PROTOCOLIZED TRANSITIONAL CASE MANAGEMENT TO IMPROVE CONTINUITY OF CARE FOR SUBSTANCE USE, HIV, AND VIRAL HEPATITIS IN A U.S. STATE PRISON SYSTEM

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Background:
People released from U.S. prisons face high risk of treatment interruption for HIV, viral hepatitis, and substance use disorder (SUD), contributing to preventable morbidity and ongoing transmission. We adapted the evidence-based Coordinated-Transitional Care (C-TraC) hospital readmission intervention to the prison setting using the Replicating Effective Programs (REP) framework.

Description of model of care/intervention/program:
Incorporating insights from interviews and focus groups with formerly incarcerated adults, correctional system leaders, and prison-based health service providers, we developed a nurse-led case management intervention featuring in-person pre-release visits and telephone-based post-release visits and named the adapted intervention "Call2Care." Participants received structured pre-release sessions focused on care planning, medication reconciliation, and appointment scheduling, followed by weekly post-release outreach to address barriers to care. Smartphones were provided to facilitate contact. Adaptations addressed correctional workflows and fragmented community systems while preserving core C-TraC elements of structured contact and longitudinal relationship-building.

Effectiveness:
In a prospective, single-arm pilot (n=219), participants completed a mean of 3.1 (SD 1.2) pre-release sessions and were contacted by phone a mean of 5.8 (3.7) times after release by a nurse case manager. Among 209 participants released during the study period and evaluable for outcomes, 54% attended at least one non-emergency outpatient medical visit within 30 days of release and 67% within 60 days. In comparison, pre-intervention statewide data demonstrated a 30-day outpatient visit rate of 33.5% among individuals meeting similar eligibility criteria. Eighty-five percent of post-release visits occurred in primary care.

Conclusion and next steps:
A protocolized nurse-led transitional care model adapted for prison settings was feasible to implement and associated with improved early outpatient engagement after release. By initiating coordination prior to release and maintaining structured follow-up during reentry, Call2Care addresses disruptions in care for people with HIV, HCV, and SUD. An ongoing randomized controlled trial is comparing Call2Care with enhanced usual care at two state prisons.

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