



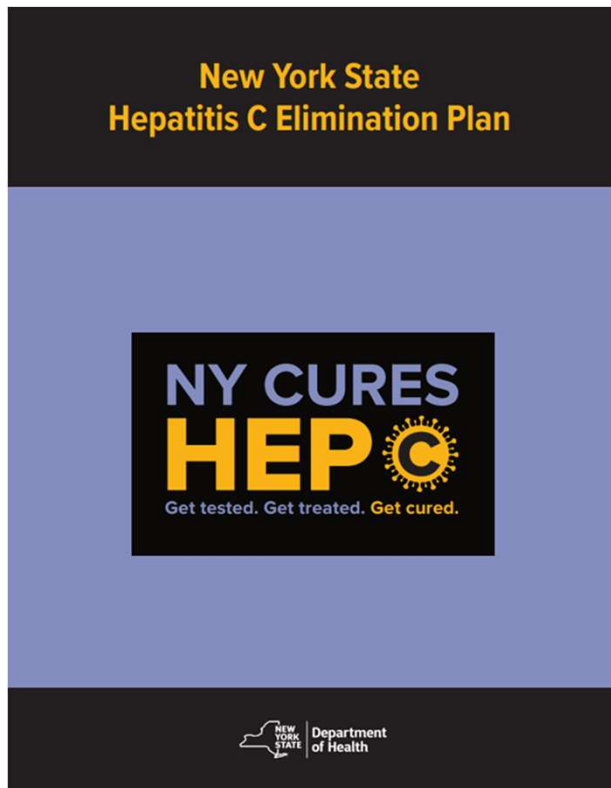
**Department
of Health**

Promising practices for hepatitis C screening and linkage to care in correctional settings

Innovative and Promising Practices for Hepatitis C Elimination

May 15, 2024

New York State Hepatitis C Elimination Plan



- **People involved with the carceral system** are a priority population and **correctional settings, including local jails** are priority settings for successful implementation of the plan.
- Elimination recommendations related to **correctional settings** include:
 - Expand hepatitis C prevention strategies in state and local correctional facilities (P3)
 - Implement opt-out hepatitis C testing (SDH3)
 - Ensure continuity of hepatitis C care between jails, prisons, and the surrounding community is supported by patient navigators, discharge planners, and health care providers (SDH5)
 - Train drug court personnel on harm reduction and HCV (SDH9)
 - Support Criminal Justice Diversion programs for PWUD (SDH10)

Promising practices for hepatitis C screening and linkage to care in correctional settings

Innovative and Promising Practices

- **Implementing Opt-out Hepatitis C Testing in a County Jail**
Antonie Hiemer, PhD, MS, RN, CLNC, Madison County Sheriff Department
- **Collaboration with Local County Jails to Screen and Link to Care People with Hepatitis C**
Ashley Sears, LPN Hudson Headwaters Health Network
- **Improving Linkage to Hepatitis C Care from Alternatives to Incarceration programs**
Lindsey Riback, MPH Einstein College of Medicine/Montefiore Medical Center

Implementing Opt-out Hepatitis C Testing Pilot Program in a County Jail



Antonie Hiemer, PhD, MS, RN, CLNC
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Hepatitis C Epidemic in Jails and Prisons

- **Global public health problem**
- **Disproportionately high prevalence of hepatitis C**
- **10 million men and women worldwide spend time in jails, prisons, and other closed settings¹**
- **Hepatitis C elimination plans will reduce the burden of hepatitis C**

¹National Institute of Corrections (2015). World prison population list. Retrieved from: [http://nicic.gov/world-prison-population-listeleventh-edition#:~:text=There%20are%20more%20than%200.25.States%20\(698\)%2C20St](http://nicic.gov/world-prison-population-listeleventh-edition#:~:text=There%20are%20more%20than%200.25.States%20(698)%2C20St)

