An Assessment of Hepatitis C Knowledge and Treatment Need in the San Francisco County Jail System

PRESENTATION TO THE SF-CAN LIVER CANCER TASK FORCE
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Introductions

Katie Burk (she/her)

Shelley Facente(she/her)

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1 Background

Background

- Estimates of HCV antibody positivity range between 12% to 35% in large US city jails.
- In recent years, a number of lawsuits have compelled state-run prisons to offer HCV treatment to prisoners
- Jail-based HCV treatment is more complex:
  - Local jurisdictions must cover the cost
  - Many people are in jail very briefly at any one time

History of HCV treatment in San Francisco

- A 2017 jail study treated 99 people who were incarcerated
  - 49 were released during their course of treatment
  - **77.8% of people achieved SVR12 through the study**
    - **90%** SVR12 rate among people still incarcerated at SVR12
    - **65%** SVR12 among people released before treatment completion

!

100% of people living with HIV or STIs in jail are automatically treated, without regard to cost.

- In January 2022, the City added funds to offer treatment to 12 people per year through JHS
  - This resource was easily exhausted by June 2022

Need for treatment greatly exceeds 12 people per year

2 Methods

What did we do?

- The Community Research and Data Stewardship (CoRDS) workgroup of End Hep C SF commissioned a needs assessment to better understand HCV knowledge and treatment readiness among people who are incarcerated in the SF jails
- SF-CAN paid for the assessment
- We did 31 interviews (with surveys) with people who were incarcerated
- We did 6 interviews with staff of JHS
- We analyzed JIM data from Jan 2016 - Sept 2021

What were we hoping to do?

(1) identify gaps in HCV testing and treatment in the SF County jails;

(2) assess readiness to scale up HCV treatment;

(3) identify best practices for treatment and linkage to treatment; and

(4) develop an HCV care cascade for people currently or recently incarcerated in the SF county jails.

Who did we interview in jail?

87% men

48% white

- 19% Black
- 13% Latinx

36% with active HCV infection

- 3% on treatment
- 29% already cured
- 16% never diagnosed

97% incarcerated before

65% homeless at arrest

- 29% previously homeless

3 Findings

Who is testing positive for HCV antibodies in the SF jails?

Number of people testing HCV antibody positive in SF jails, by year of first positive test

Year	Total incarcerated	Total Ab tests	Total positive Ab tests	Percent positive
2016	9667	1855	248	13.4%
2017	7287	1593	171	10.7%
2018	7189	1672	106	6.3%
2019	7115	2232	135	6.0%
2020	4820	904	39	4.3%
2021*	3356	1164	51	4.3%

* partial year (only 9 months of data)

