

The Role of Health Centers to Provide Primary Care for Justice-Involved Individuals in Medically Underserved Communities

Community of Practice (CoP)

Session 2: Primary Care in the Post-incarceration Period



Housekeeping Items

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email



National Center for Health in Public Housing

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- Serves as Director of Research, Policy and Health Promotion at NCHPH and Vice President for Research and Evaluation at North American Management (NAM), leading national technical-assistance initiatives for health centers and public housing health programs.
- Integrates clinical medicine, public health, and systems evaluation to enhance primary care quality, workforce development, and policy alignment across the U.S. safety net.
- Directs national assessments and program evaluations and has published in major journals.
- Dr. Lombardi holds an MD and MPH from George Washington University, combining medical training with expertise in public health analysis, policy, and data-driven evaluation.

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The Role of Health Centers in Providing Care for Justice- involved Individuals in Medically Underserved Communities

Session 2: Primary Care in the Post-
incarceration Period

Dr. Kevin Michael Lombardi MD, MPH

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Learning Objectives

- 1. Identify high-risk** clinical and health-related issues at the initial post-release visit .
- 2. Prioritize immediate interventions**, including opioid use disorder (OUD) treatment and medication restart.
- 3. Describe a structured workflow** for reentry care in health centers.
- 4. Apply interdisciplinary strategies**, including CHW support and follow-up, to improve care continuity.

From Epidemiology to Action

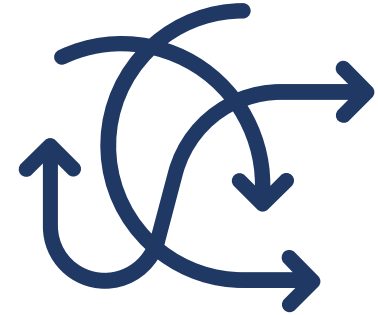
This session will focus on three high-yield areas for improving the health of justice-involved individuals based on the epidemiological findings reviewed in session 1.



Medication
Disruption



Loss to
follow-up



Navigation
gaps

Case Study, Phase 1: Intake and First Contact

Mr. Stevenson is a 41-year-old male with a history of hypertension, type 2 diabetes and longstanding history of opioid use. He was seen at a rural health center five days post-release from a 3-year state correctional institution sentence. The patient was referred to your service by a county-based CHW who met with the patient the day after his release. He has no insurance, but notes that he submitted an application with the help of the CHW this week.

Discussion Question: First Contact

What should occur in the **first 15 minutes** of this encounter?

Key information for the first 15 minutes

To reduce loss-to follow-up, improve patient care and adapt to the high volume of patient needs, health centers should identify the following as quickly as possible.



Incarceration status (past 30 days)



Patient medication information and status



The presence of insurance or applications



Any Hx of high-risk conditions

Case Study, Phase 2: Clinical Prioritization

Additional information is provided by the patient during the intake process. This includes the following:

- **Bp:** 168/102, **HR:** 82 beats/min, **RR:** 12 breaths/min
- **Previously prescribed:** Lisinopril 20 mg/daily, Metformin 1,000 mg BID, No medications in 5 days
- **Complaints:** Fatigue, headache, poor sleep (night awakenings), depressed mood

Case Study, Phase 2: Clinical Prioritization

The patient is seen by a health center primary care physician who obtains the following details about the patient's opioid use history:

- Weekly fentanyl use prior to incarceration.
- One overdose in 2021
- Two overdoses in 2023, with one requiring hospitalization in the ICU
- Did not use opioids during incarceration
- Experienced intermittent cravings prior to release (3 times per week)

Case Study, Phase 2: Clinical Prioritization

Mr. Stevenson then provides the following additional information about his addiction:

- **Cravings since release:** Daily
- **Notes:** “I have not used yet, but I feel like I am getting close”
- **Treatment history:** Not started on buprenorphine or methadone during incarceration, no medication for opioid use disorder upon release, no follow-up OUD care arranged

