



National Commission  
on Correctional Health Care

# TEAMING UP TO THINK OUTSIDE THE WALLS

# 20

Annual Report

# TEAMING UP TO THINK OUTSIDE THE WALLS

Dear Colleague:

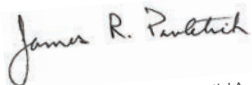
When I joined NCCHC in 2017, I was told by a number of people that this organization brought the field of correctional health care into being, that our founders – working with the American Medical Association – singlehandedly built the foundation for health care quality improvement in the nation's jails, prisons and juvenile confinement facilities.

While that work might have been lonely back in the 1970s, today the commitment to quality health care for the nation's incarcerated populations is shared by a wide array of partners from diverse disciplines – medicine, nursing, mental health, substance abuse, suicide prevention, public health, criminal justice and law. While we remain the only national organization whose sole focus is correctional health care, our work – and our success – is fueled by collaboration.

NCCHC remains committed to the mission upon which it was founded. We do more than pay lip service to that mission. As a mission-driven organization, we are motivated by finding solutions to complex challenges. But we cannot do this work alone. We rely on a broad network of dedicated individuals and innovative partners willing to “think outside the walls” for new approaches.

We would not be where we are today, as an organization and as a field, without those partners. I look forward to our continued work together.

Gratefully,



James R. Pavletich, MHA, CAE, CCHP  
Chief Executive Officer



New Jersey Department of Corrections

Improving the quality of health care in jails, prisons and juvenile confinement facilities requires a concerted effort. NCCHC works with a large, dedicated team of health professionals, administrators and advocates who serve as subject matter experts, accreditation surveyors, consultants, conference speakers, webinar presenters, journal and magazine authors, certification test writers, exam proctors and other volunteers, with support from major national organizations representing the fields of health, mental health, law and corrections.

In 2018, the organization strengthened key relationships and forged new partnerships to tackle the field's most pressing issues: the high rates of suicide in jails and the rising influx of incarcerated people with opioid addiction, mental health issues and serious mental illness. The year also saw growth in NCCHC's flagship programs – standards, accreditation, certification, education and publications. NCCHC Resources, the organization's consulting arm, grew exponentially as facilities realize the need for expert guidance as they navigate health care's complexities.

In the pages that follow, you will read about the strides NCCHC and collaborators made during 2018 to strengthen the NCCHC mission and improve correctional health care. And you will see some of those partnerships come to life as you read about the myriad ways NCCHC and its partners are teaming up to tackle tough issues.

**NCCHC  
MISSION**

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



# Joining Forces to Fight the Opioid Crisis

Jails are on the front lines of the national opioid epidemic. The high number of incarcerated people with opioid use disorder puts jails in a unique position to provide effective treatment in a safe, controlled environment – and make a real change.

A crisis as deadly and widespread as this requires a coordinated, collaborative response. To that end, the National Sheriffs' Association teamed up with NCCHC to produce a comprehensive, practical guide to opioid treatment behind bars.

Traditionally, substance abusers entering a correctional facility have been put on a withdrawal protocol – an excruciating, potentially fatal process. Once released, with the addiction not “cured” but only in remission, these people almost inevitably go back to using, often committing crimes to feed their addiction. Furthermore, they are at a heightened risk of overdose, as tolerance for the drug has decreased while longing for it has not.



NCCHC has long advocated for another approach: medication-assisted treatment, or MAT. The *medication* refers to methadone or one of its newer cousins, buprenorphine and naltrexone, which mask effects and reduce or eliminate craving; the medication *assists* a comprehensive treatment plan, one that incorporates counseling, psychotherapy, support groups and other support services.

“Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field” reflects the state of the art in MAT. It is based on the most current research with real-life guidance from facilities that have implemented MAT programs. Included are concrete guidelines and best practices, an overview of various medications, case studies and tips. It is a highly useful guide for any jail considering the possibility of instituting MAT, working on implementation or hoping to improve an existing program.



“Jails have become a revolving door for individuals struggling with mental health and substance use disorders. More than 10 million individuals pass through jails around the country annually, with at least half of those individuals having substance use disorders, half of whom are opioid abusers.”

—Jonathan Thompson, executive director and CEO, National Sheriffs' Association

# Joining Forces to Fight the Opioid Crisis

Federal agencies seek out NCCHC for **expertise** and **partnership** in combating the opioid crisis and understanding the role of medication-assisted treatment in jails and prisons.



**Mark Parrino, MPA**, president of the American Association for the Treatment of Opioid Dependence, delivered the keynote address at the 2018 National Conference on Correctional Health Care in Las Vegas.

