pm – 3:45 pm
- 3:45 pm – 5:00 pm
- 5:00 pm – 6:15 pm

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- NCC Exhibit Hall Center/West

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- **BOOKSTORE OPEN**
- **OPENING CEREMONY & KEYNOTE ADDRESS**
- **EXHIBIT HALL OPEN**
- **EXHIBIT HALL REFRESHMENT BREAK**
- **EXHIBIT HALL LUNCH**
- **EXHIBIT HALL SESSIONS**
- **REGISTRATION CLOSE & CLOSING CEREMONY**

**PRESENTERS**
- Margaret Collatt, BSN, RN, CCHP-RN, CCHP-A; Sabrina McCain, RN, CCHP
- Lorry Schoenly, PhD, RN, CCHP-RN; Denise Rahneman, MBA, RN, CCHP-RN
- Renee Kanari, MD, MPH
- Mark Fleming, PhD, CCHP-MH; Scott Eliason, MD, CCHP
- Lisa DeBilbo, PhD; Margaret Conrad, DNP
- Harish Moorjani, MD
- Anne Douds, JD, PhD
- Lawrence Mendel, DO, CCHP
- Oihana Torrealday, PhD, CCHP-MH; Joseph Penn, MD
- Robert Vogt, JD, CCHP; Steven Shelton, MD, CCHP-A; Brian Hamilton; Susan Grffton, JD

**TOPIC**
- Nursing issues Administration
- Ethics Nursing issues
- Quality improvement
- Mental health
- Quality improvement
- Mental health
- Professional development
- Oral health Standards
- Technology
- Juvenile issues Mental health
- Professional development
- Quality improvement
- Mental health
- Women's issues Mental health
- Policies & procedures
- Services & procedures
- Quality improvement
- Medical care
- Policies & procedures
- Professional development
- Medical care
- Mental health
- Legal issues
- Legal issues
- Legal issues

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<td>NCC 102</td>
<td>528 Essentials of Nurse Leadership: Delegation and Supervision</td>
<td>Mary Krahm, RN, CCHP; George Perdue, DNP; MSN, CCHP</td>
<td>Nursing issues; Professional development</td>
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<td>NCC 103</td>
<td>529 Nurse-Driven Chronic Care</td>
<td>Tara Taylor, RN, CCHP; Monica Gipson, RN</td>
<td>Chronic care; Nursing issues</td>
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<td>NCC 104</td>
<td>550 Adults With ADHD in Jails: Why It Matters*</td>
<td>Janet Kramer, MD, CCHP; Judith Cox, MA, CCHP; Carol Kuprevich, EdD</td>
<td>Mental health; Medical care</td>
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<td>NCC 108</td>
<td>551 Medical Assessment Program: Continuity of Care From Intake to Release*</td>
<td>Oladunyin Isaaka, MPA, PA-C, CCHP; Esmael Porsa, MD, MPH, CCHP</td>
<td>Medical care; Cost containment</td>
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<td>NCC 109</td>
<td>552 Emerging Issues in Suicide Risk Management and Prevention*</td>
<td>Michael Saucer, JD; Elizabeth Ali, JD; Donald Leach, IL, PhD</td>
<td>Suicide prevention; Risk management</td>
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<td>NCC 208</td>
<td>553 Using Health Information Exchange to Improve Provision of Care*</td>
<td>Honey Pivritrotto, MBA; Amy Fish, BAN, PhD; David Moss, BN, MBA; William McCracker, India Davis, BA</td>
<td>Technology; Medical records</td>
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<td>NCC 207</td>
<td>554 Fetal Alcohol Spectrum Disorders: A Panel Discussion*</td>
<td>Carolyn Szelela, PhD; Carl Bell, MD, CCHP; Roger Zoorob, MD, MPH</td>
<td>Mental health; Ethics</td>
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<td>NCC 209</td>
<td>555 CCHP-MH: Specialty Certification for Correctional Mental Health Professionals*</td>
<td>Sharen Barbaza, PhD, CCHP-MH; Mark Fleming, PhD, CCHP-MH; Melissa Sammons, CCHP</td>
<td>Professional development</td>
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<td>NCC 210</td>
<td>556 TLC for HIV-Infected Jail Detainees: Setting Up a Screening Program, Treating the Newly Diagnosed*</td>
<td>Anne Spaulding, MD, MPH, CCHP</td>
<td>Infectious disease; Medical care</td>
