

CDC DIS Workforce Development Funding

The Disease Intervention Specialists (DIS) Workforce Development Funding is part of the American Rescue Plan Act of 2021. This \$1 billion investment will be used over a five-year period. The goal of the investment is to support 21st-century outbreak response needs by:

- 1. Expanding and enhancing frontline public health staff
- 2. Conducting DIS workforce training and skills building
- 3. Building organizational capacity for outbreak response
- 4. Evaluating and improving recruitment, training, and outbreak response efforts

For the first year, the DIS Workforce funding will be distributed as a supplement to [PS19-1901: STD Prevention and Control for Health Departments \(STD PCHD\)](#). [Detailed guidance](#) and [funding information](#) are now available.

Funding Q & A

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Application/Guidance

1. What is the purpose of this supplement?

The purpose of the CDC DIS Workforce Development Supplement is for state, local, and territorial jurisdictions to hire, expand, train, sustain, and support Disease Intervention Specialists (DIS) to strengthen the capacity of state, tribal, local, and territorial (STLT) public health departments to mitigate the spread of COVID-19 and other infections.

2. Will the supplement be a new grant number?

No. This funding will be issued as a supplement to CDC's RFA-PS19-1901, "Strengthening STD Prevention and Control for Health Departments" (STD PCHD). Funding will be awarded under each jurisdiction's existing STD PCHD grant number related to this cooperative agreement.

3. Who is eligible for this supplement?

The funding will be available to the 59 current recipients of CDC's RFA-PS19-1901, "Strengthening STD Prevention and Control for Health Departments" (STD PCHD).

4. When is the application due?

Within 60 days of receipt of funds, recipients must submit workplans, budgets and supporting materials that describe their approaches through 12/31/2021 for procuring sufficient personnel to meet jurisdictional response needs for the COVID-19 pandemic and other incident infections, prioritizing hard-to-reach communities, and on how recipients will focus efforts on diversity, equity, and inclusion in hiring and recruiting workers from local communities they serve. Recipients will be expected to provide a brief overview of their programmatic context and capacity to implement workforce development goals, and information on needs assessment, including their current organizational structure, current staffing, staffing and skills gaps, training, training gaps, and outbreak response capacity. Recipients will be expected to include organizational chart(s) and policy and procedure documents at the state and local levels, as applicable.

5. What is the performance period for this supplement?

The performance period begins with the date of award and will end December 31, 2021.

6. What is the budget period for this supplement?

Recipients will operate under the STD PCHD PS19-1901 budget period. The budget period for the supplement begins the date of award, which was June 21, 2021, and will end December 31, 2021.

7. Will we have to develop strategies and objectives based on how funding will support DIS and surveillance activities across infectious diseases and integrate into current STD PCHD reporting?

For this submission, these activities will be separate. Recipients will be asked to submit a separate supplemental work plan outlining their key activities and objectives across four priority areas of this supplemental funding award. The four priority areas are: (1) establish and expand the core public health workforce, (2) conduct workforce training and skills-building, (3) build organizational capacity for outbreak response, and (4) evaluate and continuously improve hiring, training, and outbreak response efforts.

8. Will there be options to modify our existing [STD PCHD] budgets to accommodate new staffing and positions?

STD PCHD recipients can submit modifications to their year 3 core budgets as per *Prior Approval Requirements* outlined in their most recent Notice of Award. Recipients are also encouraged to consider how supplemental funding will impact their budget planning and projections for year 4 of STD PCHD, and initiate discussions with relevant fiscal and administrative partners as needed to prepare for the year 4 continuation applications, due August 30, 2021.

9. Will there be an ability to ask for unobligated funds in expanded authority rather than a carryover request if we cannot spend the entire amount allotted for 2021 by December 31, 2021?

Funds will remain available for five years to conduct activities necessary to expand, train, and sustain a response-ready DIS workforce. STD PCHD recipients will be able to carryover funding as permissible under [Expanded Authority for Carryover](#).

10. **NEW QUESTION: Will requests for carryover be available if expanded authority cannot be used?**

Yes, carryover will be available.

11. What documents are required to be submitted for the supplemental funding application?

Within five business days of receipt of the Notice of Award, the Authorized Official for each respective recipient is required to acknowledge receipt of the guidance as a Grant Note in GrantSolutions. The acknowledgement must be submitted on official letterhead and utilize the *"Acknowledgement Letter for PS19-1901- COVID-19 Supplemental Funds"* attached to the guidance.

Within 60 days of receipt of the Notice of Award, the supplemental funding application package must be received by GrantSolutions and consist of the following documents:

Application for Federal Assistance 424

- One form for supplemental request – fill out the e-form in GrantSolutions

Budget Information 424a

- Total funding request- for supplemental project- provide form as an attachment

Workplan and Budget Narrative

1. CDC will provide a suggested work plan template. Recipients are not required to use the CDC template but will be required to submit all information included in the CDC work plan template. Also, an application checklist will be distributed to recipients through GrantSolutions.
2. The budget justification should go through 12/31/2021.

