



RETURNING TO COMMUNITY HEALTH CARE AFTER INCARCERATION RESOURCE OVERVIEW WEBINAR

WEDNESDAY, AUGUST 7, 2024



-Hello, everyone, thank you for joining us today. My name is Ashley Peddicord-Austin, and I am a white woman with brown, curly hair and I'm wearing a blue and white dress with a black sweater. On behalf of the Centers for Medicare and Medicaid Services Office of Minority Health, or as we will say, CMS OMH, and the Department of Justice Office of Justice Programs, OJP, I'd like to thank you all for joining us today on our webinar in recognition of the recent release of our new resource, Returning to the Community: Health Care After Incarceration, A Guide for Health Care Reentry. Long title. I've been calling it "Roadmap to Reentry," if you want a short name.

We want today's webinar to be a collaborative discussion through which we will give more information and we're glad you could join us today. It is a great thing when we can partner with another federal agency and work together on our joint goals which are goals that I know you also share, as well. So, I welcome you to stay in touch with us not just today through the Q&A or through our resource mailboxes but as the weeks and months go on, please stay in touch. With Coverage to Care, in particular, we like to hear how it's going when you're using a resource. If you have feedback for us, we very much appreciate that. This is the new resource from us and we're just beginning our work to help individuals involved in the justice system and returning to the community in our partnership with DOJ. So, we really look forward to hearing from you.

Before we get started, let's go ahead to the next slide. We want to review a few accessibility features for this webinar. So first off, closed captions are available. To access this feature, go to the menu at the bottom of the screen. Click on captions. That'll display another menu where you can select show captions. Selecting show captions will allow closed captioning to appear on your screen.

We also have ASL interpreters who are joining us for today's webinar. Thank you, both. And to access ASL interpretation, please go to the menu at the bottom of the screen, click on the interpretation icon. Under watch, you can choose American Sign Language and a video window of the interpreter will appear on the screen. And our interpreters tend to switch off between both of them. All right, let's go ahead to our agenda slide, please.

So, here's our outline for this afternoon, or morning, depending on where you're joining us from. Following this welcome, we will begin by giving a brief overview of CMS OMH just so you know who we are and why we're doing this. Followed by an overview of the U.S. Department of Justice Office of Justice Programs. And then we'll get into our overview of Coverage to Care, known as C2C. And that's when we'll give a more in-depth demonstration of the five steps that come -- that make up the Returning to Community: Health Care After Incarceration Guide for Reentry. Or as I've been saying, Reentry Resource or Roadmap to Reentry. And then lastly, to conclude the webinar, whatever time we have left, we will open up for a Q&A session. So, let's go ahead to our next slide.

So first, the updates from the office I come from, the CMS Office of Minority Health. Let's go ahead to that one.

So, our office is actually one of eight Offices of Minority Health that are across the larger US Department of Health and Human Services. We all work together pretty frequently on -- and stay in touch as kind of like sister offices, but we each focus on our own agency's programs. So, for me, think about Medicare, Medicaid, Marketplace, CHIP. We had also worked together to coordinate and share information about how we're operationalizing health equity, the tools, terms, and approaches to collecting data and the analysis of the data, and how we're each considering using it to stay consistent among each other and across the department. Some of us were established by the Affordable Care Act, so you'll see a lot of us are roughly a ten-year old office, relatively new compared to a lot of our colleagues.

Within CMS, our Office of Minority Health has a mission and vision to embed health equity into CMS programs, policies, and partnerships. So, everyone served by the agency can achieve their highest level of health and wellbeing. And so, the disparities in health care access, quality, and outcomes are eliminated. And that is our ultimate goal, eliminated, not just reduce disparities.



RETURNING TO COMMUNITY HEALTH CARE AFTER INCARCERATION RESOURCE OVERVIEW WEBINAR

WEDNESDAY, AUGUST 7, 2024



So again, we work across all the health care programs within CMS. I assume Medicare, Medicaid, Marketplace, CHIP. And when you think about our resources and some of the C2C resources coming up, you can think very broadly about that larger health insurance program perspective.

All right, so I will now -- we can flip to the next slide and I will be passing it over to Mariel Lifshitz from the US Department of Justice Office of Justice Programs.

-Thank you so much, Ashley. Hi, everyone. Thank you for joining us today. I'm so pleased to be here with my colleagues from the Department of Health and Human Services and to talk more about this joint project that we did together.

First, before we get into more information about Coverage to Care and the project specifically, I will provide a brief overview of the Office of Justice Programs. Next slide, please.

Before I launch in, I will introduce myself. Mariel Lifshitz. I am a senior advisor in the Office of Justice Programs in the Office of the Assistant Attorney General. The Office of Justice Programs sits within the Department of Justice. The Office of Justice Programs is the largest of three grant-making components within the Department of Justice. We have a budget of approximately \$5 billion and OJP is the leading source of federal funding for state, Tribal, and local criminal and juvenile justice agencies.

There is the work of our six program offices that comprise the agency. OJP provides grant funding and training, as well as technical assistance, research, and statistical data on a variety of issue areas that touch the justice system, justice professionals, and individuals impacted by the justice system including adults, youths, families, and victims of crime.

Before we continue forward, I just want to, again, thank my colleagues at the Centers for Medicare and Medicaid Services Office of Minority Health for this collaboration. On the next slide, I thought we would talk a little bit about why we had this collaboration and what the purpose of it was. Next slide, please. Thank you.