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<td>NCC 102</td>
<td>557 Essentials of Nurse Leadership: Clinical Management</td>
<td>Mary Raines, RN, CCHP; Lisel Browe, BSN, CCHP</td>
<td>Nursing issues</td>
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<td>NCC 103</td>
<td>558 Asthma Self-Management: Teaching Patients to Succeed</td>
<td>Patricia Voermans, APRN, MSN, CCHP-RN; Jamie Barker, BSN, RN</td>
<td>Nursing issues; Health education</td>
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<td>NCC 104</td>
<td>559 Principles of Administrative Management: Staff, Budgets, Contracts and More*</td>
<td>Ronald Wiborg, MA, MBA, CCHP</td>
<td>Administration; Budgeting/Finance</td>
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<td>NCC 208</td>
<td>540 Prostate Cancer: An Update on Screening and Treatment Recommendations</td>
<td>Richard Kosierowski, MD, CCHP</td>
<td>Medical care; Chronic care</td>
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<td>541 An Evidenced-Based Approach for Treating Inmates With Mental Illness*</td>
<td>Robert Morgan, PhD; Jeremy Mills, PhD; Daryl Kroner, PhD</td>
<td>Mental health; Research</td>
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<td>542 Anxiety Disorders in Juvenile Detention: Strategies for Assessment and Intervention*</td>
<td>Melanie Farkas, PhD; Ohiana Torrealday, PhD, CCHP-MH</td>
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<td>NCC 108</td>
<td>543 Jail Linkages: Two Evidence-Based Approaches for Linkages to Care in the Community*</td>
<td>Alison Jordan, MSW; Thomas Lincoln, MD; Maureen Desabrais, LSW</td>
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<td>544 Meeting the Nutritional Needs of Youthful Offenders*</td>
<td>Barbara Wakeen, MA, RD, CCHP</td>
<td>Juvenile issues</td>
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<td>545 Shame and Blame to Sustainable Change: Building a Patient Safety Program*</td>
<td>John Dunlap, DO, CCHP</td>
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<td>9:45 am – 11:45 am</td>
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<td>NCC 104</td>
<td>546 Chronic Care: The Biggest Bang for Your Buck</td>
<td>Mary Jane Bookstaver, MBA, BSN</td>
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<td>547 Autonomy in Correctional Nursing Practice: Exploring Responsibility and Accountability</td>
<td>Mary Muse, MS, RN, CCHP-RN, CCHP-A; Steve Linn, BS, RN, CCHP; Morgan Bailey</td>
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<td>548 Clinical Performance Enhancement for Nursing Staff</td>
<td>Carol Bryner, BSN, RN</td>
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<td>549 Merging Electronic Databases for Clinical and Administrative Management*</td>
<td>Steven Hammond, MD, PhD; Ronna Cole</td>
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<td>550 Keys to Effective TB Prevention and Control</td>
<td>Sarah Bur, MPH, BSN</td>
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<td>551 Adolescent Dermatology</td>
<td>Robert Morris, MD, CCHP</td>
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<td>552 Rethinking Substance Abuse Treatment: Doing the Right Thing Right**</td>
<td>Mark Simpson, PhD</td>
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<td>553 The Self-Injury Profiling System: Identification, Risk Prediction and Treatment Selection for Nonsuicidal Self-Injury*</td>
<td>William Bales, PhD; Samuel Scaggs, MS</td>
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<td>NCC 210</td>
<td>554 The Pharmacological and Psychological Approaches to Pain Management*</td>
<td>Mark Fleming, PhD; CCHP-MH; Peter Lee, PharmD; MBA; CCHP; Chuck Jones, PharmD; CCHP</td>
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<td>555 Essentials of Nurse Leadership: Performance Enhancement</td>
