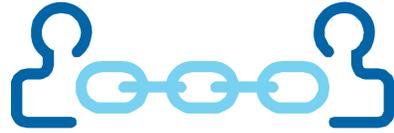


Jail Linkage Program



**Guidelines and Standards
2013**



Table of Contents

Subject	Page Number
Introduction	2
Program Description	2
Purpose	3
Authoritative References	3
Confidentiality	3
Getting Started	
Steps for health departments	4
Steps for correctional facilities	5
Programmatic Considerations	5
Working with Partners and Integration into Existing Services	6
Staff	6
Testing	7
Surveillance and Partner Services	7
Disclosure	8
Linkage	8
Reporting	9
Site Visits and Meetings	10
Forms	10
References	10
Appendices	
Appendix A – Rapid Testing Site Guidelines	11
Appendix B – Consent Form for HIV Test	15
Appendix C – Quarterly Reporting Form	16
Appendix D – Forms	18
Sample Flow Chart	25

Introduction

The Florida Department of Health (DOH), HIV/AIDS and Hepatitis Section, has made a concerted effort for many years to implement programs in jails to identify and assist HIV-infected inmates 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 HIV-infected inmates 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 correctional facilities are an estimated three to five times higher than the general population and approximately 15 to 40 percent of inmates are infected with hepatitis C. Therefore, many of these programs also have a counseling and testing component, not only for HIV, but for sexually transmitted diseases (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 departments, the county jail(s), and the entity providing healthcare services in the jail (e.g., Armor Health, Corizon, etc.), to provide HIV/AIDS, STD, and hepatitis services to inmates.

The DOH currently funds 15 county health departments to implement transitional services in their local jails. The jail linkage programs are located in Alachua, Broward, Collier, Duval, Hillsborough, Lee, Manatee, Miami-Dade, Orange, Palm Beach, Pasco, Pinellas, Polk, St. Lucie, and Volusia counties, with an additional unfunded program in Monroe County. These programs include: counseling and testing for HIV/AIDS; prevention education; and follow-up services to ensure the ex-offenders are still in care in their respective counties. Some programs provide tuberculosis (TB), hepatitis, and STD screenings as well.

In accordance with the Florida Model Jail Standards, <http://secure.flsheriffs.org/index.cfm/referer/content.contentList/ID/408/>, each detention or intake facility will have a receiving medical screening procedure, which shall be performed during the admission process. In addition, each inmate shall be given a health appraisal, including a physical hands-on examination by the health authority or designee within 14 days of admission to the facility. If the inmate has received a health appraisal within the previous 90 days, a physician or designee will determine whether a new health appraisal is required. A medical request procedure and a sick call procedure are also established and maintained so that inmates can receive necessary evaluation and treatment. It is through this procedure that an inmate can be referred to or can request HIV or STD testing.

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 jail linkage programs 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.

Authoritative References

Section 381.004, F.S., specifically 381.004(2)(e)4; F.A.C. Chapter 64D-2 and 64D-3; Department of Health Information Security Policy 50 -1- 05; Electronic Computer Files, Client File Retention Chapters 119 and 257, F.S.

Confidentiality

The identity of any person upon whom an HIV test has been performed and the subsequent test results are confidential and exempt from the provisions of the Florida Statutes public records section 119.07(1). No person who has obtained or has knowledge of a test result 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 the statute.

Section 381.004(2)(e)4., Florida Statutes, provides that the identity and HIV test results may be disclosed, and personnel may be compelled to disclose to, "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." This statutory authority is separate and distinct from the authority to disclose HIV test results "to any person...designated in a legally effective release executed...by the subject of the test," as provided in section 381.004(2)(e)2., Florida Statutes. Rule 64D-2.003(2)(e)2., Florida Administrative Code, restates the statute, again allowing for the disclosure of HIV test results to "health care providers involved in the care or treatment of a test subject and consulting between or among themselves or with health care facilities to determine diagnosis or treatment of a test subject..." and that "...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 diagnosis or treatment of persons in the care, custody, or control of such facilities."

Therefore, 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. No authorization is required from the inmate for this purpose. The jail facility must have a reporting procedure to ensure ongoing confidentiality of the medical record.

Security Clearance: It is the responsibility of the individual jail program to coordinate admission and clearance to the jail. Jail staff will provide an annual security and information training to all CHD staff that have security clearance. DOH can provide technical assistance to address barriers and problems.