For details, refer to the CDC DIS Workforce Development Supplement guidance deliverables section and workplan template.

12. NEW QUESTION: Where in GrantSolutions is the budget and workplan submitted?

Recipients will submit a “budget revision amendment.” Starting from the Grants List page:

1. Select Manage Amendments and click the “New” button at the bottom
2. Select the amendment type, “Budget revision”
3. Click “Create amendment”

This leads to the GrantSolutions Amendment Application Control Checklist page where the online versions of the SF-424 and SF-424A can be completed, as well as upload supporting information such as the budget narrative and workplan.

13. NEW QUESTION: What happens if our initial workplan is rejected because it doesn't match priorities?

The recipient should ensure the submitted workplan addresses the parameters of the guidance. Reach out to your project officers with any questions before submitting a workplan. Once workplans are received, your project officer will review. If questions arise, they may request additional information.

14. How were the supplement award amounts calculated?

Funding is being allocated to 53 state and territorial health departments based on proportional [Community Resilience Estimates](#) (CRE). Six directly funded cities will be funded as a percentage of the state allocation.

The CRE was developed by the Census Bureau to reflect community resilience to recover from a disaster, especially from COVID-19. The CRE combines information from the 2018 American Community Survey (ACS) and Census Bureau's Population Estimates Program (PEP) (e.g., risk of poverty, crowding and disability in the community) and health conditions. Funding amounts were allocated proportionally based

on the percentage of the population with more risk as determined by the CRE, ensuring that no jurisdictions received less than \$1,000,000. There is a minimum funding allocation of \$1,000,000 per jurisdiction.

15. How much time do I have to spend the supplemental funds?

Funds will remain available for five years to conduct activities necessary to expand, train, and sustain a response-ready DIS workforce. STD PCHD recipients will be able to carryover funding as permissible under [Expanded Authority for Carryover](#).

16. What does the workplan look like, and when will it be shared with recipients?

A workplan template will be provided to recipients via GrantSolutions as soon as it is finalized.

17. Page 6 of the guidance says that the work plan and budget are due within 60 days of receipt of funds. Does the 60-day clock start the day we receive our NOA or the day the funds are deposited into our account?

Applications that include the workplan and budget are due August 20, 2021.

18. Should we write a budget as if we had it for the whole year?

The budget should reflect the approved funding amount for the budget period and any unused funds can be used the next year with expanded authority. **The budget period for the supplement is 6/21/21-12/31/21.** Programs must write a six-month budget for the first year of the supplement.

Funding

19. What is the range of funding?

There is a minimum funding allocation of \$1,000,000 per jurisdiction. The range of funding is from \$1 million to \$18.68 million per year.

20. My program is granted spending authority through the state legislature. What support can CDC provide programs which will have to seek spending and or hiring authorization?

DSTDP will be conducting one-on-one planning calls with each jurisdiction through the month of June to discuss program capacity to utilize these supplemental funds, with the objective of learning more about potential facilitators and barriers such as the situation mentioned above. DSTDP will work with STD PCHD

recipients and partner CDC programs to maximize the impact of state, tribal, local and territorial (STLT) funding appropriated through the [American Rescue Plan](#).

21. Will there be verbiage that indicates a certain amount of money should be used for rural areas?

This supplement does not require specific funding allocations for rural areas. CDC recommends that recipients utilize [CDC's Social Vulnerability Index](#) (SVI) data and tools or U.S. Census Bureau's [Community Resilience Estimates](#) to inform the jurisdiction's COVID-19 planning, response and hiring strategy. Recipients are also encouraged to utilize workforce assessments and to collaborate across levels of health departments to ensure program planning supports strategic expansion of the DIS workforce in areas where existing capacity is limited. We also strongly encourage state and territorial health departments to support local jurisdictions and tribal governments within their jurisdictions not directly funded through this supplement.

22. NEW QUESTION: The supplemental funds are included as “other” in the Notice of Award. Will it stay as “other” with core STD PCHD or be separated out?

The budget will be redistributed to the appropriate categories upon receipt and approval of your budget. The supplement budget will be a separate 424A within GrantSolutions.

23. What happens after the 5 years? Should states plan to absorb the cost after 5 years?

Federal support cannot be guaranteed beyond five years. Recipients are encouraged to evaluate and assess the impact of DIS on population-level health outcomes for COVID-19 and other infectious diseases to generate evidence-based recommendations for continued investment in the DIS workforce at federal, state, and local levels.

Progress Reporting Requirements

24. NEW QUESTION: My Epi Program is telling me that the first year of the supplemental funding is through the STD programs but might not be in the future. They would like to use it for DIS for their Epi needs other than COVID. Can you clarify if the funding will remain STD's to use or if Epi can take it from us?

