

JAIL LINKAGE PROGRAM

Guidelines and Standards

July 2023



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Introduction

The Florida Department of Health (FDOH), HIV/AIDS and Hepatitis Section has made a concerted effort for many years to implement programs in jails to identify and assist People with HIV (PWH) preparing to return to their local communities. More than 95% of incarcerated men and women will eventually return to their communities, so it's important that we provide PWH with interventions that will help them re-enter society with optimal health and a clear understanding of how to avoid passing the virus to others.

The rates of HIV/AIDS in jail facilities are an estimated three to five times higher than the general population and approximately 15 to 40 percent of inmates are diagnosed with hepatitis C. Therefore, many of these programs also have a counseling and testing component, not only for HIV, but for sexually transmitted infections (STI) (syphilis, gonorrhea, and chlamydia) and hepatitis A, B, and C.

Program Description

The Jail Linkage Program (JLP) is a component of the Florida Department of Health's corrections initiative which is a collaborative effort between the county health department (CHD), the county jail(s), and the entity providing healthcare services in the jail (e.g., Armor Health, Corizon, etc.), to provide HIV, STI, and hepatitis testing and treatment services to inmates.

FDOH currently funds 10 county health departments to implement transitional services in their local jail. Alachua, Collier, Hillsborough, Lee, Manatee, Miami-Dade, Pinellas, Polk, St. Lucie, and Volusia counties all have jail linkage programs. These programs include follow up services to make sure the ex-offenders are still receiving care in their respective counties, HIV counseling and testing, preventive education, and follow-up services. Some programs also offer screenings for tuberculosis (TB), hepatitis, and STIs.

Each detention or intake facility will have a receiving medical screening method, which shall be carried out during the admission process, in accordance with the Florida Model Jail Standards, <https://www.flsheriffs.org/law-enforcement-programs/training/florida-model-jail-standards>. Also, within 14 days of admission to the facility, the health authority or designee shall conduct a physical hands-on examination of each inmate and provide a health assessment. A doctor or designee will decide if a new health appraisal is necessary if the inmate has had one within the last 90 days. For inmates to obtain the appropriate assessment and care, a medical request procedure and a sick call procedure are also established and kept up to date. An inmate may be referred to or make a request for HIV or STD testing through this process.

It is the responsibility of the JLP staff to work around the security issues that dominate the corrections environment. Public health providers strive to provide services without disrupting the routine of the correctional facility and without putting an extra burden on security and correctional medical staff. It is also important for security and correctional medical staff – to the extent possible – to create an atmosphere conducive to the provision of public health services.

Purpose

To provide guidance to the county JLPs regardless of structure and size. These guidelines are recommendations and are not meant to conflict with the protocols of the participating county jails, but to enhance them.

Legislative Authority

Section 381.004, F.S. – HIV Testing

Section 381.004(2)(d)4(e), F.S. – Outlines except as provided in this section, the identity of any person upon whom a test has been performed and test results are confidential and exempt from the provisions of s. 119.07(1). No person who has obtained or has knowledge of a test result pursuant to this section may disclose or be compelled to disclose the identity of any person upon whom a test is performed, or the results of such a test in a manner which permits identification of the subject of the test, except to persons outlined in this statute.

Section 381.004(2)(e) 2, F.S. – States that any person, including third-party payors, designated in a legally effective release of the test results executed prior to or after the test by the subject of the test or the subject's legally authorized representative. The test subject may in writing authorize the disclosure of the test subject's HIV test results to third party payors, who need not be specifically identified, and to other persons to whom the test subject subsequently issues a general release of medical information. A general release without such prior written authorization is not sufficient to release HIV test results.

Section 381.004(2)(e)4, F.S. – States that health care providers consulting between themselves or with health care facilities to determine diagnosis and treatment. For purposes of this subparagraph, health care providers shall include licensed health care professionals employed by or associated with state, county, or municipal detention facilities when such health care professionals are acting exclusively for the purpose of providing diagnoses or treatment of persons in the custody of such facilities.

To read the entire HIV testing Florida Statutes visit:
<https://www.flsenate.gov/laws/statutes/2012/381.004>

Chapter 64D-2, F.A.C – HUMAN IMMUNODEFICIENCY VIRUS (HIV)

Rule 64D-2.003(2), F.A.C. – States no person, including employees of health care facilities and health care providers as defined in subsections 64D-2.002(5) and (6), F.A.C., shall disclose or be compelled to disclose the identity of a test subject or his or her HIV test results, except to persons listed in Sections 381.004(2)(e)-(g), F.S., and the following persons:

Rule 64D-2.003(2)(e), F.A.C. – States in accordance with Section 456.061, F.S., a practitioner regulated through the Division of Medical Quality Assurance of the Department of Health can disclose the identity of an HIV positive patient to the patient's sex or needle-sharing partner. Any notification of a sex or needle-sharing partner

pursuant to this section shall be done in accordance with the “Partner Notification Protocol for Practitioners,” (dated April 2012), incorporated by reference in this rule and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-02049>.

To view more information on HIV rule visit:
<https://www.flrules.org/gateway/ChapterHome.asp?Chapter=64d-2>

Chapter 64D-3 of the Florida Administrative Code outlines the control of communicable diseases and conditions which may significantly affect public health.

To view more information on the control of communicable diseases and conditions which may significantly affect public health rule visit:
<https://www.flrules.org/gateway/ChapterHome.asp?Chapter=64d-3>

Information Security Requirements

All JLP staff members must attend security training and adhere to the rules established in [DOH Policy 50-10.1-16](#) – Department of Health Information Security and Privacy . Inmates’ information may NOT be copied from the database to a user’s computer under any circumstances. To copy inmate data is a direct breach of FDOH policy.

Database Access Restrictions

Access to the Surveillance Tools and Reporting System (STARS) Application is restricted to FDOH staff with formal training provided by FDOH Central Office staff. JLP staff will be provided user accounts upon completion of the STARS database training requirements.

Record/File Management

It is imperative for data collection, reporting and audit purposes that each client record/file, electronic or paper, is accurate and up to date. FDOH require that all inmate files are stored in accordance with DOH policy. All physically accessible inmate files must be stored in a secured room in accordance with DOH [Policy 50-10.3-16](#).

JLP Requirements for County Health Departments

All county health departments are expected to:

- Maintain at least one designated JLP staff member and one designated backup staff member.
- Maintain a signed MOA/MOU with the jail.
- Ensure the HIV test site is registered with FDOH.
- Complete all required training for FDOH and the individual jail, sign confidentiality agreements.
- Complete all background and fingerprint screening.
- Ensure that all test results, and linkages are documented in all FDOH databases.
- Coordinate treatment services as outlined in the MOA/MOU with other HIV care programs as needed.
- Complete and submit Jail Linkage Quarterly Report every quarter.
- Attend all quarterly meeting/conference calls.

