

Behavioral Health & OB/GYN



Satellite & Internet Broadcast- February 20, 2013

Participant Guide



Program 13A9002



#### 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.

#### **TABLE OF CONTENTS**

NIC Contact Information	Preface
Program Contact Information	Preface
CEU Information and Forms	Preface
Program Objectives and Schedule	Page 1
Presenter Bios	Page 2
Definition of Terms	Page 4
Segment 1 – Why This? Why Now?	Page 5
Segment 2 – Behavioral Health	Page 8
Segment 3 – OB/GYN Health Issues	Page 11
Segment 4 – Resources and Opportunities	Page 17
Fourth Hour On-site Discussion Questions	Page 20

#### **National Institute of Corrections**

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# Health, Justice, Women: Behavioral Health and OB/GYN

### **Program Contact Information**

## **Prior To Broadcast Day**

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

### **On Broadcast Day**

February 20, 2013, 9am-12pm Pacific (12 – 3pm Eastern)

See the live telecast at <a href="https://www.nicic.gov/broadcasts">www.nicic.gov/broadcasts</a>

Join the online live chat discussion during the program at <a href="http://nicic.gov/LiveChat">http://nicic.gov/LiveChat</a>

### 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.



# Office of Continuing Education and Professional Advancement

# 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 f	or: □ Fall XX Winter □ Spring □	Summer Year:	
Last Name	First Name	Middle Name	Previous Name	
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Directory Information: ☐ Please res	trict my personal information			
Do you have any Special Needs? Plea	se specify:			
Gender: ☐ Male ☐ Female	Washington Resident: ☐ No ☐ From/ To/	Yes Have you previously earn	ed credit through EWU? Year_	
☐ GED ☐ Junio ☐ Certificate ☐ Senio	omore (45-89 cr) ☐ Bachelors r (90-134 cr) ☐ Graduate ( or (135 or more cr) ☐ Complete	Degree (Admitted to EWU Masters) d Doctoral Degree it / Professional Development	☐ Other: Please specify:	
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☐ Yes. Chicano/Chicana (705) ☐ Other Race:	Yes. Puerto Rican (727)	Yes. Cuban (709)	Other Spanish/Hispanic:_ one group, for example Colum	
Course Information:	Title: Ev	vent Date(s):	Location:	
	alth, Justice, Women: ioral Health and OB/GYN	February 20, , 2013 12:00 – 3:00 + 2 hours outside work	Satellite B	Broadcast
Submit Registration and Tuition to: Eastern Washington University Continuing Education and Professional Development 300 Senior Hall, Cheney, WA 99004				
	☐ Check ☐ Money C	Order □ Visa □ Ma	sterCard	
For Office Use ONLY:	Secretary Secretary States Code	Account Number		Exp. Date
Credited to Participant \$22.00	AMOUNT:			
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.				



Welcome to: Health Justice, Women: Behavioral Health and OB/GYN

Session Date: February 20, 2013

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Welcome to: Health Justice, Women: Behavioral Health and OB/GYN

Session Date: February 20, 2013

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# Office of Continuing Education & Professional Advancement Workshop Evaluation

Workshop: Health Justice, Women: BehavioralHealth and OB/GYN

Location: <u>Satellite Broadcast</u> CEUs: <u>.3</u>

Date(s): Feb. 20, 2013 Time(s): 12:00 p.m. -3:00 p.m. EST

**Facilitator: National Institute of Corrections** 

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	e chang	es
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 me	eeting		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 fo	r learning		5	4	3	2	1
Overall Overall, I rate the learning			5	4	3	2	1
I would recommend this course to others			Yes				No

Comments: Suggestions for improvement



# **Program Objectives**

- ✓ Explore how the research on trauma informed practices can inform correctional health care for justice involved women.
- ✓ Be exposed to models in correctional health settings of evidence-based behavioral health and women's ob/gyn practices.
- ✓ Learn how professional health care organizations contribute to correctional health care for justice involved women.
- ✓ Be prepared to initiate agency based conversations regarding the creation and/or enhancement of health care practices.

### **Program Schedule – February 20, 2013**

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

15 minute break at halfway point

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



### **Presenter Bios**



# Daniel Bannish Psy.D., Director of Behavioral Health, Connecticut DOC

Dan Bannish is a Clinical Psychologist who has worked for the Connecticut Department of Correction for over 18 years. He has served as a Supervising Psychologist in a Special Management Unit as well as a specialized Mental Health Housing Unit before moving on to correctional health care administration. Dan is especially committed to

the development of integrated health care for the corrections population and has been active in promoting systems change, fiscal efficiencies and workforce development.



