



HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ

HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE
SANTA CRUZ, CA 95061
(408) 454-4066 FAX: (408) 454-4770
TDD: (408) 454-4123

November 16, 1999

AGENDA: December 7, 1999

BOARD OF SUPERVISORS

Santa Cruz County
701 Ocean Street
Santa Cruz, CA 95061

RE: APPROVAL OF INTER-REGION COOPERATIVE AGREEMENT FOR REFERRAL OF
TUBERCULOSIS PATIENTS

Dear Board Members:

The Health Services Agency is requesting approval of the attached agreement with Los Angeles County providing for referrals of tuberculosis patients (who are under legal orders of detention) to the High Desert Hospital/Antelope Valley Rehabilitation Centers. The purpose of the agreement is to make available an alternative to a criminal detention setting where non-adherent TB patients under civil detention can complete an appropriate treatment program.

Los Angeles County was awarded State Department of Health Services grant funds to establish a Tuberculosis Detention Program for tuberculosis patient referrals from various County health jurisdictions in the state. The referrals are made under authority of the Health and Safety Code (Section 121365). Referred patients must be at least eighteen years of age and meet the minimum detention requirements described in the California Tuberculosis Controller Association Guidelines. These Guidelines are incorporated as an attachment to the Los Angeles **County** agreement.

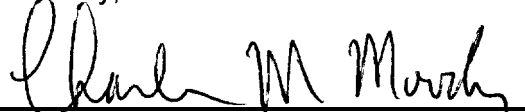
The State pays Los Angeles County a daily rate of \$285 for each patient who is referred at the acute, skilled nursing, or lower levels of care. If the patient requires more intensive treatment or care, the referring jurisdiction agrees to pay an additional minimum charge of \$995 per day. Most referrals will be cared for at the lower rate of reimbursement. If more intensive care is required, it would be expected to be for a brief period. TB cases involving civil detention are rare in Santa Cruz County, but can be costly if local detention or secured hospital facilities are used. The attached agreement provides an appropriate, readily accessible, and less expensive alternative to these facilities.

It is therefore RECOMMENDED that your Board:

0162

1. Approve the attached agreement with Los Angeles County concerning referrals of tuberculosis patients who are under legal detention orders to the High Desert Hospital/Antelope Valley Rehabilitation Centers, and authorize the Health Services Agency Administrator to sign the agreement.

Sincerely,


Charles M. Moody, HSA Administrator

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

cc: County Administrative Office
Auditor-Controller
County Counsel
HSA Administration

BOARD OF SUPERVISORS

Gloria Molina
First District

Yvonne Brathwaite Burke
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovkh
Fifth District

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MARK FINUCANE, **Director**

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroe, Los Angeles, CA 90012

(213) 240-8101

September 20, 1999

Santa Cruz County
P.O. Box 962
Santa Cruz, CA 95060

Dear Health Officer:

SUBJECT: INTER-REGION COOPERATIVE AGREEMENT BETWEEN COUNTY OF LOS ANGELES AND OTHER CALIFORNIA HEALTH JURISDICTIONS

On August 17, 1999 the Los Angeles County **Board** of Supervisors adopted an Inter-Region Cooperative Agreement between Los Angeles County and other California Health Jurisdictions for the implementation of a tuberculosis (TB) patient referral program for persons under legal orders of detention. Patient referrals will be accepted from other California health jurisdictions at High Desert Hospital (HDH) /Antelope Valley Rehabilitation Centers (AVRC) through June 30, 2001.

