The TARGET Approach

Taking the Fear Out of Trauma Services

BY JOHN F. CHAPMAN, PhD, CCHP, JULIAN FORD, PhD, DAVID ALBERT, PhD, JOSEPHINE HANKE, PhD, AND MARCELLE CRUZ ST. JUSTE, MA

In a recent Standards Q&A column, a reader asked for NCCHC’s position on critical incident debriefing in light of recent research that questions the efficacy of this process (Full 2005 CorrectCare). Questions like these reflect a thoughtful revisiting of sensitive areas in health care in light of newer research.

That particular question focused on how best to address the aftermath of psychological traumas that correctional personnel often face. We believe it is important to revisit the larger question of how correctional health care professionals can best understand, prevent, manage and treat post-traumatic stress as they care for incarcerated individuals and assist other personnel.

In 2005, Connecticut introduced the concept of trauma-sensitive screening and treatment to its detention centers. Similar initiatives have followed in the state’s forensic hospital for children, the juvenile training school and other state-run out-of-home placements. The goal was for staff and children in the juvenile justice and mental health care systems to have a common language about traumatic stress and post-traumatic stress disorder and useful skills for preventing or recovering from PTSD.

Traumatic Stress and Incarceration

Anyone who has practiced in the correctional health care field understands the relationship between incarceration and traumatic stress. However, many systems fail to address the stressors that occurred either before or after incarceration.

A survey published by the National Children’s Traumatic Stress Network found that only one-half of children with known trauma histories in child welfare, mental health or foster care received trauma screening. Emerging studies among juvenile justice populations clarify and describe the frequency of psychiatric disorders including PTSD. These studies lead us to conclude that PTSD and traumatic stress reactions are a significant health problem in both adult and juvenile correctional systems.

Not surprisingly, when traumatic stress reactions and PTSD are left untreated, utilization of both physical and mental health care increases, according to correctional health expert Jacqueline Moore, PhD, RN, CCHP-A. (Moore’s forthcoming book, Administration and Management of Correctional Health Care, Vol. 2, is one of few texts that deal with traumatic stress as a management as well as a clinical issue; it also examines the implications for health services.)

TARGET Aims at Traumatic Stress

The issue of traumatic stress has been studied for several years at the University of Connecticut Health Center Department of Psychiatry. There, a new approach for screening and intervening to manage traumatic stress was developed. This approach is called the Trauma Adaptive Recovery Group Education and Therapy, or TARGET.

A review by key administrators and program specialists in Connecticut’s Court Support Services Division determined that the model potentially was a good fit for the juvenile detention system. This led to collaboration between the state detention centers and UCCHC, and detention’s transition to a trauma-sensitive system.

TARGET is a strength-based, biopsychosocial approach to teaching self-regulation skills to survivors of trauma and extreme stress. It teaches practical skills to enable trauma survivors to process current stressful experiences. The model acknowledges the role of the body’s emergency alarm system in keeping the individual safe, but seeks to allow communication between body and mind to “turn off” this activation when it is not needed.

The TARGET approach follows seven steps that are recalled in the acronym FREEDOM:

- Focus (Slow down, Observe and Self-check, or SOS)
- Recognize triggers
- Emotion self-check
- Evaluate thoughts
- Define personal needs/goals
- Open new options for achieving goals
- Make a contribution (e.g., helping others)

The acronyms help children to remember their steps and allow a quick reference point for staff dealing with children whose behaviors may be escalating.

Objections to Trauma Screening

Before starting the TARGET model in the detention centers, much preparatory work had to be done. The idea of screening the juvenile detainees for traumatic stress was met with great concern among staff, including those in mental health services, who raised three major arguments.

The first was that asking about traumatic experiences would open the wounds of the past trauma in a setting where support was less available than in a hospital or community treatment program. This concern was resolved by pointing out that the questions in the trauma screening instrument were very similar to questions on standard risk assessments.

In fact, the screening tool selected, the Traumatic Events Screening Instrument for Children (TESI-C), is a series of questions, either self-administered or completed with the help of an adult.

Continued on page 14
Satcher and Anno to Address Conference

Attendees at the 30th National Conference on Correctional Health Care are in for a double treat: plenary addresses by David Satcher, MD, PhD, and B. Jaye Anno, PhD, CCHP. Hosted by NCCHC and the Academy of Correctional Health Professionals, the meeting will take place October 28 through November 1 at the Hyatt Regency in Atlanta. (See page 15 for information about the meeting.)

Public Health Advocate

Now serving as interim president of the Morehouse School of Medicine, Dr. Satcher is an eminent public health advocate whose many high-ranking past positions include U.S. Surgeon General, Assistant Secretary for Health (he held the two positions simultaneously) and Director of the Centers for Disease Control and Prevention.

The importance of correctional health care is well understood by Satcher, who has made it his life’s mission “to make medicine and public health work for all groups in this nation,” including the incarcerated and other underserved populations. A passionate advocate of eliminating health disparities, he has spearheaded countless national health initiatives, including Healthy People 2010. He also released 14 Surgeon General’s reports on topics that included tobacco and health, mental health, suicide prevention, oral health, sexual health, youth violence prevention, and overweight and obesity.

Satcher is the recipient of over 40 honorary degrees and numerous distinguished honors, including top awards from the leading health professional organizations. He also is a rousing and thought-provoking speaker, and his presentation is sure to be a highlight of the meeting.

Correctional Health Pioneer

Dr. Anno is a founder of not only the National Commission, but also, in a sense, the correctional health care field itself. In the 1970s, when many prisons and jails took a laissez-faire approach to health care, she and fellow NCCHC cofounder Bernard P. Harrison, JD, introduced the concepts of national standards and voluntary accreditation as a means to upgrade health care in correctional facilities.

Armed with advanced degrees in criminal justice and criminology, Anno worked to quantify the scope of health care in jails and to raise awareness of the many problems found. Enlisting the support of key organizations and constituencies, she and Harrison dramatically improved standards for health services. Their work had such a positive impact that they were awarded the Institute of Medicine’s prestigious Gustav O. Lienhard Award in 2003.

Anno is editor and principal author of the major reference book for the field, Correctional Health Care: Guidelines for the Management of an Adequate Delivery System, and is a past director of the Journal of Correctional Health Care. She also co-authored NCCHC’s study on The Health Status of Soon-to-be-Released Inmates: A Report to Congress. Anno will share her experiences with and insights into the evolution of this field to what it is today—a highly professional discipline widely recognized as an integral component of public health—and will share words of wisdom for the future.

Odds & Ends

• New look for JCHC: If you subscribe to the Journal of Correctional Health Care, you know that it has a new look and format, as well as a new publisher, Sage Publications, whose roster of academic, educational and professional journals is vast. Still owned by NCCHC and edited by John R. Miles, MPA, JCHC is now more valuable than ever. Visit its new Web site to learn about benefits such as access to Sage Journals Online, e-mail alerts on subscription management and more: http://jchc.sagepub.com

• Resources for juvenile health care: NCCHC’s juvenile health committee has finished drafts of four clinical guidelines for adolescent health care, addressing diabetes, HIV, hypertension and obesity, and is now working on guidelines for ADHD, TB and “generic health in short-term facilities.” These documents will be presented for adoption by the NCCHC board of directors at its fall meeting. All will be available at our Web site. Already posted are clinical guidelines for juvenile asthma and seizure disorder.

Carlo C. Bell, MD, CCHP, delivered the keynote address at the JB Fuqua Mental Health Forum at the Morehouse School of Medicine, Atlanta.

He discussed “Children and Teens With Mental Illness: Mending a Broken System.” Earlier this year, Bell joined the American College of Psychiatrists’ board of regents. He represents the National Medical Association on NCCHC’s board of directors.

• JoLNce Kerns, BSN, CCHP, received the Distinguished Service Award from the American Correctional Health Services Association. This is ACSHA’s highest honor, and was given in recognition of Kerns’ 30 years of tireless service to improve health care for incarcerated individuals, as well as her past service on the ACASHA board. Kerns represents the association on the NCCHC board.

• Robert E. Morris, MD, FSAM, made a presentation to the Society of Adolescent Medicine’s board of directors on the importance of juvenile correctional health care. Morris represents the Society on the NCCHC board.

• Barbara A. Wakeen, RD, was honored with the American Dietetic Association’s Award for Excellence in Consulting and Business. Wakeen represents the ADA on the NCCHC board. She also wrote an article on “Food Service and Nutrition Standards” for the American Journalist Association’s magazine, American Journal. It appeared in the January/February issue.

Board Member Update

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The Value of Standards: An Administrator’s View

BY PETER PERRONCELLO, MS, CJM

Managing a jail in 2006 requires attention to detail and a commitment to excellence. For me, part of that commitment means following national standards.

My Webster’s dictionary defines a standard as “an accepted measure of comparison for quantitative or qualitative value.” In some circles, a standard can also be an object or commodity that represents a criterion for policy, practice or a value.

As I sit and document my thoughts about jail standards, one resonating facet surfaces: Of the 3,353 jails, only a few hundred participate in the National Commission’s health services accreditation program, and fewer than 110 are accredited by the American Correctional Association. Those low numbers are puzzling because for many of us, accreditation is a natural fit to everything we do each day.

