

STATE OF FLORIDA
OFFICE OF THE AUDITOR GENERAL



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PERFORMANCE AUDIT

OF THE

EFFORTS TO IDENTIFY, PREVENT, AND
TREAT INFECTIOUS DISEASES

BY THE

DEPARTMENT OF CORRECTIONS

NOVEMBER 22, 1993

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STATE OF FLORIDA
OFFICE OF THE AUDITOR GENERAL



CHARLES L. LESTER, C.P.A.
AUDITOR GENERAL

November 22, 1993

TELEPHONE:
904/488-5534
S/C 278-5534

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The President of the Senate, the Speaker of the
House of Representatives, and the
Legislative Auditing Committee

ACQUISITIONS

I have directed that a performance audit be made of the efforts to identify, prevent, and treat infectious diseases by the Department of Corrections. The results of the audit are presented to you in this report. This audit was made as a part of an ongoing program of performance auditing by the Office of the Auditor General as mandated by Section 11.45(3)(a), Florida Statutes.

Respectfully yours,

Charles L. Lester
Auditor General

Audit supervised by:

D. Byron Brown

Audit made by:

Charles F. Barrett

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Although the Department's workload report provides Department managers with information on the prevalence of infectious diseases, the information is of limited usefulness in identifying whether infectious diseases are spreading within the prison system. Furthermore, the Department has not established sufficient controls to ensure the accuracy and reliability of infectious disease workload data or HIV and AIDS related expenditure data.	10

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INFECTIOUS DISEASES PROGRAM

Purpose and Scope

This audit evaluates the Department of Corrections' efforts to identify, prevent, and treat infectious diseases. The audit was conducted as a part of the Auditor General's 10-year schedule of performance audits, as directed by Ch. 90-110, Laws of Florida.

Our specific audit objectives were to:

- Determine whether the Department has information regarding the prevalence of infectious diseases in the correctional system and to determine changes in the number of cases over time;
- Determine whether the Department provides AIDS education to correctional staff and inmates as required by statute; and
- Identify alternatives to current practices to identify, prevent, and treat infectious diseases in correctional institutions.

Background

An infectious disease is one that can be transferred from one person to another. The Department of Corrections has identified three major categories of infectious diseases: tuberculosis (TB); sexually transmitted diseases (STDs) which include human immunodeficiency virus (HIV), gonorrhea, and syphilis; and general infectious diseases such as measles, mumps,

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and hepatitis. During inmate orientation to the correctional system the Department routinely tests new inmates for TB, gonorrhea, syphilis, and hepatitis. The Department does not routinely test inmates for HIV, however, the Department administers HIV tests to inmates who request to be tested.

As a result of the growing concern about HIV and AIDS, the Legislature established requirements related to HIV and AIDS which balance medical necessity, the right to privacy, and protection of the public. The Legislature has specifically appropriated funds for HIV and AIDS in the correctional system since fiscal year 1990-91. In fiscal year 1993-94, the Legislature appropriated \$5.8 million specifically for testing, diagnosing, and treating AIDS. In fiscal year 1992-93 the Department administered HIV tests to approximately 14,000 inmates, yielding approximately 1,000 positive test results. According to the Department's 1993-94 Legislative Budget Request, the cost of care including hospitalization and medicine for an AIDS patient is estimated by health professionals to be approximately \$38,000 per year.

Section 945.35, F.S., provides that the Department of Corrections, in conjunction with the Department of Health and Rehabilitative Services, shall establish a mandatory introductory and continuing AIDS education program for all inmates and staff. The inmate education program must be specifically designed for inmates while incarcerated and in preparation for release. The staff education program must be offered on an annual basis and emphasize behavior and attitude change. There are no statutory requirements for education regarding other infectious diseases.

Results in Brief

The Department maintains data that can be used to identify the prevalence of and changes in the incidence of infectious diseases. However, the Department does not identify the extent to which these diseases are spread in the prison system. The Department could improve the usefulness of its data by identifying to the extent possible whether inmates contracted these diseases prior to incarceration. In addition, the Department has not developed controls to ensure the reliability of its infectious disease workload data. The process used by the Department to verify data regarding infectious diseases does not include steps to assess data completeness, data authenticity, and the accuracy of computer processing. The Department also needs to improve its verification procedures for HIV and AIDS related expenditures.

The Department could improve its AIDS education program by adopting formal procedures to ensure that the education material is relevant to inmates and that the latest medical information available regarding HIV and AIDS is presented to inmates. Although the Department has established procedures to document whether individual inmates receive AIDS education, it lacks procedures to verify that institutions are providing AIDS education to all inmates. As a result, the Department cannot demonstrate that all inmates receive AIDS education as required by statute.

We identified four possible alternatives to current Department practices regarding the prevention, diagnosis, and treatment of infectious diseases within the Department. First, mandatory testing of all inmates for

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HIV and AIDS would enhance the Department's ability to identify carriers of the virus, and lead to earlier detection and treatment, although at increased initial cost to the state. Second, increased epidemiological testing would provide better information about the extent of HIV and AIDS within the correctional system than the current voluntary testing policy. Third, condom distribution has been proposed by some groups as a means of helping to prevent the spread of AIDS. Fourth, the Department is considering establishing a special care facility to better allocate treatment resources for seriously ill AIDS patients. Each of these alternatives has certain advantages and disadvantages that should be considered by the Department and the Legislature in deciding whether the alternatives should be implemented.

Findings

Department Could Improve Usefulness of Infectious Disease Workload Information

The Department maintains health services workload information that includes data on the incidence of infectious diseases. For fiscal years 1989-90 through 1992-93, we found the workload information could be used to determine the prevalence of and identify changes in the incidence of TB, gonorrhea, syphilis, and hepatitis. However, the Department does not identify the extent to which these diseases are spread in the prison system. The Department could improve the usefulness of its data by identifying to the extent possible whether inmates contracted these diseases prior to incarceration.

Department Information on Infectious Disease Not Reliable

In order to accomplish its objective of protecting inmates and staff from acquiring and transmitting infectious diseases, the Department must have accurate and reliable information about the number of inmates requiring health services. However, the Department has

not developed formal procedures to verify health services workload data. Central office and regional office staff indicated the procedure they use to verify infectious disease workload information is to scan the workload data to detect obvious errors. Although scanning the workload data could identify some errors, the Department's data verification process is not sufficient to ensure data accuracy and reliability. The Department's data verification process does not include steps to assess data completeness, data authenticity, and the accuracy of computer processing.

**Verification Procedures
For HIV and AIDS
Expenditures Need
Improvement**

According to the Department's HIV and AIDS expenditure data, the Department spent \$5.7 million in 1991-92 for the diagnosis, testing, and treatment of HIV and AIDS. The Department has established procedures whereby correctional institutions' staff report their HIV and AIDS related expenditures through the State Automated Management Accounting System (SAMAS). Central office staff reimburse the institutions quarterly based on SAMAS totals. In fiscal years 1990-91 and 1991-92, central office staff reviewed expenditure invoices prior to reimbursement to determine if the expenditures were HIV and AIDS related. The Department discontinued this practice in fiscal year 1992-93 because the process was too time consuming. However, without alternative procedures to monitor the accuracy of reported expenditures, the Department cannot internally ensure that only those expenditures that are HIV and AIDS related are reimbursed.

**All Inmates May Not
Receive AIDS Education
as Required by Law**

The Department has not developed procedures to determine whether all inmates receive AIDS education as required by statute. Department procedures require each correctional institution to maintain written documentation of inmate attendance at AIDS education programs. However, there is no established process to review this

documentation on a regular basis. Without routine verification procedures the Department cannot ensure that all inmates receive AIDS education as mandated by statute.