So, this collaboration across our two agencies and departments really reflects the needs of the population that we both serve. And the importance of providing information to help those individuals be informed about their health and how to get needed services. Just for some context, I'm imagining that most of the people that have joined this call today might know some of these statistics, but I thought it would be helpful to just ground all of us in some of this information.

So, in 2022, close to one million people were held in state prison and over 650,000 people were held in local jails. The Department of Justice data also show that people in correctional facilities report significantly higher rates of chronic and physical behavioral health conditions, as well as infectious diseases than the general population. Data also shows that the immediate period after reentry from incarceration to the community is an extremely critical time for individuals. For example, the risk of opioid overdose, particularly -- is particularly high in the first two weeks post-release. Various studies have shown that individuals released from prison are anywhere from 20 to 129 times more likely to experience a fatal overdose than the general public in the first two weeks after release.

In addition to accessing physical and behavioral health services during incarceration, establishing effective linkages to coverage and services upon release has also been demonstrated to improve health and reentry outcomes post-release. Studies have also shown that access to services and health coverage can support successful reentry. For example, data from several studies show that substance use treatment initiation prior to release from incarceration and continuation during reentry reduces risk of death by up to 75%. And other studies have also shown that Medicaid coverage upon release can reduce recidivism.



RETURNING TO COMMUNITY HEALTH CARE AFTER INCARCERATION RESOURCE OVERVIEW WEBINAR

WEDNESDAY, AUGUST 7, 2024



So, thinking about all that, due to these factors and many other factors. There are very kind of some specific and unique considerations that impact the care and health of individuals involved with the justice system that may be different, and are often very different from people in the general population. And providing a road back to help address and walk somebody through some of the unique considerations is exactly why and how the Centers for Medicare and Medicaid Services Office of Minority Health and OJP came together to do this work. So now I'll turn it back over to Ashley.

-Great. Thank you, Mariel. So, let's go ahead to our next slide. All right, so now we will begin with a review of the Coverage to Care or C2C initiative. Let's go ahead to our first slide. Thank you.

So C2C is basically health insurance literacy initiative. It was developed to help our partners and any consumer understand their health coverage and connect them to the primary care and preventative care that is meant for them. All that said, we also like to focus on mental health, substance use, behavioral health, telehealth, and of course, now reentry. So, whether an individual is managing coverage for themselves, a family member, whether their provider is helping or it's another organization trying to help someone connect to what they need, we're hoping that we have the information and resources that they need to understand their health insurance and managed care to say -- and care and stay healthy.

So, on this slide, you'll see the cover images of a few of our resources. This includes our key resource, that's the blue one with a few people, the Roadmap to Better Care. It is the first one on the left. The Roadmap can be used to explain what health coverage is and how to use it to get primary preventative services. And it's kind of the basis of most of C2C and a lot of our other resources. So, it's a great starting place if you're looking for something in general. It is also available in nine languages. I'll list those in a second. Arabic, Chinese, English, Haitian Creole, Korean, Russian, Spanish, Ukrainian, and Vietnamese. We also have a very recently updated Tribal version that is specific for communities who are in Tribal nations or other American Indian and Alaska Native communities.

The next one down is our Roadmap to Behavioral Health. That's the green one second from the left. It helps to have individuals understand behavioral, or first off, let's define behavioral, mental and substance use services, and how to seek care specific to those. There's a lot of caveats and differences in behavioral health from plan to plan, state to state, and it can be a lot to navigate. So, we have this resource specifically for that. It goes through emotional, psychological, social wellbeing talking about the importance of behavioral health as part of your overall health. But we also talk through a lot of those trickier terms like all the different types of behavioral health providers.

And then also on the screen you'll see a prescription resource that's fairly new. And another one that's geared towards -- specifically towards people with disabilities and navigating their care.

So, these are things that could maybe be helpful for a lot of you in working with people whether or not it's the same person that you're using the reentry resource for or not. But we have lots and lots of slides -- lots of resources, so we will list the website out for you, as well, throughout the slides, but go.cms.gov/c2c. And you'll find all of our resources there. Let's go ahead one more slide.

So, we mostly work directly through community partners. Lots of different people can partner with Coverage to Care. You could be a clinic, a health care provider, a navigator, a CHIP counselor, or maybe work in justice or reentry. We have all different types, librarians, you name it. The gamut of community organizations has been, at some point, a C2C partner.

So, with that said, we want to make sure our partners have the tools and resources they need to make it a little bit easier on you all because you have enough to do already. So, we have a partner toolkit. It's got materials that are ready to go. There is a draft newsletter, a draft website, social media posts, graphics to go with them, English and Spanish. And we give ideas about how you can start events in the community talking through the roadmap. We have PowerPoint presentation to help you talk through the Roadmap, train the trainer type events. And, of course, we also offer everything on the website. There's print



RETURNING TO COMMUNITY HEALTH CARE AFTER INCARCERATION RESOURCE OVERVIEW WEBINAR

WEDNESDAY, AUGUST 7, 2024



resources, as well. And then we have, of course, we have a listserv, so if there's any new webinars, any other training sessions that we do, any new resources, all of that you would be notified by the listserv.

And then the last thing we wanted to mention was our Community Connection Tour. So, I'm actually going to give a little bit more detail on that on the next slide. But with that, we can actually work directly with local organizations to help those who are interested in hosting events or getting involved. And, of course, anybody who's wanting to learn more can always reach out to us at any time at CoveragetoCare@cms.hhs.gov. Let's go to the next slide and we'll take a look at some of the work that's been done.

