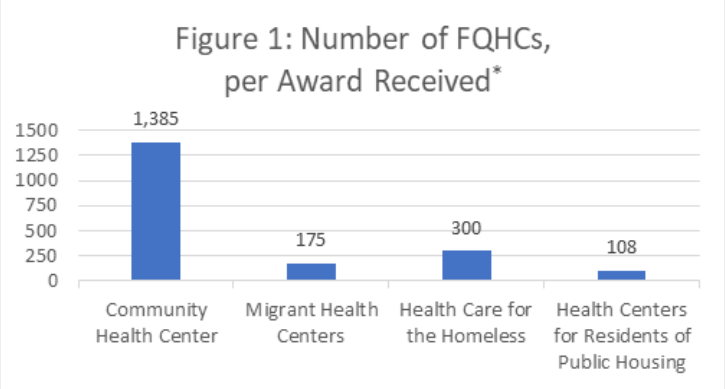
Bureau of Justice Assistance (BJA)
Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

Jails and FQHCs: Emerging Partnerships for Opioid Use Disorder Treatment and Health Promotion

Federally qualified health centers (FQHCs) play an increasingly significant role in public health and treatment efforts to effectively address the opioid epidemic. The number of FQHC patients receiving medication-assisted treatment (MAT) for opioid use disorder (OUD) more than doubled between 2017 and 2019, as did the number of FQHC-affiliated medical professionals who are qualified to treat OUD with U.S. Food and Drug Administration-approved medications.[1] This growth in capacity has attracted the attention of jail administrators and other stakeholders working to ensure appropriate OUD treatment to those in custody and to ensure continuity of care upon return to their communities. Trailblazers are innovatively incorporating FQHCs into their efforts to promote OUD recovery and ensure individuals' successful transition from incarceration.

What Is an FQHC?

FQHCs are community-based health care providers that address the needs of adults, children, and families in underserved areas, regardless of patients' ability to pay. Since 1965, FQHCs have provided primary, preventive, and behavioral health care to millions of patients in every U.S. state, U.S. territory, and the District of Columbia.



**Health centers may receive more than one type of award. Source: National Health Center Data at https://data.hrsa.gov/tools/data-reporting/special-populations and https://data.hrsa.gov/tools/data-reporting/program-data/national*

Through the authority of Section 330 of the Public Health Service Act (42 U.S.C. 254b), the Health Resources and Services Administration (HRSA) funds nearly 1,400 FQHCs as community health centers, migrant health centers, health care for the homeless programs, and/or health centers for residents of public housing (see Figure 1). Health centers designated as FQHC look-alikes meet HRSA requirements for providing care in underserved areas but do not receive Section 330 funding.

FQHCs are ready-made to serve vulnerable populations, providing a natural transition for people leaving incarceration. Comprehensive health services, such as those provided by FQHCs, are critical to this population, which has heightened health care needs. Health data indicate higher rates of both chronic and infectious medical conditions (such as diabetes and HIV) among those who have been incarcerated than among those who have never been in custody.[2] More than half of U.S. prisoners (63 percent of sentenced jail inmates and 58 percent of state prisoners) have substance use disorders (SUDs), including OUD.[3] The likelihood of opioid overdose deaths has been found to be as much as 40 times greater among former inmates within 2 weeks of release than among the general public.[4] Rates of emergency department visits, hospitalizations, and death are elevated in the weeks following release from incarceration.[5,6]

Historically, few individuals reentering the community from incarceration have had the benefit of health insurance. While the expansion of Medicaid in some states increases eligibility for benefits among inmates upon their release, this alone does not necessarily translate to access to care or improved health and stability. Securing housing and employment naturally take priority over health care for many individuals reentering the community; however, all of these critical needs must be met to reduce recidivism.[7,8,9]

FQHCs address many social determinants of health by providing trauma-informed care, offering a sliding-fee scale, and operating in underserved areas—in other words, by "meeting patients where they're at," as the saying goes. Researchers, as well as a growing number of public health departments and departments of corrections, encourage "partnerships with FQHCs that could serve the justice-involved population by combining continuous coordinated care in the community with jail-based treatment for the justice-involved population moving into and out of confinement."[10]

Social worker Malin Hamblin provides care for individuals at the Bupe Pathways program in downtown Seattle. This program is part of the FQHC and provides low-barrier access to medication and care for those in the community and transitioning out of incarceration.

Spotlight on Washington

Architects of the King County Treatment Corrections Project (KCTCP) in Washington State understand what FQHCs bring to the table. In 2019, Public Health-Seattle & King County (PH-SKC) received a Comprehensive Opioid Abuse Program (predecessor to the Comprehensive Opioid, Stimulant, and Substance Abuse Program) award to expand access to OUD treatment and recovery support services for individuals in jail. Partnerships with FQHCs are key to this initiative.

"In addition to providing medication to people who are low income and may or may not qualify for Medicaid," explains Brad Finegood, Strategic Advisor at PH-SKC, "FQHCs help us make initial appointments welcoming by offering the support of community health workers, peers, nurse care managers, and addictions medicine doctors. Our goal is to make access to treatment easy."