**AIDS Educational
Materials Need to Be
Designed for Inmates**

Section 945.35, F.S., requires the Department to provide inmates with AIDS education specifically designed for inmates while incarcerated and in preparation for their release into the community. Furthermore, the education program is to be continuously updated with the latest medical information available. The Department provides new inmates a brief overview of AIDS as part of their prison orientation. Inmates are also provided AIDS education upon arrival at a major institution and prior to their release from prison. The Department generally uses four video tapes as its main training material for inmate AIDS education. Three of the four tapes are used in the pre-release program and were designed specifically for inmates. However, the remaining tape which is used as the basic AIDS education video was designed for general audiences and has limited reference to the correctional setting. Since the prison environment differs significantly from that of the general public, AIDS educational materials should be designed to meet the specific information needs of inmates.

**No Procedures Exist to
Assess AIDS Education**

The Department's Office of Health Services Strategic Plan for the period 1991-92 through 1995-96 includes a goal to provide inmate health education that encompasses the provision of AIDS education to inmates. Although there are no specific written goals and objectives for AIDS education, the Inmate Health Education Coordinator indicated the goal of the inmate AIDS education program is to explain the manner by which HIV can be transmitted, methods to avoid contracting HIV, and the Department's procedures for

HIV testing and treatment. Currently, the Department has no procedures to assess its AIDS education program to determine whether its efforts are effectively educating inmates and correctional employees. In order to make this assessment, agency management must establish written goals and objectives and develop performance measures for its AIDS education program.

Alternative Approaches Could Be Adopted

There are four possible alternative approaches that could be considered by correctional institutions to identify, prevent, and treat infectious diseases:

- Mandatory HIV testing was used in 7 of 15 states we contacted. Advantages to mandatory HIV testing of inmates include the possibility of detecting an increased number of carriers of the AIDS virus who may be unaware that they could infect others. A second advantage to mandatory testing would be that early detection of HIV allows the Department to initiate early treatment. Disadvantages to the use of mandatory HIV testing includes the increased initial cost of such testing, over \$500,000 per year, and the fact that tests will not identify all infected inmates.
- Epidemiological testing for HIV and AIDS is authorized by s. 381.004(3)(f)8, F.S., provided that no identifying characteristics are disclosed. The advantage of epidemiological testing is that it is less costly than mandatory testing because it would require testing on a sample basis as opposed to testing all inmates. In addition, periodic epidemiological testing would provide more useful information regarding the extent of HIV and AIDS infection than can be obtained from the Department's current policy of voluntary testing. Epidemiological testing would also result in increased costs to the Department, and while it increases the quality of information about HIV

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and AIDS infection rates, it is not as complete as the information that would be provided through mandatory testing.

- Condom distribution within the correctional setting is controversial. We identified only 2 of the 50 states (Mississippi and Vermont) that distribute condoms to inmates. Proponents of condom distribution argue that condoms help prevent the spread of STDs including HIV. A report, issued January 1993, by the Governor's Red Ribbon Panel on AIDS, has recommended that condoms be made available to inmates in Florida as part of a comprehensive HIV and AIDS prevention program and upon discharge from the system. Opponents of condom distribution argue that the correctional system is not an appropriate setting for this prevention method. According to Department staff, the public or inmates may interpret the Department's distribution of condoms to inmates as condoning illegal sexual activity. Additionally, opponents argue that condoms may be used as a weapon, i.e., strangulation, and/or to conceal contraband.

- As an alternative to contracting with community hospitals, the Department has proposed constructing a special care facility to treat seriously ill AIDS inmates. Currently, inmates requiring medical care are treated at the institution where they are incarcerated. If the institution is unable to meet the medical needs of the inmate, the inmate is then transferred to the correctional hospital facility at the North Florida Reception and Medical Center, or to a community hospital. The Department requested \$890,000 to remodel an existing facility as a special care facility. The Department requested an additional \$1.9 million to operate the facility.

Recommendations

Recommendations to the Legislature

We have identified several alternative approaches for the identification, prevention, and treatment of infectious diseases within the correctional system. The Legislature should consider these alternatives as it deliberates funding levels for testing, diagnosing, and treating inmates with HIV and AIDS and other infectious diseases.

Recommendations to the Department

Because data currently collected and reported by the Department is of limited usefulness in identifying whether infectious diseases are spreading due to conditions within the prison system, we recommend:

- The Department, to the extent possible, separately compile information regarding infectious diseases identified among newly incarcerated inmates. Since the Department routinely tests new inmates for gonorrhea, syphilis, hepatitis, and TB, the Department should have information available to determine whether newly incarcerated inmates contracted these diseases before or after incarceration.

To help ensure data accuracy and reliability we recommend:

- The Department develop procedures to assess data completeness, data authenticity, and the accuracy of computer processing for infectious disease workload data.

To help ensure that only HIV or AIDS expenditures are reimbursed we recommend:

- The Department develop procedures to internally verify that expenditures submitted for

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reimbursement from special HIV and AIDS appropriations are HIV and AIDS related.

To determine whether all inmates receive mandated AIDS education, we recommend:

- The Department develop procedures to verify that each inmate has received AIDS education as required by law.

To ensure training materials provide inmates with information on how HIV is contracted and transmitted as it relates to the prison environment, we recommend:

- The Department review its AIDS education program to ensure training materials are specifically designed for inmates.

To determine whether the AIDS education program is achieving the purposes for which it was intended, we recommend:

- The Department establish clearly defined written goals and objectives for its AIDS education program; and
- The Department establish performance measures related to program inputs, outputs, program outcomes, and program efficiency and effectiveness.

To determine if educational efforts are needed to assist inmates and staff in identifying, treating, and preventing other infectious diseases, we recommend:

- The Department monitor the incidence of other infectious diseases.

Agency Response

In his written response to our preliminary and tentative findings and recommendations, the Secretary of the Department of Corrections described the specific action taken or contemplated to address the deficiencies cited.

CHAPTER I

Introduction: Purpose and Scope, Methodology

Purpose and Scope

Performance audits are conducted by the Auditor General as part of the Legislature's oversight responsibility for public programs. The primary objective of performance audits is to provide information the Legislature can use to improve programs and allocate limited public resources. This audit was conducted as part of the Auditor General's 10-year schedule of performance audits, as directed by Ch. 90-110, Laws of Florida.

The purpose of this audit was to evaluate the Department of Corrections' efforts to identify, prevent, and treat infectious diseases. Our specific audit objectives were to:

- Determine whether the Department has information regarding the prevalence of infectious diseases in the correctional system and to determine changes in the number of cases over time;
- Determine whether the Department provides AIDS education to correctional staff and inmates as required by statute; and
- Identify alternatives to current practices to identify, prevent, and treat infectious diseases in correctional institutions.

Methodology

Our audit was made in accordance with generally accepted government auditing standards and accordingly included appropriate performance auditing and evaluation

methods. Audit fieldwork was conducted from December 1992 through April 1993. Follow-up fieldwork was conducted in July 1993.

To gain a general understanding of the Department's process for identifying, preventing, and treating infectious diseases, we reviewed applicable sections of the Florida Statutes, Department manuals, the Department's 1990-91 and 1991-92 Annual Reports, the Department's 1992 Strategic Plan, the Department's 1990 Comprehensive Correctional Master Plan, and the 1992-93 Quality Management Action Plan. To obtain background information, we interviewed administrative staff in the Department's Office of Health Services. Additionally, we interviewed Senate and House Correctional Committee staff, and Department of Health and Rehabilitative Services staff.

To evaluate to what extent the Department maintains infectious disease data on the identification, prevention, and treatment of HIV and AIDS and other major infectious diseases, we interviewed Department administrators at the central office and at two correctional institutions. We also reviewed infectious disease data and infectious disease cost data at both the central office and two correctional institutions. In addition, to identify changes in the incidence of infectious diseases over time, we reviewed the workload reports for fiscal years 1989-90 through 1992-93.

