



# Fiscal Year 2025 Quality Improvement Fund – Transitions in Care for Justice-Involved Populations (QIF-TJI)

## *Technical Assistance Presentation*

***HRSA-25-005***

**Bureau of Primary Health Care (BPHC)**

**Vision: Healthy Communities, Healthy People**



# AGENDA

- Overview
- Funding Requirements
- Application Components
- Post-Award Expectations and Reporting
- Technical Assistance Resources
- Key Takeaways

# Overview



# Why Focus on Justice Involved Populations?

- Approximately 1.8 million adults are incarcerated in the United States.
- An estimated 80% of individuals returning to the community from incarceration have chronic medical, psychiatric, and/or substance use conditions.
- Black, Latino, and American Indian/Alaska Native individuals are incarcerated at rates 3-5 times higher than white counterparts.
- Justice involved individuals reentering the community (JI-R) face many barriers obtaining needed health care services and maintaining continuity of care.

*Sources:*

Office of Justice Programs, "Correctional Populations in the United States, 2021 – Statistical Tables." <https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/cpus21stB.pdf>.

Office of the Assistant Secretary for Planning and Evaluation (ASPE), "Health Care Transitions for Individuals Returning to the Community from a Public Institution: Promising Practices Identified by the Medicaid Reentry Stakeholder Group." <https://aspe.hhs.gov/reports/medicaid-reentry-stakeholder-group-rtc>

Office of Justice Programs, "Alcohol and Drug Use and Treatment Reported by Prisoners: Survey of Prisoner Inmates, 2016." <https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/adutrpspi16st.pdf>



# Purpose

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Health centers will *build upon existing evidence-based models to pilot and evaluate innovative approaches* that connect or reconnect *justice-involved individuals reentering the community (JI-R)* to community-based, high-quality *in-scope health center services* that address their unique *critical health* and *health-related social needs*.

\*Carceral authorities are obligated to provide medical care to incarcerated individuals within the carceral setting



# Key Terms

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***Justice-involved individuals reentering the community (JI-R)*** – incarcerated/detained individuals who are within 90 days of their scheduled or expected release from a carceral setting. This **does not** include individuals who are in pre-trial detention, or individuals incarcerated in a federal prison.

***Carceral Setting*** – a state prison, local jail, or other local correctional facility.

***Transition Period*** (from incarceration to community living) –the period that begins not more than 90 days prior to an individual’s scheduled release from incarceration and continues until the individual returns to the community and is engaged with comprehensive health center services.

***Carceral Authority*** – the state prison, local jail, other local correctional facility – or the local or state government operating that facility – responsible for the care and custody of the JI-R individuals.



# Award Information

One-Time Funding

Total Funding: \$51 million

Max per Award: \$1 million

Expected Awards: 51

2-Year Period of Performance (12/1/24 – 11/30/26)

New Grant Award (under activity code Q8J)

*Note: Approval of FY25 QIF-TJI projects and activities is limited to the 2-year period of performance*



# Eligibility

- Existing H80 Health Center Program award recipients
- Requests no more than \$1,000,000 in total funding
- Include the Project Narrative
- Meet the Grants.gov and HRSA Electronic Handbooks (EHBs) deadlines
- Applicants must:
  - Propose allowable activities that will be provided solely on behalf of the health center
  - Propose to provide services to JI-R individuals, ***within 90 days of release***, living in a carceral setting located in one of your health center's Form 5B service area zip codes





# Funding Requirements



# Funding Requirements

Use patient-centered, scalable, and sustainable evidence-based models of care to support transitions in care for JI-R individuals, addressing:

## *At least one* critical health need

- Managing chronic conditions
- Prevention, screening, diagnosis, and treatment of Hepatitis C (HCV), Human Immunodeficiency Virus (HIV), and other infectious disease
- Reducing risk of drug overdose
- Addressing mental health and substance use disorder treatment needs

