

## **Understanding barriers and facilitators to linkage to hepatitis C care from drug court and alternative sentencing drug rehabilitation programs: A socioecological framework informed mixed-methods study**

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**Background:** Hepatitis C virus (HCV) disproportionately affects people with criminal legal system involvement (PCLSI). As U.S. reform efforts expand alternative-to-incarceration (ATI) programs, strategies re needed to support HCV screening and care coordination in community settings.

**Methods:** We offered HCV antibody (anti-HCV) screening in a women's residential ATI program through a mixed-methods study. Anti-HCV positive individuals were referred for confirmatory viral load testing and care. Baseline quantitative surveys assessed demographics, substance use, and HCV knowledge. A subset completed semi-structured interviews on barriers and facilitators to HCV care.

**Results:** Among 17 participants, 13 were confirmed to be anti-HCV positive via medical records, while 4 were newly identified at screening. Participants were 40.2 (SD 11.0) years old on average and incarcerated for an average of 2.2 (SD 2.9) lifetime years. Most commonly reported lifetime substances were cocaine (100%), heroin (94%) and cannabis (82%). Most (82%) were prescribed methadone for opioid use disorder over their lifetime, including three-fourths (76%) in the 30 days prior to enrollment. While baseline HCV awareness was high, misconceptions about treatment and side effects persisted. Qualitative data (n=13) identified multi-level barriers to care, including gender-related needs (individual and interpersonal),: Because you would have to bring the baby with you [to HCV treatment] or whatever... if not, then, yeah, absolutely [it would be a barrier]"; limited onsite services (organizational): "It would show that they really care about our health if they made t[HCV] treatment available right here."; and broader healthcare inequities (community/societal): "It's harder for people in underserved communities to get the [HCV] treatment they need."

**Discussion:** Findings underscore individual, interpersonal, and structural barriers to HCV care among women in ATI programs. Gender-responsive, integrated HCV services within ATI settings, enhanced community outreach, and stronger coordination between carceral and healthcare systems are essential to improve outcomes and reduce HCV burden among PCLSI.

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