### Maureen Buell, MSA, NIC Correctional Program Specialist

Maureen Buell manages the NIC initiative on Justice Involved Women and has been with NIC since 2001. Prior to her time with NIC she held a range of roles including probation and parole supervision of high risk male offenders, managing a community-based sex offender unit, correctional programs manager and Director of Women and Family Services for the Vermont Department of Corrections. She believes

strongly that the majority of the individuals we work with are capable of positive change. In addition to our primary objective of staff, offender and community safety we must develop policy and practice that focuses on the risk, needs and strengths of the populations we manage. One size does not fit all.



# Kenya D. Key, Psy.D., Unit Director - Acute Psychiatric Services, Cermak Health Services at Cook County Dept. of Corrections

Kenya Key is currently the Unit Director of Acute Psychiatric Services at the Cook County Jail in Chicago, Illinois. She is also a consultant for the Women's Treatment Center, a residential and outpatient substance abuse treatment facility for women and their children. Kenya has worked in the juvenile and adult systems in Cook County. She has

specific interest in working with justice involved women's behavioral health concerns including chronic mental illness, acute and chronic trauma, and co-occurring substance abuse disorders. Kenya has presented at national conferences pertaining to gender responsive treatment for incarcerated girls and women.

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### E. Carolina Montoya, Psy.D. Clinical Psychologist, Miami-Dade County, FL

Dr. Carolina Montoya is a Clinical Psychologist who has spent the last 25 years working in public service in the areas of social service and criminal justice. She is currently the Mental Health Services Manager for the Miami-Dade Department of Corrections and Rehabilitation. She has also held various clinical and administrative positions. Dr. Montoya maintains a private psychotherapy practice and also trains

and consults at the national and international levels.



# Jane Parnell, Superintendent Washington Corrections Center for Women

Jane has an extensive background in Corrections, dating back to 1974. She has worked in both community corrections and in prisons. Jane has worked in a female institution for a total of 8 years; 5 as an Assistant Superintendent and 3 as a Superintendent. Jane has a passion for working with female offenders. She believes that offenders

have the ability to change, if given the appropriate opportunities; but they are often overlooked in the "big picture of corrections". Jane sees herself as a "voice for female offenders" in all gender responsive issues, including health services.



### **Anita Pollard, NIC Corrections Health Manager**

Commander Anita Pollard, a former Navy Nurse, joined the Commissioned Corps of the U.S. Public Health Service in January of 1999. In June of 2010, she joined the staff of the National Institute of Corrections in Washington, DC. Since then, Anita has coordinated public health and behavioral health-related technical assistance and executive practitioner training for the constituents of NIC.



Carolyn Sufrin, MD, MA
Ob/Gyn, UC, San Francisco and San Francisco County Jail

Carolyn Sufrin is an obstetrician at the University of California, San Francisco and at the San Francisco County Jail, and a fellow of the American Congress of Obstetricians and Gynecologists. Her clinical care, research, and advocacy focus on improving reproductive health care for incarcerated women, a topic which is the subject of her

current PhD dissertation research in medical anthropology.



# **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)

# Segment 1: Why This? Why Now?

# **Objectives**

- ✓ Discuss aspects of the Adverse Childhood Experiences study which are relevant to behavioral health and ob/gyn health issues for justice involved women.
- ✓ Identify priorities of the National Prevention Strategy that are relevant to health issues of justice involved women.
- ✓ Highlight aspects of the Public Health Model which can address health concerns of justice involved women.

### **Who are Justice Involved Women**

- Fastest growing population
- Present lower risks rates than men
- Average age in early 30s
- Incarcerated for drug related offenses
- Lack job skills and work experience
- Disproportionately women of color
- Majority have minor aged children

# **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

### **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

# **Additional Information**

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

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

ACE Demographics and Prevalence – <a href="https://www.cdc.gov/ace/demographics.htm">www.cdc.gov/ace/demographics.htm</a> and <a href="https://www.cdc.gov/ace/prevalence.htm">www.cdc.gov/ace/prevalence.htm</a>#ACED

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

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

Substance Abuse and Mental Health Services Administration's (SAMHSA) National Center for Trauma Informed Care - <a href="https://www.mentalhealth.samhsa.gov/nctic">www.mentalhealth.samhsa.gov/nctic</a>

# Segment 2: Behavioral Health

### **Objectives**

- ✓ Understand the need for gender-responsive and trauma-informed practices within behavioral health services.
- ✓ Identify effective behavioral health treatment and management strategies for justice involved women with mental illness.

# **How Do Behaviors Present?**

- Boundaries and splitting; trying to get favorable treatment
- Histrionic behaviors
- Help seeking, complaining
- Manipulation
- Malingering
- Self-injurious, Para suicidal
- Survival behavior

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# **Staff Responses to Behaviors**

- Insensitivity
- Manipulation
- Punishment
- Unwarranted referrals, mishandling difficult situations

# **Most Commonly Diagnosed Mental Health Disorders**

### Over/under/ misdiagnoses?

- Major depression
- Bipolar disorder
- Anxiety disorders
- Psychotic disorders
- PTSD (post-traumatic stress disorder)
- Substance abuse

# **Commonly Accepted Data Regarding Prevalence**

Potential for misinformation?

