



**HEALTH AND PUBLIC
REFORM AND SAFETY**

New Opportunities • Better Outcomes

P A R T I C I P A N T G U I D E

Satellite and Internet Broadcast
June 18, 2014

Program
SIB201406





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	Preface
Program Objectives and Schedule	Page 1
Presenter Bios	Page 2
Glossary of Terms	Page 5
Segment 1 – Program Overview	Page 7
Affordable Care Act -Relevance to the Criminal Justice System	
Segment 2 – System-Wide Linkages to Health Care and other Services	Page 14
Segment 3 – Collaboration	Page 18
Segment 4 – Enrollment Strategies	Page 23
Segment 5 – Resources	Page 27
CEU Forms	Appendices

National Institute of Corrections

Contact Information www.nicic.gov

Washington DC

320 First Street NW
Washington, DC 20534
Telephone: 202-307-3106
Toll-free: 800-995-6423
Fax: 202-307-3361

Robert M. Brown, Jr.,
Acting Director, Deputy Director

BeLinda P. Watson
Chief, Prisons Division
Chief, Jails Division

Jim Cosby
Chief, Community Services Division
Chief, NIC Academy Division

Aurora, CO

National Corrections Academy
NIC Academy Division
11900 E. Cornell Avenue, Unit C
Aurora, CO 80014

Telephone: 303-338-6500
Toll-free: 800-995-6429
Fax: 303-338-6601

NIC Information Center
11900 E. Cornell Avenue, Unit C
Aurora, CO 80014

Telephone: 303-365-4424
Toll-free: 800-877-1461
Fax: 303-338-6635
Help Desk: www.nicic.gov/HelpDesk



Program Contact Information

Prior To Broadcast Day

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

On Broadcast Day – June 18, 2014

9am-12pm Pacific Time, 12pm – 3pm Eastern Time

NOTE: Arizona Standard Time – 9am – 12pm

See the live telecast at <http://nicic.gov/ViewBroadcast>

Join the simultaneous 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: 509-443-7714

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 and participant sign-in /sign-out sheet.

(CEU Forms are on the last pages of this 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 /sign-out sheet 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, Continuing Education
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.



Program Objectives

- Establish relevance of the Affordable Care Act to the criminal justice system and profession.
- Present additional health care resources created by the ACA and related federal policies.
- Provide strategies for collaboration and system-wide linkages between the criminal justice and health care systems.

Program Schedule – June 18, 2014

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

NOTE: Arizona Standard Time, 9am – 12pm

15 minute break at halfway point



Presenter Bios



Dr. Dee Burroughs-Biron is currently the Medical Director for the Vermont Department of Corrections where she oversees comprehensive medical and mental health services provided under contracts for 2000 inmates. Dee has worked in corrections for over 11 years. Her passion has always been working with underserved populations in the community in an effort to ensure that essential health and social services are provided, accessible and affordable.



Greg Crawford is a Correctional Program Specialist for the National Institute of Corrections. His experience includes over 14 years working in a misdemeanor probation department and at a community-based mental health center. Greg has extensive leadership and criminal justice training as well as a master's degree in organizational leadership and a certificate in organizational development and non-profit leadership from Chapman University. Greg left a local probation department for NIC with the hope of making a greater impact on the field of community corrections.



Katie Green is a Correctional Program Specialist for the National Institute of Corrections. She has over 28 years of experience working in the criminal justice system with extensive background in pretrial, probation and reentry services. Her passions include developing and providing resources that will enhance the competencies of practitioners and build effective organizational capacity.



Nancy Griffith is the Director of Corrections Health in Multnomah County, Portland, Oregon. She is responsible for health care services, including medical, mental health and dental care, in two large adult jails and one juvenile facility. Previous to her current position, Griffith worked at Oregon State Hospital for over 10 years. Nancy has spent her career working in positions that have provided health care to the criminal justice population.



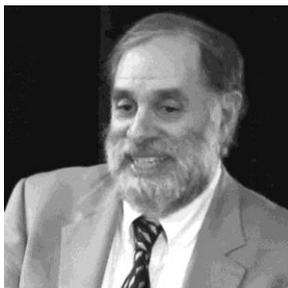
Mack Jenkins has worked in the criminal justice field for more than 30 years. He is currently the Chief Probation Officer for San Diego County. He oversees a department of more than 1300 staff who provide supervision and services to more than 14,000 adult and 3000 juvenile offenders. During his career, Chief Jenkins has developed expertise in the delivery of evidence based practices for community supervision and has developed and implemented special supervision programs for justice involved individuals with mental illness, substance abuse disorders, domestic violence issues and sex offenders.



Lore Joplin has over 20 years of experience analyzing complex public policy issues, managing projects involving multiple and diverse stakeholders, facilitating planning processes, and building lasting collaborations. She is responsible for a wide-range of nationally distributed public policy documents, from the implementation of evidence-based practices in community corrections to the engagement of stakeholders in systematic reviews. As a staff person and now as a consultant, Ms. Joplin provides technical assistance to government agencies, non-profits, and foundations to support their work integrating evidence into policy and practice.



Dr. Kathleen Maurer is a graduate of Yale University School of Medicine, where she earned her MD and Master of Public Health degrees and is board certified in internal medicine and occupational and environmental medicine. She earned her MBA from the University of Connecticut. Dr. Maurer has served as the Director of Health and Addiction Services and Medical Director at the Connecticut Department of Correction since 2011. Dr. Maurer's career in medicine includes both clinical care and management of medical programs in the private sector.



Steven Rosenberg has more than 30 years of experience providing technical assistance and directing projects that increase access to health care for the most vulnerable populations in our nation. He founded Community Oriented Correctional Health Services (COCHS) in 2006 to develop a public health approach to serving the population of people who cycle through jails, and to connect them to community-based health care. Mr. Rosenberg is a specialist in health care policy and finance with expertise in Medicaid and correctional health.



Acknowledgements

Special Thanks to Additional Members of the Program Content Development Team:

Jim Cosby, NIC, Chief, Community Services Division

Gabrielle de la Gueronniere, Director of National Policy, Legal Action Center

Mike DuBose, Chief Executive Officer, Community Oriented Correctional Health Services (COCHS)

Tracie Gardner, Director of State Policy, Legal Action Center

Leslie LeMaster, NIC, Distance Learning Executive Producer

Maureen McDonnell, Director for Business and Health Care Strategy Development, Center for Health and Justice, TASC



Glossary of Terms

Health Homes – Health services model (not a physical place or home) designed to coordinate and integrate all primary care, hospital care, mental health services, substance abuse services, and ongoing social services and supports. Medicaid beneficiaries are eligible for health homes if they have two or more chronic conditions, if they have one chronic condition and are at risk for a second, or if they have a serious and persistent mental health condition.