Pursuit of Excellence

I have enjoyed a good ride in this profession. I am a past president of the American Jail Association, a Certified Jail Manager and a nationally recognized trainer in direct supervision jail management.

Over my 30-year career, I have managed two county jail systems for five different sheriffs in Massachusetts. One of those systems was bestowed with the NCCHC Facility of the Year award in 1996, and both systems continue to be dual accredited, symbolic of the staff's commitment to being among the best.

So my staff members are well acquainted with jail standards, yet one of the questions they often ask me relates to our collective drive to attain excellence. They inquire why we follow accreditation standards, and why others in our profession choose to not open themselves up to the scrutiny of comparison in operations and service delivery.

My standard response: “customer satisfaction,” not only from the perspective of the public we come into contact with each day, but also from the officers and civilian employees who must coexist with the many people they come into contact with daily.

Standards provide guidelines to follow, and those guidelines are what enable us to focus on market changes to service delivery, the costs of service improvement, and the competition associated with maintaining or exceeding the recognized benchmarks of service delivery.

Importantly, standards also assist us in managing the risk of liability.

Hard Work Brings Rewards

Is it hard to maintain accreditation? Your answer may be found by picking up the phone and calling last year’s NCCHC Facility of the Year in Whatcom County, Washington. The 250-bed jail earned the prestigious award not only because of its creative solutions to achieve excellence, but also because it has demonstrated that commitment since 1977, when the accreditation program first began.

Was it hard? In one sense, yes. But in another sense, including reaping the benefits of NCCHC accreditation, it was easy.

There are days where it really doesn’t matter how many toys are in our sandbox as long as we have sand to play with! But despite the challenges, we promote our affirmative duty to public service by communicating to our staff and to the stakeholders whom we serve and protect that we voluntarily seek this accounting from an independent National Commission. Yes, we are nationally accredited because we choose to be! Our drive for customer service excellence demands nothing less.

Peter Perroncello, MS, CJM, is the superintendent of detention and jail operations for the Bristol County (MA) Sheriff’s Office. He represents the American Jail Association on the NCCHC board of directors, and serves on NCCHC’s accreditation and education committees.

What’s on your mind?

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Public Health Interest Leads MD to Corrections

BY MATISSA SAMMONS

I n the past 12 years, health care at the Georgia Department of Juvenile Justice has gone from almost nonexistent to a highly professional, full-scale enterprise. Credit is due in many quarters, of course, but much of it rests with medical director Michelle Staples-Horne, MD, MPH, CCHP.

When she joined the two-year-old agency in 1994, she didn’t step into a predefined role. Rather, through a state grant advocated by the American Academy of Pediatrics, the DJJ tapped her to develop policies and procedures for its four long-term care facilities, each of which was staffed with only one doctor and one nurse.

Department of Juvenile Justice administrators soon recognized her tremendous contributions and established a permanent position. From there, Staples-Horne largely built the role, and the health services department, from the ground up.

Today she directs health services for the 30 DJJ facilities, average daily population of 2,700. Administratively, this entails budgeting, policies and procedures, HIPAA compliance, staff recruitment and management of more than 400 employees. On the clinical side, she establishes medical protocols, trains medical staff and oversees adequate dental, nursing and pharmaceutical services as well as proper nutrition of those in her care.

Natural Career Path

In retrospect, this high-level position seems tailor-made for Staples-Horne. After she earned a medical doctorate, her career path led to clinical work in family planning and teen services at two county health departments, and then to a pediatrics clinic.

At the same time, however, she knew she could help far more people through public health administration. She soon earned a masters degree in public health with a focus on health policy and management.

Despite the demands of her DJJ job, Staples-Horne is devoted to aiding the field on a larger scale. She is a physician surveyor for NCCHC and serves on its juvenile committee. She also is president-elect of the Society of Correctional Physicians. And she continues to see teenage patients in the community.

Through these avenues she is well attuned to trends in juvenile health. One major challenge is the onset of adult diseases to adolescents. Staples-Horne attributes the rise in obesity, hypertension and diabetes to poor nutrition and lack of exercise, and so works closely with a dietitian to establish nutritional guidelines.

She also notes that many youth in the DJJ are not yet experiencing the outcomes of their health choices, but these will later lead to a much sicker adult population. For instance, many youth engage in risk behaviors, such as multiple sex partners, that lead to HIV and other sexually transmitted infections. Complicating matters, the majority have a mental health diagnosis, and many also have substance abuse problems.

Multifaceted Interests

Last year Staples-Horne achieved a long-held goal: She carved time out of her busy schedule to become a CCHP. Speaking of the certification program and of correctional health care more generally, she says, “It is a specialty, widely recognized or not. It takes not only clinical and medical skill, but also administrative knowledge, not taught anywhere else.”

Endowed with incredible energy and optimism, Staples-Horne balances her workload with a rich personal life. She loves to learn and master different skills. Interests include fashion and sewing, interior design, music, travel and even auto mechanics.

Dedicated Leaders Sought for CCHP Board

CCHPs in good standing are encouraged to nominate a fellow CCHP to serve on the Certified Correctional Health Professional board of trustees. Elections are held every year to fill a three-year term on the board. Comprised of 10 correctional health professionals, the board is charged with guiding the CCHP program and improving it as necessary to make it more responsive to the needs of the correctional health community. Trustees also are responsible for developing, scoring and evaluating the CCHP examination.

To make a nomination, please complete the form below, or provide the same information via e-mail (cchp@ncchc.org) to the CCHP board of trustees. Self-declarations are welcome. Upon acceptance of nomination, candidates will be asked to submit a short statement describing their ideas about the direction of the CCHP program. Elections will be conducted online in August. The new trustees will begin their term immediately following the annual board meeting in October.

CCHP Board of Trustees Nomination

I nominate the following CCHP to serve a three-year term on the CCHP Board of Trustees.

Nominee ____________________________

Place of employment ____________________________

City, state ____________________________

Daytime phone ____________________________

Nominator ____________________________

Daytime phone ____________________________

Signature ____________________________

Fax this form to (773) 880-2424.
Or submit information by e-mail to cchp@ncchc.org.
Deadline: July 28, 2006

For more information, call (773) 880-1460.

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52 New CCHPs Demonstrate Professional Know-how

The Certified Correctional Health Professional board of trustees is pleased to announce the latest group of individuals who passed proctored examinations in February at 17 test sites across the country. On April 1, the professionals listed below joined more than 1,700 fellow CCHPs as members of this prestigious group. The board welcomes and congratulates them! If you’d like to become certified, visit www.ncchc.org or e-mail cchp@ncchc.org for an application.

- Diane E. Anthony, BSN, CCHP
  Loudoun County Adult Detention Center
  Leesburg, VA

- Heidi Bale, RN, CEN, CCHP
  Washington State Dept. of Corrections
  Raymond, WA

- Krista Barnhardt, RN, CCHP
  Adams County Detention Facility
  Frederick, CO

- Doris A. Battle, MS, CCHP
  Hampton Sheriff’s Office
  Yorktown, VA

- Barbara R. Bellar, JD, MD, PA, CCHP
  Lodestar Medical Legal Resource, Ltd.
  Oakbrook Terrace, IL

- Kristy Boese, RN, BSN, CCHP
  Montana State Prison
  Deer Lodge, MT

- Linda A. Bullock, LPN, CCHP
  A.C. Wagner Youth Correctional Facility
  Bordentown, NJ

- Laurie S. Bumgarner, MD, PA, CCHP
  Chicago Department of Public Health
  Chicago, IL

- Rebel Renca Christian, RN, CCHP
  PrimeCare Medical, Inc.
  Griffithville, WV

- Christine Claudio, AAS, CCHP
  South Woods State Prison
  Bridgeton, NJ

- Crystal Culler, BA, CCHP
  Chicago Department of Public Health
  Chicago, IL

- Barbara B. Curtis, MSN, CCHP
  Washington State Dept. of Corrections
  Olympia, WA

- Chasson A. DeVaul, DO, CCHP
  North Carolina Dept. of Corrections
  Goldsboro, NC

- Angela M. Farmer, CMA, CCHP
  Riverfront State Prison
  Burlington, NJ

- Kathleen Gill, RN, BA, CCHP
  Community Educational Centers
  Monroe Township, NJ

- Deann L. Hedrick, ADS, CCHP
  PrimeCare Medical, Inc.
  Beverly, WV

- Doris T. Hedrick, CCHP
  Natural Bridge Juvenile Corrections
  Natural Bridge Station, VA

- Cindy Hiner, RN, CCHP
  Montana State Prison
  Deer Lodge, MT

- Margaret L. Husbands, AD-N, CCHP
  Georgia Diagnostic & Classification
  Macon, GA

- Kathleen M. Jackson, AD-N, CCHP
  Washington State Penitentiary
  Walla Walla, WA

- Lisa A. Johnson, RN, CCHP
  Riverfront State Prison
  Sikeville, NJ

- Barbara P. Jordan, RN, CCHP
  Mid-State Correctional Facility
  Browns Mills, NJ

- Judith Kern, RN, MSN, MHS,
  ANP-C, CCHP
  juvenile justice commission
  barnegat, NJ

- Lisa E. LaPlace-Knight, RN, CCHP
  Virgin Islands Bureau of Corrections
  St Thomas, VI