This probably looks familiar to a lot of you. If not the C2C part, just the general idea of a lot of these types of events. So, we started doing this last year to work with local community organizations in communities. Sometimes we're going and having the event or others on this call would go and have the event. And sometimes we're telling an organization, this is how we do it. This is what we would set up, how many Roadmaps we would take, or these would be great resources for you to have. And help them get those and folks all set up. So, it just depends on the situation.

You know, there's lots of events happening. Just recently, we've been at Taos, New Mexico. We've been at a Health and Wellness Substance Abuse Fair in Virginia. There's the Caribbean Latino block party in New Jersey. We were down in Alabama for a Maternal Health Expo. And then there's also an annual health fair in Georgia, the National Coalition of 100 Black Women, that we were able to attend. And those are just some of the more recent ones and some of the pictures that you'll see on the slide. So, we have lots of things lined up for the summer as the summer starts to wind down. But we'll continue these and do as, you know, much outreach and working as we can. Let's go ahead to the next slide.

Okay, so we're now going to focus on the reentry resource, the kind of reason that we're having this webinar and what brought us all here today. So, I'm now going to turn it back to Mariel, and she's going to provide an overview of the new resource between her and my colleague, Jessica. So, let's go ahead.

-Thank you, Ashley. Next slide. So, I think before we talk through the four steps of the Roadmap, I want to provide a little bit of background information on the development of this resource. So, through the work at the Office of Justice Programs, including specific focus groups that we put together to inform the development of this Roadmap, which included individuals with lived experience, behavioral health providers, and reentry professionals, we know that it's important and we specifically recognize in the Roadmap that returning to the community following incarceration can be very daunting.

Those returning have immediate needs and priorities other than health care, including getting necessary identification and documents, finding a job, making sure that their basic needs like food and transportation are met. But we also recognize that continuing any treatment, care plan, and prescription medications including getting support for any substance use needs, are very important ways to stay healthy.

So, this resource is designed to help individuals take charge of their health and give them tips on how to speak up to their health care needs during and after incarceration, connect to free and affordable health care and other support services, and find local programs, benefits, and people who can help connect to resources and other supports.

Throughout this resource, we try to include with some common health terms and resources. These lists include contacts that can help individuals find documents, medical records, and other benefits, including food, housing, and transportation support. There is also a section for taking notes. And on this slide, you'll find images of the resource cover and content page on the right. Next slide, please.

So, as we were developing this resource, we thought, okay, well, what is the first step that people need to know. And the first step to reentry we thought is knowing one's health care needs. So, throughout this first step, we've emphasized how knowing about your own health needs and how to stay healthy can help an



RETURNING TO COMMUNITY HEALTH CARE AFTER INCARCERATION RESOURCE OVERVIEW WEBINAR

WEDNESDAY, AUGUST 7, 2024



individual understand and find the care and services that they need. We give more context about how behavioral health, specifically, which as Ashley said, include both mental health and substance use needs, is integrated into one's overall health. And step one includes ten total questions that we encourage individuals to ask themselves and others to better understand their situation about what they might need. So, we haven't included all ten here on this slide, but just we've included a few examples of the questions that we include in the resource itself. So, we ask people to think about do you have any health issues such as pain in your body that a health care provider could help you with. Do you have diabetes, heart problems, weight issues, or drugs or alcohol that run in your family?

Do you currently take any medications a provider prescribed to you, and might you need a refill soon upon reentry? So, in addition to these questions, we emphasize the benefits of taking care of your physical health, mental health, and addressing any substance use concerns that you might have. From being able to better deal with stress of life, to having good relationships, taking care of your health can definitely have a very positive impact on a variety of aspects of life after incarceration. Next slide, please.

So some people may have an urgent need. So, we've also included a list of emergency and crisis resources in this step. We understand that sometimes things happen, and you don't have time to find a provider in your community and you need help right away. So, this step includes direct contact numbers and websites for the 988 Suicide and Crisis Lifeline, the Veterans Crisis Line, the Substance Abuse and Mental Health Services Administration National Helpline, the National Sexual Assault Hotline, the National Domestic Violence Hotline, and StrongHearts Native Helpline. So now, I'll turn it over to Jessica to continue with our overview of the resource. Jessica?

-Thank you, Mariel. Next slide, please. So, the second step to reentry to community includes things the individual should know. Within the resource, you'll find a checklist of information an individual should gather in terms of medical records, transition documents, list of current medications, etc. Prior to release, we encourage gathering this information. Within the checklist, we highlight how the medical staff at a facility can provide you with terms -- items such as medical records, which we note should be requested at least 60 days prior to release. And a supply of discharge medications and other necessary medical supplies. Next slide, please.

In addition to the checklist, we also highlight what you think -- what you should think about as you gather the necessary health information and the types of questions that you'll need to ask. We conclude the second step by providing a list of people, titles, that are important to know, and you might encounter them as you move to a facility from the community. It includes such individuals as certified application counselors, mentors or credible messengers, peer support specialists, and transition coordinators. We note that the titles may be different at each facility. Next slide, please.

This next step, step three, this next step including the resources helping these individuals to apply for health coverage. When in a correctional facility, the facility provides health services, but once released, individuals will need insurance coverage. This step outlines the different options and provides information on how to apply. Included in this step are directions for applying for Medicaid, Medicare, Medicare and Medicaid, which we also call dually eligible, HealthCare.gov, and employer-based insurance. This step does include information about Medicare enrollment, including general and special enrollment periods.