KCTCP is committed to establishing a link between patient and provider and finds that establishing connections prior to reentry helps generate rapport and readiness to engage in health care services once a patient returns to the community. SUD specialists engage with individuals who are in custody in shared treatment decision-making sessions that include education on both in-jail and in-community options for OUD treatment. KCTCP has recently expanded its ability to arrange televisits between community providers and those preparing for release from custody—a testimony to KCTCP's commitment.

OUD treatment is offered in the two primary county jails through Jail Health Services, an organization operated by PH-SKC. PH-SKC operates three fixed FQHC sites and a mobile location. Other King County FQHCs offering medication and treatment for people released from jail include Country Doctor Community Health Centers, Neighborcare Health, Seattle Indian Health Board, Sea Mar Community Health Centers, International Community Health Center, and HealthPoint. A number of other behavioral health providers also provide buprenorphine. With the support of grants and local funding, King County has been offering small honoraria to community providers who become X-waiver certified[11] to administer, dispense, and prescribe buprenorphine and funding nurse care managers at some community clinics to facilitate low-barrier treatment.

Finegood reflects, "One of the goals of King County's Heroin and Prescription Opiate Addiction Task Force was to expand and enhance access to agonist medication. We increased the number of locations offering methadone, but restrictions around that medication and need for client choice prompted interest in making buprenorphine more readily available. We now have 160 locations across the county offering OUD treatment—many of these are same-day, low-barrier, walk-in buprenorphine appointments—and a treatment locator tool for anyone seeking OUD treatment. It's all about providing access where people want it when they want it."

Spotlight on New Jersey

The Hudson County Department of Corrections' (HCDC) success at bringing an FQHC into its New Jersey jail reflects an evolution that started with containment of infectious disease treatment costs and grew into the promotion of care continuity. Recognizing the pharmaceutical discounts provided under Section 340B of the Public Health Service Act, as well as the eligibility of FQHCs for those benefits, Oscar Aviles and Frank Mazza, then warden and reentry director for the jail, respectively, approached HRSA about expanding the scope of FQHCs. Mazza recounts, "We were advised that three pillars needed to be in place: (1) a doctor assigned to the jail who is employed by the FQHC and participates in the latter's clinical meetings; (2) shared medical records between

Certified Medical Assistant Christina Schembre administering a test at Hudson County's step-down unit.

the jail and the FQHC, either an electronic health record or two hard copies; and (3) referrals for anyone who receives FQHC services while in custody to the same FQHC upon release to the community."

The third pillar is particularly important. Jail inmates often have chronic physical health issues, mental illnesses, and medication needs. It is not uncommon for this population, once released, to go to a hospital emergency department for crisis-driven health care, which can be detrimental to both continuity of care and local health care budgets. Engaging with an FQHC while in jail provides a springboard for using a primary care system for chronic issues, such as heart disease and diabetes. Since many inmates have never had access to such care in the past, maintaining that link to the FQHC after transition to the community holds promise for improving quality of care and lowering health care costs.

Through HCDC's efforts, the North Hudson Community Action Corporation now operates an FQHC in the jail to assess and provide medication for infectious diseases. As is the case for many FQHCs, its MAT and mental health services are outsourced to several agencies. An accredited health care facility in the community provides methadone to individuals in custody and continues working with them when they are released. Integrity House provides education and group/didactic sessions. Alliance Community Healthcare, an FQHC in Jersey City, New Jersey, is a key partner in Hudson County's step-down unit, which was created to house and treat individuals experiencing homelessness who are recovering from infectious disease.

Facilitating routine interactions with a primary health care network—the FQHC—is only one piece of Hudson County's larger vision to help frequent users of the jail, the emergency department, the shelter network, and other high-cost services to attain and maintain stability and positive societal functioning.

For example, data from Hudson County's study on the positive effect that housing and case management services have on reducing emergency department visits (a reduction of more than 50 percent recently) prompted two hospitals in the county to fund permanent housing vouchers.

Looking back at where HCDC started and seeing how far it has come, Mazza says, "If you can bring those systems into the jail, and the jail can hold them accountable for providing services to their population, and the jail can have an effect outside of its walls, the jail can become a very powerful social service and health care entity."

Endnotes

1 Health Resources and Services Administration, 2019, Table ODE: Other Data Elements [Web page], Washington, DC: U.S. Department of Health and Human Services, retrieved October 6, 2020 from https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=ODE&year=2019.

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10 McDonnell, Maureen, Laura Brookes, and Arthur Lurigio, 2014, "The Promise of Healthcare Reform in Transforming Services for Jail Releases and Other Criminal Justice Populations," Health & Justice, 2: 9, retrieved October 6, 2020, from https://doi.org/10.1186/2194-7899-2-9.

11 A Drug Addiction Treatment Act (DATA) waiver (sometimes referred to as an "X waiver") from the Substance Abuse and Mental Health Services Administration allows qualified physicians to dispense or prescribe buprenorphine for the treatment of OUD in settings other than opioid treatment programs.

Visit the COSSAP Resource Center at **www.cossapresources.org**.

To find an FQHC, go to https://findahealthcenter.hrsa.gov/.

For more information on KCTCP, contact Brad Finegood at Brad.Finegood@kingcounty.gov or (206) 263-8087.

For more information on HCDC, contact Frank Mazza at fmazza@hcnj.us or (201) 420-3000 x2050.

For COSSAP training and technical assistance TTA, go to https://www.cossapresources.org/.

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