2014 ANNUAL REPORT

WORKING TOGETHER

TO IMPROVE CORRECTIONAL HEALTH CARE

OUR MISSION

to improve the quality of health care provided in jails, prisons and juvenile confinement facilities

National Commission on Correctional Health Care
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Dear Colleague:

The past year has been profoundly rewarding and enriching for me, both professionally and personally. What a privilege to have been selected as the National Commission on Correctional Health Care’s fourth president and CEO. Every day, I learn more about the complexities of this unique field and meet more of the talented, committed people who deliver health care to inmates in our nation’s jails, prisons and juvenile confinement facilities.

Admittedly, Ed Harrison left some very big shoes to fill when he retired after 27 years with the Commission — 21 as president and CEO. For more than two decades, he devoted himself to the organization and the field, providing vision and leadership. Following in Ed’s footsteps is a journey I take very seriously, and I thank the many people who have helped me find my way.

Like all good leaders, Ed understood the importance of collaboration. As an organization, we would not be where we are today without the work of a broad network of individuals from diverse educational and professional backgrounds, each making a unique contribution. I am committed to continuing that legacy of partnership and cooperation. I am meeting with each board liaison from our supporting organizations to strengthen those relationships and with representatives from other organizations to identify opportunities for collaboration.

As an area of specialization, correctional health care is widely misunderstood by the general public — if it’s considered at all. Yet those working in the field are uniquely positioned to meet the constitutional requirements of health care for those who are incarcerated, to maintain high quality standards in correctional facilities and to positively affect public health and safety.

In this, NCCHC is a trusted partner. We are here to help, not only through our highly regarded Standards and our flagship accreditation, certification, education and publications programs, but also through new endeavors that are just now being explored and launched.

I look forward to our continued work together.

Thomas L. Joseph, MPS, CAE
President and CEO
If “it takes a village” to raise a child, what does it take to improve the quality of health care in jails, prisons and juvenile confinement facilities?

A national nonprofit organization that is the leading authority on correctional health care, working with support from the major national organizations representing the health, law and corrections fields, along with board members, teams of accreditation surveyors, subject matter experts, conference speakers, journal and magazine authors, academic researchers, public health advocates, enlightened administrators and committed health staff ... that’s what.

REACHING OUT
For the National Commission on Correctional Health Care, 2014 was a year of collaboration: closer partnerships with our supporting organizations; expanded technical assistance, training and consultation with the facilities that rely on us for support; and new relationships with like-minded partners.

A collaboration with the Illinois Department of Corrections, for example, is leading to improved health care in the state’s 25 prisons (see page 4).

With health information technology becoming ever more important in public health, NCCHC led a session at a Substance Abuse and Mental Health Services Administration conference that explored innovations and best practices in using such technology to connect correctional facilities and community providers. NCCHC also participated in the annual meetings of several major constituencies, providing education on programs and tools to help these officials provide quality health care in the nation’s jails.

NCCHC’s “Preferred Future,” the strategic plan adopted in 2014, lays out a road map for growth over the next several years. The plan’s vision, goals and objectives emphasize reaching out, raising awareness, nurturing existing relationships and creating new ones. And as opportunities for such collaboration continue to grow, the Commission has increased its capacity to respond with the introduction of NCCHC Resources, Inc., a new structure for providing assistance to correctional facilities.

MAKING STRIDES
In the pages that follow, you will read more about the strides NCCHC made during 2014 to strengthen our mission. You’ll learn about activities and successes continued on next page
in our core competencies: standards, education, accreditation and certification. You’ll see some impressive statistics that highlight the true impact of our work. And you’ll meet a few of the remarkable people who not only benefit from what NCCHC does to improve the quality of health care in jails, prisons and juvenile confinement facilities, but also are important partners in that work.

Bolstered by such strong partnerships, NCCHC will assuredly continue to succeed and grow. By working together, we can accomplish so much more.

When the Illinois Department of Corrections set out to improve health care in its 25 prisons, it called on NCCHC for help.