In addition to the coverage listed, we also acknowledge that some people or life experiences allow people to have other coverage. Information is provided for the Veteran's Administration and Indian Health Service, the Supplemental Nutrition Assistance Program, or SNAP, the Supplemental Security Income, or Social Security, or SSI, and the Special Supplemental Nutrition Program for Women, Infant, and Children, known as WIC. We also outline how individuals can obtain the supporting documentation necessary for coverage such as birth certificates and/or Social Security cards. And I'll pass it back to my colleague, Mariel, to continue.

-Thank you, Jessica. Next slide, please.



RETURNING TO COMMUNITY HEALTH CARE AFTER INCARCERATION RESOURCE OVERVIEW WEBINAR

WEDNESDAY, AUGUST 7, 2024



So, in step four, we realize that, you know, obviously, getting coverage is not the last step in this process. Once you get coverage, it's important to kind of figure out how to use coverage in order to get the services that you need. Because maintaining is a lifelong -- maintaining your health is a lifelong commitment, and we need to figure out how to effectively use your coverage in order to get the services for a variety of the issues that you might be experiencing either now or in the future. Both on the physical health side, as well as the behavioral health side.

So, a critical step is to then find health care providers like doctors, nurses, and therapists. If needed, we also encourage those returning to communities to connect with a peer-support specialist to help them review their health care needs, help find the right health care providers for them, and schedule appointments. This resource emphasizes that it's best to receive one's regular care and services from a primary care provider and outlines where a primary care provider may be found. Depending on an individual's health coverage and location across the country. So, there are a variety of different places and locations where you can find a primary health care provider. Those include private medical groups and practices, ambulatory care centers, outpatient clinics, federally qualified health centers, community clinics and free clinics, school-based health centers, the Indian Health Service, Tribal and urban Indian health program facilities, as well as Veteran's Affairs medical centers and outpatient clinics. Next slide, please.

So that is a quick overview of the reentry resource and I believe now we have time for Q&A.

-All right, thank you. Thank you to both of our presenters. So, we do have plenty of time for Q&A today, so just as a reminder that you'll find the Q&A button on the bottom of your Zoom. So, you'll click on that, and then a box will appear, and you can type out your question. And then if, you know, I believe you can mark it personal or just to go to any of us. And then we will answer as many as we can, especially if there are ones that we think will be good for the good of the group. So, please feel free to go ahead and send us some questions. And so, let's go ahead and I'll pull up the box and start reading out some of these.

So, there was a request if our presentation support doesn't mind to just flip back to Slide 17 real quick. We'll just leave that up and then we can come back to our contact info or something for a minute. I think it was that one, yeah. Thank you. So hopefully, that helps the person who requested that. So, we'll just leave that up for a second.

So, one question that came in was, "Where do we find more information on how to contact C2C and how to contact people within different states or counties, that sort of thing?" So let me just give a little bit more on that. So C2C, or Coverage to Care, is really just run out of the CMS office here. It is something that people can take and use to fit whatever suits their organization. So, for example, we have had entire states take the ideas, and the concepts, and the language from our Coverage to Care resources, and make their completely own health literacy program for their state marketplace. We have had people take the Coverage to Care document, and turn it into a new document, and make it specific to their county. We have had people just most of the time is people, navigators, or providers, or clinics, saying, "Hey, you probably have a lot of questions about your health coverage. Let me give you this Roadmap because it walks you through what is a copay, and what is a deductible, and tells you kind of where to go." That's the majority of people is kind of just handing resources and directing consumers who maybe have a lot of questions. But depending on the organization and depending on how much you need to do health literacy, it will vary what you want to do. So although we have lists of subscribers, and people who get our listservs, and we know some partners and things, we don't necessarily have like a listing of C2C within a state or a county. That said, we do have some ideas and we could be -- we'd be happy to, you know, talk a little bit more in depth and kind of give you some ideas of where to get going.

The partner toolkit also has ideas about different types of organizations that are working on Coverage to Care, and if you want a little bit more, we actually have a webinar tomorrow. It's our webinar week. So, we have a webinar tomorrow where we're actually working with state offices of rural health because rural is



RETURNING TO COMMUNITY HEALTH CARE AFTER INCARCERATION RESOURCE OVERVIEW WEBINAR

WEDNESDAY, AUGUST 7, 2024



one of our health equity populations. And we'll have two people who are going to give examples, two community organizations, different ones, who will give examples of work that they've done with Coverage to Care, and we'll also have a little bit more time to talk about like our Roadmap to Better Care and kind of like some of our general health care information, as well. So, if that's of interest, we'd be happy to share that information with folks. But all of the resources and a little bit more, you can find everything on the website, go.cms.gov/c2c. So that might just help a little bit, as well. But happy to follow up with more questions.

So maybe we should go to the -- back to the Q&A slide or the contact info slide now. Alright, Mariel, I have a question that I'm going to direct to you. So, when a person is leaving incarceration, this question is asked, you know, what kind of information are they given. Could it be C2C? Could it be other -- or could you speak a little bit to how that varies?

-Well, I'll just say, as you just alluded to, Ashley, that it varies tremendously depending on the jail you're in, the prison you're in, your geographic location. So, it would really be very difficult for me to specify exactly what types of information people get. Some correctional facilities have nurse navigators or reentry navigators both inside the facility and do in reach from the community to help connect people to care and help create that what we often call warm handoff into the community. Sometimes people are given some information and sometimes not a whole lot. So, that's one of the -- I think that's a great question because I think that's one of the main reasons why we created this resource because we were hoping to provide a resource that can be kind of like a plug and play for a lot of facilities that either don't provide a whole lot of information or can add to the information that they provide to individuals both, you know, when they're prior to release from incarceration, and also a resource that could be provided, as Ashley alluded to, to individuals in the community that can help when somebody is released to kind of get a sense of someone's health care needs. So unfortunately, I can't give a very specific answer, but we are very much hopeful that this resource, whether it's -- whether you use it digitally or you get hard copies, as Ashley mentioned on an earlier slide, you can order hard copies, we're hoping that this could help to certainly supplement any information that is provided to individuals upon release.