Getting Started

Procedures

Steps for health departments

1. Work with local sheriffs and jail medical departments to develop policies and procedures for routinely offering HIV testing to all inmates. The inmate's projected length of incarceration should determine whether a conventional test or a rapid test is offered to the inmate. Due to the transitory nature of the jail population in Florida, it is recommended that rapid HIV testing be used in the Jail Linkage Program.
2. Provide training to personnel from the correctional facility, the health department, or community-based organizations (CBOs) working in correctional facilities on the following:
 - a) Confidentiality and data security issues related to HIV testing;
 - b) Routinely offering HIV testing, including rapid HIV testing, as part of the medical evaluation;
 - c) Documenting test results and refusals of testing;
 - d) Understanding the meaning of test results, especially those from rapid HIV testing;
 - e) Providing inmates confidential notification of their HIV test results;
 - f) Conducting confirmatory HIV testing for inmates with a reactive rapid test result;
 - g) Identifying care and treatment in the correctional facility and the community for inmates who test positive for HIV;
 - h) Linking all HIV-infected inmates to care, treatment, or prevention services; and
 - i) Collaborating with local DIS (disease intervention specialists) to offer partner services.
3. Distribute an inmate information sheet or brochure on HIV testing and forms for documenting HIV test results or refusals to test to correctional facilities in their jurisdiction.

4. Initiate the linkage process for all HIV-infected inmates by making the first appointment with an appropriate care provider, CBO, or both.
5. Work with participating CBOs to establish procedures and responsibilities for linkage services for inmates as part of release planning.

Steps for correctional facilities

1. Provide all inmates with information sheets or brochures on HIV/AIDS and HIV testing upon entry into the facility or during the medical evaluation.
2. Routinely offer HIV testing to all inmates during the medical evaluation. This can be accomplished through referral to the Jail Linkage Program.
3. Routinely offer prevention counseling in accordance with DOH counseling, testing, and linkage guidelines. This can be accomplished through referral to the Jail Linkage Program.
4. Establish procedures and responsibilities for reporting HIV cases to the jail medical staff from the Jail Linkage Program.
5. Each correctional facility must specify written policies and procedures to:
 - a) Determine eligibility for conventional HIV testing and rapid HIV testing. In general, inmates who are likely to be released before results from conventional testing are available should be offered rapid testing during their medical evaluation.
 - b) Ensure care and treatment are provided, based on the inmate's projected length of incarceration and the recommendation of the clinician overseeing the client's medical care.
 - c) Ensure confidentiality and security of data related to HIV testing.

Programmatic Considerations

Health departments should initiate discussions with correctional systems that do not routinely offer HIV testing to inmates during the medical intake evaluation to determine their willingness to implement routine HIV testing. Before establishing routine HIV testing, health departments, correctional facilities, and CBOs must consider how to address relevant policy, financial, and resource barriers.

1. When rapid testing is used in HIV screening in correctional facilities, legal requirements as well as health department policies on giving preliminary results need to be considered.

2. Linkages and resources for HIV care need to be in place for persons detained in the correctional facility and those released to the community.

3. A key contact should be identified at the health department and at each correctional facility and CBO to provide accountability and continuity in the collaboration.

Working with Partners and Integration into Existing Services

1. Collaboration among the health department, correctional facility, and CBO personnel is critical to the successful training and implementation of routine HIV screening and prevention services in correctional facilities and in the community. If facilities conclude that rapid testing is to be a part of routine screening in the correctional institution, specific training in rapid HIV testing must occur and collaboration with a laboratory must be in place.

2. Partnerships should be developed among health departments, correctional facilities, and CBOs so that individuals can receive care while in correctional facilities and can be linked to care, treatment, and prevention services in the community upon their release. These relationships should be negotiated and formally documented in writing, e.g., a letter of cooperation or memoranda of agreement or understanding.

3. Additional partners with whom to collaborate may include state, county, and local police and sheriff departments, the STD Program for partner services, and the county health department or the surveillance section for reporting.

