

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

*Community of Practice (CoP)*

*Session 4: Promising practices to support justice-involved individuals*



# Housekeeping Items

- All participants muted upon entry
- Engage in chat
- Raise virtual 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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# Kevin Lombardi, MD, MPH, Director of Research, Policy and Health Promotion



- 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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# Moderators



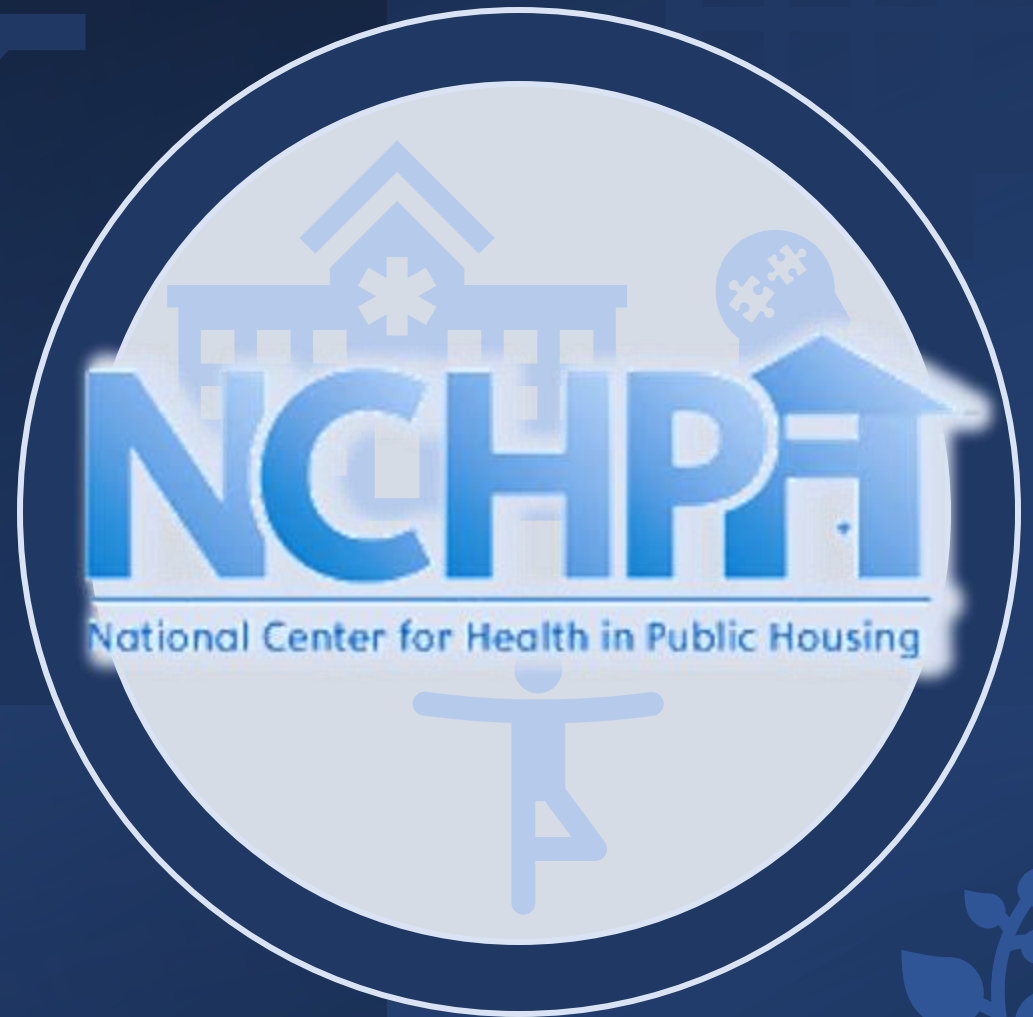
**Olajumoke Oladipo, MPH**  
Health Communications  
and Research Analyst

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

Session 4: Promising practices to support justice-involved individuals

*Dr. Kevin Michael Lombardi MD, MPH*

*Director of Research  
The National Center for Health in Public Housing  
North American Management*



## Case Study Recap: Mr. Stevenson

**Mr. Stevenson** is a 41-year-old male who was recently seen at a health center **after a 3-year sentence in a state correctional facility**. His medical history is **significant for hypertension, type 2 diabetes and a longstanding history of opioid use disorder with multiple past overdoses (2021, 2023)**.