These funds will continue to be a supplement to STD PCHD until they are incorporated into the next STD Prevention NOFO. The primary purpose and priority of this Supplement is to hire and support DIS to strengthen the capacity of state, tribal, local, and territorial public health departments to mitigate the spread of COVID and other infectious diseases.

25. Will this funding require additional variables to be collected for STDs/HIV?

Recipients will be expected to work with DSTDP to develop an evaluation plan to assess the impact of the expanded DIS workforce on hiring, training, and outbreak response efforts in funded health departments. Specific data variables have not yet been determined, but where possible, DSTDP will work to harmonize additional data collection with existing reporting to reduce administrative burden (e.g., via STD PCHD Performance Measures, ELC Enhancing Detection Performance Measures).

26. From a fiscal standpoint, do we need to track spend down and expenditure of these funds separately from our PCHD funds?

At this point, recipients should plan to track expenditures and obligations from this money separately from the core STD PCHD award. Additional information on fiscal reporting and expenditure tracking related to DIS Workforce Development funding will be communicated to recipients when available.

27. COVID is managed external to DIS services in my state — since the onset we've not been involved in COVID contact tracing. So other than getting the other program to newly include DIS in COVID activities such as contact tracing, we would be concerned about reporting COVID deliverables through receipt of these funds.

DSTDP recognizes that STD programs have varying levels of involvement and overlap with their COVID-19 response infrastructure. STD PCHD recipients are encouraged to work with health department partners [receiving related COVID-19 funds](#) to ensure alignment of staffing and hiring plans, and to share information related to any COVID-19 reporting measures that may be requested as part of the evaluation plan. Where possible, DSTDP will work to harmonize additional data collection with existing reporting to reduce administrative burdens (e.g., via STD PCHD Performance Measures, ELC Enhancing Detection Performance Measures).

28. What are the progress reporting requirements?

Recipients must submit progress and fiscal reports every 12 months. Progress reports must include status in meeting hiring goals at recipient and sub-recipient levels. Progress reporting also includes routine project monitoring calls with project officers. Fiscal reports must summarize progress in obligating and spending the allotted funds. Reporting templates will be made available for both the progress and fiscal reports. Recipients will also work with CDC to develop a monitoring and evaluation plan within the first six months of award to assess progress towards intended workforce development outcomes. CDC will work with recipients to create monitoring and evaluation plans that include process and outcome metrics related to staffing, hiring, and training; disease intervention measures; and outcomes related to COVID-19 and other infectious diseases response as applicable to the staff hired under this supplement.

Allowable Costs

29. Will we be able to use the funds to cover infrastructure costs, including space/rent?

Yes. Under *Allowable Costs*, the supplemental guidance states "...equipment and supplies necessary to support DIS... equipment needed to perform the duties of the position, and other costs associated with support of the expanded workforce (to the extent these aren't included in recipient indirect costs)."

Additional questions about allowable costs should be directed to your Project Officer and Grants Management Specialist.

30. (i) Can funding be used to support mobile app development and/or system level solutions? (ii) Can these funds go toward technological infrastructure (e.g., expanding technology developed for COVID contact tracing for STDs)?

The priority of this funding is to hire and support Disease Intervention Specialists (DIS) to strengthen the capacity of state, tribal, local, and territorial (STLT) public health departments to mitigate the spread of COVID and other infections. Allowable program costs do include "*Purchase of equipment and supplies necessary to support DIS including personal protective equipment, diagnostic tests (up to 10% of funding), computers, cell phones, internet costs, cybersecurity, software and technological tools, and equipment needed to perform the duties of the position...*" To the extent that technological investments will support successful DIS outcomes and increase timeliness investigations, these may be considered. If the focus is on innovation and/or adaptation of tools, recipients are encouraged to explore alternative funding mechanisms where that scope of work is more applicable. (E.g., ELC Enhancing or Expanding Detection).

31. Will we be able to use funds for clinical services?

Clinical services are not an allowable expense, per the Notice of Award. Up to 10% of supplemental funding can be used to support the purchase of diagnostic tests to support DIS. Support for clinical personnel who conduct DIS activities (such as public health nurses) is allowable. Recipients are encouraged to leverage partner funding mechanisms that are specifically focused on workforce expansion of clinical services staff to conduct public health activities, such as through the [CDC Crisis Response Cooperative Agreement: COVID-19 Public Health Workforce Supplemental Funding](#) and [ELC Enhancing Detection Through Coronavirus Response and Relief \(CRR\) Supplemental Funds](#).

32. Since DIS perform field screening and treatment, would allowable costs include test kits and field treatment? If offering tele-DIS services could we home test kits paired with tele-DIS services (i.e. if we're doing virtual contact notification, could we fund a home test kit or referral for testing under these funds)?

