Commission on orrectional Hea 2017 ore than 40 years, **ANNUAL** REPORT Correctional Healt ore than 40 years, the quality of heal hal Health Care has y of health care in v ails, Formore than nal Commission on Correctional Health the quality of health care in jails, For more than 40 wears National Commission Cuality on Correctional Health Care jails, For more than n Care has been I m Correctional Health

CORRECTIONAL HEALTH CARE

For more than 40 years, the National Commission on Correctional Health Care has been pursuing its mission: to improve the quality of health care in jails, prisons and juvenile confinement facilities.

There was a time when health care behind bars was almost nonexistent. A 1972 American Medical Association survey found that in nearly two-thirds of responding jails, the only available medical care was first aid. Close to 17% reported that not even first aid was available.

That study, 45 years ago, was the catalyst for creation of the AMA jail project, which ultimately evolved into NCCHC. Since then, NCCHC has grown to become the foremost expert in this unique industry. The organization's mission and focus remain steadfast.

In the pages that follow, you will read about the many ways NCCHC and its flagship programs – including the standards for health services, accreditation for facilities that meet those standards, educational programs, professional certification and NCCHC publications – strengthened that commitment in 2017. You will learn about new initiatives launched in 2017. And you'll see how NCCHC is not only improving quality but also advancing the correctional health care profession, strengthening important partnerships and making lives better.

NCCHC mission:

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

Dear Colleague:

This has been a year of change and growth, not only for NCCHC but for me personally. In the months since becoming the organization's CEO, I have learned as much as I can about correctional health care. I'm struck by the passion and commitment of the people I've met, and humbled by the dedication of those who work in this field. The work you do is so important, and has far-reaching impact on patients, their families and communities.

As CEO, I am committed to NCCHC's mission and to delivering the highest-quality programs and services. I hold our organization to the same standards of excellence that we require of accredited facilities. Continuous quality improvement is not just a standard that is essential for accreditation; it's a philosophy that is essential for our organization's continued change and growth.

NCCHC has had a key impact on the field, and with the help of so many dedicated individuals who share our vision – the staff, board, committee members, surveyors, consultants, speakers and authors – we will continue to do so far into the future.

I look forward to serving you in the months and years ahead.

James R. Pavletich, MHA, CAE, CCHP

Chief Executive Officer

IMPOVIN QUALITY

When it comes to quality in correctional health care, NCCHC wrote the book.

Since the publication of the first *Standards* manual in 1976, NCCHC standards have served as the benchmark for measuring quality health care services in corrections. Continually updated, the standards reflect the evolution of industry best practices for quality, efficiency and safety in health care services, with separate *Standards* for jails, prisons, juvenile confinement facilities, mental health services and opioid treatment programs. NCCHC standards are widely recognized as the most rigorous – and respected.

They are also the cornerstone of NCCHC's prestigious accreditation program. NCCHC-accredited facilities have

demonstrated through a comprehensive on-site survey that they operate an efficient, well-managed health care system that is in compliance with the standards.

Accreditation validates the facility's commitment to quality care – clinical, administrative and legal requirements.

With carefully trained surveyors for whom correctional health care is a career and a passion, NCCHC is the only accreditation FOR correctional health care systems BY correctional health care experts.

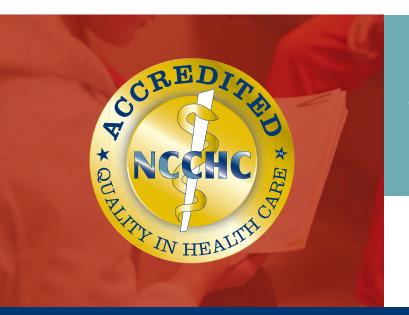
This was a year of continuous quality improvement for NCCHC, with the groundwork laid for a state-of-the-art online accreditation portal. The new system will mean added convenience, streamlined activities and a smoother, easier, more customer-friendly experience.



Following the NCCHC standards closely ensures we provide our patients with timely, quality health care. We refer to our Standards regularly as a reference to make sure critical items aren't falling through the cracks.

Health services administrator, accredited county jai





More correctional facilities choose NCCHC than any other health care accrediting body

COMING IN 2018

Newly revised *Standards for* Health Services in jails or prisons

IMPIOVINGUALITY

Douglas County Jail is the little jail that could – and does.

