



HCV Care in the MN DOC

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- Overview of facilities
- DOC HCV Statistics
- DOC HCV guidelines
- Linkage to Community Care
- HCV Spread within Prison
- Mitigating HCV Spread in Prison
- Emerging Policy



MCF-Shakopee
built 1986
capacity: 656



MCF-Faribault
opened 1989
capacity: 2,026



MCF-Lino Lakes
built 1963
capacity: 1,325



MCF-Red Wing
built 1889
capacity: 45-A, 88-J



MCF-Rush City
built 2000
capacity: 1,018



MCF-Oak Park Heights
built 1982
capacity: 444



MCF-St. Cloud
built 1889
capacity: 1,058



MCF-Stillwater
built 1914
capacity: 1,484



MCF-Togo
built 1955
capacity: 90



MCF-Moose Lake
built 1938
capacity: 1,057



MCF-Willow River
built 1951
capacity: 177



Challenges in Providing Care

- Challenges in accessing HCV treatment:
 - Limited funding for health services
- Challenges in caring for patients in DOC:
 - Patients are frequently transferring from one facility to the next
 - Frequent lockdowns in facility preventing movement to health services
 - Staffing shortages amongst security and health services staff
 - EHR is very limited in functionality

DOC HCV Statistics (12/29/23)

- Total DOC Population: 8,325
 - Male: 7767
 - Female: 558
- HCV + Patients: 180
 - Male: 151 (2%)
 - Female: 29 (5%)
- HCV treatment: 22 patients
 - Male: 19 (12.6%)
 - Female: 3 (10%)

DOC HCV Intake Testing

- Opt-out HCV testing at intake facility (SCL or SHK)
- HCV Ab with reflex to PCR
- PCR positive patients:
 - Hep A and B screening (vaccinate as indicated)
 - Labs (Liver panel, CBC, INR)
 - FIB4 & APRI scores calculated
 - Elastography

- Metavir F1 or greater qualify for Tx
- Metavir F0
 - Co-morbidities (DM, CA, etc.)
 - F0; 16 continuous months plus enough time remaining to complete Tx
- Hepatic Steatosis + Qualifying APRI or FIB4
 - FIB4 >1.45
 - APRI >0.75

- DOC treatment has very high HCV clearance rates
- Stable housing
- Patients are usually sober
- Motivated to complete treatment during incarceration

HCV Chronic Care Clinic (patients that are ineligible for Tx)

- Seen by provider every 3-6 months
 - CMP, CBC, INR
 - APRI & FIB4 calculated
 - Physical Exam
- Elastography every 2 years

Private Pay Policy

Offenders have access to health evaluations other than department provided health care, if the offender is willing and able to assume all financial responsibility associated with the request.

- All financial responsibility includes such examples as: medical costs, transportation, and security coverage.
- The facility warden/superintendent determines approval for the offender to access private health care.
- The department and its health care vendor are under no obligation to follow the recommendations of an offender's private health care provider

Linkage to Care at Release

- Medical release planning is limited
 - Reserved for those with complex medical needs (~20 per month)
 - HCV does not meet criteria for release planning unless patient is released during HCV treatment
- Case workers meet with patient to file for state insurance ~45 days prior to release
- HCV patients receive CDC educational form on HCV and instructions to seek HCV treatment upon release

HCV Spread within Prison

- Tattooing
- Sexual assault
- BBP exposures (fighting, bites, spitting, ect.)
- Drug use

Mitigating HCV Exposure in the DOC

Still Waters Run Deep

Tattoo Shop

Located at STW Prison



Mitigating HCV Exposure in the DOC

Still Waters Run Deep Tattoo Shop

The goals of this program are:

- Tattoo apprenticeship to Incarcerated individuals who want to pursue a career in the tattoo industry.
- Opportunity to apply for a Minnesota Body Art Technician license.
- Create a healthier facility by slowing the spread of bloodborne pathogens.
- Reduce recidivism by providing a career path for incarcerated individuals upon release.

Mitigating HCV Exposure in the DOC

Still Waters Run Deep Tattoo Shop

- BBP training required for all “body art modification centers” that is governed by MDH and OSHA
- Single-use and disposable needles
- OSHA grade cleaning chemicals specific for BBP
- Education on S/S of BBP and option to decline service
- Tattoo artists are offered Hep A and Hep B vaccines

Mitigating HCV Exposure in the DOC

Prison Rape Elimination Act 2003 (PREA)

- The purpose of the act is to “provide for the analysis of the incidence and effects of prison rape in federal, state, and local institutions and to provide information, resources, recommendations and funding to protect individuals from prison rape.” (Prison Rape Elimination Act, 2003.)