“Scientific evidence has firmly established that substance use disorders represent a chronic, relapsing disease requiring effective treatment with a view toward long-term management.”

—NCCHC Position Statement: Substance Use Disorder Treatment for Adults and Adolescents

**NIDA** National Institute on Drug Abuse

**SAMHSA** Substance Abuse and Mental Health Services Administration

**ASAM** American Society of Addiction Medicine

**BJA** Bureau of Justice Assistance

**ONDCP** Office of National Drug Control Policy

**NSA** National Sheriffs' Association

**AATOD** American Association for the Treatment of Opioid Dependence

**NIC** National Institute of Corrections



# In One Colorado County, **Continuity of Care** Saves Lives



Heidi de Marco/KHN

**“As a jail nurse, I often wondered: How is it that we continue insulin for a person with diabetes, but don’t continue methadone for someone with opioid use disorder?”**

That question led Carl Anderson, BSN, RN, CCHP, administrative manager at the Arapahoe County (CO) Sheriff’s Office – along with a team of county, local and jail officials – to develop MAT programming that ensures continuity of care for those who are on treatment medications when they enter the detention facility.

Instead of having to “go cold turkey,” people already enrolled in MAT treatment can continue to receive their medications while incarcerated, thus ensuring continuity of care and reducing their risk of relapse and overdose after release. The jail has partnered with three community opioid treatment programs to deliver and administer the medication.

Access to MAT enhances the jail’s naloxone program, in which those identified to be at high risk are offered education on using the overdose-reversing drug and given a dose to take with them when they leave jail.

Anecdotal evidence since the MAT program launched in June 2018 points to success. “I’m really appreciative of what Arapahoe is doing for us. It saved me,” one man wrote to the jail. On at least two occasions, family members have contacted the jail to report that they saved a loved one’s life with the naloxone given upon release.

With the success of these efforts, the sheriff’s office is exploring implementing induction services, in which individuals with substance use disorders are offered the chance to initiate MAT while incarcerated. “We want to be part of the solution,” says Anderson. “Thanks to a great leadership team and collaborative community partners, we are able to make this happen.”

**“Together, we are working to help those already seeking treatment to continue on the path of sobriety.”**

—Sheriff Tyler Brown, Arapahoe County

# Suicide Prevention Is Everybody's Business

**Suicide is a profoundly solitary act. The response to it, however, must not be. Suicide prevention calls for a multifaceted team effort.**



**American  
Foundation  
for Suicide  
Prevention**

That's why NCCHC has joined the American Foundation for Suicide Prevention to work

toward reducing the incidence of suicide in jails and prisons. Combining NCCHC's knowledge of correctional mental health care with AFSP's expertise in suicide prevention represents a unique opportunity to develop solutions that can effect real change – and save lives.

In its Project 2025, AFSP identified corrections as one of four key areas with the highest potential for preventing suicide, with the ambitious goal of reducing the suicide rate by 20% by the year 2025.

Joining in the NCCHC–AFSP partnership are mental health experts serving some of the nation's largest jail and prison systems, private health care providers and leaders from within the corrections field – individuals who operate on the front lines of the suicide crisis and offer real-world perspective.

“We have identified a real need and tapped in to a strong desire to work

together,” says Brent Gibson, MD, MPH, CCHP-P, NCCHC's chief health officer. “It's incredible to watch the partners – many of whom are business competitors – working together to develop solutions.”

During 2018, this diverse group pinpointed three key areas to focus on: assessment, intervention and training/education. The team's first goal is to create a national suicide prevention guide for corrections, concentrating on those areas. Among its objectives, the guide will educate the field on how to better identify and help inmates at risk for suicide, safely manage those identified as suicidal and provide consistent, comprehensive training to all involved personnel.



**“We applaud AFSP for shining a light on the problem of suicide in correctional facilities. We are thrilled to be partnering with them.”**

**—James Pavletich, MHA, CAE, CCHP, chief executive officer, NCCHC**

**“Project 2025 is our bold goal to identify and implement the programs, policies and interventions that will save the most lives in the shortest amount of time.”**

**—American Foundation  
for Suicide Prevention**



# Thinking Outside (& Inside) the Walls to Prevent Suicide



Four suicides in nine months – along with two other deaths – at the Hudson County (NJ) Correctional Center rocked the facility's staff, county officials, fellow inmates and the community. Jail director Ronald Edwards, MAS, was determined to reverse this alarming trend, and he knew that more than procedural tweaks and refresher training for correctional officers was needed. To create serious change, he was willing to cast a very wide net in the search for new ideas.