Policy and Procedure

- Provide guidance and procedures for hepatitis C testing and referral, including:
 - Roles and responsibilities
 - Procedure for hepatitis C rapid antibody testing
 - Procedure for ribonucleic acid (RNA) testing by dried blood spot
 - Procedure shipping specimens
 - Procedures for linkage referrals
 - Data collection and reporting

Policy
712

Madison County Sheriff's Office
Policy Manual for Corrections

Hepatitis C Testing and Referral

712.1 PURPOSE AND SCOPE

Agency Content

The Madison County Sheriff's Office is committed to screening and testing incarcerated individuals for HCV, and referring for medical care and treatment evaluation as needed.

712.2 POLICY

Agency Content

This policy provides general guidelines and procedures for conducting hepatitis C virus (HCV) testing and referral.

712.3 DEFINITIONS

Agency Content

Definitions related to this policy include:

- A. AIDS Institute Reporting System (AIRS) - is a reporting system for HCV test results for incarcerated individuals that have been enrolled in the New York State Department of Health's HCV Testing Program.
- B. Dried Blood Spot (DBS) test - is a test for the detection of the HCV virus in blood. OraQuick® HCV Rapid Antibody Test - is a test for the detection of HCV antibodies in blood.
- C. Qualitative HCV ribonucleic acid (RNA) testing - is a DBS test used as confirmatory testing for HCV virus in blood.

712.4 PROCEDURES

Agency Content

The purpose of this protocol is to provide guidance and procedures for the New York State (NYS) HCV testing program, conducted on incarcerated individuals at the Madison County Jail. HCV testing will be conducted in a setting that provides privacy to incarcerated individuals receiving HCV screening, testing, and counseling.

- A. The Medical Director shall serve as Laboratory Director for HCV testing program and oversee all clinical/medical aspects of the testing program, including the following:
 1. creating procedures related to mitigating the risks associated with communicable disease (refer to Blood borne Pathogen/Universal Precautions and Agency Exposure Control Plan);
 2. ensuring proper screening of incarcerated individuals and follow up as needed.
- B. The Supervising Jail Nurse shall serve as the coordinator of the HCV testing program, including the following:
 1. ensuring that nursing staff complete Oraquick training annually;

Policy and Procedure

- **Roles and Responsibilities**

- **Laboratory Director**

- Create procedures to mitigating the risk
- Ensuring screening and follow-up

- **Coordinator**

- Ensure nursing complete Oraquick training annually
- Maintain complete and accurate records
- Complying with HCV testing program requirements

CDC HCV Testing Recommendation for Adults²

- **Universal testing**
- **One-time testing with recognized conditions or exposures**
- **Routine periodic testing with ongoing risk factors**
- **Any individual requesting testing**

² CDC (2023). Testing Recommendations for Hepatitis C Virus Infection. Retrieved from: <https://www.cdc.gov/hepatitis/hcv/guidelinesc.htm>

Risk factors

Ongoing risk

- Injection drug use;
- Inhaling drugs;
- Tattoo and/or body piercing (in an unlicensed setting);
- Multiple sex partners; and
- Men who have sex with men (MSM)

Other risk factors

- Long term dialysis;
- Blood transfusion/transplant before 1992;
- Receiving clotting factor before 1987;
- Occupational exposure;

Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES			Form Approved OMB No. 0938-0047		
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) APPLICATION FOR CERTIFICATION					
I. GENERAL INFORMATION					
<input checked="" type="checkbox"/> Initial Application <input type="checkbox"/> Survey		CLIA IDENTIFICATION NUMBER Leave Blank for New Applications 0			
<input type="checkbox"/> Change in Certification Type <input type="checkbox"/> Other Changes (Specify)		(If an initial application (new code), a number will be assigned)			
FACILITY NAME The Family Health Center of PA		FEDERAL TAX IDENTIFICATION NUMBER 12-3456789			
MAIL ADDRESS		TELEPHONE NO. (include area code) (610)345-6789	FAX NO. (include area code) (610)345-6788		
FACILITY ADDRESS — Physical location of Laboratory (Building, Floor, Suite, if applicable). For Corporate Offices will be needed to fill address unless mailing address is specified		MAILING/DELIVERY ADDRESS (if different from street address) The Family Health Center of PA Attn: Accounts Payable			
NUMBER, STREET (do not abbreviate) 123 East First Street - Suite 100		NUMBER, STREET 123 East First Street - Suite 100			
CITY Reading	STATE PA	ZIP CODE 12345	CITY Reading	STATE PA	ZIP CODE 12346
NAME OF DIRECTOR (Last, First, Middle Initial) Taylor, John, S.			FOR OFFICE USE ONLY SIGNATURE		
II. TYPE OF CERTIFICATE REQUESTED (Check only one)					
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Point-Of-Care Testing

- Oraquick Rapid HCV antibody testing
 - Results in 20 minutes
- Dried blood spot testing
 - Viral load of 250 IU/mL
 - Confirmatory testing
- Standard hepatitis C ribonucleic acid test
 - Viral load of 4 IU/mL



What is Opt-Out Testing?

- Testing is performed at initial health assessment
- Individuals are told they will be tested for hepatitis C, unless they decline testing.

‘No, I don’t want to be tested’ (opt-out)

vs.

‘Yes, I want to be tested’ (opt-in)

Why Offer Opt-Out Testing?

- **Opt-out testing normalizes hepatitis C screening as part of routine care.**
- **Opt-out testing increased the acceptance rate of hepatitis C testing.**
- **People with hepatitis C are often unaware of their infection.**
- **People often do not have regular health care prior to entering the jail.**
- **Individuals frequently cycle in and out of jail and can contribute to hepatitis C transmission in the community.**

Memorandum of Understanding (MOU)

PURPOSE OF LINKAGE AGREEMENT: *The purpose of this linkage agreement is to acknowledge the collaborative relationship that exists between, and outline the cooperative efforts of, the above-named agencies to coordinate and integrate services and care for individuals who have a reactive rapid hepatitis C antibody test results and HCV RNA positive test results. Staff of both agencies will document services provided and conduct follow-up as necessary, provided appropriate confidentiality releases are obtained.*

UNDER THE TERMS OF THIS AGREEMENT, TESTING AGENCY AGREES TO:

1. Refer clients who have a reactive rapid hepatitis C antibody test result and positive HCV RNA (diagnostic test) result to REFERRAL AGENCY.
2. Contact REFERRAL AGENCY to coordinate appointments for clients with reactive rapid hepatitis C antibody test results and positive HCV RNA test results.
3. Obtain client's signed consent agreement to exchange confidential information with REFERRAL AGENCY including a copy of the referred client's reactive rapid hepatitis C antibody test result and positive HCV RNA test result.

UNDER THE TERMS OF THIS AGREEMENT, REFERRAL AGENCY AGREES TO:

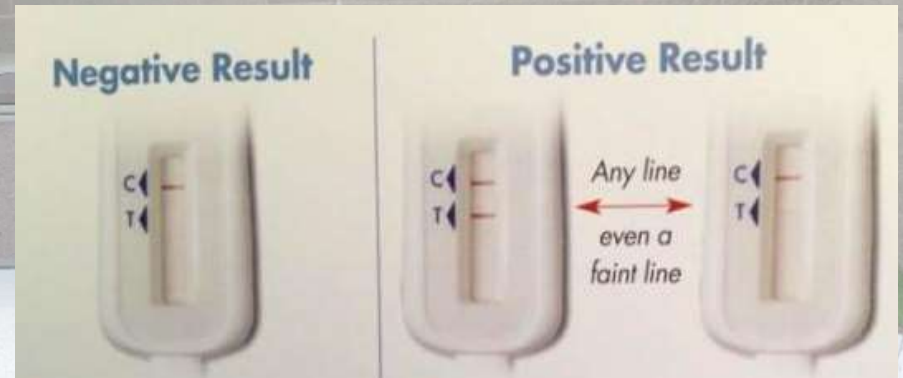
1. Accept referrals to conduct further medical evaluation for clients with positive HCV RNA test results from TESTING AGENCY.
2. Provide medical evaluation and linkage to specialized HCV care based on HCV RNA diagnostic test results as needed and appropriate.
3. Per the client's signed consent in #3 above, disclose to TESTING AGENCY whether client attended medical appointment.