Prompted by a resolution from the state legislature for an external review of the medical and mental health services provided by IDOC’s provider — and bolstered by IDOC director S. A. Godinez’s commitment to quality health care — a collaborative relationship between NCCHC and IDOC was born.

In a letter to all IDOC employees, Godinez shared his vision for the future of IDOC health services. “The department is taking an important step to demonstrate its commitment to inmate health care,” he wrote. “The accreditation program is not just an evaluation program; it also involves education and consultation with the country’s leading experts in correctional health care systems.”

As part of the process, wardens from around the state met with the NCCHC accreditation manager to learn about the standards and the steps for successful accreditation. Another meeting with the system’s nearly 100 health care leaders delved into the details of standards compliance.

The initial wave of accreditation surveys began in August. The first facility has attained initial accreditation, with seven more to begin the accreditation process in the near future.
SETTING THE STANDARDS FOR QUALITY CARE BEHIND BARS

Since first being introduced nearly 40 years ago, the National Commission on Correctional Health Care’s standards have helped jails, prisons and juvenile confinement facilities improve the health of their inmates and the communities to which they return. Using NCCHC’s standards as a guide, quality-committed correctional facilities throughout the country have adopted policies and procedures that help ensure inmates receive the care to which they are constitutionally entitled, while also increasing the efficiency of health services delivery, strengthening organizational effectiveness and reducing the risk of adverse legal judgments. Developed by experts in health, law and corrections, the standards are also the foundation for NCCHC’s accreditation program and professional certification curriculum. No correctional health care standards are more rigorous or more respected.

As health care evolves and the correctional landscape changes, so do the standards. In 2014, new editions of Standards for Health Services in Jails and Standards for Health Services in Prisons were published, reflecting a stronger focus on quality and outcomes.

“Each revision of the Standards gradually elevates the minimum requirements in order to enhance continuous improvements,” says Patricia Reams, MD, CCHP, chair-elect and the American Academy of Pediatrics liaison on the NCCHC board of directors.

Notable updated topics include continuous quality improvement, clinical performance enhancement, patient safety, initial health assessment, pharmaceutical operations and women’s health. The standards were also changed to be more patient-centered. For instance, the standard relating to continuity and coordination of care now specifies that all treatment plans, including test results, are shared and discussed with the patient.

Reflecting the changing reality inside and outside of jails and prisons, four standards that were classified as “important” in the previous editions were changed to “essential,” including sexual abuse regulations, mental health screening and evaluations, and patients with alcohol and other drug problems. A new standard on contraception was added.

The 2014 Standards made their debut at NCCHC’s Spring Conference on Correctional Health Care in Atlanta, where close to 200 people attended preconference seminars to learn in-depth about the new and revised standards.

The first facility to undergo an accreditation survey under the 2014 Standards was the Salt Lake County (Utah) Metro Jail, a facility with an average daily population of more than 2,100. “We elected to go ahead with the 2014 standards because it made operational sense for us,” says medical director Todd Wilcox, MD, MBA, CCHP-A. “We felt that the new standards address the quality of care more than previous standards and we wanted to move to that version as soon as possible.”

Dr. Wilcox also lauds the surveyors who made the site visit: “They were able to focus on the big-picture items of access to care and quality of care. We all felt that this was the smoothest yet most comprehensive audit in our history.”
Liz Barker, MS, RN, quality consultant with the Jerome Combs Detention Center in Kankakee, IL, remembers exactly where she was when she learned that her facility had achieved NCCHC accreditation.

After years of preparation and planning — plus lots of guidance from the NCCHC accreditation staff — it was a great call to get. (In the Costco parking lot!)

Ms. Barker, who led the accreditation preparations, says Kankakee County Sheriff Tim Bukowski started the process more than five years ago. “He is an advocate for anything that helps the staff and the inmates,” she says. Administrators also believed that in becoming accredited, the staff and the county would benefit from a safer and less litigious environment.

The undertaking seemed daunting at first, she says. “We had the Standards book, but we didn’t really understand how it applied to our daily operations. We had a lot to learn.” Fortunately, she and her team had a partner in the NCCHC staff, who provided feedback, guidance and corrective action plans every step of the way. “The expectations were very transparent,” she says.

