

**MEMORANDUM OF UNDERSTANDING
BETWEEN
MARATHON COUNTY HEALTH DEPARTMENT
AND
HIV PARTNER SERVICES JURISDICTION MEMBERS**

HIV PARTNER SERVICES JURISDICTION MEMBER AGENCIES:

Portage County Health Department
Wood County Health Department

PURPOSE OF AGREEMENT:

The purpose of this agreement is to facilitate coordination of the provision of HIV Partner Services between Marathon County Health Department (Local Agency) and Portage and Wood County Health Departments (Member Agencies).

MARATHON COUNTY HEALTH DEPARTMENT AGREES TO:

1. Serve as the Local Agency for the provision of HIV Partner Services for Portage and Wood counties.
2. Notify county of residence within 2 working days when a HIV case is reported.
 - a. Portage County – reports will be made to the department’s Communicable Disease confidential voice mail box number 715-345-5907 (leave name of individual), requesting confirmation of receipt.
 - b. Wood County – reports will be made to Joanne Kuennen, Public Health Nurse per telephone at 715-421-8922. Marathon County will notify Wood County of a new report and request to be contacted (do not leave the name of the individual on voice mail).
3. Carry out the provisions of the HIV Partner Services that is consistent with current State Agency standards, policies, and procedures as stated in the Wisconsin Partner Services Policy and Procedure Manual. HIV Partner Services activities include:
 - a. Assist clients in identifying and notifying sex and needle sharing partners and others at risk;
 - b. Offer and refer clients/partners/contacts at risk for HIV prevention and behavior change counseling;
 - c. Offer HIV antibody testing to partners and contacts at risk;
 - d. Assess clients/partners/contacts medical and other needs;
 - e. Assist clients/partners/contacts in linking to needed resources; and

- f. Provide follow-up to ensure clients and contacts receive appropriate care.
4. Refer clients as appropriately with the ARCW (AIDS Resource Center of Wisconsin).
5. Maintain working relationship and strict confidentiality in communicating with other health care providers involved in the care of the client.
6. Locate and offer retesting to the individuals receiving indeterminate HIV test results.
7. Consult with member agencies where an assigned case resides.
8. Attend required HIV Partner Services meetings and required trainings conducted by the State Agency.
9. Meet with representatives from Portage and Wood counties on an annual basis to update them on HIV Partner Services program and HIV/AIDS state initiatives.
10. Meet with representatives from the ARCW on annual basis.
11. Provide the number of new clients served each by January 15th to the member agencies' Health Officer.

HIV PARTNER SERVICES JURISDICTION MEMBERS AGREE TO:

1. Designate Health Department employee(s) from respective county to serve as liaison to MCHD HIV Partner Services public health nursing staff. Liaison available to field questions regarding available health care and community resources (e.g., HIV testing, etc.)
2. Provide private office space for Local Agency public health nurses to meet with clients/partners/contacts and arrange for HIV testing on site as needed. Local Agency public health nurse will work with Agency Member designated public health nurse to arrange a time whereby testing and vaccinations can be done in Agency Member's clinic setting.
3. Consult on client cases as needed (e.g., co-infections (Hep B, TB, case management services that are unable to be met through Local Agency or ARCW).

LOCAL /MEMBER AGENCY WITHDRAWAL

Marathon County Health Department agrees to continue to serve as Local Agency for HIV Partners Services until either parties receives ninety day notices to end current terms of the agreement. The terms of this MOU will be reviewed annually no later than December of the current agreement year.

Marathon County Health Department

Authorizing Signature

Name (Print)

Title

Date

Wood County Health Department

Authorizing Signature

Name (Print)

Title

Date