Health Information Exchange – Enables the electronic transfer of clinical information between different health care information systems while maintaining the integrity of the information being exchanged.

Intercept Map - A model developed to visually depict the opportunities for integration of health care and other community services for justice involved individuals at various points along the criminal justice continuum from detention/arrest to reentry.

Grand Rounds – A teaching strategy and tool used in medical education, and inpatient care, consisting of a lecture-style presentation of medical problems and treatment options for a particular patient to an audience of doctors, residents and medical students. In corrections healthcare settings, grand rounds also involve a variety of community-based service providers.

HIPAA – The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law pertaining to the privacy and sharing of individuals' health information. The HIPAA Privacy Rule pertains to covered entities that use and disclose protected health information (PHI). A covered entity must obtain informed consent from a patient before disclosing PHI unless the disclosure falls under certain exceptions, including: disclosures to the patient and to health care providers providing treatment; disclosures that are court ordered, related to payment activities and health care operations and to correctional institutions.

Medicaid Administrative Claiming –Federal financial assistance available to support state expenditures necessary for the administration of the Medicaid program. States seek reimbursement for these expenditures through Medicaid Administrative Claiming (MAC). States can submit claims for expenditures supporting a range of eligible activities, which include program eligibility determinations, the creation of information technology systems and program planning and development.

Parity – In the context of health care, parity refers to requirements that coverage for mental health and substance abuse disorders be offered by health plans in no more restrictive way than coverage for medical and surgical services.

“No Wrong Door” - Linking justice involved individuals with health care and other community services can begin at any point along the criminal justice continuum from arrest to reentry. There is “no wrong door” for connecting justice involved individuals with services.

Segment 1: Program Overview

ACA-Relevance to Criminal Justice System

Objectives

- ✓ Improve understanding of how health care reform resources can impact criminal justice.
- ✓ Understand major provisions of health care reform that expand health insurance coverage for justice involved individuals.
- ✓ Illustrate how health care reform fosters continuity of care.
- ✓ Understand how health care reform resources can help reduce recidivism, improve health and save costs for criminal justice.

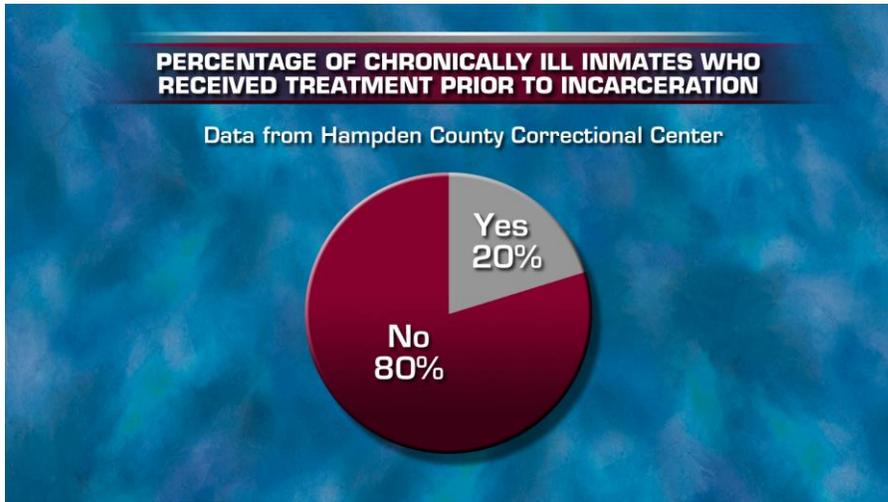
Criminal Justice Challenges – Population

- 11.7 million annually cycle through local jails
 - Approximately 375% increase in prison population from 1980-2012
 - 4.7 million on community supervision
- Source: Bureau of Justice Statistics, 2012*

Criminal Justice Challenges – Individuals with Mental Illness

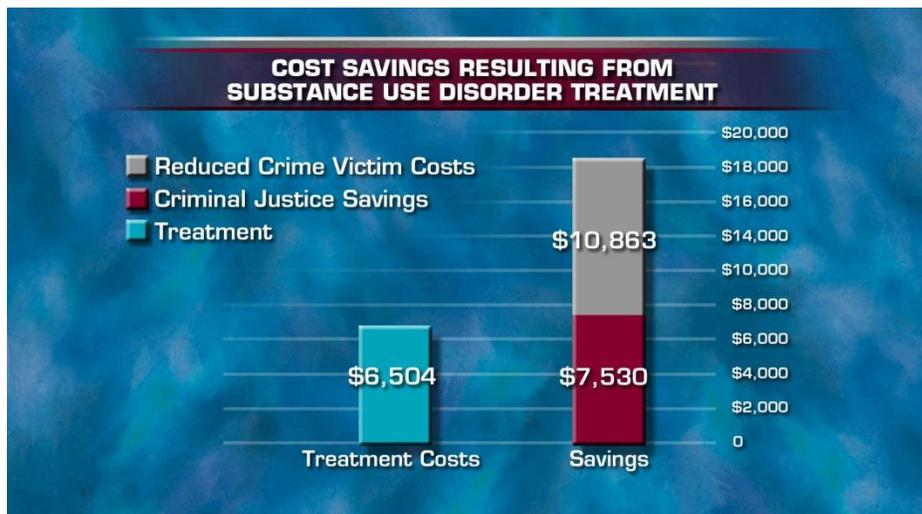
- Jails and Prisons – 356,368
 - Mental Hospitals – 35,000
- Source: Treatment Advocacy Center Statistics*

Criminal Justice Challenges – Individuals with Chronic Illness



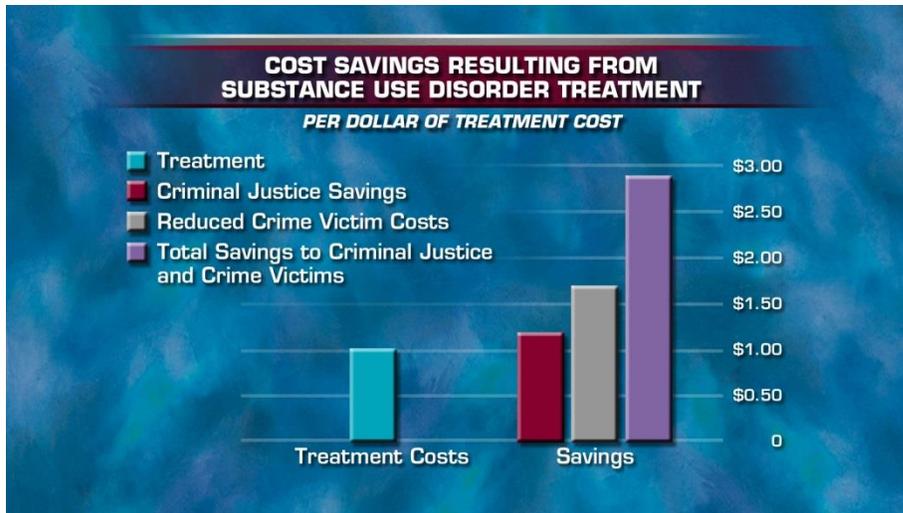
Source: Conklin, T.J., Lincoln, T. and Wilson, R., *A Public Health Manual for Correctional Health Care*. Hampden County Sheriff's Department, 2002.

