



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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Date: March 25, 2015

LHD: Fort Bend County Clinical Health Services

Attention: Dr. Mary desVignes-Kendrick, MD

Address: 4520 Reading Road, Ste. 200, Rosenberg, TX 77471

Subject: Letter of Intent: Tuberculosis Funding for Fiscal Years 2016-2017,  
Response Requested by April 6, 2015

Dear Dr. Mary desVignes-Kendrick, MD

The Tuberculosis and Refugee Health Services Branch (Branch) of the Texas Department of State Health Services (DSHS) announces the availability of funding for TB prevention and control effective every other year. The next funding cycle is effective September 1, 2015. The Branch estimates that the minimum cost to operate a TB prevention and control program in your LHD is \$110,000.00 based on morbidity in your service area. If a LHD's funding formula allocation falls short of this amount, the Branch **reserves the right** to withhold any direct TB funding. Additionally, the Branch will work with existing contractors to help them maintain a functional TB prevention and control program. However, given that funding is allocated via formula, fluctuations are to be expected. The Branch does reserve the right to maintain a reduction limit to maintain the functional stability of current contractors.

If you are interested in receiving funding you are requested to review and sign this letter of intent. By signing this Letter of Intent, Fort Bend County Clinical Health Services acknowledges its interest to provide tuberculosis (TB) prevention and control services within its service area for fiscal years 2016-2017 and further agrees to meet the following eligibility criteria:

1. Provide a 20 percent cash match of the DSHS award amount, which will be determined by the TB Funding Formula.
2. Design and maintain a tuberculosis program to provide all of the Essential Components of a Tuberculosis Prevention and Control Program as described below:

Your TB program will administer activities that include the following core components. Most components should be administered directly by the TB program, but a few (e.g., X-rays and interpretation, clinical physician services, DOT) may be administered by contract:

- A. Conduct overall planning and development of policy.
- B. Identify persons who have clinically active TB disease.
  - Maintain clinic capacity (to include physician and nurse capacity)
  - Maintain infrastructure to perform contact investigation capacity
  - Maintain access to X-ray and interpretation services
  - Maintain a referral system for other medical problems

- C. Manage persons who have or who are suspected of having TB disease.
    - Evaluate, treat and monitor confirmed and suspected TB patients
    - Provide directly observed therapy (DOT)
  - D. Identify and manage persons infected with *Mycobacterium tuberculosis*.
    - Evaluate and treat persons identified with TB infection who are at risk of progressing to TB disease
  - E. Provide laboratory and diagnostic services in collaboration with:
    - DSHS Laboratory (Austin), or
    - DSHS Laboratory (South Texas), or
    - Commercial laboratory and
    - Have the capacity to perform screening using interferon gamma release assay tests (IGRA) provided by DSHS
  - F. Collect and analyze data.
    - Perform surveillance and reporting
    - Participate in TB Cohort reviews
  - G. Maintain a competent TB workforce.
    - Participate in DSHS trainings that inform program staff of Texas policies, procedures and recommendations in the delivery of TB services
    - Participate in trainings provided by Heartland National TB Center and other national TB centers funded by the Centers for Disease Control and Prevention as needed
    - Assess staff competency in delivering program services
3. Provide DSHS with data regarding persons with TB infection who were identified in 2013 and have completed treatment for inclusion in the TB Funding Formula. The TB and Refugee Health Services Branch (Branch) will collaborate with DSHS Health Service Region 6/5 (HSR) TB program to review your LHD’s data of infected persons completing treatment for each calendar year in which this agreement remains in effect. Once the LHD and HSR 6/5 agree on verification of the data, the HSR will submit the data to the Branch.
4. Definition – TB infection also known as latent TB infection (LTBI): Persons identified as asymptomatic, having a positive test using Interferon-Gamma Release Assays (IGRA) or Tuberculosis Skin Test (TST), and a normal chest X-ray. Such persons shall receive and complete treatment for TB infection using a DSHS Branch-approved treatment regimen<sup>1</sup> that were identified as:
- contacts to a counted case in Texas, or
  - member of a special population, or
  - client of a DSHS-funded refugee health clinic.
5. Funding Variables

Formula Variable	Weight
Laboratory or Clinically Confirmed TB Cases	38
MDR-TB Cases	5
TB Cases Completing Treatment	7
TB Suspects	15
HIV/TB Co-infected Cases and Suspects	10
TB Cases and Suspects from Special Populations*	10
Total Population in Funded Area	5
Total Square Miles in Funded Area	5


<sup>1</sup> A medication regimen that is in line with DSHS Standards of Performance for the Prevention and Control of Tuberculosis, Section 5, Management of Patients on Treatment for Latent TB Infection (<http://www.dshs.state.tx.us/idcu/disease/tb/policies/>)

TB Infection as defined above	5
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\*member of a special population (child less than 5 at diagnosis, U.S. born minority, homeless, foreign born, substance abuse, Border resident-La Paz counties and diabetes) or a client of a DSHS-funded refugee resettlement program.

Please be aware that based on TB morbidity in your service area, the Branch estimates that the minimum cost to operate a TB prevention and control program in your LHD is \$110,000.00. If a LHD's funding formula allocation falls short of this amount, the Branch reserves the right to withhold any direct TB funding. Additionally, the Branch reserves the right to maintain a reduction limit to maintain the functional stability of current contractors.

By electronic signature below, I am acknowledging that Fort Bend County Clinical Health Services meets the requirements for funding for the provision of TB prevention and control services in the State of Texas.

   
 X \_\_\_\_\_

Printed Name: Robert E. Hebert

Title of Signatory: County Judge

Date: April 6, 2015

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