Our Mission

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

Looking back on the past year – my first full year as NCCHC’s president and CEO – I am amazed by how much has happened. I’m grateful to everyone who has contributed to the overall health and growth of the Commission – the staff, board, committee members, surveyors, consultants and volunteers who do so much both for the organization and for the field of correctional health care. I’m also grateful to the uniquely skilled and dedicated health professionals who care for our nation’s inmates and see that they receive quality, constitutionally sound health care under often challenging circumstances.

As a relative newcomer to the field, I continue to learn from the many people who have generously shared their experience and expertise with me. I’m pleased to report that in 2015 I took – and passed – the CCHP exam and now proudly display the CCHP credential after my name.

NCCHC continues to strengthen relationships with our supporting organizations. I personally met with the chief executives of many of those organizations during 2015, including the American Academy of Psychiatry and the Law, American College of Healthcare Executives, American College of Preventive Medicine, American Dental Association, American Jail Association, American Psychological Association, American Society of Addiction Medicine, Association of State and Territorial Health Officials, National Association of Social Workers and Society for Adolescent Health and Medicine, as well as the Commission on Accreditation for Law Enforcement Agencies. I am proud to say that NCCHC representatives were featured speakers at six national conferences and exhibited at many more.

This is an important time for correctional health care and for NCCHC; it is critical that we continue to work together to spread the word and strengthen our mission.

It is my privilege to serve at the helm of such a vital organization, and I look forward to the progress we will make together in the future.

Thomas L. Joseph, MPS, CAE, CCHP
President & CEO

I’m grateful to everyone who has contributed to the overall health and growth of the Commission – the staff, board, committee members, surveyors, consultants and volunteers who do so much both for the organization and for the field of correctional health care.

Thomas L. Joseph, MPS, CAE, CCHP
Looking Back, Moving Forward

The early 1970s was a time of national turmoil. The war in Vietnam, protests on college campuses, ongoing racial tensions, urban riots and the Watergate scandal all contributed to the social unrest. Many marginalized groups continued to fight for equality.

Amid this turbulence, a 1971 uprising at the Attica Correctional Facility in New York state brought national attention to prisoners’ demands for, among other things, basic services such as adequate health care.

At about this time, the first seed of what would grow to become the National Commission on Correctional Health Care was planted when the American Medical Association became concerned with the poor quality of health care services delivered behind bars. A 1972 AMA survey of the nation’s jails found that in almost two-thirds of those responding, the only “medical facility” available within the jail was first aid. Close to 17% reported that not even first aid was available. Fewer than 7% said they routinely examined inmates.

Correctional health care has improved dramatically since then, thanks in no small measure to the efforts of NCCHC and the health care professionals who work in the field, advocate for inmate-patients and elevate the profession through their commitment and expertise.

In the pages that follow, you can trace NCCHC’s progress as you follow the historical timeline. You’ll read about the important role played by our supporting organizations. And you’ll learn about the initiatives – including the standards for health services, the accreditation program, educational conferences, professional certification and NCCHC publications – that have shaped and strengthened correctional health care throughout the organization’s history and in 2015.

"First, we surveyed all the nation’s jails ... (and) asked about the health care they were able to provide for prisoners. The lack of medical care was evident."

Bernard P. Harrison, JD, NCCHC cofounder (personal correspondence, 1998)
Standards

For nearly 40 years, NCCHC has set the standards for how health services should be delivered in the nation’s jails, prisons and juvenile confinement facilities.

Today, NCCHC’s Standards are widely recognized as the benchmark for measuring the quality of an institution’s health care services, while also providing a pathway for continuous improvement. And since best practices in both health care and corrections continue to evolve, the publications are regularly updated and improved.

In response to the changing needs and growing demands of mentally ill individuals behind bars, the Standards for Mental Health Services in Correctional Facilities were revised in 2015. Notable revisions, aimed at helping correctional professionals deal with what is undoubtedly today’s biggest challenge, include updated standards on inpatient psychiatric care, mental health assessment and evaluation, patient safety, and continuity and coordination of mental health care during incarceration.