<td>Denise Panosky, RN, CCHP; Constance Winkopf, PhD, APRN, CCHP; Deborah Shelton, PhD, RN, CCHP</td>
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<td>NCC 103</td>
<td>556 Understanding the Application of HIPAA in Corrections and the Proper Handling of Requests for Patient Information*</td>
<td>Deana Johnson, JD</td>
<td>Legal issues Medical records</td>
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<td>5:00 pm</td>
<td>NCC 104</td>
<td>557 Teledermatology: What You Need to Know</td>
<td>Matt Hardin, MD</td>
<td>Technology Medical care</td>
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<td>3:45 am</td>
<td>NCC 108</td>
<td>558 Synthetic Drugs: How to Identify, Manage and Treat Impaired Inmates*</td>
<td>Janice Stepnoski, MSW, LCSW; Svoboda Holt, LMPH</td>
<td>Substance abuse Mental health</td>
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<td>NCC 109</td>
<td>559 Developing a Staffing Plan to Meet the Needs of Your Institution*</td>
<td>Mark Ellsworth, MSN</td>
<td>Staffing Administration</td>
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<td>NCC 207</td>
<td>560 Restoration of Competency in Jail: A Proven Program That Saves Time and Money*</td>
<td>Terry Fillman, MBA, RN, CCHP; Kevin Rice, MSW; LCSW; Greg Garland</td>
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<td>561 Bridging the Gap Between Medical Staff and Security Staff*</td>
<td>Robert Cromwell, MS, CCHP</td>
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<td>5:00 pm</td>
<td>NCC 209</td>
<td>562 Ethics in Correctional Mental Health*</td>
<td>Thomas Fagan, PhD; CCHP-MH; John Baxter, EdD</td>
<td>Ethics Mental health</td>
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<td>563 Community-Based Approach to Stopping the Revolving Door of Recidivism*</td>
<td>Rita Torres, CCHP; Kevin McClintock; Patrick Snedeker</td>
<td>Medication management Quality improvement</td>
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<td>NCC 102</td>
<td>564 Essentials of Nurse Leadership: Business Skills and Benchmarking Performance</td>
<td>Karen Rea-Williams, MSN, FNP; CCHP; Jennifer Hoke, MSN, RN</td>
<td>Nursing issues Administration</td>
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<td>9:45 am</td>
<td>NCC 103</td>
<td>565 Improving Nursing Care of Older and Dying Inmates in Forensic Psychiatry in Germany*</td>
<td>Harald Kolbe, MSN</td>
<td>Nursing issues Quality improvement</td>
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<td>5:00 pm</td>
<td>NCC 104</td>
<td>566 Limiting Your Risk in a High-Risk Environment*</td>
<td>Carol Dillon, JD; Jeb Crandall, JD</td>
<td>Legal issues Risk management</td>
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<td>3:45 am</td>
<td>NCC 108</td>
<td>567 Treating Sexual Offending Behaviors*</td>
<td>Stacey Goldstein-Dwyer, MA, LMHC</td>
<td>Sex offenders</td>
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<td>568 Caring for the Mind: Locating Online Mental Health Information*</td>
<td>Naomi Gonzales</td>
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<td>569 Multidisciplinary Approach to HIV Care Through Telemedicine*</td>
<td>Melissa Badowski, PharmD; BCPs, AAIHVP; Jeremy Young, PhD; MPH; Pyral Vaughan, MA</td>
<td>Technology Chronic care</td>
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<td>NCC 209</td>
<td>570 What Would You Do? Ethical Dilemmas in Correctional Mental Health*</td>
<td>Thomas Fagan, PhD; CCHP-MH; John Baxter, EdD</td>
<td>Ethics Mental health</td>
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<td>NCC 208</td>
<td>571 Toward an Integrated System of Clinical Service Delivery: The Tennessee Model*</td>
<td>Mark Simpson, PhD; Kenneth Williams, MD, PhD</td>
<td>Administration Cost containment</td>