- Mary Baird Loftin, MD, CCHP
  Lawrence Correctional Center
  Sumner, IL

- Cindy M. Loiacono-Brownell, BSN, CCHP
  Washington State Penitentiary
  Walla Walla, WA

- Michael K. Long, LPN, CCHP
  PrimeCare Medical, Inc.
  Princeton, WV

- Eric R. McAlvey, AD, CCHP
  Washington State Penitentiary
  Walla Walla, WA

- Kim Sue McKenna, LPN, CCHP
  Adams County Detention Facility
  Fort Lupton, CO

- Teresa D. McKinney, LPN, CCHP
  Highland County Sheriff’s Office
  Lake Placid, FL

- Barbara Meade, LPN, CCHP
  Rappahannock Regional Jail
  Stafford, VA

- Lisa D. Morris-Howell, RN, CCHP
  Orange County
  Orlando, FL

- Kathy E. Nicholson, LPN, CCHP
  PrimeCare Medical, Inc.
  Glenville, WV

- Valerie O’Brien, RN, CCHP
  A.C. Wagner Youth Correctional Facility
  Cream Ridge, NJ

- Carole M. Oldfield, LPN, CCHP
  A.C. Wagner Youth Correctional Facility
  Croydon, PA

- Kenneth Parker, MBA, CCHP
  CMS New Jersey Regional Office
  Delanco, NJ

- Kathleen A. Penrose, RN, CCHP
  Correctional Medical Services
  Yardville, NJ

- Karen N. Peregruy, AAS, CCHP
  James River Juvenile Detention Center
  Goochland, VA

- Theresa A. Presto, MSHA, CCHP
  Spectrum Medical
  Great Falls, MT

- Rens J. Reed, MSN, CCHP
  Wayne County Correctional Facility
  Lyons, NY

- Debbie L. Ritchie, LPN, CCHP
  PrimeCare Medical, Inc.
  Lester, WV

- Brenda Roberts, LPN, CCHP
  Rappahannock Regional Jail
  Fredericksburg, VA

- Sharyle L. Roberts, LPN, CCHP
  John E. Polk Correctional Facility
  Deltona, FL

- Lorraine C. Schoonley, RN, CCHP
  CMS New Jersey Regional Office
  Ewing, NJ
**We Value Your Opinion**

One of the biggest challenges that an organization such as the Academy faces is defining who we are and what we stand for. As our organization has grown since it was created in 2000, new programs and services have been added to meet the needs of our members. However, the guiding principles established by the Academy’s founders have remained constant.

**Who We Are Today**

The Academy is a national, not-for-profit organization that provides educational and professional development tools to health care professionals working in the field of correctional health care. Its mission—to create a professional community for the advancement of correctional health care—says a lot about the isolation that many who work in this feel often feel. Member benefits such as the mentor program and shared interest groups were created to alleviate this problem.

**What Do We Stand For?**

One thing the Academy has not defined is a statement of values: an expression of what the organization and its members believe in. As a community, what do we value? At the recent board of directors meeting, Michael Adu-Tutu, DDS, MBA, CCHP-A (chair), explained, “A statement of values will help guide the Academy’s policies, decision making and operations as it grows and changes.”

According to Carter McNamara, MBA, PhD, of the Free Management Library (www.managementhelp.org), “Values represent the core priorities in the organization’s culture, including what drives members’ priorities and how they truly act in the organization, etc.”

To tackle this challenging project, Dr. Adu-Tutu appointed an ad hoc committee of the board to work to develop a statement. Committee members are Dr. Adu-Tutu, Steven J. Helfand, PsyD, CCHP, Mary Muse, MSW, CCHP-A, and Judith Robbins, LCSW, JD, CCHP.

**We Need Your Help**

As the committee begins its task, we need input from as many members as possible. In the next few weeks an e-mail survey will be distributed to members. Later this summer, a draft of the statement will be posted on the Academy’s Web site for member comment. A final draft will be presented at the annual membership meeting on Oct. 31 in Atlanta.

**National Conference Scholarships**

Later this summer, the Academy will begin accepting scholarship applications from its members to attend the National Conference on Correctional Health Care. During the past 18 months, Academy members have generously made donations to the scholarship fund during the annual renewal process. Now that the fund has reached an acceptable level, the board voted in April to begin granting small scholarships or travel stipends to members attending the 2006 National Conference.

The Education Committee is working to establish the scholarship criteria, which will be published in the next issue of CorrectCare along with the scholarship application. The criteria and application also will be available on the Academy’s Web site.

Just one more reason to join the Academy!

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**Join the Academy of Correctional Health Professionals today!**

Complete this form below and fax or mail with payment to:
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PO Box 1117, Chicago, IL 60601
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**Nominee’s Name**

**Organizational Affiliation**

**State**

**City/State**

**Telephone**

**E-mail**

**Name of Nominator**

**Member ID Number**

**City/State**

**Telephone**

**E-mail**

**Signature**

**Guidelines for Nomination and Appointment**

**Longevity:** Nominee has been an Academy member for at least two years.

**Leadership:** Nominee has demonstrated leadership abilities while on Academy committees or other activities (e.g., conference presenter, surveyor, CCHP).

**Reputation:** Nominee is a respected member of his/her profession as demonstrated by having held elected or appointed positions of leadership, being recognized by his/her peers, and having been honored by his/her affiliated organizations or memberships.

**Academy Advocate:** Nominee actively supports the Academy’s mission and programs.

**Public Person:** Nominee is able to successfully represent the Academy, its mission and its programs to various constituencies, and has good communication skills.

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Join the Academy of Correctional Health Professionals! Whether you are a job seeker or a human resources recruiter, the Academy’s CareerCenter is your best bet for employment opportunities in the highly specialized field of correctional health care. Free to job seekers, the service offers resume posting, advanced job search options, e-mail alerts and more. For employers, the cost-effective service offers easy job posting, access to high-quality candidates, online reports with job activity statistics and more.

**Members Rise for the Occasion**

Academy members and others enjoyed a light breakfast on the last morning of a jam-packed Updates in Correctional Health Care conference. The hour was early, but the turnout was tremendous! Board chair Michael Adu-Tutu welcomed everyone on behalf of the Academy and encouraged those who had not yet done so to consider joining the nation’s largest correctional health care membership organization. Special thanks goes to Correctional Medical Services, which sponsored the event.

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**What’s Happening? The Latest Academy Activities**

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Incarceration and Health Disparities
Health researchers often use life-course and population-health models to explain health disparities, but they generally do not consider the effects of incarceration, and especially the way it indirectly affects health by shaping employment, income and marriage. So say the authors of a study on race, incarceration and health published in the May issue of Research on Aging. The authors contend that this omission is problematic given the large increase in incarceration of black men in recent decades. Moreover, because incarcerated black men are underrepresented in research samples, racial disparities in health outcomes may be underestimated. The authors call for incarceration effects to be included in life-course and population-health models, study designs and policy development processes. Find the article at Sage Journals Online, http://online.sagepub.com.

Cultural Competence Resources
The U.S. Department of Health Resources and Services Administration has launched a Web site on Cultural Competence Resources for Health Care Providers. The site offers 40 HRSA-supported projects on cross-cultural health care, along with resources to help providers enhance their clinical and organizational skills in cultural competence. It features topics on specific cultures and languages, special populations, and diseases and conditions. Resources include assessment tools, health profession education, research and technical assistance, training curricula and Web-based training. Visit www.hrsa.gov/culturalcompetence.

Syphilis Rebounds
In 2000, the rate of primary and secondary syphilis reached its lowest level since reporting began in 1941. However, from 2001 to 2004 the rate began to climb, primarily due to cases among men who have sex with men, according to a report in the CDC’s Morbidity and Mortality Weekly Report. Further, a substantial increase of syphilis among black men resulted in the first increase in racial disparity between blacks and whites since 1993. The report appeared in MMWR Vol. 55, No. 10.

Pandemic Flu Planning
As a preventive measure against an outbreak of pandemic influenza, the U.S. Department of Health and Human Services has created a Web site with tools to help communities prepare. It offers a package of tabletop exercises to help state and local agencies determine whether current plans adequately address anticipated events, identify gaps in coordination between agencies, and promote advance planning between health departments, hospitals and other agencies. The exercises are posted at www.hhs.gov/mpo/pandemics/tabletopex.html. Additional information and resources are available at www.pandemicflu.gov.

Justice Expenditure and Employment
The United States spent a record $185 billion for police protection, corrections and judicial activities in 2003, a 418% increase since 1982. Corrections expenditures rose 436%, from $39 to $209 per U.S. resident, during this period. As of March 2003, U.S. corrections systems employed 748,250 personnel, an increase of about 250% since 1982. Of these, 60% worked for state systems, 33% for local systems and 7% for the federal government. These data and more are available in a Bureau of Justice Statistics Bulletin (NCJ 212260), online at www.ncjrs.gov.