“We found that we were doing a lot of things right without having formal policies in place,” says Ms. Barker. For instance, the jail had an arrangement with a local hospital for inmate-patients needing a level of care not available at the jail, but nothing in writing. In this and other situations, policies and procedures needed to be formalized, and NCCHC compliance indicators needed to be incorporated into them — and then implemented.

Important improvements included enhancement of the physician’s role, better access to care, the adoption of a quality committee and regular CQI meetings. Another was a policy change spelling out the procedure for twice-daily med passes.

“Everything is streamlined now. It’s all formalized,” says Ms. Barker. “There are no questions — everything is in the manual.” The new processes mean that patients are seen more quickly and the nursing staff is more visible, she adds.

For the staff at Jerome Combs, the journey to accreditation was a positive experience. “We all worked together, and now we have this sense of pride and accomplishment — which is important in a work environment that is so often challenging,” Ms. Barker says. “Everyone is involved in the CQI process, and everyone is more confident in their jobs. We know we are providing the best possible care.”

When a correctional facility achieves NCCHC accreditation, the message is clear: Its leaders are committed to providing a nationally accepted standard of care in health services delivery.

NCCHC has offered voluntary accreditation based on the Standards since the 1970s. The program encompasses accreditation for jails, prisons, juvenile facilities, mental health services and opioid treatment programs. Currently, close to 500 facilities in 47 states and the District of Columbia are accredited — from juvenile facilities with an average daily population of 10 to mega-jails with an average daily population of close to 9,400.

Put simply, the accreditation process involves a team of peer reviewers that survey a
NEARLY 500,000 average number of inmates served in accredited facilities every day

It is also a team effort. More than just a “test,” the survey is an educational experience for the facility staff. Surveyors, staff and NCCHC’s accreditation team work together to identify needed improvements and take corrective action. Facility staff consistently commend the value of feedback from knowledgeable professionals, as well as their pride in a job well done.

Despite continuing economic uncertainty and budget constraints, new applications for accreditation continue to roll in, a testament to the program’s reputation. In 2014, NCCHC:

* Conducted more than 160 accreditation surveys
* Trained 40 new surveyors
* Marked its 10th year as the only federally approved accrediting body to focus on opioid treatment programs in correctional facilities
* Developed a customizable media kit to help accredited facilities communicate their accomplishment and to educate the public on the importance of quality correctional health care

facility and evaluate compliance with the standards. In reality, the process is complex, comprehensive and rigorous; earning accreditation is a significant achievement signaling a serious commitment to the clinical, administrative and legal requirements of quality correctional health care. Accreditation indicates a constitutionally acceptable level of care, which translates into improved health status, fewer grievances and lawsuits, and reduced health risk to the community when inmates are released.
A quick look at the numbers shows that the Certified Correctional Health Professional program is going strong and growing stronger. In 2014, the program’s most impressive year yet, more than 800 candidates took the CCHP exam. There are now more than 3,200 CCHPs practicing in jails, prisons and juvenile confinement facilities throughout the country — proving that the correctional health care workforce has what it takes to meet the clinical and administrative challenges of this uniquely demanding field.

Those who have achieved certification wear the CCHP designation with pride. The CCHP credential is a symbol of achievement and leadership, and is highly valued not only by participants but also by employers.

In addition to the primary CCHP designation, specialty certification provides formal recognition for practitioners who have engaged in ongoing, focused and targeted professional development: CCHP-RN, CCHP-A (Advanced) and the newest specialty certification for mental health professionals, CCHP-MH, introduced in 2013. As the population of incarcerated individuals with mental illnesses continues to grow and more mental health practitioners are sought to work in this field, the CCHP-MH recognition will become even more relevant and important.

In 2014, an exciting new specialty examination — the CCHP-P exam for physicians — was successfully piloted, with a goal of offering the first exam in fall 2015. The purpose of the CCHP-P program is to define the domain of knowledge unique to practicing in a correctional environment, to provide a valid assessment of this knowledge, to encourage continued professional development in the field of correctional health care and to promote the public’s health by pursuing health care quality.