- Adhere to the program requirements and standards established in this manual.

Each JLP has a different organizational structure, size, and staff. The administrator in each county may approach these tasks differently, but keep in mind to do what is best for the county. The team leader or supervisor is responsible for informing the corrections specialist of any personnel changes, such as new hires and vacancies. This can help the corrections specialist provide better technical assistance and keep abreast of changes that may affect testing and linkages. For suggestions or guidance, please contact the Corrections Specialist located at:

Florida Department of Health
Bureau of Communicable Diseases
Division of Disease Control & Health Protection
HIV/AIDS Prevention Program
4052 Bald Cypress Way, Bin A09
Tallahassee, FL 32399
Phone: 850-245-4422
Fax: 850-412-1162

Tips for Initiating the Jail Linkage Program

It is essential to identify strategies for building a strong and successful program. Appropriate and effective information sharing is critical to successful programs, and this includes having appropriate space for the programs in the jail, coordinating the new programs with existing services, authorizing community-based organizations (CBOs) and CHDs to work in the facility, and meeting security requirements. Activities should include:

- Establish relationships with the jail medical department and local sheriff to ensure ongoing cooperation and support throughout implementation.
 - Assess what related work is already taking place with the jail.
 - Receive clearance for intervention implementation. Understand what materials and resources are or are not permissible with the jail and plan your program accordingly (for example, some jails do not allow laptops inside).
 - Negotiate for dedicated space to conduct intervention activities. Appropriate workspace is essential to maintain patient confidentiality.
- Visit the jail facility to conduct a flow analysis. Walk through the health services unit and other relevant spaces to learn where services are delivered to identify space amendable to your program.
- Strengthen existing relationships with CBOs that are willing to work with PWH leaving jails.
 - Develop a mutual MOU/MOA with the jail medical department, local sheriff, and/or CBOs that includes a commitment to provide services and provide data that verifies linkage to care.
 - Assess organization capacity at CBOs to ensure their ability to consistently provide culturally competent transitional social support to each inmate post incarceration.

- Identify how access to health records and any Electronic Health Record (EHR) systems.
 - Establish a process for communication and information sharing of participating Ryan White care providers during and post-incarceration to streamline the client process and activities each client engages in. Providers should be prepared to address the operational issues involved in working with multiple jail based and community-based providers of health care as patients are frequently transferred among jails, between jails and prison, from jail to court, and from jail to the community.

Training

All staff who administer HIV tests should be trained and certified. FDOH requires testing staff and volunteers complete all mandated certification requirements as specified in [IOP 360-07-23](#),

For questions regarding HIV/AIDS 500/501 training, please contact your local [Early Intervention Consultant \(EIC\)](#) for more information on training in your area.

Establishing an HIV Testing Site

The potential test site must agree to follow all security and client confidentiality policies and procedures that apply to the Department of Health, as specified in the Department of Health Information Security manual found at [DOHP 50-10-16 Complete.pdf \(sharepoint.com\)](#). This Memorandum of Agreement/Memorandum of Understanding (MOA/MOU) see *Appendix A* must state that the potential provider will follow all applicable statutes, rules, policies and procedures regarding confidential HIV counseling and testing.

All sites where [HIV rapid testing](#) occurs must meet certain state and federal requirements. A general listing of applicable Florida Statutes and rules pertaining to HIV testing can be found in [Section 381.004 F.S.](#) For more information about implementing a rapid HIV test site contact the regional [EIC](#) at your local CHD.

Testing in Jail Facilities

All inmates should ideally be offered testing within 24 hours of intake, or at least within 48 hours by a certified/trained HIV testing counselor. Once an inmate submits a request to a health care professional or other staff to be tested for HIV the request should be screened and referred to the appropriate staff. With the short average length of stay, JLP staff should offer rapid testing to the inmate when applicable.

Before offering testing, inmates should be asked about their HIV status in a private and sensitive manner to allow for self-disclosure. In addition, pregnant inmates shall be HIV tested due to the potential of prenatal transmission to the infant.

Gaining Informed Consent

Prior to testing informed consent, either verbally or written, must be obtained from each inmate. Informed consent need not be in writing if there is documentation in the medical

record that the test has been explained and consent has been obtained. The following information must be conveyed:

- The difference between rapid and conventional testing
- The difference between a screening and supplemental test
- The difference between HIV antigen and HIV antibodies
- The procedure for a nonreactive result and a reactive result

Informed consent must include notification that a positive HIV test result, along with identifying information will be reported to the CHD and of the availability and location of sites at which anonymous testing is performed.

Notification of Test Results

Regardless of the test results, negative (non-reactive) and positive (reactive) HIV screening results should be delivered to the inmate in a confidential manner by a licensed health care provider or a trained HIV testing counselor. The health care staff shall inform all staff who are permitted to know the test result as soon as is reasonable under the circumstances.

If the HIV screening results are positive (or “reactive”), inform the inmate, using simple terms, the meaning of the reactive test results. Emphasize the importance of confirmatory testing and the benefits of prompt linkage to care and medical treatment.

Risk-reduction Education

Risk-reduction education is important for those at high-risk of infection but who may not be aware they are at risk, or for those who have little knowledge of HIV, syphilis, Hep C, or other STIs in which they have tested. All health care profession should provide educational and medical information to help prevent the transmission of HIV and STIs. This education should be made available in a language and form the inmates can understand with written material appropriate for the educational level of the inmate population.

Telehealth/Telemedicine Services

HIV health care providers may not be available on site in every facility, so arrangements may have to be made for specialized HIV care when needed. The health care provider can be a correctional system employee, a contract provider, or a provider within the community. Consultations with the inmate and specialist can be conducted telemedicine, or video conferencing, depending on clinical need and available resources.

Linkage Services

Linkage is the process of creating a connection between two things. Inmates who receive an HIV diagnosis should have documented linkage to medical care within 30 days of diagnosis. Linkage is defined by the inmate having seen a physician who can/has prescribe antiretroviral therapy (ART) or having HIV-related lab work conducted (CD4 or viral load count, genotype). Healthcare professions and/or JLP staff are responsible for

timely submission of documenting new HIV diagnoses, and timely entry of relevant information into the database.

When newly or previously diagnosed inmates are released back into the community, it is important to link them to HIV medical services - including support groups, transportation, and housing needs as well as to health services like medical care, prenatal care, drug abuse treatment and partner services in the community. Although there are inherent challenges and resource limitations, efforts should be made by both JLP staff and medical staff; ideally as a joint team, to address as many re-entries needs as possible.

