


LINKAGE TO CARE

Florida Health Department Miami-Dade County

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STD/HIV Prevention and Control Program



REGISTERED COUNSELORS



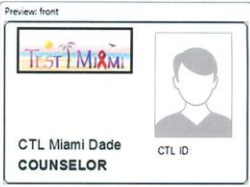
Counseling, Testing & Linkage

CTL ID PHOTO SCHEDULE

All HIV Certified Counselors in Miami-Dade will be required to wear a CTL ID during outreach events in 2016.

Call today to schedule your photo session appointment - **305-643-7420 Ext. 21325**


Preview front



CTL Miami Dade
COUNSELOR

CTL ID

Preview back



TESTMiami.org

CTL ID


CTL Update Label


CTL ID PHOTO SCHEDULE

MONDAYS 9AM-12PM

THURSDAYS 9AM-12PM

Photo Session Location: 2515 West Flagler St., Miami FL 33135
only on dates and times scheduled



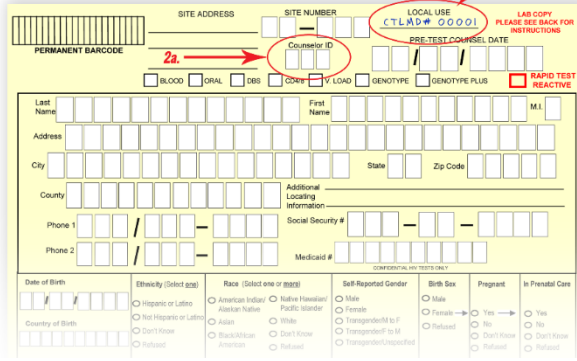


Counseling, Linkage & Testing

The purpose of the CTL IDs:
The purpose of the CTL ID is to identify the testing counselor on the 1628 form

How to use your NEW CTL ID number:

1. The CTL ID number is located under the counselor picture.
2. Your CTL ID number will be placed in the section named "Local Use" (1a.)
3. Your ID number should be listed as follows - CTLMID# 00001
4. Continue to use the "Counselor ID" section for agency internal use. (2a.)
5. Please make sure that your handwriting is legible.



REGISTERED C&T SITES

2014

- Total Tests: **94,755**
- First Time Testers: 22,803

Category	Total Tests	Pos	Pos %
Female	10,827	29	0.27%
Male	11,976	112	0.94%
MSM	1,694	68	4.12%

Total Positivity Rate: **1.51%**

Total LTC Rate: **67%**

2015

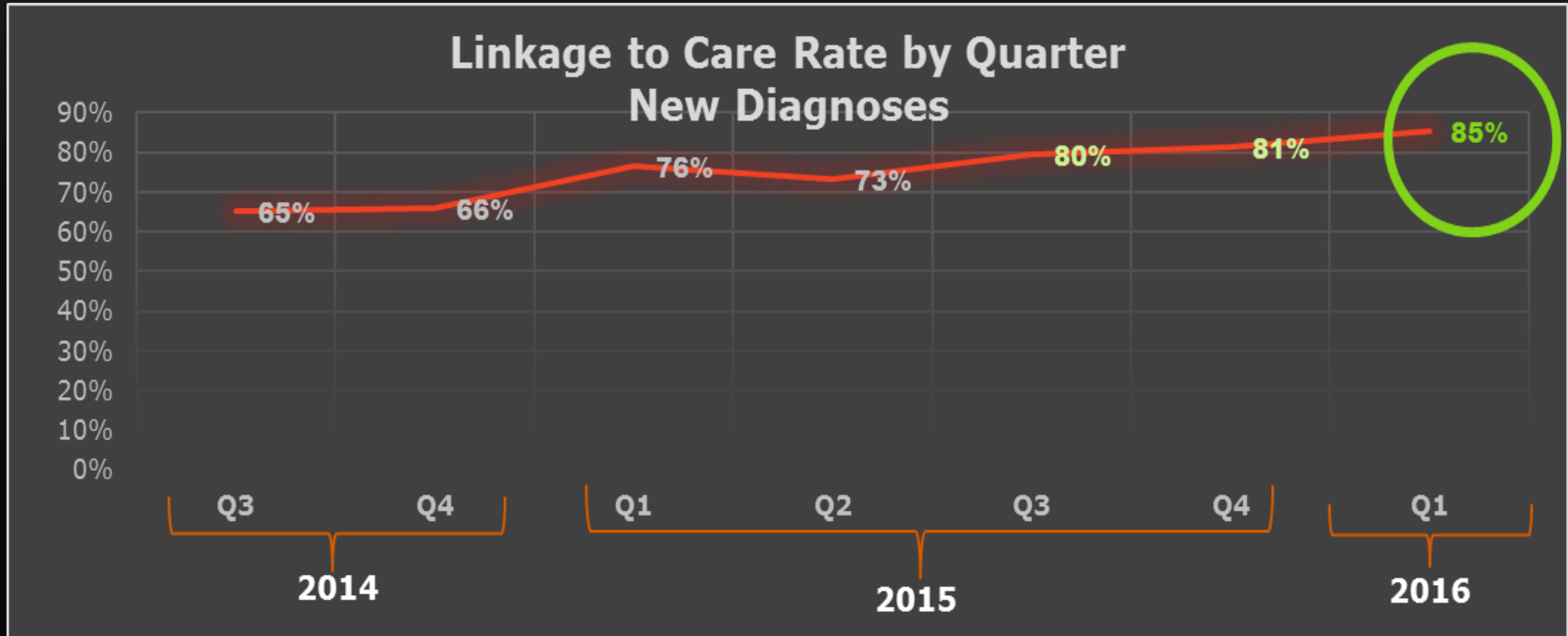
- Total Tests: **91,430**
- First Time Testers: 24,550