Edwards convened an interdisciplinary task force that created a bridge between corrections and the community, including not only medical, mental health and corrections personnel from the jail, but also advisors from the local psychiatric hospital, community crisis centers and suicide helplines. The group met monthly to brainstorm and consider new approaches to suicide prevention.

Edwards and his team, with consulting guidance from NCCHC Resources, identified many opportunities not only to change practices, but also to create a new culture of prevention. The resulting transformation extended beyond suicide to include inmate health care as a whole.

For example, realizing the 30-year-old facility was ill-equipped to handle a population with complex

integral to the design, which includes ligature-resistant cells, improved lighting, camera monitors, large cell-door windows and nurse-call buttons. The nurses' station is now located in the medical housing unit to ensure close contact with patients and correctional officers.

Other key changes: comprehensive suicide assessment training for nurses and mental

health staff; expanded mental health staff, including bilingual counselors; shorter suicide watch shifts; improved interpersonal communication between caregivers and patients; decreased time in isolation; and more.

Since those changes were instituted, Edwards says, he can point to several cases in which inmate suicide was averted by the staff. "We needed to change the culture and attitudes, and we did."

**“Everybody understands that we are a team. We work together to heal these people and save lives.”**

**—Ronald Edwards, MAS, director of corrections, Hudson County Correctional Center**

health and mental health needs, the jail worked with an architect who specializes in correctional facilities – an NCCHC Resources consultant – to design a new medical housing unit. Suicide prevention was

# Meeting Mental Health Challenges Head-On

Long before it became headline news, mental health in corrections was on NCCHC's radar. And as the number of incarcerated individuals with mental illness has continued to grow – studies report there are 10 times as many seriously mentally ill people in jails and prisons as in state hospitals – NCCHC has continued to respond with expert resources and guidance on how best to care for them.

NCCHC's *Standards for Mental Health Services in Correctional Facilities* is the only set of standards that comprehensively addresses the issues specific to the care, treatment, policies, procedures and administration necessary to deliver quality, constitutional mental health care. While the *Standards for Health Services* for jails and prisons address the fundamentals, more and more facilities are turning to the mental health standards for in-depth guidance.

NCCHC is also the only organization to accredit jails and prisons specifically for mental health services. By earning this accreditation, a facility demonstrates that it meets NCCHC's rigorous standards for delivering mental health care as efficiently and safely as possible. Interest in mental health accreditation rose sharply in 2018.

Mental health professionals can prove their knowledge of the standards, demonstrate expertise and gain credibility by becoming certified as CCHP-MH – Certified Correctional Health Professional – Mental Health.

Those professionals rely on NCCHC webinars, publications and the annual Correctional Mental Health Care Conference to keep them up to date, as understanding about this complex patient population advances and best practices evolve.

“No longer can we view jails and prisons as places that happen to house mentally ill inmates. Incarceration and mental health treatment have been infused; they are one and the same.”

—Sheriff Thomas Dart, Cook County, Illinois (pictured at right, talking with a detainee)

**37%** of state and federal prisoners and **44%** of jail inmates report having been told by a mental health professional that they have a mental health disorder.

—Bureau of Justice Statistics, *Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-2012*

A facility can seek to become accredited for mental health alone or in addition to another accreditation.



Jim Hill/Reuters



# It's a First! Georgia Jail Accredited for Mental Health Services



attended a workshop on accreditation for mental health services. "We were looking for an efficient improvement process, so we jumped at the idea," says Todd Freeseemann, CCHP, Chatham County's director of policy.

Preparing for the accreditation surveys involved weekly meetings, a color-coded spreadsheet listing each NCCHC standard and compliance indicator, and a huge amount of teamwork among the jail, vendor, county and NCCHC.

**"The best way to tackle this problem is head-on, by ensuring we provide high quality, effective care that can help people turn their lives around."**

**—Sheriff John Wilcher, Chatham County**

Like jails and prisons around the country, Chatham County (GA) Detention Center has seen a steady rise in the mental health needs of its inmates. So as soon as he was elected, Sheriff John Wilcher made mental health care a top priority.

That commitment led Chatham County to become the first facility in the country to be NCCHC-accredited for mental health services, as well the first to achieve dual accreditation in mental health and health services.

The journey began at an NCCHC conference, where representatives from Chatham County and CorrectHealth, the jail's health services vendor,

Susan Hatfield, FNP-C, CCHP-RN, executive director of clinical services at CorrectHealth. "We encountered challenges, but we figured things out."

Changes instituted at the jail include additional mental health staff, including a full-time psychiatrist and more counselors; additional training, including crisis intervention training and mental health first aid training for police and corrections officers; an improved intake screening process and more.