The Standards for Health Services in Juvenile Detention and Confinement Facilities also were revised to reflect a growing understanding of juveniles’ unique physical, mental and emotional needs. First published in 1979 and updated many times since, the juvenile standards address essential elements relating to youth in the correctional environment, including revised standards on the use of tobacco, response to sexual abuse, intoxication and withdrawal, contraception and care of pregnant juveniles.

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1976
- First standards for health services in jails developed and piloted in selected jails
- AMA tests nation’s first accreditation program in corrections
- Supreme Court ruling in Estelle v. Gamble establishes prisoners’ right to health care, setting the stage for the nationwide effort to improve correctional health care

1977
- 16 pilot jails meet AMA standards and are accredited
- AMA holds first National Conference on Improved Medical Care and Health Services in Jails
- Bowring v. Godwin extends prison inmates’ rights to include treatment for serious mental health conditions

1978
- Jail program expands to 16 states and 94 jails

1979
- First health standards for prisons and juvenile confinement facilities published
- Jail program spreads to 23 states
- B. Jaye Anno joins AMA staff after serving as federal advisor and evaluator since project’s beginning

1980
- AMA forms Advisory Group on Accreditation

America’s future depends on the health of all our children. Incarcerated youth represent an especially vulnerable population whose lives are at high risk for illness and disability. Early diagnosis and treatment and continuity of care are essential.

NCCHC Position Statement, Health Care Funding for Incarcerated Youth
Accreditation

From the start, the idea of a health services accreditation program was forefront in the minds of NCCHC’s founders – they recognized that accreditation based on comprehensive standards would create a sense of urgency about health care in corrections, act as an incentive to improve the quality of care, lend prestige to accredited facilities and improve outcomes. The first 16 jail facilities were accredited in 1977; the first prison health system was accredited in 1982. The NCCHC survey is the most comprehensive and balanced available, evaluating the policies, processes, protocols, procedures and people that shape quality of care. To measure compliance with the standards, on-site survey teams comprised of correctional health professionals rely on documentation, structured observations and interviews with facility administrators, custody staff, health professionals and inmate-patients themselves. For accredited facilities, benefits include tangible evidence of a standards-based system of care, enhanced protection against liability, efficiency leading to cost savings, better coordination among staff, reassurance to funding sources and ability to recruit and retain quality health care professionals.

In 2015:
- 7 facilities received initial accreditation, along with 3 opioid treatment programs, for a total of nearly 500
- Close to 500,000 inmates were housed in accredited facilities every day
- 150 surveys were conducted
- 24 new applications were received
- 3 new surveyors were trained, for a total of nearly 200

Program officially becomes National Commission on Correctional Health Care, federally designated a not-for-profit 501 (c)(3) organization

Bernard Harrison named president; B. Jaye Anno named secretary-treasurer

First juvenile confinement facilities accredited

First Award of Merit given to Alan R. Nelson, AMA representative and founding member of NCCHC board

CorrectCare, first national periodical dedicated to correctional health care, is launched

We all worked together [to achieve accreditation] and now we have this sense of pride and accomplishment, which is important in a work environment that is so often challenging.

Liz Barker, MS, RN, Quality Consultant, Jerome Combs Detention Center, Kankakee, IL

1982
First prison receives accreditation
Jail program moves outside AMA with funding from Robert Wood Johnson Foundation
AMA and 21 other organizations name advisory board members
Training program on receiving screening and suicide prevention developed

1983
Program officially becomes National Commission on Correctional Health Care, federally designated a not-for-profit 501 (c)(3) organization

Bernard Harrison named president; B. Jaye Anno named secretary-treasurer

1984
First juvenile confinement facilities accredited

1986
First Award of Merit given to Alan R. Nelson, AMA representative and founding member of NCCHC board

1987
CorrectCare, first national periodical dedicated to correctional health care, is launched
Professional Certification

There was a time when correctional health care was considered “less than” – when people who worked in the field were not looked at as “real” health care professionals. For nearly a quarter of a century, the Certified Correctional Health Professional program has been a major force in changing that perception, bringing legitimacy and professionalism to the field, honoring the skilled professionals who choose to work in corrections and recognizing the unique mix of specialized skills they possess.