Staff

The point of contact for the Jail Linkage Program is the corrections specialist located at the Department of Health headquarters office in Tallahassee, Florida. Any technical assistance requests and reports submission should be directed to the Corrections Specialist. Please see the contact information below:

Florida Department of Health
Bureau of Communicable Diseases
HIV/AIDS and Hepatitis Section, Prevention Program
4052 Bald Cypress Way
Bin A09
Tallahassee, FL 32399-1717
Phone: (850) 245 - 4444 ext. 2611
Fax: (850) 922 - 4202

The individual JLPs vary in size, staff and structure. They can vary from one staff member to a team of ten or more depending on funding and the number of jails in a particular county. It is the responsibility of the team leader/supervisor to keep the corrections specialist informed of personnel changes including new employees and

vacancies. This can help the corrections specialist provide better technical assistance and keep abreast of changes that may affect testing and linkages.

Testing

All personnel who will administer HIV tests should be trained and certified HIV 500/501 counselors/testers. Information regarding 500/501 courses can be found at: http://www.doh.state.fl.us/disease_ctrl/aids/prevention/Counseling_Testing/501_Course_Schedule2013.pdf. All HIV testing should comply with state and federal HIV testing guidelines (Appendix A). Florida law carefully structures the manner in which health care providers may perform HIV tests. The law requires those who perform HIV tests to obtain the informed consent of the test subject (Appendix B), confirm positive preliminary results with a supplemental test, except as provided in 381.004(3)(d)2., F.S., and make a reasonable attempt to notify the test subject of his or her test result. Due to the transitory nature of the jail population, it is recommended that rapid HIV testing be used in the Jail Linkage Program. Additional testing information can be found at http://www.doh.state.fl.us/disease_ctrl/aids/prevention/Counseling_Testing_Team.html

It is important that pregnant inmates receive HIV testing in order to prevent transmission of the virus to their babies. All pregnant women need to be tested by their prenatal care provider in the first and third trimesters in order to effectively decrease the transmission of the virus. The woman will be informed of the tests that will be conducted and of her right to refuse testing. If a woman objects to testing, a written statement of objection, signed by the woman, should be placed in the woman's medical record and no testing shall occur.

If DOH is providing any portion of HIV counseling and testing services, including forms, test kits, and technical assistance to a non-DOH test site, a MOA/MOU must be negotiated between the local CHD and the jail. Referral procedures should be outlined in the MOA/MOU. 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. The manual is located at http://www.doh.state.fl.us/alternatesites/cms-kids/home/resources/es_policy_0710/Attachments/8_Complete_DOH_Security_Policy.pdf. This MOA/MOU must state that the potential provider will follow all applicable statutes, rules, policies, and procedures regarding confidential HIV counseling and testing.

Surveillance and Partner Services

An extensive revision of Chapter 64D-3, Florida Administrative Code, entitled Control of Communicable Diseases and Conditions Which May Significantly Affect Public Health, was completed with an effective date of November 20, 2006. Another update was completed in 2008 and can be found at

http://www.doh.state.fl.us/Disease_ctrl/epi/topics/64D-3_11-08.pdf.

An HIV or AIDS diagnosis is to be reported to the county health department within two weeks, while the associated laboratory test reports require reporting within three days. An HIV-exposed newborn or an infant under 18 months of age born to an HIV-infected woman is to be reported by the next day. Of note, Chlamydia, gonorrhea, hepatitis B, HIV, and syphilis testing is mandated during pregnancy, with an opt-out approach.

Lab reports are sent to the HIV/AIDS surveillance section and to the STD Program either electronically or by hard copy. All HIV-infected persons are offered partner services by STD disease intervention specialists (DIS) that allow for the notification, screening, and treatment of their sex or needle sharing partners in a confidential way. 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.

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 as outlined in F.S. 381.004(2)4(e). No authorization is required from the inmate for this purpose. The jail facility must have a reporting procedure to ensure ongoing confidentiality of the medical record. The JLP staff must comply without compromising the privacy and confidentiality of the client. It is the responsibility of the JLP staff to make sure they are reporting to the appropriate jail medical staff. It is the responsibility of the jail medical staff to report to the jail linkage staff any new or self-disclosed HIV-infected inmates for linkage purposes.