With an average daily population of only 74 and a health staff of three, the Douglas County (NV) Jail does not have the resources that are available to some larger facilities – but that does not stop them from being committed to quality health care services, or from maintaining NCCHC accreditation since 1980.

Health services administrator Sgt. Ron Michitarian relies on the NCCHC standards to keep up with best practices and stay focused. "With the guidance and support of NCCHC, our personnel are committed to providing the highest standard of health care services to all individuals incarcerated in our facility," he says.

A contracted physician, two nurses and a psychologist spend several hours at the facility each week, and all are on call 24/7. Two full-time deputy sheriffs are designated as "medical deputies" who serve as health care liaisons; one works the day shift and one the swing shift.

"The enthusiasm of the medical and detention staff to work together is obvious," says one accreditation surveyor. "This seamless cooperation provides for smooth delivery of health care even when health staff is not on-site."

That teamwork, resourcefulness and dedication to quality won Douglas County Jail the 2017 R. Scott Chavez Facility of the Year award, presented each year at the National Conference on Correctional Health Care. Its excellence stood out from among the hundreds of facilities accredited by NCCHC, despite its small size and limited staff.

I tell my new employees, 'If you provide high-quality care based on the accreditation standards... then you know that you're doing the best job you can.'

Rita Torres, CCHP, CEO, Health Care Partners Foundation



With the guidance and support of NCCHC, our personnel are committed to providing the highest standard of health care services to all individuals incarcerated in our facility.

Sgt. Ron Michitarian, health services administrator, Douglas County Jail, 2017 Facility of the Year

The only accreditation FOR correctional health care systems BY correctional health care experts

TO VIII QUALITY

Ken Bennett's appreciation for quality health care within correctional facilities grew as he moved up the career ladder from custody officer to warden with the Idaho Department of Correction. By the time he retired in 2015, he was committed to becoming an NCCHC accreditation surveyor and helping facilities across the country maintain quality health care services.

As deputy warden of the Idaho Maximum Security Institution, Bennett oversaw all operations, including health care services. "I always considered health care as part of the management team and made sure the health services administrator and director of nursing were at all team meetings," he says. "I also worked closely with the health staff in preparing for NCCHC surveys, and saw firsthand the level of quality put into

As he was nearing retirement,
Bennett took part in a regularly
scheduled reaccreditation
survey at the Idaho State
Correctional Center. "I had
been thinking about
becoming a surveyor

for a different

practice when the standards are met."

organization after I retired," he says. A conversation over lunch with one of the NCCHC surveyors gave him a different idea.

Having worked closely with medical and mental health staff and participated in many surveys, Bennett understood the standards. Plus, he says, "I have a real fondness for the people who do that work, and I want them to know how much they are valued."

Bennett was accepted into the surveyor program, attended training and became a Certified Correctional Health Professional. Since then, he has been on dozens of surveys. "After the first one, I was hooked," he says.

"Historically, medical treatment in prison or jail has not been the greatest," he says. "But in the past 40 years, since NCCHC came onto the scene, there has been a great deal of focus on improvement and quality. NCCHC is the proven leader in the field. Facilities know that if

they want to provide good health care and demonstrate that quality, the best way is to be accredited by NCCHC. The standards are the road map, and accreditation shows that legally and professionally the facility is following best practices. I'm thrilled to be part of that."



NCCHC is the proven leader in the field. Facilities know that if they want to provide good health care and demonstrate that quality, the best way is to be accredited by NCCHC.

Ken Bennett, CCHP, NCCHC surveyo



IMPIOVINGTHE PROFESSION

Most people have never given a thought to correctional health care. But for incarcerated individuals, it is an important part of daily life, a constitutional right and a chance to receive the health care they need. And for the nurses, doctors, mental health professionals and others who work in the field, it's a challenging, highly specialized, uniquely meaningful career choice.

NCCHC supports and elevates the field through professional development opportunities and educational programs tailored especially for correctional health care professionals. Four yearly conferences and other educational offerings strengthen skills and enrich learning. The CCHP program validates the field's professionalism and recognizes the specialized knowledge required to succeed.

