

INTRODUCTION

New York State Prison System

New York State (NYS) Department of Corrections and Community Supervision (DOCCS) is one of the largest state prison systems. It is comprised of 54 prison facilities, with more than 53,000 inmates in custody as of January 2014. ¹

HCV Sero-prevalence Among Incoming NYSDOCCS Inmates

In 2012, of the 4,205 inmates surveyed to determine the HCV positivity rate among inmates coming into the NYSDOCCS system - 10.7% had evidence of HCV antibodies, 9.6% of males and 14.6% of females. ²

NYS Hepatitis C Continuity Program

The NYS Hepatitis C Continuity Program promotes HCV treatment completion among inmates after release to the community. Treatment is initiated in DOCCS regardless of incarceration time remaining. An appointment is made with an HCV community-based provider within two weeks of release. From 2006-2013, 227 inmates were enrolled in the program and 58% of inmates attended their first HCV-related appointment post-release. (Table 1)

In January 2014, the HCV Continuity Program Linkage to Care Initiative was implemented to increase the number of inmates that attend their first HCV-related appointment post-release. The purposes of this project were to increase linkage to care rates among inmates enrolled in the NYS HCV Continuity Program that are leaving NYS correctional facilities on HCV treatment and to better understand the barriers to linking inmates to care post-release.

Table 1: Hepatitis C Continuity Program Outcomes 2006 - 2013

	# program enrollees	# appointments kept	% appointments kept
Rest of State	126	85	67%
NYC	101	46	45.5%
Total	227	131	58%

METHODS

Hepatitis C Continuity Program Linkage to Care Initiative

Prior to release: A dedicated Linkage Specialist (LS) conducted a conference call with each inmate prior to release. The purposes of each call included: establishing a relationship, assessing the level of family support and identifying post-release needs, such as transportation, housing and clothing.

Post-release: Within 48 hours of the scheduled first appointment a reminder call was made to the inmate confirming time and place of the appointment. On the day of the appointment, the LS confirmed the status of the appointment.

If the appointment not kept: LS attempted to re-engage and assist with overcoming obstacles preventing them from getting to the appointment. If contact unsuccessful, LS contacted parole officer to assist with location effort. If unable to connect within two working days of missed appointment, LS referred to community-based reentry program or HIV/STD field services staff to seek and find the inmate.

RESULTS

During 2014, a total of 14 inmates were enrolled in the HCV Continuity Program. Seven (50%) of the inmates attended the initial HCV care appointment. After interventions by the LS, an additional four inmates were linked to HCV care. In the end, 11 (78.6%) of inmates were successfully linked to HCV care. (Table 2)

Common barriers to linkage to care included: Medicaid related issues, lack of transportation and unstable housing.

Table 2: Hepatitis C Continuity Program Linkage to Care Initiative Outcomes

	# program enrollees	# appointments kept	# linked to care after LS intervention	% linked to care overall
Rest of State	8	4	+3	87.5%
NYC	6	3	+1	67%
Total	14	7	+4	78.6%



CONCLUSION

A dedicated LS performing case management activities is an effective strategy to ensure linkage to care for inmates released from prison on HCV treatment. Effective LS interventions included: establishing a rapport with inmate prior to release, working collaboratively with parole, ensuring timely activation of Medicaid, arranging for transportation to/from appointments, coordinating with homeless services and advocating on behalf of the inmate.

REFERENCES

1. New York State Department of Corrections and Community Supervision. (2014) UNDER CUSTODY REPORT: Profile of Under Custody Population. Retrieved from: http://www.doccs.ny.gov/Research/Reports/2014/UnderCustody_Report_2014.pdf
2. New York State Department of Health. AIDS Institute Bureau of HIV/AIDS Epidemiology. 2015

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