For some, says Freeseemann, the idea of treating mental illness like any other chronic or acute health

"The process revealed ways to improve the program in more ways than we anticipated, from initial screening to referrals to community resources," says



**"I'm not a nurse or a doctor, but I now see the importance of the guidance provided in the NCCHC standards."**

**—Todd Freeseemann, CCHP, director of policy, Chatham County Sheriff's Office**

need requires a change in mind-set. But many understand the importance. "When you can take care of mental health, it helps solve other problems too," he explains. "Security issues and length of stay are reduced. Fewer resources are expended.

"Like everyone, we are working with limited resources. But with the NCCHC standards as our road map, we now have the right resources in the right places."

# NCCHC Resources: Solving Tough Challenges Through Collaborative Compliance

In its short history, NCCHC's consulting subsidiary, NCCHC Resources, has exploded. That growth mirrors the increasing need for expert help that many correctional facilities and systems face vis-à-vis inmate health care. Complex issues need nuanced solutions – both big-picture perspective and tactical technical assistance – and that is what NCCHC Resources customers receive.

Responding to clients' needs, in 2018 NCCHC Resources began offering a new model of health care support and oversight: comprehensive clinical

and fiscal management. NCCHC Resources experts serve as intermediaries to facilitate collaboration and communication among the facilities, health services providers and, on some occasions, elected leaders and courts.

Those management services go far beyond contract monitoring to include day-to-day oversight – including on-site with embedded consultants – as well as data analysis, quality improvement and nuts-and-bolts assistance. Projects begin with an assessment of current health services to identify

areas for improvement, and also include measuring and documenting progress toward implementing recommendations and attaining compliance with policies (see “An NCCHC Resources Case Study” on the following page).

NCCHC Resources is supplying those wraparound services to several large county jail systems, as well as continuing to provide specialized technical assistance, training and education, health system assessments, accreditation readiness studies and RFP/RFQ support to many clients around the country.



“We work in a professional and collaborative way as we understand that the best way to achieve results is through transparency, trust and teamwork.”

—Brent Gibson, MD, MPH, CCHP-P, managing director,  
NCCHC Resources, Inc.





# An NCCHC Resources Case Study

A large urban county with a complex correctional system retained NCCHC Resources to help them navigate the complexities of providing medical, dental and mental health care, from an initial assessment of health services to ongoing fiscal and clinical oversight.

As the contract with the private correctional health services provider for the county jail and House of Correction was coming to an end, NCCHC Resources consultants were sought out to conduct an on-site analysis of the care being provided, with a goal of improving quality and continuity of care. The project's expert consultants worked with the county to develop an RFP for the new health services contract, to ensure that the requirements for bidders and the subsequent contract were complete and thorough. They also conducted an analysis of proposed staffing positions to ensure they hired professionals with appropriate licenses and credentials, and provided ongoing support throughout the RFP process.

In addition to issuing an RFP for medical services, the county also issued an RFP for an independent third-party contract monitor. NCCHC Resources won the RFP contract and was hired to assess compliance with the terms of the contract and oversee the care provided through the contactor.

This ongoing oversight includes analyzing clinical, fiscal and related data to assess performance of provider duties under the health services contract; supporting alignment and continuous compliance with the NCCHC standards; providing health services personnel with technical support aimed at continuous quality improvement, and being responsive to the county and its provider as they strive to meet the challenging and dynamic health needs of incarcerated patients.



Herb Staten Jr./scalesoffmedia.com

Adding to the complexity of the situation, the county board committed to bringing health care operations in-house, provided by county employees, by 2021. The county executive enlisted NCCHC Resources to complete a comprehensive self-operation implementation analysis of the services, staffing, equipment, IT services – and associated costs – required to successfully move health care operations in-house.

During the transition to self-operated health services, NCCHC Resources will be there to help every step of the way.

# CCHP: Partners In Promoting Professionalism

**4,215**  
Total CCHPs  
year-end

CCHP remains the premier national certification to recognize the special skills and knowledge necessary for providing health care in the complex world of corrections. Certified Correctional Health Professionals have successfully demonstrated mastery of NCCHC standards and a comprehensive understanding of this specialized field.

CCHPs report that it provides personal satisfaction, enhances feelings of accomplishment, provides evidence of professional commitment and enhances credibility.

“**T**he CCHP credential gives you power. When you identify an issue or problem, your comments are taken seriously and acted upon. You bring with you a sense of credibility that forces issues to be addressed rather than put on the back burner.”