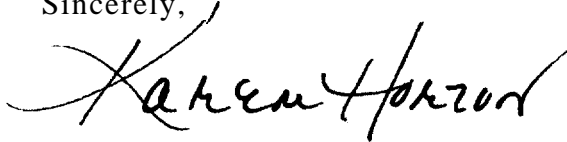
Enclosed are 3 copies of the Inter-Region Cooperative Agreement. Please obtain an authorized signature and a seal (if applicable) on two copies of the Agreement and retain the third copy for your interim files. Upon receipt of obtaining all appropriate signatures, a fully executed copy will be forwarded to your County as soon as possible. A fully executed Agreement must be received by Los Angeles County before service referrals are accepted, therefore, a prompt reply is appreciated. Please return your signed Agreement as follows:

Los Angeles County - Department of Health Services
Contracts and Grants Division
3 13 North Figueroa Street - 6th Floor East
Los Angeles, California 900 12
Attention: Karen Horton, Contract Administrator

Health Officer
September 20, 1999
Page 2

If you have any questions or need additional information regarding contractual issues please contact me at (2 13) 240-7826. Programmatic concerns may be addressed to Leslie Barnett, Coordinator, TB Detention Project, at (2 13) 744-6178.

Sincerely,

A handwritten signature in black ink that reads "Karen Horton". The signature is written in a cursive, flowing style.

Karen Horton
Contract Administrator

KH:kh

Enclosure

c: Paul Davidson, M.D.
Mel Grussing
Brad Allen
Leslie Barnett
TB Controller (w/o enclosure)
TB Program Manager (w/o enclosure)

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

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TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: HEALTH SERVICES AGENCY (Dept.)

Chad M. Morby (Signature) 11/22/99 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

COUNTY OF SANTA CRUZ (Health Services Agency) (Agency)

1. Said agreement is between the COUNTY OF LOS ANGELES, DEPARTMENT OF HEALTH SERVICES (Agency)
and 313 N. Figueroa, Los Angeles, CA 90012 (Name & Address)

2. The agreement will provide for implementation of a tuberculosis patient referral program for persons under legal orders of detention.

to provide for the above referrals for Santa Cruz County patients.

3. The agreement is needed. _____

4. Period of the agreement is from date of execution to June 30, 2001

5. Anticipated cost is \$ daily rates per contract terms (Fixed amount; Monthly rate; Not to exceed)

6. Remarks: Funds will be encumbered as needed, on a case by case basis.

7. Appropriations are budgeted in 362622 (Index#) 3665 (Subject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriation are available and have been encumbered. t N o C091987 Date 11/22/99
are not will be

GARY A. KNUTSON, Auditor - Controller
By Ronald J. Silva Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the HSA Administrator to execute the same on behalf of the County of Santa Cruz
Health Services Agency (Agency). County Administrative Officer

Remarks: ES (Analyst) By Ed Silva Date 11/24/99

Agreement approved as to form. Date _____

Distribution:
Bd. of Supv. • White
Auditor-Controller • Blue
County Counsel • Green *
Co. Admin. Officer • Canary
Auditor-Controller - Pink
Originating Dept. - Goldenrod

*To Orig. Dept. if rejected.

State of California)
County of Santa Cruz) ss
I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
State of California, do hereby certify that the foregoing request for approval of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered
in the minutes of said Board on _____ County Administrative Officer
_____ 19 _____ By _____ Deputy Clerk

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INTER REGION COOPERATIVE AGREEMENT

This Agreement is made and entered into this _____ day of _____, 1999,

by and between the COUNTY OF LOS ANGELES (hereafter, "County"),

and other SANTA CRUZ COUNTY HEALTH JURISDICTION (hereafter, JURISDICTION").

WHEREAS, County has been awarded grant funds from the California Department of Health Services Tuberculosis Control Branch (CDHS) the objective of which is for County to establish a Regional Tuberculosis Detention Program (hereafter, "Program") in Los Angeles County for tuberculosis (TB) patient referrals from State of County Health Jurisdictions who are under lawful detention orders pursuant to Health and Safety Code S121365; and

WHEREAS, it is the intent of County to establish such Program at High Desert Hospital and Antelope Valley Rehabilitation Center (hereafter, "County HDH/AVRC"); and

WHEREAS, it is in the best interest of the public to develop a less restrictive regional alternative to a criminal detention setting which enables non-adherent TB patients under civil detention to be placed in a Regional Detention Facility (hereafter, "Facility") to complete an appropriate treatment program which will allow the individual to return to the community; and

NOW, THEREFORE, the parties hereto agree as follows:

1. ADMINISTRATION: The Director of County's Department of Health Services or his duly authorized designee (hereafter, "Director") shall have the authority to administer this Agreement on behalf of County. Jurisdiction shall designate in writing a person who shall have the authority to administer this Agreement on behalf of Jurisdiction.
2. TERM AND TERMINATION: This Agreement becomes effective upon the date of execution by parties and shall continue in effect through June 30, 2001. This Agreement may be canceled or terminated at any time with or without cause by either party upon the giving of at least thirty (30) days written notice to the other party.
3. BILLING AND PAYMENT:
 - County agrees to accept CDHS reimbursement at the rate of \$285 (Two-Hundred Eighty-Five Dollars) per day on billing forms provided by County as payment in full for tuberculosis detention services for a patient who is detained at County HDH/AVRC at the acute, skilled nursing or lower levels of care.
 - If patient requires acute care initially or at any time during the detention period, Jurisdiction agrees to pay an additional minimum charge of \$995.00 (Nine Hundred Ninety-Five Dollars) per day plus all medically necessary costs of care. County agrees to notify jurisdiction

within two working days of the change of patient to acute care status.

- If the order of detention is lifted or expires while the patient is actively participating in the AVRC program, and patient and jurisdiction both desire patient to complete and/or remain involved in the AVRC program, patient may remain on a voluntary basis and Jurisdiction agrees to pay County at a rate of \$75 (Seventy-Five Dollars) per day for each day patient remains at AVRC.
- Jurisdiction understands that CDHS will only reimburse County at the rate of \$285 per day for each day that patient is detained under a lawful order of detention. Jurisdiction therefore agrees that it will remove patient from County HDH/AVRC immediately upon the expiration or termination of the order of detention. Jurisdiction further agrees that it is responsible for and will reimburse County at the rate of \$285 a day plus any additional acute care costs for each day patient remains at County HDH/AVRC after the day the order of detention is terminated or expires. Furthermore, Jurisdiction understands and agrees that it is responsible for all costs associated with transportation to and from County HDH/AVRC.
- County will refer patients requiring medical services that are not available at County HDH/AVRC to an

appropriate medical facility. All costs of services will be the responsibility of Jurisdiction. When possible, County shall consult with Jurisdiction prior to referral.

4. INDEMNIFICATION:

- A. Jurisdiction agrees to indemnify, defend, and hold harmless County, and County's Special Districts, elected and appointed officers, employees, and agents from and against any and all liability and expense, including defense costs and legal fees, arising from or connected with Jurisdiction's acts and omissions hereunder.
- B. County agrees to indemnify, defend, and hold harmless Jurisdiction, and Jurisdiction's Special Districts, elected and appointed officers, employees, and agents from and against any and all liability and expense, including defense costs and legal fees, arising from or connected with County's acts and omissions hereunder.

5. PATIENT ADMISSION/DISCHARGE CRITERIA:

- All patients entering into the program must be at least eighteen years of age and be under a lawful order of detention for tuberculosis pursuant to Health and Safety Code S121365 and meet the minimum detention requirements in accordance with CDHS, California Tuberculosis Controller Association Guidelines (CTCA) for the detention of non-adherent TB patients as described in

Exhibit A, attached hereto and incorporated herein by reference.

- County retains the right to review all information available regarding the patient prior to patient admission and make final determination as to the admissibility of any patient in accordance with criteria set by County. Criteria will include, but not be limited to, a copy of the order authorizing civil detention, patient's advisement of rights and waiver of right to a hearing, if applicable, pertinent medical records and documentation of CDHS approval for reimbursement as described in Exhibit B, "Request for Reimbursement for Civil Detention of a Persistently Nonadherent Tuberculosis Patient" attached hereto and incorporated herein by reference. Further, County's final determination as to the admission of any patient is subject to bed availability, and subject to the County's responsibility to provide care first to County responsible patients.
- Patients who have violent, assaultive, destructive and/or other behavior or conditions which are not manageable by County HDH/AVRC, will be excluded from the Program. If Director determines such behavior presents following admission to the Program, or if Director determines that bed availability is needed for a County responsible

patient, then Jurisdiction, upon Director's request, agrees to immediately remove patient from Program.