Sue Lane, RN, CCHP, is a big believer in specialty certification. “Whether it’s trauma, recovery room, mother-baby or correctional care, it is very important as a nurse to understand your role in your specialty,” she says. “It’s a way to show your professionalism — both to yourself and to others.” She feels professional certification is especially important in correctional nursing, which must combat a stubborn perception problem. “People don’t even realize that there’s health care in correctional settings,” she notes, “I’ve had people say to me, ‘Why do inmates need health care?’ They don’t realize they need it the most!”

A utilization manager and infection control coordinator for a 5,000-person jail with four facilities in Florida, Ms. Lane earned her CCHP certification 10 years ago and has maintained it ever since. “For correctional nurses, the CCHP credential demonstrates that you understand the standards and have taken the time to study them,” she says. “It’s recognition of your commitment to the profession.”
As in any area of specialization, correctional health care professionals strive to remain knowledgeable, informed and current in the field. The National Commission on Correctional Health Care is the premier organization that provides educational opportunities for physicians, nurses, mental health professionals and others specific to the correctional environment. These offerings assist and advance thousands of health care professionals, as well as the facilities in which they work, the inmate-patients they care for and the communities to which those patients will return.

Since 1976, when 80 professionals convened at the first NCCHC national conference, educational programming has continued to grow to include four annual conferences, the only peer-reviewed journal dedicated to scholarly inquiry in the field, online educational programming and customized training. More than 100 hours of continuing education credit are available each year.

Acknowledging the importance of education to NCCHC’s mission, the newly adopted Preferred Future calls for the establishment of a broad-based educational environment continued on next page
as a key objective. The year’s activities laid the groundwork for that vision with plans for NCCHC University, an online portal for NCCHC’s expanded educational offerings, including webinars and recorded sessions in the Live Learning Center.

The 2014 conferences drew thousands of correctional health care professionals, expert faculty and dynamic presentations. Keynote speakers included Jonathan Mermin, MD, MPH, director of the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention at the Centers for Disease Control and Prevention; Rear Adm. Newton Kendig, MD, assistant director of the Federal Bureau of Prisons Health Services Division and assistant surgeon general of the U.S. Public Health Service; and Chef Jeff Henderson, former drug trafficker turned celebrated chef whose experiences as an inmate cook turned his life around.

PERIODICALS AND PARTNERSHIPS
The Journal of Correctional Health Care, the only national, peer-reviewed scientific journal dedicated to correctional health care, celebrated its 20th anniversary in 2014. JCHC is a trusted resource for those who work in the specialty to monitor developments, best practices, case studies and the latest empirical research findings. By completing the corresponding online self-study exams, nurses, physicians, psychologists and CCHPs can also earn continuing education credit. The Journal offered more than 15 credit hours in 2014.

Submissions to the Journal remain strong, thanks in part to collaborations by the editor, John Miles, MPA, with a number of academic/correctional entities. A long-standing member of the CDC Corrections Workgroup, he also works with the Academic & Health Policy Conference on Correctional Health to solicit submissions from its speakers and academic partners. Another JCHC outreach initiative encourages collaboration and published research with the Institute of Public and Preventive Health at Georgia Regents University and the school’s Georgia Correctional HealthCare division, which provides health care to Georgia Department of Corrections facilities.

As the official voice of the preeminent organization in correctional health care, CorrectCare® is the most trusted and valuable magazine in this unique field. NCCHC’s quarterly magazine provides its 12,000 readers with news and commentary on a wide range of clinical and administrative topics that are critical to correctional health care. A 2014 readership survey showed high satisfaction among readers. It also provided valuable feedback to shape the magazine’s content, such as increased coverage of legal issues and a column on patient safety.
A NEW PARTNER IN QUALITY CARE

As the correctional health care field grows more sophisticated, facilities often need expert consultation. To meet that need, in 2014 the National Commission on Correctional Health Care introduced NCCHC Resources, Inc.