**State Prisons:** 73% females, 55% males

Federal Prisons: 61% females, 44% males

Local Jails: 75% females, 63% males

**General Non-Incarcerated Population**: 12% females, 9% males

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### **Additional Information**

Prevalence of Serious Mental Illness Among Jail Inmates, Henry J. Steadman, Fred C. Osher, et al., *Psychiatric Services*, 2009

http://ps.psychiatryonline.org/article.aspx?articleID=100482

Comorbidity of Severe Psychiatric Disorders and Substance Use Disorders Among Women in Jail, Karen M. Abram, Linda A. Teplin, et al., *American Journal of Psychiatry*, 2003 <a href="http://ajp.psychiatryonline.org/data/Journals/AJP/3748/1007.pdf">http://ajp.psychiatryonline.org/data/Journals/AJP/3748/1007.pdf</a>

Thinking Styles and Emotional States of Male and Female Prison Inmates by Mental Disorder Status, Nancy Wolff, Robert D. Morgan, et al., *Psychiatric Services*, 2011 <a href="http://ps.psychiatryonline.org/article.aspx?articleid=180926">http://ps.psychiatryonline.org/article.aspx?articleid=180926</a>

Needs for and Barriers to Correctional Mental Health Services: Inmate Perceptions, Robert D. Morgan, Jarrod Steffan, et al., *Psychiatric Services*, 2007 <a href="http://ps.psychiatryonline.org/article.aspx?articleid=98443">http://ps.psychiatryonline.org/article.aspx?articleid=98443</a>

# Segment 3: OB/GYN Health Issues

# **Objectives**

- Review guidelines for health screenings.
- ✓ Identify opportunities for family planning as well as health issues for older women.
- Recognize the unique medical and psychosocial needs of pregnant women including medical and legal recommendations against shackling.
- ✓ Share ideas for addressing incarcerated women's healthcare needs within the context of operational considerations.

# **Screenings for STDs**

Incarcerated women have higher rates of STDs than non-incarcerated women:

- Chlamydia (7% 15%)
- Gonorrhea (.9% 4%)
- Trichomonas (up to 30%)
- HIV (2.5%)
- Substance abuse

## **CDC Recommendations**

- HIV: Routine opt-out testing upon entry
- Gonorrhea / chlamydia: Routine testing < 35 years upon entry</li>
- Test any woman with symptoms of STD

## **Cervical Cancer Screening**

- Pap smears recommended every three years
- High risk behaviors and poor health care increase risk

# **Breast Cancer Screening Recommendations**

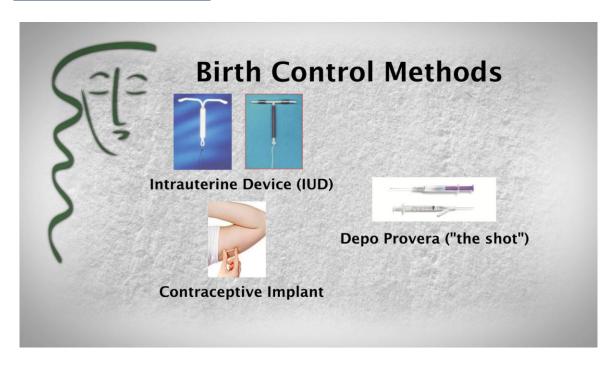
#### **U.S. Preventive Services Task Force**

- Start at age 50
- Mammogram every other year
- End at age 75
- Between 40-49 discuss risks/benefits of screening

### **American Cancer Society**

- Start at age 40
- Mammogram every year
- Consider stopping if short life expectancy

# **Birth Control Methods**





# **Pregnancy and Incarcerated Women**

- 6-10% of incarcerated women are pregnant
- 1400 2000 births per year to women who are incarcerated

# **Pregnancy and Incarcerated Adolescent Women**

- 25% have been pregnant at least once
- 16% pregnant while incarcerated

## **High Risk Pregnancies and Incarcerated Women**

- Co-existing substance abuse and mental health issues
- Poor nutritional status
- Limited access to medical care prior to incarceration







### **Additional Information**

Washington Corrections Center for Women Residential Parenting Program (RPP), Washington State Department of Corrections <a href="https://www.doc.wa.gov/facilities">www.doc.wa.gov/facilities</a>.

Information about Doulas of North America, a childbirth and parenting education partner of the Washington State Department of Corrections <a href="https://www.dona.org">www.dona.org</a>.