To examine whether the Department provides AIDS education to correctional staff and inmates as required by statute, we interviewed Department health education staff at the central office and two correctional institutions. We reviewed AIDS educational materials including videos and pamphlets. We reviewed 50 inmate files for documentation of AIDS education at two institutions.

To identify what alternative approaches there are to the Department's current method for identifying, preventing, and treating infectious diseases, we interviewed

correctional staff from 15 states about HIV and infectious disease control.¹ We conducted a literature review on managing HIV and other infectious diseases in the correctional system. In addition, we interviewed a representative of the National Institute of Justice to obtain information on HIV and AIDS alternatives.

¹ We interviewed correctional staff from Alabama, California, Georgia, Illinois, Iowa, Michigan, Mississippi, Nevada, New Jersey, New York, Pennsylvania, Texas, Vermont, Virginia, and Wyoming.

CHAPTER II

Background: Program Design and Organization

Program Design

An infectious disease is one that can be transferred from one person to another. The Department of Corrections has identified three major categories of infectious diseases: tuberculosis (TB); sexually transmitted diseases (STDs) which include human immunodeficiency virus (HIV), gonorrhea, and syphilis; and general infectious diseases such as measles, mumps, and hepatitis. During inmate orientation to the correctional system the Department routinely tests inmates for TB, gonorrhea, syphilis, and hepatitis. In fiscal year 1992-93 the Department provided health services to inmates with infectious diseases including approximately 100 inmates with newly diagnosed cases of TB, 900 inmates with newly diagnosed cases of gonorrhea or syphilis, and 200 inmates with newly diagnosed cases of hepatitis.

As a result of the growing concern about HIV and AIDS, the Legislature established requirements related to HIV and AIDS which balance medical necessity, the right to privacy, and protection of the public. In fiscal years 1990-91, 1991-92 and 1992-93, the Legislature annually appropriated \$3 million specifically for testing, diagnosing, and treating HIV and AIDS in the correctional system. The Legislature increased the appropriation to \$5.8 million for fiscal year 1993-94.

The Department has developed policies to manage AIDS in the correctional system. These policies include administering HIV tests to inmates who request to be tested, providing an AIDS education program for inmates and staff, and treating inmates who have HIV and AIDS. HIV-infected inmates or inmates with AIDS remain within the general inmate population unless the inmate requires hospitalization or other special care. The

Department is planning to convert an existing facility to a special care facility for inmates seriously ill with AIDS. In fiscal year 1992-93 the Department administered HIV tests to approximately 14,000 inmates, yielding approximately 1,000 positive test results.

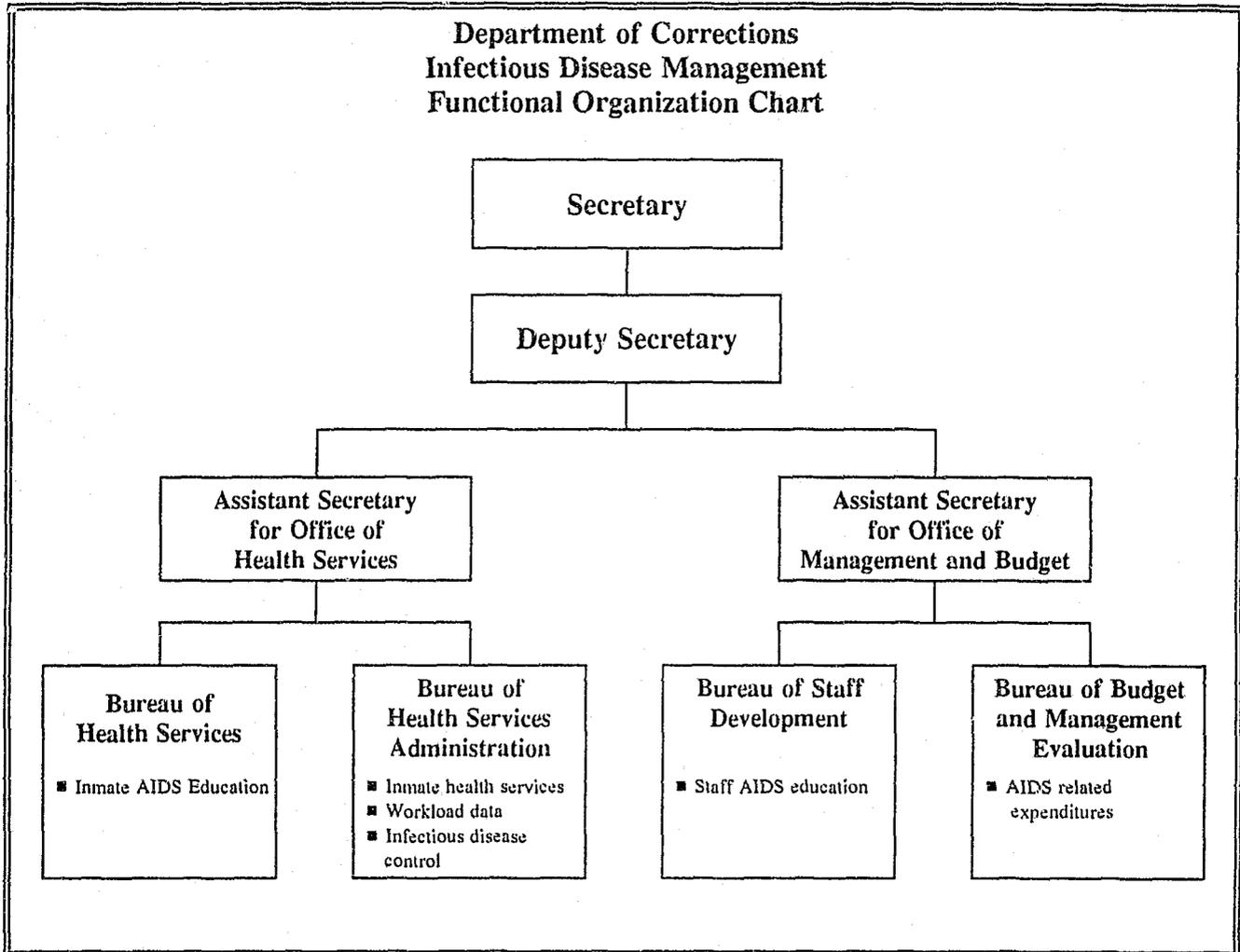
Section 945.35, F.S., provides that the Department of Corrections, in conjunction with the Department of Health and Rehabilitative Services, establish a mandatory introductory and continuing AIDS education program for all inmates and staff. The inmate education program must be specifically designed for inmates while incarcerated and in preparation for release. The staff education program must be offered on an annual basis and emphasize behavior and attitude change. There are no statutory requirements for education regarding other infectious diseases.

Program Organization

The Department of Corrections is headed by a Secretary who is appointed by the Governor. Harry K. Singletary has served as Secretary of the Department since April 1991. The Secretary is responsible for the security, health, and well being of inmates in the custody of the Department.

The Office of Health Services (OHS) within the Department of Corrections is responsible for providing health care services to inmates. The mission of OHS is to provide in a cost effective manner the quality of care that meets recognized standards and provide a safer inmate environment. OHS is responsible for protecting inmates and staff from acquiring and transmitting infectious diseases. Within OHS, the Inmate Health Education Coordinator is responsible for developing and monitoring inmate AIDS education. (See Exhibit 1.)

Exhibit 1



Source: Developed by the Office of the Auditor General from information provided by the Department of Corrections.

OHS staff are located in the central office in Tallahassee, in five regional offices, and in 46 correctional institutions located throughout the state. Medical staff at the correctional institutions, under the supervision of a Chief Health Officer, provide health services to inmates. In fiscal year 1993-94, OHS was allocated 2,374 positions.

The Department's Bureau of Staff Development within the Office of Management and Budget is responsible for developing and monitoring staff education. In addition to continuing education requirements for health care staff, the Department requires a minimum of one hour annually of AIDS education for all Department staff.