Director retains the sole discretion to determine who may be admitted to and who shall be removed from County HDH/AVRC. All costs incurred as a result and as determined by County shall be the responsibility of Jurisdiction.

- County shall ensure that patients have access to all available services at both HDH and AVRC. These services may include, but are not limited to, the following:
 - a. Directly observed therapy and medical management of tuberculosis;
 - b. Access to recreation facilities;
 - c. Visiting privileges;
 - d. Cultural and linguistic support services.

The following services are available only at AVRC:

- a. Substance abuse counseling;
 - b. Literacy programs;
 - c. Vocational programs.
- Jurisdiction agrees that it is solely responsible for case management, discharge planning, seeking renewal of detention orders and transportation to and from court hearings.

6. ALTERATION OF TERMS: No addition to, or alteration of, the terms of the body of this Agreement, whether by written or oral understanding of the parties, their officers, employees, or agents, shall be valid and effective unless made in the form of a written amendment which is formally adopted and executed by the parties in the same manner as this Agreement.
7. CONFLICT OF TERMS: To the extent that there exists any conflict between the language of this Agreement and the Exhibits attached hereto, the former shall govern and prevail.
8. COUNTY'S OBLIGATION FOR FUTURE FISCAL YEARS: Notwithstanding any other provision of this Agreement, County shall not be obligated for Contractor's performance hereunder or by any provision of this Agreement during any of County's future fiscal years unless and until County's Board of Supervisors appropriates funds for this Agreement in County's Budget for each such future fiscal year. In the event that funds are not appropriated for this Agreement, then this Agreement shall terminate as of June 30 of the last County fiscal year for which funds were appropriated. County shall notify Contractor in writing of such non-allocation of funds at the earliest possible date.
9. NOTICES: Any and all notices required, permitted, or desired to be given hereunder by one party to the other shall be in writing and shall be delivered to the other party personally

or by United States mail, certified or registered, postage prepaid, return receipt requested to the parties at the following address and to the attention of the person named. Director shall have the authority to issue all notices which are required or permitted by County hereunder. Addresses and persons to be notified may be changed by the parties by giving ten days prior written notice thereof to the parties.

A. Notices to County shall be addressed as follows:

- (1) Department of Health Services
High Desert Hospital
44900 North 60th Street West
Lancaster, CA 93536
Attention: Mel Grussing
Administrator
- (2) Los Angeles County Tuberculosis Control Program
2615 South Grand Ave., Room 507
Los Angeles, CA 90007
Attention: Leslie Barnett, Coordinator
Tuberculosis Detention Project
- (3) Department of Health Services
Contracts and Grants Division
313 North Figueroa Street Sixth Floor-East
Los Angeles, CA 90012
Attention: Division Chief

B. Notices to Jurisdiction shall be addressed as follows:

Santa Cruz County
Health Jurisdiction
P.O. Box 962
Santa Cruz, CA 95060
Attention: Health Jurisdiction

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this Agreement to be described in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

BY _____
Mark Finucane
Director of Health Services

SANTA CRUZ COUNTY
Jurisdiction

By _____
Signature

Title _____
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM BY THE
OFFICE OF COUNTY COUNSEL
LLOYD W. PELLMAN
County Counsel

APPROVED AS TO CONTRACT
ADMINISTRATION:

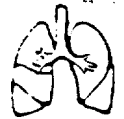
BY _____
Chief, Contracts and Grants
Division

AGREEAIZ6.KH
wbc: 9/22/99



0176

CDHS/CTCA JOINT GUIDELINES
Guidelines for the Civil Detention of Persistently
Non-Adherent Tuberculosis Patients in California



The following guidelines have been developed by the California Department of Health Services, Tuberculosis Control Branch in **consultation** with the Executive Committee of the California Tuberculosis Controllers Association. These guidelines are official State Recommendations and have been endorsed by the California Tuberculosis Controllers Association.