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<td>3:45 am</td>
<td>NCC 210</td>
<td>572 Working With Advanced Practitioners in Corrections*</td>
<td>Rebecca Lubelczyk, FSCP; MD, CCHP</td>
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<td>6:00 pm - 8:00 pm</td>
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<td>ACADeMY OF CORRECTIONAL HEALTH PROFESSIONS ANNUAL MEETING AND RECEPTION (Members only) Co-sponsored by the Society of Correctional Physicians</td>
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**Wednesday, October 30**

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<td>NCC 102</td>
<td>573 Essentials of Nurse Leadership: Personnel Management</td>
<td>Becky Pinney, MSN, RN, CCHP-RN</td>
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<td>NCC 103</td>
<td>574 Application of NCCHC Standards to Inmate Lawsuits: Current Trends and Useful Tips*</td>
<td>Daniel Griffith, JD</td>
<td>Legal issues NCCHC standards</td>
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<td>NCC 210</td>
<td>575 Special Needs of and Promising Solutions for Incarcerated Veterans of Operation Enduring Freedom and Operation Iraqi Freedom*</td>
<td>Alexandra Pajak, MSW, CCHP</td>
<td>Mental health</td>
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<td>NCC 108</td>
<td>576 Economic Analysis of Mental Health Services to Improve Care Delivery*</td>
<td>Daniel Berman, PsyD, RN</td>
<td>Cost containment Mental health</td>
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<td>NCC 109</td>
<td>577 Therapeutic Communities: Treating Offender Lifestyle Disorders*</td>
<td>Mark Simpson, PhD; Michelle Herbert, MA</td>
<td>Mental health Substance abuse</td>
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<td>578 Establishing a Nurse-Managed Infection Control Program</td>
<td>Gene Lincoln, MS, BSN, CCHP</td>
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<td>9:45 am</td>
<td>NCC 104</td>
<td>579 PREA Training for Health Staff: Detecting and Assessing Signs of Sexual Abuse and Harassment* (Supported by the National PREA Resource Center via Grant No. 2010-RP-BX-K001 awarded by the Bureau of Justice Assistance)</td>
<td>B. Jaye Anno, PhD; CCHP-A; Karla Viethaler, MPA</td>
<td>Policies &amp; procedures</td>
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**Skill Level (SL)**  
B=Basic  I=Intermediate  A=Advanced
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<td>Essentials of Nurse Leadership: The Capstone for Nursing Leaders</td>
<td>Lori Roscoe, MPA, PhD, CCHP-RN; Cynthia Kienlen, MSN, RN, CCHP; Gayle Burrow, MPH, BSN, CCHP-RN; Deborah Stewart, FNP, MSN, CCHP; Mary Muse, MS, RN, CCHP-RN, CCHP-A</td>
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<td>NCC 103 581</td>
<td>Head and Neck Exam: What Every Nurse Should Know</td>
<td>Margaret Collatt, BSN, RN, CCHP-RN, CCHP-A; Susan Laffan, RN, CCHP-RN, CCHP-A</td>
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<td>Understanding Legal Risks With Sick Call Administration*</td>
<td>Sue Smith, MSN, RN, CCHP-RN; Kathryn Wild, MPA, RN, CCHP; Gail Normandin-Carpio, RN, CCHP</td>
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<td>PREA Training for Health Staff: How to Respond Professionally and Effectively to Victims of Sexual Abuse and Sexual Harassment* (Supported by the National PREA Resource Center via Grant No. 2010-RP-BX-K001 awarded by the Bureau of Justice Assistance)</td>
<td>Jayne Russell, Med, CCHP-A</td>
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<td>Leveraging Telemedicine to Achieve the Triple Aim*</td>
<td>Rebekah Haggard, MD, CHCQM, CCHP</td>
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<td>NCC 209 585</td>
<td>The Anatomy of a Jail Strike*</td>