Yes, these would be considered allowable. Per the guidance, funding can be used for "...*diagnostic tests (up to 10% of funding without CDC approval), computers, cell phones, internet costs, cybersecurity, software and technological tools, and equipment needed to perform the duties of the position.*"

33. NEW QUESTION: Can we use federal funds to purchase 340B medicines?

Yes, up to 3% of the Supplement funds can be used to purchase medications for field treatment, EPT, and other circumstances where reimbursement is unlikely, e.g., uninsured and underinsured patients. As an example, the original STD PCHD NOFO states: "*This funding can be used to purchase and dispense Benzathine penicillin G for the treatment of syphilitic infections among uninsured and underinsured patients and their sex partners whose clinical service providers are not able to administer timely treatment... Upon request, CDC may approve funding for other STD treatments to respond to local STD outbreaks or other urgent public health threats related to sexually transmitted infections.*"

34. NEW QUESTION: Since we can use federal funds to purchase 340B medicines, can we order EPT packets to be distributed in collaboration with the DIS? Can we reimburse clinics/providers for the cost of treatment?

Yes, up to 3% of funds can be used to purchase medications for field treatment, EPT, and other circumstances where reimbursement is unlikely, such as uninsured or underinsured patients. Funds can be used to reimburse the cost of treatment medications. Funds cannot be used to support providing clinical services.

35. NEW QUESTION: Are we allowed to still support a certain amount of clinical services under the core STD PCHD 19-1901 award?

Yes, per the original 19-1901 STD PCHD NOFO, recipients may provide no more than 10% of their overall award to not-for-profit or governmental clinics that can document their ability to provide safety-net STD clinical preventive services as per CDC guidance. At a minimum, clinics receiving assistance should have the capacity to rapidly diagnose and treat bacterial STDs. This assistance could be used to screen, diagnose, or treat uninsured and underinsured patients.

36. NEW QUESTION: Can we pay for field phlebotomy?

Yes, field phlebotomy is an allowable expense and programs are encouraged to provide field phlebotomy training to their DIS, and certification for phlebotomist if required by law.

37. NEW QUESTION: Is there an upper limit percentage of the total budget that could be considered for making one-time expenditure for testing supplies?

Yes, 10% of funds can be used for diagnostic tests.

38. Can the award formula include cost of living, distant delivery of services to very remote areas, and travel costs?

Yes. Per the guidance, allowable costs include "*Administrative support services necessary to implement funded activities, including travel, training (to the extent these aren't included in recipient indirect costs).*" However, CDC is encouraging innovation, including expansion of virtual or remote disease investigation, contact tracing and linkage to care services.

39. Can funding be used for purchase or lease of mobile testing units?

Funding to **purchase** a mobile testing unit would **not be considered allowable**. Using funding to **lease** cars to support DIS transportation to provide partner services or support an outbreak investigation would be allowable.

40. May the funds be used to do a community readiness and capacity assessment for DIS activities and outbreaks to help guide the best allocation and use of funds, or will there be guidance on how these monies should be split?

Yes. Under *Allowable Costs*, the supplemental guidance states, "*If a gap assessment is not readily available, funds can be used to conduct this activity.*" Recipients are also encouraged to consult with their Project Officer to identify relevant tools and resources to support staff allocation estimations.

41. Will indirect be allowed to be charged to these funds?

Yes. Per the Office of Financial Resources [Budget Preparation Guidance](#), to claim indirect costs, recipients must have a current approved indirect cost rate agreement established with the cognizant federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application.

42. Can we use these funds to develop a contract to bring patients to the clinic with Uber or some such entity as this has become complicated with COVID and also individual liability and getting patients treated is crucial to DIS work?

To the degree that supportive and enabling services result in more successful DIS outcomes, these activities may be considered. Recipients should be expected to provide a clear justification and evidence-based rationale for such services in their application.

43. Can this funding be utilized to offer temporary/short term housing assistance to individuals in crisis impacted by an STD or other communicable disease while they seek and connect to appropriate government assistance?

This is not an allowable cost under this supplement. Recipients should work with partner agencies to connect impacted individuals with dedicated funding intended to help people remain stably housed during the pandemic (The Department of Housing and Urban Development has prepared [a fact sheet](#) on the housing provisions included in the American Rescue Plan Act).

44. NEW QUESTION: Can we use these funds to purchase or brand uniforms for DIS staff to address field safety concerns?

Yes, purchasing and branding uniforms to address safety concerns surrounding DIS work is an allowable expense.

45. Can funding be used to support syringe access programs?

DIS affiliated with an SSP would be an allowable expense.

46. Can we assist state lab in funding for testing of infectious diseases?

Per the guidance, funding can be used for *"...diagnostic tests (up to 10% of funding without CDC approval)."* Support for testing under this supplement should directly support DIS response and outbreak efforts.

47. NEW QUESTION: Can funds be used to support a clinic-based laboratorian who does "fast track" services (e.g., collecting specimens from asymptomatic persons) at the health department?

This activity may be allowable. Jurisdictions would be expected to provide a clear justification and rationale that links the work to DIS activities or outbreak response efforts. Jurisdictions considering this are encouraged to reach out to their Project Officer to discuss further.