Since his last appointment, he has **been difficult to contact, due to housing instability and lack of strong communication networks**. He was **noted to be missing at his 7-day follow-up**, later to be contacted by his Community Health Worker (CHW) through a relative.

## Path A: Unstructured Follow-up



- **Loss to follow-up**
- **High ED use risk**
- **Increased risk of overdose**
- **Poor medication compliance**

## Path B: Structured Follow-up



- **Flexible scheduling**
- **Better retention in care**
- **Reduced risk trajectory**
- **Improved medication compliance**

## Case Study: Day 15 Post-Release

**Mr. Stevenson** presents for a follow-up **three days after his missed appointment and 10 days after he initiated care**. His **3-year incarceration** in a federal prison **ended 10 days ago**.

He was able to attend the appointment due to a **transportation voucher provided by his CHW**, who also **helped him to establish reliable telephone and email communications**.

During his check-in, the patient notes **difficulty navigating his phone, especially emails**, and is **unsure if his insurance has been approved**.

## Case Study: Day 15 Post-Release

**Mr. Stevenson** is seen by his PCP, who indicates the following in his note:

- The patient reports taking his buprenorphine “some days”, with the last dose taken this morning (4mg).
- Reports no opioid use, but regular exposure to others taking opioids.
- Indicates he has not taken any of his other medications including his lisinopril (hypertension) or metformin (T2DM).
- Notes persistent stress and irritability and when asked about symptoms of depression/anxiety, he notes “I don’t know”.

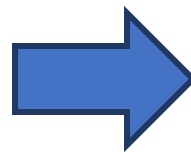
## Discussion Question: First Contact

From what we know so far, **what should be our main areas of follow-up for this visit?**

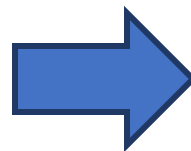
How should we address them?



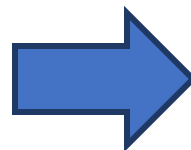
**Missed  
Buprenorphine**



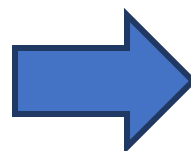
**Exposure to opioid  
use**



**No chronic disease  
medication use**

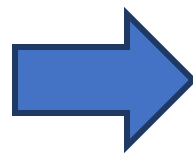


**Mood disturbance  
and irritability**

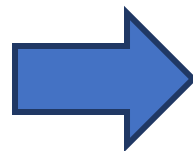




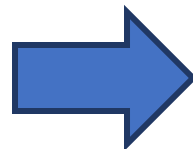
**Missed  
Buprenorphine**



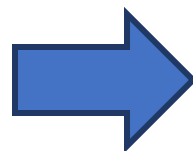
**Exposure to opioid  
use**



**No chronic disease  
medication use**



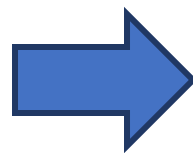
**Mood disturbance  
and irritability**



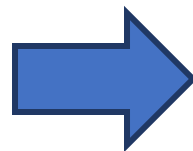
- **Probe reason for missed doses**
- **Address medication access**
- **Confirm pharmacy**



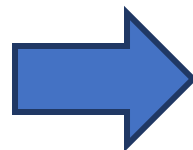
Missed  
Buprenorphine



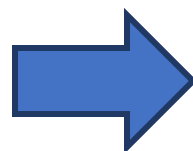
Exposure to opioid  
use



No chronic disease  
medication use



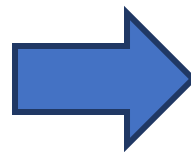
Mood disturbance  
and irritability



- Probe reason for missed doses
- Address medication access
- Confirm pharmacy
  
- **Obtain details regarding exposure events**
- **Troubleshoot strategies to avoid or minimize future exposure**



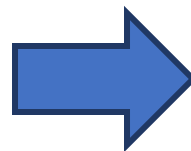
Missed  
Buprenorphine



- Probe reason for missed doses
- Address medication access
- Confirm pharmacy



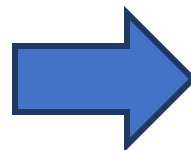
Exposure to opioid  
use



- Obtain details regarding exposure events
- Troubleshoot strategies to avoid or minimize future exposure