Overcoming Barriers



- Incarceration is often too short to start treatment
- Unplanned transfer and releases disrupt ongoing treatment
- Improving diagnosis and management
 - Counselling about HCV infection
 - Linkage to follow-up evaluation and treatment upon release

Questions





**HUDSON
HEADWATERS**
HEALTH NETWORK

Hepatitis C Care and Treatment Program

Collaboration with local Jails to screen and Link to care people with
Hepatitis c

Ashley Sears, LPN, HCV Program Manager

 Health Care For Everyone.

HHN.org

Hepatitis C Care and Treatment Program

Our Mission:

To increase rapid HCV testing and education and provide and improve linkage to care and continuity of care among the high-risk population of incarcerated individuals.

Hepatitis C Care and Treatment Program

Collaboration with local Jails



- Hudson Headwaters Health Network's Hepatitis C Care and Treatment Program currently has partnerships with 3 local jails.
 - These partnerships may include rapid testing, individual education or group education, continuity of treatment and/or collaborative discharge planning.
 - Our current testing schedule is monthly. Each session lasts between 1-3 hours depending on how many patients are scheduled to be tested. For MOUD groups we are there for one hour
- Essex County Jail – Testing, Education, MOUD groups and continuation of treatment
 - Washington County Jail – Testing, Education and continuation of treatment
 - Warren County Jail- Group Education – Direct referrals from the Health Office, continuation of treatment and discharge planning

Hepatitis C Care and Treatment Program

Collaboration with local jails - What we do....



- Monthly rapid Hep C testing:
 - Confirm with facility staff to see how many patients have signed up
 - Free rapid and confidential Hep C testing
 - Education and counseling provided – discuss individual questions regarding last possible exposure/drug use to determine if/when a re-test is needed
 - Provide confidential results and encourage individuals to protect their status
 - If reactive results, we notify individual and discuss next steps
 - If the patient is expected to be released within 30 days, we will draw confirmatory labs at that time. If incarceration is expected to be longer than 30 days, we will coordinate a time to return and draw labs closer to their release
 - DBS confirmatory testing coming soon!
 - Obtain signed release of information to coordinate with the health office

Hepatitis C Care and Treatment Program

Collaboration with local jails - What the jail does:

Prior to entering the jail facility :

- Our team meets with the Health Office and Jail administrators.
- Our team completes background checks
- We discuss logistics regarding dates and times

Once approved to start education and testing:

- The health office prepares a list of patients who agree to rapid Hepatitis C testing and education
- A Correction Office is assigned to our team while we are in the jail
- An additional Correction Officer brings the patients to us.
- The same Correction Officer will bring the patients back to their pod once testing and education is completed.

Hepatitis C Care and Treatment Program

Collaboration with local jails - What we do....

- Group and individual education:
 - Discuss HCV, HIV and other STD's
 - Discuss knowing your status and protecting it
- MAT groups quarterly:
 - Harm reduction as well as harm reduction services locally

Hepatitis C Care and Treatment Program

Collaboration with local jails - What we do....