## *At least one* health-related social need

- Housing insecurity
- Food insecurity
- Financial strain
- Lack of transportation/access to public transportation
- Intimate partner violence
- Other health related social needs you identify

# Additional Funding Requirements

- Get input from health center staff, patients, and community members who have *incarceration experience*
- Propose activities that will *address barriers to care and reduce health disparities* for JI-R individuals
- Participate in *collaborative learning and evaluation activities* with award recipients and the coordination and evaluation center
- Propose a *population of focus* transitioning from a carceral setting located *within health center's service area*
- Demonstrate commitment from *a carceral authority partner* and *community organizations*
- Propose activities that *comply with Health Center Program requirements*



# Application Components



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Grants.gov

*EHBs*

- SF-424: Application for Federal Assistance
  - Project Abstract Summary
  - Project/Performance Site Locations
  - Grants.gov Lobbying Form
  - Key Contacts
- *Project Narrative*
  - *Budget Presentation*
    - *SF-424A: Budget Information Form*
    - *Budget Narrative*
  - *Program-Specific Forms*
  - *Attachments*



# Program-Specific Forms and Attachments

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- Form 1B: Funding Request Summary
- Scope Overview Form
- Project Plan Form
- Equipment List (as applicable)
- Attachment 1: Letters of Commitment
- Attachment 2: Other Relevant Documents (as applicable)



# Project Narrative & Review Criteria

## Scoring

Need  
(10 pts)

Response (40 pts)

Collaboration  
(15 pts)

Resources/  
Capabilities  
(15 pts)

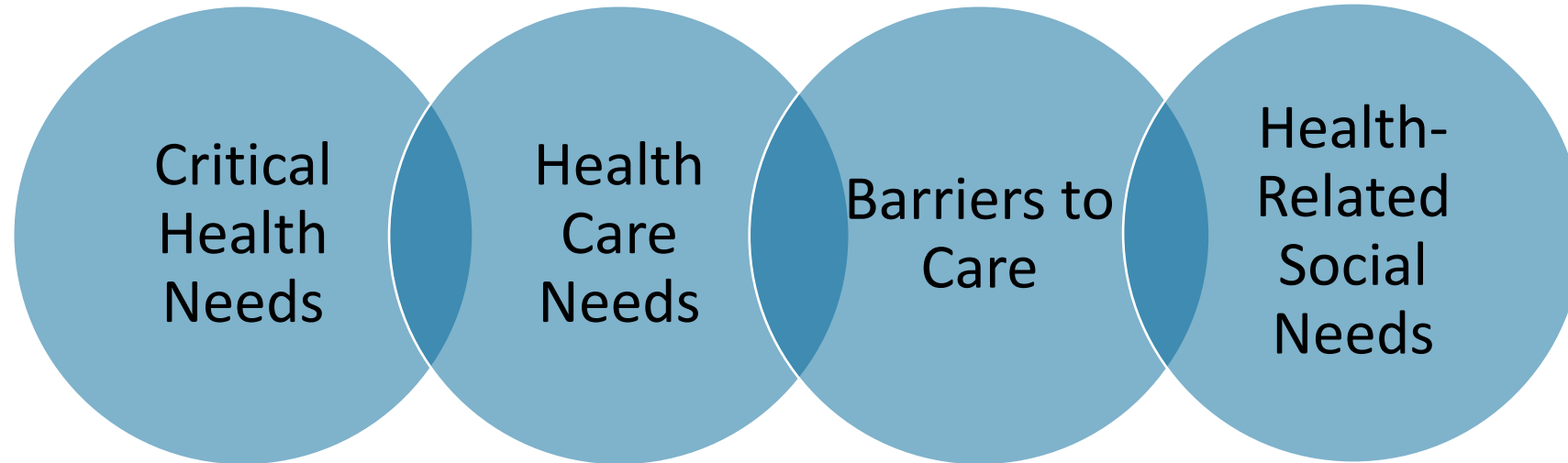
Evaluative  
Measures  
(10 points)