In 2017 NCCHC introduced several new pathways to connect those programs to the people who benefit from them.



CEs AVAILABLE IN 2017

Through conferences, webinars, publications, position statements, speaking engagements and social media, NCCHC keeps correctional health professionals informed and delivers authoritative information about the most crucial topics facing them.

Medication ABUSE Suicide prevention Treatment Mental health issues

Trauma-informed care END-OF-LIFE CARE HIV and HCV Transgender care treatment

IMPIOVINGTHE PROFESSION

At the National Conference on Correctional Health Care in Chicago, attendees welcomed keynote speaker Nneka Jones Tapia, PsyD, executive director of the Cook County Department of Corrections. Dr. Tapia, a clinical psychologist, is warden of the second-largest jail in the country, where an estimated 25% to 35% of its 8,000 inmates suffer from mental illness. She spoke on unhealed trauma and PTSD in corrections.





The conference continues to raise the bar for correctional health care by promoting the growth of professional clinicians and seasoned leaders in the industry. The educational experience inspires us to continue to strive to make a difference.

Susan Lantagne, MBA, LICSW, chief of operations, Massachusetts

Partnership for Correctional Health Care

NCCHC elevates the profession as a whole, always looking for ways to support providers and share progress from across the country. The conferences buoy one up to 'keep going' despite the inherent challenges of this environment.

Julia Worrall, RN, ADN, founder, Foundation for Airway and Craniofacial Excellence

IMPIOVINGTHE PROFESSION

Jeff Traczewski, MBA, CCHP, regional vice president with Correct Care Solutions – Kentucky, understands the value of certification and NCCHC's standards for health services. So when he learned that NCCHC could bring standards training and the CCHP exam directly to his employees, Traczewski, a CCHP since 2012, jumped at the chance.

NCCHC staff worked with Traczewski to customdesign a package for his staff that included individual copies of the *Standards* manuals and a day of on-site training and education by NCCHC experts. Generally offered at NCCHC's spring and fall conferences, that training is a great resource to prepare people for the exam, which requires extensive knowledge of the standards. And prepared they were. When it came time to take the exam – which NCCHC administered at the regional office in Louisville – all 20 of the participating nurses, mental health professionals and administrators passed.

Later in the year, CCS – Pennsylvania followed suit and asked NCCHC to create an on-site standards education and exam event just for their employees.

The CCHP program is reaching out to where test takers are and making it easier for them to test. In addition to "concierge" services like this, CCHP hopefuls can now test at more than 300 computer-based PSI testing centers located throughout the country, whenever and wherever it is convenient, and get their results in less than two weeks.

The number of **CCHPs grew by 11%** in 2017 for a total of almost **4,000** Certified
Correctional Health Professionals



NEW IN 2017

Computer-based exams available at more than 300 test centers

COMING IN 2018

Specialty exam preparation webinars with CE available

We know correctional health employees are busy, so we are creating as many opportunities and making it as easy as possible for them to advance their career through obtaining CCHP certification. Certification also helps employers to hire and retain the best people, so it's a win-win.

Matissa Sammons, MA, CCHP, vice president of certification

When people are certified, their commitment and their practice is different. Certification says you understand a body of knowledge about your field. And when you have that, the way you approach care delivery, the way you approach your patients and the way you work with your custody partners is different.

Mary Muse, MSN, RN, CCHP-RN, CCHP-A, chief nursing officer, Wisconsin Department of Corrections

IMPORTATION OPARTNERSHIPS

Correctional health care is a uniquely complex field that intersects with many critical societal issues. That's why the NCCHC board of directors is made up of liaisons from the major national organizations representing health, mental health, law and corrections. It's also why strong relationships and effective partnerships are so essential to NCCHC's mission.

2017 featured many collaborations with federal and state government agencies, advocacy groups, publications, supporting organizations, subject matter experts, authors and vendors.

Several federal agencies – the Office of National Drug Control Policy, National Institute of Corrections, Bureau of Justice Assistance and Substance Abuse and Mental Health Services Administration – sought out NCCHC's expertise on the opioid epidemic and medication-assisted treatment, inviting staff experts to participate in forums to help develop guidelines for the use of MAT in justice-involved populations.