Leveraging NCCHC’s expertise in correctional health care, NCCHC Resources, Inc., provides customized education and training, preparation for accreditation and professional certification, performance improvement initiatives and technical assistance to correctional facilities interested in health care quality improvement. Working separately from NCCHC, NRI will put together a team of experts — clinicians, educators, administrators and other thought leaders — to address its clients’ unique projects and challenges. A nonprofit organization, NRI works to improve the quality of health care in jails, prisons and juvenile detention and confinement facilities.

NRI provides new structure and adds breadth and depth to technical assistance available to correctional facilities, both accredited and nonaccredited. In 2014, its first year of operations, the number of requests for assistance was strong. Those requests included quality improvement reviews, full-system evaluations, and on-site and telephone consultations.

PIONEERING QUALITY MEASURES

NRI’s CHORDS project — the Correctional Health Outcomes and Resource Data Set — is a national performance measurement and outcomes data sharing system. CHORDS promises to provide participants with powerful tools for understanding and managing the health of their inmates.

Designed by experts in correctional health care working in partnership with dozens of jails and prisons, the first phase of CHORDS was modeled after standardized clinical performance measurement systems common in hospitals and health networks. The objective is to enable correctional systems to participate in structured improvement studies, to benchmark performance and to implement targeted quality improvement efforts. Data from CHORDS activities can contribute to public health and health services research in line with national health care reform efforts and help standardize performance expectations for correctional health care.

In 2014, an advisory board of diverse and seasoned correctional health care experts began providing hands-on direction to a team of NRI staff and improvement consultants who will manage CHORDS.
ANNUAL AWARDS

BERNARD P. HARRISON AWARD OF MERIT

NCCHC’s highest honor, this award is presented to an individual or group that has demonstrated excellence and service that has advanced the correctional health care field, either through an individual project or a history of service. The award is named after NCCHC’s cofounder and first president.

Edward A. Harrison, MBA, CCHP, and R. Scott Chavez, PhD, MPA, CCHP-A

The year was 1987. In September, Edward Harrison, MBA, joined the small but robust not-for-profit organization headed by his father, Bernard Harrison, who sought out his son for his business, marketing and health management expertise. In November, R. Scott Chavez, MPA, became a member of the National Commission’s board of directors, serving as liaison of the American Academy of Physician Assistants. Thus was born a relationship that would have an immense and enduring impact on the Commission, one that was solidified when Dr. Chavez joined the staff as director of accreditation in January 1989.

After Bernard Harrison retired, his successor promoted Edward to vice president, and in 1993 the board of directors named him as president. He retired in 2014, after a 27-year career in correctional health care. Dr. Chavez left the organization for five years to work in academia, but rejoined in 1998 as its vice president, a position he held until his death in 2013.

The awards committee was highly enthusiastic about this dual nomination, agreeing that the pair worked together as an extraordinarily effective and complementary team. Under Mr. Harrison’s leadership and with Dr. Chavez as his steadfast lieutenant, the National Commission made great strides in furthering its mission. Aided by a dedicated board of directors and countless volunteers, they succeeded in raising awareness of correctional health care as a vital component of public health through constant outreach and works such as the groundbreaking Health Status of Soon-to-Be-Released Inmates Report to Congress. During their tenure, the correctional health care field was elevated and recognized as a distinct practice area with its own certifications. With each edition of the NCCHC Standards, the quest for quality became more tangible, driven by performance data and evidence-based practices.

Accreditation and education, always core strategies, expanded in scope and depth.

Mr. Harrison and Dr. Chavez brought different strengths to NCCHC, says close collaborator and longtime board member Ronald Shansky, MD, MPH. Mr. Harrison “created a sense of security for the organization; whatever challenges arose, there was an underlying confidence that he would be able to steer the ship and come up with appropriate responses.” He also generally preferred to work outside of the limelight. Dr. Chavez, however, relished his role as the face of the Commission in working with professionals in the field. “Scott’s greatest strength was his responsiveness to the field. People really relied on him and trusted him,” says Dr. Shansky.

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With different roles and styles and yet united by a common vision, Mr. Harrison and Dr. Chavez together shaped the National Commission into the leading force for quality improvement in correctional health care.