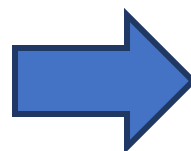
No chronic disease  
medication use



- **Address insurance, medication access and confirm pharmacy**
- **Provide patient education on conditions**

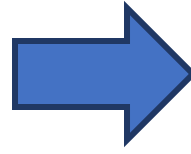


Mood disturbance  
and irritability





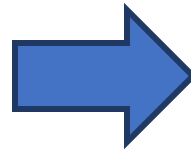
Missed  
Buprenorphine



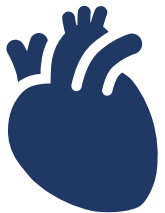
- Probe reason for missed doses
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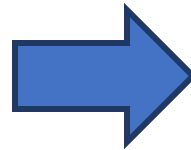
Exposure to opioid  
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- Obtain details regarding exposure events
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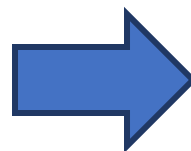
No chronic disease  
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- Address insurance, medication access and confirm pharmacy
- Provide patient education on conditions

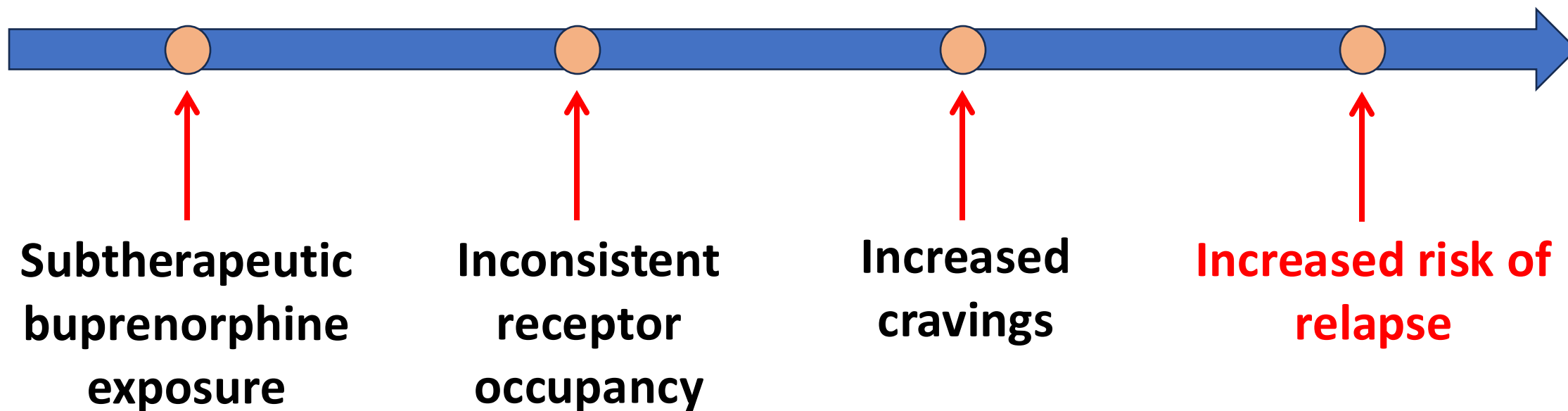


Mood disturbance  
and irritability

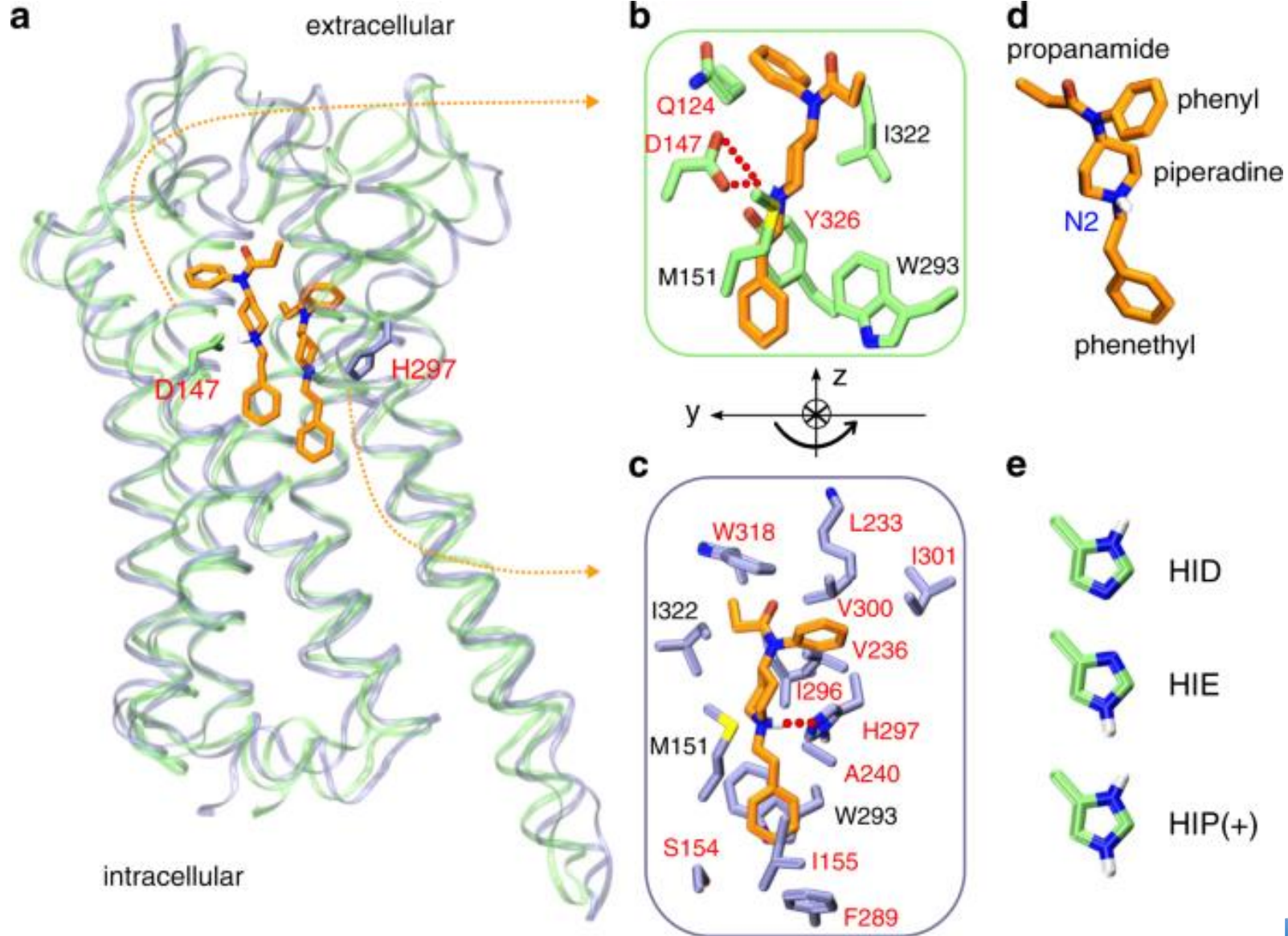


- **Screen for depression**
- **Consider treatment**
- **Provision of behavioral health resources**

*By inconsistently taking his buprenorphine, patients like Mr. Stevenson put themselves at risk of relapse through receptor-mediated mechanisms.*