-Thank you, Mariel. That was a really good answer. And so, these next two questions I'm going to direct to you, Ashley, because they're fairly similar. The first question is, "I don't see the product under the product ordering website and is there a way to order it in print?" And then the other question is regarding whether or not the resource is available and where can they order. And I do want to flag for folks on the call that the resource link is in the chat and it is on our Coverage to Care website. But Ashley, do you have any more information about how they can order this resource in print?

-I do. So, there's -- let's kind of start from the beginning. So there's a couple of ways you can get Coverage to Care resources, in general. The main resource are Roadmap to Better Health that we had talked about is the main one that we have -- that we're able to print in stock the product ordering website. There are a few other resources that they have over -- there's over 100 total Coverage to Care resources. So, the Roadmap and all its translations is the main one that we print because it's the biggest and it's the most popular. So, that's the one that you'll find in the CMS product order website. You can -- anybody can create an account. You don't have to be a particular type of organization, or be known to CMS, or anything. You could just be an average person or any organization. But you do have to create an account kind of like you do with other online shopping. You pick out what you want, you put it in the cart, you check out. There is no cost involved. Otherwise, it's like other online shopping. So, there's no cost to you. It ships directly to you, whatever address you want to send it to. So that's for the ones that are in the warehouse on the product order website. Now truth be told, we can't do all the resources because there's too many for us to print them all. So, the rest, all of the C2C resources, are available on our website. You can download, e-mail, print, do whatever you want to do from the website and there's no cost to that, either. So, with the website, you'll find this resource which we now have in the languages, and then you'll find all the other Coverage to Care resources there, as well.



RETURNING TO COMMUNITY HEALTH CARE AFTER INCARCERATION RESOURCE OVERVIEW WEBINAR

WEDNESDAY, AUGUST 7, 2024



-Thank you, Ashley. And our next question is also regarding Coverage to Care. "Is this information supplied at the Tribal locations?" And I know you mentioned that we have a webinar tomorrow where we will be speaking with our rural, and Tribal, and geographic audience. But do you have any more information about this, Ashley?

-Sure, so kind of like Mariel's answer earlier, it depends. So, some areas have it, some don't. Some have their own version. CMS does have several resources for Tribal communities, and there's a lot of times there's nuances depending on like if someone's in the Indian Health Service or how they're getting their insurance. So, they're often customized to that population. So that is our Roadmap to Better Care Tribal version has all those kind of extra details in it that may or may not be given out at a particular Tribal location. If someone's interested in learning more or wants to find out more about it, we'd be happy to send you all of those -- that information, too.

-Thank you, Ashley. And this question -- I think this question could be directed to both you and Mariel, but they want to know how people leaving incarceration know about the resource? I know we talked about this a little bit earlier in our presentation And how will carceral settings know about it so that they can share it with folks who are leaving incarceration? So, I'll pass it to Mariel, first.

-Sure, and I think that's part of the reason why we've had this webinar today is that we're trying to make -- raise awareness of the resource. So, we originally released the resource back in April during Second Chance Month. And we sent the information out to a variety of different listservs that we have both through the Department of Justice Office of Justice Programs, as well as to the Centers for Medicare and Medicaid Services to raise awareness about the resource. This is our next step in raising awareness and pushing this resource out to people in the field within correctional facilities and in communities, but I realize we have more work to do to get this resource out. So, I think we will continue to work together to do that and figure out how we can get this resource in the hands of people that could utilize it, both individuals that are impacted by the justice system, as well as justice professionals. But if you have any specific ideas about conferences or places that are great locations to raise awareness, please let us know. But I'll turn it over to Ashley to see if she has anything else to add.

-Thanks, Mariel. I don't think I necessarily have more to add to that but, yeah, I've been scrolling through some of the questions in the chat and I think they all kind of -- a few of them kind of come back to this is new. So, we're still -- we're here not just to tell you about it but to ask you help us spread the word. So, these are all publicly available resources from Coverage to Care, and this reentry one, in particular, is new and it's a new group for us to work with. So, we need help. We need help in spreading the word and getting these resources out. Anybody could order, anybody can download, anybody can e-mail them out to whomever in any state. There's no limitations on it. So, you know, hopefully that helps, but we hope you'll be able to see it more and more as the years go.

-I think that answered a few of the questions between both of your answers, so thank you. Next is one question, I'm going to skip to this one because I know this is something we've talked about, especially with consideration for literacy levels and making sure that all of our materials are at a certain literacy level for everyone to enjoy., but is the audience for the resource for these individuals dealing with reentry, have we considered literacy levels, and if so, which level are we aiming for?