NCCHC is the only federally authorized organization to accredit opioid treatment programs in correctional facilities



NCCHC specialists took the accreditation message on the road, speaking and exhibiting at conferences from Orlando to Portland, including the American Jail Association, National Sheriffs' Association, American College of Preventive Medicine, National Alliance on Mental Illness and many more.



The American Academy of HIV Medicine invited NCCHC to produce a special section in *HIV Specialist* magazine focusing on HIV care in correctional settings.

While 37 of our members identify correctional facilities as their primary setting of care, many more ... will treat former inmates after they have been released.



James Friedman, MHA, executive director, American Academy of HIV Medicine

IMPORTATION OF PARTNERSHIPS

Suicide remains a perplexing, all-too common occurrence within correctional facilities. Compared to the national community suicide rate, the rate among incarcerated individuals is alarmingly high.

In the interest of stemming that tide, NCCHC convened a unique gathering of national experts from the largest private providers of correctional health care services for a daylong summit on suicide prevention.

Lindsay Hayes, MS, widely regarded as one of the nation's foremost experts on suicide in correctional settings, shared his insights into the issue. His introduction was followed by a day of spirited discussion and collaborative problem-solving on ways to keep suicidal inmates safe – and a commitment to continue working together to create concrete tools and practical solutions.



Having all of the major correctional health care entities represented and working toward the same goal is very exciting. We look forward to continuing our work with NCCHC and our fellow health care vendors to create meaningful improvements in suicide prevention, with the hopeful outcome of many saved lives.

Steven Bonner, MD, CCHP-MH, chief behavioral officer, NaphCare

Coming to the conference and having the realization for the first time that I was with people who were doing exactly what I was doing... it was like coming home, or finding home for the first time.

Thomas Fagan, PhD, CCHP-MH, professor emeritus, Nova Southeastern University



PARTNERSHIPS

For the people who work in correctional health care – a specialization that is often isolating, uniquely challenging and widely misunderstood – NCCHC events offer a lifeline to like-minded colleagues, a chance to talk shop, learn, have some fun and return to work recommitted

and reenergized. Conferences are yearly highlights for those who attend regularly, and first-timers are amazed at the camaraderie and freely shared wealth of knowledge. Lifelong friendships and professional bonds are born at the conferences.

The thing that has been the most valuable to me is the networking – realizing I have colleagues who are going through the same challenges.

These are colleagues I can turn to in the weeks and months after the conference.

Marc Stern, MD, MPH, professor, University of Washington Medical Schoo



In 2017, more than

3,300 correctional health
professionals connected
via an NCCHC event.



Steven Shelton, MD, CCHP-P, CCHP-A, medical director, Oregon Department of Corrections (retired)

IMPIOVINGLIVES

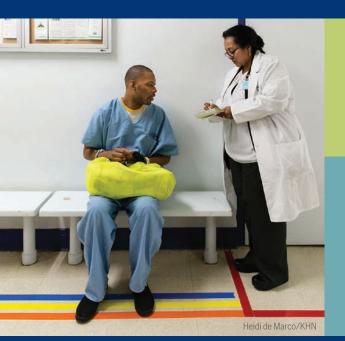
Behind all the *Standards* manuals, accreditation reports, CCHP exams and continuing education credits, there are people – the people who work in correctional health care, the inmate–patients they care for, those people's families and more.

The majority of incarcerated people are released from jail or prison and return to their communities. If at that time

chronic diseases, mental health issues or substance abuse problems are under control, those individuals have a much better chance of finding opportunities and making choices that do not lead back to jail. The positive effects can extend all the way to public health and safety by stemming the spread of infectious diseases like HIV and hepatitis, creating safer communities and reducing recidivism.

If it were your mother, father, brother, sister, aunt, uncle who was incarcerated – and it can happen – wouldn't you want them to be in the best hands?

Eileen Couture, DO, RN, CCHP-P, 2017 chair, NCCHC board of directors



Nearly **500,000** people are served in NCCHC-accredited facilities every day

Correctional health equals public health.

And that is more true now than ever before.

Newton Kendig, MD, The George Washington University; medical director, Federal Bureau of Prisons (retired)



In December, the NCCHC staff participated in a book and fund drive for Chicago Books to Women in Prison, an all-volunteer group that distributes books to incarcerated women nationwide.