Mitigating Drug Use in DOC

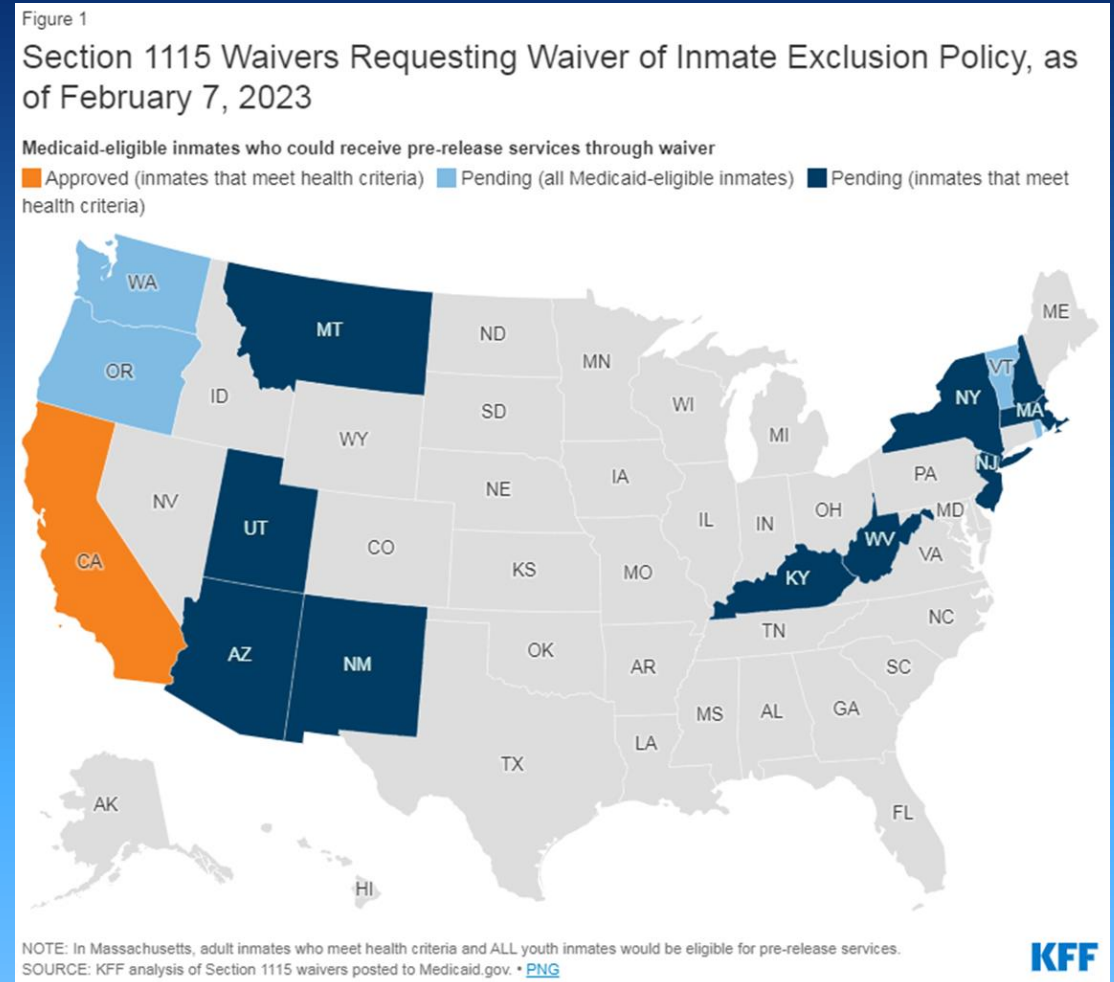
- Controlled medications are administered DOT (direct observation therapy)
 - Security & nursing staff perform mouth checks to decrease diversion
- Cell shake downs and K9 units
- Alternatives to paper mail
- Drug screens

Emerging Policy Impacting DOC Healthcare

Emerging policy to keep an eye on:

1115 Waivers

- California is the first state to receive a waiver to the inmate exclusion policy.
 - Coverage starting 90 days prior to expected release date
- Many states have pending waivers
 - Coverage ranges 30-90 days prior to release date
- Could significantly improve SUD and MH transition to community care



References

Detailed Overview - 340B Health. (n.d.). Wwww.340bhealth.org. Retrieved January 12, 2024, from <https://www.340bhealth.org/membersMN>

DOC Adult Facilities. (2023). Mn.gov. <https://mn.gov/doc/facilities/>

National PREA Resource Center. (2023). *Prison Rape Elimination Act | PREA.* Wwww.prearesourcecenter.org.
<https://www.prearesourcecenter.org/about/prison-rape-elimination-act>

Section 1115 Waiver Watch: How California Will Expand Medicaid Pre-Release Services for Incarcerated Populations. (2023, February 7). KFF.
<https://www.kff.org/policy-watch/section-1115-waiver-watch-how-california->

Thank You!

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