Diabetes Training for Police Officers
The American Diabetes Association is offering two tools to help law enforcement officers understand the basics of diabetes and its management, and to recognize behaviors, symptoms and complications that can occur when diabetes management is disrupted. A 20-minute video shows officers how to respond in various emergency situations, such as a citizen with hypoglycemia or a detainee with hyperglycemia. A poster lists signs and symptoms, plus action steps to ensure the safety of detainees with diabetes. To obtain a free copy of each resource, e-mail the ADA at adaorders@pbd.com or call (800) 232-6733. Shipping fees apply.

www.ncche.org
HCV/HIV Coinfection: More Bad News

Coinfection with HIV and hepatitis C virus is associated with higher incidence of liver disease and higher mortality than HCV- or HIV-monoinfection, according to study results published in the April issue of the American Journal of Gastroenterology. Further, mortality was significantly greater in white patients than in black patients, a disparity not seen in the monoinfected groups. An abstract (and full-text for subscribers) is available at www.amjgastro.com.

Generic Capsule Form of Zidovudine

The Food and Drug Administration has approved the first generic capsule dosage form of the HIV/AIDS drug zidovudine for marketing in the United States. The tablet and oral solution forms of the drug, previously sold under the trade name Retrovir, were approved in 2005. The product should "help reduce the cost of this therapy," says FDA Acting Commissioner Andrew von Eschenbach. Learn more at www.fda.gov/bbs/topics/NEWS/2006/NEW01344.html.

NSAID Cardiac Risks

Serious cardiac risks have led to market withdrawal and disuse of Cox-2 inhibitors, which are newer drugs in the NSAID class of painkillers. But a study in the June 3 British Medical Journal suggests that long-term, high-dose usage of older NSAIDs drugs may pose the same risks. The study examined data from 138 cohorts with 140,000 participants. It found that use of ibuprofen (800 mg three times per day) was associated with a 51% higher risk for "vascular events" vs. placebo, while use of diclofenac (75 mg twice a day) increased the risk by 63%. No such risk was seen with long-term use of naproxen.

Prison Commission Calls for Safety Reforms

A new report on violence and abuse in U.S. correctional facilities aims to spur reforms that will benefit not only inmate safety but also public health and safety. The report, titled Confronting Confinement, was issued in June by the National Commission on Safety and Abuse in America’s Prisons, a project of the Vera Institute of Justice. Lending weight to its mission, the 20-member commission is a diverse, nonpartisan group co-chaired by a former U.S. attorney general and a former chief judge of a U.S. circuit court of appeals. Drawing from a yearlong investigation, the report details the harm that arises from conditions of confinement —violence, poor health care, segregation—and from labor and leadership problems. It also points to weak oversight and accountability for what happens behind bars, as well as inadequate knowledge in this area.

The report is not a “report card” of dire findings. It lauds the hard work, promising practices and achievements in many correctional facilities. And it recommends 30 strategies that “serve our country’s best interests and reflect our highest values.”

Health Care Findings

A key finding related to medical care is that high rates of disease and illness, coupled with inadequate health care funding, endanger prisoners, staff and the public. The report faults “shoestring budgets” and poor support from the health care system at large. A reality that may surprise the public, the commission says, is that staffing shortages often “force” facilities to employ doctors with restricted licenses that prohibit them from community practice. (See the position statement Licensed Health Care Providers in Correctional Institutions for NCCHC’s stance on this subject; find it at www.ncchc.org/resources.)

The report also finds that “medical neglect” and the spread of infectious disease are not inevitable, and that solutions to correctional facilities’ health care “dilemmas” do exist. Six recommendations are given:

1. Partner with health providers from the community.
2. Build real partnerships within facilities.
3. Commit to caring for persons with mental illness.
4. Screen, test and treat for infectious disease.
5. End copayments for medical care.
6. Extend Medicaid and Medicare to eligible prisoners.

Find the report and related material at www.prisoncommission.org.
Jail Lamaze Program Aids Anxious Mothers-to-Be

BY DEBBY LUCAS, RNC, MSN, CCHP

There is a high incidence of inmate pregnancy in county jails across the country. Most of these pregnancies do not happen to happily married women who have had adequate prenatal care or the support of a loving husband and family. Many of the women have histories of prostitution, rape, drug abuse and domestic violence and have nobody to care for their child while they finish their stay in jail or go on to prison. The typical lifestyles that envelope these women add to the complexity of their pregnancies and the postpartum period.

Pregnant inmates incarcerated in the San Bernardino County jail at West Valley Detention Center are no different. But thanks to a collaboration between WVDC and the county’s Arrowhead Regional Medical Center, these women now participate in Lamaze childbirth classes and thereby are happier about their child, just like any other parent.

The jail social worker continues to work with the postpartum mothers and assists them in keeping contact with the youth authorities, relatives or whomever has custody of their child. She also provides the kindness and concern so vital to the well-being of a mother who has been forced to leave her child while she dwells behind four walls of a cell.

Stressful Situation

Nurses and social workers at the jail and at the hospital noticed that inmates giving birth were usually scared, alone, unsure of their baby’s fate and often ill-equipped to deal with the situations and decisions confronting them after giving birth. Also, upon returning to jail, the mothers were often anxious, tearful and in crisis from lack of information on the whereabouts of their child, what the future held physically and emotionally and much more. Myriad other pressing concerns.

In response, hospital and jail health care administrators met to discuss the possibility of a joint venture to assist these inmates in making childbirth and the postpartum period as normal and stress-free as possible. The program began this year.

The medical/mental health specialty unit at WVDC has set aside an entire cellblock for female inmates in their third trimester of pregnancy. This unit also houses other female inmates with medical problems because it provides 24-hour nursing care and specially trained deputies.

A social worker employed by the jail routinely works with the mothers-to-be in planning for their trip to the hospital for delivery. This experience is not the happy occasion most of us imagine when we think about giving birth. The jail clothing, the presence of a deputy and the realization that the baby’s immediate future is in jeopardy all contribute to making the event one of despair instead of joyfulness.

Also, during her first visit with the pregnant inmate, the social worker must inform them of her obligation as a clinician to report any drug abuse during pregnancy. Although this is a difficult beginning, a therapeutic relationship that creates trust is almost always formed.

Jail-based Coaching

The Lamaze program, which is voluntary for the inmates, combines the teaching of childbirthing methods with the intense case management of the jail social worker who pairs the inmate with a hospital social worker at the time of birth. In addition, an RN, who first went through orientation five parts that can be taught in any order or any manner that fits with the population. Flexibility was a paramount consideration in planning the classes due to the participants’ tenuous length of stay in the jail.

Each week’s class consists of one hour of teaching and one to two hours of videos and practice. A sample of the routine course content includes the following subjects divided into five sessions:

1. Normal changes in the body during pregnancy, relaxation and breathing (each inmate comes to class with her mattress and two pillows for use on the floor)
2. Stages and phases of normal labor, introduction to breast-feeding, practice of progressive relaxation and breathing methods
3. Variations of labor, emergency childbirth, medications, anesthesia choices and exercises to prepare for childbirth and practice
4. C-sections, vaginal births, video with one hour of discussion after, what to expect in the hospital after delivery and what body changes are occurring
5. Postpartum depression—what is normal and what isn’t, and what to do about it—and proper care and nurturing of the newborn

Delivery and Postpartum

When it’s time for delivery, the nurse who instructs the inmates at the jail follows up with them when they are admitted. She is able to reassure their fears, often coach their labor and always answer their questions. When the mother is ready for release from the hospital without her baby, this nurse also ensures that she is given a picture of her baby to take with her back to the jail. Although a small gesture, it is one of compassion and reassurance for the incarcerated mother.

After the five classes are completed—and no later than upon hospital admission—the mothers are given questionnaires and asked to evaluate the quality of the Lamaze training and how it affected or altered their experience. Ratings consistently show that the program exceeds their expectations. The mothers are overwhelmingly pleased with the value of the training and how it prepared them for the birth and subsequent placement of their babies.

Jail nursing staff recognized a very

Doreen’s Story

Doreen* is a 27-year-old pregnant female who was booked into the West Valley Detention Center for prostitution and drug possession. This was not her first pregnancy, but it is the first one where she has not aborted or lost the baby. “I really want this baby even though I don’t know how I will ever take care of it,” she said.

During her third trimester of pregnancy Doreen was transferred from her regular unit to the medical/mental health specialty unit for females. There, she was met by the jail social worker whom she would continue to see weekly.

Doreen said that the “war stories” told to her by other female inmates kept her awake at night and scared her so much that she began to think of ways she could hurt herself to abort the child. Nevertheless, she reluctantly joined in on the Lamaze classes because, she said, “It helps steady your mind, and it looked like they were having a good time.”

Doreen went on to deliver a drug-addicted baby boy who remained in the hospital for baby. She also provides the kindness and support the youth authorities, relatives or whomever has custody of the issues in making childbirth and the postpartum period as normal and stress-free as possible. The program began this year.

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Jail nursing staff recognized a very different postdelivery inmate. The females who participated in the Lamaze classes experienced a calmer, less stressful postpartum period. They were more educated about what to expect and thereby were happier and less demanding of the medical staff. Having the baby’s picture allowed them “bragging rights” about their child, just like any other parent.

The National Commission on Correctional Health Care is one of only six agencies authorized to accredit opioid treatment programs, and the only one to focus on correctional facilities.

NCCHC’s Standards for OTPs comply with federal regulations while recognizing the special nature of these facilities.

