



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

NORA VARGAS
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: June 8, 2021

XX

TO: Board of Supervisors

SUBJECT

AUTHORIZATION TO ACCEPT TUBERCULOSIS CONTROL AND TREATMENT AND REFUGEE HEALTH ASSESSMENT SERVICES FUNDING, AUTHORIZATION TO APPLY FOR ADDITIONAL TUBERCULOSIS TREATMENT AND CONTROL AND REFUGEE HEALTH ASSESSMENT SERVICES FUNDING OPPORTUNITIES AUTHORIZATION TO ACCEPT TB ELIMINATION INITIATIVE IMPLEMENTATION PLAN (DISTRICTS: ALL)

OVERVIEW

The County of San Diego (County) provides tuberculosis (TB) prevention and control services through a combination of federal, state, and local funding. Since 1982, the Centers for Disease Control and Prevention (CDC) has awarded the County federal funds under a non-competitive Tuberculosis Control Cooperative Agreement to fund the cost of County personnel and other items that support TB surveillance and control. Since 1999, the San Diego Board of Supervisors (Board) has authorized grants with the State of California Department of Public Health (CDPH), and the CDC for TB control and treatment, and refugee health assessment services.

On July 23, 2019, the Board authorized Public Health Services to develop and launch the San Diego County Tuberculosis Elimination Initiative (TBEI). TBEI has worked with over 35 local partners to develop recommendations to eliminate TB which were reported in a memorandum to the Board dated February 16, 2021. Since that time, TBEI has been working with our local partners on implementation planning based on those recommendations to eliminate TB in San Diego County.

Today's actions request the Board to do the following:

1. Accept funds and authorize the Clerk of the Board, upon receipt, to execute documents related to the following grants recommendations:
 - TB Control Cooperative Grant from CDC for the term January 1, 2022 through December 31, 2022, for approximately \$2,000,000 and any additional funding opportunities.
 - TB treatment and control funding from CDPH for the term July 1, 2021 through June 30, 2022, for approximately \$886,920 and any additional funding opportunities; and
 - Refugee Health Assessment Program Fee for Service Agreement, Refugee Health Prevention Program Agreement, Asylum Seeker Health Surveillance and Linkage to Care

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from CDPH for the term October 1, 2021 through September 30, 2022, for approximately \$1,750,000 and any additional funding opportunities.

2. Accept the San Diego County TB Elimination Initiative (TBEI) Implementation Plan.

Today's actions support the countywide *Live Well San Diego* vision by building a better service delivery system to reduce the spread of disease and improve health outcomes in San Diego County, to promote a healthy, safe, and thriving region.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Waive Board Policy B-29, Fees, Grants, Revenue Contracts - Department Responsibility for Cost Recovery, which requires prior approval of grant applications and full-cost recovery of grants.
2. Authorize the acceptance of approximately \$2,000,000 in grant funds from the Centers for Disease Control and Prevention for the period of January 1, 2022 through December 31, 2022, for tuberculosis control and treatment services, and authorize the Clerk of the Board, upon receipt, to execute all required grant documents, including any annual extensions, amendments and/or revisions that do not materially impact the services or funding level.
3. Authorize the acceptance of approximately \$886,920 in grant funds from the California Department of Public Health for the period of July 1, 2021 through June 30, 2022, for tuberculosis control and treatment services, and authorize the Clerk of the Board, upon receipt, to execute all required grant documents, including any annual extensions, amendments, and/or revisions that do not materially impact the services or funding level.
4. Authorize the acceptance of approximately \$1,750,000 in grant funds from the California Department of Public Health for the period of October 1, 2021 through September 30, 2022 for the Refugee Health Assessment Program, Refugee Health Prevention Program, and Asylum Seeker Health Surveillance and Linkage to Care to provide refugee health assessment services, and authorize the Clerk of the Board, upon receipt, to execute all required grant documents, including any annual extensions, amendments and/or revisions that do not materially impact the services or funding level.
5. Authorize the Agency Director, Health and Human Services Agency, to pursue and accept future funding opportunities to fund efforts that build capacity and enhance programs for prevention, early detection, care, and treatment needs of those impacted by TB, and ultimately, elimination of TB, as a public health threat.
6. Authorize the Tuberculosis Elimination Initiative to implement the activities outlined in the TBEI Implementation Plan.