Support  
Requested  
(10 pts)

- Evidence-Based Models = 5
- Project Plan Form= 10
- Transitions in care = 15
- Critical Health & Health-Related Social Needs = 10



# Need



Informed by staff, health center patients, and community members who have lived experience with incarceration



# Response

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- ***Evidence Based Models*** – description of innovative approaches to implement evidence-based models that improve transitions in care for JI-R individuals.
- ***Project Plan Form*** – cohesive, well-organized description of proposed project.
- ***Transitions in Care*** – plans to assess individual needs and facilitate access to appropriate, culturally responsive health education, case management, and primary health care services.
- ***Critical Health and Health-Related Social Needs*** – plan to address ***at least one critical health need and one health-related social need***, including how patient and community input informed selection of needs.



# Response: Project Plan Form



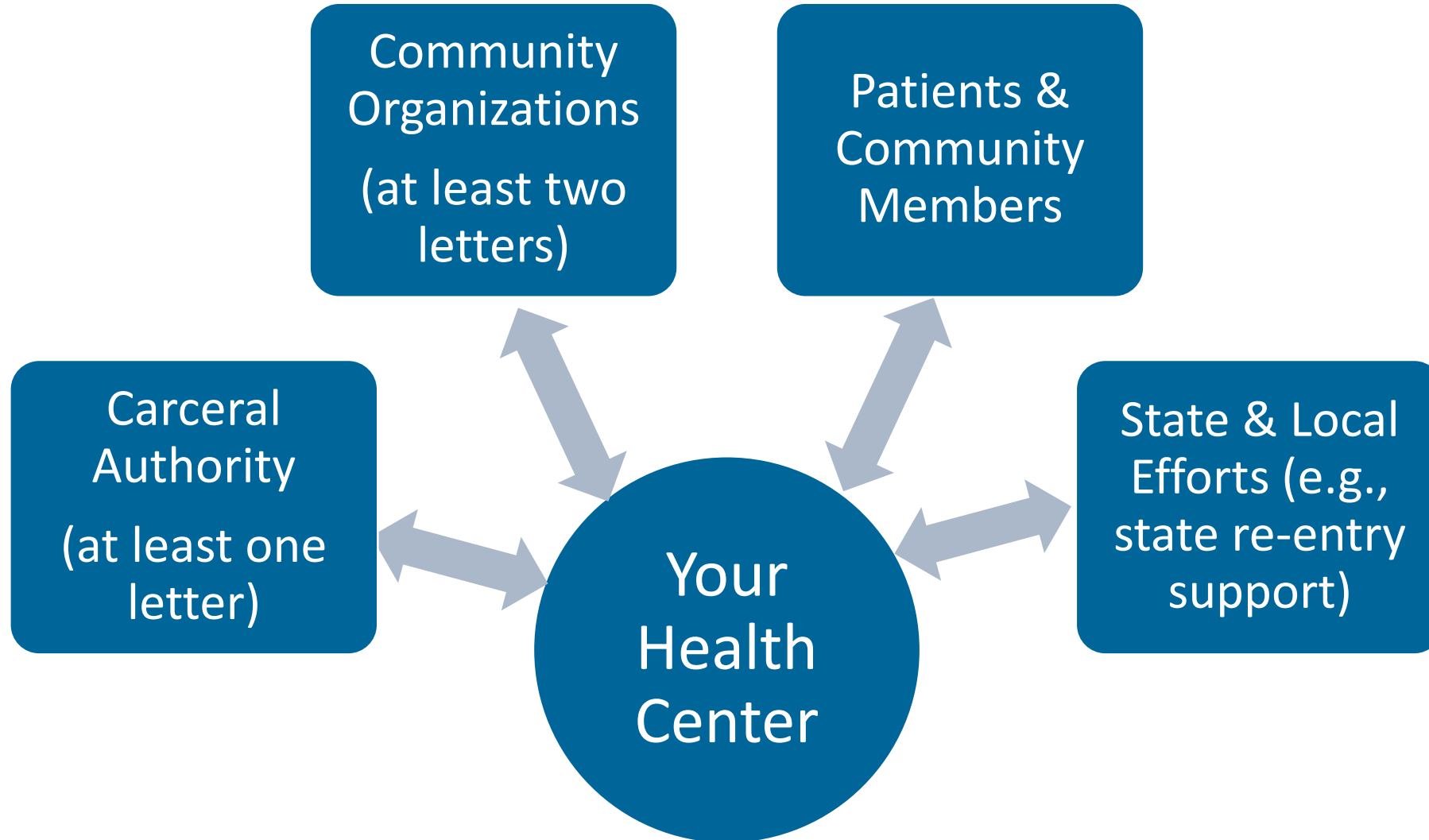
## Project Overview

- Project Name
- Carceral Setting Partner
- Problem Statement
- Population of Focus
- Community engagement approach

## Project Details

- Project Overview
- Goal(s)
- Needs summary
  - Critical health needs
  - Health-related social needs
- Innovative Activities
- Evaluative Measures

# Collaboration



# Resources/Capabilities

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Relevant skills,  
capabilities,  
expertise

Experience  
with clinical  
quality  
improvement

Capacity to  
implement,  
adapt, and  
monitor

# Evaluative Measures

## Goals

- Specific
- Measurable
- Aligned with needs
- Reflect input from individuals with lived experience with incarceration

## Continuous Quality Improvement

- Tools and processes to test, evaluate, and adapt the project over time

## Evaluative Measures

- Applicant selected
- ***At least one:***
  - Patient experience measure
  - Community engagement measure

# Support Requested

- Align all documents presented as part of the budget, including:
  - SF-424A
  - Budget Narrative
  - Form 1B: Funding Request Summary