Linkage

Linkage can be broadly defined as active referrals and follow-ups. Linkage is making a connection between two things. The JLP links HIV-infected inmates upon their release to health services such as medical care, prenatal care, substance abuse treatment and partner services, as well as to social services such as support groups, transportation, and housing needs. In the jail setting this translates to a process of:

- Meeting with the inmate;
- Explaining services available 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 contracts with eight agencies to provide services under the Minority AIDS Initiative (MAI). These agencies are located in Broward, Hillsborough, Miami-Dade, Orange, and Palm Beach counties. MAI uses a strengths-based case management termed ARTAS (Antiretroviral Treatment and Access to Services) to target HIV-positive clients of minority populations. The purpose of the program is to link recently or previously (no care for at least six months) diagnosed HIV-infected clients to available medical care. Once identified, the client meets with a care coordinator. The ultimate goal is to link the client to the proper medical services to receive treatment. Other expected outcomes for the client are to identify treatment-supporting goals, such as becoming their own medical advocate, obtaining stable housing (if applicable), and achieving a stable lifestyle. MAI clients receive case management, assistance with applying for qualifying benefits (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 HIP (high-impact prevention) providers for medical care or case management needs.

In summary, the linkages should be active, not passive referrals. Confirmation for medical care and prenatal care linkages is tracked, therefore a process should be put in place to track and verify these linkages. 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 must be used.

Reporting

Each quarter, the Jail Linkage Program team lead/supervisor is responsible for submitting a summary of all testing and linkage activities to the corrections specialist. The reports are due 15 days after the end of the quarter. Appendix C shows the format in which it should be submitted. It is important to submit this data on time as a quarterly report is generated from the information received. The quarterly reports are summarized and are included in the Annual Corrections Overview. Both reports are disseminated and available to staff for review.

The due dates for the quarterly reports are:

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

Site Visits & Meetings

It is a requirement of the JLPs to participate in a once-a-year site visit. During the informal site visit, the corrections specialist will meet with the JLP staff at the jail to monitor the testing and linkage procedures, and provide technical assistance.

A monthly conference call for JLP staff has been established and occurs on the first Thursday of each month. The corrections specialist provides program updates, and each county is given the opportunity to voice best practices, issues, or concerns.

In addition, it is recommended that JLP staff participate in a meeting once a year for the entire Jail Linkage Program. This is an opportunity for the individual JLPs to meet as a group to share successes and challenges. Depending on funding, this meeting is either face-to-face or via teleconference. The corrections specialist will also decide if additional site visits, meetings, conference calls, etc. are necessary.

Forms

The consent and disclosure forms, client rights and responsibilities, and the DH1628 are required forms. The consent form is used prior to testing the inmate in conjunction with the client rights and responsibilities and the DH1628 form. The disclosure form is used for the linkages being made upon release. A separate consent or disclosure form is not needed for provision of test results to jail medical staff. The progress notes and the client plan of care and outcomes forms are optional and can be personalized for your use. Samples can be found in Appendix D, along with a flow chart depicting the jail linkage process.

References

Altice, F.L., Sylla, L.N., Cannnon, 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 <http://www.cdc.gov/hiv/topics/testing/resources/guidelines/correctional-settings>

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

Appendix A

Florida Department of Health, HIV/AIDS and Hepatitis Program Rapid HIV Testing SITE Guidelines

The following information is designed to give a broad overview of requirements for sites wishing to offer rapid HIV testing within the state of Florida. Sites are responsible for ensuring that all state and federal requirements are met prior to initiating a rapid testing program. Communication between the HIV/AIDS and Hepatitis Program, county health departments, and rapid testing venues is essential to proper compliance.

For more information, please visit www.preventhivflorida.org

Part I: Clinical Laboratory Improvement Amendments (CLIA) Requirements

There is an important distinction between traditional HIV testing and rapid testing. Sites that conduct traditional HIV testing obtain a specimen and send that sample to a laboratory where testing is performed. Sites conducting rapid HIV testing are considered to be a clinical laboratory and are held to laboratory standards. Rapid test sites must possess a CLIA waiver which designates the facility authorized to perform waived rapid HIV testing.

Prior to initiating a rapid testing program, sites must be issued a Clinical Laboratory Improvement Amendments (CLIA) waiver and number from the U.S. Centers for Medicare and Medicaid Services (CMS). Applications are available from and must be submitted to the Florida Agency for Health Care Administration (ACHA). A CLIA Certificate of Waiver allows these sites to perform FDA approved waived rapid tests.

Sites that need rapid HIV testing at multiple locations must make sure all satellite sites are covered under the CLIA waiver and are registered with the HIV/AIDS and Hepatitis Program. For special events, and on a limited basis, sites may offer rapid testing at locations not on the CLIA waiver with the written approval of the area Early Intervention Consultant and the HIV/AIDS and Hepatitis Program, Counseling and Testing Field Representative. Email exchange for approval is acceptable. All rapid testing sites must adhere to the standards of a waived rapid testing venue.

