

HEALTH JUSTICE WOMEN

**Transforming Systems
Changing Lives**



Satellite & Internet Broadcast- August 15, 2012

Participant Guide



Program 12S9002



NATIONAL INSTITUTE OF CORRECTIONS MISSION

The National Institute of Corrections is a center of learning, innovation and leadership that shapes and advances effective correctional practice and public policy.

NIC is fully committed to equal employment opportunity and to ensuring full representation of minorities, women, and disabled persons in the workforce. NIC recognizes the responsibility of every employer to have a workforce that is representative of this nation's diverse population. To this end, NIC urges agencies to provide the maximum feasible opportunity to employees to enhance their skills through on-the-job training, work-study programs, and other training measures so they may perform at their highest potential and advance in accordance with their abilities.

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**Health, Justice, Women:
Transforming Systems – Changing Lives**

Program Contact Information

Prior To Broadcast Day

1-800-995-6429, Follow prompts for "Academy Division"

On Broadcast Day – August 15, 2012 9am-12pm Pacific (12 – 3pm Eastern)

See the live telecast at www.nicic.gov/broadcasts

**Join the online live chat discussion during the program at
<http://nicic.gov/LiveChat>**

Participate in the Live On-Air Discussion via:

Phone 1-800-278-4315 FAX 509-354-7714 Email nic@ksps.org

Continuing Education Units

CEUs are available through Eastern Washington University.

1. Site Coordinator should print out the EWU registration form, program evaluation form, participant sign-in sheet and participant sign-out sheet. (Forms follow this page in the Participant Guide.)
2. Participants sign-in, complete the CEU registration form, take part in teleconference, fill out the evaluation and sign out. Submission of sign –in and sign-out sheets is required by IAECT which approves CEUs.
3. At conclusion of the program, the site coordinator should mail all forms and a fee of \$22.00 payable to EWU for each participant who desires CEUs.

Mail Forms to;

Barbara Papke, Program Specialist
Eastern Washington University
300 Senior Hall
Cheney, WA 99004-2442
Phone: 509-359-6143

NOTE: *Coordinators should only send in forms if there are participants who are applying for CEUs.*

4. Once EWU receives and processes the registration forms, each participant will receive via mail a CEU form which details course information and each participant's information.



E-Learning and Off Campus Programs

CEU REGISTRATION 300 Senior Hall Cheney, WA 99004-2442

Phone: 509- 359-7380 1-800- 331-9959 FAX: 509-359-2220
<http://ewu.edu/ce>

Today's Date: _____		Registering for: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____		
Last Name		First Name	Middle Name	Previous Name
Current Mailing Address		Street and Number	City	State Zip Code
Email Address		8-5 Phone Number –Including Area Code		Home Phone Number - Including Area Code
Student EWU ID Number <small>(Will be assigned by EWU, if not known)</small>		Social Security Number <small>(Required)</small>		Date of Birth

Directory Information: ☐ Please restrict my personal information

Do you have any Special Needs? Please specify: _____

Gender: ☐ Male ☐ Female Washington Resident: ☐ No ☐ Yes Have you previously earned credit through EWU?
From ____/____/____ To ____/____/____ ☐ No ☐ Yes – Qtr ____ Year ____

Classification Category (Based on completed credits):

<input type="checkbox"/> High School	<input type="checkbox"/> Sophomore (45-89 cr)	<input type="checkbox"/> Bachelors Degree	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> GED	<input type="checkbox"/> Junior (90-134 cr)	<input type="checkbox"/> Graduate (Admitted to EWU Masters)	
<input type="checkbox"/> Certificate	<input type="checkbox"/> Senior (135 or more cr)	<input type="checkbox"/> Completed Doctoral Degree	
<input type="checkbox"/> Freshman (1-44 cr)	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Non-Credit / Professional Development	

Optional:

What race do you consider yourself? (Check all that apply)