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FISCAL IMPACT

Funds for this request will be included in the Fiscal Year 2021-23 CAO Recommended Operational Plan in the Health and Human Services Agency. If approved, this request will result in estimated costs of \$3,492,854 and estimated revenue of \$3,224,420 for Fiscal Year 2021-22 and estimated costs of \$1,755,789 and estimated revenue of \$1,412,500 for Fiscal Year 2022-23. Combined estimated costs are \$5,248,643 and estimated revenue is \$4,636,920 for the term of these grants. The funding sources are the State grant funds from the California Department of Public Health and federal grant funds from the Centers for Disease Control and Prevention. A waiver of Board Policy B-29 is requested because the funding does not offset all costs. These costs are estimated at \$959,679 for Fiscal Year 2021-22 and \$573,704 for Fiscal Year 2022-23. The funding source for these costs will be existing Health Realignment funds allocated for these programs. There will be no change in net General Fund cost and no additional staff years. There is no fiscal impact associated with the TBEI Implementation Plan. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

The Health Services Advisory Board voted to approve or reject these recommendations at its meeting on May 4, 2021.

BACKGROUND

Tuberculosis (TB) is a communicable bacterial disease transmitted from person-to-person through shared indoor air space. The infectious period usually lasts weeks to months, and treatment can take six to 18 months. Groups disproportionately affected by TB include individuals experiencing homelessness, persons with diabetes, kidney failure, cancer, and/or HIV infection. During infectious periods, individuals with TB are at a higher risk for loss of income, homelessness, and isolation from family and friends due to illness and workplace exclusion. Efforts to prevent contagion further disrupts existing social supports. Severe TB disease complications, such as brain and spinal infection, can also occur. Such complications are most common in children under the age of five and can result in strokes, hearing and vision loss, and developmental disabilities.

Only a small portion of TB infected individuals develop the disease immediately. Most people infected with TB harbor the undetected bacteria in their bodies, which is referred to as latent tuberculosis infection (LTBI). LTBI cannot be transmitted to others, but without treatment, these individuals have a 5-10% risk of reactivation and progression to infectious TB disease in their

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lifetimes. Of these individuals, an estimated 25% are aware of their infection and only 15% have been treated.

With significant gains in TB treatment and prevention, recent local TB transmission accounts for approximately 15% of new cases of active TB in California. Another 5% of active TB disease cases are imported among recent arrivers from other countries with high TB prevalence. The remaining 80% of active TB cases are due to reactivation of LTBI as this is the major source of new cases. Based on California Department of Public Health (CDPH) estimates, approximately 175,000 San Diego County residents are infected with LTBI. Currently, County of San Diego (County) TB Clinics provide short-course medication regimens to treat LTBI, an evidence-based practice recommended by the Centers for Disease Control and Prevention (CDC). Leveraging developments in TB treatment and prevention such as these is a crucial step in achieving the goal of TB elimination and realizing the full potential of the San Diego County TB Elimination Initiative.

The San Diego County Board of Supervisors (Board) approved the development and launch of the San Diego County TB Elimination Initiative (TBEI) on July 23, 2019 (7). The Initiative is a coordinated effort between the County and local stakeholders to build a TB elimination plan that targets LTBI, which causes 80% of active TB cases, and will decrease the incidence of active TB cases in San Diego County. This Initiative represents the County's years-long commitment to the elimination of TB. On February 16th, 2021 TBEI provided in a memorandum to the Board the recommendations to eliminate TB in San Diego County.

Since 1982, the CDC has awarded federal funds to the County, under a non-competitive Tuberculosis Control Cooperative Agreement. On March 16, 1999 (3), the Board authorized the Health and Human Services Agency (HHSA) to pursue additional funding to build capacity and enhance programs for early detection of threats to public health in San Diego County. Since this date, the County has received grants from the CDC and CDPH for countywide services, including TB testing and treatment. Today's action requests Board approval to accept the awards listed below.

Funding from the CDC of approximately \$2,000,000 will provide for TB prevention and control activities including surveillance and disease investigation for the period of January 1, 2022 through December 31, 2022. Approximately 192 active TB cases are reported in San Diego County for 2020.

Funding from CDPH of approximately \$886,920 will provide for TB investigation and case management for the period of July 1, 2021 through June 30, 2022, and includes:

- Approximately \$690,658 for disease investigation and prevention activities;

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- Approximately \$96,262 in Food, Shelter, Incentives and Enablers for housing and monitoring of patients; and
- Approximately \$100,000 for cross-border activities, including education and continuity of care activities.