Readers request certain types of books, and CBWP matches the requests as closely as they can from their stock of donated books. The most frequent request is for paperback dictionaries, but CBWP also receives requests for books on topics such as mental health, addiction and recovery, parenting, nutrition, yoga, exercise and reentry.

IMPIOVINGLIVES

NCCHC's newest position statement shines a light on the multigenerational effect of the care provided behind bars. Breastfeeding in Correctional Settings states that whenever possible, correctional facilities should devise systems to let new mothers nurse their babies or express breast milk for them.

Breastfeeding has many well-established psychiatric, emotional and physical benefits for both mother and baby. "This is especially important for incarcerated mothers and their babies. Because they are generally separated,

that important mother—baby bond is compromised," says Carolyn Sufrin, MD, PhD, a key architect of the position statement. "The sense of connection between mother and baby is strengthened through direct contact and breastfeeding, and even through pumping."

Coordinating contact visits between mothers and babies can be challenging, as can facilitating pumping, storage and delivery of expressed milk. The position statement provides concrete guidance and outlines steps to show that it can – and should – be done.





The ripple effect is obvious.

Bonding affects the mother's overall sense of well-being, which is good not only for her but also for the baby and the entire family.

Carolyn Sufrin, MD, PhD, assistant professor, Johns Hopkins University School of Medicine

NRI: Providing Critical Consulting Services

NCCHC Resources, Inc., provides technical and strategic health care consulting services to all types of correctional health systems and programs. NRI's customers seek training, strategic guidance, subject matter expertise and technical assistance with health care-related issues.



A separate nonprofit organization, NRI leverages NCCHC's unchallenged industry knowledge and experience to tackle the intricacies of this complex field. NRI consultants offer unique correctional health care expertise, gained from years of practice in the field. With roots in NCCHC, NRI offers unparalleled breadth, depth, experience and perspective.

Recent NRI consulting projects include:

- · A comprehensive review of health care services with targeted recommendations for improvement
- A focused analysis of nonemergency health care services at a high-security prison
- Assessment of the readiness of a large jail system seeking accreditation, including on-site assessments at the system's many locations and providing crucial feedback
- Development of large and complex RFPs for health services

through some challenging issues.
The consultants provided a variety of technical services, including monitoring and health care facility design review. They are always immediately available to meet our changing needs.

Ron Edwards, MAS, director, Hudson County (NJ)

Correctional Center



When Navigant Consulting needed to conduct a benchmarking study of costs in correctional health care systems, the firm turned to NCCHC Resources, Inc., for its unique expertise.

Seeking state-to-state comparisons of correctional health care practices, staffing and utilization of services, Navigant, a large health care consulting firm, enlisted NRI for specialized correctional knowledge, perspective and insight. NRI's expertise and Navigant's robust health care analytic skills combined to create a comprehensive study of information from seven state departments of corrections. NRI consultants facilitated communications with those states' DOCs, developed a detailed data request and partnered with Navigant in the fact-gathering interviews.

The study included detailed information and data on health-care staffing and costs; health care utilization by inmates; use of telemedicine to treat patients; private vendors used to provide medical, behavioral health and pharmacy services; electronic health record system use; pharmacy models and costs; and hepatitis C treatment guidelines.

Says Navigant Managing Director Catherine Sreckovich, "NRI was an invaluable partner, providing the necessary expertise and credibility to our efforts to collect information from states around the country."

2017 Annual Award Recipients

Bernard P. Harrison Award of Merit

Margaret M. Collatt, BSN, RN, CCHP-RN, CCHP-A Douglas A. Mack, MD, MPH



B. Jaye Anno Award of Excellence in Communication

Kenneth L. Faiver, MPH, CCHP



R. Scott Chavez Facility of the Year Award

Douglas County Jail, Minden, Nevada



NCCHC Program of the Year Award

Westchester County Department of Correction, Valhalla, NY, Community Oriented Re-Entry Program



Treat everybody with respect. I'm talking not only about your coworkers but those that are in your care.

When they cross your threshold they are always your patient. They deserve the respect you can give to them. Just think if that person was one of your family members. You would want them to receive the right health care.

But those are just some thoughts. Those of you who are just beginning, those are thoughts that you can carry forward, and I hope you do.