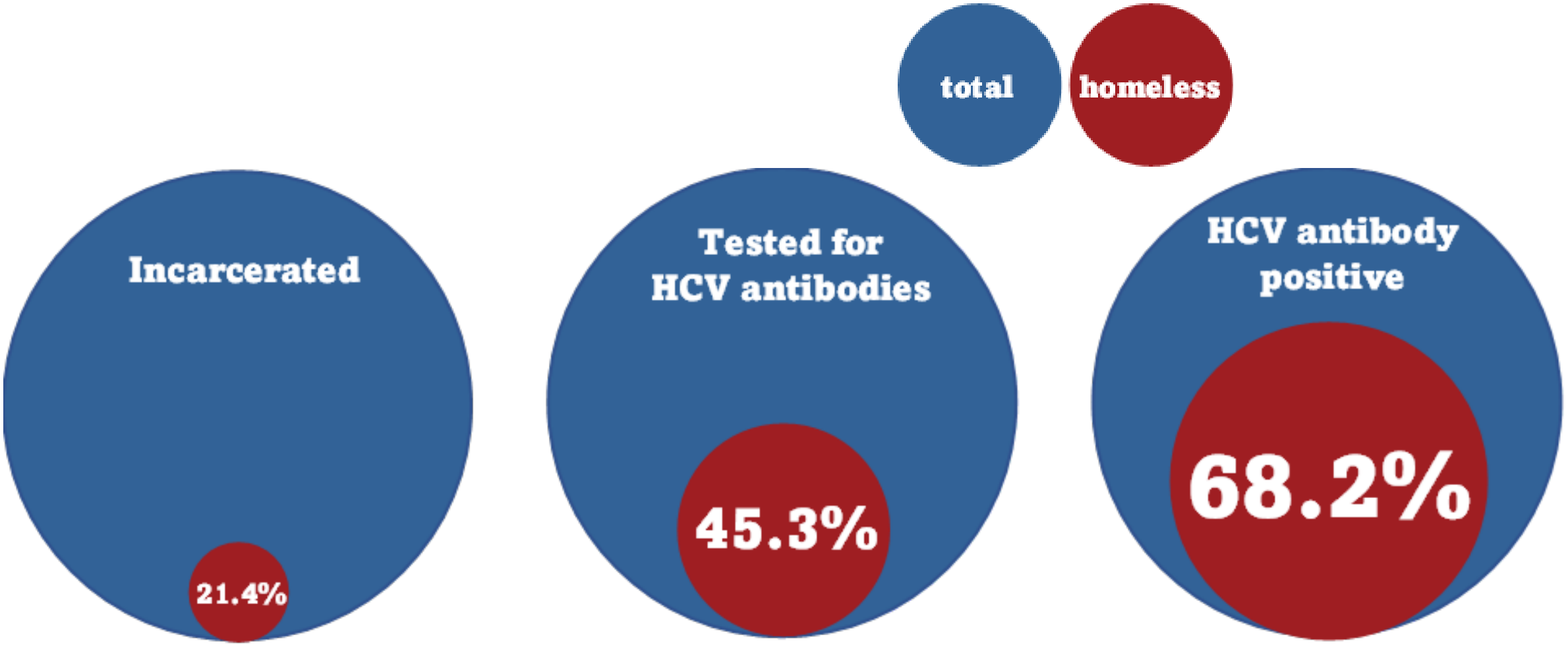
Number of people testing HCV antibody positive in SF jails, by race/ethnicity

Race	Total incarcerated	Total Ab tests	Total positive Ab tests	Percent positive
Black/African American	12563	3934	183	4.7%
Latinx	9359	2456	85	3.4%
White	11657	1979	426	21.5%
American Indian	145	63	8	12.7%
Asian or Pacific Islander	3360	608	21	3.6%
Other/Unknown	2350	1435	51	3.6%

Number of people testing HCV antibody positive in SF jails, by age

Age	Total incarcerated	Total Ab tests	Total positive Ab tests	Percent positive
<25	8010	2422	66	2.7%
25-34	13275	3501	268	7.7%
35-44	8634	2033	193	9.5%
45-54	5702	1093	126	11.5%
55-64	3014	435	86	19.8%
65+	798	74	14	18.9%

Percentage of people who are homeless in SF jails, by HCV antibody status



(1) Gaps in HCV testing and treatment

- Between 2016-2021, **23.9%** of people who were incarcerated were screened for HCV antibodies
  - In the first 9 months of 2021, that number was up to **34.7%.**

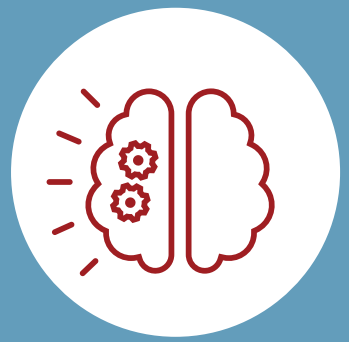
Having rapid testing with finger stick is pretty critical because people don't always want to get a blood draw…so it's a good method to get results in a reliable method so people know their status quickly. We still test a lot of people who don't test anywhere else…lots of folks who are homeless or using substances, who have other priorities. It's a good opportunity to let folks know the [testing] is private and free and we can connect them to services.

(1) Gaps in HCV testing and treatment

Treatment is not going great. We have the opportunity to do it, we just don't have the meds. Definitely with everyone here we can treat HCV. It's so easy to do with the medications, if we had more of the meds we could definitely treat the guys quicker.