-So, in general, the Coverage to Care, we absolutely health literacy and literacy, in general, reading level is something that is kind of top of mind. So that said, you know, sometimes it's pretty difficult to explain these incredibly difficult terms, right? So, we use lots of different ways to approach making something usable. One of the key things is translating it. So, that's why this resource and our others we have in nine languages. So that's the biggest thing. And then we also use simple things like white space, clear fonts, things that are readable. Graphics to help people cue in to something that they're looking for or connect key terms between different pages and using those graphics to help them visually make that connection even if they don't realize it. So those are some of -- you know, we kind of follow those larger concepts, as well. That said, we don't have a particular reading level that something has to be below like by a statute or



RETURNING TO COMMUNITY HEALTH CARE AFTER INCARCERATION RESOURCE OVERVIEW WEBINAR

WEDNESDAY, AUGUST 7, 2024



anything. But we do try to aim for eighth grade reading level to be the highest for any resource. I want to say -- and anyone on the line from the team can correct me. I want to say we got this one in at seventh grade reading level.

-Yep. That's right, yes.

-Okay, thank you, Jaime. It was testing my memory there, so thank you to the person in the chat who are keeping me fresh. So that's -- so this one was seventh grade. In general, that's we go as low as we can, but it is definitely top of mind for us because the literacy is very important. So, this is a consumer-facing piece. Most of our resources are consumer-facing. When I say consumer, I mean anybody with any kind of health insurance in any state who needs it. That could be any of us on the phone right now. It could be any neighbor, any friend, anyone. But then we do have like that partner-facing piece, but we try to keep that pretty reasonable, too, and easy to use and understand because people are busy and we have partners who don't even speak English, so, you know, there's -- we try our best. But certainly, you know, it can be difficult. So, there's a lot of crazy terms out there. So, one of the ways that we try and address that is by using glossaries, defining things as we go. So, we can't avoid even just a term like specialist, peer specialist. That's not exactly plain language but we all hear it enough that we've gotten used to it, so we define it and, you know, kind of hope they'll understand and get used to it as they go. So that's how we tend to approach it in our resources, as well.

-Thank you, Ashley. And for these next two questions, I'm going direct them to Mariel. The first question, and I'm not sure if we have an answer for this yet because this resource is so new. So, one, "How can we as an agency request funding for services to individuals who are affected?" And then as a follow-up question, someone asked, "On the people that are overdosed as they get out of jail, are they getting Narcan where they live?" And I feel like this question probably varies significantly depending on where they live. But Mariel, do you have any insight to add to either of those two questions?

-Yeah, so I'll address the first question, and I might need you to repeat the second one when I'm done with the first, Jessica. So, the first question, again, kind of focuses on funding to help people who are impacted by justice involvement. And I will say that the Office of Justice Program, OJP, many of our programs specifically target and are meant to help provide services to individuals who are impacted by the justice system. Whether it's in the community after or -- after reentry, individuals that are at risk for justice involvement, and that includes both youth and adults. As well as services for individuals that might be incarcerated either in jails or prisons. So, if you go to OJP's website, it's on the screen right now, www.ojp.gov, you can find our funding page and see what funding we might have available right now. Our funding cycle is sort of at the end, so there aren't any funding opportunities available. But our next funding cycle for fiscal year 2025 which starts in October, you should start to see some funding opportunities starting in early 2025. So, I think what might be helpful if you're interested in finding funding opportunities to help individuals that are incarcerated including for people -- and especially for people with behavioral health needs, we do have some programs that are specific to that. Our, for example, our Comprehensive Opioid, Stimulant, and Substance Use Program, our COSSUP. We also have our Justice and Mental Health Collaboration Program, or JMHCP, and many other programs that support individuals along the justice continuum to provide them services. You can find those, some of our funding opportunities from last year and this past year. Take a look at what was available because many of our funding opportunities are available every year, and so that can give you an idea about what might be coming this next year and give you sort of an idea about what you can plan to apply for in the months to come.

And then I think, Jessica, you said I think do people who have overdosed or are overdosing receive Narcan upon release? Is that right?

-Yes.

-I think you said it correctly. That varies tremendously. Kind of in follow up, I guess, to the response to a question earlier, you know, what type of information are people receiving when they are released from



RETURNING TO COMMUNITY HEALTH CARE AFTER INCARCERATION RESOURCE OVERVIEW WEBINAR

WEDNESDAY, AUGUST 7, 2024



incarceration. That also is the same for Narcan. Some facilities are able and do provide individuals that are at risk for overdose with Narcan upon release, some don't. So, it really does vary and the state laws around access to Narcan vary. But that is obviously a very important point and something that, you know, people can think about as they think about their health care needs, you know, as they're going through the resource thinking about what your health care needs are.

If you do have substance use concerns, if maybe you were using opioids prior to entry into the justice system and maybe you were on treatment in your facility or not. Thinking about those things and what you might need, including Narcan upon release, is exactly the type of thing that we hope that this resource will help individuals think about. Maybe even family members of individuals that are incarcerated thinking about to help people be successful upon release.

-Thank you. That was a very good answer. Thank you very much. And so, our next question is, "Can we share these resources to our providers to share with members?" And the short answer is absolutely. We make these resources that you can share with providers and members. But Ashley, do you have anything to add to that?

-Yes, absolutely. Share at will, far and wide, if you like. We have some listservs and things that we even sent out in April when it was released. I'd be happy to forward those to anybody who'd like them. And you can just copy and paste that language or hit forward. You can share anything that you've seen today. The link, of course, it's in the chat from Alize and you can send that out as much as you like. We appreciate all the help. And I've seen a bunch of folks in the Q&A have put in that they sent it in their listserv, or they handed it out recently and we so appreciate that. I absolutely love hearing that.