For the thousands of professionals who have earned CCHP certification, it is not only an important mark of achievement and professionalism, but also a connection to a network of supportive, collaborative colleagues. CCHPs support one another – and strengthen the field – by urging coworkers to take the exam and helping them study, forming study groups to teach and learn the standards, encouraging colleagues to pursue advanced or specialty certification, volunteering to proctor exams, collaborating to present educational sessions at NCCHC conferences, and offering professional advice and encouragement through the NCCHC Connect online community.



To improve the exam experience for CCHP hopefuls, in 2018 NCCHC partnered with a growing number of correctional facilities and health services companies to offer on-site standards reviews and administer the exam. In addition, test-takers enjoyed the accessibility of computer-based testing and visited more than 150 testing sites to take the exam at a time convenient for them. For individuals taking the CCHP and CCHP-MH specialty exam, comprehensive seminars at two annual conferences helped them prepare for the exam.

**411**

Newly certified  
CCHPs in 2018

“**T**hough diverse in profession and practice, CCHPs are united by a goal of providing the very best care for patients, and they are passionate about helping one another and seeing their colleagues succeed.”

—Matissa Sammons, MA, CCHP, vice president, certification



# CCHP Supporter Makes Certification a Team Event

For the past several years, Alsan Bellard, Jr., MD, MBA, CCHP-P, has organized and proctored the CCHP exam at the District of Columbia's Department of Youth Rehabilitation Services, where he serves as medical director. Staff members who are interested in becoming CCHPs form a weekly study group to prepare for the exam. DC DYRS pays the application fees for staff members who have been with the agency for a year or more, and RNs and NPs who pass the exam receive a financial reward.

Bellard has been a champion of the CCHP program since earning certification in 2016. He has since also earned specialty certification for physicians, or CCHP-P. Not only does he understand that his role requires a thorough understanding of NCCHC standards, he also feels it is important that he set an example to encourage his colleagues to pursue certification.



When he started working at the agency – his first-ever job in corrections – Bellard turned to the *Standards for Health Services in Juvenile Detention and Confinement Facilities* for guidance. “I needed a template on how to organize our services to ensure that we were providing the best level of care based on national guidelines and best practices, instead of on instincts,” he says.

In addressing new staff members, Bellard incorporates the value of CCHP certification into his introductions. He describes the CCHP program as a great opportunity for correctional health professionals to learn about the requirements for maintaining quality health services, as well as to acquire the confidence necessary to work in this unique environment. He says that the staff's efforts to earn certification have “without a doubt” helped improve the quality of health care services at DC DYRS, and has ultimately led to both of his facilities achieving NCCHC accreditation.

“As the leader of our department, I believe that I set the tone for how important our work is,” he says. “By constantly promoting both the CCHP certification program and NCCHC accreditation, I have made quality health care part of the mission of our entire agency.”

“It’s important that I have a thorough understanding of the standards to be effective in my role, and it’s also important that I set an example for my team to encourage them to pursue certification.”

—Alsan Bellard, Jr., MD, MBA, CCHP-P, medical director, DC Department of Youth Rehabilitation Services (pictured below, second from right, with his team)





# Conferences, Camaraderie & Continuing Education

Correctional health professionals turn to NCCHC for education and insight into the hot topics and everyday challenges they face. Through conferences and webinars, *CorrectCare* magazine and the *Journal of Correctional Health Care*, standards and position papers, they know they will find what they need to stay on top of their profession.

“I always return from NCCHC conferences with a new excitement for correctional care and new ideas to help other staff members feel excited as well. It is somehow comforting to know that most others in this field are experiencing the same challenges and frustrations, and to learn from them ways to better deal with those challenges.”

—2018 conference attendee

4

yearly  
conferences

87.25

CE hours  
available

10

webinars

3,000

conference  
and webinar  
attendees

5

specialty  
CE accrediting  
bodies





# Conferences, Camaraderie & Continuing Education



“I enjoy all the sessions; however, my favorite part of the conference is networking. Being able to sit and talk to other people who work in correctional health care and knowing those people are only a phone call away is priceless.”

—Staci Lawhorn, MSN, FNP, Blount County (TN) Sheriff's Office, 2018 conference attendee



## COMING IN 2019



**CORRECTIONAL HEALTH  
FOUNDATION**

### MISSION

To serve the correctional health care field and the public by supporting research, patient education and community service





# 2018 Highlights

## NCCHC Connects!

NCCHC Connect is the first and only online community specifically for correctional health professionals – an opportunity for peers to come together, discuss key issues, hear a variety of perspectives and share ideas. Launched in July 2018, the community quickly took off, with more than 1,200 members in 25 groups engaged in more than 150 conversations by year-end. There are groups dedicated to particular populations – mental health professionals, nurse practitioners, young professionals, for instance – and to particular topics, such as suicide prevention, quality improvement, juvenile issues and, the newest group, facility planning and design. Discussion topics range from the fundamentals (health assessments, nonemergent health care requests) to the esoteric (psychological autopsies, inmate end-of-life companions), with new conversations starting every day.



