



June 3, 2021

# FUNDING IDEAS CATEGORIZED

# BY KEY NOFO ACTIVITIES

**Conduct Programmatic and Community Needs Assessment and Gap Analysis**

**Enumerate Current Staffing and Future Staffing Needs**

**Support and Expand DIS Workforce (Hiring and Contracting) Including Retention and Supervision**

* Hire DIS, reclassify if needed.
* Institute AmeriCorps type funding for new staff, with loan forgiveness
* Investment in DIS supervision
* DIS pay raises
* Better funding for LHDs for DIS
* Hire Epis
* More DIS in regional programs
	+ DIS who are RNs to provide treatment and COVID vaccinations in the field
* Hep C DIS
* Revisiting previous patients to connect them with COVID vaccines
* Assign a DIS to the SSPs
* Directly funding tribal nations in jurisdiction
* Leveraging COVID contact tracing infrastructure
* More DIS in central office for quick deployment
* Regional STD prevention coordinators to provide technical assistance and training for DIS
* Embedded DIS and DIS with non-traditional hours

**Address Community Resilience Needs (Health Equity, Cultural Competency, Vaccines, tests, Treatment)**

* Create a peds unit
* Provide more services to IDU population, potentially bring in social workers to support DIS work

**Support DIS Training Education**

* Expanding workforce training, especially in health disparities
* Different skills expertise for different DIS

**Train, Equip, and Maintain Staff to Respond to Incident Infections and Outbreaks**

* HIV specific navigators for LTC, cluster response, and partner services
* Field GC/CT testing that DIS can do
* Public health/provider detailing
* Purchasing telehealth platforms and providing comprehensive trainings on them
* Cross-train or support medical staff and clinicians



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**Focus on Diversity, Health Equity and Inclusion – DIS and Communities Served**

* Community based assessment of gay and bi men of color
* PSAs for STIs
* Funding for more comprehensive work by DIS, for example, re-engagement work
* Fund community health centers to incentivize women’s partners to come in for testing
* School-based projects
* DIS task force to address IDU

**Case Detection, Treatment, Reporting, Contact Tracing, Linkage to Care Including Surveillance and Data Management**

* Self-notification systems
* Opt in partner service systems
* Build out surveillance system and case management system to handle EvaluationWeb reporting
* Syndromic surveillance systems – case-based reasons to connect providers with detailers who

 missed patient symptoms, etc.

* Health navigators
* Integrated condition navigators
* Expanding emerging infections work in the lab
* Expand and collaborate with contact tracing unit and services
* Expand field phlebotomy program
* Partner with clinics and put out RFR to pay them for direct or remote access to clinic EMRs
* Create team to investigate multiple infections for risk reduction
* Create warm line to provide clinical consultation and manage patients through telemedicine
* Buy PRISM or other partner service software
* Integrated linkage to care workers to help folks who use access services
* Community assessment of partner services work
* Hire clinical consultant
* Contact tracing paired with home STI kits
* Warm referral for deployment for epi treatment
* Offload data entry through electronic case recording
* Add more surveillance resources to be able to go paperless

**Program Evaluation**

* Beef up DIS evaluation team (creating supervisor and whole team) to address trends
* Quality assurance and improvement for DIS

**Miscellaneous**

* Cross-state work
	+ Translating expanded COVID technological infrastructure to other diseases, which will greatly expand capacity
* Recreate IPP

## About NCSD

National Coalition of STD Directors is a national organization representing health department STD directors, their support staff, and community-based organizations across 50 states, seven large cities, and eight US territories. NCSD advances effective STD prevention programs and services in every community across the country.