Visit the Web to obtain an informational brochure or to order the Standards. Or contact NCCHC for further information.

www.ncchc.org

OTPinfo@ncchc.org

(773) 880-1480

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WÖLNLÖKCHECK HEALTHCARE

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It's 3 a.m. and an inmate comes to the medical department with a complaint of chest pain. No physician is on site. What does the nurse on duty need to do before calling the doctor?

The first step is to gather information from the patient about the complaint and symptoms. Step two is to perform a complete assessment of the patient, including:

- ABC assessment
- Vital signs
- Blood pressure
- Pulse rate and regularity
- Respiratory rate, effort and lung sounds
- Temperature, skin color, skin warm/dry or diaphoretic
- Pulse oximeter reading
- Pain assessment: pain scale (1-10)
- What the patient was doing when the pain began
- Anything that increases or decreases the pain
- Any changes in status from existing data in the patient's medical record.

It would be beneficial to prepare a checklist that notes the patient's chief complaint and assessment findings, as well as any changes in status from existing data in the patient's medical record. The following information also should be noted from the medical record:

- Patient name and ID number
- Patient history
- Patient age and sex
- Allergies
- Problem list
- Medication list or current medication administration record
- Current diagnostic/lab results (if any)

Worksheets or forms will help to organize the gathering of information. If all areas are filled in, the nurse can simply read the form to the physician, providing all of the necessary information to make clinically sound decisions and provide appropriate care. To develop a form that works well, it is important to get input from both the physician and nursing staff to ensure that the document addresses all of the required information.

Before picking up the phone, the nurse should be sure to have a physician order form on hand. It also is prudent to ask the other health care providers on site if they need to speak to the doctor.

A Perfect Conversation

In a perfect scenario, here's what should happen when the nurse calls the physician. Let's assume you, the reader, are the nurse.

When the physician answers the phone, identify yourself as well as the facility and unit you are calling from. Indicate whether another health care provider wishes to speak to the physician when the conversation is completed.

Provide the physician with all of the above-mentioned information in a clear, organized manner. It might be prudent to ask if the physician is familiar with the patient. After the information is relayed, ask if there is any other information the physician needs or would like to know.

If the physician issues medical orders, repeat them back to the physician and ask if the orders are correct. Be sure to document the details of the call in the patient's medical record.

Now let's assume you are the physician on the other side of this conversation. You should have drug reference material, pen and paper within reach. Get the patient's name, of course, and repeat the history to the nurse. Ask for any ancillary data that will help you to assess the situation.

When giving orders, make sure they are complete and specific. Have the nurse repeat them to verify that they were taken correctly, and ask if the nurse understands all orders.

You also should instruct the nurse to notify you of any changes in the patient's condition. Finally, ask if there are any other concerns or questions you would like to address.

Continued on page 12
anyone else needs to speak to you. Courtesy counts. Both parties should remember to say “thank you” at the end of the conversation.

Who’s on Call?
The health administrator should maintain a current list of the designated physician on call at any given time, and nursing staff must have ready access to that list. Inappropriate phone calls and delays will be minimized when the nurse contacts the correct provider at the outset. If the physician will not be available for scheduled on-call duty, then he or she should arrange for a substitute in advance and inform the health services staff of the change.

What happens if the physician does not call back in a timely manner or perhaps not at all? This is when further steps must be activated to get the medical orders that are required to provide the patient with appropriate medical treatment and care.

The health services department should have a policy that addresses whom to contact when the on-call provider cannot be reached. This may include contacting another provider, the health service administrator or possibly the officer in charge. In any event, all calls to the physician must be documented in the patient’s medical record, along with any subsequent calls to other providers.

Remember: Any patient whose situation is life-threatening should be transported immediately to an appropriate facility regardless of whether the medical provider returns your call.

Touchy Subjects
In rare instances, the physician may give inappropriate orders or otherwise respond in a way that the nurse believes indicates incompetence for the case at hand. Professional responsibility dictates that the nurse should state this concern to the doctor, who may simply require additional patient information or an explanation of data. If the suspicion of incompetence is not resolved, however, the nurse should notify the nursing supervisor or health services administrator.

Conversely, it may be the nurse who lacks professional competence in the case. Once again, asking questions and verifying information is essential. If the physician feels the nurse is not capable of dealing with the situation, he or she should ask to speak to another nurse on the unit, if possible.

While such an exchange would, of course, be awkward, it must not descend into rudeness. Catfights help nothing. Unfortunately, rude behavior appears to be a chronic and pervasive problem between some nurses and physicians.

The most professional person will come out on top of every argument. If you must, state to the offensive party, “I feel your attitude is not helping the situation. Can we please work together to help this patient?” Any rudeness should be reported to a supervisor.

Build Mutual Respect
One of the best ways to foster good working relationships is through knowing and appreciating the experience and expertise of all involved, on both the nursing and physician sides. For instance, physicians may be more comfortable with the assessment and other skills of the nurses on the day shift because they work with them all the time.

Nurses and physicians should make a concerted effort to meet each other and discuss their experience, knowledge, certifications, background and areas of expertise. Communication during nonemergent situations is the best way to accomplish this.

This may not always be possible, especially during this time of nursing staff reductions, high turnover rates and widespread shortages of high-quality nurses. Compounding the problem, many facilities use agency nurses to fill staffing voids and although these nurses may be very capable, the physician is not familiar with them.

Nevertheless, the nurse/physician relationship should never be marked by anxiety or disrespect for either party. Communication at all times is essential for a healthy relationship.

Susan Laffan, RN, CCIP-A, is the principal of Specialized Medical Consultants, Toms River, NJ. She and Scott Savage, DO, CCIP, presented a session on this topic at the 2005 National Conference on Correctional Health Care in Denver, CO. Contact her by e-mail at njjailnurse@aol.com.
In 1999, the Missouri Department of Corrections initiated a multiyear study of health care quality in the state’s correctional facilities. Working in collaboration with the Center for Health Care Quality and the University of Missouri–Columbia School of Medicine, Department of Health Management and Informatics, MODOC’s objective was to develop a matrix of quality indicators to help monitor, assess, improve and ensure the quality of care provided.

As reported in issue 12-2 of the Journal of Correctional Health Care, the matrix was designed to gauge MODOC performance against benchmarked quality indicators for specific health risk factors, diseases and conditions. Recommended evidence-based prevention and treatment processes are then employed to improve health services delivery and management.

But in the absence of health care quality indicators and benchmarks established specifically for correctional institutions, the research team adapted civilian indicators to the prison population.

The article describes how the quality indicator matrix was developed and how the researchers collected benchmark data as well as data from MODOC medical records. The results and conclusions sections describe the final indicator matrix, which includes 32 key indicators grouped into 11 categories: women’s health, heart disease, infectious disease, pulmonary disease, wellness and prevention, asthma, diabetes, medication administration, screening and behavioral health. An appendix provides a detailed summary of the matrix, including indicator sources.

Adapted from “Health Care Quality in Prisons: A Comprehensive Matrix for Evaluation,” by Tamara T. Stone, PhD, Randee M. Kaiser, MS, CCHP, and Annamarie Mantese, MPA.

JCHC Volume 12, Issue 2: The Complete Lineup

- Early Onset of Sexual Activity: Implications in Incarcerated Women
  Jenny Ahmed, MSN, APRN-BG; Barbara A. Davis, PhD, RN; Erin Gottman, BSN, RN; Heather Payne, MSN, RN

- Pregnant in Prison—The Incarcerated Woman’s Experience: A Preliminary Descriptive Study
  Lori Williams, PhD; Sandy Schulte-Day, EdD

- Health Care Quality in Prisons: A Comprehensive Matrix for Evaluation
  Tamara T. Stone, PhD; Randee M. Kaiser, MS, CCHP; Annamarie Mantese, MPA

- Jail Health Assessment Practices: An Analysis of National Trends as Compared to National Commission on Correctional Health Care Recommendations
  Sally K. Miller, PhD, APN, CCHP

- Jail Interventions for Inmates With Mental Illnesses
  Rick Ruddell, PhD

- Prevalence and Predictors of HIV Risk Behaviors Among Male Prison Inmates
  Kera Moseley, DrPH, MPH; Richard Teckshbury, PhD

If you are a physician, nurse, psychologist or CCHP looking to earn CE credit, the self-study exam in each issue of the Journal of Correctional Health Care is a convenient, economical option. And if you are an Academy member, you may take the exam online at www.correctionalhealth.org.

Call for Papers
The Journal of Correctional Health Care is the only national, peer-reviewed scientific journal to address correctional health care topics exclusively. JCHC welcomes manuscripts on topics such as clinical health care, health services and support, personnel and staffing, ethical issues, clinical services, medical records, continuous quality improvement, risk management, medical-legal issues and more. Please send queries to editor John R. Miles, MPA, 250 Gatsby Place, Alpharetta, GA 30022; journal@ncchc.org. For author guidelines, visit the Web at http://jchc.sagepub.com.
Implementing the Model

The TARGET model began in practice in the New Haven Juvenile Detention Center in January 2005 with the introduction of trauma screening and TARGET groups. However, laying the groundwork began more than a year earlier. The first step was to train detention staff and administrators in biopsychosocial principles of traumatic stress and stress reduction. This was a major component of implementation that took the support of the facility and state administrators to pull together stakeholders from various departments (health care, education, etc.) and obtain buy-in. After the principles were taught, the second step began. The UCHC team trained, coached and supervised detention staff members as they administered screenings and implemented the TARGET intake and group interventions. State detention superintendent Karl Alston insisted that all staff become familiar with the model and understand its terms. He also identified crisis managers for each shift who were trained in group administration to act as real-time facilitators through crisis response and intervention.