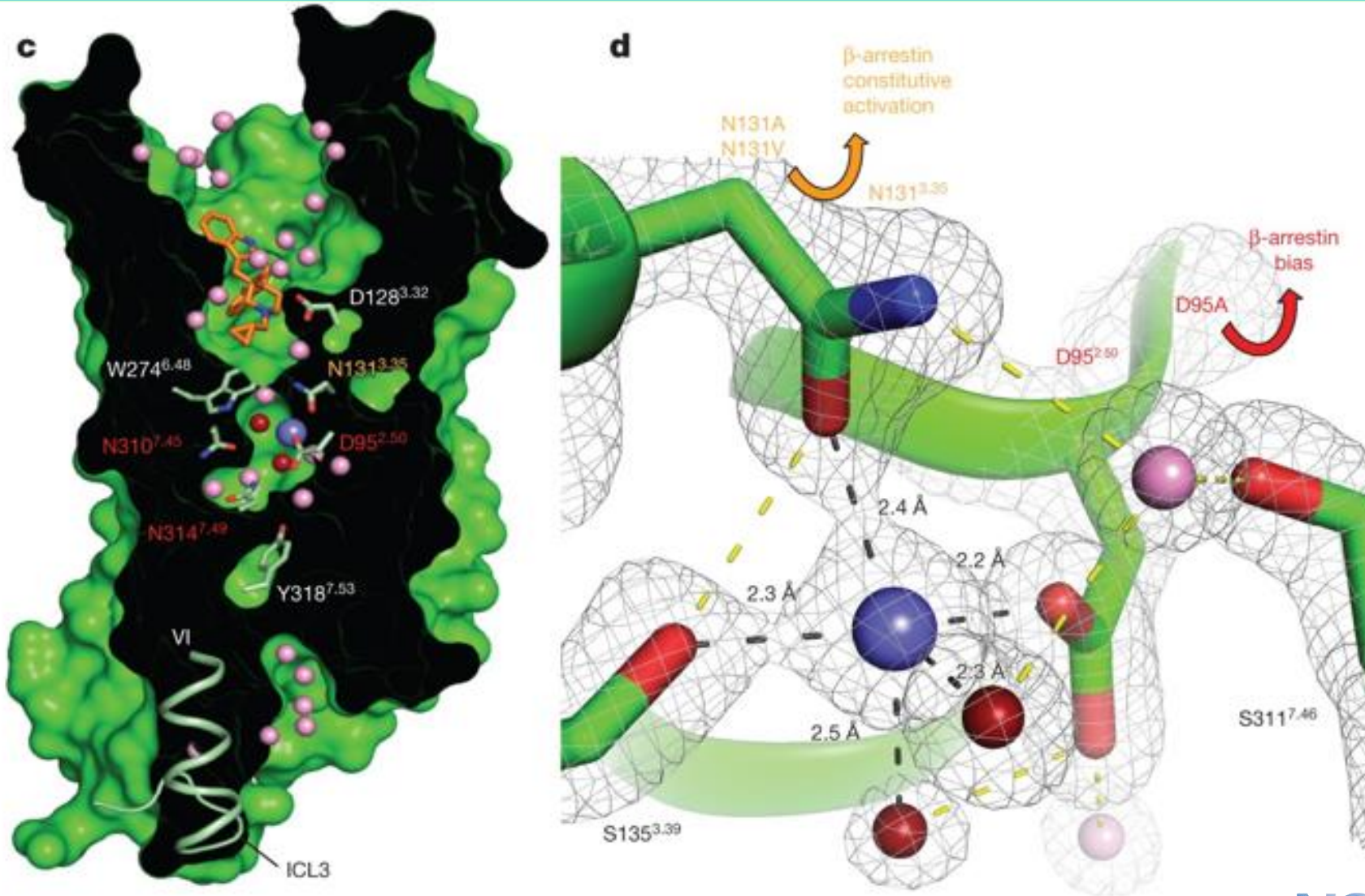


# Fentanyl Binding with $\mu$ -Opioid Receptor (mOR)



[Link to source](#)

# Structure of the Human $\delta$ -Opioid Receptor with an N-terminal BRIL Fusion Protein [BRIL- $\delta$ OR( $\Delta$ N/ $\Delta$ C)]



[Link to source](#)

# Priorities for Treating the Justice-Involved

## Missouri Medicine

*The Journal of the Missouri State Medical Association - Since 1904*

► Mo Med. 2022 May-Jun;119(3):208-212.

### Care of Justice-Involved Populations

[Dawn Davis](#)<sup>1</sup>

► [Author information](#) ► [Copyright and License information](#)

PMCID: PMC9324728 PMID: [36035560](#)

#### Abstract

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#### Terminology

Incarcerated is a nonspecific term which refers to a person confined to a jail, prison, or other institution. Inmate (preferred term: incarcerated person) refers to a person confined in a correctional facility (jail or prison). Individuals who are classified as being on probation, parole, or supervised release, remain under court supervision and are allowed to serve some or all of their sentence while residing in the community.<sup>2</sup> Jails are under municipal or county jurisdictions and house persons awaiting trial, sentencing, or transfer to another facility; those who have violated parole or probation; and some individuals who have been sentenced to less than a year in custody.<sup>3</sup> State and federal prisons generally house persons who have been sentenced to greater than one year in custody.<sup>3</sup>

