



**COUNTY OF SAN MATEO**  
Inter-Departmental Correspondence  
Health System



**Date:** July 16, 2014  
**Board Meeting Date:** September 9, 2014  
**Special Notice / Hearing:** None  
**Vote Required:** Majority

**To:** Honorable Board of Supervisors

**From:** Jean S. Fraser, Chief, Health System  
SaraT L. Mayer, Director, Public Health, Policy and Planning

**Subject:** Acceptance of Award from the California Department of Public Health  
Tuberculosis Control Branch

**RECOMMENDATION:**

Adopt a Resolution authorizing the acceptance of an award from the California Department of Public Health, Tuberculosis Control Branch for tuberculosis prevention and control activities for the term of July 1, 2014 through June 30, 2015, in an amount up to \$309,899 including an allotment of up to \$18,192 for food, shelter, incentives and enablers expenditures.

**BACKGROUND:**

In 2013 the local Tuberculosis (TB) rate in San Mateo County (County) was 7.8 per 100,000, an increase from the 2012 rate of 7.3. The County's TB rate is greater than the California rate of 5.7 per 100,000, and the U.S. rate of 3.0 per 100,000. Other Bay Area counties also have rates higher than the state and national rates. This is primarily attributable to high immigration rates from TB-endemic countries and large immigrant communities within the County. The high TB rates are also attributable to increased transmission among homeless populations, increased transmission in congregate settings such as prisons and jails, and a general reduction in the national public health infrastructure supporting TB control activities.

San Mateo County's TB Control Program (TB Program) staff provides prevention and control measures including case management, contact investigation, and directly-observed therapy (DOT). TB cases and their contacts are typically followed for six to twelve months.

**DISCUSSION:**

The California Department of Public Health (CDPH) provides funding for TB control activities, including the investigation of potential cases and DOT program

administration. Many patients diagnosed with TB may also have other challenges, such as unstable housing, inadequate nutrition, substance abuse, and lack of resources, all of which can interfere with treatment. CDPH recognizes these obstacles and provides incentive and enabler funds to assist with such needs at the local level. Funds may be used to enhance adherence to treatment protocols, prevent homelessness, and allow the use of less restrictive alternatives that decrease or prevent the need for detention for treatment. Examples of incentives include vouchers for transportation, food and limited rent assistance.

The TB Program operates in compliance with both the CDPH Policies and Procedures Manual and the conditions stipulated by the State TB Control Branch.

The Acceptance of Award agreement and Resolution have been reviewed and approved by County Counsel as to form.

The acceptance of this award contributes to the Shared Vision 2025 outcome of a Healthy Community by providing funds to identify and case manage TB patients to prevent spread of the disease. It is anticipated that approximately 58 active TB cases will be case managed by the TB Program, with exposed contacts investigated and managed accordingly.

**PERFORMANCE MEASURE(S):**

Measure	FY 2013-14 Actual	FY 2014-15 Projected
Number of active TB cases that will be case managed to ensure they are no longer infectious, with exposed contacts investigated and managed accordingly.	58	58

**FISCAL IMPACT:**

The term of the award is July 1, 2014 through June 30, 2015. The total amount is \$309,899. The Base Award is \$291,707 and \$18,192 is for food and shelter incentives. The revenue and expenditures associated with this Award are included in the Public Health, Policy and Planning FY 2014-15 Recommended Budget. There are no required matching funds included in this award, resulting in no Net County Cost.