“TARGET groups create options for youths,” says Jody Orona, in a 15-year staff worker at the New Haven facility. “Staff facilitators trained as crisis managers specialize in recognizing stress triggers and then encourage the child to complete the STRESS reduction and TARGET process. This resolves the situation in a more effective manner.”

Positive Response

New Haven Detention staff tell the story of a youth who was reminded for two weeks by the judge at his detention hearing because of aggres-
sive acting out. This youth began to attend a TARGET group that started the previous hearing. At the next hearing, two weeks later, the judge asked the young man how he had managed to stay out of trouble. The judge was pleased by his change in behavior but perplexed by the results. He did an SOS and asking why.

The moral of this story is that TARGET quickly proved helpful for both youths and staff, and the next step is to inform judges and other key personnel in the justice system (such as probation officers, prosecutors and public defenders) about trauma screening and TARGET. (For example, see the Winter 2006 Juvenile and Family Court Journal.)

Overall, the response to trauma screening and TARGET has been very positive. The New Haven facility is filled with posters reminding staff and detainees of the seven steps of FREEDOM, and the staff have begun to encourage an SOS for youngsters at the first signs of potential acting out instead of immediately opting for force or room confinement.

Problems have occurred, as well. Children sometimes request an SOS to avoid certain tasks without resorting to use of force or punitive interactions. Problems have occurred, as well. Children sometimes request an SOS to avoid certain tasks without resorting to use of force or punitive interactions. The model is designed to help staff and youths to be more aware of their own stress levels and to be proactive and empowered rather than reactive and punitive so that stress is managed instead of leading to behavior problems or disciplinary actions. TARGET is hard work for staff as well as youths, but it actually is much easier than the alternative extremes of having stress run rampant or attempting to maintain control by force and intimidation.

Outcome data are not yet available, but efforts are underway to measure changes in restraints, disciplinary problems and other outcomes of concern to staff and administrators, initially at the New Haven Detention Center and ultimately at all of the state detention centers. Studies have been completed with TARGET for adults in substance abuse treatment, and are underway with youth and adult girls who are in or are at risk for involvement in the criminal justice system.

A Promising Solution

Data analyzed from the TESI-C and PTSD screening instruments are consistent with national data suggesting that almost all youths in detention have experienced at least one (and typically several) traumas of varying intensities, and that full and partial PTSD affect more than one in four.

The TARGET model and TESI screening system provide a simple, straightforward means of dealing with high-stress youth in juvenile justice settings who struggle with behavioral and emotional dyscontrol. TARGET also is being used with adults in prison and reentering the community, with favorable responses from staff and inmates.

The model provides a common language for the correctional system, and for systems beyond the facility walls. It allows for staff empowerment through education and skill building. Correction and detention staff are often skeptical of new approaches, but the responses we have seen are promising.

Most importantly, TESI screening and TARGET begin to address a significant correctional public health problem that affects tens of thousands of incarcerated youths and adults and the correctional staff whose safety and well-being depend upon being able to manage youth in these environments in safe and effective ways.

Based on sound theory and with growing empirical support, the TARGET model is an adaptation that is low cost and effective. It is surprisingly well received by detainees and staff. We believe that this model provides a positive answer to the question of how traumatic stress is to be conceptualized and dealt with in correctional health care in the future.
Social Workers: NCCHC is approved
Psychologists: NCCHC is approved
CCHPs: Certified Correctional Health Professionals may earn up to 32 hours of Category 1 credit for recertification.
Nurses: NCCHC is an approved provider of continuing education by the Illinois Nurses Association, an accredited approver by the American Nurses Credentialing Center. This activity was approved for 38.4 contact hours.
Physicians: NCCHC is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education. Physicians may earn up to 32 hours of Category 1 credit.
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Social Workers: NCCHC is approved by the National Association of Social Workers to offer continuing education. This educational activity has been approved for up to 32 hours of credit.

Continuing Education
The maximum CE hours indicated below include participation in preconference seminars.
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Program Highlights
**Featured Speakers**
- David Satcher, MD, PhD, is an eminent public health advocate who has held many high-level positions, including U.S. Surgeon General, Assistant Secretary for Health, and Director of the Centers for Disease Control and Prevention.
- B. Jay Anno, PhD, CCHP-A, is a National Commission cofounder and correctional health care expert who introduced the concepts of national standards and voluntary accreditation as a means to upgrade health care in correctional facilities.

**Leadership Series**
Feedback from last year’s conference attendees guided the creation of a new educational track to help managers, both new and experienced, hone their skills and become effective leaders in our unique and challenging field. Open to all, these sessions offer...
- Interactive and high-level educational experiences
- Expert faculty with extensive correctional health care knowledge
- Practical information to help you be more effective and efficient
- Diverse topics ranging from finance to staffing to utilization review

**Meet and Mingle**
A valuable part of the conference is the chance to mingle with colleagues. Be sure to take advantage of these networking events:
- Exhibit Hall Opening Reception: Sunday, 5 to 7 p.m.
- Special Interest Group Discussions: Monday, 2:15 to 3:30 p.m.
- Educational Poster Display Reception, Monday, 4:45 to 6:30 p.m.
- Monster Mash Halloween Party: Tuesday, 8 to 10:30 p.m.

**First-rate Exhibition**
Behind the scenes, countless suppliers of goods and services make the work you do possible. Come meet with these invaluable partners in the exhibition hall. Representatives from more than 100 companies will be on hand to discuss how their products and services can assist you.

Atlanta Attractions
Atlanta irresistibly combines the charm of the Old South with the energy of a modern cosmopolitan city. Filled with a wealth of arts, attractions and activities, metropolitan Atlanta offers something for everyone. To find out what’s happening around town, visit www.atlanta.net.
- Atlanta History Center
- Botanical Garden
- Braves Museum & Hall of Fame
- Broadway shows on stage
- Centennial Olympic Park
- CNN tour
- Fernbank Museum of Natural History
- Georgia Aquarium
- Jimmy Carter Library & Museum
- Martin Luther King, Jr., National Historic Site
- Midtown: “Heart of the Arts”
- Piedmont Park
- Stone Mountain Park
- Underground Atlanta
- World of Coca-Cola

**National Conference on Correctional Health Care**
Atlanta, Georgia
October 28 – November 1

**Why You Should Attend**
- Discover the latest tools, techniques and solutions from top professionals
- Learn how other organizations have successfully implemented programs
- Choose from over 100 content-rich educational sessions
- Deepen your knowledge by taking part in preconference workshops
- Gain insights from celebrated dignitaries during keynote presentations
- Network with colleagues, from top decision makers to in-the-trenches staff
- View new products and services in the Exhibit Hall
- Visit the Bookstore for NCCHC publications plus CCHP and Academy items
- Explore Atlanta through one of the many the cultural tours and activities

**Conference Objectives**
- Demonstrate increased awareness of common correctional health care issues, including quality of care, access to care and cost containment
- Identify major health care, research and policy issues facing incarcerated individuals, including infectious diseases, mental illness, substance abuse and special needs (e.g., women’s issues, juvenile health, geriatrics, disability)
- Demonstrate increased understanding of skills necessary to better manage common medical, dental and psychological problems found in correctional settings
- Describe legal, ethical and administrative issues and ways to prevent potential problems that arise in correctional settings

**Registration Information**
Early Bird Savings: Register by Sept. 15 and save $50 off the full registration fee.

**Registration Categories**
- Academy Member: $815 after Sept. 15
- Nonmember: $839 after Sept. 15
- One Day: $815 (Mon, Tue, Wed)
- Guest: $55 (provides access to all exhibit hall events)
- Preconference Seminars: full-day $170; half-day $90

**Preregistration Policy:** Preregistration will be accepted through Oct. 13. After this date, please register at the conference.

**Conference Site and Hotel**
All educational activities will be at the Hyatt Regency. The registration desk is on the lower level near the Grand Hall.

**Lodging:** The Hyatt is offering a limited number of guest rooms (single/double) at the special rate of $144 plus taxes, available through Oct. 6. Reserve early and mention the NCCHC conference.
265 Peachtree St., NE
Direct: (404) 577-1234
Hyatt reservations: (800) 233-1234

**Exclusive Tour of CDC Campus and Research Facilities**
The Centers for Disease Control and Prevention is a principal U.S. agency for protecting the health and safety of Americans and for providing essential human services, especially for those least able to help themselves.
Since it was founded in 1946 to help control malaria, the CDC has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities and environmental health threats. Today, the agency is globally recognized for conducting research and investigations and for its action-oriented approach.
The CDC has arranged tours of its main campus and research facilities specially for NCCHC conference attendees. You must be a U.S. citizen to take the tour; photo ID required. Visit our Web site for more information.

**Sponsored by the National Commission on Correctional Health Care and the Academy of Correctional Health Professionals**
Find complete conference information and online registration at www.ncchc.org.
Often misunderstood, mental health assessment is actually three separate processes involving two of the NCCHC standards: E-02 Receiving Screening and E-05 Mental Health Screening and Evaluation. Thus, it is helpful to consider both standards together.