These are guidelines for the civil detention of non-adherent tuberculosis (TB) patients in California; however, they are also applicable to the criminal detention process.

Purpose of Detention

Persistently non-adherent patients are those patients who cannot or will not take prescribed drugs over the entire period of time needed to ensure cure. Patients who do not adhere to an appropriate TB treatment regimen pose a public health risk. If they fail to complete their course of treatment, they may become infectious and transmit their infection to others. They may also develop drug resistant TB which is difficult, and sometimes impossible to treat. The goal of detention, therefore, is to ensure the completion of treatment.

This document is intended to guide local health jurisdictions in making plans for the detention of persistently non-adherent TB patients and/or patients who otherwise present a risk to the health of the public. Civil detention is preferable to criminal detention, but criminal prosecution and incarceration may still be needed in some cases.

These guidelines refer primarily to the detention of non-infectious TB patients for the purpose of completing an adequate course of therapy. However, detention may be necessary for certain patients for the period during which they are infectious. Respiratory isolation may not be possible in all long-term detention sites. Therefore detention in facilities other than long-term detention sites may be necessary when appropriate respiratory isolation facilities are not available at the long-term detention site.

Before detention is implemented, reasonable attempts should be made to address concomitant problems such as mental illness, homelessness, and substance abuse that may be contributing factors to non-adherence. If all appropriate and available less restrictive alternatives have been attempted and failed, or if the public safety is put at risk by delayed action, detention is appropriate. These concomitant problems, however, will continue to need attention during the period of detention. Consideration should be given to placing patients in detention sites equipped to deal with their major problems (e.g., mental illness and substance abuse) as well as provide treatment for TB if such facilities are otherwise appropriate.

Detention is a very costly intervention and should not be used when less costly interventions have not been attempted. While all local health jurisdictions should make certain less restrictive alternatives (e.g., incentives, enablers, directly observed therapy) available, the availability of resources for providing other less restrictive alternatives (e.g., social work interventions, psychiatric evaluation and treatment, drug and alcohol rehabilitation) will vary from health jurisdiction to health jurisdiction. It is important however, to give consideration to all available alternatives.

While detention is inherently restrictive, the goal should be to ensure the completion of TB treatment and the protection of the public health, not the punishment of the patient.

- All patients may not need the same level of security, and detention may not be needed for the entire period of treatment. Appropriate detention options should be considered.
- There should be procedural safeguards against unnecessary infringement on the rights of patients whose liberty has been restricted as provided by State law.

Guiding Principles and Legal Requirements

- I. The following guiding principles in the detention of persistently non-adherent TB patients are designed to protect the rights of the individual, but are also balanced with the legal, ethical, and moral responsibilities of public health officials to protect the public from TB.
 - A. Public health officials should make every reasonable attempt to assure that TB patients complete a prescribed course of therapy.
 - B. The decision to detain should be based on a comprehensive and individualized assessment of the patient, including:
 - I. His or her medical condition
 2. Course of treatment
 3. Risk of transmission if therapy is not completed
 4. Barriers which prevent him or her from completing therapy
 - C. The conditions of civil detention should be as therapeutic as possible.
 - D. Detention sites, whether they be regional or local, should address the following needs of the patient:
 1. Physical
 2. Emotional
 3. Social
 4. Medical

II. In addition to the principles stated above, the following laws should guide ~~detention~~ ¹⁷⁸.

A. **Health and Safety Code (H&SC) Section 121367** requires that orders for detention include:

1. **An individualized assessment of the person's circumstances or behavior constituting the basis for the issuance of the order and the less restrictive alternatives that were attempted and were unsuccessful; OR**
2. **The less restrictive alternatives which were considered and rejected, and the reasons the alternatives were rejected.**

B. **H&SC Section 121366** requires that:

1. **If a detained person has requested it, "the local health officer shall make an application for a court order authorizing continued detention within 72 hours after the request."**
2. **"In no event, shall any person be detained for more than 60 days without a court order authorizing the detention."**
3. **"The local health officer . . . seek further court review of the detention within 90 days of the initial court order authorizing detention and thereafter within 90 days of each subsequent court review."**

