

## **HEALTH DEPARTMENT TUBERCULOSIS CORRECTIONAL LIAISON DUTY STATEMENT**

Communication, cooperation, and coordination are key elements in the continuity of care of individuals who are tuberculosis (TB) suspects or cases and who are residents in correctional facilities [e.g., jails, state prisons, Immigration and Customs Enforcement (ICE) processing centers and contract facilities, juvenile detention facilities, California Youth Authority centers, and work camps]. When TB suspects and cases are in, or have recently resided in, correctional facilities, TB control activities take on an increased urgency due to frequent inmate movement, multiple providers, high risk facilities with high risk populations, and the difficulty of tracking individuals as they transition through the correctional facilities and the community. The accurate and timely flow of information among providers is important to maintain the highest level of patient care. Continuity of care is vital to completion of therapy and to the protection of inmates, correctional facility staff and the community from exposure to communicable disease.

Each local health jurisdiction should designate a specific person as the TB Correctional Liaison. Correctional Liaisons are responsible for the coordination of TB control efforts between the local health department and all the correctional facilities within their jurisdictions. Responsibilities of the liaison include developing and strengthening existing communication and interfaces between correctional facilities, ICE, and local health departments. The scope of work for the liaison is based on legal requirements and the recommendations of the CDPH CTCA Joint Guidelines, CDC guidelines, and other widely accepted standards. The correctional liaison works with correctional facility staff to assure that they are familiar with appropriate guidelines. Implementation issues should be addressed locally. When problems cannot be resolved at the local level, the local health department will bring issues to the CDPH.

Following are typical duties of TB Correctional Liaisons. The percentage of time dedicated to and the priority of each activity will vary by jurisdiction, by the number and type of facilities in the jurisdiction, by availability of staff, and by existing interface activities already occurring.

### **Communication/Interface**

Effective interface starts with communication between involved parties. Rapport is developed through positive interactions. The correctional liaison should initiate interactions with correctional facility staff at each facility within their jurisdiction.

- Develop ongoing communication mechanisms between correctional facility and health department staff. The liaison identifies key individuals and initiates contact with them. Ongoing communication can be maintained through phone contact, frequent visits, and scheduled meetings. An annual onsite meeting at each facility within the local health jurisdiction is recommended.

- Develop mechanisms for communication and collaboration with parole, probation, custody, and staff from other agencies.
- Facilitate the education of correctional and health department staff regarding legal requirements and guidelines that pertain to TB control issues that involve correctional facilities. This fosters an understanding of each other's responsibilities and constraints.
- If held, attend and/or facilitate Health Department-Correctional Facility Regional Groups.

### **Surveillance**

Surveillance is an important element in overall TB control activities, and is a method to assure that TB suspects and cases are identified and reported in a timely and accurate manner.

- Assure that correctional facilities staff have policies and procedures for inmate TB screening and symptom review.
- Provide assistance to correctional facility staff who conduct active surveillance to enhance case finding (contingent upon appropriate approval and available resources). This could involve assisting in the collection of medical information from patient medical records (inmates or staff), patient interviews, pharmacy records, or laboratory information.
- Facilitate communication between correctional facility, local jurisdiction laboratories, private laboratories, and the local jurisdiction TB Control Program to promote surveillance activities and adherence to laboratory reporting regulations (Title 17 CCR, Section 2505).

### **Reporting**

Reporting of TB suspects and cases is required by law. Timely reporting enables health departments to mobilize resources to assist the correctional facility in case management and contact investigation.

- Provide information to correctional facility staff regarding the legal requirements for complete and timely reporting of TB suspects and cases (Title 17 California Code of Regulations [CCR], Section 2500).
- Provide education for correctional facility staff regarding the definition of a TB suspect and case (CDPH CTCA Reporting of TB Suspect and Active Cases).
- Assure that patient information needed to complete the Report of Verified Case of Tuberculosis (RVCT), follow-up reports, and TB Program Management Reports is obtained from the correctional facility.
- Assist the correctional facility in tracking inmate TB suspects and cases. This system should monitor patients while they are in the correctional facility, provide periodic updates to the local health department, and provide transfer information when inmates move.