Assessing Immediate Needs

Upon admission to a facility, all inmates need to be assessed for immediate mental health concerns. Standard E-02 has a twofold intent when applied to mental health issues: to identify and meet any urgent need and any known or easily identifiable needs that require intervention before the full mental health screening. Foremost among the problems to be “caught at the door” are suicidal intent and the need to continue prescribed medication.

The immediate assessment of mental health needs may be done by the staff member completing the entire receiving screening. This can be a health professional or, in jails, prisons with fewer than 500 inmates and juvenile facilities, a trained correctional or custody staff member. Although some questions appear the same as those asked later under the full mental health screening, the inquiry at this point is meant to pick up significant, immediate needs.

Although admission is not the ideal time to complete a comprehensive mental health history and inquiry, some facilities combine the questions mandated by E-02 with the screening inquiries required by E-05. In such cases, if the combined questions are asked by the same person, it must be a health staff member. No matter how well trained the correctional or custody staff are not authorized to conduct the mental health screening that is the first part of standard E-05.

In-Depth Screening & Evaluation

The intent of E-05 Mental Health Screening and Evaluation is to ensure that serious mental health needs, including developmental disability and addictions, are identified. At least once during an individual’s incarceration, but always within 14 days of admission, a mental health professional undertakes a comprehensive review of mental health history and inquiry. This inquiry is a two-tier process in which only those inmates with positive responses to in-depth screening questions need to proceed to the second step: evaluation.

For inmates with no significant mental health problems, the assessment stops with the completion of the screening aspect of E-05. If that screening is done by a qualified mental health professional (psychiatrist, psychologist, psychiatric nurse and others who by virtue of their education, credentials and experience are permitted by law to evaluate and care for patients’ mental health needs), both the screening and evaluation aspects of the standard are met in the one visit.

But if the screening is done by a mental health staff member (qualified health care professional who has received instruction and supervision in identifying and interacting with individuals who need mental health services), patients with identified mental health issues require further evaluation and must be referred to a qualified mental health professional to complete the evaluation. The timing of this further evaluation is determined by clinical need.

When screening points to significant mental health issues, standard E-05 requires thorough clinical evaluation of the patient. Any identified treatment needs are then addressed in keeping with the standards covering mental health services, special needs treatment plans, chronic diseases and so forth.

Inquiry as Assessment Tool

Some practitioners raise concerns about three areas of inquiry mandated by standard E-05: history of violent behavior, victimization and sex offenses (Compliance Indicator 3.a). Their concerns fade when they understand the reason for these inquiries. The inquiries are not forensic in nature, and the intent is not to get a history of criminal behavior, per se. Rather, they are clinical inquiry into life experiences and emotional background that may provide clues to mental health problems.
Blood Draw Procedures

Q The warden at our maximum security prison does not want to allow the nurses to bring inmates out for routine blood draws. Instead, inmates are to stick their arms through the pie flap on the cell door so that nurses can obtain the venous sample. Medical staff are concerned for the safety of the inmate and our exposure to possible needlesticks. Can you give any guidance about the safety and exposure risks with this procedure?

A The NCCHC standards for health services in prisons require that health care interventions are done within community practice protocols. The warden’s proposed procedures for drawing blood are not in keeping with community standards, pose infection control and safety concerns for inmate and health provider alike, and interfere with the principle of medical autonomy in the sense that security is trying to dictate how medical procedures are to be carried out.

Many variables go into a blood draw, which can be difficult even under the most ideal clinical settings. Doing it through a slot in the door complicates it much further. The procedure involves use of a pressure device to temporarily stop blood flow. Finding a vein may require examination of the whole arm and hand, and often the limb must be positioned in a particular way to enhance success of the draw. Infection control procedures are required to keep the field and needles sterile. We do not know how standard precautions can be maintained given the scenario you describe. And patient cooperation and communication are needed to prevent injury to either party.

If the warden is concerned about bringing the inmate to the clinic for a routine draw, an area on the tier can be set up appropriately for such basic health interventions. A clean, private room adapted to this purpose would allow the necessary security presence if required. Not all maximum security inmates are a safety threat to the same extent. Treating inmates as the warden proposes would only serve to dehumanize them, making them more likely to act out in such circumstances.

As to resources, we suggest you consult the CDC’s process for venipuncture, available online at www.cdc.gov/std/program/medlab/ApF-PGmedlab.htm. Also, an outline for proper phlebotomy techniques is available from the National Credentialing Agency for Laboratory Personnel: www.nca-info.org/pdfs/examoutlines/cls-lab-phlebotomy.pdf. Although the facility might not have a credentialed laboratory phlebotomist, it would be hard to defend its door-slot procedure in court when the community overall does not recognize the procedure.

Drug Screening on Admission

Q Does NCCHC have a policy or guideline about doing drug screens on intake for inmates suspected of substance abuse problems? Assessment is difficult without testing since drug intoxication and withdrawal often present with mental illness symptoms.

A NCCHC standards require that you conduct your clinical practice as you would in any other setting, modifying non-clinical issues as required by the correctional setting but not compromising your clinical guidelines. Health staff in facilities accredited by NCCHC are often cautious about substance abuse testing, being mindful of standard I-03 Forensic Information and the need to avoid getting into potential adversarial situations with inmates they are trying to treat. However, your intent is a clinical one: to assess a substance-abusing inmate for diagnostic and treatment-planning purposes. An important caution is that the results of such testing are not to be shared with corrections: results should be treated with the same confidentiality as any other blood or urine testing and recorded in the medical record.

Criteria for Facility of the Year

Q I am writing an article for a local paper on a jail that received NCCHC’s Facility of the Year Award. Can you explain the criteria for this award?

A The award is given annually to one of the more than 420 jails, prisons, and juvenile facilities accredited by NCCHC. Nominations often come from accreditation survey team members, but we also accept nominations from the field. The accreditation committee chooses recipients. However, the award may not be given if no strong candidates are nominated. Besides being in good standing in the accreditation program and in compliance with the standards for health services, the facility chosen presents exceptional professionalism in health services delivery. We also look for a facility whose health services can serve as a model for others.

Each facility so honored is unique in the reason for the award. In the jail category, past winners include a jail that evidenced significant positive change over a three-year period; a small jail with an exemplary program of collaboration with community health providers; and a jail that developed a health care system based on a community service provision model.

Judith A. Stanley, MS, CCHP-A, is NCCHC’s director of accreditation and oversees the development and revision of standards. R. Scott Chavez, PhD, MPA, CCHP-A, is NCCHC’s vice president, liaison to the policy and standards committee, and an accreditation surveyor.

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Judith A. Stanley, MS, CCHP-A, is NCCHC’s director of accreditation. Reach her at judithstanley@ncchc.org.

www.ncchc.org

By Judith A. Stanley, MS, CCHP-A, and R. Scott Chavez, PhD, MPA, CCHP-A
**Exhibitor Opportunity**

**National Conference on Correctional Health Care**

Atlanta, Georgia • Oct. 28 - Nov. 1

**Join the Celebration**
The 30th anniversary of the National Conference promises to be something special. Widely renowned as the premier annual meeting in correctional health care, this year’s event features cutting-edge programs and activities that will attract the movers and shakers in this field. This is your opportunity to meet with nearly 2,000 professionals who influence or make decisions about correctional health care products and services. And they spend significant time browsing the conference exhibits to learn about the latest medical supplies and pharmaceuticals, information technology, contract services, staffing services and more. If you exhibit at only one meeting in 2006, this has to be it!

At NCCHC’s 2005 National Conference, attendees’ postconference evaluations revealed the following:

- **95%** visited the Exhibit Hall at least twice
- **94%** found the exhibit hall worthwhile
- **81%** visited to learn about new products and services
- **43%** visited to meet with current suppliers
- **43%** are authorized to make purchases

**Exhibitor Benefits**
NCCHC is committed to creating a sales environment conducive for you as well as meeting attendees.

- **Breaks, lunch and networking in the exhibit hall, with 9 hours of exclusive exhibit time**
- **Opportunity to participate in the popular raffle drawings**
- **Company listing and promotional writeup in the Final Program, and a listing in CorrectCare (deadlines apply)**
- **Pre- and final registration lists with attendee addresses**
- **Special advertising opportunities for CorrectCare, the conference program and the conference Web site**
- **Virtual Exhibit Hall listing at the NCCHC Web site**
- **Lead retrieval scanner system available**
- **Priority booth selection for 2007 National Conference**

**Who Should Exhibit?**
Associations; computer/software; contract management; dental supplies/equipment; diagnostic equipment; educational materials/training; EMR/health records; infection control; medical devices/equipment/supplies; pharmaceuticals and pharmacy services; publications; recruitment/staffing services; universities; uniforms/scrubs

**Sponsorship Opportunities**
Exhibitors can enhance their exposure by sponsoring medical supplies and pharmaceuticals, information technology, contract services, staffing services and more. If you exhibit at only one meeting in 2006, this has to be it!

**Premier Educational Programming:** Sponsorship of educational programs on hot topics enables companies to support the correctional market and gain great exposure. **Proceedings Manual on CD:** Now distributed in popular CD format, the manual provides a lasting record of each concurrent session, including abstracts and handouts.