Opportunity – Substance Abuse Treatment Impact on Recidivism Costs



Source: Mancuso, D. and Felver, E.M., *Chemical Dependency Treatment, Public Safety*, Washington State Department of Social and Health Services Research and Data Analysis Division, 2009.

Opportunity – Substance Abuse Treatment Impact on Recidivism Costs



Source: Mancuso ,D. and Felver, E.M., *Chemical Dependency Treatment, Public Safety, Washington State Department of Social and Health Services Research and Data Analysis Division, 2009.*

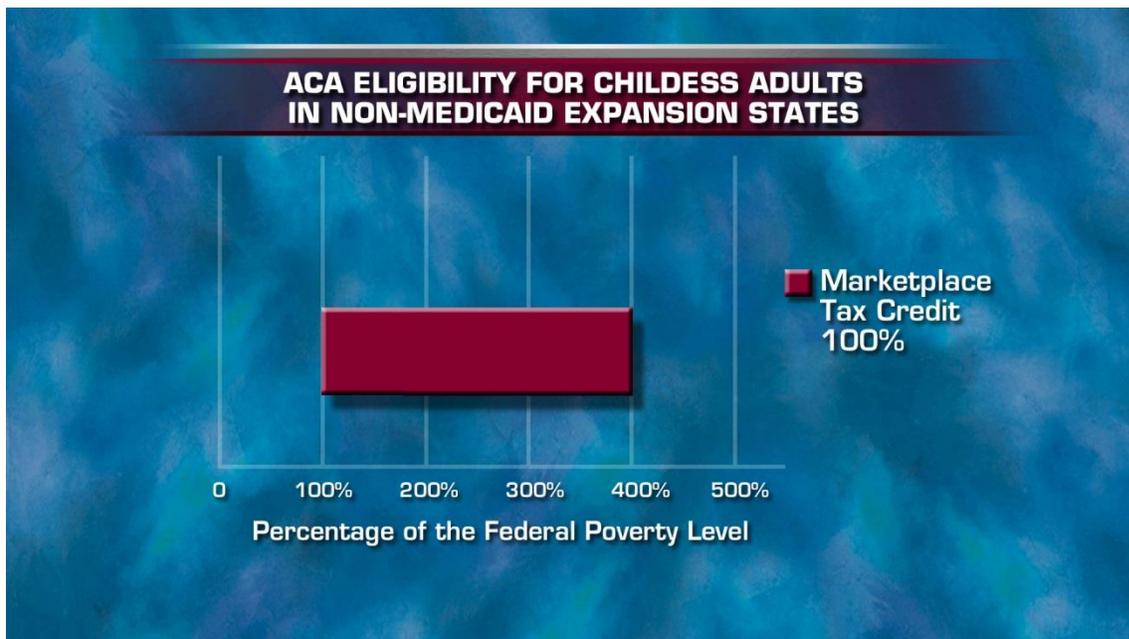
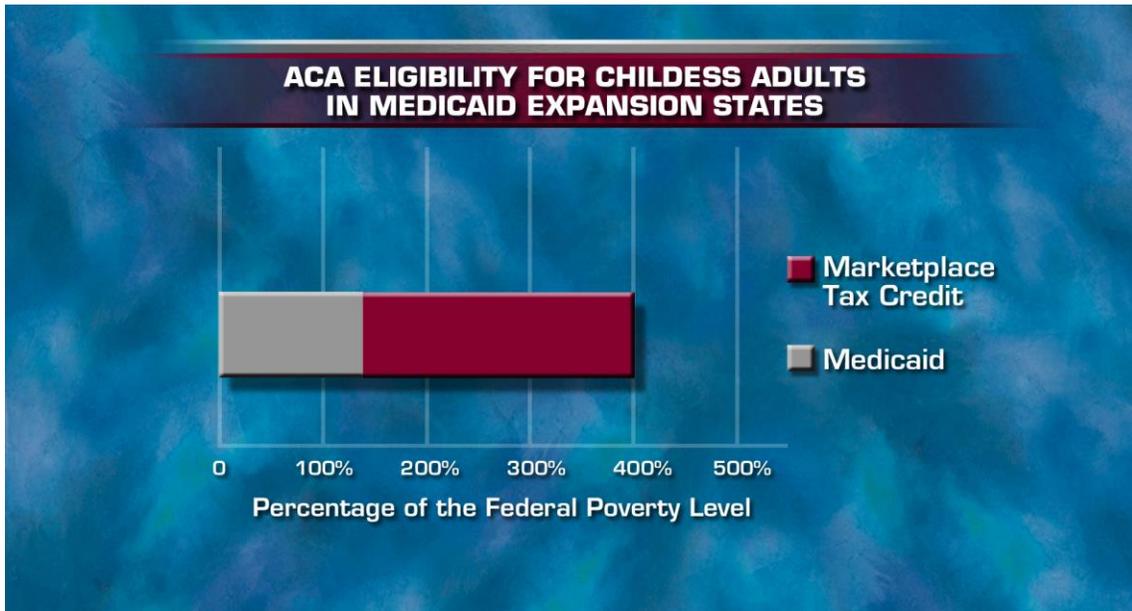
Opportunity – Funding for Medicaid Expansion States and Non-Expansion States

- Federal government subsidies for creating electronic medical records system in corrections
- Medicaid Administrative Costs Program or Medicaid Administrative Activities Program for enrollment expenses