The CLIA of 1988 established quality standards for all laboratory testing to ensure the accuracy, reliability and timeliness of patient test results. A laboratory is defined as any facility that performs testing on specimens derived from humans for the purpose of providing information for the diagnosis, prevention, treatment of disease, or impairment of, or assessment of health.

Federal law requires that all laboratories performing testing, no matter what type, must obtain a CLIA certificate and number.

For more information about the CLIA waiver application process, visit [CMS CLIA website](#).

Part II: Occupational Safety and Health Administration (OSHA) Requirements

All sites that collect blood samples for traditional and/or rapid testing must meet the OSHA standards for blood-borne pathogens. Providers must establish a written Exposure Control Plan designed to eliminate or minimize employee exposures to occupational risks. Providers must provide personal protective equipment (PPE) to employees at no cost. Examples of PPE are latex or vinyl gloves, eye protectors, and lab coats. If a problem arises with an article of PPE, the provider must repair or replace it at no cost to the employee.

Providers must develop an Exposure Control Plan, which must be readily accessible to all employees who may encounter occupational exposure. Providers must provide hand-washing facilities, which are readily accessible to all employees. If hand washing facilities are not feasible, the provider must provide either an appropriate antiseptic hand cleanser or antiseptic towelettes. Activities prohibited in work areas where there is a reasonable likelihood of occupational exposure include eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses. Food and drinks must not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

The employer must ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are made available at no cost to employees. Following a report of an exposure incident, the employer shall immediately make available to the exposed employee a confidential medical evaluation and follow-up. Providers must contain and dispose of biohazardous waste in accordance with applicable regulations and develop a plan to ensure proper biohazardous waste and sharps disposal.

Information regarding OSHA standards can be found at: [Blood-borne Pathogens Standards](#).

Part III: Biomedical Waste Disposal

The definition of biomedical waste is any solid or liquid that has been contaminated with body fluid, body tissue or blood products. Providers that generate, transport, store or treat biomedical waste must comply with Florida Administrative Code Chapter 64E-16. Providers that generate, transport or store biomedical waste must

observe universal precautions at all times and adhere to OSHA standards as applicable.

Provision of rapid HIV testing generates biomedical waste, usually in the form of products contaminated with blood or oral mucosal fluid. These would include used lancets (sharps); gauze pads; gloves; test devices; developer solution vials; specimen collection loops and used absorbent workspace covers. Utilizing external kit controls also generates biomedical waste as will rapid testing via oral fluid samples which may have unseen amounts of blood in the sample. Biomedical waste from oral fluid rapid testing includes test devices, collection loops and developer solutions vials. All biomedical waste should be disposed of in accordance with OSHA and/or Florida regulations.

The state of Florida requires providers that generate and transport biomedical waste to register with the Department of Health. All registered sites must pay the applicable fees unless:

- The provider generates less than 25 pounds of biomedical waste every 30 days
- The provider transports less than 25 pound of biomedical waste per trip

All sites that generate biomedical waste must have:

- A. A storage permit
- B. A closed location in a sanitary area
- C. A scale to measure the amount of waste generated
- D. Emergency equipment to manage the waste in the event of a spill
- E. An annual inspection of the mode of transport of the biomedical waste

Site inspections by the Department of Health will include:

1. Verification of a valid biomedical waste permit
2. Easy access to sharps containers (if applicable) and red biohazard bags
3. Storage
4. Waste pick-up and/or transport receipts dating up to three years
5. A review of the organizations Biomedical Waste protocol
6. Proper labeling of the sharp containers and red biohazard bags
7. Easily accessible spill kits

Part IV: Florida Department of Health Standards

Sites wishing to offer rapid HIV testing are still required to follow all applicable Florida rules and regulations pertaining to HIV testing. A listing of applicable statutes and rules pertaining to HIV testing can be found at [FL DOH HIV/AIDS Subject Index](#). Clients with a reactive rapid test result must be offered an approved confirmatory HIV test (blood draw or OraSure), which will be processed at a clinical laboratory. Clients can be linked to care for intake purposes before a confirmatory test result is received. When a client is confirmed positive, sites must ensure the client is provided with referrals and linked to care.