[Link to source: PubMed](#)

# Priorities for Treating the Justice-Involved

Medical Conditions in Jail inmates, State and Federal Prisoners, and Missouri Department of Corrections

Condition	Jail Inmates (%) <sup>*</sup>	State and Federal Prisoners (%) <sup>*</sup>	Missouri Department of Corrections (%) <sup>7</sup>
Drug dependence or abuse <sup>1</sup>	63.3	58.5	89.1
Overweight or obesity <sup>2</sup>	62	74	
History of mental health disorder <sup>3</sup>	44.3	36.9	47.1
Hypertension <sup>2</sup>	26.3	30.2	
Asthma <sup>2</sup>	20.1	14.9	
History of infectious disease <sup>2</sup>	14.3	21	
Arthritis or rheumatism <sup>2</sup>	12.9	15	
Heart conditions <sup>2</sup>	10.4	9.8	
Diabetes mellitus or high blood glucose levels <sup>2</sup>	7.2	9	

[Link to source: PubMed](#)

# Priorities for Treating the Justice-Involved



## POLICY INFORMATION NOTICE

DOCUMENT NUMBER: PIN 2024-05

DATE ISSUED: November 29, 2024

DOCUMENT NAME: Health Center Program Policy Guidance Regarding Services to Support Transitions in Care for Justice-Involved Individuals Reentering the Community

TO: Health Centers (Award Recipients and Look-Alikes)  
Primary Care Associations  
National Health Center Training and Technical Assistance Partners

The purpose of this Policy Information Notice (PIN) is to provide program policy guidance for health centers providing health services under section 330 of the Public Health Service Act, 42 U.S.C. § 254b (including award recipients, subrecipients, and look-alikes), to clarify the circumstances under which they may provide certain health services as part of the Health Center Program scope of project to incarcerated or detained individuals who are expected to be or scheduled for release from a carceral setting within 90 calendar days.<sup>1, 2</sup>

If you have any questions or require further information on the current process for making changes to your health center's scope of project, please consult the [Scope of Project](#) for resources and instructions. If you have questions about this PIN or general or routine questions related to your Health Center Program award or look-alike designation, please use the [BPHC Contact Form](#).

## Key takeaways:

- Initiate care pre-release within 90 days strictly for transition planning
- Maintain full health center control; do not assume correctional healthcare responsibility
- Focus on continuity: treatment initiation, care coordination, and scheduled follow-up
- Integrate medical care with benefits enrollment and social support linkage

# Adding Transitional Care to Health Center Services



Guidance for Completing a Change in Scope Request to Add Transitional Care in Carceral Setting (TCCS) to Your Scope of Project

Information Needed to Assess Your TCCS Change in Scope Request	Where to Document
<p>Identify what type of carceral authority (for example, is it operated by state or local government) operates the carceral setting where you will provide in-scope transitional care services.</p> <ul style="list-style-type: none"> <li><i>An allowable carceral setting is the prison, jail, correctional facility, juvenile justice facility, or other facility where a JI-R individual is incarcerated or detained by state or local government.</i></li> <li><i>An allowable carceral authority is a local or state government that is responsible for the care and custody of the JI-R individual. <b>You must have a MOA/MOU with an allowable carceral authority.</b></i></li> </ul> <p><b>Note:</b> Health centers may not provide in-scope health center services to JI-R individuals in the care and custody of the Federal Government, even if they are in the same carceral setting as those in the care and custody of a state or local government</p>	<p>Within the attached MOA/MOU with the carceral authority.</p> <p>Clearly mark or highlight where in the MOA/MOU this is documented.</p> <p>You may attach additional supporting documentation identifying the carceral authority.</p>
<p>Confirm that the physical address for the carceral setting is located in your HRSA-approved service area or adjacent areas.</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>The TCCS location's physical address must be in your health center's service area or in an area adjacent to your health center's service area.</li> <li>You will not be able to add zip codes to your health center's service area through this TCCS Change in Scope (CIS) request.</li> </ul>	<p>Can be documented in written response.</p> <p><b>Note:</b> HRSA will review the zip code of the carceral setting and compare it to service area zip code data reported across your current Form 5B: Service Sites.</p>

# Adding Transitional Care to Health Center Services

1.