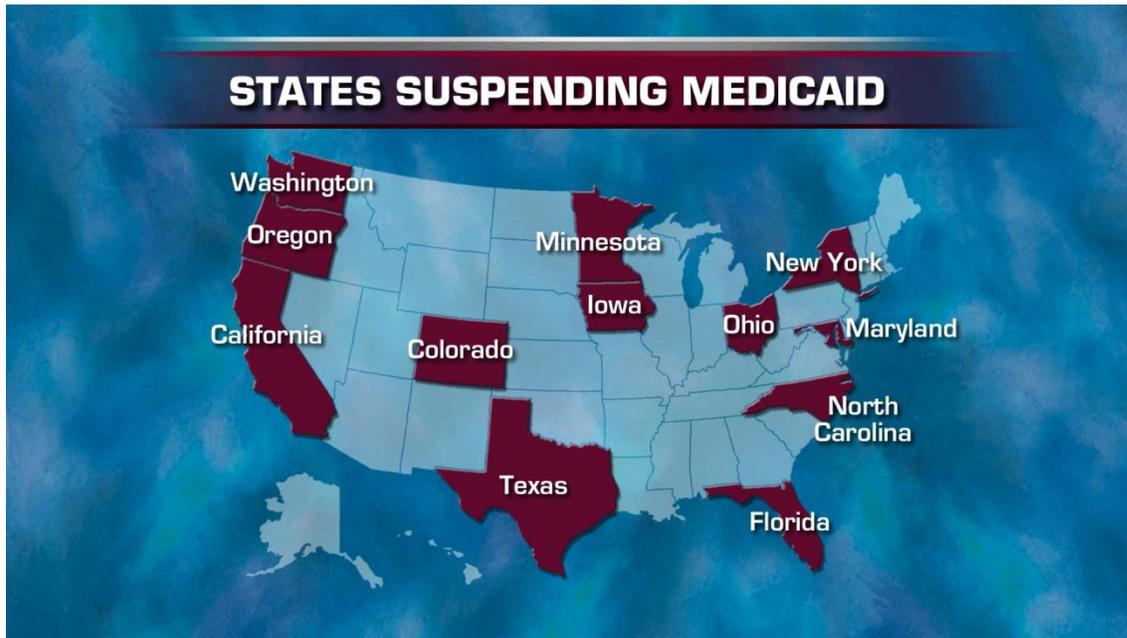
Health Care Reform: Before and After

Prior to Reform	After Reform
<p>NOT Eligible If:</p> <ul style="list-style-type: none"> -Non parenting -Non pregnant -Non-disabled adult <p>Regardless of income level</p>	<p>Expanded Coverage:</p> <ul style="list-style-type: none"> -Public insurance through expansion of Medicaid -Private insurance through insurance exchanges -Federal advance premium tax credits to buy coverage for individual and family income between 100% - 400% of federal poverty level, not Medicaid eligible

Affordable Care Act Eligibility



Suspending Rather than Terminating Benefits for Justice Involved Individuals



Medicaid Coverage While Incarcerated

When an individual is admitted to a:

- Hospital for in-patient care
- Nursing home
- Intermediate care facility
- Juvenile psychiatric facility

For more than 24 hours

		Number of People in Household					
		1	2	3	4	5	6
Private Plans	You may qualify for lower premiums on a Marketplace insurance plan if your yearly income is between... <i>See next row if your income is at the lower end of this range.</i>	\$11,490 - \$45,960	\$15,510 - \$62,040	\$19,530 - \$78,120	\$23,550 - \$94,200	\$27,570 - \$110,280	\$31,590 - \$126,360
	You may qualify for lower premiums AND lower out-of-pocket costs for Marketplace insurance if your yearly income is between...	\$11,490 - \$28,725	\$15,510 - \$38,775	\$19,530 - \$48,825	\$23,550 - \$58,875	\$27,570 - \$68,925	\$31,590 - \$78,975
Medicaid	If your state is expanding Medicaid in 2014: You may qualify for Medicaid coverage if your yearly income is below...	\$16,105	\$21,707	\$27,310	\$32,913	\$38,516	\$44,119
	If your state isn't expanding Medicaid: You may not qualify for any Marketplace savings programs if your yearly income is below...	\$11,490	\$15,510	\$19,530	\$23,550	\$27,570	\$31,590

10 Essential Health Benefit Categories

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance abuse disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

Health Home Medicaid Eligibility

If individuals have:

- 2 or more chronic conditions
- One chronic condition and at risk for second
- One serious and persistent mental health condition

Health Home Model

- Expands on traditional medical home model
- Builds linkages to other community and social supports
- Enhances coordination of medical and behavioral health care
- Main focus on individuals with multiple chronic diseases

Segment 2: System-Wide Linkages to Health Care and Other Services

Objectives

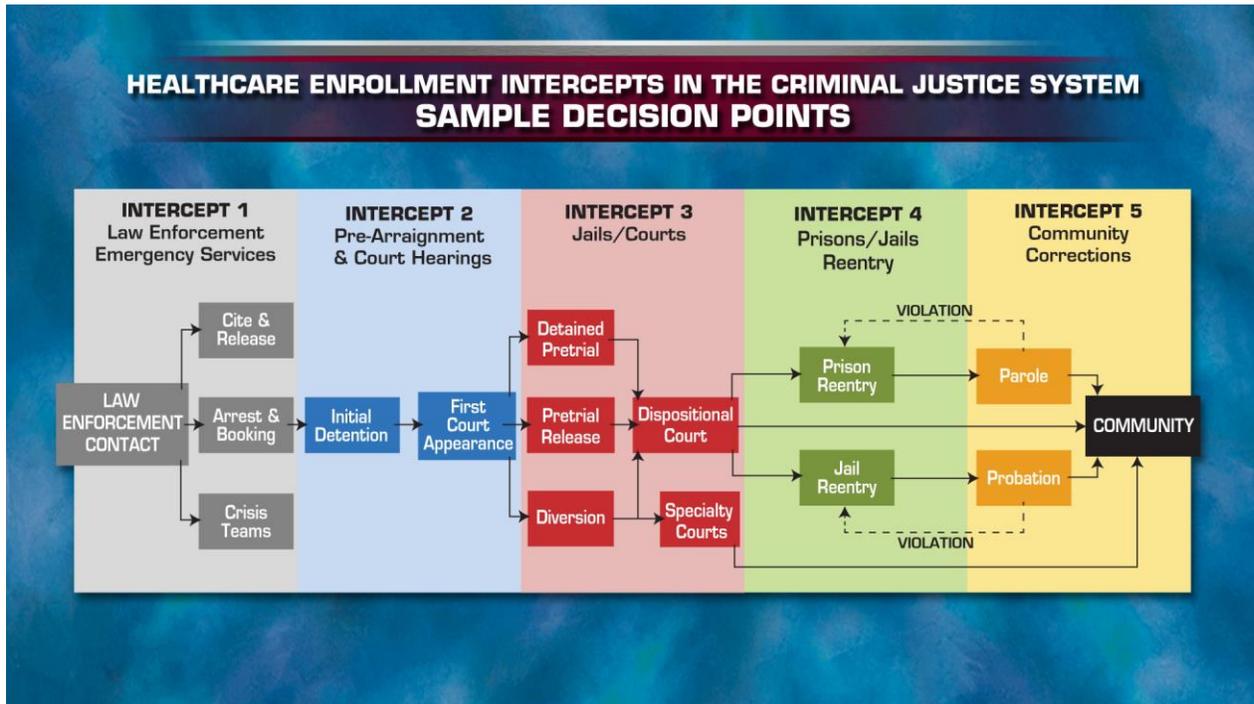
- ✓ Define “system-wide linkages”.
- ✓ Describe the key elements of these linkages.
- ✓ Illustrate examples of these linkages in correctional health programs.