- Meeting with the inmate.
- Explaining services offered and assessing need.
- Emphasizing the goal of linking to care and treatment while educating the inmate regarding HIV and the need for care.
- Scheduling an appointment with the medical provider or case management agency chosen while the inmate is there.
- And following up with the inmate or provider to determine if the appointment was kept.

The Florida Department of Health currently contract with eight agencies to provide services under the [Minority AIDS Initiative](#) (MAI). These agencies are in Broward, Hillsborough, Lee, Miami-Dade, Orange, Palm Beach, Pinellas, and Volusia counties. To target PWH from minority populations, MAI offers Antiretroviral Treatment and Access to Services (ARTS), a strengths-based approach to case management. The program's goal is to link clients who have just received an HIV diagnosis or who have not received care in at least six months to the best medical care that is available. After being located, the client meets with a care coordinator. The goal is to link the inmate with the appropriate medical provider so they can obtain care. Also, the inmate is asked to specify goals that will aid in the treatment process, such as becoming their own medical advocate, locating secure housing (if necessary), and building a dependable way of life. Clients of MAI receive case management, support with benefit applications (ADAP, Medicaid, Medicare), and transportation (bus passes, cab vouchers, or care coordinator drives them to their appointments).

Inmates may also be linked to HIV clinics, private physicians, CBOs, or High-Impact Prevention (HIP) providers for medical care or case management.

In summary, the linkages should be active, not passive referrals. Linkages between prenatal care and medical care are tracked, so a procedure for tacking and verifying these linkages should be established. This data will be reported quarterly to the corrections specialist.

All information pertaining to the client must be kept confidential. When linkages to outside providers are made, the DH 3203 Authorization to Disclose Confidential Information form see *Appendix C* must be used.

HIV Medical Care

Inmates newly diagnosed with HIV should be provided with the following as soon as possible:

- HIV prevention counseling.
- Medical evaluation including presenting of HIV infection and diagnosis of co-morbidities and opportunistic infections.
- Referral to an HIV provider or specialist depending on the stage of HIV, and complexity of medical issues.
- Expedited care may be necessary for special clinical circumstance including acute HIV infection, HIV infection with an acute opportunistic infection, and HIV infection during pregnancy.
- Referral for other services (mental health, substance abuse, housing, etc.) as indicated.

Pregnant Women

All women of childbearing age who receive an HIV diagnosis should have a pregnancy test completed. Pregnant inmates who are diagnosed with HIV should be referred to an HIV specialist for medical care. Initiation of antiretroviral therapy (ART) should be coordinated to minimize the risk of mother-to-child HIV transmission. Prevention counseling should be initiated, and the inmate should be linked with custody-based or community-based HIV care upon release.

AIDS Drug Assistance Program (ADAP) Clients

A client who is under the care and/or control of an institution (i.e., a mental health facility, state prison, nursing home, hospital, hospice, or any other in-patient care facility) should receive medications through the institution. This does not preclude a client from returning to the ADAP once they are no longer under the care or control of the institution. A client released from the care and/or control of an institution may reapply. Priority for enrollment into the ADAP is given to clients previously institutionalized to prevent an interruption in their medication treatment.

ADAP clients who are sentenced to a correctional institution are not eligible to receive services until they are released. If this should happen to an existing client, the record must be closed in the ADAP database. According to [HRSA Policy Clarification Notice #18-02](#), State and federal prison systems are generally responsible for providing healthcare services to all individuals incarcerated in their facilities. Partnerships should be developed among health departments, correctional facilities, and community-based organizations for individuals to receive care while in correctional facilities.

Agreements with Local Jail Administration

The JLP has funded programs across the state to provide HIV testing and linkage services. Due to the high cost of medications, some county jails may not offer HIV related medications to persons living with HIV. In the instances where clients are on ADAP, medication may be delivered via third party to the client by the JLP, CHD staff or an

approved designated person. There isn't one entity that governs the jails in the state of Florida; but are ran individually by the local sheriff of each county.

When local county jails are unable to provide HIV medications to incarcerated ADAP inmates, the CHDs are encouraged to develop a memorandum of agreement (MOA) with local jails to ensure clients receive treatment while detained. The agreement must be signed by the CHD administrator and the jail supervisor or sheriff. The agreement should include the responsibilities of the department and the jail. CHD staff will need to coordinate medication deliveries with the jail linkage coordinator if one is available for the county. If a jail linkage coordinator is not available, CHD staff will need to coordinate with the local jail. Refer to the Jail Linkage ADAP process map (*Appendix D*).

Surveillance and Partner Services

Within two weeks of receiving an HIV or AIDS diagnosis the provider must notify the local county health department. Reports from associated laboratory test reports should be submitted within three business days. A newborn exposed to HIV or an infant under 18 months of age born to a mother living with HIV must be reported before the end of the next business day. Notably, testing for Chlamydia, gonorrhea, hepatitis B, HIV, and syphilis is mandated during pregnancy, with an opt-out approach.

Lab reports are sent to the HIV/AIDS surveillance section and the STD Program either electronically or by paper. An STD disease intervention specialist (DIS) offers PWH partner services that enable the discreet notification, screening, and treatment of their sex or needle sharing partners. Under Florida law, only DIS can provide partner services to individuals who are diagnosed with HIV. HIV/AIDS surveillance staff use the information for incidence and prevalence reporting.

An extensive revision of [Chapter 64D-3](#), Florida Administrative Code, entitled Control of Communicable Disease and Conditions Which May Significantly Affect Public Health, was completed in 2022.

Disclosure

HIV test results obtained by Jail Linkage Program personnel may be provided/disclosed for the inmate's medical record for the purpose of providing diagnosis and medical treatment of the inmate while the inmate is in custody in accordance with F.S. 381.004(2)(d)4(e). No authorization is required from the inmate for this purpose. The jail facility must have a reporting process to maintain the privacy of medical records. The JLP staff must comply without compromising the privacy and confidentiality of the inmate. JLP staff is responsible of making sure that reports are made to the proper inmate medical staff. The medical staff working in the jail must notify the jail linkage staff of any newly identified or self-disclosed inmate living with HIV for linkage purposes.

Reporting

It is vital that all testing and linkages activities submitted on the Jail Linkage Quarterly Reporting Form are accurate and complete. The report must be submitted by to the corrections specialist by the 15th day after the quarter end. If the 15th falls on the

weekend or a holiday, submit reports the business day prior to the 15th. The format for submission is specified in *Appendix E*.