Margaret M. Collatt, BSN, RN, CCHP-RN, CCHP-A

2017 Bernard P. Harrison Award of Merit recipient

1953-2018

2016-2017 NCCHC Board of Directors

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

Eileen Couture, DO, RN, CCHP-P, Chair

American College of Emergency Physicians

Barbara A. Wakeen, MA, RDN, CCHP, Chair-Elect

Academy of Nutrition and Dietetics

Jayne Russell, MEd, CCHP-A, Immediate Past Chair

Academy of Correctional Health Professionals

Oscar Aviles, CJM, CCE, CCHP, Secretary

American Jail Association

Thomas J. Fagan, PhD, CCHP-MH, Treasurer

American Psychological Association

Jeffrey J. Alvarez, MD, CCHP

American Academy of Family Physicians

Patricia Blair, JD, PhD, CCHP-RN, CCHP-A

American Bar Association

Wendi Wills El-Amin, MD

National Medical Association

Kevin Fiscella, MD, MPH

American Society of Addiction Medicine

Joseph Goldenson, MD

American Public Health Association

Robert L. Hilton, RPh, CCHP

American Pharmacists Association

JoRene Kerns, BSN, RN, CCHP

American Correctional Health Services Association

Ilse R. Levin, DO, MPH, CCHP-P

American Medical Association

Elizabeth Lowenhaupt, MD

American Academy of Child and Adolescent Psychiatry

Nicholas S. Makrides, DMD, MPH

American Dental Association

Pauline Marcussen, MS, RHIA, CCHP

American Health Information Management Association

Edwin I. Megargee, PhD, CCHP

International Association for Correctional and Forensic

Psychology

Robert E. Morris, MD, CCHP-P

Society for Adolescent Health and Medicine

Mary Muse, MSN, RN, CCHP-RN, CCHP-A

American Nurses Association

Peter C. Ober, JD, PA-C, CCHP

American Academy of PAs

Joseph V. Penn, MD, CCHP

American Academy of Psychiatry and the Law

George J. Pramstaller, DO, CCHP

American Osteopathic Association

Patricia N. Reams, MD, MPH, CCHP-P

American Academy of Pediatrics

Sheriff B. J. Roberts

National Sheriffs' Association

Christopher T. Rodgers, MPA, MBA

National Association of Counties

David W. Roush, PhD, LPC

National Partnership for Juvenile Services

Steven Shelton, MD, CCHP-P, CCHP-A

American College of Correctional Physicians

Samuel Soltis, PhD, MHA

American College of Healthcare Executives

Sylvie R. Stacy, MD, MPH

American College of Preventive Medicine

Carolyn Sufrin, MD, PhD

American College of Obstetricians and Gynecologists

Henry C. Weinstein, MD, CCHP

American Psychiatric Association

Nancy B. White, MA, LPC

American Counseling Association

Melvin H. Wilson, MBA, LCSW

National Association of Social Workers

Johnny Wu, MD, CCHP

American College of Physicians

2016–2017 Committee Appointments

Executive Committee

Eileen Couture, DO, RN, CCHP-P, Chair
Barbara Wakeen, MA, RDN, CCHP, Chair-Elect
Jayne Russell, MEd, CCHP-A, Immediate Past Chair
Oscar Aviles, CJM, CCE, CCHP, Secretary
Thomas Fagan, PhD, CCHP-MH, Treasurer
Ilse Levin, DO, MPH, CCHP-P
Pauline Marcussen, MS, RHIA, CCHP
Peter Ober, JD, PA-C, CCHP
Joseph Penn, MD, CCHP
David Roush, PhD, LPC
Steven Shelton, MD, CCHP-P, CCHP-A
Nancy White, MA, LPC

Staff Liaison: James Payletich, MHA, CAE, CCHP

Accreditation Committee

Joseph Penn, MD, CCHP, Chair
Jayne Russell, MEd, CCHP-A, Vice Chair
Jeffrey Alvarez, MD, CCHP
Oscar Aviles, CCE, CJM, CCHP
Sheriff Jeff Cappa
Eileen Couture, DO, RN, CCHP-P
Mary Muse, MSN, RN, CCHP-P, CCHP-A
Peter Ober, JD, PA-C, CCHP
Peter Perroncello, CJM, MS, CCHP
Sheriff B. J. Roberts
Patricia Voermans, RN, CCHP-RN
James Voisard, CCHP-A
Johnny Wu, MD. CCHP
Staff Liaison: Tracey Titus, RN, CCHP-RN