48. Can we pay for clinician time to treat the patients on a mobile unit during outbreak response activities?

No, clinician time is not an allowable expense under these funds.

49. Is Community-embedded DIS support allowable?

Yes, DIS may be placed in community settings whether employed directly by the health department or through community partners. Under Allowable Costs, the supplemental guidance states, *"These individuals may be employed by...[n]onprofit private or public organizations, clinical settings, or*

community-based organizations, with demonstrated expertise in implementing public health programs and established relationships with such STLT public health departments, particularly in medically underserved areas.” Recipients are also encouraged to collaborate with and support local jurisdictions and tribal governments within their jurisdictions not directly funded through this supplement.

50. Can I use this money to support the purchase of supplies/equipment/computers for staff that I hire?

Yes, purchase of equipment and supplies necessary to support DIS including personal protective equipment, diagnostic tests (up to 10% of funding without CDC approval), computers, cell phones, internet costs, cybersecurity, software and technological tools, and equipment needed to perform the duties of the position, and other costs associated with support of the expanded workforce (to the extent these are not included in recipient indirect costs).

51. Can I use supplement funds to contract with local health departments, community-based organizations, or other partner organizations?

Yes, recipients can use supplement funds to make subawards or contracts to tribal and local entities to expand, train, and sustain a response-ready DIS workforce. Recipients are encouraged to collaborate with health departments at all levels to ensure strategic use of these funds.

52. NEW QUESTION: Can we fund local health departments to facilitate STD/HIV testing?

Yes, 10% of the supplement funds can be used for diagnostic tests.

53. NEW QUESTION: Can we support syphilis testing and treatment in jails?

Yes, up to 10% of supplement funds can be used for diagnostic tests and up to 3% to purchase medications where reimbursement is unlikely, such as patients who are uninsured or underinsured. Salary of clinicians providing clinical care cannot be supported with these funds.

54. NEW QUESTION: Can we reduce local health department awards to reduce DIS staffing on Ryan White rebate dollars or is this supplanting?

Reducing state or local expenditures and reallocating those funds to other purposes would be supplanting and is not allowed. If those funds were expected to be reduced or cease, then Federal funds can be used to replace the lost funds.

55. Can I use supplement funds to pay for training new and current DIS staff?

Yes, training is supported through this funding for new and existing staff. All DIS training must adhere to the core competencies developed by CDC. Programs are strongly encouraged to use CDC-developed training where available.

56. **NEW QUESTION: Are incentives such as gift cards or bus passes to transport people for testing and linkage to care allowable?**

Up to 1% of funds can be used for incentives. To the degree that supportive and enabling services result in more successful DIS outcomes, these activities may be considered. Recipients would be expected to provide a clear justification and evidence-based rationale for such services in their application.

57. Can I use supplemental funds to develop or support a locally created training curriculum?

Yes. All DIS training must adhere to the core competencies developed by CDC. Programs are strongly encouraged to use CDC-developed training where available, specifically for CDC-developed core DIS training. If programs use other core training, they must submit a training curriculum for review and approval.

58. Are fixed-price contracts an allowable funding mechanism? e.g. Project Area XX would like to be able to fund local health departments to conduct a gap analysis. Upon completion of this gap analysis, we would award a fixed amount.

Contract types are at the discretion of the recipient, and they must follow their internal procurement policies with implementation. Please refer to 45 CFR 75.329 Procurement procedures. Itemization of these costs in the budget narrative is applicable. Once workplans are received, your project officer will review. If questions arise, they may request additional information.

59. Is a certificate training program to build job-related skills through a university or college an allowable cost?

Certification programs that are essentially training or skills-development for job-related duties are allowable costs (e.g. phlebotomy certification, if required by state or local law).

An example of an unallowable cost would be to cover tuition or tuition reimbursement for STD program personnel to take continuing education credits or college coursework to be applied toward a degree.

60. NEW QUESTION: Can we use the supplemental funding to pay for hepatitis vaccines?

No. The supplemental funds cannot be used to purchase vaccines. Recipients interested in assisting with vaccination efforts should coordinate with their state immunization program and any other disease specific programs (e.g., hepatitis, COVID-19) that may be involved.

61. Does the money need to be spent by 12/31 or obligated by 12/31?

It is ideal that they funds are completely expended by 12/31/2021. However, unobligated funds can be used in the subsequent year with expanded authority.

62. Can we retroactively charge expenses back to January 2021?

There are no pre-award costs allowable for these funds. The spending of funding must start from the date the recipient received the Notice of Award (6/21/21).

63. Since the supplement applications are due in August, do we have to wait for an approval of the budget from CDC before we can begin executing contracts with local health departments? Or since the NOA was released today and funds are available, can we begin to execute contracts before the budget is submitted and approved?

Recipients can begin the procurement process, however, OGS recommends waiting until after approval of the revised budget before making contractor selections to ensure the activities are approved.