Today, more than 3,100 people proudly display the CCHP credential, or one of CCHP’s specialty certifications, after their name – and correctional health care is widely recognized as a specialized area of expertise practiced by uniquely skilled, dedicated people.

A quick look at the year’s numbers gives testament to the ongoing strength and value of CCHP certification. In 2015:
- 800 applications were received, a nearly 21% increase over the previous year
- Exams were administered in 80 locations
- 768 professionals sat for the CCHP, specialty or advanced exams
- 605 CCHPs, 41 CCHP-RNs and 13 CCHP-MHs earned certification

In 2015, the CCHP program launched a specialty certification for physicians. The CCHP-P designation, endorsed by the American College of Correctional Physicians, recognizes expertise among physicians practicing in this specialized field. Its introduction at the National Conference in October was the culmination of years of work by a task force of leading physician experts in correctional medicine. There are now 35 certified CCHP-Ps.

Correctional physicians are often viewed by those outside the field as less qualified than those in other medical specialties. I know many excellent physicians in corrections whose skill far exceeds that of many community-based physicians. I’m glad NCCHC has a specialty certification to recognize correctional physicians, and I’m proud to display that certification.

Steven Shelton, MD, CCHP-P, CCHP-A, Health Services Medical Director, Oregon Department of Corrections
Publications

The only national peer-reviewed scientific journal dedicated to correctional health care, the Journal of Correctional Health Care has been growing in rigor, reputation and readership since NCCHC published the first issue in 1994.

The Journal’s audience reads it to stay current in the field, learn about emerging trends and understand the scope of correctional medicine. According to a 2015 survey, 96% of readers find practical, applicable information within the pages of the Journal. They appreciate the quality of the writing, the clinical content and the original research. And by completing online self-study exams, readers were able to earn more than 20 continuing education credit hours in 2015.

Also in 2015, Editor John Miles, MPA, received the B. Jaye Anno Award of Excellence in Communication for his contribution to the Journal.

Now in its 28th year, CorrectCare magazine continues to deliver news, commentary and wide-ranging coverage of topics important to this field, four times a year. In 2015, featured topics included the sovereign citizen movement, management of prison dental programs, neurological diseases of the aging, the role of state boards of nursing and effective communication with legal counsel. A new column on patient safety, a fundamental component of quality care, was introduced.

NCCHC also published several new position statements, voicing its expert opinion on important issues including Transgender, Transsexual and Gender Nonconforming Health Care in Correctional Settings; Naloxone for the Prevention of Opioid Overdose Deaths; and Medical Autonomy and Incident Reporting.

“...the Commission decided early on that if we were to have credibility in the field, we needed to have a journal, and that journal needed to grow ... [The Journal] transitioned from being a nice place to express ideas to what it is today: a very, very high-quality journal.

David Roush, PhD, Director, Juvenile Justice Associates, Albion, MI
Education and Conferences

People who work in correctional health care rely on NCCHC as the source for professional development, continuing education and insight into the topics and trends shaping the field. And NCCHC’s educational conferences have become highlights of the year for those who attend them.

The number of attendees has continued to grow since the AMA held the first National Conference on Improved Medical Care and Health Services in Jails almost 40 years ago. Records indicate that there were approximately 75 people in attendance at that first meeting in 1977. Participation has steadily grown, and in 2015, more than 2,300 people attended NCCHC conferences.

Through the years, three additional conferences have been added to the lineup of educational opportunities. In addition to being a unique opportunity to “talk shop” and connect with others in the field, the conferences are a valued source of continuing education. In 2015, conference participants were eligible for 88 contact hours of continuing education. And, new in 2015, the 40 most well-attended conference sessions were made available for download via NCCHC University’s Live Learning Center.

Accreditation distinguishes continuing education programs that demonstrate excellence in curriculum design and delivery. In 2015, NCCHC was recognized by several accrediting bodies:

• Accreditation Council for Continuing Medical Education (accreditation with commendation, the highest ACCME accreditation level available)
• American Dental Association’s Commission for Continuing Education Provider Recognition (new for NCCHC)
• American Nurses Credentialing Center (four-year reaccreditation)
• American Psychological Association (five-year accreditation)

“You cannot put a price on the knowledge you receive from hearing experts in your field share their experiences, failures and successes.”