Category	Total Tests	Pos	Pos%
Female	11,197	19	0.17%
Male	13,343	113	0.85%
MSM	1,604	69	4.30%

Total Positivity Rate: **1.40%**

Total LTC Rate: **80%** 3rd qtr.

LINKAGE TO CARE



LINKAGE TO CARE PROCESS

MATRIX

REFERRAL/CONSENT FOR OUTREACH LINKAGE TO CARE FORM

(HANDOUTS)

In Partnership with Miami Dade County Ryan White Program Part A /MAI



Changes to Facilitate Linkage

- ❖ No need to wait for a confirmatory test to have client sign the consent and begin linkage process and or receive medical care
- ❖ A newly diagnosed potential client can see a case manager and/or peer counselor and outpatient medical provider before completing a formal intake for up to three visits within a 30 day period

LINKAGE TO CARE PROCESS

1. HIV Counselor/C&T Coordinator calls Ryan White Outreach Worker to pick up white copy of the signed linkage consent form. (C&T coordinator uses the matrix)
2. Ryan White Program Outreach Worker picks up the white copy of the signed consent form (within 24 hours of notification)
3. Ryan White Program Outreach Worker contacts/attempts to contact client (within 48 hours)
4. Ryan White Program Outreach Worker notifies C&T site of linkage or non linkage.

Referral/Consent for Outreach Linkage to Care Form

REFERRAL FROM: _____ ATTACH BARCODE: _____

Counselor Name: _____

Counseling and Testing Site: _____

Counseling and Testing Site Address: _____

Phone: _____ - _____ Fax: _____ - _____

Post test counseling date: ____ / ____ / ____

____ Client refused linkage to care

Reason for Refusal: _____



Referral/Consent for Outreach Linkage to Care Form

REFERRAL FOR SERVICES AT: _____

Outreach Agency Name: _____

Outreach Worker Name: _____

Phone: _____ - _____ Cell Phone: _____ - _____

Referral Instructions:

Referral/Consent for Outreach Linkage to Care Form

CLIENT INFORMATION:

Name: _____ DOB: ____ / ____ / ____

Risk Factor: _____ (Heterosexual contact with male or female, MSM,
IDU, MSM and IDU)

Address: _____

Home Phone: _____ - _____

Cell Phone: _____ - _____

Preferred Method of Contact: _____

Referral/Consent for Outreach Linkage to Care Form

I, _____, agree a Ryan White Program outreach worker and/or a Florida Department of Health linkage worker may contact me to help me get medical care and medical case management. I understand my rights under Florida's Omnibus AIDS Act. I understand my HIV test result is super confidential and may not be shared unless I give my permission in writing. I understand that I agree to be contacted up to 6 months from the date that I sign this form. I understand that I may also change my mind and cancel this consent in writing at any time.

I agree the agencies listed above (under "Referral From" and "Referral For")_may share my HIV test result with each other to help me get Ryan White Program medical care and medical case management. I agree they may also share: my complete name, date of birth, sex, race and ethnicity, HIV risk, case management agency, and case manager name. The Florida Department of Health, Behavioral Science Research Corporation (BSR), and Miami-Dade County/Ryan White Program may also review information on this form for coordination purposes. I understand my HIV test and medical records will not be shared with anyone else unless I give my permission in writing.