The quarterly reports are due by the following dates:

- January – March (April 15th)
- April – June (July 15th)
- July – September (October 15th)
- October – December (January 15th)

Quarterly Conference Calls

A quarterly conference call for JLP staff is scheduled for the first Thursday of each quarter. The corrections specialist provides program updates, and each county is given the opportunity to voice best practices, issues, or concerns.

Forms

The DH1628, client rights and responsibilities, and consent and disclosure forms must be completed. Together with the client rights and responsibilities and the DH1628 form, the consent forms are utilized before testing the client. The disclosure form is used for the linkages being made upon release. The sharing of test results to jail medical staff does not need the completion of a separate consent or disclosure form. The client plan of care, outcomes form, and the progress notes are optional and can be customized for your usage. Samples and a flowchart illustrating the jail linkage process can be found in *Appendix F*.

References

Altice, F.L., Sylla, L.N., Cannon, C.M., Avery, A.K., Spaulding, A., Hallman, M., & Webb, R. (n.d.) Jail time: Time for testing. Institute a jail-based HIV testing program. Yale University School of Medicine: New Haven, Connecticut.

Centers for Disease Control and Prevention. (2009, January). HIV testing implementation guidance for correctional settings. Retrieved from [HIV Testing in Nonclinical Settings | HIV Testing | HIV/AIDS | CDC](#)

For additional information about the Jail Linkage Program, HIV, and corrections related information please periodically check the DOH Corrections website.

**MEMORANDUM OF UNDERSTANDING
BETWEEN
“Insert County Sherriff Office”
AND
STATE OF FLORIDA, DEPARTMENT OF HEALTH**

THIS MEMORANDUM OF UNDERSTANDING is entered into between the State of Florida, Department of Health, hereinafter referred to as the “Department”, and the “County Sheriff’s Office, Department of Corrections, hereinafter referred to as “CSO”. The purpose of this MOU is to allow the Department and the “CSO” to provide routine immunizations to all inmates aged 18 years and younger, Human Immunodeficiency Virus/Sexually Transmitted Diseases/Tuberculosis (HIV/STD/TB) screening of inmates and transfer test results to “CSO” so it may provide appropriate treatment. The parties enter this Memorandum of Understanding, as follows:

DEPARTMENT RESPONSIBILITIES:

1. The Department will register the CSO “Insert County Name” County Jail as a registered HIV test site.
2. Dependent on staffing and funding, the Department will conduct HIV pre/post-test counseling for clients incarcerated in the “Insert County Name” County Jail, as referred. Said testing will be conducted by the Department staff who have successfully completed the Department’s HIV/AIDS 500 and the Department’s HIV/AIDS 501 Counseling and Testing, and Partner Counseling and Referral Services classes prior to conducting HIV pre/post-test counseling; and technical training to conduct Rapid HIV tests as approved by the Department and the Centers for Disease Control and Prevention (CDC). The Department will provide all supplies and equipment necessary to perform HIV testing for activities covered under this agreement.
3. The Department will provide HIV/STD prevention education to inmates as requested by “CSO” and within the limits of the Department staffing and funding.
4. The Department will provide medication to “CSO” for the treatment of HIV through AIDS Drug Assistance Program (ADAP) for one (1) month for currently enrolled ADAP clients upon entrance to the jail and for ADAP enrolled clients upon release within the scope of current CDC treatment guidelines within forty-eight (48) hours of request by “CSO”.
5. As a registered HIV test site, the Department will pack and ship all specimens it draws or collects for HIV tests to the State Laboratory within forty-eight (48) hours. STD specimens collected will be processed at the laboratory selected by “CSO”.

6. The Department agrees to complete contact investigations for active and suspect TB cases as described in Department of Health Technical Assistance Guideline #TB7R (revised June 30, 2007).
7. The Department agrees to arrange for Directly Observed Therapy (DOT) for inmates with TB disease that are released prior to completion of therapy.
8. The Department agrees to provide access to the Department Health Management System (HMS) to the "CSO" Infectious Disease Nurse and "CSO" Linkage Specialist for the purpose of providing diagnostic testing and medical care to inmates.
9. The Department agrees to provide technical assistance to "CSO" on the Department and CDC recommended protocols for HIV/STD/TB testing and treatment on request.
10. The Department agrees to provide routine immunizations to all inmates aged 18 years and younger, as needed.
11. The Department shall retain ownership of medical records shared by "CSO" and the Department, as appropriate, through Continuity of Care records exchange.

"CSO" RESPONSIBILITIES:

1. "CSO" will review the medical records of inmates with reported positive STD/TB results as needed to assure treatment to be provided on a timely basis, and to make referrals to appropriate Department field staff within forty-eight (48) hours.
2. "CSO" will coordinate the transfer of all positive Gonorrhea/Chlamydia/HIV test results it has completed as well as positive Syphilis test results to the Department within twenty-four (24) hours of receiving the results.
3. "CSO" will maintain HIV/STD testing logs and appropriate databases for the purposes of reporting monthly to the Department.
4. "CSO" will ensure that all inmates with positive HIV/STD/TB results get treatments within the scope of current CDC treatment recommendations for correctional health care at its expense unless otherwise agreed upon between the Department and "CSO" as provided by state law.
5. "CSO" will maintain a log to account for all medications supplied to "CSO" and provide a copy to the Department monthly.
6. "CSO" will allow the Department access as needed to the medical records of all reported HIV/STD/TB positives, contacts and suspects.

7. "CSO" will provide specimen containers and laboratory documents for the collection of sputums to evaluate the presence of TB at the jail.
8. "CSO" agrees to notify the Department of any inmates with suspected or confirmed cases of TB disease that refuse treatment as soon as possible or no later than one (1) business day of learning of the inmate's refusal to accept treatment.
9. "CSO" agrees to provide test results along with matching demographic information to the Department for all inmates with active TB.
10. "CSO" will provide to the Department copies of the Medication Administration Records for all inmates on DOT for TB.
11. "CSO" agrees to notify the TB program as soon as possible or no later than one (1) business day of notification if TB suspects or cases are diagnosed, released or transferred to other facilities.
12. "CSO" will provide adequate space to the Department for the provision of laboratory and confidential interviewing for STD/HIV screening and linkage to care. "CSO" will provide locking storage space adequate for the storage of supplies and documents used in association with this project.
13. "CSO" will provide personnel to coordinate the scheduling, transfer and security for inmates to and from the Department provided services in the jail.
14. "CSO" will provide the Corrections Information Management Services (CIMS) and access to the electronic medical records to the Department employees working in the jail.
15. "CSO" will arrange transportation of all inmates needing treatment or evaluation by the Department TB Program or other location as mutually agreed between "CSO" and the Department.
16. "CSO" will arrange transportation of all inmates needing immunizations by the Department Immunization Program.
17. "CSO" agrees to assure that the "CSO" Infectious Disease Nurse and "CSO" Linkage Specialist with access to HMS will comply with the Department regulations and training requirements for access to the Department data systems.