Allison Genberg, LCSW, CCHP, Corizon Northeast Region, Passaic County Jail, Paterson, NJ
Technical Assistance and Data Sharing

For NCCHC Resources, Inc., 2015 was a busy and productive year. NRI experts provided technical assistance in a variety of settings – from individual facilities to a large multifacility jail to a statewide juvenile system – on issues as specific as infirmary practices and as broad as compliance with NCCHC standards. NRI also provided customized education and training to correctional health staff, administrators, wardens and several sheriffs’ associations.

In this way, NRI continues to strengthen NCCHC’s mission and broaden its reach by evaluating and validating facilities’ performance using objective criteria; protecting institutions by minimizing adverse events; promoting efficient, well-managed health care delivery systems; introducing new efficiencies and practices; and, ultimately, protecting the health of the public, staff and inmates by assuring that incarcerated populations receive adequate and appropriate health care.

Introduced in 2011, CHORDS – the Correctional Health Outcomes and Resource Data Set – is a national performance measurement and data sharing system that brings much-needed performance benchmarking of clinical processes and outcomes, common among hospitals and health systems, to the correctional setting.

In 2015, the project moved to the first of several exciting new phases: CHORDS – Quality Improvement. These collaborative efforts will enable correctional health care systems to participate in structured improvement programs critical to meeting NCCHC standards. CHORDS-QI has already yielded valuable information regarding areas for improvement and, along with other CHORDS programs, will give participants powerful tools for understanding and managing the health of their inmates.

Data from CHORDS activities will contribute to public health and health services research in line with national health care reform efforts and will help standardize performance expectations related to correctional health care.

Brent Gibson, MD, MPH, CCHP-P, Chief Health Officer, NCCHC
2015 Highlights: The Year in Review

January
Through a grant from the Department of Justice’s Community Oriented Policing Services (COPS), NCCHC works with the Major County Sheriffs’ Association on a project to divert mentally ill individuals away from incarceration and to appropriate community-based care.

February
The Florida Sheriffs Association offers the first of four training sessions about NCCHC standards, presented by NCCHC representatives.

April
Oscar Aviles, CJM, CCE, CCHP, joins the board of directors as liaison of the American Jail Association.
Revised Standards for Mental Health Services in Correctional Facilities introduced at the Spring Conference in New Orleans.
CHORDS-QI, a collaborative quality improvement initiative, is launched.
Tracey Titus, RN, CCHP-RN, Vice President, Accreditation, presents “NCCHC Standards: What Sheriffs and Jail Administrators Should Know” at American Jail Association conference.

June
Mental Health America issues a position statement on mental health treatment in correctional facilities, drawing heavily from NCCHC’s Standards for Mental Health Services.
Brent Gibson, MD, MPH, CCHP-P, Chief Health Officer, presents at the National Sheriffs’ Association conference.

August
Ralf J. Salke, BSN, RN, CCHP-A, is elected to CCHP board of trustees.
NCCHC hosts “Practical Preparation for NCCHC Accreditation” webinar.

September
The Juvenile Health Committee hosts “Drug Abuse in Juvenile Detainees” webinar presented by Robert Morris, MD, CCHP-P.

October
NCCHC partners with PowerDMS to publish online versions of the Standards for Health Services for jails and prisons, allowing users to view and search the standards electronically.
Newton E. Kendig, MD, medical director of the Federal Bureau of Prisons, delivers the keynote address at the National Conference on Correctional Health Care in Dallas.
Revised Standards for Health Services in Juvenile Detention and Confinement Facilities introduced at the National Conference.
Jayne Russell, MEd, CCHP-A, becomes NCCHC board chair, taking over from Patricia Reams, MD, MPH, CCHP-P.
More than 20 physicians sit for the new CCHP-P specialty exam.
Samuel Soltis, PhD, MHA, joins the board of directors as the liaison of the American College of Healthcare Executives.

November
The American Dental Association’s Commission for Continuing Education Provider Recognition approves NCCHC for a two-year term of recognition as a provider of continuing dental education.