Program Resources

In fiscal year 1993-94 the Legislature appropriated \$169 million to the Office of Health Services which included \$5.8 million for AIDS related expenditures. The Department does not separately identify expenditures for the identification, prevention, and treatment of infectious diseases other than AIDS. For fiscal years 1990-91, 1991-92, and 1992-93 the Legislature appropriated \$3 million per year for testing, diagnosing, and treating inmates with HIV and with AIDS. For fiscal years 1990-91, 1991-92, and 1992-93 the Department's AIDS related expenditures were approximately \$4 million, \$5.7 million, and \$6.3 million respectively. The Department transferred funds from other Department accounts to fund expenditures in excess of appropriations. The Department reported in its 1993-94 Legislative Budget Request that health professionals estimate the costs of care for an AIDS patient is \$38,000 per year.

CHAPTER III

Findings and Recommendations

Section 1

Infectious Disease Information

The functions of the Department's Infectious Disease Control Program include the surveillance and treatment of infectious diseases, and the evaluation and reporting of epidemiological data for trends and analysis. The incidence of infectious disease in the prison system may fluctuate with changes in prison conditions or inmate population. To determine the prevalence of infectious diseases, the Department compiles information regarding the number of inmates who are provided health services for the testing, diagnosis, or treatment of infectious diseases.

The Department compiles infectious disease information in monthly and annual health services workload reports. In addition to epidemiological data regarding infectious diseases, these reports include information on specified health services activities such as eye and dental examinations, x-rays, surgical procedures, and hospitalization. Workload reports include information from each correctional institution and provide regional and system-wide totals for the reporting period. The Department uses this data for making staffing decisions and for substantiating legislative budget requests for health services. The Department also maintains information on the costs incurred in testing, diagnosing, and treating HIV and AIDS infected inmates.

We reviewed the Department's information to determine the prevalence of infectious diseases in the correctional system, and to determine whether the number of cases increased over time. We also reviewed the Department's HIV and AIDS related expenditure

data to determine reported amounts of funds used for testing, diagnosing, and treating infected inmates.

Finding 1

Although the Department's workload report provides Department managers with information on the prevalence of infectious diseases, the information is of limited usefulness in identifying whether infectious diseases are spreading within the prison system. Furthermore, the Department has not established sufficient controls to ensure the accuracy and reliability of infectious disease workload data or HIV and AIDS related expenditure data.

The Department's infectious disease workload information is of limited use in identifying whether infectious diseases are spreading within the prison system.² One of the Department's objectives is to protect inmates and staff from acquiring and transmitting infectious diseases. To accomplish this objective the Department needs to determine the prevalence of infectious diseases and identify the extent to which these diseases are spread in the prison system. We reviewed the Department's workload information and determined that it can be used to identify the prevalence of and changes in the incidence of infectious diseases. However, the Department does not identify the extent to which these diseases are spread in the prison system. The Department could improve the usefulness of its data by identifying to the extent possible whether inmates contracted these diseases prior to incarceration.

In addition, the Department could improve its procedures for verifying the reliability of infectious disease information. Since Department managers use infectious disease workload data for making staffing and budgeting decisions, it is important that the data be accurate and reliable. However, our review of the Department's data verification process indicated that the Department has not developed controls to ensure the accuracy and

² Department officials said that the workload report is designed for staffing and budget decisions and is not intended to be used to evaluate changes in the prevalence of infectious diseases. However, it is the Department's only aggregated information on the prevalence of infectious diseases, thus, we have evaluated its usefulness for that purpose.

reliability of its infectious disease workload data. We also found the Department lacks verification procedures for its HIV and AIDS related expenditures. Because the Legislature provides the Department with a separate appropriation for HIV and AIDS related expenditures, the Department should ensure that these funds are used to reimburse only HIV and AIDS related expenditures.

Identifying Changes in the Incidence of Infectious Diseases

To determine whether the workload reports could be used to identify the prevalence of and changes in the incidence of infectious diseases, we reviewed the workload reports for fiscal years 1989-90 through 1992-93. We determined that infectious disease workload information could be used to determine the prevalence of and identify changes in the incidence of TB, gonorrhea, syphilis, and hepatitis B for the four-year period. Exhibit 2 shows the number of newly diagnosed cases of infectious diseases identified among all inmates for fiscal years 1989-90 through 1992-93. During the four-year period, the number of new cases of gonorrhea and syphilis decreased by 30% and 71%, respectively. The number of new cases of TB and hepatitis B fluctuated during the period; both decreased from fiscal year 1989-90 to 1990-91 and then increased in fiscal year 1991-92. In fiscal year 1992-93, the number of new cases of TB remained at approximately the same level. Beginning in July 1992 the Department reported the number of cases of hepatitis A and hepatitis B as a combined total, thus, the change in incidence of hepatitis B could not be determined. The Department changed its workload report in July 1991 to include information on AIDS and in July 1992 added information on the number of inmates who tested positive for HIV.

Exhibit 2

Number of Newly Diagnosed Cases of Infectious Diseases

Infectious Disease	Fiscal Years			
	1989-90	1990-91	1991-92	1992-93
TB	83	54	94	95
Gonorrhea	127	91	92	89
Syphilis	2,654	1,935	852	777
Hepatitis B	101	90	172	187 ¹
AIDS	not reported	not reported	623	373
HIV POSITIVE	not reported	not reported	not reported	1,067

¹ Beginning in July 1992 the Department combined the number of cases of hepatitis A and hepatitis B.

Source: Information obtained from the Office of Health Services Annual Workload Utilization Reports.

To identify the extent to which infectious diseases are spread within prison, the Department needs to determine, when possible, whether inmates contract these diseases before or after their incarceration. The Department routinely tests new inmates for gonorrhea, syphilis, hepatitis, and TB during the prison orientation process. Thus, for these diseases the Department can identify whether inmates were infected prior to entering the prison system. However, the Department does not distinguish in its workload report between the number of cases of infectious diseases detected among new inmates and the number newly detected in other inmates. Since the Department maintains data on the total number of newly diagnosed cases and on the number of inmates entering prison with infectious diseases, it has the ability to determine to some extent whether infectious diseases are spread within prison.

Data Verification

In order to accomplish its objective of protecting inmates and staff from acquiring and transmitting infectious diseases, the Department must have reliable information about the number of inmates requiring health services. To be accurate and reliable, the information should be sufficiently complete and error-free to allow management to use the information with confidence for decision-making purposes. The data verification process to ensure reliability should include steps to assess data completeness, data authenticity, and the accuracy of computer processing. We reviewed the Department's process for verifying infectious disease workload data and HIV and AIDS related expenditure data. We identified weaknesses in the Department's workload data verification process and found that the Department did not have procedures for verifying HIV and AIDS related expenditures.

Workload Data. The Department has not developed a formal process to verify health services workload data. Central office and regional office staff indicated the process they use to verify infectious disease workload information is to scan the workload data. Staff indicated that scanning the workload information would detect obvious errors. According to the Region II Health Services Administrator, if he identifies any abnormalities in the workload data he contacts correctional institution staff to discuss his concerns. He also indicated that any errors identified as a result of his discussions with correctional institution staff would be reported to the central office prior to workload report distribution.

Although scanning the workload data could identify some errors, the Department's data verification process is not sufficient to ensure data accuracy and reliability. The Department's data verification process does not include steps to assess data completeness, data authenticity, and the accuracy of computer processing. Because Department managers use infectious disease data to make staffing and funding decisions, the Department should have controls in place to ensure the accuracy and reliability of the data. For example, a verification procedure such as tracing a sample of source records to computer output could be used to assess data completeness and authenticity. Such a comparison would

assess whether computer data was supported by and reflected information contained in source documents. A verification procedure such as selecting source documents, manually duplicating the computer process, and comparing the results with the workload report could be used to assess the accuracy of computer processing.