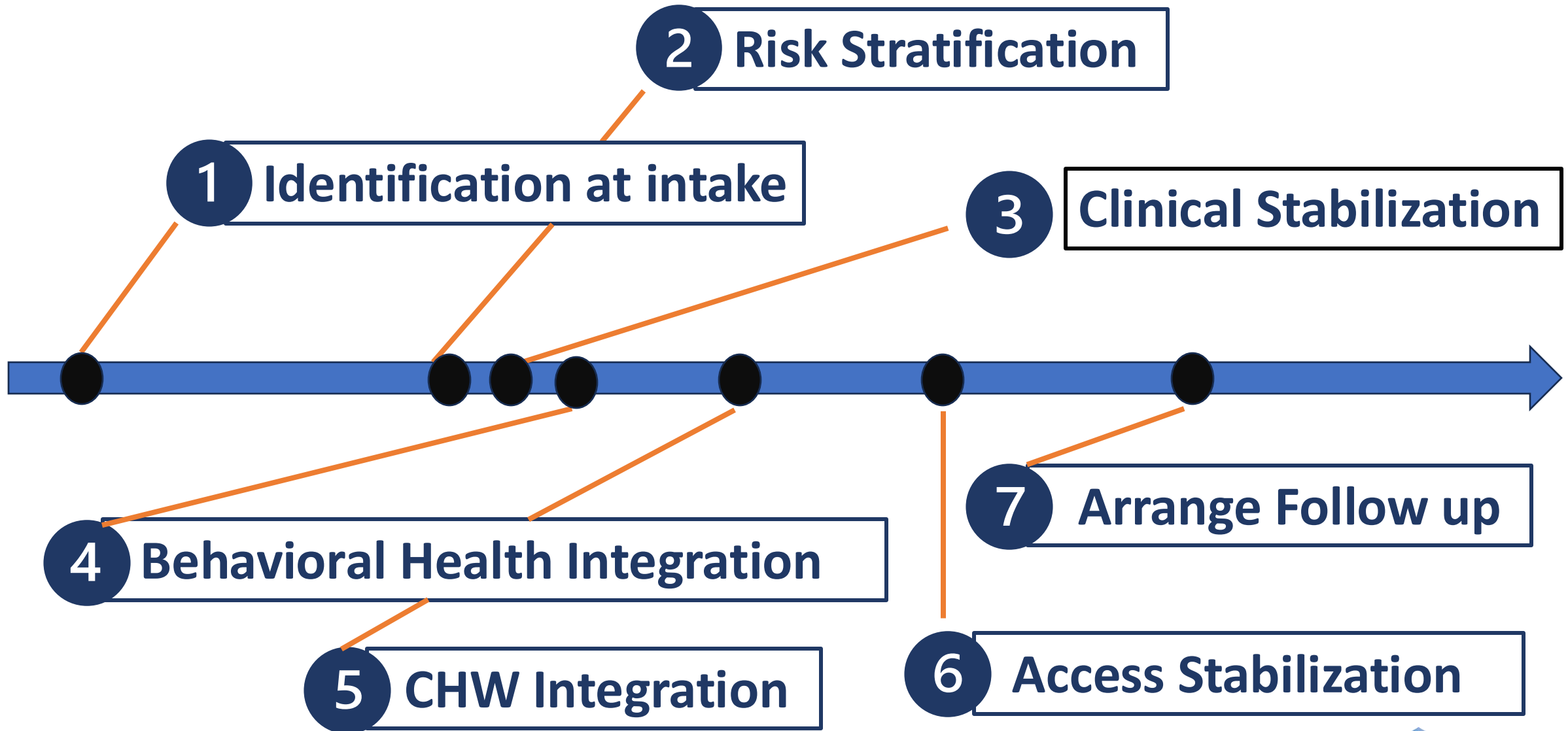
Discussion Question: Care Triage

What are the **top three priorities** for Mr. Stevenson's care during this visit?

Visit Priorities

- 1. Initiate treatment** for opioid use disorder today
- 2. Restart critical medication:** Lisinopril and metformin should be restarted, schedule medical follow-up in 3 months
- 3. Stabilize behavioral health:** Assess depression and provide intake support

Reentry Care Workflow for Health Centers



Discussion Question: Care Triage

What are the **top three priorities** for Mr. Stevensons' care during this visit?

Review of Patient Risk

Mr. Stevenson's case has revealed the following key facts:

- He is in the highest-risk post-release window
- A history of past overdoses (2022, 2023)
- Increasing craving frequency
- No medication for opioid use disorder
- No follow-up care arranged for behavioral health or OUD treatment

Case Study, Phase 3: Clinical Prioritization

Mr. Stevenson and his PCP should discuss initiating treatment for OUD today. An initial dose of 4mg can be started and titrated to 8mg based on effect.

60 minutes later, on assessment, Mr. Stevenson reported a reduction in cravings, lower blood pressure (152/82) and reduced anxiety. No signs of precipitated withdrawal were observed.

The patient was also provided with a Naloxone kit and education regarding overdose risk.

Discussion Question: Same-day Visit Outcome

- 1. What additional resources** should be provided to Mr. Stevenson at this time to support his OUD?
- 2. What are the consequences** of not applying these resources at this time?

Alternative Scenario

Without continuity of care planning or same-day treatment the following risks remain elevated for Mr. Stevenson:



**Hospitalization/
ED use**



Loss to follow-up



Overdose



**No chronic
disease care**

Q & A Session



Complete Our Post Evaluation



Upcoming Sessions

The Role of Health Centers to Provide Primary Care for Justice-Involved Individuals	Data & Time
Session 3	April 13, 2026 at 1:00 pm EDT
Session 4	April 20, 2026 at 1:00 pm EDT

Registration link: <https://us06web.zoom.us/meeting/register/jwfYbCsjRcGAZM4R7KRllQ>

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THANK YOU!