Everybody wants to help the jail, but when it comes down to really helping the jail, nobody wants to help the jail. We could just pay for Epclusa. You can have all the linkages you want, but unless you're going to hand-hold somebody, jail is a very good place to treat. But there's all this virtue-signaling, and then no one really wants to pay for the treatment…We just need to take the risk that someone may not finish treatment. …We can treat people, and we do this all the time with HIV meds.

(2) Readiness to scale up HCV treatment



Overall, interviewees had fairly strong knowledge about HCV.

29/31 knew that there were medications that could cure HCV

30/31 knew that re-infection was possible post-cure

23/31 knew that all people who had HCV should be treated

22/31 knew today's treatments take 8-12 weeks to complete

21/31 thought that most or all people who were treated were cured of their HCV

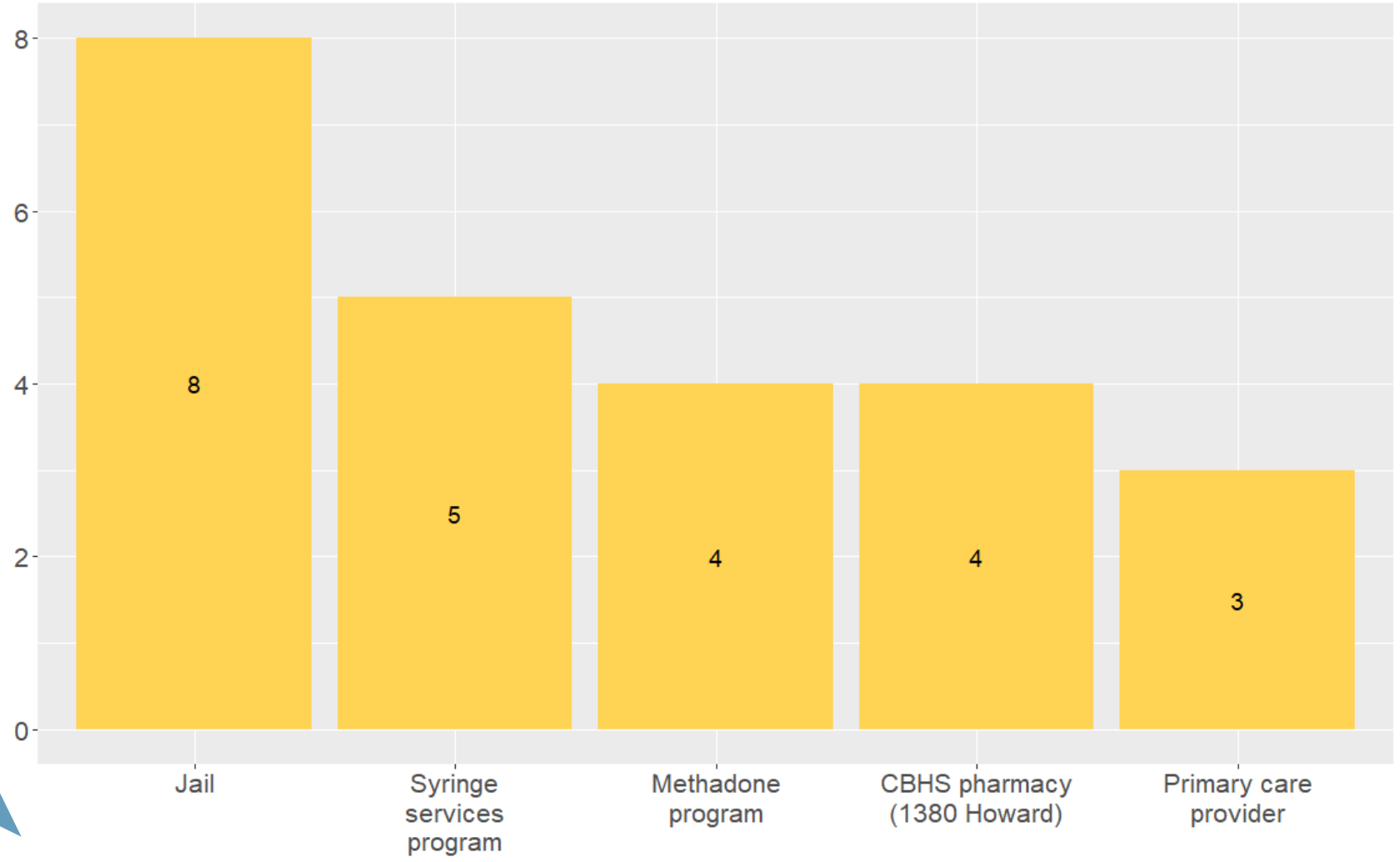
(2) Readiness to scale up HCV treatment

Of the 22 jail-based interview respondents, **8 people identified jail as the best place to be treated for HCV**, making that the most popular option.

If I was in jail, I'd want to [be treated] in jail. A guarantee I could get the pill every day.

What is the best location for HCV treatment?