C. **Patients may be detained only until they complete treatment (H&SC § 121368.c) but may not be forced to take medications (H&SC § 121365.b). They should not be subjected to surgery without informed consent.**

Comprehensive Patient Assessments

A comprehensive assessment of each patient's circumstances should include:

- I. The patient's understanding (or lack thereof) of TB and why adherence to therapy is important
- II. History of non-adherence to treatment
- III. Attitudes toward adherence to treatment
- IV. Mental health and psycho-social history, cognitive status
- V. Medical history, including:
 - A. The risk to the patient and the community if treatment is not completed as recommended in the CDHS/CTCA, "Guidelines for the Treatment of Tuberculosis and Tuberculosis Infection for California," (4/11/97) (1); and
 - B. The concomitant conditions which may influence response and adherence to treatment.
- VI. Drug or alcohol dependence

- VII. Living conditions (e.g., number of members in the household, availability of food, etc.)
- VIII. Homelessness or lack of stable housing
- IX. Socio-cultural considerations (ethnicity, customs, etc.)
- X. Language

Detention Facility Services

- I. Detention sites, whether they be regional or local, working in cooperation with the health officer of the jurisdiction which ordered the detention, should provide the following services:
 - A. Directly Observed Therapy (DOT)
 - B. Case management
 - C. Discharge planning in cooperation with health officials in the jurisdiction to which the patient will be released -
 - D. Twenty-four hour security
 - E. Recreation facilities
 - F. Mental health counseling
 - G. Substance abuse counseling
 - H. Access to spiritual counseling
 - I. Reasonable accommodation of the patient's socio-cultural needs
 - J. Visiting privileges
 - I;. Reasonable accommodation of persons with disabilities
 - L. Services in the patient's native language
- II. In addition, the detention facility should
 - A. Be properly licensed to provide these services
 - B. Have the ability to bill third parties (if appropriate)

Criteria for Early Release

- I. Generally, patients will be released when they have completed therapy and are cured. The local health officer may determine that early release is appropriate and either directly revoke the order for detention or request release from the courts depending on circumstances.
- II. The following criteria (2) for release from detention before completion of therapy should be considered where appropriate:
 - A. The patient has demonstrated sufficient progress to make it reasonable to conclude that completion of therapy and cure can be achieved outside detention. This may involve providing differing levels of security for various patients.
 - B. The patient demonstrates a willingness to continue TB treatment.
 - C. The patient demonstrates an understanding of the nature of TB and the importance of completion of treatment and is willing to adhere to a DOT program.
 - D. Progress has been made in treating the concomitant conditions (i.e., mental illness, substance abuse, homelessness) which made adherence to TB treatment difficult.
 - E. A plan for the outpatient treatment of these concomitant problems has been developed as part of the plan for the completion of therapy.
 - F. Reasonable evidence exists that public health workers will be able to locate the patient in the community when necessary.
 - G. The patient understands that he or she will be detained again if he or she is not adherent to the treatment plan.

Written Agreements

- I. If regional detention sites are established for use by two or more health jurisdictions, the participating health jurisdictions should enter into written agreements which should be reviewed by the respective county/city counsels of each health jurisdiction and which include at least the following:
 - A. Procedures for detention and admission to the detention site. These procedures should:
 1. Be guided by the Guiding Principles above (see **Guiding Principles and Legal Requirements, I**)
 2. Include the Comprehensive Patient Assessments described above (see **Comprehensive Patient Assessments**)
 3. Be consistent with the CDHS/CTCA, "Guidelines for the Placement or Return of Tuberculosis Patients into High Risk Housing, Work, Correctional or In-Patient Settings," (4/11/97) (3)