Providers offering rapid HIV testing must develop and adhere to a detailed Quality Assurance Plan. A copy of the Centers for Disease Control and Prevention (CDC) [“Quality Assurance Guidelines for Testing Using Rapid HIV Antibody Tests Waived Under the Clinical Laboratory Improvement Amendments of 1988”](#) can be found here. In addition to this tool, the HIV/AIDS and Hepatitis Program has developed a sample quality assurance manual and quality assurance logs designed specifically for approved rapid test sites.

Rapid testing, supported and paid for by the HIV/AIDS and Hepatitis program, must only be done confidentially. Any DOH-approved anonymous test site, including county health departments, wishing to conduct anonymous rapid testing is responsible for purchasing the test kits utilizing non-HIV/AIDS and Hepatitis Program funds.

All sites wishing to implement rapid HIV testing need to work with their local county health departments and the HIV/AIDS and Hepatitis Program to do so.



Appendix B

State of Florida Department of Health CONSENT FORM CONFIDENTIAL HUMAN IMMUNODEFICIENCY VIRUS (HIV) TEST

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. 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 2 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 2 weeks.

If you test positive, the local health department will contact you to help with counseling, treatment, case management and other services if you need them and want them. You will be asked about sex and/or needle sharing partners, and voluntary partner counseling and referral services (PCRS) 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 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	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.
Initial Here if Applicable	

	Preferred Physician or Facility and their Mailing Address

Appendix C

Jail Linkage Program Quarterly Reporting Form

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

HIV TESTING TOTALS – All tests reported by the JLP 08 site(s).

Inmates Tested	Negative	Positive	Total Tested this Quarter
Male			
Female			
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

Appendix C

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

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 HIV/AIDS and Hepatitis Section staff need to know:
- 4) Any special circumstances that prevented services this quarter?
- 5) Does your project have any specific needs (training, brochures, videos, etc)? Yes
 No If yes, please explain:
- 6) Please list any STD testing services being conducted:

Appendix D

Forms: DH Form 1628

 Client Rights and Responsibilities

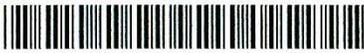
 DH 2116 Client Consent to Fax

 DH 3203 Authorization to Disclose Confidential
 Information

 Client Plan of Care and Outcomes - optional

 Progress Notes - optional

 Sample Flow Chart of Jail Linkage Process



0500105201

SITE ADDRESS

SITE NUMBER

LOCAL USE

LAB COPY PLEASE SEE BACK FOR INSTRUCTIONS

PRE-TEST COUNSEL DATE

Counselor ID

BLOOD ORAL DBS CD4/8 V. LOAD GENOTYPE GENOTYPE PLUS

RAPID TEST REACTIVE

Last Name First Name M.I.

Address

City State Zip Code

County Additional Locating Information

Phone 1 Social Security #

Phone 2 Medicaid #

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

Hispanic or Latino

- Not Hispanic or Latino
Don't Know
Refused

- American Indian/Alaskan Native
Native Hawaiian/Pacific Islander
Asian
White
Black/African American
Don't Know
Refused

- Male
Female
Transgender/M to F
Transgender/F to M
Transgender/Unspecified

- Male
Female
Refused

- Yes
No
Don't Know
Refused

- Yes
No
Don't Know
Refused

Testing History Questions

Previous HIV Test?

Result of Last HIV Test

- Yes
No
Don't Know
Refused

- Positive
Negative
Reactive Rapid Test
Indeterminate
Don't Know
Refused

Ever had a POSITIVE HIV test?

If YES, date of First Positive HIV test*

- Yes
No
Don't Know
Refused

Date field for first positive test

*Please record dates as mm/dd/yyyy

In what STATE was your FIRST positive test performed?

Ever had a NEGATIVE HIV test?

If YES, date of Last Negative HIV test*

- Yes
No
Don't Know
Refused

Date field for last negative test

*Please record dates as mm/dd/yyyy

Number of negative HIV tests within 24 months before first positive test

Have you ever taken any Antiretroviral or HIV medicine?