- Coordination with medical staff if re-incarcerated
 - Coordinate with family/friends on the outside that can bring meds in
 - If the patient knows they will be incarcerated, we ask them to bring meds with them
- Pharmacy coordination if medications need to be shipped to the facility
- Discharge planning for known HCV reactive patients.
 - Meet with the patient prior to release
 - Schedule necessary appointments such as HCV or MOUD
 - Address barriers- IE – Phone access

Hepatitis C Care and Treatment Program

Collaboration with local jails - Successes



- Increasing the number of patients being tested
- Increase patients' knowledge about Hep C, HIV and other STD's
- Building a rapport with those who test reactive
- Identify newly diagnosed HCV patients
- The ability to draw labs on site if reactive
- Ability to link to care once released
- Ability to continue treatment for those who are incarcerated during their treatment program
- Developing relationships with jail staff/administration
- Jail staff allows us to come in and draw SVR or nursing staff inside the jail will obtain labs on our behalf

Hepatitis C Care and Treatment Program

Collaboration with local jails - Challenges



- Covid shutdowns
- Each facility is unique and requires our team to be flexible with how we approach testing and education
- Patients can decline follow up lab testing
- Poor venous access
- Even with detailed discharge planning, people are hard to track down post release
- Frequent re-incarceration
- Post-discharge homelessness
- No contact information/no working phone
- Repeated presentations due to multiple pods that cannot be mixed
- Communication challenges being in a secure facility.



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HEALTH NETWORK

Thank You

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Improving linkage to hepatitis C care from alternatives to incarceration (ATI) programs

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Study Coordinator: Jordy Rojas Antigua

Disclosures

Conflict of interest:

Dr. Akiyama reports grants from NIH NIDA (K99/R00 DA043011; DP2 DA053730), NIMDH (R01 MD016744), NIAID (P30 AI124414), Gilead Sciences, and AbbVie

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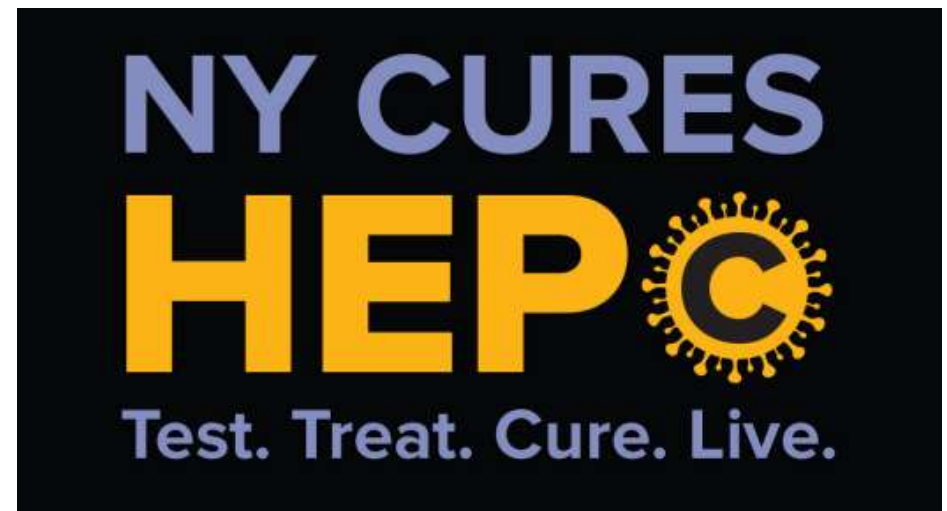
AbbVie: IER-45358

Outline

1. Overview of The ATI Study
2. Outcomes
3. Discussion and questions

NYS HepC Elimination Plan

- **Focus area:** Hepatitis C Testing and Linkage to Care
- **Priority populations:** People who use drugs and people currently or formerly involved in the justice system
- **Priority settings:** Substance use disorder treatment programs and alternative to incarceration settings



Outline

1. **Overview of The ATI Study**
2. Outcomes
3. Discussion and questions

Background

- Steady concentration of individuals with substance use disorders (SUD) in carceral settings
 - High hepatitis C (HCV) prevalence in a setting with relative stability from active substance use
 - Carceral settings are critical to HCV elimination
- Reform efforts successfully divert individuals with SUD-related misdemeanors and non-violent crimes to alternative to incarceration (ATI) programs
 - Reduction in jail and prison populations



