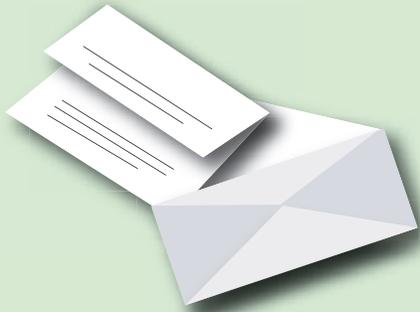


## Monitoring and Evaluation

The NYS Hepatitis C Continuity Program is a unique model. The AIDS Institute would like to continue to develop it and to evaluate its effectiveness. A simple approach is used for monitoring and evaluation.

Forms are completed within DOCS and by the community-based health care provider:

- DOCS provides HCV testing history, genotype, treatment, CD4 count and viral load for HIV if applicable, and discharge information.
- Health care providers verify intake, receipt of medical records, HCV treatment progress and outcomes, and CD4 count and viral load for HIV if applicable.



## The Hepatitis C Continuity Program is a Partnership Between:

- NYS Department of Correctional Services (DOCS)
- NYS Department of Health (DOH)
- NYS Division of Parole (DOP)
- New York City Health and Hospitals Corporation (HHC)
- Other Community-Based Health Care Providers

## Questions about the NYS Hepatitis C Continuity Program may be directed to:

### Contact Information:

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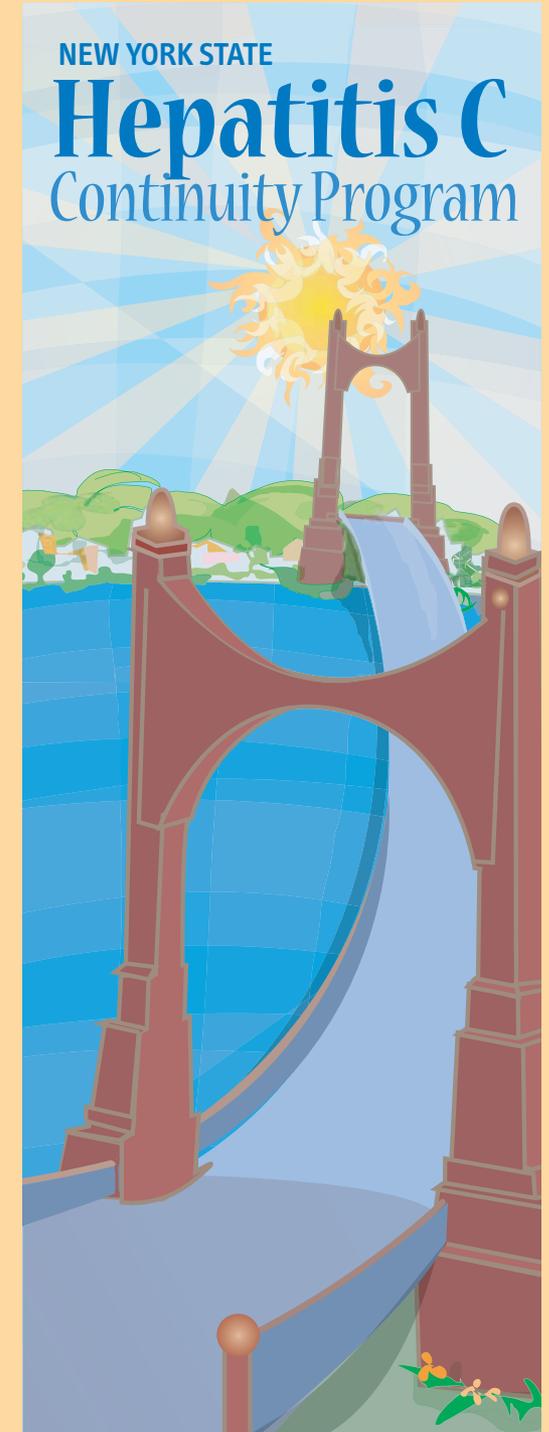
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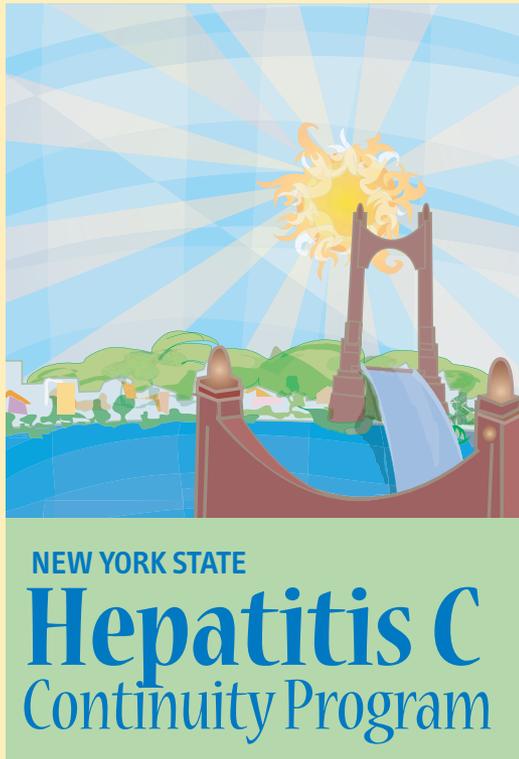
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State of New York  
Eliot Spitzer, Governor