Another method of assessing the accuracy and reliability of workload data is to compare the data with information provided by an independent source or third party. For example, we compared workload data on the number of inmates tested for HIV in fiscal years 1990-91 and 1991-92 with vendor information obtained from Department staff. The Department's annual workload reports for fiscal years 1990-91 and 1991-92 indicate 7,011 and 11,751 inmates, respectively, were tested for HIV. However, information provided to the Department by the vendor indicates 6,450 and 12,077 inmates, respectively, were tested for HIV during this period.³ The Bureau Chief told us that these differences were due to data being compiled from various sources and these differences were not significant for his purposes.

It is important for the Department to have controls to ensure the accuracy and reliability of infectious disease data used for program staffing and funding decisions. The Department's OHS Quality Management Action Plan for fiscal year 1992-93 indicates that one of the Department's goals/objectives is to develop written data verification procedures.

Cost Data. According to the Department's HIV and AIDS expenditure data, the Department spent \$5.7 million in 1991-92 to test, diagnose, and treat HIV and AIDS infected inmates. A Legislative provision specifies that HIV and AIDS related funds be distributed on a reimbursement basis. As a result, the Department established procedures whereby correctional institutions request reimbursement for HIV and AIDS related expenditures from the Department's central office. Correctional institution staff input their HIV and AIDS related expenditures through the State Automated Management Accounting

³ The number of inmates tested for HIV based on vendor supplied information was calculated by the Department using reports submitted to them by National Labs, Inc., the vendor under contract to administer HIV tests for the Department.

System (SAMAS). Central office staff reimburse the institutions quarterly based on SAMAS recorded HIV and AIDS expenditures. In fiscal years 1990-91 and 1991-92, central office staff reviewed expenditure invoices prior to reimbursement to determine if the expenditures were HIV and AIDS related. According to OHS managers, the Department discontinued this practice in fiscal year 1992-93 because the process was too time consuming.

Without procedures for verifying that expenditures are HIV-AIDS related, the Department cannot internally ensure that only those expenditures that are HIV and AIDS related are reimbursed. Because the Legislature provides separate funding for HIV and AIDS related expenditures, it is important that the Department accurately identify these costs. An OHS administrator indicated that the Department was considering developing procedures to verify AIDS reimbursement requests on a sample basis.

Conclusions and Recommendations

In summary, the Department collects data that can be used to determine the prevalence of various infectious diseases within the prison system. However, this data is of limited usefulness in identifying whether infectious diseases are spreading due to conditions within the prison system or because of inmates coming into the system. Furthermore, the Department's procedures for verifying infectious disease data could be improved. The Department does not have sufficient controls to ensure the infectious disease data included in its workload reports is accurate and reliable. In addition, the Department does not verify the HIV and AIDS related expenditures submitted for reimbursement.

To identify whether changes in the incidence of infectious disease result from conditions within the prison system, we recommend the Department, to the extent possible, separately compile information regarding infectious diseases identified among newly incarcerated inmates. Since the Department routinely tests new inmates for gonorrhea, syphilis, hepatitis, and TB, the Department should have the information available to determine whether inmates contracted these diseases before or after incarceration.

To help ensure data accuracy and reliability we recommend the Department develop procedures to assess data completeness, data authenticity, and the accuracy of computer processing for infectious disease workload data. For example, the Department could compare the workload data to source documents to determine whether the data was accurately entered into the computer system. The Department could also select source documents, manually duplicate the computer process, and compare the results with the workload report.

In addition, we recommend the Department develop procedures to verify expenditures submitted for reimbursement from special HIV and AIDS appropriations. These procedures should include a review of supporting documentation on a sample basis to help ensure that only HIV or AIDS expenditures are reimbursed.

Section 2 AIDS Education

Background

One of the ways to help provide a safer environment for inmates and prevent the spread of infectious diseases is to educate staff and inmates about these diseases. Section 945.35, F.S., requires the Department in conjunction with the Department of Health and Rehabilitative Services (DHRS) to establish a mandatory introductory and continuing HIV and AIDS education program for all inmates. The statutes do not have education requirements for other infectious diseases.

Section 945.35, F. S., specifies that the AIDS education program provided to inmates: be specifically designed for inmates while incarcerated and in preparation for release into the community; include consideration of cultural and other relevant differences among inmates in the development of educational materials; include an emphasis on behavior and attitude changes; and be continuously updated to reflect the latest medical information available. Section 945.35, F.S , also requires the Department in conjunction with HRS to establish a mandatory HIV and AIDS education program for all staff at correctional facilities. The program is to emphasize behavior and attitude change and is to be offered annually. In addition, s. 945.35, F.S., requires the Department to report annually to the Legislature on the education program's implementation and inmate and staff participation. The Department has provided the Legislature with annual AIDS Education Legislative Reports for 1990, 1991, and 1992. According to the 1992 annual report, the Department provided 34,346 hours of AIDS related training to 22,633 employees in 1992. In addition, the Department provided 94,599 hours of AIDS related education to inmates in 1992.

The Department's inmate AIDS education program is comprised of five separate segments. First, at the Department's reception centers new inmates are provided a brief overview of AIDS and other sexually transmitted diseases as part of their orientation

program. Second, upon arrival at a major institution, inmates view an AIDS video developed by HRS in conjunction with the Departments of Education and Corrections. These inmates also receive a presentation on the Department's policy and procedures for HIV testing which is the third segment of the education program. The fourth segment consists of individualized counseling for inmates who volunteer to be tested for HIV. The Department provides individualized counseling both prior to and after testing. In calendar year 1992, the Department provided individual HIV counseling to approximately 14,000 inmates who requested HIV tests. Finally, as part of the Department's pre-release program, inmates view one or more videos that include segments on AIDS.

The Department requires that all staff annually receive a minimum of one hour of AIDS education. As an introduction to Department policies and procedures, all new employees attend an orientation training that includes the HRS-developed AIDS education video. The HRS-developed AIDS education video also serves as continuing education for correctional institution staff.

Finding 2

The Department has not developed procedures to determine whether all inmates receive AIDS education as required by statute. In addition, the Department could improve its program by ensuring that training materials are developed to meet the information needs of inmates. The Department should also assess its AIDS education program to determine whether the program is achieving the purposes for which it was intended.

In an effort to prevent the spread of the HIV virus the Department provides an AIDS education program for inmates and staff. According to the Inmate Health Education Coordinator, the goal of the inmate AIDS education program is to explain the manner by which HIV can be transmitted, methods to avoid contracting HIV, and the Department's procedures for HIV testing and treatment. We reviewed the Department's inmate and staff AIDS education program and identified three areas in which the Department could improve its program. Specifically:

- The Department should determine whether all inmates receive AIDS education;
- The Department could improve its inmate AIDS education program by ensuring that training materials are designed to meet the information needs of inmates, and by ensuring that the AIDS education program is continuously updated to provide the latest medical information; and
- The Department should assess its AIDS education program to determine whether the program is achieving the purposes for which it was intended.

Department Should Determine Whether Inmates Receive AIDS Education

The Department has not developed procedures to determine whether all inmates receive AIDS education as required by statute. The Department has developed a process to document AIDS education completion for individual inmates. However, the Department has not established review procedures to determine whether institutions are providing education to all inmates. Without routine verification procedures the Department cannot ensure that all inmates receive AIDS education as mandated by statute.

Aggregate AIDS education information is compiled and maintained by each institution through monthly summary reports of total training hours and total number of inmates receiving AIDS education. These monthly summary reports serve as the basis for the information included in the annual AIDS Education Legislative Report. While these reports indicate the total number of training hours provided by the Department, the reports do not indicate which inmates have received the mandatory AIDS education.