System-Wide Linkages to Care

Integrating components of the criminal justice system with community health care organizations, government agencies and other community based service providers to provide continuity of care and improve outcomes for justice involved individuals inside and outside prison/jail settings.

“No Wrong Door”

Linking justice involved individuals with health care and other community services can begin at any point along the criminal justice continuum from arrest to reentry.



Characteristics of Successful System Wide Linkages

- Relationships are personal
- Criminal justice and community providers visit each other’s facilities
- Shared vision, strong working relationships
- Joint responsibility for patient care and management
- Patient education

Successful System Wide Linkages – Who Should Play a Role?

- Judiciary
- State Medicaid Director
- Parole and probation
- Halfway houses
- Local law enforcement
- Mental health agencies
- Social service agencies
- Veterans Administration
- Developmentally disabled support agencies
- Community health care providers and FQHCs
- Family members
- Patient advocates
- Non-profit agencies
- Volunteers

System Wide Linkages – Information Sharing Opportunities

- Electronic medical records
- HITECH Act and Meaningful Use Funds
- Formalized relationships for exchange of confidential and sensitive information
- Memorandum of Understanding / Memorandum of Agreement
- Use of Health Information Exchange

Health Information Technology for Economic and Clinical Health Act, 2009

- Incentivizes hospital and physician use of certified electronic health records
- August 2012 – Health and Human Services changed the “meaningful use” definition, thereby opening participation to correctional providers.
- Incentives up to \$63,750 per provider – 30% of patients must be Medicaid enrolled

Medicaid - Presumptive Eligibility

- Medicaid eligibility of justice involved individuals is assumed
- Nearly 99 percent of releasing inmates Medicaid eligible
- If person found not eligible, not granted Medicaid benefits

Source: Connecticut Department of Correction, 2014

Segment 3: Collaboration

Objectives

- ✓ Understand why the Criminal Justice System can and should initiate collaborative activity.
- ✓ Identify who should be at the table, including health care systems, behavioral health and criminal justice.
- ✓ Understand the potential structural options for an effective process.

Collaboration

“A mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals.”

The Wilder Foundation

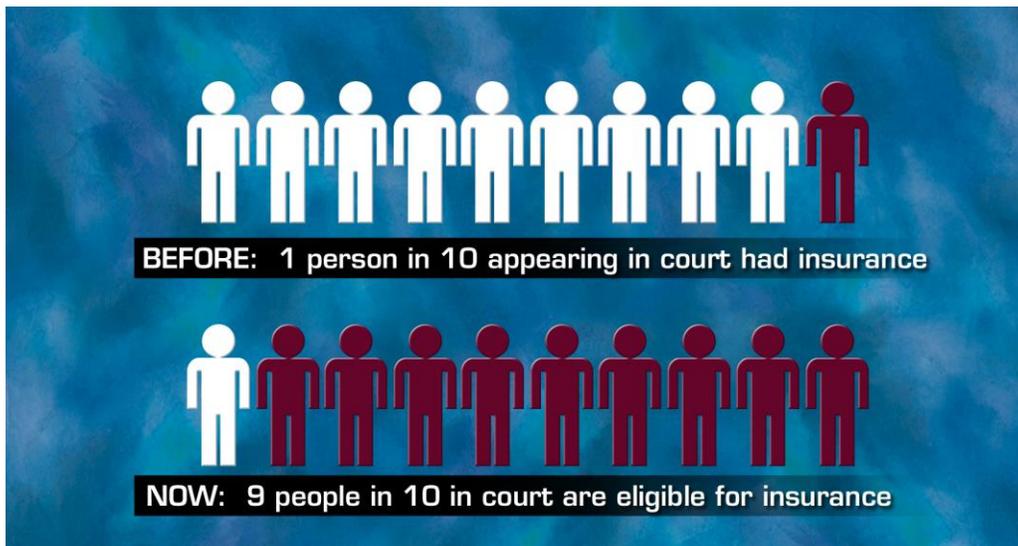
Successful Criminal Justice Collaborations Related to the ACA

- **Cook County, IL – Jail, Probation and Specialty Courts**
- **San Diego County, CA – Probation /Human Health Services Collaboration**
- **State of Connecticut – DOC (Jail/Prison) Collaboration with
Dept. of Mental Health and Addiction Services
and multiple community agencies**

Cook County – Justice and Health Initiative Goals

- Determine how to facilitate applications for all eligible individuals entering the justice system
- Develop infrastructure and processes that support universal linkage to medical, mental health and substance abuse treatment
- Support expansion of community care that meets the needs of individuals under supervision
- Expand diversion from jail and prison to community care under appropriate supervision

Cook County – Enrollment Outcomes



San Diego County Collaboration

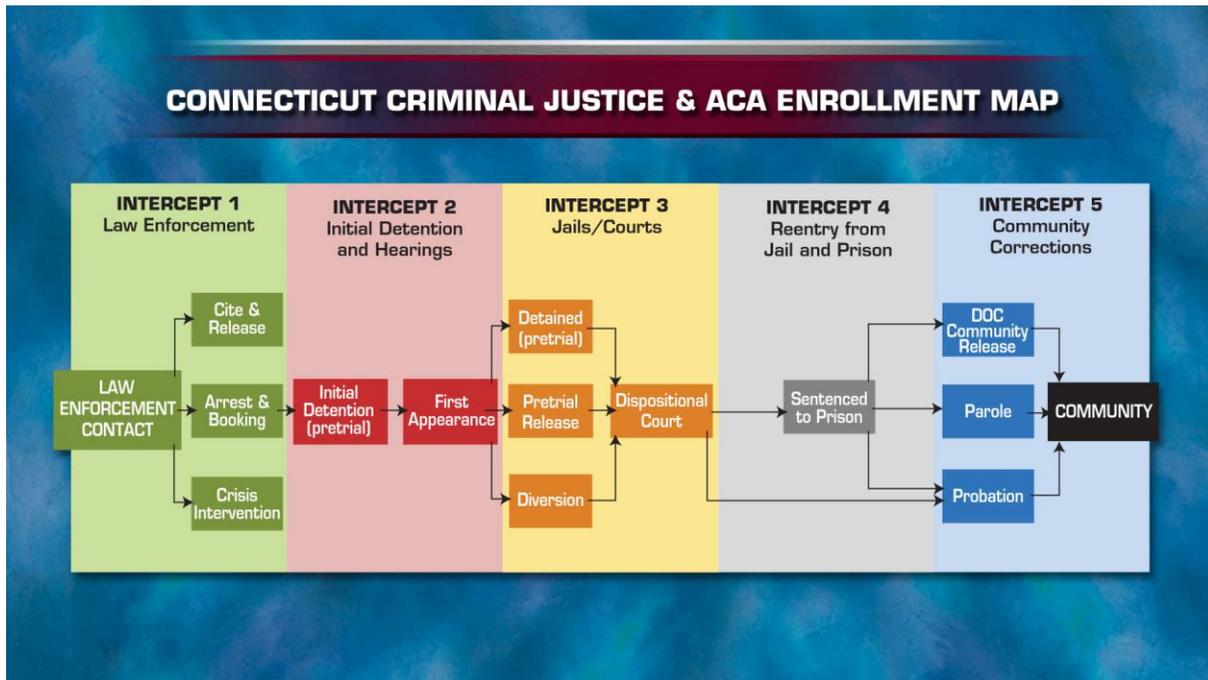
Human Health Services / Public Safety Integration Work Group