December
NCCHC joins the American Psychological Association and four other national organizations to draft a joint position statement calling for restrictions on using restraints on incarcerated women during pregnancy.

In Memoriam: B. Jaye Anno
NCCHC cofounder B. Jaye Anno, PhD, CCHP-A, was a pioneer and preeminent leader in correctional health care. One of the nation’s most knowledgeable experts on health care delivery systems in jails and prisons and a tireless advocate for improvement in those systems, Dr. Anno was loved and admired by her many colleagues and protégés as a consummate professional and dear friend. She died Nov. 3, 2015.
2015 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.

RADM Newton E. Kendig, MD

Over the course of his illustrious career, RADM Newton Kendig, MD, has proved to be one of the country’s foremost experts on correctional health care. The Bernard P. Harrison Award of Merit joins the many other awards he has received, including the U.S. Public Health Service’s highest honor, the Distinguished Service Medal.

Dr. Kendig retired in late 2015 from his post as medical director for the Federal Bureau of Prisons and assistant director for its health services division. In that role, Dr. Kendig was responsible for the medical care, food services and occupational health and safety of inmates in the nation’s largest correctional system, the BOP’s 121 institutions. He also provided oversight for more than 850 commissioned officers, 3,800 health care providers and a staff of nearly 40,000 people working in those facilities.

He ensured the delivery of medically necessary health care and nutritionally sound meals to an inmate population of 210,000, as well as securing safe living and working conditions for inmates and staff. In meeting those responsibilities, he was both a meticulous manager and a visionary leader. The lengthy list of his contributions to the field illustrates his commitment to quality health care and innovation.

During his career, Dr. Kendig took an active role in improving clinical care for inmates: the expanded pharmacists’ role in patient care, implemented a primary care provider team model that assigns patients to a specific provider and ensures continuity of care, and designed a clinical director peer review program that strengthened the BOP’s physician workforce. Under his watch, the BOP published comprehensive clinical practice guidelines and a national drug formulary that broadly define the scope of health care services for federal inmates and are widely adopted by state correctional systems. He established BOP centers of excellence, resulting in improved clinical care for the sickest inmates; developed a systemwide infection control program; changed federal policy allowing inmates access to organ transplantation; and implemented a comprehensive preventive health care program for inmates.

His contributions range from structural enhancements (establishment of the National Health Care Governing Board and the Mental Health Clinical Care Committee) to technological advances (the launch of a web-based medical and pharmacy record system in 2009, before electronic health records were widespread, and expanded telehealth programming to include telepsychiatry) and nutritional improvements (adoption of a BOP national menu, which improved nutrition for inmates and staff).

Before joining the BOP in 1996 as chief of infectious diseases, Dr. Kendig was medical director of the Maryland Department of Corrections and Public Safety. In 1999, he was tapped to be the BOP medical director, and in 2006 he was named assistant director of the health services division.

He has shared his visionary perspective and expertise with NCCHC conference attendees on topics including “The State of Correctional Health Care at the End of the Millennium” and “What Correctional Health Will Need From Its Leaders in 2019 and Beyond,” as well as delivering the keynote address at the 2015 National Conference.
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.

John R. Miles, MPA

In a career spanning almost four decades, John Miles, MPA, has communicated his deep understanding of public health, correctional health and the ways the two intersect with readers, students, health care practitioners, government agencies and private-sector clients. As a writer, editor, educator, administrator and consultant, he has generously shared his expertise and knowledge. Experienced in multiple dimensions of public health program planning, implementation, administration, management and evaluation at the local, state and federal levels, he is an invaluable asset to the Journal of Correctional Health Care.

For almost 15 years, Mr. Miles has served at the helm of the Journal, now widely recognized as the premier academic publication in the field. As editor, he has provided invaluable insight and experience. He oversaw the transition of the Journal from a self-published, twice-yearly publication into a quarterly journal on par with the most respected peer-reviewed journals, bringing added legitimacy and scholarship to the field.

Mr. Miles was a key player in NCCHC’s Health Status of Soon-to-Be-Released Inmates report, a seminal national research project that provided Congress with policy recommendations on correctional health, public health and inmate reentry. He also served as managing editor of the Surgeon General’s Call to Action on Correctional Health and the Community.