The CDPH Fee for Service funding of approximately \$1,750,000 provides for the Refugee Health Assessment Program (RHAP), Refugee Health Prevention Project (RHPP) and Asylum Seeker Health Surveillance and Linkage to Care (ASHS) for the period of October 1, 2021 through September 30, 2022. The program serves refugees, asylees, Haitian and Cuban entrants, victims of trafficking, and persons with special immigrant visas. The RHAP, RHPP and ASHS programs will provide services to an estimated 5,584 refugees and 300 asylum seekers and will be reimbursed as follows:

- Approximately \$300 for fully completed assessments inclusive of TB, lead, and Hepatitis testing to refugees, approximately \$1,170,000 for 3,878 assessments;
- Approximately \$250 for partially completed assessments to refugees, approximately \$430,000 for 1,706 assessments;
- Approximately \$50,000 one-time lump sum for referrals to primary care for significant or chronic health issues for refugees, and
- Approximately \$100,000 one-time lump sum for fully completed assessments inclusive of TB, lead, and hepatitis testing and linkage to care to asylum seekers.

It is estimated that 69.45% (3,878) of the 5,584 refugees will receive a fully completed health assessment and the remaining 30.55% (1,706) will receive a partially completed health assessment. An assessment is considered partial if any portion of the fully completed health assessment, (e.g., TB, lead, hepatitis testing) was not able to be completed for various reasons, or the client has declined. These culturally and linguistically appropriate, comprehensive health assessments are conducted by HHSa for newly arrived refugees, asylees, and victims of trafficking who have not been linked into the local medical system through RHAP. The comprehensive health assessments include tests and follow-up referrals for both communicable and chronic conditions within the first three months of arrival to San Diego County.

The services provided with these grants support the *Live Well San Diego* indicators of life expectancy and quality of life. The goal of these services is to reduce the spread of TB with a better service delivery system that includes testing, case management, and prevention programs. These services are critical components of the San Diego County TB Elimination Initiative, which aims to eliminate TB as a public health threat in the San Diego region.

TB Elimination Initiative Implementation Plan

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The County of San Diego, Health and Human Services Agency, Public Health Services (PHS) convened the TBEI Advisory Committee, Steering Committee, and five Action Committees in January 2020 with key community stakeholders from over 25 unique agencies including 35 non-county participants. The committee members identified barriers to elimination of TB, analyzed elimination strategies by the State and other counties, and identified opportunities to address local needs. The participants developed six key recommendations focused on San Diego County priorities to eliminate TB, as well as an implementation plan for TB elimination which outlines how the County will address those recommendations.

The San Diego County TBEI recommendations approved by the Board are: 1) Improve LTBI care cascade outcomes; 2) Promote awareness of LTBI as a major public health concern which is preventable and curable; 3) Develop a LTBI surveillance system to describe the burden of LTBI and monitor improvement of the LTBI cascade of care; 4) Implement TB screening in educational systems; 5) Improve access to treatment for LTBI and active TB; 6) Secure sufficient resources for implementing TBEI strategies.

The implementation plan for TB elimination outlines how the County will address those six recommendations:

1) Improve LTBI care cascade outcomes.

The LTBI care cascade shows the proportions of high-risk populations that have been tested and diagnosed with LTBI as well as the proportions starting and completing LTBI treatment. It assists in identification of gaps in the care cascade to guide further study and development of interventions to successfully close the gaps. Providing support and technical assistance for community providers to develop LTBI care cascades within their organizations and use the cascades for self-evaluation of care performance can enhance patient outcomes, leading to fewer cases of active TB.

The implementation plan includes three activities:

- 1.1 Create a TB/LTBI Community of Practice;
- 1.2 Engage community providers in demonstration projects for LTBI care cascade development and enhancement; and
- 1.3 Develop toolkit and best practices repository (ongoing for LTBI care cascade and models for access, screening, testing and treatment).

2) Promote awareness of LTBI as a major public health concern which is preventable and curable.

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By creating an effective communication campaign to encourage and promote testing and treatment of LTBI, individuals can become aware that LTBI can be diagnosed and treated easily, and treatment of LTBI prevents future development of active TB. Effective communication strategies which target high risk populations and healthcare providers who care for these populations can help to address health disparities in TB. Promotion of testing and treatment of LTBI with the use of patient education materials in a broad array of languages allows for improved communication between at risk patients and their healthcare providers.

