



Barriers and strategies for linking inmates to care receiving treatment for hepatitis C virus (HCV) upon release from prison

NATIONAL SUMMIT ON HCV AND HIV DIAGNOSIS, PREVENTION AND ACCESS TO CARE

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NYS HCV Continuity Program

Established in 2006

Program for NYS DOCCS inmates receiving treatment for HCV

- Promotes treatment completion upon and after release to the community
- Makes it possible for treatment to be initiated within DOCCS regardless of length of stay
- Inmates receives referral to community-based health care providers for continuation of treatment within two weeks of release
- NYSDOH AIDS Institute tracks referrals post-release

	# referrals	Number of appts. kept	% appts. kept
ROS inmates	126	85	67%
NYC-based inmates	101	46	45.5%
Total	227	131	58%

HCV Continuity Program Linkage Specialist Initiative

PRE-RELEASE

Linkage Specialist

- Conducts phone intake
- Makes pre-release case specific arrangements (e.g., DSS, Medicaid transportation, shelter, ORC)
- Notifies Parole Officer, CHASI/DOH Field Services

POST-RELEASE

Linkage Specialist contacts

- Inmate and parole officer to remind of appointment
- Provider to confirm if appointment was kept.

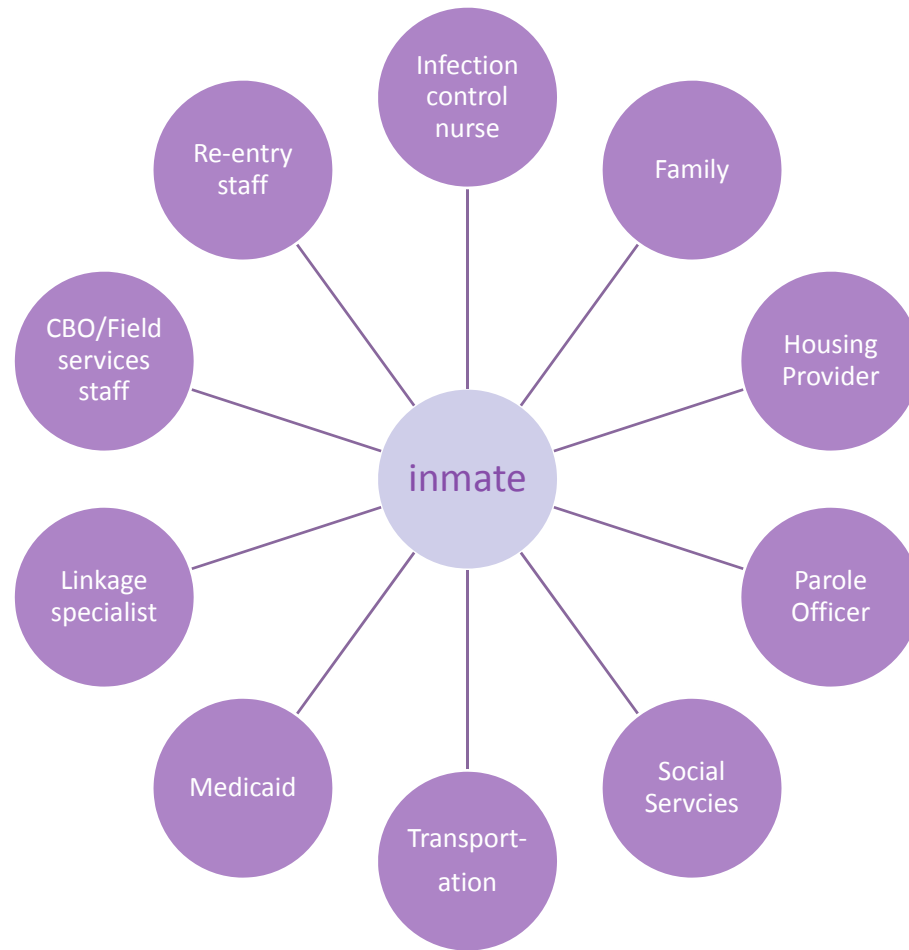
If appointment missed:

- Contact inmate and parole officer to attempt to re-engage
 - If unsuccessful
 - Contact CHASI (NYC) or HIV/STD Field Services (ROS)
 - Conduct case finding; up to three attempts

HCV Continuity Program- Data 2014

	# referrals	# kept appointment	#linked to care after LS intervention	#/ % linked to care
ROS	8	4	+3	7 87.5%
NYC	6*	3	+1	4 67%
Total	14	7	+4	11 78.6%

* 3 of 6 went to Bellevue Men's Shelter



Challenges

Competing priorities upon release

Late referrals

Lack of/delays in Medicaid activation post-release

Turn over of staff at community-based providers

Shelter placement

- Lack of resources for shelter referrals

Identification issues: AKA, SS#

HCV medications

- Need for prior authorization
- Cost

HCV is not a single qualifying condition for Health Homes

Lack of statewide coverage of HCV providers

Lack of funding

Conclusion

A dedicated LS performing case management activities may be 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 advocating on behalf of the inmate.