Department of Health  
Richard F. Daines, M.D., Commissioner





The Hepatitis C Continuity Program is a program for New York State (NYS) Department of Correctional Services (DOCS) inmates who are under treatment for hepatitis C (HCV) to promote treatment completion upon and after release to the community.

**The Hepatitis C Continuity Program...**

- Makes it possible for treatment of HCV to be initiated within DOCS without regard to the expected incarceration time remaining, since arrangements for continuity of treatment after release are possible.
- Enables inmates who initiate treatment prior to release to receive timely referral to appropriate community-based health care providers for continuation of treatment.

**How does the Program work?**

Participation on the part of inmates is voluntary. DOCS Health Services staff and facility Parole Officers work with inmates to:

- Arrange participation;
- Secure appropriate Release of Information forms (i.e., Release of Medical Information and Confidential HIV-Related Information);
- Arrange for Medicaid eligibility; and,
- Select a health care provider referral location for treatment completion in the community.

**Pre-Release Activities**

DOCS staff identify inmates who may not be able to complete HCV treatment due to the length of their incarceration. Staff verifies the geographic area for release, coordinates pre-release plans with the Parole Officer, meets with the inmate to explain the continuity option and provides guidance with necessary enrollment paperwork.

The inmate selects from a statewide network of health care providers that accept releasees being treated for HCV. The providers ensure high quality, integrated care. An initial medical appointment is made with the provider.

DOCS staff does the following:

- Transmits appointment and contact information to the facility Parole Officer, Division of Parole (DOP) central office, facility mental health staff, DOCS Central Pharmacy and the NYSDOH AIDS Institute;
- Ensures enough medications are supplied to the releasee upon discharge; and
- Arranges for a shipment of a two-week supply of medications to the receiving health care provider. Meanwhile, Medicaid or other coverage is being arranged.

DOP central office staff provide appointment and contact information (obtained from the facility Parole Officer) to the assigned community Parole Officer. DOP also provides the health care provider with contact information for the supervising Parole Officer.

**Health Care Providers** confirm completion of paperwork to establish Medicaid eligibility (if applicable), inform the appropriate medical staff regarding administration of medications and contact DOP to obtain contact information for the inmate’s Parole Officer (if applicable).

**Post-Release Activities**

Health care providers do the following:

- Determine if the patient is co-infected with HCV/HIV or mono-infected with HCV;
- Make a medical appointment;
- Collaborate with the community Parole Officer to contact the patient if an initial appointment is missed; and
- Obtain signed authorization for release for program monitoring and evaluation (and forwards copy to DOH AIDS Institute).

For co-infected inmates, HIV case managers coordinate between primary care physicians and hepatologists or gastroenterologists, nurses and counselors provide support, and case management staff address barriers (e.g., transportation, childcare).

DOP staff arrange for supportive services, including mental health, housing and substance use treatment. This helps the patient cope with severe side effects of HCV treatment (e.g., depression) and increases the probability of treatment adherence.