NYS HCV Continuity Program Linkage to Care Initiative

NATIONAL HEPATITIS CORRECTIONS NETWORK CONFERENCE
MARCH 18, 2015
BOSTON, MA
April 2011, Department of Corrections merged with Division of Parole
- 53,000 individuals under custody
- 54 state facilities

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Category</th>
<th>Inmates under custody</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>95.6%</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>4.4%</td>
</tr>
<tr>
<td>Age</td>
<td>Average age</td>
<td>37.8 years</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>White</td>
<td>23.8%</td>
</tr>
<tr>
<td></td>
<td>African American</td>
<td>49.3%</td>
</tr>
<tr>
<td></td>
<td>Hispanic</td>
<td>24.1%</td>
</tr>
<tr>
<td>Region</td>
<td>NYC</td>
<td>45.8%</td>
</tr>
<tr>
<td></td>
<td>Rest of State</td>
<td>54.2%</td>
</tr>
<tr>
<td>Crime</td>
<td>Violent Felony</td>
<td>65.5%</td>
</tr>
<tr>
<td></td>
<td>Drug offense</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td>Property/Other</td>
<td>12.7%</td>
</tr>
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Survey of Incoming Inmates – HIV, HCV

The Prison Study

- Study began in 1998. Runs every two years.
- Sample of inmates coming into NYS DOCCS facilities.
- During the 2012 study, 4,205 inmates included
  - 79% male; 21% female
  - Black was the largest race/ethnicity group
  - Average age 34 years
  - 20.5% reported IDU
  - 18.9% reported being sex partner of IDU
  - 14.2% reported exchanging sex for money or drugs
  - 1.7% male inmates reported MSM risk

Data Source: NYSDOH, AIDS Institute, Bureau of HIV/AIDS epidemiology
Survey of Incoming Inmates – HIV, HCV (2)

- HIV seropositivity - 2.6% overall
  - 2.4% male; 3.7% female
- HCV seropositivity
  - 10.7% overall
    - 9.6% male; 14.6% female
  - HCV seropositivity has remained relatively stable between 2000 and 2012
- HIV/HCV coinfection
  - 0.7% (32) inmates were coinfected
    - 0.9% males; 0.3% females

Data Source: NYSDOH, AIDS Institute, Bureau of HIV/AIDS epidemiology
Longstanding relationship between both agencies
NYSDOH AIDS Institute (AI) meets quarterly with NYSDOCCS
Collaborate on a number of initiatives related HIV infected inmates
Public Health Law (2009) giving AI oversight to the HIV and HCV care in correctional facilities
- Correctional facility policies and practices regarding HIV/AIDS and hepatitis C prevention and treatment must be consistent with current, generally accepted standards and procedures used to prevent transmission and provide treatment among the general public.
- AI reviews DOCCS HIV and HCV policies
- AI Monitors HIV and HCV quality of care within DOCCS facilities
  - CD4, HIV viral load, HCV screening, genotype, etc.
NYS HCV Continuity Program

- Established in 2006
- First such program in the U.S.
- 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
  - Enables inmates to receive timely referral to appropriate community-based health care providers for continuation of treatment
- 39 community-based providers statewide participating
- Unfunded program
- AIDS Institute’s role
  - Program Evaluation
  - Linkage to Care (2014)
Inmate participation is voluntary

DOCCS staff (Infection control nurse-ICN)
- Educate inmate on HCV
- Complete enrollment paperwork, release of information (DOH-2557)
- Make initial appointment with provider
- Arrange for the shipping of any medications (if necessary)
- Send pertinent medical information to provider
- Provide medical information to inmate

Community-based providers
- Arrange for appointment and medications
HCV Continuity Program - Data 2006-2013

<table>
<thead>
<tr>
<th></th>
<th># referrals</th>
<th>Number of appts. kept</th>
<th>% appts. kept</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROS inmates</td>
<td>126</td>
<td>85</td>
<td>67%</td>
</tr>
<tr>
<td>NYC-based inmates</td>
<td>101</td>
<td>46</td>
<td>45.5%</td>
</tr>
<tr>
<td>Total</td>
<td>227</td>
<td>131</td>
<td>58%</td>
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* Appointment scheduled within two weeks post release
Linkage to Care Initiative

- Strong feeling that more could be done to link these inmates to care
  - Small number enrolled/year
- Protocols developed
  - Divisions of HIV and Hepatitis Health Care, HIV Prevention, Medicaid Policy
  - NYS DOCCS
- Conference calls with HIV/STD field service and CHASI staff
- Linkage Specialist selected based on background and skills
- Initiative kicked off- January 2014
**Linkage Specialist Process - Pre-release**

- **DOCCS Infection Control Nurse**
  - Notifies Linkage Specialist of new enrollment and schedules phone intake
  - Sends HCV Continuity Program enrollment form, CMS and release forms to Linkage Specialist

- **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
Linkage Specialist – 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 Field Services (ROS)
        - Conduct case finding; up to three attempts
# 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

- Inmates!
- 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 for referrals
- Lack of funding
Successes

- Close to 80% of inmates linked to care!!
- Cooperation from
  - DOCCS Infection Control Nurses
  - Parole Officers
  - CHASI and HIV/STD Field Services
- Inmate buy-in; some initiate calls to LS after release
- DOCCS increased medication supply post-release (30 days for oral medications only)
- Increased understanding of the Medicaid enrollment process post-release
  - AIDS Institute/OHIP/ DOCCS Medicaid Workgroup
- Established relationship with DHS – Bellevue Men’s Shelter
- Cell phone access
Inmates leaving prison on HCV treatment can be linked to care
Establishing contact and building relationships prior to release pays off
Inmates require some level of assistance linking to care post-release
  - Care coordination/case management
Shelter/motel placements are challenging
Activation of Medicaid is an important piece to its success
“It takes a village” to link these individuals to care
Acknowledgements

- AIDS Institute
  - Pat Doyle, Linkage Specialist
  - Beth Justiniano
  - Rex DeVoe
  - Rick Cook
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  - Bev Lanier
  - HIV/STD Field Service Staff

- DOCCS
  - ICNs
  - Community Supervision/Parole
  - Lisa Hoffman
  - Steve Miller

- CHASI
  - Heather Joiner- NYC Dept. Homeless Services

- NYSDOH Medicaid
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