After several years working on HIV/AIDS and other STDs for the New York City Department of Health, Mr. Miles joined the Centers for Disease Control and Prevention, where he served as a public health advisor for the National Center for HIV, STD and TB Prevention. He retired from the CDC after 34 years of service.

Currently, Mr. Miles provides extensive consultation in the area of correctional health through his role as executive vice president of Carter Consulting, Inc., headquartered in Atlanta, which provides management and technical support to federal, state and local government and private sector health agencies. He is the author of numerous government reports that have shaped public health policy, and textbook chapters that have inspired the field of correctional health care.
R. Scott Chavez 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. The award is named for NCCHC’s longtime vice president.

**Maricopa County Jail System, Phoenix, AZ**

The Maricopa County Jail System is made up of six NCCHC-accredited jails; it has an average daily population of more than 8,000 and a health staff of more than 300. Despite those large numbers, Maricopa County Correctional Health Services is a study in efficiency, coordination, information-sharing and quality care, provided by a team of professionals who understand that every person housed in the jail system is their patient.

This coordinated care begins at intake, where everyone entering the system – that’s about 300 people a day – receives comprehensive health screening. While health providers assess new arrivals, a corrections officer keeps them informed of the intake process and answers questions. Each individual must receive medical approval for booking to begin, allowing the staff to provide continuity of care as well as make necessary referrals to mental health, substance abuse or acute care services.

Each jail is equipped with an outpatient clinic for sick call, acute medical needs, chronic care visits and wound care, as well as mental health services. A 60-bed infirmary is staffed by board-certified physicians who, according to one surveyor, exemplify the system’s remarkable degree of coordination: “With no notes in front of him, [the doctor] knew each patient’s case and was able to answer my questions without hesitation. These were not all his patients, but because of utilization review, grand rounds, shift reports and general information-sharing, he was knowledgeable of all the patients.”

With between 700 and 800 seriously mentally ill inmates at any given time, the need for mental health services is considerable. Mental health and psychiatric care is available at each jail and in a 220-bed inpatient mental health unit staffed around-the-clock by psychiatrists and mental health professionals.

A state-of-the-art electronic health record helps tie the system together and facilitates coordination. Continuous quality improvement programs are well-developed; copies of the NCCHC Standards are in evidence throughout the jails and are frequently cited by staff. Surveyors were especially impressed by the quality of care and concern for the patients, leading one to say that Maricopa County’s health staff “would be the envy of the best hospitals in any city.”

NCCHC Program of the Year Award

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

**South Texas Detention Complex, Pearsall, TX**

The South Texas Detention Complex is, in the words of an NCCHC surveyor, dedicated “to doing the right thing, and doing it well.” The complex, located in Pearsall, TX, is a privately owned detention facility under contract with U.S. Immigration and Customs Enforcement to house people who have entered the country illegally, with a capacity of more than 1,900 detainees. For some of them, this represents their first experience with professional medical care.

The facility’s dedication to providing quality health services is evident in its continuous quality improvement program, which uses specific measurable indicators to ensure timely treatment, continuity of care and compliance with NCCHC standards. The CQI program encompasses the entire care delivery system, addressing both the quality and safety of clinical care and the nonclinical aspects of services identified by NCCHC. The multidisciplinary CQI committee’s objectives include evaluating health services for the purpose of improvement and developing and implementing corrective action plans where problems or opportunities for improvement are identified.

Recent studies examined medication safety, chronic care management of diabetes and hypertension, medical housing unit care plans and urgent sick call care. All resulted in improvements.