THE PARTIES MUTUALLY AGREE:

1. Each party will establish an official liaison for the purposes of communicating within the parameters of this MOU.
 - a. The liaisons for the Department will be:

1. **Insert Name**
Medical Director
Insert Street Address
City, State, Zip Code
Telephone Number
E-Mail Address

2. **Insert Name**
Program Administrator
Insert Street Address
City, State, Zip Code
Telephone Number
E-Mail Address

b. The liaison for “CSO” will be:

Insert Name
Insert County Sheriff’s Office
Insert Street Address
City, State, Zip Code
Telephone Number
E-Mail Address

2. Neither the Department nor “CSO” shall impose a fee to clients served by the other under this agreement.

3. The Department shall maintain confidentiality of all data, files, and records, including client records related to the services provided, pursuant to this agreement, and shall comply with state and federal laws, including, but not limited to, sections 384.29, 381.004, and 456.057, 392.655, 392.55, 392.56 and 392.57 Florida Statutes (available for viewing on-line at www.myflorida.com). Procedures must be implemented by “CSO” to ensure the protection and confidentiality of all confidential matters. These procedures shall be consistent with the Department Information Security Policies, Protocols, and Procedures, as amended (available for viewing on-line @www.myflorida.com), which are incorporated herein by reference and the receipt of which is acknowledged by “CSO” upon execution of this agreement. “CSO” shall adhere to any amendments to the Department’s security requirements provided to it during the period of this agreement. “CSO” must also comply with any applicable professional standards of practice with respect to client confidentiality.

4. Health Insurance Portability and Accountability Act (HIPAA): Where applicable, the parties shall maintain confidentiality of all protected health information, including client records, related to the services provided pursuant to this Agreement, in compliance with all applicable state and federal laws, rules and regulations

including, but not limited to, Sections 119.0701, 384.29, 382.004, 392.65 and 456.057, Florida Statutes. The parties agree to comply with the HIPAA and any current and future regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162 and 164.

5. Both “CSO” and the Department agree they will be responsible for their own costs incurred under this agreement. Any party may terminate this agreement at any time by giving the other party written notice at least thirty (30) days prior to the intended termination date. In the event funds used to finance this agreement become unavailable to either party, that party may terminate the agreement upon no less than twenty-four (24) hour notice in writing to the other party.
6. Upon request of either party, a meeting or conference, in person or via telephone (or other electronic means) will be promptly held between representatives of the parties to resolve any problems regarding the terms of this agreement.
7. The parties agree that the terms of this agreement may be revised at any time only by written agreement, executed by both parties hereto, except for point of contact. Each party reserves the right to change its point of contact without written agreement but will notify the other party within a reasonable period of time after such change.
8. This agreement is non-exclusive. Thus, the parties reserve the right to enter into similar agreements with other parties.
9. The parties expressly agree that no relationship of employer/employee, principal agent, or other association shall be created by this agreement between the parties or their directors, officers, agents or employees. The parties agree that they will never act or represent that they are acting as an agent of the other or incur any obligations on the part of the other party.
10. The parties agree that each party shall be responsible for the liabilities of their respective agents, servants and employees. It is understood that the Department, its agents, servants and employees are protected against tort claims as described in Section 768.28, Florida Statutes. The exclusive remedy for injury or damage resulting from such negligent acts or omissions of such agents, servants and employees of the Department is by action against the State of Florida.
11. Cooperation with the Inspector General: Institute acknowledges and understands that it has a duty to and will cooperate with the Inspector General in any investigation, audit, inspection, review, or hearing, pursuant to Section 20.055(5), Florida Statutes.
12. Use of Trademarks and Logos: Neither party may use the trade name, trademark, service mark, logo, or other designation of the other party without the express written approval of the party.

Waiver of breach of any provisions of this Memorandum of Understanding shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this Memorandum of Understanding. The provisions herein do not limit the parties' rights to remedies at law or in equity.

No waiver or failure of enforcement any of the provisions of this agreement by Department or "CSO" shall be deemed a waiver of any other provision of this agreement.

This Memorandum of Understanding shall be governed by, and its terms construed in accordance with the law of the State of Florida.

This Memorandum of Understanding shall begin "Insert Start Date" or the date on which the Memorandum of Understanding has been signed by all parties, whichever is later. This Memorandum of Understanding shall end "Insert End Date."

IN WITNESS THEREOF, the parties hereto have caused this six (6) page Memorandum of Understanding to be executed by their officials hereunto duly authorized.

"Insert County" Sheriff's Office

State of Florida, Department of Health

Signed By: _____

Signed By: _____

Name: _____

Name: _____

Title: Sheriff

Title: Director, FL Department of Health

Date: _____

Date: _____

This MOU is entered into by the Sheriff
Pursuant to the authority conveyed by
Section 37.101(m), Code of Ordinances
of the **City of XX**.

Form Review

Insert City

Office of General Counsel

Appendix B



**State of Florida Department of Health
 CONSENT FORM
 CONFIDENTIAL HUMAN IMMUNODEFICIENCY VIRUS (HIV) TEST
 Non-Health Care Settings**

No person shall perform an HIV test in a non-healthcare setting without first obtaining the informed consent of the test subject or his or her legal representative. Written informed consent must be obtained as required by Rule 64D-2.004(3), of the Florida Administrative Code. Exceptions to obtaining informed consent can be found in Section 381.004(2)(h), Florida Statutes. This form may be used to document the test subject's informed consent or to satisfy the requirement that such consent be in writing. HIV test results and the fact that a person is tested are confidential and protected by law. Persons with knowledge of an individual's HIV test result have legal obligations to protect this information from unauthorized disclosure. Florida law imposes strict penalties for breaches of confidentiality.

HIV testing is a process that uses FDA-approved tests to detect the presence of HIV, the virus that causes AIDS and to see how HIV is affecting your body. One of several types of tests may be offered to you. The most common type of HIV test detects antibodies produced by the body after HIV infection. Test results are highly reliable, but a negative test does not guarantee that you are healthy. Generally, it can take up to three months for HIV antibodies to develop. This is called the "window period." During this time, you can test negative for HIV even though the virus is in your body and you can give it to others. A positive antibody HIV test means that you are infected with HIV and can also give it to others, even when you feel healthy. Other tests can detect the presence of virus in your blood, measure the amount of virus in your blood, measure the number of T-cells in your blood, or see if the virus is susceptible to HIV/AIDS medications. Some of these tests may require a second specimen to be obtained for further testing. Generally, test results will be available in about two weeks. If you consent by filling out and signing this form, a specimen will be taken and you will be tested.