-Thank you, Ashley. And someone asked the question about if this is available in the state of Florida. And I believe so, but again, this is so very new, so if there is some different considerations with Florida, can Ashley or Mariel, can you guys clarify? That's –

-So, I'll start. The big picture, we've had some really fantastic partners in Florida over the years with Coverage to Care. I can't say for sure I've heard from someone who's been using this resource when -- since it came out. But I don't -- I honestly don't know the answer to that. Most likely, somebody has. Mariel, I don't know if there's anything -- Florida, if you have any intelligence on like what anybody is doing.

-Yeah, no. I don't have any specific kind of awareness of examples that have been shared with me about specific use cases in Florida or other states. Obviously, as we've, I think, we've already said, I mean, this resource is available online, so anyone can access it. But I think as Ashley mentioned, because this resource is fairly new, we don't necessarily know exactly who has been using it yet. But that's one of the things we hope to gather information on it in the future.

-Thank you, Mariel. Oops, sorry. I accidentally muted myself. So, this question is a longer one and I'm, again, I'm not sure if we have an answer to this because this resource is so new, but it can definitely inform some things. This person says that Alabama does not provide for people to apply for Medicaid until they're released. And that some of the folks coming out of prison are elderly and unable to care for themselves. How can they coordinate it so that they can be released into the proper care and is there a resource that we provide for that? And so, I see, Mariel, I see you're off mute, but I'll direct that to you, first.

-Yeah, I guess I would share that, again, we realize that states have different laws around suspension versus termination of Medicaid upon entry into the incarcerated facilities. And there are so many varied situations that people need help for, as you mentioned, you know, elderly individuals who need nursing care. I think that there are probably a variety of resources both on the -- from the Office of Justice Programs through the National Reentry Resource Center, NRRC. I believe we have a link to that in the resource. But also, the Department of Health and Human Services has their Administration for



RETURNING TO COMMUNITY HEALTH CARE AFTER INCARCERATION RESOURCE OVERVIEW WEBINAR

WEDNESDAY, AUGUST 7, 2024



Community Living that focuses on care for elderly individuals. So, I think if there are specific questions around how to provide continuity of care and resources for individuals that are elderly and need connections to nursing care in a specific state. That's probably a question that's specific enough that it would be helpful if you reached out to, you know, one of us on this call or through one of our resource centers that are included on this page right here or in a document that we went over today so that we can get you more specific answers to your question.

-Thank you, and Ashley, I know that that would be a similar answer for us because we do have resources, but again, this is a very specific instance. And I think -- I believe this next question, you already spoke to a bit earlier, Mariel, when you mentioned about the funding sources that were available. But this question is about wanting to look at our grants available to help juveniles who have been involved in the justice system. I believe your answer to the earlier question answered that quite nicely, but do you have anything to add specifically to juveniles involved in the justice system?

-Yeah, no. Thank you for that question. I appreciate it. I think sometimes when we talk about the justice system, you know, we don't specifically focus on youth, which is obviously a critical part of this conversation. So, thank you for that question. The Office of Justice Programs has an Office of Juvenile Justice and Delinquency Prevention and they provide funding both for youth that are at risk in the community, as well as youth that are involved in the juvenile justice system. So again, if you go on OJP's website and you look for the Office of Juvenile Justice and Delinquency Prevention, you could probably just even Google it, OJJDP, Office of Juvenile Justice and Delinquency Prevention. You can find a variety of resources both for funding, as well as other resources around training, and technical assistance, and other points of contact if you would like to learn more from our Office of Juvenile Justice and Delinquency Prevention.

-Thank you, Mariel. And this next question is for us. So, has CMS created any fact sheets or tips that experts from some of this information for the reentry organizations could use as part of their work with people pre-released from the in carceral setting? Their partnership has developed a benefits guide for their participants which serve and having some of this information in the tip sheets would be great. And I believe this is like one of the very first ones that we've created, but Ashley, do we have anything else out there that speaks specifically to pre-release in carceral settings?

-Yeah, this is the only thing we have from our office. We have other similar ideas of like, you know, kind of more general health care, I guess I would say. So certainly the -- I don't, you know, and the other thing is that it varies, of course, by state. So, because a lot of the times we're talking about Medicaid when it comes to leaving incarceration and thinking about the health coverage. So, it's not something we tend to have, just because it varies so much. That said, if there's, you know, questions, or you wanted to develop your own, or you wanted some assistance, or, you know, some wording to kind of help with the general piece of like connecting to health coverage, you probably could find a starting place within the toolkit. Or like our listserv that we sent, that sort of thing, or you even just copying right from the resource is perfectly fine.

-Can I also jump into that question, Jessica? I would also say that the work of the Office of Justice Programs, you know, we provide a lot of focus on various issues across the justice system focusing on justice professionals, but also individuals involved in the justice system, as I mentioned earlier. And so, we certainly try to provide information on a variety of issues pre-release and post-release. We do a lot of work, and have grants, and funding, and training, and technical assistance, specifically focused on the period around reentry. As I mentioned, we have our National Reentry Resource Center that can connect you to resources. And also, just as I guess a little highlight of something to come, we are working on some tip sheets specifically for correctional leaders and correctional facilities to better understand Medicaid. There have been new opportunities through the Centers for Medicare and Medicaid Services to help to support individuals just prior to release and upon release from correctional facilities. To support access to Medicaid and access to services prior to release. So, we realize that there's a need there to help to educate people not just in the health care field, but also in the correction space to understand



RETURNING TO COMMUNITY HEALTH CARE AFTER INCARCERATION RESOURCE OVERVIEW WEBINAR

WEDNESDAY, AUGUST 7, 2024



some concepts about Medicaid that they may not have really needed to understand before. So more to come on that. There should be resources coming on the National Resource -- Reentry Resource Center, NRRC, in the next several months, so please keep a lookout. And we'll make sure to coordinate with our partners here at the Centers for Medicare and Medicaid Services and the Office of Minority Health to make sure that those resources can get pushed out through their listservs, as well.