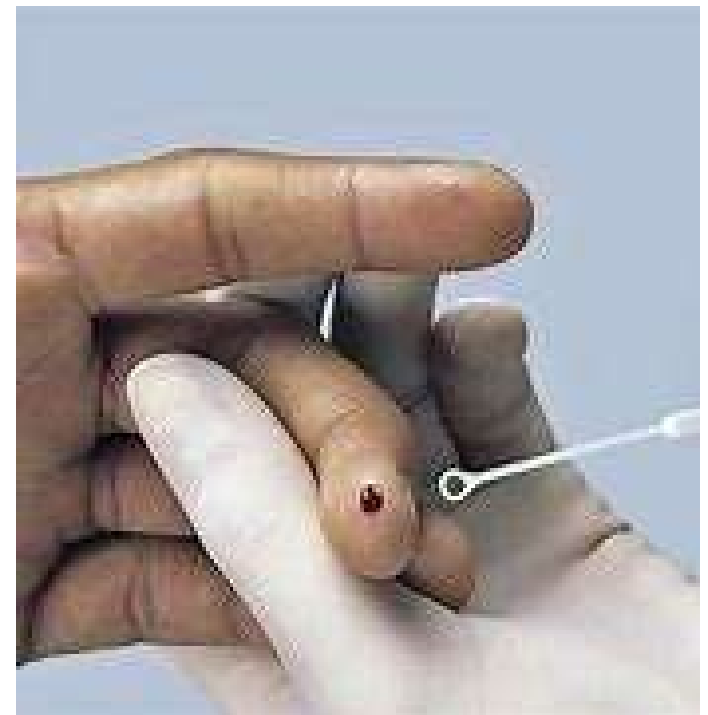
Background

- These are WELCOMED changes, BUT:
 - ▶ Potential for decreased access to HCV testing and linkage to care
 - ▶ Opportunity for individuals who are HCV antibody positive (HCV ab+) to slip through cracks
- Limited data on barriers to and facilitators of HCV testing and linkage to care for individuals in ATI programs