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.

Lynn Sander, MD, FSCP, CCHP

`CorrDocs` was already a well-regarded specialty publication when Lynn Sander, MD, FSCP, CCHP, became its editor in 2007. But under her resolute stewardship, the quarterly newsletter of the Society of Correctional Physicians evolved and matured into a different sort of periodical. “It was only through Lynn’s relentless prodding and pushing it forward that `CorrDocs` became the vibrant force for education and change that it still is today,” says Michael Puerini, MD, CCHP-A, immediate past president of SCP.

Dr. Sander worked in correctional health care for nearly 30 years before she died in November 2013. She spent 16 years at the Denver County Jail system, serving as its medical director for the last 10. She then worked a few years as corporate medical director for a correctional health care provider before beginning a consultant practice in 2007. That coincided with the end of her two-year term as SCP president and the start of her volunteer job as `CorrDocs` editor.

Given Dr. Sander’s passion for education and advocacy, she was perfect for the job. “Lynn was one of my first professional colleagues in correctional medicine and impressed me with her advocacy for the patient balanced with her knowledge and respect for public health, security concerns and evidence-based medicine,” says Rebecca Lubelczyk, MD, FSCP, CCHP, the current SCP president. “She brought all those strengths and passions when she became president of the Society and when she became the editor of `CorrDocs`.”

Dr. Sander was a lifelong educator who promoted careers in correctional medicine through a teaching program at the Denver County Jail. She presented at many conferences and was instrumental in developing the curriculum for NCCHC’s first Medical Director Boot Camp, which evolved into the Correctional Health Care Leadership Institutes.

Through `CorrDocs`, Dr. Sander was able to “give expression to her passion for the profession,” says Dr. Puerini. “Lynn worked vigorously on the

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publication while undergoing treatment for the illness that would come to take her life. Nothing could have slowed her down from her work on CorrDocs, one of her many professional legacies and, in my opinion, her finest.”

**R. Scott Chavez Facility of the Year Award**

This prestigious award is presented to one facility selected from among the nearly 500 jails, prisons and juvenile facilities accredited by NCCHC. The award is named after NCCHC’s longtime vice president.

**Casper Re-Entry Center, Casper, Wyoming**

Although it serves two separate populations, each with a distinct set of programs and personnel, the health services department at the Casper Re-Entry Center has one overarching goal: to preserve and promote the health of the incarcerated individual. The word “individual” is key: The NCCHC surveyor who nominated CRC for this award lauded its commitment to providing “customized, focused, personal attention and responsiveness” to each resident.

Accredited since 2007, CRC is a private, multipurpose drug and alcohol treatment facility for males operated by Community Education Centers, Inc., which provides reentry treatment and education services for adult correctional populations. A 100-bed unit houses state prisoners who have been court ordered to receive treatment before parole; this service is provided under contract with the Wyoming Department of Corrections. On a separate floor, a 50-bed unit houses Native Americans from across the country who have been ordered to participate in CRC’s residential treatment program. CRC has contracts with numerous tribes and the Bureau of Indian Affairs to provide these services. Both the WDOC inmates and the BIA inmates must meet strict criteria before they are accepted into the respective programs.

The common thread between the two groups is the comprehensive health services provided. Each individual receives thorough intake screening and primary and specialty care, including dental, psychiatric and optometry. (The federal Indian Health Service provides dental care to BIA inmates.) Some BIA inmates have a constellation of chronic and communicable diseases that have not been identified, so the screenings often detect significant health problems that can now be managed.

Preventive care and health education are essential to CRC’s mission, and to that end the health services administrator developed a robust wellness program that

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begins with each new intake receiving a workbook. Participants receive a wellness physical and additional educational materials. Each day the program offers a variety of physical classes along with seminars; group and individual meetings occur weekly.

Clearly, the substance abuse treatment programming is a high priority, and to maximize effectiveness, the clinical staff uses a variety of treatment models within a therapeutic community environment. Sensitive to their unique cultural needs, the program for Native Americans incorporates traditional approaches such as a sweat lodge and a talking circle.