If a rapid HIV test is used, results will be available the same day. If the rapid test detects HIV antibodies, it is very likely that you are infected with the virus, but this result will need to be confirmed. You will be asked to submit a second specimen for further testing. The results from this confirmatory test will be available to you in about two weeks.

If you test positive, the local health department will contact you to help with counseling, treatment, and other supportive services if you need and want them. You will be asked about sex and/or needle-sharing partners, and voluntary partner services (PS) will be offered to you. The HIV test result will become part of your confidential medical record. If you are pregnant, or become pregnant, the test results will become part of your baby's medical record.

Finding HIV infection early can be important to your treatment, which along with proper precautions, helps prevent spread of the disease. If you are pregnant, there is treatment available to help prevent your baby from getting HIV. If you have any questions, please ask your counselor, physician, or call the Florida AIDS Hotline (1-800-FLA-AIDS or 1-800-352-2437) before signing this form.

CONSENT GIVEN	<i>Client must initial the consent statement and then sign below. The consent form must be dated and witnessed.</i>	
REQUIRED		
_____ YES _____ NO _____ Initial Here	I have been informed about HIV testing and its benefits and limitations. I understand that some tests require a second specimen to be taken from me for further testing.	
_____ Date	_____ Signature of Client or Legal Representative	_____ Client's Printed Name
_____ Witness Signature	_____ Legal Representative's Relationship to the Client (If Applicable)	

OPTIONAL		
_____ YES _____ NO _____ Initial Here _____ If Applicable	If I move out of the area or live somewhere else, I want my results forwarded to the appropriate public health care provider or the physician listed below so that I may be informed of my results and receive post-test counseling.	
_____ Preferred Physician or Facility and their Mailing Address		

Instructions:

1. Please ensure that clients read and understand the information provided on this consent form. If clients are unable to read or understand this information, the counselor should read it to them.
2. The client must initial each of two consent statements as appropriate and sign and date the bottom of the form.
3. If a legal representative of the client signs the consent form, their relationship to the client must be indicated on the appropriate line.
4. In accordance with state protocol, if the client wants their results forwarded, the STD Program Manager will handle this transaction.
5. All consent forms must have a witness signature. The counselor conducting the pre-test counseling can serve as the witness.

Appendix C



**AUTHORIZATION TO DISCLOSE
CONFIDENTIAL INFORMATION**

INFORMATION MAY BE DISCLOSED BY:

Person/Facility: _____ Phone #: _____

Address: _____

INFORMATION MAY BE DISCLOSED TO:

Person/Facility: _____ Phone #: _____

METHOD OF DISCLOSURE:

____ Pick up at Clinic/Facility

____ Address: _____

____ Fax #: _____

____ Email Address: (please note that emailing may not be a secured method of communication)

INFORMATION TO BE DISCLOSED: (Initial Selection)

____ General Medical Record(s), including STD and TB ____ Progress Notes ____ History and Physical Results

____ Immunizations ____ Family Planning ____ Prenatal Records ____ Consultations

____ Diagnostic Test Reports (Specify Type of test(s)) _____

____ Other: (specify) _____

I specifically authorize release of information relating to: (initial selection)

____ HIV test results for non-treatment purposes ____ Substance Abuse Service Provider Client Records

____ Psychiatric, Psychological or Psychotherapeutic notes ____ Early Intervention ____ WIC

PURPOSE OF DISCLOSURE:

____ Continuity of Care ____ Personal Use ____ Other (specify) _____

EXPIRATION DATE: This authorization will expire (insert date or event) _____. I understand that if I fail to specify an expiration date or event, this authorization will expire twelve (12) months from the date on which it was signed.

REDISCLASURE: I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations.

CONDITIONING: I understand that completing this authorization form is voluntary. I realize that treatment will not be denied if I refuse to sign this form.

REVOCATION: I understand that I have the right to revoke this authorization any time. If I revoke this authorization, I understand that I must do so in writing and that I must present my revocation to the medical record department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company, Medicaid and Medicare.