HHSA Stakeholders:

- Director of Eligibility Operations
- Deputy Director of Behavioral Health
- Administrator of Public Health Services

Public Safety Group Stakeholders:

- Probation Treatment Director
- Probation Chief Financial Officer
- PSG Group Finance Director
- Sheriff's Department Commander
- Reentry Manager
- Director of Medical Administration



Effective Collaboration – Key Characteristics

- Initiate with criminal justice as leader
- Enlist high-level convener
- Identify incentives for participating agencies
- Clarify language

High-Level Convener Tasks

- Articulate vision
- Set expectations
- Clarify roles
- Develop structure
- Problem solve

Essential Partners/Stakeholders

- Courts
- Prosecutors
- Public defenders
- Correctional leadership
- Probation/Parole
- State or local Medicaid
- Healthcare safety net
- Health department
- Community-based providers

Collaboration – Initial Steps

- Develop a common language
- Identify mission and goals
- Establish information sharing

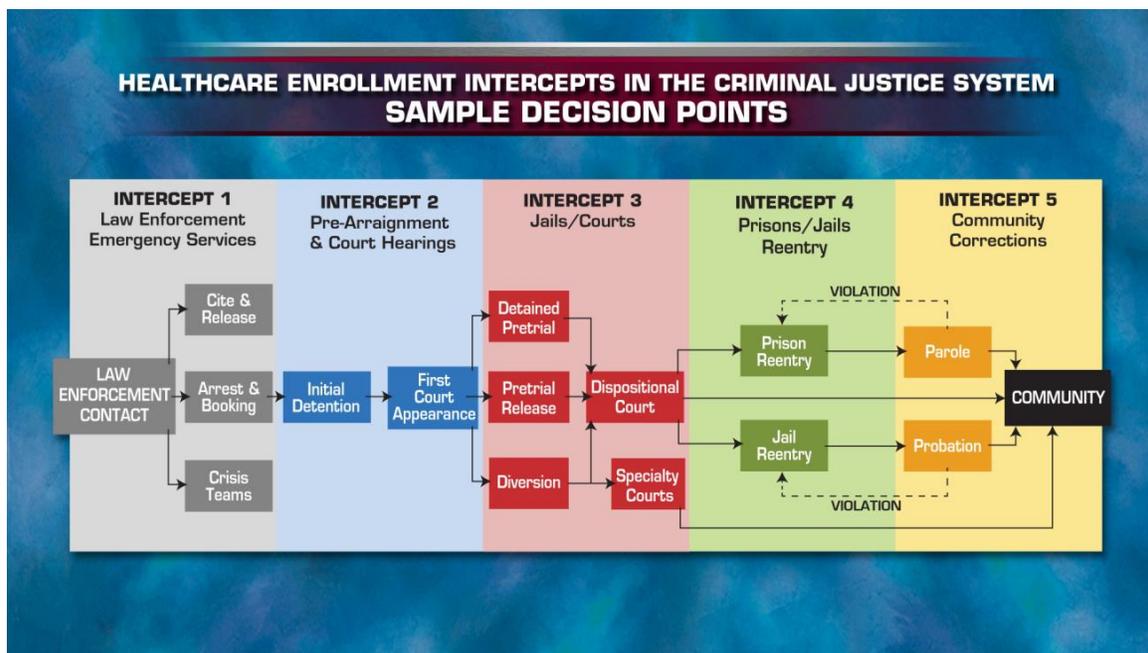
Segment 4: Enrollment Strategies

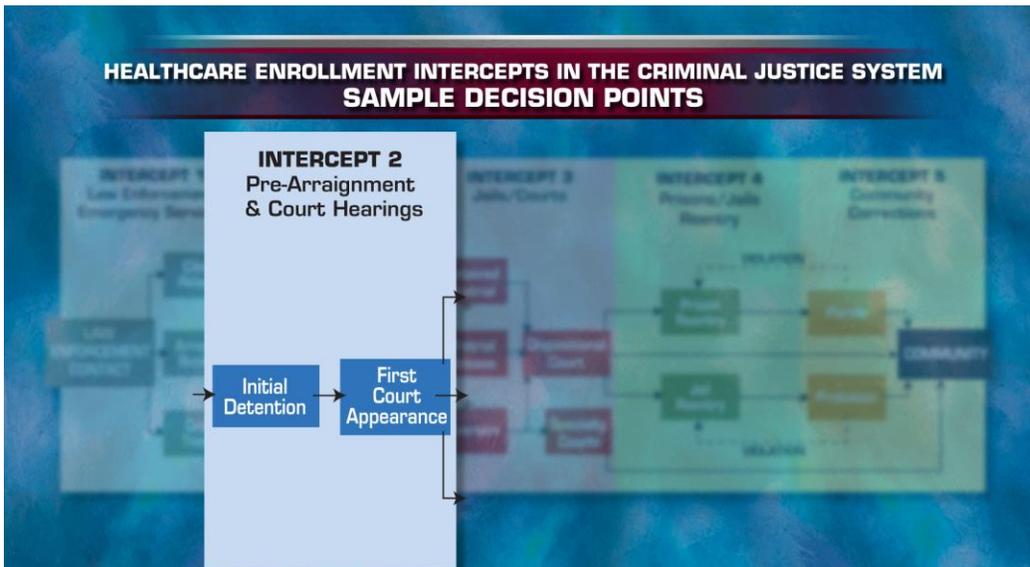
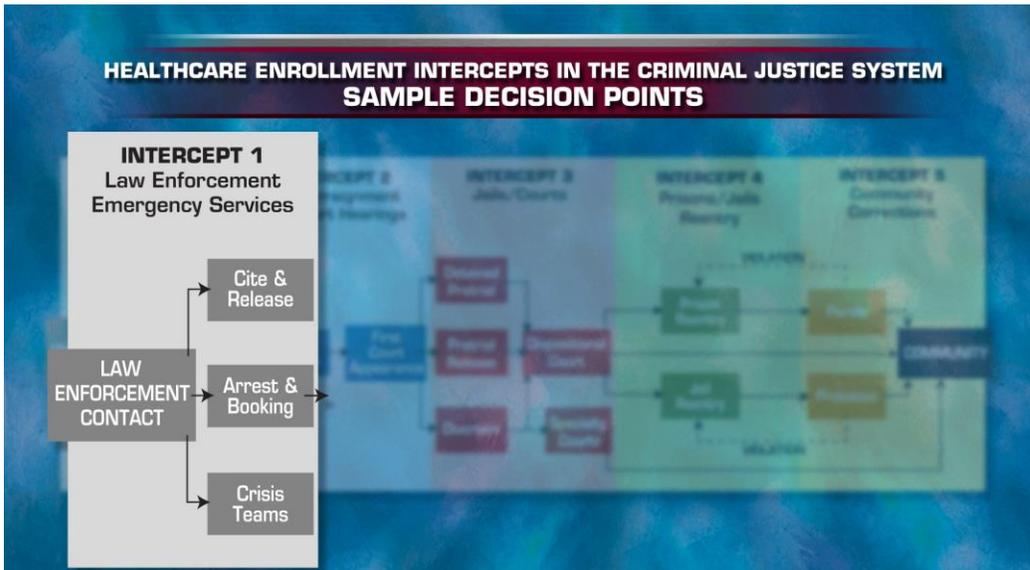
Objectives