Together, these programs and services, along with dozens of others, cohere to form an individual-focused therapy designed to help the residents succeed in maintaining healthy, drug- and alcohol-free lifestyles upon reentry.

**PROGRAM OF THE YEAR AWARD**

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

**Berkshire County Jail and House of Correction, Pittsfield, Massachusetts**

**Long-Term Care and Discharge Planning Program**

The day an arrestee is booked into the Berkshire County Jail and House of Correction is the day he or she has an opportunity for a better, healthier life. Taking a proactive approach to inmate care, the facility uses a team to coordinate assessment of needs and the planning to meet those needs, both while the inmate is incarcerated and after release.

The medium-security facility, which has an average daily population of more than 300, reports that the program has proven successful: The three-year recidivism rate has steadily declined from 44.1% in 2006 (three years after the program started) to 33.0% in 2012.

The core team members represent six areas: mental health, substance abuse, case management, education, medical and security. Upon intake, inmates receive full screenings by a mental health clinician, an LPN or RN, a booking officer and a shift supervisor. That information is used to create an initial care plan. Soon thereafter, follow-up assessments include mental health, physical health and case management. The intent is to develop a profile of long-term care and discharge planning needs.

The care plan is not static. Weekly meetings of the unit team and the medication review team ensure that information is shared, issues are identified and inmate needs continue to be met. Ninety days before release, case managers initiate release and reentry plans that could include job prospecting, interviews, housing needs and transportation requirements. Medical aftercare planning includes medical appointments, copies of health records and medications. The week before release, everything is reviewed with the inmate, who also receives a discharge checklist and information about postrelease meetings with the reentry case manager.

The accreditation surveyor who nominated the jail for the Program of the Year Award attended one of the team meetings. “It was clear,” he says, “that the program offers patients a tremendous opportunity to reenter their communities with the support of caring and dedicated Berkshire County staff.”
## BOARD OF DIRECTORS

NCCHC is supported by the major national organizations representing the fields of health, law and corrections.

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<td>Mary V. Muse, RN, CCHP-RN, CCHP-A</td>
<td>American Nurses Association</td>
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<td>Peter C. Ober, PA-C, CCHP</td>
<td>American Academy of Physician Assistants</td>
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<tr>
<td>Joseph V. Penn, MD, CCHP</td>
<td>American Academy of Child and Adolescent Psychiatry</td>
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<td>Peter E. Perroncello, CJM, CCHP</td>
<td>American Jail Association</td>
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<td>George J. Pramstaller, DO, CCHP</td>
<td>American Osteopathic Association</td>
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<td>Sheriff B. J. Roberts</td>
<td>National Sheriffs’ Association</td>
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<td>David W. Roush, PhD</td>
<td>National Juvenile Detention Association</td>
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<td>Steven R. Shelton, MD, CCHP-A</td>
<td>Society of Correctional Physicians</td>
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<tr>
<td>Carolyn Sufrin, MD</td>
<td>American College of Obstetricians and Gynecologists</td>
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<tr>
<td>Ryung Suh, MD</td>
<td>American College of Preventive Medicine</td>
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<tr>
<td>Ana M. Viamonte Ros, MD</td>
<td>Association of State and Territorial Health Officials</td>
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<tr>
<td>Barbara A. Wakeen, RD, CCHP</td>
<td>American Dietetic Association</td>
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<tr>
<td>Henry C. Weinstein, MD, CCHP</td>
<td>American Psychiatric Association</td>
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<tr>
<td>Nancy B. White, LPC</td>
<td>American Counseling Association</td>
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<td>Liaison Pending</td>
<td>National Association of Counties</td>
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Executive Committee
Composed of the board officers, committee chairs and three at-large members; sets overall goals and strategies
Renee Kanan, MD, Chair
Patricia Reams, MD, CCHP, Chair-Elect
Judith Robbins, LCSW, CCHP-MH, CCHP-A, Immediate Past Chair
Jayne Russell, MEd, CCHP-A Secretary
Thomas Fagan, PhD, CCHP-MH, Treasurer
Thomas Joseph, MPS, CAE, President & CEO
Patricia Blair, JD, CCHP
Ilse Levin, DO
Nicholas Makrides, DMD
Pauline Marcussen, RHIA, CCHP
Edwin Megargee, PhD, CCHP-MH
Robert Morris, MD, CCHP
Joseph Penn, MD, CCHP
David Roush, PhD