Client/Legal Representative Signature

Date

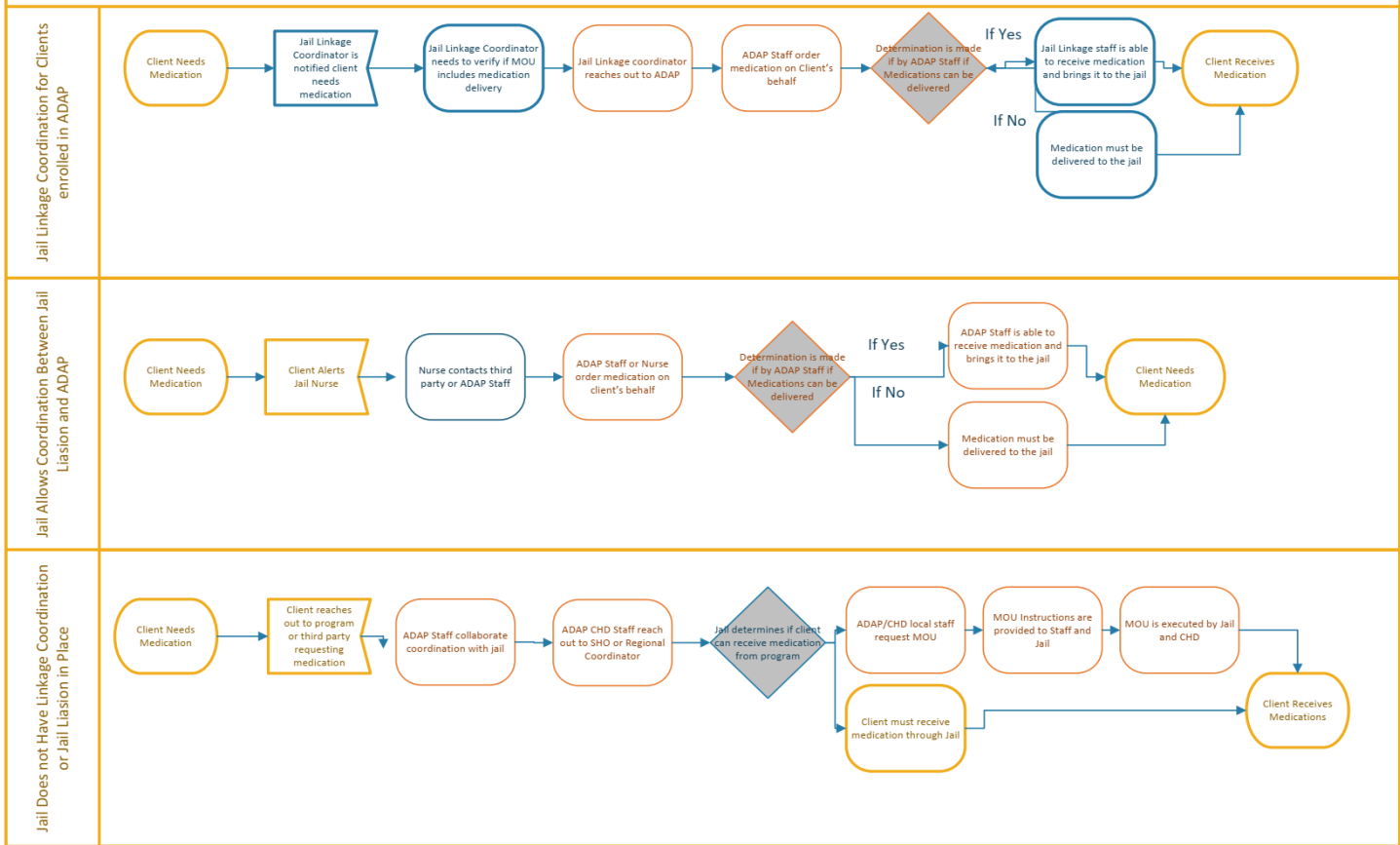
Printed Name

Legal Representative's Relationship to Client

Appendix D

Appendix D

ADAP Jail Linkage Process



Jail Linkage Coordination for Clients enrolled in ADAP

Identifies the process where a jail linkage coordination Memorandum of Understanding (MOU) is in place and coordination of medication services is included. This process is ideal in assisting ADAP clients who are in jail and seeking medication services that cannot be provided by the local jail. Jail Linkage staff becomes the conduit to the client and the ADAP staff and is essential in providing the medication or ensuring the client receives the medication

Jail Allows Coordination Between Jail Liaison and ADAP

The jail has a medical provider or nurse liaison, but is not able to provide medications to the client. The liaison works with ADAP to ensure that the medication is ordered and can serve as a conduit between the client and the staff to ensure that the medication is brought by the staff member mailed to the jail.

Jail Does not Have Linkage Coordination or Jail Liaison in Place

In this scenario a relationship will need to be established between the Department and the jail to ensure the client can receive medications. ADAP staff may need to reach out to the State Health Office or Regional Coordinator for information. If the jail makes the determination that a client can receive medications through the jail, the client will be suspended for services through ADAP until they are released. If the jail states that clients can receive medication, it is encouraged that a MOU be developed between the local CHD outlining services that includes medication coordination or delivery.

Appendix E

Jail Linkage Program Quarterly Reporting Form

Reporting Quarter: 1 st (Jan-Mar) 2 nd (Apr-Jun) <input type="checkbox"/> 3 rd (Jul-Sep) <input type="checkbox"/> 4 th (Oct-Dec) <input type="checkbox"/>
Year:
County:
Test Site Number(s):
Name of Person Submitting Report:
Phone Number:

HIV & SYPHILIS TESTING TOTALS –

Inmates Tested	Negative HIV tests	Positive HIV tests	Total Tested for HIV this Quarter	Negative Syphilis tests	Positive Syphilis tests	Total Tested for Syphilis this Quarter	Total tested for both HIV and Syphilis Quarter
Male							
Female							
Trans M-F							
Trans F-M							
Quarterly Total							

LINKAGE SERVICES – All linkages for newly and previously diagnosed inmates that were released this quarter. All inmates receiving linkage services must be HIV infected but do not have to be newly diagnosed in this quarter. Client is connected to care, not given a referral to follow-up on their own. Medical care and prenatal care linkages need follow-up to confirm client kept the appointment. Services provided inside the facility are not counted as linkages.

HIV Diagnosis of Inmates Linked to Services Upon Release this Quarter	
# Newly Diagnosed* inmates linked to services upon release	
# Previously Diagnosed** inmates linked to services upon release	
Total # HIV-infected inmates linked to services upon release this quarter	

* Newly Diagnosed = received HIV diagnosis during this quarter while incarcerated

** Previously Diagnosed = received HIV diagnosis prior to this quarter (maybe self-disclosed or known previous positive) but was incarcerated during this quarter

February 2023

SERVICE / ORGANIZATION (inmate is linked to upon release)	# OF INMATE LINKAGES	# OF CONFIRMED LINKAGES
Medical Care		
Prenatal Care/TOPWA Provider		
Case Management		
County Health Department		
Mental Health Counseling/Treatment		
Family Planning		
Substance Abuse Treatment Center/Program		
Support Group		
Transportation		
Housing/Homeless Shelter		
PREP Provider		
ADAP		
Released to Department of Corrections		
TOTAL NUMBER OF LINKAGES MADE	0	0

Hepatitis	Hep A Tested	Hep A Vaccine	Hep B Tested	Hep B Vaccine	Hep C Tested
Male					
Female					
Quarterly Total					

Narrative Report

A. Linkage

1) List the community services that have been especially helpful to your clients:

B. General Project

1) Are there any personnel changes (in jail, CHD, linkage services or project staff)?
 Yes No If yes, please explain:

2) List any concerns, comments, or accomplishments that the Bureau of HIV/AIDS staff need to know: Any special circumstances that prevented services this quarter?

3) Does your project have any specific needs (training, brochures, videos, etc)?
 Yes No If yes, please explain: None

4) Please list any STD testing services being conducted: See table below.

February 2023

Inmates Tested	Chlamydia (CT)	positive	negative	Gonorrhea (GC)	positive	negative	H C V	positive	negative
Male									
Female									
Trans M-F									
Trans F-M									

February 2023

Appendix F

Forms: DH Form 1628
 Client Rights and Responsibilities
 DH 2116 Client Consent to Fax
 Client Plan of Care and Outcomes – optional
 Progress Notes – optional
 Sample Flow Chart of Jail Linkage Process

BLOOD ORAL DBS CD4/8 V. LOAD
 RAPID TEST REACTIVE

PERMANENT BARCODE _____ SITE ADDRESS _____ SITE NUMBER _____ LOCAL USE _____
 COUNSELOR ID _____ PRE-TEST COUNSEL DATE _____
 Last Name _____ First Name _____ M.I. _____
 Address _____
 City _____ State _____ Zip Code _____
 County _____ Additional Locating Information _____
 Phone 1 _____ Medicaid # _____ Last 4 of Social Security # _____