<input type="checkbox"/> White/Caucasian (800)	<input type="checkbox"/> Black/African American (870)	<input type="checkbox"/> Chinese (605)
<input type="checkbox"/> Eskimo (935)	<input type="checkbox"/> Aleut (941)	<input type="checkbox"/> American Indian (597) Name of Principal or enrolled tribe: _____
<input type="checkbox"/> Korean (612)	<input type="checkbox"/> Filipino (608)	<input type="checkbox"/> Vietnamese (619)
<input type="checkbox"/> Asian Indian (600)	<input type="checkbox"/> Guamanian (660)	<input type="checkbox"/> Samoan (655)
<input type="checkbox"/> Hawaiian (653)	<input type="checkbox"/> Japanese (611)	<input type="checkbox"/> Other Asian or Pacific Islander: _____ Specify one group, for example Thai, Cambodian, etc.

Are you of Spanish/Hispanic origin? (Check all that apply)

<input type="checkbox"/> No. Not Spanish/Hispanic (999)	<input type="checkbox"/> Yes. Mexican/Mexican American (722)	<input type="checkbox"/> Yes. Other Spanish/Hispanic: _____ Specify one group, for example Columbian, Spaniard, etc
<input type="checkbox"/> Yes. Chicano/Chicana (705)	<input type="checkbox"/> Yes. Puerto Rican (727)	<input type="checkbox"/> Yes. Cuban (709)
<input type="checkbox"/> Other Race: _____		

Course Information:				
Subject Code: <small>(Please leave blank)</small>	Course Title:	Event Date(s):	Location:	CEU
	Health, Justice, Women Transforming Systems- Changing Lives	August 15, 2012 12:00 – 3:00 p.m. ET	Satellite Broadcast	.3

Submit Registration and Tuition to:
Eastern Washington University
Continuing Education and Professional Advancement
300 Senior Hall, Cheney, WA 99004-2442 **or Fax 509.359.2220**

<p>Course Fee \$22.00 per CEU (All or any part of)</p>	<p><input type="checkbox"/> Check <small>(Payable to EWU)</small></p> <p><input type="checkbox"/> Money Order</p> <p>Amount: _____</p>
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Eligible taxpayers may claim a tax credit on EWU courses. For more detailed information, please refer to IRS Publication 3064.
 "Notice 97-60 Education Tax Incentive." For purposes of the new Hope and Lifelong Learning tax credits. Federal Law
 (Section 6109 of the Internal Revenue Code) requires the University to obtain your Social Security Number. Thank you for your cooperation.



**Office of Continuing Education & Professional Advancement
Workshop Evaluation**

Satellite Broadcast Title: Health, Justice Women Transforming Systems-Changing Lives

Location: Satellite Broadcast CEU: .3

Date(s): August 15, 2012 Time(s): 12:00 p.m -3:00 pm EST

Facilitator: National Institute of Corrections Lesli LeMaster

Your feedback is important. It is the basis of our continuous improvement to ensure that programs meet or exceed your expectations. Thank you for taking the time to complete this evaluation.

Response Code

5-Excellent 4-Good 3-Adequate 2-Poor 1-Desire changes

Instructor Effectiveness

Knowledge of subject	5	4	3	2	1
Ability to teach according to the student's level	5	4	3	2	1
Organization of class meeting	5	4	3	2	1
Ability to answer questions	5	4	3	2	1
Ability to encourage participation	5	4	3	2	1

Course Information

Written course objectives met expectations	5	4	3	2	1
Course written materials contributed to learning	5	4	3	2	1

Facilities and General

Comfort of classroom for learning	5	4	3	2	1
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Overall

Overall, I rate the learning experience	5	4	3	2	1
I would recommend this course to others	Yes				No

Comments: Suggestions for improvement

THANK YOU

Sign –In Sheet for CEU Certificate

Satellite Broadcast Title: Health, Justice, Women Transforming Systems-Changing Lives

Date: August 15, 2012

Time:

Print Name	Signature
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Sign –Out Sheet for CEU Certificate

Satellite Broadcast Title: Health, Justice, Women Transforming Systems-Changing Lives

Date: August 15, 2012

Time:

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Program Objectives

- ✓ Define and describe the unique health care needs of women and girls involved with the justice system.
- ✓ Apply the public health model to working with justice-involved women in correctional settings.
- ✓ Express the critical role of leadership in creating systems and organizational processes that meet health needs of justice-involved women.
- ✓ Identify strategies, resources and partnerships that address the health care needs of justice-involved women as they re-enter communities.

