

## VI. Moving Forward

Based on the experiences with VHIP, strategies for improving hepatitis outcomes at the SEP sites have been identified. For example, distinguishing those clients who actively seek out services from those who agree to participate based on prompting from the Hepatitis Coordinator or program staff may be an important determinant of programmatic success. Another strategy is to focus on clients who routinely seek services at the SEPs. This can be accomplished by exploring the feasibility of prospectively identifying “regular users” of the SEPs to target for hepatitis services.

Providing intensive case management for a subset of HCV positive clients may help ensure clients return for screening results and additional vaccine doses. Furthermore, there should be better integration of hepatitis services into agency staff roles, by cross training all appropriate staff at the agencies to provide hepatitis-related services. Agency “buy-in” for the project needs to be secured prior to implementation. Frequent trainings are necessary to address high staff turnover rates. There is also a need to move beyond general awareness of program services among agency staff to active participation/coordination with the Hepatitis Coordinator. This was reinforced by the focus group finding that although service integration had occurred, the model was heavily dependent on the Hepatitis Coordinator.

Lastly, it is important to increase client contact. Increasing client contact can be done by: conducting client assessments and creating individualized plans, collecting more detailed contact information from clients and updating the information as frequently as possible, providing frequent reminders for clients about their upcoming HCV evaluation appointment, making sure clients have an appointment card, providing escorts as necessary and providing HBV and HCV screening results to clients over the phone as a last resort.

One significant limitation to VHIP was the limited access to vaccination services. The PA was only available on-site one day per week at each site. This was seen as a major barrier to vaccination access and completion.

Finally, as the release of the HCV rapid test approaches, receipt of test results will increase. It will be interesting to see what the impact of receiving a reactive test result immediately is on acceptance of and attendance at referral appointments.

Although completion of vaccines and return for screening results was low overall, 1,368 individuals received at least one hepatitis service or attended at least one hepatitis related support group. Countless other individuals received hepatitis educational materials. Plus, even those individuals who received only one dose of vaccine still received some protection. More importantly, it is believed that many of these individuals would not be reachable through other more traditional venues where hepatitis services are available. Therefore, as a result of VHIP, many individuals have been educated, counseled, received vaccinations, and are now aware of their status so that when the time is right for them they can seek further treatment.