Study aims and objectives

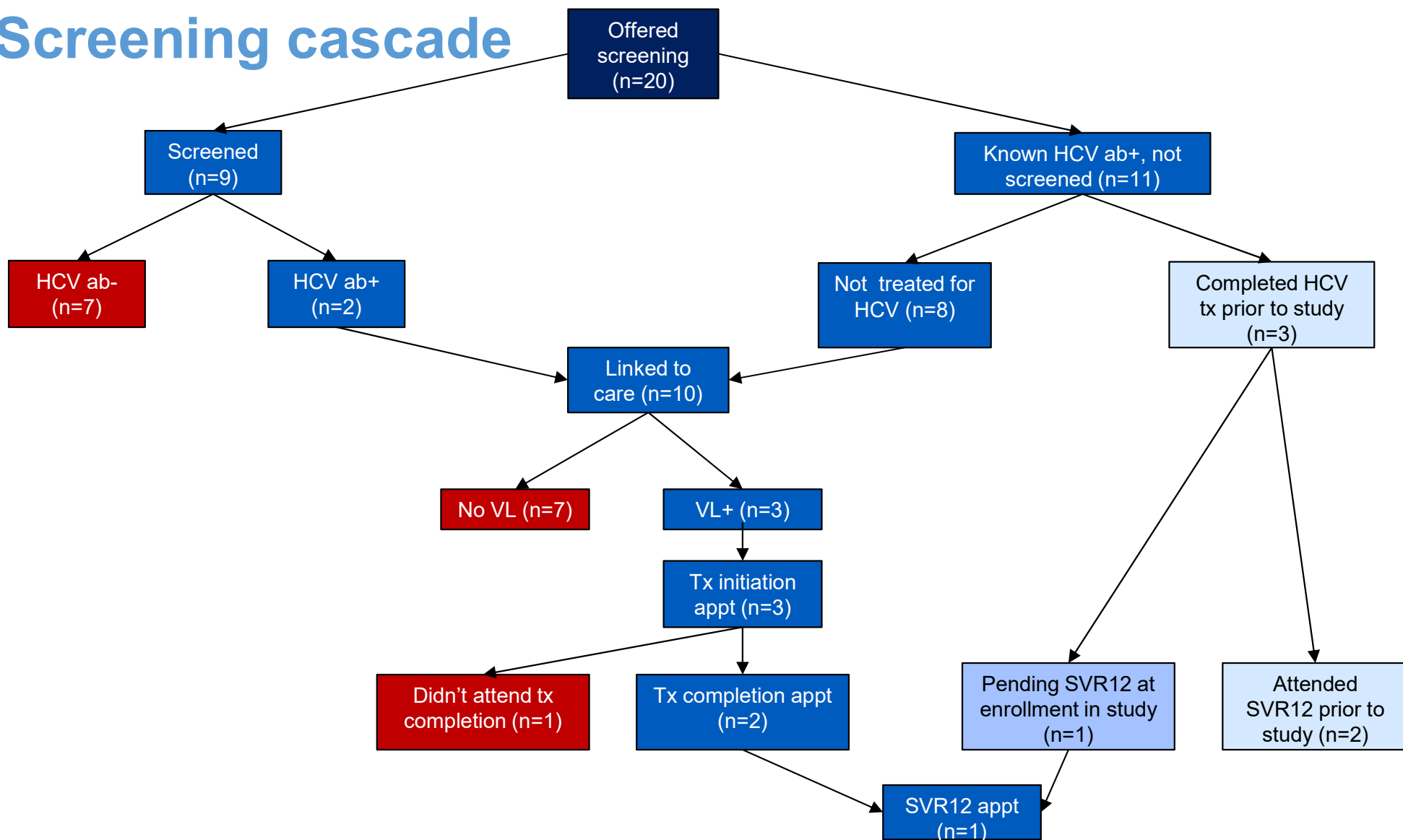
- **WHO:** ATI participants in New York City, age 18+
- **WHAT:** free HCV antibody (HCV ab) testing
 - HCV ab+ referred to community provider for viral load (VL) testing and treatment
 - HCV ab+ offered enrollment into a follow-up database + qualitative interview
- **WHY:** evaluate feasibility of delivering integrated testing, counseling, and linkage to HCV treatment services in ATI programs
- **Goal:** identify barriers to and facilitators of linkage to hepatitis C virus (HCV) care among individuals in ATI programs



Outline

1. Overview of The ATI Study
2. **Outcomes**
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Screening cascade



Demographics of participants (anti-HCV+)

- All female (100%)
- Mostly Latina (53.8%)
- Average age: 41.9 [25-58]
- All but one identify as homeless (92.3%)
- Most have been arrested at least once (76.9%)
 - ▶ 6.2 times on average
- All have taken medication for opioid use disorder [MOUD] (100%) at some point
 - ▶ Most are currently on MOUD (84.6%)
- Most (92.3%) have used heroin for 11.3 years on average
- All (100%) have used cocaine, an average of 10.4 years

We conducted qualitative interviews with **9 HCV ab+ individuals** to assess barriers to and facilitators of linkage to HCV care from ATI programs



Qualitative findings

Overall variable HCV testing and treatment knowledge

Desire for increased community awareness of HCV

The role of ATI programs in shifting health priorities

Strong support systems, including peer educators, were viewed positively regarding improving engagement with the care cascade

