



**DIS FUNDING BARRIERS & IDEAS**

| BARRIERS   | IDEAS   |
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| <b>Hiring and Retention</b>  |   |
| 1. Anticipated difficulties getting new DIS positions created in hired on the state and local levels due to state bureaucratic impediments   | <ul style="list-style-type: none"> <li>• Contract staffing agencies for hiring</li> <li>• Convert financial assistance to direct assistance for CDC Foundation to hire DIS                             <ul style="list-style-type: none"> <li>○ <a href="#">CDC information page on direct assistance</a></li> <li>○ <a href="#">CDC Foundation staffing resource information</a></li> <li>○ <a href="#">CDC staff resource information</a></li> </ul> </li> </ul>  |
| 2. Contractual issues with providing funds to LHDs   | <ul style="list-style-type: none"> <li>• Memorandum of Agreement templates from other jurisdictions to utilize</li> <li>• Write into budget justification funding to LHDs, which will obtain CDC approval to use as justification for sub-contracting with LHDs</li> </ul>  |
| 3. Difficulty in finding qualified personnel / DIS Applicant Pool <ul style="list-style-type: none"> <li>• DIS Workforce Competitiveness Compared to other PH Jobs)</li> <li>• Particularly difficult in jurisdictions with unionized workforce</li> <li>• Low Salaries &amp; High Turnover &amp; Current Openings</li> <li>• DIS must meet very specific criteria</li> <li>• Also difficult in states with low unemployment</li> <li>• Major challenge already filling existing vacancies before, during, and after supplemental</li> </ul> | <ul style="list-style-type: none"> <li>• Rewrite position descriptions for different levels of DIS based on experience and skill sets (review PDs from other jurisdictions)</li> <li>• Add professional development opportunities or DIS certification that precludes necessity of obtaining a B.A.</li> <li>• Provide training for certification in other skills sets, e.g. phlebotomy; training for medical assistant qualification</li> <li>• Create entry-level DIS positions for recruitment of individuals with less experience or without college degrees</li> <li>• Convert COVID contact tracers to DIS positions</li> <li>• Provide funding to tribes</li> <li>• Creation and implementation of a National DIS Certification Program to justify increasing DIS pay scale and prevent the matriculation of unqualified applicants</li> </ul> |
| 4. Retention of new DIS  | <ul style="list-style-type: none"> <li>• Create career ladder positions with automatic or non-automatic promotion</li> <li>• Implement routine training opportunities</li> <li>• Hold regular DIS staff meetings with information sessions or “chalk talks”</li> <li>• Provide cross-training in other disease investigation areas, e.g. TB, et al</li> </ul>   |

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| 5. Hiring freeze   | <ul style="list-style-type: none"> <li>Contract with personnel services agencies</li> <li>If neighboring jurisdiction has contract staffing agencies, create MOU to transfer funds for contract staff hiring</li> <li>Increased funding in contracts so partner organizations can hire</li> </ul>  |
| <b>Training</b>  |  |
| 6. Training availability   | <ul style="list-style-type: none"> <li>Contract with local training resources</li> <li>Hire trainers internally</li> <li>Budget for NCSDD to provide in-person training opportunities</li> <li>Coordinate training shadow opportunities with neighboring jurisdictions</li> <li>Utilize and budget for prevention training centers</li> <li>Include travel in budget for DIS to attend trainings in and out of state</li> <li>Prioritize, hire and train DIS supervisors first, who can give more attention to DIS training</li> </ul> |
| <b>Internal Government Impediments</b>   |  |
| 7. Timely Use of Funds / Spending / Contract Execution <ul style="list-style-type: none"> <li>Timeliness for executing contracts quick enough to hire DIS and establishing subcontracts</li> <li>Timeline for hiring</li> <li>Timeliness for spending most of funds in first year '21</li> <li>Need information on expanded authority and verification they can carry money forward</li> </ul> | <ul style="list-style-type: none"> <li>Obtain CDC communication on approval of budget for sharing with local finance staff</li> <li>Strategize and plan to have excess funds from year 1 that can be used for one-time projects in future funding years.</li> </ul>  |
| 8. Contract Execution <ul style="list-style-type: none"> <li>Complex and protracted procurement processes</li> </ul>   | <ul style="list-style-type: none"> <li>Include specific contracts and other activities into budget justification</li> <li>Memorandum of Understanding with other government agencies with direct contract authority</li> <li>Memorandum of Understanding with other jurisdictions (example: Maryland and DC)</li> </ul>  |
| 9. State-Level Restrictions and Limitations on workforce discretion  | <ul style="list-style-type: none"> <li>Utilize contract staffing agencies</li> </ul>   |

