



TUBERCULOSIS (TB) CONTROL & REFUGEE HEALTH BRANCH REVENUES

Presented to Health Services Advisory Board on July 3, 2018

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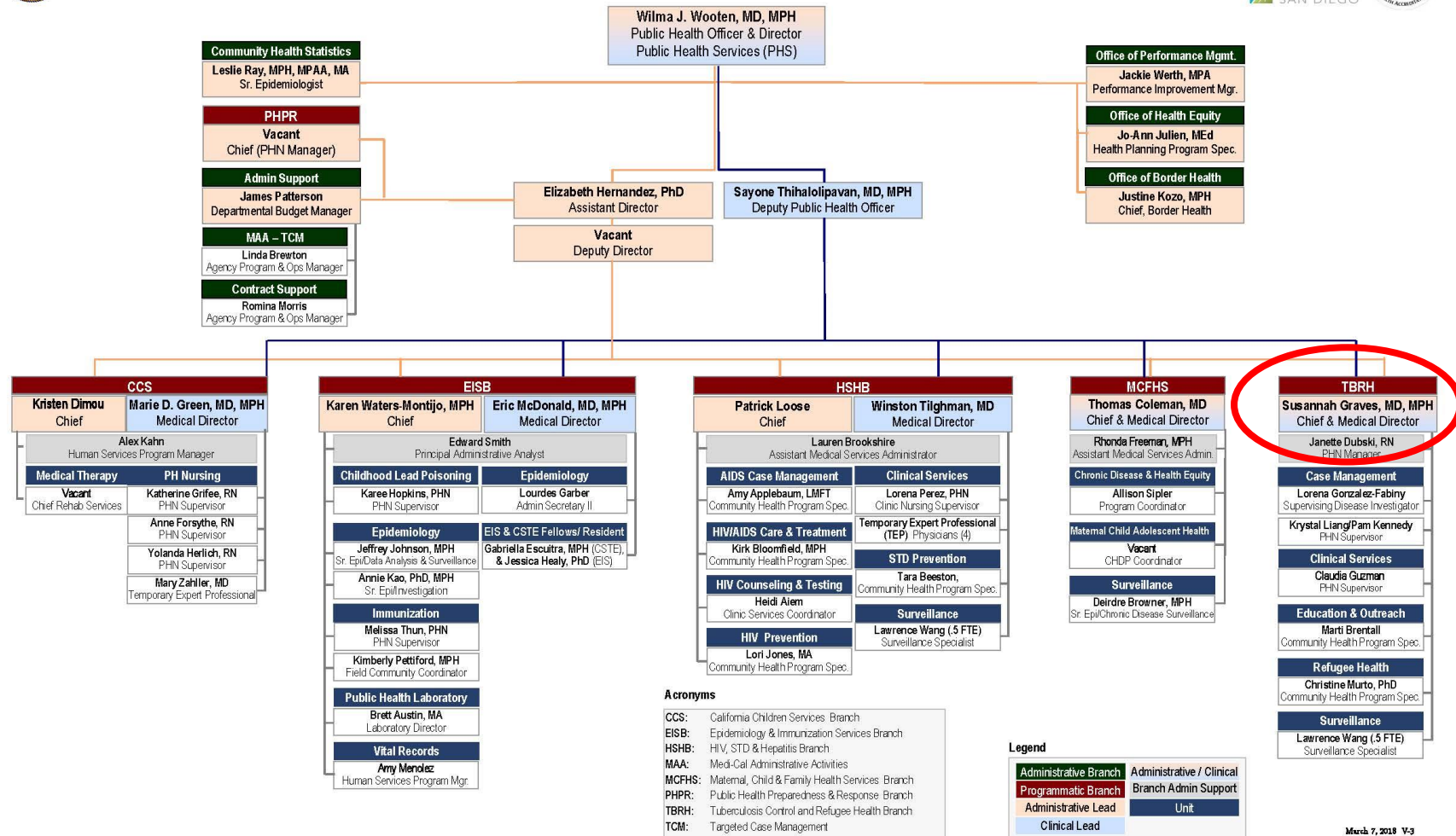
PURPOSE



COUNTY OF SAN DIEGO | HEALTH & HUMAN SERVICES AGENCY | PUBLIC HEALTH SERVICES



ORGANIZATIONAL CHART



Acronyms

- CCS: California Children Services Branch
- EISB: Epidemiology & Immunization Services Branch
- HSHB: HIV, STD & Hepatitis Branch
- MAA: Medi-Cal Administrative Activities
- MCFHS: Maternal, Child & Family Health Services Branch
- PHPR: Public Health Preparedness & Response Branch
- TBRH: Tuberculosis Control and Refugee Health Branch
- TCM: Targeted Case Management

Legend

Administrative Branch	Administrative / Clinical
Programmatic Branch	Branch Admin Support
Administrative Lead	Unit
Clinical Lead	

PURPOSE OF BOARD LETTER



To accept revenue through the combination of Federal and State grants to further enhance TB control and Refugee Health within the region

Source	CA Dept. of Public Health (CDPH)	CDPH Refugee Health Assessment Program	Centers for Disease Control & Preventions (CDC)
Amount	\$972,998	\$365,400*	\$1,884,780
Period	Jul 1, 2018 – Jun 30, 2019	Oct 1, 2018- Sept 30, 2019	Jul 1, 2018 – Jun 30, 2019

*As of April 1, 2018 the CDPH, Office of Refugee Health changed to a fee for service model of reimbursement. This estimate is based on a predicted 1015 refugee arrivals and rates of assessment completion consistent with historical rates.

PURPOSE OF BOARD LETTER



Source	CDPH	CDC
Amount	\$1,338,398	\$1,884,780
Programs	<ul style="list-style-type: none">- Refugee Health Screening- Transitional Housing & Support- Treatment- Direct Observed Therapy (DOT)- Epidemiologic Studies	<ul style="list-style-type: none">- Investigation- TB control along border- TB Testing and Latent TB Infection Screening (LBTI)- DOT

OPPORTUNITIES FOR IMPROVEMENT



- **Implementation of Electronic Medical Records System (ERMS)**
 - Mitigation strategy: Train all field staff on new software and work with IT to ensure field equipment is appropriate.
- **Identify temporary housing for infectious and non-infection clients**
 - Mitigation strategy: Work with Agency Executive Office and Real Property to identify locations
- **Launch the TB Elimination Initiative**
 - Mitigation strategy: Work with community partners to build and communicate the initiative
- **Improve treatment for clients across the border**
 - Mitigation strategy: Expand coverage area
- **Continue to enhance cultural understanding of the new refugee population**
 - Mitigation strategy: collaborate with refugee resettlement agencies



- **Expansion of the Directly Observed Therapy (DOT) program in order to serve more individuals.**
- **More than 3,122 high risk individuals were screened for TB throughout the County**
- **Housing was provided for 58 infectious and non-infectious patients until rendered no longer communicable**

FY 17-18 OUTCOMES



- **TB exposure investigations were conducted for more than 800 individuals**
- **Conducted Direct Observed Therapy (DOT) for 237 individuals**
- **Provided health screening, referral, and follow-up to 1,787 Refugees attended the RHAP health screening**
- **Transnational referral of 153 confirmed or suspected cases of tuberculosis through CureTB**



TB CONTROL AND REFUGEE HEALTH

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Questions/ Feedback