The South Texas Detention Complex received NCCHC accreditation as a result of its initial survey – a testament to the continuous quality improvement practiced at the facility.
Board of Directors

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

Jayne Russell, MEd, CCHP-A (chair)
Academy of Correctional Health Professionals

Barbara A. Wakeen, RDN, CCHP (secretary)
Academy of Nutrition and Dietetics

Joseph V. Penn, MD, CCHP
American Academy of Child and Adolescent Psychiatry

Patricia N. Reams, MD, CCHP-P (immediate past chair)
American Academy of Pediatrics

Peter C. Ober, PA-C, CCHP
American Academy of Physician Assistants

Charles A. Meyer, Jr., MD, CCHP-A
American Academy of Psychiatry and the Law

Douglas A. Mack, MD, CCHP
American Association of Correctional Physicians

Patricia Blair, JD, CCHP-A
American Bar Association

Steven Shelton, MD, CCHP-P, CCHP-A
American College of Correctional Physicians

Eileen Couture, DO, CCHP-P (chair-elect)
American College of Emergency Physicians

Samuel L. Soltis, PhD
American College of Healthcare Executives

Pending
American College of Neuropsychiatrists

Carolyn Sufrin, MD
American College of Obstetricians and Gynecologists

Renee Kanan, MD
American College of Physicians

Ryung Suh, MD
American College of Preventive Medicine

JoRene Kerns, BSN, CCHP
American Correctional Health Services Association

Nancy B. White, LPC
American Counseling Association

Nicholas Makrides, DMD
American Dental Association

Pauline Marcussen, RHIA, CCHP
American Health Information Management Association

Oscar Aviles, CJM, CCHP
American Jail Association

Ilse R. Levin, DO, CCHP-P
American Medical Association

Mary Muse, RN, CCHP-RN, CCHP-A
American Nurses Association

George J. Pramstaller, DO, CCHP
American Osteopathic Association

Robert L. Hilton, RPh, CCHP
American Pharmacists Association

Henry C. Weinstein, MD, CCHP
American Psychiatric Association

Thomas J. Fagan, PhD, CCHP-MH (treasurer)
American Psychological Association

Joseph Goldenson, MD
American Public Health Association

Kevin Fiscella, MD
American Society of Addiction Medicine

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

Edwin I. Megargee, PhD, CCHP-MH
International Association for Correctional and Forensic Psychology

Christopher Rodgers, MPA
National Association of Counties

Pending
National Association of County and City Health Officials

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

Carl C. Bell, MD, CCHP
National Medical Association

David W. Roush, PhD
National Partnership for Juvenile Services

Sheriff B. J. Roberts
National Sheriffs’ Association

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

Thomas L. Joseph, MPS, CAE, CCHP
NCCHC president & CEO
2015 Committees

Executive Committee
Composed of the board officers, committee chairs and three at-large members; sets overall goals and strategies
Patricia Reams, MD, CCHP-P, Chair
Jayne Russell, MED, CCHP-A, Chair-Elect
Renee Kanen, MD, Immediate Past Chair
Barbara Wakeen, RD, CCHP, Secretary
Thomas Fagan, PhD, CCHP-MH, Treasurer
Thomas Joseph, MPS, CAE, CCHP, President & CEO
Patricia Blair, JD, CCHP-A
Ilse Levin, DO, CCHP-P
Pauline Marcussen, RHIA, CCHP-A
Edwin Megargee, PhD, CCHP-MH
Robert Morris, MD, CCHP-P
Joseph Penn, MD, CCHP
David Roush, PhD
Nancy White, LPC

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
Thomas Joseph, MPS, CAE, CCHP
Susan Laffan, RN, CCHP-RN, CCHP-A
Charles Lee, MD, CCHP-P
Jerri McGinnis, MBA, CCHP-RN
Juan Nunez, MD, CCHP-P
Raf Salko, BSN, CCHP-A
Steven Shelton, MD, CCHP-P, CCHP-A
Staff Liaison: Matissa Sammons, MA, CCHP

Education Committee
Identifies educational needs of the correctional health community, develops ways to meet those needs and assesses the success of these efforts
Nancy White, LPC, Chair
Carolyn Sufrin, MD, Vice Chair
Dean Aufderheide, PhD
Margaret Collatt, BSN, CCHP-RN, CCHP-A
Thomas Fagan, PhD, CCHP-MH
Mark Fleming, PhD, CCHP-MH
Renee Kanen, MD
JoRene Kerns, BSN, CCHP
Ilse Levin, DO, CCHP-P
Nicholas Makrides, DMD
John Miles, MPA
George Parnstaller, DO, CCHP
Jayne Russell, MED, CCHP-A
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