64. NEW QUESTION: Do contracts need to end by 12/31/2021 for year one or can they extend into 2022 since there will be expanded authority and year two funding?

The budget should reflect expenditures through 12/31/21. The actual length of the contract is at your organization's discretion.

65. Is it permissible to expand the DIS Workforce by reassigning staff paid with general funds/county funds to this dedicated funding stream rather than hire new staff?

Federal funds received may not be used to replace existing state, local, or agency funds with federal funds. Existing state, local, or agency funds for a project may not be replaced by federal funds and reallocated for other organizational expenses.

66. Administrative support services is an allowable cost. Does this include fiscal support service such as a grant manager or fiscal monitor?

Yes, these funds may be used to partially support fiscal support service positions such as a grant manager or fiscal monitor. The duty functions must be linked to or in support of DIS Workforce Supplemental activities.

Hiring Staff

67. Is funding for DIS supervisors allowed?

Yes.

68. Can we put people who are already DIS on these funds?

Yes, to the degree it results in better alignment of DIS activities and supports workforce development. Shifting of personnel across awards should be based on the goals and objectives of each agreement, the scope of DIS work, and with the consultation of relevant CDC monitoring staff. Funding can also be used to convert part-time DIS positions to full-time positions during the performance period. To estimate the impact on overall workforce expansion, recipients will be asked to submit a staffing plan outlining their overall DIS capacity and estimates for the number of new DIS hired through this supplement.

If DIS are being shifted from one cooperative agreement to another, recipients are expected to work with their respective Project Officer and Grants Management Specialist to ensure all relevant [prior approval requirements](#) are met, that any change in staffing does not substantially interrupt planned activities, and that any blended funding to support DIS positions does not result in FTE allocation above 100% across different cooperative agreements.

69. Will there be a certain percentage of work that must be COVID related?

Currently, no percentage of work is allocated to a specific program area (COVID, STD, HIV, or others). Given the variation in program capacity across jurisdictions, as well as dynamic COVID-19 transmission and morbidity trends, establishing a set percentage for work in a particular program might not be appropriate or applicable to all programs and is likely subject to fluctuate over time. Recipients are encouraged to work with their STD PCHD Project Officer, as well as adjacent program managers in their health department, to coordinate across funding mechanisms to hire and cross-train DIS to meet response needs across programs.

70. Will some partial support for surveillance staff be allowed if activities are in support of DIS staff activities? i.e., report development, quality assurance, and technical assistance for the collection of case management data.

Hiring priority should be given to frontline public health workforce (DIS and DIS supervisors) with a secondary focus on roles that support the success of frontline DIS response and outbreak efforts. As part of their application, recipients will have the opportunity to propose a staffing plan that encompasses both direct and supporting activities related to DIS response. Recipients are encouraged to work with their Project Officer to determine staffing allocations and positions that support the goal of these supplemental funds.

71. What is the plan to ensure the equitable hiring of staff who accurately and proportionately reflect the intended beneficiaries in affected communities?

CDC recommends that recipients utilize [CDC's Social Vulnerability Index](#) (SVI) data and tools or U.S. Census Bureau's [Community Resilience Estimates](#) to inform the jurisdiction's COVID-19 planning, response, and hiring strategy. Recipients will also work with DSTDP to develop measures and metrics to related to workforce development and staff hired under this supplement.

72. Are DIS expected to be hired as condition-specific (or primary condition at least)? It looked like one of the slides in the draft template is breaking down the DIS into COVID-19, HIV, STD, etc.

As part of the work plan template, recipients are asked to submit a staffing plan that identifies the administrative "*home office*" of current and proposed DIS and related program positions. This plan does not set any hiring requirements; this information is being requested to better understand where DIS are primarily housed within a health department and how/where these supplement dollars will support workforce expansion. Programs are encouraged to cross-train DIS in [strategic and specialized skills](#), as well as provide disease-specific training in COVID-19 and other infectious diseases based on their proposed job responsibilities.

Recipients will be expected to work with DSTDP to develop an evaluation plan to assess progress towards workforce development outcomes, including home office and placement of staff hired with DIS supplemental dollars.

73. Will there be suggestions on roles and positions to include for various program areas?

Hiring priority should be given to frontline public health workforce (DIS and DIS supervisors) with a secondary focus on roles that support the success of frontline DIS response and outbreak efforts. Recipients should leverage internal program assessments, [staffing estimator tools](#), and other [CDC-developed staffing guidance](#) to inform their jurisdiction-specific hiring plan. Recipients are also

encouraged to consult with their project officer and health department partners to align staffing and hiring plans across various workforce development [funding mechanisms](#).

74. May these funds be used to support case extractors and staff associated with the congenital syphilis case review boards?