The implementation plan includes four activities:

- 2.1 Engage and educate Providers about LTBI care cascade value and strategies;
- 2.2 Identify and address gaps in patient education materials and resources for San Diego County populations at high risk for LTBI;
- 2.3 Develop effective, culturally competent community and patient outreach communication campaign (Non-US born populations at highest risk for LTBI); and
- 2.4 Explore partnership opportunities to target binational, cross-border, and migrant worker populations.

3) Develop a LTBI surveillance system to describe the burden of LTBI and monitor improvement of the LTBI cascade of care.

Developing a surveillance system for LTBI diagnosis and treatment would help to capture metrics along the LTBI care cascade. Using the LTBI surveillance system, standard reports would assist in identifying actionable gaps in the LTBI care cascade and measuring the effectiveness of interventions designed to address gaps.

The implementation plan includes three activities:

- 3.1 Develop standard LTBI reporting measures for San Diego County community providers;
- 3.2 Establish a system to share LTBI patient data across healthcare and social services systems; and
- 3.3 Develop reporting system for sharing of metrics by County community providers.

4) Implement TB screening in educational systems.

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Implementing TB screening in educational systems like high schools and colleges can lead to early detection and prevention of active TB and detection of LTBI in younger populations. Screening all college students for TB risk factors, providing education regarding the need for testing, and enhancing communication of local resources for treatment can decrease LTBI and active TB cases. Furthermore, developing web-based tools and resources for student populations can allow easier and more timely access to screening, testing and LTBI treatment.

The implementation plan includes four activities:

- 4.1 Offer TB screening risk assessment as a resource in admissions or registration process for community colleges in San Diego County;
- 4.2 Screen high school seniors for TB risk factors in high-risk districts;
- 4.3 Establish a centralized web-based tool for the LTBI risk assessment questionnaire and electronic linkage to follow-up care for usage by colleges; and
- 4.4 Provide culturally and linguistically appropriate linkage to care materials for students.

5) Improve access to treatment for LTBI and active TB.

Working with pharmacies, clinics, and community healthcare providers to lower cost of treatment options for LTBI, including access to shorter duration options, is crucial to TB elimination. Moreover, improving access to and awareness about County programs for discounted and free treatment of uninsured and vulnerable patient populations would assist in treatment of active and latent TB, as well as decrease overall cases.

The implementation plan includes four activities:

- 5.1 Leverage existing vaccination and testing infrastructure that targets similar high-risk populations;
- 5.2 Expand access to County discounted and no cost TB/LTBI testing and treatment program;
- 5.3 Encourage telehealth options for LTBI screening and treatment; and
- 5.4 Address cost of IGRA testing and short-course treatment options for uninsured, self-pay and insured patients.

6) Secure sufficient resources for implementing TBEI strategies:

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Elimination of TB via public-private partnership, with participation from community clinics and healthcare providers and outreach to high-risk communities requires increased funding streams. Sufficient funding will broaden and support TB elimination efforts countywide and provide the capacity to fully execute the TBEI implementation plan.

The implementation plan includes one activity:

- 6.1 Collaborate with national, state, county and local community stakeholders and partners to apply for relevant funding to implement TBEI strategies.

Today's action is to approve the Implementation Plan for the San Diego County Tuberculosis Elimination Initiative and requests authorization for the Agency Director, Health and Human Services Agency, to pursue future funding opportunities related to tuberculosis elimination efforts. This item supports the Building Better Health and Living Safely components of the *Live Well San Diego* vision by bolstering local efforts that eliminate a curable disease to improve longevity and quality of life.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed actions support the Living Safely initiative in the County of San Diego's 2021-26 Strategic Plan, as well as the Building a Better Service Delivery System strategy of the *Live Well San Diego* vision by preventing and controlling the spread of tuberculosis, one of the leading infectious causes of death in the world today.