Accreditation Committee
Evaluates survey findings regarding compliance with NCCHC standards and determines accreditation status
Joseph Penn, MD, CCHP, Chair
Carl Bell, MD, CCHP, Vice Chair
Eileen Couture, DO, CCHP
Renee Kanan, MD
Douglas Mack, MD, CCHP
Eugene Migliaccio, DrPH
Mary Muse, RN, CCHP-RN, CCHP-A
Peter Perroncello, CJM, CCHP
Sheriff B. J. Roberts
Jayne Russell, MEd, CCHP-A
Patricia Voermans, APRN, CCHP-RN
Lisa Zagar, RN
Staff Liaison: Tracey Titus, RN, CCHP

Certified Correctional Health Professionals Board of Trustees
Oversees certification exam content development, scoring and evaluation; awards certification
Edwin Megargee, PhD, CCHP-MH, Chair
Pauline Marcussen, RHIA, CCHP, Vice Chair
Sharen Barboza, PhD, CCHP-MH

Education Committee
Identifies educational needs of the correctional health community, develops ways to meet those needs and assesses the success of these efforts
Nicholas Makrides, DMD, Chair
Ilse Levin, DO, Vice Chair
Dean Auferheide, PhD
Margaret Collatt, BSN, CCHP-RN
Thomas Fagan, PhD, CCHP-MH
Renee Kanan, MD
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Douglas Mack, MD, CCHP
John Miles, MPA
Ronald Moomaw, DO
George Pramstaller, DO, CCHP
Sue Smith, MSN, CCHP-RN
Ohiana Torrealday, PhD, CCHP-MH
Nancy White, LPC
Staff Liaisons: Deborah Ross, Jaime Shimkus

Finance Committee
Develops budgets and prepares financial reports to ensure that the Commission is fiscally well-managed
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Eileen Couture, DO, CCHP, Vice Chair
Robert Hilton, RPh, CCHP
Thomas Joseph, MPS, CAE
Renee Kanan, MD
Douglas Mack, MD, CCHP
Charles Meyer, Jr., MD, CCHP-A
Eugene Migliaccio, DrPH
Patricia Reams, MD, CCHP
Judith Robbins, LCSW, CCHP-MH, CCHP-A
Staff Liaison: Robert Burtley, MBA

Juvenile Health Committee
Ensures that the health needs of incarcerated youth are addressed in NCCHC’s standards, position statements, policies and programs
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Eric Handler, MD, Vice Chair
Vickie Alston, LCSW, CCHP-MH
Paula Braverman, MD
Keith Courtney, DO, CCHP
Melanie Farkas, PhD
Jamie Miller, MPH
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Ellen Presley, RN, CCHP-RN
Patricia Reams, MD, CCHP
Judith Robbins, LCSW, CCHP-MH, CCHP-A
David Roush, PhD
Michelle Staples-Horne, MD, CCHP
Ohiana Torrealday, PhD, CCHP-MH
Ana Viamonte Ros, MD
Barbara Waken, RD, CCHP
Staff Liaison: Brent Gibson, MD, CCHP

Policy and Standards Committee
Develops and maintains position statements; oversees revisions to standards and guidelines
Patricia Blair, JD, CCHP, Chair
Eileen Couture, DO, CCHP, Vice Chair
Carl Bell, MD, CCHP
Kevin Fiscella, MD
Joe Goldenson, MD
JoRene Kerns, BSN, CCHP
Mary Muse, RN, CCHP-RN, CCHP-A
Peter Ober, PA-C, CCHP
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Carolyn Sufrin, MD
Ryung Suh, MD
Henry Weinstein, MD, CCHP
Staff Liaison: Brent Gibson, MD, CCHP