**The Internet Lounge:** Exhibit hall visitors love to check e-mail and browse the Web at these computer stations, which display the sponsor name, logo and link on-screen. Exhibit Breaks: Scheduled breaks enable attendees to meet with exhibitors and network with colleagues while enjoying morning coffee and afternoon snacks.

**Other Opportunities:** Registration bags, lanyards, cups, badges, banners: all are good ways to gain visibility. Have other ideas for sponsorship? We’d love to hear them!

**Registration Information**
Exhibition hours are Sunday through Tuesday. Prices for 10’ x 10’ booths start at $1,350; double-size and premium spaces are available. Prices include one full and two exhibit-only registrations. Other representatives may register at a discount. For a prospectus with details and a reservation form, e-mail info@ncchc.org or call (773) 880-1460.

To learn more about advertising and other marketing opportunities, call Lauren Bauer, exhibits and sales manager, at (773) 880-1460, ext. 298, or e-mail laurenbauer@ncchc.org. To obtain NCCHC’s Marketing and Resource Guide, which contains an insertion order form, visit the Web at www.ncchc.org and go to the Supplier Opportunities section.

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**About CorrectCare™**
Published by the National Commission on Correctional Health Care, this quarterly newspaper provides timely news, articles and commentary on subjects of relevance to professionals in the field of correctional health care.

**Subscriptions:** CorrectCare is free of charge to all Academy of Correctional Health Care members, key personnel at accredited facilities and other recipients at our discretion. To see if you qualify for a subscription, submit a request online at www.ncchc.org or e-mail to info@ncchc.org. The paper also is posted at the NCCHC Web site.

**Change of Address:** Send notification four weeks in advance, including both old and new addresses and, if possible, the mailing label from the most recent issue.

**Editorial Submissions:** We may, at our discretion, publish submitted articles. Manuscripts must be original, unpublished elsewhere and submitted in electronic format. For guidelines, contact the editor at jainesh@ncchc.org or (773) 880-1460. We also invite letters of support or criticism or correction of facts, which will be printed as space allows.

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**Advertisers: Get the Word Out With CorrectCare!**
The leading newspaper dedicated to correctional health care, CorrectCare features timely news, articles and commentary on the subjects that our readers care about: clinical care, health services administration, law, ethics, professional development and more. The quarterly paper is free of charge to members of the Academy of Correctional Health Professionals, as well as thousands of key professionals working in the nation’s prisons, jails, juvenile facilities, departments of corrections, health departments and other agencies. The paper also is available online at www.ncchc.org.

We also offer special packages for companies that advertise in CorrectCare and exhibit at NCCHC conferences, as well as opportunities to advertise on the NCCHC Web site. Contact us for details.

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**Production Schedule**

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**Notes**

1. Ad sizes encompass live area, no bleeds.
2. Color ads cost $250 per color additional per page or fraction.
3. Frequency discounts are based on total number of insertions within the next four issues. Ads need not run consecutively.
4. Recognized advertising agencies receive a 15% discount on gross billing for display ad space and color if paid within 30 days of invoice date.
5. Special opportunities are available for conference exhibitors; please see the Marketing and Resource Guide or contact NCCHC for information.
6. Electronic files (Quark, PageMaker or PDF) preferred; include font files. We also accept camera-ready copy and film (120 line, right reading, emulsion side down). Proofs must accompany all ads.
7. Cancellations must be received in writing before the insertion order deadline.
8. We reserve the right to change rates at any time; however, we will honor the rates in effect when the order was placed.
9. Acceptance of advertising does not imply endorsement by NCCHC.

**For More Information**
To learn more about advertising and other marketing opportunities, call Lauren Bauer, exhibits and sales manager, at (773) 880-1460, ext. 298, or e-mail laurenbauer@ncchc.org. To obtain NCCHC’s Marketing and Resource Guide, which contains an insertion order form, visit the Web at www.ncchc.org and go to the Supplier Opportunities section.
Employment

Exciting Medical Career Opportunity ... in primary care education and correctional medicine. The Correctional Medicine Consultation Network based at the Department of Family and Community Medicine/University of California San Francisco is looking for physicians who seek a teaching/consultation opportunity with the California Department of Corrections and Rehabilitation. Faculty will be based at one of a number of residency programs in California and will teach and consult every week at a California state prison facility. Salary commensurate with experience and excellent benefits provided. For more information please contact Lori Kohler, MD at the following:
Faculty Recruitment/CMCN
3180 18th Street, Suite 302
Box #1308
San Francisco, CA 94110
Phone (415) 476-2041
E-mail lkkohler@fem.ucsf.edu

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Directs the medical service treatment programs. Responsible for all aspects of the delivery of psychiatric care for offenders under the Department of Corrections’ supervision. Competitive salary and excellent benefits. For complete details and application instructions, view the recruitment bulletin at http://www.dop.wa.gov/JobSeekers/default.htm?JobPostingId=1681.

Health Services Manager
The Ada County Sheriff’s Office is seeking a Health Services Manager to direct the Ada County Jail’s medical facility. We are located in Idaho’s beautiful capital city, Boise, the third largest city in the Pacific Northwest. Boise and its surrounding communities offer affordable housing, low crime rates and, according to Forbes, the #4 best place for business and careers in 2005. Recreational opportunities abound and the quality of life is unbeatable.

The Ada County Sheriff’s Office is the largest law enforcement agency in the state of Idaho with 550 employees. We serve a population of 535,000 and have an annual budget exceeding $38 million. We offer stable employment and an excellent benefit package including medical, dental, and vision insurance, PERSI retirement, matched deferred compensation, and optional cafeteria programs.

The Ada County Jail houses up to 1,144 inmates and employs 210 staff members. The medical unit consists of 21 employees including social workers, physician assistants, RNs, LPNs and support staff. A $7 million jail medical unit expansion is expected to be completed by October 2007, creating a new 83-bed facility (41 medical beds, 42 mental health beds), with additional personnel to be added. The Health Services Manager will oversee this exciting transition as well as ensure quality and consistent services are delivered to meet NCCHC standards. Starting salary is $70,000 - $85,000/year, DOE.

For details, application, benefit summary and their cost, please visit the Web at www.adasheriff.org/jobs, call (208) 577-3557, or e-mail cpresley@adaweb.net.

Marketplace

Clinical Practice, 2nd Edition
Written and edited by 40 practitioners in correctional medicine, from intake to hospitalization, the Correctional Medicine: Clinical Practice, 2nd Edition comprehensively covers the issues specific to correctional settings—essential, practical information that is a must for any medical provider. The acclimated text explores all major areas of psychiatric care for offenders under the Department of Corrections’ supervision. Conforming with the NCCHC’s requirements for correctional-based opioid treatment programs seeking accreditation, these standards represent NCCHC’s requirements for correctional-based opioid treatment programs seeking accreditation. They are based on federal regulations and community standards, but take into account issues unique to corrections. Conforming with the Standards for Health Services, the OTP Standards cover nine areas: governance and administration, environmental safety, personnel and training, health care services and support, juvenile care and treatment, health promotion, special health needs, health records, and medical-legal issues. 2004. Softcover, $29.95. Order at www.ncchc.org or call (773) 880-1460.

Meetings


NJI Conference. The National Institute of Justice conference addresses criminal justice research, development and evaluation in the social and physical sciences. It will be held July 17-19 in Washington, DC. See www.ojp.usdoj.gov/nij for details.

Psychologists Convention. The American Psychological Association Convention will take place August 10-13 at the Ernest N. Morial Convention Center in New Orleans. Conference details, as well as FAQs about posthurricane New Orleans, are posted at www.apa.org/convention06. Or call (800) 374-2723 for a brochure.

Centerforce Summit. “Rehabilitation Reemerges” is the theme of this year’s Inside Out Summit by Centerforce, a group that serves correctional facilities, inmates and others. The summit will be in San Francisco on Sept. 11-12; clinical training is on Sept. 11. Visit www.centerforce.org, or call (415) 456-9980.

Addiction & Criminal Behavior. The GWC Training Network is hosting its 7th National Conference on Addiction & Criminal Behavior on Sept. 17-20 at the St. Louis (MO) Hilton. Learn more at www.gwcinc.com, or call (800) 851-5406.

Public Health Meeting. The American Public Health Association’s annual meeting will take place Nov. 4-8 at the Boston Convention Center. The theme is “public health and human rights.” Visit www.apha.org/meetings, or send an e-mail to Diane.lentini@apha.org.
The 2006 Updates conference was a smashing success on many counts. First, it enjoyed record-breaking attendance of over 1,000 people. NCCHC staff who worked the meeting were amazed—not so much by the crowds, but by the fact that everything went so smoothly! Exhibit hall space also sold out; nothing unusual there, but we were pleased to welcome eight first-time exhibitors.

The keynote address by motivational speaker James Malinchek, editor of the “Chicken Soup for the Soul” series (including a title geared to inmates), had everybody clucking with delight. And for the first time, social workers could earn CE specific to their field.

The weather was fine, and many people took advantage of the opportunity to sample some of the many “diversions” available in Las Vegas. While we can’t vouch for the luck of every attendee, we do know of a few who left with more cash than they arrived with.

Here are a few photos that capture an important aspect of any successful conference: interaction!

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