Program Schedule – August 15, 2012

On-Air via Satellite and Internet, 9 am – 12 pm Pacific (12 – 3 pm Eastern)

15 minute break at halfway point

Optional 4th hour discussion on-site after program
(Questions included in guide.)



Presenter Bios



TeCorra Ballom, M.D. is a Captain serving in the United States Public Health Service assigned to the Federal Bureau of Prisons (FBOP) as the Regional Medical Director for the South Central Region (RMD ,SCR). She is dedicated to ensuring the inmate population in her region receives quality medical care as outlined by the Federal Bureau of Prison's policy, clinical practice guidelines and procedures.



Maureen Buell is a Correctional Program Specialist with the National Institute of Corrections who has worked on issues related to justice- involved women since the mid 90's. During her career in corrections, Maureen has been fortunate to have assumed a number of different roles, always with an interest in ensuring that we understand when designing correctional policy and practice that "same does not mean equal".



Catherine Fisher Collins, Ph.D. is an Associate Professor at the State University of New York's Empire State College, where she teaches criminal justice and women's health courses. She is a nurse practitioner, author, health educator and the host of a women's health radio program. Her most recent publication is *The Imprisonment of African American Women*. She is concerned that "One in every 18 black women born today can expect to go to jail in her lifetime," and considers that statistic "a crime in itself".



Kevin Gause has been employed by the Department of Corrections in the state of Connecticut for nearly twenty years. For the past three years, he has been the Warden of the York Correctional Institution, the state's only facility for female offenders. During this time, he has been dedicated to serving the citizens of the state, the staff and the offenders that he supervises to ensure a safe and secure environment.



Michelle Hoersch, M.S. has worked on issues related to the health and well-being of incarcerated women and women in the process of re-entry for over ten years. In her role as the Regional Women's Health Coordinator in the Office on Women's Health, she is particularly interested in issues related to the impact of trauma on women and girls.



Diana Lapp, M.D. currently serves as the Deputy Chief Medical Officer & Vice President for Medical Administration for Unity Health Care. Within this context, Dr. Lapp is responsible for the oversight of comprehensive health services at the Central Detention Facility and Correctional Treatment Facility which house approximately 2500 inmates.



Janelle Prueter, M.S. oversees TASC's (Treatment Alternatives for Safe Communities) services for more than 5,000 individuals in Illinois each year who are incarcerated or are returning to their communities following incarceration. Working in partnership with the Illinois Department of Corrections (IDOC), the Illinois Department of Juvenile Justice (IDJJ) and community-based service providers across the state, Ms.

Prueter develops and implements plans and programs that help formerly-incarcerated individuals successfully reintegrate into society.



Dona Zavislan is the Warden of the Colorado Department of Corrections' Denver Complex, comprised of three correctional facilities housing over 1700 offenders, 976 of which are women. She has developed an understanding of and a passion for the needs of women involved in the criminal justice system. Dona is a yoga enthusiast and strives to bring her increasing understanding of the benefits of this discipline to her work in

the criminal justice field.



Definition of Terms

Justice Involved Women – This term incorporates both incarcerated offenders and pre-trial defendants. It is being used by agencies external to criminal justice when referring to female populations. Use of the term is being modeled more frequently internally with adults and juveniles.

Gender Responsive - The official definition from Stephanie Covington, Barbara Bloom, Barbara Owen (2006) means creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of the lives of women and girls and that addresses their strengths and challenges.