## In Favor of Juvenile Housing for Adolescents

In 2018 NCCHC revised its position statement on Health Services to Adolescents in Adult Correctional Facilities, which addresses the health and mental health implications of housing adolescents in adult facilities. First issued in 1998, the position statement has been updated to reflect the shifting trends in juvenile offending, criminal justice policy and resulting outcomes. NCCHC's fundamental position, however, has not changed: Adolescents should not be incarcerated in adult facilities and, if they

are, it is imperative that programs be designed to meet their specific needs.

The revised position statement highlights the complex developmental aspects of adolescence and the negative effects of housing juveniles in facilities designed for adults, including exacerbation of mental health disorders. It also describes the limited capacity of most adult facilities to adequately care for juveniles, including the lack of staff with appropriate education and training to work with youth and a heightened risk of physical and sexual assault.



NCCHC accreditation surveyors show off their 2018 standards manuals.

## Standards Continue to Advance

### Updated, Revised, Simplified in 2018

NCCHC "wrote the book" on quality in correctional health care ... and continues to revise it to reflect the evolution of industry best practices. These nationally recognized standards are developed through the collaborative efforts of leading experts in health, mental health, law and corrections, and are regularly reviewed to ensure relevance.



# 2018 Annual Award Recipients



## **Bernard P. Harrison Award of Merit**

Carl C. Bell, MD, CCHP



## **NCCHC Young Professional Award**

Pamela San Miguel, RN, PHN, CCHP-RN



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

Central Arizona  
Florence Correctional  
Complex



## **NCCHC Program of the Year Award**

New Jersey Department of  
Corrections Continuous Quality  
Improvement Program



## **B. Jaye Anno Award of Excellence in Communication**

Sharen Barboza, PhD, CCHP-MH

“Our patients are sometimes the agents of suffering, and the ripple effects of the suffering they cause extend far beyond the victim. It extends to the victim’s family, the family of the perpetrator, children, grandchildren, an extended family, a community. The ripple effects of violence and pain and suffering are enormous.

In correctional care, we have this amazing opportunity to reverse ripples. We can show kindness and care to our patients, and maybe that kindness and care can cause ripples. And then maybe that patient won’t do future harm, because of some kindness or care that we showed.

That’s what we bring to the work we do, and that’s what I wish for all of us: that some small thing we do, any day, every day, can ripple goodness.”

—Sharen Barboza, PhD, CCHP-MH

# Collaborating at the Intersection

**Correctional health care occupies a unique space where nursing, medicine, mental health care, public health, corrections and the law intersect, and the unusual makeup of the NCCHC board of directors reflects its multidisciplinary nature.**

The board brings together the voices of those diverse disciplines by including a liaison from each of 35 supporting organizations to create a dynamic, multifaceted governing body. The result: robust discussions and well-balanced decisions.

The newest supporting organization to join the board is the American Association of Nurse Practitioners, with Jennifer Clifton, DNP, FNP-BC, CCHP, serving as liaison. NPs are playing an increasingly vital role in correctional health care, with approximately 2,000 NPs serving as primary care and mental health providers to justice-involved individuals. The board continues to evolve to mirror changes in the field.



“These are people who come from many different backgrounds and look at things from very different points of view. I’ve been on other boards that were made up of people from the same background with very common interests. This is totally different. Serving on this board has opened my eyes to the fact that there are many different ways to attack an issue.”

—George Pramstaller, DO, CCHP,  
American Osteopathic Association liaison to the board



# 2017–2018 Board of Directors

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

**Barbara A. Wakeen, MA, RDN, CCHP (chair)**  
Academy of Nutrition and Dietetics

**Thomas J. Fagan, PhD, CCHP-MH (chair-elect)**  
American Psychological Association

**Eileen Couture, DO, RN, CCHP-P (immediate past chair)**  
American College of Emergency Physicians

**Nancy B. White, MA, LPC (treasurer)**  
American Counseling Association

**Oscar Aviles, CJM, CCE, CCHP (secretary)**  
American Jail Association

**Jeffrey J. Alvarez, MD, CCHP-P**  
American Academy of Family Physicians

**Patricia Blair, PhD, JD, CCHP-RN, CCHP-A**  
American Bar Association

**Jennifer Clifton, DNP, FNP-BC, CCHP**  
American Association of Nurse Practitioners

**Wendi Wills El-Amin, MD**  
National Medical Association

**Kevin Fiscella, MD, MPH, CCHP**  
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-RN**  
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, DHA, 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