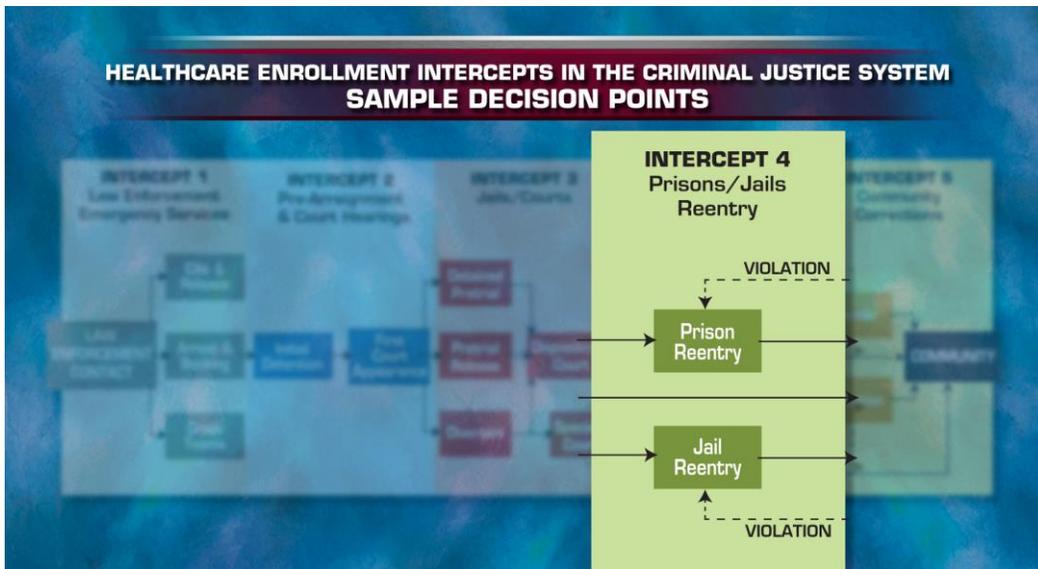
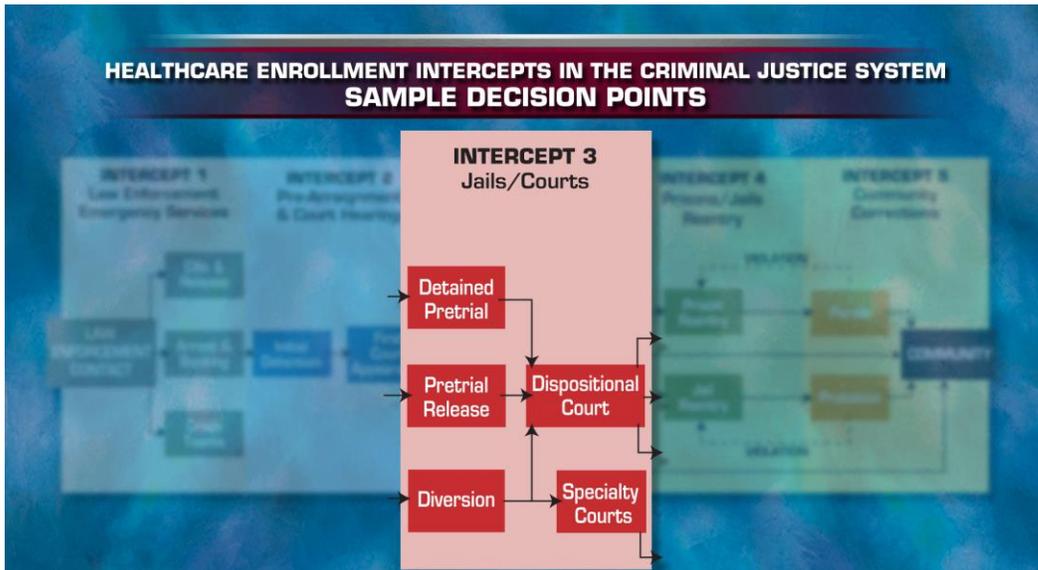
- ✓ Define “no wrong door”.
- ✓ Provide concrete examples of enrollment activities and how they can be integrated into criminal justice practices.
- ✓ Provide examples of how to measure progress.

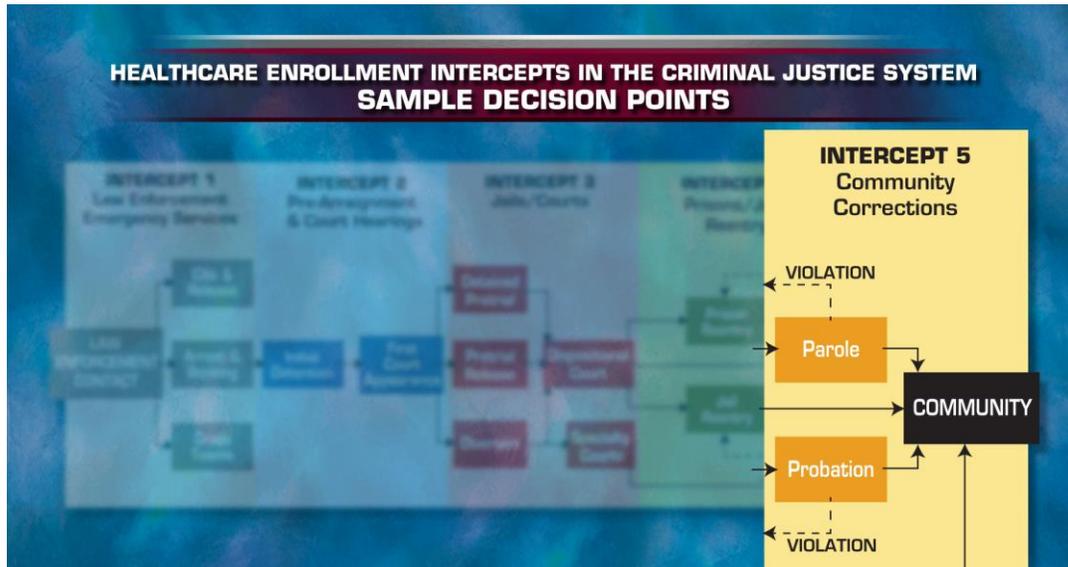
“No Wrong Door”

Linking justice involved individuals with health care and other community services can begin at any point along the criminal justice continuum from arrest to reentry.









