



**ADDRESSING HISTORY
OF CRIMINAL JUSTICE
INVOLVEMENT:
A CARE MANAGEMENT GUIDE**

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1 / Providing Quality Care for Patients with a History of Criminal Justice Involvement

Every office visit is an opportunity to engage and help your patients with a history of criminal justice involvement (CJI).

Involvement in the criminal justice system can take multiple forms, including contact with police and courts, incarceration, probation, parole and through family members' justice involvement.

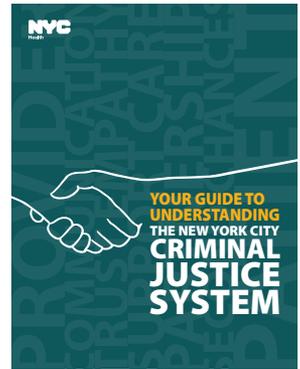
Your patients may not want to disclose their history of criminal justice involvement. If they do want to talk about it, you should be prepared. The following recommendations can help guide your practice in creating a safe, respectful space for patients who choose to disclose their CJI history.

- **Use person-centered language that is nonjudgmental, unbiased and compassionate.** Make sure patients understand that their history of CJI will not affect their care.¹ See words to avoid and phrases to use instead in the “Communication Guide for Talking with Patients with a History of Criminal Justice Involvement.”
- **Emphasize that the care you provide is not part of the criminal justice system,** including parole and probation.
- **Do not ask why they were incarcerated or arrested** or for information about specific charges or convictions. Asking for additional information may hinder the development of a trusting relationship with your patients.^{1,2} Address only the information patients volunteer or that relates to the provision of care.



Should I ask my patients about a history of CJJ?

- There is no existing consensus or established guidelines for deciding to discuss CJJ with your patients.
- The decision to ask about a history of CJJ is a provider and practice-based decision; if you decide to screen for CJJ, consider the recommended approach to speaking with patients who choose to disclose their history of CJJ, outlined above.
 - If you decide to screen for a history of CJJ, make sure you have a referral system in place to link patients with clinical and community-based services.
- Be aware that while asking patients about CJJ could be an opportunity for providers to offer specialized support and services, it may also evoke unease and fear of stigmatization in patients.



Workflow Considerations

- Who will create a practice protocol for:
 - How to respond to and support patients who disclose their history of CJJ?
 - How to support providers who facilitate disclosure of CJJ among their patients?
- If your practice decides to screen for CJJ, consider using questions that are part of existing tools and workflows used to screen patients for social determinants of health in clinical settings. One example is the Protocol for Responding to and Assessing Patient Assets, Risks and Experiences (PRAPARE) toolkit. For more information, visit nahc.org and search for **PRAPARE toolkit**.

2/ Screen Comprehensively for Health Conditions

People with a history of CJJ have a higher risk of certain health conditions; therefore, regular primary care visits and screenings are important. **Normalize physical, mental and behavioral health screening activities** and emphasize that screening practices are routine for all patients.

Emerging evidence suggests that geriatric conditions, such as functional impairment and chronic disease multimorbidity, may appear at significantly younger ages among people with a history of incarceration, indicating premature aging.³⁻⁵ Consider screening patients with a history of CJJ earlier for chronic diseases and conditions typically associated with older adults.

Workflow Considerations

- Who will support and lead the implementation of comprehensive screening for health conditions of patients with CJJ?

3 / Adopt a Trauma-Informed Approach in Your Practice

Even if your patients do not disclose their history of CJJ, treat all patients as if they have experienced trauma, or **adopt universal trauma precautions**. This will create a welcoming environment which will improve the quality of their visit, empower them to take control of their health and encourage them to make choices they were not provided while incarcerated. The following outline illustrates how core principles of a trauma-informed approach are applicable to patients with a history of CJJ:

Create a Welcoming Environment

The **physical care environment should promote a sense of safety** for your patients.

- Create warm and inviting waiting areas and care spaces.
- Hang posters and make available pamphlets from community-based organizations that provide services to people post-incarceration, which can signal that people with a history of CJJ are welcome.
- Consider minimizing the presence of uniformed security guards in the clinic environment.

History Taking

- **Inform and assure your patients** that the clinical interview and physical exam will facilitate health screening tests and medical management decisions, and help you provide consistent, ongoing and uninterrupted care.

- **Listen carefully and actively**; do not assume anything about your patients. **Ask your patients about what is most important to them** and confirm that you understand the needs they hope to address with this visit.
- Prior to taking a comprehensive social history, **explain why questions that may not seem directly related to patients' health are important**. Share that health is influenced by many different factors and that you are only asking questions with their health in mind.
- **Identify and document social needs for referrals**, including homelessness, unemployment, limited education, food insecurity, financial hardship, lack of insurance coverage and social isolation.
- **Let patients know that sensitive questions about social needs are asked of all patients.**
- **Prioritize open-ended questions** so patients can share in their own words.
- **Summarize what your patients have said and repeat it back to them** to ensure you understood correctly and they feel heard.
- During follow-up visits, **acknowledge any progress made in their care plan**, however small, as well as areas of strength and resilience in achieving this progress.
- **Ideally, raise sensitive topics only when you have enough time** to listen and discuss with patients as needed. If patients raise sensitive topics on their own, make the best use of time available to listen.

Physical Examination

- **Clearly explain what the examination will entail** so your patients know what to expect. **Ask for consent** from patients so they feel in control of their body and do not feel anxious or threatened during the visit.
- Ask patients if they are uncomfortable changing into a gown; if so, let them know they can stay fully clothed while you conduct the exam.
- Regularly ask if patients are comfortable as you move through the physical examination. This helps put patients at ease and builds trust.

Assessment and Planning

- **Make sure patients fully understand and agree** with the therapeutic plan.
- When ordering diagnostic testing, lab work and medication, take the time to **explain why these are necessary**.
- **Confirm with your patients** any specialist referrals.

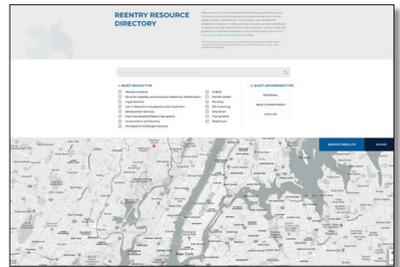
Workflow Considerations

- Who will create a welcoming environment in the practice (e.g., waiting area, patient care areas)?
- Who will identify, collect and provide social needs resources for patients?
- How will you document patients' CJH history, social needs and other sensitive information with person-centered, respectful language within the electronic health record (EHR)?

4/ Connect Patients With Local Health Services and Community-Based Organizations

Make sure your patients have everything they need before they leave your practice. Create processes and designate appropriate staff, ensuring patients have the following:

- **A clear visit summary**, including clinical findings and a treatment plan that uses plain, non-medical language patients can understand
- **Appropriate community-based medical and social services referrals**
 - Connect patients with a staff member in the practice who can help make appointments with community organizations and follow up with patients as needed. For clinical referrals, make sure you have a method for sharing notes and information if on a different EHR.
- **An appointment card** for subsequent follow-up visits
- **Contact information for a person at the practice** who can answer any additional questions and follow up with patients on referrals
- **Information about community-based organizations** that have experience caring for people with a history of CJ



Workflow Considerations

- Who on the clinical team (e.g., physician, social worker, care coordinator) will assist in identifying and connecting patients to resources and social service programs?

To view the references in this guide,

visit nyc.gov/health and search for **criminal justice toolkit**.