If someone is serving 8 weeks to 90 days they should be offered [HCV treatment] right away and they should be given the opportunity to take it. And anyone else not staying that long should be given the opportunity, and if they don't want to start it here there should be somewhere outside where they can start it.



JHS staff are ready and willing to treat

- In community settings, barriers to treatment include competing priorities for patients and provider willingness to take treatment on, especially for patients with chaotic lives.
- In SF jails, the main barrier to treatment is access to curative medications.

Some of the folks who have severe mental illness or substance use, they'd be good to treat in custody because they have a chance to stabilize a little bit. Sometimes the more unorganized folks could be more successful if they're treated in jail...At least when they're incarcerated they might connect with medical providers more frequently.

(3) Best practices for treatment and linkage to treatment

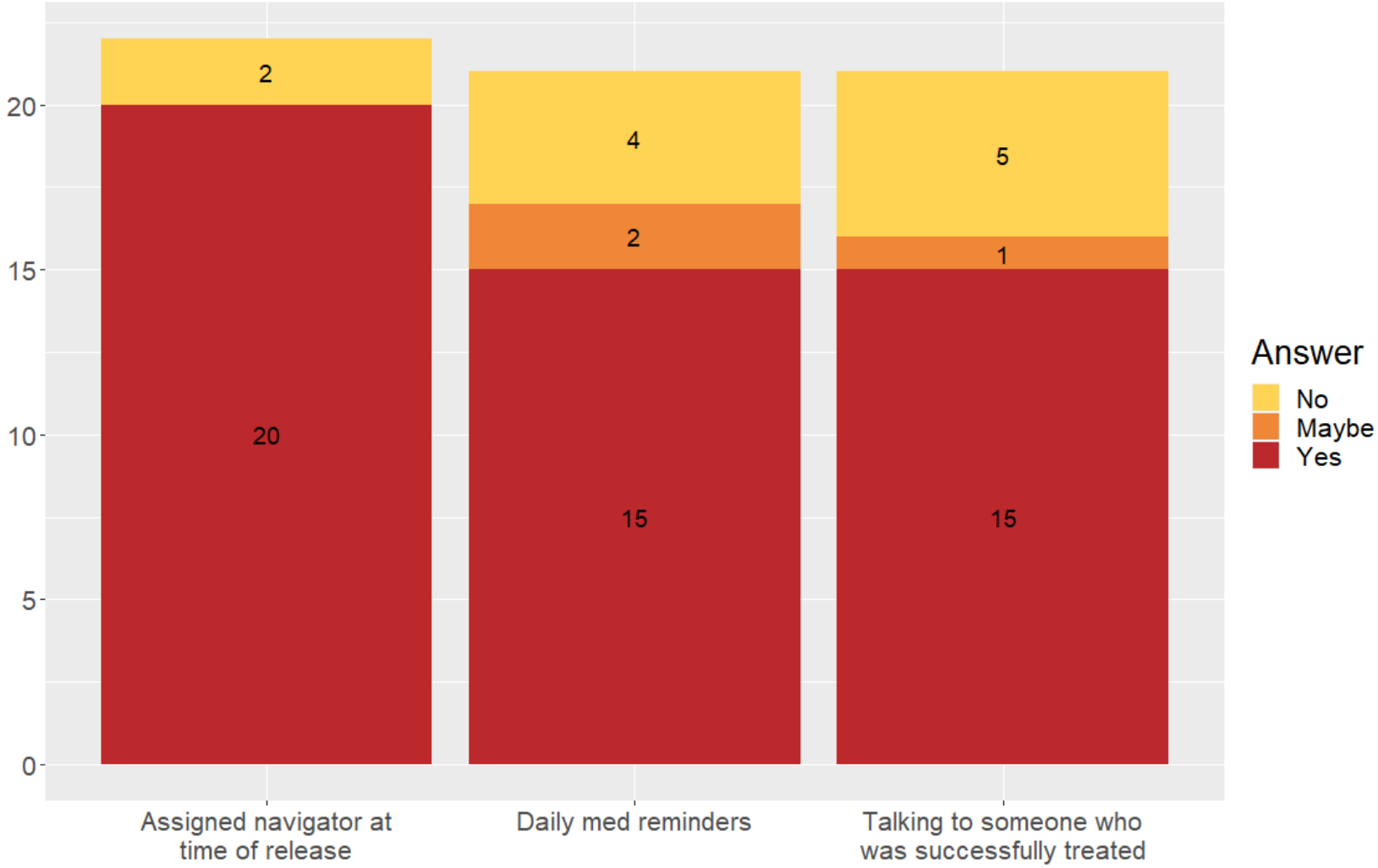
Research has conclusively demonstrated that people who struggle with disordered substance use and homelessness can be treated much more successfully when treatment is integrated at a place where they are already engaged, rather than relying on high-touch navigation to clinical services elsewhere.