- B. Agreement as to when patients will be considered infectious and noninfectious
- C. The services, which will be provided at the detention, site - every effort should be made to include all the services described above (see Detention Facility Services, I)
- D. Charges which will be made for those services
- E. Invoicing procedures
- F. Methods and timing of payment
- G. Criteria and procedures for discharge including who has the authority to approve the discharge
- H. Rights of the patients
- I. Responsibilities of the health jurisdiction seeking detention
- J. Responsibilities of the health jurisdiction in which the site is located
- K. Procedures for obtaining proper judicial review of detention at intervals set by law
- L. Procedures and responsibilities for transporting patients:
 - 1. To and from the detention site
 - 2. To and from court when needed
 - 3. To and from medical care if needed

Note: Each local health jurisdiction and each regional detention site may have differing requirements necessitating the issuance of service orders and/or letters of intent in addition to the formal written agreements described above.

- II. The local health officer ordering detention should retain primary responsibility for the management of the tuberculosis patient being detained in a facility located outside the health officer's jurisdiction. The TB Controller or his/her designee should maintain constant contact with the provider of treatment to:
 - A. Monitor the patient's progress
 - B. Gather information for the judicial review process
 - C. Determine the earliest time for the appropriate release of the patient from detention
 - D. Oversee discharge planning
 - E. Gather information on the disposition of the case and complete follow-up Reports of a Verified Case of Tuberculosis (RVCT)
 - F. Minimize the workload of and expense to the jurisdiction in which the regional site is located

NOTE: No set of guidelines can cover all individual detention issues which can and will arise. Thus, when questions on individual situations not covered by these guidelines do arise, **consult with the Local TB Control Program** or the California Department of Health **Services**, TB Control Branch, for consultation and further information.

References:

1. CDHS/CTCA. Guidelines for the Treatment of Tuberculosis and Tuberculosis Infection for California. 4/11/97.
2. Alpers, A., Oscherwitz, T., Lo, B. Detaining Nonadherent Tuberculosis Patients Until Cure: A 50-State Legal Survey. Unpublished draft.
3. CDHS/CTCA. Guidelines for the Placement or Return of Tuberculosis Patients into High Risk Housing, Work, Correctional or In-Patient Settings, 4/11/97.

Request for Reimbursement for Civil Detention
of a Persistently **Nonadherent** Tuberculosis Patient
(Prior to detention, complete this form and fax it to the Detention Coordinator, TB Control Branch (510) 540-2041.)

EXHIBIT B

0183

RVCT Number of patient _____ **If patient was first detained as a suspect, enter the Suspect ID#.** _____

--	--

Patient's Initials: First _____ Last _____ Patient's Date of Birth / /
MM DD YY

Requesting Health Jurisdiction	
Date of Request	
Detention Site	
Anticipated first day of detention	
Contact (Name and Telephone)	

Approval of Detention (to be completed by Local Health Jurisdiction)

Signature of Person Ordering Detention _____
Print Name _____ Date _____
Title _____
Telephone () _____
Fax number for return of form () _____

PART I.-Patient Information

History of Mental Illness in the Past 12 Months: Yes _____ No _____ Unknown _____

Does the patient have insurncc-coverage for any part of his or her care? Yes _____ No _____

If Yes, specify type: _____

PART II. Detention for Isolation (H&SC, Section 121365(d))

If this is a detention for completion of therapy, skip to Part III.

Check the specific patient behaviors which support an Order for Detention for the purpose of isolation pursuant to H&SC, Section 121365(d) (Check all that apply):

<input type="checkbox"/> Refusing hospital respiratory isolation	<input type="checkbox"/> Refusing to submit sputum specimens for determination of infectiousness
<input type="checkbox"/> Leaving home while infectious	<input type="checkbox"/> Refusing to mask or cover cough when instructed to do so
<input type="checkbox"/> Receiving visitors while infectious	<input type="checkbox"/> Leaving hospital against medical advice while infectious
<input type="checkbox"/> Returning to work while infectious	<input type="checkbox"/> Other, specify: _____

Check the less restrictive alternatives which have been attempted, and have failed before detention of this patient pursuant to H&SC, Section 121365(d) was considered (Check all that apply):