**Debra A. Pinals, MD**  
American Psychiatric Association

**George J. Pramstaller, DO, CCHP**  
American Osteopathic Association

**Patricia 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

**Jayne Russell, MEd, CCHP-A**  
Academy of Correctional Health Professionals

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

**Samuel L. Soltis, PhD, MHA, CCHP**  
American College of Healthcare Executives

**Sylvie R. Stacy, MD, MPH, CCHP**  
American College of Preventive Medicine

**Carolyn Sufrin, MD, PhD**  
American College of Obstetricians and Gynecologists

**Melvin H. Wilson, MBA, LCSW**  
National Association of Social Workers

**Johnny Wu, MD, CCHP-P**  
American College of Physicians



“As chair, I have come to deeply appreciate the multidisciplinary nature of the board. The diversity of viewpoints represented creates a strong and dynamic board with a common goal of improving inmate health. This was an exciting year of change, growth and collaboration around major areas of concern, such as addiction, suicide and mental health. It has been an honor to serve during this important time. The organization is poised for further growth in response to the challenges presented to the field of correctional health care.”

—Barbara Wakeen, MA, RDN, CCHP, board chair (pictured above with chair-elect Thomas Fagan, PhD, CCHP-MH)

# 2017-2018 Committee Appointments

## Executive Committee

**Barbara Wakeen**, MA, RDN, CCHP, Chair  
**Thomas Fagan**, PhD, CCHP-MH, Chair-Elect  
**Eileen Couture**, DO, RN, CCHP-P, Immediate Past-Chair  
**Oscar Aviles**, CJM, CCE, CCHP, Secretary  
**Nancy White**, MA, LPC, Treasurer  
**Kevin Fiscella**, MD, MPH, CCHP  
**Pauline Marcussen**, DHA, RHIA, CCHP  
**Edwin Megargee**, PhD, CCHP  
**Robert Morris**, MD, CCHP-P  
**Joseph Penn**, MD, CCHP  
**Sheriff B. J. Roberts**  
**David Roush**, PhD, LPC  
**Jayne Russell**, MEd, CCHP-A  
**Staff Liaison:** James Pavletich, MHA, CAE, CCHP

## Accreditation & Standards Committee

**Jayne Russell**, MEd, CCHP-A, Chair  
**Jeffrey Alvarez**, MD, CCHP-P, Vice-Chair  
**Oscar Aviles**, CJM, CCE, CCHP  
**Eileen Couture**, DO, RN, CCHP-P  
**Janice Hill**, MPH, RN, CCHP-RN, CCHP-A  
**Mary Muse**, MSN, RN, CCHP-RN, CCHP-A  
**Peter Ober**, JD, PA-C, CCHP  
**Joseph Penn**, MD, CCHP

**Peter Perroncello**, CJM, CCHP  
**Sheriff B. J. Roberts**  
**Steven Shelton**, MD, CCHP-P, CCHP-A  
**James Voisard**, CCHP-A  
**Johnny Wu**, MD, CCHP-P  
**Staff Liaison:** Tracey Titus, RN, CCHP-RN

## Education Committee

**Robert Morris**, MD, CCHP-P, Chair  
**Nicholas Makrides**, DMD, MPH, Vice-Chair  
**Patricia Blair**, JD, PhD, CCHP-RN, CCHP-A  
**Thomas Fagan**, PhD, CCHP-MH  
**Mark Fleming**, PhD, CCHP-MH  
**JoRene Kerns**, RN, CCHP-RN  
**Pauline Marcussen**, DHA, RHIA, CCHP  
**John Miles**, MPA  
**Mary Muse**, MSN, RN, CCHP-RN, CCHP-A  
**George Pramstaller**, DO, CCHP  
**Sue Smith**, MSN, RN, CCHP-RN  
**Samuel Soltis**, PhD, MHA, CCHP  
**Sylvie Stacey**, MD, MPH  
**Ohiana Torrealday**, PhD, CCHP-MH  
**Johnny Wu**, MD, CCHP-P  
**Staff Liaisons:** Deborah Ross; Jaime Shimkus, CCHP

## Finance & Personnel Committee

**Eileen Couture**, DO, RN, CCHP-P, Chair  
**Edward Harrison**, MBA, CCHP  
**Joseph Penn**, MD, CCHP  
**Jayne Russell**, MEd, CCHP-A  
**Barbara Wakeen**, MA, RDN, CCHP  
**Nancy White**, MA, LPC  
**Staff Liaison:** James Pavletich, MHA, CAE, CCHP