Department procedures require each correctional institution to maintain written documentation of inmate attendance at AIDS education programs in the inmate's individual file. A determination of whether all inmates have received AIDS education would require a review of each inmate file. To determine whether AIDS education was documented for a sample of inmates, we reviewed inmate files at two correctional institutions. We reviewed

50 inmate files at each institution and found documentation of AIDS education for 100% of the reviewed files at one institution. This institution is a reception center with approximately 225 permanent inmates. The second institution, a major institution with an inmate population of approximately 1,500, had AIDS education documentation for 42 of 50 (84%) inmate files reviewed. According to institution staff, four of the eight inmates found to be lacking AIDS education were in confinement; the remaining four inmates would be scheduled for this training.

Training Materials Could Be Improved

Section 945.35, F.S., requires the Department to provide inmates with AIDS education specifically designed for inmates while incarcerated and in preparation for their release into the community. Furthermore, the education program is to be continuously updated with the latest medical information available. The Department generally uses four video tapes as its main training material for inmate AIDS education. One tape is used as the primary AIDS education video and is shown to inmates upon arrival at a major institution. The three remaining tapes are normally included in the pre-release program.⁴

To determine whether the video tapes were designed specifically for inmates, we viewed the four video tapes used by the Department in the inmate AIDS education program.⁵ The three tapes used in the pre-release program were designed specifically for inmates. However, the tape used as the primary AIDS education video was designed for general audiences and has limited reference to the correctional setting. Because the tape is designed for a general audience, it may not effectively communicate to new inmates the information they need on how HIV is contracted and transmitted in the prison environment.

⁴ The standard pre-release program includes information on employment, interviewing techniques, housing information, and includes brief segments on family planning, sexually transmitted diseases, and AIDS.

⁵ We viewed AIDS 101 which is the primary AIDS education video and the three videos normally used in the pre-release program: The Will to Survive; Part of the Problem, Part of the Solution; and Choices II.

Since the prison environment differs significantly from that of the general public, AIDS educational materials should be designed to meet the information needs of inmates.

The Department has not developed procedures to ensure that the latest medical information available regarding HIV and AIDS is presented to inmates. Although the Department's Inmate Health Education Coordinator indicated that she periodically provides institutional instructors with updated information regarding HIV and AIDS, the Department has not established procedures for reviewing and revising the video tape presentations or ensuring that instructors incorporate new information into the presentations. Furthermore, although s. 945.35, F.S., requires the Department to develop the AIDS education program in conjunction with the Department of Health and Rehabilitative Services, we found that DHRS was involved in the development of only one of the video tapes used in the AIDS education program. The Department could improve its AIDS education program by establishing procedures for DHRS to periodically review the materials used in the program to ensure that the information reflects the latest medical information.

Department Should Assess Inmate AIDS Education Program

The Department's Office of Health Services' Strategic Plan for the period 1991-92 through 1995-96 includes a goal to "provide inmate health education that offers potential for positive health and is cost beneficial to the Department." This goal encompasses the provision of AIDS education to inmates. However, the Strategic Plan does not include any specific goals regarding AIDS education. Although there are no specific written goals and objectives for AIDS education, the Inmate Health Education Coordinator indicated the goal of the inmate AIDS education program is to explain the manner by which HIV can be transmitted, methods to avoid contracting HIV, and the Department's procedures for HIV testing and treatment.

Currently, the Department has no process to assess its AIDS education program to determine how efficient and effective their efforts are in educating inmates and

corrections staff. In order to make this assessment, agency management must establish written goals and objectives and an effective system of evaluating its efforts to achieve intended results. Section 186.003(2), F.S., defines a goal as the long-term end toward which program activities are ultimately directed. An objective is defined as a specific, measurable, intermediate end that is achievable and marks progress toward a goal. Performance measures help managers to assess their progress in achieving their goals and objectives. Unless the Department develops specific performance measures it cannot assess its AIDS education program.

Conclusions and Recommendations

In summary, we found that the Department could improve its AIDS education program for staff and inmates in several areas. To determine whether all inmates receive AIDS education, we recommend the Department develop procedures to verify that each inmate has received AIDS education as required by law. Such procedures should help the Department determine whether inmates have completed mandated AIDS education.

In addition, we recommend the Department review its AIDS education program to ensure training materials are specifically designed for inmates. Because the correctional setting differs from other environments, training materials should provide inmates with information on how HIV is contracted and transmitted as it relates to the prison environment.

The Department should assess its AIDS education program to determine whether the program is achieving the purposes for which it was intended. We recommend the Department establish clearly defined written goals and objectives for its AIDS education program. We also recommend that the Department establish performance measures related to program inputs, outputs, program outcomes, and program efficiency and effectiveness. Establishing specific goals, objectives, and performance measures would enable the Department to assess its AIDS education program.

To determine if educational efforts are needed to assist inmates and staff in identifying, treating, and preventing other infectious diseases, we recommend the Department monitor the incidence of other infectious diseases.

Section 3

Alternative Approaches

The Auditor General is required when appropriate to identify and comment upon alternatives for accomplishing the goals of the program being audited. Accordingly, we reviewed literature on HIV and AIDS and other infectious diseases to identify alternative approaches for identifying, preventing, and treating infectious diseases. We interviewed program administrators and staff at two state correctional institutions. We also interviewed correctional system officials from 15 selected states, and staff from the National Institute of Justice.⁶

We identified four alternative approaches that could be used by correctional institutions to identify, prevent, and treat infectious diseases. These alternatives include:

- Mandatory testing of all inmates for HIV;
- Epidemiological testing;
- Condom distribution; and
- Establishing a special care facility.

Mandatory HIV Testing. During inmate orientation to the Florida correctional system, the Department routinely tests inmates for some sexually transmitted diseases (STDs) and tuberculosis (TB). The Department, however, has a voluntary HIV testing policy, i.e., an inmate must first request to be tested for HIV before such a test will be administered.⁷ Because s. 381.004, F. S., prohibits testing individuals for HIV without

⁶ The 15 states we contacted regarding alternative strategies include: Alabama, California, Georgia, Illinois, Iowa, Michigan, Mississippi, Nevada, New Jersey, New York, Pennsylvania, Texas, Vermont, Virginia, Wyoming.

⁷ The Department's policy on HIV was adopted August 7, 1990, and provides that "Confidential testing for HIV is to be made available to all inmates on a voluntary basis."

their informed consent, the Department would need legislative authorization prior to implementation of mandatory HIV testing.⁸

Correctional systems in several states routinely test inmates for infectious diseases including HIV. Of the 15 states we contacted, all 15 indicated that inmates are routinely tested for STDs and TB. In addition, 7 of the 15 states employ mandatory HIV testing of all inmates. These states are Alabama, Georgia, Iowa, Michigan, Mississippi, Nevada, and Wyoming. These states all indicated that inmates are tested for HIV during their orientation into the correctional system. With the exception of Wyoming, where some inmates have refused to be tested for HIV, officials in the remaining 6 states indicated they had not experienced any problems with mandatory HIV testing.

Based on discussions with National Institute of Justice staff, program administrators, staff in other states, and our literature review we identified two advantages to the use of mandatory HIV testing of inmates. First, mandatory testing may detect an increased number of carriers of HIV who may be unaware that they could infect others. An epidemiological study in 1988-89 suggested that approximately 6% of the male inmates and 8% of the female inmates admitted to the Florida Department of Corrections were infected with HIV.⁹ As of June 30, 1993, the Department had identified 1,507 inmates, or 3% of the total inmate population, as having the virus. However, because the Department only tests individuals on a voluntary basis, the Department may not have identified all of the inmates who are infected. Mandatory testing would provide the most comprehensive information on the extent of HIV infection within the Florida prison system and would enable the Department to determine the rates at which HIV may be increasing.

⁸ Section 381.004, F. S., allows for HIV testing without consent under certain conditions. Included within these conditions is HIV testing of persons convicted of prostitution and when testing is mandated by court order.