Trauma Informed - When a human service program takes the step to become trauma-informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking services. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization. (SAMHSA)

Cultural competence – This term is defined as a set of corrections congruent behaviors, attitudes, and policies that come together in corrections to enable that system, agency, or those professionals to work effectively in cross-cultural correctional situations. Cultural competency in corrections implies being skilled working cooperatively with those who are incarcerated and come from different cultures beyond race and ethnicity, gender and age. Cultural competency involves using evidenced based approaches and sources of specific differences in cross-cultural communication and interactions. (Dr. William Hunter)

Recovery and Durable Recovery – A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Durable recovery is recovery that endures over time. (SAMHSA)

Segment 1:

Who Are Justice–Involved Women?

Objectives

- ✓ Provide an overview of competing physical and behavioral health issues.
- ✓ Provide an overview of research and the knowledge base for physical and behavioral health issues.
- ✓ Provide examples of promising practices in using trauma-informed, gender-responsive care.

Gender Responsive Research Theories

Pathways Theory - Identifies the different life experiences and courses women take that may lead them to become involved in a criminal lifestyle. Life experiences typically involve abuse, including intimate partner violence, sexual abuse and assault, mental illness, substance use, abuse or dependence, economic hardship, coping with overwhelming parental responsibilities, homelessness and involvement with criminal associates. (Daly, 1992)

Relational Theory – Focuses on communication and relationships

Trauma Theory – Focuses on life experiences of emotional and physical abuse

Substance Use and Abuse Theory – Focuses on how women become introduced and addicted to substances and the psychological and physical impact.

Gender Differences – Justice-Involved Women vs. Men

- Women more likely to experience physical and sexual abuse by someone they know throughout their lifetimes.
- Women experience more depression, anxiety and self injury.
- Women abused as children more likely than men to:
 - Use drugs
 - Suffer from PTSD
 - Experience domestic violence and other victimization.
- Women more likely to be in co-dependent relationships that facilitate criminal behavior.

Strengths that Can Mitigate Risk

Women's Strengths:

- Educational assets
- Self esteem
- Self efficacy
- Family support
- Supporters who instill a sense of women's value

Additional Information

National Resource Center on Justice Involved Women – www.cjinvolvedwomen.org

Women's Risk Needs Assessment Project – www.uc.edu/womenoffenders

Correcting Corrections for Women – www.vera.org/node/5721

National Directory of Programs for Women with Criminal Justice Involvement – <http://nicic.gov/WODP>

Childhood Trauma and Women's Health Outcomes in a California Prison Population
Nena Messina, Ph.D. and Christine Grella, Ph.D. - www.ncbi.nlm.nih.gov

Segment 2:

Value of the Public Health Model for Justice-Involved Women

Objectives

- ✓ Describe how the public health model can improve the health of justice-involved women.
 - ✓ Describe how the National Prevention Strategy and the Adverse Childhood Experiences Study (ACE Study) can impact women's health issues.
 - ✓ Demonstrate how cultural competency and trauma-informed care can be effective.
 - ✓ Explain how a multi-disciplinary approach to providing health care can lead to positive outcomes for justice-involved women.
-

National Prevention Strategy

Four Strategy Directions:

1. Build health and safe community environments.
2. Expand quality preventive services in clinical and community settings.
3. Empower individuals to make healthy choices.
4. Eliminate health disparities.

Seven Priority Areas:

1. Tobacco free living
2. Prevent drug abuse and excessive alcohol use
3. Healthy eating
4. Active living
5. Injury and violence-free living
6. Reproductive and sexual health
7. Mental and emotional well being

Incarcerated – More Chronic Illnesses and Communicable Diseases

- Nearly 1/3 with hepatitis C
- More than 1/3 with TB

HIV/AIDS

- ¼ of all people living with HIV/AIDS
- 1.5% of men and 1.9% of women are HIV positive or confirmed AIDS
- Rates of HIV/AIDS 2.5 times the rate in general population

Incarcerated – Experience Higher Rates of Abuse

- 52% of females vs. 16% of males report abuse prior to incarceration
- 39% of females vs. 5.8% of males report sexual abuse before incarceration