The closest I got to [being treated for HCV] was a clinic outside of here. They gave me the pills. I had the pills. I didn't have a backpack. I was carrying my sleeping bag and I had the pills in it. I fell asleep and someone stole my sleeping bag and the pills got stolen from me. That was the closest I had ever gotten to any kind of cure.

What interventions would be helpful to support treatment adhere, after release?

People who were incarcerated wanted to be treated for HCV.

But, they were realistic that it would be difficult to succeed on the outside, and more supports would be needed.



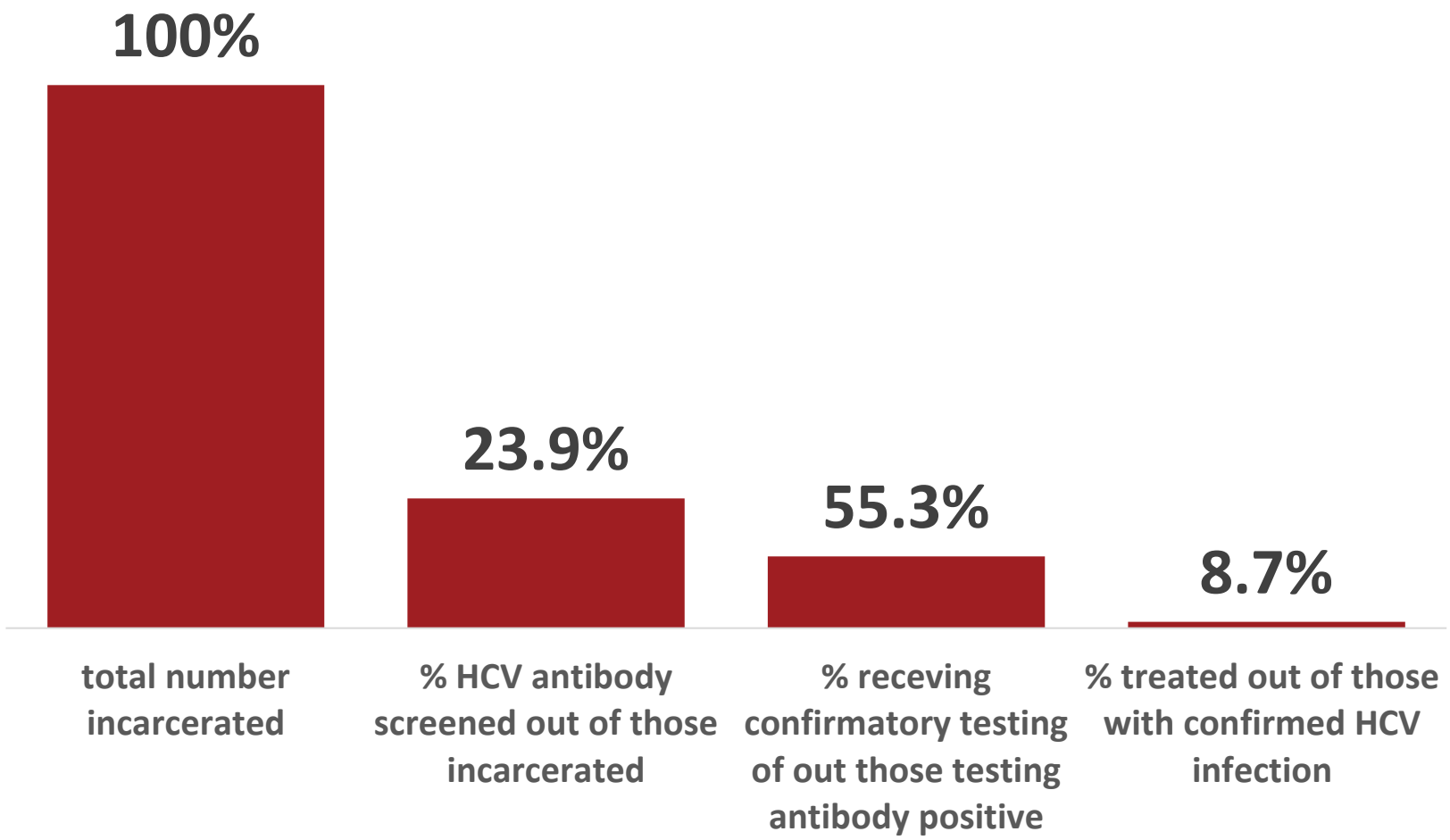
Existing community supports aren't enough for many of the people we interviewed.