## Juvenile Health Committee

**David Roush**, PhD, LPC, Chair  
**Elizabeth Lowenhaupt**, MD, Vice-Chair  
**Paula Braverman**, MD  
**Jen Clifton**, DNP, FNP-BC, CCHP  
**Wendi Wills El-Amin**, MD  
**Josie Mabalay**, MA, CCHP  
**Jennifer Maehr**, MD  
**Robert Morris**, MD, CCHP-P  
**Joseph Penn**, MD, CCHP  
**Patricia Reams**, MD, MPH, CCHP-P  
**Chris Rodgers**, MPA, MBA  
**Michelle Staples-Horne**, MD, MPH, CCHP  
**Melanie Stark**, PhD  
**Ohiana Torrealday**, PhD, CCHP-MH  
**Melvin Wilson**, MBA, LCSW  
**Staff Liaison:** Brent Gibson, MD, MPH, CCHP-P

## Policy & Research Committee

**Kevin Fiscella**, MD, MPH, CCHP, Chair  
**Carolyn Sufrin**, MD, PhD, Vice-Chair  
**Oscar Aviles**, CJM, CCE, CCHP  
**Patricia Blair**, PhD, JD, CCHP-RN, CCHP-A  
**Joseph Goldenson**, MD  
**Robert Hilton**, RPh, CCHP  
**JoRene Kerns**, RN, CCHP-RN  
**Ilse Levin**, DO, MPH, CCHP-P  
**Pauline Marcussen**, DHA, RHIA, CCHP  
**Mary Muse**, MSN, RN, CCHP-RN, CCHP-A  
**Peter Ober**, JD, PA-C, CCHP  
**Patricia Reams**, MD, MPH, CCHP-P  
**Sheriff B. J. Roberts**  
**Steven Shelton**, MD, CCHP-P, CCHP-A  
**Melvin Wilson**, MBA, LCSW  
**Staff Liaison:** Brent Gibson, MD, MPH, CCHP-P

## Young Professionals Committee

**Asher Turney**, MD, MBA, CCHP, Chair  
**Joel Andrade**, PhD, LICSW, CCHP-MH  
**Mark Fleming**, PhD, CCHP-MH  
**Ashley O'Brien**, RN, CCHP-RN  
**Jessica Young**, JD, CCHP  
**Staff Liaisons:** Toyin Alaka; Katie Przychodzen, MA, CCHP

## Certified Correctional Health Professionals Board of Trustees

**Edwin Megargee**, PhD, CCHP, Chair  
**Patricia Reams**, MD, MPH, CCHP-P, Vice-Chair  
**Deborah Bishop**, MPH, PA-C, CCHP  
**Johnnie Lambert**, RN, CCHP  
**Peter Ober**, JD, PA-C, CCHP  
**James Pavletich**, MHA, CAE, CCHP (ex officio)  
**Esmaeil Porsa**, MD, MPH, CCHP-P, CCHP-A  
**Ralf Salke**, BSN, CCHP-A  
**Tara Taylor**, RN, CCHP  
**Ohiana Torrealday**, PhD, CCHP-MH  
**Staff Liaison:** Matissa Sammons, MA, CCHP

## NCCHC Resources Board of Directors

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



# A Patient's Gratitude: In Her Own Words

First and foremost, I'll start by saying thank you so much, although words can't describe just how much you mean to us...

We act unappreciative, rude, disrespectful and mean, all this is included, yup it's part of your scene. Yet you handle each inmate with such patience and true grace, you're a master at hiding it as you put on your tough face. It's certainly understandable, how could one not become jaded, daily dealing with experts at making people feel hated. It takes a heart of gold with personification of an angel, to knowing and willingly put yourself in such danger. Don't be confused, I have absolutely no doubt, that if push came to shove you could handle yourself...

Doing the right thing, helping those who are in need, even when we don't want it you still help us to succeed.

Apologetically it's true, we take our loss of freedom out on you; unfortunately dodging responsibility just seems to be something we do. Lord forbid if you were to make a mistake regarding our care, yet admitting our imperfections no one would ever dare.

As that would require that we would set aside our own pride, once that facade is gone we've got nowhere to hide... Please understand and know deep in your heart, some of us do appreciate you, we have from the start. We see the long hours, we hear the disrespect, we remember coming in just a physical wreck...

I am speaking for all the incarcerated, both the present and past, we are the absolute masters of wearing a mask, our gratitude is a secret, we will never tell if you ask, yet you have helped make our future so much brighter than our past.