Increased Risk of Chronic Diseases Related to Abuse and Stress

- Obesity
- Smoking related illnesses
- Heart, lung, liver disease
- Diabetes
- Depression

Adverse Childhood Experiences (ACE) Study

Categories of trauma called Adverse Childhood Experiences (ACEs):

- Emotional abuse
- Physical abuse
- Sexual abuse
- Emotional neglect
- Physical neglect
- Witnessed mothers being treated violently
- Grew up with someone in household abusing alcohol and /or drugs
- Grew up with a mentally ill person in the household
- Lost a parent due to separation or divorce
- Grew up with a household member in jail or prison

The more categories of trauma experienced in childhood, the greater the likelihood of experiencing:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Poor health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sex partners
- Sexually transmitted diseases (STDs)
- Smoking
- Obesity
- Suicide attempts
- Unintended pregnancies



Cultural Competency

Definition:

- A set of corrections congruent behaviors, attitudes, and policies that come together in corrections to enable that system, agency, or those professionals to work effectively in cross-cultural correctional situations. Physical abuse

Racial/Ethnic Differences

- Understanding racial and ethnic differences and disparities in incarceration and treatment is necessary in order to develop a more effective system to improve treatments. (Saunders et al, 2006)
- Racial and ethnic minorities appear to have significantly higher rates of unmet needs for education and mental health disorders and are less likely to successfully complete corrections treatment. (Campbell et al, 2006)

Women from Other Cultures:

- Immigrant women face the same barriers that American women face but have the added barrier of being cultural outsiders.
- Women raised in male-dominated cultures are often passive and selfless. Counselors may want to push women toward independence but should be aware that this may not be personally or culturally desirable.

Training and Staff Development:

- Training and staff development is important in providing correctional and prison staff professionals the knowledge and skills required for culturally competent care.
- Conducting a culturally competent assessment that identifies the correctional and prison staff members' individual skills and knowledge levels represent a starting point from which to develop staff training programs and curricula to develop cultural competence.

Additional Information

Adverse Childhood Experiences (ACE) Study – www.cestudy.org

ACE Demographics and Prevalence – www.cdc.gov/ace/demographics.htm and www.cdc.gov/ace/prevalence.htm#ACED

National Commission on Correctional Health Care – www.ncchc.org

Community Oriented Correctional Health Services – www.cochs.org

The 2001 Correctional Health Care: Guidelines for the Management of an Adequate Delivery System - <http://nicic.gov/Library/017521>

Adverse Childhood Experiences and the Risk of Premature Mortality, American Journal of Preventive Medicine` - [http://www.ajpmonline.org/article/S0749-3797\(09\)00506-6/abstract](http://www.ajpmonline.org/article/S0749-3797(09)00506-6/abstract)

National Childhood Trauma Stress Network – www.nctsnet.org

Substance Abuse and Mental Health Services Administration's (SAMHSA) National Center for Trauma Informed Care - www.mentalhealth.samhsa.gov/nctic

American Public Health Association "Standards for Health Services in Correctional Institutions" <https://secure.apha.org/scriptcontent/BeWeb/Orders/ProductDetail.cfm?pc=0-87553-029-X>

SAMHSA's Continuity of Offender Treatment for Substance Use Disorder from Institution to Community - <http://store.samhsa.gov/product/Continuity-of-Offender-Treatment-for-Substance-Use-Disorder/KAPT30>

Segment 3:

Role of Leadership & Advocacy

Objectives

- ✓ Explain the critical role of leaders in:
 - Advocating for needs of justice-involved women
 - Establishing and promoting an informed organizational vision
 - Educating staff, inmates and the public.
- ✓ Describe education needed to ensure the medical and mental health needs of justice-involved women are effectively met.