  - Equipment List Form, if applicable
    - ✓ Request up to \$250,000
- Plans to sustain services after two-year QIF-TJI funding ends



# Allowable Activities & Costs

See Appendix C in NOFO  
for more examples

- Health education
- Health evaluations
- Case management services
- Care coordination
- Translation services
- Pharmaceutical services
- Behavioral health services
- Staff education and training
- Supplies and equipment purchase

## **Remember:**

*No services can be provided more than 90 days before an individual's scheduled release from incarceration.*



\*Approval of your FY25 QIF-TJI project and activities is limited to the 2-year period of performance



# Ineligible Costs

See the NOFO for more examples

- ***Replace or duplicate the obligations of carceral authorities*** to provide medical care
- Provide activities that ***are not specifically focused on engaging JI-R individuals*** with health center community-based primary health care to support transitions in care
- Assist with costs already supported with Health Center Program funding
- Provide health care services for federal prisons or pre-trial detainees
- Provide any services on behalf of a carceral authority
- Fund alteration and renovation (A/R) and construction activities





# Post-Award Expectations and Reporting



# Participation and Reporting Expectations

## Participation Expectations

- Peer-to-peer learning and knowledge sharing with QIF-TJI cohort.
- Continuous quality improvement to strengthen partnerships with patients and community.
- Collaboration with coordination and evaluation center.

## Reporting Expectations

- Progress reports that provide monthly qualitative and periodic quantitative data on:
  - Accomplishments and barriers.
  - HRSA developed core evaluative measures, common to all recipients
  - Recipient-developed evaluative measures.

## Participation and reporting will support:

- Evaluating effectiveness.
- Emerging best practices.
- Assessing potential for scalability.
- Assessing impact on access, outcomes, and clinical and social needs.
- Identifying strategies for maintenance and sustainability.

\*HRSA will detail reporting frequency and specific measures post-award.



