PS19-1901: Strengthening STD Prevention and Control for Health Departments **Disease Intervention Specialist Workforce Development**

Amended Grant Activities

1. Service Overview

The Grantee will use this funding to develop, expand, train, and sustain the disease intervention specialists (DIS) workforce. Funding is intended to hire personnel to address projected jurisdictional sexually transmitted disease (STD), HIV, COVID-19, and other infectious disease prevention and response needs over the performance period. Hiring priority should be given to front-line public health workforce (DIS and DIS supervisors) with secondary focus on roles that support the success of frontline DIS response and outbreak efforts.

All Grantees must adhere to the grant activities, and any subsequent revisions, along with all instructions, policy memorandums, or directives issued by CDPH/STDCB. CDPH/STDCB will make any changes and/or additions to these guidelines in writing and, whenever possible, notification of such changes shall be made 30 days prior to implementation. Any updates to the grant activities or additional guidance can be found at:

https://cdph.sharepoint.com/sites/DISWorkforceDevelopment

Key strategic targets for STD, HIV, COVID-19, and other infectious diseases prevention and control are: 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 STD, HIV, COVID-19, and other infectious diseases. Following required online training for DIS, initial focus should be on training and mentoring staff to become proficient in STD and HIV disease investigation and partner notification. This is to ensure the DIS develop early comfort with the more challenging and intimate disease investigation that is required for STDs and HIV, and to clear the backlog of STD DIS work at the local level. Once proficient in STD/HIV disease investigation, DIS should be trained and mentored to support disease investigation of other infectious diseases. Any non-DIS staff hired to support frontline DIS workers should also focus on STD/HIV disease investigation first. Redirection of funded staff as necessary is expected to support the need for rapid emergency infectious disease outbreak response needs.

2. Service Location

The services shall be performed at applicable facilities within the Grantee's jurisdiction.

3. **Service Hours**

The services shall be primarily provided Monday through Friday, from 8:00 a.m. to 5:00 p.m. and include evenings, weekends, and holidays as needed.

4. **Project Representatives**

The project representative for the DIS Workforce Development grants at CDPH/STDCB is Christine Johnson at Christine.Johnson@cdph.ca.gov.

5. Services to be Performed

See the attached grant activities as follows for a description of the services to be performed.

Grant Activities DIS Workforce Development

	Activities	Performance Indicators	Timeline
A.	Assess workforce capacity, language competence, and strategic gaps to identify hiring priorities.	 Completion of workforce capacity assessment by CDPH, including policy barriers for fair hiring and recruitment 	07/01/21 – 12/31/25 <u>01/31/26</u>
B.	Expand the workforce through hiring of disease investigation staff and supervisors, including those who conduct case investigation, contact tracing, linkage to prevention and treatment, and outbreak response, or those who directly support disease investigation efforts.	 Number of individual staff hired, by staff type Number of full-time equivalents funded, by staff type 	07/01/21 – 12/31/25 01/31/26
C.	Incorporate 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.	 Description of hiring and recruitment practices Description of how LHJ will recruit DIS from impacted communities Description of training plan for new DIS that maximizes opportunities for a diverse workforce across all levels 	07/01/21 – 12/31/25 01/31/26
D.	Train new and existing staff in both core public health competencies for STD, HIV, and COVID-19 disease investigation and professional development to support retention. Once competency is attained in STD/HIV disease investigation this should be followed by training and mentoring in hepatitis C, tuberculosis, and other infectious diseases.	 Report of annual list of trainings completed by all disease investigation and support staff regardless of funding source, including but not limited to completion of training and mentorship for STD/HIV, hepatitis C, tuberculosis, COVID-19, and other infectious diseases. 	07/01/21 – 12/31/25 01/31/26
E.	Monitor data, clear backlogged STD/HIV cases and respond to emerging infectious disease outbreaks. Support timely and effective outbreak response for STD, HIV, COVID-19, and other incident infections and outbreaks.	 Percent of pregnant syphilis cases reported that were open >45 days Percent of non-pregnant syphilis cases, including males, that were open >30 days Percent of disseminated gonococcal infections that were open >14 days Description of outbreak detection and response activities 	07/01/21 – 12/31/25 01/31/26
F.	Establish and update policies to support adaptable and agile outbreak response efforts, including outbreak detection.	Updated policies provided	07/01/21 – 1 2/31/25 <u>01/31/26</u>

Grant Activities DIS Workforce Development

Activities		Performance Indicators	Timeline
G.	Collect and report information about the activities, characteristics, and outcomes of program efforts to improve workforce hiring, training, and outbreak response efforts, including DIS response and disease investigation deployment and outcomes.	 Participation in evaluation planning with CDPH in accordance with CDC Completed surveys and other requests from CDPH for workforce development, which may include DIS workload assessments and retention measures. DIS response activities entered into CDPH identified program for DIS tracking and management. 	07/01/21 – 12/31/25 01/31/26
H.	Input data into CaIREDIE, CalConnect, or other surveillance or case management database approved by CDPH to monitor project outcomes, including for neurosyphilis, ocular syphilis, early syphilis, congenital syphilis, disseminated gonococcal infection, HIV, COVID- 19, and other infectious diseases.	 Completion of required data elements by disease of focus 	07/01/21 – 12/31/25 01/31/26

Summary of Required Reports and Data

Frequency	¹ Timeframe	² Deadline	Activities	Report Recipient
 Bi-annual. Final report after the grant ends (to be determined). 	07/01/2021 – 12/31/2025 <u>01/31/2026</u>	To be determined	CDPH will provide reporting template/survey for Grantees to complete. Requested data will be related to Activities A-H.	To be determined

¹ Timeframe dates are subject to change and will not require an amendment to the grant agreement. ² Deadline dates are subject to change and will not require an amendment to the grant agreement.