Implementing Gender-Responsive, Trauma-Informed Care

CREATING "SPACE" (Mark Patterson, WCC Warden, HI Dept. of Public Safety)

S – STAFF	Entire staff trained in trauma-informed care
P – PROGRAMS	Majority of programs focused on trauma, including substance abuse, mental health, behavioral and even recreational programs
A-ADMINISTRATION	Top down support of trauma-informed care in all procedures and policies and promotion of trauma-informed programs
C- COMMUNITY	Community members are invited in and are trained in trauma to assist them in working with women as they transition back to the community.
E-ENVIRONMENT	Correctional organization reflects principles of trauma informed care. Changes are made to the institutional environment to complement programs and facilitate treatment.

Additional Information

NIC Training:

- Operational Practices in the Management of Women's Prisons

NIC Publications:

- Gender-Responsive Strategies: Research, Practice and Guiding Principles for Women Offenders

NIC Online Resources:

- www.nicic.gov/womenoffenders
- www.cjinvolvedwomen.org
- NIC Information Center – <http://nicic.gov/informationcenter>

Segment 4:

Transition/Re-entry, Continuity of Care & Partnerships in Public Health

Objectives

- ✓ Define the principles of effective re-entry/transition.
- ✓ Define the barriers to transition/re-entry.
- ✓ Provide information about promising practices for successful re-entry.
- ✓ Provide examples and overview effective partnerships with health care providers.

Re-Entry Health Statistics

Urban Institute Study

- Nearly all returning prisoners – 8 in 10 of men and 9 in 10 of women – had chronic health conditions requiring treatment or management.
- Half of men and two-thirds of women had been diagnosed with chronic physical health conditions such as asthma, diabetes, hepatitis, or HIV/AIDS.
- Fifteen percent of men and over one-third of women had been diagnosed with depression or other mental illness.
- Nearly two-thirds of men and women reported substance abuse in the six months before incarceration.
- Two-thirds of men and three-quarters of women with physical health conditions received treatment during prison. Eight to ten months after release, those receiving treatment fell to one-half of men and 6 in 10 women.
- 6 in 10 women and men with mental health conditions received treatment in prison. Eight to ten months after release, those receiving treatment declined to half of men and 4 in 10 women.

Barriers to Successful Re-entry

- Homelessness
- Unemployment
- No employment resources – help finding a job
- No childcare
- Family reunification
- Lack of education, training, job skills
- Transportation
- Discontinuity of health care services
- No insurance – health care coverage
- Different formularies
- Transfer of medical records
- Identification – driver's license, proof of residence, etc.
- No safety net
- Few alternatives to probation & parole (i.e. transitional housing)
- Offender stigma
- Special women's issues – unique to women

Goals of Successful Re-Entry/Transition

- Avoid future arrests – no more justice involvement
- Wellness
- Work
- Housing
- Family reunification
- Medical care, including Mental Health – a “medical home”
- Sobriety
- Further education

Re-Entry Partnerships

General Partnerships:

- Corrections
- Community Services
- Public Agencies (housing, employment, family services, etc.)
- Faith-based Organizations
- Substance Abuse Treatment Providers (i.e., AA/NA)

Health Care Partnerships:

- Mental Health Providers
- Departments of Public Health
- Private Health Providers

Additional Information

National Re-entry Resource Center - <http://www.nationalreentryresourcecenter.org/>

National Association of Community Health Centers – www.nachc.org

National Health Care for the Homeless Council – www.nhchc.org

Fourth Hour On-Site Discussion (Optional)

Following the three-hour broadcast, site participants have the option of continuing the conversation with an on-site discussion.

Discussion Questions:

- 1.** What are the implications for your agency based upon the information presented in the broadcast?
- 2.** What are the unique health care needs of the women that you work with in your corrections/juvenile justice settings?
- 3.** How can you implement a public health approach to the health care services you deliver to the women/girls in your care?
- 4.** What are the implications of the ACE (Adverse Childhood Experiences) Study as you apply it to the women/girls to whom your agency provides health care services?
- 5.** Assess your agency's staff training efforts as it relates to meeting health care needs of women and girls (Use the lens of trauma-informed, gender-responsive principles.)