CONFIDENTIAL HIV TESTS ONLY

Date of Birth	Ethnicity (Select one)	Race (Select one or more)	Self-Reported Gender	Birth Sex	Pregnant	In Prenatal Care
_____ / _____ / _____ Country of Birth _____	<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> American Indian/ Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Native Hawaiian/ Pacific Islander <input type="radio"/> White <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender/M to F <input type="radio"/> Transgender/F to M <input type="radio"/> Transgender/Unspecified	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Referred <input type="radio"/> Refused

Testing History Questions

Previous HIV Test?
 Yes
 No
 Don't Know
 Refused

Result of Last HIV Test
 Positive
 Negative
 Reactive Rapid Test
 Indeterminate
 Don't Know
 Refused

If YES, Test Date: _____

HIV Positive? Yes No
 If YES, are they taking antiretrovirals to treat HIV? Yes No

Hepatitis C Positive? Yes No
 If YES, have they been treated? Yes No

Risk Factors

	Past 12 months			5 Years		
	Male	Female	Transgender	Male	Female	Transgender
Vaginal or Anal Sex with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Without using a condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With an IDU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With an HIV + person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has the client:

	Past 12 months	5 Years
... had vaginal/anal sex with an MSM? (FEMALE only)	<input type="radio"/>	<input type="radio"/>
... had an anonymous partner?	<input type="radio"/>	<input type="radio"/>
... had sex for drugs, money or other items?	<input type="radio"/>	<input type="radio"/>
... had an STD diagnosis?	<input type="radio"/>	<input type="radio"/>
... used injection drugs?	<input type="radio"/>	<input type="radio"/>
If YES, did they share injection equipment?	<input type="radio"/>	<input type="radio"/>
... been homeless or unstably housed?	<input type="radio"/>	<input type="radio"/>
No risk identified	<input type="radio"/>	<input type="radio"/>
Refused to discuss risk factors	<input type="radio"/>	<input type="radio"/>

In the past 12 months, how many different:
 Sex partners? _____ Needle-sharing partners? _____

PrEP/nPEP Questions

Last day of PrEP/nPEP _____

i. Have you taken PrEP Yes No _____
 ii. Have you taken nPEP Yes No _____
 iii. Was the client screened for PrEP eligibility Yes No
 iv. Is the client eligible for PrEP referral Yes No
 v. Was the client provided PrEP education Yes No
 vi. Was the client referred to PrEP provider Yes No
 vii. Client refused to answer? Yes

RAPID TEST SITE USE ONLY

OraQuick Sure Check Determine Insti Other
 Finger Stick Venous Blood Draw Oral Fluid REFUSED CONFIRMATORY TEST

Total test processing time: _____ MINUTES **Result Given?** YES NO

Reactive Mark **RAPID TEST REACTIVE** box at top of form
 Non-Reactive If NR, mail form to Tallahassee, see reverse for instructions
 Non-Reactive: possible acute Send **BLOOD** specimen to Lab

DH Form 1628, 06/19, (05/16 edition may be used) (Stock number 5740-000-1628-3) **Return Appointment Date** _____ / _____ / _____
 State of Florida Department of Health Bureau of Laboratory Services

CLIENT RIGHTS AND RESPONSIBILITIES

RIGHTS:

- Courteous and respectful treatment from all providers, with appreciation of an individual’s dignity and right to privacy.
- Prompt responses given in a reasonable amount of time to questions or requests for services.
- Reasonable explanation of the services and processes which are grievable.
- All communication and records pertaining to care and/or services necessary for the grievance process are treated confidentially and except when required by law, clients are given the opportunity to approve or refuse their release.
- Reasonable access to Planning Council support staff during regular business hours. Information about the complaint, grievance processes and binding arbitration processes.
- Written documentation of status of grievance.
- Quality of services care is the same for everyone regardless of race, color, national origin, sex, sexual orientation, handicap, religion, or political belief.
- Grievant may withdraw a grievance at any point in the grievance process.

RESPONSIBILITIES:

- Sign information release necessary for fact-finding process to occur.
- Give accurate, complete information regarding the nature and history of grievance.
- Ask questions and obtain information to understand the Grievance Process.
- Arrive promptly to appointments or notify Council support staff in advance of your inability to make the appointment.
- Be considerate, cooperative, and respectful to Council members and support staff. Notify services providers when there is dissatisfaction with services.
- Demonstrate behavior that is cooperative and respectful of others.
- Be free from the influence of alcohol or other non-prescribed drugs, use of alcohol or drugs, unless prescribed by a licensed physician, are not permitted at Council meetings or support staff offices.
- Abusive language, threats of violence towards clients, staff or volunteers and weaponry are not tolerated and will result in immediate dismissal of grievance.

GRIEVANCE PROCEDURE:

Report your concern your Service Provider. If your concern is unresolved with the Service Provider, you may then report concerns to the Human Services Department Substance and Health Care Services Division, phone number _____.

Client’s signature

_____/_____/_____
Date

CLIENT PLAN OF CARE AND OUTCOMES

Entry Date: _____ Client Name: _____

S.S.#: _____

Client Date of Birth: _____ Age: _____ Phone number: _____

Arrest Number: _____ Coordinator: _____

Check all that apply:

- Rapid Referral received from Rapid Team – Client Never in Care
- Self-Reported – Newly Diagnosed Client – Never in Care
- Previously Diagnosed Client and Reconnecting to Care

SEX

- Male
- Female
- Transgender
- Unknown

RACE

- White Non-Hispanic
- Black
- American Indian
- Hispanic

LANGUAGE

- English
- Spanish
- Creole
- Italian

OTHER DATA

- Haitian
- Homeless
- Recently Incarcerated
- MSM

Check all that apply

		Appt. Kept	
		Yes	No
<input type="checkbox"/> Referred – Eligibility	Appt. Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Referred – Medical Care	Appt. Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Referred – Case Management	Appt. Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Referred – Prenatal Care	Appt. Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Referred – Pharmacy/ADAP	Appt. Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Referred – Mental Health Care	Appt. Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Referred – Substance Abuse Care	Appt. Date _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Referred – Partner Notification	_____		
<input type="checkbox"/> Referred – Housing Services	_____		
<input type="checkbox"/> Referred – Employment Services	_____		
<input type="checkbox"/> Referred – Vocational Services	_____		
<input type="checkbox"/> Referred – Social Security	_____		
<input type="checkbox"/> Referred – Medicaid/Medicare	_____		
<input type="checkbox"/> Other _____	_____		

- Sent to Prison Date _____
- Still Incarcerated Date _____
- Confirmed lost to care Date _____
- Chart was closed Date _____

Client Name

Jail Linkage Program Progress Notes

Date	Time	Notes

Client Name

Coordinator Signature

Date

Jail Linkage Program

Sample may be adjusted for your County