Hiring priority should be given to frontline public health workforce (DIS and DIS supervisors) with a secondary focus on roles that support the success of frontline DIS response and outbreak efforts. Recipients may have marked increase in congenital syphilis cases, and to the degree that the proposed positions support response work, they may be considered. Recipients are encouraged to consult with their STD PCHD project officer to determine if such positions may be better aligned with the core STD PCHD cooperative agreement.

75. May these funds be used for case managers of mothers with syphilis?

Yes. Per the supplement guidance, "*Funds will support health departments to increase capacity to conduct disease investigation (case investigation and contact tracing), linkage to prevention and treatment, **case management** and oversight, and outbreak response for COVID-19 and **other infectious diseases**.*"

76. How much of these funds are for DIS?

Hiring priority should be given to frontline public health workforce (DIS and DIS supervisors) with a secondary focus on roles that support the success of frontline DIS response and outbreak efforts. However, funding could be used to hire personnel that may range from early-career or entry-level positions to mid-level positions and may include but is not limited to full-time and part-time staff (which may consist of converting part-time positions to full-time positions during the performance period), temporary or term-limited staff, fellows, interns, and contractors or contracted employees.

77. NEW QUESTION: Can we hire screening staff to test patients identified by the DIS?

This activity may be allowable. Jurisdictions would be expected to provide a clear justification and rationale that links the work to DIS activities or outbreak response efforts. Jurisdictions considering this are encouraged to reach out to their Project Officer to discuss further.

78. Can I contract with a staffing firm to hire staff?

Programs are encouraged to use the various mechanisms listed below. Programs may use temporary staffing or employment agencies to hire staff for surge capacity during an outbreak, but this is not recommended for long-term staffing needs.

The variety of mechanisms to expand the DIS workforce include, but are not limited to:

- Using the [COVID-19 Related Support Services](#) (CRSS) contract mechanism through the [General Services Administration \(GSA\) Acquisition Gateway \(gsa.gov\)](#) to obtain contract staff or services;
- Veterans Employment Services ([Veterans.gov](#));
- Forming partnerships with academic institutions, creating student internship or fellowship opportunities, and building graduation-to-workforce pipelines;
- Establishing partnerships with schools of public health, technical and administrative schools, and social services and social science programs.

79. Can I hire COVID-19 contact tracers with these funds?

Yes, CDC expects the funds will support health departments to increase capacity to conduct disease investigation (case investigation and contact tracing), linkage to prevention and treatment, and outbreak response for COVID-19 and other infectious diseases. We strongly encourage state and territorial health departments to support local jurisdictions and tribal governments within their jurisdictions that are not directly funded through this Supplement.

80. Can I hire a public health nurse, epidemiologist, and informatician under this supplement?

Yes, however, hiring priority should be given to frontline public health workforce (DIS and DIS supervisors) with a secondary focus on roles that support the success of frontline DIS response and outbreak efforts. The additional staff should be used to support the success of frontline DIS response and outbreak efforts.

81. Can I hire shared positions, e.g., a public health nurse, epidemiologist, or informatician, to work across COVID-19 and other infectious diseases?

Yes, programs can hire shared positions to support responding to COVID-19, incident infections, and outbreak response.

82. NEW QUESTION: Can we hire a consultant nurse who provides clinical guidance with the intent to support syphilis case management with DIS staff?

Yes, a nurse can be hired as a consultant for case management with DIS. Expenditures on clinical services or clinic staff are not allowed.

83. NEW QUESTION: Since the Indian Health Service also received funding through the American Rescue Plan to support public health workforce activities in Indian Country, how can project areas be sure that they are not duplicating efforts by funding DIS positions in the same tribal areas?

Recipients should work closely with tribal governments to identify needs and determine where resources are being expended to ensure there is no duplication of effort. Recipients can also reach out to the Indian Health Service to better understand funding in their areas.

84. How can programs best apply the diversity, health equity, and inclusion resources provided in the guidance?

CDC strongly encourages recipients to utilize community-level public health vulnerability or resilience assessments, such as CDC's Social Vulnerability Index (SVI) or the U.S. Census Bureau's Community Resilience Estimates (CRE) to inform jurisdictional activities, strategies and hiring to conduct disease investigation (case investigation and contact tracing), linkage to prevention and treatment, case management and oversight, and outbreak response. Recipients must demonstrate a focus on diversity, health equity, and inclusion by delineating goals for hiring and training a diverse workforce across all levels who are representative of, and have language competence for, the local communities they serve. Recipients are encouraged to include language in contracts and funding mechanisms making clear that diversity and health equity are important components of this funding. Programs should support health-equity driven allocation of resources and incorporate review of outcomes from a health equity perspective. CDC expects state and territorial health departments to support local jurisdictions and tribal governments within their jurisdictions not directly funded through this NOFO. CDC intends to create a Technical Note to provide guidance to these efforts.

85. Is financial assistance (FA) to direct assistance (DA) allowable? Is the process using supplemental funds different from the process for PCHD? If so, what is the process?