Our analysis indicates that **56% of people known to have HCV in the jail remain untreated for their chronic infection** despite the long-standing existence of these services in the community.

San Francisco has spent millions of dollars on community supports to help people be cured of HCV.

Most people we interviewed didn't know those supports existed.

(4) HCV care cascade for people currently or recently incarcerated in the SF county jails



Missed opportunities…?

? How many people were incarcerated for 60 days or longer *after* receiving an RNA+ test result in jail, with no indication of having received treatment or clearing the virus on their own?

7 people had two such windows of time, 3 people had three such windows of time, and 2 people had 4 windows when they could have been cured

79 people were known to be living with HCV while incarcerated, and stayed in the jail long enough to be cured before release, but were not.

Having treated and cured these 79 people while incarcerated would likely have averted 284 new infections in San Francisco

4 Recommendations

The jails are the place to treat HCV.

The jails work with a lot of people who don't get care anywhere else or are frequent emergency care users. The folks we work with are lacking medical care…Ultimately some people really only get medical care in jail.

We need to support JHS better!

- Jail heath staff have come *so* far when it comes to HCV testing and treatment in the jails
  - We want to appreciate how much has been done with very limited resources!
- We <u>can</u> do this. These are achievable numbers.

Bottom line: What JHS is doing is important **<u>and it's working</u>**.

Now they need the resources to prevent further missed opportunities to get people cured.

Our recommendations are threefold and in order of priority and impact:

1. **Increase access to jail-based HCV treatment for everyone whom the jail health team deems eligible for treatment, in order to align the HCV treatment protocols with HIV and STI treatment protocols and improve rates of HCV cure in this vulnerable population.**

2. **Adjust community-based linkage systems in San Francisco to better serve people in a cycle of recidivism, ensuring that they are aware of the various services that can help them be treated and continue treatment even while transitioning into or out of jail, and that they can be linked to community-based treatment more proactively if needed.**

3. **Continue to monitor HCV care cascade data within JHS, to iteratively assess who is being served by the current systems and who is being left behind, and prioritize systems changes appropriately to maximize progress toward HCV elimination in this population.**