Partner with a jail or prison and formalize it with a written agreement (MOA/MOU)



2.

Define exactly who will provide services, when they will be provided, and what services will be delivered within the 90-day pre-release window



3.

Demonstrate health center control, board approval, and how services will be delivered and documented



4.

Submit a Change in Scope request to HRSA with required documentation and approvals



# Adding Transitional Care to Health Center Services



## Electronic Handbooks (EHBs) Guidance for Completing a Change in Scope (CIS) Request to Add a Transitional Care in Carceral Setting (TCCS) Location to Your Scope of Project: H80/LAL External Quick Reference Guide (QRG)

### Introduction

Use the steps in this QRG to submit a request to HRSA to add a TCCS location to your health center's scope of project. The Look-Alike (LAL) steps, where different, are noted throughout the steps.

### Contents

Complete a Scope Adjustment Request to Add a TCCS Location .....1  
Resources and Support .....5

### Complete a Scope Adjustment Request to Add a TCCS Location

1. Log in to EHBs.
2. From the Home page, click the Tasks tab (Fig. 1).

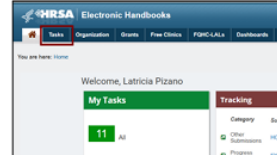


Figure 1: Tasks Tab

3. On the left menu, locate Requests under the Grants section and click Health Center CIS Requests (Fig. 2). CIS requests can also be accessed from the Grants tab/Grant Folder.

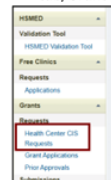


Figure 2: H80 Health Center CIS Requests Link

**LAL Process:** The Health Center CIS Requests link will be under the FQHC-LALs section of the left menu (Fig. 3):



Figure 3: LAL Health Center CIS Requests Link

4. On the Change in Scope Request – List page, click the Create New CIS Requests button (Fig. 4).

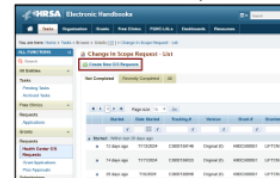


Figure 4: Create New CIS Requests Button

5. Locate your grant number and then click Request New H80 Health Center CIS link (Fig. 5).

Request #	CIS ID#	Grant Title	Grant Active	LAL Request Issue Date	Options
910207	141900191641	PD, FSA	Yes	05/30/2024	<a href="#">Request New H80 Health Center CIS</a>
910208	141900191641	PD	Yes	10/09/2024	<a href="#">Grant Folder</a>
910209	141900191641	PD	Yes	09/18/2024	<a href="#">Grant Folder</a>
910204	141900191641	PD	Yes	08/29/2023	<a href="#">Grant Folder</a>

Figure 5: Request New H80 Health Center CIS Link

17. Click Save to see if you have any validation errors. Correct any validation errors on the Form-5B: Edit page and click Save and Continue (Fig. 19).

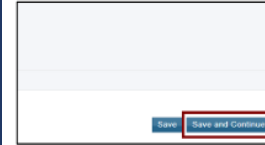


Figure 19: Save and Continue

18. On the Form 5B: Proposed Site – Change Details page ensure that Site Status is Complete (A in Fig. 20) and click Save and Continue (B in Fig. 20).

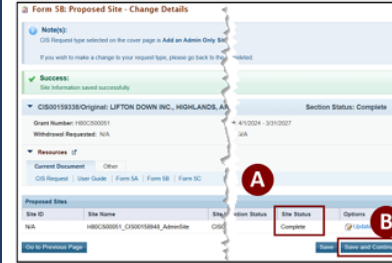


Figure 20: Status Complete and Save and Continue

19. At the bottom of the Checklist page, click and download the TCCS CIS Guidance PDF (Fig. 21). Review the guidance document and use it to prepare your response to HRSA that you will upload on the next page.

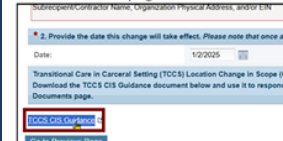


Figure 21: TCCS CIS Guidance Template Link

20. On the Checklist page, you can provide a brief overview of your request in the text box available (A in Fig. 22). Provide the date the change will take effect (B in Fig. 22). Click Save and Continue (C Fig. 22).