Respectfully submitted,

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HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

N/A

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AGENDA ITEM INFORMATION SHEET

REQUIRES FOUR VOTES: Yes No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED

 Yes No

PREVIOUS RELEVANT BOARD ACTIONS:

June 2, 2020 (7), Accept California Department of Public Health and Centers for Disease Control Grants for Countywide Tuberculosis Treatment and Control and Refugee Health Assessment Services; July 23, 2019 (7), Accept California Department of Public Health and Centers for Disease Control Grants for Countywide Tuberculosis Treatment and Control and Refugee Health Assessment Services and Authorize Participation in the San Diego County Tuberculosis Elimination Initiative; July 24, 2018 (4), Accept California Department of Public Health and Centers for Disease Control Grants for Countywide Tuberculosis Treatment and Control and Refugee Health Assessment Services; September 12, 2017 (6), FY 17-18 Tuberculosis Control Revenues and Services; September 13, 2016 (14), FY 16-17 Tuberculosis (TB) Control Revenues and Services; September 29, 2015 (10), FY 15-16 Tuberculosis (TB) Control Revenues and Services; June 17, 2014 (9), FY 14-15 Tuberculosis (TB) Control Revenues and Services; June 18, 2013 (11), FY 13-14 Tuberculosis Control Revenues and Services; December 4, 2012 (4), Notice Public Hearing on Proposed Reductions to Immunization and Tuberculosis Control Services; June 26, 2012 (10), FY 12-13 Tuberculosis Control Revenues and Services; June 28, 2011 (7), FY 11-12 Tuberculosis Control Revenues and Services; June 22, 2010 (10), FY 10-11 Tuberculosis Control Revenues and Services; May 12, 2009 (6), FY 09-10 Tuberculosis Control Revenues and Services; May 6, 2008 (7), FY 08-09 Tuberculosis Control Revenues and Services; April 24, 2007 (6), FY 07-08 Tuberculosis Control Revenues and Services; October 24, 2006 (14), Accept Revenue from CDC and CDPH; March 21, 2005 (15), Tuberculosis Control Revenue Agreement; September 17, 2002 (3), Tuberculosis Control Revenue and Services; March 16, 1999 (3), Investing in Public Health [Funding Source: State Health Realignment (Vehicle License Fees) Revenue]; February 2, 1999 (3), California Department of Health Services Letter of Award; June 6, 1998 (32), Public Health Revenue Agreements and Contracts; March 18, 1996 (21), TB Control Revenue Agreements; June 6, 1995 (26), Tuberculosis Program Adjustments; March 28, 1994 (7), Renewal of Tuberculosis Cooperative Agreement with Centers of Disease Control; March 9, 1993 (10), Renewal of Tuberculosis Cooperative Agreement with Centers of Disease Control; August 13, 1991 (17), Renewal of Tuberculosis Cooperative Agreement with Centers of Disease Control; October 23, 1990 (29), Renewal of Tuberculosis Cooperative Agreement with Centers of Disease Control; October 17, 1989 (32), Renewal of Tuberculosis Cooperative Agreement with Centers of Disease Control; December 13, 1988 (42), Renewal of Tuberculosis Cooperative Agreement with Centers of Disease Control; November 3, 1987 (26), Renewal of Tuberculosis

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Cooperative Agreement with Centers of Disease Control; October 12, 1982 (55), Tuberculosis Control Cooperative Agreement with Centers for Disease Control.

BOARD POLICIES APPLICABLE:

Board Policy B-29, Fees, Grants, Revenue Contracts – Department Responsibility for Cost Recovery.

BOARD POLICY STATEMENTS:

Waiver of Board Policy B-29 is requested because the State of California Department of Public Health and the Centers for Disease Control and Prevention revenues do not fully offset all costs. The public benefit for providing these services far outweighs these costs. The Health and Human Services Agency certifies that these services would be worthy of County support if outside funding were not available. Costs to be waived are estimated at \$1,645,374 for the terms of these grants. The unrecoverable costs will benefit the public as these funds provide consistent countywide tuberculosis prevention and control, as well as refugee health services for San Diego County. Tuberculosis is a communicable disease and the prevention, treatment, and control of it is essential to sustaining public health. The Public Health Services Tuberculosis Clinic serves all patients, but the primary population are uninsured, which ensures anyone can seek care for tuberculosis. Refugees receive patient navigation and health assessments, which link them into medical care. Without these countywide tuberculosis treatment and control services, and refugee health services, untreated tuberculosis and other communicable diseases would more easily spread throughout San Diego County.

MANDATORY COMPLIANCE:

N/A

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):

Centers for Disease Control and Prevention	Award – 503333
State TB Control Branch Main Grant	Award – 104615
Food, Shelter, Incentives and Enablers	Award – 104614
State TB Control Branch Border Project	Award – 104637
State Refugee Section	Awards – 503127 and 503128
State Asylum Seeker Section	Award – 508637

ORIGINATING DEPARTMENT: Health and Human Services Agency

OTHER CONCURRENCE(S): N/A

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