Recipients are not eligible to convert financial assistance to direct assistance (FA to DA) at this time, as the supplement funding was awarded on June 21, 2021. Recipients will be eligible to request FA to DA conversion for the second year of the supplement. Recipients interested in converting FA to DA using second year Supplemental funding should contact their Project Officer to discuss further. To learn more, visit [Direct Assistance—Assigning CDC Staff to State, Tribal, Local, and Territorial Health Agencies](#).

Training

86. Does CDC plan to use any of these funds to develop additional trainings for current DIS? Will jurisdictions be responsible for finding external trainings for DIS?

DSTDTP has received specific funding to support DIS training and plans to spend \$8 million a year for the next five years to expanding access and updating the curriculum for DIS training.

87. What will the [DIS] Training Centers be getting? And will Passport to Partner Services tracks be expanded to include other diseases?

Specific funding will be used to launch DIS Certification, and part of the DIS certification process will be to ensure that DIS competencies are applicable across multiple communicable diseases. The DIS competencies will provide the foundation for a national DIS curriculum. Standardizing DIS training is a

high-impact workforce development investment that will save lives and save money. Certification will validate the knowledge, skills, and abilities of DIS and provide a critical surge capacity during public health emergencies. Information on access and expansion of relevant training opportunities will be provided as that process unfolds.

88. When will the in-person portion of Passport to Partner Services resume?

In-person training for the Passport to Partner Services has been cancelled until COVID-19 travel restrictions are lifted, and employees are able to travel to attend trainings.

89. New staff will have training needs. When will the new DIS training be available?

The new DIS course being developed, which is called *"Principles, Practices, and Pathways to Disease Intervention (3PDI)"*, is anticipated to be available in Fall of 2021. It will be a combination of online and virtual instructor-led training. There will be no travel associated with this course.

90. What can we expect to see from CDC in supporting DIS Certification and training infrastructures?

In addition to dedicated funding to enhance and increase access to DIS training through CDC-funded programs, recipients can utilize STD PCHD supplemental funds to support additional [strategic and specialized](#) DIS training to improve workforce readiness in their jurisdiction. Recipients are encouraged to work with their STD PCHD Project Officer to identify internal and external partnerships to develop and deliver training based on jurisdiction-specific training needs and priorities. Programs are strongly encouraged to use CDC-developed training where available, specifically for CDC-developed core DIS training. If programs use other core training, they must submit a training curriculum for review and approval.

91. Given that the DIS certification has not yet been released, is there any guidance for how to budget the cost associated with the certification and training?

Recipients should not plan to budget for DIS certification as part of this year's supplement, as certification opportunities will not be available during the 2021 project period. CDC is planning to support the creation of a DIS certification process, and more information will be provided on the costs related to DIS certification as that information is available. In the interim, recipients are encouraged to utilize funds to support cross-training and other capacity-building activities that are aligned with the knowledge, skills, and abilities outlined as part of the [DIS Certification Project](#).

Partnerships

92. Will there be requirements to partner with ELC funding PIs?

STD PCHD recipients are encouraged to work with health department partners [receiving related COVID-19 funds](#) to ensure alignment of staffing and hiring plans. As a five-year award, this funding can be used to transition staff conducting DIS work under shorter-term funding mechanisms. To maximize impact of this funding, recipients are strongly encouraged to coordinate across federal funding mechanisms such as the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020; Coronavirus Aid, Relief, and Economic Security Act; Paycheck Protection Program and Health Care Enhancement Act; Coronavirus Response and Relief Supplemental Appropriations Act, 2021; and American Rescue Plan Act of 2021.

93. Can we use partners such as the CDC Foundation to hire DIS if we have a hiring freeze?

Yes. Per the guidance, individuals may be employed by "*Nonprofit private or public organizations, clinical settings, or community-based organizations, with demonstrated expertise in implementing public health programs and established relationships with such STLT public health departments, particularly in medically underserved areas.*" In addition to directly hiring staff, programs can use a variety of mechanisms to expand the DIS workforce, including, but not limited to:

- Using the [COVID-19 Related Support Services](#) (CRSS) contract mechanism through the [General Services Administration \(GSA\) Acquisition Gateway \(gsa.gov\)](#) to obtain contract staff or services;
- Veterans Employment Services ([Veterans.gov](#));
- Forming partnerships with academic institutions, creating student internship or fellowship opportunities, and building graduation-to-workforce pipelines;
- Establishing partnerships with schools of public health, technical and administrative schools, and social services and social science programs; and
- Using temporary staffing or employment agencies.

94. Will DSTDP provide technical support to state and local programs under this funding?

DSTDP will work with funded STD PCHD recipients to connect both state and local staff with the necessary training and technical assistance resources needed to support a response-ready DIS workforce. We strongly encourage state and territorial health departments to support local jurisdictions and tribal governments within their jurisdictions not directly funded through this supplement. Support can include training and education for new and existing staff on topics related to DIS response, whether those staff are located in state, local, tribal organizations, or community-based settings.