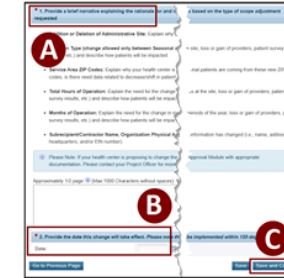


Figure 22: Checklist Notes, Date, and Save and Continue

21. On the Supporting Documents page, you must attach at least two documents in the Transitional Care in Carceral Setting (TCCS) Location Change in Scope (CIS) Requests attachment section (Fig. 23). This is where you will upload your response to the TCCS CIS Guidance document and the MOA or MOU with the carceral authority.



Figure 23: Upload Files to TCCS Section

22. Click the Attach File button (A in Fig. 24). Click the Choose File button and locate/click on the file you want to upload (B in Fig. 24). Add a description if needed. Click the Upload button (C in Fig. 24).



Figure 24: Upload Steps

# Promising Practices to Support Justice-Involved Parents and Families

May 2024

## Evidence-Based and Promising Programs and Practices to Support Parents Who Are Incarcerated and Their Children and Families

### Introduction

Parental incarceration impacts all members of a family unit, including parents who are incarcerated, their children, and the parents, legal guardians, or caregivers who aren't incarcerated. Implementing evidence-based programs and practices tailored to support parents who are incarcerated and their families is crucial for addressing their complex needs, mitigating the negative consequences of incarceration, and promoting positive outcomes for families. Investing in evidence-based programs and practices promotes long-term sustainability by allocating resources to interventions with proven effectiveness and fosters commitment by holding stakeholders accountable for achieving measurable outcomes.

While the landscape of programs and practices addressing the needs of parents who are incarcerated and their families is vast and continuously evolving, this brief will discuss examples from the field, providing a glimpse of the diversity of approaches. The following programs and practices are informed by research that reflects best practices, as well as input from practitioners and administrators on evidence-based and promising practices and programs used by the field collected through a survey of Second Chance Act Addressing the Needs of Incarcerated Parents and Their Minor Children grantees.

### Keywords

- **Evidence-based programs and practices** are grounded in empirical evidence, scientific research, and outcome evaluation that prove effectiveness in achieving the desired positive outcomes.
- **Promising programs and practices** show initial evidence or indicators of effectiveness in addressing a particular issue or achieving a desired outcome.

## Supporting the Connection between Parents Who Are Incarcerated and Their Children

Maintaining meaningful connections between parents who are incarcerated and their children is essential for promoting family well-being, mitigating the trauma of family separation, and reducing recidivism upon release. This includes opportunities for parents to spend time in-person and communicate regularly with their children, through visiting, video calls, and phone calls. The most comprehensive resource on policies and practices to support parent-child relationships during incarceration is the National Institute of Corrections' [Model Practices for Parents in Prison and Jails: Reducing Barriers to Family Connections](#). Included below are a few of many evidence-based and promising programs and practices to support families with creating, maintaining, and mending relationships during parental incarceration. It's also important to include parents who are incarcerated, their children, and families in planning and implementing programs and practices.

Evidence-Based and Promising Programs and Practices to Support Parents Who Are Incarcerated and Their Children and Families

1

## Key recommendations:

- Secure housing immediately after release to enable family reunification and stability
- Provide structured reentry case management and peer mentoring for navigation and adherence
- Deliver mental health and school-based supports for children and caregivers
- Implement family reunification programs with coordinated services and parenting support

[Link to resource](#)

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# Q & A Session



# Complete Our Post Evaluation



## CONTACT INFORMATION

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<p><b>Kevin Lombardi, MD, MPH</b> Director of Research Kevin.lombardi@namgt.com</p>	<p><b>Fide Pineda Sandoval, MPH, CHES</b> Training and Technical Assistance Manager Fide@namgt.com</p>
<p><b>Olajumoke Oladipo, MPH</b> Health Communications and Research Analyst Olajumoke@namgt.com</p>	<p>Please contact our team for Technical Support at 703-812-8822 or info@nchph.org</p>

THANK YOU!

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