-That was very helpful. Thank you so much, Mariel. And I see that we're at 2:54 so we have -- I'm trying to scan through these questions to make sure that we answer ones that are good for the good of the group. Let me see. Noted about the consideration for making a youth version.

-I was just going to say I saw the person who submitted a little bit, I think, a good possible update in future years as for this resource could be adding in information for children. So that's a really great idea. I love that. Thank you for that one. Also, by the way, somebody had asked about Florida. There was a person who sent in that they are working in Florida on this so and I've lost the name now. I'm sorry. But that was good to see that we are reaching people.

-Yeah, it was. I saw that comment, too. That was good to see.

-Health Planning Council, there it is. Health Planning Council of NEF. So, if you're in Florida, you have a potential partner. I point that out not to drive e-mails to people, but it was one of the things that our partners talk about all the time is finding someone in their community who's doing similar work. So, if you are a large health care provider, or a navigator, or a CHIP counselor, or somebody, you might find an organization, or a peer specialist organization, or some sort of justice-related program in your area that you could partner with, reach exactly these communities that you otherwise might have a really hard time reaching. But maybe you have the health insurance kind of background and health care knowledge that they don't have, or vice versa. So that's a -- just another tip that we've heard from partners. Hopefully, that helps.

-That's very helpful. Thank you, Ashley. And so, we only have time for one or two more questions. So, this next one, I think we have a ton, oh, and Ashley's already typing an answer to it. I was going to ask you the question, but --

-That's okay. We can do it. So, the SDOH?

-Mm-hmm.

-So, someone had asked about any tools for social determinants of health or sometimes people say social drivers of health. And that's something our office works on every day, everywhere. So, Coverage to Care itself doesn't really do too much with SDOH, but the office largely does, and CMS has been very much looking at it. So, we do have some resources about in particular like some of the coding, and the Z codes, and the questions, and things that are asked at doctors' offices, and what's done with those, and data. So, we actually have quite a bit on that on our larger CMS website. So, it looks like Jessica might be typing the URL there, so thank you. Hopefully, that helps answer.

-Thank you, Ashley. Sorry. I was on mute a little bit. And this last question, I feel like it's a question that we can -- that both you and Mariel can answer. I'm thinking the answer for us is probably leaning towards no since it's relatively new. But I'm sure that the Office of Justice Programs might already have matters in place or have already done some of this work. So, this question says, "Does C2C have an outreach scheme that goes into the prisons to supply the information or can the information be sent out to each facility?" And I'll start with Mariel. Like you got -- oh, Ashley, you're already off mute, so you can start.

-No, I was going to say, yeah, so we -- our Coverage to Care relies on community partners for most of the outreach. We do some and we do train the trainers, but most of it's done directly by organizations so that they can tailor it to their community, to the people, to the need, and just make it fit better. So, we try and



RETURNING TO COMMUNITY HEALTH CARE AFTER INCARCERATION RESOURCE OVERVIEW WEBINAR

WEDNESDAY, AUGUST 7, 2024



offer the tools for people to do that. But that said, we don't have a grant program, but I know DOJ does. So, Mariel, maybe you can reiterate that a little bit more because I don't think people can overhear about grants and about sort of opportunities enough.

-Yes, of course. So again, so the Office of Justice Programs, we provide a variety of grants to state, local government entities, county entities, and some even are available to community-based organizations. We do have -- one of our, I guess, programs that is specific to prisons is the Residential Substance Abuse Treatments for State Prisoners Program. We often call it RSAT. That is one of the programs that we shared this resource with, initially. But that is one of the ways that we can get this resource out to all the grantees in states that participate in that program. And we can also, again, share this resource through some of our other grant listservs that provide funding to jails and also states. So, we can't force facilities to use this resource but we very much hope that it'll be a resource that they will want to use and be able to use. But also, again, resources that can be used with reentry navigators are in the community. So not only do we hope that this resource will be used by professionals within correctional facilities, but also by professionals in the community to help with the continuity of care.

-All right, and we are -- it looks like we are at time. So, I'll pass it back to -- thank you, Ashley and Mariel, for answering all the questions. Thank you to all of our participants for all of the really good questions that we received today. And I'll pass it back to folks to close us out.

-Thank you, Jessica. Thank you, Mariel. And thank you to all of those joining us today. What great questions and we hope that you are able to learn and use these resources. There's a lot of contact information, and e-mails, and URLs have been provided today. Please always feel free to reach out to us if you need any of those resent. And, of course, we will eventually have a recording of the webinar along with the slides, and transcript, and everything made available in the coming weeks. And Mariel, I'll turn it to you if there is anything you would like to add.

-Nothing really other than, again, I would echo, thank you all for listening in. We've had such a great audience today and a lot of great questions. Please, please, please, utilize the resources that we've included both in the slide deck, but also in the resource. We tried to include as many points of contact, website resources possible. So, that if you have questions, you should feel free to reach out. We have so many resources and we're trying to push them out as best we can. That's why we did the webinar today and we'll continue to think about what we can do in the future to get more information out to you. But please, again, don't hesitate to reach out to CMS or OJP. We are very much interested in your questions and comments and want to be able to help you get your answers. So, thank you very much for participating today.