Programmatic successes and shortcomings regarding healthcare

Overall variable HCV testing and treatment knowledge

- “I never used needles so I got it from somebody that had it. I turned yellow and then they told me but I didn't believe it until I did it [turned yellow] again. I thought that would go away but no. I didn't do no treatment or nothing” – 58-year-old female
- “I really learned about hepatitis C when I first got hospitalized over the summer for pancreatitis. ... what I know is that hepatitis C can come from, to my understanding, from intravenous use of drugs, sharing needles and sexual contact. Right?... Well, it's definitely affects the liver. I know that now that the treatments they have are over 99% effective and are very good compared to what they used to have. So, I was happy to hear about that” – 35-year-old female

Desire for increased community awareness of HCV

- “Everybody knows HIV, oh my God. Somebody ever said you’re positive for HIV, they automatically know like, oh my God. But I don’t think as many people know about hepatitis C. *So yeah, educating people will definitely help. Some people I think just don’t even know. Because it doesn’t attack you right away. You’re still going to live for years but eventually will attack. So I guess teaching people and them knowing about it would make them want to get tested*” – 33-year-old female
- “Well, like -- and then I don’t have a good relationship with my mom and then when I told her she was just like, ‘don’t share the straw with the baby and don’t do like,’ I’m like, man you’re so [expletive] ignorant, do your homework, ... ‘Oh, you finished your thing?’ I said, yeah, my numbers are good, whatever. You know, I’m clear. ‘Oh, you’ll never be clear.’ You’ll just, it’ll just say undetected.’ ... Like, don’t tell me about my body.” – 35-year-old female

The role of ATI programs in shifting health priorities

- “Well, this is the first time I'm sober enough to care about my health. I haven't cared about how-- When I was in the streets -- on the drugs, I didn't care about going to a doctor or dentist or anything.... Because now I'm just focused on having a better future. So I'm worried about those things.” – 39-year-old female
- “I was more focused on getting high and knew that there was a cure out there, and figured I had the time for it” – 33-year-old female
- “If I was using any drug right now, it would definitely be my priority and my health wouldn't be just like, it was when I was getting high” – 46-year-old female

Strong support systems, including peer educators, were viewed positively regarding improving engagement with the care cascade

- “But yeah, like she was there for me through everything ... it's good to have a peer advocate with you. *Like, it helps you do along the way, especially when you don't trust people a lot or you don't know who to stay up to. I wanna be a peer advocate too, but I would be like how she was. I would have her go, she didn't have to, but she would go to the doctor with me.* They were like, you want her in? Yeah. She would write down things for me, like numbers and whatever, whatever, she was right there with me” – 50-year-old female
- “So you'd want somebody that obviously has experience to know what you're going through rather than not, but then again, you want somebody who's up to date on all of the medicines and new technologies that are coming out, than who doesn't know that.” – 33-year-old female

Programmatic successes and shortcomings regarding healthcare

- “Yeah, so they have to do the intake process ... That consists of you have to go into the wellness center, and they do a psych eval, your psychosocial, they do it like a quick physical. ... they have some people that come in and do it [HIV/HCV screening], like offsite companies or offsite programs, but no, they don't offer that here” – 33-year-old female
- “They have intervention, they help with domestic violence, ... Help you with how to go back into the real world without using drugs. ...I'm not sure. I know that you guys came [for HCV testing] and in the past it has been [other organization] has come for it, but I don't think that they do it here” – 30-year-old female

Outline

1. Overview of The ATI Study
2. Outcomes
3. **Discussion and questions**

Discussion and questions

- Challenges and next steps:
 - ▶ Currently only females who are anti-HCV+
 - Caveat: this does not necessarily mean female ATI participants are at an increased risk
 - ▶ Since submission, we have expanded to one male ATI program in NYC
 - So far all are anti-HCV-, but have only tested 4 males
 - ▶ Barriers to and facilitators of HCV care may vary between sexes.
- Next steps: continue outreaching to other ATI programs, especially male programs

Discussion and questions
Thank you!



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Discussion



Thank you!

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