## **Case Management**

The goals of case management of TB suspects and cases are to:

- 1) Identify and treat suspected and confirmed cases of active TB
- 2) Render the patient non-infectious
- 3) Reduce disease transmission through prompt contact follow-up
- 4) Ensure completion of adequate therapy and prevent the development of drug resistance, and
- 5) Identify other urgent health and psychological needs

Ideally, correctional facilities should have an identified case manager to monitor the inmate while incarcerated. All TB suspects and cases should have an assigned local health department case manager who will monitor suspects and cases while they are in the facility and when they move out of the facility; if this is not the correctional liaison, the case manager should work closely with the correctional liaison in performing this function.

- Coordinate with the correctional facility case manager on case management issues.
- Review and monitor the evaluation and treatment of TB suspects and cases.
- Facilitate coordination with other providers (e.g., contract hospitals, other local health departments, other correctional facilities), especially on the flow of information regarding treatment and discharge.

## **Continuity of Care**

Continuity of care assures completion of therapy for TB suspects and cases. Inmates move frequently among correctional facilities and between correctional facilities and the community, thus increasing the importance of tracking to assure that there are no interruptions in therapy. The correctional liaison is a vital link in the continuity of care.

- Promote the timely notification to the local health department when a TB3 or TB5 inmate transfers, paroles, or is released to the community (H&SC 121361 & 121362).
- Assist with notification to the receiving local health departments when inmates are transferred, paroled, or released using Correctional Facility Tuberculosis Patient Plan and the Inter-jurisdictional Notification form.
- Follow up with the receiving local health jurisdiction to determine whether the paroled or released inmate has been located and has continued treatment. If not located, provide additional locating information or assist in coordinating assistance through the Program Liaison, CDPH Tuberculosis Control Branch, Program Development Section,
- Utilize existing resources, including local and State Communicable Disease Investigators, parole, probation, custody, Division of Immigration Health Services (DIHS), Cure TB, TB Net, TBCB's Patient Locating Service and other agencies that assist inmates to facilitate appropriate follow-up when they move or are lost before completing treatment.

- Improve continuity of care for TB patients that are in ICE custody by implementing the steps described in the CDPH TBCB “Assuring Continuity of Care for California TB Patients in the Custody of U.S. Immigrations and Customs Enforcement (ICE) Slated for Possible Detention” document.
- Utilize the legal system (e.g., health holds) to facilitate discharge planning and community follow-up

### **Contact Investigation**

Effective and timely contact investigation is needed to terminate transmission, identify additional cases and ensure proper treatment, and prevent the development of disease among contacts. The correctional liaison should acknowledge the contact investigation policies of the individual correctional facility when making recommendations, and:

- Provide consultation to the correctional facility staff in contact investigations. This could include determining the period of infectiousness for the index case, helping to narrow the contact investigation (CI) by analyzing the risk status of the contacts, including amount of exposure and health status, interviewing the case or suspect, interviewing contacts, assisting with testing or reading of tuberculin skin tests (TST) and providing education and information to correctional facility staff and/or inmates. Review final contact investigation results for completeness.
- Educate correctional facility staff on how to notify the host local health department of all out-of-facility contacts.
- Assure that out-of-facility contacts (employees, visitors, volunteers, and inmates) who reside in the local county are appropriately referred and evaluated.
- Refer out-of-facility contacts (employees, visitors, volunteers, and inmates) who have moved to, or reside in, other jurisdictions to the appropriate local health department for evaluation.

### **Education and Training**

The correctional liaison, through observation, assessment, and communication can determine potential educational needs of correctional facility staff. The liaison should discuss educational needs with appropriate correctional staff and either provide training, coordinate training, or provide information about resources for training for staff and inmates as appropriate. Follow-up after each training is helpful to determine if any further education is needed. Assessment of educational needs is an ongoing process that is specific to the correctional facility.

### **Other**

- Provide consultation and technical assistance to the correctional facility as needed.
- Assist correctional facilities in outbreak situations.