

## COLLIN COUNTY

Health Care Services 825 N. McDonald Street Suite 130 Mc Kinney, Texas 75069 www.collincountytx.gov

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**TO**: Collin County Health Care Board of Trustees

**FROM**: Candy Blair, Administrator, Health Care Services

**DATE**: May 23, 2022

**RE**: Renewal Application for Texas Department of State Health Services

(DSHS) FY2023 Tuberculosis (TB) Prevention and Control (State-

funding)

Attached for approval is the FY2023 Inter-Local Application and budget for DSHS TB state funds for the one-year grant period 09/01/2022 - 08/31/2023. Total award amount is \$299,599.00 to support our county's TB prevention and control activities. The county match required for the funding is \$59,920.00 and will be met by using existing employee personnel salaries. Due to the grant application deadline being 02/22/2022, the application was submitted to DSHS in a timely manner and needs approval.

Collin County Health Care Services (CCHCS) engages in reducing the spread of TB, which is a communicable disease spread through the air. TB state funds assist local health departments in accomplishing activities to prevent and eliminate TB in our communities.

Once the contract is executed, the Health Department will use the funds towards the salaries of five existing TB program staff members to include a Registered Nurse, (2) Health Care Analysts, a TB Outreach worker, and a Medical Assistant. In addition, the FY2023 DSHS TB funding allows for the addition of (1) new Functional Analyst position which will have a critical role in supporting the TB program. This position is in critical need for the program to continue to meet its reporting requirements and is requested to be included in the Health Department's FY2023 general budget. If approved in this grant's application, this would offset the need for this request and eliminate the fiscal impact to the Health Department since this is a no-cost grant award to the county.

Other program costs such as mileage travel for training, and medical supplies are included in the budget for the grant to offset program costs.

I respectfully request approval of this contract renewal application.

CB/cj