√	Less Restrictive Alternative	The less restrictive alternatives which are <u>not</u> checked were considered but not attempted because:
<input type="checkbox"/>	Patient education /counseling	
<input type="checkbox"/>	Ensure that cost to patient is not a barrier	
<input type="checkbox"/>	Patient Isolation Contract	
<input type="checkbox"/>	DOT (as appropriate)	
<input type="checkbox"/>	Enablers	
<input type="checkbox"/>	Incentives	
<input type="checkbox"/>	Housing	
<input type="checkbox"/>	Social Services	
<input type="checkbox"/>	Drug Rehabilitation	
<input type="checkbox"/>	Mental Health Services	
<input type="checkbox"/>	Voluntary Home Isolation	
<input type="checkbox"/>	Isolation Order (H&SC, Sect. 121365(g))	
<input type="checkbox"/>	Exclusion Order (H&SC, Sect. 121365(f))	
<input type="checkbox"/>	Other, specify: _____	

(Continued on next page.)

PART III. Detention for Completion of Treatment (COT) (H&SC, Section 121365(e))

Check the specific patient behaviors which support an Order for Detention for the purpose of isolation pursuant to H&SC, Section 121365(e) (Check all that apply):

<input type="checkbox"/> Missing treatment doses Number _____	<input type="checkbox"/> Missing clinic/physician appointments Number _____
<input type="checkbox"/> Refusal to take medication	<input type="checkbox"/> Failure to refill medication orders or pick up prescriptions
<input type="checkbox"/> Leaving hospital against medical advice	<input type="checkbox"/> Moving without notifying health department
<input type="checkbox"/> Violations of orders of examination (H&SC, Section 121365(a)), treatment (H&SC, Section 121365(b)), or DOT when prescribed and ordered (H&SC, Section 121365(c))	<input type="checkbox"/> Other, specify: _____

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Check the less restrictive alternatives which have been attempted, and have failed before detention of this patient pursuant to H&SC, Section 121365(e) was considered (Check all that apply):

<input checked="" type="checkbox"/>	Less Restrictive Alternative	The less restrictive alternatives which are <u>not</u> checked were considered but not attempted because:
<input type="checkbox"/>	Patient education /counseling	
<input type="checkbox"/>	Ensure that con to patient is not a barrier	
<input type="checkbox"/>	Voluntary daily or biweekly DOT	
<input type="checkbox"/>	Patient DOT contract	
<input type="checkbox"/>	Enablers	
<input type="checkbox"/>	Incentives	
<input type="checkbox"/>	Housing	
<input type="checkbox"/>	Social Services	
<input type="checkbox"/>	Drug Rehabilitation	
<input type="checkbox"/>	Mental Health Services	
<input type="checkbox"/>	Examination Order (H&SC, Sect. 121365(a))	
<input type="checkbox"/>	Treatment Order (H&SC, Sect. 121365(b))	
<input type="checkbox"/>	DOT Order (H&SC, Sect. 121365(c))	
<input type="checkbox"/>	Other, specify: _____	

PART IV. Release from Detention (to be completed and submitted at the end of detention)

Date patient actually placed in detention: MM / DD / YY	Date Patient released from detention: MM / DD / YY	Total Number of Days Detained:
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Reason patient released from detention:

<input type="checkbox"/> Treatment discontinued	<input type="checkbox"/> Patient AWOL
<input type="checkbox"/> Patient demonstrated ability and willingness to complete treatment on own.	<input type="checkbox"/> Other, specify: _____

Directly Observed Therapy While in Detention Check one)

<input type="checkbox"/> No. Totally Self-Administered	<input type="checkbox"/> Yes, both Directly Observed and Self Administered
<input type="checkbox"/> Yes, Totally Directly Observed	<input type="checkbox"/> Unknown

Treatment status at end of detention:

<input type="checkbox"/> Patient continuing therapy	<input type="checkbox"/> Treatment discontinued. (Submit RVCT follow-up 2.)
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Approval for Reimbursement (for TBCB use only)

This request for reimbursement is _____ approved _____ disapproved.

If disapproved, reason. _____

Signed _____ Date _____

Revised 12/19/97