⁹ "Prevalence of Antibody to HIV-1 among entrants to U.S. Correctional Facilities", JAMA, March 6, 1991, Vol. 265 No. 9, pp. 1129-1132.

A second advantage to mandatory testing would be that early detection of HIV allows the Department to initiate early treatment. Early treatment reduces the chance that the individual may contract opportunistic infections.¹⁰

We also identified two disadvantages to the use of mandatory HIV testing. First, mandatory HIV testing may not identify all HIV infected inmates. HIV generally cannot be detected for a period of 2 to 12 weeks after initial exposure. It is possible, therefore, that some inmates who have the virus will test negative if they are tested during this 2 to 12 week period. Consequently, the Department cannot ensure that mandatory testing will identify all inmates with HIV unless those inmates who test negative for HIV are retested at a later date.

A second disadvantage of mandatory HIV testing is that it would result in increased costs to the Department. HIV testing consists of two tests; the initial test detects HIV antibodies, and the second test confirms this infection.¹¹ All inmates would receive the initial test, and those inmates testing positive to the initial test would receive the confirmation test. The initial test costs \$6.40 per individual, and the second test costs \$15.60 per individual. The Department would also need to periodically conduct follow-up tests of those inmates who initially test negative. We estimated annual costs for testing inmates on a quarterly basis would be approximately \$1.5 million. If the Department tested inmates semi-annually, we estimated the annual costs would be approximately \$0.7 million.

Epidemiological Testing. Section 381.004(3)(f)8, F.S., authorizes HIV testing for epidemiological research provided that no identifying characteristics are disclosed.¹² The advantage of epidemiological testing is that it is less costly than mandatory testing

¹⁰ Opportunistic infections are diseases or conditions that take advantage of the body's lowered resistance to infection caused by the destruction of the immune system by HIV or other factors.

¹¹ The initial test is the ELISA test, and the confirmation test is the Western Blot.

¹² Epidemiology is the study of incidence, distribution, and control of a disease in the population. Epidemiological testing requires a random sample be selected from the inmate population at the testing site. In such testing individual subjects are not identified.

because it would require testing on a sample basis as opposed to testing all inmates. In addition, epidemiological testing would provide more useful information regarding the extent of HIV infection than can be obtained from the Department's current policy of testing upon request. The Department could use this information to better estimate the need for health care resources.

One disadvantage of epidemiological testing is that the Department would incur additional costs. As with mandatory testing, epidemiological testing would also require the use of both HIV tests. As described earlier, the costs associated with these tests are \$6.40 for the initial test and \$15.60 for the confirmation test. In addition, another disadvantage of epidemiological testing is that the resulting data is only applicable to the test site and cannot be generalized to other institutions or populations.

The costs associated with epidemiological testing of inmates depends in part on the sample size and the frequency of testing. For example, the cost to test 20% of the prison population would be approximately \$75,000. For our estimate, we assumed a prison population of 47,000 inmates and assumed 10% of those tested would test positive and require a confirmation test. Total annual costs would depend on the frequency of testing.

Condom Distribution. Condom distribution within the correctional setting is controversial, and only 2 of the 50 states distribute condoms to inmates.¹³ Mississippi and Vermont both make condoms available to inmates either by distribution through health services or through sales in the store located at each prison.

Proponents of condom distribution argue that condoms help prevent the spread of STDs including HIV. A report, issued January 1993, by the Governor's Red Ribbon Panel on AIDS, has recommended that condoms be made available to inmates in Florida as a part of a comprehensive HIV and AIDS prevention program and upon discharge from the system.

¹³ Fred Karlinsky. "Policies Regarding HIV In Various Jurisdictions." Florida House Corrections Committee, October 22, 1991.

Opponents of condom distribution argue that the correctional system is not an appropriate setting for this prevention method. For example, opponents argue that condoms may be used as a weapon, i.e., strangulation, and/or to conceal contraband. Furthermore, one Department official said that the distribution of condoms to inmates may be perceived by the public or the inmates as condoning illegal sexual activity.

The costs associated with the distribution of condoms would depend on the distribution system used. Condoms can be purchased at a cost of \$47 per thousand or 4.7 cents each.

Special Care Facility. Currently, inmates requiring medical care are treated at the institution where they are incarcerated. If the institution is unable to meet the medical needs of the inmate, the inmate is then transferred to the correctional hospital facility at the North Florida Reception and Medical Center (NFRMC). The NFRMC is the only correctional hospital facility in the Florida correctional system. If the NFRMC is unable to care for the inmate, the inmate is treated at a private hospital. As an alternative to contracting with private hospitals, the Department has proposed constructing a central care facility to treat inmates requiring special care for AIDS. For fiscal year 1994-95, the Department has requested \$890,000 to remodel an existing correctional facility in central Florida as a special needs facility for inmates seriously ill with AIDS and requested an additional \$1.9 million for operating costs.

The advantage of a special care facility is that inmates can be treated while remaining within the correctional system. In addition, the Department could better allocate resources by having specialized medical personnel located at one facility rather than assigning various specialists to different institutions. A special care facility would reduce the need for external medical services thus reducing the Department's costs for such services. For fiscal year 1991-92, the Department's external AIDS related costs were approximately \$3.8 million. A potential disadvantage is that a specialized facility would be used to separate

inmates with AIDS from the general inmate population, thus restricting access to privileges or facilities available to most inmates, such as libraries.

Conclusion

We have identified several alternative approaches for the identification, prevention, and treatment of infectious diseases within the correctional system. Exhibit 3 summarizes the advantages, disadvantages, and costs associated with each alternative. The Legislature should consider these alternatives as it deliberates funding levels for testing, diagnosing, and treating inmates with HIV and AIDS.

Exhibit 3

Comparison of Alternative Approaches to
Managing HIV/AIDS in the Correctional System

Alternative	Advantages	Disadvantages	Cost
Mandatory Testing	Early detection of those who may be unaware they could infect others and better information on time of infection	May not detect all HIV + inmates due to time to confirm infection	\$1,496,480 to test all inmates quarterly
	Early treatment reduces the chances of contracting opportunistic infections	Increased costs to the Department for testing all inmates	\$748,240 to test all inmates semi-annually
Epidemiological Testing	Less costly to test a sample of inmates than testing all inmates under a mandatory program	The Department would incur additional costs compared to its current voluntary testing program	Depends on sample size required to get acceptable level of accuracy: e.g., sample of 20% of population would cost approximately \$75,000
	Could provide more useful information than the present voluntary testing program	The data obtained would be applicable only to the test site and not to all institutions	
Condom Distribution	Could help prevent the spread of STDs including HIV	Condoms could be used as a weapon to do harm to inmates or staff	Condoms could be provided at a cost of \$47 per 1,000 condoms
		The public or inmates could interpret the distribution of condoms as condoning illegal sexual activity in the correctional institutions	
Special Care Facility	Inmates may be treated within the correctional system	The separation of AIDS inmates from the general population of inmates could restrict access to certain privileges or facilities	The Department has requested \$890,000 to remodel existing facilities to house the special care unit
	Department could better allocate resources using specialized medical personnel at one facility and reduce costs		The Department is requesting an additional \$1.9 million to operate the special care facility in fiscal year 1994-95

Source: Developed by Office of the Auditor General staff from Department data and interviews with Department of Health and Rehabilitative Services staff.

Appendices

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Appendix A

Cost Estimates for Mandatory HIV Tests

To estimate the cost of a mandatory HIV testing program for inmates, we obtained information on the costs of the two tests used to detect HIV. The initial test for HIV is the ELISA test which costs \$6.40 per individual. The confirmation test for those inmates testing positive to the ELISA is the Western Blot test which costs \$15.60 per individual. We assumed that 10% of the inmates tested would test positive on the ELISA test and would require the Western Blot. Our assumption was based on 1991-92 Department information that indicated 9.6% of the inmates given the ELISA test received the Western Blot test.