Education Committee

Nancy White, MA, LPC, Chair JoRene Kerns, BSN, RN, CCHP, Vice Chair Margaret Collatt, BSN, RN, CCHP-RN, CCHP-A* Judith Cox, MA, CCHP Thomas Fagan, PhD, CCHP-MH Mark Fleming, PhD, CCHP-MH Ilse Levin, DO, MPH, CCHP-P Nicholas Makrides, DMD, MPH John Miles, MPA Mary Muse, MSN, RN, CCHP-RN, CCHP-A George Pramstaller, DO, CCHP Sue Smith, MSN, RN, CCHP-RN Carolyn Sufrin, MD, PhD Robin Timme, PsyD, CCHP Ohiana Torrealday, PhD, CCHP-MH Staff Liaisons: Deborah Ross and Jaime Shimkus, **CCHP**

Finance Committee

Thomas Fagan, PhD, CCHP-MH, Chair Nancy White, MA, LPC, Vice Chair Robert Hilton, RPh, CCHP Peter Ober, JD, PA-C, CCHP George Pramstaller, DO, CCHP David Roush, PhD, LPC Jayne Russell, MEd, CCHP-A Samuel Soltis, PhD, MHA Sylvie Stacy, MD, MPH Staff Liaison: Robert Burtley, MBA

Juvenile Health Committee

Barbara Wakeen, MA, RDN, CCHP, Chair
David Roush, PhD, LPC, Vice Chair
Vickie Alston, LCSE, CCHP-MH
Paula Braverman, MD
Elizabeth Lowenhaupt, MD
Josie Mabalay, MA, CCHP
Jennifer Maehr, MD
Robert Morris, MD, CCHP-P
Sherine Patterson-Rose, MD, MPH
Joseph Penn, MD, CCHP
Raymond Perry, MD, MS, CCHP
Michelle Staples-Horne, MD, MPH, CCHP
Melanie Stark, PhD
Ohiana Torrealday, PhD, CCHP-MH
Staff Liaison: Brent Gibson, MD, MPH, CCHP-P

Policy & Standards Committee

Steve Shelton, MD, CCHP-A, CCHP-P, Chair Peter Ober, PA-C, CCHP, Vice Chair Patricia Blair, PhD. JD. CCHP-RN. CCHP-A Eileen Couture, DO, RN, CCHP-P Wendi Wills El-Amin, MD Joseph Goldenson, MD JoRene Kerns, BSN, RN, CCHP Ilse Levin, DO, MPH, CCHP-P Pauline Marcussen, MS, RHIA, CCHP Mary Muse, MSN, RN, CCHP-RN, CCHP-A Patricia Reams, MD, MPH, CCHP-P Sheriff B. J. Roberts Christopher Rodgers, MPA, MBA Carolyn Sufrin, MD, PhD Barbara Wakeen, MA, RDN, CCHP Henry Weinstein, MD, CCHP Staff Liaison: Brent Gibson, MD, MPH, CCHP-P

Certified Correctional Health Professionals Board of Trustees

Pauline Marcussen, MS, RHIA, CCHP, Chair Patricia Reams, MD, MPH, CCHP-P, Vice Chair Sharen Barboza, PhD, CCHP-MH Deborah Bishop, MPH, PA-C, CCHP Edward Harrison, MBA, CCHP Johnnie Lambert, RN, CCHP Juan Nunez, MD, CCHP-P Peter Ober, JD, PA-C, CCHP Esmaeil Porsa, MD, MPH, CCHP-P, CCHP-A Ralf Salke, BSN, CCHP-A Staff Liaison: Matissa Sammons, MA, CCHP

NCCHC Resources, Inc., Board of Directors

Eileen Couture, DO, RN, CCHP-P Edward Harrison, MBA, CCHP Samuel Soltis, PhD, MHA Staff Liaisons: Brent Gibson, MD, MPH, CCHP-P, and James Pavletich, MHA, CAE, CCHP

*deceased