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| <p>10. Scope of DIS Funds, Use, &amp; NOFO Language</p> <ul style="list-style-type: none"> <li>• Ensuring funding has an STD/HCV disease investigation focus</li> <li>• Concerned that broad NOFO COVID-19 encompassing verbiage may open door for EPI to receive this funding</li> <li>• Use of DIS workforce funds to meet multi-programmatic needs other than STD</li> <li>• HIV Programs refusal to support the state-level cross training of DIS</li> <li>• Use of DIS workforce funds to create a new web-based STDs/infectious diseases electronic surveillance system</li> </ul> | <ul style="list-style-type: none"> <li>• Budget justification includes scope with STD activities (DIS, STD IT systems) for CDC approval</li> <li>• Budget for NCSDD to provide in-person cross-training</li> </ul>   |
| <p>11. Control of DIS Narrative</p> <ul style="list-style-type: none"> <li>• DIS are not in control of their own narratives</li> <li>• DIS should inform what is happening with this money and have a seat at the table</li> </ul>   | <ul style="list-style-type: none"> <li>• Create internal DIS staff work group</li> </ul>   |
| <p>12. Hard to determine 5-year projects that will increase DIS capacity when funding is not guaranteed beyond 5 years and without word on how created projects will be funded at the conclusion of the supplemental period</p> <ul style="list-style-type: none"> <li>• Difficult to anticipate future DIS needs, commitments, or deployments</li> </ul>  | <ul style="list-style-type: none"> <li>• Initiate sustainability planning work group</li> <li>• Reframe messaging to administration. All grants are 5 years, so this is in line with other federal grants and so must forge ahead.</li> </ul>  |
| <p>13. State/City Legislative Approval Law for Acceptance of ARP Funds (also, uncertainty – see above)</p> <ul style="list-style-type: none"> <li>• The state department of health must receive approval from the State legislature to accept funds</li> <li>• A new state law requires state legislative committee budget approval to accept ARP funds.</li> </ul>  | <ul style="list-style-type: none"> <li>• Note this is not a new grant award; funds are added to current grant (STD PCHD)</li> <li>• Justification can be made that as supplemental funds the original state/local authorization remains valid</li> <li>• Focus on workforce development and the added benefit to constituents.</li> </ul>                                  |
| <b>Inter-Governmental Coordination Issues</b>  |  |
| <p>14. Coordination with local jurisdictions</p>   | <ul style="list-style-type: none"> <li>• Memorandum of Agreement templates from other jurisdictions to utilize</li> <li>• Write into budget justification funding to LHDs, which will obtain CDC approval to use as justification for sub-contracting with LHDs</li> <li>• Release RFPs for interested partners, so organizations can opt-in to utilizing funds</li> </ul> |

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| 15. Coordination with tribal jurisdictions  | <ul style="list-style-type: none"> <li>• Memorandum of Agreement templates from other jurisdictions to utilize</li> <li>• Write into budget justification funding to tribes, which will obtain CDC approval to use as justification for sub-contracting with tribes</li> </ul>   |
| 16. Bureaucratic Impediments <ul style="list-style-type: none"> <li>• State upper management redirecting the funding</li> <li>• STD programs having very little input and decision-making power</li> <li>• Divert or delay funding for STD surveillance systems</li> <li>• Decision-making procedural hurdles delay ability to complete workplan in a timely manner</li> <li>•</li> </ul>             | <ul style="list-style-type: none"> <li>• NCSDD preparing a letter for members to use as support</li> <li>• Write specific elements, including surveillance systems, into budget justifications</li> <li>• Obtain CDC approval for internal justification</li> <li>• Can use this funding to hire administrative support you need to be successful (HR, IT, finance, etc.)</li> </ul>   |
| <b>Inter-Departmental Issues</b>  |  |
| 17. Funding Dissemination & Diversion: <ul style="list-style-type: none"> <li>• Threats to redirect current STD program funding from Ryan White &amp; HIV Prevention Partners</li> <li>• Attempts by upper-level health department officials to repurpose funds and divert significant amounts of funding away from STD activities for other populations rather than for DIS modernization</li> </ul> | <ul style="list-style-type: none"> <li>• Expand the DIS workforce’s scope of work through increased cross-training rather than literally expanding the workforce.</li> <li>• Modernization through cross-trainings would idealistically enable DIS to handle problems that include issues that are specific to homeless populations, drug abuse populations, and other IDs.</li> </ul> |

**About NCSDD**

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. NCSDD advances effective STD prevention programs and services in every community across the country.