The Department's annual cost for testing all inmates for HIV would depend on the number of inmates tested and the number of times the inmates are tested per year. For our estimate we used the number of inmates admitted to the correctional system in fiscal year 1991-92 (35,000 inmates) and the number of inmates in the correctional system on June 30, 1992, (47,000 inmates). We assumed the number of incoming inmates was equal to the number of inmates released during the year so that the inmate population remained at 47,000 during the year.

HIV generally cannot be detected for a period of 2 to 12 weeks after initial exposure, therefore, the Department would need to periodically conduct follow-up tests of those inmates who initially test negative. We assumed for our estimates that the Department would test all inmates for HIV on a quarterly or semi-annual basis. We estimated the Department would incur total annual costs of approximately \$1.5 million to test inmates for HIV on a quarterly basis or approximately \$0.7 million to test inmates for HIV on a semi-annual basis. See Table A-1 for our calculations of mandatory HIV costs.

Table A-1

Cost Estimates for Mandatory HIV Tests

Type of Tests	Cost Per Test	Number of Inmates Tested	Total Costs
<i>HIV Tests Administered Quarterly</i>			
ELISA	\$ 6.40	8,750 New inmates	\$56,000
ELISA	6.40	38,250 Current inmates	244,800
Western Blot	15.60	875 New inmates	13,650
Western Blot	15.60	3,825 Current inmates	59,670
Total Quarterly Costs			<u>\$374,120</u>
Total Annual Costs			<u>\$1,496,480</u>
<i>HIV Tests Administered Semi-Annually</i>			
ELISA	\$ 6.40	17,500 New inmates	\$112,000
ELISA	6.40	29,500 Current inmates	188,800
Western Blot	15.60	1,750 New inmates	27,300
Western Blot	15.60	2,950 Current inmates	46,020
Total Semi-Annual Costs			<u>\$374,120</u>
Total Annual Costs			<u>\$748,240</u>

Assumptions:

- (1) Annually 35,000 inmates admitted to the prison system.
- (2) Inmate population remains at 47,000 during the year.
- (3) Of the inmates given the ELISA test, 10% test positive and require the Western Blot Test.
- (4) HIV Tests would be administered either quarterly or semi-annually.

Source: Developed by Office of the Auditor General staff from Department data.

Appendix B

Response From the Department of Corrections

In accordance with the provisions of s. 11.45(7)(d), F.S., a list of preliminary and tentative audit findings was submitted to the Secretary of the Department of Corrections for his review and response.

The Secretary's written response is reprinted herein beginning on page 35.

FLORIDA
DEPARTMENT of
CORRECTIONS

Governor
LAWTON CHILES
Secretary
HARRY K. SINGLETARY, JR.

2601 Blairstone Road • Tallahassee, Florida 32399-2500 • (904) 488-5021

November 18, 1993

Honorable Charles L. Lester
Auditor General
111 West Madison Street
Post Office Box 1735
Tallahassee, Florida 32302

Dear Mr. Lester:

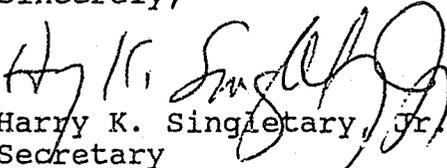
Pursuant to the requirements of Section 11.45(7) (d), Florida Statutes, enclosed is my response to the preliminary and tentative audit findings and recommendations related to:

Efforts to Identify, Prevent, and Treat Infectious Diseases
by the Department of Corrections

This response reflects the specific action taken or contemplated to address the deficiencies cited.

Thank you for your continued cooperation and presentation of recommendations for the improvement of our operations.

Sincerely,


Harry K. Singletary, Jr.
Secretary

HKSJr/rfc

Enclosure

cc: Bill Thurber, Deputy Secretary
Charles R. Mathews, M.D.,
Assistant Secretary for Health Services
Ron Kronenberger, Assistant Secretary for OMB
Ronald L. Ferguson, Chief Internal Auditor

DEPARTMENT OF CORRECTIONS
Response to Preliminary Audit Findings
Efforts to Identify, Prevent, and Treat Infectious Disease

Finding I

The audit report states:

"In addition, the Department could improve its procedures for verifying the reliability of infectious disease information".

Response

The workload report provides data that is sufficiently accurate for purposes of determining workload. We agree it can be improved, but we do not believe it is necessary to make a major effort, as there does not appear to be a significant identified unaddressed problem.

Recommendation

To identify whether changes in the incidence of infectious disease result from conditions within the prison system, we recommend the Department separately compile information regarding infectious diseases identified among newly incarcerated inmates.

Response

Within the past 30 days, OHS has filled the Central Office Infection Control position with a trained nurse epidemiologist for the first time. OHS will review this recommendation to determine what will be required to accomplish this and what cost benefits will be achieved. OHS currently has adequate information to comply with this recommendation.

Recommendation

To help ensure data accuracy and reliability we recommend the Department develop procedures to assess data completeness, data authenticity, and the accuracy of computer processing for infectious disease workload data.

Response

Recently the department has been able to obtain data entry operator positions at all institutions responsible for entry of workload data. OHS will prepare a health services administrative memorandum explaining how to assess data for completeness, authenticity and accuracy, as well as sampling techniques to validate results. It should also be noted that within the OBIS-HS technical manual there are instructions on how to validate data.

Recommendation

In addition, we recommend the Department develop procedures to verify expenditures submitted for reimbursement from special HIV and AIDS appropriations.

Response

The department will institute procedures for verification of HIV/AIDS expenditure reimbursement. OMB & OHS will jointly devise policies to validate reimbursements.

Finding II**Recommendation**

To determine whether all inmates receive AIDS education, we recommend the Department develop procedures to verify that each inmate has received AIDS education as required by law.

Response

The department will develop additional procedures to ensure all inmates receive AIDS education.

Recommendation

In addition, we recommend the Department review its AIDS education program to ensure training materials are specifically designed for inmates.

Response

The department believes the current program adequately addresses the inmate training issue. However, the department will conduct a review to ensure training materials are current and specifically designed for the inmate population.

Recommendations

We recommend the Department establish clearly defined written goals and objectives for its AIDS education program. We also recommend that the Department establish performance measures related to program inputs, outputs, program outcomes, and program efficiency and effectiveness.

Response

It is within existing resources to establish written goals and objectives for our AIDS education for staff and inmates and the department will do so. However, the performance measures recommendation would presuppose available resources to accomplish the goals and objectives. To the extent possible within existing resources the department will make every effort to establish meaningful performance measures to assess the AIDS education program.

Recommendation

To determine if educational efforts are needed to assist inmates and staff in identifying, treating, and preventing other infectious diseases, we recommend the Department monitor the incidence of other infectious disease.

Response

The department does not believe that there is a basis for additional monitoring of infectious diseases. Currently, we monitor HIV/AIDS, TB, hepatitis and sexually transmitted diseases. We do report all infectious disease to the Department of Health and Rehabilitative Services as required by rule. Additional monitoring would be costly and we believe without utility, however, we will review our education efforts.

Other Comments

The department acknowledges the alternative approaches cited in the audit report.

Currently, the department is reviewing the mandatory HIV testing issue with various groups such as the Florida Medical Association and the Correctional Medical Association, and has not yet determined if this alternative is appropriate for our use. Exhibit 3 does not include staff costs for additional FTE's required to handle the testing. Additionally, it only addresses the average daily population and not the service population.

Epidemiological testing for HIV. The department agrees with this approach and plans to do selected epidemiological testing for HIV in the near future to compare with the results of the 1989-90 testing.

Regarding condom distribution, the department does not support this alternative.

Special care facility. The department agrees that this approach is a valid alternative to current practice with considerable opportunity to generate significant cost avoidance. The department has made this alternative a major legislative priority.