"Maternal and Child Outcomes of a Prison Nursery Program", Mary W. Byrne, NP, MPH, PhD, Principal Investigator

http://www.nursing.columbia.edu/byrne/prison\_nursery.html "

Centers for Disease Control Medical Eligibility Criteria - Guidelines on safety of contraceptive methods in women with medical conditions

http://www.ihs.gov/nptc/documents/CDC-

Medical%20Eligibility%20for%20contraceptive%20use%202010-chart.pdf

Article and tables based on ACOG guidelines reviewing safety of psychiatric medications in pregnancy and lactation

http://focus.psychiatryonline.org/data/Journals/FOCUS/1839/foc00309000385.pdf

Article describing legal basis for correctional facilities being required to facilitate access to abortion for incarcerated women who request it.

 $\underline{http://www.aclu.org/files/pdfs/reproductive rights/lkennywomengirls and criminal justice journal ar}{ticle for website.pdf}$ 

#### Statements about shackling pregnant women:

NCCHC - http://www.ncchc.org/restraint-of-pregnant-inmates

ACA - <a href="https://aca.org/government/policyresolution/view.asp?ID=78">https://aca.org/government/policyresolution/view.asp?ID=78</a>

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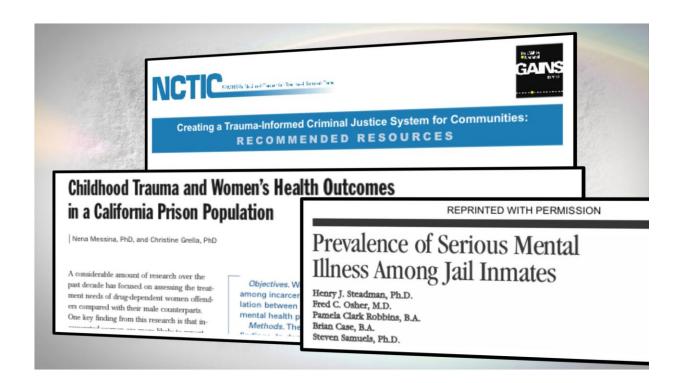
http://www.acog.org/Resources\_And\_Publications/Committee\_Opinions/Committee\_on\_Health\_Care\_for\_Underserved\_Women/Health\_Care\_for\_Pregnant\_and\_Postpartum\_Incarcerated\_Women\_and\_Adolescent\_Females

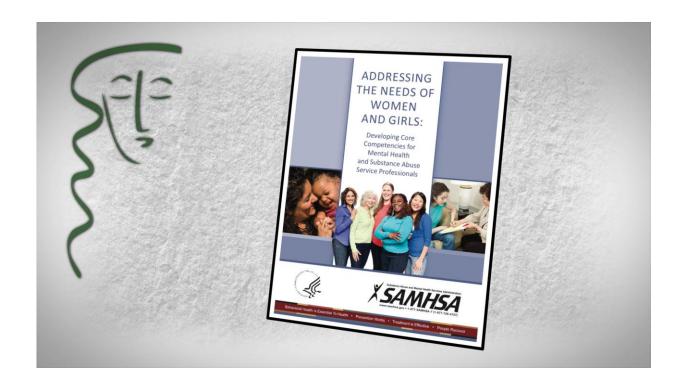
AMA - http://www.ama-assn.org/ama/pub/news/news/2010-new-policies.page

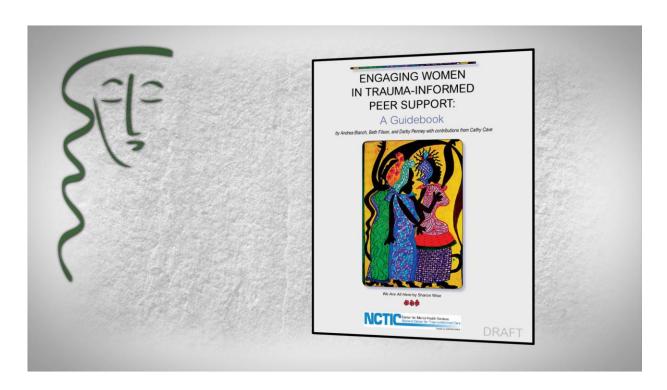
# Segment 4: Resources and Opportunities

### **Objectives**

- ✓ Identify resources that can inform efforts to address behavioral and ob/gyn health issues of justice involved women.
- ✓ Identify opportunities for improving outcomes for justice involved women.







# **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 <a href="http://nicic.gov/informationcenter">http://nicic.gov/informationcenter</a>

# 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.** How should your organization be taking advantage of models that are available from outside entities such as ACOG, NCCHC, etc.?
- **2.** What may be some of the biggest barriers to improving access to appropriate behavioral and ob/gyn care?
- **3.** What is one simple strategy from today's broadcast that your organization could implement in the short term that would have a positive impact?
- **4.** What are some of your organization's values around addressing ob/gyn health issues with women offenders?