<td>Keith Courtney, DO, Kathy Schultz, RN, BN, HSM</td>
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<td>Clinical Reentry Services Through Clinical Case Managers and Forensic Social Workers*</td>
<td>Sheila Hubbard; Dan Ramey, LCSW</td>
<td>Discharge planning/ Reentry Mental health</td>
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<td>Correctional Health Care Accreditation: The Benefits to Your Program*</td>
<td>Tracey Titus, RN, CCHP</td>
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<td>NCC 103 588</td>
<td>The Detection of Mental Illness in Administrative Segregation*</td>
<td>Debra Guthrie, PhD; Beverly Echols, MA, LPC</td>
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<td>Building a Framework for the Future of Correctional Nursing</td>
<td>Mary Muse, MS, RN, CCHP-RN, CCHP-A</td>
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<td>NCC 108 590</td>
<td>Model Approaches to Care of Aging Inmates (Part 1)*</td>
<td>Linda Redford, PhD, RN; Jennifer Turnage, LPC</td>
<td>Administration Policies &amp; procedures</td>
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<td>NCC 104 591</td>
<td>PREA Training for Health Staff: Forensic Evidence Preservation* (Supported by the National PREA Resource Center via Grant No. 2010-RP-BX-K001 awarded by the Bureau of Justice Assistance)</td>
<td>Stephen Goux, MSN, RN, AFN-BC</td>
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<td>From Patient Safety to Information Security: The Experts Talk About Electronic Health Records*</td>
<td>Dan Jarrett, Paul Winterton, Gary Steiner, Sam Sheffield</td>
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<td>To Send or Not to Send: Using the Emergency Severity Index Five-Level Triage System*</td>
<td>Susan Laffan, RN, CCHP-RN, CCHP-A; Deborah Franzoso, LPN, CCHP; Margaret Collatt, BSN, RN, CCHP-RN, CCHP-A</td>
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<td>Hepatitis Education Programs in Prison: Implementing Peer Outreach and More in Washington State*</td>
<td>Richard Feffer, MS, CCHP</td>
<td>Infectious disease Health education</td>
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<td>NCC 104 595</td>
<td>PREA Training for Health Staff: Reporting and the PREA Standards* (Supported by the National PREA Resource Center via Grant No. 2010-RP-BX-K001 awarded by the Bureau of Justice Assistance)</td>
<td>Robert Dumond, LCMHC, MA</td>
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<td>NCC 108 596</td>
<td>Model Approaches to Care of Aging Inmates (Part 2)*</td>
<td>Linda Redford, PhD, RN; Jennifer Turnage, LPC</td>
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<td>NCC 109 597</td>
<td>How to Select and Successfully Implement an EHR That Is Right for Your Mission*</td>
<td>Dan Jarrett, Paul Winterton, Gary Steiner, Sam Sheffield</td>
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<td>Tips, Tricks and Troubleshooting: Common Pitfalls in Interpreting NCCHC Standards*</td>
<td>Tracey Titus, RN, CCHP</td>
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<td>CCHP Certification: The Mark of Professional Leadership, Competence and Expertise*</td>
<td>Matissa Sammons, CCHP; Steven Shelton, MD, CCHP-A; Deborah Collatt, BSN, RN, CCHP-RN, CCHP-A</td>
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<td>Medical and Mental Health Professionals’ Role in the Prevention of, and Response to, Sexual Abuse*</td>
<td>Gwyn Smith-Downes</td>
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<td>Palliative and End-of-Life Care in Prisons*</td>
<td>Linda Redford, PhD, RN; Paul Alexander; Scott Jamieson</td>
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See you in Atlanta, April 5-8, 2014

www.ncchc.org/spring-conference
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