# Technical Assistance Resources



# Technical Assistance Resources

NOFO

TA Presentation

Sample Forms

FAQs

Other Resources

Contact Info for  
Further Support

See the [QIF-TJI Technical Assistance Webpage](#)

\*NOFO provides the official guidance about eligibility, funding requirements, and what to include in your application



# Technical Assistance Contacts

## Application Questions

- [BPHC Contact Form](#)
  - Under *Funding*, select *Applications for NOFOs*
  - Select *Quality Improvement Fund (QIF)*

## Grants.gov Issues

- [Grants.gov Contact Center](#)
- 1-800-518-4726

## EHBs Issues

- [BPHC Contact Form](#)
  - Under *Technical Support*, select *EHBs Tasks/EHBs Technical Issues*
  - Select *Grant Applications Technical Question*
- 1-877-464-4772

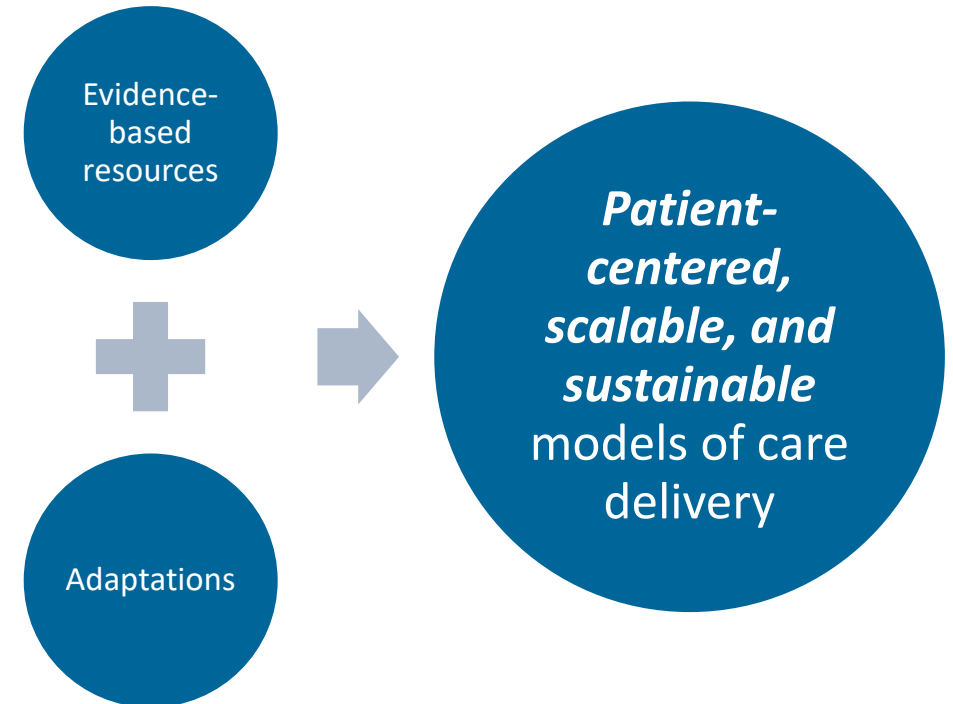
## Budget Questions

- Patrick Johnson
- [pjohnson3@hrsa.gov](mailto:pjohnson3@hrsa.gov)



# Key Takeaways

- Build upon existing evidence-based models to pilot and evaluate innovative approaches that connect or reconnect JI-R individuals to in scope services
- Proposed projects can be adapted and scaled across the Health Center Program.
- QIF-TJI measures of success:
  - Address critical health and health related social needs of JI-R individuals
  - Include input from health center patients and community members who have lived experience with incarceration.



# Thank You!

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## ***QIF Technical Assistance Team***

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



[\*BPHC Contact Form\*](#)

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[\*bphc.hrsa.gov\*](http://bphc.hrsa.gov)



[\*Sign up for the Primary Health Care Digest\*](#)

