



Expanding the LPHA STD Workforce Proposal for New Program Element 10 Funding November 2021

In June 2021, OHA was notified that new five-year funding (American Rescue Plan Act) would be made available through its CDC STD grant to expand HIV/STD partner services and case investigations – with a particular focus on hiring and retaining new Disease Intervention Specialists (DIS) in underserved areas and in rural communities to provide more equal access to care.

In order to ensure DIS capacity is more fully resourced across the state, the OHA STD Program proposes funding be made available to all local public health authorities not currently funded under the HIV/STD Early Intervention Services & Outreach (EISO) contracts.

Funding (\$8,000,000 over four years) will be distributed using the Public Health Modernization funding formula and via Program Element 10 (STD Client Services) beginning in January 2022. OHA has been notified by CDC that this funding is secure through December 2025.

The five-year EISO contracts are scheduled to end December 2022, however OHA is planning to continue EISO with new five-year contracts in counties with the highest HIV/STD need based on case rates of early syphilis and HIV, per the initial RFP. Twenty million dollars will be allocated to these new 5-year EISO contracts.

In summary, beginning in January 2022, we propose that all local public health authorities receive funding for HIV/STD partner services and case investigations, either through an EISO contract or through PE 10 funding.

Funding Mechanisms for 2022	
EISO	Benton, Clackamas, Deschutes, Jackson, Lane, Lincoln, Linn, Marion, Multnomah, Washington
PE 10	Baker, Clatsop, Columbia, Coos, Crook, Douglas, Gilliam, Grant, Harney, Hood River, Jefferson, Josephine, Klamath, Lake, Lincoln, Malheur, Morrow, Polk, Sherman, Tillamook, Umatilla, Union, Wasco, Wheeler, Yamhill

Proposed Funding Questions & Answers

Why are only some LPHAs eligible for funding and not all?

From 2018-to date, LPHAs funded under EISO or PE 7 (HIV Prevention) have accounted for 87% of the HIV, syphilis, and gonorrhea burden in the state and have received 99% of all funding allocated by the OHA HIV/STD Prevention Programs. In contrast, all other LPHAs have made up 13% of the disease burden but have only received 1% of the total funding allocated.

The CDC strongly encourages states to allocate funds to underserved areas and rural communities where existing DIS capacity is limited. Our proposal to distribute funds in a different manner under PE 10 ensures every LPHA is more equitably resourced to conduct STD and HIV case investigations and is in alignment with public health modernization and Oregon's plan to eliminate HIV transmission, End HIV Oregon.

What can PE 10 money be used for?

The primary purpose of the CDC funding is to hire and retain staff who act as Disease Intervention Specialists. LPHAs receiving more than \$80,000 under the formula are encouraged to hire 1.0 FTE staff to act as DIS and to avoid distributing funding across multiple staff positions rather than hiring full-time staff to act as DIS. For LPHAs that receive more robust funding, after hiring DIS, additional money can be used to support additional staffing costs for staff whose work supports the DIS function including public health nurses, epidemiologists, data clerks, and program managers.

PE 10 funds may also be used to support staff training, travel, and supply and equipment costs. Funds may not be used for the provision of clinical services.

What support will you be providing for STD clinical services?

In-kind support for some lab testing costs through OSPHL will continue to be made available through OHA along with continued in-kind support for STD medication costs. We plan to expand the provision of field-based and at-home self-collected tests to support all LPHAs in their STD control efforts beginning in 2022.

What training support will be available?

OHA recognizes that the STD workforce will increase considerably in Oregon due to this new funding and is working with partners such as the CDC and the National Coalition of STD Directors to conduct a training assessment, deliver trainings, and provide other tools to assist the workforce.

We want to hire a nurse with this money. Is this allowable?

A nursing license is not necessary or required to be a Disease Intervention Specialist. This funding may be used to cover nurse staff time however the nurse needs to be acting primarily as a DIS and conducting HIV/STD case and contact investigations.

Can this money be used for DIS that work on COVID?

This funding can be used to pay for DIS to conduct disease investigations and elicit contacts for STDs, HIV, TB, and COVID-19.

We are funded under EISO and will not be receiving these new funds. Can we use EISO funds for DIS that work on COVID?

No. Funding to support EISO contracts comes from a different source which specifies it only be used for individuals diagnosed with HIV or at increased risk, including those with an STD and their partners.

I'd like to reassign staff paid for with general funds/state funds to this new funding instead of hiring new staff. Is this allowable?

No, it is not allowable. Per guidance from CDC: "Federal funds 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 purposes."

What is happening with the money we receive right now under PE 10 (syphilis fee for service payments)?

Pending discussions with CLHO, we are proposing to keep some sort of system of fee for service payments for all LPHAs for certain syphilis cases. This system would remain but be removed from the program element in order to reduce confusion. All LPHAs would continue to be eligible to receive fee for service payments for applicable syphilis cases.

We aren't receiving enough funds to pay for a full-time DIS position. Can we combine funds with other LPHAs?

When feasible, LPHAs are encouraged to regionalize their approach to providing DIS services. LPHAs may combine funds with neighboring LPHAs under PE 10 in order to fund and hire regional DIS.

Is there any way to determine where the most STD transmission is taking place and direct more of this new funding there?

As the purpose of this funding is to hire new DIS whose job is to respond to new cases of HIV and STD, we believe targeting resources to county of residence is the most appropriate approach. OHA STD staff continue to look at regional and statewide disease transmission trends and patterns in order to identify areas in need of additional targeted prevention efforts and approaches.

We do not need all the money we are due to get under this funding formula. What happens to that unspent money?

Upon approval of a funding formula by CLHO, all LPHAs eligible to receive funding under PE 10 will be asked to complete and return a funding decision form to the OHA STD program. This form allows each LPHA to specify whether it intends to accept all funds, only some funds, or choose to participate in a regional partnership with another LPHA. If an LPHA chooses to accept only some of the funds, OHA will re-allocate those funds to LPHAs due to receive smaller amounts of funding under the funding formula.

Are the amounts in the funding formula for four years or one year?

The amounts in the Excel funding formula distributed to CLHO are for one year. Funding for this supplemental work has been obligated by CDC to Oregon through December 2025.

We really need epi support in order to do this work. Can we pay for an epi's time with this funding?

This funding can be used to support epi staff time; however, the purpose of the epi should be focused on supporting the DIS function. Hiring an epi in lieu of hiring a DIS is not acceptable unless the epi is acting primarily as a DIS and conducting HIV/STD case and contact investigations.

How have counties been consulted?

In addition to an initial presentation and opportunity to provide feedback at the November CLHO-CD meeting, OHA staff have also solicited feedback at different meetings of LPHA Administrators as well as from CLHO staff.

For further information and additional questions, please contact:

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12/3/21