Determining Eligibility and Enrolling

Jurisdictions use various methods of enrolling:

- Cook County Jail uses PCs to enroll at booking
- Denver uses Kiosks for enrollment
- Connecticut utilizes paper applications
- Alameda County, CA will use automated enrollment based on booking data

Data Collection Priorities

- Reasons for ineligibility
- Reasons for not applying
- Demographics

Segment 5: Resources

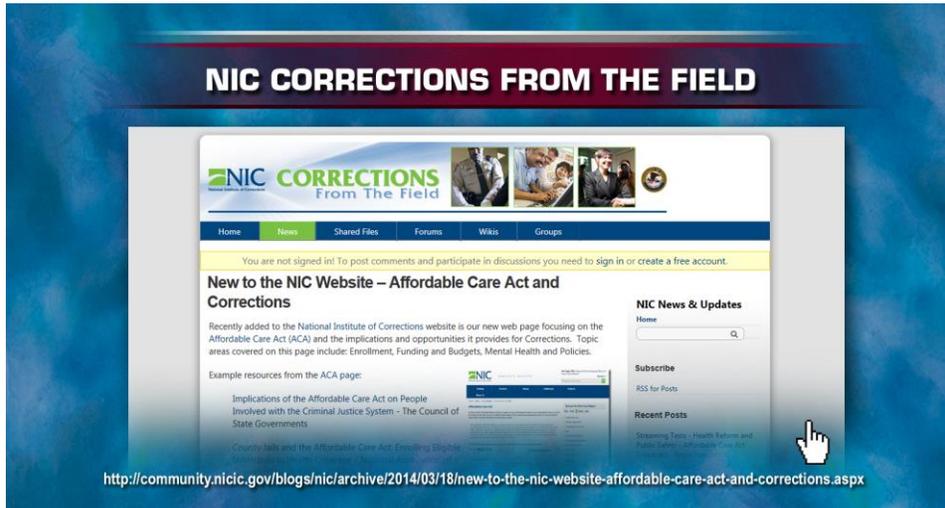
Objective

- ✓ Provide additional resources for implementing the Affordable Care Act and health care reform.



Health Reform and Public Safety: New Opportunities – Better Outcomes





NIC Follow-Up Webinars on Criminal Justice and Health Care Reform

- Health Literacy: Enhancing Access to Health Care for Justice-Involved Individuals, July 2014, Date TBD
- Two additional webinars, August & September 2014, topics to be determined by feedback from initial satellite/internet teleconference, Dates TBD
- Check NIC website for information updates

Additional Resources

Electronic Health Records Implementation Funding

<http://www.thenationalcouncil.org/capitol-connector/wp-content/blogs.dir/2/files/2013/10/Corrections-Health-IT-Financial-Incentives-for-Using-EHRs.pdf>

Oregon State Corrections and Health Reform

<http://kff.org/health-reform/>

Patient Protection and Affordable Care Act and the Pretrial System: A “Front Door” to Health and Safety

<http://www.napsa.org/diversion/library/The%20Patient%20Protection%20and%20Affordable%20Care%20Act%20and%20the%20Pretrial%20System%20-%20NAPSA%202014.pdf>

Additional Resources

Enrolling Offenders in Medicaid at Pretrial Jail Intake: A Case Study of Cook County, IL

[http://www.napsa.org/diversion/library/ACA%20and%20the%20Pretrial%20System%20\(Appendix%20A-%20Cook%20County\)%20-%20NAPSA%202014.pdf](http://www.napsa.org/diversion/library/ACA%20and%20the%20Pretrial%20System%20(Appendix%20A-%20Cook%20County)%20-%20NAPSA%202014.pdf)

Access to Health Care and Medicaid

<https://www.healthcare.gov> (To enroll in health care)

<https://www.healthcare.gov/incarceration> (Specific guidance on incarceration and Marketplace enrollment)

<http://marketplace.cms.gov> (Information for professionals who help people apply for coverage)

<http://www.medicaid.gov> (Search for policy guidance related to Medicaid eligibility)

<http://beta.samhsa.gov/health-reform>

(Information on mental health and substance abuse aspects of health reform)

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation

http://gainscenter.samhsa.gov/topical_resources/reentry.asp

National Reentry Resource Center – Health Policy Reforms

<http://csgjusticecenter.org/reentry/issue-areas/health/health-policy/>
(Portal to relevant HHS documents and publications.)

Reentry Council Mythbusters

<http://csgjusticecenter.org/nrrc/projects/mythbusters/>

Vera Institute of Justice—Justice and Health Connect

<http://www.jhconnect.org/>

Center for Health and Justice at TASC

TASC, INC. "Treatment Alternatives for Safe Communities"

Website Link: <http://www2.tasc.org/>

CHJ Website Link: <http://www2.centerforhealthandjustice.org/>

Community Oriented Correctional Health Services (COCHS)

Website: www.cochs.org Email: info@cochs.org

Lore Joplin Consulting

<http://lorejoplin.com/home.html>



Welcome to: Health Reform and Public Safety; New Opportunities - Better Outcomes
 Session Date: June 18, 2014

SIGN IN

1	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	Int at close
	Sign:	Employer:	
2	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections <input type="checkbox"/> Para- Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	
3	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	
4	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	
5	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	
6	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	
7	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	
8	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	
9	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	
10	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	

X _____

Signature of Host Agency

Date

Verifying attendance accuracy for CEU's



Welcome to: Health Reform and Public Safety: New Opportunities - Better Outcomes
 Session Date: June 18, 2014

SIGN-OUT

1	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	Int at close
	Sign:	Employer:	
2	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other	
	Sign:	Employer:	
3	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	
4	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	
5	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	
6	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	
7	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	
8	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	
9	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	
10	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	

X _____

Signature of Host Agency

Date

Verifying attendance accuracy for CEU's



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

Workshop: Health Reform and Public Safety: New Opportunities - Better Outcomes
Location: Satellite Broadcast **CEUs:** .3
Date(s): June 18, 2014 **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 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
-----------------------------------	---	---	---	---	---

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