Referral/Consent for Outreach Linkage to Care Form

This form was discussed with the client in

(check one): English ____ Spanish ____ Creole ____

Client Signature _____ Date ____/____/____

Counselor Signature _____ Date ____/____/____

=====

I want to cancel the consent above dated ____/____/____

Client Signature _____ Date ____/____/____

Referral/Consent for Outreach Linkage to Care Form

Miami-Dade County OMB-GC/Ryan White Program

Rev. 07/10/2014

White – Outreach

Yellow – File Copy

Pink - Client

LINKAGE TO CARE AT JAIL



Turner Guilford Knight Correctional Center
7000 NW 41st Street, Miami, Florida 33166



Pre-Trial Detention Center
1321 NW 13th Street Miami, Florida 33125



Metro West Detention Center
13850 NW 41st Street, Miami, Florida 33178

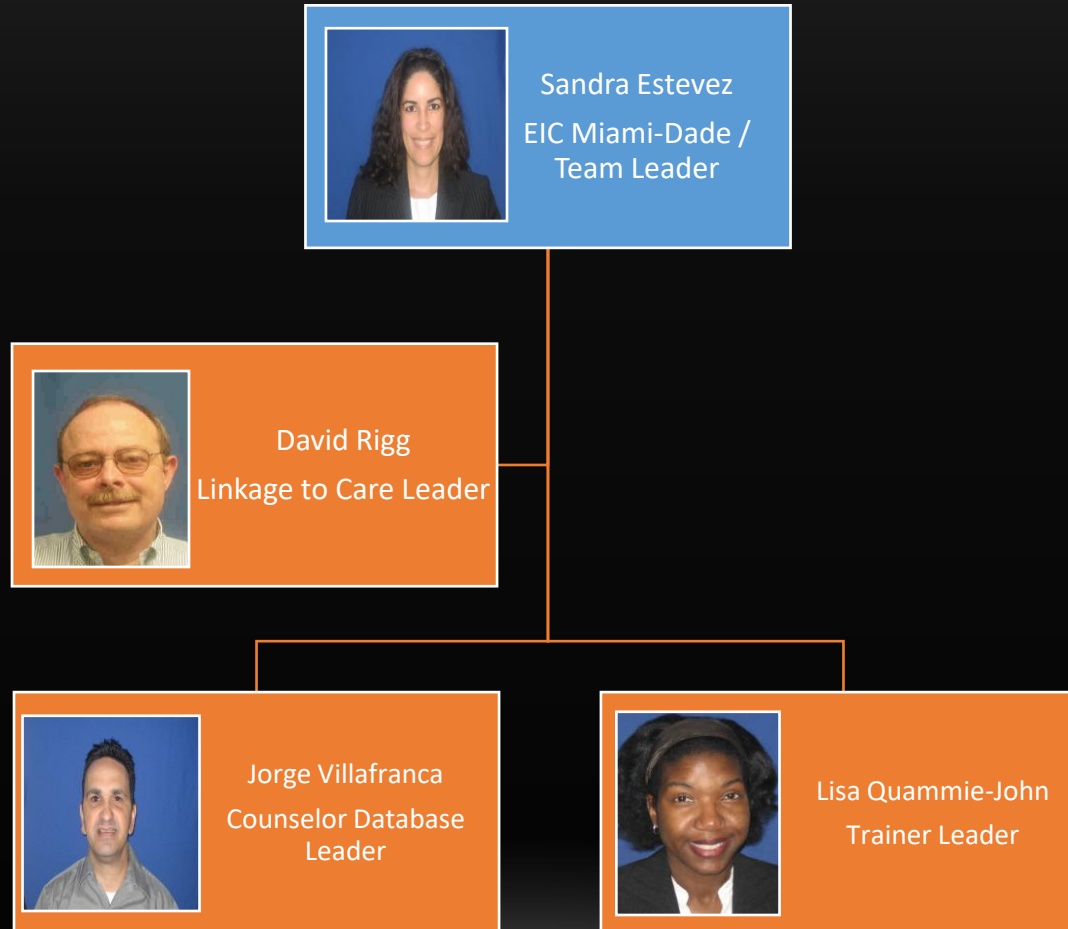
LINKAGE TO CARE AT JAIL



1. Jail Medical Services by Jackson Health System
2. HIV Testing and LTC form by SFAN
3. LTC form once a month since June 2016

DOH Linkage to Care
Specialist, Jackson
Infection Control
Specialist and Jackson
MD, HIV Specialist

CTL MIAMI-DADE



Thank You!

Some Useful Links:

CDC HIV/AIDS Surveillance Reports
(State and Metro Data):

<http://www.cdc.gov/hiv/stats/hasrlink.htm>

Partnership 11a Dept. of Health, HIV/AIDS Section Website (Slide sets, Facts Sheets, Monthly Surveillance Report, Counseling & Testing Data, etc.):

<http://www.floridahealth.gov/diseases-and-conditions/aids/su>