First day of ARV or HIV medication

- Yes
No
Don't Know
Refused

Date field for first day of medication

Last day of ARV or HIV medication

Date field for last day of medication

Risk Factors

Past 12 months

Ever

Male Female Transgender

Male Female Transgender

- Vaginal or Anal Sex with
Without using a condom
With an IDU
With an HIV + person

Has the client:

Past 12 months Ever

- had vaginal/anal sex with an MSM? (FEMALE only)
had oral sex?
had an anonymous partner?
had sex for drugs, money or other items?
had an STD diagnosis?
used injection drugs?
If YES, did they share injection equipment?

- No risk identified
Refused to discuss risk factors

In the past 12 months, how many different:

Sex partners? Needle-sharing partners?

RAPID TEST SITE USE ONLY

OraQuick Uni-Gold Clearview Other

Result Given? YES NO

Test Kit Lot Number

Test Kit Expiration Date

Reactive Mark RAPID TEST REACTIVE box at top of form

Finger Stick Venous Blood Draw Oral Fluid

Time Test Began Time Test Read

REFUSED CONFIRMATORY TEST

Non-Reactive If NR, mail form to Tallahassee, see reverse for instructions

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

Client's signature

_____/_____/_____
Date



CLIENT CONSENT TO FAX CONFIDENTIAL INFORMATION

Florida law requires that information contained in medical records be held in strict confidence and not be released without your written authorization. You must give specific written authorization to release certain types of sensitive medical information. The Florida Department of Health may fax confidential medical information to a provider or receive fax information that was requested from a provider with your permission. Faxing such information is voluntary. You will not be denied services based on a refusal to allow your confidential information to be faxed.

Steps will be taken to make sure your information arrives safely, but faxes can be misdirected.

I, _____, do hereby authorize: _____
(name of client/legal representative) (Agency or Individual in possession of the record)

Address (street, city, state) of agency/individual with record

to fax the following information: (initial by any or all that apply)

- _____ a. STD records _____ b. TB records _____ c. HIV/AIDS records
- _____ d. Drug/alcohol treatment records _____ e. Psychiatric/psychological information/records
- _____ f. Adult and child abuse information _____ g. Other (specify) _____

This information will be faxed to:

Provider Name (fax recipient) _____
 Contact Person _____
 Provider Phone Number _____
 Provider Fax Number _____

Signature of Client or Legal Representative

Date

Witness

Legal Representative's Relationship to the Client

USE THIS SPACE ONLY IF CLIENT WITHDRAWS CONSENT

Date Consent Revoked

Signature of Client or Legal Representative

Witness

Legal Representative's Relationship to Client

Client Name _____

ID Number _____

Date of Birth _____

DH 2116, 2/01

Stock Number: 5744-000-2116-1



AUTHORIZATION TO DISCLOSE CONFIDENTIAL INFORMATION

INFORMATION MAY BE DISCLOSED BY:

Person/Facility: _____ Phone #: _____

Address: _____ Fax #: _____

INFORMATION MAY BE DISCLOSED TO:

Person/Facility: _____ Phone #: _____

Address: _____ Fax #: _____

Other method of communication: _____

INFORMATION TO BE DISCLOSED: (Initial Selection)

- General Medical Record(s), including STD and TB
- Immunizations
- Diagnostic Test Reports (Specify Type of test(s)) _____
- Progress Notes
- Family Planning
- Prenatal Records
- History and Physical Results
- Consultations

Other: (specify) _____

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

- HIV test results for non-treatment purposes
- Psychiatric, Psychological or Psychotherapeutic notes
- Substance Abuse Service Provider Client Records
- 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 re disclosed 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.

REVOICATION: 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/Representative Signature Date

Printed Name Representative's Relationship to Client

Witness (optional) **Date**

Client Name: _____

ID#: _____

DOB: _____

CLIENT PLAN OF CARE AND OUTCOMES

Entry Date: _____ **Client Name:** _____

S.S. #: _____

Clients 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
- Other _____

LANGUAGE

- English
- Spanish
- Creole
- Italian
- Other _____

OTHER DATA

- Haitian
- Homeless
- Recently Incarcerated
- MSM
- Mental Health

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"/>	<input type="checkbox"/>
<input type="checkbox"/>	Referred - Housing Services	_____ <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Referred - Employment Services	_____ <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Referred - Vocational Services	_____ <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Referred - Social Security	_____ <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Referred - Medicaid/Medicare	_____ <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other _____	_____ <input type="checkbox"/>	<input type="checkbox"/>

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

Client Name

Jail Linkage Program
Sample may be adjusted for your County

